



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 6.
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 replace Attachment A, Amendment 5 with Attachment A, Amendment 6 in exchange for FY22 continued services
4. **CHANGES TO CONTRACT:**
 1. Attachment A, Amendment 6, effective July 1, 2021, is replacing Attachment A, Amendment 5, which was effective September 30, 2020. Reference the following, in the special provisions, for changes- Section II Funding- Updated award number and new annual period dates (June 30, 2021- June 29, 2022) for 1815 grant. Section III Services- updated 1815 activities.

All other conditions and terms in the original contract and previous amendments remain the same.
5. **EFFECTIVE DATE OF AMENDMENT:** This amendment is effective 07/01/2021
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 # 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 – 4/28/2021
San Juan County Health Department FY22 PBG-1807-1815-1817**

Healthy Living through Environment, Policy and Improved Clinical Care (EPICC)

I. DEFINITIONS

| | |
|--------------------------|---|
| DEPARTMENT | Utah Department of Health—EPICC Program |
| EXECUTIVE ULACHES | A small group of Local Health Officers and Local Health Promotion Directors |
| GOVERNANCE | 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 |
| SUB-RECIPIENT | Local Health Department |
| ULACHES | Utah Local Association of Certified Health Education Specialists—Local Health Department Health Promotion Directors |

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 PHS Block Grant (4323) \$17,764.14

| | |
|-------------------------------|---|
| CFDA number | 93.991 |
| CFDA title | Preventive Health and Health Services Block Grant |
| Award name | Preventive Health Services Block Grant |
| Award number | NB01OT009323-01-00 |
| Award date | August 7, 2020 |
| Annual Funding Cycle | October 01, 2020- September 30, 2021 |
| Name of Federal Agency | DHHS-PHS-CDC |
| Pass through Agency | State of Utah, Department of Health |

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

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|-------------------------------|--|
| CFDA number | 93.439 |
| CFDA title | Assistance Programs for Chronic Disease Prevention and Control |
| Award name | State Physical Activity and Nutrition Program |
| Award number | 5 NU58DP006496-3-00 |
| Award date | July 10, 2020 |
| Annual Funding Cycle | September 30, 2020- September 29, 2021 |
| Name of Federal Agency | DHHS-PHS-CDC |
| Pass through Agency | State of Utah, Department of Health |

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

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|-------------------------------|---|
| CFDA number | 93.426 |
| CFDA title | Interventions in Utah that will improve outcomes for the residents of Utah specific to diabetes and hypertension and related risk factors |
| Award name | 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 |
| Award number | 6 NU58DP006512-03-02 |
| Award date | June 30, 2021 |
| Annual Funding Cycle | June 30, 2021- June 29, 2022 |
| Name of Federal Agency | DHHS-PHS-CDC |
| Pass through Agency | State of Utah, Department of Health |

Total amount funded with CDC 1817 Grant (4260)

\$27,200.00

| | |
|-------------------------------|---|
| CFDA number | 93.435 |
| CFDA title | Innovation Awards—Diabetes, Heart Disease and Stroke |
| Award name | Innovative State and Local Public Health Strategies to Prevent and Manage Diabetes and Heart Disease and Stroke |
| Award number | 5 NU58DP006609-03-00 |
| Award date | June 21, 2020 |
| Annual Funding Cycle | September 30, 2020- September 29, 2021 |
| Name of Federal Agency | DHHS-PHS-CDC |
| Pass through Agency | 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 \$62,298.26 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

| Amount | Shall be reimbursed by the DEPARTMENT for expenditures under: | Funds may be expended between: | Allocation Coding |
|--------------------------|--|---|--------------------------|
| <u>Up to \$17,764.14</u> | CDC Prevention Block Grant | October 01, 2020 and September 30, 2021 | 4323/BLK21/PNO |

- A. The SUB-RECIPIENT shall conduct the following activities related to the PBG grant:
- i. Strategy 1—Build Capacity to Address Overall Social Determinants of Health (SDoH)
 - 1. Community Health Needs Assessment Collaborative
 - a. Participate in the Community Health Needs Assessment (CHNA) Collaborative and/or conduct a CHNA to include SDOH measures
 - ii. Strategy 2—Build Capacity to Address SDOH – Food Insecurity
 - 1. Convene Community Partners Working on Food Insecurity
 - a. Identify and convene community partners working on food insecurity to learn what efforts are underway in local communities
 - iii. Strategy 3—Build Community Partnerships
 - 1. Community Coalitions
 - a. Actively participate and support community coalitions related to healthy living
 - iv. Strategy 4—Create Healthy Environments in School Settings
 - 1. Safe Routes to School
 - a. Increase Physical Activity at School through the Safe Routes to School Program and SR2S policies and/or maps, etc.
 - 2. Build Partnerships to Support Local Needs
 - a. Build partnerships with education leaders to support local needs
 - v. Strategy 5—Create Healthy Environments in Worksite Settings
 - 1. Worksite ScoreCard (LHD)
 - a. Complete the CDC Worksite ScoreCard at your local health department on your anniversary date
 - b. Identify and create an action plan

| Amount | Shall be reimbursed by the DEPARTMENT for expenditures under: | Funds may be expended between: | Allocation Coding |
|-------------------------|--|---|--------------------------|
| <u>Up to \$9,174.12</u> | CDC 1807 Grant (Physical Activity and Nutrition) | September 30, 2020 and September 29, 2021 | 4287/PN21 |

- B. 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 EPICC staff, provide technical assistance and recommendations for Eat Well

- implementation to one worksite and community venue based on opportunities identified in the environment scan and patron needs assessments
- 2. Eat Well Utah Award
 - a. Promote the Eat Well Utah Award
- ii. Strategy 2—Increase Physical Activity Opportunities
 - 1. Transportation and Planning Coalitions
 - a. Participate in local or regional transportation and planning coalitions/committees

| Amount | Shall be reimbursed by the DEPARTMENT for expenditures under: | Funds may be expended between: | Allocation Coding |
|-------------------------|--|---------------------------------------|--------------------------|
| <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 |

- C. 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

| Amount | Shall be reimbursed by the DEPARTMENT for expenditures under: | Funds may be expended between: | Allocation Coding |
|--------------------------|--|---|--------------------------|
| <u>Up to \$13,600.00</u> | CDC 1817 Grant (Category A, Diabetes) | September 30, 2020 and September 29, 2021 | 4260/DSM21/DIAB |
| <u>Up to \$13,600.00</u> | CDC 1817 Grant (Category B, CVD) | September 30, 2020 and September 29, 2021 | 4260/DSM21/HDST |

- D. The SUB-RECIPIENT shall conduct the following activities related to the 1817 grant:
- i. Strategy 1—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 one clinic to educate providers on how to refer patients with diabetes to DSMES, how to locate DSMES programs, and the 4 Critical Times to refer to DSME, as well as implement referral and follow up processes to DSMES in clinics and raise awareness of DSMES among healthcare providers
 - 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 one local ADCES accredited/ADA recognized DSMES providers to increase referrals to, participation in, and retention of DSMES through facilitating referring provider/clinic connections with DSMES programs, disseminating marketing materials, and promoting DSMES to persons with diabetes
3. Non-Traditional; Satellite Sites
 - a. Work with at least one non-traditional location identified in Y2 and partner with ADCES accredited/ADA recognized DSMES programs to begin implementing satellite sites for offering DSMES. For areas where a non-traditional location was not identified in Y2, work to assess community need and identify 1-2 non-traditional locations that could serve as a satellite site for a current DSMES program.
- ii. Strategy 2—Promote evidence-based quality measures
 1. Stratify Standard Quality Measures
 - a. Work with one clinic to stratify quality measures by high burden subpopulations
 2. Implement Clinic Interventions to Reduce Disparities
 - a. Implement clinical interventions with one clinic to identify and/or address barriers to achieving blood pressure (BP) control

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 EPICC 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, 2021
 - iv. October 15, 2021
- 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 EPICC 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.