



**TEXAS**  
Health and Human  
Services

**Texas Department of State Health Services**

**John Hellerstedt, M.D.**  
*Commissioner*

The Honorable Richard F. Cortez  
Hidalgo County Judge  
Hidalgo County  
1304 S. 25<sup>th</sup> Avenue  
Edinburg, Texas 78542

Subject: Zika Health Care Services Program  
Contract Number: HHS000059600001, Amendment No. 4  
Contract Amount: \$1,661,469.00  
Contract Term: January 3, 2018 – June 30, 2021

Dear Judge Cortez:

Enclosed is the Zika Health Care Services Program amendment between the Department of State Health Services and Hidalgo County.

The purpose of this contract is to provide education and resources to individuals related to Zika prevention, testing and management.

This amendment decreases the contract by \$67,253.00 for FY 2020.

Please let me know if you have any questions or need additional information.

Sincerely,

Kevin Ruiz, CTCM  
Contract Manager  
512-776-2192  
Kevin.ruiz@dshs.texas.gov

**DEPARTMENT OF STATE HEALTH SERVICES  
CONTRACT NO. HHS00005960001**

**AMENDMENT NO. 4**

The Department of State Health Services (“**DSHS**”) and Hidalgo County (“**Grantee**”), each a “**Party**” and collectively the “**Parties**,” to that certain grant contract effective January 3, 2018, and denominated DSHS Contract No. HHS00005960001 (the “**Contract**”), as amended, now desire to further amend the Contract.

**Whereas**, the Parties desire to revise the Budget to decrease funds for the Contract period July 1, 2020, through June 30, 2021 (“**FY2020**”); and

**Whereas**, this revision will result in the decrease of **\$67,253.00** in federal funds; and

**Whereas**, the Parties desire to revise the Statement of Work.

**Now, therefore**, the Parties hereby amend and modify the Contract as follows:

1. **SECTION IV, BUDGET**, of the Contract is amended and replaced in its entirety with the following:

“The total not-to-exceed amount of this Contract is decreased to **\$1,661,469.00**. All expenditures for FY2020 will be in accordance with **Attachment B-4, Fiscal Year 2020 Budget**, which is attached to this Contract and incorporated herein.”

2. **SECTION I. GRANTEE RESPONSIBILITIES**, through **SECTION I (F) of ATTACHMENT A, STATEMENT OF WORK**, is amended as follows:

**I. GRANTEE RESPONSIBILITIES**

Grantee shall hire Community Health Workers (CHW), Case Managers (CM), or other relevant public health staff to work in Grantee’s public health clinics and communities to provide education and resources to individuals related to the prevention, testing, treatment, and management of Zika and sexually transmitted diseases/infections (STDs).

A. Grantee shall use grant funds to hire teams to:

1. Conduct education and outreach activities to prevent the spread of Zika virus and STDs:
  - a. Local Health Department (LHD) staff shall provide Zika and STD prevention education to women of childbearing age (age 18-44) and their partners.
  - b. LHD staff shall provide information about the importance of being tested for STDs.
  - c. LHD staff shall provide education about the effects of Zika and STDs, including syphilis, on a newborn (complications of congenital Zika and congenital syphilis).
2. Increase access to contraceptive services for women and men in accordance with the following:
  - a. CHWs shall provide client-centered contraception counseling to



- i. Accessing Zika and STD testing for their newborns; and
      - ii. Accessing a comprehensive physical exam and treatment post-delivery, and any other recommended exams for newborns with possible congenital Zika or congenital syphilis.
    - d. CMs shall assist families of infants and children with possible congenital Zika virus exposure (see reporting form for definition) or congenital syphilis with:
      - i. Accessing a head ultrasound, a comprehensive ophthalmologic exam, a hearing screening and assessment, and any other recommended exams for their infants and children; and
      - ii. Coordinating consultations with an infectious disease specialist, a neurologist, a clinical geneticist, a nephrologist, a gastroenterologist, an early intervention and developmental specialist, and any other necessary specialists for their infants and children.
- B. Grantee shall ensure that LHD staff performs and documents duties on the reporting template provided.
- C. Grantee shall ensure that Teams are available and able to attend training and ongoing technical assistance activities provided by System Agency.
- D. Staff competencies
  1. CMs shall have a high school diploma and a minimum of one year of case management experience.
  2. CHWs shall either be certified by System Agency prior to employment or be certified within 60 days of hire date.

**E. REPORTING.**

Grantee shall submit to System Agency the following reporting data in the format to be provided by System Agency. The Grantee shall also collect data and report on any additional activities added by the System Agency after the start of the Contract period.

1. Insurance status of Zika Health Care Services Program recipients at intake.
2. Number of men and women of reproductive age who received client-centered contraceptive counseling services.
  - a. Number of women who received client-centered contraceptive counseling services only (without receiving a contraceptive method on the day of their provider visit) for the following reasons:
    - i. Undecided/not ready
    - ii. Might be pregnant
    - iii. Desired method was out of stock
    - iv. Medical reasons
    - v. Did not want contraception
    - vi. Continuing with current method of contraception

- vii. Are pregnant
  - viii. Reason not specified
3. Number of reproductive age women who received case management to access contraceptive services through other providers and funding sources.
  4. Number of reproductive age women with a provider visit during the most recent quarter.
  5. Number of pregnant women in Grantee's target population during the most recent quarter.
  6. Number of pregnant women whose partners received counseling on preventing Zika virus or STDs during pregnancy.
  7. Number of pregnant women who received pre- and post-Zika or STD test counseling.
  8. Number of pregnant women who received education on ensuring baby is screened for Zika- related conditions and congenital syphilis at delivery.
  9. Number of pregnant women who received case management to access appropriate prenatal ultrasound monitoring.
  10. Number of mothers who had laboratory evidence of possible Zika virus or STD infection receiving case management to access appropriate evaluation and outpatient management services for the newborn.
  11. Number of pregnant women receiving prenatal care at LHD clinics.
  12. Number of pregnant women who received an ultrasound between 18 and 22 weeks' gestation.
  13. Number of women who were tested for Zika virus infection or STDs during their pregnancy.
  14. Number of days between the Zika or STD laboratory testing collection date for pregnant women and the date the results were provided to the ordering physician (total number of days for all pregnant women).
  15. Of #13, the number with laboratory evidence of possible Zika virus infection.
  16. Of #13, the number with laboratory evidence of STDs.
  17. Of #16, the number who were tested for STDs during their first prenatal care visit.
  18. Of #16, the number who were tested for STDs during labor and delivery.
  19. Of #15, the number who received serial (e.g., every 3-4 weeks or other intervals) level II ultrasounds per CDC guidelines.
  20. Of #15, the number that obtained a prenatal ultrasound from a high-risk medical facility.
  21. Of #15, the number who received serial (e.g., every 3-4 weeks or other intervals) level II ultrasounds per CDC guidelines from a high-risk medical facility.
  22. Number of days between Zika or STD diagnosis in a pregnant woman and receipt of full prenatal assessment from a high-risk medical facility.
  23. Number of newborns born to mothers with evidence of possible Zika virus infection.
  24. Of #23, the number who were tested for Zika using any of the CDC-

- recommended tests BEFORE hospital discharge.
25. Of #23, the number who were tested for Zika using any of the CDC-recommended tests AFTER hospital discharge.
  26. Of #23, the number who received the following tests or measurements BEFORE hospital discharge:
    - a. A comprehensive physical exam
    - b. A head circumference measurement
    - c. A length measurement
    - d. A weight measurement
    - e. A comprehensive ophthalmologic exam
    - f. An age-appropriate developmental screening
    - g. A hearing assessment by Auditory Brainstem Response (ABR)
  27. Number of infants with possible congenital Zika virus infection who received the following exams:
    - a. A head ultrasound by 1 month of age
    - b. A comprehensive ophthalmologic exam by 1 month of age
  28. Number of infants and children with possible congenital Zika virus infection who received the following tests or exams:
    - a. A standard evaluation
    - b. A head ultrasound after 1 month of age
    - c. A comprehensive ophthalmologic exam after 1 month of age
    - d. A hearing screening by Otoacoustic Emission methodology (OAE)
    - e. A hearing assessment by Auditory Brainstem Response (ABR)
    - f. A repeat hearing assessment by Auditory Brainstem Response (ABR)
    - g. A consultation with an infectious disease specialist
    - h. A consultation with a neurologist
    - i. A consultation with a clinical geneticist
    - j. A consultation with a nephrologist
    - k. A consultation with a gastroenterologist
    - l. A consultation with an early intervention and developmental specialist
    - m. A consultation with other specialists (e.g., lactation specialist, nutritionist, speech or occupational therapist)
  29. Number of liveborn infants with Zika-associated birth defects.
  30. Of #29, the number diagnosed with:
    - a. Brain abnormalities/birth defects with and without microcephaly
      - i. Of #30. a., the number who were tested for Zika virus infection
    - b. Neural tube defects and other early brain malformations/birth defects
      - ii. Of #30. b., the number who were tested for Zika virus infection
    - c. Structural eye abnormalities/birth defects
      - iii. Of #30. c., the number who were tested for Zika virus infection
    - d. Central nervous system (CNS) dysfunction/birth defects

- iv. Of #30, d., the number who were tested for Zika virus infection
31. Number of newborns diagnosed with microcephaly or other brain abnormalities caused by Zika or another CDC-defined birth defect defined as part of CDC's case inclusion criteria as potentially linked to Zika.
32. Number of miscarriages with the following Zika-associated birth defects:
  - a. Brain abnormalities/birth defects with and without microcephaly
  - b. Neural tube defects and other early brain malformations/birth defects
  - c. Structural eye abnormalities/birth defects
  - d. CNS dysfunction/birth defects
33. Number of stillbirths with the following Zika-associated birth defects:
  - a. Brain abnormalities/birth defects with and without microcephaly
  - b. Neural tube defects and other early brain malformations/birth defects
  - c. Structural eye abnormalities/birth defects
  - d. CNS dysfunction/birth defects
34. Number of newborns born to mothers with possible syphilis exposure.
35. Of #34, the number who were tested for syphilis using any of the CDC-recommended tests BEFORE hospital discharge.
36. Of #34, the number who were tested for syphilis using any of the CDC-recommended tests AFTER hospital discharge.
37. Of #34, the number who received the following tests or measurements BEFORE hospital discharge:
  - a. A comprehensive physical exam
  - b. Non-Treponemal test
  - c. CSF analysis
  - d. Complete Blood Count
  - e. Long-Bone Radiographs
  - f. Chest Radiographs
  - g. Liver function tests
  - h. Neuroimaging
  - i. Ophthalmologic exam
  - j. Auditory exam
38. Number of liveborn infants with syphilis-associated birth defects.
39. Number of days between Zika or syphilis laboratory testing collection date for newborns born to mothers with evidence of possible Zika or syphilis infection and the date the results were provided to the ordering physician (total number of days for all newborns).
40. Number of vacant, full-time staff positions funded through the CMS Zika HCSP Grant.
41. Number of live births in target population.
42. Number of miscarriages in target population.
43. Number of therapeutic terminations in target population.

44. Number of completed pregnancies with or without Zika-associated or syphilis-associated birth defects.
3. This Amendment shall be effective as of the date last signed below.
4. Except as amended and modified by this Amendment, all terms and condition of the Contract, as amended, shall remain in full force and effect.
5. Any further revisions to the Contract shall be by written agreement of the Parties.

**SIGNATURE PAGE FOLLOWS**

**SIGNATURE PAGE FOR AMENDMENT NO. 4  
DSHS CONTRACT NO. HHS000059600001**

**DEPARTMENT OF STATE HEALTH SERVICES    HIDALGO COUNTY**

By: \_\_\_\_\_

By: \_\_\_\_\_

Date of Execution: \_\_\_\_\_

Date of Execution: \_\_\_\_\_

**THE FOLLOWING ATTACHMENTS ARE ATTACHED AND INCORPORATED AS PART OF THE  
CONTRACT:**

**ATTACHMENT B -4    FISCAL YEAR 2020 BUDGET**

**ATTACHMENT B-4  
FISCAL YEAR 2020 BUDGET  
CONTRACT NO. HHS000059600001**

<b>Budget Categories</b>	<b>Previous FY2020 Budget</b>	<b>Change</b>	<b>Revised FY2020 Budget</b>
Personnel	\$ 355,786.00	\$ 86,660.00	\$ 442,446.00
Fringe Benefits	\$ 152,241.00	\$ 34,250.00	\$ 186,491.00
Travel	\$ 4,930.00	\$ 6,767.00	\$ 11,697.00
Equipment	\$ 0.00	\$ 0.00	\$ 0.00
Supplies	\$ 369,564.00	\$ (189,943.00)	\$ 179,621.00
Contractual	\$ 0.00	\$ 0.00	\$ 0.00
Other	\$ 9,987.00	\$ (4,987.00)	\$ 5,000.00
Total Direct Costs	\$ 892,508.00	\$ (67,253.00)	\$ 825,255.00
Indirect Costs	\$ 0.00	\$ 0.00	\$ 0.00
<b>Total of Direct Costs and Indirect Costs</b>	<b>\$ 892,508.00</b>	<b>\$ (67,253.00)</b>	<b>\$ 825,255.00</b>