

OCT 04 2010

15606

EXECUTIVE DOCUMENT SUMMARY

State Form 41221 (R10/4-06)



Instructions for completing the EDS and the Contract process.

Received

OCT 07 2010

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.

11/29 JS

1. EDS Number: A70-9-106026	2. Date prepared: 8/17/2010
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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: \$26,950.00	7. New contract total: \$188,676.00
8. Revenue generated this action: \$0.00	9. Revenue generated total contract: \$0.00
10. New total amount for each fiscal year:	
Year 2009	\$181,726.00
Year 2010	\$26,950.00
Year	\$
Year	\$

TIME PERIOD COVERED IN THIS EDS

11. From (month, day, year): 6/1/2009	12. To (month, day, year): 12/31/2010
13. Method of source selection:	
<input type="checkbox"/> Bid/Quotation <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> RFP# <input type="checkbox"/> Other (specify)	
<input type="checkbox"/> Negotiated <input type="checkbox"/> Special Procurement	

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 1-2.3

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

Amendment #1 will add \$26,950 to continue to provide assistance to the Marion County Health Department, in responding to the TB outbreak in the homeless population of Marion County by providing community health workers, coordination activities, mileage, supplies, laboratory fees, housing, incentives and enablers.

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

RECEIVED

OCT 15 2010

OAG-ADVISORY

40. Agency fiscal officer or representative approval <i>AC</i>	41. Date Approved 10/1/10	42. Budget agency approval <i>AC</i>	43. Date Approved 10/13/10
44. Attorney General's Office approval <i>JPS</i>	45. Date Approved 10-18-10	46. Agency representative receiving from AG	47. Date Approved



42734-001

61910-583110-4003610140300
TB 198-57

Amendment No. 1
EDS Number A70-9-106026

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 d.b.a. Marion County Health Department** (hereinafter referred to as the "Grantee") for the period from June 1, 2009 through December 31, 2010, in the amount of \$161,726.

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 \$26,950 making the new total of the Grant Agreement \$188,676. The additional funds will be used for assistance in responding to the TB outbreak in the homeless population in Marion County by providing community health workers, coordination activities, mileage, supplies, laboratory fees, housing, incentives an enablers. See Attachments A-1 and B-1, attached hereto, which replaces Attachments A and B and 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.

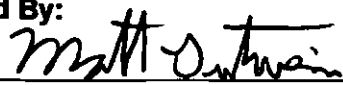
Non-Collusion and Acceptance

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.

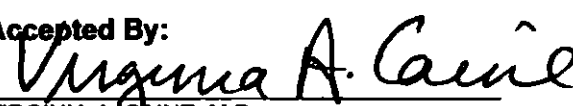
In Witness Whereof, the Grantee and the State of Indiana have, through duly authorized representatives, entered into this Grant Agreement Amendment. The parties having read and understanding the foregoing terms of the Grant Agreement Amendment do by their respective signatures dated below agree to the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

Accepted By:


MATTHEW GUTWEIN
PRESIDENT/EXEC DIRECTOR
THE HEALTH AND HOSPITAL CORPORATION OF
MARION COUNTY
d.b.a. Marion County Health Department


DATE: 9/28/10

Accepted By:


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


DATE: 9/23/10

Certification of Funds:


ALLEN L. COLLIER
DIRECTOR OF FINANCE
DIVISION OF FINANCE
OPERATIONAL SERVICES COMMISSION
INDIANA STATE DEPARTMENT OF HEALTH

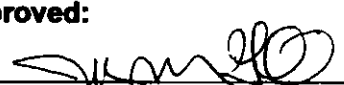
DATE: 10/1/10

Recommended and Approved By:


MICHAEL R. KISTLER
CHIEF FINANCIAL OFFICER
OPERATIONAL SERVICES COMMISSION
INDIANA STATE DEPARTMENT OF HEALTH

DATE: 10/1/10

Approved:

 For
ROBERT D. WYNROOP
COMMISSIONER
DEPARTMENT OF ADMINISTRATION
STATE OF INDIANA

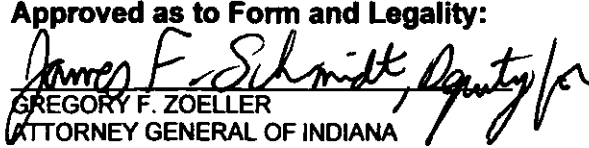
DATE: 10-7-10

Approved:

 For
ADAM M. HORST, DIRECTOR
STATE BUDGET AGENCY
STATE OF INDIANA

DATE: 10/13/10

Approved as to Form and Legality:


GREGORY F. ZOELLER
ATTORNEY GENERAL OF INDIANA

DATE: 10-18-10

Attachment A-1
Marion County Health Department (MCHD)

PURPOSE OF GRANT AGREEMENT:

To provide assistance in responding to the TB outbreak in the homeless population of Marion County by providing community health workers, Coordination activities, mileage, supplies, laboratory fees, professional fees, housing, incentives and enablers and enhancements to homeless shelters to decrease the likelihood of TB transmission.

SERVICE RECIPIENTS:

TB suspects/cases who are homeless in Marion County.

CONSIDERATION FOR DELIVERABLES AND SCHEDULE OF PAYMENT:

REQUIRED ACTIVITIES	MEASURABLE CRITERIA	Budgeted Amount	SCHEDULE OF PAYMENT
One (1 FTE) Community Health Worker (CHW) will be responsible for directly observed therapy (DOT) for cases, assist with finding individuals needed for follow up, assist with additional screenings, follow up of additional cases, and work closely with the TB Nurse case manager. One (.58 FTE) part-time TB Nurse Case Manager (23 hrs/wk) will be the lead outbreak investigator, assure cases are managed properly, identify new cases, provide consistent patient interviewing, and make epi-links between cases,	Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols.	\$73,500	Payment shall be due for hours worked, mileage incurred and satisfactory completion of Marion County Health Department (MCH) Deliverables. Such payment shall be paid once monthly in arrears.
Supplies for outreach workers in the course of their daily work requirements		\$1,000	Payment shall be due for supplies as they are once monthly in arrears.
IGRA testing for TB will be used to identify LTBI and TB cases amongst the homeless population. Baseline LFT will be provided as needed treatment. HIV counseling and testing will be made available to clients followed through this project.	Services will include up to 400 IGRA tests and 65 baseline LFT tests which will be provided to the targeted population.	\$16,510	Payment shall be made for tests provided and payment shall be paid once monthly in arrears.
Environmental enhancements to	Services will	\$35,000	Payment shall be made

REQUIRED ACTIVITIES	MEASURABLE CRITERIA	Budgeted Amount	SCHEDULE OF PAYMENT
homeless shelters to decrease the likelihood of the transmission of Tuberculosis	include ventilation, filter and lighting and improvements to area shelter(s) for TB prevention.		for approved enhancements to designated shelters on a monthly basis in arrears
Rent/housing assistance for TB suspects/cases	Services include up to a total of \$19,225, which may be used for rent/housing for this targeted population.	\$19,225	Payment shall be made for housing once monthly in arrears
Incentives and enablers will be provided to the targeted population for screening purposes and for compliance with treatment completion. These incentives should not exceed a total of \$15 for screening and evaluation and \$15/month for TB cases and \$10/month for LTBI cases unless otherwise authorized.	Up to \$4,250 will be provided for screening and evaluation, \$5,850 for LTBI treatment completion and \$2,250 for TB cases to complete treatment.	\$12,670	Payment shall be made for incentives once monthly in arrears
A Marion County Health Department TB staff will submit a quarterly report which will include a summary or <i>The Tuberculosis Outreach Quarterly Report</i> for the outreach workers, progress towards treatment completion of TB cases and LTBI cases, other activities and expenditures to the TB/Refugee Health Division.	All reports are due by the 10 th of the month following the end of each quarter.		Payment shall be due for hours worked and satisfactory completion of MCHD deliverables. Such payment shall be paid once monthly in arrears.
The TB outreach services provided through this Grant Agreement shall be in accordance with the Statewide <i>Tuberculosis Program Objective</i> and policies established by the Indiana State Department of Health (See ATTACHMENT B).	Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols.		Payment shall be due for hours worked and services rendered and satisfactory completion of MCHD deliverables. Such payment shall be paid once monthly in arrears.
There will be one Regional meeting during the Grant Agreement Period. Attendance is required for the community health worker and RN coordinator.	Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols.		Payment shall be due for satisfactory completion of MCHD deliverables. Such payment shall be paid once monthly in arrears.

Educational training for staff to attend approved out-of-state workshops on tuberculosis	Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols.	\$3,000	Payment shall be due for satisfactory completion of approved conferences/workshops
Total Salary & Other Costs			\$160,905
FICA @ 30 % of salary			\$22,051
Travel	x 0.40		\$5,720
Total Grant Agreement			\$188,676

ASSOCIATED DELIVERABLES

- **Travel:**
Travel expenditures will be reimbursed by the State at the rate customarily paid by the Grantee or the current rate of \$.40/mile beginning 10/1/2009 being paid by the State of Indiana, whichever is the lesser.
- **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 invoices provided by the State.

ATTACHMENT B-1

State of Indiana TB Program Objectives for 2010

- 1) By 12/31/2010, 90.2% of TB patients from 2009 for whom therapy of one year or less is indicated will have completed therapy within twelve (12) months.
- 2) By 12/31/2010, contacts will be identified for at least 98% of all sputum AFB smear-positive TB cases.
- 3) By 12/31/2010, ensure that at least 75% of contacts to sputum AFB smear-positive TB cases will be evaluated for TB infection and disease.
- 4) By 12/31/2010, at least 70% of infected contacts from 2010 will be started on treatment for latent TB infection
- 5) By 8/15/2010, at least 70% of infected contacts from cohort year 2009, which were started on treatment for latent TB infection, will complete therapy.
- 6) By 12/31/2010 ensure that 53.5 % of TB cases with a positive sputum culture have documented conversion to a negative culture within 60 days of starting treatment.
- 7) By 12/31/2010 ensure that 91.8 % of TB cases 12 years and older with a pleural or respiratory site of disease have a documented sputum culture report.
- 8) By 12/31/2010, ensure that drug-susceptibility testing is performed on 97% of TB patients with initial positive cultures.
- 9) By 12/31/2010, HIV status will be known for at least 67% of all adult TB patients.
- 10) Continue to reduce the incidence of TB in foreign-born persons each year to meet the target of 18.7 cases / 100,000 by 2010.
- 11) Continue to reduce the incidence of TB in U.S.-born African-Americans each year to meet the target of 3.6cases / 100,000 by 2010.
- 12) Continue to reduce the incidence of TB for children younger than 5 years of age each year to meet the target of 1.5 cases / 100,000 by 2010.