Memorandum of Understanding (MOU)

CONTRACTOR: County of El Dorado
PROGRAM: HIV/AIDS Surveillance Program

CONTRACT NUMBER: 07-65047
MOU NUMBER: SP 07-09/3

1. MOU TERM

The term of this MOU shall be from July 1, 2007 through June 30, 2010.

2. MAXIMUM AMOUNT PAYABLE

The maximum amount payable by the STATE to the CONTRACTOR under this MOU shall not exceed the following:

A. $17,500 for the budget period of July 1, 2007 to June 30, 2008.
B. $17,500 for the budget period of July 1, 2008 to June 30, 2009.
C. $17,500 for the budget period of July 1, 2009 to June 30, 2010.
D. $52,500 for the entire MOU term.

3. MOU EXHIBITS

The following attached exhibits are incorporated herein, and made a part hereof by this reference:

A. Exhibit A, entitled "Scope of Work," consisting of six pages.
B. Exhibit A, Attachment I, entitled "Facilities Listing," consisting of one page.
C. Exhibit A, Attachment II, entitled "Program Activities," consisting of one page.
D. Exhibit B, entitled "Budget," Year 1 consisting of one page.
E. Exhibit B, entitled "Budget," Year 2 consisting of one page.
F. Exhibit B, entitled "Budget," Year 3 consisting of one page.

4. MOU EXEMPTION:

The Master Agreement (MA) as referenced by the contract number shown above, its terms and conditions, as executed, govern this MOU. The STATE hereby certifies that the above referenced agreement and this MOU are exempt from review or approval by the Department of General Services as Office of AIDS contracts are exempt from the Public Contract Code. The CONTRACTOR hereby accepts this MOU and shall administer it in accordance with the terms and conditions referenced in the MA.

STATE OF CALIFORNIA:

Signature

Barbara Bailey, Acting Division Chief
Office of AIDS

Date

COUNTY OF EL DORADO:

Signature

Printed/Typed Name and Title

Date

5. PROGRESS REPORT SCHEDULE

A. The CONTRACTOR shall complete and submit each progress report by the due dates specified below. The content of these reports will include, but not be limited to: progress accomplished on MOU objectives; progress accomplished on MOU activities; major problems encountered and proposed resolutions to those problems; issues requiring contract monitor consultation; and data on client services. Progress Report due dates are as follows unless Contractor obtains prior written approval from the State for an alternate submission date:

MOU PROGRESS REPORT	PERIOD	DUE DATE
YEAR 1		
FIRST	07/01/2007-12/31/2007	**01/31/2008**
SECOND	01/01/2008-06/30/2008	**07/31/2008**
YEAR 2		
FIRST	07/01/2008-12/31/2008	**01/31/2009**
SECOND	01/01/2009-06/30/2009	**07/31/2009**
YEAR 3		
FIRST	07/01/2009-12/31/2009	**01/31/2010**
SECOND	01/01/2010-06/30/2010	**07/31/2010**

B. Progress reports shall be submitted in accordance with the prescribed format provided by the STATE and any revisions thereto. If the CONTRACTOR does not submit acceptable progress reports in a timely manner, their invoices may be withheld from payment until acceptable reports are received. If a final report is submitted more than ninety days after expiration of the agreement term, the final invoice may not be honored unless the CONTRACTOR has obtained prior written approval from the STATE.

6. PROJECT REPRESENTATIVES

The project representatives during the term of this MOU will be:

Department of Health Services	**County of El Dorado**
Jill Harden, Contract Monitor Surveillance and Processing Unit Office of AIDS MS 7700 P.O. Box 997426 Sacramento, CA 95899-7426 Telephone: (916) 449-5887 Fax: (916) 449-5861 E-Mail: Jharden@dhs.ca.gov	Allyson Tabor El Dorado County Public Health Department 1360 Johnson Blvd., Ste 103 Lake Tahoe, CA 96150 Telephone: (530) 573-3027 Fax: (530) 626-4713 E-Mail: atabor@co.el-dorado.ca.us

Exhibit A
Scope of Work

A. ACTIVE SURVEILLANCE ACTIVITIES – CORE*

Goal: Establish and enhance active and passive HIV/AIDS case surveillance in other health and social service settings, including laboratories and confidential test sites. Improve the timeliness, accuracy, and reliability of the local HIV/AIDS case data. Investigate reported HIV/AIDS cases in order to establish an accurate mode of HIV transmission, and in conjunction with the California Department of Health Services, Office of AIDS (CDHS/OA) staff, conduct investigations of cases of public health importance.

Objective 1

Program activities should include regular surveillance visits to previously classified reporting facilities. Identify and classify new reporting sources on a scale from "A" to "D" with "A" being the reporting facility with the greatest likelihood of treating HIV/AIDS infected patients to "D," the least likely to treat. (See Exhibit A, Attachment I, Facilities Listing.) All activities should be documented and quantified for inclusion in the semi-annual progress reports. (See HIV/AIDS Surveillance Program MOU, Paragraph 5, Progress Report Schedule)

Objective 2

Evaluate HIV/AIDS name-based case reporting protocols in the facilities identified and classified in Objective 1 above. Establish reporting protocols and revise as needed. (See Exhibit A, Attachment II, Program Activities.)

Objective 3

Identify, incorporate, and educate all laboratories of their reporting responsibilities. Laboratories should report confirmed HIV test results to the submitting health care provider using the complete patient name.

Objective 4

Assess and use secondary data sources including cancer, vital statistics, tuberculosis registries, sexually transmitted diseases (STD), and community based organizations to improve the accuracy of HIV/AIDS case reporting.

*Core is an activity required by all counties.

Exhibit A
Scope of Work

B. HIV/AIDS CASE REGISTRY OPERATIONS - CORE*

Goal: To improve the timeliness, accuracy and reliability of the local HIV/AIDS case data.

Objective 1

Match HIV positive tests results from laboratories to case reports received from health care providers. Ensure that there is no duplication of reports.

Objective 2

Within one month of receipt, reduce the number of duplicate cases on the quarterly duplicate case list to zero.

Objective 3

Review quality assurance listings sent by the State HIV/AIDS Case Registry and reconcile any discrepancies as needed.

Objective 4

Resolve all errors on the HIV/AIDS Case Report and the HIV/AIDS Reporting System (HARS) within two weeks of notification by the HIV/AIDS Case Registry. Implement procedures to reduce the number of reporting errors.

Objective 5

Any update to a case should immediately be recorded on the HARS system and/or forwarded to the State.

C. EPIDEMIOLOGIC HIV/AIDS CASE INVESTIGATIONS – CORE*

Goal: To investigate reported HIV/AIDS cases in order to identify the mode of HIV transmission, and in conjunction with Office of AIDS staff, to conduct investigations of Cases of Public Health Importance (COPHI).

Objective 1

Investigate all Priority No Reported Risk (NRR) HIV/AIDS cases (i.e., children, healthcare workers, blood transfusions after 03/85, organ transplants/artificial insemination), within two months of reporting using the most recent Centers for Disease Control and Prevention (CDC) NIR investigation protocols. Investigate all COPHI NRR HIV/AIDS cases (i.e., HIV2, tattoos, bites) within two months of reporting using the most recent CDC NIR investigation protocols. Investigate all other NRR cases within six months of diagnosis.

*Core is an activity required by all counties.

Exhibit A
Scope of Work

In conjunction with OA staff, investigate COPHI including but not limited to: health care worker(s) whose only reported exposure is job related; blood transfusion; organ transplant; artificial insemination; or unique cases such as tattoos. (See HIV/AIDS Reporting Toolkit)

Objective 2

Educate healthcare providers about the need to obtain and report risk information from their HIV diagnosed patients.

D. PROCEDURES FOR ENSURING CONFIDENTIALITY OF ALL INFORMATION - CORE*

Goal: To protect the rights of individuals infected with HIV/AIDS by assuring that identifying information is safeguarded both in original case reports and in disseminated data.

Objective 1

Develop and maintain a secure registry. All physical locations containing HIV/AIDS surveillance data in electronic or paper format, as well as workstations for surveillance personnel must be enclosed inside a locked, secured area with access limited to authorized personnel in accordance with CDC program requirements. (See HIV/AIDS Reporting Toolkit, Chapter III, Security and Confidentiality)

Paper copies of surveillance information containing identifying information must be stored inside a locked file cabinet located inside a locked room. Shredding of confidential HIV/AIDS-related information should be performed by authorized surveillance personnel using a commercial quality shredder with cross-cutting capability before disposal. Shredding should be used to immediately destroy any paper records, containing confidential HIV/AIDS-related information, that are not being used in an active case investigation and are currently being held in files. These records include, but are not limited to:

a. Line listings identifying individuals as having HIV or AIDS
b. Medical record review notes
c. Laboratory reports of HIV infection or DC4+ counts
d. Computer data runs and analyses
e. Program specific internal reports
f. Other working papers

Objective 2

An approved encryption program must secure any computer containing HARS data. HARS files may only be accessed by surveillance and HIV/AIDS research staff. No other copy of the database, other than an encrypted backup of your files, may be produced or retained.

*Core is an activity required by all counties.

Exhibit A
Scope of Work

Enter incoming case reports into HARS. (See HIV/AIDS Reporting Toolkit, Chapter V, HIV/AIDS Case Processing) After the case has been entered into HARS, the original case report forms and any HIV/AIDS related materials should be submitted to the State (e.g., encrypted electronic data).

Submit all case report forms, HIV/AIDS related material, and/or encrypted electronic data in double envelopes and the outer envelope (e.g., sender or recipient address or label) must have no reference to HIV/AIDS or include any terms easily associated with HIV/AIDS. The inner envelope must be marked 'Confidential', sealed, and addressed to an authorized individual at OA and should also identify the agency that originated the package mailing. All mail must be sent by traceable courier services only (i.e. United Parcel Service, Federal Express (FedEx) or U.S. Post Office). The overnight mailing address is California Department of Health Services, Case Registry Section, MS 7700, 1616 Capitol Avenue, Suite 74.616, Sacramento, CA 95814. Only county personnel who have signed the OA confidentiality agreement are permitted to handle confidential mail.

Electronic mail transmission (e-mail) or FAX of case information containing personal identifiers is strictly prohibited.

Objective 3

HIV/AIDS case information is transferred from the local health department (LHD) to the OA Registry on paper-based reports and, for LHD with HARS data entry systems, on encrypted diskettes. LHD do not report HIV/AIDS cases directly to the CDC. LHD send HIV/AIDS case data for all new, updated, and deleted HIV/AIDS case reports. When receiving or initiating phone conversations to complete or un-duplicate HIV/AIDS case reports, verify that the caller is authorized to exchange confidential HIV/AIDS case information. All telephone conversations must be conducted using phones that are connected to land-lines. Cordless telephones and wireless communication are not permitted.

Objective 4

Laptop computers and other portable electronic devices are vulnerable to theft. These devices warrant the most stringent security protocols. Employing strict security measures ensures that the confidentiality of patients is protected in the event that a device is lost or stolen. As part of the contract with each LHD, OA provides approved hardware and software for use in surveillance activities. OA does not provide laptop computers or funding for portable electronic devices. Only electronic equipment approved by OA should be used to store confidential HIV/AIDS surveillance information. (See HIV/AIDS Reporting Toolkit, Chapter III, Security and Confidentiality)

*Core is an activity required by all counties.

Exhibit A
Scope of Work

Objective 5

According to California law, only authorized personnel who have signed a confidentiality agreement are permitted to handle confidential public health records. Confidentiality agreements must be signed at time of employment and every twelve months thereafter. Individuals are not authorized to access confidential surveillance information until the signed Confidentiality Agreements have been reviewed and signed by the supervisor of these individuals. Upon request, confidentiality agreements available for review by OA staff upon request.

E. PARTNER COUNSELING AND REFERRAL - CORE*

Goal: To reduce the number of new HIV/AIDS cases in California by offering assistance in the counseling and referral of sex and needle-sharing partners.

Objective 1

In conjunction with local HIV prevention and/or care programs and the local STD program, the Pubic Health Nurse will develop a protocol for referring Partner Counseling and Referral Service (PCRS) requests and needs to the appropriate PCRS program with the LHD. Assure that a good faith effort is made to inform identified partners of reported HIV/AIDS cases of their potential risk of HIV exposure. A designated LHD surveillance person will be responsible to receive and process all local and out of jurisdiction requests for elicitation, notification, counseling, referral, and follow-up of sex and needle-sharing partners.

As part of the ongoing surveillance effort, providers who report HIV/AIDS cases should be notified of the availability of HIV PCRS in the local health jurisdiction. LHD surveillance staff who will be conducting PCRS are encouraged to successfully complete the CDHS/OA HIV Counselor Training program and maintain current PCRS status.

OA surveillance coordinators promote the value of PCRS-based HIV prevention during routine site visits and in communications with health care providers.

Objective 2

Local surveillance programs are required to document collaboration with the local PCRS program for inclusion in their semi-annual surveillance reports.

F. ANALYSIS, DISSEMINATION, AND USES OF SURVEILLANCE DATA

Goal: In collaboration with the OA, plan, conduct, and disseminate studies of HIV/AIDS morbidity and mortality. All studies should adhere to confidentiality guidelines. (See HIV/AIDS Reporting Toolkit, Chapter 3, Security and Confidentiality)

*Core is an activity required by all counties.

Exhibit A
Scope of Work

Objective 1

Assess ability to analyze HIV/AIDS surveillance data, disseminate the results, and use the information to detect local patterns and trends of the disease.

Objective 2

Prepare epidemiological summaries synthesizing HIV/AIDS case data for populations of local interest.

Objective 3

Disseminate HIV/AIDS surveillance information through: responses to data requests; direct contact with HIV/AIDS name based case reporting sources; presentations at conferences and meetings; publications, scientific journals, newsletters and bulletins of community and medical organizations.

Objective 4

Encourage the appropriate use of HIV/AIDS name based surveillance information for funding decisions, establishing public health priorities and making policy decisions. As part of the process, incorporate program awareness and knowledge to medical policy makers, health care providers, persons at risk for HIV infection, and the general population. Conduct further epidemiological investigations as needed and evaluate findings.

G. EVALUATION OF HIV/AIDS SURVEILLANCE SYSTEM

Goal: Monitor the timeliness and completeness of HIV/AIDS name based case reporting and direct HIV/AIDS case finding activities to ensure optimal use of surveillance resources.

Objective 1

Conduct validation studies of providers who treat HIV infected individuals to monitor HIV/AIDS name based case reporting and continue to encourage major providers to regularly monitor their records in the same way.

Objective 2

Develop, implement, and evaluate the effectiveness of surveillance activities and use evaluation outcomes to allocate appropriate resources.

*Core is an activity required by all counties.

Exhibit A, Attachment I
Facilities Listing

"A" Facilities:

Stateline Medical Center, South Lake Tahoe

"B" Facilities:

Barton Memorial Hospital Clinic, South Lake Tahoe
Dr. Patrick Martin, M.D., South Lake Tahoe
Tahoe Family Physicians, South Lake Tahoe
Community Health Center, Placerville

Exhibit A, Attachment II
Program Activities

1. Receive and review each HIV/AIDS report received from any source (M.D., lab, Office of AIDS (OA).
2. Check for duplication within El Dorado County HIV/AIDS records.
3. Check with OA surveillance coordinator to learn whether the case has been previously reported.
4. If not previously reported, complete case report form. Contact doctor's office or hospital to review medical records if necessary. Assign state number as needed.
5. El Dorado County does not use HARS system.
6. Visit any provider's office to assist with completion of case report form as needed.
7. Submit Case Report form and/or encrypted electronic data to OA using 'double envelope' protocol for sending confidential traceable mail.
8. Contact previously reporting sites at least semi-annually to determine if there are new cases.
9. Contact other providers in the county at least annually to review HIV/AIDS reporting process.
10. Update old cases as new information is received (viral loads, death report, etc.)
11. Update previously reported HIV cases that are now classified AIDS by submitting a new case report form.
12. Investigate any No Reported Risk (NRR) cases as requested by OA staff.
13. Obtain information on HIV/AIDS cases from Public Health staff in Cancer Registry, STD, TB and CD programs as appropriate and submit updates.
14. Obtain HIV/AIDS information from Death Certificates as appropriate and submit updates.
15. Look for all opportunities to report old non-name HIV cases under names reporting when possible.
16. Respond to all requests from OA staff for clarification, de-duplication, etc. in a timely manner.
17. Document all surveillance activity for semi-annual reports.
18. Comply with all confidentiality requirements related to HIV/AIDS surveillance.
19. Review and reconcile a variety of reports received from OA (i.e., duplicates list, quality assurance list, and/or errors list).

Exhibit B
BUDGET
Year 1
July 1, 2007 to June 30, 2008

A. PERSONNEL	$15,816
B. OPERATING EXPENSES	$1,684
C. CAPITAL EXPENDITURES	$0
D. OTHER COSTS	$0
E. INDIRECT COSTS	$0
TOTALS	**$17,500**

Exhibit B
BUDGET
Year 2
July 1, 2008 to June 30, 2009

A. PERSONNEL	$15,816
B. OPERATING EXPENSES	$1,684
C. CAPITAL EXPENDITURES	$0
D. OTHER COSTS	$0
E. INDIRECT COSTS	$0
TOTALS	**$17,500**

Exhibit B
BUDGET
Year 3
July 1, 2009 to June 30, 2010

A. PERSONNEL	$15,816
B. OPERATING EXPENSES	$1,684
C. CAPITAL EXPENDITURES	$0
D. OTHER COSTS	$0
E. INDIRECT COSTS	$0
TOTALS	**$17,500**