

16530

MAY 23 2011



EXECUTIVE DOCUMENT SUMMARY

State Form 41221 (R10/4-06)

Instructions for completing the EDS and the Contract process.

Received
MAY 31 2011
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. EDS Number: A70-1-106040 | 2. Date prepared: 4/20/2011 |
|--------------------------------|--------------------------------|

3. CONTRACTS & LEASES

| | |
|---|---|
| <input type="checkbox"/> Professional/Personal Services | <input type="checkbox"/> Contract for procured Services |
| <input checked="" type="checkbox"/> Grant | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Lease | <input type="checkbox"/> License Agreement |
| <input type="checkbox"/> Attorney | <input checked="" type="checkbox"/> Amendment# <u>1</u> |
| <input type="checkbox"/> MOU | <input type="checkbox"/> Renewal # <u> </u> |
| <input type="checkbox"/> QPA | <input type="checkbox"/> Other <u> </u> |

FISCAL INFORMATION

| | |
|---|--|
| 4. Account Number: 61810-94000.573100 | 5. Account Name: ISDH DHHS Fund |
| 6. Total amount this action: \$7,536.00 | 7. New contract total: \$15,736.00 |
| 8. Revenue generated this action: \$0.00 | 9. Revenue generated total contract: \$0.00 |
| 10. New total amount for each fiscal year: | |
| Year 2011 | \$8,200.00 |
| Year 2012 | \$7,536.00 |
| Year | \$ |
| Year | \$ |

TIME PERIOD COVERED IN THIS EDS

| | |
|--|---|
| 11. From (month, day, year): 2/1/2011 | 12. To (month, day, year): 6/30/2012 |
| 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) <u> </u> | |

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 continue to provide funding to Elkhart County through June 30, 2012, due to an increase in their TB cases related to the 2005-2006 TB Outbreak. This funding will assist Elkhart County Health Department to provide directly observed therapy (DOT) to TB suspects and cases in Elkhart County.

38. Justification of vendor selection and determination of price reasonableness:
Vendor is located in the county 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>Am</i> | 41. Date Approved 5-25-11 | 42. Budget agency approval <i>18</i> | 43. Date Approved 06-02-11 |
| 44. Attorney General's Office approval <i>CAR</i> | 45. Date Approved 6-3-11 | 46. Agency representative receiving from AG | 47. Date Approved |

AGENCY INFORMATION

| | |
|---|---------------------------------------|
| 14. Name of agency: Department of Health | 15. Requisition Number: 0000014297 |
| 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: Joe Olivadoti | 21. Telephone #: 317-233-7573 |
| 22. E-mail address: jolivadoti@isdh.in.gov | |

VENDOR INFORMATION

| | |
|--|---|
| 23. Vendor ID # 0000075247 | |
| 24. Name: ELKHART CTY TREASURER | 25. Telephone #: 574-523-2283 |
| 26. Address: 117 NORTH 2ND STREET GOSHEN, IN 46526 | |
| 27. E-mail address: dnatziger@elkhartcounty.com | |
| 28. Is the vendor registered with the Secretary of State? (Out of State Corporations, must be registered) Yes <input checked="" type="checkbox"/> No | |
| 29. Primary Vendor: M/WBE Minority: Yes <input checked="" type="checkbox"/> No Women: Yes <input checked="" type="checkbox"/> No | 30. If yes, list the %: Minority: % Women: % |
| 31. Sub Vendor: M/WBE Minority: Yes <input checked="" type="checkbox"/> No Women: Yes <input checked="" type="checkbox"/> No | 32. If yes, list the %: Minority: % Women: % |
| 33. Is there Renewal Language in the document? X Yes No | 34. Is there a "Termination for Convenience" clause in the document? X Yes No |

RECEIVED

JUN 03 2011

OAG-ADVISORY



54190-001

**Amendment No. 1
EDS Number A70-1-106040**

This is an Amendment to the existing **State Chronic Diseases Grant Agreement** entered into by and between the **Indiana State Department of Health** (hereinafter referred to as the "State") and **Elkhart County Health Department** (hereinafter referred to as the "Grantee") for the period from **February 1, 2011 through June 30, 2011**, in the amount of **\$8,200**.

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 **\$7,536** making the new total of the Grant Agreement **\$15,736**. The additional funds will be used to **provide funding due to an increase in TB cases related to the 2005-2006 TB Outbreak**. See Attachments C and D, attached hereto, and made a part hereof and incorporated herein by reference as a part of this Grant Agreement. The expiration date of this Grant Agreement is being extended to **June 30, 2012**.

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 20th day after the end of each month. Payments shall not exceed \$8,200 for the period of February 1, 2011 through June 30, 2011, and \$7,536 for the period of July 1, 2011 through June 30, 2012. Total remuneration under this Grant Agreement shall not exceed \$15,736.

Paragraph 20B is amended to read:

All accounts will be closed sixty (60) days after the end of each Grant Agreement period as specified in Paragraph 20A. Any invoice submitted after sixty (60) days will not be reimbursed by the State.

Funding Summary

| | | |
|-------------------------|---------------------------|--------------|
| 15960-573100-Statefunds | 02/01/11 through 06/30/11 | \$ 8,200 |
| 15960-573100-Statefunds | 07/01/11 through 06/30/12 | <u>7,536</u> |
| Total | | \$15,736 |

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:

Daniel A. Nafziger M.D.
DANIEL A. NAFZIGER M.D.
HEALTH OFFICER
ELKHART COUNTY HEALTH DEPARTMENT

DATE: 5/19/11

Attested By:

Pauline Graff
PAULINE GRAFF
AUDITOR
ELKHART COUNTY

DATE: _____

Certification of Funds:

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

DATE: 5-25-11

Recommended and Approved By:

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

DATE: 5-25-11

Approved:

Robert D. Wynkoop
ROBERT D. WYNKOOP
COMMISSIONER
DEPARTMENT OF ADMINISTRATION
STATE OF INDIANA

DATE: 5-31-11

Approved:

Adam M. Horst
ADAM M. HORST, DIRECTOR
STATE BUDGET AGENCY
STATE OF INDIANA

DATE: 06/02/2011

Approved as to Form and Legality:

Gregory F. Zoeller
GREGORY F. ZOELLER
ATTORNEY GENERAL OF INDIANA

DATE: 6-3-11

Attachment C
A70-1-106040
Elkhart County Health Department (ECHD)

PURPOSE OF GRANT AGREEMENT:

Since Elkhart County has had an increase in their TB cases related to the 2005-2006 TB Outbreak, they are in need of additional support from ISDH. This grant is to provide funding to Elkhart County Health Department to provide directly observed therapy (DOT) to TB suspects/cases in Elkhart County.

SERVICE RECIPIENTS:

TB suspects/cases in Elkhart County, especially those associated with the 2005 – 2006 TB Outbreak.

CONSIDERATION FOR DELIVERABLES AND SCHEDULE OF PAYMENT:

| REQUIRED ACTIVITIES | MEASURABLE CRITERIA | Budgeted Amount | SCHEDULE OF PAYMENT |
|---|--|------------------------|--|
| Provision of a Directly Observed Therapy (DOT) worker to assist in providing DOT to all suspect, confirmed, and clinical cases of TB disease in Elkhart County. | Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols. | \$4,680 | Payment shall be for services rendered and satisfactory completion of ECHD deliverables. Such payment shall be paid once monthly in arrears. |
| DOT provided through this Grant Agreement shall be done in accordance with the Indiana State Tuberculosis Program Manual Guidelines (www.TB.IN.gov) pages 9.33 – 9.36. | Directly Observed Therapy log sheets and Monthly reports will be provided to ISDH for all TB suspects/cases on a monthly bases | | Payment shall be for services rendered and satisfactory completion of ECHD deliverables. Such payment shall be paid once monthly in arrears. |
| | | | |
| Salary | | | \$4,680.00 |
| FICA | | | \$356.00 |
| Travel | | | \$2,500.00 |
| Total Grant Agreement | | | \$7,536.00 |

Salary: One part-time DOT worker from July 1, 2011 to June 30, 2012 for approximately 20 hrs/wk x 26 wks x \$12.00/hr = \$4,680

Benefits: FICA = \$4,680 x 7.6% = \$356

Travel: Travel expenditures will be reimbursed by the State at the rate customarily paid by the Grantee or the current rate of \$.40/mile being paid by the State of Indiana, whichever is the lesser. 6,250 miles x \$.40 = \$2,500

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.

FINANCE
STATE DEPT. OF HEALTH

2011 MAY 25 P 1:59

Attachment D
A70-1-106040
TB Program Objectives

For Local Health Departments

- 1) By 6/30/2012, 90.5% of TB patients from the previous year cohort, for whom therapy of one year or less indicated, will complete therapy within twelve (12) months.
- 2) By 6/30/2012, contacts will be identified for at least 98.2% of all sputum AFB smear-positive TB cases.
- 3) By 6/30/2012, ensure that at least 78% of contacts to sputum AFB smear-positive TB cases will be evaluated for TB infection and disease.
- 4) By 6/30/2012, at least 78% of infected contacts from the first six months of cohort year 2010, which were started on treatment for latent TB infection will complete therapy.
- 5) By 6/30/2012, reporting data for new TB cases will be at least 90% complete.
- 6) By 6/30/2012, ensure that drug-susceptibility testing is performed on all TB patients with initial positive cultures.
- 7) By 6/30/2012, HIV status will be known for at least 75% of all adult TB patients.
- 8) By 6/30/2012, increase the number of foreign-born persons entering the U.S. on Class A or B TB medical waivers who complete an evaluation, initiate, and complete treatment.
- 9) By 6/30/2012, reduce the incidence of TB in U.S.-born African-Americans.
- 10) By 6/30/2012, and annually thereafter, completion of therapy quality indicators (QI) will be measured for the state and each local health jurisdiction with one (1) or more cases of TB, and shared with each department.

Completion of therapy quality indicators include:

- Proportion of verified cases (Class III) who complete an American Thoracic Society-approved treatment regimen within twelve (12) months.
- Proportion of verified cases (Class III) who initiate therapy with Isoniazid (INH), Rifampin (RIF), Pyrazinamide (PZA), and Ethambutol (EMB).
- Proportion of verified cases (Class III) with documented sputum culture conversion to negative, and
- Proportion of verified cases on directly observed therapy (DOT).
- Proportion of cases with a pulmonary or pleural site of disease with documented sputum results.