

JUL 11 2006



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EXECUTIVE DOCUMENT SUMMARY

State Form 41221 (R10/4-06)

Instructions for completing the EDS in the Contract process.

1. Please read the guidelines on the back of this form.

2. Check all boxes that apply.

3. For amendments / renewals, attach original contract.

4. Attach additional pages if necessary.

5. Attach additional pages if necessary.

1. EDS Number: A70-4-6335	2. Date prepared: 7/10/2006
3. CONTRACTS & LEASES	
<input checked="" type="checkbox"/> Professional/Personal Services Contract for procured Services <input type="checkbox"/> Grant Maintenance <input type="checkbox"/> Lease License Agreement <input type="checkbox"/> Attorney <input checked="" type="checkbox"/> Amendment# <u>4</u> <input type="checkbox"/> MOU Renewal # _____ <input type="checkbox"/> QPA Other _____	
FISCAL INFORMATION	
4. Account Number: Multiple	5. Account Name: Multiple-Refer to Online
6. Total amount this action: \$90,893.00	7. New contract total: \$307,659.00
8. Revenue generated this action: \$0.00	9. Revenue generated total contract: \$0.00
10. New total amount for each fiscal year:	
Year 2005 \$ 800,780.54 151,109	Year 2007 \$ 800,780.54
Year 2006 \$ 800,780.54 496	Year _____ \$ _____
TIME PERIOD COVERED IN THIS EDS	
11. From (month, day, year): 6/30/2004	12. To (month, day, year): 6/29/2007
13. Method of source selection: <input checked="" type="checkbox"/> Negotiated <input type="checkbox"/> Bid/Quotation Emergency Special Procurement <input type="checkbox"/> RFP# 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):	
37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.) The Breast and Cervical Cancer Program is amending this contract to add a Regional Coordinator position and an Outreach Specialist position for the Southern Region. Line items in the budget have been adjusted accordingly.	
38. Justification of vendor selection and determination of price reasonableness: Under 25 IAC 5-3-10, Family Health Center of Clark County, Inc. can be certified as a MBE and/or WBE. This not-for-profit, women-controlled vendor was chosen due to poverty level, age eligibility, morbidity and mortality in this specific region. They are able to meet contract deliverables for 10% administration fees.	
39. If this contract is submitted late, please explain why: (Required if more than 30 days late.)	
40. Agency fiscal officer or representative approval JBT	41. Date Approved 7/19/06
42. Budget agency approval AEN	43. Date Approved 7/13/06
44. Attorney General's Office approval	45. Date Approved
46. Agency representative receiving from AG	47. Date Approved

AGENCY INFORMATION	
14. Name of agency: Department of Health	15. Requisition Number:
16. Address: State Department of Health Section 2-C 2 N MERIDIAN ST INDIANAPOLIS, IN 46204	
AGENCY CONTACT INFORMATION	
17. Name: Sue Percifield	18. Telephone #: 317/233-7816
19. E-mail address: spercifi@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. Vendor ID # 0000066608	
24. Name: FAMILY HEALTH CENTER OF CLARK CO	25. Telephone #: (812)283-2308
26. Address: 1301 AKERS AVENUE JEFFERSONVILLE, IN 47130	
27. E-mail address: Linda.codey@clarkmemorial.org	
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: _____ % Women: _____ %
31. Sub Vendor: M/WBE Minority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Women: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	32. If yes, list the %: Minority: _____ % Women: 98.0 %
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

Amendment No. 4
EDS Number A70-4-6335

This is an Amendment to the existing Breast & Cervical Cancer Contract for Services entered into by and between the **Indiana State Department of Health** (hereinafter referred to as the "State") and **Family Health Center of Clark County, Inc.** (hereinafter referred to as the "Contractor") for the period from June 30, 2004 through June 29, 2007, in the amount of \$216,766.

In consideration of the mutual undertakings and covenants hereinafter set forth, the parties agree as follows:

The amount of the Contract for Services is being increased by \$90,893, making the new total of the Contract for Services \$307,659. The additional funds will be used to add a Regional Coordinator position and an Outreach Specialist position for the Southern Region. See Exhibit 3A, attached hereto, and made a part hereof and incorporated herein by reference as part of this Contract for Services.

Funding Summary

3610-131300	6/30/04 through 6/29/05	\$ 78,054
3610-131300	6/30/05 through 6/29/06	\$ 78,496
3610-131300	6/30/06 through 6/29/07	<u>\$151,109</u>
Total		\$307,659

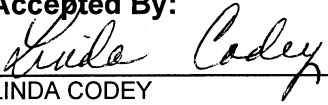
All other matters previously agreed to and set forth in the original Personal Services Contract and not affected by this Amendment shall remain in full force and effect.

Non-Collusion and Acceptance

The undersigned attests, subject to the penalties for perjury, that he/she is the Contractor, or that he/she is the properly authorized representative, agent, member or officer of the Contractor, that he/she has not, nor has any other member, employee, representative, agent or officer of the Contractor, 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 Contract other than that which appears upon the face of this Contract.

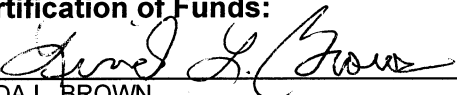
In Witness Whereof, the Contractor and the State of Indiana have, through duly authorized representatives, entered into this Personal Services Contract Amendment. The parties having read and understanding the foregoing terms of the Personal Services Contract Amendment do by their respective signatures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

Accepted By:


LINDA CODEY
EXECUTIVE DIRECTOR
FAMILY HEALTH CENTER
OF CLARK COUNTY, INC.


DATE: 6-29-06

Certification of Funds:


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

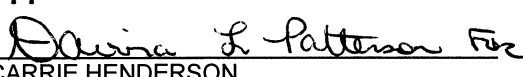
DATE: 7/10/06

Recommended and Approved By:


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

DATE: 7 7 06

Approved:


CARRIE HENDERSON
COMMISSIONER
DEPARTMENT OF ADMINISTRATION
STATE OF INDIANA

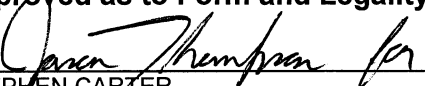
DATE: 7/12/06

Approved:


CHARLES E. SCHALLIOL
STATE BUDGET DIRECTOR
STATE OF INDIANA

DATE: 7/13/2006

Approved as to Form and Legality:


STEPHEN CARTER
ATTORNEY GENERAL OF INDIANA

DATE: 7/19/06

EXHIBIT 3A
Family Health Center of Clark County, Inc.

1. PURPOSE OF THE CONTRACT:

The purpose of this contract is to provide the following services to the Breast and Cervical Cancer Program (BCCP) of the Indiana State Department of Health (ISDH).

- A. Provide regional coordination and outreach services for the Central Region, consisting of the counties of Brown, Johnson, Hancock, Henry, Fayette, Rush, Union, Shelby, Marion, Morgan, Putnam, Hendricks, Decatur, Franklin, Bartholomew, and Owen; and the Southern Region, consisting of the counties of Posey, Vanderburgh, Warrick, Spencer, Perry, Crawford, Harrison, Floyd, Gibson, Pike, Dubois, Orange, Washington, Lawrence, Martin, Daviess, Monroe, Jackson, Jennings, Ripley, Dearborn, Ohio, Switzerland, Jefferson, Scott, Clark, and Knox.
- B. Conduct billing and clinical training programs for BCCP providers and other partner agencies as determined by the BCCP.
- C. Assist in providing quality assurance services in conjunction with case management.
- D. Provide data entry functions for the BCCP in the form of a Data Entry Specialist position.

2. SERVICE RECIPIENTS:

Citizens of the State of Indiana

3. DELIVERABLES AND SCHEDULE OF PAYMENT

DELIVERABLES	DUE DATE	ANNUAL SALARY	SCHEDULE OF PAYMENT
Employ a Regional Coordinator / Outreach Specialist for the Central Region.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.	\$35,533	Payment shall be due for hours worked and satisfactory completion of Regional Coordinator / Outreach Specialist Deliverables. Such payment shall be paid once monthly in arrears.
The Regional Coordinator / Outreach Specialist will manage all BCCP activities in the Central Region.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.		Payment shall be due for hours worked and satisfactory completion of Regional Coordinator / Outreach Specialist Deliverables. Such payment shall be paid once monthly in arrears.
The Regional Coordinator / Outreach Specialist will ensure at least 770 women are screened during the fiscal year.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.		Payment shall be due for hours worked and satisfactory completion of Regional Coordinator / Outreach Specialist Deliverables. Such payment shall be paid once monthly in arrears.

DELIVERABLES	DUE DATE	ANNUAL SALARY	SCHEDULE OF PAYMENT
The Regional Coordinator / Outreach Specialist will implement assigned Work Plan activities, and meet assigned Work Plan objectives.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.		Payment shall be due for hours worked and satisfactory completion of Regional Coordinator / Outreach Specialist Deliverables. Such payment shall be paid once monthly in arrears.
The Regional Coordinator / Outreach Specialist will submit 90% of packets within 60 days from the date of service, via Federal Express.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.		Payment shall be due for hours worked and satisfactory completion of Regional Coordinator / Outreach Specialist Deliverables. Such payment shall be paid once monthly in arrears.
The Regional Coordinator / Outreach Specialist will submit enrollment forms with a 0% error rate.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.		Payment shall be due for hours worked and satisfactory completion of Regional Coordinator / Outreach Specialist Deliverables. Such payment shall be paid once monthly in arrears.
Employ a Regional Coordinator for the Southern Region.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.	\$35,000	Payment shall be due for hours worked and satisfactory completion of Regional Coordinator Deliverables. Such payment shall be paid once monthly in arrears.
The Regional Coordinator will manage all BCCP activities in the Southern Region.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.		Payment shall be due for hours worked and satisfactory completion of Regional Coordinator Deliverables. Such payment shall be paid once monthly in arrears.
The Regional Coordinator will supervise the Outreach Specialist, including developing and providing a job description and performance expectations.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.		Payment shall be due for hours worked and satisfactory completion of Regional Coordinator Deliverables. Such payment shall be paid once monthly in arrears.
The Regional Coordinator will ensure at least 1,000 women are screened during the fiscal year.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.		Payment shall be due for hours worked and satisfactory completion of Regional Coordinator Deliverables. Such payment shall be paid once monthly in arrears.
The Regional Coordinator will implement assigned Work Plan activities, and meet assigned Work Plan objectives.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.		Payment shall be due for hours worked and satisfactory completion of Regional Coordinator Deliverables. Such payment shall be paid once monthly in arrears.

DELIVERABLES	DUE DATE	ANNUAL SALARY	SCHEDULE OF PAYMENT
The Regional Coordinator will submit 90% of packets within 60 days from the date of service, via Federal Express.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.		Payment shall be due for hours worked and satisfactory completion of Regional Coordinator Deliverables. Such payment shall be paid once monthly in arrears.
The Regional Coordinator will submit enrollment forms with a 0% error rate.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.		Payment shall be due for hours worked and satisfactory completion of Regional Coordinator Deliverables. Such payment shall be paid once monthly in arrears.
Employ an Outreach Specialist for the Southern Region.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.	\$23,920	Payment shall be due for hours worked and satisfactory completion of Outreach Specialist Deliverables. Such payment shall be paid once monthly in arrears.
The Outreach Specialist will assist the Regional Coordinator as defined in the job description and performance expectations.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.		Payment shall be due for hours worked and satisfactory completion of Outreach Specialist Deliverables. Such payment shall be paid once monthly in arrears.
Employ a Data Entry Specialist.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.	\$10,400	Payment shall be due for hours worked and satisfactory completion of Data Entry Specialist Deliverables. Such payment shall be paid once monthly in arrears.
The Data Entry Specialist will enter program data into the CancerTrac data system with a 0% error rate.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.		Payment shall be due for hours worked and satisfactory completion of Data Entry Specialist Deliverables. Such payment shall be paid once monthly in arrears.

Salaries	\$104,853
Fringe Benefits (21%)	22,019
Travel	7,000
Supplies	1,000
Printing/Copying	500
Postage/Shipping	1,000
Phones/FAX	1,000
Sub-Total	137,372
Management Fee (10%)	13,737
GRAND TOTAL	\$151,109

Any deviation in program expenditures must be requested in writing to the BCCP, and approval granted by the BCCP Director, prior to funds being moved or expended.

4. EQUIPMENT:

The Contractor is responsible for the cost of all repairs, maintenance, and/or replacement of equipment purchased with contract funds while the Contractor has care, custody and control over this equipment, and will not be reimbursed with contract funds for such expenses.

5. TRAVEL:

Travel (mileage/per diem) will be paid the lower of either the Contractor or the state of Indiana.

All out of state travel using contract funds must have prior written authorization from the State. Authorization for out of state travel must be requested in writing at least six weeks prior to expected travel.

6. INVOICES:

All invoices must be accompanied by written documentation of actual expenditures for all claimed items.

The Contractor will be paid monthly for hours worked and the deliverables defined and referenced above. Such payment shall be made in arrears upon receipt and approval of invoices to be provided by the State. The payments shall be made at the rates and in the amounts set out in the Deliverables and Schedule of Payment and hereby incorporated into this Contract for Services.

ATTACHMENT A

MINORITY AND WOMEN'S BUSINESS ENTERPRISE PARTICIPATION PLAN

An offeror is expected to submit in each response a Minority Business & Women's Enterprise Participation Plan in accordance with 25 IAC 5 and IC 4-13-16.5. In the Plan, the offeror must show that there are racial minorities and woman owned enterprises participating in the proposed contract. While the participation may be as a subcontractor, second tier participation with common suppliers (e.g., office suppliers, courier serves) is acceptable. Respondents must indicate the name of the racial minority owned firm(s) with which it will work; the contact name and phone number at the firm(s); the service supplied by the firm(s); and the specific dollar amount from this contract that will be directed toward each firm. If the goal for this solicitation cannot be directed toward racial minority or woman owned enterprises, the respondent may demonstrate that a minimum of an amount equal to the goal of overall annual proceeds) from all business) are directed to racial and woman owned enterprises. Please note: If the Trade is an overhead item for your entire business, please calculate the proportion of the business that will actually apply to the solicitation in question.

Failure to provide the Plan at the time of proposal submission may result in the disqualification and rejection of the offer. The Indiana Department of Administration reserves the right to verify all information included in the Minority and Women Business Enterprise Participation Plan before making final determination of the offeror's responsiveness and responsibility.

An offeror may submit an application for a program waiver if the indicated goal or no participation is met. The offeror should demonstrate a good faith effort to meet the goal for example by working with the Minority and Women Business Development office of the Indiana Department of Administration to design a plan to meet the goal in an acceptable time period. Should those efforts not produce the goal, the waiver application may be submitted with documentation of the good faith effort. The State reserves the right to accept, verify or deny any application for waiver from the contract goal.

By submission of the offer, the offeror thereby acknowledges and agrees to be bound by the regulatory processes involving the State of Indiana's Minority Business Enterprise Program. Questions involving the regulations governing the Minority and Women Business Enterprise Participation Plan and/or the application for relief from the goal should be directed to the Compliance Manager of the Minority and Women's Business Enterprise Development office at 317/233-6607

MBE/WBE PARTICIPATION PLAN

RFP # _____ DUE DATE _____

RFP NAME BCCPOFFEROR Family Health Center of Clark CountyADDRESS 1301 Akers AvenueCITY/STATE/ZIP Jeffersonville, IN 47130PHONE() 812-283-2308

The following minority owned firms will be participating in the RFP according to the following schedule:

<u>MBE/WBE</u>	<u>PHONE</u>	<u>CONTACT</u>	<u>TRADE</u>	<u>AMOUNT</u>
Dr. Diana Okon	⁸¹²⁻ 280-5890		OB/GYN	WBE
Dr. Jill Green	⁸¹²⁻ 280-5890		OB/GYN	WBE

Please indicate which firms are MBE and which are WBE

*If additional room is necessary, please attach a separate page

THIS DOCUMENT MUST BE INCLUDED IN YOUR PROPOSAL

MAR 29 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. 10036
4. For amendments / renewals, attach original contract.
5. Attach additional pages if necessary.

3943 - 3/1/200

1. EDS Number A70-4-16335	2. Date prepared: March 1, 2006 DS
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3. CONTRACTS & LEASES

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

FISCAL INFORMATION

4. Account Number: 3610-131300	5. Account Name: Breast & Cervical Cancer
6. Total amount this action: \$60,216.00	7. New contract total: \$216,766.00
8. Revenue generated this action:	9. Revenue generated total contract:
10. New total amount for each fiscal year:	
Year <u>2005</u> \$ <u>\$78,054.00</u>	Year <u>2007</u> \$ <u>\$60,216.00</u>
Year <u>2006</u> \$ <u>\$78,496.00</u>	Year <u> </u> \$ <u> </u>

TIME PERIOD COVERED IN THIS EDS

11. From (month, day, year): June 30, 2004	12. To (month, day, year): June 29, 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"/> 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):

37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.)
The Indiana Breast and Cervical Cancer Program is amending this contract to extend it another year. Line items in the budget have been adjusted accordingly.

38. Justification of vendor selection and determination of price reasonableness:
Under 25 IAC 5-3-10, Family Health Center of Clark County, Inc. can be certified as a MBE and/or WBE. This not-for-profit, women-controlled vendor was chosen due to poverty level, age eligibility, morbidity and mortality in this specific region. They are able to meet contract deliverables for 10% administration fees.

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>AEH</i>	43. Date Approved <i>4/5/06</i>
44. Attorney General's Office approval <i>DUB</i>	45. Date Approved <i>5/10/06</i>	46. Agency representative receiving from A <i>DP</i>	47. Date Approved <i>5/10/06</i>

AGENCY INFORMATION

14. Name of agency: ISDH/Chronic/BCCP	15. Requisition Number:
16. Address: 2 North Meridian Street, Section 6B Indianapolis IN 46204	

AGENCY CONTACT INFORMATION

17. Name: Wayne Fischer	18. Telephone #: (317) 233-7901
19. E-mail address: wfischer@isdh.in.gov	

COURIER INFORMATION

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

VENDOR INFORMATION

23. Taxpayer Identification Number: 35-1842342 ✓ <i>eg HCH</i>	25. Telephone #: (812) 283-2308
24. Name: Family Health Center of Clark County, Inc.	

26. Address:
1301 Akers Avenue
Jeffersonville, IN 47130

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27. E-mail address: linda.codey@clarkmemorial.org

049 CONTRACTS28. Is the vendor registered with the Secretary of State? (Out of State Corporations, must be registered) ☒ Yes ☐ 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Women: <u>98</u> %

31. Sub Vendor: M/WBE	32. If yes, list the %:
Minority: <input type="checkbox"/> Yes <input type="checkbox"/> No	Minority: <input type="checkbox"/> %
Women: <input type="checkbox"/> Yes <input type="checkbox"/> No	Women: <input type="checkbox"/> %

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
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IDOA Contracts

**Amendment No. 3**

This is an Amendment to the existing Breast & Cervical Cancer Contract For Services entered into by and between the Indiana State Department of Health (hereinafter referred to as the "State") and **Family Health Center of Clark County, Inc.** (hereinafter referred to as the "Contractor") for the period from June 30, 2004 through June 29, 2006, in the amount of \$156,550.

In consideration of the mutual undertakings and covenants hereinafter set forth, the parties agree as follows:

The amount of the Contract For Services is being increased by \$60,216, making the new total of the Contract For Services \$216,766. The additional funds will continue to reduce disparities through screening and outreach testing for breast and cervical cancer for an additional year. See Exhibit 3, attached hereto, and made a part hereof and incorporated herein by reference as part of this Contract For Services. The expiration date of this Contract For Services is being extended until June 29, 2007.

The following paragraphs have been added to the Contract For Services:

Compliance with Telephone Solicitations Act.

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

- (1) the Contractor and any principals of the Contractor certify that (A) the Contractor, 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 Contractor will not violate the terms of IC 24-4.7 for the duration of the Contract, even if IC 24-4.7 is preempted by federal law.
- (2) The Contractor and any principals of the Contractor certify that an affiliate or principal of the Contractor and any agent acting on behalf of the Contractor or on behalf of an affiliate or principal of the Contractor: (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 Contract, even if IC 24-4.7 is preempted by federal law.

Paragraph 2 **Consideration** is amended to read:

The Contractor shall be paid upon receipt and approval of the deliverables using the rates set out on Exhibits 1, 2 and 3, attached hereto and hereby incorporated into this Contract. Payments shall not exceed \$78,054 for the period June 30, 2004 through June 29, 2005; \$78,496 for the period June 30, 2005 through June 29, 2006; and \$60,216 for the period June 30, 2006 through June 29, 2007. Total remuneration under this Contract shall not exceed \$216,766.

Paragraph 33C **Notice to Parties** is amended to read:

As required by IC 4-13-2-14.8, payments to the Contractor shall be made via electronic funds transfer in accordance with instructions filed by Contractor with the Auditor of State.

Paragraph 36 B **Payments** is amended to read:

All accounts will be closed sixty (60) days after the end of each Contract period as specified in Paragraph 2. Any Claims submitted after sixty (60) days will not be reimbursed by the State.

Paragraph 40 **Security and Privacy of Health Information** is amended to read:

A. Health Insurance Portability and Accountability Act (HIPAA)

1. In the performance of the services listed in the Exhibits, the Contractor may have access to confidential identifiable medical information known as Protected Health Information (PHI).
2. The Contractor agrees that in connection with its services performed on behalf of the State, the Contractor is a Business Associate and shall comply with the Business Associate requirements of HIPAA as described in Section B.

B. HIPAA Business Associate

1. **Use of Protected Health Information.** The Contractor shall not use Protected Health Information (PHI) other than as permitted or required under this Agreement. The Contractor, its agents or subcontractors, shall not use PHI received from the State in any manner that would constitute a violation of the Health Insurance Portability and Accountability Act (HIPAA) *Security Standards, 45 CFR Part 164 Subpart C or Privacy Standards, 45 CFR Part 164 Subpart E*, if used by the State, except that the Contractor may use PHI as it relates to (1) the proper management and administration of the Contractor or to carry out legal responsibilities of the Contractor, or (2) data aggregation services relating to health care operations of the State.
2. **Disclosure of Protected Health Information (PHI).** The Contractor shall not further disclose PHI other than as permitted or required under this Agreement. The Contractor, its agents or subcontractors shall not disclose PHI received from the State in any manner that would constitute a violation of the HIPAA *Security Standards, 45 CFR Part 164 Subpart C or Privacy Standards, 45 CFR Part 164 Subpart E*, if disclosed by the State, except that the Contractor may disclose PHI in a manner permitted pursuant to this Agreement or as required by law. To the extent the Contractor discloses PHI to a third party, the Contractor must obtain, prior to making any such disclosure,

(a) reasonable assurances from such third party that such PHI will be held confidential as provided pursuant to this Agreement and only disclosed as required by law or for the purposes for which it was disclosed to such third party, and (b) an agreement from such third party to immediately notify the Contractor of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.

3. **Safeguards Against Misuse of Information.** The Contractor agrees that it will implement ***administrative, physical, and technical*** safeguards ***that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic protected health information that it creates, receives, maintains or transmits on behalf of the State*** and to prevent the use or disclosure of PHI other than as provided by the terms and conditions of this Agreement. *Contractor shall document and keep these security measures current.*
4. **Reporting of Disclosures of Protected Health Information.** The Contractor shall, within **fifteen (15)** days of becoming aware of a disclosure of PHI in violation of this Agreement by the Contractor or its agents or by a third party to which the Contractor disclosed PHI pursuant to Section 2 of this Addendum, report any such disclosure to the State.
5. **Reporting of Security Incident**
Contractor shall report to the State any security incident of which it becomes aware. Successful breaches of security shall be reported immediately in electronic form using the following format:

Name of Business Associate
Incident # (Number assigned by reporting Entity)

Type of Incident -

Date of Report (Date issue was initially reported)
Date of Incident (Date issue accrued)
Time potential breach was identified

Name and Title of Person Reporting Incident
Contact Information (Of person reporting incident)

Summary of Incident (Include pertinent information regarding the potential security breach)

Action Taken

Name of Person(s) Conducting Preliminary Investigation
Contact Information (Of Individual responsible for Issue Analysis)
Date Investigation started
Action Taken

Conclusion

Date Investigation ended
Findings
Measures taken to address issue, and prevent any reoccurrences
Unsuccessful attempts to breach security shall be reported monthly.

6. **Agreements by Third Parties.** The Contractor shall enter into a written agreement with Contractor's agent or subcontractor that will have access to PHI that is received from, or created or received by the Contractor on behalf of the State pursuant to which such agent or subcontractor agrees to be bound by the same restrictions, terms and conditions that apply to the Contractor pursuant to this Agreement with respect to such PHI. *Any written agreement with Contractor's agent or subcontractor must ensure that the agent or subcontractor has or agrees to implement reasonable and appropriate safeguards to protect the PHI.*
7. **Access to Information.** Within twenty (20) days of a request by the State for access to PHI about an individual contained in a designated record set, the Contractor shall make available to the State such PHI. In the event any individual requests access to PHI directly from the Contractor, the Contractor shall within five (5) days forward such request to the State. Any denials of access to the PHI requested shall be the responsibility of the State.
8. **Availability of Protected Health Information for Amendment.** Within thirty (30) days of receipt of a request from the State for the amendment of an individual's PHI or a record regarding an individual contained in a designated record set, the Contractor shall provide such information to the Contractor for amendment and incorporate any such amendments in the PHI as required by 45 CFR 164.526.
9. **Accounting of Disclosures.** Within thirty (30) days of notice by the State to the Contractor that State has received a request for an accounting of disclosures of PHI regarding an individual during the six (6) years prior to the date on which the accounting was requested, the Contractor shall make available to the State such information as is in the Contractor's possession and is required for the State to make the accounting required by 45 CFR 164.528. At a minimum, the Contractor shall provide the State with the following information: (a) the date of the disclosure, (b) the name of the entity or person who received the PHI, and if known, the address of such entity or person, (c) a brief description of the PHI disclosed, and (d) a brief statement of the purpose of such disclosure which includes an explanation of the basis for such disclosure. In the event the request for an accounting is delivered directly to the Contractor, the Contractor shall within ten (10) days forward such request to the State. It shall be the State's responsibility to prepare and deliver any such accounting requested. The Contractor hereby agrees to implement an appropriate record-keeping process to enable it to comply with the requirements of this Section.
10. **Availability of Books and Records.** The Contractor hereby agrees to make its internal practices, books and records relating to the use and disclosure of PHI received from, or created or received by the Contractor on behalf of, the State available to the Secretary of the Department of Health and Human Services for purposes of determining the State's and the Contractor's compliance with the HIPAA *Security Standards, 45 CFR Part 164 Subpart C or Privacy Standards, 45 CFR Part 164 Subpart E.*

11. **Protected Health Information at Termination.** At the termination of this **Agreement, if feasible,** the Contractor shall return or destroy, with approval of the State, all PHI received from, or created or received by the Contractor on behalf of, the State that the Contractor still maintains in any form and retain no copies of such information.

12. **Compliance with Standard Transactions** *(to be inserted ONLY if BA assists with electronic billing)*

If the Contractor conducts in whole or in part Standard Transactions, as defined in 45 CFR § 162.103, for or on behalf of the State, the Contractor will comply, and will require any subcontractor or agent involved with the conduct of such Standard Transactions to comply, with each applicable requirement of 45 CFR Part 162.

13. **Termination**

The State shall have the right to terminate the Agreement if it determines, in its sole discretion, that the Contractor has violated any provision of Title 45, Parts 160, 162, or 164 of the CFR. The State may exercise this right by providing written notice to the Contractor of termination, with such notice stating the violation of the provisions of Title 45, Parts 160, 162, or 164 of the CFR, that provides the basis for the termination. Any such termination shall be effective immediately or at such other date specified by the State in such notice.

DEFINITIONS FOR USE IN THIS ADDENDUM

“Designated Record Set” shall mean a group of records maintained by or for the covered entity that is (a) the medical records and billing records about individuals maintained by or for the covered entity, (b) the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or (c) used, in whole or in part, by or for the covered entity to make decisions about individuals. As used herein the term “Record” means any item, collection, or grouping of information that includes protected health information and is maintained, collected, used, or disseminated by or for the covered entity.

“Protected Health Information (PHI)” shall mean individually identifiable health information that is (a) transmitted by electronic media, (b) maintained in any medium constituting electronic media; or (c) transmitted or maintained in any other form or medium. “Protected Health Information” shall not include (a) education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. §1232g and (b) records described in 20 U.S.C. §1232g(a)(4)(B)(iv).

“Security Incident” shall mean the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system.”
(45 CFR §164.304)

The parties agree that all terms in this attachment not otherwise defined shall be defined by reference to the same terms in the HIPAA and its implementing regulations.

45. Termination for Convenience

Add the following sentence to the existing language:

Also see the termination clause in Paragraph 40.B.13.

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

Funding Summary

3610-131300	6/30/04 through 6/29/05	\$ 78,054
3610-131300	6/30/05 through 6/29/06	\$ 78,496
3610-131300	6/30/06 through 6/29/07	<u>\$ 60,216</u>
Total		\$216,766

Non-Collusion and Acceptance

The undersigned attests, subject to the penalties for perjury, that he/she is the Contractor, or that he/she is the properly authorized representative, agent, member or officer of the Contractor, that he/she has not, nor has any other member, employee, representative, agent or officer of the Contractor, 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 Contract other than that which appears upon the face of this Contract.

The rest of this page is left blank intentionally.

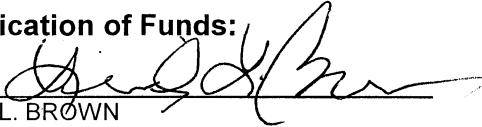
In Witness Whereof, the Contractor and the State of Indiana have, through duly authorized representatives, entered into this Contract For Services Amendment. The parties having read and understanding the foregoing terms of the Contract For Services Amendment do by their respective signatures dated below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

Accepted By:


LINDA CODEY
EXECUTIVE DIRECTOR
FAMILY HEALTH CENTER
OF CLARK COUNTY, INC.

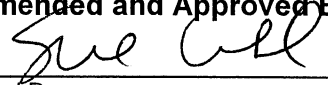
DATE: 3-20-06

Certification of Funds:


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

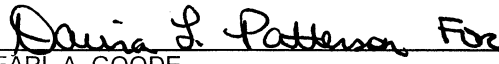
DATE: 3/29/06

Recommended and Approved By:


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

DATE: 3 26 06

Approved:


EARL A. GOODE
COMMISSIONER
DEPARTMENT OF ADMINISTRATION
STATE OF INDIANA

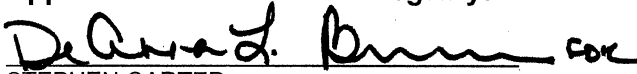
DATE: 3/30/06

Approved:


CHARLES E. SCHALLIOL
STATE BUDGET DIRECTOR
STATE OF INDIANA

DATE: 4/3/2006

Approved as to Form and Legality:


STEPHEN CARTER
ATTORNEY GENERAL OF INDIANA

DATE: 5/10/06

EXHIBIT 3
Family Health Center of Clark County, Inc.

1. PURPOSE OF THE CONTRACT:

The purpose of this contract is to provide the following services to the Breast and Cervical Cancer Program (BCCP) of the Indiana State Department of Health (ISDH).

- A. Provide regional coordination and outreach services for the counties of Brown, Johnson, Hancock, Henry, Fayette, Rush, Union, Shelby, Marion, Morgan, Hamilton, Parke, Putnam, Hendricks, Vermillion, Wayne, Decatur, Franklin, Bartholomew, and Owen.
- B. Conduct billing and clinical training programs for BCCP providers and other partner agencies as determined by the BCCP.
- C. Assist in providing quality assurance services in conjunction with case management.
- D. Provide data entry functions for the BCCP in the form of a Data Entry Specialist position.

2. SERVICE RECIPIENTS:

Citizens of the State of Indiana

3. DELIVERABLES AND SCHEDULE OF PAYMENT

DELIVERABLES	DUE DATE	ANNUAL SALARY	SCHEDULE OF PAYMENT
Employ a Regional Coordinator / Outreach Specialist.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.	\$35,533	Payment shall be due for hours worked and satisfactory completion of Regional Coordinator / Outreach Specialist Deliverables. Such payment shall be paid once monthly in arrears.
The Regional Coordinator / Outreach Specialist will manage all BCCP activities in the Central Region.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.		Payment shall be due for hours worked and satisfactory completion of Regional Coordinator / Outreach Specialist Deliverables. Such payment shall be paid once monthly in arrears.
The Regional Coordinator / Outreach Specialist will ensure at least 770 women are screened during the fiscal year.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.		Payment shall be due for hours worked and satisfactory completion of Regional Coordinator / Outreach Specialist Deliverables. Such payment shall be paid once monthly in arrears.

DELIVERABLES	DUE DATE	ANNUAL SALARY	SCHEDULE OF PAYMENT
The Regional Coordinator / Outreach Specialist will implement assigned Work Plan activities, and meet assigned Work Plan objectives.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.		Payment shall be due for hours worked and satisfactory completion of Regional Coordinator / Outreach Specialist Deliverables. Such payment shall be paid once monthly in arrears.
The Regional Coordinator / Outreach Specialist will submit 90% of packets within 60 days from the date of service, via Federal Express.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.		Payment shall be due for hours worked and satisfactory completion of Regional Coordinator / Outreach Specialist Deliverables. Such payment shall be paid once monthly in arrears.
The Regional Coordinator / Outreach Specialist will submit enrollment forms with a 0% error rate.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.		Payment shall be due for hours worked and satisfactory completion of Regional Coordinator / Outreach Specialist Deliverables. Such payment shall be paid once monthly in arrears.
Employ a Data Entry Specialist.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.	\$10,400	Payment shall be due for hours worked and satisfactory completion of Data Entry Specialist Deliverables. Such payment shall be paid once monthly in arrears.
The Data Entry Specialist will enter program data into the CancerTrac data system with a 0% error rate.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.		Payment shall be due for hours worked and satisfactory completion of Data Entry Specialist Deliverables. Such payment shall be paid once monthly in arrears.

Salaries	\$45,933
Fringe Benefits (17%)	7,809
Travel	1,000
Sub-Total	54,742
Management Fee (10%)	5,474
GRAND TOTAL	\$60,216

Any deviation in program expenditures must be requested in writing to the BCCP, and approval granted by the BCCP Director, prior to funds being moved or expended.

4. EQUIPMENT:

The Contractor is responsible for the cost of all repairs, maintenance, and/or replacement of equipment purchased with contract funds while the Contractor has care, custody and control over this equipment, and will not be reimbursed with contract funds for such expenses.

5. TRAVEL:

Travel (mileage/per diem) will be paid the lower of either the Contractor or the state of Indiana.

All out of state travel using contract funds must have prior written authorization from the State. Authorization for out of state travel must be requested in writing at least six weeks prior to expected travel.

6. INVOICES:

All invoices must be accompanied by written documentation of actual expenditures for all claimed items.

The Contractor will be paid monthly for hours worked and the deliverables defined and referenced above. Such payment shall be made in arrears upon receipt and approval of invoices to be provided by the State. The payments shall be made at the rates and in the amounts set out in the Deliverables and Schedule of Payment and hereby incorporated into this Contract for Services.

APR 12 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.

2897 - 7/3/02/20

1. EDS Number A10-4-6335	2. Date prepared: March 4, 2005
------------------------------------	------------------------------------

3. CONTRACTS & LEASES

<input checked="" type="checkbox"/> Professional/Personal Services	<input checked="" type="checkbox"/> Contract for Procured Services
<input type="checkbox"/> Grant	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Lease	<input type="checkbox"/> License Agreement
<input type="checkbox"/> Attorney	<input checked="" type="checkbox"/> Amendment # <u>2</u>
<input type="checkbox"/> MOU	<input type="checkbox"/> Renewal # _____
<input type="checkbox"/> QPA	<input type="checkbox"/> Other (specify) _____

FISCAL INFORMATION

4. Account Number: 3610-131300	5. Account Name: Breast & Cervical Cancer
6. Total amount this action: \$78,496.00	7. New contract total: \$156,550.00
8. Revenue generated this action:	9. Revenue generated total contract:
10. New total amount for each fiscal year:	
Year <u>2005</u> \$ <u>\$78,054.00</u>	Year _____ \$ _____
Year <u>2006</u> \$ <u>\$78,496.00</u>	Year _____ \$ _____

TIME PERIOD COVERED IN THIS EDS

11. From (month, day, year): June 30, 2004	12. To (month, day, year): June 29, 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"/> Special Procurement
	<input type="checkbox"/> Other (specify) _____

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):
37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.) The Indiana Breast and Cervical Cancer Program is amending this contract to extend it another year. Line items in the budget have been adjusted accordingly.
38. Justification of vendor selection and determination of price reasonableness: Under 25 IAC 5-3-10, Family Health Center of Clark County, Inc. can be certified as a MBE and/or WBE. This not-for-profit, women-controlled vendor was chosen due to poverty level, age eligibility, morbidity and mortality in this specific region. They are able to meet contract deliverables for 10% administration fees.
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 <i>4/14/05</i>
44. Attorney General's Office approval	45. Date Approved	46. Agency representative receiving from AG	47. Date Approved

AGENCY INFORMATION

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

AGENCY CONTACT INFORMATION

17. Name: Wayne Fischer	18. Telephone #: (317) 233-7901
19. E-mail address: wfischer@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: 35-1842342	
24. Name: Family Health Center of Clark County, Inc.	25. Telephone #: (812) 283-2308
26. Address: 1301 Akers Avenue Jeffersonville, IN 47130	

27. E-mail address: linda.codey@clarkmemorial.org	
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: _____ %
Women: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Women: <u>98</u> %
31. Sub Vendor: M/WBE	32. If yes, list the %:
Minority: <input type="checkbox"/> Yes <input type="checkbox"/> No	Minority: _____ %
Women: <input type="checkbox"/> Yes <input type="checkbox"/> No	Women: _____ %
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

RECEIVED

JUN 02 2005

OAG CONTRACT

RECEIVED

APR 15 2005

OAG CONTRACTS

Received

APR 13 ENT'D

50

Amendment No. 2

This is an Amendment to the existing Breast & Cervical Cancer Contract For Services entered into by and between the Indiana State Department of Health (hereinafter referred to as the "State") and **Family Health Center of Clark County, Inc.** (hereinafter referred to as the "Contractor") for the period from June 30, 2004 through June 29, 2005, in the amount of \$78,054.

In consideration of the mutual undertakings and covenants hereinafter set forth, the parties agree as follows:

The amount of the Contract For Services is being increased by \$78,496, making the new total of the Contract For Services \$156,550. The additional funds will be used to reduce disparities through screening and outreach testing for breast and cervical cancer. See Exhibit 2, attached hereto, and made a part hereof and incorporated herein by reference as part of this Contract For Services. The expiration date is being extended to June 29, 2006.

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

Funding Summary

3610-131300	6/30/04 through 6/29/05	\$ 78,054
3610-131300	6/30/05 through 6/29/06	<u>\$ 78,496</u>
Total		\$156,550

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 Contract For Services Amendment other than that which appears upon the face of the Contract For Services Amendment.

Attachment to Amendment

The following language is being added to the Family Health Center of Clark County, Inc. contract number BCC 403-5:

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: _____

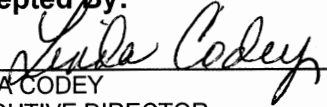
DLK Linda Cody

Initials of Indiana State Department of Health: _____

WBS

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

Accepted By:


LINDA CODEY
EXECUTIVE DIRECTOR
FAMILY HEALTH CENTER OF CLARK
COUNTY, INC.

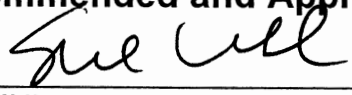
DATE: _____

Certification of Funds:

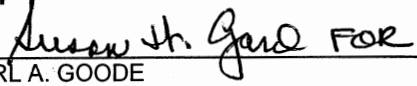

LINDA L. BROWN
DIRECTOR
DIVISION OF FINANCE
OPERATIONAL SERVICES COMMISSION
INDIANA STATE DEPARTMENT OF HEALTH

DATE: 4/7/05

Recommended and Approved By:


SUE UHL
DEPUTY STATE HEALTH COMMISSIONER
INDIANA STATE DEPARTMENT OF HEALTH
DATE: 4-9-05

Approved:


EARL A. GOODE
COMMISSIONER
DEPARTMENT OF ADMINISTRATION
STATE OF INDIANA

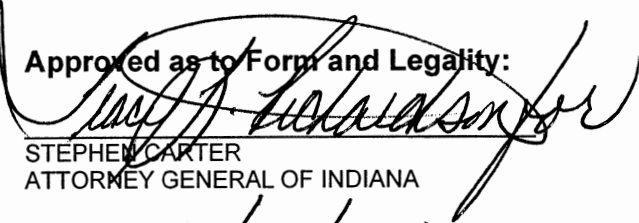
DATE: 4-13-05

Approved:


CHARLES E. SCHALLIOL
STATE BUDGET DIRECTOR
STATE OF INDIANA

DATE: April 14, 2005

Approved as to Form and Legality:


STEPHEN CARTER
ATTORNEY GENERAL OF INDIANA

DATE: 06/07/05

EXHIBIT 2
Family Health Center of Clark County, Inc.

1. PURPOSE OF THE CONTRACT:

The purpose of this contract is to provide the following services to the Breast and Cervical Cancer (BCCP) Program of the Indiana State Department of Health (ISDH).

- A. Provide outreach services for the counties of Brown, Johnson, Hancock, Henry, Fayette, Rush, Union, Shelby, Marion, Morgan, Hamilton, Parke, Putnam, Hendricks, Vermillion, Wayne, Decatur, Franklin, Bartholomew, and Owen.
- C. Conduct billing and clinical training programs for Breast and Cervical Cancer Program providers and other partner agencies as determined by the ISDH Breast and Cervical Cancer Program.
- D. Assist in providing quality assurance services in conjunction with case management, professional education and tracking and follow-up activities.

2. SERVICE RECIPIENTS:

Citizens of the State of Indiana

3. CONSIDERATION FOR DELIVERABLES AND SCHEDULE OF PAYMENT

DELIVERABLES	DUE DATE	ANNUAL SALARY	SCHEDULE OF PAYMENT
Employ one full-time Regional Coordinator / Outreach Worker, housed at the ISDH.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.	\$34,836	Payment shall be due for hours worked and satisfactory completion of Regional Coordinator / Outreach Worker Deliverables. Such payment shall be paid once monthly in arrears.
The Regional Coordinator / Outreach Worker will manage all BCCP activities in the Central Region.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.		Payment shall be due for hours worked and satisfactory completion of Regional Coordinator / Outreach Worker Deliverables. Such payment shall be paid once monthly in arrears.
The Regional Coordinator / Outreach Worker will meet the screening goal for the Region.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.		Payment shall be due for hours worked and satisfactory completion of Regional Coordinator / Outreach Worker Deliverables. Such payment shall be paid once monthly in arrears.
The Regional Coordinator / Outreach Worker will meet assigned Work Plan objectives.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.		Payment shall be due for hours worked and satisfactory completion of Regional Coordinator / Outreach Worker Deliverables. Such payment shall be paid once monthly in arrears.

DELIVERABLES	DUE DATE	ANNUAL SALARY	SCHEDULE OF PAYMENT
The Regional Coordinator / Outreach Worker will implement assigned Work Plan activities.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.		Payment shall be due for hours worked and satisfactory completion of Regional Coordinator / Outreach Worker Deliverables. Such payment shall be paid once monthly in arrears.
The Regional Coordinator / Outreach Worker will submit 80% of packets within 60 days from the date of service, via Federal Express.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.		Payment shall be due for hours worked and satisfactory completion of Regional Coordinator / Outreach Worker Deliverables. Such payment shall be paid once monthly in arrears.
The Regional Coordinator / Outreach Worker will submit enrollment forms with a 0% error rate.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.		Payment shall be due for hours worked and satisfactory completion of Regional Coordinator / Outreach Worker Deliverables. Such payment shall be paid once monthly in arrears.
The Regional Coordinator / Outreach Worker will develop and maintain close working relationships with providers.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.		Payment shall be due for hours worked and satisfactory completion of Regional Coordinator / Outreach Worker Deliverables. Such payment shall be paid once monthly in arrears.
The Regional Coordinator / Outreach Worker will provide information necessary for CDC- and BCCP-required reports, applications, and projects.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.		Payment shall be due for hours worked and satisfactory completion of Regional Coordinator / Outreach Worker Deliverables. Such payment shall be paid once monthly in arrears.
The Regional Coordinator / Outreach Worker will comply with and enforce BCCP policies and procedures.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.		Payment shall be due for hours worked and satisfactory completion of Regional Coordinator / Outreach Worker Deliverables. Such payment shall be paid once monthly in arrears.
The Regional Coordinator / Outreach Worker will obtain BCCP approval for materials used in trainings and outreach activities.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.		Payment shall be due for hours worked and satisfactory completion of Regional Coordinator / Outreach Worker Deliverables. Such payment shall be paid once monthly in arrears.

DELIVERABLES	DUE DATE	ANNUAL SALARY	SCHEDULE OF PAYMENT
The Regional Coordinator / Outreach Worker will participate in BCCP meetings and conference calls.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.		Payment shall be due for hours worked and satisfactory completion of Regional Coordinator / Outreach Worker Deliverables. Such payment shall be paid once monthly in arrears.
The Regional Coordinator / Outreach Worker will identify, recruit, and enroll women into BCCP.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.		Payment shall be due for hours worked and satisfactory completion of Regional Coordinator / Outreach Worker Deliverables. Such payment shall be paid once monthly in arrears.
Employ one full-time Tracking & Follow-Up (TFU) Assistant, housed at the ISDH.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.	\$21,852	Payment shall be due for hours worked and satisfactory completion of TFU Assistant Deliverables. Such payment shall be paid once monthly in arrears.
The TFU Assistant will enter program data into the MaxTrac data system with a 0% error rate.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.		Payment shall be due for hours worked and satisfactory completion of TFU Assistant Deliverables. Such payment shall be paid once monthly in arrears.
The TFU Assistant will assist in researching abnormal cases with an incomplete diagnostic disposition.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.		Payment shall be due for hours worked and satisfactory completion of TFU Assistant Deliverables. Such payment shall be paid once monthly in arrears.
The TFU Assistant will copy and file information on BCCP-enrolled women.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.		Payment shall be due for hours worked and satisfactory completion of TFU Assistant Deliverables. Such payment shall be paid once monthly in arrears.
The TFU Assistant will meet assigned Work Plan objectives.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.		Payment shall be due for hours worked and satisfactory completion of TFU Assistant Deliverables. Such payment shall be paid once monthly in arrears.
The TFU Assistant will implement assigned Work Plan activities.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.		Payment shall be due for hours worked and satisfactory completion of TFU Assistant Deliverables. Such payment shall be paid once monthly in arrears.

DELIVERABLES	DUE DATE	ANNUAL SALARY	SCHEDULE OF PAYMENT
The TFU Assistant will provide information necessary for CDC- and BCCP-required reports, applications, and projects.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.		Payment shall be due for hours worked and satisfactory completion of TFU Assistant Deliverables. Such payment shall be paid once monthly in arrears.
The TFU Assistant will participate in BCCP meetings and conference calls.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.		Payment shall be due for hours worked and satisfactory completion of TFU Assistant Deliverables. Such payment shall be paid once monthly in arrears.

Salaries	\$56,688
Fringe Benefits (25%)	14,172
Travel	500
Total	71,360
Management Fee (10%)	7,136
GRAND TOTAL	\$78,496

Any deviation in program expenditures must be requested in writing to the Breast and Cervical Cancer Program, and approval contracted by the Breast and Cervical Cancer Program, prior to funds being moved or expended.

4. EQUIPMENT:

The Contractor is responsible for the cost of all repairs, maintenance, and/or replacement of equipment purchased with contract funds while they have care, custody and control over this equipment, and will not be reimbursed with contract funds for such expenses.

5. OUT OF STATE TRAVEL:

All out of state travel using contract funds must have prior written authorization from the State. Authorization for out of state travel must be requested in writing at least six weeks prior to expected travel.

6. CLAIM VOUCHERS:

All claim vouchers must be accompanied by written documentation of actual expenditures for all claimed items.

The Contractor 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 Claim Vouchers to be provided by the State. The payments shall be made at the rates and in the amounts set out in the Deliverables and Schedule of Payment attached hereto as Attachment 5 and hereby incorporated into this Contract for Services.

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

1. EDS #: A70-4-6359 2. Date prepared: 09/24/04

3. CONTRACTS & LEASES

☒ Professional/Personal ☐ Contract for Procured Services
☐ Services ☐ Maintenance
☐ Grant ☐ License Agreement
☐ Lease ☒ Amendment # 1
☐ Attorney ☐ Renewal #
☐ MOU ☐ Other

FISCAL INFORMATION

4. Account Number: 3610-131300 5. Account Name: Breast & Cervical Cancer
 6. Total amount this action: +\$8.788 7. New contract total: \$78,054

8. Revenue generated this action: 9. Revenue generated total contract:

10. New total amount for each fiscal year:

Year 2005 \$ 78,053 Year \$
 Year \$ Year \$

TIME PERIOD COVERED IN THIS EDS

11. From (month, day, year): June 30, 2004 12. To (month, day, year): June 29, 2005

13. Method of source selection: ☒ Negotiated
☐ Bid/Quotation ☐ Emergency ☐ Special Procurement
☐ RFP # ☐ Other (specify)

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

36. Statutory Authority (Cite applicable Indiana or Federal Codes):

37. Description of work & justification for spending money. (Please give a brief description of the scope of work included in this agreement.) The Indiana Breast & Cervical Cancer Program is amending this contract to add Owen County, and to increase the hourly rate of the Outreach Worker Specialist by \$3 per hour.

38. Justification of vendor selection and determination of price reasonableness: Under 25 IAC 5-3-10, Family Health Center of Clark County, Inc. can be certified as a MBE and/or WBE. This not-for-profit, women-controlled vendor was chosen due to poverty level, age eligibility, morbidity and mortality in this specific region. They are able to meet contract deliverables for 10% administration fees.

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. See signature page of contract

42. Budget agency approval

43. Date

44. Attorney General's Office approval

45. Date Approved 1-7-05

46. Agency representative receiving from AG

47. Date

NOV 08 2004

AGENCY INFORMATION

14. Name of agency: ISDH/Chronic Disease/BCCP

15. Requisition Number:

16. Address: 2 North Meridian Street, Section 2-C Indianapolis, IN 46204-3006

AGENCY CONTACT INFORMATION

17. Name: Wayne Fischer

18. Telephone #: 233-7901

19. E-mail address: wfischer@isdh.state.in.us

COURIER INFORMATION

20. Name: Steve Martin

21. Telephone #: 233-7573

22. E-mail address: smartin@isdh.state.in.us

VENDOR INFORMATION

23. Taxpayer Identification Number: 35-1842342

24. Name: Family Health Center of Clark County, Inc.

25. Telephone #: 812-283-2308

26. Address: 1301 Akers Avenue Jeffersonville, IN 47130

27. E-mail address: linda.codey@clarkmemorial.org

28. Is the vendor registered with the Secretary of State? (Out of State Corporations, must be registered) ☒ Yes ☐ No

29. Primary Vendor: M/WBE
 Minority: ☐ Yes ☐ No
 Women: ☒ Yes ☐ No

30. If yes, list the %:
 Minority: %
 Women: 98 %

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

32. If yes, list the %:
 Minority: %
 Women: %

33. Is there Renewal Language in the document? ☒ Yes ☐ No

34. Is there a "Termination for Convenience" clause in the document? ☒ Yes ☐ No

RECEIVED

JAN 18 2005

OAG CONTRACTS

NOV 10 2004

OAG CONTRACTS

Received 11/10/04

NOV 09 2004



Amendment No. 1

This is an Amendment to the existing Breast & Cervical Cancer Contract For Services entered into by and between the Indiana State Department of Health (hereinafter referred to as the "State") and **Family Health Center of Clark County, Inc.** hereinafter referred to as the "Contractor") for the period from June 30, 2004 through June 29, 2005, in the amount of \$69,266.

In consideration of the mutual undertakings and covenants hereinafter set forth, the parties agree as follows:

The amount of the Contract For Services is being increased by \$8,788, making the new total of the Contract For Services \$78,054. The additional funds will be used to add services to reduce disparities through screening outreach and testing for breast and cervical cancer in Owen County and to increase the hourly rate of the Outreach Worker Specialist by \$3 per hour. See Exhibit 1-A, attached hereto, and made a part hereof and incorporated herein by reference as part of this Contract For Services.

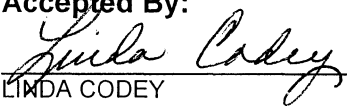
All other matters previously agreed to and set forth in the original Contract For Services and not affected by this Amendment shall remain in full force and effect.

Non-Collusion and Acceptance

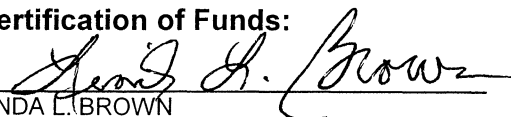
The undersigned attests, subject to the penalties for perjury, that he/she is the contracting party, or that he/she is the representative, agent, member or officer of the contracting party, that he/she has not, nor has any other member, employee, representative, agent or officer of the firm, company, 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 Contract For Services Amendment other than that which appears upon the face of the Contract For Services Amendment.

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

Accepted By:

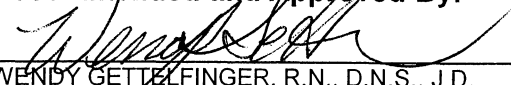

LINDA CODEY
EXECUTIVE DIRECTOR
FAMILY HEALTH CENTER OF CLARK
COUNTY, INC.

Certification of Funds:


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


DATE: 10/19/04

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: 10-18-04

Approved:


CHARLES R. MARTINDALE
COMMISSIONER
DEPARTMENT OF ADMINISTRATION
STATE OF INDIANA

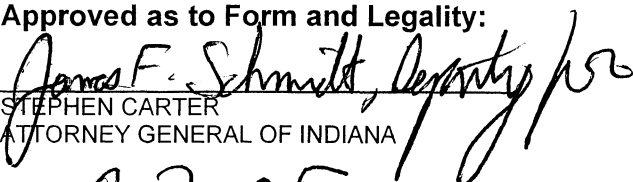
DATE: NOV. 10, 2004

Approved:


MARILYN F. SCHULTZ
STATE BUDGET DIRECTOR
STATE OF INDIANA

DATE: November 10, 2004

Approved as to Form and Legality:


STEPHEN CARTER
ATTORNEY GENERAL OF INDIANA

DATE: 2-7-05

EXHIBIT 1-A
Family Health Center of Clark County, Inc.

1. PURPOSE OF THE CONTRACT:

The purpose of this contract is to provide the following services to the Breast and Cervical Cancer (BCCP) Program of the Indiana State Department of Health (ISDH).

- A. Provide outreach services for the counties of Brown, Johnson, Hancock, Henry, Fayette, Rush, Union, Shelby, Marion, Morgan, Hamilton, Parke, Putnam, Hendricks, Vermillion, Wayne, Decatur, Franklin, Bartholomew, and Owen.
- C. Conduct billing and clinical training programs for Breast and Cervical Cancer Program providers and other partner agencies as determined by the ISDH Breast and Cervical Cancer Program.
- D. Assist in providing quality assurance services in conjunction with case management, professional education and tracking and follow-up activities.

2. SERVICE RECIPIENTS:

Citizens of the State of Indiana

3. CONSIDERATION FOR DELIVERABLES AND SCHEDULE OF PAYMENT

DELIVERABLES	DUE DATE	HOURLY RATE	ANNUAL SALARY	SCHEDULE OF PAYMENT
Employ and maintain a minimum staff level of one (1) full-time Outreach Worker Specialist.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.	\$16.26 (Hourly)	\$33,821 (Annual Salary)	Payment shall be due for hours worked and satisfactory completion of Outreach Worker Specialist Deliverables. Such payment shall be paid once monthly in arrears
The Outreach Worker Specialist or designee will review, correct, and submit BCCP forms, bills, and reports on a weekly basis to the central ISDH/BCCP office.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.			Payment shall be due for hours worked and satisfactory completion of Outreach Worker Specialist Deliverables. Such payment shall be paid once monthly in arrears
The Outreach Worker Specialist will submit a monthly outreach report describing activities. The Public Education Coordinator will review the report for satisfactory completion. A quarterly feedback sheet based on the monthly reports will be given to the Outreach Worker Specialist each quarter of the	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.			Payment shall be due for hours worked and satisfactory completion of Outreach Worker

calendar year.				Specialist Deliverables. Such payment shall be paid once monthly in arrears
The Outreach Worker Specialist will have a minimum of 3 outreach/screening events scheduled each month. Completion of an event planning guide will be required for large scale outreach activities.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.			Payment shall be due for hours worked and satisfactory completion of Outreach Worker Specialist Deliverables. Such payment shall be paid once monthly in arrears
The Outreach Worker Specialist will be available on an as-needed basis to BCCP medical providers and patients in other geographic locations within the State of Indiana. The Outreach Worker Specialist will know and enforce BCCP operational policy within their region. Outreach Worker Specialist address policy issues with central BCCP staff.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.			Payment shall be due for hours worked and satisfactory completion of Outreach Worker Specialist Deliverables. Such payment shall be paid once monthly in arrears
The Outreach Worker Specialist will maintain an electronic database for all patient bills, forms, and reports. Tools designed by central staff shall be utilized in each region.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.			Payment shall be due for hours worked and satisfactory completion of Outreach Worker Specialist Deliverables. Such payment shall be paid once monthly in arrears
The Outreach Worker Specialist will operate the local BCCP office and will serve as BCCP local liaison to medical providers, assist in form review, and all paperwork submissions to ISDH central office. Eighty percent (80%) of packets will be sent to ISDH no later than 60 days from the date services were provided. Enrollment forms will have a zero error rate.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.			Payment shall be due for hours worked and satisfactory completion of Regional Coordinator. Deliverables. Such payment shall be paid once monthly in arrears.
The Outreach Worker Specialist will submit the following documents: correct BCCP forms, bills, and reports on a weekly basis to the central ISDH/BCCP office.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.			Payment shall be due for hours worked and satisfactory completion of Regional

				Coordinator. Deliverables. Such payment shall be paid once monthly in arrears.
The Outreach Worker Specialist shall attend four (4) Regional Coordinator/Outreach meetings. Provider training tools/materials must have the approval of ISDH/BCCP staff.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.			
The Outreach Worker Specialist will submit all missing reports and follow-up materials distributed by the BCCP Case Manager and Tracking and Follow-up Coordinator within 5 working days of request. All missing reports are due September 15, 2004 and March 15, 2005.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.			Payment shall be due for hours worked and satisfactory completion of Regional Coordinator. Deliverables. Such payment shall be paid once monthly in arrears.
The Outreach Worker Specialist will be available on an as-needed basis to BCCP medical providers and patients in other geographic locations within the State of Indiana.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.			Payment shall be due for hours worked and satisfactory completion of Regional Coordinator. Deliverables. Such payment shall be paid once monthly in arrears
Employ and maintain a minimum staff level of one (1) full-time (40 hours per week) Tracking and Follow-Up Assistant/Data Entry Specialist.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.	\$10.20 (Hourly)	\$21,216 (Annual Salary)	Payment shall be due for hours worked and satisfactory completion of Tracking & Follow-Up Assistant/Data Entry Specialist.
The Tracking & Follow-Up Assistant/Data Entry Specialist will enter program data into the MaxTrac data system with a 0% error rate. Review questionable forms with the Data Entry Manager/Trainer.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.			Payment shall be due for hours worked and satisfactory completion of Tracking & Follow-Up Assistant/Data Entry Specialist.

The Tracking & Follow-Up Assistant/Data Entry Specialist will organize all entries and bills in data entry log for billing preparation, and provide copying and filing services to data/billing personnel.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.			Payment shall be due for hours worked and satisfactory completion of Tracking & Follow-Up Assistant/Data Entry Specialist.
The Tracking & Follow-Up Assistant/Data Entry Specialist will assist the Tracking & Follow-Up Coordinator with research of abnormal cases with an incomplete diagnostic disposition. Then enter complete diagnostic disposition into the data system.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.			Payment shall be due for hours worked and satisfactory completion of Tracking & Follow-Up Assistant/Data Entry Specialist.
The Tracking & Follow-Up Assistant/Data Entry Specialist will assist Tracking & Follow-up/Quality Assurance Coordinator monitoring planned Quality Assurance/Improvement activities.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.			Payment shall be due for hours worked and satisfactory completion of Tracking & Follow-Up Assistant/Data Entry Specialist.
The Tracking & Follow-Up Assistant/Data Entry Specialist will assist clinical staff during the Minimum Data Element reporting periods in April and October.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.			Payment shall be due for hours worked and satisfactory completion of Tracking & Follow-Up Assistant/Data Entry Specialist.
The Tracking & Follow-Up Assistant/Data Entry Specialist will coordinate with the billing personnel to maintain accurate billing information in the data entry system, log vouchers and assist with maintenance of the voucher log.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.			Payment shall be due for hours worked and satisfactory completion of Tracking & Follow-Up Assistant/Data Entry Specialist.
The Tracking & Follow-Up Assistant/Data Entry Specialist will research discrepancies on remittance summary on special requests from provider sites on unpaid claims, and correct other billing issues on special requests from provider sites on unpaid claims, with a 48-hour response for a simple request and within two weeks for a complex request.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.			Payment shall be due for hours worked and satisfactory completion of Tracking & Follow-Up Assistant/Data Entry Specialist.

Salaries				\$55,037
Fringe Benefits (28%)				\$15,410
Travel				\$510
Total				\$70,957
Management Fee (10%)				\$7,096
GRAND TOTAL				\$78,053

Any deviation in program expenditures must be requested in writing to the Breast and Cervical Cancer Program, and approval contracted by the Breast and Cervical Cancer Program, prior to funds being moved or expended.

3. EQUIPMENT:

The Contractor is responsible for the cost of all repairs, maintenance, and/or replacement of equipment purchased with contract funds while they have care, custody and control over this equipment, and will not be reimbursed with contract funds for such expenses.

4. OUT OF STATE TRAVEL:

All out of state travel using contract funds must have prior written authorization from the State. Authorization for out of state travel must be requested in writing at least six weeks prior to expected travel.

5. CLAIM VOUCHERS:

All claim vouchers must be accompanied by written documentation of actual expenditures for all claimed items.

The Contractor 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 Claim Vouchers to be provided by the State. The payments shall be made at the rates and in the amounts set out in the Deliverables and Schedule of Payment attached hereto as Attachment 5 and hereby incorporated into this Contract for Services.

APR 16 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. 7068
4. For amendments / renewals, attach original contract.
5. Attach additional pages if necessary.

6/4

1. EDS #: A70-4-6335

2. Date prepared: 3/8/04 JS

3. CONTRACTS & LEASES

- ☒ Professional/Personal Services
☐ Grant Lease
☐ Attorney MOU
- ☐ Contract for Procured Services Maintenance
☐ License Agreement Amendment # _____
☐ Renewal # _____
☐ Other _____

FISCAL INFORMATION

4. Account Number: 3610-131300
5. Account Name: Breast & Cervical Cancer
6. Total amount this action: \$69,266
7. New contract total: \$69,266
8. Revenue generated this action:
9. Revenue generated total contract:
10. New total amount for each fiscal year:
- | | | | |
|------------|----------|------------|----------|
| Year 2005 | \$69,266 | Year _____ | \$ _____ |
| Year _____ | \$ _____ | Year _____ | \$ _____ |

TIME PERIOD COVERED IN THIS EDS

11. From (month, day, year): June 30, 2004
12. To (month, day, year): June 29, 2005
13. Method of source selection: ☒ Negotiated
☐ Bid/Quotation ☐ Emergency ☐ Special Procurement
☐ RFP # _____ ☐ Other (specify) _____

AGENCY INFORMATION

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

AGENCY CONTACT INFORMATION

17. Name: Sue Percifield
18. Telephone #: 233-7816
19. E-mail address: spercifi@isdh.state.in.us

COURIER INFORMATION

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

VENDOR INFORMATION

23. Taxpayer Identification Number: 35-1842342
24. Name: Family Health Center of Clark County, Inc.
25. Telephone #: 812-251-1108
26. Address: 1301 Akers Avenue
Jeffersonville, IN 47130
27. E-mail address: Linda.codey@clarkmemorial.org

APR 22 2004

OAG CONTRACTS

28. Is the vendor registered with the Secretary of State? (Out of State Corporations, must be registered) ☒ Yes ☐ No
29. Primary Vendor: M/WBE
Minority: ☐ Yes ☐ No
Women: ☒ Yes ☐ No
30. If yes, list the %:
Minority: _____ %
Women: 98 %
31. Sub Vendor: M/WBE
Minority: ☐ Yes ☐ No
Women: ☐ Yes ☐ No
32. If yes, list the %:
Minority: _____ %
Women: _____ %

33. Is there Renewal Language in the document? ☒ Yes ☐ No
34. Is there a "Termination for Convenience" clause in the document? ☒ Yes ☐ No

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

6. Statutory Authority (Cite applicable Indiana or Federal Codes):

7. Description of work & justification for spending money. (Please give a brief description of the scope of work included in this agreement.) The Centers for Disease Control & Prevention (CDC) has awarded Indiana Breast & Cervical Cancer (BCCP) funds to reduce disparities through reening outreach and testing for breast and cervical cancer. This vender is a contractee of ISDH. See Exhibit 1 for a complete description of services.

8. Justification of vendor selection and determination of price reasonableness: Under 25 IAC 5-3-10, Family Health Center of Clark county, Inc. can be certified as a MBE and/or WBE. This not-for-profit, women-controlled vendor was chosen due to poverty level, age eligibility, morbidity and mortality in this specific region. They are able to meet contract deliverables for 10% administration fees.

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

SIGNATURES

- | | | | |
|---|------------------------------------|------------------------------------|---------------------------|
| Agency fiscal officer or representative approval - Linda L. Brown | 41. See signature page of contract | 42. Budget agency approval | Date Approved 4/21/04 |
| Attorney General's Office approval JS | 45. Date Approved 5/4/04 | 46. Agency representative received | Date Approved APR 19 2004 |

INDOA Contracts

CONTRACT FOR SERVICES

3610-572900-131300
BCC 403-5

opt

This Contract, entered into by and between **Indiana State Department of Health** (hereinafter referred to as "State") and **Family Health Center of Clark County, Inc.** (hereinafter referred to as "Contractor"), is executed pursuant to the terms and conditions set forth herein. In consideration of those mutual undertakings and covenants, the parties agree as follows:

1. Duties of Contractor

The Contractor shall provide services to reduce disparities through screening outreach and testing for breast and cervical cancer. The Contractor will provide outreach services for Brown, Johnson, Hancock, Henry, Fayette, Rush, Union, Shelby, Marion, Morgan, Hamilton, Parke, Putnam, Hendricks, Vermillion, Wayne, Decatur, Franklin and Bartholomew Counties in Indiana. This project is described fully in Exhibit 1, attached hereto, and made a part hereof and incorporated herein by reference as part of this Contract.

2. Consideration

The Contractor will be paid monthly in arrears using the rates set out on Exhibit 1, attached hereto and hereby incorporated into this Contract. Total remuneration under this Contract shall not exceed \$69,266.

3. Term

This Contract shall commence on June 30, 2004 and shall remain in effect through June 29, 2005.

4. Access to Records

The Contractor 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 Contractor and its subcontractors shall make all Records available at their respective offices at all reasonable times during the Contract period and for three (3) years from the date of final payment under the Contract or until an audit has been completed and all audit exceptions cleared.

5. Assignment

The Contractor shall not assign or subcontract the whole or any part of this Contract without the State's prior written consent. The Contractor may assign its right to receive payments to such third parties as the Contractor may desire without the prior written consent of the State, provided that Contractor 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 Contract and shall not be made to more than one party.

6. Audits

A. Following the expiration or termination of this Contract, the Contractor shall secure an audit of funds provided to the Contractor by the State under this Contract. An independent public accountant or certified public accountant (or as applicable, the State Board of Accounts) shall conduct this audit. The audit shall be conducted in accordance with Generally Accepted Auditing Standards ("GAAS") and any other audit guidelines or standards applicable or specified by the State or the federal government, which includes Chapter 5-11-1 of the Indiana Code and the Indiana State Board of Accounts publication "Guidelines for the Examination of the Entities Receiving Financial Assistance from Governmental Sources" and, if applicable, provisions of the federal Office of Management and Budget Circular A-133. Audits conducted pursuant to this paragraph are to be submitted within the earlier of thirty (30) days after receipt of the Auditor's report(s) or nine (9) months after the close of the audit period unless a written waiver of this provision is provided by the Indiana State Department of Health, Audit Section. The Contractor agrees to provide a readable copy (or original if requested by the State) of all audits secured by the Contractor to meet this provision and a copy of the Contractor's "Entity Annual Report" (Form E-1) to the Indiana State Department of Health, 2 North Meridian Street, Audit Section 2C99, Indianapolis, Indiana 46204. Contractor's agrees to provide the State Board of Accounts an original of all financial and compliance audits and the original "Entity Annual Report" (Form E-1). Should the Contractor be an agency of the State of Indiana or a local or Quasi-governmental agency, the requirement to submit the Contractor's "Entity Annual Report" (Form E-1) to the State and the State Board of Accounts is waived.

B. The Contractor's audit shall be an audit of the actual entity, or distinct portion thereof that is the Contractor, and not of a parent, member, or subsidiary corporation of the Contractor, except to the extent such an expanded audit may be determined by the Auditor or the State to be in the best interests of the State. The audit shall include a statement from the Auditor that the Auditor has reviewed this Contract and that the Contractor is not out of compliance with the financial aspects of this Contract.

C. The State and the Indiana State Board of Accounts reserve the right to approve any auditor to be secured by the Contractor to conduct the audit specified in subparagraph A). Further, if applicable, the Contractor shall require its subcontractors to secure audits in accordance with subparagraph A), and to timely file all reports required by the Indiana State Board of Accounts.

D. Contractor shall maintain books, records, documents, including but not limited to statistical reports, program reports, payroll records, banking records, accounting records, and purchase orders that are sufficient to document Contractor's program and financial activities that relate to the performance of the services and funds provided pursuant to this Contract and Contractor claims for reimbursement under this Contract or as required by law, and other evidence, according to generally accepted accounting procedures, which identify costs attributable to the service(s) specified on 'Exhibit 1' of this Contract. The Contractor shall comply with the cost principles set forth in Office of Management and Budget Circular A-122. The Contractor shall maintain a written cost allocation plan that identifies procedures used to attribute costs to service(s) in Exhibit 1. More restrictive fiscal accountability may be required of the Contractor by the State, beginning upon written notice, if the State determines the Contractor is financially unstable, has a history of poor accountability, or has a management system that does not meet the standards required by the State of Indiana and/or the United States Government.

E. Upon written demand by the State the Contractor agrees to repay the State all sums paid by the State to the Contractor for which adequate fiscal and/or service delivery documentation is not in existence for the time period audited.

F. Should an audit of the Contractor result in an audit exception, the State may set off such amount against current or future allowable claims, demand a cash payback, or withhold payment of current claims or any combination thereof, in a like amount pending resolution between the parties of any disputed amount.

7. Authority to Bind Contractor

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

8. Changes in Work

In the event the State requires a major change in the scope, character or complexity of the work after the work has begun, adjustments in compensation to the Contractor shall be determined by the State in the exercise of its good faith and prudent judgment. The Contractor shall not commence any additional work or change the scope of the work until authorized in writing by the State. No claim for additional compensation shall be made in the absence of a prior written approval executed by all signatories hereto.

9. Compliance with Laws

The Contractor 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 Contract shall be reviewed by the State and the Contractor to determine whether the provisions of this Contract require formal modification.

10. Condition of Payment

All deliverables provided by the Contractor under this contract must be performed to the State's reasonable satisfaction, as determined at the discretion of the undersigned State representative and in accordance with all applicable federal, state, local laws, ordinances, rules, and regulations. The Contractor will not receive payment for work found by the State to be unsatisfactory or performed in violation of federal, state, or local law.

11. Confidentiality of Data, Property Rights in Products, and Copyright Prohibition

The Contractor agrees that all information, data, findings, recommendations, proposals, etc. by whatever name described and in whatever form secured, developed, written or produced by the Contractor in furtherance of this Contract shall be the property of the State. The Contractor 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 Contractor. The Contractor hereby specifically waives and/or releases to the State any cognizable property right of the Contractor to copyright, license, patent or otherwise use such information, data, findings, recommendations, proposals, etc.

12. Confidentiality of State Information

The Contractor understands and agrees that data, materials, and information disclosed to Contractor may contain confidential and protected data. Therefore, the Contractor promises and assures that data, material, and information gathered, based upon or disclosed to the Contractor for the purpose of this Contract, will not be disclosed to others or discussed with third parties without the prior written consent of the State.

13. Records, Reports, Inspections and Audits - Deleted

14. 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 contract;
2. An individual who has an interest of three percent (3%) or more of Contractor, if Contractor 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 Contract without recourse by Contractor 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 Contractor gives the Department an opinion by the Commission indicating that the existence of this Contract 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 Contract consistent with an opinion of the Commission obtained under this section.
- D. Contractor has an affirmative obligation under this Contract 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 Contractor knows or reasonably could know.

15. Continuity of Services – Deleted

16. Debarment and Suspension

Contractor certifies, by entering into this Contract, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from entering into this Contract by any federal agency or by any department, agency or political subdivision of the State of Indiana. The term "principal" for purposes of this Contract means an officer, director, owner, partner, key employee, or other person with primary management or supervisory responsibilities, or a person who has a critical influence on or substantive control over the operations of Contractor. The Contractor also further certifies that it has verified the suspension and debarment status for all sub-contractors receiving funds under this contract and is solely responsible for any paybacks and or penalties that might arise from non-compliance.

17. Default by State

If the State, sixty (60) days after receipt of written notice, fails to correct or cure any breach of this Contract, then the Contractor may cancel and terminate this Contract and collect all monies due up to and including the date of termination.

18. Disputes

- A. Should any disputes arise with respect to this Contract, Contractor and the State agree to act immediately to resolve such disputes. Time is of the essence in the resolution of disputes.
- B. The Contractor agrees that, the existence of a dispute notwithstanding, it will continue without delay to carry out all its responsibilities under this Contract that are not affected by the dispute. Should the Contractor fail to continue to perform its responsibilities regarding all non-disputed work, without delay, any additional costs incurred by the State or the Contractor as a result of such failure to proceed shall be borne by the Contractor, and the Contractor shall make no claim against the State for such costs. If the State and the Contractor 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 Contractor 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.

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

19. Drug-Free Workplace Certification

The Contractor hereby covenants and agrees to make a good faith effort to provide and maintain a drug-free workplace. Contractor will give written notice to the State within ten (10) days after receiving actual notice that the Contractor or an employee of the Contractor has been convicted of a criminal drug violation occurring in the contractor's workplace.

False certification or violation of the certification may result in sanctions including, but not limited to, suspension of contract payments, termination of this Contract and/or debarment of contracting opportunities with the State of Indiana for up to three (3) years.

In addition to the provisions of the above paragraphs, if the total contract amount set forth in this Contract is in excess of \$25,000.00, Contractor 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 Contractor and made a part of the contract or agreement as part of the contract documents.

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

- A. 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 Contractor's workplace, and specifying the actions that will be taken against employees for violations of such prohibition;
- B. Establishing a drug-free awareness program to inform its employees of (1) the dangers of drug abuse in the workplace; (2) the Contractor's policy of maintaining a drug-free workplace; (3) any available drug counseling, rehabilitation, and employee assistance programs; and (4) the penalties that may be imposed upon an employee for drug abuse violations occurring in the workplace;
- C. Notifying all employees in the statement required by subparagraph (A) above that as a condition of continued employment, the employee will (1) abide by the terms of the statement; and (2) notify the Contractor of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction;
- D. Notifying in writing the State within ten (10) days after receiving notice from an employee under subdivision (C)(2) above, or otherwise receiving actual notice of such conviction;

- E. Within thirty (30) days after receiving notice under subdivision (C)(2) 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
- F. Making a good faith effort to maintain a drug-free workplace through the implementation of subparagraphs (A) through (E) above.

20. Employment Option

If the State determines that it would be in the State's best interest to hire an employee of the Contractor, the Contractor will release the selected employee from any non-compete agreements that may be in effect. This release will be at no cost to the State or the employee.

21. Force Majeure

In the event that either party is unable to perform any of its obligations under this Contract or to enjoy any of its benefits because of natural disaster or decrees of governmental bodies not the fault of the affected party (hereinafter referred to as a "Force Majeure Event"), the party who has been so affected shall immediately give notice to the other party and shall do everything possible to resume performance. Upon receipt of such notice, all obligations under this Contract shall be immediately suspended. If the period of nonperformance exceeds thirty (30) days from the receipt of notice of the Force Majeure Event, the party whose ability to perform has not been so affected may, by giving written notice, terminate this Contract.

22. 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 Contract, this Contract 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.

23. Governing Laws

This Contract 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.

24. Indemnification

Contractor 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 Contractor and/or its subcontractors, if any. The State shall **not** provide such indemnification to the Contractor.

25. Independent Contractor

Both parties hereto, in the performance of this Contract, 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.

The Contractor shall be responsible for providing all necessary unemployment and workers' compensation insurance for the Contractor's employees.

26. Information Technology Accessibility

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.

The Contractor 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.

27. Insurance

- a) The Contractor shall secure and keep in force during the term of this agreement, the following insurance coverages, covering the Contractor for any and all claims of any nature which may in any manner arise out of or result from this agreement:
 - 1) Commercial general liability, including contractual coverage, and products or completed operations coverage (if applicable), with minimum liability limits of \$500,000 per person and \$1,000,000 per occurrence unless additional coverage is required by the State.
 - 2) Professional errors and omissions, including a three year "tail coverage endorsement," with minimum liability limits of \$1,000,000 per occurrence and in the aggregate.
 - 3) Automobile liability with minimum liability limits of \$250,000 per person and \$1,000,000 per occurrence.

- 4) Workers compensation coverage meeting all statutory requirements of IC 22-3-2. In addition, an "all states endorsement" covering claims occurring outside the state of Indiana if any of the services provided under this agreement involve work outside the state of Indiana. The Contractor shall provide proof of such insurance coverage by tendering to the undersigned State representative, a certificate of insurance prior to the commencement of this agreement.
- b) The Contractor's insurance coverage must meet the following additional requirements:
- 1) Any deductible or self-insured retention amount or other similar obligation under the insurance policies shall be the sole obligation of the Contractor.
 - 2) The State will be defended, indemnified, and held harmless to the full extent of any coverage actually secured by the Contractor in excess of the minimum requirements set forth above. The duty to indemnify the State under this agreement shall not be limited by the insurance required in this agreement.
 - 3) The insurance required in this agreement, through a policy or endorsement, shall include a provision that the policy and endorsements may not be canceled or modified without thirty (30) days' prior written notice to the undersigned State representative.
 - 4) Failure to provide insurance as required in this agreement is a material breach of contract entitling the State to immediately terminate this agreement.

The Contractor shall furnish a certificate of insurance and all endorsements to the undersigned State representative prior to the commencement of this agreement.

28. Key Person(s) – Deleted

29. Licensing Standards

The parties agree that Contractor 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 Contractor pursuant to this Contract. The State shall not be required to reimburse Contractor for any services performed when Contractor 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, Contractor shall notify State immediately and the State, at its option, may immediately terminate this Contract.

30. Merger & Modification

This contract constitutes the entire agreement between the parties. No understandings, agreements, or representations, oral or written, not specified within this contract will be valid provisions of this contract. This contract may not be modified, supplemented, or amended, in any manner, except by written agreement signed by all necessary parties.

31. Minority and Women Business Enterprise Compliance

The Contractor agrees to comply fully with the provisions of the Contractor's MBE/WBE participation plans, and agrees to comply with all Minority and Women Business Enterprise statutory and administrative code requirements and obligations, including IC 4-13-16.5 and 25 IAC 5.

The Contractor further agrees to cooperate fully with the minority and women's business enterprises division to facilitate the promotion, monitoring, and enforcement of the policies and goals of MBE/WBE program including any and all assessments, compliance reviews and audits that may be required.

32. Nondiscrimination

Pursuant to IC 22-9-1-10 and the Civil Rights Act of 1964, Contractor and its subcontractors shall not discriminate against any employee or applicant for employment in the performance of this Contract. The Contractor 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 race, color, religion, sex, disability, national origin or ancestry. Breach of this covenant may be regarded as a material breach of this Contract. The Contractor's execution of this Contract 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 Contractor understands that the State is a recipient of federal funds. Pursuant to that understanding, the Contractor and its subcontractor, if any, agree that if the Contractor employs fifty (50) or more employees and does at least \$50,000.00 worth of business with the State and is not exempt, the Contractor will comply with the affirmative action reporting requirements of 41 CFR 60-1.7. The Contractor 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. Breach of this covenant may be regarded as a material breach of this Contract.

33. Notice to Parties

Whenever any notice, statement or other communication is required under this Contract, 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 Contractor shall be sent to:

Family Health Center of Clark County, Inc.
ATTN: Linda Cody
1301 Akers Avenue
Jeffersonville, IN 47130

- C. Payments to the Contractor shall be sent to the address designated by Form W-9 on file with the auditor of state which is:

Family Health Center of Clark County, Inc.
ATTN: Linda Cody
1301 Akers Avenue
Jeffersonville, IN 47130

34. Order of Precedence

Any inconsistency or ambiguity in this Contract shall be resolved by giving precedence in the following order: (1) This Contract and (2) attachments prepared by the State (Exhibit 1).

35. Ownership of Documents and Materials

All documents, records, programs, data, film, tape, articles, memoranda, and other materials not developed or licensed by the Contractor prior to execution of this Contract, but specifically developed under this Contract shall be considered "work for hire" and the Contractor transfers any ownership claim to the State of Indiana and all such materials will be the property of the State of Indiana. Use of these materials, other than related to contract performance by the Contractor, without the prior written consent of the State, is prohibited. During the performance of this Contract, the Contractor shall be responsible for any loss of or damage to these materials developed for or supplied by the State and used to develop or assist in the services provided herein while the materials are in the possession of the Contractor. Any loss or damage thereto shall be restored at the Contractor's expense. Full, immediate, and unrestricted access to the work product of the Contractor during the term of this Contract shall be available to the State.

36. Payments

- A. All payment obligations shall be made in arrears in accordance with Indiana law and state fiscal policies and procedures.
- B. All accounts will be closed sixty (60) days after the end of the Contract period. Any State Claim Voucher submitted after sixty (60) days will not be reimbursed by the State.

37. Penalties/Interest/Attorney's Fees

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.

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.

38. Progress Reports

- A. The Contractor shall submit progress reports to the State based upon the needs of the State. Unless specified otherwise in Exhibit 1, the progress reports 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 Contractor understands that failure to provide progress reports as requested by the State may be considered a material breach of the Contract and shall entitle the State to impose sanctions against the Contractor. Sanctions may include, but are not limited to, suspension of all Contract payments, and/or suspension of the Contractor's participation in State contract 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 Exhibit 1 of this Contract.

39. Renewal Option

This Contract 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 contract may not be longer than the term of the original contract.

40. Security and Privacy of Health Information

A. Health Insurance Portability and Accountability Act (HIPAA)

- 1. In the performance of the services listed in the attachments, the Contractor may have access to confidential identifiable medical information known as Protected Health Information (PHI).
- 2. The Contractor agrees that in connection with its services performed on behalf of the Indiana State Department of Health, the Contractor is a Business Associate and shall comply with the Business Associate requirements of HIPAA as described in Section B.

B. HIPAA Business Associate

- 1. **Use of Protected Health Information.** The Contractor shall not use Protected Health Information (PHI) other than as permitted or required under this Agreement. The Contractor, its agents or subcontractors, shall not use PHI received from the State in any manner that would constitute a violation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Standards, 45 CFR Part 164 Subpart E, if used by the State, except that the Contractor may use PHI as it relates to (1) the proper management and administration of the Contractor or to carry out legal responsibilities of the Contractor, or (2) data aggregation services relating to health care operations of the State.

2. **Disclosure of Protected Health Information (PHI).** The Contractor shall not further disclose PHI other than as permitted or required under this Agreement. The Contractor, its agents or subcontractors shall not disclose PHI received from the State in any manner that would constitute a violation of the HIPAA Privacy Standards, 45 CFR Part 164 Subpart E, if disclosed by the State, except that the Contractor may disclose PHI in a manner permitted pursuant to this Agreement or as required by law. To the extent the Contractor discloses PHI to a third party, the Contractor must obtain, prior to making any such disclosure, (a) reasonable assurances from such third party that such PHI will be held confidential as provided pursuant to this Agreement and only disclosed as required by law or for the purposes for which it was disclosed to such third party, and (b) an agreement from such third party to immediately notify the Contractor of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.
3. **Safeguards Against Misuse of Information.** The Contractor agrees that it will implement appropriate safeguards to prevent the use or disclosure of PHI other than as provided by the terms and conditions of this Agreement.
4. **Reporting of Disclosures of Protected Health Information.** The Contractor shall, within fifteen (15) days of becoming aware of a disclosure of PHI in violation of this Agreement by the Contractor or its agents or by a third party to which the Contractor disclosed PHI pursuant to Section 2 of this Addendum, report any such disclosure to the State.
5. **Agreements by Third Parties.** The Contractor shall enter into a written agreement with Contractor's agent or subcontractor that will have access to PHI that is received from, or created or received by the Contractor on behalf of the State pursuant to which such agent or subcontractor agrees to be bound by the same restrictions, terms and conditions that apply to the Contractor pursuant to this Agreement with respect to such PHI.
6. **Access to Information.** Within twenty (20) days of a request by the State for access to PHI about an individual contained in a designated record set, the Contractor shall make available to the State such PHI. In the event any individual requests access to PHI directly from the Contractor, the Contractor shall within five (5) days forward such request to the State. Any denials of access to the PHI requested shall be the responsibility of the State.
7. **Availability of Protected Health Information for Amendment.** Within twenty (20) days of receipt of a request from the State for the amendment of an individual's PHI or a record regarding an individual contained in a designated record set, the Contractor shall provide such information to the State for amendment and incorporate any such amendments in the PHI as required by 45 CFR 164.526.
8. **Accounting of Disclosures.** Within twenty-five (25) days of notice by the State to the Contractor that the State has received a request for an accounting of disclosures of PHI regarding an individual during the six (6) years prior to the date on which the accounting was requested, the Contractor shall make available to the State such information as is in the Contractor's possession and is required for the State to make the accounting required by 45 CFR 164.528.

At a minimum, the Contractor shall provide the State with the following information: (a) the date of the disclosure, (b) the name of the entity or person who received the PHI, and if known, the address of such entity or person, (c) a brief description of the PHI disclosed, and (d) a brief statement of the purpose of such disclosure which includes an explanation of the basis for such disclosure. In the event the request for an accounting is delivered directly to the Contractor, the Contractor shall within ten (10) days forward such request to the State. It shall be the State's responsibility to prepare and deliver any such accounting requested. The Contractor hereby agrees to implement an appropriate record-keeping process to enable it to comply with the requirements of this Section.

9. **Availability of Books and Records**. The Contractor hereby agrees to make its internal practices, books and records relating to the use and disclosure of PHI received from, or created or received by the Contractor on behalf of, the State available to the Secretary of the Department of Health and Human Services for purposes of determining the State's and the Contractor's compliance with the HIPAA Privacy Standards, 45 CFR Part 164 Subpart E.

9. **Protected Health Information at Termination**. At the termination of this Contract for Services, if feasible, the Contractor shall return or destroy all PHI received from, or created or received by the Contractor on behalf of, the State that the Contractor still maintains in any form and retain no copies of such information. If return or destruction of the protected health information is not feasible, the provisions of this Contract for Services shall continue to apply to the protected health information that is not returned or destroyed, notwithstanding the termination of this Contract for Services.

DEFINITIONS FOR USE IN THIS ADDENDUM

"Designated Record Set" shall mean a group of records maintained by or for Indiana State Department of Health (ISDH) that is (a) the medical records and billing records about individuals maintained by or for the ISDH, (b) the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or (c) used, in whole or in part, by or for the ISDH to make decisions about individuals. As used herein the term "Record" means any item, collection, or grouping of information that includes protected health information and is maintained, collected, used or disseminated by or for ISDH.

"Protected Health Information (PHI)" shall mean individually identifiable health information that is (a) transmitted by electronic media; (b) maintained in any medium constituting electronic media; or (c) transmitted or maintained in any other form or medium. "Protected Health Information" shall not include (a) education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. Privacy Act, as amended, 20 U.S.C. §1232g and (b) records described in 20 U.S.C. §1232g(a)(4)(B)(iv).

41. Severability

The invalidity of any section, subsection, clause or provision of this Contract shall not affect the validity of the remaining sections, subsections, clauses or provisions of this Contract.

42. Substantial Performance

This Contract shall be deemed to be substantially performed only when fully performed according to its terms and conditions and any modification thereof.

43. Successors and Assignees

The Contractor binds its successors, executors, administrators, and assignees to all covenants of this Contract. Except as above set forth, the Contractor shall not assign, sublet or transfer interest in this Contract without the prior written consent of the State of Indiana.

44. Taxes

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

45. Termination for Convenience

This Contract may be terminated, in whole or in part, by the State whenever, for any reason, the State determines that such termination is in the best interest of the State. Termination of services shall be effected by delivery to the Contractor of a Termination Notice at least thirty (30) days prior to the termination effective date, specifying the extent to which performance of services under such termination becomes effective. The Contractor shall be compensated for services properly rendered prior to the effective date of termination. The State will not be liable for services performed after the effective date of termination. The Contractor shall be compensated for services herein provided but in no case shall total payment made to the Contractor exceed the original contract price or shall any price increase be allowed on individual line items if canceled only in part prior to the original termination date.

46. Termination for Default – Deleted

47. Registration with the Secretary of State of Indiana

The Contractor certifies that if it is a non-domestic entity, it is registered with the Indiana Secretary of State to do business in the State of Indiana.

48. Travel

If applicable, expenditures made by the Contractor for travel will be reimbursed by the State at the current rate paid by the State of Indiana. Travel expenses can only be reimbursed in accordance with the State Travel Policies and Procedures as specified in the current Financial Management Circular (#2003-1). Out-of-state travel requests must be reviewed by the State for availability of funds and for appropriateness per Circular guidelines.

49. Waiver of Rights

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

50. Work Standards

The Contractor shall execute its responsibilities by following and applying at all times the highest professional and technical guidelines and standards. If the State becomes dissatisfied with the work product of or the working relationship with those individuals assigned to work on this Contract, the State may request in writing the replacement of any or all such individuals, and Contractor shall grant such request.

51. Additional Terms and Conditions

The Contractor agrees to additional conditions set forth in Exhibit 1, which is attached hereto and incorporated herein by reference.

52. Amendments

No alteration or variation of the terms of this Contract 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.

53. 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 Contract.
- B. The Contractor agrees to participate in one session of the cultural competency training presented by the State during the term of this Contract. The Contractor shall designate a representative who will attend this training or otherwise show evidence that a representative has received approved cultural competency training. The Contractor shall be responsible for ensuring that a representative of its subcontractors will attend this training as well. The State Health Commissioner may waive this training requirement upon application and justification submitted by the Contractor that they have received approved cultural competency training within the year prior to the beginning date of this Contract.
- C. The State's cultural competency training is offered to contractors and subcontractors 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 Contract. The Contractor and/or subcontractor shall be responsible for any travel and incidental expenses that exceed the maximum limit or any other conditions set for the use of these contract funds.

- D. Prior to the expiration of this Contract, the State's Cultural Diversity & Enrichment (CDE) Division may provide a cultural competency assessment form to the Contractor that must be completed and returned to the CDE Division within thirty (30) days of receipt of the form.

54. Federal Funding Information

- | | |
|--|--|
| a) C.F.D.A. Title – Centers for Disease Control and Prevention Investigations and Technical Assistance | d) Award No. U55/CCU521884-03 |
| b) C.F.D.A No. 93.283 | e) Award Year – 6-30-04 through 6-29-05 |
| c) Award Name – National Cancer Prevention and Control Program | f) Federal Agency – Department of Health & Human Services, Public Health Service, Centers for Disease Control & Prevention |

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

55. Federal Funds Disclosure Requirements

The Contractor 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 contract 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 2 of this Contract, 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.

56. Federal Lobbying Requirements

- A. The Contractor 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 Contractor, 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 Contract, contract, loan, or cooperative agreement, the Contractor shall complete and submit "Disclosure Form to Report Lobbying" in accordance with its instructions.

- C. The Contractor shall require that the language of subparagraphs A) and B) be included in the language of all subcontracts and that all subcontractors shall certify and disclose accordingly.

57. Remedies Not Impaired

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

58. 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 2003 IDOA Professional Services Contract Manual) in any way except for the following clauses which are identified by name below:

Access to Records

Audits

Payments

Progress Reports

Travel

Non-Collusion and Acceptance

The undersigned attests, subject to the penalties for perjury, that he/she is the Contractor, 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 Contractor, 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 Contract other than that which appears upon the face of this Contract.

The rest of this page is left blank intentionally.

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

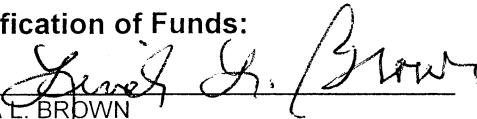
Accepted By:


LINDA CODY

EXECUTIVE DIRECTOR
FAMILY HEALTH CENTER
OF CLARK COUNTY, INC.

DATE: 3-29-04


Certification of Funds:


LINDA L. BROWN

DIRECTOR
DIVISION OF FINANCE
OPERATIONAL SERVICES COMMISSION
INDIANA STATE DEPARTMENT OF HEALTH

DATE: 4/16/04

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: 4/13/04

Approved:


CHARLES R. MARTINDALE, COMMISSIONER

DEPARTMENT OF ADMINISTRATION
STATE OF INDIANA

DATE: 4/20/04

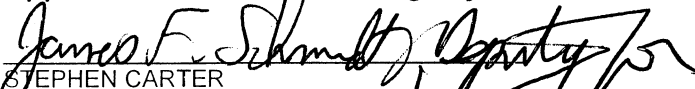
Approved:


MARILYN F. SCHULTZ

STATE BUDGET DIRECTOR
STATE OF INDIANA

DATE: April 21, 2004

Approved as to Form and Legality:


STEPHEN CARTER

ATTORNEY GENERAL OF INDIANA

DATE: 5-21-04

EXHIBIT 1
Family Health Center of Clark County, Inc.

1. PURPOSE OF THE CONTRACT:

The purpose of this contract is to provide the following services to the Breast and Cervical Cancer (BCCP) Program of the Indiana State Department of Health (ISDH).

- A. Provide outreach services for the counties of Brown, Johnson, Hancock, Henry, Fayette, Rush, Union, Shelby, Marion, Morgan, Hamilton, Parke, Putnam, Hendricks, Vermillion, Wayne, Decatur, Franklin, and Bartholomew.
- C. Conduct billing and clinical training programs for Breast and Cervical Cancer Program providers and other partner agencies as determined by the ISDH Breast and Cervical Cancer Program.
- D. Assist in providing quality assurance services in conjunction with case management, professional education and tracking and follow-up activities.

2. SERVICE RECIPIENTS:

Citizens of the State of Indiana

3. CONSIDERATION FOR DELIVERABLES AND SCHEDULE OF PAYMENT

DELIVERABLES	DUE DATE	HOURLY RATE	ANNUAL SALARY	SCHEDULE OF PAYMENT
Employ and maintain a minimum staff level of one (1) full-time Outreach Worker Specialist.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.	\$13.26 (Hourly)	\$27,580 (Annual salary)	Payment shall be due for hours worked and satisfactory completion of Outreach Worker Specialist Deliverables. Such payment shall be paid once monthly in arrears
The Outreach Worker Specialist or designee will review, correct, and submit BCCP forms, bills, and reports on a weekly basis to the central ISDH/BCCP office.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.			Payment shall be due for hours worked and satisfactory completion of Outreach Worker Specialist Deliverables. Such payment shall be paid once monthly in arrears
The Outreach Worker Specialist will submit a monthly outreach report describing activities. The Public Education Coordinator will review the report for satisfactory completion. A quarterly feedback sheet based on the monthly reports will be given to the Outreach Worker Specialist each quarter of the	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.			Payment shall be due for hours worked and satisfactory completion of Outreach Worker

calendar year.				Specialist Deliverables. Such payment shall be paid once monthly in arrears
The Outreach Worker Specialist will have a minimum of 3 outreach/screening events scheduled each month. Completion of an event planning guide will be required for large scale outreach activities.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.			Payment shall be due for hours worked and satisfactory completion of Outreach Worker Specialist Deliverables. Such payment shall be paid once monthly in arrears
<p>The Outreach Worker Specialist will be available on an as-needed basis to BCCP medical providers and patients in other geographic locations within the State of Indiana.</p> <p>The Outreach Worker Specialist will know and enforce BCCP operational policy within their region. Outreach Worker Specialist address policy issues with central BCCP staff.</p>	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.			Payment shall be due for hours worked and satisfactory completion of Outreach Worker Specialist Deliverables. Such payment shall be paid once monthly in arrears
The Outreach Worker Specialist will maintain an electronic database for all patient bills, forms, and reports. Tools designed by central staff shall be utilized in each region.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.			Payment shall be due for hours worked and satisfactory completion of Outreach Worker Specialist Deliverables. Such payment shall be paid once monthly in arrears
The Outreach Worker Specialist will operate the local BCCP office and will serve as BCCP local liaison to medical providers, assist in form review, and all paperwork submissions to ISDH central office. Eighty percent (80%) of packets will be sent to ISDH no later than 60 days from the date services were provided. Enrollment forms will have a zero error rate.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.			Payment shall be due for hours worked and satisfactory completion of Regional Coordinator. Deliverables. Such payment shall be paid once monthly in arrears.
The Outreach Worker Specialist will submit the following documents: correct BCCP forms, bills, and reports on a weekly basis to the central ISDH/BCCP office.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.			Payment shall be due for hours worked and satisfactory completion of Regional

				Coordinator. Deliverables. Such payment shall be paid once monthly in arrears.
The Outreach Worker Specialist shall attend four (4) Regional Coordinator/Outreach meetings. Provider training tools/materials must have the approval of ISDH/BCCP staff.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.			
The Outreach Worker Specialist will submit all missing reports and follow-up materials distributed by the BCCP Case Manager and Tracking and Follow-up Coordinator within 5 working days of request. All missing reports are due September 15, 2004 and March 15, 2005.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.			Payment shall be due for hours worked and satisfactory completion of Regional Coordinator. Deliverables. Such payment shall be paid once monthly in arrears.
The Outreach Worker Specialist will be available on an as-needed basis to BCCP medical providers and patients in other geographic locations within the State of Indiana.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.			Payment shall be due for hours worked and satisfactory completion of Regional Coordinator. Deliverables. Such payment shall be paid once monthly in arrears.
Employ and maintain a minimum staff level of one (1) full-time (40 hours per week) Tracking and Follow-Up Assistant/Data Entry Specialist.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.	\$10.20 (Hourly)	\$21,216 (Annual Salary)	Payment shall be due for hours worked and satisfactory completion of Tracking & Follow-Up Assistant/Data Entry Specialist.
The Tracking & Follow-Up Assistant/Data Entry Specialist will enter program data into the MaxTrac data system with a 0% error rate. Review questionable forms with the Data Entry Manager/Trainer.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.			Payment shall be due for hours worked and satisfactory completion of Tracking & Follow-Up Assistant/Data Entry Specialist.

The Tracking & Follow-Up Assistant/Data Entry Specialist will organize all entries and bills in data entry log for billing preparation, and provide copying and filing services to data/billing personnel.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.			Payment shall be due for hours worked and satisfactory completion of Tracking & Follow-Up Assistant/Data Entry Specialist.
The Tracking & Follow-Up Assistant/Data Entry Specialist will assist the Tracking & Follow-Up Coordinator with research of abnormal cases with an incomplete diagnostic disposition. Then enter complete diagnostic disposition into the data system.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.			Payment shall be due for hours worked and satisfactory completion of Tracking & Follow-Up Assistant/Data Entry Specialist.
The Tracking & Follow-Up Assistant/Data Entry Specialist will assist Tracking & Follow-up/Quality Assurance Coordinator monitoring planned Quality Assurance/Improvement activities.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.			Payment shall be due for hours worked and satisfactory completion of Tracking & Follow-Up Assistant/Data Entry Specialist.
The Tracking & Follow-Up Assistant/Data Entry Specialist will assist clinical staff during the Minimum Data Element reporting periods in April and October.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.			Payment shall be due for hours worked and satisfactory completion of Tracking & Follow-Up Assistant/Data Entry Specialist.
The Tracking & Follow-Up Assistant/Data Entry Specialist will coordinate with the billing personnel to maintain accurate billing information in the data entry system, log vouchers and assist with maintenance of the voucher log.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.			Payment shall be due for hours worked and satisfactory completion of Tracking & Follow-Up Assistant/Data Entry Specialist.
The Tracking & Follow-Up Assistant/Data Entry Specialist will research discrepancies on remittance summary on special requests from provider sites on unpaid claims, and correct other billing issues on special requests from provider sites on unpaid claims, with a 48-hour response for a simple request and within two weeks for a complex request.	Services to be provided in accordance with the Breast and Cervical Cancer Program Grant Guidelines.			Payment shall be due for hours worked and satisfactory completion of Tracking & Follow-Up Assistant/Data Entry Specialist.

Total Costs for Maintaining Minimum Staffing Levels and Associated Deliverables				\$48,796.00
Fringe Benefits				\$13,663.00
Travel				\$510.00
Conferences/Stipends				
Total				\$62,969.00
Management Fee				\$6,296.00
GRAND TOTAL				\$69,265.00

Any deviation in program expenditures must be requested in writing to the Breast and Cervical Cancer Program, and approval contracted by the Breast and Cervical Cancer Program, prior to funds being moved or expended.

3. EQUIPMENT:

The Contractor is responsible for the cost of all repairs, maintenance, and/or replacement of equipment purchased with contract funds while they have care, custody and control over this equipment, and will not be reimbursed with contract funds for such expenses.

4. OUT OF STATE TRAVEL:

All out of state travel using contract funds must have prior written authorization from the State. Authorization for out of state travel must be requested in writing at least six weeks prior to expected travel.

5. CLAIM VOUCHERS:

All claim vouchers must be accompanied by written documentation of actual expenditures for all claimed items.

The Contractor 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 Claim Vouchers to be provided by the State. The payments shall be made at the rates and in the amounts set out in the Deliverables and Schedule of Payment attached hereto as Attachment 5 and hereby incorporated into this Contract for Services.