

II  
B-4

**AGENDA ITEM  
REQUEST/JUSTIFICATION FORM**  
*(To be completed by requesting Department)*  
*Forward all requests to Sharon Bourke, LC2 Civic Center*  
**DEADLINE SUBMITTAL IS 3:00 P.M. WEDNESDAY**  
**Before the Tuesday meeting**

Agenda item: CONSENT

Date to be on agenda: DECEMBER 15, 2015

Exact wording to be used for the agenda:

Resolution to Approve the Amendment to the Agreement with Nebraska Department of Health & Human Services, Division of Public Health regarding the Chronic Disease for a no cost extension.

Action being requested by the County Board: APPROVAL

Amount requested: \$ 0 Grant Funded Object Code: N/A

Is item in current year's budget? Yes \_\_\_\_\_ No x

Does this item commit funds in future years? Yes \_\_\_\_\_ No X

If yes, explain: n/a

If an agreement or contract, has the County Attorney reviewed and approved?  
Yes X No \_\_\_\_\_

Previous action taken on this item if any: Previously approved by Health Director

Recommendations and rationale for action: n/a

Will anyone speak on behalf of this item, if so who? Health Director or Designee

If this is a rush agenda item, please explain why: n/a

Submitted by (Name & Department): Adi M. Pour, Ph. D., Health Director Ext: 7471  
Douglas County Health Department

Date Submitted: 12/09/2015

List Attachments: Resolution and 3 original contracts  
*(Attach resolution and all pertinent documentation, i.e., contract, agreement, memorandums, etc.)*

*Certified Resolution can be obtained at the County Clerks' website:  
<http://www.douglascountyclerk.org/county-board-records/search-for-resolutions>*

<i>Completed by receiving office</i>	Date:	<u>12/9/15</u>	Time:
Received in Administrative Office:			

**BOARD OF COUNTY COMMISSIONERS  
DOUGLAS COUNTY, NEBRASKA**

*Resolved*

**WHEREAS,** the Douglas County Board of Health will meet on December 16, 2015 to review and consider contracts and Agreements submitted in furtherance of the objectives of the Douglas County Health Department (DCHD); and,

**WHEREAS,** at said meeting the Board of Health will vote to ratify the following:

Amendment to the Agreement with Nebraska Department of Health and Human Services, Division of Public Health, Lifespan Health Services Unit, Women's and Men's health programs regarding Chronic diseases for a no cost extension and payment structure; and,

**WHEREAS,** said Agreement has been executed by the Health Director of the Douglas County Health Department and is forwarded to this Board of Commissioners for review and consideration; and,

**WHEREAS,** this Board of Commissioners has reviewed and considered said Agreement as evidenced and desires to approve said Agreement.

**NOW THEREFORE BE IT RESOLVED BY THIS BOARD OF DOUGLAS COUNTY COMMISSIONERS** that the Agreement evidenced is hereby approved and the Chair of this Board is hereby authorized to sign the necessary documents to execute said Agreement.

Dated this 15<sup>th</sup> day of December, 2015.

**SERVICE CONTRACT**

**BETWEEN THE**

**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH LIFESPAN HEALTH SERVICES UNIT, LIFESPAN  
HEALTH SERVICES UNIT, WOMEN'S AND MEN'S HEALTH PROGRAMS  
AND**

**DOUGLAS COUNTY HEALTH DEPARTMENT**

**AMENDMENT ONE**

This contract is entered into by and between the Nebraska Department of Health and Human Services, **DIVISION OF PUBLIC HEALTH LIFESPAN HEALTH SERVICES UNIT, WOMEN'S AND MEN'S HEALTH PROGRAMS** (hereinafter "DHHS"), and **DOUGLAS COUNTY HEALTH DEPARTMENT** (hereinafter "LPHD").

The contract between the parties dated October 22, 2014 is hereby amended as follows:

Article I. Term and termination, Paragraph A is amended to read:

A. Term. This contract is in effect from August 25, 2015 until June 30, 2016.

Article II . Consideration, Paragraph B is amended to read:

B. PAYMENT STRUCTURE. Payment shall be structured as follows: Payment shall be made upon receipt of invoice(s) for services rendered and structured based on the fees and receipt of deliverables as described in Amended Attachment A.

Attachment A is amended to be replaced with the Amended Attachment A attached to this Amendment One.

All other terms and conditions remain in full force and effect.

**IN WITNESS THEREOF**, the parties have duly executed this contract hereto, and each party acknowledges the receipt of a duly executed copy of this contract with original signatures.

FOR DHHS:

FOR CONTRACTOR

\_\_\_\_\_  
Signature

Adi Pour  
Signature

Courtney N. Phillips, MPA  
Chief Executive Officer  
Department of Health and Human Services

Adi Pour, Ph.D  
Health Director  
Douglas County Health department

DATE: \_\_\_\_\_

DATE: 12/9/15

**Douglas County Board of Health**

\_\_\_\_\_  
Board President      Date

**Douglas County Board of Commissioners**

\_\_\_\_\_  
Board Chairman      Date

**Approved as to form:**

Sande Malik 12/9/15  
Deputy Douglas County Attorney

Amended Attachment A  
 October 2015- LHD  
 Community Health Hubs Deliverable Document

<b>Required Deliverables</b>			
	Amount	Not to Exceed	Documentation
Initial Timeline	\$2000	\$2000	Initial Timeline Document
Environmental Scan Review	\$500	\$500	Environmental Scan Report
Environmental resource Scan	\$1000	\$1000	Environmental Resource Scan Report
Community Referral/ Resource Directory	\$3000	\$3000	Resource/Referral Directory
Implementation Timeline	\$1000	\$1000	Implementation Timeline Document
Evidence Based Strategies	\$7000	\$7000	EB Strategy Document
<b>Allowable Deliverables based on Implementation timeline and evidence based strategies</b>			
<b>Administrative Costs held to 20% of total Contract</b>			
Administrative Costs	Billed as Administrative Costs held to 20% of the total contract amount.		Administrative costs to be billed no more than <b>Quarterly</b> and submitted with Quarterly Progress Report.
<b>Community Based Awareness/Education Campaigns</b>			
Colorectal	\$2000	Pre and Post Community Based Small Media Plan(s) for each campaign	Campaign cannot be implemented until approved. \$1000 reimbursed upon receipt of approved plan. \$1000 reimbursed upon receipt of campaign evaluation and materials submission.
Breast and Cervical	\$2000		
Integrative Prevention	\$2000		
FOBT/FIT Distribution	\$4 per kit distributed \$16 per kit returned	MedIt SRS Report	Must have an approved FIT/FOBT distribution plan
<b>Community Linkages and Referrals</b>			
Encounter Registry Venue planning and logistics for	\$25 per staff per hour of venue operation. \$25 per hour for preparation of venue not to exceed length of venue.	Venue documented in the CHW Encounter Registry	*All allowable documentation will be listed on DHHS Women's and Men's Health Approved Documentation for Community Health Hubs. Data sources and data fields are subject to change. DHHS will notify contractors with all template and document changes.
1:1 Assessment completion of Brief Encounter for purposes of outreach or Navigation	\$10 per completed assessment	Aggregate Report of Brief Encounters/ Encounter Registry	
Completed Community Linkage: Mammography, primary care, DPP class, Smoking quit line/ cessation, medication access, Colon cancer screen, pap screen, insurance access	\$15 per individual/per venue regardless of number of linkages	Encounter Registry or Health Navigation Tracking Record	

Case management of positive FOBT, Abnormal breast and cervical cancer screenings	\$50 per individual		Case Management Report: Closed Cases	Case management of EWM, NCP ,positive FOBT, Abnormal breast and cervical cancer screenings
Capacity Building to Implement DPP	\$5000		Reimbursement for actual costs with receipts.	Approved Diabetes Prevention Program Capacity Building Template
Provision of Diabetes Prevention Program	\$5000 per class	\$10,000 2 class max.	DPP Class Template	Reimbursement divided into three payments. Part 1-\$2500 Start of class Part 2-\$2000 Midcourse Part 3-\$500 Completion
<b>EWM Enrolled Client Only</b>				
Health Coaching	\$38 per session \$5 per individual for clinical review and prep for 1:1 engagement	Max 3 sessions/individual	MedIt Reporting	Must have trained Health Coaches
Healthy Supports <b>**Effective FY 2015-2016</b>	\$50 per client to enroll or support exercise or nutrition/weight loss programs within community		Medit Reporting/ Encounter Registry or agreed data from EMR	Approved Community Based physical Activity/Nutrition Program Plan prior to start
<b>**Population or EWM Enrolled Clients Effective FY 2015-2016</b>				
***Health Navigation for Breast and Cervical Cancer Screening	2 contacts per client at \$20 each.		Encounter Registry/ MedIt Report- Case Management Report	Approved Health Navigation Plan inclusive of Navigation to screening, navigation to diagnostics and/or treatment, delivery of patient centered structural barrier reduction and/or motivators.
***Patient Centered Structural Barrier Reduction/ Motivators	Not to exceed \$20 per client for health navigation to screening Not to exceed \$50 per client for patient navigation to diagnostics and or treatment		Encounter Registry/Medit Barrier Reduction Report	
***Patient Navigation for Breast and Cervical Cancer diagnostics and treatment referral	2 contacts per client at \$50 each.		Encounter Registry/ MedIt-Case Management Report	
<b>Evaluation</b>				
Participation in overall CHH evaluation with UNMC CoPH	\$1000	\$1000	Provision of all required data to CoPH	
Site specific evaluation /QI	\$1000	\$1000	Evaluation Plan/Quality Improvement Plan	
<b>Collaborative Learning &amp; Partnering (Travel &amp;/or Attendance)</b>				
Annual CRC coalition Mtg			Mtg Agenda / sign in	\$50 per attendee/ Actual costs for mileage at the government rate.
Community Partnering				
Collaborative Leadership Mtg				

<b>Training/Community Planning (Travel&amp;/or Attendance)</b>			
DHHS CHW Training		Training/conference agenda and sign in sheet. Justification and budget for non-DHHS training/Planning.	\$100 per attendee/ Actual costs for mileage at the government rate and actual costs for lodging.
DHHS Health Coaching			
DHHS Encounter Registry			
As determined by assessment			
Quality Improvement			
DHHS MedIt Training			
<b>Capacity Building Equipment/Educational Supplies</b>			
Equipment purchases for use of the Community Health Worker Encounter Registry. Allowable purchases include tablet or laptop, portable printer, mobile hotspot or wireless service.		Intended use of CHW Encounter Registry must be documented within evidence based strategies.	Reimbursement is for actual costs of equipment.
Equipment, supplies and or educational materials to increase detection of hypertension, high cholesterol and elevated glucose allowable sphygmomanometers, Cholestech and finger stick devices for diabetes monitoring and related supplies.		Chronic Disease Detection Capacity Building Template must be completed and approved.	Reimbursement is for actual costs of equipment, supplies, and educational materials

\* All allowable documentation will be listed on DHHS Women's and Men's Health Approved Documentation for Community Health Hubs. Data sources and data fields are subject to change. DHHS will notify contractors with all template and document changes.

\*\*All deliverables effective FY15-16 subject to Program funding.

\*\*\*Health Navigation and FOBT/FIT distribution must meet USPSTF Guidelines for reimbursement