



UTAH DEPARTMENT OF HEALTH CONTRACT AMENDMENT

PO Box 144003, Salt Lake City, Utah 84114
288 North 1460 West, Salt Lake City, Utah 84116

1901709
Department Log Number

192700666
State Contract Number

1. **CONTRACT NAME:** The name of this contract is San Juan County Health Department - STD Disease Intervention Services - 2019 Amendment 2.
2. **CONTRACTING PARTIES:** This contract amendment is between the Utah Department of Health (DEPARTMENT) and San Juan County (CONTRACTOR).
3. **PURPOSE OF CONTRACT AMENDMENT:** The purpose of this amendment is to increase the contract amount and replace Attachment "A", in exchange for continued services.
4. **CHANGES TO CONTRACT:**

1. The original amount is being changed. The original amount was \$9,000.00. The funding amount will be increased by \$2,000.00 in federal funds. The funding amount will be increased by \$2,000.00 in other funds. New total funding is \$13,000.00.
2. Attachment "A", effective January 1, 2021, is replacing Attachment "A", which was effective January 2020. The document title is changed, Article "II" Funding, Section A., is changed, Article "IV" Standards, Protocols, Policies/Procedures, Guidelines and Article "V" Responsibilities of the Sub-Recipient, Section B. is changed.

DUNS: 079815014

Indirect Cost Rate: 0%

Add

Federal Program Name:	Utah HIV Surveillance and Prevention Project	Award Number:	5 NH25PS005169-03-00
Name of Federal Awarding Agency:	Centers for Disease Control and Prevention	Federal Award Identification Number:	NH25PS005169
CFDA Title:	HIV PREVENTION ACTIVITIES HEALTH DEPARTMENT BASED	Federal Award Date:	12/18/2020
CFDA Number:	93.940	Funding Amount:	\$2000.00

All other conditions and terms in the original contract and previous amendments remain the same.

5. **EFFECTIVE DATE OF AMENDMENT:** This amendment is effective 01/01/2021

6. DOCUMENTS INCORPORATED INTO THIS CONTRACT BY REFERENCE BUT NOT ATTACHED:
 - A. All other governmental laws, regulations, or actions applicable to services provided herein.
 - B. All Assurances and all responses to bids as provided by the CONTRACTOR.
 - C. Utah Department of Health General Provisions and Business Associate Agreement currently in effect until 6/30/2023.

7. This contract, its attachments, and all documents incorporated by reference constitute the entire agreement between the parties and supersedes all prior written or oral agreements between the parties relating to the subject matter of this contract.

Contract with Utah Department of Health and San Juan County, Log # 1901709

IN WITNESS WHEREOF, the parties enter into this agreement.

CONTRACTOR

STATE

By: _____
Kenneth Maryboy Date
County Commission Chair

By: _____
Shari A. Watkins, C.P.A. Date
Director, Office Fiscal Operations

Attachment A: Special Provisions

San Juan Health Department - STD Disease Intervention Services - 2019 Amendment 2

Effective Date: January 1, 2021

I. DEFINITIONS:

- A. "CDC" means The Centers for Disease Control and Prevention.
- B. "Education" means one on one discussion and distribution of educational materials if applicable.
- C. "EPT" means Expedited Partner Therapy.
- D. "PrEP" means Pre-exposure Prophylaxis.
- E. "QA" means Quality Assurance.
- F. "STD" means Sexually Transmitted Disease.
- G. "SUB-RECIPIENT" means Contractor.
- H. "UT-NEDSS" means the Utah electronic disease surveillance system.
- I. "UPHL" means the Utah Public Health Laboratory.

II. FUNDING:

- A. Total funding is \$13,000.00.
 - 1. \$4,000.00 for the period January 1, 2019 to December 31, 2019.
 - 2. \$5,000.00 for the period January 1, 2020 to December 31, 2020.
 - a. \$1,000.00 for STD Prevention Disease Intervention Services.
 - b. \$4,000.00 for Early Intervention Services - Disease Intervention Services.
 - 3. \$4,000.00 for the period January 1, 2021 to December 31, 2021.
 - a. \$2,000.00 for STD Prevention Disease Intervention Services for the period January 1, 2021 to December 31, 2021.
 - b. \$2,000.00 for Early Intervention Services - Disease Intervention Services for the period July 1, 2021 to December 31, 2021.
- B. The DEPARTMENT agrees to reimburse the SUB-RECIPIENT up to the maximum amount of the contract for expenditures made by the SUB-RECIPIENT directly related to the program.
- C. The Federal funds provided under this agreement are from the Federal Program and award as recorded on page 1 of the contract.
- D. Pass-through Agency: Utah Department of Health.
- E. Number assigned by the Pass-through Agency: State Contract Number, as recorded on Page 1 of the Contract.

III. DEPARTMENT CONTACT:

- A. The day to day operations and dispute contact is Megan Evans, meevans@utah.gov, (801) 538-6223.

IV. STANDARDS, PROTOCOLS, POLICIES/PROCEDURES, GUIDELINES:

- A. The SUB-RECIPIENT shall provide services under this Contract in accordance with the following standards, protocols, policies, procedures and guidelines (In the event that the cited standards, protocols, policies, procedures and guidelines are revised or amended, the latest data will be applicable to this Contract):
 - 1. The Centers for Disease Control and Prevention's Program Operations Guidelines for STD Prevention. <https://www.cdc.gov/std/program/overview.pdf>
 - 2. Sexually Transmitted Diseases Treatment Guidelines <https://www.cdc.gov/std/tg2015/tg-2015-print.pdf>
 - 3. Sexually Transmitted Diseases Screening Guidelines <https://www.cdc.gov/std/tg2015/screening-recommendations.htm>

4. *Morbidity and Mortality Weekly Report (MMWR)*
<https://www.cdc.gov/mmwr/index.html>
5. *Minimum Data Set, EPI Affiliate Group*
<http://health.utah.gov/epi/diseases/chlamydia/plan.pdf>
<http://health.utah.gov/epi/diseases/gonorrhea/plan.pdf>
<http://health.utah.gov/epi/diseases/syphilis/plan.pdf>
6. Utah Administrative Code Rule R386-702
<https://rules.utah.gov/publicat/code/r386/r386-702.htm>
7. Utah Code 58-1-501.3 Health Professional Prescribing Exceptions for Expedited Partner Therapy for Sexually Transmitted Diseases
<https://le.utah.gov/xcode/Title58/Chapter1/58-1-S501.3.html>
8. Utah Public Health – Disease Investigation Plans
<http://health.utah.gov/epi/diseases/chlamydia/plan.pdf>
<http://health.utah.gov/epi/diseases/gonorrhea/plan.pdf>
<http://health.utah.gov/epi/diseases/syphilis/plan.pdf>
9. Health Resources and Safety Administration 340B Regulations
<https://www.hrsa.gov/opa/index.html>

V. RESPONSIBILITIES OF THE SUB-RECIPIENT:

The SUB-RECIPIENT shall:

- A. Investigate STD cases within the SUB-RECIPIENT's jurisdiction to reduce and control the spread of STDs by:
 1. Interviewing 85% of all early syphilis cases within 14 days of diagnosis.
 2. Investigating 100% of all stages of reproductive-age females within 30 days of diagnosis including obtaining pregnancy status, treatment, and stage confirmation.
 3. Interviewing 70% of gonorrhea cases within 60 days of diagnosis.
 4. Disease Intervention Specialist interviews shall elicit sexual partner information and contact partners for risk-reduction education, testing, and treatment.
- B. Ensure treatment is provided to 85% of early syphilis, and gonorrhea cases within 14 days of diagnosis based on the treatment guidelines specified in this Contract.
 1. It is prohibited to charge individuals or their contacts for medication purchased with funding from the DEPARTMENT.
 2. Expedited Partner Therapy is permissible and recommended for chlamydia and gonorrhea.
- C. Treat all identifying information regarding STD-infected individuals as confidential information. Disclosure of STD-related information concerning any individual is prohibited without written, informed consent from the individual.
- D. Ensure all gonorrhea and early syphilis cases comply with the requirements of each disease specific Minimum Data Set as specified in this Contract.
 1. Incidences in UT-NEDSS identified in the quarterly QA summary report shall be resolved no later than four weeks after receiving the report.
- E. Provide PrEP education to 80% of all MSM who are diagnosed with early syphilis and/or gonorrhea and interviewed by the SUB-RECIPIENT.
 1. Provide PrEP referrals.
 2. Provide education to partners if able.
- F. Ensure all STD case investigations assigned to the SUB-RECIPIENT's jurisdiction in UT-NEDSS receive a workflow status of 'Approved by LHD' within 60 days of diagnosis.
- G. Provide STD medication for all clients who consent to treatment of STD(s).
- H. Maintain a 340B Program.
 1. Complete annual 340B recertification.
 2. Maintain an active Authorizing Official.
 3. Ensure compliance to 340B policies.
- I. Submit an invoice for medication reimbursement no later than the 5th of the month after

which the medication was purchased. The invoice shall be:

1. Signed by an authorized official or business official;
 2. Include the medication name, quantity, price, and units;
 3. Include a copy of the receipt from the manufacturer;
 4. Include 340B price.
- J. Strengthen STD surveillance by routinizing enhanced investigation among a representative sample of individuals diagnosed with gonorrhea by:
1. Conducting provider investigations for all cases identified in the random sample to ascertain additional information such as signs/symptoms.
 2. Attempting to obtain patient interviews with a random sample of gonorrhea cases to ascertain additional behavioral and demographic information.
 - a. No less than four attempts at patient contact are required and outcomes of each contact attempt shall be fully documented.

VI. THE DEPARTMENT MAY:

- A. Provide program information/updates for the SUB-RECIPIENT, including, epidemiological profiles, program statistics, information/publications on current issues, best practices, performance outcome measures, and CDC STD program messages.
- B. Provide technical assistance on disease intervention techniques and clinical case management upon request by the SUB-RECIPIENT.
- C. Provide technical assistance and medical consultation for STDs upon request.
- D. Provide items such as, but not limited to the following: CDC literature including treatment guidelines, condoms, and lube based upon availability upon request.
- G. Reimburse the SUB-RECIPIENT for STD medication. Reimbursement is dependent on available funding and is not guaranteed;
 1. Medications that qualify for reimbursement are: Amoxicillin, Azithromycin, Bicillin, Doxycycline, Gentamicin, Suprax/Cefixime and Ceftriaxone/Rocephin.
- H. Provide the SUB-RECIPIENT with quarterly QA lists to improve data quality and identify needs for assistance from the DEPARTMENT. QA lists will be provided to the SUB-RECIPIENT's Nursing Director within 60 days after the end of the quarter.
- I. Provide PrEP educational materials and training upon request based upon availability.