

## MODIFICATION INSTRUCTIONS FOR PERFORMANCE-BASED CONTRACTS

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Public Health Solutions (PHS) recognizes that as the contract year progresses, agencies may need to make changes to their program design and/or service levels because of changing client needs. In order to request such changes to your contract, you must submit a Contract Modification Request form. The most recent forms are available for download at the PHS website at [www.healthsolutions.org/get-funding](http://www.healthsolutions.org/get-funding) under the "For Contractors" tab. You may also request the form from your Contract Manager.

The Contract Modification Request Form consists of the following sections: 1) Cover Page, 2) Required Contractor Certification, 3) Program Modification, and 4) Projected Services (If changes are made to service types, must submit the Service Target Grid).

### INSTRUCTIONS

Modifications can only be requested/submitted during the 6<sup>th</sup> and 7<sup>th</sup> month of the contract year:

- *Ryan White (March-Feb contract period): August 1<sup>st</sup> through September 30<sup>th</sup>*
  - *MAC & PV-CTL (July – June contract period): December 1<sup>st</sup> through January 31<sup>st</sup>*
  - *PV\_CDC (Jan-Dec contract period): June 1<sup>st</sup> through July 31<sup>st</sup>*
  - *PV Navigation-CDC (Oct-Sep contract period): March 1<sup>st</sup> through April 30<sup>th</sup>*
- Modification request must be submitted via email to [mods@healthsolutions.org](mailto:mods@healthsolutions.org). Do not .pdf the form.
  - Must be submitted as an Excel attachment with the file name configured as follows: ***agencyname\_contract#\_datesubmitted\_versionnumber.xls***. It is very important that the file name is configured exactly as shown. Otherwise, it will be difficult for PHS staff to clearly identify the agency, contract number and version of the Contract Modification that was received. The subject line should read: ***Agency Name - Contract Mod***.

**Example-**

To: [mods@healthsolutions.org](mailto:mods@healthsolutions.org)

**Subject line:** ABC AIDS Services – Contract Mod

**Attached document file name:** ABC AIDS Services\_06-RTS-123\_07-1-10\_v1.xls

- Your Contract Manager will review the Contract Modification request and documentation of contract performance, including but not limited to: monthly reports; site visit reports; corrective actions taken and your correspondence with us. The Contract Manager will also review the timeliness and accuracy of your monthly reports and take into account whether you have demonstrated effort and ability to quickly identify program problems and implement corrective actions. You will be notified in writing of the disposition of your Contract Modification Request.
- A Contract Modification Request will not be considered unless all required monthly reports have been received.
- ***Data can only be entered in the yellow cells throughout the forms. The blue cells contain formulas and are not to be changed.***

## **Section 1: Cover Page**

Complete the initial fields indicating your agency's name, service category, contract number and contract period. The form will automatically copy the information from this page onto the headers of the other pages. The statements at the top are designed to assist you in determining whether you are required to complete the Program Modification only or the Program Modification and the Service Target Grid. ***If you are requesting changes that require revisions to the Service Target Grid, you must contact your Contract Manager to request your most recently approved Service Target Grid.*** The last section of this page indicates the name of the individual(s) who completed the modification and the date that the request was submitted.

## **Section 2: Required Contractor Certification**

Those individuals identified in the Contract Contact Verification Form as the Fiscal Manager and Senior Administrator or Program Manager must complete this page by either typing in their name or using an electronic signature. The appearance of their name certifies that they are authorized to submit the Contract Modification and that the changes are consistent with the intent of the funded program and adhere to the NYCDOHMH and Public Health Solutions guidelines.

## **Section 3: Program Section**

When you prepare the Program Section of the Contract Modification Request Form, keep in mind that the level of services provided to clients should be maintained. Some proposed changes may require approval of New York City Department of Health and Mental Hygiene (NYCDOHMH). For questions or additional information, contact your Contract Manager.

The Program Modification page must include a detailed explanation of why changes are needed (see below for an example of changes affecting the service target grid). Although you may be completing the program section of the Contract Modification only (for example, a change to the scope of services that requires only an amendment to the scope of services), all pages of the Contract Modification Form must be submitted together.

***Note: Changes in Service Types higher than 15% from the originally approved projections require detailed justification.***

### EXAMPLE

#### **Section 3: Program Modification**

1. Describe the proposed modification(s) to your program and the impact on the contract Scope of Services (e.g., changes in service targets and/or service delivery design that impacts staffing or description of program services as outlined in your current contract). If affected, sections of the Scope of Services narrative and Service Target Grid must be revised and attached.

Rapid HIV Test will be decreased by approximately 24 tests per month for an annual total of 3507, for a total decrease of 293 for the contract year. We are also proposing to increase the number of Confirmatory HIV tests from 58 to 71. In addition, we are requesting to increase the number of Linkage to Care from 58 to 71. The attached service target grid has been revised to reflect these changes. The description of services in the scope of services remains unchanged; however, the service target grid is affected.

2. Describe the reason(s) for the Program Modification(s).

Our service projection levels for the 2 categories of Confirmatory HIV test and Linkage to Care were determined based on prior levels and we have experienced a significant increase in the rate of preliminary positives from the HIV Rapid Test. As a result of the increase in preliminary positives we have had a subsequent demand for increased Confirmatory HIV tests and increased demand in the number of confirmed HIV positive individuals who are being Linked to Care.

3. Describe any effects that the Program Modification(s) will have on the Service Target Grid including changes to the MRAs of service families.

Since we are making revisions to the Service Target Grid; changes occur in all three service families with a decrease in Rapid HIV Test and an increase in Confirmatory HIV test and increase in Linkage to Care.

4. Indicate the proposed effective date of this Program Modification.

July 1, 2019

#### **Section 4: Projected Services**

Only list Service Types for which service projections are being modified. Please ensure to list the service types under its corresponding Service Family. If any service projections is being modified, you must complete and submit a revised Service Target Grid using the most recently approved electronic version as a starting point (contact your CM to request a copy if needed). The revised Service Target Grid document must be submitted with the Contract Modification Request. Please ensure to review your latest Master Itemization Report – Sheet 3.

#### **The Projected Services Section is composed of the following:**

- **Service Family:** Fill out this column in the same order as in the Service Target Grid.
- **Services Types:** Fill out by entering the service types that belong to each Service Family. This information can be obtained from the Service Target Grid.
- **Approved Rate:** Indicate the most recently approved rate for each Service Type as indicated in the most recently approved Service Target Grid.
- **Original YTD Projected Units.** Fill out by using the most recently approved Service Target Grid.
- **Modified YTD Projected Units:** Indicate the new amount of units
- **Change in Units:** No action needed. This cell has formulas.
- **Original Total MRA:** No action needed. This cell has formulas.
- **Unallocated Difference:** Enter the total unallocated amount indicated on cell J100, if any.
- **Modified Total MRA:** No action needed. This cell has formulas.
- **Change in Value:** No action needed. This cell has formulas.
- **Percentage Changed:** No action needed. This cell has formulas.
- **Approval Required:** No action needed. This cell has formulas.

***NOTE: Changes in service projections greater than 15% will require detailed justification and DOHMH approval.***