

DEPARTMENT OF STATE HEALTH SERVICES



AMENDMENT #: 01

The Department of State Health Services (DSHS) and Fort Bend County Health and Human Services (Contractor) agree to amend Contract No. 2016-001385-00 (Contract), which was effective on January 1, 2016. This Contract has been not been amended prior to this Amendment. This Amendment will be denominated as Contract No. 2016-001385-01.

I. The Parties agree to amend Section II of this Contract to add NINETY-NINE THOUSAND ONE HUNDRED EIGHT-SIX DOLLARS (\$99,186.00) to increase the total amount of the Contract not to exceed ONE HUNDRED NINETY-EIGHT THOUSAND THREE HUNDRED SEVENTY-TWO DOLLARS (\$198,372.00). The total amount allocated to Contractor for the period January 1, 2017 through December 31, 2017, will not exceed NINETY-NINE THOUSAND ONE HUNDRED EIGHTY-SIX DOLLARS (\$99,186.00).

II. The Parties agree to amend Section IV this Contract to extend the end of the Contract term to December 31, 2017.

III. The Parties agree to amend Section 7 by adding the following:

The Statement of Work establishes parameters in which local health departments (LHDs) will deliver services to maintain an effective infrastructure that promotes consistent public health practices for the health and well-being of Texans.

Local health departments will comply with the most current version of the Tuberculosis Work Plan located at <http://www.texasb.org/policies> and all applicable state laws, regulations, standards and guidelines. Local health departments will perform the following in accordance with the Tuberculosis Work Plan:

1. Implement a comprehensive TB prevention and control program;
2. Develop and maintain TB policies and procedures;
3. Provide services to evaluate, treat, and monitor clients with suspected or confirmed TB disease;
4. Initiate contact investigations;
5. Provide services to evaluate, treat, and monitor contacts to suspected or confirmed cases of pulmonary, pleural, or laryngeal TB disease;
6. Provide treatment services for at-risk persons diagnosed with TB infection;
7. Develop and maintain surveillance mechanism for early identification and reporting of TB;
8. Perform Targeted testing;
9. Submit designated reports by established deadlines and schedules using DSHS-approved mechanisms;
10. Apply appropriate administrative, environmental, and respiratory controls to prevent exposure to and transmission of *Mycobacterium tuberculosis*;
11. Provide professional education, training and orientation for new TB program staff and continuing education for current TB program staff;

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12. Monitor budget expenditures and maintain accurate and concise records;

13. Comply with confidentiality and security standards;

14. Monitor and participate in correctional TB control activities;

15. Perform self-auditing activities to assess clinical care services and reporting practices; and

16. Perform ongoing continuing quality improvement activities to meet Texas performance measures.

IV. The Parties agree to delete in its entirety Section 7. I-A#2, PROVISION OF SERVICES, and replace it with the following:

2. DSHS Tuberculosis Work Plan, <http://www.dshs.texas.gov/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=8590001137>.

V. The Parties agree to delete in its entirety Section 7. I-A#4, PROVISION OF SERVICES, and replace it with the following:

4. Diagnostic Standards and Classification of Tuberculosis in Adults and Children, American Journal of Respiratory and Critical Care Medicine, Vol. 161, pp. 1376-1395, 2000, <http://www.cdc.gov/tb/publications/pdf/1376>.

VI. The Parties agree to amend Section 7.I-B, USE OF FUNDS, by adding the following:

Contractor's budget will include costs to cover:

1. Patient transportation, i.e. ambulance services as needed.

VII. The Parties agree to delete Section 7.I-C, CONDUCT SURVEILLANCE, in its entirety and replace it with the following:

Contractor will:

1. Contact providers that deliver TB care to at-risk populations within Contractor's service area to obtain data of unreported cases (refer to TB Work Plan);

2. Submit Surveillance Quality Assurance Template via the Public Health Information Network (PHIN) to the Surveillance Branch (refer to TB Work Plan); and

3. Identify high risk groups and congregate settings for which testing for TB infection (TBI) and disease are justified. The goal for target testing is to identify, evaluate, and treat persons who are at high risk for TB infection or at high risk for developing TB disease, once infected with M. tuberculosis (refer to TB Work Plan).

VIII. The Parties agree to delete Section 7.I-D REPORTING in its entirety and replace it with the following:

Contractor will:

1. Provide a complete and accurate Annual Progress Report covering the period from January to December for calendar year 2015 and 2016, in the format provided by DSHS, demonstrating compliance with requirements of the contract during that time period. The report will include, but not limited to, a detailed analysis of performance related to the performance measures (see Section II FY16 & 17 Performance

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Measures).

The Contractor's Annual Progress Report will not be combined with another Contractor's or health service region's Annual Progress Report. The FY 16 report is due March 15, 2016 and the FY 17 report is due March 15, 2017, and will be sent to the TB Reporting Mailbox - TBContractReporting@dshs.state.tx.us (refer to TB Work Plan). Any individual-level patient data must be sent via the PHIN. Contractors can mail the Annual Progress Report to their DSHS health service region thereby authorizing them to submit the report on their behalf. If the Contractor sends the report to a DSHS health service region, the deadline for submission to the TB Branch remains unchanged;

2.Ensure designated reports for Cases, Suspects and Contact Investigations are submitted by established deadlines and schedules using DSHS-approved mechanisms (refer to TB Work Plan);

3.Submit monthly correctional TB screening reports from those jails and community corrections under Texas Health and Safety Code Chapter 89 Requirements (refer to TB Work Plan);

4. Submit completed Cohort Review documents for the appropriate cohort year and quarter to the TB Branch via the PHIN (refer to TB Work Plan);

5. Submit completed Incident Report(s) and weekly written updates for media sensitive situations and or large contact investigations (= 50 contacts, or in a school = 25 contacts) to the TB Branch via PHIN (refer to TB Work Plan);

6. Conduct Division of Global Migration and Quarantine (DGMQ) airline contact investigations and report to the TB Branch (refer to TB Work Plan); and

7. Submit a Report of Adverse Drug Reaction to the TB Branch Nurse Case Manager Consultant (or designee), if a TB Suspect or Case dies or is hospitalized due to an adverse drug reaction (refer to TB Work Plan).

IX.The Parties agree to add in Section 7. I-E, MAINTAIN A COMPETENT WORKFORCE, the following:

By October 14, 2017, Contractor will submit documents demonstrating its TB employee's acknowledgment of jurisdictional TB policies and procedures. Contractor's orders and procedures are to be reviewed and signed annually by all employees delivering TB clinical or data services. Each Contractor will send the following documents to the TB Branch via the PHIN; Nurse Admin folder:

1. A copy of fully signed TB Policies and Procedures signature page, and

2. A copy of table of contents listing all enacted TB policies and procedures with the period of time the policies and procedures are valid.

X.The Parties agree to delete Section 7. I-F INITIATE AND MAINTAIN AUDITING AND QUALITY ASSURANCE PRACTICES: in its entirety and replace it with the following:

Contractor must ensure that clinical and reporting standards are maintained for audit activities in accordance with the TB Work Plan. Contractors will fully cooperate with any DSHS audits, desktop reviews and site visits.

XI.The Parties agree to add Section 7, II. FY 17, PERFORMANCE MEASURES, with the following:

1.Newly-reported TB cases will have an HIV test performed unless the patient is known to be HIV-positive

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or if the patient refuses. Contractor will report positive or negative HIV test results to DSHS according to the reporting schedule provided in Section 1, D herein.

For FY17 reporting, data will be drawn from calendar year 2016 (1/1/2016 -12/31/2016). A compliance percentage of not less than 84.1% is required.

If fewer than 84.1% of newly reported TB cases have a result of an HIV test reported, then DSHS may, at its sole discretion, require Contractor to take additional measures to improve performance, on a timeline set by DSHS;

2.Cases and suspected cases, of TB under treatment by Contractor will be placed on timely and appropriate Directly Observed Therapy (DOT).

For FY17 reporting, data will cover all cases from calendar year 2016 (1/1/2016 -12/31/2016). A compliance percentage of not less than 92.5% is required.

If data indicates a compliance percentage for this Performance Measure of less than 92.5%, then DSHS may, at its sole discretion, require additional measures be taken by Contractor to performance, on a timeline set by DSHS;

3.Newly-reported suspected cases of TB disease will be started in timely manner on the recommended initial 4-drug regimen.

For FY17 reporting, data will be drawn from calendar year 2016 (1/1/2016 -12/31/2016). A compliance percentage of not less than 93% is required.

If fewer than 93.% of newly-reported TB cases are started on an initial 4-drug regimen in accordance with this requirement, then DSHS may, at its sole discretion, require additional measures be taken by Contractor to improve performance, on a timeline set by DSHS;

4.Newly- reported TB patients that are older than 12-years-old and that have a pleural or respiratory site of disease will have sputum acid-fast bacilli (AFB)-culture results reported to DSHS according to the timelines for reporting initial and updated results given herein.

For FY17 reporting, data will be drawn from calendar year 2015 (1/1/2015 -12/31/2015). A compliance percentage of not less than 91.5% is required.

If data indicates a compliance percentage for this Performance Measure of less than 91.5%, then DSHS may, at its sole discretion, require additional measures be taken by Contractor to improve performance, on a timeline set by DSHS;

5.Newly-reported cases of TB with AFB-positive sputum culture results will have documented conversion to sputum culture-negative within 60 days of initiation of treatment.

For FY17 reporting, data will be drawn from calendar year 2015 (1/1/2015-12/31/2015). A compliance percentage of not less than 52% is required.

If data indicates a compliance percentage for this Performance Measure of less than 52%, then DSHS may, at its sole discretion, require additional measures be taken by contractor to improve performance, on a timeline set by DSHS;

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6. Newly diagnosed TB cases that are eligible* to complete treatment within 12 months will complete therapy within 365 days or less.

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

For FY17 reporting, data will cover all cases from calendar year 2015 (1/1/2015 -12/31/2015). A compliance percentage of not less than 88.2% is required.

If data indicates a compliance percentage for this Performance Measure of less than 88.2%, then DSHS may, at its sole discretion, require additional measures be taken by Contractor to improve performance, on a timeline set by DSHS;

7. Increase the proportion of culture-confirmed TB cases with a genotyping result reported.

For FY17 reporting, data will be drawn from calendar year 2016 (1/1/2016 -12/31/2016). A compliance percentage of not less than 94.2% is required.

If data indicates a compliance percentage for this Performance Measure of less than 94.2%, then DSHS may, at its sole discretion, require additional measures be taken by Contractor to improve performance, on a timeline set by DSHS;

8. TB cases with initial cultures positive for Mycobacterium tuberculosis complex will be tested for drug susceptibility and have those results documented in their medical record.

For FY17 reporting, data will be drawn from calendar year 2015 (1/1/2015 -12/31/2015). A compliance percentage of not less than 96% is required.

If data indicates a compliance percentage for this Performance Measure of less than 96%, then DSHS may, at its sole discretion, require additional measures be taken by Contractor to improve performance, on a timeline set by DSHS;

9. Newly-reported TB patients with a positive AFB sputum-smear result will have at least three contacts identified as part of the contact investigation that must be pursued for each case.

For FY17 reporting, data will be drawn from calendar year 2016 (1/1/2016 -12/31/2016). A compliance percentage of not less than 94% is required.

If data indicates a compliance percentage for this Performance Measure of less than 94%, then DSHS may, at its sole discretion, require additional measures be taken by Contractor to improve that percentage, on a timeline set by DSHS;

10. Newly – identified contracts, identified through the contact investigation, that are associated with a sputum AFB smear-positive TB case will be evaluated for TB infection and disease.

For FY17 reporting, data will be drawn from calendar year 2015 (1/1/2015 -12/31/2015). A compliance percentage of not less than 84% is required.

If data indicates a compliance percentage for this Performance Measure of less than 84%, then DSHS may, at its sole discretion, require additional measures be taken by Contractor to improve performance, on

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a timeline set by DSHS;

11. Contacts, identified through the contact investigation, that are associated with a sputum AFB smear-positive case and that are newly diagnosed with TBI will be started on timely and appropriate treatment.

For FY17 reporting, data will be drawn from calendar year 2015 (1/1/2015 -12/31/2015). A compliance percentage of not less than 72% is required.

If data indicates a compliance percentage for this Performance Measure of less than 72%, then DSHS may, at its sole discretion, require additional measures be taken by Contractor to improve performance, on a timeline set by DSHS;

12. Contacts, identified through the contact investigation, that are associated with a sputum AFB smear-positive case that are newly diagnosed with TBI and that were started on treatment will complete treatment for TBI as described in Targeted Tuberculin Testing and Treatment of Latent TB Infection (LTBI), Morbidity and Mortality Weekly Report, Vol. 49, No. RR-6, 2000; according to timelines given, therein.

For FY17 reporting, data will be drawn from calendar year 2016 (1/1/2016 -12/31/2016). A compliance percentage of not less than 58% is required.

If data indicates a compliance percentage for this Performance Measure of less than 58%, then DSHS may, at its sole discretion, require additional measures be taken by Contractor to improve performance, on a timeline set by DSHS;

13. For Class B immigrants and refugees with abnormal chest x-rays read overseas as consistent with TB, increase the proportion who initiate medical evaluation within 30 days of arrival. Arrival is defined as the first notice or report; whether that is by fax, phone call, visit to the health department or EDN notification.

For FY17 reporting, data will be drawn from calendar year 2016 (1/1/2016 -12/31/2016). A compliance percentage of not less than 63% is required.

If data indicates a compliance percentage for this Performance Measure of less than 63%, then DSHS may, at its sole discretion, require additional measures be taken by Contractor to improve performance, on a timeline set by DSHS;

14. For Class B immigrants and refugees with abnormal chest x-rays read overseas as consistent with TB, increase the proportion who initiate and complete evaluation within 90 days of arrival.

For FY17 reporting data will be drawn from calendar year 2016 (1/1/2016-12/31/2016). A compliance percentage of not less than 48% is required.

If data indicates a compliance percentage for this Performance Measure of less than 48%, then DSHS may, at its sole discretion, require additional measures be taken by Contractor to improve performance, on a timeline set by DSHS;

15. For Class B immigrants and refugees with abnormal chest x-rays read overseas as consistent with TB and who are diagnosed with TBI during evaluation in the US, increase the proportion who start treatment.

For FY17 reporting, data will be drawn from calendar year 2016 (1/1/2016 -12/31/2016). A compliance percentage of not less than 69% is required.

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If data indicates a compliance percentage for this Performance Measure of less than 69%, then DSHS may, at its sole discretion, require additional measures be taken by Contractor to improve performance, on a timeline set by DSHS; and

16. For Class B immigrants and refugees with abnormal chest x-rays read overseas as consistent with TB and who are diagnosed with TBI during evaluation in the US and started on treatment, increase the proportion who complete TBI treatment.

For FY17 reporting, data will be drawn from calendar year 2015 (1/1/2015 -12/31/2015). A compliance percentage of not less than 49% is required.

If data indicates a compliance percentage for this Performance Measure of less than 49%, then DSHS may, at its sole discretion, require additional measures be taken by Contractor to improve performance, on a timeline set by DSHS.

Contractor will maintain documentation used to calculate performance measures as otherwise required by this Contract and by 22 Tex. Admin. Code § 165.1.

All reporting to DSHS will be completed as described in Section I, "D. Reporting" and submitted by the deadlines given.

If Contractor fails to meet any of the performance measures, Contractor will furnish in the Annual Progress Report a written narrative explaining the reasons for the failure and Contractor's plan to prevent future failures. This requirement does not excuse any violation of this Contract, nor does it limit DSHS as to any options available under the contract regarding breach.

XII. The Parties agree to amend Section 7, III. BILLING INSTRUCTIONS by adding the following:

Contract assumes full responsibility for services for which an invoice was not submitted to DSHS within 45-calendar days following the end of the term of the Contract.

XIII. The Parties agree to amend Section 16, SPECIAL PROVISIONS, Article VII, Confidentiality, by adding the following:

Maintain a list of authorized Contractor staff persons who have been granted permission to view and work with TB/HIV/STD confidential information. The LRP will review the authorized user list ten (10) days from the effective date of this Program Attachment to ensure it is current. All Contractor staff with access to confidential information will have a signed copy of a confidentiality agreement on file and it be updated once during the term of this Program Attachment.

Thoroughly and quickly investigate all suspected breaches of confidentiality in consultation with the DSHS LRP, all in compliance with the DSHS Program Policy TB/HIV/STD and Viral Hepatitis Breach of Confidentiality Response Policy" <http://www.dshs.texas.gov/hivstd/policy/security.shtm>.

Ensure that all required quarterly reports will be submitted on time.

Requests for TB/HIV/STD systems user account terminations are sent to DSHS within 1 business day of the identification of need for account termination

A visitors log for individuals entering the secured areas and reviewed quarterly by the LRP

TB/HIV/STD system user passwords changes verified by the LRP at least every 90 days.

XIV. The Parties agree to amend Section 16. Special Provisions of this Contract to add the following:

General Provisions, Article XXVII Non-Exclusive List of Applicable Laws is amended by deleting it in its entirety and replacing it with the following:

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When applicable, federal statutes, regulations and/or federal grant requirements applicable to funding sources and any updates to such will apply to this Contract. Contractor agrees to comply with applicable laws, executive orders, regulations and policies, as well as Office of Management and Budget (OMB) Circulars (as codified in Title 2, 200 of the Code of Federal Regulations (CFR) and 45 CFR 75) the Uniform Grant and Contract Management Act of 1981 (UGMA), Tex. Gov. Code Chapter 783, and Uniform Grant Management Standards (UGMS), as revised by federal circulars and incorporated in UGMS by the Comptroller of Public Accounts, Texas Procurement and Support Services Division. UGMA and UGMS can be located through web links on the DSHS website at <http://www.dshs.state.tx.us/contracts/links.shtm>. Contractor also shall comply with all applicable federal and state assurances contained in UGMS, Part III, State Uniform Administrative Requirements for Grants and Cooperative Agreements §___.14. If applicable, Contractor shall comply with the Federal awarding agency's Common Rule, and the U.S. Health and Human Services Grants Policy Statement, both of which may be located through web links on the DSHS website at <http://www.dshs.state.tx.us/contracts/links.shtm>. For contracts funded by block grants, Contractor shall comply with Tex. Gov. Code Chapter 2105.

XV. Except as provided in this Amendment, all other terms and conditions in the Contract will remain and be in full effect.

XVI. This Amendment is effective on January 1, 2017.

By signing this Amendment, the undersigned certify that they have the authority to bind their respective party to this Amendment's terms and conditions.

Department Of State Health Services

By:
Title:
Date:

Contractor

By:
Title:
Date: