



**Inter-Local  
Application  
for  
Tuberculosis Prevention and  
Control for FY 2010 Federal  
Funds**

*<http://www.dshs.state.tx.us/idcu/disease/tb>*

**Issue Date:**

**Due Date: JULY 27, 2009**

**Infectious Disease Intervention and Control Branch**

1100 W. 49<sup>th</sup> Street  
Austin, Texas 78756-3199

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David L. Lakey, M.D. Commissioner

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Department of State Health Services  
**FORM A: FACE PAGE – Application for Financial Assistance  
 Tuberculosis Prevention**

This form requests basic information about the respondent and project, including the signature of the authorized representative. The face page is the cover page of the proposal and must be completed in its entirety.

RESPONDENT INFORMATION																			
1) LEGAL BUSINESS NAME: Collin County Health Care Services																			
2) MAILING Address Information (include mailing address, street, city, county, state and zip code): <span style="float: right;">Check if address change <input type="checkbox"/></span> 825 N. McDonald Street, Ste. 130 McKinney, TX 75069																			
3) PAYEE Name and Mailing Address (if different from above): <span style="float: right;">Check if address change <input checked="" type="checkbox"/></span> Collin County Auditor's Office 2300 Bloomdale Road, Suite 3100, McKinney, Texas 75071																			
4) Federal Tax ID No. (9 digit), State of Texas Comptroller Vendor ID No. (14 digit) or Social Security Number (9 digit) : <span style="float: right;">75-6000873</span> <small>*The respondent acknowledges, understands and agrees that the respondent's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.</small>																			
5) TYPE OF ENTITY (check all that apply): <table style="width:100%; border: none;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">Nonprofit Organization*</td> <td style="width: 33%;">Individual</td> </tr> <tr> <td><input checked="" type="checkbox"/> County</td> <td>For Profit Organization*</td> <td>FQHC</td> </tr> <tr> <td>Other Political Subdivision</td> <td>HUB Certified</td> <td>State Controlled Institution of Higher Learning</td> </tr> <tr> <td>State Agency</td> <td>Community-Based Organization</td> <td>Hospital</td> </tr> <tr> <td>Indian Tribe</td> <td>Minority Organization</td> <td>Private</td> </tr> <tr> <td></td> <td>Faith Based (Nonprofit Org)</td> <td>Other (specify): _____</td> </tr> </table>		City	Nonprofit Organization*	Individual	<input checked="" type="checkbox"/> County	For Profit Organization*	FQHC	Other Political Subdivision	HUB Certified	State Controlled Institution of Higher Learning	State Agency	Community-Based Organization	Hospital	Indian Tribe	Minority Organization	Private		Faith Based (Nonprofit Org)	Other (specify): _____
City	Nonprofit Organization*	Individual																	
<input checked="" type="checkbox"/> County	For Profit Organization*	FQHC																	
Other Political Subdivision	HUB Certified	State Controlled Institution of Higher Learning																	
State Agency	Community-Based Organization	Hospital																	
Indian Tribe	Minority Organization	Private																	
	Faith Based (Nonprofit Org)	Other (specify): _____																	
<small>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</small>																			
6) PROPOSED BUDGET PERIOD: <span style="margin-left: 50px;">Start Date: 1/01/2010</span> <span style="margin-left: 100px;">End Date: 12/31/2010</span>																			
7) COUNTIES SERVED BY PROJECT: Collin																			
8) AMOUNT OF FUNDING REQUESTED: \$100,000	10) PROJECT CONTACT PERSON Name: Patsy Morris/Candy Blair Phone: 972-548-5503/972-548-5504 Fax: 972-548-5550 E-mail: pmorris@co.collin.tx.us/cblair@co.collin.tx.us																		
9) PROJECTED EXPENDITURES Does respondent's projected state or federal expenditures exceed \$500,000 for respondent's current fiscal year (excluding amount requested in line 8 above)? **  Yes      No X  <small>**Projected expenditures should include funding for all activities including "pass through" federal funds from all state agencies and non project-related DSHS funds.</small>	11) FINANCIAL OFFICER Name: Don Cozad Phone: 972-548-4641 Fax: 972-548-4696 E-mail: lriggs@co.collin.tx.us																		
The facts affirmed by me in this proposal are truthful and I warrant that the respondent is in compliance with the assurances and certifications contained in APPENDIX A: DSHS Assurances and Certifications. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the respondent and I (the person signing below) am authorized to represent the respondent.																			
12) AUTHORIZED REPRESENTATIVE <span style="float: right;">Check if change</span> Name: Keith Self Title: County Judge Phone: 972-548-4635 Fax: 972-548-4699 E-mail: Keith.self@co.collin.tx.us	13) SIGNATURE OF AUTHORIZED REPRESENTATIVE  14) DATE 7/27/09																		

## FORM A: FACE PAGE Instructions

This form provides basic information about the respondent and the proposed project with the Department of State Health Services (DSHS), including the signature of the authorized representative. It is the cover page of the proposal and is required to be completed. Signature affirms that the facts contained in the respondent's response are truthful and that the respondent is in compliance with the assurances and certifications contained in **APPENDIX A: DSHS Assurances and Certifications** and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below to complete the face page form and return with the respondent's proposal.

- 1) **LEGAL BUSINESS NAME** - Enter the legal name of the respondent.
- 2) **MAILING ADDRESS INFORMATION** - Enter the respondent's complete physical address and mailing address, city, county, state, and zip code.
- 3) **PAYEE NAME AND MAILING ADDRESS** - Payee – Entity involved in a contractual relationship with respondent to receive payment for services rendered by respondent and to maintain the accounting records for the contract; i.e., fiscal agent. Enter the PAYEE's name and mailing address if PAYEE is different from the respondent. The PAYEE is the corporation, entity or vendor who will be receiving payments.
- 4) **FEDERAL TAX ID/STATE OF TEXAS COMPTROLLER VENDOR ID/SOCIAL SECURITY NUMBER** - Enter the Federal Tax Identification Number (9-digit) or the Vendor Identification Number assigned by the Texas State Comptroller (14-digit). \*The respondent acknowledges, understands and agrees that the respondent's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.
- 5) **TYPE OF ENTITY** - The type of entity is defined by the Secretary of State and/or the Texas State Comptroller. Check all appropriate boxes that apply.

HUB is defined as a corporation, sole proprietorship, or joint venture formed for the purpose of making a profit in which at least 51% of all classes of the shares of stock or other equitable securities are owned by one or more persons who have been historically underutilized (economically disadvantaged) because of their identification as members of certain groups: Black American, Hispanic American, Asian Pacific American, Native American, and Women. The HUB must be certified by the Comptroller's Texas Procurement and Support Services or another entity.

MINORITY ORGANIZATION is defined as an organization in which the Board of Directors is made up of 50% racial or ethnic minority members.

If a Non-Profit Corporation or For-Profit Corporation, provide the 10-digit charter number assigned by the Secretary of State.

- 6) **PROPOSED BUDGET PERIOD** - Enter the budget period for this proposal. Budget period is defined in the RFP.
- 7) **COUNTIES SERVED BY PROJECT** - Enter the proposed counties served by the project.
- 8) **AMOUNT OF FUNDING REQUESTED** - Enter the amount of funding requested from DSHS for proposed project activities (not including possible renewals). This amount must match column (1) row K from FORM I: BUDGET SUMMARY.
- 9) **PROJECTED EXPENDITURES** - If respondent's projected state or federal expenditures exceed \$500,000 for respondent's current fiscal year, respondent must arrange for a financial compliance audit (Single Audit).
- 10) **PROJECT CONTACT PERSON** - Enter the name, phone, fax, and e-mail address of the person responsible for the proposed project.
- 11) **FINANCIAL OFFICER** - Enter the name, phone, fax, and e-mail address of the person responsible for the financial aspects of the proposed project.
- 12) **AUTHORIZED REPRESENTATIVE** - Enter the name, title, phone, fax, and e-mail address of the person authorized to represent the respondent. Check the "Check if change" box if the authorized representative is different from previous submission to DSHS.
- 13) **SIGNATURE OF AUTHORIZED REPRESENTATIVE** - The person authorized to represent the respondent must sign in this blank.
- 14) **DATE** - Enter the date the authorized representative signed this form.

# FORM B: APPLICATION TABLE OF CONTENTS AND CHECKLIST

Legal Business Name  
of Respondent

COLLIN COUNTY HEALTH CARE SERVICES

*This form is provided as your Table of Contents and to ensure that the application is complete, proper signatures are included, and the required attachments have been submitted. Be sure to indicate page number.*

FORM	DESCRIPTION	Included
A	Face Page - completed, and proper signatures and date included	X
B	Proposal Table of Contents and Checklist - completed and included	X
C	Contact Person Information - completed and included	X
D	Performance Measures	X
E	Work Plan – included	X
F	Budget Summary Form - completed and included (with most recently approved indirect cost agreement and letters of good standing if applicable)	X
G	Budget Category Detail Forms - completed and included	X

## FORM C: CONTACT PERSON INFORMATION

Legal Business Name of Respondent:

Collin County Health Care Services

*This form provides information about the appropriate contacts in the respondent's organization in addition to those on FORM A: FACE PAGE. If any of the following information changes during the term of the contract, please send written notification to the **Contract Management Unit**.*

<p><b>Contact:</b> <u>Candy Blair</u></p> <p><b>Title:</b> <u>Health Care Administrator</u></p> <p><b>Phone:</b> <u>972-548-5504</u></p> <p><b>Fax:</b> <u>972-548-5550</u></p> <p><b>E-mail:</b> <u>cblair@co.collin.tx.us</u></p>	<p><b>Mailing Address (incl. street, city, county, state, &amp; zip):</b></p> <p><u>825 N. McDonald, Ste. 130</u></p> <p><u>McKinney</u></p> <p><u>Collin County</u></p> <p><u>Texas 75069</u></p>
<p><b>Contact:</b> <u>Patsy Morris</u></p> <p><b>Title:</b> <u>HC Coordinator</u></p> <p><b>Phone:</b> <u>972-548-5503</u></p> <p><b>Fax:</b> <u>972-548-5550</u></p> <p><b>E-mail:</b> <u>pmorris@co.collin.tx.us</u></p>	<p><b>Mailing Address (incl. street, city, county, state, &amp; zip):</b></p> <p><u>825 N. McDonald Street, Ste. 130</u></p> <p><u>McKinney</u></p> <p><u>Collin County</u></p> <p><u>Texas 75069</u></p>
<p><b>Contact:</b> _____</p> <p><b>Title:</b> _____</p> <p><b>Phone:</b> _____</p> <p><b>Fax:</b> _____</p> <p><b>E-mail:</b> _____</p>	<p><b>Mailing Address (incl. street, city, county, state, &amp; zip):</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>Contact:</b> _____</p> <p><b>Title:</b> _____</p> <p><b>Phone:</b> _____</p> <p><b>Fax:</b> _____</p> <p><b>E-mail:</b> _____</p>	<p><b>Mailing Address (incl. street, city, county, state, &amp; zip):</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

## **FORM D: PERFORMANCE MEASURES**

In the event a contract is awarded, applicant agrees that performance measures will be used to assess, in part, the applicant's effectiveness in providing the services described. Address all of the requirements (see PERFORMANCE MEASURES Guidelines) associated with the services proposed in this proposal.

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1. 90% of cases and suspects under treatment in 2009 are on DOT.
2. 92% of eligible\* TB cases reported in 2008, completed a course of curative TB treatment within twelve (12) months of initiation of treatment;
3. 97% of TB patients reported in 2008 with initial positive cultures are tested for and have drug susceptibility results documented in their medical record;
4. 94% of smear positive TB cases reported in 2009 have at least one (1) contact identified;
5. 76% of identified contacts to smear positive TB cases reported in 2008 shall be evaluated for TB infection or disease;
6. 68% of infected contacts (to smear positive cases reported in 2008) who are started on treatment for LTBI shall complete therapy;
7. 75% of adults (age>14) with TB disease reported in 2009 are tested for HIV;
8. 85% of adults (age 25-44) with TB disease reported in 2009 are tested for HIV;
9. Number of TB cases in US-born non-Hispanic African-Americans
10. List the number of contact investigations conducted for TB cases and suspected TB cases reported in 2009.

\* Exclude TB cases 1) diagnosed at death, 2) who die during therapy, 3) who are resistant to rifampin, 4) who have meningeal disease, and 5) who are younger than 15 years with either military disease or a positive blood culture for TB.

If the contractor fails to meet any of the performance measures, the CONTRACTOR shall furnish in the narrative report due March 1, 2010, a written explanation including a plan to meet those measures.

The Infectious Disease Intervention and Control Branch Tuberculosis Prevention and Control Program shall calculate performance measures based on the information maintained in databases kept at the Tuberculosis Prevention and Control Program, through limited scope audits or inspections, and scheduled program reviews of successful applicants.

## FORM E: WORK PLAN

Applicant shall describe its plan for service delivery to the population in the proposed service area(s) and include timelines for accomplishments. Address the required elements (see WORK PLAN Requirements) associated with the services proposed in this proposal.

**A maximum of five (5) additional pages may be attached if needed.**

**QUESTION 1**—The proposed services aimed at the prevention and control of Tuberculosis (TB) provided by Collin County Health Care Services (CCHCS) through its TB Elimination Program include: performing TB skin testing and chest x-ray services for the public as well as contacts to TB cases, providing TB-related medical care and Directly Observed Therapy (DOT) for active TB cases, providing Latent Tuberculosis Infection (LTBI) therapy to patients at risk of developing TB, performing contact investigations in compliance with the Texas Department of State Health Services (DSHS) and other TB prevention partners, and imparting practical information pertaining to the management of TB patients to medical and professional personnel.

The area served by the CCHCS TB Elimination Program is Collin County, Texas. Collin County is located in North Texas, and is part of the Dallas/Fort Worth Metroplex. The geographical area of Collin County covers 847.56 square miles<sup>1</sup> and is comprised of metropolitan centers, suburban communities, and rural landscapes. The population of Collin County has increased to an estimated 801,865 residents by 2009. Of note, the county seat, McKinney, was identified as the nation's fastest growing city for the time period between April 1, 2000 and July 1, 2008 with its population more than doubling to 121,211 residents<sup>2</sup>. A closer examination of the population growth also reveals that Collin County's rise in numbers has been relatively diverse from an ethnicity standpoint in comparison with other counties and the state as a whole. With these factors in mind, it is of growing concern that the TB case rate for Collin County has steadily increased from 2.2 to 4.4 cases per 100,000 population in recent years<sup>3</sup>.

POPULATION BY ETHNICITY, 2009					PERCENT CHANGE IN POPULATION BY ETHNICITY 2000-2009 <sup>4</sup>			
County	White	Black	Hispanic	Other	White	Black	Hispanic	Other
Collin County	72%	6%	13%	9%	52%	83%	115%	89%
Dallas County	33%	20%	41%	6%	-20%	8%	48%	39%
Denton County	72%	7%	15%	6%	45%	80%	100%	84%
Tarrant County	51%	13%	29%	7%	-1%	27%	83%	88%
Texas	46%	12%	38%	4%	3%	19%	42%	61%

In order to serve the TB-related health care needs of the community, CCHCS subcontracts with the Collin County Detention Facility, as well as the North Texas Job Corps Center, which are both located in McKinney. Furthermore, CCHCS has recently opened discussions with an existing health care partner, PrimaCare as a possible partner for TB DOT services. Serving individuals outside of Collin County is a challenge that requires diligent attention since the spread of TB can cross geographical boundaries as a result of patients moving and contact exposures. For new reports of suspect TB patients reported to CCHCS where the patient resides in another county, both the Epidemiology staff and the TB Program Manager forward lab results and critical information to the health department where the patient resides in order to expedite the follow up needed for that patient. For a small number of cases, the TB patient's workplace is located in Collin County, even though they reside in another county. Consequently, if the provision of DOT and/or TB services to the out of county TB patient has the potential to enhance compliance, the Collin County Health Authority and CCHCS Administrator will approve extending TB services to the out-of-county patient on a case-by-case basis.

**QUESTION 2**—The delivery system for providing TB prevention services and control measures for Collin County is the CCHCS Tuberculosis Elimination Program. Services are provided via the following means: patient office visits to the CCHCS TB Clinic; home DOT visits for patients; contact investigations; verbal, written, and electronic communication to and from patients, health care providers, hospitals, state TB consultants, and other contacts. Although regular CCHCS business hours are Monday-Friday (8 a.m.-11 a.m., 1 p.m.-4 p.m.), the TB Clinic attends patients Monday-Friday (7 a.m.-5 p.m.), with nursing staff working around patient appointments for lunch breaks, if needed.

The program staff workforce currently includes 7 Full Time Employees (3 Registered Nurses, 2 Outreach Workers, 1 Outreach Worker/TB Registrar, and 1 Contact Investigator) as shown on the organizational chart. The CCHCS Medical Director/Collin County Health Authority (MD/CCHA) spends roughly 30% of her work hours providing diagnosis, treatment, and follow up to TB patients during clinic hours and she is assisted by the nursing staff. The MD/CCHA also makes home visits to special needs or non-adherent TB patients as needed. The outreach workers are responsible for DOT visits, and the contact investigator performs DOT as a back up in addition to her contact investigation tasks. To illustrate the challenges facing the TB Elimination Program staff, at the end of June 2009, the team members were responsible for a caseload of 50 TB suspects/cases. For the fiscal year period of September 2008 to March 2009, a total of 1,048 TB clinic office visits and 2,398 DOT home visits were performed. Consequently, our budget request includes funding for one more full time Nurse to help the team meet the demands of the growing caseload.

<sup>1</sup> U.S. Census Bureau, State and County QuickFacts, Collin County, available from <http://quickfacts.census.gov/qfd/states/48/4805.html>; Internet; accessed 22 July 2009.

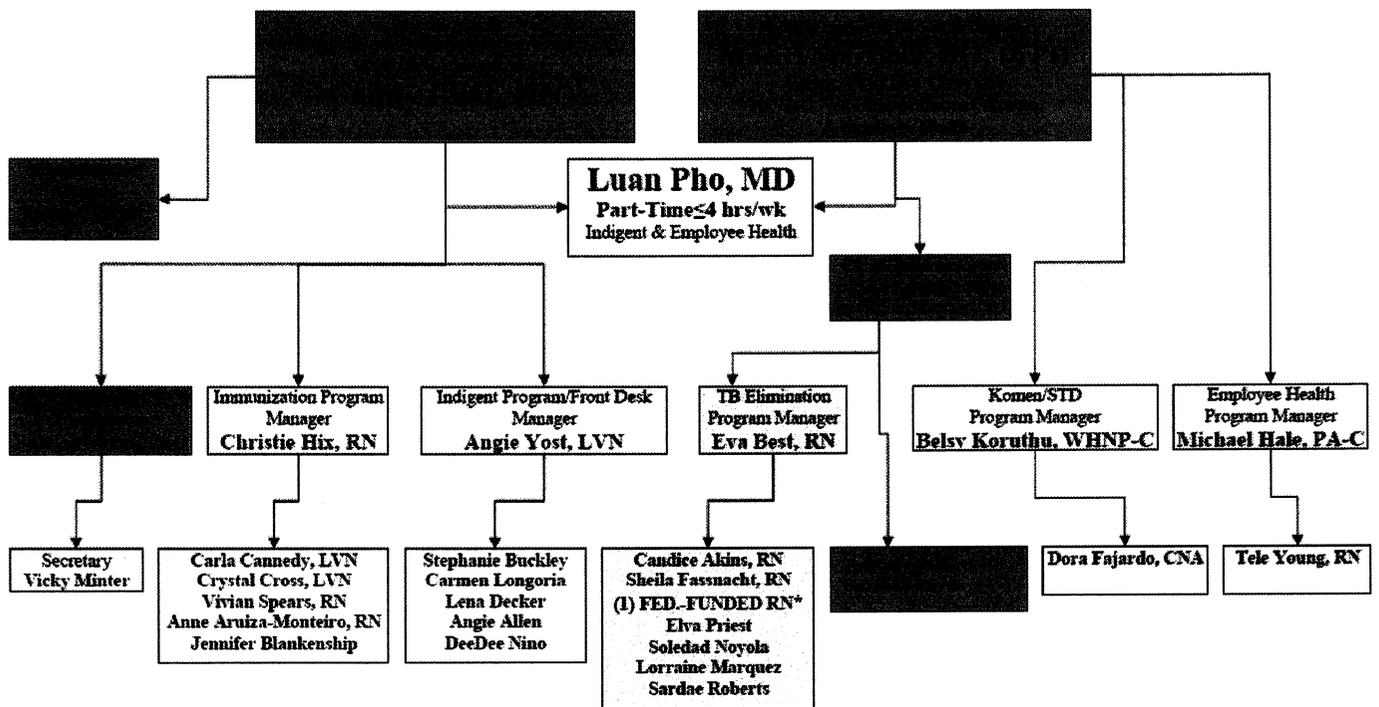
<sup>2</sup> U.S. Census Bureau Press Release 7/1/09, available from <http://www.census.gov/Press-Release/www/releases/archives/population/013960.html>; Internet; accessed 22 July 2009.

<sup>3</sup> Texas Department of State Health Services, IDCU Tuberculosis Statistics, M. TB Complex Surveillance Data (2003-2007), available from <http://www.dshs.state.tx.us/idcu/disease/tb/statistics/countbycnty.pdf>; Internet; accessed 22 July 2009.

<sup>4</sup> Texas Department of State Health Services, Texas Health Data—Population, available from <http://soupon.tdh.state.tx.us/pop2000a.htm>; Internet; accessed 22 July 2009.



## COLLIN COUNTY HEALTH CARE SERVICES ORGANIZATIONAL CHART



□ TB Elimination Program Full Time Employees

■ Staff available to provide support or spend a percentage of time with TB Elimination Program functions

\* Proposed staff position

Updated 7/23/2009

Training plays an important role for the program staff since it enables them to maintain a reliable working knowledge of TB case management in addition to keeping them abreast of important changes in laws/policies dictating patient treatment. Initial training is intensive for new employees and includes 80 hours of instruction from the CCHCS TB Elimination Program Manager as well as successful completion of the Centers for Disease Control (CDC) Core Curriculum in Tuberculosis. All program staff members receive training throughout the year as furnished by the CDC (Heartland National TB Center), DSHS, and other health care partners. These trainings can include conferences, webinars, online courses, and peer training with other local health department TB program staff. To enhance their training throughout the year, the TB Elimination Program Manager also provides an annual in-service training to address any needs specific to their group related to TB and their duties. All CCHCS employees attend monthly staff meetings to address County-wide and CCHCS-specific updates and policy changes.

The primary set of policies outlining the duties, processes, and functions of the TB Elimination Program is contained in the "Collin County Health Care Services Policy and Procedure Manual—Tuberculosis Clinic." Although state-mandated changes may occur and are implemented throughout the year, the policy and procedures manual is reviewed, edited, and updated annually with the signed acknowledgment of all CCHCS staff members.

The CCHCS TB Elimination Program has a wide range of support resources. The most accessible support comes from CCHCS staff members assigned to other clinics/areas. For example, the CCHCS Administrator, MD/CCHA, and Chief Epidemiologist perform QA, analyzing data, performing case audits, and administrative tasks (managing grant funds, documentation of grant deliverables) for the TB Elimination Program. Other CCHCS employees may provide various levels of support which can include, but is not limited to: data entry, compiling correspondence to patients and other agencies, and communicating with hospital and medical staff regarding labs or patient care. Furthermore, other Collin County departments, such as GIS/Rural Addressing and the Information Technology Department, have provided assistance by mapping out de-identified TB data for analysis and presentation to policy makers to help them understand the scope of TB in Collin County. The CCHCS TB Elimination Program also receives and appreciates the research and expertise offered by the Heartland TB consultants when difficult and/or unique challenges arise in the treatment and infection control of TB patients. In situations where an infectious TB patient becomes non-adherent, the MD/CCHA receives support from the Collin County Sheriff's Office and other local police jurisdictions when law enforcement officers escort her to the patient's home while she is performing her duties as the Collin County Health Authority.

The CCHCS TB Elimination Program receives grant funding from the State of Texas and local funding to pay for employee salaries and fringe benefits, travel, equipment, supplies, and other TB Elimination Program costs. To help expand our front-line TB control activities, we are requesting federal funds to increase staffing and better serve Collin County's TB patients and protect the community from this infectious disease.

**QUESTION 3**--Duplicate question—please refer to Question 1.

**QUESTION 4**--The CCHCS TB Elimination Program maintains current and historical records of all the services performed for its patients. Both hard copy patient files and electronic records are used to track services rendered. All patient services, treatment, lab reports, x-rays, progress notes, DSHS forms, and relevant information are contained in the patient's chart for the duration of their treatment period. Once the file is ready for data entry, the Contact Investigator transfers specific patient and service information from the DSHS TB400A and/or TB400B forms into a MS Excel database. Data is entered for all active TB cases, TB suspects, contacts to active TB cases, and LTBI's. Handwritten logs which track TB skin tests and chest x-rays are also maintained for review. Skin test information is entered into the Texas Wide Integration Client Encounter System (TWICES) and case information is entered into the TB TWICES according to current state protocols.

**QUESTION 5**--Data is collected and tabulated on existing TB cases in addition to the new cases of suspect/confirmed TB and LTBI cases that are identified. Referrals may come from physicians, hospitals, or other local health departments. Lab reports and/or notifiable disease reports may be sent by health care providers, DSHS, school officials, detention facilities, and other community contacts either to the Epidemiology staff or the TB Program Elimination staff directly. Contact investigations also have a high probability of producing potential new cases.

Once a new case is identified, a hard-copy patient file is created to maintain all information for all TB and LTBI patients from initial report to case closing. Specific data from the DSHS TB400A, DSHS400B, DSHS TB340, initial case report, toxicity checks, and DOT outreach visits, is currently transferred from the hand-written patient file documents for data collection and analysis. Some of the data entry fields include: demographics, reporting source, country of birth, country of origin, date of entry, skin test date and result, chest x-ray date and result, smear date and result, culture date and result, medication, drug resistance, conversion, and link to active TB case. The Contact Investigator performs the data entry functions throughout the week as files become available.

Community surveillance is conducted throughout Collin County through a partnership with North Texas Job Corps and the Samaritan Inn. North Texas Job Corps performs TB skin testing on all campus admissions. The TB Program Elimination staff coordinates treatment of all identified cases of LTBI. Should a Job Corp patient leave the Job Corp program prior to completion of LTBI treatment, the TB Elimination Program staff oversees the transfer of the case to the appropriate health department (check) to ensure continuity of treatment. The Samaritan Inn, Collin County's only homeless shelter, also provides TB skin tests to their residents. Moreover, Day Care providers are required to have employees undergo a skin test at the time of hiring and at yearly intervals. Other health care employers, such as area hospitals, have TB skin testing as a part of their pre-employment screening and refer positive skin tests to the CCHCS TB Elimination program for an evaluation by the MD/CCHA, treatment, and work clearance.

While the CCHCS Elimination Program staff members continually respond to passive laboratory surveillance, they are working towards initiating active laboratory surveillance after consulting with DSHS for guidance.

An outbreak of TB in Collin County would be defined as more than one case of active TB in a household or other identifiable cohort, with contact known to spread TB (i.e. a workplace with shared transportation.) An outbreak would be handled by providing initial and follow up skin testing of all contacts to the active TB case. Contacts would receive a thorough assessment and treatment for LTBI as indicated by current practice standards. The active TB case would be referenced as the index case to the contacts on both the DSHS forms in the patient file and in the MS Excel database.

The CCHCS TB Elimination Program has successfully treated and managed several TB outbreaks as defined above. For example, recently, a TB outbreak occurred within an extended family that lived in crowded conditions in a trailer home in a rural part of Collin County. The index TB case is the patriarch of the family and the contact investigation revealed that there were 6 other family members living in the home, including: his wife; his married daughter, son-in-law and their infant son, a young adult daughter; and a daughter still in high school. The infant grandson living in the shared home was admitted to Children's hospital and treated for active TB. The remaining five family members living in the home were treated for LTBI. Aside from the family members living in the same household, the index TB case has an adult son who lives in a separate residence with his wife, 6 year old son, 4 year old son and 1 year old daughter. The contact investigation performed by the CCHCS TB Elimination Program staff revealed that there were additional close contacts that needed to be assessed and possibly treated. Even though he lived in a separate residence, staff members came to understand that the 6 year old grandson spent a great deal of time after school at his grandfather's home. Due to the 6 yr old grandson's symptoms, he was admitted to Children's Hospital where he received a complete medical evaluation and subsequently began a four-drug therapy regimen. Also, because the 6 year attended a public elementary school, an extensive contact investigation was carried out at the school where 154 skin tests were administered, 8 LTBI cases were identified and treated (2 children, 6 adults). Next, the two other siblings to the 6 yr old grandson, 4 yr old grandson and 1 year old granddaughter, were also admitted to Children's Hospital for evaluation. Of note, the 1 year old granddaughter's gastric aspirates tested positive for MTB. To summarize, from the initial index case of active TB, 4 active TB cases and 14 LTBI cases were evaluated and treated by the CCHCS TB Elimination Program staff.

**QUESTION 6**--The CCHCS Chief Epidemiologist, as supervisor over the Epidemiology and TB Elimination Program staff, oversees the TB Elimination Program Manager, who is directly responsible for data collection. The TB Elimination Program Manager works closely with the CCHCS Chief Epidemiologist to make sure that the transfer of information from the patient's hard copy file to the electronic database is prompt and accurate. To underscore the importance of the quality and accuracy of the data collection process, the CCHCS Chief Epidemiologist has established Pay for Performance goals directly tied to the data collection for the TB Elimination Program Manager. The CCHCS Chief Epidemiologist reviews the electronic database and randomly reviews 10% of the TB and LTBI cases for accuracy. At this time, the Chief Epidemiologist is revising an audit tool to establish quality control measures, provide findings/feedback to staff members, and address areas which need improvement.

**QUESTION 7**--CCHCS TB Elimination Program staff members work closely with various types of health and human services providers. In some instances, a patient's case may be initially reported to CCHCS, but the patient actually resides outside of Collin County and the staff members coordinate with the local health department where the patient resides to transfer the case. Coordination is especially important for persons who may begin care for LTBI at North Texas Job Corps, but leave the program later on and to return to their previous out-of-county residence. In such cases, information is shared by fax and telephone with the appropriate personnel at the receiving health department in an effort to prevent disruption in treatment. Also, the collaboration between CCHCS and the Infection Control Practitioners working at area hospitals serves as a vital link in keeping up to date with potential cases and obstacles to patient treatment that may arise. These professionals provide early warning and documentation of potential TB cases. Staff members and MD/CCHA act quickly to make contact with patients while they are still in the hospital, deliver the Health Authority Order, and expedite the patient education and contact investigation process. When a case investigation yields contacts who reside outside of Collin County, CCHCS TB Elimination Program staff members coordinate services such as skin testing and chest x-rays with their counterparts in the patient's county of residence to ensure continuity of assessment, case management, and treatment. Another example of coordination is a TB case where staff members worked hand-in-hand with a Department of Family and Protective Services (DFPS) caseworker because children in the household were placed in foster care. The MD/CCHA has also worked with physicians directly when the active TB patient resided in a nursing home as well as working with a Federal Probation officer when the TB patient was under the constraints of probation.

Regarding duplication of service in our service area, infectious disease, pulmonary, primary care, and other specialists refer all suspect and/or confirmed TB patients to Collin County Health Care Services (CCHCS) TB Clinic. Although a TB or LTBI patient may receive an initial skin test or chest x-ray at another location, the CCHCS TB Elimination Program is the final destination for treatment, follow up care, and contact investigation for all TB and LTBI patients in Collin County.

As far as working with other community programs, TB staff members currently struggle to accomplish all the mandates for patient care due to rising number of cases. Because the current focus is on handling current caseload, TB staff are limited to being reactive instead of proactive in their day to day functions. Our goal is to use the requested federal funds to hire another nurse to not only continue to meet the demands of an increasing workload, but help us to expand our services to include community outreach, and important disease prevention functions such as analyzing DNA-matched cases for better contact investigation.

**QUESTION 8**--Assisting patients with TB and LTBI requires the delivery system to have the ability to provide services to culturally diverse populations. The CCHCS TB Elimination Program offers full range of service in Spanish, including consents, educational material, phone service, and clinical management. Also, we have several Spanish-speaking staff members, including the contact investigator and DOT outreach workers. For patients who require assistance in languages other than English or Spanish, the CCHCS TB Elimination Program staff access available educational materials via the internet in a language the patient is better able to understand. For office visits, or verbal communication, the program staff also use the telephone translation service, Language Line so that the patient has a real-time translation of any instructions or information being dispensed to them. We have recently begun utilization of new CDC (2008) Guidelines Promoting Cultural Sensitivity booklets. CCHCS has incorporated discussion of these various cultures and their needs into our weekly staff meetings.

CCHCS offices are fully compliant with ADA regulations and we have successfully provided long term TB service to paraplegic patients. CCHCS is located centrally within Collin County in McKinney and is within blocks of three major thoroughfares (Highway 75, Highway 380, and Highway 5). Parking, including spaces specifically designated for the disabled, is easily accessible. Patients are seen weekdays from 7 a.m. to 5 p.m. Program staff members make extra efforts to accommodate patients who need DOT either before or after normal business hours. Recently, CCHCS came to an agreement with one of its existing partners, PrimaCare, to allow TB patients to have their DOT performed at a PrimaCare location. With locations throughout Collin County in McKinney, Frisco, Plano, and Richardson and extended hours (8am-9pm weekdays, 8am-5pm weekends), we have confidence that this option has the potential to improve DOT compliance and reduce/eliminate possible disruption to the TB patient's employment.

**QUESTION 9**--The CCHCS TB Elimination Program has two full-time DOT outreach workers dedicated to the delivery and management of DOT. In the beginning of process of working with the patient, the patient's home environment is assessed. Once DOT arrangements are made, a DOT outreach worker uses a county vehicle to deliver DOT directly to the patient at the patient's home or worksite, all the while carefully observing and monitoring the patient for toxicity and other health problems which may be due to treatment and/or underlying health conditions. Each DOT outreach worker has a county-issued cellular phone in order to be able to immediately and directly contact the TB Elimination Program Manager and/or the MD/CCHA in the event of an adverse reaction to medication or questions regarding medication administration. When these kind of challenges arise, the CCHCS Administrator, MD/CCHA and Chief Epidemiologist work closely with the TB Elimination Program staff to assist them where needed.

**QUESTION 10**--The process for review of cases under management for the CCHCS TB Elimination Program begins with the program staff member receiving and reviewing the initial report which typically includes patient demographics, diagnostic results, and treatment information. A patient file is created to hold all of TB-related information necessary for case management. Next, the program staff member follows up with the referring provider/hospital/agency and establishes a discharge care plan or plan of action to transfer the patient's TB care to the CCHCS TB Elimination Program. Then, the assessment and planning phase begins by establishing contact with patient either at home or at the facility they are currently at. The staff member verifies the patient's medical history and conducts a review of symptoms. As part of the patient's (and their family's) introduction to the TB program, the staff member tactfully provides them with information to help them understand the process of managing and treating TB. During that interchange, the staff member can ascertain any TB treatment adherence issues that need to be addressed. The next step is for a contact investigation to be performed and to establish a plan that ensures access to care and encourages adherence. During the initial office visit to the CCHCS TB Clinic, the patient is able establish a patient-physician relationship by meeting with the MD/CCHA who will be monitoring their care. From that point on, the case is reviewed continually throughout the treatment period. The patient's case is reviewed by the MD/CCHA continually throughout the patient's treatment, with

special focus on detecting problems with adherence, adverse effects to medication, lab results indicating toxicity, changes in health such as pregnancy or diagnosis of other health conditions. The patient is examined by the MD/CCHA at least once a month, but may be seen more frequently if needed. Other considerations such as work/school absences, psychosocial issues, correspondence to U.S. Immigration representatives, correspondence to and from CDC officials, and any other necessary documentation, are kept in the patient's file. Once patient completes the required therapy or the case is transferred because of change in residence, the case is closed according to state mandates. It is important to mention that the CCHCS TB Elimination Program is working towards a more formalized case management system. The addition of another nurse, as requested in our budget, would greatly help in making this transition as smooth and efficient as possible.

**QUESTION 11**—CCHCS will follow CDC guidelines for the cohort quarterly review process. According to the CDC's guidelines, all patient cases should be reviewed approximately 6–9 months after the initial case reporting to analyze TB treatment and contact investigation results. The review would follow a cycle which would repeat throughout the year. The Chief Epidemiologist will work with TB Elimination Program Staff members to outline an action plan for the review process which includes assignment of tasks and documenting/reporting findings.

**Proposed Cohort Review Timeline and Schedule beginning January 2010**

4 <sup>th</sup> Quarter (January 2010)	1 <sup>st</sup> Quarter (April 2010)	2 <sup>nd</sup> Quarter (July 2010)	3 <sup>rd</sup> Quarter (October 2010)
Cases of active TB and LTBI are reviewed approximately 6-9 months following initial reporting	Cases of active TB and LTBI are reviewed approximately 6-9 months following initial reporting	Cases of active TB and LTBI are reviewed approximately 6-9 months following initial reporting	Cases of active TB and LTBI are reviewed approximately 6-9 months following initial reporting
If LTBI case shows that patient has not completed treatment, case to be reviewed in the next quarter	If LTBI case shows that patient has not completed treatment, case to be reviewed in the next quarter	If LTBI case shows that patient has not completed treatment, case to be reviewed in the next quarter	If LTBI case shows that patient has not completed treatment, case to be reviewed in the next quarter
Review of closed LTBI cases of patients who prematurely ended therapy	Review of closed LTBI cases of patients who prematurely ended therapy	Review of closed LTBI cases of patients who prematurely ended therapy	Review of closed LTBI cases of patients who prematurely ended therapy
Cohort review of cases reported 4 <sup>th</sup> quarter of previous year—act on findings	Cohort review of cases reported in 1 <sup>st</sup> quarter of current year—act on findings	Cohort review of cases reported in 2 <sup>nd</sup> quarter of current year—act on findings	Cohort review of cases reported in 3 <sup>rd</sup> quarter of current year—act on findings
Treatment completion rate of all cases for previous year calculated and presented			

**QUESTION 12**—The CCHCS TB Elimination Program staff members are committed to quickly identifying contacts to active TB as well as those with positive reactors. Whenever a case is reported, staff members immediately begin the process of conducting the contact investigations to expedite the discovery of additional active TB cases as well as identifying any LTBI patients who need evaluation and treatment. All staff members are acutely aware that conducting a thorough contact investigation is one of the best means of preventing the spread of TB. Time is invested with each and every contact with the patient by staff members from the initial contact with the patient through to the end of treatment to make sure that we have been given a clear and accurate picture of all contacts who may be at risk of infection. Once the contacts to active TB have received their skin tests and results have been documented, treatment of the contacts are prioritized with treatment of those with positive TST results being made the highest priority. High-priority contacts should have an initial encounter within 7 business days from identification and medium-priority contacts should have an initial encounter within 14 business days from identification.

DOPT is also conducted by the CCHCS TB Elimination Program for the following contacts to active TB: contacts less than 5 years of age, contacts who are infected with HIV or are substantially immunocompromised. The CCHCS TB Elimination Program is also willing to offer DOPT to contacts to active TB who may end treatment prematurely because of social or other obstacles such as substance abuse, unstable housing, chronic mental illness, or lack of employment.

To help encourage patients to continue treatment, the CCHCS TB Elimination staff has taken the initiative to provide practical assistance to those emaciated TB patients who are unable to afford nutritious food. The staff members accept canned food donated by the community as well as personally donate fresh meat, produce, and/or protein sources for distribution to the patients. By extending this kind of personal attention, staff members are able to give these patients an added incentive to continue and complete their treatment.

**QUESTION 13**—Even though the CCHCS TB Elimination Program's central focus has been on effectively managing the growing workload associated with patient treatment, we look forward to improving our effectiveness by putting additional policies and procedures in place to examine cases in greater depth than is done currently. As we move toward a formal case management process, we will be able to establish case loads for the nursing staffing and, in turn, have a greater measure of quality control and personal accountability. The addition of another nurse, as requested in our budget, would help significantly to balance the existing and future workload.

**QUESTION 14**—Universal precautions are observed in all areas of care for the patient whether the patient visits the clinic or the DOT outreach worker meets the patient at their home/workplace. Some standard practices include: hand washing, blood borne precautions, and respiratory precautions. CCHCS has also adopted the "Infection Control Manual for Ambulatory Care Clinics—2009 Fourth Edition" that was distributed by DSHS for use in all CCHCS clinics and for staff members, patients, and visitors.

For patients seen at the CCHCS TB Clinic, respiratory control measures consist of both environmental control of exam rooms and personal respiratory protection. Environmental control of CCHCS exam rooms is managed by the use of two designated rooms equipped with HEPA systems.

The system provides 100% recirculation of the negative air flow that is produced in the rooms. The room is closed a minimum of one hour after a patient with infectious TB leaves the room. The system is inspected once per month by Facilities Management at Collin County.

To enhance the personal protection of all CCHCS staff, every staff member receives a skin test as part of their pre-employment as well as on a yearly basis. TB Elimination Program personnel are skin tested every six months. All TB Clinic staff and any other CCHCS employee who might have contact with active cases (front desk personnel, interpreters, etc.) are fit tested for N95 respirators and instructed in their proper use. Routine re-fitting is carried out annually. CCHCS employees use N95 respirators when they are in face-to-face contact with a known infectious case and when they perform procedures such as sputum collection or induction. TB suspects/cases that are considered contagious are provided with surgical masks to use while in the clinic.

**QUESTION 15**—The CCHCS TB Elimination Program staff understands the need to conduct targeted TB screening programs for high risk populations. Because of the limits of current staffing, outreach has been limited to providing services to the Samaritan Inn, Collin County's only homeless shelter. With the addition of more staff, we look forward to having greater visibility in the community by conducting focused TB outreach such as: participating in local health fairs, visiting community group settings (churches, synagogues, mosques, and temples), visiting business groups, and other opportunities to increase the public awareness of services offered by CCHCS.

**QUESTION 16**--Education and training of the CCHCS TB Elimination Program staff is an ongoing process. New clinical employees are required to work through the CDC Core Curriculum on Tuberculosis, 2000 immediately and then to complete the updated on-line version after a fair maturation process. New TB Outreach Workers (DOT) staff members are required to have 40 hours of classroom instruction and 40 hours of field work instruction. Successful understanding of instruction is documented by a pre-test and post-test process, as well as use of a preceptor in the field. Targeted TB in-service programming is planned by the TB Elimination Program Manager at least once annually for the entire TB Elimination Program staff. To supplement their daily work experience, clinical personnel are scheduled to attend professional conferences as they become available.

Additionally, the MD/CCHA has submitted a written request to the CDC Heartland program leaders to host a daylong training seminar conducted by expert faculty to strengthen the program's collaboration with Collin County pulmonologists, infectious disease, and primary care physicians as well as infection control practitioners from local hospitals.

**QUESTION 17**-- Immigrants who enter the county with a designation of Class A, Class B-1, or Class B-2, must be seen in the CCHCS TB Clinic and evaluated by the MD/CCHA.

**STRATEGY TO DOCUMENT THE EVALUATION OF CLASSIFIED-IMMIGRANTS AND REFUGEES BEGINNING OCTOBER 2009**

Class A Immigrants Active TB (Current or Past)	A TB400A and TB400B will be submitted to DSHS which documents current treatment and follow-up.
Class B-1 Immigrants Fully Evaluated TB (Current or Past)	<p>A TB400A and TB400B will be submitted that either rules out TB disease, thus a closure code of non-TB will be submitted, or a TB 400A and B with the new change in ATS classification will be submitted. This will be done after the following is begun:</p> <ol style="list-style-type: none"> <li>1. Review TST status. If documentation is not available, a TST will be administered. TST results will be evaluated as per ATS/CDC guidelines.</li> <li>2. A current chest x-ray is taken and compared with the film from overseas.</li> <li>3. Past TB treatment history is reviewed.</li> <li>4. Collection of sputum for testing on three consecutive days. One collection will be observed by clinic staff.</li> <li>5. Medication is prescribed as appropriate per ATS/CDC guidelines.</li> <li>6. Follow up as appropriate per ATS/CDC guidelines</li> </ol>
Class B-2 Immigrants TBE Evaluation	<p>A TB400A and TB400B will be submitted that either rules out TB disease, thus a closure code of non-TB will be submitted, or a TB 400A and B with the new change in ATS classification will be submitted. This will be done after the following is begun:</p> <ol style="list-style-type: none"> <li>1. Review TST status. If documentation is not available, a TST will be administered. TST results will be evaluated per ATS/CDC guidelines.</li> <li>2. A current chest x-ray is taken and compared with the film from overseas.</li> <li>3. Past TB treatment history is reviewed.</li> <li>4. Collection of sputum for testing on three consecutive days if deemed necessary by provider.</li> <li>5. Medication is prescribed as appropriate per ATS/CDC guidelines.</li> <li>6. Follow up as appropriate per ATS/CDC guidelines.</li> </ol>
Class B-3 Immigrants Contact Evaluation	<p>Immigrants who enter the county with a designation of Class B-3 must be seen in the TB Clinic and followed as a contact. A form TB 340 will be submitted with information regarding the Contact Investigation and any treatment given.</p> <p>*As funding permits, interferon gamma based blood test may be used in selective cases of all above categories when requested by Health Authority.</p>

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## FORM E: WORK PLAN GUIDELINES

Applicant shall describe its plan for service delivery to the population in the proposed service area(s) and include time lines for accomplishments. Use of federal funds for this work plan includes some restrictions. Federal funds should be directed to core TB control front-line activities, such as case management, completion of treatment, contact investigation and outreach activities with strong emphasis on using DOT and outreach workers. Funds may not be used to supplant state or local health department funds or for inpatient care or construction of facilities. Federal funds may not be used to purchase drugs for treatment. Federal funds may not be used for research, clinical care, or reimbursement of pre-award costs. Recipients may only expend federal funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.. The work plan shall:

1. Summarize the proposed services, service area, population to be served, location (counties to be served), etc. List subcontractors you will work with in your area. Also, address if and how you will serve individuals from counties outside your stated service area.
2. Describe delivery systems, workforce (attach organizational chart), policies, support systems (i.e., training, research, technical assistance, information, financial and administrative systems) and other infrastructure available to achieve service delivery and policy-making activities. What resources do you have to perform the project, who will deliver services and how will they be delivered?
3. Summarize the proposed services, service area, population to be served, location (counties to be served), etc. List subcontractors you will work with in your area. Also, address if and how you will serve individuals from counties outside your stated service area.
4. Describe how you will determine the number of persons who received from the CONTRACTOR in 2009 at least one TB service including but not limited to tuberculin skin tests, chest radiographs, health care worker services, or treatment with one or more anti-tuberculosis medications
5. Describe how data is collected and tabulated, who will be responsible for data collection and reporting, and how often data collection activities will occur. Describe how you will conduct community surveillance to identify unreported cases of TB including active surveillance activities for laboratories (specify names of labs) in your service area that perform acid-fast bacilli smears and cultures for *Mycobacterium tuberculosis* complex. Describe how you will maintain a record of outbreaks, in your area, with a description of the outbreak and how it was managed.
6. Describe how the accuracy, timeliness and completeness of data collected will be assessed and verified. If not already in place, describe how you will develop a written plan to assess the quality of data collected.
7. Describe coordination with the other health and human services providers in the service area(s) and delineate how duplication of services is to be avoided. List other community programs you will be working with in your jurisdiction (substance abuse programs, programs for homeless persons, other community based organizations, private providers, hospitals, and service organizations).
8. Describe ability to provide services to culturally diverse populations (e.g., use of interpreter services, use of field outreach staff who are trained to present information appropriately to diverse cultures, language translation, compliance with ADA requirements, location, hours of service delivery, and other means to ensure accessibility for the defined population).
9. Describe your strategy for the management of TB cases and suspects, with emphasis on provision of directly observed therapy (DOT); and use of incentives and enablers.
10. Describe your process for review of cases under management.
11. Describe your strategy for the implementation of cohort analysis of cases at least quarterly.
12. Describe your strategy for the management of contacts and positive reactors, with emphasis on directly observed preventive therapy (DOPT).
13. Describe your process for the review of ongoing contact investigations and your strategy to assess reasons for identification of fewer than three contacts for each case; for delays in interviewing cases or evaluating contacts, and low completion of preventive therapy for infected contacts.
14. Describe your infection control procedures.
15. Describe plans to conduct targeted TB screening programs for high-risk populations including steps to ensure effective interventions are implemented to identify foreign-born and U.S.-born minorities at highest risk for developing TB are evaluated and treated for TB or LTBI.
16. Describe your strategy to provide professional education and training programs for new and current TB staff.
17. Describe your strategy to document the evaluation of immigrants and refugees with the following notifications: Class A (Applicants who have tuberculosis disease diagnosed [sputum smear positive or culture positive] and require treatment overseas but who have been granted a waiver to travel prior to the completion of therapy.); Class B1 – Pulmonary (No treatment: - Applicants who have medical history, physical exam, or CXR findings suggestive of pulmonary tuberculosis but have negative AFB sputum smears and cultures and are not diagnosed with tuberculosis or can wait to have tuberculosis treatment started after immigration. Completed treatment: - Applicants who were diagnosed with pulmonary tuberculosis and successfully completed directly observed therapy prior to immigration.); Class B1 – Extra-pulmonary (evidence of extra-pulmonary tuberculosis); Class B2 (LTBI Evaluation – Applicants who have a tuberculin skin test  $\geq 10$  mm but who otherwise have a negative evaluation for tuberculosis.); Class B3 (Contact Evaluation – applicants who are a contact of a known tuberculosis case.)

## APPENDICES

### **APPENDIX A: DSHS ASSURANCES AND CERTIFICATIONS**

**Note: It is not required that the respondent return the DSHS Assurances and Certifications with the proposal. Some of these Assurances and Certifications may not be applicable to your project. If you have questions, contact the contact person named in this RFP. These assurances and certifications shall remain in effect throughout the project period of this solicitation and the term of any contract between respondent and DSHS.**

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**As the duly authorized representative of the respondent, my signature on FORM A: FACE PAGE certifies that the respondent:**

1. Is a legal entity legally authorized and in good standing to do business with the State of Texas and has the legal authority to apply for state/federal assistance, and has the institutional, managerial and financial capability and systems (including funds sufficient to pay the non-state/federal share of project costs) to ensure proper planning, management and completion of the project described in this proposal; possesses legal authority to apply for funding; that a resolution, motion or similar action has been duly adopted or passed as an official act of the respondent's governing body, authorizing the filing of the proposal including all understandings and assurances contained therein, and directing and authorizing the person identified as the authorized representative of the respondent to act in connection with the proposal and to provide such additional information as may be required;
2. Under Government Code Section 2155.004, is not ineligible to receive the specified contract and acknowledges that this contract may be terminated and payment withheld if this certification is incorrect. NOTE: Under Government Code Section 2155.004, a respondent is ineligible to receive an award under this RFP if the bid includes financial participation with the respondent by a person who received compensation from DSHS to participate in preparing the specification of RFP on which the bid is based;
3. Has a financial system that identifies the source and application of DSHS funds in a unique set of general ledger account numbers, permits preparation of reports required by the tract, permits the tracing of funds expended and program income, allows for the comparison of actual expenditures to budgeted amounts, and maintains accounting records that are supported by verifiable source documents;
4. Will give (and any parent, affiliate, or subsidiary organization, if such a relationship exists, will give) DSHS, HHSC Office of Inspector General, the Texas State Auditor, the Comptroller General of the United States, and if appropriate, the federal government, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives;
5. Will supplement the project/activity with funds other than the funds made available through a contract award as a result of this RFP and will not supplant funds from that contract to replace or substitute existing funding from other sources;

6. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain;
7. Will comply, as a sub grantee, with Texas Government Code, Chapter 573, Vernon's 1994, by ensuring that no officer, employee, or member of the respondent's governing body or of the respondent's contractor shall vote or confirm the employment of any person related within the second degree of affinity or the third degree of consanguinity to any member of the governing body or to any other officer or employee authorized to employ or supervise such person. This prohibition does not prohibit the employment of a person who has been continuously employed for a period of two years, or such other period stipulated by local law, prior to the election or appointment of the officer, employee, or governing body member related to such person in the prohibited degree;
8. Has not given, nor intends to give, at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant or any employee or representative of same, in connection with this solicitation or procurement; does not have nor shall it knowingly acquire any interest that would conflict in any manner with the performance of its obligations under any awarded contract that results from this RFP;
9. Will honor for 90 days after the proposal due date the technical and business terms contained in the proposal;
10. Will initiate the work after receipt of a fully executed contract and will complete it within the contract period;
11. Will not require a client to provide or pay for the services of a translator or interpreter;
12. Will identify and document on client records the primary language/dialect of a client who has limited English proficiency and the need for translation or interpretation services;
13. Will make every effort to avoid use of any persons under the age of 18 or any family member or friend of a client as an interpreter for essential communications with clients who have limited English proficiency. However, a family member or friend may be used as an interpreter if this is requested by the client and the use of such a person would not compromise the effectiveness of services or violates the client's confidentiality, and the client is advised that a free interpreter is available;
14. Will comply with the requirements of the Immigration Reform and Control Act of 1986, 8 USC §1324a, as amended, regarding employment verification and retention of verification forms for any individual(s) hired on or after November 6, 1986, who will perform any labor or services proposed in this proposal;
15. Agrees to comply with the following to the extent such provisions are applicable:
  - A. Title VI of the Civil Rights Act of 1964, 42 USC §§2000d, et seq.;
  - B. Section 504 of the Rehabilitation Act of 1973, 29 USC §794(a);
  - C. The Americans with Disabilities Act of 1990, 42 USC §§12101, et seq.;
  - D. The Age Discrimination Act of 1975 (42 USC §§6101-6107);
  - E. Title IX of the Education Amendments of 1972 (20 USC §§1681-1688);
  - F. Food Stamp Act of 1977 (7 USC §200 et seq);

- G. All amendments to each and all requirements imposed by the regulations issued pursuant to these acts, especially 45 CFR Part 80 or 7 CFR Part 15 (relating to race, color and national origin), 45 CFR Part 84 (relating to handicap), 45 CFR Part 86 (relating to sex), and 45 CFR Part 91 (relating to age);
  - H. DSHS Policy AA-5018, Non-Discrimination Policies and Procedures for DSHS Programs, which prohibits discrimination on the basis of race, color, national origin, religion, sex, sexual orientation, age, or disability; and
  - I. Any other nondiscrimination provision in specific statutes under which application for federal or state assistance is being made, which prohibits exclusion from or limitation of participation in programs, benefits, or activities, or denial of any aid, care, service or other benefit;
16. Will comply with the Uniform Grant Management Act (UGMA), Texas Government Code, Chapter 783, as amended, and the Uniform Grant Management Standards (UGMS), as amended by revised federal circulars and incorporated in UGMS by the Governor's Budget and Planning Office, which apply as terms and conditions of any resulting contract. A copy of the UGMS manual and its references are available upon request;
  17. Will remain current in its payment of franchise tax or is exempt from payment of franchise taxes, if applicable;
  18. Will comply, if applicable, with Texas Family Code, § 231.006, regarding Child Support, and certifies that it is not ineligible to receive payment if awarded a contract, and acknowledges that any resulting contract may be terminated and payment may be withheld if this certification is inaccurate;
  19. Will comply with the non-discriminatory requirements of Texas Labor Code, Chapter 21, which requires that certain employers not discriminate on the basis of race, color, disability, religion, sex, national origin, or age;
  20. Will comply with environmental standards prescribed pursuant to the following:
    - A. Institution of environmental quality control measures under the National Environmental Policy Act of 1969, 42 USC §§4321-4347, and Executive Order (EO) 11514 (35 Fed. Reg. 4247), "Protection and Enhancement of Environmental Quality";
    - B. Notification of violating facilities pursuant to EO 11738 (40 CFR, Part 32), "Providing for Administration of the Clean Air Act and the Federal Water Pollution Control Act with Respect to Federal Contracts, Grants or Loans";
    - C. Conformity of federal actions to state clean air implementation plans under the Clean Air Act of 1955, as amended, 42 USC §§7401 et seq.; and
    - D. Protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, 42 USC §§300f-300j, as amended;
  21. Will comply with the Pro-Children Act of 1994, 20 USC §§6081-6084, regarding the provision of a smoke-free workplace and promoting the non-use of all tobacco products;
  22. Will comply, if applicable, with National Research Service Award Act of 1971, 42 USC §§289a-1 et seq., as amended and 6601 (P.L. 93-348 – P.L. 103-43), as amended, regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance, as implemented by 45 CFR Part 46, Protection of Human Subjects;

23. Will comply, if applicable, with the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 USC §263a, as amended, which establish federal requirements for the regulation and certification of clinical laboratories;
24. Will comply, if applicable, with the Occupational Safety and Health Administration Regulations on Blood-borne Pathogens, 29 CFR §1919.030, which set safety standards for those workers and facilities in the private sector who may handle blood-borne pathogens, or Title 25 Texas Administrative Code, Chapter 96, which affects facilities in the public sector;
25. Will not charge a fee for profit. A profit or fee is considered to be an amount in excess of actual allowable costs that are incurred in conducting an assistance project;
26. Will comply with all applicable requirements of all other state/federal laws, executive orders, regulations, and policies governing this program;
27. As the primary participant in accordance with 45 CFR Part 76, and any of its principals:
  - A. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
  - B. have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - C. are not presently indicted or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (B) of this certification;
  - D. have not within a 3-year period preceding this proposal/proposal had one or more public transactions (federal, state, or local) terminated for cause or default; and
  - E. has not (nor has its representative nor any person acting for the representative) (1) violated the antitrust laws codified by Chapter 15, Business & Commercial Code, or the federal antitrust laws; or (2) directly or indirectly communicated the bid to a competitor or other person engaged in the same line of business.

Should the respondent not be able to provide this certification (by signing the FACE PAGE Form), an explanation should be placed after this form in the proposal response;

The respondent agrees by submitting this proposal that he/she will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transaction" (Appendix B to 45 CFR Part 76) in all lower tier covered transactions (i.e., transactions with sub grantees and/or contractors) and in all solicitations for lower tier covered transactions;

28. Will comply with Title 31, USC §1352, entitled "Limitation on use of appropriated funds to influence certain federal contracting and financial transactions," which generally prohibits recipients of federal grants and cooperative agreements from using federal (appropriated) funds for lobbying the executive or legislative branches of the federal government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a federal grant or cooperative agreement must disclose lobbying undertaken with non-federal (non-appropriated) funds. These

requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93):

- A. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, 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 federally-appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agent, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the respondent shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," (SF-LLL) in accordance with its instructions. SF-LLL and continuation sheet are available upon request from the Department of State Health Services; and
- C. The language of this certification shall be included in the award documents for all sub-awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans and cooperative agreements) and that all sub recipients shall certify and disclose accordingly;

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 USC §1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure;

29. Is in good standing with the Internal Revenue Service on any debt owed;
30. Affirms that no person who has an ownership or controlling interest in the organization or who is an agent or managing employee of the organization has been placed on community supervision, received deferred adjudication or been convicted of a criminal offense related to any financial matter, federal or state program or felony sex crime;
31. Is in good standing with all state and/or federal departments or agencies that have a contracting relationship with the respondent;
32. Will comply with the following statutes and standards of general applicability. It is Contractor's responsibility to review and comply with all applicable statutes, rules, regulations, executive orders and policies. Contractor shall carry out the terms of this Contract in a manner that is in compliance with the provisions set forth below. To the extent such provisions are applicable to Contractor, Contractor agrees to comply with the following:
  - a) The following statutes, rules, regulations and DSHS policies, and any of their subsequent amendments that collectively prohibit discrimination on the basis of race, color, national origin, limited English proficiency, sex, sexual orientation, disabilities, age, substance abuse, political belief, or religion: 1) Title VI of the Civil Rights Act of 1964, 42 U.S.C.A. §§ 2000d et seq.; 2) Title IX of the Education Amendments of 1972, 20 U.S.C.A. §§ 1681-1683, and 1685-1686; 3) Section 504 of the Rehabilitation Act of 1973, 29 U.S.C.A. § 794(a); 4) the Americans with Disabilities Act of 1990, 42 U.S.C.A. §§ 12101 et seq.; 5) Age Discrimination Act of 1975, 42 U.S.C.A. §§ 6101-6107; 6) Comprehensive Alcohol Abuse

and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, 42 U.S.C.A. § 290dd (b)(1); 7) 45 CFR Parts 80, 84, 86 and 91; 8) TEX. LAB. CODE. ch. 21; 9) Food Stamp Act of 1977 (7 USC §200 et seq); 10) US Department of Labor, Equal Opportunity E.O. 11246, as amended and supplemented; and 11) DSHS Policy AA-5018, Non-discrimination Policies and Procedures for DSHS Programs;

b) Drug Abuse Office and Treatment Act of 1972, 21 U.S.C.A. §§ 1101 et seq., relating to drug abuse;

c) Public Health Service Act of 1912, §§ 523 and 527, 42 U.S.C.A. § 290dd-2, and 42 C.F.R. pt. 2, relating to confidentiality of alcohol and drug abuse patient records;

d) Title VIII of the Civil Rights Act of 1968, 42 U.S.C.A. §§ 3601 et seq., relating to nondiscrimination in housing;

e) Immigration Reform and Control Act of 1986, 8 U.S.C.A. § 1324a, regarding employment verification;

f) Pro-Children Act of 1994, 20 U.S.C.A. §§ 6081-6084, regarding the non-use of all tobacco products;

g) National Research Service Award Act of 1971, 42 U.S.C.A. §§ 289a-1 et seq., and 6601 (P.L. 93-348 and P.L. 103-43), as amended, regarding human subjects involved in research;

h) Hatch Political Activity Act, 5 U.S.C.A. §§ 7321-26, which limits the political activity of employees whose employment is funded with federal funds;

i) Fair Labor Standards Act, 29 U.S.C.A. §§ 201 et seq., and the Intergovernmental Personnel Act of 1970, 42 U.S.C.A. §§ 4701 et seq., as applicable, concerning minimum wage and maximum hours;

j) TEX. GOV'T CODE ch. 469 (Supp. 2004), pertaining to eliminating architectural barriers for persons with disabilities;

k) Texas Workers' Compensation Act, TEX. LABOR CODE, chs. 401-406 28 TEX. ADMIN. CODE pt. 2, regarding compensation for employees' injuries;

l) The Clinical Laboratory Improvement Amendments of 1988, 42 USC § 263a, regarding the regulation and certification of clinical laboratories;

m) The Occupational Safety and Health Administration Regulations on Blood Borne Pathogens, 29 CFR § 1910.1030, or Title 25 Tex. Admin Code ch. 96 regarding safety standards for handling blood borne pathogens;

n) Laboratory Animal Welfare Act of 1966, 7 USC §§ 2131 et seq., pertaining to the treatment of laboratory animals;

o) Environmental standards pursuant to the following: 1) Institution of environmental quality control measures under the National Environmental Policy Act of 1969, 42 USC §§ 4321-4347 and Executive Order 11514 (35 Fed. Reg. 4247), "Protection and Enhancement of Environmental Quality;" 2) Notification of violating facilities pursuant to Executive Order 11738 (40 CFR Part 32), "Providing for Administration of the Clean Air Act and the Federal Water Pollution Control Act with respect to Federal Contracts, Grants, or Loans;" 3) Protection of wetlands pursuant to Executive Order 11990, 42 Fed. Reg. 26961; 4) Evaluation of flood hazards in floodplains in accordance with Executive Order 11988, 42 Fed. Reg. 26951 and, if applicable, flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234); 5) Assurance of project consistency with the approved State Management program developed under the Coastal Zone Management Act of 1972, 16 USC §§ 1451 et seq; 6) Conformity of federal actions to state clean air implementation plans under the Clean Air Act of 1955, as amended, 42 USC §§ 7401 et seq.; 7) Protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, 42 USC §§ 300f-300j; 8) Protection of endangered species under the Endangered Species Act of 1973, 16 USC §§ 1531 et seq.; 9) Conformity of federal actions to state clean air implementation plans under the Clean Air Act of 1955, 42 USC §7401 et seq.; 10) Protection of underground sources of drinking water under the Safe

Drinking Water Act of 1974, 42 USC §§300f-330j; 11) Executive Order 13279, 45 CFR 87 or 7 CFR Part 16 regarding equal treatment and opportunity for religious organizations; 12) Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§ 1271 et seq.) related to protecting certain rivers system; and 12) Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.) prohibiting the use of lead-based paint in residential construction or rehabilitation;

p) Intergovernmental Personnel Act of 1970 (42 USC §§4278-4763 regarding personnel merit systems for programs specified in Appendix A of the federal Office of Program Management's Standards for a Merit System of Personnel Administration (5 C.F.R. Part 900, Subpart F);

q) Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646), relating to fair treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs;

r) Davis-Bacon Act (40 U.S.C. §§ 276a to 276a-7), the Copeland Act (40 U.S.C. § 276c and 18 U.S.C. § 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§ 327-333), regarding labor standards for federally-assisted construction sub-agreements;

s) Assist DSHS in complying the National Historic Preservation Act of 1966, §106 (16 U.S.C. § 470), Executive Order 11593, and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.) regarding historic property;

t) Financial and compliance audits in accordance with Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations;"and

u) requirements of any other applicable state and federal statutes, executive orders, regulations, rules, and policies.

If this Contract is funded by a grant, additional requirements found in the Notice of Grant Award may be imposed on Contractor;

33. Under §§2155.006 and 2261.053, Government Code, is not ineligible to receive a contract under this RFP and acknowledges that any contract may be terminated and payment withheld if this certification is inaccurate. Sections 2155.006 and 2261.053 relate to violations of federal law in connection with a contract awarded by the federal government for relief, recovery or reconstruction efforts as a result of Hurricanes Rita or Katrina or certain other disasters;
34. Affirms that the statements in these assurances and certifications are true, accurate, and complete (to the best of respondent's and its authorized representative's knowledge and belief), and agrees to comply with the DSHS terms and conditions if an award is issued as a result of this proposal. Willful provision of false information is a criminal offense (Title 18, USC §1001). Any person making any false, fictitious, or fraudulent statement may, in addition to other remedies available to the Government, be subject to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR Part 79).

## FORM I: BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent: COLLIN COUNTY HEALTH CARE SERVICES

Cost Categories	Total Budget (1)	DSHS Funds Requested (2)	Direct Federal Funds (3)	Other State Agency Funds* (4)	Local Funding Sources (5)	Other Funds (6)
<i>Percentage of Funding</i>	100%	27%	17%	5%	51%	0%
A. Personnel	\$374,101	\$100,076	\$41,911	\$19,761	\$212,353	\$0
B. Fringe Benefits	\$121,059	\$32,385	\$13,562	\$6,954	\$68,158	\$0
C. Travel	\$11,468	\$11,033	\$435	\$0	\$0	\$0
D. Equipment	\$10,964	\$0	\$10,191	\$0	\$773	\$0
E. Supplies	\$2,320	\$1,600	\$720	\$0	\$0	\$0
F. Contractual	\$57,806	\$12,806	\$33,156	\$0	\$11,844	\$0
G. Other	\$355	\$330	\$25	\$0	\$0	\$0
H. Total Direct Costs	\$578,073	\$158,230	\$100,000	\$26,715	\$293,128	\$0
I. Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
J. Total (Sum of H and I)	\$578,073	\$158,230	\$100,000	\$26,715	\$293,128	\$0
K. Program Income - Projected Earnings		\$0	\$0	\$0	\$0	\$0

**NOTE: The "Total Budget" amount for the Equipment and Indirect Costs Categories will have to be allocated (entered) manually among the funding sources. Enter the amounts in whole dollars. After amounts have been entered for each funding source, verify that the "Total budget" amount (column 1) equals the "Check Total" below.**

Check Total For:                      Equipment =                      \$10,964      Indirect Costs =                      \$0

\*Letter(s) of good standing that validate the respondent's programmatic, administrative, and financial capability must be placed after this form if respondent receives any funding from state agencies other than DSHS related to this project. If the respondent is a state agency or institution of higher education, letter(s) of good standing are not required. DO NOT include funding from other state agencies in column 4 or Federal sources in column 3 that is not related to activities being funded by this DSHS project.

**FORM I-1: PERSONNEL Budget Category Detail Form**

Legal Name of Respondent:

**COLLIN COUNTY HEALTH CARE SERVICES**

<b>PERSONNEL</b>		Vacant Y/N	Justification	FTE's	Certification or License (Enter NA if not required)	Total Average Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project	
Functional Title + Code E = Existing or P = Proposed									
RN - Proposed for Federal funding		Y	Provides TB services to clients(FED)	1	License	\$3,492.58	12	\$41,911	
Program Director (Manager) - E		N	Provides programmatic oversight & accountability of organization(\$26,715 Other State and Remainder Local)	1	License	\$4,626.00	12	\$55,512	
Public Health Nurse - E (Sheila)		N	Provides direct TB services (DSHS \$28,880, Remainder Local funding)	1	License	\$3,338.00	12	\$40,056	
Public Health Nurse - E (Candace)		N	Provides direct TB services (Local funding)	1	License	\$4,043.00	12	\$48,516	
Contact Investigator - E		N	Provides contact investigation services (DSHS)	1	Certification	\$3,292.00	12	\$39,504	
In/take/Outreach Worker - E		N	Provides DOT (local Funding)	1	NA	\$3,344.00	12	\$40,128	
Outreach Worker - E Sardae		N	Provides DOT (local Funding)	1	NA	\$2,500.00	12	\$30,000	
Outreach Worker - E Soledad		N	Provides DOT (DSHS funding)	1	NA	\$2,641.00	12	\$31,692	
Physician - E		N	Provides physician oversight (Local funding)	0.5	License	\$7,797.00	12	\$46,782	
								\$0	
								\$0	
								\$0	
								\$0	
<b>INSERT TOTAL FROM PERSONNEL SUPPLEMENTAL BUDGET SHEET ON THIS LINE - (ENTER AMOUNT AS WHOLE NUMBER)</b>								<b>Salary/Wage Total</b>	<b>\$374,101</b>

**FRINGE BENEFITS**

Itemize the elements of fringe benefits in the space below:

7.65% FICAMedicare; \$713 Employee Ins. Per month; .378% Longterm Dis.; \$2.25 short term dis. Per month; 13% Retirement; .288% supplemental death; .5% Unemployment ins.

	Fringe Benefit Rate %	32.36%
	<b>Fringe Benefits Total</b>	<b>\$121,059</b>

**Job Title: Registered Nurse (RN) – TB Clinic**

**Department:** Health Care Services **Job Grade #:** 537

**Immediate Supervisor:** TB Program Manager  
Health Authority-Physician

**BRIEF DESCRIPTION OF THE JOB:**

When new TB cases and suspects are identified, the RN interviews the patient and obtains the necessary information to begin contact investigation. The RN will be responsible for working with the Local Health Authority and the TB Program manager to ensure that treatment is provided to TB patients. Treatment and care will be provided in the clinical setting as well as know and suspected cases homes. RN will provide administrative support by answering the telephone, scheduling appointments, triage emergencies, answering pharmacy related questions and pulling patient charts and files. Register Nurse will interact with patients by obtaining weight, height, pulse, blood pressure and medical history and sputum collections. RN will also draw lab work and send samples to the State or designated lab.

**ESSENTIAL FUNCTIONS:**

*This information is intended to be descriptive of the key responsibilities of the position. The following examples do not identify all duties performed by any single incumbent.*

Physical Strength Code	ESSENTIAL FUNCTIONS
1 L	Triages public health related concerns by accessing current information on communicable diseases. Obtaining concise histories from clients, receiving phone calls, networking with other medical providers regarding questions and issues, accessing and evaluating client’s records.
2 L	Works in TB clinics by obtaining medical histories and records, consent forms and other required information, arranging for home visits in certain cases, educating, screening and notifying close contacts and partners, performing exams, referring, evaluating and treating positive reactors after screenings, preparing statistics and inventories of supplies, supplying other nurses with medications and other supplies, reviewing medical records and faxing reports to the health department.
3 L	Works with new TB cases and suspects, providign treatment regime, either in clinic or on home visits (DOT), as authorized by Health Authority, works with DOT outreach workers.
4 L	Receives reports of cases, suspects or latent TB called in by physicians, hospitals and other health care providers. Completes and forwards the appropriate forms for the Department of State Health Services, mobilizes mass screenings, networks with families and close contacts, networks with other providers and reports findings to the Department of State Health Services.
5 L	Performs related duties by answering the telephone, scheduling appointments, triage emergencies, answering pharmacy related questions and pulling patients chargs and files. Interacts with patients by obtaining weight, height, pulse, blood pressure and medical history and sputum collections. Also performs lab work and sends samples by the courier to State or designated lab.

**JOB REQUIREMENTS:**

<b>JOB REQUIREMENTS</b>	
Formal Education / Knowledge	Work requires knowledge of a specific vocational, administrative, or technical nature which may be obtained with a two year associate's degree, diploma or equivalent from a college, technical, business, vocational, or correspondence school. Appropriate certification may be awarded upon satisfactory completion of advanced study or training.
Experience	Current Registered Nurse in State of Texas
Certifications and Other Requirements	Valid Texas Operator's Driver's License, Nursing License RN, Texas Certified. All nursing personnel will be required to complete the CDC's Core Curriculum.
Reading	Work requires the ability to read technical data/information, journals, manuals, and analyze charts.
Math	Work requires the ability to perform general math calculations such as addition, subtraction, multiplication, division and algebra.
Writing	Work requires the ability to write reports, and documentation in patient charts.
Managerial	N/A
Budget Responsibility	Not rated.
Supervisory / Organizational Control	Job has no responsibility for the direction or supervision of others.
Complexity	Work requires analysis and judgment in accomplishing diversified duties. Work requires the exercise of independent thinking within the limits of policies, standards, and precedents.
Interpersonal / Human Relations Skills	The incumbents in this position contact others within the organization. These contacts may involve similar work units or departments within the County which may be involved in decision making or providing approval or decision making authority for purchases or projects. In addition, these incumbents work with individuals outside the County who may belong to professional or peer organizations. Working with various state and federal agencies may also be required of the employee. Vendors and suppliers may also be called upon for information on purchases, supplies or products. Meetings and discussions may be conducted with customers, brokers and sales representatives.

July 27, 2009

**OVERALL PHYSICAL STRENGTH DEMANDS:**

Sedentary	Light	X	Medium	Heavy	Very Heavy
S = Sedentary Exerting up to 10 lbs. occasionally or negligible weights frequently; sitting most of the time	L = Light Exerting up to 20 lbs. occasionally, 10 lbs. frequently, or negligible amounts constantly OR requires walking or standing to a significant degree.		M = Medium Exerting 20-50 lbs. occasionally, 10-25 lbs. frequently, or up to 10 lbs. constantly.	H = Heavy Exerting 50-100 lbs. occasionally, 25-50 lbs. frequently, or up to 10-20 lbs. constantly.	VH = Very Heavy Exerting over 100 lbs. occasionally, 50-100 lbs. frequently, or up to 20-50 lbs. constantly.

**PHYSICAL DEMANDS:**

C = Continuously 2/3 or more of the time.	F = Frequently From 1/3 to 2/3 of the time.	O = Occasionally Up to 1/3 of the time.	R = Rarely Less than 1 hour per week.	N = Never Never occurs.
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*This is a description of the way this job is currently performed; it does not address the potential for accommodation.*

PHYSICAL DEMANDS	FREQUENCY CODE	DESCRIPTION
Standing	C	Patient care, administering immunizations, speaking with patient/family
Sitting	O	Deskwork, meetings, driving
Walking	F	Inter-department, clinic
Lifting	F	Children, boxes, medical supplies, ice chest
Carrying	O	Files, boxes, medical supplies, ice chest containing vaccines
Pushing/Pulling	O	Supply cart, equipment
Reaching	O	For supplies, stock supplies
Handling	F	Paperwork, patients
Fine Dexterity	F	Computer keyboard, immunizations
Kneeling	O	Filing, stock supplies, retrieve supplies
Crouching	F	To give injections, examinations, for supplies
Crawling	N	
Bending	F	Administering injections, for supplies
Twisting	F	Administering injections, for supplies
Climbing	O	Stairs, into van
Balancing	R	Climbing stairs with supplies, into van
Vision	C	Reading, computer monitor, patients, injections, seeing patients, teaching/training
Hearing	C	Communicating with personnel and general public, telephone, patients
Talking	C	Communicating with personnel and general public, telephone, patients
Foot Controls	R	Driving
Other (specify)	N	

July 27, 2009

**MACHINES, TOOLS, EQUIPMENT, AND WORK AIDS:**

EKG machine, eye chart, audiometer, vehicle, adding machines/calculator, typewriter, needles, syringes, telephone, glucometer, hemoCue, Computer and related software

**ENVIRONMENTAL FACTORS:**

D = Daily	W = Several Times Per Week	M = Several Times Per Month	S = Seasonally	N = Never
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HEALTH AND SAFETY		ENVIRONMENTAL FACTORS		PRIMARY WORK LOCATION	
Mechanical Hazards	M	Extreme Temperatures	S	Office Environment	X
Chemical Hazards	N	Noise and Vibration	N	Warehouse	
Electrical Hazards	N	Wetness/Humidity	S	Shop	
Fire Hazards	N	Respiratory Hazards	S	Vehicle	X
Explosives	N	Physical Hazards	N	Outdoors	
Communicable Diseases	D			Rec/Nghbrhd Center	
Physical Danger or Abuse	W			Other (see 2 below)	
Other (see 1 below)	N				

- (1)
- (2)

**PROTECTIVE EQUIPMENT REQUIRED:**

Latex gloves, surgical masks, CPR shields

**NON-PHYSICAL DEMANDS:**

C = Continuously 2/3 or more of the time.	F = Frequently From 1/3 to 2/3 of the time.	O = Occasionally Up to 1/3 of the time.	R = Rarely Less than 1 hour per week.	N = Never Never occurs.
---	---	---	---------------------------------------	-------------------------

NON-PHYSICAL DEMANDS	
Time Pressures	F
Emergency Situations	O
Frequent Change of Tasks	F
Irregular Work Schedule/Overtime	R
Performing Multiple Tasks Simultaneously	F
Working Closely with Others as Part of a Team	F
Tedious or Exacting Work	O
Noisy/Distracting Environment	R
Other (see 3 below)	

- (3)

July 27, 2009

**SIGNATURES—REVIEW AND COMMENT:**

I have reviewed this job analysis and its attachments and find it to be an accurate description of the demands of this job.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Job Title of Supervisor

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Job Title of Department Head

\_\_\_\_\_  
Signature of Department Head

\_\_\_\_\_  
Date

**Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
The above statements are intended to describe the general nature and level of work being performed by individuals assigned to this job. They are not intended to be an exhaustive list of all responsibilities, duties, and skills required of personnel so classified in this position. This job description is subject to change as the needs and requirements of the job change.

# FORM I-2: TRAVEL Budget Category Detail Form

Legal Name of Respondent:

COLLIN COUNTY HEALTH CARE SERVICES

Conference / Workshop Travel Costs Description of Conference/Workshop	Justification	Location City/State	Number of: Days/Employees	Travel Costs	
Heartland and Nat's TB Intensive CTr. UT Health Center	Annual update for TB Policies & Procedures (4 days - 3 nights (\$95 hotel per person) 321 miles per person @ .55 per mile - \$22.50 per daily for meals x 2 staff -DSHS funding	Tyler, TX	4 days/2 Staff	Mileage	\$353
				Airfare	\$0
				Meals	\$180
				Lodging	\$570
				Other Costs	\$0
<b>Total</b>				<b>\$1,103</b>	<b>\$275</b>
World TB Day	An annual event (Carpool - 500 miles @ .55 per mile - 2 rooms @ 100/night (1night, 2 days) \$17 per day x 3 staff - DSHS Funding	Austin, TX	2 days/3 Staff	Mileage	\$275
				Airfare	\$0
				Meals	\$100
				Lodging	\$200
				Other Costs	\$0
<b>Total</b>				<b>\$575</b>	<b>\$275</b>
Program's Manager Meeting	An annual meeting for updates (Carpool ( 2 staff @ 500 miles (4 nights @ 95ea. -\$20 per day (5 days) x 2 staff share room - DSHS funding	Austin, TX	5 days/2 Staff	Mileage	\$200
				Airfare	\$0
				Meals	\$380
				Lodging	\$0
				Other Costs	\$0
<b>Total</b>				<b>\$855</b>	<b>\$275</b>
Case Management Training for New Proposed RN	Case Management Training for New Proposed RN - 2 day training, 1 night hotel, 6 meals @ \$10/ea.--Approx. 500 miles (FED)	Austin, TX	2 days/1 Staff	Mileage	\$275
				Airfare	\$0
				Meals	\$60
				Lodging	\$100
				Other Costs	\$0
<b>Total</b>				<b>\$435</b>	<b>\$0</b>
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
<b>Total</b>					<b>\$0</b>

**Total for Conference / Workshop Travel**

**\$2,968**

**Other / Local Travel Costs**

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Local travel for contact investigators and DOT workers (DSHS Funding)	15455	\$0.550	\$8,500		\$8,500
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0

Total for Other / Local Travel **\$8,500**

Other / Local Travel Costs: **\$8,500**

Conference / Workshop Travel Costs: **\$2,968**

Total Travel Costs: **\$11,468**

Indicate Policy Used:  State of Texas Travel Policy

Respondent's Travel Policy

# **COLLIN COUNTY TRAVEL POLICY**

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### **INTRODUCTION**

<b>CHAPTER 1</b>	<b>POLICY</b>
<b>CHAPTER 2</b>	<b>MODES OF TRANSPORTATION</b>
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## **INTRODUCTION**

The information contained within this manual pertains to financial policy related travel and transportation allowances authorized to county officials and employees. The regulations contained herein have been reviewed and approved in Collin County Commissioners' Court. Legal changes to the entitlement contained in these regulations are initiated by Commissioners' Court and no other source.

# **CHAPTER 1**

## **POLICY**

### **Section 1.1 Travel Justifications**

Travel and transportation at county expense will be permitted only when officially justified and required to conduct official county business. Travel must comply with good management practices. All travel must be entered on an Estimated Expenditure form and turned in to Auditor's Office prior to travel. Otherwise, travel may not be reimbursed. The Auditor's Office must be notified if a trip is cancelled so the encumbered funds can be returned to the department's travel account.

### **Section 1.2 Equitable Expense Allowance**

County officials/employees will not be required to perform official travel at their own expense or at rates of allowances and amounts of reimbursement inconsistent with the provisions contained herein, with the exception of grant funded travel.

### **Section 1.3 Grant Travel Policy**

Expenditures related to travel will only be reimbursed for allowable expenditures and will follow the travel policy guidelines for that specific grant. Expenditures that are deemed unallowable for the grant will not be reimbursed.

### **Section 1.4 Limitation of Funds**

Limitation of available travel funds will be a basis for denying reimbursement for official travel or reducing allowances until funding is made available.

### **Section 1.5 Weekends, Holidays, Day Travel**

Travel on weekends, holidays or day travel to and from points having no connection with official county business is not authorized unless such travel provides a cost savings to the county.

### **Section 1.6 Expenses Incurred**

All expenses incurred shall be made in the name of the county official/employee only. Expenses incurred for activities not connected with county business shall not be reimbursed. These activities shall include, but not be limited to, hotel movies, health club, etc.

### **Section 1.7 Exercise of Prudence in Travel**

A traveler on official county business will exercise the same care in incurring expenses and accomplishing official business that a prudent person would exercise if traveling on personal business. Excess costs, indirect routes, delays,

or luxury accommodations unnecessary or unjustified in the performance of the official business are not considered as exercising prudence.

### **Section 1.8 Illness, Injury, or Death during Period of Official Travel**

If a death, serious injury or illness occurs in the employee's immediate family, the employee shall be authorized to immediately return to their place of residence at county expense. When, during a period of official travel, an official/employee dies due to illness or injury not induced by personal misconduct, the county will pay for all transportation expenses to return the deceased to the point of origin. The official/employees' next of kin shall be authorized travel to the official travel site to make the necessary arrangements. Expenses for such travel shall be reimbursed in the same manner provided in this manual.

### **Section 1.9 Overpayment or Multiple Payments of Travel Expenses**

Duplicate travel expense payments to county officials/employees are prohibited. When an employee engages in travel that is compensated by another source outside of the county, expenses will be reimbursed first by the county. When payment from the outside source is received it must be turned into the Auditor's Office to be deposited into your departments travel account.

### **Section 1.10 Liquor Purchases**

Reimbursement of liquor purchases is prohibited.

### **Section 1.11 Travel to Receive Non-County Sponsored Honor Awards**

Travel and transportation at county expense may be authorized for an employee who travels to receive an honor award sponsored by a non-county organization provided the award is determined to be closely related to the duties of the employee.

### **Section 1.12 Beginning Travel from Other than the Local Point of Origin**

Travel reimbursement shall be based on beginning travel at a local point of origin. Additional expenses incurred from beginning travel at a point greater than the local point of origin shall be at the expense of the official/employee.

### **Section 1.13 Personal Telephone Calls**

Each official/employee shall be allowed one personal telephone call per day at county expense. In situations where an emergency has occurred at the official/employee's home while that official/employee is away on county business, more than one personal call per day maybe allowed at county expense.

The County Auditor shall determine reasonable reimbursement on an individual basis.

## **Chapter 2**

### **MODES OF TRANSPORTATION**

#### **Section 2.1 Routing**

In determining transportation reimbursements for travel, the Auditor shall base reimbursement using the shortest practical route between point of origin and the business destination. When traveling via a privately owned vehicle, the most recent internet mileage map must be printed and included in travel voucher, with reasonable additional miles allowed to travel to and from county business and meals. Travel performed, other than the usually traveled route, must be justified as officially necessary and have approval of the Department Head. When, for an employee's own convenience, a person travels by an undirected route or interrupts travel by a direct route, the extra expense will be the responsibility of the traveler, with reimbursement based only on such charges as would have occurred by a usually traveled route. Any excess travel time or expense not justified as officially necessary will be charged as recommended by the Department Head and approved by the Auditor

#### **Section 2.2 Transportation Authorized**

Travel of an employee will be by the most expeditious means of transportation practicable. The Official/Department Head directing travel will be responsible for the mode of transportation selected. It is recommended that a county vehicle is used when there is one available.

#### **Section 2.3 Travel via Privately Owned Vehicle**

Payments to officials/ employees for the use of privately owned vehicles shall be on a basis of actual mileage traveled round trip from place of employment to purpose of travel destination while on official county business. Such payment or allowance shall be made at the current rate approved by Commissioners' Court. Any mileage related to education and conference must be turned in on a travel voucher. All other mileage reimbursement requests must be turned in on a mileage sheet.

#### **Section 2.4 Two or More Employees Traveling in a Single Private Vehicle**

When two or more employees travel in a single vehicle, only one shall receive a transportation allowance.

#### **Section 2.5 Travel via Commercial Aircraft**

Travel via commercial aircraft will generally be the least costly mode of long distance travel. This method shall be used whenever it is reasonably available. The employee must use most cost effective method of travel arrangements,

must be a non-refundable ticket if purchased with personal credit card or procurement card and must be based on coach fare. If airfare is cancelled for any reason, on a non-refundable ticket, a credit voucher will be issued by the travel agent. It is the responsibility of the official/employee to report unused airfare to the Auditor's Office. Credit vouchers for non-refundable tickets must be used toward the purchase of another ticket for the same traveler, within one year for county travel only. The official/employee must provide the confirmation number when the next reservation is made. This must be notated on the Estimated Expenditure Form when used. If traveling long distance via a privately owned vehicle, you must obtain the airfare cost from the least expensive airfare source as of the date of the estimated travel form and will be reimbursed that rate of airfare or actual mileage, whichever is less.

### **Section 2.6 Rental Vehicle**

Reimbursement to county officials/ employees for the use of a rental car shall be based on actual cost incurred for the most economical vehicle. All upgrades will be the responsibility of the employee. The fuel tank must be filled prior to returning the vehicle to the rental agency. Additional fuel charges, by rental agency, will also be the responsibility of the employee. Receipts are required in support of claims for reimbursement. Rental car insurance is not necessary and will not be reimbursed. The county insurance will cover accidents incurred for the duration of the business trip. If additional days are added to the trip, for personal reasons, insurance for additional days would be the responsibility of the employee. If an accident occurs during the business portion of the trip a police accident report must be obtained and the County Risk Claims Manager must be notified immediately. (972) 548-4605 (located in Human Resources)

### **Section 2.7 Use of Public Transportation**

While on official travel, public transportation shall be allowed when necessary for local commuting including airport to travel destination and return to travel origin. Reimbursement to county officials/ employees for the use of all other modes of transportation shall be based on actual cost incurred. Receipts are required in support of claims for reimbursement.

### **Section 2.8 Transportation Expenses of Spouse**

Elected Officials/Department Heads are not allowed to authorize reimbursement of travel expenses incurred by a county employee's spouse, relative or friend while accompanying that employee to a conference.

### **Section 2.9 Parking Fees, Toll Charges, etc.**

Reimbursement is authorized for parking fees, road and tunnel tolls which have been incurred. Receipts are required in support of claims for reimbursement.

# **Chapter 3**

## **County Vehicles**

### **Section 3.1 Authorization**

County vehicles will be utilized only for county business, not for personal business of employees. Only authorized personnel may ride as passengers.

A current license or certification, appropriate to the assigned vehicle, will be maintained at all times. Any employee whose license becomes suspended for any reason will notify their supervisor immediately.

### **Section 3.2 Definition and General Matters**

- A county vehicle is defined as any car, truck, van, etc., which is owned by the county, including Sheriff vehicles.
- County business is defined as any work done by a county employee on behalf of Collin County.
- Authorized personnel are defined as county employees or individuals conducting business for Collin County.
- "Stand-by" employees are those county employees who drive county vehicles to and from their home, conducting after business hour service calls.

Each county department utilizing county vehicles shall develop and maintain departmental procedures regarding their particular use to include after hours usage, stand-by duty restrictions, etc. Said procedures are to be approved by Commissioners' Court annually or as revised. Departmental procedures shall be consistent with this policy.

### **Section 3.3 Use of County Vehicles**

The following are guidelines for the use of county vehicles before or after business hours:

- The use of county vehicles shall be for official county business only.
- All employees are expected to operate their assigned vehicles in a lawful, safe, and prudent manner at all times. Transportation, or consumption, of any drug or alcoholic beverage in a county vehicle is prohibited.
- Only the employee(s) assigned to operate a vehicle may drive that vehicle. Other employees may drive the vehicle with the authorization of the

Department Head. A non-employee is not authorized to drive a county vehicle under any circumstances.

- Before or after business hours, vehicles are to be driven either to or from work by the most direct or practical route available. Side trips to tend to personal affairs are not authorized.
- If an accident occurs, when an employee is not on the most direct or practical route to work or residence, then that employee is not considered to be a permissive user of the vehicle for insurance purposes. This means that the employee has the personal responsibility, either through personal insurance or out of pocket expense, to provide compensation to both the third party and to the county for property damage to the vehicle. Additional disciplinary action may be taken according to departmental policy.

### **Section 3.4 Authorized Persons**

- In the interest of safety, to expedite response to calls, and to protect the county from possible costly civil claims, it is necessary to restrict passengers in departmental vehicles to those necessary to the duty being performed. No person other than those listed below shall ride in departmental vehicles.
- On duty sworn officers of the Sheriff's Department.
- Departmental employees required to use or ride in such vehicles in line of duty and then only as needed to perform those duties.
- Officers of other departments may be transported only when required to perform a specific task and only when necessary to the successful completion of that task.

### **Section 3.5 Other County employees when their transportation is necessary to official business.**

- An employee on county business is the only person allowed to ride as a passenger in a county vehicle. Exceptions can be made in certain emergency or humanitarian situations where transportation of an individual (s) will prevent a threat to their well-being. Hitchhikers, family and friends are not authorized passengers unless the transportation is directly related to county business.
- Persons who are in custody of a Sheriff's Deputy, or who are being transported in line of duty (motorist being assisted, etc.).
- Reserves of the Sheriff's Department in training. They may ride in county vehicles only on a prescheduled basis. This scheduling must be approved by

the Sheriffs designated representative who will be responsible for notifying the officer in charge of the shift.

### **Section 3.6 Travel via County Vehicle**

No county official/employee shall be reimbursed for mileage while operating a county vehicle. If gas is purchased, other than the county gas card, the receipt must be submitted for reimbursement in travel voucher.

### **Section 3.7 Operation of County Vehicle**

All county vehicles shall be operated in a safe manner consistent with good defensive driving. Neglect of this responsibility shall necessitate suspension of continued use of county vehicles. County officials/employees must possess a current Texas driver's license and insurance to operate county vehicles.

### **Section 3.8 Repair of County Vehicle**

Reimbursement for local travel expenses incurred while waiting for repair of a county vehicle is authorized if such expense(s) fall within the guidelines of this chapter.

### **Section 3.9 Insurance**

The county shall provide basic insurance coverage for all county vehicles. Any additional insurance coverage shall be the responsibility of the county official/employee concerned. If a privately owned vehicle is used for official county business, the owner of that vehicle shall ensure the vehicle's insurance coverage meets or exceeds the minimum coverage required by law. The county shall not be responsible for damage to a privately owned vehicle which is used for official business.

### **Section 3.10 Authority**

Commissioners' Court shall have the final authorization for use of county vehicles and may exclude certain provisions from this policy.

## **CHAPTER 4**

### **LODGING**

#### **Section 4.1 Reimbursement Rate**

A county official or employee shall be reimbursed for available lodging based on double room accommodation rates utilizing the most economical rates pertinent to the conference/travel. Unnecessary lodging expenses shall be the responsibility of the traveler unless justification for such expense can be established.

#### **Section 4.2 Staying with Friends or Relatives**

If a county official/employee stays with friends or relatives while on official county business, no reimbursement for lodging shall be allowed.

#### **Section 4.3 Expenses Incurred**

Expenses incurred for activities not connected with county business shall not be reimbursed. These activities shall include, but not be limited to, hotel movies, health club, hotel computer access etc.

## **CHAPTER 5**

### **MEALS**

#### **Section 5.1 Meal Expenses**

All county officials and employees shall be reimbursed for meal expenses. Meal reimbursement must be supported by an **itemized** meal receipt. Reasonable meal expenses would be as follows: Breakfast - \$10.00; Lunch - \$15.00; Dinner - \$25.00. Unusually high expenses must be justified in writing by the Department Head and approved in Commissioners' Court before reimbursement. Tips will be reimbursed at a preferred rate of 15%, with a maximum of 20%.

**Travel meals in Collin County are prohibited. Business luncheon meetings are not considered as Travel Meals.**

#### **Section 5.2 Two or More Meals on the Same Receipt**

If more than one employee's meal expense is on the same receipt, the names of all attendees and the reason for the claim must be indicated on the back of the receipt.

Within the limits of each department's budget, an employee may be reimbursed for the payment of meals for guests that are invited to discuss county business. See Section 6.2.

#### **Section 5.3**

Reimbursement for meals paid using your department assigned procurement card must be turned in with your department/division procurement card approval list.

#### **Section 5.4 Spouse/Relative Meal Expenses**

Reimbursement shall not be made for the payment of meal expenses or entertainment incurred by the spouse or relatives.

#### **Section 5.5 Meals Per Day**

No county official or employee shall be reimbursed for more than three (meals) per day. Snacks, candy, gum, etc. and beverages will not be reimbursed unless there is a justification that they are a replacement for a specific meal.

## **CHAPTER 6**

### **DAY TRAVEL**

#### **Section 6.1 Day Travel Definition**

Travel away from home outside of Collin County, but not overnight, is considered "Day Travel" for purpose of meals. Therefore, any reimbursement to an employee for meals, incurred on such "day travel", is taxable to the employee and will be processed through payroll. This must be turned in on a travel voucher and must include **itemized receipts**.

#### **Section 6.2 Business Meals**

To qualify as a business meal, the employee must identify the participants and the business purpose of the discussion. This must be turned in on an affidavit and must include **itemized receipts** and the Department Head signature.

## **CHAPTER 7**

### **CONFERENCE SPONSORED ACTIVITIES**

#### **Section 7.1 Activities**

Expenses incurred by a county official/employee for activities related to the conference, shall be reimbursed by the county. Activities unrelated to the conference shall not be reimbursed.

## **CHAPTER 8**

### **REGISTRATION FEES**

#### **Section 8.1 Registration Fees**

Registration fees for a county official/employee shall be paid by the county following the requisition/purchase order process. The **completed registration form** must be submitted to the Auditor's Office at the time that the requisition is entered.

#### **Section 8.2 Registration Fees Paid by Credit Card/Procurement Card**

The only exception, to the above, being if there is a deadline that the county cannot meet following this process. If this occurs registration may be paid utilizing your personal credit card, your department assigned procurement card or cash at the door. Reimbursement for registration paid using your personal credit card or cash must be turned in on your travel voucher with a receipt. If registration fees are paid using the department assigned procurement card, the department must turn in the registration forms with their department/division procurement card approval list. The registration form and receipt must be included with payment amount and vendor name highlighted.

## **CHAPTER 9**

### **ADVANCE OF FUNDS FOR TRAVEL EXPENSES**

#### **Section 9.1 Advance**

A Travel Advance Affidavit must be completed for every advance of funds and must be approved by the Elected Official/Department Head. The request for an advance must be received in the Auditor's Office by the deadline as listed on the AP Check and Commissioners' Court Schedule, for the Commissioners' Court date prior to scheduled travel. (My Network Places/Public share on chdata/Auditor folder/AP Check and Commissioners' Court Schedule.)

#### **Section 9.2 Travel Advance Limitations**

Travel Advance Limitations:

- Advances will not be disbursed for less than \$100.00.
- Advances will not be disbursed for "day travel" expenses.
- Advances will not be disbursed after the travel is completed.
- Advances will not be disbursed if you have a procurement card in your name.
- Advances will not be disbursed when a traveler has an outstanding advance.
- Only one advance of funds shall be authorized for each scheduled travel.

#### **Section 9.3 Recovery of Outstanding Travel Advances**

An employee is required to complete a travel voucher and forward to the Auditor's Office within **7** calendar days after the travel end date. Once audited, you will receive a travel memo, via email, with the amount due to Collin County. All money owed to Collin County must be received in the Auditor's Office within **15** calendar days. Refer to travel advance which states you must "repay to Collin County any of this unspent travel advance no later than **30** days following the completion of the travel. If I fail to submit the proper documents and do not repay any unspent monies, Collin County has my permission to withhold the outstanding travel advance from my paycheck." If money is owed to the employee, it will be processed on the check run following the receipt of travel voucher in the Auditor's Office or as soon thereafter as is feasible.

**Section 9.4 Advance Return for Cancelled Trip**

In the event that a trip is cancelled, the advance must be returned to the Auditor's Office upon notice of cancellation of travel.

**Section 9.5 Loss of Advance Funds**

Each county official/employee shall be responsible for any loss of advance funds. Such incident shall not be considered a travel expense.

## **CHAPTER 10**

### **ADVANCE FOR SHERIFF'S OFFICE PRISONER TRANSFER**

#### **Section 10.1 Advancement of Funds for Prisoner Transfer**

An advancement of funds for travel expenses related to prisoner transfers shall be provided through a special fund in the Sheriff's Department. Procedures to account for such funds shall be prescribed by the County Auditor. Upon return from each trip, Sheriff's Transfer Officer shall reimburse the fund any excess advance payments. Documentation of expenses and approval of travel claims shall be made in the same manner as provided in this manual.

#### **Section 10.2 Loss of Advance Funds**

Each county official/employee shall be responsible for any loss of advance funds. Such incident shall not be considered a travel expense.

#### **Section 10.3 Usage of Procurement Card for Prisoner Transfer**

See Section 11.2.

## **CHAPTER 11**

### **COUNTY PROCUREMENT CARDS**

#### **Section 11.1 County Procurement Cards**

County officials/employees who are expected to travel frequently to support the mission of the county may be eligible for a County Procurement Card. Elected Officials/Department Heads may request for their personnel to be cardholders by contacting the Procurement Card Coordinator. (Purchasing Department) The coordinator will issue an employee card request form. Personnel authorized to receive a County Procurement Card must be approved by the appropriate Elected Official/Department Head responsible for the department in which the employee works. After approval of the Department Head, the application will be processed according to the applicable Procurement Card Agreement.

#### **Section 11.2 Use of the County Procurement Card**

The County Procurement Card shall only be used by the cardholder for his own travel purposes. In other words a cardholder may not use their card for another employee's expenses or travel arrangements. (Exceptions: Prisoner/Juvenile Transfers) The County Procurement Card shall not be used for personal purposes or family members and may only be used in connection with official Collin County travel or business. When a department needs a new vendor set-up; it is the responsibility of the department to supply the Auditors office with the vendor name, address, phone number and tax id information.

All meal purchases using the County Procurement Card must be in accordance with the policy as indicated in Chapter 5 of the Collin County Travel Policy.

Advances for travel will not be disbursed if you have a procurement card in your name.

All procurement card receipts must be attached to the Department/Division Report.

#### **Section 11.3 Termination from County**

Prior to leaving the county or transferring to another department, the cardholder shall surrender the County Procurement Card and all receipts to the approving supervisor of your respective department. Upon its receipt, the approving supervisor will review, approve and deliver the County Procurement Card to the Procurement Card Coordinator. (Purchasing Department) Please be aware that the responsibility of the void card remains with the Cardholder/Department Head until it has been received by the Procurement Card Coordinator.

Final payroll payment will be held until the County Procurement Card has been returned.

## **CHAPTER 12**

### **INSURANCE CLAIMS**

#### **Section 12.1 Reporting Insurance Claims**

When a rental vehicle is used, the official or employee should decline all supplemental vehicle rental insurance offered by the rental agency to cover incidents while using the vehicle for county purposes. The County Risk Claims Manager will provide all necessary insurance coverage for employees and officials using rental vehicles for county purposes. If an accident occurs during the business portion of the trip a police accident report must be obtained and the County Risk Claims Manager must be notified immediately. (972)548-4605 (located in Human Resources) While not condoned, all use of a rental vehicle for personal reasons is at the risk of the employee or official.

## **CHAPTER 13**

### **SUBMISSION OF CLAIMS**

#### **Section 13.1 Submitting Travel Claims**

Claims for reimbursement or payment shall be made directly to the Auditor's Office. When filing a travel claim, each county official/employee shall complete a Collin County Travel Voucher supported by documentation of expenses. Submission of claims shall be made no later than **7** days after completion of travel. See Section 9.3.

#### **Section 13.2 Documentation**

The completed Travel Voucher shall be submitted to the Auditor's Office with a travel expense worksheet and documentation to include statements, **itemized** hotel bills, **itemized** meal receipts, (day travel/business meals) and any other documentation necessary to justify the expenses incurred. Receipts must be taped to an 8½ x 11 paper in date order. Please do not highlight or tape over amounts on receipts. Do not fold or seal envelope.





# FORM I-5: CONTRACTUAL Budget Category Detail Form

Legal Name of Respondent:

COLLIN COUNTY HEALTH CARE SERVICES

List contracts for services related to the scope of work that is to be provided by a third party. If a third party is not yet identified, describe the service to be contracted and show contractors as "To Be Named." Justification for any contract that delegates \$100,000 or more of the scope of the project in the respondent's funding request, must be attached behind this form.

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	Justification	METHOD OF PAYMENT (i.e., Monthly, Hourly, Unit, Lump Sum)	# of Months, Hours, Units, etc.	RATE OF PAYMENT (i.e. hourly rate, unit rate, lump sum amount)	TOTAL
Envision	Chest X-rays	Needed for TB patients (DSHS funding)	Monthly	12	\$867.17	\$10,406
Jerry Barnett	Pharmacist	Needed for TB patients (DSHS funding)	Monthly	12	\$200.00	\$2,400
Envision	CT Scann	Requested by Radiology on some patients for diagnosis (FED)	Monthly	15	\$1,200.00	\$18,000
PrimaCare	DOT	Patients who have working schedules outside HCS normal DOT hours(FED)	Monthly (DOT afterhours and weekends)	47	\$50.00	\$2,350
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0

Total Amount Requested for CONTRACTUAL:

\$33,156

