

19689

DEC 05 2013



EXECUTIVE DOCUMENT SUMMARY

State Form 41221 (R10/4-09)

Received

Instructions for completing the EDS and the Contract process.

DEC 10 2013

IDOA Contracts

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.

1/31
JS

1. EDS Number: A70-3-106073	2. Date prepared: 9/26/2013
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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
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FISCAL INFORMATION

4. Account Number: 61910-94000.573100	5. Account Name: ISDH DHHS Fund
6. Total amount this action: \$34,904.00	7. New contract total: 189,361.00
8. Revenue generated this action: \$0.00	9. Revenue generated total contract: \$0.00
10. New total amount for each fiscal year:	
Year 2013	\$189,361.00
Year	\$
Year	\$
Year	\$

TIME PERIOD COVERED IN THIS EDS

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

35. Will the attached document involve data processing or telecommunications system

Yes: IOT or Delegate has signed off on contract

36. Statutory Authority (Cite applicable Indiana or Federal Codes):
410 IAC 1-2.3

37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.)

Hoosier Uplands will provide to the TB Control Program local TB case management of patients, education on contact investigations to local health department staff, outreach workers, and physicians in Districts 1, 4, 5, 7, 8, 9, 10. Also provide distribution of reimbursement to local health departments for incentives and enablers for TB patients to assure treatment completion, distribution of reimbursement for directly observed therapy (DOT), and reimbursement for approved scholarships for out of state training to approved physicians and nurses. Amendment #1 represents the final 25% of this annual grant.

38. Justification of vendor selection and determination of price reasonableness:

This vendor was chosen after the other two interested vendors were unable to meet the grant requirements. The costs are similar to the provisions of these services in the area being served.

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

40. Agency head officer or representative approval 	41. Date Approved 12/3/13	42. Budget agency approval 	43. Date Approved 12/10/13
44. Attorney General's Office approval JFS	45. Date Approved 12/17/13	46. Agency representative receiving from AG 	47. Date Approved



69148-001

AGENCY INFORMATION

14. Name of agency: Department of Health	15. Requisition Number: 0000023849
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 # 0000067129	25. Telephone #: 812-849-4457
24. Name: HOOSIER UPLANDS ECONOMIC DEVELOPMENT CORP	
26. Address: HOOSIER UPLANDS ECONOMIC 500 W MAIN ST MITCHELL, IN 47448	
27. E-mail address: gmahuron@hoosieruplands.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: _____ %
Women: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Women: _____ %
IN-Veteran: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IN-Veteran: _____ %
33. Is there Renewal Language in <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Is there a "Termination for Convenience" clause in the document? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

RECEIVED

DEC 17 2013

OAG-ADVISORY

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. 0000023849	Date 11/20/2013	Required Date	Page 1 of 1
Fund/Account: 61910 / 573100			
Dept Number: 195106			
Project Number: 400361014030013			
Requisition Number: 0000023849			
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
This vendor was chosen after the other two interested vendors were unable to meet the grant requirements. The costs are similar to the provisions of these services in the areas being served.						
1-1		Grant Amend #1 EDS# A70-3-106073, 1/1/13-12/31/13	1.0000	LO	34,904.0000	34,904.00

Vendor: 0000067129 HOOSIER UPLANDS ECONOMIC DEVELOPMENT COR

<< PLEASE SEE ATTACHED CONTRACT

Contract date 1/1/13-12/31/13

Contract amount \$34,904.00 >>

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

Requisition Total \$ 34,904.00

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 A70-3-106073**

This is an Amendment to the existing Tuberculosis Cooperative Grant Agreement entered into by and between the Indiana State Department of Health (hereinafter referred to as the "State") and Hoosier Uplands Economic Development Corporation (hereinafter referred to as the "Grantee") for the period from January 1, 2013 through December 31, 2013, in the amount of **\$154,457**.

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 **\$34,904** making the new total of the Grant Agreement **\$189,361**. The additional funds will be used to provide to the TB Control Program local TB case management of patients, education on contact investigations to local health department staff, outreach workers and physicians in Districts 1, 4, 5, 7, 8, 9, 10. See Attachment A-1, attached hereto, which replaces Attachment A, made a part hereof, and incorporated herein by reference as a part of this Grant Agreement.

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.

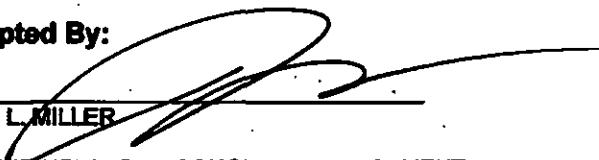
Non-Collusion and Acceptance

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.

The rest of this page has been left blank intentionally.

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:



DAVID L. MILLER
CEO
HOOSIER UPLANDS ECONOMIC DEVELOPMENT
CORPORATION

DATE: 11-15-13

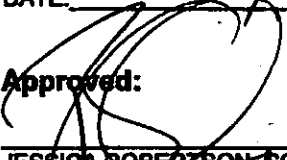
Recommended and Approved By:



WILLIAM C. VANNES II, MD
STATE HEALTH COMMISSIONER
INDIANA STATE DEPARTMENT OF HEALTH

DATE: 12/3/13

Approved:



JESSICA ROBERTSON, COMMISSIONER
DEPARTMENT OF ADMINISTRATION
STATE OF INDIANA

DATE: 12/12/13

Approved:



BRIAN E. BAILEY, DIRECTOR
STATE BUDGET AGENCY
STATE OF INDIANA

DATE: 12/10/13

Approved as to Form and Legality:



GREGORY F. ZOELLER
ATTORNEY GENERAL OF INDIANA

DATE: 12-17-13

Attachment A-1

A70-3-106073

Hoosier Uplands Economic Development Corporation (HUEDC)

PURPOSE OF GRANT AGREEMENT:

The purpose of this Grant agreement is for HUEDC to provide the following services to the Tuberculosis Control Program of the Indiana State Department of Health (ISDH). This amended budget reflects the remaining 25% of the budget with adjustments made based on the first 6 months of the year.

- Oversee the local case management of patients; provide education on contact investigation to local health department staff, outreach workers, and physicians in the following districts (Districts 1, 4, 5, 7, 8, 9 & 10 beginning 1/1/2013 and ending 12/31/2013).
- Provide distribution of reimbursement to local health departments for incentives & enablers for TB patients to assure treatment completion
- Provide distribution of reimbursement for directly observed therapy (DOT) to local health departments.
- Provide reimbursement for approved scholarships for out of state training to approved physicians and nurses
- Provide reimbursement for approved costs for a TB conference/workshop

SERVICE RECIPIENTS:

Individuals in the designated districts in Indiana for Regional TB Nurse Consultant activities and the entire state for other activities.

GRANT ACTIVITIES

Required Activities	Measurable Criteria	Annual Budget	75% of Annual Budget	Remaining Budget (adjusted)	Final Budget 2013
Hire two (2) Regional TB Nurse Consultants. The Regional Nurses will oversee the county health department case management and contact investigation of TB suspects and cases; identify and bring to the attention of ISDH staff high-risk groups and other areas of concern. The Regional TB	Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols.	\$124,906.50	\$93,679.88	\$31,226.62	\$124,906.50

Required Activities	Measurable Criteria	Annual Budget	75% of Annual Budget	Remaining Budget (estimated)	Final Budget 2013
Nurses shall attend monthly staff meetings in Indianapolis, unless approval is given before the meeting. The Regional TB Nurses will be responsible for working closely with other TB program staff for the planning and execution of the TB Regional Meetings/conferences and workshops. One Regional Nurse will act as the TB education and training focal point for the ISDH TB Control program, and another nurse will be responsible for "B" classification of immigrants/ refugees and TB Drugs to counties.					
The Regional Nurses will submit a quarterly report of activities for the specified time period to the local supervisor and a copy to the State TB Program (see ATTACHMENT B-1). This report addresses key issues, highlights, site visits, prevention activities, TB strategies; educational programs presented and attended, and progress in achieving the stated objectives.	Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols.				
The Regional Nurses provided through this Grant Agreement shall function in accordance with the <i>Statewide Tuberculosis Program Objectives</i> and policies 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.				
The Regional Nurses must complete or show proof of having completed an approved course of Tuberculin Skin Test administration, reading and					

Required Activities	Measurable Criteria	Annual Budget	75% of Annual Budget	Remaining Budget (adjusted)	Final Budget 2013
interpretation and revalidation each third year.					
The Regional TB Nurses will be available on an as-needed basis to assist in outbreak situations in other geographic locations within the State.	Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols.				
The Regional Nurses must complete or show proof of having completed a course in HIV Prevention Counseling.	Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols.				
The Regional Nurses must complete at least 15 hours of continuing education each year related to TB or HIV. The Regional Nurses may select the specific course and submit the attendance or completion certificate with the <i>Tuberculosis Regional Quarterly Report</i> to the State TB Program.	Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols.				
Activities of the Regional Nurses shall supplement, not supplant the local TB activities necessary for control and prevention of TB in the designated area.					
HUEDC will distribute reimbursements for directly observed therapy and contact investigations to TB Program approved local health departments unable to provide these services.	Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols				
Hoosiers Uplands will use "Special Project" funds for TB Program approved reimbursement of projects including, but not limited to, covering the costs of incentives and enablers for special situations, including housing and	Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols.				

Required Activities	Measurable Criteria	Annual Budget	75% of Annual Budget	Remaining Budget (adjusted)	Final Budget 2013
possibly for assistance in management of the recalcitrant patient.					
HUEDC will use Misc expenditures for TB Program approved training, travel, and other TB/Refugee related program expenses	Services to be provided in accordance with the TB/Refugee Health Division protocols and program objectives				
HUEDC will provide a monthly financial report with line item identification of reimbursements, summary reimbursements from each identified category and balance of grant remaining	Receipt of report and invoice by the 20 th of each month for the prior month.				
HUEDC will obtain a W-9 form from all invoice submitters; issue payment on all program approved invoices within 10 business day; process urgent/emergency invoices within 2 business days; and submit summary invoice to ISDH for payment.	Itemized monthly report of invoice submitters, category of invoice, date received and date paid.				
Salary		124,906.50	93,679.88	31,226.62	124,906.50
Fringe		34,974.38	26,230.79	8,743.59	34,974.38
Travel/Lodging/Per diem/nurse		17,006.88	12,755.16	4,251.72	17,006.88
Scholarships for Travel/Training Out of State		6,615.00	4,961.25	1,653.75	6,615.00
DOT Reimbursement		12,200.00	9,150.00	3,050.00	12,200.00
Enabler/Incentive Reimbursement		1,040.00	780.00	260.00	1,040.00
Supplies		700.00	525.00	175.00	700.00
Reimbursement Handling and Processing		1,800.00	1,350.00	450.00	1,800.00
Communication Charges		2,499.84	1,874.88	624.96	2,499.84
Supervisory Support		1,200.00	900.00	300.00	1,200.00
TB Conference		3,000.00	2,250.00	750.00	3,000.00
Total Grant		205,942.60	154,456.96	51,485.64	205,942.60
Grant Total (rounded)		205,943.00	154,457.00	51,486.00	205,943.00

- Salary Nurses: \$124,906.50
 - Barbara Weber White @ 28.48/hr x 37.5hrs/wk x 52 wks = \$55,536.00
 - Helen Townsend @ 29.47/hr x 37.5hrs/wk x 52 wks = \$57,466.50

- **Salary Supervisory Services: \$11,904**
(Amendment budget adjusted based on first 6 months)

ASSOCIATED DELIVERABLES

- **Fringe Benefits for nurses: \$31,641.26**
- **Fringe Benefits for Supervisory Services: \$3,333.12**
- (Amendment budget adjusted based on first 6 months)

In-State Travel: \$17,006.88

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.

- **Nurse Travel: $\$0.44 \times 10,000 = \$4,400 \times 2 = \$8,800$**
- **Supervisory Travel: 204 miles @ $\$0.44 = \89.76**
- **Lodging and per diem = \$8,117.12**
 - 21 nights in multiple counties @ $\$89/\text{night} + 12\% \text{ tax} = \$2,093.28 \times 2 = \$4,186.56$
 - 12 night in Indianapolis @ $\$99/\text{night} + 12\% \text{ tax} = \$1,330.56 \times 1 = \$1,330.56$
 - 50 days of per diem @ $\$26/\text{day} = \$1,300 \times 2 = \$2600$
(Amendment budget adjusted based on first 6 months)

Out-of-State Travel: \$6,615

- Reimbursement for out-of-state travel, registration fees, air travel, ground transportation, and hotel will follow State travel regulations. All out-of-state travel using Grant funds must have prior written authorization from the State. Authorization for out-of-state travel must be requested in writing at least eight weeks prior to expected travel date. Regional Nurse is required to attend the Centers for Disease Control and Prevention's annual TB Education and Training Network Conference.
 - National TB Conference in Atlanta GA for TB Regional Nurse = \$1,484
 - Mid-West TB Conference = \$1,300
 - TB Intensive Workshop for new TB Regional Nurse and two FQHC physicians = \$3,831
- **Supplies: = \$700**
Gloves, cotton balls, alcohol swipes for TST classes. $\$100 \times 2 = \200 paper, pens, fax toner for nurses fax machines/printers at home. $\$250 \times 2 = \500
- **Reimbursement for DOT Visits (Rural Counties): \$12,200**
(Amendment budget adjusted based on first 6 months)
- **Reimbursement for Patient Incentives and Enable: \$1,040**
(Amendment budget adjusted based on first 6 months)
- **Handling and Processing Reimbursement Requests: \$1,800**

This covers the costs of maintaining records of submitters' W-9 forms, processing reimbursement requests, cutting checks, mailing, reporting, and most importantly having the ability to turn around an invoice within 2 business days to assure that isolation can be provided for infectious homeless indigent patients who do not need to be in the hospital. $\$150/\text{month} \times 12 \text{ months} = \$1,800$.

- **Communication Charges: \$2,499.84**
Cell Phone service plans $\$104.16/\text{month} \times 12 \text{ months} \times 2 \text{ nurses} = \$2,499.84$
- **TB Conference: \$3,000**
- **Reimbursement for Room rental $\$300/\text{day} \times 4 = \$1,200$**
- **Sponsor and lodging = \$1,800**
 - o Lodging: $\$100/\text{night} \times 4 \text{ nights} \times 2 = \800
 - o Sponsor: $\$500 \times 2 = \$1,000$(The conference was canceled. 1 day meetings were done at ISDH)
- **Supervisory Support: \$1,200**
 - o Space and insurance cost: \$360, Legal/consultant = \$120, and Postage/printing supplies \$720

- **Invoices:**

All invoices must be 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.