



## UTAH DEPARTMENT OF HEALTH CONTRACT AMENDMENT

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

1931112  
Department Log Number

192700359  
State Contract Number

1. **CONTRACT NAME:** The name of this contract is 2019-2023 EPICC- San Juan Health Department Amendment 9.
2. **CONTRACTING PARTIES:** This contract amendment is between the Utah Department of Health (DEPARTMENT) and San Juan County (CONTRACTOR).
3. **PURPOSE OF CONTRACT AMENDMENT:** Adjusting funding codes to include Expanded Authority from Year 3

**Pursuant to Utah Code Ann. 26B-1-201, as of July 1, 2022, the parties agree that the contracting parties, with all its contractual obligations, duties, and rights, will be the Department of Health and Human Services ("Department") and Contractor.**

4. **CHANGES TO CONTRACT:**

1. Attachment A, amendment 9, effective 9/30/2021, is replacing Attachment A, amendment 8, which was effective 9/30/2021. Reference, Section III. Services. 1807 and 1817 funding amounts allocate expanded authority dollars.
2. The contract amount is remaining the same. The funding streams will change to include expanded authority from federal funds. Expanded authority funding is as follows: 1807 \$5,123.00. 1817 CVD \$7,265.00. 1817 Diabetes \$6,325.00. Funding total remains at \$231,428.90

DUNS: 079815014

Indirect Cost Rate: 0%

Subtract

Federal Program Name:	State Physical Activity and Nutrition (SPAN)	Award Number:	5 NU58DP006496-03-00
Name of Federal Awarding Agency:	CDC	Federal Award Identification Number:	NU58DP006496
CFDA Title:	UTAH STATE PHYSICAL ACTIVITY AND NUTRITION PLAN	Federal Award Date:	6/21/2020
CFDA Number:	93.349	Funding Amount:	-\$5123.00

Add

Federal Program Name:	Utah State Physical	Award Number:	5 NU58DP006496-04-00
-----------------------	---------------------	---------------	----------------------

	Activity and Nutrition Plan		
Name of Federal Awarding Agency:	CDC	Federal Award Identification Number:	NU58DP006496
CFDA Title:	STATE PHYSICAL ACTIVITY AND NUTRITION (SPAN)	Federal Award Date:	6/25/2021
CFDA Number:	93.439	Funding Amount:	\$5123.

Subtract

Federal Program Name:	Innovative State and Local Public Health Strategies to Prevent and Manage Diabetes and Heart Disease and Stroke	Award Number:	5 NU58DP006609-03-00
Name of Federal Awarding Agency:	CDC	Federal Award Identification Number:	NU58DP006609
CFDA Title:	INNOVATIVE STATE AND LOCAL PUBLIC HEALTH STRATEGIES TO PREVENT AND MANAGE DIABETES AND HEART DISEASE AND STROKE	Federal Award Date:	7/10/2020
CFDA Number:	93.435	Funding Amount:	-\$6325.00

Add

Federal Program Name:	Innovative State and Local Public Health Strategies to Prevent and Manage Diabetes and Heart Disease and Stroke	Award Number:	5 NU58DP006609-04-00
Name of Federal Awarding Agency:	CDC	Federal Award Identification Number:	NU58DP006609
CFDA Title:	INNOVATIVE STATE AND LOCAL PUBLIC HEALTH STRATEGIES TO PREVENT AND MANAGE DIABETES AND HEART DISEASE AND STROKE	Federal Award Date:	6/25/2021
CFDA Number:	93.435	Funding Amount:	\$6325.00

Subtract

Federal Program Name:	Innovative State and Local Public Health Strategies to Prevent and Manage Diabetes and Heart Disease and Stroke	Award Number:	5 NU58DP006609-03-00
-----------------------	---	---------------	----------------------

Name of Federal Awarding Agency:	CDC	Federal Award Identification Number:	NU58DP006609
CFDA Title:	INNOVATIVE STATE AND LOCAL PUBLIC HEALTH STRATEGIES TO PREVENT AND MANAGE DIABETES AND HEART DISEASE AND STROKE	Federal Award Date:	7/10/2020
CFDA Number:	93.435	Funding Amount:	-\$7265.

Add

Federal Program Name:	Innovative State and Local Public Health Strategies to Prevent and Manage Diabetes and Heart Disease and Stroke	Award Number:	5 NU58DP006609-04-00
Name of Federal Awarding Agency:	CDC	Federal Award Identification Number:	NU58DP006609
CFDA Title:	INNOVATIVE STATE AND LOCAL PUBLIC HEALTH STRATEGIES TO PREVENT AND MANAGE DIABETES AND HEART DISEASE AND STROKE	Federal Award Date:	6/25/2021
CFDA Number:	93.435	Funding Amount:	\$7265.00

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

5. EFFECTIVE DATE OF AMENDMENT: This amendment is effective 09/30/2021
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 # 1931112**

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 – 12/20/2021  
San Juan County Health Department FY22 1807-1815-1817**

**Healthy Environments Active Living (HEAL)**

**I. DEFINITIONS**

<b>DEPARTMENT</b>	Utah Department of Health—HEAL Program
<b>EXECUTIVE ULACHES</b>	A small group of Local Health Officers and Local Health Promotion Directors
<b>GOVERNANCE</b>	Representatives of State and Local Health Department Leadership who meet to give approval to UDOH program staff to apply for federal grant funding and make decisions on allocation to local health departments
<b>SUB-RECIPIENT</b>	Local Health Department
<b>ULACHES</b>	Utah Local Association of Certified Health Education Specialists—Local Health Department Health Promotion Directors
<b>CATALYST</b>	Reporting system, where local health departments will be reporting completed activities, successes, and/or challenges

**II. FUNDING**

- A. The source of funding provided for this agreement is allocated annually from the following federal programs and awards:

Total amount funded with CDC 1807 Grant (4287) \$9,174.12

<b>CFDA number</b>	93.439
<b>CFDA title</b>	Assistance Programs for Chronic Disease Prevention and Control
<b>Award name</b>	State Physical Activity and Nutrition Program
<b>Award number</b>	5 NU58DP006496-4-00
<b>Award date</b>	June 25, 2021
<b>Annual Funding Cycle</b>	September 30, 2021- September 29, 2022
<b>Name of Federal Agency</b>	DHHS-PHS-CDC
<b>Pass through Agency</b>	State of Utah, Department of Health

Total amount funded with CDC 1815 Grant (4230) \$8,160.00

<b>CFDA number</b>	93.426
<b>CFDA title</b>	Interventions in Utah that will improve outcomes for the residents of Utah specific to diabetes and hypertension and related risk factors
<b>Award name</b>	Improving the Health of Americans Through Prevention and Management of Diabetes and Heart Disease and Stroke- Financed in part by 2018 Prevention and Public Health
<b>Award number</b>	6 NU58DP006512-04-02
<b>Award date</b>	June 30, 2021
<b>Annual Funding Cycle</b>	June 30, 2021- June 29, 2022
<b>Name of Federal Agency</b>	DHHS-PHS-CDC
<b>Pass through Agency</b>	State of Utah, Department of Health

Total amount funded with CDC 1817 Grant (4260)

\$27,200.00

<b>CFDA number</b>	93.435
<b>CFDA title</b>	Innovation Awards—Diabetes, Heart Disease and Stroke
<b>Award name</b>	Innovative State and Local Public Health Strategies to Prevent and Manage Diabetes and Heart Disease and Stroke
<b>Award number</b>	5 NU58DP006609-04-00
<b>Award date</b>	June 25, 2021
<b>Annual Funding Cycle</b>	September 30, 2021- September 29, 2022
<b>Name of Federal Agency</b>	DHHS-PHS-CDC
<b>Pass through Agency</b>	State of Utah, Department of Health

- B. DUNS Number: 079815014
- C. Indirect Cost Rate: [0%]
- D. As set forth in the funding periods below, the DEPARTMENT agrees to reimburse the SUB-RECIPIENT up to the maximum of \$44,534.12 per annual funding cycle for expenditures made by the SUB-RECIPIENT directly related to this project as described in Section III Services A - D.
  - i. Allowable expenditures include wages and salaries, fringe benefits, supplies, travel, subcontract costs, consultants and current expense.
  - ii. The SUB-RECIPIENT will report monthly expenditures, using a separate line item for each allocation coding as shown in the table below, on the Monthly Expenditure Report (MER) submitted to the DEPARTMENT.
- E. By March 1, 2022 expenditures will be reviewed jointly by the DEPARTMENT and the SUB-RECIPIENT to determine if at least 35% of funds have been expended on activities as allocated.
  - i. If SUB-RECIPIENT is below 35% expenditures a written plan of action will be submitted to ensure utilization of remaining funds for contract and funding purposes.
  - ii. Over a three-year time period, if SUB-RECIPIENT consistently underspends funds, the DEPARTMENT will work with Executive ULACHES and Governance to determine appropriate reallocation of funds.
- F. Funds can only be used for services provided up to the maximum amounts listed in the tables in the Services section below:

**III. SERVICES**

<b>Amount</b>	<b>Shall be reimbursed by the DEPARTMENT for expenditures under:</b>	<b>Funds may be expended between:</b>	<b>Allocation Coding</b>
<u>Up to \$9,174.12</u>	CDC 1807 Grant (Physical Activity and Nutrition)	September 30, 2021 and September 29, 2022	4287/PN22
<u>Up to \$5,123.00</u> allocated in Y3 budget	CDC 1807 Grant (Physical Activity and Nutrition)	September 30, 2021 and September 29, 2022	4287/PN22/EXAT

- A. The SUB-RECIPIENT shall conduct the following activities related to the 1807 grant:
  - i. Strategy 1—Implement Food Service Guidelines (FSG)
    - 1. Eat Well Utah
      - a. In partnership with HEAL staff, provide technical assistance and recommendations for Eat Well implementation to at

- least two worksites and community venues based on opportunities identified in the environment scan and patron needs assessments
- 2. Eat Well Utah Environment Scan Tool
  - a. In partnership with HEAL staff, ensure Eat Well Utah changes are reassessed using the East Well Utah environment scan tool, reviewed, and recognized (through Eat Well Utah Award)
- 3. Eat Well Utah Award
  - a. Promote the Eat Well Utah Award
- ii. Strategy 2—Implement interventions supportive of breastfeeding that address workplace compliance with the federal lactation accommodation law
  - 1. Lactation Accommodation Compliance
    - a. Identify at least one worksite through the ScoreCard, not in compliance with the Federal Lactation Accommodation Law and provide technical assistance to help them become compliant
- iii. Strategy 3—Increase Physical Activity Opportunities
  - 1. Active Transportation Plans
    - a. Contribute to a state database of cities and towns that have adopted Active Transportation plans
  - 2. Transportation and Planning Coalitions
    - a. Participate in local or regional transportation and planning coalitions/committees
  - 3. Technical Assistance to Communities
    - a. Provide technical assistance to at least one community seeking to update their general plan or active transportation plan
  - 4. Develop State Database of Video Intercept Surveys
    - a. Conduct at least 5 video intercept (or audio with picture) surveys
  - 5. Develop a parks, playgrounds, and recreation areas inventory
    - a. Conduct an inventory of parks, playgrounds, and recreation areas within the local health department jurisdiction including location and features to be submitted to HEAL.

<b>Amount</b>	<b>Shall be reimbursed by the DEPARTMENT for expenditures under:</b>	<b>Funds may be expended between:</b>	<b>Allocation Coding</b>
<u>Up to \$4,080.00</u>	CDC 1815 Grant (Category A, Diabetes)	June 30, 2021 and June 29, 2022	4230/HRT22/DIAB
<u>Up to \$4,080.00</u>	CDC 1815 Grant (Category B, Heart Disease)	June 30, 2021 and June 29, 2022	4230/HRT22/HDST

B. The SUB-RECIPIENT shall conduct the following activities related to the 1815 grant:

- i. Strategy A4—Refer prediabetes patients to CDC-recognized lifestyle change programs.
  - 1. Lifestyle change programs
    - a. Continue to work with (1) Y3 clinics and work with (1) additional Y4 clinic to provide resources to help implement workflow policies to identify patients with prediabetes and refer them to the National DPP. Utilize the AMA STAT Toolkit and engage CHWs to assist with referrals in the National DPP LCP.
- ii. Strategy A5—Collaborate with payers and relevant public and private sector organizations within the state to expand the availability of the National DPP for one or more of the following groups: Medicaid beneficiaries; state/ public employees; employees of private sector organizations.
  - 1. National DPP Coverage
    - a. Use resources from the Coverage Toolkit to facilitate conversations with (1) Y4 worksites about offering coverage of the National DPP for their employees. -State will offer refresher Coverage Toolkit Webinar
      - i. Encourage worksites to:
        - 1. Offer the National DPP LCP
        - 2. Refer to existing National DPP LCPs
        - 3. Develop policy to provide payment of National DPP participation for employees
- iii. Strategy A6— Implement strategies to increase enrollment in CDC-recognized lifestyle change programs
  - 1. National DPP Enrollment
    - a. Promote and support existing and new National DPPs in your area. Funding (up to two years) can be provided to new organizations who do not currently have an organization code with the DPRP. Provide new programs with:
      - i. Technical assistance
      - ii. Promotion and training of compass
      - iii. Facilitate partnerships among National DPPs
    - b. Facilitate the training of (1) Community Health Worker as a lifestyle coach.
- iv. Strategy B2- Promote quality measurements to monitor healthcare disparities
  - 1. Identify Disparities in Clinic’s Electronic Health Records (EHRs)
    - a. Work with (1) clinic to help them identify healthcare disparities using EHRs
- v. Strategy B6—Facilitate self-measured blood pressure monitoring
  - 1. Implement Self-Monitoring Blood Pressure (SMBP) Programs
    - a. Work with (1) clinic to implement self-monitoring blood pressure programs



<b>Amount</b>	<b>Shall be reimbursed by the DEPARTMENT for expenditures under:</b>	<b>Funds may be expended between:</b>	<b>Allocation Coding</b>
<u>Up to \$13,600.00</u>	CDC 1817 Grant (Category A, Diabetes)	September 30, 2021 and September 29, 2022	4260/DSM22/DIAB
<u>Up to \$13,600.00</u>	CDC 1817 Grant (Category B, CVD)	September 30, 2021 and September 29, 2022	4260/DSM22/HDST
<u>Up to \$6,325.00</u> Allocated in Y3 budget	CDC 1817 Grant (Category A, Diabetes)	September 30, 2021 and September 29, 2022	4260/DSM22/DIAB/EXAT
<u>Up to \$7,265.00</u> Allocated in Y3 budget	CDC 1817 Grant (Category B, CVD)	September 30, 2021 and September 29, 2022	4260/DSM22/HDST/EXAT

- A. The SUB-RECIPIENT shall conduct the following activities related to the 1817 grant:
- i. Strategy A3- Implement tailored communications/messaging to reach underserved populations at greatest risk for type 2 diabetes to increase awareness of prediabetes and the National DPP
    1. Ad Council Prediabetes Advertisement
      - a. Identify opportunities for free placement of Ad Council prediabetes video advertisements in Utah’s high burden subpopulation areas. (Libraries, medical offices, waiting rooms, etc.)
  - ii. Strategy A5—Explore and test innovative ways to eliminate barriers to participation and retention in CDC recognized lifestyle change programs for type 2 diabetes prevention and/or ADA recognized/AADE-accredited diabetes self-management education and support (DSMES\*) programs for diabetes management among high burden populations. Promote the continuing education module on diabetes risk and self-management for low-income WIC participants.
    1. Clinics; Educate Providers to Refer into DSMES
      - a. Work with (1) clinic to educate providers on how to refer patients with diabetes to DSMES.
    2. The Association of Diabetes Care & Education Specialist (ADCES)/American Diabetes Association (ADA); Increase referrals to, participate in retention of DSMES; Marketing and Promoting
      - a. Work with Utah DSMES programs in your areas to reduce barriers to participation and retention
  - iii. Strategy A7—Increase adoption and use of clinical systems and care practices to improve health outcomes for people with diabetes (e.g., Health Information Technology (HIT)/EHRs, clinical decision support tools, learning collaborative to improve quality of care)
    1. Clinic: Integrate Diabetes Management and Care Practices
      - a. Work with (1) clinic to implement diabetes quality improvement projects and diabetes management and care practices.

- iv. Strategy A8— Increase use of clinical decision support within the EHR to promote early detection of chronic kidney disease (CKD) in people with diabetes
  - 1. Early detection of chronic kidney disease (CKD) in EHRs
    - a. Increase use of clinical decision support within the EHR of (1) clinic to promote early detection of chronic kidney disease (CKD) in people with diabetes.
- v. Strategy B1- Identify patients with undiagnosed hypertension using EHRs/HIT
  - 1. Undiagnosed hypertension (HTN)
    - a. Work with (1) clinic to develop policies/workflows to identify patients with undiagnosed HTN.
  - 2. Community Action Plan
    - b. Partner with (1) clinic and stakeholders to identify patients in the community with undiagnosed HTN.
- vi. Strategy B2- Promote evidence-based quality measure
  - 1. Stratify standard quality measures
    - a. Work with (1) clinic to stratify quality measures by high burden subpopulations (Blacks.African Americans, low-Income, Native Americans/Indians.)
  - 2. Implement clinic interventions to reduce disparities
    - b. Implement clinic interventions with (1) clinic to identify and/or address barriers to achieving blood pressure control and/or cholesterol control.
- vii. Strategy B3- Engage non-physician team members in HTN and Cholesterol management
  - 1. Implement team based care models
    - a. Implement clinic interventions with (1) clinic to identify and/or address barriers to achieving blood pressure control and/or cholesterol control.
- viii. Strategy B4- Promote Medication Therapy Management (MTM)
  - 1. Promote and Increase MTM
    - a. Work with (1) provider to promote and increase MTM
- ix. Strategy B5- Engage CHWs in clinical and community settings
  - 1. Increase CHWs in clinics
    - a. Promote and increase the use of CHWs/patient navigators in clinics for cholesterol and hypertension management AND/OR help clinics expand the role of existing CHWs to support hypertension and cholesterol management

#### **IV. RESPONSIBILITY OF THE SUB-RECIPIENT**

- A. The SUB-RECIPIENT shall conform to the Americans with Disabilities Act (ADA) including associated regulations and policies and Civil Rights laws, regulations and policies, which includes providing reasonable accommodations to those with disabilities and displaying required notices of rights.
- B. The SUB-RECIPIENT staff shall participate in at least (1) site visit with the DEPARTMENT staff.
- C. The SUB-RECIPIENT staff will attend the annual HEAL Forum.
- D. The SUB-RECIPIENT staff will attend the Healthy Living and Chronic Conditions Disease Management (CCDM) workgroups.
- E. The SUB-RECIPIENT shall provide detailed reports on progress and results by the following dates:
  - i. January 15, 2022

- ii. April 15, 2022
  - iii. July 15, 2022
  - iv. October 15, 2022
- F. The SUB-RECIPIENT shall use CATALYST to document the progress made on the activities to the DEPARTMENT's Program Liaison. The SUB-RECIPIENT shall ensure that necessary information is entered into all required reporting fields.
- G. The SUB-RECIPIENT shall provide progress, results and performance measure data as outlined in CATALYST.
- H. The DEPARTMENT will provide additional evaluation criteria as agreed upon by HEAL and ULACHES.

**V. RESPONSIBILITY OF DEPARTMENT**

- A. The DEPARTMENT agrees to provide written confirmation of receipt of reports within 10 working days
- B. The DEPARTMENT agrees to provide written feedback on results or progress within 20 working days of receipt of quarterly progress and end-year reports.
- i. The SUB-RECIPIENT agrees to reply to feedback, in the space provided in CATALYST, within 10 working days of receipt of DEPARTMENT feedback.
- C. The DEPARTMENT agrees to provide training and technical assistance as requested or needed.
- D. The DEPARTMENT agrees to conduct one site visit during the contract period at mutually agreed upon times with a jointly developed agenda during contract period.
- E. The DEPARTMENT agrees to communicate annual spending to the SUB-RECIPIENT

**VI. DEPARTMENT CONTACT**

- A. The program contact is McKell Drury, [mdrury@utah.gov](mailto:mdrury@utah.gov), 801-538-6896