

Mike Escaname

From: Sharp,Kathy (DSHS) <Kathy.Sharp@dshs.state.tx.us>
Sent: Wednesday, April 25, 2012 8:27 AM
To: Miguel escaname (miguel.escaname@mail.hchd.org); Eddie.Olivarez@hchd.org; Gloria Salinas (gloria.salinas@hchd.org)
Subject: FW: 2012-039064-001 a HIDALGO COUNTY TB PC STATE
Attachments: 2012-039064-001A HIDALGO COUNTY TB PC STATE AMENDMENT.pdf;
2012-039064-001A HIDALGO COUNTY TB PC STATE CATEGORICAL BUDGET.pdf;
2012-039064-001A HIDALGO COUNTY TB PC STATE EQUIPMENT LIST.pdf
Importance: High

Please find attached your TB/State Amendment.

Kathy Sharp, Contract Manager
Contract Management Unit
W-239, MC1990
Office: 512-776-7428, ext. 2640
Direct: 512-776-2640
Fax: 512-458-7391
kathy.sharp@dshs.state.tx.us

From: Lazare-Payne,Rosalyn (DSHS)
Sent: Wednesday, April 25, 2012 7:28 AM
To: 'HIDALGO (mike.escaname@hchd.org)'; 'Dan Beltran HIDALGO (dan.beltran@hchd.org)'
Cc: Sharp,Kathy (DSHS)
Subject: FW: 2012-039064-001a HIDALGO COUNTY TB PC STATE
Importance: High

Hello Contractor,

Attached are files containing your Department of State Health Services (DSHS) contract. Please print two copies of each, in the order they appear in this email, sign and return both copies to this unit as soon as possible. Your contract will be signed by DSHS and returned to your agency.

Changes made to any portion of the contract document (s) are considered a counter-offer and are not valid without DSHS written concurrence.

DSHS will not pay for reimbursements submitted/postmarked more than 60 days after the end of the contract term. Additional information regarding this policy is available on the DSHS website at <http://www.dshs.state.tx.us>.

NOTE: Return both copies of the contract in their entirety to one of the two addresses below. Contracts returned to any other address may result in contract delays.

| Physical Address for Overnight Mail | Mailing Address for Regular Mail |
|--|--|
| Client Services Contracting Unit MC 1886 Department of State Health Services 1100 W.49 th Street Austin, TX 787756 | Client Services Contracting Unit MC 1886 Department of State Health Services PO Box 149347 Austin, TX 78714- 9347 |

Please reference the DSHS contract and attachment number in all future correspondence. If you have questions, contact Rosalyn Lazare-Payne at 512.458.7111 ext 2684 or via email at rosalyn.lazare-payne@dshs.state.tx.us.

Sincerely,

Rosalyn Lazare -Payne, CTP
Client Services Contracting Unit -MC 1886
Department of State Health Services
1100 West 49th Street
PO BOX 149347
Austin, TX 78714-9347
512-458-7111-2684

DEPARTMENT OF STATE HEALTH SERVICES



Amendment
To

The Department of State Health Services (DSHS) and HIDALGO COUNTY (Contractor) agree to amend the Program Attachment # 001 (Program Attachment) to Contract #2012-039064 (Contract) in accordance with this Amendment No. 001A : TB/PC-STATE, effective 03/28/2012.

The purpose of this Amendment is to add additional task related to contractor's TB prevention and control activities in this program attachment and to purchase equipment.

Therefore, DSHS and Contractor agree as follows:

The program attachment number is changed as follows:

PROGRAM ATTACHMENT NO. ~~001~~ 001A

SECTION II. PERFORMANCE MEASURES. are revised to add the following:

1. Cases, and suspected cases, of TB under treatment by Contractor shall be placed on timely and appropriate Direct Observed Therapy (DOT), ~~as medically indicated. DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve its performance regarding this performance measure, which Contractor must conduct and implement according to the timeline set by DSHS.~~ If data indicates a compliance rate for this Performance Measure of less than 90%, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage, on a timeline set by DSHS;

2. Newly diagnosed -reported TB cases that are eligible* to complete treatment within 12 months shall complete therapy within 365 days or less; shall have an HIV test performed (unless they are known HIV positive, or if the patient refuses) and shall have positive or negative HIV test results reported to DSHS according to the reporting schedule provided in Section 1, B herein. ~~DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve its performance regarding this performance measure, which Contractor must conduct and implement according to the timeline set by DSHS.~~

Exclude TB cases 1) diagnosed at death, 2) who die during therapy, 3) who are resistant to Rifampin, 4) who have meningeal disease, and/or 5) who are younger than 15 years with either miliary disease or a positive blood culture for TB. If data indicates a compliance rate for this Performance Measure of less than 85%, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage, on a timeline set by DSHS;

3. TB cases with initial cultures positive for Mycobacterium tuberculosis complex shall be tested for drug susceptibility and have those results documented in their medical record. If data indicates a compliance rate for this Performance Measure of less than 97.4%, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage, on a timeline set by DSHS; Newly reported TB patients with a positive AFB sputum smear result shall have at least three contacts identified as part of the contact investigation that must be pursued for each case. DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve its performance regarding this performance measure, which Contractor must conduct and implement according to the timeline set by DSHS

4. Newly-reported cases of TB with Acid-fast Bacillus (AFB) positive sputum culture results will have documented conversion to sputum culture-negative within 60 days of initiation of treatment. If data indicates a compliance rate for this Performance Measure of less than 45%, then DSHS may (at its sole discretion) require additional measures be taken by contractor to improve the percentage, on a timeline set by DSHS. Class B immigrants shall be evaluated, placed on appropriate prophylaxis when needed and monitored for successful completion of treatment. Immigrant notifications shall be obtained through the Electronic Disease Notification (EDN) system. The TB Follow-up Worksheet in EDN shall be completed for all immigrants whose notification was obtained through .

5. Newly-reported TB cases shall have an HIV test performed (unless they are known HIV-positive, or if the patient refuses) and shall have positive or negative HIV test results reported to DSHS according to the reporting schedule provided in Section 1, B herein. If fewer than 80% of newly reported TB cases have a result of an HIV test reported, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage, on a timeline set by DSHS. Refugees and other at-risk clients referred by the Refugee Health Program for further clinical evaluation shall be evaluated, placed on appropriate prophylaxis when needed and monitored for successful completion of treatment. The TB Worksheet in EDN shall be completed on refugees and other at-risk clients who are reported through EDN.

6. Newly-reported suspected cases of TB disease shall be started in timely manner on the recommended initial 4-drug regimen. If fewer than 93% of newly-reported TB cases are started on an initial 4-drug regimen in accordance with this requirement, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage, on a timeline set by DSHS: Monthly inventory shall be performed of anti-tuberculosis medications and testing supplies furnished by DSHS and reconciled by product and lot number to the quantities listed in the electronic inventory management system furnished by DSHS, as specified herein.

7. Newly-reported TB patients with a positive AFB sputum-smear result shall have at least three contacts identified as part of the contact investigation that must be pursued for each case. If data indicates a compliance rate for this Performance Measure of less than 90%, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to

improve that percentage, on a timeline set by DSHS; All reporting to DSHS shall be completed as described in Section I, B Reporting and submitted by the deadlines given.

8. Newly-identified contacts, identified through the contact investigation, that are associated with a sputum AFB smear-positive TB case shall be evaluated for TB infection and disease. If data indicates a compliance rate for this Performance Measure of less than 81.5%, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage, on a timeline set by DSHS; Contractor shall furnish in the narrative report due March 1, 2012, a written explanation including a plan to meet any failed performance measures and measures to prevent recurrence of performance measure deficiencies.

9. Contacts, identified through the contact investigation, that are associated with a sputum AFB smear-positive case and that are newly diagnosed with latent TB infection (LTBI) shall be started on timely and appropriate treatment. If data indicates a compliance rate for this Performance Measure of less than 65%, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage, on a timeline set by DSHS;

10. Contacts, identified through the contact investigation, that are associated with a sputum AFB smear-positive case that are newly diagnosed with LTBI and that were started on treatment shall complete treatment for LTBI as described in Targeted Tuberculin Testing and Treatment of Latent TB Infection (LTBI), Morbidity and Mortality Weekly Report, Vol. 49, No. RR-6, 2000, and according to the timelines given therein. If data indicates a compliance rate for this Performance Measure of less than 45%, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage, on a timeline set by DSHS;

11. Newly-reported TB patients that are older than 12-years-old and that have a pleural or respiratory site of disease shall have sputum AFB-culture results reported to DSHS according to the timelines for reporting initial and updated results given herein. If data indicates a compliance rate for this Performance Measure of less than 89.5%, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage, on a timeline set by DSHS; and

SECTION VIII. SPECIAL PROVISIONS, is revised to add the following

General Provisions, Article XII. General Business Operations of Contractor, Section 12.20, Equipment (Including Controlled Assets) Purchases, is revised to include the following:

Contractor must initiate the purchase of equipment added per amendment A to this Program Attachment no later than August 1, 2012. Failure to initiate the purchase of equipment by August 1, 2012 may result in loss of availability of funds for the purchase of equipment.

All other terms and conditions not hereby amended are to remain in full force and effect. In the event of a conflict between the terms of this contract and the terms of this Amendment, this Amendment shall control.

Department of State Health Services

Contractor

Signature of Authorized Official

Signature of Authorized Official

Date: _____

Date: _____

Bob Burnette, C.P.M., CTPM

Name: _____

Director, Client Services Contracting Unit

Title: _____

1100 WEST 49TH STREET
AUSTIN, TEXAS 78756

Address: _____

(512) 458-7470

Phone: _____

Bob.Burnette@dshs.state.tx.us

Email: _____

DEPARTMENT OF STATE HEALTH SERVICES



1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199

CATEGORICAL BUDGET CHANGE REQUEST

DSHS PROGRAM: Tuberculosis Prevention and Control - State

CONTRACTOR: HIDALGO COUNTY

CONTRACT NO: 2012-039064

CONTRACT TERM: 09/01/2011 THRU: 08/31/2012

BUDGET PERIOD: 09/01/2011 THRU: 08/31/2012

CHG: 001A

| DIRECT COST (OBJECT CLASS CATEGORIES) | | | |
|---|-----------------------------|---------------------|--------------------|
| | Current Approved Budget (A) | Revised Budget (B) | Change Requested |
| Personnel | \$325,692.00 | \$325,692.00 | \$0.00 |
| Fringe Benefits | \$100,020.00 | \$100,020.00 | \$0.00 |
| Travel | \$1,650.00 | \$1,650.00 | \$0.00 |
| Equipment | \$0.00 | \$3,240.00 | \$3,240.00 |
| Supplies | \$7,145.00 | \$7,145.00 | \$0.00 |
| Contractual | \$9,000.00 | \$24,000.00 | \$15,000.00 |
| Other | \$12,000.00 | \$45,454.00 | \$33,454.00 |
| Total Direct Charges | \$455,507.00 | \$507,201.00 | \$51,694.00 |
| INDIRECT COST | | | |
| Base (\$) | \$0.00 | \$0.00 | \$0.00 |
| Rate (%) | 0.00% | 0.00% | 0.00% |
| Indirect Total | \$0.00 | \$0.00 | \$0.00 |
| PROGRAM INCOME | | | |
| Program Income | \$13,366.00 | \$13,366.00 | \$0.00 |
| Other Match | \$0.00 | \$0.00 | \$0.00 |
| Income Total | \$13,366.00 | \$13,366.00 | \$0.00 |
| LIMITS/RESTRICTIONS | | | |
| Advance Limit | \$0.00 | \$0.00 | \$0.00 |
| Restricted Budget | \$0.00 | \$0.00 | \$0.00 |
| SUMMARY | | | |
| Cost Total | \$455,507.00 | \$507,201.00 | \$51,694.00 |
| Performing Agency Share | \$13,366.00 | \$13,366.00 | \$0.00 |
| Receiving Agency Share | \$455,507.00 | \$507,201.00 | \$51,694.00 |
| Total Reimbursements Limit | \$455,507.00 | \$507,201.00 | \$51,694.00 |
| JUSTIFICATION | | | |
| This amendment adds additional tasks, and corresponding funds to the Budget Section, related to Contractor's TB prevention and control activities in this Program Attachment. | | | |

Financial status reports are due: 12/30/2011, 03/30/2012, 07/02/2012, 10/30/2012

DEPARTMENT OF STATE HEALTH SERVICES



1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199

EQUIPMENT LIST CHANGE REQUEST

DSHS PROGRAM: Tuberculosis Prevention and Control - State
CONTRACTOR: HIDALGO COUNTY
CONTRACT TERM: 09/01/2011 THRU: 08/31/2012
BUDGET PERIOD: 09/01/2011 THRU: 08/31/2012
CONTRACT NO: 2012-039064 CHG: 001A

PREVIOUS EQUIPMENT LIST

| Item # | Equipment Description | Units | Unit Cost | Total |
|--------|-----------------------|-------|-----------|-------|
| | | | | |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |

NEW EQUIPMENT LIST

| Item # | Equipment Description | Units | Unit Cost | Total |
|--------|---------------------------|-------|------------|------------|
| 1 | Optec 5500P Vision Tester | 1 | \$3,240.00 | \$3,240.00 |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |