

**DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT NO. 2016-001347C
AMENDMENT NO. 05**

The **DEPARTMENT OF STATE HEALTH SERVICES** (“DSHS”) and **CORPUS CHRISTI-NUECES COUNTY PUBLIC HEALTH DISTRICT (COUNTY)** (“Contractor”) parties to that certain Sexually Transmitted Diseases (STDs), including Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) and viral hepatitis, Contract effective September 1, 2014, and denominated DSHS Contract No. 2016-001347C (“Contract”), now desire to further amend the Contract.

WHEREAS, this Amendment will necessitate the payment of additional funds; and

WHEREAS, the Parties wish to extend the term of the Contract to allow for successful completion of the Project; and

WHEREAS, the Parties desire to revise the Statement of Work; and

WHEREAS, the Parties desire to revise the Programmatic Reporting Requirements.

NOW, THEREFORE, the Parties hereby amend and modify the Contract as follows:

1. **SECTION II** of the Contract, **TOTAL AMOUNT**, is hereby amended to increase the total amount of the Contract to **FIVE HUNDRED THIRTY-FIVE THOUSAND SEVEN HUNDRED TWENTY-SIX DOLLARS (\$535,726.00)**. The total payment to Contractor for the period from January 1, 2018, through December 31, 2018, will not exceed **ONE HUNDRED SEVENTY-THREE THOUSAND EIGHT HUNDRED EIGHTY-FOUR DOLLARS (\$173,884.00)**.
2. **SECTION IV** of the Contract, **TERM OF THE CONTRACT**, is hereby amended to reflect a termination date of December 31, 2018.
3. **SECTION VII** of the Contract, **STATEMENT OF WORK**, is hereby deleted in its entirety and replaced with the following:

7. Statement of Work:

- A. Contractor shall conduct programs, as described herein, to control and prevent the spread of Sexually Transmitted Diseases (STDs), including human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) and viral hepatitis, in accordance with the Centers for Disease Control and Prevention’s (CDC) STD Program Operations Guidelines, located at: <http://www.cdc.gov/std/program/gl-2001.htm>.
- B. Contractor shall perform the following six (6) core activities:
 - Community and Individual Behavior Change Interventions;

- Medical and Laboratory Services;
- Partner Services;
- Leadership and Program Management;
- Surveillance and Data Management; and
- Training and Professional Development.

C. Contractor shall maintain written program procedures covering these six (6) core activities. All procedures shall be consistent with the requirements of this Program Attachment.

D. Contractor shall perform the activities required under this Program Attachment in the Service Area designated in the most recent version of Section 8. "Service Area" of this Contract.

E. Contractor shall designate, from its staff, a Local Responsible Party (LRP) who has the overall responsibility to ensure the security of the HIV/STD confidential information maintained by the Contractor as part of the activities under this Program Attachment.

F. Contractor shall comply with all applicable federal and state policies, standards, and guidelines (as revised). The following documents are incorporated herein by reference and made part of this Program Attachment:

- DSHS HIV and STD Program Operation Procedures and Standards (POPS), located at <http://www.dshs.texas.gov/hivstd/pops/default.shtm>;
- DSHS TB/HIV/STD and Viral Hepatitis Unit Security Policies and Procedures, located at <http://www.dshs.texas.gov/hivstd/policy/security.shtm>;
- CDC STD Program Operations Guidelines, located at <http://www.cdc.gov/std/program/gl-2001.htm>; and
- CDC STD Treatment Guidelines, located at <http://www.cdc.gov/std/treatment/>.

G. Contractor shall comply with all applicable federal and state regulations and statutes, including, but not limited to:

- Chapters 81 and 85 of the Texas Health and Safety Code;

Contractor shall comply with the Texas Health and Safety Code, §85.085, Physician Supervision of Medical Care, to ensure a licensed physician shall supervise any medical care or procedure provided under a testing program as required by law.

- Chapter 93 of the Texas Health and Safety Code (relating to Education and Prevention Programs for Hepatitis C);
- Title 25 Texas Administrative Code (TAC), Chapter 97; and Article X. Notice Requirements of the General Provisions of this Contract: §10.06. Misuse of Funds and Performance Malfeasance which states:

Contractor shall report to the contract manager assigned to the Program Attachment, any knowledge of debarment, suspected fraud, program abuse, possible illegal expenditures, unlawful activity, or violation of financial laws, rules, policies, and procedures related to performance under this Contract. Contractor shall make such report no later than three (3) working days from the date the Contractor has knowledge or reason to believe such activity has taken place. Additionally, if this Contract is federally funded by the Department of Health and Human Services (HHS), Contractor shall report any credible evidence that a principal, employee, subcontractor or agent of Contractor, or any other person, has submitted a false claim under the False Claims Act or has committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving those funds. Contractor shall make this report to the SAO at <http://sao.fraud.texas.gov>, and to the HHS Office of Inspector General at <http://www.oig.hhs.gov/fraud/hotline/> no later than three (3) working days from the date the Contractor has knowledge or reason to believe such activity has taken place.

- H. Contractor shall perform all activities in accordance with the terms of this Program Attachment (including detailed budget) and any subsequent DSHS Program instructions given to Contractor pursuant to it. All of the above-named documents are incorporated herein by reference and made a part of this Program Attachment. Contractor must receive written approval from DSHS before varying from applicable policies, procedures, and protocols and must update its implementation documentation within forty-eight (48) hours of making approved changes so staff working on activities under this Program Attachment knows of the change(s).
- I. DSHS reserves the right, where allowed by legal authority, to redirect funds in the event of financial shortfalls. DSHS Program will monitor Contractor's expenditures on a quarterly basis. If expenditures are below the total contract amount, Contractor's budget may be subject to a decrease for the remainder of the Program Attachment term. Vacant positions existing after ninety (90) days may result in a decrease in funds.

PERFORMANCE MEASURES:

The following performance measures will be used to assess, in part, Contractor's effectiveness in providing the services described in this Program Attachment, without waiving the enforceability of any of the other terms of the Contract:

STD PROGRAM OBJECTIVES:

Contractor shall follow the requirements for each of the STD Program objectives, as excerpted below. If the data submitted by Contractor (or otherwise obtained by DSHS) indicates the Contractor's performance does not meet the standards stated in one (1) or more of the objectives, DSHS may (at its sole discretion) require additional measures be taken by the Contractor to improve performance. Contractor must implement these measures according to a timetable mandated by DSHS.

Syphilis Objectives

Contractor shall ensure all individuals newly diagnosed with early syphilis are interviewed in accordance with DSHS POPS. If data indicates less than 85% of individuals newly diagnosed with early syphilis covered by the scope of this Program Attachment are interviewed as described, DSHS may (at its sole discretion) require additional measures be taken by the Contractor to improve that percentage. In that scenario, Contractor must follow those additional measures, and do so according to the timetable mandated by DSHS.

Contractor shall achieve a partner index of at least 2.0 for all interviews conducted on individuals newly diagnosed with early syphilis. If data indicates less than a 2.0 partner index for all interviews conducted for early syphilis by DIS, DSHS may (at its sole discretion) require additional measures be taken by the Contractor to improve that percentage. In that scenario, Contractor must follow those additional measures, and do so according to the timetable mandated by DSHS.

Contractor shall ensure all partners initiated on an early syphilis interview (partners obtained from the interview/case management process with enough locating information to attempt notification – see POPS) are notified of the disease exposure. If data indicates less than .75 partner notification index for all initiated partners, DSHS may (at its sole discretion) require additional measures be taken by the Contractor to improve that percentage. In that scenario, Contractor must follow those additional measures, and do so according to the timetable mandated by DSHS.

Contractor shall ensure all partners notified of syphilis exposure are tested for syphilis. If data indicates less than 60% of notified partners are tested as described, DSHS may (at its sole discretion) require additional measures be taken by the Contractor to improve that percentage. In that scenario, Contractor must follow those additional measures, and do so according to the timetable mandated by DSHS.

Contractor shall ensure a treatment index of at least .75 for all interviews conducted on individuals newly diagnosed with early syphilis. If data indicates less than .75 treatment index, DSHS may (at its sole discretion) require additional measures be taken by the Contractor to improve that percentage. In that scenario, Contractor must follow those additional measures, and do so according to the timetable mandated by DSHS.

HIV Objectives

Contractor shall ensure all individuals newly diagnosed with HIV will be interviewed in accordance with DSHS POPS. If data indicates less than 85% of individuals newly diagnosed with HIV are interviewed, DSHS may (at its sole discretion) require additional measures be taken by the Contractor to improve that percentage. In that scenario, Contractor must follow those additional measures, and do so according to the timetable mandated by DSHS.

Contractor shall ensure all individuals interviewed that have been newly diagnosed with HIV successfully complete their first HIV medical appointment. If data indicates less than 85% of new HIV-positive clients interviewed successfully complete their first HIV medical appointment, DSHS may (at its sole discretion) require additional measures be taken by the Contractor to improve that percentage. In that scenario, Contractor must follow those additional measures, and do so according to the timetable mandated by DSHS.

Contractor shall achieve a partner index of at least 2.0 for interviews conducted on individuals newly diagnosed with HIV. If data indicates a partner index of less than 2.0 for individuals interviewed by DIS, DSHS may (at its sole discretion) require additional measures be taken by the Contractor to improve that percentage. In that scenario, Contractor must follow those additional measures, and do so according to the timetable mandated by DSHS.

Contractor shall ensure all partners initiated on a new HIV interview (partners obtained from the interview/case management process with enough locating information to attempt notification – see POPS) are notified of the disease exposure. If data indicates less than .75 partner notification index, DSHS may (at its sole discretion) require additional measures be taken by the Contractor to improve that percentage. In that scenario, Contractor must follow those additional measures, and do so according to the timetable mandated by DSHS.

Contractor shall ensure all partners notified of HIV exposure are tested for HIV. If data indicates less than 60% of the notified partners are tested for HIV, DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage. In that scenario, Contractor must follow those additional measures, and do so according to the timetable mandated by DSHS.

Contractor shall ensure all persons receiving PHFU (initiated partners, those co-infected with a bacterial STD, such as syphilis, gonorrhea, and/or chlamydia, and/or individuals in

the social-sexual network of an identified HIV genotype cluster) who have been previously diagnosed with HIV and who have been out of care for more than six (6) months, are re-engaged to establish HIV medical services. The activities taken to locate the person must be documented in the designated data system. This includes confirmation that the client attended his/her HIV medical care appointment. All the tasks described in this provision must be completed by a Disease Intervention Specialist (DIS).

Other

Contractor will ensure a complaint process is maintained and posted in the areas where services are provided, in accordance with the DSHS HIV and STD POPS.

Contractor will maintain a staff retention policy.

Contractor will participate in targeted evaluation activities and other projects as required by DSHS or CDC.

Contractor shall elicit feedback from individuals served by the Contractor in the form of a client survey. The Contractor will ensure the client survey is conducted at a minimum of two (2) times per year for a total of thirty (30) days. The summary of the feedback must be available for review and identified concerns must be addressed within thirty (30) days of the feedback period.

In accordance with DSHS HIV and STD POPS, Contractor shall establish and maintain mutually agreed-upon formal written procedures with local providers to ensure the provision of partner services. The procedures must specify processes (e.g., communication) to facilitate timely partner elicitation by the local health department following the delivery of HIV-positive test results to clients by Contractor. In accordance with DSHS HIV and STD POPS, Contractor shall establish and maintain mutually agreed-upon formal written procedures with local agencies who provide services frequently needed by clients seeking HIV/STD services from Contractor, including but not limited to: HIV testing and counseling; STD clinical services; partner services; HIV medical and support services; substance abuse treatment services; harm reduction services; and mental health services. At a minimum, such procedures should address conditions associated with making and accepting client referrals. If Contractor provides all of the services listed above in a specific geographic area, no such agreement is necessary for that area. Contractor must maintain complete records of all referrals made. These procedures must be finalized and in place within thirty (30) days of the effective date of this Renewal Program Attachment.

Contractor shall ensure performance of activities under this Renewal Program Attachment is of a high quality and consistent with all the requirements of this Contract, in order to meet DSHS' high performance expectations.

Performance of Contractor, including compliance with DSHS Program procedures, policies and guidance, contractual conditions, attainment of performance measures, maintenance of adequate staff, and submission of required data and narrative reports will

be regularly assessed. Failure to comply with stated requirements and contractual conditions may result in the immediate loss of contract funds at the discretion of DSHS.

All staff operating under this scope of work must be permitted to provide HIV and/or syphilis screening(s) by collecting blood-based specimens, in both field and clinical settings. Supplemental testing must be collected by venipuncture immediately, on site, after a point of care preliminary positive test result. Staff will offer and perform these tests unless the client refuses. HIV and syphilis specimens may be submitted through the DSHS public health laboratory or another laboratory designated by the Contractor and approved in advance by DSHS.

All staff operating under this scope of work must be permitted to deliver all HIV and/or STD results, including positive results, in both field and clinical settings.

When conducting field work, all staff operating under this scope of work must be permitted to disclose the reason s/he is contacting them (ex. exposure to someone who tested positive for HIV and wanted to ensure s/he had the ability to be tested, positive test results were received from a provider, laboratory, life insurance company, etc.).

Staff operating under this scope of work will deliver all positive test results within the designated timeframes referenced in the POPS. Staff will ensure the client understands the infection(s) s/he has tested positive for, is offered appropriate treatment for his/her infection(s) and is linked to other medical and social resources as appropriate (e.g., HIV testing and counseling; Pre-Exposure Prophylaxis; Harm Reduction Services; STD clinical services; partner services; HIV medical and support services; substance abuse treatment services; and mental health services).

The following STD clinical services shall be provided, consistent with the DSHS HIV and STD POPS:

Contractor will follow the requirements for examining, testing, and treating individuals served in public STD clinics. If data indicates that less than 90% of individuals served were examined, tested and/or treated for STD(s) as medically appropriate, within twenty-four (24) hours of seeking services, DSHS may (at its sole discretion) require additional measures be taken by the Contractor to improve that percentage. In that scenario, Contractor must follow those additional measures, and do so according to the timetable mandated by DSHS.

Individuals seeking STD diagnostic and/or treatment services in public STD clinics shall be medically managed according to Contractor written protocols in compliance with DSHS HIV and STD POPS, and with CDC STD Treatment Guidelines 2015 (as revised).

Contractor will ensure individuals seeking STD diagnostic and/or treatment services in public STD clinics will be referred for pre-exposure prophylaxis (PrEP) services if at increased risk for HIV but currently HIV negative. Individuals to be prioritized for PrEP referrals include: MSM with rectal GC and/or syphilis; individuals who have an HIV+

partner; individuals in the social-sexual network of an identified HIV genotype cluster; and others at increased risk for HIV who could benefit from PrEP.

Contractor will ensure individuals seeking STD diagnostic and/or treatment services in public STD clinics who have been previously diagnosed with HIV and who have been out of care for more than six (6) months, will be referred to a DIS or other linkage worker to ensure they are re-engaged into HIV medical care.

TRAINING REQUIREMENTS

Contractor shall authorize and require their staff to attend training, conferences, and meetings as directed by DSHS Program.

Due to the specialization and job knowledge required for effective STD control programs, the following minimum training is required of personnel operating under this Program Attachment. Compliance will be monitored by DSHS Program Staff.

Disease Intervention Specialist (DIS) Training Requirements:

Each DIS shall read and acknowledge the following POPS chapters: Chapter 3: HIV/STI Partner Services and Sero-Positive Notification and Chapter 9: Disease Intervention Specialists Performance Standards.

Each DIS shall successfully complete the DSHS-approved Fundamentals of STD Intervention (FSTDI), including all prerequisites, within six (6) months of employment.

Each DIS shall successfully complete the DSHS-approved Fundamentals of Counseling and Testing (FCT) or equivalent within six (6) months of employment.

Each DIS shall successfully complete training and demonstrate knowledge of TB/HIV/STD Information System (THISIS).

Each DIS shall successfully complete venipuncture training that has been approved by the local health authority, within sixty (60) days of employment.

Each DIS shall successfully complete training for all locally sanctioned testing technologies used for specimen collection and processing.

Each DIS with more than one (1) year of experience shall successfully complete additional courses as required by DSHS.

First-Line Supervisors (FLS) Training Requirements:

Each FLS shall read and acknowledge the following POPS chapters: Chapter 10: First Line Supervisors Performance Standards and Chapter 11: Regional and Local Health

Department HIV-STD Program Manager Performance Standards, in addition to what is required of the DIS.

Each FLS shall successfully complete training activities as required for a DIS under this Program Attachment and must take the next available Texas First-Line Supervisor (TXFLS) training.

Each FLS shall attend and participate in the DSHS FLS Summit, as scheduled.

Each FLS shall participate in the quarterly DSHS FLS calls.

Each FLS shall attend and participate in any other required DSHS trainings, as scheduled.

Program Managers (PM) Training Requirements:

Each PM shall read and demonstrate understanding of the POPS chapters: Chapter 11, Regional and Local Health Department HIV/STD Program Manager Performance Standards, in addition to what is required of the FLS and DIS.

Each PM operating under this Program Attachment must complete all training requirements of a DIS and FLS.

Each PM shall participate in the DSHS Leadership Meeting, as scheduled.

Each PM shall participate in the monthly DSHS Leadership calls.

Recommended Trainings:

1. Health Insurance Portability and Accountability Act (HIPAA)
2. Ethics
3. Field Safety
4. CPR/First Aid
 - a. Automated External Defibrillators (AED)
5. Defensive Driving
6. Harm Reduction
7. Self-Defense
8. Non-Violent Crisis Intervention
9. Pre-Exposure Prophylaxis (PrEP)
10. Motivation Interviewing
11. Technical Writing
12. Computer Skills
13. Linkage to Care
14. Gender and Sexual Diversity
15. HIV Care and Treatment

Contractor shall notify DSHS of completed trainings in the semi-annual reports referenced in the Reporting Requirements.

CONFIDENTIALITY

Contractor will designate and identify a HIPAA Privacy Officer, who is authorized to act on behalf of Contractor and is responsible for the development and implementation of the privacy and security requirements of federal and state privacy laws.

Contractor shall designate, from its staff, a Local Responsible Party (LRP) who has the overall responsibility for ensuring the security of the TB/HIV/STD confidential information maintained by Contractor as part of activities under this Program Attachment. The LRP must:

- Ensure appropriate policies/procedures are in place for handling confidential information, for the release of confidential TB/HIV/STD data, and for rapid response to suspected breaches of protocol and/or confidentiality. These policies and procedures must comply with DSHS policies and procedures (Contractor may choose to adopt those DSHS policies and procedures as its own).
- Ensure security policies are reviewed periodically for efficacy, and that the Contractor monitors evolving technology (e.g. new methods hackers are using to illegally access confidential data; new technologies for keeping confidential data protected from hacking) on an ongoing basis to ensure the program's data remain as secure as possible.
- Approve any Contractor staff requiring access to TB/HIV/STD confidential information. LRP will grant authorization to Contractor staff who have a work-related need (i.e. work under this Program Attachment) to view TB/HIV/STD confidential information.
- Maintain a list of authorized Contractor staff persons who have been granted permission to view and work with TB/HIV/STD confidential information.
- Review the authorized user list ten (10) days from the effective date of this Program Attachment to ensure it is current.
- Ensure all Contractor staff with access to confidential information have a signed copy of a confidentiality agreement on file; it must be updated once during the term of this Program Attachment.
- Ensure all Contractor staff with access to confidential information are trained on TB/HIV/STD security policies and procedures before access to confidential

information is granted; this training will be renewed once during the term of this Program Attachment.

- Ensure all Contractor staff with access to confidential information are trained on federal and state privacy laws and policies before access to confidential information is granted; this training will be renewed once during the term of this Program Attachment.
- Thoroughly and quickly investigate all suspected breaches of confidentiality in consultation with the DSHS LRP, to ensure compliance with the DSHS Program Policy TB/HIV/STD and Viral Hepatitis Breach of Confidentiality Response Policy <http://www.dshs.state.tx.us/hivstd/policy/security.shtm>.
- Ensure all required quarterly and annual checklists are submitted on time.

Contractor shall:

- Include the following in their security procedures: Computers and networks meet DSHS security standards, as certified by DSHS IT staff.
- Provide a list to DSHS of personnel with access to secured areas and of all identified personnel who have received security training.
- Provide a list to DSHS of personnel with access to all network drives where confidential information is stored and all identified personnel who have received security training.
- Ensure requests for TB/HIV/STD systems user account terminations are sent to DSHS within 1 business day of the identification of need for account termination.
- Transfer secure data electronically using the Public Health Information Network.
- Maintain a visitors log for individuals entering the secured areas; this must be reviewed quarterly by the LRP.
- Verify TB/HIV/STD system user passwords are changed at least every 90 days; this must be verified by the LRP.
- Ensure portable devices used to store confidential data are approved by the LRP and encrypted.
- Ensure confidential data/documents are:
 - Maintained in a secured area;
 - Locked when not in use;
 - Not left in plain sight; and
 - Shredded before disposal.

HIV/STD RAPID RESPONSE PLAN

Contractor shall develop, update, and submit a local HIV/STD Rapid Response Plan, and submit this by February 1st each year of the contract to the designated DSHS staff. The plan shall include how the program will:

- Identify responsible parties for planned activities, including but not limited to: response coordinator, activity team lead, collaborative lead, and medical lead;
- Identify increases in disease or outbreaks;
- Increase active surveillance;
- Examine outbreak characteristics;
- Educate health care providers and the community of disease outbreak (e.g., including signs/symptoms, available resources, disease trends, reporting requirements, testing algorithms, and testing/treatment options);
- Inform media outlets, as appropriate;
- Conduct targeted screening efforts including testing in correctional settings (as appropriate);
- Enhance partner services;
- Expand clinical access and services (e.g., increase clinical hours or days of services, employ rapid testing, enhance prophylactic treatment protocols); and
- Adjust work hours for employees involved in the response (i.e., allow staff to work alternate hours or extended hours during response).

Contractor shall establish and maintain collaborative relationships with local businesses, community clinics, and community-based organizations who serve populations most affected by HIV or other STDs, as well as with appropriate local and institutional individuals and groups (e.g., providers, hospitals, mental health and intellectually disabled facilities, infection control nurses), in order to implement the local Rapid Response Plan.

Contractor shall continue to enhance their current HIV/STD surveillance system, including, but not limited to:

- improving reporting of providers and laboratories
- increasing the number of sites that report electronically.

DSHS will review the proposed Rapid Response Plan and provide guidance to the Contractor. The Contractor shall make all directed revisions to the Rapid Response Plan, and shall submit a revised version to the DSHS designated program consultant by the directed deadline. Contractor shall notify local leadership and key stakeholders of the finalized plan and maintain a copy within the Program. Contractor shall comply with the final, approved version of the Rapid Response Plan when an outbreak is identified.

BILLING INSTRUCTIONS

Contractor shall request payment using the State of Texas Purchase Voucher (Form B-13) and acceptable supporting documentation for reimbursement of the required services/deliverables. Vouchers and supporting documentation should be mailed or submitted by fax or electronic mail to the addresses/number below.

Claims Processing Unit, MC1940
 Department of State Health Services
 1100 West 49th Street
 PO Box 149347
 Austin, TX 78714-9347

The fax number for submitting State of Texas Purchase Voucher (Form B-13) to the Claims Processing Unit is (512) 776-7442. Email invoices to: invoices@dshs.texas.gov.

4. **SECTION XV** of the Contract, **PROGRAMMATIC REPORTING REQUIREMENTS**, is hereby amended to add the following:

Report Name	Frequency	Period Begin	Period End	Due Date
Semi-Annual Report	Semi-Annually	01/01/2018	06/30/2018	07/31/2018
Semi-Annual Report	Semi-Annually	07/01/2018	12/31/2018	01/31/2019
Congenital Syphilis Case Investigation and Infant Syphilis Control Records	Monthly	01/01/2018	12/31/2018	Due thirty (30) calendar days after period being reported.
Texas Infertility Prevention Project Data Collection Forms	Monthly	01/01/2018	12/31/2018	No later than thirty (30) days after provision of sentinel site services.
Local Responsible Party (LRP) Report	Quarterly	12/01/2017	02/28/2018	03/31/2018
LRP Report	Quarterly	03/01/2018	05/31/2018	06/30/2018
LRP Report	Annually	06/01/2018	08/31/2018	09/30/2018
LRP Report	Quarterly	09/01/2018	11/30/2018	12/31/2018
Financial Status Report (FSR)	Quarterly	01/01/2018	03/31/2018	04/30/2018
FSR	Quarterly	04/01/2018	06/30/2018	07/31/2018
FSR	Quarterly	07/01/2018	09/30/2018	10/31/2018
FSR	Quarterly	10/01/2018	12/31/2018	02/14/2019

5. The Budget Summary for this contract period beginning January 1, 2018, and ending December 31, 2018, is attached to this Amendment as **Attachment A-Budget** and incorporated into the Contract as if fully set forth therein. Contractor shall comply with the Budget Summary for the applicable period.

6. This Amendment No. 05 shall be effective as of January 1, 2018.
7. Except as amended and modified by this Amendment No. 05, all terms and conditions of the Contract, as amended, shall remain in full force and effect.
8. Any further revisions to the Contract shall be by written agreement of the Parties.

SIGNATURE PAGE FOLLOWS

SIGNATURE PAGE FOR AMENDMENT NO. 05

DSHS CONTRACT NO. 2016-001347C

DSHS

CONTRACTOR

By: _____

Name: _____

Title: _____

Date of Execution: _____

Date of Execution: _____

**THE FOLLOWING ATTACHMENT TO SYSTEM AGENCY CONTRACT NO. 2016-001347C IS
HEREBY INCORPORATED BY REFERENCE:**

ATTACHMENT A - FY 2018 BUDGET

ATTACHMENT FOLLOWS

**ATTACHMENT A
BUDGET
Contract No. 2016-001347**

Categorical Budget for the Contract Period January 1, 2018, through December 31, 2018:

PERSONNEL	\$118,359.00
FRINGE BENEFITS	\$48,646.00
TRAVEL	\$3,786.00
EQUIPMENT	\$0.00
SUPPLIES	\$2,970.00
CONTRACTUAL	\$0.00
OTHER	\$123.00
TOTAL DIRECT CHARGES	\$173,884.00
INDIRECT CHARGES	\$0.00
TOTAL	\$173,884.00

Total reimbursements will not exceed \$173,884.00.

Certificate Of Completion

Envelope Id: BE4F3E89047E413DA95041AF4B8EE7CE	Status: Sent
Subject: \$535,686; 2016-001347-02; Corpus Christi-Nueces County Public Health District; DSHS; CMS	
Source Envelope:	
Document Pages: 22	Signatures: 0
Certificate Pages: 2	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	William Potthoff
Time Zone: (UTC-06:00) Central Time (US & Canada)	1860 Michael Faraday Dr
	Reston, VA 20190
	william.potthoff@hhsc.state.tx.us
	IP Address: 108.65.114.139

Record Tracking

Status: Original	Holder: William Potthoff	Location: DocuSign
11/8/2017 6:34 PM	william.potthoff@hhsc.state.tx.us	

Signer Events

Signature	Timestamp
<p>Completed</p> <p>Patty Melchior Patty.Melchior@dshs.state.tx.us Resource Director Department State Health Services Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign</p> <p>Using IP Address: 107.77.222.4 Signed using mobile</p>	<p>Sent: 11/8/2017 6:47 PM Viewed: 11/9/2017 7:24 AM Signed: 11/9/2017 7:24 AM</p>
<p>Completed</p> <p>Janna Zumbrun Janna.Zumbrun@dshs.texas.gov Associate Commissioner for Laboratory and Infectious Disease Services Texas Health and Human Services Commission Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign</p> <p>Using IP Address: 160.42.85.8</p>	<p>Sent: 11/9/2017 7:24 AM Viewed: 11/9/2017 8:36 AM Signed: 11/9/2017 8:36 AM</p>
<p>Completed</p> <p>Kirk Cole Kirk.Cole@dshs.state.tx.us Associate Commissioner Texas Health and Human Services Commission Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign</p> <p>Using IP Address: 160.42.85.8</p>	<p>Sent: 11/9/2017 8:36 AM Viewed: 11/9/2017 11:20 AM Signed: 11/9/2017 11:21 AM</p>
<p>Sent: 11/9/2017 11:21 AM</p> <p>Annette Rodriguez annetter@cctexas.com Health Director City of Corpus Christi Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	
<p>Dr. John Hellerstedt john.hellerstedt@dshs.texas.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure:</p>	

Signer Events	Signature	Timestamp
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Not Offered via DocuSign

In Person Signer Events	Signature	Timestamp
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Editor Delivery Events	Status	Timestamp
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Agent Delivery Events	Status	Timestamp
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Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Lisa Bell
lisa.bell@hhsc.state.tx.us
Security Level: Email, Account Authentication (None)
Electronic Record and Signature Disclosure:
Not Offered via DocuSign

COPIED

Sent: 11/8/2017 | 6:47 PM

Lillie Powell
lillie.powell@dshs.texas.gov
Security Level: Email, Account Authentication (None)
Electronic Record and Signature Disclosure:
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Lillie Powell
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Contract Manager
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Security Level: Email, Account Authentication (None)
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Adrian Gutierrez
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DSHS CMU Inbox
CMUContracts@dshs.texas.gov
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	11/9/2017 11:21 AM
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Payment Events	Status	Timestamps
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