

19473

DEC 20 2013



EXECUTIVE DOCUMENT SUMMARY

State Form 41221 (R10/4-09)

Instructions for completing the EDS and the Contract process.

1. Please read the guidelines on the back of this form.
 2. Please type all information.
 3. Check all boxes that apply.
 4. For amendments / renewals, attach original contract.
 5. Attach additional pages if necessary.

Received

DEC 26 2013

IDOA Contracts

1. EDS Number: A70-3-106070	2. Date prepared: 9/24/2013
3. CONTRACTS & LEASES	
<input type="checkbox"/> Professional/Personal Services <input checked="" type="checkbox"/> Grant <input type="checkbox"/> Lease <input type="checkbox"/> Attorney <input type="checkbox"/> MOU <input type="checkbox"/> QPA	<input type="checkbox"/> Contract for procured Services <input type="checkbox"/> Maintenance <input type="checkbox"/> License Agreement <input checked="" type="checkbox"/> Amendment# <u>1</u> <input type="checkbox"/> Renewal # <input type="checkbox"/> Other

4. Account Number: 61910-94000.573100		5. Account Name: ISDH DHHS Fund	
6. Total amount this action: \$34,043.00		7. New contract total: 136,173.00	
8. Revenue generated this action: \$0.00		9. Revenue generated total contract: \$0.00	
10. New total amount for each fiscal year:			
Year	2013	\$136,173.00	
Year		\$	
Year		\$	
Year		\$	

11. From (month, day, year): 1/1/2013		12. To (month, day, year): 12/31/2013	
13. Method of source selection:			
<input type="checkbox"/> Bid/Quotation		<input checked="" type="checkbox"/> Negotiated	
<input type="checkbox"/> RFP#		<input type="checkbox"/> Special Procurement	
<input type="checkbox"/> Other (specify)			

35. Will the attached document involve data processing or telecommunications systems(s)? Yes: IOT or Delegate has signed off on contract

36. Statutory Authority (Cite applicable Indiana or Federal Codes):
410 IAC 1-2.337. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.)
This grant will provide directly observed therapy services and directly observed preventive therapy for high-risk contacts, augmenting the tuberculosis services available in Marion County. Amendment #1 represents the final 25% of this annual grant38. Justification of vendor selection and determination of price reasonableness:
TB funds from the Centers for Disease Control and Prevention are being awarded to the growing complexity of TB case management and the need to provide additional surveillance and containment activities. The vendor is centrally located in the city being served

39. If this contract is submitted late, please explain why: (Required if more than 30 days late.)

40. Agency fiscal officer or representative approval: <i>Em Miller</i>	41. Date Approved: 12/17/13	42. Budget agency approval: <i>[Signature]</i>	43. Date Approved: 12/17/13
44. Attorney General's Office approval: <i>JFS</i>	45. Date Approved: 1-10-14	46. Agency representative receiving from AG: <i>[Signature]</i>	47. Date Approved:

AGENCY INFORMATION

14. Name of agency: Department of Health	15. Requisition Number: 0000023377
16. Address: 2 N. Meridian Street Indianapolis, IN 46204	

AGENCY CONTACT INFORMATION

17. Name: Sarah Burkholder	18. Telephone #: 317/233-7545
19. E-mail address: sburkholder@isdh.in.gov	

COURIER INFORMATION

20. Name: Jennifer Myers	21. Telephone #: 317-233-7853
22. E-mail address: jmyers1@isdh.in.gov	

VENDOR INFORMATION

23. Vendor ID # 0000003310	
24. Name: HEALTH & HOSPITAL CORP OF MARION COUNTY	25. Telephone #: 317-221-2110
26. Address: HEALTH & HOSPITAL CORP OF MARION COUNTY 3838 N RURAL ST INDIANAPOLIS, IN 46205	
27. E-mail address: mgutwein@hhcorp.org	
28. Is the vendor registered with the Secretary of State? (Out of State Corporations, must be registered) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29. Primary Vendor: M/WBE/IN-Veteran	30. Primary Vendor Percentages
Minority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	100.0 %
Women: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
IN-Veteran: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
31. Sub Vendor: M/WBE/IN-Veteran	32. If yes, list the %:
Minority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Minority: <input type="checkbox"/> %
Women: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Women: <input type="checkbox"/> %
IN-Veteran: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IN-Veteran: <input type="checkbox"/> %
33. Is there Renewal Language in the document?	34. Is there a "Termination for Convenience" clause in the document?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

RECEIVED

JAN 02 2014

OAG-ADVISORY

67484-001

REQUISITION

Ship To: State Department of Health
Section 2-C
2 N MERIDIAN ST
INDIANAPOLIS IN 46204

Bill to: State Department of Health
Section 2-C
2 N MERIDIAN ST
INDIANAPOLIS IN 46204

Requisition No. 0000023377	Date 10/09/2013	Required Date	Page 1 of 1
Fund/Account: 61910 / 573100			
Dept Number: 195408 195106			
Project Number: 400361014030013			
Requisition Number: 0000023377			
Requestor: GALLEN Allen, Gary-400			
Agency Number: 00400 Department of Health			
Facility:			

MUST COMPLETE FOR ICPR

☐ Print REQ
☐ Streamline Eligible

Line	Item	Description	Quantity	UOM	Unit Price	Ext Amt
TB funds from the Centers for Disease Control and Prevention are being awarded to the growing complexity of TB case management and the need to provide additional surveillance and containment activities. The vendor is centrally located in the city being served.						
1-1		Amend #1 A70-3-106070, 1/1/13-12/31/13	1.0000	LO	34,043.0000	34,043.00

Vendor: 0000003310 HEALTH & HOSPITAL CORP OF MARION COUNTY

<< EDS# A70-3-106070
EXISTING PURCHASE ORDER #13558362 >>

The following UN/CEFACT Unit of Measure
Common Codes are used in this document:
LO Lot

Requisition Total \$ 34,043.00

Requestor Signature	I certify that the item[s] requested is [are] necessary for the operation of this State Agency.	
	Printed Name of Agency Head or Authorized Employee	Authorized Signature

Amendment No. 1
EDS Number A70-3-106070

This is an Amendment to the existing **Tuberculosis Cooperative Grant** Grant Agreement entered into by and between the **Indiana State Department of Health** (hereinafter referred to as the "State") and **The Health and Hospital Corporation of Marion County** (hereinafter referred to as the "Grantee") for the period from **January 1, 2013** through **December 31, 2013**, in the amount of **\$102,130**. JH

In consideration of the mutual undertakings and covenants hereinafter set forth, the parties agree as follows:

The amount of the Grant Agreement is being increased by **\$34,043** making the new total of the Grant Agreement **\$136,173**. The additional funds will be used to **provide directly observed therapy services and directly observed preventive therapy for high-risk contacts, augmenting the tuberculosis services available in Marion County**. See Attachments A-1, B-1, and C-1, attached hereto, which replaces Attachments A, B, and C, made a part hereof, and incorporated herein by reference as a part of this Grant Agreement.

The following paragraph replaces the previous Grant Agreement paragraph:

Paragraph 5A – Grant Funding is amended to read:

The State shall fund this grant in the amount of **\$136,173**. The approved Project Budget is set forth in **Attachment A-1** of this Grant Agreement, attached hereto and incorporated herein. The Grantee shall not spend more than the amount for each line item in the Project Budget without the prior written consent of the State, nor shall the Project costs funded by this Grant Agreement and those funded by any local and/or private share be changed or modified without the prior written consent of the State.

All other matters previously agreed to and set forth in the original Grant Agreement and not affected by this Amendment shall remain in full force and effect.

Non-Collusion and Acceptance

The undersigned attests, subject to the penalties of perjury, that he/she is the Grantee, or that he/she is the properly authorized representative, agent, member or officer of the Grantee, that he/she has not, nor has any other member, employee, representative, agent or officer of the Grantee, directly or indirectly, to the best of his/her knowledge, entered into or offered to enter into any combination, collusion or agreement to receive or pay, and that he/she has not received or paid any sum of money or other consideration for the execution of this Grant Agreement other than that which appears upon the face hereof.

In Witness Whereof, the Grantee and the State of Indiana have, through duly authorized representatives, entered into this Grant Agreement Amendment. The parties having read and understanding the foregoing terms of the Grant Agreement Amendment do by their respective signatures dated below agree to the terms thereof.

Accepted By:

Matthew R. Gutwein
MATTHEW GUTWEIN
PRESIDENT/EXECUTIVE DIRECTOR
THE HEALTH AND HOSPITAL CORPORATION OF
MARION COUNTY

DATE:

10-11-13

Accepted By:

Virginia A. Caine
VIRGINIA CAINE, M.D.
HEALTH OFFICER
MARION COUNTY HEALTH DEPARTMENT

DATE:

10/10/13

Recommended and Approved By:

William C. Vanness II (for)
WILLIAM C. VANNESS II, MD
STATE HEALTH COMMISSIONER
INDIANA STATE DEPARTMENT OF HEALTH

DATE:

12/17/13

Approved:

Jessica Robertson (for)
JESSICA ROBERTSON, COMMISSIONER
DEPARTMENT OF ADMINISTRATION
STATE OF INDIANA

DATE:

12/26/13

Approved:

Brian E. Bailey (for)
BRIAN E. BAILEY, DIRECTOR
STATE BUDGET AGENCY
STATE OF INDIANA

DATE:

12/31/13

Approved as to Form and Legality:

Gregory F. Zoeller (for)
GREGORY F. ZOELLER
ATTORNEY GENERAL OF INDIANA

DATE:

1-10-14

Attachment A-1
A70-3-106070
Marion County Public Health Department

PURPOSE OF GRANT AGREEMENT:

To provide directly observed therapy (DOT) services and directly observed preventive therapy (DOPT) for high-risk contacts, augmenting the TB services available in Marion County beginning January 1, 2013 and ending December 31, 2013. This amendment increases the grant by \$34,043 which is the remaining 25% of the annual budget totaling \$136,173.

SERVICE RECIPIENTS:

Individuals living in Marion County.

CONSIDERATION FOR DELIVERABLES AND SCHEDULE OF PAYMENT:

REQUIRED ACTIVITIES	MEASURABLE CRITERIA	ANNUAL RATE FY 2013	75% of Annual Budget	25% of Annual Budget
Three Community Health Workers (CHWs) will be responsible for delivering and observing the ingestion of medications, observing, and collecting sputum samples, assisting with contact investigation, educating clients, and arranging for transport as needed to medical appointments related to TB care. TB Community Health Workers may assist local health department TB case management activities.	Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols as evidenced by the quarterly report. Payment will be held until reports are submitted.	97,331.	72,998.25	24,332.75
The CHWs interact with and perform Directly Observed Therapy/Directly Observed Preventive Therapy (DOT/DOPT) with TB patients to promote adherence to medical regimens, thus assuring continuity and completion of therapy.	Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols as evidenced by the quarterly report. Payment will be held until reports are submitted.			

Programs and seminars attended by the CHWs will have a TB/HIV element. HIV counseling and testing will be offered to clients followed through this project.	Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols as evidenced by the quarterly report. Payment will be held until reports are submitted.			
Activities shall supplement, not supplant the local TB activities necessary for case management, control and prevention of TB in the designated area.	Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols as evidenced by the quarterly report. Payment will be held until reports are submitted.			
Each CHW will submit <i>The Tuberculosis Outreach Quarterly Report</i> (See ATTACHMENT B-1) to the MCHD TB Program Coordinator and the local supervisor who will sign and address any barriers or problems encountered. A copy of the Report should be sent to the State TB Control Program.	All reports are due by the 10 th of the month following the end of each quarter. April 10, 2013 July 10, 2013 October 10, 2013 December 31, 2013			
The TB outreach services provided through this Grant Agreement shall be in accordance with Tuberculosis Program Objectives established by the Indiana State Department of Health (See ATTACHMENT C-1).	Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols as evidenced by the quarterly report. Payment will be held until reports are submitted.			

There will be one Outreach Worker meeting for the CHWs and one Regional meeting during the Grant Agreement Period. Attendance is required.	Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols as evidenced by the quarterly report. Payment will be held until reports are submitted.			
TB Control Program will participate in monthly case/cohort reviews (when requested) via teleconference or in-person	Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols			
Each CHW must complete, or show proof of having completed, an approved course in <i>HIV Prevention Counseling</i> .	Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols as evidenced by the quarterly report. Payment will be held until reports are submitted.			
Each CHW should be available on an as-needed basis to assist in outbreak situations in other geographical areas of the State.	Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols as evidenced by the quarterly report. Payment will be held until reports are submitted.			
Total Salary Costs		97,331	72,998.25	24,332.75
Fringe Benefits		33,969	25,476.75	8,492.25
Travel		4,873	3,654.75	1,218.25
Total Grant Agreement		\$136,173	\$102,129.75	\$34,043.25
Total Grant (rounded)		\$136,173.	\$102,130.	\$34,043.

- **Salary:** Three Community Outreach Workers for twelve months @\$97,331
 - P. Gray @ \$38,048
 - R. Cotterman @ \$32,904
 - S. Sides @ \$ 26,379
- Fringe Benefits @ 34.9% of salaries = \$33,969
- **Travel for DOT/DOPT Visits** (11,075 @ 0.44/mile) = \$4,873
 Travel expenditures will be reimbursed by the State at the rate customarily paid by the Grantee or the current rate being paid by the State of Indiana, whichever is the lesser.
- **Invoices:**
 Payment shall be due for hours worked and satisfactory completion of Marion County Public Health Department Deliverables. All invoices must be submitted on a monthly basis and accompanied by written documentation of actual expenditures for all claimed items. The Grantee will be paid monthly for hours worked and the deliverables defined and referenced above. Such payment shall be made in arrears upon receipt and approval of invoice.

Marion County Public Health Department will augment this grant by providing any additional salary or benefits not covered, travel and other activities and expenses related to the delivery of services.

Attachment B-1
A70-3-106070
Tuberculosis Outreach
Quarterly Report
2013

This report is to be completed by each TB Outreach Worker funded by the ISDH TB Program, then reviewed and signed by their supervisor. All narrative and statistical sections must be completed. Successful submission of this report satisfies the terms of the contract for reporting.

All reports are due to ISDH by the 10th of the following months:

1st Quarter: 01/01/13 thru 03/31/13	Due: April 10, 2013
2nd Quarter: 04/01/13 thru 06/30/13	Due: July 10, 2013
3rd Quarter: 06/30/2013 thru 09/30/13	Due: October 10, 2013
4th Quarter: 10/01/2013 thru 12/31/2013	Due: December, 31, 2013

GRANTEE: Marion County Public Health Department

QUARTER: _____ **DATE SUBMITTED:** _____

SUBMITTED BY: _____

I have reviewed, discussed, and addressed issues/concerns identified in this report with the Outreach Worker.

SUPERVISOR'S SIGNATURE: _____

ISDH Use Only	
Date Received:	Reviewed by:

Quarterly Reports may be faxed to 317-233-7747 or mailed to:

TB/Refugee Health Division
Indiana State Department of Health
2 North Meridian Street, 6-D
Indianapolis, IN 46204

QTR 1 2 3 4	DOT					DOPT					MILES Per Week
	TOTAL # OF PERSONS	DAILY	2X WEEK	3X WEEK	COMMENTS	TOTAL # OF PERSONS	DAILY	2X WEEK	3X WEEK	COMMENTS	
WEEK 1											
WEEK 2											
WEEK 3											
WEEK 4											
WEEK 5											
WEEK 6											
WEEK 7											
WEEK 8											
WEEK 9											
WEEK 10											
WEEK 11											
WEEK 12											
WEEK 13											
TOTALS											

REQUIRED TRAINING		OTHER TRAINING	
Meeting	Date Attended	Meeting	Date Attended
Outreach Workers Meeting			
Regional Meeting			
Basic TST Course/Recert			
HIV Counseling and Testing Course/Meeting			
TB Symposium/Other			

Summary of collaborative efforts, professional visits, other activities _____

Barriers encountered or resolved, progress toward goals, other comments _____

ATTACHMENT C-1
A70-3-106070
TB Grant Objectives

- 1) By 12/31/2013, 91% of TB patients from 2010 for whom therapy of one year or less is indicated will have completed therapy within twelve (12) months.
- 2) By 12/31/2013, contacts will be identified for at least 98.6% of all sputum AFB smear-positive TB cases.
- 3) By 12/31/2013, ensure that at least 85% of contacts to sputum AFB smear-positive TB cases will be evaluated for TB infection and disease.
- 4) By 12/31/2013, at least 77.5% of infected contacts from 2011 will be started on treatment for latent TB infection
- 5) By 8/15/2013, at least 73% of infected contacts from cohort year 2010, which were started on treatment for latent TB infection, will complete therapy.
- 6) By 12/31/2013 ensure that 55 % of TB cases with a positive sputum culture have documented conversion to a negative culture within 60 days of starting treatment.
- 7) By 12/31/2013 ensure that 94 % of TB cases 12 years and older with a pleural or respiratory site of disease have a documented sputum culture report.
- 8) By 12/31/2013, ensure that drug-susceptibility testing is performed on 98.5% of TB patients with initial positive cultures.
- 9) By 12/31/2013, HIV status will be known for at least 78% of all adult TB patients.
- 10) Continue to reduce the incidence of TB in foreign-born persons each year to meet the target of 17.5 cases /100,000 by 2013.
- 11) Continue to reduce the incidence of TB in U.S.-born African-Americans each year to meet the target of 3.4 cases /100,000 by 2013.
- 12) Continue to reduce the incidence of TB for children younger than 5 years of age each year to meet the target of 1.0 case /100,000 by 2013.