



UTAH DEPARTMENT OF HEALTH CONTRACT

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

2117206
Department Log Number

212702459
State Contract Number

1. **CONTRACT NAME:** The name of this contract is Tooele County Health Department 2021
2. **CONTRACTING PARTIES:** This contract is between the Utah Department of Health (DEPARTMENT) and the following CONTRACTOR:

PAYMENT ADDRESS

Tooele County Health Department
151 N Main St
Tooele UT, 84074-2141

MAILING ADDRESS

Tooele County Health Department
151 N Main St
Tooele UT, 84074-2141

Vendor ID: 31718J

Commodity Code: 99999

3. **GENERAL PURPOSE OF CONTRACT:** The general purpose of this contract is Breast and Cervical Cancer Screening.
4. **CONTRACT PERIOD:** The service period of this contract is 07/01/2021 through 06/30/2026, unless terminated or extended by agreement in accordance with the terms and conditions of this contract.
5. **CONTRACT AMOUNT:** The DEPARTMENT agrees to pay \$8,280.00 in accordance with the provisions of this contract. This contract is funded with 74% federal funds, 26% state funds, and 0% other funds.
6. **CONTRACT INQUIRIES:** Inquiries regarding this Contract shall be directed to the following individuals:

CONTRACTOR

Brad Gillies
(435) 277-2463
bgillies@tooelehealth.org

DEPARTMENT

Disease Control and Prevention
Health Promotion
Joannah Sparks
(801) 538-9271
jsparks@utah.gov

7. **SUB – RECIPIENT INFORMATION:**

DUNS: 094650249

Indirect Cost Rate: 0%

Federal Program Name:	Centers for Disease Control, Department of Human Services	Award Number:	5NU58DP006321-05-00
Name of Federal Awarding Agency:	Centers for Disease Control, Department of Human Services	Federal Award Identification Number:	NU58DP006321
CFDA Title:	Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations	Federal Award Date:	5/10/2021
CFDA Number:	93.898	Funding Amount:	\$6120

8. REFERENCE TO ATTACHMENTS INCLUDED AS PART OF THIS CONTRACT:

Attachment A: Special Provisions

9. 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 Associates Agreement currently in effect until 6/30/2023.

10. 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.
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Contract with Utah Department of Health and Tooele County Health Department, Log # 2117206

IN WITNESS WHEREOF, the parties enter into this agreement.

CONTRACTOR

STATE

By:  7-15-21
Jeff Coombs Date
Health Officer

By:  7/26/2021
Shari A. Watkins, C.P.A. Date
Director, Office Fiscal Operations

Special Provisions - Attachment A
Tooele County Health Department
Utah Cancer Control Program
FY22 June 30, 2021 - June 29, 2022

A. DEFINITIONS

1. "DEPARTMENT" means the Utah Department of Health, Utah Cancer Control Program (UCCP).
2. "SUBRECIPIENT" means Tooele County Health Department (TCHD)
3. National Breast and Cervical Cancer Early Detection Program (NBCCEDP) means primary source of screening and diagnostic funding for the Utah Breast and Cervical Cancer Program (UCCP)
4. State of Utah funds means secondary source of screening funds for UCCP
5. Age & Income Eligibility:
 - a. Women who live at or below 250% of the Federal Poverty Level (FPL).
 - b. Breast cancer screening for women ages 40 and 64.
 - c. Breast cancer screening for women over age 64 who do not have Medicare Part B
 - d. Cervical cancer screening for women ages 21 – 39 who have never had a pap test.
 - e. Cervical cancer screening for women ages 40 – 64 for regular screening.
6. Standard of care practice as per clinic means, (height, weight, blood pressure, etc.) education of breast and cervical cancer (symptoms, dense breast tissue, mammogram and pap screening, HPV, risk, etc), completion of breast and cervical high risk assessment, appointment for mammogram scheduled, voucher faxed to facility and UCCP and copy given to patient.
7. Target population: Women age 50 - 64
8. 75% - 25% match: One of the NBCCEDP core indicators requiring that 75% of funding be spent for women age 50 and older and 25% of funding be spent for women age 40 – 49.
9. Evidenced based intervention (EBI) Strategies that are proven to work. For cancer screening, these interventions improve the quality of cancer screening and increase the number of people screened.
10. BBHW: The name for the new B&C and BeWise Health and Wellness database

B. PAYMENTS

1. The DEPARTMENT agrees to reimburse the SUBRECIPIENT for FY22 up to the maximum **\$8,280.00** of the grant for expenditures made by the SUBRECIPIENT directly related to this project as described below.
 - a. 40 total screens awarded to TCHD. Up to **\$4,320.00** is available to reimburse for every woman. (4222/CN22/Federal)
 - i. If a clinical breast exam and pap test or pap test only is provided, the total reimbursement rate per woman is \$108.00.
 - ii. If a clinical breast exam only is provided, the total reimbursement rate per woman is \$70.00.
 - b. 20 total screens awarded to TCHD. Up to **\$2,160.00** is available to reimburse for every woman. (4221/State)
 - c. **\$800.00** is available for EBI's up to 40 at \$20 for each women age 50 – 64 receiving a: (4222/CN22/Federal)

- i. Patient reminder letter or text to schedule a breast and/or cervical exam, and
- ii. Follow up patient reminder call or text to remind patient of appointment or to help woman schedule a breast and/or cervical exam appointment.
- d. **\$500.00** is available to conduct a clinic assessment with UCCP Health Systems Specialist for baseline data and determine best EBI methods to increase cancer screening rates.
- e. **\$500.00** is available to identify two worksites that have a worksite wellness policy and review the policies. Partner with a worksite or work within your own health department to include cancer screening as part of your workplace wellness policy. Work with the UCCP Health Systems Specialist to complete this worksite review.

The Federal Funds provided under this Section are from the following Federal programs and awards:

NBCCEDP	
Assistance Listing Number:	93.898
Assistance Listing Program Title:	Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations
Award Number:	5NU58DP006321-05-00
Name of Federal Agency:	Centers for Disease Control, Department of Human Services
Pass-through agency:	State of Utah, Department of Health

- 2. The DEPARTMENT agrees to pay Cytocheck Laboratory LLC directly on behalf of the SUBRECIPIENT for eligible women's pap specimens.
- 3. The DEPARTMENT agrees to provide a monthly statement to the SUBRECIPIENT of the services completed and the amount authorized for reimbursement in each category.

C. DEPARTMENT RESPONSIBILITIES

- 1. The DEPARTMENT agrees to provide updated income guidelines yearly.
- 2. The DEPARTMENT agrees to provide access to and maintain an electronic data base system.
- 3. The DEPARTMENT agrees to provide database training and technical assistance when requested by the SUBRECIPIENT or as needed by the DEPARTMENT.
- 4. The DEPARTMENT agrees to provide to the SUBRECIPIENT a list of OB/GYN's and Surgeons who have an agreement with the DEPARTMENT for breast or cervical diagnostic appointments.
- 5. The DEPARTMENT agrees to consult with the SUBRECIPIENT on an ongoing basis.
- 6. The DEPARTMENT agrees to monitor SUBRECIPIENT activities. This may include chart reviews, database documents, conference calls, catalyst reporting system, screener and clinic report cards, and monthly financials.
- 7. The DEPARTMENT agrees to provide recommended guidelines to SUBRECIPIENT for women with dense breast tissue. The link for House Bill 258 as well as a Breast Density and Breast Cancer Screening Review of Literature is:
<https://le.utah.gov/~2018/bills/static/HB0258.html>

D. SUBRECIPIENT RESPONSIBILITIES

1. SUBRECIPIENT agrees to follow all policies and procedures in the UCCP Policy and Procedure manual and verify that they have read the manual by reading the UCCP Policy and Procedures and responding to the survey found on the UCCP website at <https://cancerutah.org/> by August 31, 2021.
2. SUBRECIPIENT agrees to perform a screening exam, which may include a clinical breast examination and a pap test for each client and follow-up services including triage, assess, order tests, navigation and referral to a surgeon or OB/GYN for clients per UCCP Policy and Procedure manual.
3. SUBRECIPIENT agrees to educate clients about breast and cervical cancer screening using risk factors, family history and physical symptoms.
4. SUBRECIPIENT agrees to refer each client to radiology services for mammography by scheduling a mammogram appointment for the client.
 - a. A copy of the mammogram voucher will be given to the client and faxed to the mammogram facility.
5. SUBRECIPIENT agrees to refer each client needing a follow-up visit by a surgeon or OB/GYN by scheduling an appointment for the client.
 - a. For a referral to be faxed to an OB/GYN, notify Jennifer at 801-538-6006 or jnthiros@utah.gov.
 - b. For a referral to be faxed to a surgeon, notify Katrina at 801-538-6736 or kparks@utah.gov.
6. According to the terms of this contract and federal grant requirements, the SUBRECIPIENT agrees not to charge fees to eligible women screened under conditions of this contract. A no-show fee may be assessed prior to appointment but must be returned to client upon arrival to appointment.
7. SUBRECIPIENT agrees to send all the Pap test specimens to Cytocheck Laboratory LLC within 24 hours of specimen collection.
 - a. The SUBRECIPIENT shall obtain from Cytocheck Laboratory LLC supplies to collect pap specimen; Contact Information:
Cytocheck Laboratory LLC
1201 Corporate Drive, Parson, KS 67357
Visit: www.cytocheck.com
Email: supplies@cytocheck.com
Call: 1-800-572-4277
Fax: 1-620-421-2425
8. SUBRECIPIENT agrees to fill in enrollment forms completely, including Primary Care Physician/Medical Home and Health Insurance information.
9. SUBRECIPIENT agrees to collect and submit all screening data into the electronic database system provided by the DEPARTMENT.
10. SUBRECIPIENT agrees to use the new electronic consent form in BBHW.
11. The SUBRECIPIENT agrees to follow recommendations of dense breast tissue from House Bill 258 to discuss with patient the risk of increased breast cancer with dense breast tissue at time of clinic exam beginning August 1, 2018.
<https://le.utah.gov/~2018/bills/static/HB0258.html>
12. The SUBRECIPIENT will refer patient to primary provider for follow-up consultation if client requests further information after mammogram. The DEPARTMENT may provide reimbursement to provider for dense breast tissue consultation if provider is under contract.
13. SUBRECIPIENT agrees to consult with the DEPARTMENT on an ongoing basis by clinic visits, phone calls, annual conference, or e-mails.

14. The SUBRECIPIENT agrees to 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.

E. REPORTS

1. SUBRECIPIENT agrees to track patient reminder letters and texts, completion of clinic assessment and worksite wellness review in the Catalyst reporting system according to B.1.c - e of this contract.
2. Quarterly reporting dates are:
 - a. October 15, 2021
 - b. January 15, 2022
 - c. April 15, 2022
 - d. July 15, 2022

UCCP Contact Information	
Utah Cancer Control Program (UCCP)	1-800-717-1811 801-538-6157
Address: PO Box 142107, Salt Lake City Utah 84114-2107	
Email: uccpmedicalrecords@utah.gov	
Main Fax:	801-237-0775
Billing Phone: Billing Fax:	801-538-6230 801-237-0769

Tooele County Health Department
CONTACT INFORMATION

Role in the Program	Name	Phone #	E-Mail
Nursing Director	Amy Royal	435-277-2303	aroyal@tooelehealth.org
Nurse	Louise Ekenstam	435-277-2369	lekenstam@tooelehealth.org
Nurse	Liz Heap	435-277-2368	lheap@tooelehealth.org
Office Manager		435-277-2311	msmith@tooelehealth.org
Education Specialist	Liz Heap/Louise Ekenstam	435-277-2368	lheap@tooelehealth.org
Billing	Marsha Murray	435-277-2361	mmurray@tooelehealth.org
Contract Signer and Title	Jeff Coombs, Health Officer	435-277-2461	jcoombs@tooelehealth.org
Appointment Specialist		435-277-2311	msmith@tooelehealth.org

