



# UTAH DEPARTMENT OF HEALTH & HUMAN SERVICES CONTRACT AMENDMENT

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

2115321  
DHHS Log Number

212702391  
State Contract Number

1. **CONTRACT NAME:** The name of this contract is COVID-19 San Juan County HD – PPPHEA Expansion 2021 Amendment 3.
2. **CONTRACTING PARTIES:** This contract amendment is between the Utah Department of Health & Human Services (DHHS) and San Juan County (CONTRACTOR).

**PAYMENT ADDRESS**

San Juan County  
735 S 200 W, Ste 2  
Blanding UT, 84511

**MAILING ADDRESS**

San Juan County  
735 S 200 W, Ste 2  
Blanding UT, 84511

**Vendor ID:** 06866HL

**Commodity Code:** 99999

3. **PURPOSE OF CONTRACT AMENDMENT:** The purpose of this amendment is to change the termination date, increase the contract amount, and replace Attachment A: Scope of Work in exchange for continued services.
4. **CHANGES TO CONTRACT:**

1. The contract termination date is being changed. The original termination date was July 31, 2024. The contract period is being increased by 2 years. The new contract termination date is July 31, 2026.

2. The contract amount is being changed. The original amount was \$1,923,442.00. The funding amount will be increased by \$546,974.00 in federal funds. New total funding is \$2,470,416.00.

3. Attachment A: Scope of Work, effective December 1, 2023, is replacing Attachment A: Special Provisions which was effective May 15, 2023. The document title is changed, Article 1 "Definitions" is changed to include new definitions. Article 2 "Funding" is changed to update Cost Reimbursement - Budget. Article 3 "Invoicing" is changed to update the funding source columns. Article 4 "PPPHEA Responsibilities of Grantee" is added. Article 5 "EED Responsibilities of Grantee" is changed to update required responsibilities.

UEI: WCVABP2FEVA2

Indirect Cost Rate: 0%

Add

Federal Program Name:	ELC - Epidemiology and Laboratory	Award Number:	6 NU50CK000536
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	Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)		
Name of Federal Awarding Agency:	Centers for Disease Control and Prevention	Federal Award Identification Number:	NU50CK000536
Assistance Listing:		Federal Award Date:	10/19/2023
Assistance Listing Number:		Funding Amount:	\$541279.00

Add

Federal Program Name:	ELC - Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	Award Number:	6 NU50CK000536
Name of Federal Awarding Agency:	Centers for Disease Control and Prevention	Federal Award Identification Number:	NU50CK000536
Assistance Listing:		Federal Award Date:	10/19/2023
Assistance Listing Number:		Funding Amount:	\$5695.00

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

5. EFFECTIVE DATE OF AMENDMENT: This amendment is effective 12/01/2023.
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.
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.

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**Contract with Utah Department of Health & Human Services and San Juan County, Log #**  
2115321

IN WITNESS WHEREOF, the parties enter into this agreement.

**CONTRACTOR**

**STATE**

By: \_\_\_\_\_  
Bruce Adams                      Date  
County Commission Chair

By: \_\_\_\_\_  
Tracy S. Gruber                      Date  
Executive Director, Department  
of Health & Human Services

Attachment A: Special Provisions  
 COVID-19 San Juan County HD – PPPHEA Expansion 2021 Amendment 3

1. DEFINITIONS:

- 1.1 **“CDC”** means Centers for Disease Control and Prevention.
- 1.2 **“Contact Tracing”** means the process of identifying people who have recently been in contact with someone diagnosed with an infectious disease.
- 1.3 **“DHHS”** means Utah Department of Health and Human Services, Office of Emerging Infections.
- 1.4 **“EED”** means Enhancing Detection Expansion
- 1.5 **“ELC”** means Epidemiology and Laboratory Capacity.
- 1.6 **“PPPHEA”** means Paycheck Protection Program and Healthcare Enhancement Act
- 1.7 **“Grantee”** means Contractor
- 1.8 **“UT-NEDSS”** means Utah’s national electronic disease electronic surveillance system.
- 1.9 **“Vulnerable Populations”** means racial and ethnic minority communities, refugees, people with disabilities, people experiencing homelessness and/or substance use disorder, people who are economically disadvantaged, tribal nations, schools/ childcare settings.

2. FUNDING:

- 2.1 Total funding is \$2,470,416.00. Contract end date is July 31, 2026.
- 2.2 This is a Cost Reimbursement contract. DHHS agrees to reimburse the Grantee up to the maximum amount of the contract for expenditures made by the Grantee directly related to the performance of this contract.

Cost Reimbursement – Budget

<u>Description</u>	<u>Amount</u>
PPPHEA	\$5,695.00
Previous PPPHEA Expansion (EED)	\$1,923,442.00
New PPPHEA Expansion (EED)	\$541,279.00
Total	\$2,470,416.00

- 2.3 The Federal funds provided under this contract are from the Federal Program and award as recorded on the Contract Pages.
- 2.4 Pass-through Agency: Utah Department of Health and Human Services.
- 2.5 Number assigned by the Pass-through Agency: State Contract Number, as recorded on the Contract Pages this contract.

3. INVOICING:

In addition to the contract General Provisions, the Grantee shall:

- 3.1 Include one column for each funding source in the Monthly Expenditure Report.
  - (A) PPPHEA
  - (B) EED
- 3.2 Submit the June invoice no later than July 15 annually.
- 3.3 All final grant expenses must be submitted on the August 2026 Monthly Expenditure Report by September 30, 2026. No additional expenses will be paid out after that, as the liquidation period will be final.

4. PPPHEA RESPONSIBILITIES OF GRANTEE:

- 4.1 The Grantee shall attend monthly DHHS coordination meetings.
- 4.2 For Contact Tracing the Grantee shall:
  - (A) complete the case investigation, preferably within 24 hours after receiving the lab result;
    - (i) Enter all minimum data elements in UT-NEDSS, when available.
    - (ii) Enter the optimal data elements into UT-NEDSS at the Grantee's discretion.
  - (B) complete Contact Tracing, preferably within 24 hours after completing the case investigation; and
  - (C) route cases to DHHS at the Grantee's discretion.
- 4.3 Contact Tracing staff may perform other duties as needed in response to COVID-19 and other emerging infections and conditions of public health significance.
- 4.4 For infection, prevention and control the Grantee shall provide activities to support long term care facilities investigation in coordination with DHHS.
- 4.5 For targeted testing the Grantee shall propose locations to deploy the rapid testing machines.
  - (A) Priority is given to geographic clusters of infectious disease, worksites, and healthcare settings.
- 4.6 For epidemiology the Grantee shall:
  - (A) conduct COVID-19 case investigations and enter data into EpiTrax;
  - (B) conduct surveillance of COVID-19 and other emerging infections and conditions of public health significance within the Grantee's jurisdiction; and
  - (C) detect and respond to COVID-19 and other emerging infections and conditions of public health significance.
- 4.7 PPPHEA funds must be used for the duties listed above.

5. EED RESPONSIBILITIES OF GRANTEE:

- 5.1 For Infection Prevention and Control the Grantee shall:
- (A) acquire certification in Infection Prevention and Control by an Infection Preventionist, no later than July 31, 2026;
  - (B) provide community outbreak identification and response;
  - (C) participate in certification in Infection Prevention and Control credential certification for outbreak response staff;
  - (D) participate in the Infection, Prevention, and Control training program;
  - (E) disseminate Project Firstline curriculum in healthcare facilities within the health department's jurisdiction;
  - (F) provide activities to support long-term care facilities investigation in coordination with DHHS; and
  - (G) attend meetings called by DHHS.
- 5.2 For Epidemiology the Grantee shall:
- (A) attend meetings called by DHHS;
  - (B) conduct COVID-19 case investigations and enter data into EpiTrax;
  - (C) conduct surveillance of COVID-19 and other emerging infections and conditions of public health significance within the jurisdiction; and
  - (D) detect and respond to COVID-19 and other emerging infections and conditions of public health significance.
- 5.3 For Vulnerable Populations the Grantee shall:
- (A) reach Vulnerable Populations through communication including translated educational materials, interpreters, ADA compliant websites and materials, outreach, transportation, testing, Contact Tracing, data (including Service Point), and provide resources to prevent COVID-19 in Vulnerable Populations;
  - (B) aim to address social determinants of health barriers that have resulted from COVID-19 (ex; mobile Wi-Fi hotspots for increased internet access for student engagement, working with food banks, working with housing partners, etc.);
  - (C) work with DHHS to carry out assessments and implement strategies to prevent and protect Vulnerable Populations;
  - (D) track the population size, outreach/engagement data (such as vaccine clinics), resources allocated, and efforts with Vulnerable Populations;
  - (E) coordinate with the Refugee Health Program to share vaccine and resource coordination within the refugee population;
  - (F) partner with CBOs and other non-profits in their areas to increase their reach and support to Vulnerable Populations. Encouraged to set up community clinics and ADA compliant/mobile/in-home vaccines and transportation to sites to ensure reach within Vulnerable Populations. Aim to incorporate Health Equity Best Practices for

Working with Vulnerable Populations at Community Vaccine Clinics (related to staffing, law enforcement, IDs, registration, etc.);

- (G) establish or enhance testing for COVID-19/SARS-CoV-2 in Vulnerable Populations;
- (H) provide wrap-around services to Vulnerable Populations to support quarantine and isolation, as needed;
- (I) provide surveillance, testing, analysis, Contact Tracing, and/or vaccine administration to identified Vulnerable Populations (such as persons with disabilities, people experiencing homelessness, racial and ethnic minority communities, older adults, etc.);
- (J) send a representative to attend the COVID-19 Vulnerable Populations workgroup once each month; and
- (K) provide wrap-around services to support individuals impacted by COVID-19 to obtain needed resources such as hoteling, food, laundry, mental health services, etc. Housing support beyond hoteling is not allowed.

5.4 For Community Health Workers the Grantee shall:

- (A) maintain a minimum of one (1) FTE temporary Community Health Worker (CHW);
- (B) work with CHWs and other staff and community partners to reach out to vulnerable communities;
- (C) identify persons in need and help prevent COVID-19 through outreach and education; and
- (D) provide needed resources (wrap-around services, testing, vaccines) to persons in need. Rent and mortgage assistance is unallowable.

5.5 For Contact Tracing the Grantee shall:

- (A) Complete the case investigation, preferably within 24 hours after receiving the lab result.
  - (i) Enter all minimum data elements in UT-NEDSS, when available.
  - (ii) Enter the "optimal" data elements into UT-NEDSS at the Grantee's discretion.
  - (iii) Complete Contact Tracing, preferably within 24 hours after completing the case investigation.
  - (iv) Route cases to DHHS at the Grantee's discretion.
  - (v) Contact Tracing staff may perform other duties as assigned in response to COVID-19 and other emerging infections and conditions of public health significance, as long as their primary duties are related to COVID-19 activities as outlined in Utah's ELC Enhancing Detection Expansion workplan.

5.6 For ELC Coordinator the Grantee shall:



- (A) maintain a minimum of one (1) FTE ELC Coordinator employee to work on grant and contract management in coordination with DHHS; and
  - (B) ensure contract deliverables are met, ensure monitoring activities occur regularly through the duration of the project period. Work with DHHS staff to make adjustments and corrections as needed to effectively accomplish objectives as outlined in this contract.
- 5.7 Grantee shall ensure EED funds for COVID-19 response are related to the response and mitigation activities listed in section 5.1-5.6 and additional activities, including but not limited to the following:
- (A) data collection, analysis, and interpretation;
  - (B) public information/health communication;
  - (C) testing/mobile teams;
  - (D) personnel costs;
  - (E) supplies, software, hardware, and equipment up to \$5,000.00;
  - (F) DHHS approval is required for single item supplies and equipment of \$5,000.00 or more;
  - (G) training and education provided for employee development;
  - (H) wrap-around services to support individuals impacted by COVID-19 to obtain needed resources such as hoteling, food, laundry, mental health services, etc. (housing support beyond hoteling is not allowed);
  - (I) other expenses as required for COVID-19 mitigation and response efforts according to CDC guidance, described in this contract;
  - (J) Grantee shall ensure expenses are approved in coordination with DHHS prior to obligating funds for projects that are not clearly allowable based on CDC guidance; and
  - (K) Grantee must retain backup documentation regarding the items billed.

6. REPORTS:

- 6.1 Submit monthly contract monitoring report including detail of activities by category as described in the contract within 20 days after the end of the previous month.
- 6.2 Provide the number of people in the local health department that have used the hoteling funding for quarantine and isolation.

7. REQUIRED DISCLOSURE:

Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award.

Grantees must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services

Kim McDowell, Grants Management Specialist

Centers for Disease Control and

Prevention Branch 1

2939 Flowers Road, MS-TV2

Atlanta, GA 30341

Email: [qpx9@cdc.gov](mailto:qpx9@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services

Office of the Inspector General

ATTN: Mandatory Grant Disclosure, Intake Coordinator

330 Independent Avenue, SW

Cohen Building, Room 5527

Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

8. OUTCOMES:

The desired outcome of the contract is to mitigate the spread of COVID-19.

(A) Performance Measure: COVID-19 case counts within Grantee's jurisdiction.

(B) Reporting: The Grantee shall complete the case investigation, preferably within 24 hours after receiving the lab result.