

## DEPARTMENT OF STATE HEALTH SERVICES



This contract, number 2012-039047 (Contract), is entered into by and between the Department of State Health Services (DSHS or the Department), an agency of the State of Texas, and COLLIN COUNTY HEALTH CARE SERVICES (Contractor), a Non Profit Entity, (collectively, the Parties).

1. **Purpose of the Contract.** DSHS agrees to purchase, and Contractor agrees to provide, services or goods to the eligible populations as described in the Program Attachments.
2. **Total Amount of the Contract and Payment Method(s).** The total amount of this Contract is \$182,178.00, and the payment method(s) shall be as specified in the Program Attachments.
3. **Funding Obligation.** This Contract is contingent upon the continued availability of funding. If funds become unavailable through lack of appropriations, budget cuts, transfer of funds between programs or health and human services agencies, amendment to the Appropriations Act, health and human services agency consolidation, or any other disruptions of current appropriated funding for this Contract, DSHS may restrict, reduce, or terminate funding under this Contract.
4. **Term of the Contract.** This Contract begins on 09/01/2011 and ends on 08/31/2012. DSHS has the option, in its sole discretion, to renew the Contract as provided in each Program Attachment. DSHS is not responsible for payment under this Contract before both parties have signed the Contract or before the start date of the Contract, whichever is later.
5. **Authority.** DSHS enters into this Contract under the authority of Health and Safety Code, Chapter 1001.
6. **Documents Forming Contract.** The Contract consists of the following:
  - a. Core Contract (this document)
  - b. Program Attachments:  
  
2012-039047-001 Tuberculosis Prevention and Control - State
  - c. General Provisions (Sub-recipient)
  - d. Solicitation Document(s), and
  - e. Contractor's response(s) to the Solicitation Document(s).
  - f. Exhibits

Any changes made to the Contract, whether by edit or attachment, do not form part of the Contract unless expressly agreed to in writing by DSHS and Contractor and incorporated herein.

7. **Conflicting Terms.** In the event of conflicting terms among the documents forming this Contract, the order of control is first the Core Contract, then the Program Attachment(s), then the General Provisions, then the Solicitation Document, if any, and then Contractor's response to the Solicitation Document, if any.

8. **Payee.** The Parties agree that the following payee is entitled to receive payment for services rendered by Contractor or goods received under this Contract:

Name: COLLIN COUNTY  
Address: COLLIN COUNTY HEALTH CARE SERV 825 N MCDONALD  
MC KINNEY, TX 75069  
Vendor Identification Number: 17560008736014

9. **Entire Agreement.** The Parties acknowledge that this Contract is the entire agreement of the Parties and that there are no agreements or understandings, written or oral, between them with respect to the subject matter of this Contract, other than as set forth in this Contract.

By signing below, the Parties acknowledge that they have read the Contract and agree to its terms, and that the persons whose signatures appear below have the requisite authority to execute this Contract on behalf of the named party.

DEPARTMENT OF STATE HEALTH SERVICES

COLLIN COUNTY HEALTH CARE SERVICES

By: Bob Burnette  
Signature of Authorized Official

By: Keith Self  
Signature

9/29/11  
Date

9/20/11  
Date

Bob Burnette, C.P.M., CTPM

Keith Self, President  
Printed Name and Title  
2300 Bloomdale Road  
Suite 4192  
Address

Director, Client Services Contracting Unit

1100 WEST 49TH STREET  
AUSTIN, TEXAS 78756

McKinney, TX 75071  
City, State, Zip

(512) 458-7470

(972) 548-4631  
Telephone Number

Bob.Burnette@dshs.state.tx.us

\_\_\_\_\_  
E-mail Address for Official Correspondence

CONTRACT NO. 2012-039047  
PROGRAM ATTACHMENT NO.001  
PURCHASE ORDER NO. 0000376636

CONTRACTOR: COLLIN COUNTY HEALTH CARE SERVICES

DSHS PROGRAM: Tuberculosis Prevention and Control - State

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

SECTION I. STATEMENT OF WORK:

A. PROVISION OF SERVICES:

Throughout the Contractor's defined service area of Collin, Contractor shall provide basic services and associated activities for tuberculosis (TB) prevention and control, as well as conducting additional activities to target special populations with individuals who have TB or who are at high risk of developing TB.

Contractor shall provide these services in compliance with the following:

- DSHS' most current version of the Standards of Performance for the Prevention and Control of Tuberculosis, available at <http://www.dshs.state.tx.us/IDCU/disease/tb/publications/SOP-2008-final.doc>;
- DSHS Standards for Public Health Clinic Services, Revised August 31, 2004 available at <http://www.dshs.state.tx.us/qmb/dshsstndrds4clinicservs.pdf>;
- DSHS' TB Policy and Procedures Manual, available at <http://www.dshs.state.tx.us/idcu/disease/tb/publications/>;
- American Thoracic Society (ATS) and Centers for Disease Control and Prevention (CDC) joint statements on diagnosis, treatment and control of TB available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5211a1.htm>;
- Diagnostic Standards and Classification of Tuberculosis in Adults and Children, (American Journal of Respiratory and Critical Care Medicine, Vol. 161, pp. 1376-1395, 2000) at <http://ajrccm.atsjournals.org/cgi/content/full/161/4/1376>;
- Treatment of Tuberculosis, (ATS/CDC/IDSA), 2003 available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5211a1.htm>;
- Targeted Tuberculin Testing and Treatment of Latent TB Infection (LTBI), Morbidity and Mortality Weekly Report, Vol. 49, No. RR-6, 2000 at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4906a1.htm>;
- Updated: Adverse Event Data and Revised American Thoracic Society/CDC Recommendations Against the Use of Rifampin and Pyrazinamide for Treatment of Latent Tuberculosis Infection – United States, 2003, MMWR 52 (No. 31) at [http://www.eclipsconsult.com/eclips/article/Pulmonary%20Disease/S8756-3452\(08\)70243-3](http://www.eclipsconsult.com/eclips/article/Pulmonary%20Disease/S8756-3452(08)70243-3); and

- Controlling Tuberculosis in the United States, MMWR, Vol. 54, No. RR-12, 2005 at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5412a1.htm>.
- Guidelines for the Prevention and Treatment of Opportunistic Infections Among HIV-Exposed and HIV-Infected Children at <http://www.cdc.gov/mmwr/pdf/rr/rr58e0826.pdf>
- Guidelines for Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents at <http://www.cdc.gov/mmwr/pdf/rr/rr58e324.pdf>
- Updated Guidelines on Managing Drug Interactions in the Treatment of HIV-Related Tuberculosis at [http://www.cdc.gov/tb/publications/guidelines/TB\\_HIV\\_Drugs/default.htm](http://www.cdc.gov/tb/publications/guidelines/TB_HIV_Drugs/default.htm)

Contractor shall comply with all applicable federal and state regulations and statues, including, but not limited to, the following:

- Texas Tuberculosis Code, Health and Safety Code, Chapter 13, subchapter B;
- Communicable Disease Prevention and Control Act, Health and Safety Code, Chapter 81;
- Screening and Treatment for Tuberculosis in Jails and Other Correctional Facilities, Health and Safety Code, Chapter 89;
- Texas Administrative Code TAC, Title 25, Part 1, Chapter 97, Subchapter A, Control of Communicable Diseases; and
- Texas Administrative Code TAC, Title 25, Part 1, Chapter 97, Subchapter H, Tuberculosis Screening for Jails and Other Correctional Facilities.

All references to TB cases or suspected TB cases refer to active TB disease unless otherwise stated. All references to latent TB infection (LTBI) refer to the condition where infection has occurred but there has not been progression to active TB disease.

Contractor shall monitor and manage its usage of anti-tuberculosis medications and testing supplies furnished by DSHS in accordance with first-expiring-first-out (FEFO) principles of inventory control to minimize waste for those products with expiration dates. On a monthly basis, the Contractor shall perform a count of its inventory of anti-tuberculosis medications and tuberculosis testing supplies furnished by DSHS and reconcile the quantities by product and lot number found by this direct count with the quantities by product and lot number listed in the electronic inventory management system furnished by DSHS. All these tasks shall be performed by the Contractor using the designated database and the designated procedures

Contractor shall perform all activities under this Contract in accordance with Contractor's final, approved work plan (attached as Exhibit A), and detailed budget as approved by DSHS. Contractor must receive written approval from DSHS before varying from applicable policies, procedures, protocols, and the final approved work plan, and must update its implementation documentation within forty-eight (48) hours of making approved changes so that staff working on activities under this contract know of the change(s).

DSHS reserves the right, where allowed by legal authority, to redirect funds in the event of financial shortfalls.

DSHS will monitor Contractor's expenditures on a quarterly basis.

Expenditures below the contractor's total projected contract amount may be subject to a decrease for the remainder of the Contract term. Vacant positions existing after ninety (90) days may result in a decrease in funds.

**REPORTING:**

Required reporting under this Program Attachment will show results for work performed under previous Program Attachments under the overall DSHS Contract. This is due to the inherent time to complete treatment for tuberculosis disease and latent tuberculosis infection in relation to the period of this Program Attachment.

Contractor shall provide a narrative report, in the format provided by DSHS, on its activities conducted to comply with the requirements of this Program Attachment. This report shall include a detailed analysis of performance related to the performance measures listed below and a progress report of activities in January through December, 2011.

The narrative report shall be sent to the Department of State Health Services, TB Services Branch, Mail Code 1939, 1100 West 49<sup>th</sup> Street, PO Box 149347, Austin, Texas 78714-9347 via regular mail, or by fax to (512)458-7787, and e-mail to [charles.wallace@dshs.state.tx.us](mailto:charles.wallace@dshs.state.tx.us) and [mitra.kookma@dshs.state.tx.us](mailto:mitra.kookma@dshs.state.tx.us).

**Performance Measure Reporting Schedule**

Contractor shall maintain the documentation used to calculate performance measures as required by the General Provisions Records Retention Article and by the Texas Administrative Code Title 22, Part 9 Chapter 165, §165.1 regarding the retention of medical records. Report periods and due dates are as follows:

<b>PERIOD COVERED</b>	<b>DUE DATE</b>
January – December 2011	March 1, 2012

**Schedule for all other reporting:**

Contractor shall send all initial reports of confirmed and suspected TB cases to DSHS within seven (7) working days of identification or notification.

Updates to initial DSHS Report of Cases and Patient Services Form (TB-400) (e.g., diagnosis, medication changes, x-rays, and bacteriology) and case closures shall be sent within thirty (30)

calendar days from when the change occurred to DSHS at 1100 West 49<sup>th</sup> Street, Mail Code 1939, PO Box 149347, Austin, Texas 78714-9347.

Contractor shall send an initial report of contacts on all Class 3 TB cases and smear-positive Class 5 TB suspects within thirty (30) days of identification using DSHS Report of Contacts Form (TB-340 and TB-341).

New follow-up information (not included in the initial report) related to the evaluation and treatment of contacts shall be sent to DSHS on the TB-340 and TB-341 at intervals of 90 days, 120 days, and 2 years after the day Contractor became aware of the TB case.

Electronic reporting to DSHS for Class 3 TB cases, smear positive Class 5 TB suspects, and their contacts may become available during the term of this Program Attachment. Contractor may avail itself of this option if it adheres to all the electronic reporting requirements (including system requirements) provided at that time.

Contractor shall collect information to determine the number of persons who received from the Contractor 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.

## SECTION II. PERFORMANCE MEASURES:

The following performance measures will be used to assess, in part, Contractor's effectiveness in providing the services described in this Contract, without waiving the enforceability of any of the other terms of the Contract or any other method of determining compliance.

1. Cases, and suspected cases, of TB under treatment by Contractor shall be placed on timely and appropriate Direct Observed Therapy (DOT), as medically indicated. DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve its performance regarding this performance measure, which Contractor must conduct and implement according to the timeline set by DSHS.
2. Newly-reported TB cases shall have an HIV test performed (unless they are known HIV-positive, or if the patient refuses) and shall have positive or negative HIV test results reported to DSHS according to the reporting schedule provided in Section 1, B herein. DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve its performance regarding this performance measure, which Contractor must conduct and implement according to the timeline set by DSHS.
3. Newly-reported TB patients with a positive AFB sputum-smear result shall have at least three contacts identified as part of the contact investigation that must be pursued for each case. DSHS may (at its sole discretion) require additional measures be taken by Contractor to

improve its performance regarding this performance measure, which Contractor must conduct and implement according to the timeline set by DSHS

4. Class B immigrants shall be evaluated, placed on appropriate prophylaxis when needed and monitored for successful completion of treatment. Immigrant notifications shall be obtained through the Electronic Disease Notification (EDN) system. The TB Follow-up Worksheet in EDN shall be completed for all immigrants whose notification was obtained through EDN.

5. Refugees and other at-risk clients referred by the Refugee Health Program for further clinical evaluation shall be evaluated, placed on appropriate prophylaxis when needed and monitored for successful completion of treatment. The TB Worksheet in EDN shall be completed on refugees and other at-risk clients who are reported through EDN.

6. Monthly inventory shall be performed of anti-tuberculosis medications and testing supplies furnished by DSHS and reconciled by product and lot number to the quantities listed in the electronic inventory management system furnished by DSHS, as specified herein.

7. All reporting to DSHS shall be completed as described in Section I, B-Reporting and submitted by the deadlines given.

8. Contractor shall furnish in the narrative report due March 1, 2012, a written explanation including a plan to meet any failed performance measures and measures to prevent recurrence of performance measure deficiencies.

This provision does not constrain DSHS enforcement option regarding contract breach.

### SECTION III. SOLICITATION DOCUMENT:

Exempt Governmental Entity

### SECTION IV. RENEWALS:

None

### SECTION V. PAYMENT METHOD:

Cost Reimbursement

Funding is further detailed in the attached Categorical Budget and if applicable, Equipment List.

## SECTION VI. BILLING INSTRUCTIONS:

Contractor shall request payment using the State of Texas Purchase Voucher (Form B-13) and acceptable supporting documentation for reimbursement of the required services/deliverables. The B-13 can be found at the following link <http://www.dshs.state.tx.us/grants/forms/b13form.doc>. Vouchers and supporting documentation should be mailed or submitted by fax or electronic mail to the addresses/number below.

Department of State Health Services  
Claims Processing Unit, MC 1940  
1100 West 49<sup>th</sup> Street  
PO BOX 149347  
Austin, Texas 78714-9347

The fax number for submitting State of Texas Purchase Voucher (Form B-13) to the Claims Processing Unit is (512) 458-7442. The email address is [invoices@dshs.state.tx.us](mailto:invoices@dshs.state.tx.us).

## SECTION VII. BUDGET:

SOURCE OF FUNDS: *STATE*

## SECTION VIII. SPECIAL PROVISIONS:

General Provisions, **Article III. Funding, Section 3.06 Nonsupplanting**, is revised to include the following:

Funding from this Contract shall not be used to supplant (i.e., used in place of funds dedicated, appropriated or expended for activities funded through this Contract) state or local funds, but Contractor shall use such funds to increase state or local funds currently available for a particular activity. Contractor shall maintain local funding at a sufficient rate to support the local program. If the total cost of the project is greater than DSHS' share set out in SECTION VII. BUDGET, Contractor shall supply funds for the remaining costs in order to accomplish the objectives set forth in this Contract.

All revenues directly generated by this Contract or earned as a result of this Contract during the term of this Contract are considered program income; including income generated through Medicaid billings for TB related clinic services. Contractor may use the program income to further the scope of work detailed in this Contract, and must keep documentation to demonstrate such to DSHS's satisfaction. This program income may not be used to take the place of existing local, state, or federal program funds.

General Provisions, **Article IV. Payment Methods and Restrictions, Section 4.02, Billing Submission**, is hereby revised to include:

Quarterly Financial Status Reports (Form 269A) from Contractor shall be provided to DSHS in the format provided by the DSHS. These reports shall be mailed to Department of State Health Services, Attention: Accounting Section, Claims Processing Unit, Mail Code 1940 1100 West 49<sup>th</sup> Street, PO Box 149347, Austin, Texas 78714-9347. One (1) copy of each quarterly financial status report shall be mailed to the Department of State Health Services, Attention: TB Services Branch, Mail Code 1939, 1100 West 49<sup>th</sup> Street, PO Box 149347, Austin, Texas 78714-9347. These reports shall be submitted on a quarterly basis as follows:

<b>PERIOD COVERED</b>	<b>DUE DATE</b>
September, October, November	December 30 2011
December, January, February	March 30 2012
March, April, May	June 29, 2012
June, July, August	September 28, 2012

General Provisions, **Article XIII. General Terms, Section 13.15 Amendment**, is amended to include the following:

Contractor must submit all amendment and revision requests in writing to the Division Contract Management Unit at least 90 days prior to the end of the term of this Program Attachment.

## Categorical Budget:

PERSONNEL	\$123,171.00
FRINGE BENEFITS	\$38,183.00
TRAVEL	\$0.00
EQUIPMENT	\$0.00
SUPPLIES	\$0.00
CONTRACTUAL	\$20,824.00
OTHER	\$0.00
TOTAL DIRECT CHARGES	\$182,178.00
INDIRECT CHARGES	\$0.00
TOTAL	\$182,178.00
DSHS SHARE	\$182,178.00
CONTRACTOR SHARE	\$0.00
OTHER MATCH	\$0.00

Total reimbursements will not exceed \$182,178.00

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