

10806
JAN 03 2007

EXECUTIVE DOCUMENT SUMMARY

State Form 41221 (R10/4-06)



Instructions for completing the EDS and the Contract process.

- Received**
JAN 05 2007 DP 2/23
1. Please read the guidelines in the Instructions for 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: A70-3-112649 5647	2. Date prepared: 10/31/2006 JT
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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# 3
<input type="checkbox"/> MOU	<input type="checkbox"/> Renewal #
<input type="checkbox"/> QPA	<input type="checkbox"/> Other

FISCAL INFORMATION

4. Account Number: 3610-14270.572100	5. Account Name: HIV CARE GRANT
6. Total amount this action: \$6,049.00	7. New contract total: \$325,489.00
8. Revenue generated this action: \$0.00	9. Revenue generated total contract: \$0.00
10. New total amount for each fiscal year:	
Year 2004	\$99,320.00
Year 2005	\$84,320.00
Year 2006	\$92,650.00
Year 2007	\$49,199.00

TIME PERIOD COVERED IN THIS EDS

11. From (month, day, year): 4/1/2004	12. To (month, day, year): 3/31/2007
13. Method of source selection: <input type="checkbox"/> Bid/Quotation <input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Negotiated <input type="checkbox"/> RFP# <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):
IC 5-19-1-1

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

The Grantee assists people living with HIV disease in accessing high quality primary medical care. The Grantee offers enhanced medical services (including diagnostic testing, treatment, and laboratory services) which emphasize a multidisciplinary approach. This approach incorporates clinical and psychosocial care following a Nurse Practitioner managed model of care. The team includes physicians from an infectious disease clinic, social workers, nurses, pharmacy staff, and medical assistants. Amendment #1 reflects an increase in available federal funds to more adequately address the needs of the target population.

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

The Grantee was chosen based on its financial stability and community based connection to those affected by HIV and AIDS. The Grantee also has a strong connection to the statewide HIV/AIDS prevention and services network. The Grant Agreement total is based on specific budgets proposed by the Grantee as well as costs projected by ISDH staff. Discussions and program refocusing are ongoing with this Grantee and other agencies providing related services funded under this federal grant. These discussions are a component of the federal mandate that HIV/AIDS activities be scrutinized by community based consumer panels.

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

40. Agency fiscal officer or representative approval	41. Date Approved	42. Budget agency approval OKEN	43. Date Approved 1/9/07
44. Attorney General's Office approval JBT	45. Date Approved 1/26/07	46. Agency representative receiving from AG	47. Date Approved

15042-001

Amendment No. 3
EDS Number A70-3-5647

This is an Amendment to the existing HIV Care Grant Agreement entered into by and between the **Indiana State Department of Health** (hereinafter referred to as the "State") and **Health & Hospital Corporation of Marion County d.b.a. Wishard Health Services** (hereinafter referred to as the "Grantee") for the period from April 1, 2003 through March 31, 2007, in the amount of \$319,440.

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 \$6,049, making the new total of the Grant Agreement \$325,489. The additional funds will be used to provide additional resources to meet the service demands of the region.

Paragraph 29 b) Payment of Grant Funds By the State has been changed to read:

Financial assistance will be provided on a cost reimbursement basis. Actual expenditures of authorized costs will be reimbursed monthly in arrears by the State upon receipt of duly executed State Invoices. The Invoices shall be submitted on the forms provided. Invoices shall be due by the 20th day after the end of each month. Payments shall not exceed \$99,320 for the period April 1, 2003 through March 31, 2004, \$84,320 for the period April 1, 2004 through March 31, 2005, \$92,650 for the period April 1, 2005 through March 31, 2006, and \$49,199 for the period April 1, 2006 through March 31, 2007. Total remuneration under this Grant Agreement shall not exceed \$325,489.

Funding Summary

3610-142700	4/1/03 – 3/31/04	\$ 99,320
3610-142700	4/1/04 – 3/31/05	\$ 84,320
3610-142700	4/1/05 – 3/31/06	\$ 92,650
3610-142700	4/1/06 – 3/31/07	<u>\$ 49,199</u>
Total		\$325,489

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 R. Gutwein
MATTHEW R. GUTWEIN
PRESIDENT/CEO
HEALTH & HOSPITAL CORPORATION OF
MARION COUNTY

DATE: 12-14-06

Accepted/By:

Lisa E. Harris
LISA E. HARRIS, M.D.
CEO/MEDICAL OFFICER
WISHARD HEALTH SERVICES

DATE: 12/19/06

Certification of Funds:

Linda L. Brown
LINDA L. BROWN
DIRECTOR
DIVISION OF FINANCE
OPERATIONAL SERVICES COMMISSION
INDIANA STATE DEPARTMENT OF HEALTH

DATE: 1/3/07

Recommended and Approved By:

Mary L. Hill
MARY L. HILL, RN, ESQ.
DEPUTY STATE HEALTH COMMISSIONER
INDIANA STATE DEPARTMENT OF HEALTH

DATE: 12-29-06

Approved:

Carrie Henderson
CARRIE HENDERSON
COMMISSIONER
DEPARTMENT OF ADMINISTRATION
STATE OF INDIANA

DATE: 1/5/07

Approved:

Charles E. Schalliol
CHARLES E. SCHALLIOL
STATE BUDGET DIRECTOR
STATE OF INDIANA

DATE: 1/9/2007

Approved as to Form and Legality:

Stephen Carter
STEPHEN CARTER
ATTORNEY GENERAL OF INDIANA

DATE: 1/26/07

FEB 21 2006

**EXECUTIVE DOCUMENT SUMMARY**

State Form 41221 (R9/1-04)

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. *9985*
4. For amendments / renewals, attach original contract.
5. Attach additional pages if necessary.

3908 - 12/29/2

1. EDS Number <i>A70-3-5647</i>	2. Date prepared: December 29, 2005
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3. CONTRACTS & LEASES

Professional/Personal Service	Contract for Procured Services
<input checked="" type="checkbox"/> Grant	Maintenance
Lease	License Agreement
Attorney	Amendment #
MOU	<input checked="" type="checkbox"/> Renewal # <i>3</i>
QPA	Other (specify)

FISCAL INFORMATION

4. Account Number: 3610-142700	5. Account Name: HIV Care Grant
6. Total amount this action: \$43,150.00	7. New contract total: \$319,440.00
8. Revenue generated this action	9. Revenue generated total contract
10. New total amount for each fiscal year	
Year <i>2004</i> \$ <i>\$99,320.00</i>	Year <i>2006</i> \$ <i>\$92,650.00</i>
Year <i>2004</i> \$ <i>\$84,320.00</i>	Year <i>2007</i> \$ <i>\$43,150.00</i>

TIME PERIOD COVERED IN THIS EDS

11. From (month, day, year): April 1, 2003	12. To (month, day, year): March 31, 2007
13. Method of source selection <input checked="" type="checkbox"/> Negotiated	
<input type="checkbox"/> Bid/Quotation	<input type="checkbox"/> Emergency
<input type="checkbox"/> RFP #	<input type="checkbox"/> Special Procurement
<input type="checkbox"/> Other (specify)	

AGENCY INFORMATION

14. Name of agency: ISDH/HIV/STD	15. Requisition Number:
16. Address: 2 North Meridian Street, Section 2-C Indianapolis IN 46204-3006	

AGENCY CONTACT INFORMATION

17. Name: Loren Robertson	18. Telephone #: (317) 233-5578
19. E-mail address: lroberts@isdh.state.in.us	

COURIER INFORMATION

20. Name: Steve Martin	21. Telephone #: (317) 233-7573
22. E-mail address: smartin@isdh.state.in.us	

VENDOR INFORMATION

23. Taxpayer Identification Number 35-6005697-05 <i>cg ACIT</i>	
24. Name: Health & Hospital Corporation of Marion County	25. Telephone #: (317) 221-2468
26. Address: d.b.a. Wishard Health Services 3838 North Rural Street Attn: Carol McCarroll Indianapolis, IN 46205	
27. E-mail address:	
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 Minority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Women: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30. If yes, list the %: Minority: <input type="checkbox"/> % Women: <i>0</i> %
31. Sub Vendor: M/WBE Minority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Women: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	32. If yes, list the %: Minority: <input type="checkbox"/> % Women: <i>0</i> %
33. Is there Renewal Language in the document? <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

35. Will the attached document involve data processing or telecommunications system(s) <input type="checkbox"/> Yes: ITOC or Delegate has signed off on contract	
36. Statutory Authority (Cite applicable Indiana or Federal Codes): IC 5-19-1-1	
37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.) The Grantee assists people living with HIV disease in accessing high quality primary medical care. The Grantee offers enhanced medical services (including diagnostic testing, treatment, and laboratory services) that emphasize a multi-disciplinary care team approach. This approach incorporates clinical and psychosocial care following a Nurse Practitioner managed model of care. The team includes physicians from an infectious disease clinic, social workers, nurses, pharmacy staff and medical assistants. The Nurse Practitioner provides patient education and awareness of the disease process and the need to	
38. Justification of vendor selection and determination of price reasonableness: The Grantee was chosen based on its financial stability and community based connection to those affected by HIV and AIDS. The Grantee also has a strong connection to the statewide HIV/AIDS prevention and services network. The Grant Agreement total is based on specific budgets proposed by the Grantee as well as costs projected by ISDH staff. Discussions and program refocusing are ongoing with this Grantee and other agencies providing related services funded under this federal grant. These discussions are a component of the federal mandate that HIV/AIDS activities be scrutinized by community based consumer panels	
39. If this contract is submitted late, please explain why: (Required if more than 30 days late.)	

SIGNATURES

40. Agency fiscal officer or representative approval Linda L. Brown	41. Date Approved See signature page of contract	42. Budget agency approval <i>AE2</i>	43. Date Approved <i>2/27/06</i>
44. Attorney General's Office approval	45. Date Approved	46. Agency representative receiving from FEB 22 2006	Date Approved

IDOA Contracts

FS

3610-572100-142700
HCG 197-17

Renewal No. 3

Pursuant to IC 5-22-17-4 and the terms of the HIV Care Grant Agreement, the **Indiana State Department of Health** (hereinafter referred to as the "State") exercises its option to renew its Grant Agreement with **Health & Hospital Corporation of Marion County d.b.a. Wishard Health Services** (hereinafter referred to as the "Grantee") under the same terms and conditions of the original Grant Agreement. The entire Grant Agreement shall commence April 1, 2003 and shall terminate on March 31, 2007.

Total amount of this Grant Renewal is \$43,150 and the renewal shall commence April 1, 2006 and shall terminate on March 31, 2007. Total Remuneration of this Grant Agreement is not to exceed \$319,440.

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

Funding Summary

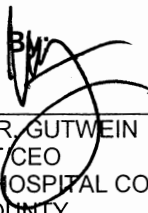
3610-142700	4/1/03 – 3/31/04	\$ 99,320
3610-142700	4/1/04 – 3/31/05	\$ 84,320
3610-142700	4/1/05 – 3/31/06	\$ 92,650
3610-142700	4/1/06 – 3/31/07	<u>\$ 43,150</u>
Total		\$319,440

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 Renewal. The parties having read and understanding the foregoing terms of the Grant Agreement Renewal do by their respective signatures dated below agree to the terms thereof.

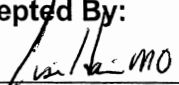
Accepted By:


MATTHEW R. GUTWEIN
PRESIDENT/CEO
HEALTH & HOSPITAL CORPORATION OF
MARION COUNTY

DATE:

2-6-06

Accepted By:


LISA E. HARRIS, M.D.
CEO/MEDICAL OFFICER
WISHARD HEALTH SERVICES

DATE:

2/7/06

Certification of Funds:


LINDA L. BROWN
DIRECTOR
DIVISION OF FINANCE
OPERATIONAL SERVICES COMMISSION
INDIANA STATE DEPARTMENT OF HEALTH

DATE:

2/20/06

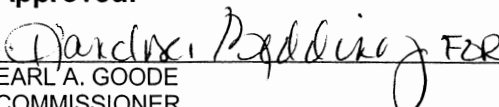
Approved:


SUE UHL, J.D.
DEPUTY STATE HEALTH COMMISSIONER
INDIANA STATE DEPARTMENT OF HEALTH

DATE:

2 15 06


Approved:


EARL A. GOODE
COMMISSIONER
DEPARTMENT OF ADMINISTRATION
STATE OF INDIANA

DATE:

2-24-06

Approved:


CHARLES E. SCHALLIOL
STATE BUDGET DIRECTOR
STATE OF INDIANA

DATE:

2/27/2006



EXECUTIVE DOCUMENT SUMMARY

State Form 41221 (R9/1-04)

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. 9246
4. For amendments / renewals, attach original contract.
5. Attach additional pages if necessary.

3373 - 6/20/20

AGENCY INFORMATION

14. Name of agency: ISDH/HIV/STD
15. Requisition Number:
16. Address:
2 North Meridian Street, Section 2-C
Indianapolis IN 46204-3006

AGENCY CONTACT INFORMATION

17. Name: Loren Robertson
18. Telephone #: (317) 233-5578
19. E-mail address: lroberts@isdh.state.in.us

COURIER INFORMATION

20. Name: Steve Martin
21. Telephone #: (317) 233-7573
22. E-mail address: smartin@isdh.state.in.us

VENDOR INFORMATION

23. Taxpayer Identification Number: 35-6005697-05 ✓ cg
24. Name: Health & Hospital Corporation of Marion County
25. Telephone #: (317) 221-2433
26. Address: d.b.a. Wishard Health Services
3838 North Rural Street
Attn: Carol McCarroll
Indianapolis, IN 46205

27. E-mail address:
28. Is the vendor registered with the Secretary of State? (Out of State Corporations, must be registered) X Yes No

29. Primary Vendor: M/WBE
Minority: Yes X No
Women: Yes X No
30. If yes, list the %:
Minority: %
Women: 0 %

31. Sub Vendor: M/WBE
Minority: Yes X No
Women: Yes X 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

OCT 25 2005

OAG-ADVISORY

Received

OCT 19 2005

IDOA Contracts

1. EDS Number: A70-3-5647
2. Date prepared: June 20, 2005 JS

3. CONTRACTS & LEASES

Professional/Personal Services Contract for Procured Services
X Grant Maintenance
Lease License Agreement
Attorney Amendment # 2
MOU Renewal #
QPA Other (specify)

FISCAL INFORMATION

4. Account Number: 3610-142700
5. Account Name: HIV Care Grant
6. Total amount this action: \$8,330.00
7. New contract total: \$276,290.00
8. Revenue generated this action:
9. Revenue generated total contract:
10. New total amount for each fiscal year:
Year 2004 \$ \$99,320.00 Year 2006 \$ \$92,650.00
Year 2004 \$ \$84,320.00 Year \$

TIME PERIOD COVERED IN THIS EDS

11. From (month, day, year): April 1, 2003
12. To (month, day, year): March 31, 2006
13. Method of source selection: X Negotiated
Bid/Quotation Emergency Special Procurement
RFP # Other (specify)

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

36. Statutory Authority (Cite applicable Indiana or Federal Codes): IC 5-19-1-1

37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this contract.)
The Grantee assists people living with HIV disease in accessing high quality primary medical care. The Grantee offers enhanced medical services (including diagnostic testing, treatment, and laboratory services) that emphasize a multi-disciplinary care team approach. This approach incorporates clinical and psychosocial care following a Nurse Practitioner managed model of care. The team includes physicians from an infectious disease clinic, social workers, nurses, pharmacy staff and medical assistants. The Nurse Practitioner provides patient education and awareness of the disease process and the need to comply with

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

The Grantee was chosen based on its financial stability and community based connection to those affected by HIV and AIDS. The Grantee also has a strong connection to the statewide HIV/AIDS prevention and services network. The Grant Agreement total is based on specific budgets proposed by the Grantee as well as costs projected by ISDH staff. Discussions and program refocusing are ongoing with this Grantee and other agencies providing related services funded under this federal grant. These discussions are a component of the federal mandate that HIV/AIDS activities be scrutinized by community based consumer panels.

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

SIGNATURES

40. Agency fiscal officer or representative approval: Linda L. Brown
41. Date Approved: See signature page of contract
42. Budget agency approval: [Signature]
43. Date Approved: 10/21/05
44. Attorney General's Office approval: [Signature]
45. Date Approved: 11/23/05
46. Agency representative receiving from AG: [Signature]
47. Date Approved: 10/21/05

3610-572100-142700
HCG 197-17

Amendment No. 2

This is an Amendment to the existing HIV Care Grant Agreement entered into by and between the **Indiana State Department of Health** (hereinafter referred to as the "State") and **Health & Hospital Corporation of Marion County d.b.a. Wishard Health Services** (hereinafter referred to as the "Grantee") for the period from April 1, 2003 through March 31, 2006, in the amount of \$267,960.

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 \$8,330 making the new total of the Grant Agreement \$276,290. The additional funds will be used to provide additional resources to meet the service demands of the region.

The following paragraph has been added to the Grant Agreement:

Compliance with Telephone Solicitations Act.

As required by IC 5-22-3-7:

- 1) the Grantee and any principals of the Grantee certify that a) the Grantee, except for de minimis and nonsystematic violations, has not violated the terms of (i) IC 24-4.7 [Telephone Solicitation Of Consumers], (ii) IC 24-5-12 [Telephone Solicitations] , or (iii) IC 24-5-14 [Regulation of Automatic Dialing Machines] in the previous three hundred sixty-five (365) days, even if IC 24-4.7 is preempted by federal law; and b) the Grantee will not violate the terms of IC 24-4.7 for the duration of the Grant, even if IC 24-4.7 is preempted by federal law.
- 2) The Grantee and any principals of the Grantee certify that an affiliate or principal of the Grantee and any agent acting on behalf of the Grantee or on behalf of an affiliate or principal of the Grantee: a) except for de minimis and nonsystematic violations, has not violated the terms of IC 24-4.7 in the previous three hundred sixty-five (365) days, even if IC 24-4.7 is preempted by federal law; and b) will not violate the terms of IC 24-4.7 for the duration of the Grant, even if IC 24-4.7 is preempted by federal law.

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.

Funding Summary

3610-142700	4/1/03 – 3/31/04	\$ 99,320
3610-142700	4/1/04 – 3/31/05	\$ 84,320
3610-142700	4/1/05 – 3/31/06	<u>\$ 92,650</u>
Total		\$276,290

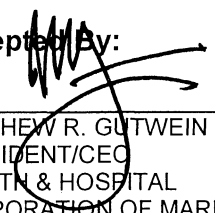
Non-Collusion and Acceptance

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.

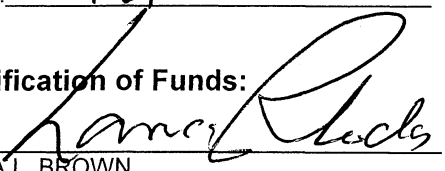
Accepted By:


MATTHEW R. GUTWEIN
PRESIDENT/CEO
HEALTH & HOSPITAL
CORPORATION OF MARION COUNTY
D.B.A. WISHARD HEALTH SERVICES

DATE:

7-20-05

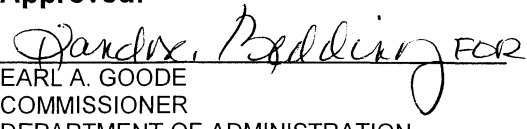
Certification of Funds:


LINDA L. BROWN
DIRECTOR
DIVISION OF FINANCE
OPERATIONAL SERVICES COMMISSION
INDIANA STATE DEPARTMENT OF HEALTH

DATE:

8/05/05

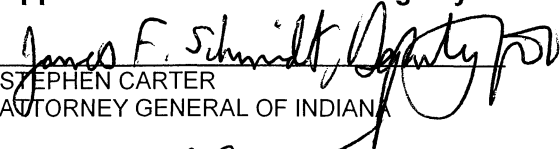
Approved:


EARL A. GOODE
COMMISSIONER
DEPARTMENT OF ADMINISTRATION
STATE OF INDIANA

DATE:

10-19-05


Approved as to Form and Legality:


STEPHEN CARTER
ATTORNEY GENERAL OF INDIANA

DATE:

11-23-05

Accepted By:


ROBERT B. JONES, M.D., PH.D. Lisa E. Harris, MD
MEDICAL OFFICER
WISHARD HEALTH SERVICES

DATE:

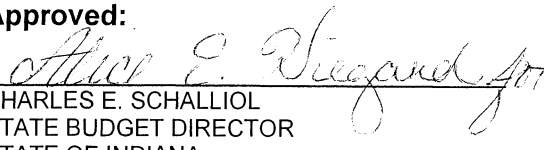
7/22/05

Recommended and Approved By:


SUE UHL, J.D.
DEPUTY STATE HEALTH COMMISSIONER
INDIANA STATE DEPARTMENT OF HEALTH

DATE:

Approved:


CHARLES E. SCHALLIOL
STATE BUDGET DIRECTOR
STATE OF INDIANA

DATE:

10/21/2005

The following clause is added as an additional contract term to EDS # A70-3-5647

between

Printed Name: Sue Uhl

Initials

Agency: Indiana State Department of Health

and

Printed Name: Matthew R. Gutwein
President and Chief Executive Officer
Health & Hospital Corporation of
Contractor: Marion County

Initials

Payments

All payments shall be made in arrears in conformance with State fiscal policies and procedures and, as required by IC 4-13-2-14.8, by electronic funds transfer to the financial institution designated by the Contractor in writing unless a specific waiver has been obtained from the Auditor of State. No payments will be made in advance of receipt of the goods or services that are the subject of this Contract except as permitted by IC 4-13-2-20.

MAR 01 2005

**EXECUTIVE DOCUMENT SUMMARY**

State Form 41221 (R9/1-04)

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.

2763 - 11/18/2

1. EDS Number A70-3-5647	2. Date prepared: November 18, 2004
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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 type="checkbox"/> Amendment #
<input type="checkbox"/> MOU	<input checked="" type="checkbox"/> Renewal # 2
<input type="checkbox"/> QPA	<input type="checkbox"/> Other (specify)

FISCAL INFORMATION

4. Account Number: 3610-142700	5. Account Name: HIV Care Grant
6. Total amount this action: \$84,320.00	7. New contract total: \$267,960.00
8. Revenue generated this action:	9. Revenue generated total contract:
10. New total amount for each fiscal year:	
Year 2004 \$ \$99,320.00	Year 2006 \$ \$84,320.00
Year 2004 \$ \$84,320.00	Year 2005 \$ \$84,320.00

TIME PERIOD COVERED IN THIS EDS

11. From (month, day, year): April 1, 2003	12. To (month, day, year): March 31, 2006
13. Method of source selection:	
<input type="checkbox"/> Bid/Quotation	<input checked="" type="checkbox"/> Negotiated
<input type="checkbox"/> RFP #	<input type="checkbox"/> Emergency
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Special Procurement

AGENCY INFORMATION

14. Name of agency: ISDH/HIV/STD	15. Requisition Number:
16. Address: 2 North Meridian Street, Section 2-C Indianapolis IN 46204-3006	

AGENCY CONTACT INFORMATION

17. Name: Wendy Gettelfinger	18. Telephone #: (317) 233-5578
19. E-mail address: wgettelf@isdh.state.in.us	

COURIER INFORMATION

20. Name: Steve Martin	21. Telephone #: (317) 233-7573
22. E-mail address: smartin@isdh.state.in.us	

VENDOR INFORMATION

23. Taxpayer Identification Number: 35-6005697-05	
24. Name: Health & Hospital Corporation of Marion County	25. Telephone #: (317) 221-2468
26. Address: d.b.a. Wishard Health Services 3838 North Rural Street Attn: Carol McCarroll Indianapolis, IN 46205	

RECEIVED

MAR 08 2005

27. E-mail address:	
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	30. 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"/> %
31. Sub Vendor: M/WBE	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"/> %
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

OAG CONTRACTS

35. Will the attached document involve data processing or telecommunications system(s)? <input type="checkbox"/> Yes: ITOC or Delegate has signed off on contract	
36. Statutory Authority (Cite applicable Indiana or Federal Codes): IC 5-19-1-1	
37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.) The Grantee assists people living with HIV disease in accessing high quality primary medical care. The Grantee offers enhanced medical services (including diagnostic testing, treatment, and laboratory services) that emphasize a multi-disciplinary care team approach. This approach incorporates clinical and psychosocial care following a Nurse Practitioner managed model of care. The team includes physicians from an infectious disease clinic, social workers, nurses, pharmacy staff and medical assistants. The Nurse Practitioner provides patient education and awareness of the disease process and the need to comply with	
38. Justification of vendor selection and determination of price reasonableness: The Grantee was chosen based on its financial stability and community based connection to those affected by HIV and AIDS. The Grantee also has a strong connection to the statewide HIV/AIDS prevention and services network. The Grant Agreement total is based on specific budgets proposed by the Grantee as well as costs projected by ISDH staff. Discussions and program refocusing are ongoing with this Grantee and other agencies providing related services funded under this federal grant. These discussions are a component of the federal mandate that HIV/AIDS activities be scrutinized by community based consumer panels.	
39. If this contract is submitted late, please explain why: (Required if more than 30 days late.)	

SIGNATURES

40. Agency fiscal officer or representative approval Linda L. Brown	41. Date Approved See signature page of contract	42. Budget agency approval <i>[Signature]</i>	43. Date Approved Received 3/7/05
44. Attorney General's Office approval <i>[Signature]</i>	45. Date Approved 3-17-05	46. Agency representative receiving from AG	47. Date Approved MAR 02 ENT'D

3610-572100-142700
HCG 197-17



Renewal No. 2

Pursuant to IC 5-22-17-4 and the terms of the HIV Care Grant Agreement, the **Indiana State Department of Health** (hereinafter referred to as the "State") exercises its option to renew its Grant Agreement with **Health & Hospital Corporation of Marion County d.b.a. Wishard Health Services** (hereinafter referred to as the "Grantee") under the same terms and conditions of the original Grant Agreement. The entire Grant Agreement shall commence April 1, 2003 and shall terminate on March 31, 2006.

Total amount of this Grant Renewal is \$84,320 and the renewal shall commence April 1, 2005 and shall terminate on March 31, 2006. Total Remuneration of this Grant Agreement is not to exceed \$267,960.

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

Funding Summary

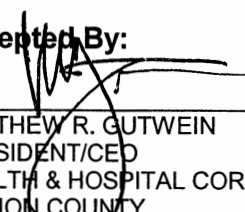
3610-142700	4/1/03 – 3/31/04	\$ 99,320
3610-142700	4/1/04 – 3/31/05	\$ 84,320
3610-142700	4/1/05 – 3/31/06	<u>\$ 84,320</u>
Total		\$267,960

Non-Collusion and Acceptance

The undersigned attests, subject to the penalties for perjury, that he/she is the contracting party, or that he/she is the representative, agent, member or officer of the contracting party, that he/she has not, nor has any other member, employee, representative, agent or officer of the firm, company, corporation or partnership represented by him/her, 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 Renewal other than that which appears upon the face of the Grant Agreement Renewal.

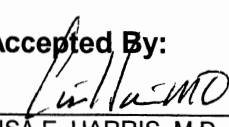
In Witness Whereof, the Grantee and the State of Indiana have, through duly authorized representatives, entered into this Grant Agreement Renewal. The parties having read and understanding the foregoing terms of the Grant Agreement Renewal do by their respective signatures dated below agree to the terms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

Accepted By:


MATTHEW R. GUTWEIN
PRESIDENT/CEO
HEALTH & HOSPITAL CORPORATION OF
MARION COUNTY

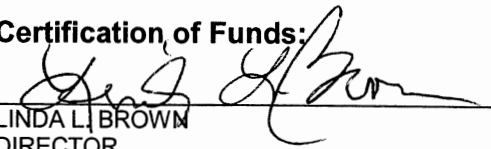
DATE: 12/23/2004

Accepted By:


LISA E. HARRIS, M.D.
CEO/MEDICAL OFFICER
WISHARD HEALTH SERVICES


DATE: 12/30/04

Certification of Funds:

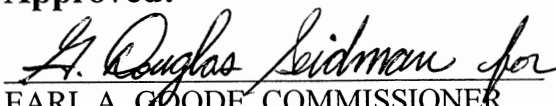

LINDA L. BROWN
DIRECTOR
DIVISION OF FINANCE
OPERATIONAL SERVICES COMMISSION
INDIANA STATE DEPARTMENT OF HEALTH

DATE: 2/25/05

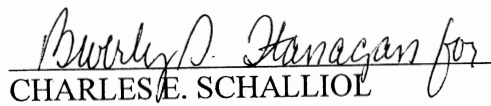
Recommended and Approved By:


SUE UHL
DEPUTY STATE HEALTH COMMISSIONER
INDIANA STATE DEPARTMENT OF HEALTH
DATE: 2-23-05

Approved:


EARL A. GOODE, COMMISSIONER
DEPARTMENT OF ADMINISTRATION
STATE OF INDIANA
DATE: 3/3/05

Approved:


CHARLES E. SCHALLIOL
STATE BUDGET DIRECTOR
STATE OF INDIANA
DATE: March 7, 2005

Approved as to Form and legality:


STEPHEN CARTER
ATTORNEY GENERAL OF INDIANA

DATE: 3-17-05

Attachment to Amendment

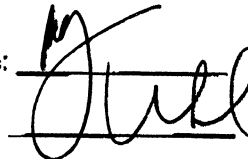
The following language is being added: Health & Hospital Corporation of Marion County
d.b.a. Wishard Health Services

Ethics

The contractor and its agents shall abide by all ethical requirements that apply to persons who have a business relationship with the State, as set forth in Indiana Code § 4-2-6 et seq., the regulations promulgated thereunder, and Executive Order 04-08, dated April 27, 2004. If the contractor is not familiar with these ethical requirements, the contractor should refer any questions to the Indiana State Ethics Commission, or visit the Indiana State Ethics Commission website at <<<<http://www.in.gov/ethics/>>>>. If the contractor or its agents violate any applicable ethical standards, the State may, in its sole discretion, terminate this contract immediately upon notice to the contractor. In addition, the contractor may be subject to penalties under Indiana Code § 4-2-6-12.

Initials of Contractor agreeing to Ethics language: _____

Initials of Indiana State Department of Health: _____

A handwritten signature in black ink, appearing to be "J. Will", is written over a horizontal line. The signature is stylized with a large initial "J" and a long, sweeping underline.

MAR 08 2004

**EXECUTIVE DOCUMENT SUMMARY**

State Form 41221 (R7/10-03)

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. *6912*
4. For amendments / renewals, attach original contract.
5. Check EDS against contract data for consistency. *4129*
6. Attach additional pages if necessary.

1652 - 1/14/20

1. EDS Number <i>A70-3-5647</i>	2. Date prepared: January 14, 2004 <i>SS</i>
------------------------------------	---

3. CONTRACTS & LEASES

Professional/Personal Services	Contract for Procured Services
<input checked="" type="checkbox"/> Grant	Maintenance
Lease	License Agreement
Attorney	<input checked="" type="checkbox"/> Amendment # <u>1</u>
MOU	<input checked="" type="checkbox"/> Renewal # <u>1</u>
	Other (specify) _____

FISCAL INFORMATION

4. Account Number: 3610-142700	5. Account Name: HIV Care Grant
6. Total amount this action: \$84,320.00	7. New contract total: \$183,640.00
8. Revenue generated this action:	9. Revenue generated total contract:
10. New total amount for each fiscal year:	
Year <u>2003</u> \$ <u>\$24,830.00</u>	Year <u>2005</u> \$ <u>\$63,240.00</u>
Year <u>2004</u> \$ <u>\$95,570.00</u>	Year _____ \$ _____

TIME PERIOD COVERED IN THIS EDS

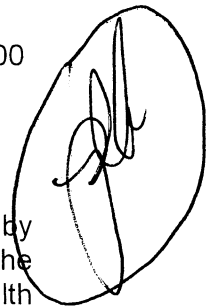
11. From (month, day, year): April 1, 2003	12. To (month, day, year): March 31, 2005
13. Method of source selection:	
<input checked="" type="checkbox"/> Negotiated	RFP # _____
<input type="checkbox"/> Bid/Quotation	Emergency <input type="checkbox"/>
<input type="checkbox"/> Other (specify) _____	Special Procurement <input type="checkbox"/>

35. Will the attached document involve data processing or telecommunications system(s)? <input type="checkbox"/> Yes: ITOC or Delegate has signed off on contract
36. Statutory Authority (Cite applicable Indiana or Federal Codes): IC 5-19-1-1
37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.) The Grantee assists people living with HIV disease in accessing high quality primary medical care. The Grantee offers enhanced medical services (including diagnostic testing, treatment, and laboratory services) that emphasize a multi-disciplinary care team approach. This approach incorporates clinical and psychosocial care following a Nurse Practitioner managed model of care. The team includes physicians from an infectious disease clinic, social workers, nurses, pharmacy staff and medical assistants. The Nurse Practitioner provides patient education and awareness of the disease process and the need to comply with
38. Justification of vendor selection and determination of price reasonableness: The Grantee was chosen based on its financial stability and community based connection to those affected by HIV and AIDS. The Grantee also has a strong connection to the statewide HIV/AIDS prevention and services network. The Grant Agreement total is based on specific budgets proposed by the Grantee as well as costs projected by ISDH staff. Discussions and program refocusing are ongoing with this Grantee and other agencies providing related services funded under this federal grant. These discussions are a component of the federal mandate that HIV/AIDS activities be scrutinized by community based consumer panels.
39. If this contract is submitted late, please explain why: (Required if more than 30 days late.)

SIGNATURES

40. Agency fiscal officer or representative approval Linda L. Brown	41. Date Approved See signature page of contract	42. Budget agency approval <i>Received</i>
44. Attorney General's Office approval <i>JAS</i>	45. Date Approved <i>4-8-04</i>	46. Agency representative receiving from <i>MAR 10 2004</i> Date Approved <i>SL</i>

IDOA Contracts



Amendment No. 1

This is an Amendment to the existing HIV Care Grant Agreement entered into by and between the Indiana State Department of Health (hereinafter referred to as the "State") and Health & Hospital Corporation of Marion County d.b.a. Wishard Health Services (hereinafter referred to as the "Grantee") for the period from April 1, 2003 through March 31, 2004, in the amount of \$99,320.

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 \$84,320, making the new total of the Grant Agreement \$183,640. The additional funds will be used to continue assisting people living with HIV disease in accessing high-quality primary medical care for an additional year. The expiration date is being extended to March 31, 2005. See Attachment C, attached hereto, and made a part hereof and incorporated herein by reference as part of this grant agreement.

Paragraph 29 b) Payment of Grant Funds By the State has been changed to read:

Financial assistance will be provided on a cost reimbursement basis. Actual expenditures of authorized costs will be reimbursed monthly in arrears by the State upon receipt of duly executed State Claim Vouchers from the Grantee for expenses shown in Attachment C of this Grant Agreement. The Claim Vouchers shall be submitted on the forms provided. Claim Vouchers shall be due by the 20th day after the end of each month. Payments shall not exceed \$99,320 for the period April 1, 2003 through March 31, 2004, and \$84,320 for the period April 1, 2004 through March 31, 2005. Total remuneration under this Grant Agreement shall not exceed \$183,640.

Paragraph 29 d) has been changed to read:

All accounts will be closed sixty (60) days after the end of each Grant Agreement period as specified in Paragraph 29b. Any claim voucher submitted after sixty (60) days will not be reimbursed by 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.

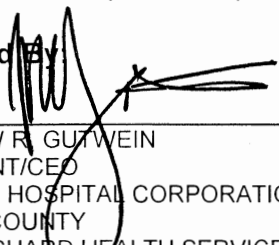
Non-Collusion and Acceptance

The undersigned attests, subject to the penalties for perjury, that he/she is the contracting party, or that he/she is the representative, agent, member or officer of the contracting party, that he/she has not, nor has any other member, employee, representative, agent or officer of the firm, company, corporation or partnership represented by him/her, 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 Amendment other than that which appears upon the face of the Grant Agreement Amendment.

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.

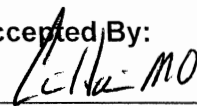
Accepted By:


MATTHEW R. GUTWEIN
PRESIDENT/CEO
HEALTH & HOSPITAL CORPORATION OF
MARION COUNTY
D.B.A. WISHARD HEALTH SERVICES

DATE:

2-19-04

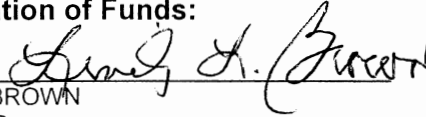
Accepted By:


ROBERT B. JONES, M.D., Ph.D. Lisa E. Harris, MD
CEO/MEDICAL OFFICER
WISHARD HEALTH SERVICES

DATE:

2/20/04

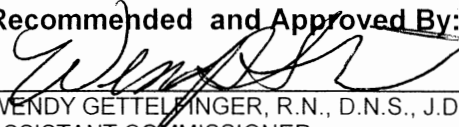
Certification of Funds:


LINDA L. BROWN
DIRECTOR
DIVISION OF FINANCE
OPERATIONAL SERVICES COMMISSION
INDIANA STATE DEPARTMENT OF HEALTH

DATE:

3/5/04


Recommended and Approved By:


WENDY GETTELFINGER, R.N., D.N.S., J.D.
ASSISTANT COMMISSIONER
COMMUNITY AND FAMILY HEALTH SERVICES COMMISSION
INDIANA STATE DEPARTMENT OF HEALTH

DATE:

3/1/04


Approved:


CHARLES R. MARTINDALE
COMMISSIONER
DEPARTMENT OF ADMINISTRATION
STATE OF INDIANA

DATE:

3/11/04

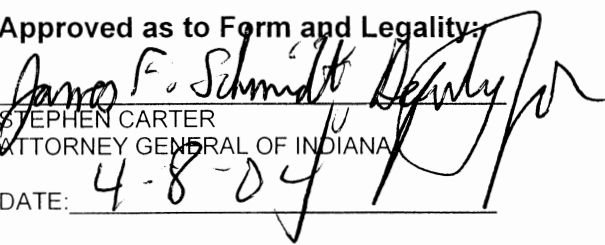
Approved:


MARILYN F. SCHULTZ
STATE BUDGET DIRECTOR
STATE OF INDIANA

DATE:

03/12/04

Approved as to Form and Legality:


JAMES F. SCHMIDT
ATTORNEY GENERAL OF INDIANA

DATE:

4-8-04

INDIANA STATE DEPARTMENT OF HEALTH (ISDH) COMMUNITY FUNDING PROPOSAL

ISSUED: 12/9/03

DUE: 1/9/04

JAN 07 2004

Please type, follow instructions carefully, and submit as an original, signed and dated copy.

Title of Project: Enhanced HIV Medical Services		TOTAL REQUESTED: \$84,320.00
Response to Specific Program Announcement: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "Yes" state announcement title) Ryan White Title II Emerging Communities Initiatives		
Name of Principal Investigator/Program Director Michael P. Dubé, MD	Position Title Program Director	Degree(s) MD
Project Office Contact: Name, Title, Address, City, State, Zip-code, Phone and FAX numbers, Email Catherine Parker, Director of Grants Program Phone: 317-221-2468 Health and Hospital Corporation of Marion County Fax: 317-221-2020 3838 N. Rural Street Indianapolis, IN 46205		
Human Subjects: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes" Exemption Number _____ (Generally applies only to specialized research programs.)		
Type of Application: <input type="checkbox"/> New Project <input checked="" type="checkbox"/> Continuation Request <input type="checkbox"/> Project Revision Budget Period: 4/1/04 to 3/31/05		
Business Office Contact: Name, Title, Address, City, State, Zip-code, Phone and FAX numbers Dan Sellers, Treasurer and CFO Phone: 317-221-2039 Health and Hospital Corporation of Marion County Fax: 317-221-2020 3838 N. Rural Street Indianapolis, IN 46205		
Type of Organization: <input type="checkbox"/> State Agency <input checked="" type="checkbox"/> Local Government <input type="checkbox"/> Non-profit <input type="checkbox"/> For-profit <input type="checkbox"/> College/University	Federal ID Number: 35-6005697	
Counties Served Marion County % of funds per county if multiple counties served ("Statewide" is not acceptable for counties.) USE ATTACHED TABLE FOR THIS SECTION!		
Official Custodian of Funds: Name, Title, Address, City, State, Zip-code, Phone and FAX numbers Health and Hospital Corporation d/b/a Wishard Health Services Matthew R. Gutwein, President and Chief Executive Officer 3838 N. Rural Street Phone: 317-221-2009 Indianapolis, IN 46205 Fax: 317-221-2020		
Name(s) and Title(s) of Officer(s) Required to Sign Contract: Matthew R. Gutwein, President and Chief Executive Officer		
Two Separate Signatures Required		
Signature of Financial Officer _____		12/31/03 Date
Signature of Principal Investigator/Program Director _____		1/5/04 Date

BUDGET DETAIL PERSONNEL

Company: Health and Hospital Corporation of Marion County d/b/a Wishard Health Services
Project: Enhanced HIV Medical Services

Personnel		Hours Per Week On Job	Estimated Project Costs and Source of Funds (whole figures only)		
Name	Position Title		ISDH Funds (cash)	+ Other Funds = (cash and/or in-kind)	Total Project Costs
Crismara Porras	HIV Patient Care Assistant and Spanish Interpreter	40	\$28,000.00		\$28,000.00
SUB-TOTAL SALARY			\$28,000.00		\$28,000.00
FRINGE BENEFITS			\$5320.00		\$5320.00
• Includes Insurance, Social Security, Retirement, Disability, Medical, Dental, Other					
SUB-TOTAL PERSONNEL			\$33,320.00		\$33,320.00

Note: Regardless of source of monies, all personnel involved in project activities must be included.
 How many hours is a regular full-time work week? 40

BUDGET DETAIL

Company: Health and Hospital Corporation of Marion County d/b/a Wishard Health Services
Project: Enhanced HIV Medical Services

Category	ISDH Funds (cash)	+	Other Funds (cash and/or in-kind)	= Total Project Costs
SUB-TOTAL "PERSONNEL" (from Page 2)	\$33,320.00			\$33,320.00
• Consumable Supplies (includes postage, medical supplies, education materials, office supplies, software, computer supplies, etc.)				
• In-State Travel (includes mileage, <i>per diem</i> , lodging, training and registration fees) Note: State Travel Rules Apply	\$1000.00			\$1000.00
• Out-of-State Travel (includes mileage, air fare, <i>per diem</i> , lodging, training and registration fees, parking, tips) Note: State Travel Rules Apply				
• Rent				
• Utilities (includes water, electricity, heat, monthly and toll telephone charges, etc.)				
• Consultant Services (includes personal services sub-contracts)				
• Contractual Services (includes sub-contracts, audits, data analysis, maintenance agreements, equipment lease and maintenance, etc.)	\$50,000.00			\$50,000.00
• Other Expenses (includes, but not limited to, advertising, yellow pages advertising, personal health care: prophylactics, printing, and <u>define</u> miscellaneous)				
• EQUIPMENT (includes computers, furniture, filing cabinets, etc.)				
TOTAL BUDGET	\$84,320.00			\$84,320.00

HIV/STD PROGRAMS

ADAMS	%	HENDRICKS	%	PIKE	%
ALLEN	%	HENRY	%	PORTER	%
BARTHOLOMEW	%	HOWARD	%	POSEY	%
BENTON	%	HUNTINGTON	%	PULASKI	%
BLACKFORD	%	JACKSON	%	PUTNAM	%
BOONE	%	JASPER	%	RANDOLPH	%
BROWN	%	JAY	%	RIPLEY	%
CARROLL	%	JEFFERSON	%	RUSH	%
CASS	%	JENNINGS	%	SCOTT	%
CLARK	%	JOHNSON	%	SHELBY	%
CLAY	%	KNOX	%	SPENCER	%
CLINTON	%	KOSCIUSKO	%	STARKE	%
CRAWFORD	%	LaGRANGE	%	STEUBEN	%
DAVIESS	%	LAKE	%	ST. JOSEPH	%
DEARBORN	%	LaPORTE	%	SULLIVAN	%
DECATUR	%	LAWRENCE	%	SWITZERLAND	%
DeKALB	%	MADISON	%	TIPPECANOE	%
DELAWARE	%	MARION	%	TIPTON	%
DUBOIS	%	MARSHALL	%	UNION	%
ELKHART	%	MARTIN	%	VANDERBURGH	%
FAYETTE	%	MIAMI	%	VERMILLION	%
FLOYD	%	MONROE	%	VIGO	%
FOUNTAIN	%	MONTGOMERY	%	WABASH	%
FRANKLIN	%	MORGAN	%	WARREN	%
FULTON	%	NEWTON	%	WARRICK	%
GIBSON	%	NOBLE	%	WASHINGTON	%
GRANT	%	OHIO	%	WAYNE	%
GREENE	%	ORANGE	%	WELLS	%
HAMILTON	%	OWEN	%	WHITE	%
HANCOCK	%	PARKE	%	WHITLEY	%
HARRISON	%	PERRY	%	TOTAL	100%

Please use the above table to indicate the county or counties served under agency's proposed program. Use current or projected client demographics to estimate this information. This is a broad summary of the program. Round percentages to the nearest whole number, using no figure less than 1%. Use 1% as a minimum even though the actual figure may be a fraction of a percent. Take these differences from the largest single percentage listing so that the total equals 100%.

Budget Justification

Ryan White Title II Emerging Communities Initiatives
Enhanced HIV Medical Services

Wishard Health Services

Personnel	ISDH Funds:	\$28,000.00
	Other Funds:	\$ 0.00
	Total Project Costs:	\$28,000.00

1.0 FTE HIV Patient care Assistant/Spanish Interpreter

\$28,000.00

Name: Crismara Porras
Annual Salary: \$28,000.00
% FTE on this grant: 100%
Cost to this grant: \$28,000

Ms. Porras will help with patient flow, assist with examination or procedures, collect patient information, perform general lab work, and clinical and clerical support within the Infectious Disease Clinic program. Since she is bilingual, Ms. Porras will be the clinical liaison for our Hispanic clients and will be the Infectious Disease Clinic's interpreter.

This position is essential to maximize the efficiency and effectiveness of all the nurse practitioners, physicians, nurse coordinator, and care coordinators. In addition, this position allows us to provide better care to our Hispanic clients as well as improve their trust in the system and the patient-provider relationship.

Fringe	ISDH Funds:	\$5,320.00
	Other Funds:	\$ 0.00
	Total Project Costs:	\$5,320.00

Calculated at 19% of personnel salary. (Calculation: \$28,000 x 19% = \$5320.00) The benefit's calculation takes into account payroll taxes, group insurances, pension expenses, tuition reimbursement, and employee relation expenses.

Travel	ISDH Funds:	\$1,000.00
	Other Funds:	\$ 0.00
	Total Project Costs:	\$1,000.00

Continuing Education is necessary by personnel to keep up to date to provide high quality care to the patients with HIV. This will allow personnel to attend conferences dealing with issues related to HIV education, prevention, intervention, and skills building. This travel will include in state or out of state if needed.

Contractual Services	ISDH Funds:	\$50,000.00
	Other Funds:	\$ 0.00
	Total Project Costs:	\$50,000.00

Patient Care Fees

A new intake process has been initiated at the Wishard Infectious Disease Clinic to optimize the care of our HIV infected clients. During the intake process, a psychosocial assessment and past medical history form is completed and baseline lab work is ordered. The intake is beneficial to the clients as it makes the patient's first clinic appointment more productive – lab results are present for the providers, medical coverage and

medications are in place. Most of the clients do not have medical coverage at the time of the intake and are being signed up for Title III and Wishard Advantage at this time. This money will cover the cost of the intake visit and baseline lab work for the client living in Indianapolis. This will serve approximately 100 clients at \$500.00 per patient.

Grand Total	ISDH Funds:	\$84,320.00
	Other Funds:	\$ <u>0.00</u>
	Total Project Costs:	\$84,320.00

MAR 24 2003

**EXECUTIVE DOCUMENT SUMMARY**

State Form 41221 (R6 / 9-02)

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. Check EDS against contract data for consistency.
6. Attach additional pages if necessary.

5/29
798 - 1/21/20

1. EDS Number A70-3-5647	2. Date prepared: January 21, 2003 JS
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3. CONTRACTS & LEASES

Professional/Personal Services	Contract for Services
<input checked="" type="checkbox"/> Grant	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Lease	<input type="checkbox"/> License Agreement
<input type="checkbox"/> Attorney	<input type="checkbox"/> Amendment # _____
<input type="checkbox"/> MOU	<input type="checkbox"/> Renewal # _____
<input type="checkbox"/> QPA	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Equipment Lease	
<input type="checkbox"/> Lease-to-Own	

FISCAL INFORMATION

4. Account Number: 3610-142700	5. Account Name: HIV Care Grant
6. Total amount this action: \$99,320.00	7. New contract total: \$99,320.00
8. Revenue generated this action:	9. Revenue generated total contract:
10. New total amount for each fiscal year:	
Year 2003 \$ \$24,830.00	Year _____ \$ _____
Year 2004 \$ \$74,490.00	Year _____ \$ _____

TIME PERIOD COVERED IN THIS EDS

11. From (month, day, year): April 1, 2003	12. To (month, day, year): March 31, 2004
13. Method of source selection:	
<input checked="" type="checkbox"/> Negotiated RFP # _____	
<input type="checkbox"/> Bid/Quotation <input type="checkbox"/> Emergency <input type="checkbox"/> Special Procurement	
<input type="checkbox"/> Other (specify) _____	

34. Statutory Authority (Cite applicable Indiana or Federal Codes):
IC 5-19-1-1

35. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.)
The Grantee assists people living with HIV disease in accessing high quality primary medical care. The Grantee offers enhanced medical services (including diagnostic testing, treatment, and laboratory services) that emphasize a multi-disciplinary care team approach. This approach incorporates clinical and psychosocial care following a Nurse Practitioner managed model of care. The team includes physicians from an infectious disease clinic, social workers, nurses, pharmacy staff and medical assistants. The Nurse Practitioner provides patient education and awareness of disease process and the need to comply with treatment regimens, support with the disease process and medical assistance. Communication with other clinics and treatment centers remains a priority to ensure

36. Justification of vendor selection and determination of price reasonableness:
The Grantee was chosen based on it's financial stability and community based connection to those affected by HIV and AIDS. The Grantee also has a strong connection to the statewide HIV/AIDS prevention and services network. The Grant Agreement total is based on specific budgets proposed by the Grantee as well as costs projected by ISDH staff. Discussions and program refocusing are ongoing with this Grantee and other agencies providing related services funded under this federal grant. These discussions are a component of the federal mandate that HIV/AIDS activities be scrutinized by community based consumer panels.

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

ENTERED APR 1 2003
100784**SIGNATURES**


38. Agency fiscal officer or representative approval Linda L. Brown	39. Date Approved See signature page of contract	40. Budget agency approval DX	41. Date Approved 10/10
42. Attorney General's Office approval JES	43. Date Approved 4-23-03	44. Agency representative receiving from AG Received	45. Date Approved MAR 26 2003

IDOA Contracts

IND-00825

GRANT AGREEMENT

3610-572100-142700
HCG 197-17



THIS GRANT AGREEMENT is made and entered into by and between the **STATE of INDIANA**, acting by and through the **Indiana State Department of Health** (the "State") and **Health & Hospital Corporation of Marion County d.b.a. Wishard Health Services** (the "Grantee").

1. Purpose Of Grant Agreement

The purpose of this Grant Agreement is to enable the State to make a grant from the State of Indiana's HIV Care Grant Fund of up to \$99,320 to the Grantee named above, for costs authorized by the State to complete the project described in Paragraph 3. **The State may authorize an amount up to 10% greater than the above amount should it be deemed necessary by the State to accomplish the purpose of this Grant Agreement. Also the State may finally authorize an amount not less than 90% of the above amount should it be determined by the State that the maximum amount of this Grant Agreement is not necessary for the completion of the project described in Paragraph 3. In no event shall the increase or decrease in the amount of this Grant Agreement be greater than \$25,000. This will make the most efficient use of the total grant money distributed between multiple grantees. Should the State make the determination to increase or decrease the amount of this Grant Agreement under this paragraph the State will notify the Grantee in writing.**

2. Term Of Grant Agreement

The term of this Grant Agreement shall be from April 1, 2003 (the "Beginning Date") until March 31, 2004 (the "Expiration Date"). In no event shall payments be made for work done or services performed after the Expiration Date.

3. Use Of Grant Funds By The Grantee

Grant funds received by the Grantee pursuant to this Grant Agreement shall be used only to assist people living with HIV disease in accessing high-quality primary medical care. The Grantee offers enhanced medical services (including diagnostic testing, treatment, and laboratory services) that emphasize a multi-disciplinary care team approach. This approach incorporates clinical and psychosocial care following a Nurse Practitioner managed model of care. The team includes physicians from an infectious disease clinic, social workers, nurses, pharmacy staff and medical assistants. The Nurse Practitioner provides patient education and awareness of disease process and the need to comply with treatment regimens, support with the disease process and medical assistance. Communication with other clinics and treatment centers remains a priority to ensure that information reaches those who are under served. This project is described fully in Attachments A and B, attached hereto, and made a part hereof and incorporated herein by reference as part of this Grant Agreement.

4. Access To Records

The Grantee and its subcontractors shall maintain all books, documents, papers, accounting records, and other evidence (Records) pertaining to costs incurred, for inspection by the State or by any other authorized representative of the State and copies thereof shall be furnished at no cost to the State if requested. The Grantee and its subcontractors shall make all Records available at their respective offices at all reasonable times during the Grant Agreement period and for three (3) years from the date of final payment under the Grant Agreement or until an audit has been completed and all audit exceptions cleared.

5. Amendments

No alteration or variation of the terms of this Grant Agreement shall be valid unless made in writing and signed by the parties hereto. No oral understanding or agreement not incorporated herein shall be binding on any of the parties hereto. Any alterations or amendments, except a change between budget categories which requires the prior written consent of a duly authorized representative of the State, shall be subject to the contract approval procedure of the State.

6. Assignment

The Grantee shall not assign or subcontract the whole or any part of this Grant Agreement without the State's prior written consent. The Grantee may assign its right to receive payments to such third parties as the Grantee may desire without the prior written consent of the State, provided that Grantee gives written notice (including evidence of such assignment) to the State thirty (30) days in advance of any payment so assigned. The assignment shall cover all unpaid amounts under this Grant Agreement and shall not be made to more than one party.

7. Audits

- a) Following the expiration or termination of this Grant Agreement, the Grantee shall arrange for a financial and compliance audit of funds provided by the State pursuant to this Grant Agreement. Such audit is to be conducted by an independent public or certified public accountant or, as applicable, the Indiana State Board of Accounts, and performed in accordance with IC 5-11-1 et seq., the Indiana State Board of Accounts' publication entitled "Uniform Compliance Guidelines for Examination of Entities Receiving Financial Assistance from Governmental Sources", and applicable provisions of the federal Office of Management and Budget Circular A-133.
- b) Audits conducted pursuant to this paragraph are to be completed and the audit report submitted to the State within six (6) months after the close of the audit period, unless a written waiver of this provision is provided by the State. The Grantee agrees to provide to the State a copy or, if requested, an original of all audit reports.

8. Authority To Bind

Notwithstanding anything in this Grant Agreement to the contrary, the signatory for the Grantee represents that he/she has been duly authorized to execute contracts on behalf of the Grantee and has obtained all necessary or applicable approvals from the home office of the Grantee to make this Grant Agreement fully binding upon the Grantee when his/her signature is affixed, and this Grant Agreement is not subject to further acceptance by Grantee when accepted by the State of Indiana.

9. Compliance With Laws

The Grantee shall comply with all applicable federal, state and local laws, rules, regulations and ordinances, the provisions of which are incorporated by reference. The enactment or amendment of any applicable state or federal statute or the promulgation of any rules or regulations thereunder after execution of this Grant Agreement shall be reviewed by the State and the Grantee to determine whether the provisions of this Grant Agreement require formal modification.

10. Confidentiality Of Data, Property Rights In Products, And Copyright Prohibition

The Grantee agrees that all information, data, findings, recommendations, proposals, etc. by whatever name described and in whatever form secured, developed, written or produced by the Grantee in furtherance of this Grant Agreement shall be the property of the State. The Grantee shall take such action as is necessary under law to preserve such confidentiality and property rights in and of the State while such property is within the control and/or custody of the Grantee. The Grantee hereby specifically waives and/or releases to the State any cognizable property right of the Grantee to copyright, license, patent or otherwise use such information, data, findings, recommendations, proposals, etc.

11. Confidentiality Of State Information

- a) The Grantee understands and agrees that data, materials, and information disclosed to the Grantee may contain confidential and protected data. Therefore, the Grantee promises and assures that data, material, and information gathered, based upon or disclosed to the Grantee for the purpose of this Grant Agreement, will not be disclosed to others or discussed with other parties without the prior written consent of the State.
- b) The State will maintain confidentiality of client information provided by the Grantee pursuant to IC 16-39-5, IC 5-14-3-4(a)(9) and 42 CFR 51a, 112.

12. Conflict Of Interest

- a) As used in this section:

"Immediate family" means the spouse and the unemancipated children of an individual.

"Interested party," means:

- 1) The individual executing this Grant Agreement;
- 2) An individual who has an interest of three percent (3%) or more of Grantee, if Grantee is not an individual; or
- 3) Any member of the immediate family of an individual specified under subdivision 1 or 2.

"Department" means the Indiana Department of Administration.

"Commission" means the State Ethics Commission.

- b) The Department may cancel this Grant Agreement without recourse by Grantee if any interested party is an employee of the State of Indiana.
- c) The Department will not exercise its right of cancellation under section b) above if the Grantee gives the Department an opinion by the Commission indicating that the existence of this Grant Agreement and the employment by the State of Indiana of the interested party does not violate any statute or rule relating to ethical conduct of state employees. The Department may take action, including cancellation of this Grant Agreement consistent with an opinion of the Commission obtained under this section.
- d) Grantee has an affirmative obligation under this Grant Agreement to disclose to the Department when an interested party is or becomes an employee of the State of Indiana. The obligation under this section extends only to those facts that Grantee knows or reasonably could know.

13. Cultural Competency

- a) Based on recommended national standards from the U.S. Department of Health and Human Services' (HHS), Office of Minority Health (OMH), the State may provide cultural competency training to educate individuals on how to continue to, or implement health care services that are culturally appropriate to respond to the current demographic and cultural profile of the communities served by this Grant Agreement.
- b) The Grantee agrees to participate in one session of the cultural competency training presented by the State during the term of this Grant Agreement. The Grantee shall designate a representative who will attend this training or otherwise show evidence that a representative has received approved cultural competency training. The Grantee shall be responsible for ensuring that a representative of its subcontractors/subgrantees will attend this training as well. The State Health Commissioner may waive this training requirement upon application and justification submitted by the Grantee that they have received approved cultural competency training within the year prior to the beginning date of this Grant Agreement.

- c) The State's cultural competency training is offered to grantees and subcontractors/subgrantees at no cost. Travel and incidental expenses incurred in obtaining the state's competency training that do not exceed the maximum amount allowed under state rules and do not exceed any conditions placed upon the use of the grant funds may be reimbursed by the State under this Grant Agreement. The Grantee and/or subcontractors/subgrantees shall be responsible for any travel and incidental expenses that exceed the maximum limit or any other conditions set for the use of these grant funds.
- d) Prior to the expiration of this Grant Agreement, the State's Cultural Diversity & Enrichment (CDE) Division may provide a cultural competency assessment form to the Grantee that must be completed and returned to the CDE Division within thirty (30) days of receipt of the form.

14. Design And Implementation Of Project

The Grantee shall be solely responsible for the proper design and implementation of the project described in Attachments A and B. Although not expressly attached to this Grant Agreement, the Grantee agrees to complete said project in accordance with the plans and specifications contained in its application. Modification of its application shall require prior written approval of the State.

15. Disputes

- a) Should any disputes arise with respect to this Grant Agreement, Grantee and the State agree to act immediately to resolve such disputes. Time is of the essence in the resolution of disputes.
- b) The Grantee agrees that, the existence of a dispute notwithstanding, it will continue without delay to carry out all its responsibilities under this Grant Agreement that are not affected by the dispute. Should the Grantee fail to continue to perform its responsibilities regarding all non-disputed work, without delay, any additional costs incurred by the State or the Grantee as a result of such failure to proceed shall be borne by the Grantee, and the Grantee shall make no claim against the State for such costs. If the State and the Grantee cannot resolve a dispute within ten (10) working days following notification in writing by either party of the existence of a dispute, then the following procedure shall apply:

The parties agree to resolve such matters through submission of their dispute to the Commissioner of the Indiana Department of Administration. The Commissioner shall reduce a decision to writing and mail or otherwise furnish a copy thereof to the Grantee and the State within ten (10) working days after presentation of such dispute for action. The Commissioner's decision shall be final and conclusive unless either party mails or otherwise furnishes to the Commissioner, within ten (10) working days after receipt of the Commissioner's decision, a written appeal. Within ten (10) working days of receipt by the Commissioner of a written request for appeal, the decision may be reconsidered. If no reconsideration is provided within ten (10) working days, the parties may mutually agree to submit the dispute to arbitration for a determination, or otherwise the dispute may be submitted to an Indiana court of competent jurisdiction.

- c) The State may withhold payments on disputed items pending resolution of the dispute. The unintentional nonpayment by the State to the Grantee of one or more invoices not in dispute in accordance with the terms of this Grant Agreement will not be cause for Grantee to terminate this Grant Agreement, and the Grantee may bring suit to collect these amounts without following the disputes procedure contained herein.

16. Drug-Free Workplace Certification

- a) The Grantee hereby covenants and agrees to make a good faith effort to provide and maintain a drug-free workplace. Grantee will give written notice to the State within ten (10) days after receiving actual notice that the Grantee or an employee of the Grantee has been convicted of a criminal drug violation occurring in the Grantee's workplace.
- b) False certification or violation of the certification may result in sanctions including, but not limited to, suspension of contract payments, termination of this Grant Agreement and/or debarment of contracting opportunities with the State of Indiana for up to three (3) years.
- c) In addition to the provisions of the above paragraphs, if the total grant amount set forth in this Grant Agreement is in excess of \$25,000.00, Grantee hereby further agrees that this agreement is expressly subject to the terms, conditions, and representations of the following certification:

This certification is required by Executive Order No. 90-5, April 12, 1990, issued by the Governor of Indiana. Pursuant to its delegated authority, the Indiana Department of Administration is requiring the inclusion of this certification in all contracts and grants from the State of Indiana in excess of \$25,000.00. No award of a contract shall be made, and no contract, purchase order or agreement, the total amount of which exceeds \$25,000.00, shall be valid, unless and until this certification has been fully executed by the Grantee and made a part of the contract or agreement as part of the contract documents.

The Grantee certifies and agrees that it will provide a drug-free workplace by:

- 1) Publishing and providing to all of its employees a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Grantee's workplace, and specifying the actions that will be taken against employees for violations of such prohibition;
- 2) Establishing a drug-free awareness program to inform it's employees of (a) the dangers of drug abuse in the workplace; (b) the Grantee's policy of maintaining a drug-free workplace; (c) any available drug counseling, rehabilitation, and employee assistance programs; and (d) the penalties that may be imposed upon an employee for drug abuse violations occurring in the workplace;

- 3) Notifying all employees in the statement required by division 1) above that as a condition of continued employment, the employee will (a) abide by the terms of the statement; and (b) notify the Grantee of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction;
- 4) Notifying in writing the State within ten (10) days after receiving notice from an employee under subdivision 3)(b) above, or otherwise receiving actual notice of such conviction;
- 5) Within thirty (30) days after receiving notice under subdivision 3)(b) above of a conviction, imposing the following sanctions or remedial measures on any employee who is convicted of drug abuse violations occurring in the workplace: (1) taking appropriate personnel action against the employee, up to and including termination; or (2) requiring such employee to satisfactorily participate in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state or local health, law enforcement, or other appropriate agency; and
- 6) Making a good faith effort to maintain a drug-free workplace through the implementation of divisions 1) through 5) above.

17. Federal Funding Information and Requirements

- | | |
|--|--|
| a) C.F.D.A. Title – HIV Care Formula Grants | d) Award No. 7 X07 HA 00033-13 |
| b) C.F.D.A No. 93.917 | e) Award Year – 4/01/03 through 3/31/04 |
| c) Award Name – Ryan White CARE Act Title II | f) Federal Agency – Department of Health & Human Services, Public Health Service, Health Resources & Services Administration |

The Grantee agrees to comply with the provisions of the Code of Federal Regulations (CFR) Title 45 Parts 74, 92, and 96.

18. Federal Funds Disclosure Requirements

The Grantee agrees that when issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs supported in whole or in part by grant funds, they will clearly state a) the percentage of the total costs of the program or project which will be financed with federal money, b) the dollar amount of federal funds for the project or program, as set out in Paragraph 1 of this Grant Agreement, and c) the percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources. "Nongovernmental sources" means sources other than state and local governments and federally recognized Indian tribes.

19. Federal Lobbying Requirements

- a) The Grantee certifies that to the best of its knowledge and belief that no federal appropriated funds have been paid or will be paid, by or on behalf of the Grantee, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan or cooperative agreement.
- b) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal Grant Agreement, contract, loan, or cooperative agreement, the Grantee shall complete and submit "Disclosure Form to Report Lobbying" in accordance with its instructions.
- c) The Grantee shall require that the language of subparagraphs a) and b) be included in the language of all subgrants and that all subgrantees shall certify and disclose accordingly.

20. Funding Cancellation

When the Director of the State Budget Agency makes a written determination that funds are not appropriated or otherwise available to support continuation of performance of this Grant Agreement, this Grant Agreement shall be canceled. A determination by the Budget Director that funds are not appropriated or otherwise available to support continuation of performance shall be final and conclusive.

21. Governing Laws

This Grant Agreement shall be construed in accordance with and governed by the laws of the State of Indiana, and suit, if any, must be brought in the State of Indiana.

22. Indemnification

Grantee agrees to indemnify, defend, and hold harmless the State of Indiana and its agents, officials, and employees from all claims and suits including court costs, attorney's fees, and other expenses caused by any act or omission of the Grantee and/or its subcontractors, if any. The State shall **not** provide such indemnification to the Grantee.

23. Independent Contractor

- a) Both parties hereto, in the performance of this Grant Agreement, shall act in an individual capacity and not as agents, employees, partners, joint venturers or associates of one another. The employees or agents of one party shall not be deemed or construed to be the employees or agents of the other party for any purposes whatsoever. Neither party will assume liability for any injury (including death) to any persons, or damage to any property arising out of the acts or omissions of the agents, employees or subcontractors of the other party.
- b) The Grantee shall be responsible for providing all necessary unemployment and workers' compensation insurance for the Grantee's employees.

24. Information Technology Accessibility

- a) All contractors supplying information technology related products and services to the state of Indiana must comply with all ITOC policies and standards. These policies and standards can be found at http://www.in.gov/itoc/html_site/architecture/poli.html and http://www.in.gov/itoc/html_site/architecture/stan.html. Any deviation from the published standards and policies, must be approved by ITOC and be supported by a written waiver.
- b) The Grantee acknowledges and agrees that all hardware, software and services provided to or purchased by the State must be compatible with the principles and goals contained in the electronic and information technology accessibility standards adopted by the Architectural and Transportation Barriers Compliance Board under Section 508 of the Federal Rehabilitation Act of 1973 (29 U.S.C. 749d), as amended, and adopted by the State of Indiana Information Technology Oversight Commission pursuant to IC 4-23-16-12.

25. Licensing Standards

The parties agree that Grantee and its employees and subcontractors shall comply with all applicable licensing standards, certification standards, accrediting standards and any other laws, rules or regulations governing services to be provided by the Grantee pursuant to this Grant Agreement. The State shall not be required to reimburse Grantee for any services performed when Grantee or its employees or subcontractors are not in compliance with such applicable standards, laws, rules or regulations. If licensure, certification or accreditation expires or is revoked, Grantee shall notify State immediately and the State, at its option, may immediately terminate this Grant Agreement.

26. Nondiscrimination

- a) Pursuant to IC 22-9-1-10 and the Civil Rights Act of 1964, the Grantee and its subgrantees shall not discriminate against any employee or applicant for employment to be employed in the performance of this Grant Agreement. The Grantee shall not discriminate with respect to the hire, tenure, terms, conditions or privileges of employment or any matter directly or indirectly related to employment, because of the employee's or applicant's race, color, religion, sex, disability, national origin or ancestry. Breach of this covenant may be regarded as a material breach of this Grant Agreement. Acceptance of this Grant Agreement also signifies compliance with applicable federal laws, regulations, and executive orders prohibiting discrimination in the provision of services based on race, color, national origin, age, sex, disability, or status as a veteran. The State shall comply with Section 202 of Executive Order 11246, as amended, 41 CFR 60-250, and 41 CFR 60-741, as amended, which are incorporated herein by specific reference.
- b) The Grantee understands that the State is a recipient of federal funds. Pursuant to that understanding, the Grantee and its subgrantees, if any, agree that if the Grantee employs fifty (50) or more employees and does at least \$50,000 worth of business with the State and is not exempt, the Grantee will comply with the affirmative action reporting requirements of 41 CFR 60-1.7.

27. Notice To Parties

Whenever any notice, statement or other communication is required under this Grant Agreement, it shall be sent to the following addresses, unless otherwise specifically advised.

- a) Notices to the State shall be sent to:

Indiana State Department of Health
ATTN: Contract and Audit Section
2 North Meridian Street, Section 2-C
Indianapolis, IN 46204

- b) Notices to the Grantee shall be sent to:

Health & Hospital Corporation of Marion County
3838 North Rural Street
Attn: Carol McCarroll
Indianapolis, IN 46205

- c) Payments to the Grantee shall be sent to:

Health & Hospital Corporation of Marion County
3838 North Rural Street
Attn: Carol McCarroll
Indianapolis, IN 46205

28. Order of Precedence

Any inconsistency or ambiguity in this Grant Agreement shall be resolved by giving precedence in the following order: a) Grant Agreement, b) attachments prepared by the State (Attachment A), and c) Grantee's Grant Application Documents (Attachment B).

29. Payment Of Grant Funds By The State

The payment of this Grant Agreement by the State to the Grantee shall be made in accordance with the following schedule and conditions:

- a) This Grant Agreement must be fully executed.
- b) Financial assistance will be provided on a cost reimbursement basis. Actual expenditures of authorized costs will be reimbursed monthly in arrears by the State upon receipt of duly executed State Claim Vouchers from the Grantee for expenses shown in Attachment B of this Grant Agreement. The Claim Vouchers shall be submitted on the forms provided. Claim Vouchers shall be due by the 20th day after the end of each month.
- c) Any other Grant Agreement conditions as specified in Attachment A must be met to the State's satisfaction.
- d) All accounts will be closed sixty (60) days after the Expiration Date of this Grant Agreement. Any claim voucher submitted after sixty (60) days will not be reimbursed by the State.
- e) All equipment purchased with grant funds, which has a cost of \$5,000 or more, shall remain the property of the State and shall not be sold or disposed of without written consent from the State.
- f) If applicable, expenditures made by the Grantee for travel will be reimbursed by the State at the rate customarily paid by the Grantee or the current rate being paid by the State, whichever is the lesser. Travel expenses paid by the Grantee can only be reimbursed in accordance with the current State Travel Policies and Procedures as specified in Financial Management Circular #97-1.1. Out-of-state travel requests (unless specified otherwise in an attachment to this Grant Agreement) must be submitted at least four (4) weeks prior to the scheduled travel date for review by the State for availability of funds and for appropriateness per Circular guidelines.
- g) Failure to complete the project and expend funds in accordance with this Grant Agreement may be considered a material breach of the Grant Agreement and shall entitle the State to impose sanctions against the Grantee including, but not limited to suspension of all grant payments, and/or suspension of the Grantee's participation in State grant programs until such time as all material breaches are cured to the State's satisfaction. Sanctions may also include repayment of all State funds expended for activities which are not in the scope of this project as set forth in Attachment A of this Grant Agreement.

30. Penalties/Interest/Attorney's Fees

- a) The State will in good faith perform its required obligations hereunder and does not agree to pay any penalties, liquidated damages, interest, or attorney's fees, except as required by Indiana law, in part, IC 5-17-5, IC 34-54-8, and IC 34-13-1.
- b) Notwithstanding the provisions contained in IC 5-17-5, the Parties stipulate and agree that any liability resulting from the State of Indiana's failure to make prompt payment shall be based solely on the amount of funding originating from the State of Indiana and shall not be based on funding from federal or other sources.

31. Progress Reports

- a) The Grantee shall submit progress reports to the State based upon the needs of the State. Unless specified otherwise in Attachment A, the progress report shall serve the purpose of assuring the State that work is progressing in line with the schedule, whether additional deliverables will be required to better serve the public, and that completion can be reasonably assured on the scheduled date.
- b) The Grantee understands that failure to provide progress reports as requested by the State may be considered a material breach of the Grant Agreement and shall entitle the State to impose sanctions against the Grantee. Sanctions may include, but are not limited to, suspension of all contract/grant payments, and/or suspension of the Grantee's participation in State contract/grant programs until such time as all material breaches are cured to the State's satisfaction. Sanctions may also include repayment of all State funds expended for activities that are not in the scope of this project as set forth in Attachment A of this Grant Agreement.

32. Remedies Not Impaired

No delay or omission of the State in exercising any right or remedy available under this Grant Agreement shall impair any such right or remedy, or constitute a waiver of any default, or any acquiescence thereto.

33. Renewal

This Grant Agreement may be renewed under the same terms and conditions subject to the approval of the Commissioner of the Department of Administration and the State Budget Director in compliance with IC 5-22-17-4. The term of the renewed Grant Agreement may not be longer than the term of the original Grant Agreement.

34. Security and Privacy of Health Information

If any final regulation or body of regulations relating to the administrative simplification provisions of the Health Insurance Portability and Accountability Act of 1996 ("Final HIPAA Regulations"), or any amendment or judicial or administrative interpretation of the Final HIPAA Regulations, prohibits, restricts, limits or materially and adversely affects either party's rights or obligations hereunder, the parties shall negotiate, in good faith, reasonable revisions to this Contract. The purpose of the negotiations shall be to revise the Grant Agreement so that the affected party can comply and/or act in accordance with such Final HIPAA Regulations, or amendment or judicial or administrative interpretation thereof and avoid or mitigate such prohibition, restriction, limitation or material and adverse effect. If the parties fail to agree to such revisions within forty-five (45) days after written notice from the affected party requesting negotiations under this paragraph, this Grant Agreement shall terminate. If so terminated the Grantee shall return all protected health information received from, created or received by the Grantee on behalf of the State. The Grantee shall retain no copies of such information in any form.

35. Severability

The invalidity of any paragraph, subparagraph, division, subdivision, clause or provision of this Grant Agreement shall not affect the validity of the remaining paragraphs, subparagraphs, divisions, subdivisions, clauses or provisions of the Grant Agreement.

36. Taxes

The State is exempt from state, federal, and local taxes. The State will not be responsible for any taxes levied on the Grantee as a result of this Grant Agreement.

37. Termination Of Grant Agreement

- a) The State may terminate this Grant Agreement upon thirty (30) days written notice to the Grantee at any time prior to the Expiration Date of this Grant Agreement if any of the following occur:
 - 1) Grant funds are not adequate or available to finance the program.
 - 2) Grant funds become restricted and/or the State has utilized all grant funds available.
- b) The State reserves the right to cancel this Grant Agreement for cause by giving fifteen (15) days written notice to the Grantee if any of the following occur:
 - 1) The Grantee fails to comply with any of the conditions of this Grant Agreement.
 - 2) The State determines that the methods and techniques being utilized by the Grantee to accomplish the goals are not acceptable or compatible with policies of the State or applicable state or federal laws.

- 3) The Grantee fails to fulfill its responsibilities as indicated in Attachments A and B, which are attached hereto and made a part hereof.
- c) The Grantee may terminate this Grant Agreement upon thirty (30) days written notice (unless specified otherwise in Attachment A) to the State at any time prior to the Expiration Date of this Grant Agreement if any of the following occur:
 - 1) The State fails to comply with the conditions of the Grant Agreement.
 - 2) The Grantee determines that the further development of services provided under this Grant Agreement is incompatible with its policies and practices or community needs.
- d) The parties also agree that, the State or the Grantee may terminate this Grant Agreement upon giving sixty (60) days written notice to the other party. Termination costs shall include all valid financial commitments incurred pursuant to this Grant Agreement prior to the termination effective date.

38. Waiver Of Rights

No right conferred on either party under this Grant Agreement shall be deemed waived and no breach of this Grant Agreement excused, unless such waiver or excuse is in writing and signed by the party claimed to have waived such right.

39. State Boilerplate Affirmation Clause

I swear or affirm under the penalties of perjury that I have not altered, modified or changed the State's Boilerplate contract clauses (as defined in the 2002 IDOA Professional Services Contract Manual) in any way except for the following clauses which have additional requirements and which are identified by name below:

Access to Records
Audits
Confidentiality of State Information
Nondiscrimination
Order of Precedence
Payments
Progress Reports
Severability
Travel


40. Non-Collusion And Acceptance

- a) The undersigned attests, subject to the penalties for perjury, that he/she is the contracting party, or that he/she is the representative, agent, member or officer of the contracting party, that he/she has not, nor has any other member, employee, representative, agent or officer of the firm, company, corporation or partnership represented by him/her, 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 of the Grant Agreement.
- b) The parties having read and understanding the foregoing terms of the Grant Agreement do by their respective signatures dated below hereby agree to the terms thereof, including, if this Grant Agreement is in excess of \$25,000, Paragraph 16, Drug-Free Workplace Certification.

This rest of this page is left blank intentionally.

IN WITNESS WHEREOF, the parties hereto have executed this Grant Agreement on the dates entered below.

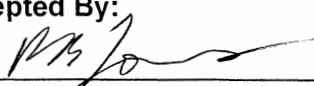
Accepted By:


MATTHEW R. GUTWEIN
PRESIDENT/CEO
HEALTH & HOSPITAL CORPORATION OF
MARION COUNTY
D.B.A. WISHARD HEALTH SERVICES

DATE:

2/17/03

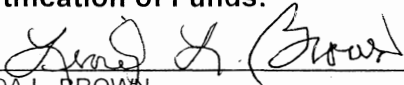
Accepted By:


ROBERT B. JONES, M.D., PH.D.
CEO/MEDICAL OFFICER
WISHARD HEALTH SERVICES

DATE:

3/4/03

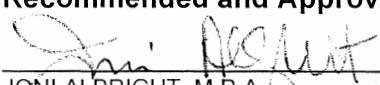
Certification of Funds:


LINDA L. BROWN
DIRECTOR
DIVISION OF FINANCE
OPERATIONAL SERVICES COMMISSION
INDIANA STATE DEPARTMENT OF HEALTH

DATE:

3/21/03


Recommended and Approved By:


JONI ALBRIGHT, M.P.A.
ASSISTANT COMMISSIONER
COMMUNITY HEALTH DEVELOPMENT SERVICES COMMISSION
INDIANA STATE DEPARTMENT OF HEALTH

DATE:

03/12/03


Approved:


DAVID PERLINI, COMMISSIONER
DEPARTMENT OF ADMINISTRATION
STATE OF INDIANA

DATE:

3/31/03

Approved:


MARILYN F. SCHULTZ
STATE BUDGET DIRECTOR
STATE OF INDIANA

DATE:

04/10/03

Approved as to Form and Legality:


STEPHEN CARTER
ATTORNEY GENERAL OF INDIANA

DATE:

4-23-03

ATTACHMENT A

Project Description

Health & Hospital Corporation of Marion County d/b/a Wishard Health Services

This Grantee assists people living with HIV disease in accessing high-quality primary medical care. The Grantee offers enhanced medical services (including diagnostic testing, treatment, and laboratory services) that emphasize a multi-disciplinary care team approach. This approach incorporates clinical and psychosocial care following a Nurse Practitioner managed model of care. The team includes physicians from an infectious disease clinic, social workers, nurses, pharmacy staff and medical assistants. The Nurse Practitioner provides patient education and awareness of disease process and the need to comply with treatment regimens, support with the disease process and medical assistance. Communication with other clinics and treatment centers remains a priority to ensure that information reaches those who are underserved.

ATTACHMENT A

Project Description

1. The support services provided through this Grant Agreement will be in accordance with the objectives and methods described in the Grantee's project description and budget, which are hereby incorporated by reference.
2. Requests for changes to the approved budget must be submitted for consideration on the standard Request for Budget Change (RBC) forms and must be approved before expenses are incurred by the Grantee. Requests for budget changes will not be considered during the last thirty (30) days of the funding period.
3. The Grantee shall comply with quality assurance review procedures.
4. The Grantee agrees that project personnel supported by this Grant Agreement shall attend regular project meetings as determined necessary by the State Project Director to achieve the goals of the project.
5. The scheduling and supervision of any position funded under this Grant Agreement shall be the responsibility of the Grantee.
6. The Grantee agrees to submit regular quality assurance reports and program information as requested by the State Project Director.
7. The Grantee agrees that the following statements shall be included in any materials distributed to the public: "This program is funded in whole or in part by state and federal allocations through the Indiana State Department of Health."
8. The Grantee agrees to comply with Section 2617 (b)(6)(G) under Title II of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 which is hereby incorporated by reference.

ATTACHMENT B
INDIANA STATE DEPARTMENT OF HEALTH (ISDH)
COMMUNITY FUNDING PROPOSAL

ISSUED:

DUE:

Please type, follow instructions carefully, and submit as an original, signed and dated copy.

Title of Project: Enhanced HIV Medical Services		TOTAL REQUESTED: \$99,320.00
Response to Specific Program Announcement: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "Yes" state announcement title) Ryan White Title II Emerging Communities Initiatives		
Name of Principal Investigator/Program Director Michael P. Dubé, MD	Position Title Program Director	Degree(s) MD
Project Office Contact: Name, Title, Address, City, State, Zip-code, Phone and FAX numbers, Email Meredith Brashear, Director of Grants Program Phone: 317-221-2037 Health and Hospital Corporation of Marion County Fax: 317-221-2020 3838 N. Rural Street Indianapolis, IN 46205		
Human Subjects: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes" Exemption Number _____ (Generally applies only to specialized research programs.)		
Type of Application: <input type="checkbox"/> New Project <input checked="" type="checkbox"/> Continuation Request <input type="checkbox"/> Project Revision Budget Period: 4/1/03 to 3/31/04		
Business Office Contact: Name, Title, Address, City, State, Zip-code, Phone and FAX numbers Marjorie O'Laughlin, Treasurer Phone: 317-221-2031 Health and Hospital Corporation of Marion County Fax: 317-221-2020 3838 N. Rural Street Indianapolis, IN 46205		
Type of Organization: <input type="checkbox"/> State Agency <input checked="" type="checkbox"/> Local Government <input type="checkbox"/> Non-profit <input type="checkbox"/> For-profit <input type="checkbox"/> College/University	Federal ID Number: 35-6005697	
Counties Served Marion County % of funds per county if multiple counties served ("Statewide" is not acceptable for counties.) USE ATTACHED TABLE FOR THIS SECTION!		
Official Custodian of Funds: Name, Title, Address, City, State, Zip-code, Phone and FAX numbers Health and Hospital Corporation d/b/a Wishard Health Services Matthew R. Gutwein, Attorney, President and Executive Director 3838 N. Rural Street Phone: 317-221-2009 Indianapolis, IN 46205 Fax: 317-221-2020		
Name(s) and Title(s) of Officer(s) Required to Sign Contract: Matthew R. Gutwein, Attorney, President and Executive Director		
Two Separate Signatures Required		
Signature of Financial Officer _____		Date _____
Signature of Principal Investigator/Program Director _____		Date _____

BUDGET DETAIL PERSONNEL

Company: Health and Hospital Corporation of Marion County d/b/a Wishard Health Services
Project: Enhanced HIV Medical Services

Personnel		Hours Per Week On Job	Estimated Project Costs and Source of Funds (whole figures only)		
Name	Position Title		ISDH Funds (cash)	+ Other Funds = (cash and/or in-kind)	Total Project Costs
Crismara Porras	HIV Patient Care Assistant and Spanish Interpreter	40	\$28,000.00		\$28,000.00
SUB-TOTAL SALARY			\$28,000.00		\$28,000.00
FRINGE BENEFITS			\$53 40 ₂ .00		\$53 40 ₂ .00
• Includes Insurance, Social Security, Retirement, Disability, Medical, Dental, Other					
SUB-TOTAL PERSONNEL			\$33,320.00		\$33,320.00

Note: Regardless of source of monies, all personnel involved in project activities must be included.
How many hours is a regular full-time work week? 40

BUDGET DETAIL

Company: Health and Hospital Corporation of Marion County d/b/a Wishard Health Services
Project: Enhanced HIV Medical Services

Category	ISDH Funds (cash)	+	Other Funds (cash and/or in-kind)	= Total Project Costs
SUB-TOTAL "PERSONNEL" (from Page 2)	\$33,320.00			\$33,320.00
• Consumable Supplies (includes postage, medical supplies, education materials, office supplies, software, computer supplies, etc.)				
• In-State Travel (includes mileage, <i>per diem</i> , lodging, training and registration fees) Note: State Travel Rules Apply				
• Out-of-State Travel (includes mileage, air fare, <i>per diem</i> , lodging, training and registration fees, parking, tips) Note: State Travel Rules Apply	\$2,000.00			\$2,000.00
• Rent				
• Utilities (includes water, electricity, heat, monthly and toll telephone charges, etc.)				
• Consultant Services (includes personal services sub-contracts)				
• Contractual Services (includes sub-contracts, audits, data analysis, maintenance agreements, equipment lease and maintenance, etc.)	\$64,000.00			\$64,000.00
• Other Expenses (includes, but not limited to, advertising, yellow pages advertising, personal health care: prophylactics, printing, and <u>define</u> miscellaneous)				
• EQUIPMENT (includes computers, furniture, filing cabinets, etc.)				
TOTAL BUDGET	\$99,320.00			\$99,320.00

HIV/STD PROGRAMS

ADAMS	%	HENDRICKS	%	PIKE	%
ALLEN	%	HENRY	%	PORTER	%
BARTHOLOMEW	%	HOWARD	%	POSEY	%
BENTON	%	HUNTINGTON	%	PULASKI	%
BLACKFORD	%	JACKSON	%	PUTNAM	%
BOONE	%	JASPER	%	RANDOLPH	%
BROWN	%	JAY	%	RIPLEY	%
CARROLL	%	JEFFERSON	%	RUSH	%
CASS	%	JENNINGS	%	SCOTT	%
CLARK	%	JOHNSON	%	SHELBY	%
CLAY	%	KNOX	%	SPENCER	%
CLINTON	%	KOSCIUSKO	%	STARKE	%
CRAWFORD	%	LaGRANGE	%	STEUBEN	%
DAVISS	%	LAKE	%	ST. JOSEPH	%
DEARBORN	%	LaPORTE	%	SULLIVAN	%
DECATUR	%	LAWRENCE	%	SWITZERLAND	%
DeKALB	%	MADISON	%	TIPPECANOE	%
DELAWARE	%	MARION	100%	TIPTON	%
DUBOIS	%	MARSHALL	%	UNION	%
ELKHART	%	MARTIN	%	VANDERBURGH	%
FAYETTE	%	MIAMI	%	VERMILLION	%
FLOYD	%	MONROE	%	VIGO	%
FOUNTAIN	%	MONTGOMERY	%	WABASH	%
FRANKLIN	%	MORGAN	%	WARREN	%
FULTON	%	NEWTON	%	WARRICK	%
GIBSON	%	NOBLE	%	WASHINGTON	%
GRANT	%	OHIO	%	WAYNE	%
GREENE	%	ORANGE	%	WELLS	%
HAMILTON	%	OWEN	%	WHITE	%
HANCOCK	%	PARKE	%	WHITLEY	%
HARRISON	%	PERRY	%	TOTAL	100%

Please use the above table to indicate the county or counties served under agency's proposed program. Use current or projected client demographics to estimate this information. This is a broad summary of the program. Round percentages to the nearest whole number, using no figure less than 1%. Use 1% as a minimum even though the actual figure may be a fraction of a percent. Take these differences from the largest single percentage listing so that the total equals 100%.

Budget Justification

Ryan White Title II Emerging Communities Initiatives
Enhanced HIV Medical Services

Wishard Health Services

PERSONNEL	ISDH Funds:	\$ 28,000.00
	Other Funds:	\$ 0.00
	Total Project Costs:	\$ 28,000.00

1.0 FTE HIV Patient Care Assistant/Spanish Interpreter**\$28,000.00**

Name: Crismara Porras
Annual Salary: \$28,000
% FTE on this grant: 100%
Cost to this grant: \$28,000
Total: \$28,000

Ms. Porras will help with patient flow, assist with examination or procedures, collect patient information, perform general lab work, and clinical and clerical support within the Infectious Disease clinic program (Indy Core Care Program). Since she is bilingual, Ms. Porras will be the clinical liaison for our Hispanic clients and will be the ID clinic's interpreter.

This position is essential to maximize the efficiency and effectiveness of all the nurse practitioners, physicians, nurse coordinator, and care coordinators. In addition, this position allows us to provide better care to our Hispanic clients as well as improve their trust in the system and the patient-provider relationship.

FRINGE	ISDH Funds:	\$ 5,3²50.00
	Other Funds:	\$ 0.00
	Total Project Costs:	\$ 5,3²50.00

Calculated at 19% of personnel salary. (Calculation: $\$28,000 \times 19\% = \$5,3²~~50~~.00$)

The benefit's calculation takes into account payroll taxes, group insurances, pension expenses, tuition reimbursement, and employee relation expenses.

TRAVEL	ISDH Funds:	\$ 2,000.00
	Other Funds:	\$ 0.00
	Total Project Costs:	\$ 2,000.00

Continuing Education is necessary by personnel to keep up to date to provide high quality care to the patients with HIV. This will allow personnel to attend conferences dealing with issues related to HIV education, prevention, intervention, and skills building. There is very little set aside for travel for personnel. This travel will include out of state travel.

CONTRACTUAL SERVICES

ISDH Funds:	\$ 64,000.00
Other Funds:	\$ 0.00
Total Project Costs:	\$ 64,000.00

Patient Care Fees**\$64,000.00**

A new intake process has been initiated at the Wishard ID Clinic to optimize the care of our HIV infected clients. During the intake process, a psychosocial assessment and past medical history form is completed and baseline lab work is ordered. The intake is beneficial to the clients as it makes the patients first clinic appointment more productive – lab results are present for the providers, medical coverage for the appointment and medications is in place. Most of the clients do not have medical coverage at the time of the intake and are being signed up for Title III and Wishard Advantage at this time. This money will cover the cost of the intake visit and baseline lab work for the client living in Indianapolis.

This will serve approximately 150 clients at \$430.00 per patient.

GRAND TOTAL

ISDH Funds:	\$ 99,320.00
Other Funds:	\$ 0.00
Total Project Cost:	\$ 99,320.00