

DEPARTMENT OF STATE HEALTH SERVICES



Amendment  
To

The Department of State Health Services (DSHS) and COLLIN COUNTY HEALTH CARE SERVICES (Contractor) agree to amend the Program Attachment # 001 (Program Attachment) to Contract # 2012-040161 (Contract) in accordance with this Amendment No. 001A : Tuberculosis Prevention and Control - Federal, effective 04/23/2012.

The purpose of this Amendment is to reduce the contract term and budget by four months and revise reporting dates.

Therefore, DSHS and Contractor agree as follows:

The Program Attachment is revised as follows:

| PROGRAM ATTACHMENT NO. -001 001A

The contract term is revised as follows:

| TERM: 01/01/2012 THRU: ~~12/31/2012~~ 08/31/2012

SECTION I. STATEMENT OF WORK, paragraph 7, is revised as follows:

Contractor shall provide a complete and accurate annual narrative report, in the format provided by DSHS, demonstrating compliance with the requirements of this Renewal Program Attachment. That report shall include, but is not limited to, a detailed analysis of performance related to the performance measures listed below. A progress report of activities in January through ~~December 2012~~ August 2011 shall also be submitted in a format provided by DSHS. This will be followed by an interim progress report of activities in January through May 2012 to be submitted in a format provided by DSHS. These narrative program reports shall be sent to the Department of State Health Services, Tuberculosis Services Branch, Mail Code 1939, P.O. Box 149347, Austin, Texas 78714-9347 via regular mail, or by fax to (512) 776-7787, and sent by e-mail to [charles.wallace@dshs.state.tx.us](mailto: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) <<mailto:mitra.kookma@dshs.state.tx.us>>. Contractor shall maintain the documentation used to calculate performance measures as required by the General Provisions Article VIII "Records Retention" and by the Texas Administrative Code Title 22, Part 9 Chapter 165, §165.1 regarding the retention of medical records.

SECTION VIII. SPECIAL PROVISIONS, is revised as follows:

General Provisions, Article IV. PAYMENT METHODS AND RESTRICTIONS, Section 4.02, Billing Submission, is revised as follows:

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. These reports shall be submitted on a quarterly basis as follows:

| PERIOD COVERED              | DUE DATE          |
|-----------------------------|-------------------|
| January, February March     | April 30, 2012    |
| April, May, June            | July 31, 2012     |
| July, August, September     | October 31, 2012  |
| October, November, December | February 28, 2013 |

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

Department of State Health Services

Bob Burnette  
Signature of Authorized Official

Date: 6-1-12

Bob Burnette, C.P.M., CTPM

Director, Client Services Contracting Unit

1100 WEST 49TH STREET  
AUSTIN, TEXAS 78756

(512) 458-7470

Bob.Burnette@dshs.state.tx.us

Contractor

Keith Self  
Signature of Authorized Official

Date: 5/21/12

Name: Keith Self

Title: President

Address: 2300 Bloomdale Road  
Suite 4192

McKinney, TX 75071

Phone: (972) 548-4631

Email: \_\_\_\_\_

RECEIVED 6/12/12

DEPARTMENT OF STATE HEALTH SERVICES



1100 WEST 49TH STREET  
AUSTIN, TEXAS 78756-3199

CATEGORICAL BUDGET CHANGE REQUEST

DSHS PROGRAM: Tuberculosis Prevention and Control - Federal

CONTRATOR: COLLIN COUNTY HEALTH CARE SERVICES

CONTRACT NO: 2012-040161

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

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

CHG: 001A

| <b>DIRECT COST (OBJECT CLASS CATEGORIES)</b>  |                             |                    |                      |
|---|-----------------------------|--------------------|----------------------|
|   | Current Approved Budget (A) | Revised Budget (B) | Change Requested     |
| Personnel   | \$71,628.00                 | \$47,752.00        | \$(23,876.00)        |
| Fringe Benefits   | \$22,205.00                 | \$14,803.00        | \$(7,402.00)         |
| Travel  | \$1,579.00                  | \$1,053.00         | \$(526.00)           |
| Equipment   | \$0.00                      | \$0.00             | \$0.00               |
| Supplies  | \$4,598.00                  | \$3,065.00         | \$(1,533.00)         |
| Contractual   | \$35,979.00                 | \$23,986.00        | \$(11,993.00)        |
| Other   | \$0.00                      | \$0.00             | \$0.00               |
| <b>Total Direct Charges</b>   | <b>\$135,989.00</b>         | <b>\$90,659.00</b> | <b>\$(45,330.00)</b> |
| <b>INDIRECT COST</b>  |                             |                    |                      |
| Base (\$)   | \$0.00                      | \$0.00             | \$0.00               |
| Rate (%)  | 0.00%                       | 0.00%              | 0.00%                |
| Indirect Total  | \$0.00                      | \$0.00             | \$0.00               |
| <b>PROGRAM INCOME</b>   |                             |                    |                      |
| Program Income  | \$0.00                      | \$0.00             | \$0.00               |
| Other Match   | \$0.00                      | \$0.00             | \$0.00               |
| Income Total  | \$0.00                      | \$0.00             | \$0.00               |
| <b>LIMITS/RESTRICTIONS</b>  |                             |                    |                      |
| Advance Limit   | \$0.00                      | \$0.00             | \$0.00               |
| Restricted Budget   | \$0.00                      | \$0.00             | \$0.00               |
| <b>SUMMARY</b>  |                             |                    |                      |
| Cost Total  | \$135,989.00                | \$90,659.00        | \$(45,330.00)        |
| Performing Agency Share   | \$0.00                      | \$0.00             | \$0.00               |
| Receiving Agency Share  | \$135,989.00                | \$90,659.00        | \$(45,330.00)        |
| Total Reimbursements Limit  | \$135,989.00                | \$90,659.00        | \$(45,330.00)        |
| <b>JUSTIFICATION</b>  |                             |                    |                      |
| This April amendment reflects a reduction of the contract term and budget by four months due to migrating to a one core contract. |                             |                    |                      |

Financial status reports are due: 04/30/2012, 07/31/2012, 10/30/2012