

15. **HEALTH & HUMAN SERVICES:**

Clinical Health: Approve and sign FY 2011 Department of State Health Services Renewal Application for Tuberculosis Control Grant in the amount of \$155,593; with no cash match required by Fort Bend County.

6-2-10 copy received



Inter-Local Application For Tuberculosis Prevention and Control for FY 2011 State Funds

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

Issue date: 5/4/2010

Due date: 5/25/2010

Infectious Disease Intervention and Control Branch

1100 W. 49th Street
P. O. Box 149347, MS 1990
Austin, Texas 78714

David L. Lakey, M.D.
Commissioner



Department of State Health Services (DSHS)
FORM A: FACE PAGE – Inter-Local
Application for Financial Assistance

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

APPLICANT INFORMATION																			
1) LEGAL NAME: Fort Bend County Clinical Health Services																			
2) MAILING Address Information (include mailing address, street, city, county, state and zip code): Check if address change <input type="checkbox"/> 4520 Reading Rd. – Ste. A Rosenberg, TX 77471																			
3) PAYEE Mailing Address (if different from above): Check if address change <input type="checkbox"/> Fort Bend County Auditor 301 Jackson Street, Suite. 533 Richmond, TX 77469																			
4) Federal Tax ID No. (9 digit) or State of Texas Comptroller Vendor ID No. (14 digit) [REDACTED]																			
5) TYPE OF ENTITY (check all that apply): <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> City</td> <td><input type="checkbox"/> Nonprofit Organization*</td> <td><input type="checkbox"/> Individual</td> </tr> <tr> <td><input checked="" type="checkbox"/> County</td> <td><input type="checkbox"/> For Profit Organization*</td> <td><input type="checkbox"/> FQHC</td> </tr> <tr> <td><input type="checkbox"/> Other Political Subdivision</td> <td><input type="checkbox"/> HUB Certified</td> <td><input type="checkbox"/> State Controlled Institution of Higher Learning</td> </tr> <tr> <td><input type="checkbox"/> State Agency</td> <td><input type="checkbox"/> Community-Based Organization</td> <td><input type="checkbox"/> Hospital</td> </tr> <tr> <td><input type="checkbox"/> Indian Tribe</td> <td><input type="checkbox"/> Minority Organization</td> <td><input type="checkbox"/> Private</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other (specify): _____</td> </tr> </table>		<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*	<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> County	<input type="checkbox"/> For Profit Organization*	<input type="checkbox"/> FQHC	<input type="checkbox"/> Other Political Subdivision	<input type="checkbox"/> HUB Certified	<input type="checkbox"/> State Controlled Institution of Higher Learning	<input type="checkbox"/> State Agency	<input type="checkbox"/> Community-Based Organization	<input type="checkbox"/> Hospital	<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Minority Organization	<input type="checkbox"/> Private	<input type="checkbox"/> Other (specify): _____		
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<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Minority Organization	<input type="checkbox"/> Private																	
<input type="checkbox"/> Other (specify): _____																			
<i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i>																			
6) HUB REQUIREMENTS: Are you a governmental body bound by HUB or MWBE (Minority & Women's Business Enterprise) mandates/requirements? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", no further action is required. If "No", contact the DSHS HUB Coordinator at 1-800-243-7487 or by e-mail at HUB-Contact@dshs.state.tx.us .																			
7) PROPOSED BUDGET PERIOD: Start Date: 09/01/2010 End Date: 08/31/2011																			
8) COUNTIES SERVED BY PROJECT: Fort Bend County																			
9) AMOUNT OF FUNDING REQUESTED: \$155,593.00	11) PROJECT CONTACT PERSON Name: Nancy Drake R.N. Phone: 281-238-3548 Fax: 281-342-7371 E-mail: drakenan@co.fort-bend.tx.us																		
10) PROJECTED EXPENDITURES Does applicant's projected state or federal expenditures exceed \$500,000 for applicant's current fiscal year (excluding amount requested in line 8 above)? ** Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>**Projected expenditures should include funding for all activities including "pass through" federal funds from all state agencies and non project-related DSHS funds.</i>	12) FINANCIAL OFFICER Name: Robert Sturdivant Phone: 281-344-3760 Fax: 281-341-3774 E-mail: sturdrob@co.fort-bend.tx.us																		
<small>The facts affirmed by me in this Application are truthful and I warrant that the applicant 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 applicant and I (the person signing below) am authorized to represent the applicant.</small>																			
13) AUTHORIZED REPRESENTATIVE Check if change <input type="checkbox"/> Name: Robert E. Hebert Title: County Judge Phone: 281-341-8608 Fax: 281-341-8609 E-mail: werleann@co.fort-bend.tx.us	14) SIGNATURE OF AUTHORIZED REPRESENTATIVE <hr/> 15) DATE May 25, 2010																		

TABLE OF CONTENTS

- A. FACE PAGE – Inter-Local Application for Financial Assistance**
- B. APPLICATION TABLE OF CONTENTS AND CHECKLIST**
- C. CONTACT PERSON INFORMATION**
- D. ADMINISTRATIVE INFORMATION (with supplemental documentation attached if required)**
- E. ORGANIZATION, RESOURCES AND CAPACITY**
- F. PERFORMANCE MEASURES**
- G. WORK PLAN**
- G -1 WORK PLAN GUIDELINES**
- H. APPENDICES**
 - APPENDIX A DSHS ASSURANCES AND CERTIFICATIONS**

FORM B: Inter-Local APPLICATION CHECKLIST

Legal Name of applicant: Fort Bend County Clinical Health Services

This form is provided to ensure that the application is complete, proper signatures are included, and the required assurances, certifications, and attachments have been submitted.

FORM	DESCRIPTION	Included
A	Face Page completed, and proper signatures and date included	X
B	Application Checklist completed and included	X
C	Contact Person Information completed and included	X
D	Administrative Information completed and included (with supplemental documentation attached if required)	X
E	Organization, Resources and Capacity included	N/A
F	Performance Measures included	X
G	Work Plan included	X

FORM C: CONTACT PERSON INFORMATION

Legal Name of Applicant: Fort Bend County Clinical Health Services

This form provides information about appropriate contacts in the applicant'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 Infectious Disease Intervention and Control Branch.

Contact <u>Nancy Drake, R.N.</u>	Mailing Address (incl. street, city, county, state, & zip):
Title: <u>Director</u>	<u>4520 Reading Rd. – Ste. A</u>
Phone: <u>281-238-3548</u> Ext. _____	<u>Rosenberg</u>
Fax: <u>281-342-7371</u>	<u>Fort Bend County</u>
E-mail: <u>drakenan@co.fort-bend.tx.us</u>	<u>TX 77471</u>
Contact <u>Ruth Ann Dillbeck, R.N.</u>	Mailing Address (incl. street, city, county, state, & zip):
Title: <u>TB Program Manager</u>	<u>4520 Reading Rd. – Ste. A</u>
Phone: <u>281-238-3546</u> Ext. _____	<u>Rosenberg</u>
Fax: <u>281-342-7371</u>	<u>Fort Bend County</u>
E-mail: <u>Ruth.Dillbeck@co.fort-bend.tx.us</u>	<u>TX 77471</u>
Contact <u>Angela Ratjen, R.N.</u>	Mailing Address (incl. street, city, county, state, & zip):
Title: <u>Public Health Service</u>	<u>4520 Reading Rd. – Ste. A</u>
Phone: <u>281-342-3546</u> Ext. _____	<u>Rosenberg</u>
Fax: <u>281-342-7371</u>	<u>Fort Bend County</u>
E-mail: <u>ratjenang@co.fort-bend.tx.us</u>	<u>TX 77471</u>
Contact <u>Patsy Landin, R.N.</u>	Mailing Address (incl. street, city, county, state, & zip):
Title: <u>Public Health Nurse</u>	<u>4520 Reading Rd. – Ste. A</u>
Phone: <u>281-238-3547</u> Ext. _____	<u>Rosenberg</u>
Fax: <u>281-342-7371</u>	<u>Fort Bend County</u>
E-mail: <u>landipat@co.fort-bend.tx.us</u>	<u>TX 7741</u>
Contact <u>Dianne Dzoba, R.N.</u>	Mailing Address (incl. street, city, county, state, & zip):
Title: <u>Public Health Nurse</u>	<u>4520 Reading Rd. – Ste. A</u>
Phone: <u>281-238-3550</u> Ext. _____	<u>Rosenberg</u>
Fax: <u>281-342-7371</u>	<u>Fort Bend County</u>
E-mail: <u>dzobadia@co.fort-bend.tx.us</u>	<u>TX 77471</u>

FORM D: ADMINISTRATIVE INFORMATION - ILA

This form provides information regarding identification and contract history on the applicant, executive management, project management, governing board members, and/or principal officers. Respond to each request for information or provide the required supplemental document behind this form. If responses require multiple pages, identify the supporting pages/documentation with the applicable request.

Legal Name of Applicant: Fort Bend County Clinical Health Services

Identifying Information

The applicant shall attach the following information:

- Names (last, first, middle) and addresses for the officials who are authorized to enter into a contract on behalf of the applicant.
- Robert E. Hebert, County Judge
309 S. 4th Street, Ste. 719
Richmond, TX 77469
- Gilbert Jalomo, County Purchasing Agent
4520 Reading Rd. – Ste. A
Rosenberg, TX 77471

Conflict of Interest and Contract History

The applicant shall disclose any existing or potential conflict of interest relative to the performance of the requirements of this Application for Funding. Examples of potential conflicts may include an existing business or personal relationship between the applicant, its principal, or any affiliate or subcontractor, with DSHS, the participating agencies, or any other entity or person involved in any way in any project that is the subject of this Application for Funding. Similarly, any personal or business relationship between the applicant, the principals, or any affiliate or subcontractor, with any employee of DSHS, a participating agency, or their respective suppliers, must be disclosed. Any such relationship that might be perceived or represented as a conflict shall be disclosed. Failure to disclose any such relationship may be cause for contract termination or disqualification of the proposal. If, following a review of this information, it is determined by DSHS that a conflict of interest exists, the applicant may be disqualified from further consideration for the award of a contract.

- 1. Does anyone in the applicant organization have an existing or potential conflict of interest relative to the performance of the requirements of this Application for Funding?**

☐ YES NO ☒

If YES, detail any such relationship(s) that might be perceived or represented as a conflict. (Attach no more than one additional page.)

- 2. Has any member of applicant's executive management, project management, governing board or principal officers been employed by the State of Texas 24 months prior to the application due date?**

☐ YES NO ☒

If YES, indicate his/her name, social security number, job title, agency employed by, separation date, and reason for separation.

FORM D: ADMINISTRATIVE INFORMATION – ILA - continued

3. Has applicant had a contract with DSHS within the past 24 months?

☒ YES ☐ NO

If YES, indicate the contract number(s):

Contract Number(s)	
2009-029154	2009-028471
2009-028250	2010-031694
2010-032855	2010-034503 (TB Federal)
2010-032780	

If NO, applicant must be able to demonstrate fiscal solvency. Submit a copy of the organization's most recently audited balance sheet, statement of income and expenses and accompanying financial footnotes DSHS will evaluate the documents that are submitted and may, at its sole discretion, reject the proposal on the grounds of the applicant's financial capability.

4. Is applicant or any member of applicant's executive management, project management, board members or principal officers:

- Delinquent on any state, federal or other debt;
- Affiliated with an organization which is delinquent on any state, federal or other debt; or
- In default on an agreed repayment schedule with any funding organization?

☐ YES NO ☒

If YES, please explain. (Attach no more than one additional page.)

FORM F: 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.

1. 90% of cases and suspects under treatment that are reported in 2010 are on DOT;
2. 83% of newly diagnosed TB cases reported in 2009 that are eligible* to complete treatment within 12 months completed therapy in 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 5) who are younger than 15 years with either miliary disease or a positive blood culture for TB.*
3. 97% of TB cases reported in 2009 with initial cultures positive for *Mycobacterium tuberculosis* complex are tested for and have drug susceptibility results documented in their medical record;
4. 43% of TB cases reported in 2009 with Acid-fast Bacillus (AFB) positive sputum culture results will have documented conversion to sputum culture-negative within 60 days of initiation of treatment;
5. 78% of TB cases reported in 2010 who have positive or negative HIV test results reported;
6. 93% of TB patients reported in 2010 are started on the recommended initial 4-drug regimen when suspected of having TB disease;
7. 75% of the culture-confirmed TB cases reported in 2009 also have a genotyping result reported;
8. 90% of TB patients reported in 2010 with a positive AFB sputum-smear result had at least one contact elicited.
11. 80.5% of contacts that are associated with a sputum AFB smear-positive case reported in 2009 to sputum AFB smear positive TB cases were evaluated for infection and disease.
9. 60% of contacts that are associated with a sputum AFB smear-positive case reported in 2009 and that are newly diagnosed latent TB infection (LTBI) are started on treatment.
10. 40% of contacts that are associated with a sputum AFB smear-positive case reported in 2008 and that are newly diagnosed with LTBI and that were started on treatment completed treatment for LTBI.
12. 88.5% of TB patients reported in 2009 that are older than 12 and that have a pleural or respiratory site of disease also had sputum AFB-culture results reported.

If the contractor fails to meet any of the performance measures, the CONTRACTOR shall furnish in the narrative report due March 1, 2011, 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.

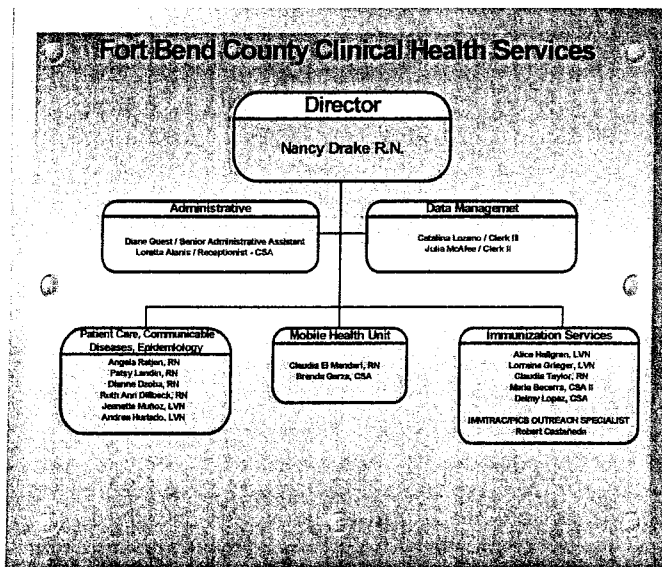
FORM G: WORK PLAN

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.

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.

Fort Bend County Clinical Health Services (FBCCHS) receives referrals of suspected or diagnosed TB patients with a residence of Fort Bend County or from other counties. When patients reside in another county, a referral is sent to the responsible entity. Residents of surrounding counties are served by FBCCHS if the patient chooses to utilize our clinic. FBCCHS confirms diagnostic status and if indicated, performs case management for these patients. The agency provides sputum specimen collection and submission for testing, chest x-rays, LFT's, CBC's, hepatitis profile(if indicated), HIV testing and tuberculosis therapy as prescribed by the physician. DOT is the preferred method of medication administration. Initial evaluation includes health assessment, weight check, vision check, Ishihara's color chart, blood pressure check, etc. Program paperwork and documentation of consent is completed at the initial clinic visit. Periodic assessment includes monitoring of all the above health status markers, and renewal of documentation as necessary. At the initial visit the patient is interviewed to determine any contacts to the case/suspect that may need to be evaluated. Contacts are interviewed for signs and symptoms, skin-tested and/or followed up as appropriate. LTBI patients are followed according to the appropriate standard of care. FBCCHS subcontracts with a local hospital for patient chest x-rays and CT Scans when indicated through grant funding. We have two LVNs, grant funded positions, who assist the RN's with DOT, contact investigation, and data entry; we also contract DOT workers to deliver medications. Through our purchasing department, there is a contract for translation services including sign language we can utilize through grant funding.

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?



Organization: Fort Bend County Clinical Health Services (FBCCHS) is a subordinate department to Fort Bend County Health & Human Services, which is the public health department for Fort Bend County, Texas. The Director of Fort Bend County Health & Human Services, Dr. Jean Galloway, is also the Local Health Authority for the County. FBCCHS consists of the director, Nancy Drake, RN, with 18 employees. The TB program consists of four RNs including a state grant funded program/case manager, three case managers, and two LVNs whose responsibilities include DOT visits and contact investigation. These two LVNs work tandem shifts, one beginning early morning and the other through later evening hours to expand the hours of availability for home visits thus accommodating our clients' schedules more conveniently. One LVN is state grant funded and the other is funded by federal grant.

The immunization branch of Clinical Health Services is staffed by two RNs, two LVNs, three community health aides, and an ImmTrac/PICS Coordinator. The department is supported by excellent clerical, administrative and data management staff. (see organizational chart)

FBCCHS has followed, treated and provided case management for residents with TB for many years. FBCCHS contracts with a local hospital for x-rays. FBCCHS has a good and long standing relationship with the hospital. DOT is the standard of care for all cases/suspects and FBCCHS utilizes clinic staff along with contracted, non-departmental individuals to accomplish this goal. Our grant funded LVNs provide DOT and contact investigations and work a flexible shift schedule when indicated to meet client time constraints. Our RN's provide DOT as needed. Resources limit our ability to provide DOPT, but we are providing this service were required and deemed most essential.

Our Purchasing Department has a contract with a translation service; where allocated funds from our grant to utilize this service in the management of patients who are non-English or Spanish speaking. The department has bilingual Spanish/English staff.

Fort Bend County Health & Human Services and Clinical Health Services are all experienced with grant funded programs, primarily with Texas Department of State Health Services. The County provides experienced purchasing, auditing and human resources departments to assist in grants management and appropriate and timely expenditure of funds. Activities of the FBCCHS staff are recorded into a database to monitor proportion of effort related to various programs within the department, quarterly reviews of expenditures allow for amendment request to reprogram funds, if necessary. Should the County ever experience a hiring freeze, grant funded positions would be prioritized for hiring. The Human Resources Department provides timely posting, processing and hiring of prospective new employees.

3. Describe how you will determine the number of persons who received from the CONTRACTOR in 2010 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.

Monthly activity data sheets in Excel format tabulate TB services including TB skin tests and readings, patient clinic visits, DOT, home visits, and other TB services. Patients receiving one or more TB medications are recorded on inventory medication data sheets and patients receiving chest radiographs are tabulated in an appropriate log for this activity. Clinical Health Services also maintains a database for reporting purposes that identifies how many TB skin tests were placed with county purchased PPD material.

4. 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.

Data is collected by the FBCCHS nursing staff on forms provided by the state health departments. Additionally, in late 2009 and 2010 our nurses began entering data into the Texas Wide-Integrated Client Encounter System (TWICES). All of our LTBI's, cases, and suspects from the beginning of 2009 have been reported into this system and we are currently following the March 1, 2010-June 30, 2010 timeline recommended by the state TB Surveillance Data Reporting Team for entering additional variables of interest. As our skill increases and the TWICES system revisions allow us to enter more complete data for our cases, suspects, and LTBI's, and eventually contacts, we anticipate even greater participation in this system. Our program/case manager maintains an Access database of all new suspects/cases from the beginning of the 2010 year which is linked to a co-existing database of investigational follow up action on the contacts of each of the new cases/suspects. This data collection is ongoing and continuously updated and allows us to track our progress on attaining the state mandated performance goals throughout the year. It is updated annually as the performance goals are formulated and presented to us. Plans to be completed this year will include utilizing genotype cluster information and to associate this data by linkage to existing cases. Two of our RNs were recently granted access to the GIMS system and have attended training sessions in system applications.

Most of the hospital labs in our service perform acid-fast bacilli smears and cultures for *Mycobacterium tuberculosis* complex. Our specimens are sent directly to the DSHS laboratory. Future plans are to develop a database to assist with case/outbreak evaluation. When the state completes an electronic data collection method, it will be used in place of the locally developed database. FBCCHS works with infection control practitioners, infectious disease specialists, jail medical staff and school nurses to identify unreported TB cases. The State provided dataset will allow for linkage of contacts and cases to permit the program to fully describe outbreaks and to document management.

5. 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.

Data is collected from the patient on the initial and subsequent interviews and recorded in the medical record, the 400A, 400B, and progress notes. Patient historical data from physicians, hospitals, and labs is added to the medical record in a timely manner as it becomes available. As rapport is developed with the patient and family by the case manager, additional data is collected, and previous data is verified to assure accuracy. Written guidelines are provided by the Standards of Performance and clinic policy to ensure that essential, quality data is collected. This data is reviewed by the program manager for completeness on a regular basis, and the quality, accuracy and completeness is also reviewed for individual cases during monthly quality assurance meetings.

6. 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, community based organizations, private providers, hospitals, and service organizations). Describe plans for TB educational opportunities to be offered to the community health care providers and community based organizations that serve populations at high risk for TB.

Local health care providers, including the FQHC in our jurisdiction, refer their TB patients to the FBCCHS clinic for evaluation and treatment. The program works closely with staff from the FQHC, with the local hospitals and with several local medical providers who frequently see TB patients. FBCCHS is able to make referrals to other Fort Bend County agencies who provide medical, surgical, and dental care, psychological counseling, financial assistance, and social services when needed to improve the client's success in completing their prescribed TB treatment. As new community programs such as homeless shelters and substance abuse clinics arise in our burgeoning county population, we will seek to build working relationships with those providers as well. Our nurses are experienced and knowledgeable in all areas of caring for TB patients and serve as an ever-ready resource to provide education for our community. We have purchased DVDs to loan or use in teaching on such topics as "TB skin tests", and TB in the Workplace".

7. 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).

FBCCHS has a nursing staff which is bilingual in English/Spanish which accommodates a large proportion of the patients seen in the clinic. The program will use the county contracted certified translation services for in-person and telephone translation as needed. Additionally, FBCCHS has obtained written translations of TB literature in a number of other languages and dialects that can be given to patients to supplement translator assistance. We realize that pamphlets and brochures are not an adequate substitute for person to caring person contact. As our culturally diverse client population grows (almost 1/3 of our population is of Asian origin) we look forward to an opportunity to add field staff with similar cultural background. In the meantime our field staff utilizes upmost sensitivity in trying to understand the unique perspective of the cultural, religious, and linguistic character of all of our patients and to convey respect and positive regard in all of our interactions. The primary clinic location is ADA compliant. The clinic is open during normal business hours, with weekend clinics twice a month. Contract language services can also be provided on an emergency

basis on evenings and weekends. Home visits and DOT visits to TB patients can be arranged on an early morning, early evening, and if specifically ordered by the physician weekend schedule. DOT is provided either in the clinic or the patient's home or other mutually agreed upon location. Contacts can be evaluated at both the main clinic and the satellite clinic on the east end of the county and on the mobile unit, which moves around the county on a defined schedule.

8. 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.

The strategy as described above is to follow the recommended standard of care for all referred TB patients. All patients managed at the FBCCHS clinic are placed on DOT. Every effort is made to assist patient in keeping their DOT appointments. Those managed by private providers are offered DOT, but this cannot be enforced. Non-compliant patients, or those with complex medical conditions can be referred to, or quarantined, in the Texas Center for Infectious Disease in San Antonio, or the UT Health Center in Tyler by order of the Local Health Authority.

Individual nurses offer small rewards to their patients for positive compliance in the form of blankets, surprise foods and bottled water. Their supportive and cheerful presence is often sufficient incentive to encourage DOT clients to complete their therapy as ordered.

9. Describe your process for review of cases under management.

The case management team, composed of all case managers, the medical director, clinical services director, the program case manager, and DOT providers, meets each Monday morning for case management review. Each case manager presents her open cases and receives input from other members of the team. Our case management Excel database is used as a tool to track cases and is updated at the conclusion of each meeting and throughout the week as patient events occur.

10. Describe your strategy for the implementation of cohort analysis of cases at least quarterly.

Administrative reviews of TB cases have previously been conducted at monthly Quality Assurance meeting in the context of reviewing individual charts to monitor that the DSHS Standards of Performance for the Prevention and Control of Tuberculosis are being met and documented. Beginning 2010 the quarterly cohort analysis approach has been adopted in order to improve patient outcomes and increase our overall program effectiveness. Our strategy has been first to introduce the method to the case management staff defining what exactly the method is and what the potential benefits to our program might be. As with any change in management approach, success depends on the motivation of the participants. At the present time our staff is supportive of this approach and willing to proceed with a trial implementation. We obtained the CDC instruction guide, watched the DVD "Understanding the Cohort Review Process", and discussed what our various roles would be during our QA meeting. Sample worksheets outlining presentation content were distributed. At a subsequent QA meeting two of our case managers gave a practice presentation on two of our TB patients who were near completion of their treatment at that time. Both patients were not only a cohort time-wise, but both were diabetic and so we were able to compare how they were managed in this respect as well as outcomes. After this meeting, feelings seemed to be increasingly positive and the staff remains open and motivated toward the process.

Since our program does not have a Data Analyst or Supervisor of Case Management these roles will be formally vacant but functionally filled as follows: The program/case manager will assume the task of collecting TB patient and contact investigation information on a formal database from which the cohort list will be drawn. This list will include data elements such as the performance goals that will be needed to evaluate program effectiveness. The preliminary list for the January, February, and March 2010 has been generated. Case managers are preparing information on worksheets, and this cohort will be presented on October 1, 2010. The supervisory function of our case management is actually an ongoing peer review which takes place each Monday morning and is attended by all case managers, the program/case manager, the medical director, the clinical director and the DOT/outreach workers. Since the DOT workers on our staff carry out much of the contact investigation, they will be an integral part of the cohort review team. Their input as to barriers/resolution in successful

completion of the medical regime as well as to evaluating contacts fully will be essential in evaluating the effectiveness of our program. This in the past has been one of weaker aspects and therefore one of our primary goals for improvement.

The third phase of cohort review process, follow up will be staged for mid November, 2010. The program /case manager will present an analysis of the success in meeting program objectives and performance goals. This will complete the process for the first 2010 cohort analysis.

11. Describe your strategy for the management of contacts and positive reactors, with emphasis on directly observed preventive therapy (DOPT); for all contacts diagnosed with LTBI who are less than five years of age or HIV infected or live in the same residence as a case receiving directly observed therapy. DOPT may be provided to other persons at high risk for progression to TB disease as time and resources allow.

This year we have added an LVN to our staff who will assist in making DOT and DOPT visits to required patients (LTBIs less than five years of age, HIV infected, living in household with a case receiving DOT), and will also be able to do DOPT visits to other persons who are at high risk or need special assistance in taking their medications regularly. Where possible, for children in school, DOPT is provided by the school nurse.

12. 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.

Review of ongoing contact investigations takes place immediately following our Monday morning case review session. During CIR we discuss investigations that are in process with present contacts, results, barriers, solutions and the need for additional follow up. New activity/results is documented and added to our case contact Access database after meeting. We anticipate extensive discussion of contact investigation during our upcoming Cohort Review Process. Our investigations are conducted promptly after the contacts are identified, and delay most often occurs when close contacts are family that live in a nearby jurisdiction with whom we must coordinate our efforts. Delay also occurs when family members or friends are named as a contact, but this person does not respond by coming to the clinic or agreeing to meet with us at a location convenient for them. Another source of delay occurs when the contact occurred in the local jail and is transferred or released soon after the contact occurs.

Low completion rates continue to prevail. We are considering possible solutions for improvement such as maintaining a flow-sheet tabulating when an LTBI is due to return to the clinic for medication. In this way we would quickly begin our efforts to contact and remind the LTBI that it is time for them to come to the clinic for their next bottle of medication. We try to be very encouraging and supportive for them to complete therapy even if it takes numerous phone calls and letters. We do not have the resources for taking the medication to them except in a few cases at this time.

13. Describe your infection control procedures.

Chest clinic is scheduled at a time apart from other clinic activities to avoid infection of other patients. Patients who are cases/suspects are instructed to wear a mask while in the clinic until two weeks of therapy are completed and symptoms have abated. A supply of surgical procedure masks is kept at the reception desk so that patients who may forget to wear their mask when coming to appointments can be supplied. HEPA Filters have been installed in the clinic waiting room and chest clinic interview room and Ultraviolet lights have been installed in the waiting room area. All equipment is regularly inspected and maintained. Clinic staff wears N-95 masks when interacting with potentially infective patients. Clinic staff who interact directly with tuberculosis patients/suspects have been fit-tested for N95 filter masks. Sputum specimens are collected in the negative pressure isolation room. The program staff monitors the operation of the negative pressure examination room two times daily and documents this on a flow sheet. A sputum collection booth has also been purchased through grant funding as we only have one negative pressure clinic room; this enhances our capabilities as space often becomes an issue on our chest clinic days. This chamber also allows for observation of the collecting of the initial sputum specimen while maintaining the privacy of the patient. Staff are skin-

test yearly if appropriate. All suspected TB patients sent for chest x-ray prior to treatment are provided with and instructed to wear a mask while in the radiology office. All patients are instructed on how to avoid infecting family members and other close contacts. FBCCHS staff provides patients with disposable nebulizer kits for sputum induction. DOT providers are offered TB testing at the beginning of employment and yearly.

14. 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 T.B. are evaluated and treated for T.B. or LTBI.

FBCCHS provides PPD, syringes and tuberculosis medication for the Fort Bend County Jail, which will serve approximately 1700 inmates in 2010. FBCCHS nurses work closely with the jail nurses in the management of LTBI patients and the management of cases/suspects who are incarcerated there. Employees of the jail who have a positive PPD are also referred to FBCCHS for follow up. Released inmates are referred to FBCCHS for continuing treatment of TB or LTBI. Every attempt is made by our nursing staff to see that they complete their therapy. Inmates that are transferred to TDCJ or ICE have a referral letter sent to the receiving agency outlining the needed follow up care and requesting that a record of that care be forwarded to FBCCHS. Clinical Health Services also does targeted screening for students arriving from any foreign country who will enter our local school district. Treatment and follow up are provided as needed.

In the first half of 2010, 50% of our new cases/suspects are foreign born, and we are currently considering a strategy to develop a targeted screening program for these people in a location where they congregate such church, social, or neighborhood gatherings.

15. Describe your strategy to provide professional education and training programs for new and current TB staff.

All tuberculosis staff members are encouraged to take advantage of the Core Curriculum training. FBCCHS attends courses on TB nurse case management, TB program management, TB Intensive and other appropriate courses when newly hired and as continuing education when available during employment. Several excellent new courses continue to be offered by Heartland National TB Center at various locations in Texas, however, budget constraints may limit our travel capabilities this year. Staff members regularly participate in cost free webinars that are offered by Heartland and other TB centers around the country. Implementation of new technology requires new training and this is an ongoing process, most notably this year several of our nurses have received special training in the use of the TB GIMS and the EDN systems. 2010 has brought about the adoption of the Cohort Review Analysis and the need to learn better ways of measuring patient outcomes and improving our program. A training log is maintained by the program/case manager for all employees' attendance in training and continuing education opportunities.

16. 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 – Extrapulmonary (evidence of extrapulmonary 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.)

Arrivals of all immigrants and refugees are now retrieved from the newly activated Electronic Disease Notification (EDN) along with all scanned documents brought to the quarantine center. After the evaluation is completed, our case managers document the data electronically into the EDN system. Secondary migration of the immigrant/refugee before, during, or after the evaluation is complete is

entered into the system, and we anticipate that follow up will be increasingly efficient as well. The different classes of immigrants are managed as follows:

Class a – upon receiving notification of impending arrival, a letter is sent to the given address. If patient has not responded after 7 days, a home visit is made and efforts are made to locate the patient. Once located, DOT is either resumed or started and a clinic visit is scheduled. At the clinic visit, sputum specimens are collected, the patient is sent for a chest x-ray and lab work is performed as indicated.

Class B1 – Upon receiving notification of impending arrival, a letter is sent to the patient at the given address. If patient does not respond within one week, a phone call is attempted if a number is given. If the patient responds, they are scheduled for a clinic visit for follow up. A PPD is placed when applicable, patient is sent for a chest x-ray, lab work is performed as indicated and sputum specimens are collected (the majority of our referrals do not have culture results).

Completed Treatment – Upon receiving notification of arrival or impending arrival, a letter is sent to the patient at the given address. If patient does not respond within one week, a phone call is attempted if a number is given. If we are unable to contact patient by phone, a letter is resent. If the patient responds, they are scheduled for a clinic visit to be evaluated by our MD.

Class B1, Extrapulmonary – Upon receiving notification of arrival or impending arrival, a letter is sent to the patient at the given address. If the patient does not respond within one week, a phone call is attempted if a number is given. At this point, if we are unsuccessful if contacting them, a home visit will be made. If no one is home, a letter is left for the identified person to contact our clinic. If the patient responds or is located, a clinic appointment is scheduled for MD evaluation. If we are unable to locate the patient, the reporting forms are sent back to DSHS in Austin to be returned to the CDC.

Class B2 – We would send a letter. If the patient does not respond within one week, we would attempt a telephone call if a number is given, if we are unable to contact patient by telephone, a letter is resent. If the patient responds, they are scheduled for a clinic visit to be evaluated by our MD.

Class B3 – If we received a notification of this type, we would attempt to contact the patient by sending a letter or calling on the telephone if a number is given. If the patient is contacted, we would schedule a clinic visit to have a tuberculin skin test placed or a chest x-ray if indicated; depending on the results of these, we would schedule patient to see our MD.

FORM H: APPENDICES

APPENDIX A DSHS ASSURANCES AND CERTIFICATIONS

As the duly authorized representative of the applicant, my signature on the FACE PAGE Form certifies that the applicant:

1. Has the legal authority to apply for state/federal assistance, and 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 application;
2. Has a financial system that demonstrates accounting, budgetary and internal controls; cash management; reporting capability; cost allowability determination; and source documentation;
3. Will give DSHS, 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;
4. Will supplement the project/activity with funds made available through a contract award as a result of this ILA and will not supplant funds;
5. 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;
6. Will comply, as a subgrantee, with Texas Government Code, Chapter 573, Vernon's 1994, by ensuring that no officer, employee, or member of the applicant's governing body or of the applicant'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 shall not prohibit the employment of a person who shall have 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;
7. Affirms that it 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 procurement;
8. Will honor for 90 days after the application due date the technical and business terms contained in the application;
9. Will initiate the work after receipt of a fully executed contract and will complete it within the contract period;
10. Will not require a client to provide or pay for the services of a translator or interpreter;
11. 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;
12. 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 clients confidentiality, and the client is advised that a free interpreter is available;
13. 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 application;

FORM H: APPENDICES continued

14. 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. All amendments to each and all requirements imposed by the regulations issued pursuant to these acts, especially 45 CFR Part 80 (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); and
 - E. DSHS Policy XO-0119, 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;
15. Will comply with the Uniform Grant Management Act (UGCMA), 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;
16. 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;
17. 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;
18. 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;
19. 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;
20. 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;
21. 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;
22. Will comply with all applicable requirements of all other state/federal laws, executive orders, regulations, and policies governing this program;

FORM H: APPENDICES continued

23. Defined as the primary participant in accordance with 45 CFR Part 76, and his/her 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; and
 - D. has not within a 3-year period preceding this application/proposal had one or more public transactions (federal, state, or local) terminated for cause or default.

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

The applicant 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 subgrantees and/or contractors) and in all solicitations for lower tier covered transactions;

24. Understands that Title 31, USC §1352, entitled "Limitation on use of appropriated funds to influence certain federal contracting and financial transactions," 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 undersigned 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, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients 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 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; and

FORM H: APPENDICES continued

25. Affirms that the statements herein are true, accurate, and complete (to the best of his or her knowledge and belief), and agrees to comply with the DSHS terms and conditions if an award is issued as a result of this application. 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 E: BUDGET SUMMARY

Applicant Name:

Fort Bend County Clinical Health 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)
Percentage of Funding	100%	27%	15%	0%	58%	0%
A. Personnel	\$ 331,830.00	\$ 88,663.00	\$ 32,905.00		\$ 210,262.00	
B. Fringe Benefits	\$ 145,000.80	\$ 36,627.00	\$ 16,937.00		\$ 91,436.80	
C. Travel	\$ 15,431.00	\$ 6,811.00	\$ 6,420.00		\$ 2,200.00	
D. Equipment	\$ 8,162.20	\$ -	\$ 1,713.00		\$ 6,449.20	
E. Supplies	\$ 5,930.80	\$ 660.00	\$ 1,176.00		\$ 4,094.80	
F. Contractual	\$ 67,672.00	\$ 21,932.00	\$ 27,200.00		\$ 18,540.00	
G. Other	\$ 7,276.80	\$ 900.00	\$ 500.00		\$ 5,876.80	
H. Total Direct Costs	\$ 581,303.60	\$ 155,593.00	\$ 86,851.00	\$ -	\$ 338,859.60	\$ -
I. Indirect Costs		\$ -				
J. Total (Sum of H and I)	\$ 581,303.60	\$ 155,593.00	\$ 86,851.00	\$ -	\$ 338,859.60	\$ -
K. Program Income - Projected Earnings						

*Letters of good standing that validate the respondent's programmatic, administrative, and financial capacity 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 learning, letters 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 funding by this DSHS project.

Revised: 7/6/2009

		Fringe Benefits Total	\$36,627

\$36,627

FORM I-2: TRAVEL Budget Category Detail Form

Legal Name of Respondent:

Fort Bend County Clinical Health Services

Conference / Workshop Travel Costs					
Description of Conference/Workshop	Justification	Location City/State	Number of: Days/Employees	Travel Costs	
				Mileage	Other Costs
DSHS TB Program Managers' Meeting - DSHS Funding	Travel to the state programs managers' meeting for program updates, best practices from the state	Austin	3/2	Mileage	\$150
				Airfare	
				Meals	\$216
				Lodging	\$502
				Other Costs	
				Total	\$868
DSHS Case Registry Training in conjunction with program managers' meeting - DSHS Funding	Travel to registry training for one nurse and program manager	Austin	3/2	Mileage	\$150
				Airfare	
				Meals	\$216
				Lodging	\$502
				Other Costs	
				Total	\$868
Meetings at Regional office for TB coalition and trainings - DSHS Funding	Updated information and networking	Houston	2/2	Mileage	\$75
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$75
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS					\$0

Total for Conference / Workshop Travel \$1,811

Other / Local Travel Costs

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Travel for administration of DOT and contact testing, travel to local meetings - DSHS Funding	10000	\$0.500	\$5,000		\$5,000
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
TOTAL FROM TRAVEL SUPPLEMENTAL OTHER/LOCAL TRAVEL COSTS BUDGET SHEETS					\$0

Total for Other / Local Travel \$5,000

Other / Local Travel Costs: \$5,000 Conference / Workshop Travel Costs: \$1,811 Total Travel Costs: \$6,811

Indicate Policy Used:

Respondent's Travel Policy ☒

State of Texas Travel Policy ☐

Revised: 7/6/2009

Detail Form

Fort Bend County Clinical Health Services

[illegible]

\$0

FORM I-5: CONTRACTUAL Budget Category Detail Form

Legal Name of Respondent:

Fort Bend County Clinical Health 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
Oak Bend Medical Center	Chest X-rays	Diagnosis/Management of TB patients	Unit	200	\$30.00	\$6,000
West Houston Radiology	Reading Chest X-rays	Diagnosis/Management of TB patients	Unit	200	\$15.00	\$3,000
Oak Bend Medical Center	CT Scans	Diagnosis/Management of TB patients	Unit	2	\$406.00	\$812
West Houston Radiology	Reading CT Scans	Diagnosis/Management of TB patients	Unit	2	\$100.00	\$200
LabCorps	CBC with Platelets	Management of TB patients	Unit	5	\$151.00	\$755
LabCorps	Liver Panel	Management of TB patients	Unit	15	\$12.00	\$180
LabCorps	Hepatitis Testing	Management of TB patients	Unit	2	\$60.00	\$120
To be named	Language Translation	Conveying and receiving information from non-English speaking patients	Per hour	3	\$80.00	\$240
Various	DOT Providers	Personal Service Contracts with individuals for assistance with administration of medications	Per dose administered	425	\$25.00	\$10,625
TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS						\$0

Total Amount Requested for CONTRACTUAL:

\$21,932

Page 2, FORM I - 7 Indirect Costs

If using an central service or indirect cost rate, identify the types of costs that are included (being allocated) in the rate:

Organizations that do not use an indirect cost rate and governmental entities with only a central service rate must identify the types of costs that will be allocated as indirect costs and the methodology used to allocate these costs in the space provided below. The costs/methodology must also be disclosed in Part V-Indirect Cost Allocation of the Cost Allocation Plan that is submitted to DSHS. **Identify the types of costs that are being allocated as indirect costs, the allocation methodology, and the allocation base:**

FORM I - 7 Indirect Costs

Legal Name of Respondent:

Fort Bend County Clinical Health Services

Total amount of indirect costs allocable to the project:

Amount:

Indirect costs are based on (mark the statement that is applicable):

The respondent's most recent indirect cost rate approved by a federal cognizant agency or state single audit coordinating agency. **Expired rate agreements are not acceptable. Attach a copy of the rate agreement to this form (Form I - 7 Indirect)**

RATE:
BASE:

Applies only to governmental entities. The respondent's current central service cost rate or indirect cost rate based on a rate proposal prepared in accordance with OMIB Circular A-87. **Attach a copy of Certification of Cost Allocation Plan or Certification of Indirect Costs.**

RATE:
TYPE:
BASE:

Note: Governmental units with only a Central Service Cost Rate must also include the indirect cost of the governmental units department (i.e. Health Department). In this case indirect costs will be comprised of central service costs (determined by applying the rate) and the indirect costs of the governmental department. The allocation of indirect costs must be addressed in Part V - Indirect Cost Allocation of the Cost Allocation Plan that is submitted to DSHS.

A cost allocation plan. A cost allocation plan as specified in the DSHS Contractor's Financial Procedures Manual (CFPM), Appendix A must be submitted to DSHS within 60 days of the contract start date. The CFPM is available on the following internet web link: <http://www.dshs.state.tx.us/contracts/>

GO TO PAGE 2 (below)