

**South Carolina Department of Health and Environmental Control
Ryan White Part B FY 2011 Grant Year
Request for Applications**

I. SCOPE OF GRANT PROPOSAL

It is the intent of the State of South Carolina, South Carolina Department of Health and Environmental Control (DHEC) to accept grant applications to provide comprehensive HIV care services to people living with HIV/AIDS (PLWHA) in three service areas of the state: 1) Greenville, Anderson, Pickens and Oconee counties; 2) Orangeburg, Calhoun and Bamberg counties; and 3) Berkeley, Charleston and Dorchester counties. Each subrecipient shall use Federal Ryan White HIV/AIDS Treatment Extension Act, Part B funds, administered by DHEC, to provide services to eligible persons in the same or substantially similar manner as detailed in DHEC's grant proposal to the Federal Health Resources and Services Administration (HRSA) or if different in the award, in the same or substantially similar manner as set forth therein rather than in the proposal.

II. SCOPE OF WORK/SPECIFICATIONS

The providers shall use Federal Ryan White HIV/AIDS Treatment Extension Act, Part B, funds administered by DHEC to provide the following services to eligible persons:

Primary medical care, medical case management and supportive services to eligible persons with HIV/AIDS. A complete list of eligible Ryan White service definitions is listed as Attachment 1.*

*To be eligible for services, persons must be HIV positive and meet criteria set forth under policy guidelines and have no other payment source for services. Each subrecipient may directly provide services or enter into contractual agreements with other acceptable entities for the provision of services. Such acceptable entities would include any entity that provides complementary core services for PLWHA in the service area.

a. Background

The Ryan White HIV/AIDS Treatment Extension Act of 2009 authorizes HRSA to provide funding for services to persons with HIV disease and their families with no other ability to pay for these needed services.

DHEC will make available FY 2011 funds (April 1, 2011 to March 31, 2012) to fund three (3) HIV subrecipients to provide comprehensive HIV care services in three (3) service areas of the state: **1) Greenville, Anderson, Pickens and Oconee Counties; 2) Orangeburg, Calhoun and Bamberg Counties; and 3) Berkeley, Charleston and Dorchester Counties.** One subrecipient will be selected for each of the three areas and must be

located in the service area. The three subrecipients selected must make services available to HIV+ residents in all of the counties in the multi-county area.

FUNDING FOR THESE SUBRECIPIENTS IS DEPENDENT UPON RECEIPT BY DHEC OF FEDERAL FUNDS.

The United States Congress enacted the Ryan White Treatment Extension Act of 2009 (Ryan White Program) in October 2009 with the goal to improve the quality and availability of care for individuals and families infected and affected by HIV disease by providing emergency assistance to service areas most severely affected by HIV epidemic.

Since 2000, the Ryan White legislation has included specific provisions directing recipients to establish, implement and sustain quality management programs, which include monitoring of access to and quality of health services to ensure that PLWHA who are eligible for treatment receive it.

The major focus of the Ryan White program is to eliminate barriers to accessing care while also improving the quality of care that HIV clients receive. Significant requirements found in the legislation direct recipients to ensure that:

1. Subrecipients adhere to established HIV clinical practices;
2. Quality improvement strategies include support services that help people receive appropriate HIV health care (e.g., transportation assistance, case management); and,
3. Demographic, clinical, and health care utilization information is used to monitor trends in the spectrum of HIV-related illnesses and the local epidemic.

B. Purpose

The purpose of Part B of the Act is to improve the quality, availability and organization of specified health care and support services for individuals with HIV disease and their families. DHEC is the state agency responsible for administering the Part B funds in South Carolina. DHEC has submitted its application to HRSA detailing the following aspects of the programs necessary for a subrecipient to receive Ryan White funding that DHEC receives for distribution to HIV subrecipients:

SCOPE OF SERVICES

A. Specific Tasks

The Ryan White subrecipients awarded under this grant application shall:

1. Conduct an individual area needs assessment within the geographic area served and participate in periodic statewide needs assessments to be conducted on an ongoing basis. The assessment is to be done in collaboration with public health

and community-based providers of HIV-related services and with the participation of PLWHA. The subrecipient needs to pay particular attention to individuals who know their HIV status and are not receiving HIV-related services as well as paying attention to any gaps in access and services among affected populations. A copy of the results of the most recent needs assessment shall be submitted with the application.

2. Develop an annual plan to meet identified service needs with the participation of PLWHA. In establishing a local plan, the subrecipient must demonstrate that they have consulted with the Regional DHEC office or other entities providing HIV-related health care in the area, community-based AIDS service organizations, and organizations with a mission to serve children, youth, and women and families with HIV disease. The subrecipient must show how their plan is in agreement with the most recent South Carolina Statewide Coordinated Statement of Need and the most recent Comprehensive Plan. See **Attachment 2** for the current plan.

The subrecipient must also develop an Implementation Plan for the local area (See **Attachment 3**.) **The subrecipient must submit a copy of the local annual plan and a proposed Implementation Plan with the proposal.**

3. Promote coordination and integration of community resources and services and address the needs of all affected populations. Maintain appropriate relationships with entities in the area being served that provide key points of access to the health care system for PLWHA in order to facilitate early intervention for those individuals who are newly diagnosed and for those who know their status but are not currently in care. Subrecipients must show evidence of concrete collaborative relationships with a variety of partners that represent a diverse community perspective.
4. Develop and deliver a continuum of services which will include: comprehensive outpatient medical care, oral health care, health insurance premium and cost sharing assistance, home health care, home and community based health services, hospice services, mental health services, medical nutrition therapy, medical case management, substance abuse services, child care services, emergency financial assistance, food bank services, health education/risk reduction, housing services, legal services, linguistics services, medical transportation services, outreach services, permanency planning, psychosocial support services, referral for health care/supportive services, rehabilitation services, respite care and treatment adherence counseling. Ryan White funds are intended to support only the HIV-related needs of eligible individuals. These services should be provided in a setting that is accessible to low-income individuals with HIV disease.

Please note: Part B funds may **not** be used for the following:

- Funeral and burial expenses
- Support for operating clinical trials
- To support criminal defense or for class action suits unrelated to access to services eligible for funding under the Ryan White legislation
- To provide direct maintenance or any other expenses of a privately owned vehicle
- To pay for state and local taxes for personal property;
- To pay for pet foods, and,
- To pay for social/recreational activities if not provided on subrecipient premises.

For a full description of allowable services and eligibility requirements, please read **Attachment 1**, "Ryan White Program Services Definitions".

The subrecipient must develop or select services based on an assessment of comprehensive service needs for special populations or subpopulations of persons with HIV disease; e.g. women, drug users, homeless individuals. Service needs must be addressed by coordinating and integrating existing community services before developing new services. Subrecipients will be evaluated on how well they prioritize and allocate funds to essential *Core Services* which include: outpatient medical care, oral health care, health insurance premium and cost sharing assistance, home health care, home and community based health services, hospice services, mental health services, medical nutrition therapy, medical case management services, and outpatient substance abuse services. After subtracting administrative costs (a maximum of 10% of the subrecipient grant award), a minimum of 75% of each subrecipient's grant award must be spent on core services.

5. Develop and implement a local Quality Management Plan that is aligned with the overall statewide Quality Management Plan (**Attachment 4**). Full participation in all Quality Management activities is required for all subrecipients. **A copy of the local Quality Management Plan must be submitted with this proposal.**

B. General Grant Requirements

1. The subrecipient will consult with the DHEC STD/HIV Program in developing programs/services and policies in order to assure compliance with Ryan White Legislation.
2. Peer Review
DHEC is required to perform a periodic, independent peer review process on funded subrecipients. The subrecipient will assign a minimum of one representative to serve on the Peer Review Committee which is involved in ongoing assessment of the quality of Part B programs and services and to

help determine: a) barriers to accessing care, and b) gaps in service provision. The Peer Review Committee meetings also serve as a mechanism for DHEC to disseminate specific subrecipient information to the subrecipients.

3. Periodic Statewide Meetings
The subrecipient is also requested to send at least one (1) representative to each statewide meeting convened by DHEC, not to exceed four (4) per year.
4. Limits on Charges For Services
The funded subrecipient is not required to charge for their services. A subrecipient, which charges individuals for services, must do so on a sliding fee schedule that is made available to the public. The subrecipient must submit any plans to charge for services to DHEC for approval and must comply with the fee schedule approved by DHEC.
5. The subrecipient will permit and cooperate with any State or Federal investigations undertaken regarding programs conducted under Part B.
6. The subrecipient will participate in the Ryan White Statewide Quality Management program to assess the extent to which HIV health services provided to patients are consistent with the most recent Public Health Service guidelines for the treatment of HIV disease and related opportunistic infections. Guidelines are available at <http://www.aidsinfo.nih.gov/>.

C. Funding - Related Grant Requirements

1. With respect to providing health and support services to infants, children, youth and women with HIV disease, the funded subrecipient must agree to use funds proportionally for each population. For example, if women make up 50% of the population of PLWHA in a geographic area, 50% of funds should be used to serve women.
2. No funds may be used to make cash payments to intended recipients of services.
3. AIDS Drug Assistance Program ADAP Funding:
 - a. The subrecipient shall refer patients to the South Carolina AIDS Drug Assistance Program (ADAP) for application to the South Carolina ADAP Insurance Assistance Program. The subrecipient shall pay premiums for those patients approved and accepted into the program, based on the current U.S. Department of Health and Human Services Poverty Guidelines standards and on client assets. Patients in need of assistance with co-pays and deductibles will be set up with a participating mail order pharmacy located in Columbia, serving all counties of the state. For those patients

whose insurance coverage requires them to use an internal mail order pharmacy (such as Medco, Caremark, Wal-Mart, etc.), the subrecipients shall make payment arrangements for the patient first, and then bill ADAP Insurance for reimbursement. The drug formulary included in the insurance policy must be equivalent to the S.C. ADAP formulary (<http://www.scdhec.gov/health/disease/stdhiv/adap.htm>). Insurance payments for patients must be tracked and recorded. Patients must be case managed by the subrecipient while covered under the insurance continuation program and have a history of compliance. If a patient is discontinued for insurance assistance for any reason, the subrecipient must notify the Administrative Coordinator for Ryan White at:

S.C.DHEC,
Division of STD/HIV
Mills/Jarrett Complex
Box 101106, Columbia, S.C., 29211.

- b. To ensure insurance continuation of coverage for the patient, the subrecipient must make payment to the insuring company in a timely manner. A request for the return of any unused portion of payment must be made to the insurance company for any patient no longer receiving services during the payment period, including those that have died. All requests must be made in a timely manner.
 - c. The subrecipient must submit a monthly request for reimbursement for ADAP services by the 15th of the month following the month during which the payment to the insuring company was made. The request for payment, with attached patient detailed information and payment documentation, receipts, etc., shall be submitted to the Administrative Coordinator for Ryan White at S.C.DHEC, Division of STD/HIV, Mills/Jarrett Complex, Box 101106, Columbia, S.C., 29211. Reimbursement for ADAP services will be based on the Ryan White fiscal year (April to March).
 - d. Additionally, any provider who has 340B status from HRSA must refer all eligible patients to the ADAP insurance assistance program.
4. Annual submission of a budget and implementation plan is required (see Attachment 7 and Attachment 3 respectively).

E. Grant Reporting Requirements

The subrecipient will provide programmatic, demographic, and financial reports, as required by the STD/HIV Division. These requirements are:

1. Quarterly/Bi-Annual Reports:
 - a. Quarterly - A financial statement which identifies the amount of funds received and the amount expended for each category of services provided.
 - b. Bi-Annual - A description of the progress in meeting local HIV service goals and objectives, including efforts to address the continuum of health and support services, and a summary of issues and/or problems, which may have impeded implementation and the strategies, used to address them. Goals and objectives will be submitted annually and progress reported bi-annually.

2. Ryan White Services Report (RSR):
 - a. The subrecipient must insure that each subrecipient that receives Part B funding will submit reports on all clients who received at least one service during the reporting period that is eligible for Ryan White Part B funding. These reports must include unduplicated counts of clients. The reporting period will be **January 1 - December 31.**
 - b. The subrecipient must also insure that each subrecipient receiving Part B funds will provide other information required for the RSR, including, a contact person for each provider, the name, address, phone and fax number for each organization, the minority composition of the board and/or staff of each organization and other information.

3. Additional Documentation and Reporting Requirements:

In addition to reporting requirements above, in order to comply with the Ryan White legislation, the funded subrecipient must document and report to DHEC information about the:

 - a. Type, amount, and costs of programs and services funded through the subrecipient;
 - b. Number and demographic characteristics of individuals and families served by the subrecipient; and
 - c. Data elements collected for RSR and Quality Management Program, which will include but are not limited to: CD4 counts, viral load test results, TB skin testing, immunization information and pap tests.

4. ADAP Program:

DHEC is required under the Ryan White Part B grant to report unduplicated client services to the HRSA. In accordance with this grant requirement, and for purposes of the ADAP Program's performance of treatment, payment, and health care operations pursuant to the Health Insurance Portability Act of 1995 (HIPAA), the subrecipient will be required to release to the ADAP Program the following information, upon request:

- a. Electronic information entered into the Provide Enterprise System. The information requested will include the Patient's Client Profile, Drug (if entered) and Vital Sign Information (if entered) and will not include detailed information such as visit history and progress logs.
- b. Timely release of this information to the ADAP Program is essential for purposes of grant compliance.

The subrecipient will also be required to comply with any additional reporting requirements that may be required by DHEC such as reporting on the numbers of Women, Infants, Children and Youth (WICY) served.

F. Grant Accountability Measures

The subrecipient awarded under this grant application will be expected to:

1. Use not less than the percentage of funds in a fiscal year constituted by the ratio of the population of the geographic service area of infants, children, youth and women with HIV infection to the general population in the geographic area of individuals with HIV infection. For example, in the service area if the proportion of infants, children, youth and women with HIV infection to the total number of persons with HIV infection is twenty-four percent (24%), then the subrecipient must expend not less than 24% of its annual funding to providing services to infants, children, youth and women. DHEC will provide the funded subrecipient with the required ratio based on reported HIV/AIDS cases and prevalence data.

Measure: Actual proportion of infants, children, youth and women with HIV infection served per year versus the number of infants, children, youth and women with HIV infection in the geographic area.

2. In a fiscal year, use funds within ten percentage points of the ratio of the population of racial minority groups with HIV infection of the geographic service area to the general population in the geographic area of individuals with HIV infection (+/- 10%).

For example, in the service area if the proportion of African-Americans with HIV infection to the total number of persons with HIV infection is **seventy-four** percent (74%), then the subrecipient must expend **at least sixty four**

percent (64%) of its annual funding to providing services to African Americans. DHEC will provide each funded subrecipient with the required ratio based on reported HIV/AIDS cases and prevalence data.

3. Collect data elements requested by DHEC for Quality Management, which will include but may not be limited to:

CD4 counts, viral load test results, TB skin testing, and immunization information.

G. Grant Budget

The initial grant fiscal year is from April 2011 through March 2012. DHEC will make available fiscal year funds to fund the subrecipient in the designated counties intended to provide comprehensive HIV care services to people living with HIV/AIDS who have no other ability to pay for care services. The total annual dollar amount available will be dependent on federal funds made available. The grant will be awarded for a period of up to five (5) years.

Determination of award will be based on the merits of the proposed projects as put forth in the grant applications. Funding amounts will be determined using a formula based on HIV prevalence for the geographic area served. DHEC's Division of Surveillance and Technical Support will provide the most current HIV prevalence data available for use in calculating the funding formula. (Data used may differ from published data due to continued updating of datasets.) Up to 10% of the total grant may be used for administration. Any continuation of funding is contingent upon federal funds availability. Because HIV prevalence and federal funding levels may change from year to year, grant award amounts are subject to change each year.

If awarded, the subrecipient will submit a projected budget to DHEC at the beginning of each grant year. If throughout the course of a grant year a budget revision is necessary and exceeds 10% of the amount allocated for that budget item, the subrecipient must make a written request to DHEC for approval of the revision. The budget revision will not be authorized until the subrecipient receives written approval from DHEC.

Subrecipients must continually monitor the third party reimbursement process for their agency. Subrecipients must ensure that all clients are screened annually, at a minimum, for eligibility for Medicare, Medicaid, Veteran's health care benefits, private health insurance or other funds to ensure that Ryan White funds are the payer of last resort.

III. INFORMATION FOR APPLICANTS TO SUBMIT/SCORING CRITERIA

In addition to information requested elsewhere in this request for applications (Needs Assessment, Implementation Plan, Quality Management Plan, and fee schedule as appropriate), applicants should submit the following information for purposes of evaluation:

To be considered for award, all proposals must include, at a minimum, responses to the information requested in this section. Scoring points associated with each section are noted in parentheses.

Entities applying to be a subrecipient should restate each of the items listed below and provide their response immediately thereafter.

All information should be presented in the listed order:

Table of Contents – Provide a *one-page* table of contents document that includes all the items listed below.

1. Program Description
2. Organizational History, Experience and Qualifications
3. Community Collaborations
4. Needs Assessment
5. Reporting and Evaluation

*A program budget must be submitted but will not be part of the scoring criteria for receipt of funding.

1. Program Description (25 Points Total)

- A. Demonstrate how input will be obtained from one or more public and nonprofit health care and support providers and community based organizations in the geographic area to be served by the subrecipient.
- B. For each agency/organization, identify the services to be provided, how many people with HIV will be served by each service and the health professional that will provide the services. Submit Implementation Plan on the template provided (See **Attachment 3** for template and instructions).
- C. Describe how the subrecipient will coordinate service delivery to ensure proper and timely access to services and to ensure no duplications of delivery occur.
- D. Describe how the agency will maintain appropriate relationships with entities in the area being served that provide key points of access to the health care system for people living with HIV including community health centers, HIV testing sites, mental health centers and homeless service centers.

- E. Describe the array of services to be provided to people living with HIV, including services that will be offered through community partnerships. The following services should be covered: medical care, medical case management, mental health services, oral health services, substance abuse services, medication assistance and medical transportation.
- F. As applicable, describe the fee for service schedule to be utilized. NOTE: The funded subrecipient must have prior approval from DHEC to implement fee for service schedule.

2. Organizational History, Experience and Qualifications (25 points total)

The applicant must demonstrate the proven ability to accomplish the tasks set forth in the Scope of Work. The agencies and organizations funded by the subrecipient, which will provide services, must demonstrate experience in providing specified services to persons with HIV disease and their families.

- A. The applicant must describe the record of service to special populations and subpopulations with HIV disease within the communities/counties to be served. This record of service description must include the involvement of persons living with HIV in the planning and/or delivery of services.
- B. The applicant must demonstrate the ability to begin provision of services on April 1, 2011.
- C. The applicant must demonstrate the ability of providers to meet South Carolina medical case management standards adopted by all of the Ryan White Part B providers (**Attachment 5**). Additionally, the applicant must demonstrate the ability to provide medical case management services as described in the Ryan White Program Services Definitions i.e. (1) initial assessment of the service needs, (2) development of a comprehensive, individualized service plan, (3) coordination of the services required to implement the plan as well as (4) client monitoring to assess the efficacy of the plan, and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client.
- D. Subrecipients must adhere to the Case Manager and Case Manager Supervisor qualifications (**Attachment 6**) when hiring new staff.
- E. The subrecipient must use the database software *Provide Enterprise 6.2 or greater* and *Lotus Notes 5.0 or greater* for interaction with ADAP, and service data collection and reporting.

- F. The subrecipient must describe how the composition of the board of directors and the composition of the key agency staff reflect the target population.
- G. The subrecipient must describe the experience the organization has in record keeping of when and how services are provided, evaluating services, and marketing services to the target population. Provide a description of the organization's ability to complete quarterly, fiscal, and programmatic progress reports.
- H. Include resumes of key personnel assigned to manage the program and what they do for the organization.

3. Community Collaborations (20 points total)

- A. List the agencies and community-based organizations with which your agency will collaborate. For each organization, define its proposed scope of services, role in the region/area, and record of service to persons with HIV disease and families.
- B. In developing the Implementation Plan, describe how your organization collaborated with other entities providing ambulatory and outpatient HIV-related health care services and support services within the area to be served.

4. Needs Assessment (20 points total)

- A. Identify the populations and subpopulations of individuals with HIV disease and their families in the area to be served by the subrecipient. Describe the population of individuals who know their HIV status and are not receiving HIV-related services, or your plan to collect this information. The applicant agency shall consider demographic characteristics of reported AIDS cases and HIV infection, as well as other sources of information. South Carolina HIV/AIDS surveillance data is available on the web at <http://www.scdhec.net/hs/diseasecont/stdwk/html/surveillance.htm>.
- B. Describe the existing HIV services and service needs or gaps within the areas to be served, demonstrating clearly how an assessment of service needs was conducted, and how involvement of persons living with HIV was obtained.

NOTE: The Ryan White legislation requires that this assessment of needs include participation by individuals with HIV disease.

5. Reporting and Evaluation (10 points total)

- A. Describe the system the subrecipient will use to collect demographic and qualitative data and to evaluate its success in responding to the identified needs and providing cost-effective services.

Application Submission

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

Attachment 1

Ryan White Service Definitions

http://www.scdhec.gov/health/disease/stdhiv/docs/rwpartb_DearColleague%20Letr%20Serv%20Clarificat%20Attachmt%2008-14-09.pdf

Attachment 2

South Carolina Statewide Coordinated Statement of Need and Comprehensive Plan.

[http://www.scdhec.gov/health/disease/stdhiv/docs/caresupp_SC
RW_SCSN_ComPlan_2009.pdf](http://www.scdhec.gov/health/disease/stdhiv/docs/caresupp_SC_RW_SCSN_ComPlan_2009.pdf)

Attachment 3

Implementation Plan template

http://www.scdhec.gov/health/disease/stdhiv/docs/rwpartb_ImplementationPlanTemplate102910.xls

Attachment 4

Quality Management Plan

http://www.scdhec.gov/health/disease/stdhiv/docs/rwqm_Ryan%20White%20QM%20Plan.pdf

Attachment 5

South Carolina Medical Case Management Standards

http://www.scdhec.gov/health/disease/stdhiv/docs/rwpartb_RWMCStandardsRevisedJune2010.pdf

Attachment 6

South Carolina Ryan White Part B Case Management Qualifications

HIV Case Manager

An HIV Case Manager must meet one of the following qualifications:

1. Hold a master's degree from an accredited college or university in a human services field including, but not limited to, Social Work, Sociology, Health Education, Child and Family Development, Counseling, Psychology, or Nursing; or
2. Hold a bachelor's degree from an accredited school of social work; or
3. Hold a four-year degree from an accredited college or university in a human services field or related curriculum including at least 15 semester hours in courses related to social work or counseling and six months of social work or counseling experience; or
4. Hold a four-year degree from an accredited college or university and one year experience in counseling or in a related human services field which provides experience in techniques of counseling, casework, health education, group work or community organization; or
5. Be a licensed Registered Nurse, Nurse Practitioner, Physician Assistant, Social Worker, or Certified Substance Abuse Counselor and have two years experience working in human services.

HIV Case Management Supervisor

An HIV Case Management Supervisor must meet one of the following qualifications:

1. Hold a master's degree from an accredited college or university in a human services field including, but not limited to, Social Work, Sociology, Child Development, Maternal and Child Health, Counseling, Psychology or Nursing, and one year experience in direct service provision in a human services setting; or
2. Hold a bachelor's degree from an accredited school of social work and two years of experience in case management; or
3. Hold a four-year degree from an accredited college or university in a human services field or related curriculum including at least 15 semester hours in courses related to social work or counseling and six months of social work or counseling experience and two years of experience in direct service provision in a human services setting; or

4. Hold a four-year degree from an accredited college or university and one year experience in counseling or in a related human services field which provides experience in techniques of counseling, casework, group work or community organization and two years experience in direct service provision in a human services setting; or
5. Graduation from an accredited school of professional nursing and completion of three years of professional nursing experience, including two years in Public Health. Be licensed to practice as a Registered Nurse and have a minimum of two years experience in direct service provision in a human services setting; or
6. Graduation from an accredited school of professional nursing and completion of three years of professional nursing experience, including two years experience supervising nurses responsible for developing and maintaining care plans and coordinating care and services for patients receiving care in their homes. Be licensed to practice as a Registered Nurse and have a minimum of two years experience in direct service provision in a human services setting.

Attachment 7

South Carolina Ryan White Part B Budget Form

See attached Excel worksheet

Attachment 8

Procedures for Dispute Resolution

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

The following dispute procedures are available to any community based organization, local or county program or any other applicant that objects to a requirement in a request for a grant proposal or does not receive a distribution of funding as a subrecipient under a federal, state, or combined federal/state grant program.

A. Request or Application for Funding. Subject to conditions set forth in these procedures, any prospective applicant who is aggrieved in connection with the proposed evaluation of applications or proposed manner of distribution of funds in the Request for Applications under the Ryan White Program shall submit a letter of concern via e-mail to the Ryan White Program Manager (odonnet@dhec.sc.gov) within five (5) calendar days of the date of issuance of the Request for Grant Proposals or any amendment thereto if the amendment is at issue. A dispute shall set forth the grounds of the dispute and the relief requested with enough particularity to give notice of the issues to be decided. The Program Manager will render a decision in 24 hours. If the applicant is not satisfied with the decision rendered by the Program, the applicant shall notify the Chief of Staff in writing within two (2) business days of the date of the e-mailed, written response from the Ryan White Program Manager. This notification should be sent to douglamw@dhec.sc.gov, Attention: Chief of Staff. The Chief of Staff will conduct a review, with the assistance of the Chief Counsel, Administration, or his or her delegate, and provide a written response within five (5) business days. The decision of the Chief of Staff will be final and conclusive.

B. Award to an Applicant. Any applicant who is aggrieved in connection with the Notification of Award shall submit a letter of concern to the Chief of Staff of DHEC within three (3) business days of the Notification of Award date. The Chief of Staff will conduct a review, with the assistance of the Chief Counsel, Administration, or his or her delegate, and provide a written response within five (5) business days. The decision of the Chief of Staff will be final and conclusive.

C Notice of Decision. A copy of all decisions under this dispute resolution procedure shall be mailed or otherwise furnished immediately to the aggrieved party and any other party intervening.

II. PROCEDURES FOR GRANTS DISPUTES REGARDING DHEC'S EVALUATION OF A SUBRECIPIENT'S EXPENDITURES IN THE POST-AWARD PHASE

- A. Applicability.** These procedures apply to controversies between DHEC and the subrecipient when the subrecipient disagrees with DHEC's evaluation of an expenditure by the subrecipient as "not allowed" under the grants program requirements. These procedures constitute the exclusive means of resolving a controversy between DHEC and a subrecipient of an awarded grant.
- B. Complaint against Ryan White Program Management.** A subrecipient has 30 days after the discovery of a dispute or controversy over the program's denial of an expenditure to notify in writing the Ryan White Program Manager of the identification of the dispute or controversy. The Ryan White Program Manager has 45 days to review and attempt to informally resolve the dispute or controversy. If the dispute cannot be mutually resolved, the subrecipient may raise the dispute or controversy, in writing, to the Director of Grant Program Services within five (5) business days. The Director of Grant Program Services, or his or her designee, will offer to meet or conference call with the subrecipient within fourteen (14) days of receipt of the dispute. The Director of Grant Program Services will provide a written determination within 10 days of his or her decision regarding the expenditure after consultation with HRSA.