

**DEPARTMENT OF STATE HEALTH SERVICES  
CONTRACT NO. HHS000288900003  
AMENDMENT NO. 1**

The Department of State Health Services ("**DSHS**" or "**System Agency**") and Corpus Christi-Nueces County Public Health District (County) ("**Grantee**"), each a "**Party**" and collectively the "**Parties**," to that certain grant contract effective January 1, 2019 and denominated DSHS Contract No. HHS000288900003 (the "**Contract**"), now desire to amend the Contract.

**Whereas**, the Parties want to extend the term of the Contract to allow for successful completion of the project;

**Whereas**, the Parties want to increase the not-to-exceed amount of the Contract; and

**Whereas**, the Parties want to revise the Statement of Work and the Budget.

**Now, therefore**, the Parties hereby amend and modify the Contract as follows:

1. **Section III** of the Signature Document, **Duration**, is hereby amended to reflect a revised termination date of December 31, 2020.
2. **Section IV** of the Signature Document, **Budget**, is hereby amended to add **\$269,815.00** for the period beginning January 1, 2020, through December 31, 2020 (the "2020 Contract year"). The total not-to-exceed amount of the Contract is increased to **\$539,630.00**. Expenditures for the 2020 Contract year shall be in accordance with **Attachment B-1, 2020 Budget**, which is attached to this Amendment and incorporated herein.
3. **Attachment A** of the Contract, **Statement of Work**, is hereby amended and replaced in its entirety with **Attachment A-1, Revised Statement of Work**.
4. **Attachment C of the Contract, Reporting Requirements**, is hereby supplemented with the addition of **Attachment C-1, 2020 Reporting Requirements**.
5. This Amendment shall be effective as of January 1, 2020.
6. Except as amended and modified by this Amendment, all terms and conditions of the Contract shall remain in full force and effect.
7. Any further revisions to the Contract shall be by written agreement of the Parties.

**SIGNATURE PAGE FOLLOWS**

**SIGNATURE PAGE FOR AMENDMENT NO. 1  
DEPARTMENT OF STATE HEALTH SERVICES  
CONTRACT NO. HHS000288900003**

**DEPARTMENT OF STATE HEALTH SERVICES**

**GRANTEE**

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Name:

Title:

Title:

Date of Execution: \_\_\_\_\_

Date of Execution: \_\_\_\_\_

**THE FOLLOWING ATTACHMENTS TO SYSTEM AGENCY CONTRACT NO. HHS000288900003 ARE  
HEREBY INCORPORATED BY REFERENCE:**

**ATTACHMENT A-1    REVISED STATEMENT OF WORK  
ATTACHMENT B-1    2020 BUDGET  
ATTACHMENT C-1    2020 REPORTING REQUIREMENTS**

**ATTACHMENTS FOLLOW**

**ATTACHMENT A-1  
REVISED STATEMENT OF WORK**

**I. GRANTEE RESPONSIBILITIES**

Grantee will:

- A. 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. Perform the following six (6) core activities:
  - 1. Community and Individual Behavior Change Interventions;
  - 2. Medical and Laboratory Services;
  - 3. Partner Services;
  - 4. Leadership and Program Management;
  - 5. Surveillance and Data Management; and
  - 6. Training and Professional Development.
  
- C. Maintain written program procedures covering these six (6) core activities. All procedures shall be consistent with the requirements of this Contract.
  
- D. Perform the activities required under this Contract in the service area designated in this Contract. Service area will include the following county(ies): Aransas, Kleberg, Nueces, Refugio and San Patricio Counties (STD and HIV), Bee, Brooks, Jim Wells, and Live Oak Counties (HIV only)
  
- E. 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 Grantee as part of the activities under this Contract.
  
- F. 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 Contract:
  - 1. DSHS HIV and STD Program Operation Procedures and Standards (POPS), located at: <http://www.dshs.texas.gov/hivstd/pops/default.shtm>;
  - 2. DSHS TB/HIV/STD and Viral Hepatitis Unit Security Policies and Procedures, located at: <http://www.dshs.texas.gov/hivstd/policy/security.shtm>;
  - 3. CDC STD Program Operations Guidelines, located at: <http://www.cdc.gov/std/program/gl-2001.htm>;
  - 4. CDC STD Treatment Guidelines, located at: <http://www.cdc.gov/std/treatment/>; and

5. DSHS HIV and STD Program Policy Reporting Suspected Abuse and Neglect of Children, located at: <http://www.dshs.texas.gov/hivstd/policy/policies/530-001.shtm>.

G. Comply with all applicable federal and state regulations and statutes, as amended, including, but not limited to:

1. Chapters 81 and 85 of the Texas Health and Safety Code;
  - a. 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;
2. Chapter 94 of the Texas Health and Safety Code (relating to Education and Prevention Programs for Hepatitis C);
3. Chapter 98 of the Texas Health and Safety Code (relating to the reporting of Sexually Transmitted Diseases including Human Immunodeficiency Virus);
4. Title 25 Texas Administrative Code (TAC), Chapter 97; and
5. Misuse of Funds and Performance Malfeasance which states:
  - a. Report to the contract manager assigned to the Contract, 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;
  - b. Make such report no later than three (3) working days from the date the Grantee has knowledge or reason to believe such activity has taken place;
  - c. If this Contract is federally funded by the Department of Health and Human Services (HHS):
    - i. Report any credible evidence that a principal, employee, subgrantee or agent of Grantee, 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; and
    - ii. 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 Grantee has knowledge or reason to believe such activity has taken place.

H. Perform all activities in accordance with the terms of this Contract (including detailed budget) and any subsequent DSHS Program instructions given to Grantee pursuant to it. All of the above-named documents are incorporated herein by reference and made a part of this Contract. Grantee 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 Contract 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 Grantee's expenditures on a quarterly basis. If expenditures are below the total Contract amount, Grantee's budget may be subject to a decrease for the remainder of the Contract term. Vacant positions existing after ninety (90) days may result in a decrease in funds.

## **II. PERFORMANCE MEASURES**

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

- A. Public Health Follow-Up (PHFU) Program Objectives - Follow the requirements for each of the STD Program Objectives, in accordance with the DSHS HIV/STD Program POPS, [Chapter 9: Disease Intervention Specialist Performance Standards](#), with special emphasis on outcomes excerpted below. If the data submitted by Grantee (or otherwise obtained by DSHS) indicates the Grantee'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 Grantee to improve performance. Grantee must implement these measures according to a timetable mandated by DSHS.

1. Syphilis Objectives

- a. Ensure all individuals newly diagnosed with early syphilis are interviewed within three (3) days of assignment. If data indicates less than 85% of individuals newly diagnosed with early syphilis covered by the scope of this Contract are interviewed as described, DSHS may (at its sole discretion) require additional measures be taken by the Grantee to improve that percentage. In that scenario, Grantee must follow those additional measures, and do so according to the timetable mandated by DSHS. Note: Early syphilis is defined as all syphilis cases which are determined to be primary, secondary, or early non-primary/non-secondary syphilis, as defined by the Centers for Disease Control and Prevention: <https://www.cdc.gov/nndss/conditions/syphilis/case-definition/2018/>.
- b. 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 Disease Intervention Specialists (DIS), DSHS may (at its sole discretion) require additional measures be taken by the Grantee to improve that percentage. In that scenario, Grantee must follow those additional measures, and do so according to the timetable mandated by DSHS.
- c. Ensure all partners initiated (partners obtained from the interview/case management process with locating information as outlined by [Chapter 9: Disease Intervention Specialist Performance Standards](#) to attempt notification on early syphilis interviews) 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 Grantee to improve that percentage. In that scenario, Grantee must follow those additional measures, and do so according to the timetable mandated by DSHS.

- d. Ensure all partners notified of syphilis exposure are tested and treated for syphilis, including incubating syphilis (disease intervention index). If data indicates less than 60% of notified partners are tested and treated as described, DSHS may (at its sole discretion) require additional measures be taken by the Grantee to improve that percentage. In that scenario, Grantee must follow those additional measures, and do so according to the timetable mandated by DSHS.
- e. 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 Grantee to improve that percentage. In that scenario, Grantee must follow those additional measures, and do so according to the timetable mandated by DSHS.

## 2. HIV Objectives

- a. Ensure all individuals newly diagnosed with HIV will be interviewed within seven (7) days in accordance with DSHS HIV/STD Program POPS. If data indicates less than 85% of individuals newly diagnosed with HIV are interviewed as described, DSHS may (at its sole discretion) require additional measures be taken by the Grantee to improve that percentage. In that scenario, Grantee must follow those additional measures, and do so according to the timetable mandated by DSHS.
- b. Ensure all individuals interviewed that have been newly diagnosed with HIV successfully complete their first HIV medical appointment. If data indicates less than 90% 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 Grantee to improve that percentage. In that scenario, Grantee must follow those additional measures, and do so according to the timetable mandated by DSHS.
- c. 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 Grantee to improve that percentage. In that scenario, Grantee must follow those additional measures, and do so according to the timetable mandated by DSHS.
- d. Ensure all partners initiated (partners obtained from the interview/case management process with enough locating information to attempt notification) on a new HIV interview 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 Grantee to improve that percentage. In that scenario, Grantee must follow those additional measures, and do so according to the timetable mandated by DSHS.

- e. Ensure all partners notified for 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 Grantee to improve that percentage. In that scenario, Grantee must follow those additional measures, and do so according to the timetable mandated by DSHS.
- f. 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).

### 3. Other Objectives

- a. Ensure a complaint process is maintained and posted in the areas where services are provided, in accordance with DSHS HIV/STD Program POPS, Chapter 12 - STI Clinical Standards.
- b. Maintain a staff retention policy.
- c. Participate in targeted evaluation activities and other projects as required by DSHS or CDC.
- d. Elicit feedback from individuals served by the Grantee in the form of a client survey.
- e. 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.
- f. Establish and maintain mutually agreed-upon formal written procedures with local providers to ensure the provision of partner services in accordance with DSHS HIV/STD Program POPS. 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 Grantee.
- g. Establish and maintain mutually agreed-upon formal written procedures with local agencies who provide services frequently needed by clients seeking HIV/STD services from Grantee in accordance with DSHS HIV/STD Program POPS. 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 Grantee, including but not limited to:

- i. HIV testing and counseling;
- ii. STD clinical services;
- iii. Partner services;
- iv. HIV medical and support services;
- v. Substance abuse treatment services;
- vi. Harm reduction services; and
- vii. Mental health services.

At a minimum, such procedures should address conditions associated with making and accepting client referrals. If Grantee provides all of the services listed above in a specific geographic area, no such agreement is necessary for that area. Grantee 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 Contract.

- h. Ensure performance of activities under this Contract is of a high quality and consistent with all the requirements of this Contract, in order to meet DSHS' high performance expectations.
- i. Performance of Grantee, 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.
- j. All staff operating under this Statement 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 Grantee and approved in advance by DSHS.
- k. All staff operating under this Statement of Work must be permitted to deliver all HIV and/or STD results, including positive results, in both field and clinical settings.
- l. When conducting field work, all staff operating under this Statement 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.).
- m. Staff operating under this Statement of Work will deliver all positive test results within the designated timeframes referenced in the DSHS HIV/STD Program 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).



4. The following STD clinical services shall be provided, consistent with the DSHS HIV/STD Program POPS Chapter 12: STI Clinical Standards:
  - a. 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 Grantee to improve that percentage. In that scenario, Grantee must follow those additional measures, and do so according to the timetable mandated by DSHS.
  - b. Individuals seeking STD diagnostic and/or treatment services in public STD clinics shall be medically managed according to Grantee written protocols in compliance with DSHS HIV/STD Program POPS, and with CDC STD Treatment Guidelines 2015 (as revised).
  - c. Ensure individuals seeking STD diagnostic and/or treatment services in public STD clinics will be referred for Pre-Exposure Prophylaxis/Non-Occupational Post-Exposure Prophylaxis (PrEP)/nPEP) services if at increased risk for HIV but currently HIV negative. Individuals to be prioritized for PrEP referrals include: Men who have Sex with Men (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.
  - d. 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.

### **III. TRAINING REQUIREMENTS**

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

Grantee will:

- A. Authorize and require their staff to attend training, conferences, and meetings as directed by DSHS Program.
  1. Disease Intervention Specialist (DIS) Training Requirements
    - a. Read and acknowledge the following DSHS HIV/STD Program POPS chapters:
      - i. Chapter 3: HIV/STI Partner Services and Seropositive Notification; and
      - ii. Chapter 9: Disease Intervention Specialists Performance Standards.
    - b. Successfully complete the DSHS-approved Fundamentals of STD Intervention (FSTDI), including all prerequisites, within six (6) months of employment.

- c. Successfully complete the DSHS-approved Fundamentals of Counseling and Testing (FCT) or equivalent within six (6) months of employment.
  - d. Successfully complete training and demonstrate knowledge of TB/HIV/STD Information System (THISIS).
  - e. Participate in the HIV Navigation in Texas (HNT) within one (1) year of employment.
  - f. Successfully complete venipuncture training that has been approved by the local health authority, within sixty (60) days of employment.
  - g. Successfully complete training for all locally sanctioned testing technologies used for specimen collection and processing.
  - h. With more than one (1) year of experience, shall successfully complete additional courses as required by DSHS.
2. First-Line Supervisors (FLS) Training Requirements
- a. Read and acknowledge the following DSHS HIV/STD Program POPS chapters:
    - i. Chapter 10: First-Line Supervisors Performance Standards; and
    - ii. Chapter 11: Regional and Local Health Department HIV/STD Program Manager Performance Standards, in addition to what is required of the DIS.
  - b. Successfully complete training activities as required for DIS under this Contract and must take the next available Texas First-Line Supervisor (TXFLS) training.
  - c. If new to the jurisdiction, participate in the HIV Navigation in Texas within one (1) year of employment.
  - d. Attend and participate in the DSHS FLS Summit, as scheduled.
  - e. Participate in the quarterly DSHS FLS calls.
  - f. Attend and participate in any other required DSHS trainings, as scheduled.
3. Program Manager (PM) Training Requirements
- a. Read and demonstrate understanding of the following DSHS HIV/STD Program POPS chapters:
    - i. Chapter 11, Regional and Local Health Department HIV/ Program Manager Performance Standards, in addition to what is required of the FLS and DIS.
  - b. PMs operating under this Contract must complete all training requirements of a DIS and FLS.
  - c. Participate in the DSHS Leadership Meeting, as scheduled.
  - d. Participate in the monthly DSHS Leadership calls.
4. Recommended trainings and topics for all program staff:
- a. Health Insurance Portability and Accountability Act (HIPAA)
  - b. Ethics
  - c. Field Safety
  - d. Health Equities

- e. Cultural Humility
- f. CPR/First Aid
- g. Automated External Defibrillators (AED)
- h. Defensive Driving
- i. Approaches in Harm Reduction
- j. Self-Defense
- k. Non-Violent Crisis Intervention
- l. Status Neutral Biomedical Approaches to HIV Prevention (Early Intervention, PrEP, nPEP)
- m. Motivational Interviewing
- n. Technical Writing
- o. Computer Skills
- p. Linkage to Care
- q. Gender and Sexual Diversity
- r. HIV Care and Treatment
- s. Human Trafficking
- t. Substance Use
- u. Mental Health
- v. Case Notes Documentation

B. Notify DSHS of completed trainings in the semiannual reports referenced in the Reporting Requirements section.

#### **IV. CONFIDENTIALITY**

Grantee will:

- A. Designate and identify a HIPAA Privacy Officer, who is authorized to act on behalf of Grantee and is responsible for the development and implementation of the privacy and security requirements of federal and state privacy laws.
- B. 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 Grantee as part of activities under this Contract. The LRP will:
  - 1. Ensure appropriate policies/procedures are in place for handling confidential information, for the release of confidential TB/HIV/STD data, and for the rapid response to suspected breaches of protocol and/or confidentiality. These policies and procedures must comply with DSHS policies and procedures (Grantee may choose to adopt those DSHS policies and procedures as its own).
  - 2. Ensure security policies are reviewed periodically for efficacy, and that the Grantee 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.

3. Approve any Grantee staff requiring access to TB/HIV/STD confidential information. LRP will grant authorization to Grantee staff who have a work-related need (i.e., work under this Contract) to view TB/HIV/STD confidential information.
4. Maintain a list of authorized Grantee staff persons who have been granted permission to view and work with TB/HIV/STD confidential information.
5. Review the authorized user list ten (10) days from the effective date of this Contract to ensure it is current.
6. Ensure all Grantee 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 Contract.
7. Ensure all Grantee 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 Contract.
8. Ensure all Grantee 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 Contract.
9. 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, located at: <http://www.dshs.texas.gov/hivstd/policy/security.shtm>.
10. Ensure all required quarterly reports are submitted on time.

C. Include the following in their security procedures:

1. Computers and networks meet DSHS security standards, as certified by DSHS IT staff.

D. Provide a list to DSHS of personnel with access to secured areas and of all identified personnel who have received security training.

E. Provide a list to DSHS of personnel with access to all network drives where confidential information is stored and of all identified personnel who have received security training.

F. 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.

G. Transfer secure data electronically using the Public Health Information Network.

H. Maintain a visitors' log for individuals entering the secured areas; this must be reviewed quarterly by the LRP.

I. Verify TB/HIV/STD system user passwords are changed at least every ninety (90) days; this must be verified by the LRP.

J. Ensure portable devices used to store confidential data are approved by the LRP and encrypted.

K. Ensure confidential data/documents are:

1. Maintained in a secured area;
2. Locked when not in use;
3. Not left in plain sight; and
4. Shredded before disposal.

**V. HIV/STD RAPID RESPONSE PLAN**

DSHS will review the proposed Rapid Response Plan and provide guidance to the Grantee.

Grantee will:

- A. Develop, update, and submit a local HIV/STD Rapid Response Plan, and submit this by February 1 each year of the Contract to the designated DSHS staff. The plan shall include how the program will:
  1. Identify responsible parties for planned activities, including but not limited to:
    - a. response coordinator,
    - b. activity team lead,
    - c. collaborative lead, and
    - d. medical lead;
  2. Identify increases in disease or outbreaks;
  3. Increase active surveillance;
  4. Examine outbreak characteristics;
  5. 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);
  6. Inform media outlets, as appropriate;
  7. Conduct targeted screening efforts including testing in correctional settings (as appropriate);
  8. Enhance partner services;
  9. Expand clinical access and services (e.g., increase clinical hours or days of services, employ rapid testing, enhance prophylactic treatment protocols); and
  10. Adjust work hours for employees involved in the response (i.e., allow staff to work alternate hours or extended hours during response).
- B. 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.
- C. Continue to enhance their current HIV/STD surveillance system, including, but not limited to:
  1. Improving reporting of providers and laboratories; and
  2. Increasing the number of sites that report electronically.

- D. 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.
- E. Notify local leadership and key stakeholders of the finalized plan and maintain a copy within the Program.
- F. Comply with the final, approved version of the Rapid Response Plan when an outbreak is identified.

**VI. INVOICE AND PAYMENT**

- A. Grantee will request payment using the State of Texas Purchase Voucher (Form B-13), located at <http://www.texas.gov/grants/forms/b13form.doc>, 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](mailto:invoices@dshs.texas.gov) and [cmsinvoices@dshs.texas.gov](mailto:cmsinvoices@dshs.texas.gov).

- B. DSHS reserves the right, where allowed by legal authority, to redirect funds in the event of financial shortfalls. DSHS Program will monitor Grantee's expenditures on a quarterly basis. If expenditures are below the amount in Grantee's total Contract, Grantee's budget may be subject to a decrease for the remainder of the Contract term. Vacant positions existing after ninety (90) days may result in a decrease in funds.

**ATTACHMENT B-1**  
**2020 BUDGET**  
**Contract No. HHS000288900003**

<b>2020 CATEGORICAL BUDGET</b>	
PERSONNEL	\$159,638.00
FRINGE BENEFITS	\$69,443.00
TRAVEL	\$4,269.00
EQUIPMENT	\$0.00
SUPPLIES	\$36,465.00
CONTRACTUAL	\$0.00
OTHER	\$0.00
TOTAL DIRECT CHARGES	\$269,815.00
INDIRECT CHARGES	\$0.00
<b>TOTAL</b>	<b>\$269,815.00</b>

## ATTACHEMENT C-1 2020 REPORTING REQUIREMENTS

<b>2020 Reporting Requirements</b>				
<b>Report Name</b>	<b>Frequency</b>	<b>Period Begin</b>	<b>Period End</b>	<b>Due Date</b>
Semiannual Report	Semiannually	01/01/2020	06/30/2020	07/31/2020
Semiannual Report	Semiannually	07/01/2020	12/31/2020	01/31/2021
Congenital Syphilis Case Investigation and Infant Syphilis Control Records	Monthly	01/01/2020	12/31/2020	Due thirty (30) calendar days after period being reported. *This report is submitted through THISIS and is subject to HIPAA and PHI data requirements.
Local Responsible Party (LRP) Report	Semiannually	01/01/2020	06/30/2020	07/1/2020
LRP Report	Semiannually	07/01/2020	12/30/2020	12/31/2020
Financial Status Report (FSR)	Quarterly	01/01/2020	03/31/2020	04/30/2020
FSR	Quarterly	04/01/2020	06/30/2020	07/31/2020
FSR	Quarterly	07/01/2020	09/30/2020	10/31/2020
FSR	Quarterly	10/01/2020	12/31/2020	02/15/2021



**Fiscal Federal Funding Accountability and Transparency Act  
(FFATA) CERTIFICATION**

The certifications enumerated below represent material facts upon which DSHS relies when reporting information to the federal government required under federal law. If the Department later determines that the Contractor knowingly rendered an erroneous certification, DSHS may pursue all available remedies in accordance with Texas and U.S. law. Signor further agrees that it will provide immediate written notice to DSHS if at any time Signor learns that any of the certifications provided for below were erroneous when submitted or have since become erroneous by reason of changed circumstances. **If the Signor cannot certify all of the statements contained in this section, Signor must provide written notice to DSHS detailing which of the below statements it cannot certify and why.**

<b>Legal Name of Contractor:</b>	<b>FFATA Contact # 1 Name, Email and Phone Number:</b>
<b>Primary Address of Contractor:</b>	<b>FFATA Contact #2 Name, Email and Phone Number:</b>
<b>ZIP Code: 9-digits Required <a href="http://www.usps.com">www.usps.com</a></b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	<b>DUNS Number: 9-digits Required <a href="http://www.sam.gov">www.sam.gov</a></b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>State of Texas Comptroller Vendor Identification Number (VIN) 14 Digits</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

<b>Printed Name of Authorized Representative</b>	<b>Signature of Authorized Representative</b>
<b>Title of Authorized Representative</b>	<b>Date</b>

**Fiscal Federal Funding Accountability and Transparency Act  
(FFATA) CERTIFICATION**

**As the duly authorized representative (Signor) of the Contractor, I hereby certify that the statements made by me in this certification form are true, complete and correct to the best of my knowledge.**

Did your organization have a gross income, from all sources, of less than \$300,000 in your previous tax year?  Yes  No

If your answer is "Yes", skip questions "A", "B", and "C" and finish the certification.  
If your answer is "No", answer questions "A" and "B".

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**A. Certification Regarding % of Annual Gross from Federal Awards.**

Did your organization receive 80% or more of its annual gross revenue from federal awards during the preceding fiscal year?  Yes  No

**B. Certification Regarding Amount of Annual Gross from Federal Awards.**

Did your organization receive \$25 million or more in annual gross revenues from federal awards in the preceding fiscal year?  Yes  No

If your answer is "Yes" to both question "A" and "B", you must answer question "C".  
If your answer is "No" to either question "A" or "B", skip question "C" and finish the certification.

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**C. Certification Regarding Public Access to Compensation Information.**

Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?  Yes  No

If your answer is "Yes" to this question, where can this information be accessed?

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If your answer is "No" to this question, you must provide the names and total compensation of the top five highly compensated officers below.

**Provide compensation information here:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Certificate Of Completion

Envelope Id: DCEDF645AC984AECB283D0B328BAC69E	Status: Sent
Subject: Amending \$539,630.00; HHS000288900003; Corpus Christi A-1; DSHS/LIDS	
Source Envelope:	
Document Pages: 32	Signatures: 0
Certificate Pages: 2	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Texas Health and Human Services Commission
Time Zone: (UTC-06:00) Central Time (US & Canada)	1100 W. 49th St.
	Austin, TX 78756
	PCS_DocuSign@hhsc.state.tx.us
	IP Address: 167.137.1.13

## Record Tracking

Status: Original	Holder: Texas Health and Human Services	Location: DocuSign
10/24/2019 3:32:21 PM	Commission	
	PCS_DocuSign@hhsc.state.tx.us	

## Signer Events

Signature	Timestamp
Annette Rodriguez annetter@cctexas.com Health Director Corpus Christi-Nueces County Public Health District Security Level: Email, Account Authentication (None)	Sent: 10/24/2019 3:37:04 PM

**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

Imelda M. Garcia  
imeldam.garcia@dshs.texas.gov  
Security Level: Email, Account Authentication (None)

**Electronic Record and Signature Disclosure:**  
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
--------	-----------

## Carbon Copy Events

Status	Timestamp
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CMU Mailbox  
cmucontracts@dshs.texas.gov  
Security Level: Email, Account Authentication (None)

COPIED	Sent: 10/24/2019 3:37:04 PM
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**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

Josalyn S Wilson  
josalyn.wilson@hhsc.state.tx.us  
Texas Health and Human Services Commission  
Security Level: Email, Account Authentication (None)

COPIED	Sent: 10/24/2019 3:37:03 PM
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**Electronic Record and Signature Disclosure:**

Carbon Copy Events	Status	Timestamp
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Not Offered via DocuSign		
Samiyah Bailey samiyah.bailey@dshs.texas.gov Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	<b>COPIED</b>	Sent: 10/24/2019 3:37:04 PM
Blandina Costley blandinac@cctexas.com Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	<b>COPIED</b>	Sent: 10/24/2019 3:37:05 PM Viewed: 10/24/2019 3:38:37 PM
Adrian Gutierrez adriang@cctexas.com Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	<b>COPIED</b>	Sent: 10/24/2019 3:37:05 PM

Witness Events	Signature	Timestamp
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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	10/24/2019 3:37:05 PM
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Payment Events	Status	Timestamps
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