14. Name of agency:

Department of Health

AGENCY INFORMATION

15. Requisition Number: 0000010860



State Form 41221 (R10/4-06) RECEIVED Instructions for completing the EDS and the Contract process.

JUL 25 2011

A70-0-108032  4/27/2011  19. E-mail address: aburkholder@isdh.in.gov  COURIER INFORMATION  COURIER INFORMATION  COURIER INFORMATION  COURIER INFORMATION  COURIER INFORMATION  COURIER INFORMATION  20. Name: Joseph Ofivadoti 317-233-7573  22. E-mail address: joseph Ofivadoti 317-233-7573  22. E-mail address: joseph Ofivadoti 317-233-7573  23. Vendor ID # 0000003310  4. Account Number: 61910-94000.571100  5. Account Name: ISDH DHHS Fund  24. Name: 25. Telephone #:	Please type all informati     Check all boxes that app	ply. Onlinacis wals, attach original contract.	16. Address: 2 N. Meridian Street Indianapolis, IN 48204  AGENCY CONTACT INFORM  17. Name:	ATION  [18. Telephone #:
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#### 61910-571100-4003610140300 TB 198-4

#### Amendment No. 3 EDS Number A70-0-106032

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 January 1, 2010 through December 31, 2011, in the amount of \$229,774.

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 \$80,027 making the new total of the Grant Agreement \$309,801. The additional funds will be used to continue providing directly observed therapy services and directly observed preventive therapy for high-risk contacts, augmenting the tuberculosis services available in Marion County. See Attachment D-1, attached hereto, which replaces Attachment D, and Attachments E and F, attached hereto, and 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 20A - Additional Payment Terms is amended to read:

The State disburses Grant funds on a cost reimbursement basis. Actual expenditures of authorized costs will be reimbursed monthly by the State upon receipt of duly executed invoices from the Grantee. Invoices shall be due by the 20<sup>th</sup> day after the end of each month. Payments shall not exceed \$119,982 for the period of January 1, 2010 through December 31, 2010, and \$189,819 for the period of January 1, 2011 through December 31, 2011. Total remuneration under this Grant Agreement shall not exceed \$309,801.

#### Paragraph 41 - Employment Eligibility Verification is added to read:

The Grantee affirms under the penalties of perjury that he/she/it does not knowingly employ an unauthorized alien.

The Grantee affirms under the penalties of perjury that he/she/it has enrolled and is participating in the E-Verify program as defined in IC 22-5-1.7-3. The Grantee agrees to provide documentation to the State that he/she/it has enrolled and is participating in the E-Verify program. Additionally, the Grantee is not required to participate if the Contractor is self-employed and does not employ any employees.

The State may terminate for default if the Grantee fails to cure a breach of this provision no later than thirty (30) days after being notified by the State.

### **Funding Summary**

61910-571100-4003610140300 01/01/10 through 12/31/10 \$119,982 61910-571100-4003610140300 01/01/11 through 12/31/11 189,819 \$309,801

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/EXECUTIVE DIRECTOR
THE HEALTH AND HOSPITAL CORPORATION OF MARION COUNTY
D.B.A. MARION COUNTY HEALTH DEPARTMENT

MATTHEW GUTWEIN PRESIDENT/EXECUTIVE DIRECTOR THE HEALTH AND HOSPITAL CORPORATION OF MARION COUNTY D.B.A. MARION COUNTY HEALTH DEPARTMENT VIRGINIA CAMIE, M.D. HEALTH OFFICER MARION COUNTY HEALTH DEPARTMENT Certification of Funds: Recommended and Approved By: **ALLEN L. COLLIER** MICHAEL R. KISTLER DIRECTOR OF FINANCE CHIEF FINANCIAL OFFICER **DIVISION OF FINANCE** OPERATIONAL SERVICES COMMISSION **OPERATIONAL SERVICES COMMISSION** INDIANA STATE DEPARTMENT OF HEALTH INDIANA STATE DEPARTMENT OF HEALTH 7. 22-11 DATE: Approved: Approved: ADAM M. HORST, DIRECTOR ROBERT D. WYNKOOP COMMISSIONER STATE BUDGET AGENCY DEPARTMENT OF ADMINISTRATION STATE OF INDIANA STATE OF INDIANA DATE: 08-01-11 DATE: Approved as to Form and Legality: me Mullin O'Corna, for **GREGORY F. ZOELLER** ATTORNEY GENERAL OF INDIANA 8-4-11 DATE:

# Attachment D-1 A70-0-106032

# **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, provide additional outbreak assistance, and partial funding for a nurse or TB consultant augmenting the TB services available in Marion County. This grant is from January 1, 2011 through December 31, 2011.

# SERVICE RECIPIENTS:

Individuals living in Marion County.

## CONSIDERATION FOR DELIVERABLES AND SCHEDULE OF PAYMENT:

REQUIRED ACTIVITIES	MEASURABLE CRITERIA	ANNUAL RATE FY 2011	SCHEDULE OF PAYMENT
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 and outbreak assistance. 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.	\$98,035	Payment shall be due for hours worked and satisfactory completion of Marion County Public Health Department Deliverables. Such payment shall be paid once monthly in arrears.
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, especially with the homeless cases of TB and LTBI.	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.		Payment shall be due for hours worked and satisfactory completion of Marion County Public Health Department Deliverables. Such payment shall be paid once monthly in arrears.

by the CHWs will have a TB/HIV element. HIV counseling and testing will be offered to clients followed through this project.  TB Consultant to assist with oversight of the homeless cases and assure that DOT, treatment, HIV, contact investigations and QA are done. Activities shall supplement, not supplant the local TB activities necessary for case management, control and prevention of TB in the designated in accordance with the Tuberculosis Control Program Objectives and Protocols as evidenced by the quarterly report.  Payment will be held satisfactory completion of Marion County Public satisfactory	by the CHWs will have a TB/HIV element. HIV counseling and testing will be offered to clients followed through this project.  TB Consultant to assist with oversight of the homeless cases and assure that DOT, treatment, HIV, contact investigations and	B/HIV in accordance with the Tuberculosis Control Program Objectives and Protocols as evidenced by the quarterly report.  Payment will be held until reports are submitted.  th Services to be provided in accordance with the		satisfactory completion of Marion County Public Health Department Deliverables. Such payment shall be paid once monthly in arrears.  Payment shall be due for
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TB activities necessary for case management, control and prevention of TB in the designated prevention of TB in the designated until reports are payment shall be paid once monthly in arrears	QA are done. Activities shall		• • • • • • • • • • • • • • • • • • • •	Health Department
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area. submitted.	area.	submitted.		\ ·
Each CHW will submit The All reports are due by Payment shall be due for	Each CHW will submit The	e All reports are due by		Payment shall be due for
Tuberculosis Outreach Quarterly the 10th of the month hours worked and	Tuberculosis Outreach Quarterly	arterly the 10th of the month		hours worked and
Report (see Attachment F) to the following the end of satisfactory completion	Report (see Attachment F) to the	to the following the end of		satisfactory completion
MCPHD TB Program Coordinator   each quarter.   of Marion County Publi	MCPHD TB Program Coordinator	rdinator each quarter.		of Marion County Public
and the local supervisor who will April 10, 2011 Health Department	and the local supervisor who will	no will.   April 10, 2011		Health Department
sign and address any barriers or July 10, 2011 Deliverables. Such	sign and address any barriers or	ers or   July 10, 2011		Deliverables. Such
problems encountered. A copy of October 10, 2011 payment shall be paid	problems encountered. A copy of	copy of October 10, 2011		payment shall be paid
	the Report should be sent to the	o the January 10, 2012	•	once monthly in arrears.
State TB Control Program.	State TB Control Program.			
The TB outreach services provided   Services to be provided   Payment shall be due for	The TB outreach services provided	provided Services to be provided	ı T	Payment shall be due for
through this Grant Agreement in accordance with the hours worked and	through this Grant Agreement	in accordance with the		hours worked and
shall be in accordance with Tuberculosis Control satisfactory completion	shall be in accordance with	1 Tuberculosis Control		satisfactory completion
	Tuberculosis Program Objectives	ectives   Program Objectives		of Marion County Public
established by the Indiana State and Protocols as Health Department				
Department of Health (See evidenced by the Deliverables. Such	Department of Health (See	evidenced by the		
Attachment G). quarterly report. payment shall be paid	Attachment G).		1	payment shall be paid
		Payment will be held	1	once monthly in arrears.
until reports are				
submitted.		submitted	1	l

T			
There will be one Outreach	Services to be provided		Payment shall be due for
Worker meeting for the CHWs and	in accordance with the		hours worked and
one Regional meeting during the	Tuberculosis Control		satisfactory completion
Grant Agreement Period.	Program Objectives	•	of Marion County Public
Attendance is required.	and Protocols as		Health Department
·	evidenced by the		Deliverables. Such
	quarterly report.		payment shall be paid
	Payment will be held		once monthly in arrears.
	until reports are		•
;	submitted.	<u> </u>	
TB Control Program will	Services to be provided		Payment shall be due for
participate in quarterly cohort	in accordance with the		hours worked and
reviews (when requested) via	Tuberculosis Control		satisfactory completion
teleconference or in-person	Program Objectives		of Allen County Health
	and Protocols		Department Deliverables.
			Such payment shall be
-			paid once monthly in
		•	arrears.
Each CHW must complete, or	Services to be provided		Payment shall be due for
show proof of having completed,	in accordance with the		hours worked and
an approved course in HIV	Tuberculosis Control		satisfactory completion
Prevention Counseling.	Program Objectives	· !	of Marion County Public
	and Protocols as		Health Department
	evidenced by the	, i	Deliverables. Such
•	quarterly report.	•	payment shall be paid
•	Payment will be held		once monthly in arrears.
	until reports are		one maintain and the control of
	submitted.		
Each CHW should be available on	Services to be provided	· · · · · · · · · · · · · · · · · · ·	Payment shall be due for
an as-needed basis to assist in	in accordance with the		hours worked and
outbreak situations in other	Tuberculosis Control		satisfactory completion
geographical areas of the State.	Program Objectives	•	of Marion County Public
	and Protocols as		Health Department
	evidenced by the		Deliverables. Such
	quarterly report.		payment shall be paid
	Payment will be held		once monthly in arrears.
	until reports are	1	incharry in arcais.
	submitted.		
Provide rent/housing for homeless	Services to be provided	\$5,625	Payment shall be paid
cases of TB. 9 client months x	in accordance with the	40,023	one monthly upon in
\$625/ month	Tuberculosis Control	-	arrears with receipts of
	Program Objectives		rent/housing paid.
,	and Protocols as		ronvinousing paid.
·	evidenced by the		
	quarterly report.		
	Payment will be held		
	until reports are		
	submitted.		
	Submitted.		<u> </u>

Incentives and Enablers	\$1,753	
UV light maintenance Contract for	\$15,665	
homeless shelter		
Travel for DOT and to attend	\$135	
Regional TB Meetings		
Benefits	\$38,606	
Total	\$189,819	
Total Salary Costs		\$128,035
Fringe Benefits		\$ 38,606
Rent/Housing		\$5,625
Incentives/enablers		\$1,753
UV light contact		\$15,665
Travel		\$135
Total Grant Agreement		\$189,819

Salary: Three Community Outreach Workers for twelve months @\$84,716

- o P. Gray @ \$28,635
- o A. Cotterman @ \$27,446
- o K. Wilcox @ \$ 28,635

One community Outreach Worker for 6 months

o E Murphy @ @ 13,319

One TB Consultant for 6 months

o Vacant @ \$30,000

Fringe Benefits @ 30.2% of salaries = \$38,606

#### Travel:

Travel expenditures will be reimbursed by the State at the rate customarily paid by the Grantee or the current rate of \$.44/mile beginning 10/1/2009 being paid by the State of Indiana, whichever is the lesser.

# Invoices:

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.

# ATTACHMENT E A70-0-106032 Tuberculosis Outreach Quarterly Report

# 2011

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:

1<sup>st</sup> Quarter: 01/01/11 thru 03/31/11 Due: April 10, 2011 2<sup>nd</sup> Quarter: 04/01/11 thru 06/30/11 Due: July 10, 2011 3<sup>rd</sup> Quarter: 07/01/11 thru 09/30/11 Due: October 10, 2011 4<sup>th</sup> Quarter: 10/01/11 thru 12/31/11 Due: January 10, 2012

**GRANTEE: Marion County Health Department** 

QUARTER:	<u></u>	DATE	E SUBMIT	TED:		· · · · · · · · · · · · · · · · · · ·			<del></del>	· · · · · · · · · · · · · · · · · · ·	<u>.</u>
SUBMITTED BY:				<u> </u>	J			_	<u> </u>	т	, · · ·
I have reviewed, Outreach Worker.		and	addressed	issues/co	ncerns	identified	in '	tḥis	report	with	the
SUPERVISOR'S S	SIGNATUI	RE:					•.	•	<u> </u>		
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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-A
Indianapolis, IN 46204

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1.2 3.4	TOTAL#	*DAILY	2X WEEK	WEEK		COMMENT	(S) *\** ().	TOTAL# OF PERSONS	DAILY	ZX WEEK	VEEK	GOM	MENTS	Per Week
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Outreach Workers Meeting		-	,	;	,					,	
Regional Meeting											
Basic TST Course/Recert					:		·	, , , ,	,		:
HIV Counseling and Testing Course/Meeting					,						
TB Symposium/Other						, ,					,
Summary of collaborative efforts	, professional vi	isits, other act	tivities _						•		
Summary of collaborative efforts	, professional vi	isits, other ac	tivities								
Summary of collaborative efforts	, professional vi	isits, other ac	tivities								
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Summary of collaborative efforts  Barriers encountered or resolved				nts							

# ATTACHMENT F A70-0-106032

# **Marion County Program Objectives for 2011**

Completion of Therapy

By 12/31/2011, 90.2% of TB patients from 2010 for whom therapy of one year or less is indicated will have completed therapy within twelve (12) months.

#### Known HIV Status:

By 12/31/2011, HIV status (negative or positive result from test performed within one year of TB diagnosis) will be known for at least 80% of all TB patients.

## Recommended Initial Therapy

By 12/31/2011, 88% of patients will be started on the recommended initial 4-drug regimen when suspected of having TB disease.

## Sputum Culture Reported

By 12/31/2011, 90% of TB cases 12 years and older with a pleural or respiratory site of disease have a documented sputum culture report.

#### **Contact Investigation**

90% of preliminary (first round) contact investigation reports (for AFB sputum smear positive TB cases) will be submitted to ISDH within 3 months of the case report date.

By 6/30/2011, develop a written plan for timely submission of the Summary of Tuberculosis Contact Investigation Report to Indiana State Department of Health. The written plan should include the following three stages of submission:

- 3 weeks after the index case has been reported to the ISDH, (after the first round of tuberculin skin test (TST) or Interferon-gamma release assay (IGRA)
- 12 weeks after the index case has been reported (after the second round of TST or IGRA)
- 12 months after the index case has been reported (include the ISDH Contact Investigation Report with the Summary of Tuberculosis Contact Investigation Report when faxing to the ISDH)
- List all contacts on worksheets