



UTAH DEPARTMENT OF HEALTH CONTRACT AMENDMENT

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

2022606
Department Log Number

202700508
State Contract Number

1. **CONTRACT NAME:** The name of this contract is San Juan County - Disease Response, Evaluation, Analysis and Monitoring 2019 Amendment 1.
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 contract amount is being changed. The original amount was \$4,107.00. The funding amount will be increased by \$4,107.00 in federal funds. New total funding is \$8,214.00.
2. Attachment "A", effective August 1, 2020, is replacing Attachment "A", which was effective September 2019. The document title is changed, Article "II" Funding, Section A., is changed, Subsection 1.b), 2.b) and 3.b) are added and Article "IV" Department Contact is changed.

DUNS: 079815014

Indirect Cost Rate: 0%

Add

Federal Program Name:	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	Award Number:	5 NU50CK000536-02-00
Name of Federal Awarding Agency:	Department of Health and Human Services	Federal Award Identification Number:	NU50CK000536
CFDA Title:	EPIDEMIOLOGY AND LABORATORY CAPACITY FOR INFECTIOUS DISEASES (ELC)	Federal Award Date:	7/17/2020
CFDA Number:	93.323	Funding Amount:	\$2720.00

Add

Federal Program Name:	Epidemiology and	Award Number:	5 NU50CK000536-02-00
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	Laboratory Capacity for Infectious Diseases (ELC)		
Name of Federal Awarding Agency:	Department of Health and Human Services	Federal Award Identification Number:	NU50CK000536
CFDA Title:	EPIDEMIOLOGY AND LABORATORY CAPACITY FOR INFECTIOUS DISEASES (ELC)	Federal Award Date:	7/17/2020
CFDA Number:	93.323	Funding Amount:	\$680.00

Add

Federal Program Name:	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	Award Number:	5 NU50CK000536-02-00
Name of Federal Awarding Agency:	Department of Health and Human Services	Federal Award Identification Number:	NU50CK000536
CFDA Title:	EPIDEMIOLOGY AND LABORATORY CAPACITY FOR INFECTIOUS DISEASES (ELC)	Federal Award Date:	7/17/2020
CFDA Number:	93.323	Funding Amount:	\$707.00

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

5. EFFECTIVE DATE OF AMENDMENT: This amendment is effective 08/01/2020

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 # 2022606

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 County - Disease Response, Evaluation, Analysis and Monitoring 2019 Amendment 1
Effective Date: August 1, 2020

I. DEFINITIONS:

- A. "AFM" means Acute Flaccid Myelitis.
- B. "CJD" means Creutzfeldt-Jakob disease.
- C. "UPHL" means Utah Public Health Laboratory.
- D. "UT-NEDSS" means Utah - National Electronic Disease Surveillance System.

II. FUNDING:

- A. New total funding is \$8,214.00.
 - 1. For Cross-Cutting Epidemiology/Outbreak Response.
 - a) \$2,720.00 for the period August 1, 2019 to July 31, 2020.
 - b) \$2,720.00 for the period August 1, 2020 to July 31, 2021.
 - 2. For Prion disease.
 - a) \$680.00 for the period August 1, 2019 to July 31, 2020.
 - b) \$680.00 for the period August 1, 2020 to July 31, 2021.
 - 3. For Vaccine Preventable diseases.
 - a) \$707.00 for the period August 1, 2019 to July 31, 2020.
 - b) \$707.00 for the period August 1, 2020 to July 31, 2021.
- B. This is a Cost Reimbursement contract. The DEPARTMENT agrees to reimburse the SUBRECIPIENT up to the maximum amount of the contract for expenditures made by the SUBRECIPIENT 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. INVOICING:

- A. In addition to the General Provisions of the contract the SUBRECIPIENT shall include one column for each funding source in the Monthly Expenditure Report.
 - 1. The SUBRECIPIENT shall submit the June invoice, no later than July 15 and the July invoice, no later than September 30.
- B. The SUBRECIPIENT shall include the following columns and report expenditures within each column in the Monthly Expenditure Report.
 - 1. Cross-Cutting Epi/Outbreak Response.
 - 2. Prion disease.
 - 3. Vaccine Preventable disease.

IV. DEPARTMENT CONTACT:

- A. The day to day operations and dispute contact is: Cindy Burnett, cburnett@utah.gov, (801) 538-6692.

V. DISPUTE RESOLUTION:

- A. If any dispute arises between the parties during the activities described by this Contract, the parties agree to seek a resolution through open communication and dialogue.

- B. Either party may request a conference to resolve a disputed issue (consistent with Utah Admin. Code R380-10-3, which supports dispute resolution at the lowest level possible).
- C. If a resolution cannot be reached, DEPARTMENT may bring supervisory personnel into the process to facilitate resolving issues and achieving agreement.
- D. The provisions in Section B. and C. are not mandatory.
- E. If a dispute is not resolved within 30 days of DEPARTMENT decision, DEPARTMENT's decision is considered the "initial agency determination," as defined by Utah Admin. Code R380-10-2(3).
- F. These provisions do not preclude or affect the provisions, rights, limitations, or timelines for appealing DEPARTMENT actions that are provided or required by Utah Code §§ 26-23-2, 26-1-4.1 or 26-1-7.1, Utah Admin. Code R380-10, or the Utah Administrative Procedures Act (Utah Code § 63G-4).
- G. In the event of any conflict between the Dispute Resolution provisions in the Special Provisions of this Contract with applicable law or rules, the provisions of the applicable law or rules shall control.

VI. RESPONSIBILITIES OF SUBRECIPIENT:

- A. For Cross-Cutting Epidemiology/Outbreak Capacity the SUBRECIPIENT shall:
 - 1. Comply with Disease Plans/Case Report Forms and Disease Reporting (http://health.utah.gov/epi/phdepts/a_z.html) and Centers for Disease Control and Prevention guidance for conditions found at: (<http://health.utah.gov/epi/phdepts/outbreakresponse>)
 - 2. Enter investigation findings in UT-NEDSS
- B. For Prion disease the SUBRECIPIENT shall:
 - 1. Maintain capacity to investigate suspect and confirmed cases of Creutzfeldt-Jakob disease reported within the SUBRECIPIENT 's jurisdiction.
 - 2. Investigate all reported suspect or confirmed cases of prion disease and complete case report forms.
 - 3. Work with National Prion Disease Pathology Surveillance Center, health care providers and family members to provide CJD education.
 - 4. Encourage autopsy to confirm CJD diagnosis and coordinate testing.
 - 5. Collaborate with the DEPARTMENT and Utah Division of Wildlife Resources to provide education to hunters regarding Chronic Wasting Disease.
- C. For Vaccine Preventable diseases, the SUBRECIPIENT shall:
 - 1. Investigate reportable vaccine-preventable disease cases and outbreaks including; diphtheria, measles, mumps, rubella, meningococcal disease, H influenzae, pertussis, S. pneumoniae and tetanus.
 - 2. Collect and enter case data, target variable data, etc. into UT-NEDSS.
 - 3. Work with the DEPARTMENT to ensure that all Neisseria meningitidis isolates from normally sterile site are sent to UPHL for serogroup/serotype confirmation testing.
 - 4. Work with the DEPARTMENT to ensure that all Haemophilus influenzae isolates from normally sterile sites are sent to UPHL for serogroup/serotype confirmation testing.
 - 5. Work with the DEPARTMENT to investigate and complete target variables for severe or hospitalized cases of varicella.

6. Collaborate with the DEPARTMENT to improve the completeness of Vaccine Preventable Disease data such as, hospitalization, mortality status, vaccination status, clinical information, etc.

VII. OPTIONAL ACTIVITIES:

- A. For Cross-Cutting Epidemiology/Outbreak Capacity the SUBRECIPIENT may:
 1. Detect, investigate and respond to outbreaks.
 2. Assist the DEPARTMENT in obtaining information on products that may be the source of an outbreak
 3. Collect and ship outbreak specimens to UPHL.
- B. For Vaccine Preventable diseases the SUBRECIPIENT may:
 1. Investigate potential cases of AFM by communicating with medical providers, laboratories and other partners, reviewing clinical information and submitting investigation forms to the DEPARTMENT.
 2. Case investigation may be deferred to the DEPARTMENT.
- C. For AFM cases the SUBRECIPIENT may:
 1. Conduct six to 12 month follow up on confirmed and probable cases of AFM cases using a standardized questionnaire.
 - a) Case investigation may be deferred to the DEPARTMENT.
 2. Work with the DEPARTMENT to ensure that all AFM specimens are sent to UPHL.
 - a) Submission activities may be deferred to the DEPARTMENT.
- D. For staff training the SUBRECIPIENT may:
 1. Participate in training on activities directly related to this contract.

VIII. REPORTS:

- A. For staff training, the SUBRECIPIENT shall:
 1. Submit a report to the DEPARTMENT no later than 30-days after the training.
 2. Include the following items in the report;
 - a) The employee name(s).
 - b) Name/description of the training attended.
 - c) Date of training.
 - d) Invoice amount for each employee to attend training.
 - e) Identify which of the following topics were covered by the training; epidemiologic methods, statistical methods, outbreak investigation and/or infectious diseases.