

DEC 07 2010

16117



EXECUTIVE DOCUMENT SUMMARY

State Form 41221 (R10/4-06)

Received

Instructions for completing the EDS and the Contract process.

DEC 08 2010

IDOA Contracts

1. Please read the guidelines on the back of this form.
2. Please type all information.
3. Check all boxes that apply.
4. For amendments / renewals, attach original contract.
5. Attach additional pages if necessary.

GW 1/28/11

1. EDS Number: A70-0-106030		2. Date prepared: 11/17/2010	
3. CONTRACTS & LEASES			
<input type="checkbox"/> Professional/Personal Services <input checked="" type="checkbox"/> Grant <input type="checkbox"/> Lease <input type="checkbox"/> Attorney <input type="checkbox"/> MOU <input type="checkbox"/> QPA		<input type="checkbox"/> Contract for procured Services <input type="checkbox"/> Maintenance <input type="checkbox"/> License Agreement <input checked="" type="checkbox"/> Amendment# 1 <input type="checkbox"/> Renewal # <input type="checkbox"/> Other	
FISCAL INFORMATION			
4. Account Number: 61910-94000.571100		5. Account Name: ISDH DHHS Fund	
6. Total amount this action: \$42,777.00		7. New contract total: \$85,554.00	
8. Revenue generated this action: \$0.00		9. Revenue generated total contract: \$0.00	
10. New total amount for each fiscal year:			
Year 2010 \$42,777.00			
Year 2011 \$42,777.00			
Year \$			
Year \$			
TIME PERIOD COVERED IN THIS EDS			
11. From (month, day, year): 1/1/2010		12. To (month, day, year): 12/31/2011	
13. Method of source selection: <input checked="" type="checkbox"/> Negotiated			
<input type="checkbox"/> Bid/Quotation <input type="checkbox"/> Emergency <input type="checkbox"/> Special Procurement <input type="checkbox"/> RFP# <input type="checkbox"/> Other (specify)			
35. Will the attached document involve data processing or telecommunications systems(s)? Yes: IOT or Delegate has signed off on contract			
36. Statutory Authority (Cite applicable Indiana or Federal Codes): 410 IAC 1-2.3			
37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.) Amendment #1 will continue for one year, to provide directly observed therapy services and directly observed preventive therapy for high-risk contacts, augmenting the TB services available in Allen County.			
38. Justification of vendor selection and determination of price reasonableness: TB funds from the Centers for Disease Control and Prevention are being awarded due to the growing complexity of TB case management and the need to provide additional surveillance and containment activities. The vendor is located in the area being served.			
39. If this contract is submitted late, please explain why. (Required if more than 30 days late.)			
40. Agency fiscal officer or representative approval An		41. Date Approved 12-1-10	
44. Attorney General's Office approval		45. Date Approved 12/15/10	
		46. Agency representative receiving from AG	
		47. Date Approved	

AGENCY INFORMATION	
14. Name of agency: Department of Health	15. Requisition Number: 0000010882
16. Address: 2 N. Meridian Street Indianapolis, IN 46204	
AGENCY CONTACT INFORMATION	
17. Name: Sarah Burkholder	18. Telephone #: 317/233-7545
19. E-mail address: sburkholder@isdh.in.gov	
COURIER INFORMATION	
20. Name: Joseph Olivadoti	21. Telephone #: 317-233-7573
22. E-mail address: jolivadoti@isdh.in.gov	
VENDOR INFORMATION	
23. Vendor ID # 0000075752	
24. Name: ALLEN CTY TREASURER	25. Telephone #: 280-449-7395
26. Address: FORT WAYNE-ALLEN CO HLTH DEPT 1 E MAIN ST 5TH FL FORT WAYNE, IN 46802-1810	
27. E-mail address: mindy.waldron@co.allen.in.us	
28. Is the vendor registered with the Secretary of State? (Out of State Corporations, must be registered) Yes <input checked="" type="checkbox"/> No	
29. Primary Vendor: M/WBE Minority: Yes <input checked="" type="checkbox"/> No Women: Yes <input checked="" type="checkbox"/> No	30. If yes, list the %: Minority: % Women: %
31. Sub Vendor: M/WBE Minority: Yes <input checked="" type="checkbox"/> No Women: Yes <input checked="" type="checkbox"/> No	32. If yes, list the %: Minority: % Women: %
33. Is there Renewal Language in the document? <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

44141-001

Amendment No. 1
EDS Number A70-0-106030

This is an Amendment to the existing Tuberculosis Cooperative Grant Grant Agreement entered into by and between the **Indiana State Department of Health** (hereinafter referred to as the "State") and **Fort Wayne/Allen County Health Department** (hereinafter referred to as the "Grantee") for the period from January 1, 2010 through December 31, 2010, in the amount of \$42,777.

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 \$42,777 making the new total of the Grant Agreement \$85,554. The additional funds will be used to continue providing observed therapy services and directly observed preventive therapy for high-risk contacts, augmenting the TB services available in Allen County. See Attachments D, E, and F, attached hereto, and made a part hereof and incorporated herein by reference as a part of this Grant Agreement. The expiration date of this Grant Agreement is being extended to December 31, 2011.

The following paragraph replaces the previous Grant Agreement paragraph:

Paragraph 20A – **Additional Payment Terms** is amended to read:

The State disburses Grant funds on a cost reimbursement basis. Actual expenditures of authorized costs will be reimbursed monthly by the State upon receipt of duly executed invoices from the Grantee. Invoices shall be due by the 20th day after the end of each month. Payments shall not exceed \$42,777 for the period of January 1, 2010 through December 31, 2010, and \$42,777 for the period of January 1, 2011 through December 31, 2011. Total remuneration under this Grant Agreement shall not exceed \$85,554.

Paragraph 20B is amended to read:

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

Funding Summary

61910-571100-4003610140300	01/01/10 through 12/31/10	\$42,777
61910-571100-4003610140300	01/01/11 through 12/31/11	<u>42,777</u>
Total		\$85,554

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


Non-Collusion and Acceptance

The undersigned attests, subject to the penalties of perjury, that he/she is the Grantee, or that he/she is the properly authorized representative, agent, member or officer of the Grantee, that he/she has not, nor has any other member, employee, representative, agent or officer of the Grantee, directly or indirectly, to the best of his/her knowledge, entered into or offered to enter into any combination, collusion or agreement to receive or pay, and that he/she has not received or paid any sum of money or other consideration for the execution of this Grant Agreement other than that which appears upon the face hereof.

The rest of this page has been left blank intentionally.

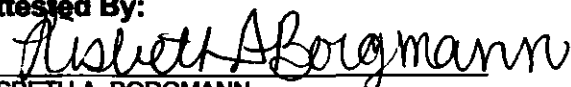
In Witness Whereof, the Grantee and the State of Indiana have, through duly authorized representatives, entered into this Grant Agreement Amendment. The parties having read and understanding the foregoing terms of the Grant Agreement Amendment do by their respective signatures dated below agree to the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

Accepted By:


MINDY WALDRON
ADMINISTRATOR
FORT WAYNE/ALLEN COUNTY HEALTH
DEPARTMENT


DATE: 12-2-10

Attested By:


LISBETH A. BORGMANN
AUDITOR
ALLEN COUNTY


DATE: 12-3-10

Certification of Funds:


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


DATE: 12-7-10

Recommended and Approved By:


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

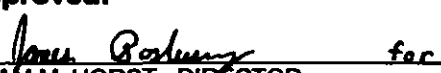
DATE: 12-7-10

Approved:


ROBERT D. WYNKOOP
COMMISSIONER
DEPARTMENT OF ADMINISTRATION
STATE OF INDIANA

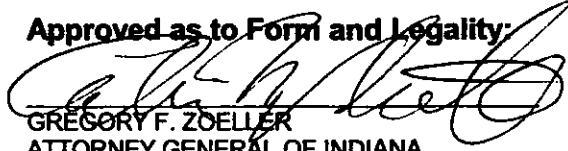
DATE: 12-8-2010

Approved:


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

DATE: 12-14-2010

Approved as to Form and Legality:


GREGORY F. ZOELLER
ATTORNEY GENERAL OF INDIANA

DATE: 12/15/10

Attachment D
A70-0-106030
Allen County Health Department

PURPOSE OF GRANT AGREEMENT:

To provide directly observed therapy (DOT) services and directly observed preventive therapy (DOPT) for high-risk contacts, augmenting the TB services available in Allen County.

SERVICE RECIPIENTS:

Residents living in Allen County.

CONSIDERATION FOR DELIVERABLES AND SCHEDULE OF PAYMENT:

REQUIRED ACTIVITIES	MEASURABLE CRITERIA	ANNUAL RATE FY 2011	SCHEDULE OF PAYMENT
One Outreach Worker (ORW) will be responsible for delivering and observing the ingestion of medications, observing, and collecting sputum samples, assisting with contact investigation, educating clients, and transporting clients as needed to medical appointments related to TB care. TB Outreach Workers may assist local health department TB case management activities.	Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols.	\$30,170	Payment shall be due for hours worked and satisfactory completion of Allen County Health Department Deliverables. Such payment shall be paid once monthly in arrears.
The ORW interacts with and performs Directly Observed Therapy/Directly Observed Preventive Therapy (DOT/DOPT) with TB patients to promote adherence to medical regimens, thus assuring continuity and completion of therapy. Actively collaborates with local health department, physicians, hospitals, and laboratories.	Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols.		Payment shall be due for hours worked and satisfactory completion of Allen County Health Department Deliverables. Such payment shall be paid once monthly in arrears.
Programs and seminars attended by the ORW will have a TB/HIV element and HIV counseling and testing will be made available to clients followed through this project.	Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols.		Payment shall be due for hours worked and satisfactory completion of Allen County Health Department Deliverables. Such payment shall be paid once monthly in arrears.

<p>TB Control Program will participate in quarterly cohort reviews (when requested) via teleconference</p>	<p>Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols</p>		<p>Payment shall be due for hours worked and satisfactory completion of Allen County Health Department Deliverables. Such payment shall be paid once monthly in arrears.</p>
<p>Activities shall supplement, not supplant the local TB activities necessary for case management, control and prevention of TB in the designated area.</p>	<p>Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols.</p>		<p>Payment shall be due for hours worked and satisfactory completion of Allen County Health Department Deliverables. Such payment shall be paid once monthly in arrears.</p>
<p>The Outreach Worker will submit <i>The Tuberculosis Outreach Quarterly Report</i> (See ATTACHMENT E) to the local supervisor who will sign and address any barriers or problems encountered. A copy of the Report should be sent to the State TB Control Program.</p>	<p>All reports are due by the 10th of the month following the end of each quarter. April 10, 2011 July 10, 2011 October 10, 2011 January 10, 2012</p>		<p>Payment shall be due for hours worked and satisfactory completion of Allen County Health Department Deliverables. Such payment shall be paid once monthly in arrears.</p>
<p>The TB outreach services provided through this Grant Agreement shall be in accordance with the Allen County Tuberculosis Program Objectives and policies established by the Indiana State Department of Health (See ATTACHMENT F).</p>	<p>Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols.</p>		<p>Payment shall be due for hours worked and satisfactory completion of Allen County Health Department Deliverables. Such payment shall be paid once monthly in arrears.</p>
<p>There will be one Outreach Worker meeting and one Regional meeting during the Grant Agreement Period. Attendance is required.</p>	<p>Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols.</p>		<p>Payment shall be due for hours worked and satisfactory completion of Allen County Health Department Deliverables. Such payment shall be paid once monthly in arrears.</p>

The Outreach Worker must complete, or show proof of having completed, an approved course in <i>HIV Prevention Counseling</i> .	Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols.		Payment shall be due for hours worked and satisfactory completion of Allen County Health Department Deliverables. Such payment shall be paid once monthly in arrears.
The Outreach Worker should be available on an as-needed basis to assist in outbreak situations in other geographical areas of the State.	Services to be provided in accordance with the Tuberculosis Control Program Objectives and Protocols.		Payment shall be due for hours worked and satisfactory completion of Allen County Health Department Deliverables. Such payment shall be paid once monthly in arrears.
Total Salary Costs	One full-time outreach worker x 12 months		\$30,170
FICA			\$ 2,308
PERF			\$ 2,791
Health Insurance			\$ 6,301
Travel (\$.40/mile x 2,743 miles)			\$, 1,207
Total Grant Agreement			\$42,777

The Allen County Health Department will fund additional program costs, travel, and supplies.

Travel expenditures will be reimbursed by the State at the rate customarily paid by the Grantee or the current rate being paid by the State of Indiana, whichever is the lesser.

Salary: Community Outreach Worker for twelve months @ \$30,170

Invoices: All invoices must be accompanied by written documentation of actual expenditures for all claimed items. The Grantee will be paid monthly for hours worked and the deliverables defined and referenced above. Such payment shall be made in arrears upon receipt and approval of invoice.

ATTACHMENT E
A70-0-106030
Tuberculosis Outreach
Quarterly Report

2011

This report is to be completed by each TB Outreach Worker funded by the ISDH TB Program, then reviewed and signed by their supervisor. All narrative and statistical sections must be completed. Successful submission of this report satisfies the terms of the contract for reporting.

All reports are due to ISDH by the 10th of the following months:

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

GRANTEE: Allen County Health Department

QUARTER: _____ **DATE SUBMITTED:** _____

SUBMITTED BY: _____

I have reviewed, discussed, and addressed issues/concerns identified in this report with the Outreach Worker.

SUPERVISOR'S SIGNATURE: _____

ISDH Use Only	
Date Received:	Reviewed by:

Quarterly Reports may be faxed to 317-233-7747 or mailed to:

TB/Refugee Health Division
Indiana State Department of Health
2 North Meridian Street, 6-A
Indianapolis, IN 46204

QTR	DOT					DOPT					MILES
1 2 3 4	TOTAL # OF PERSONS	DAILY	2X WEEK	3X WEEK	COMMENTS	TOTAL # OF PERSONS	DAILY	2X WEEK	3X WEEK	COMMENTS	Per Week
WEEK 1											
WEEK 2											
WEEK 3											
WEEK 4											
WEEK 5											
WEEK 6											
WEEK 7											
WEEK 8											
WEEK 9											
WEEK 10											
WEEK 11											
WEEK 12											
WEEK 13											
TOTALS											

REQUIRED TRAINING		OTHER TRAINING	
Meeting	Date Attended	Meeting	Date Attended
Outreach Workers Meeting			
Regional Meeting			
Basic TST Course/Recert			
HIV Counseling and Testing Course/Meeting			
TB Symposium/Other			

Summary of collaborative efforts, professional visits, other activities _____

Barriers encountered or resolved, progress toward goals, other comments _____

ATTACHMENT F
A70-0-106030
Allen County Program Objectives for 2011

Completion of Therapy

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

Known HIV Status

By 12/31/2011, HIV status (negative or positive result from test performed within one year of TB diagnosis) will be known for at least 88.7% of all TB patients.

Recommended Initial Therapy

By 12/31/2011, 93.4% of patients will be started on the recommended initial 4-drug regimen when suspected of having TB disease.*

Sputum Culture Reported

By 12/31/2011, 95.7% of TB cases 12 years and older with a pleural or respiratory site of disease have a documented sputum culture report.

Contacts elicited

By 12/31/2011, 99.0% of TB patients with positive AFB sputum smear results will have had contacts elicited.

Evaluation of Contacts

By 12/31/2011, 90% of contacts to 2010 sputum AFB smear positive TB cases will have been evaluated for infection and disease.

Contacts with Newly Diagnosed Latent TB Infection (LTBI) Who Started Treatment

By 12/31/2011, 80% of contacts to 2010 sputum AFB smear positive TB cases with newly diagnosed LTBI will have started treatment.

Treatment Completion for Contacts Who Have Started Treatment for Newly Diagnosed Latent TB Infection (LTBI)

75% of contacts to 2009 sputum acid-fast bacillus (AFB) smear positive TB cases that have started treatment for the newly diagnosed LTBI (LTBI), will complete treatment.

*Unless medically contraindicated