

**TEXAS DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT NO. 537-17-0313-00001
AMENDMENT NO. 9**

The **DEPARTMENT OF STATE HEALTH SERVICES** (“DSHS” or “System Agency”) and **COASTAL BEND REGIONAL ADVISORY COUNCIL TRAUMA SERVICE AREA (TSA)-U** (“Grantee” or “RAC” or “CBRAC”), each a “Party” and collectively the “Parties” to that certain Hospital Preparedness Program (“HPP”) grant Contract effective July 1, 2017, and denominated DSHS Contract No. 537-17-0313-00001 (the “Contract”), as amended, now desire to further amend the Contract.

WHEREAS, the Parties want to amend the Contract;

Whereas, the Parties want to add additional funding in the amount of **\$125,000.00** for FY2022;

WHEREAS, the Parties want to revise the Budget Summary (“FY2022”); and

WHEREAS, the Parties want to revise Attachments to the Contract.

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

1. **SECTION IV, BUDGET**, of the Contract is hereby amended to add additional funds in the amount of **\$125,000.00** in accordance to Senate Bill No. 1 General Appropriations Act for the Grant term ending June 30, 2022 (“FY2022”). FY2022 EMTF expenditures are eligible for reimbursement review and payment in alignment with the funding award starting September 1, 2021 through June 30, 2022.

The total not-to-exceed amount of this Contract is increased from **\$6,081,880.00** to **\$6,206,880.00**.

2. **ATTACHMENT B-8, REVISED FIRST, SECOND, THIRD, THIRD SUPPLEMENTAL ROUND 1, THIRD SUPPLEMENTAL ROUND 2, FOURTH AND FIFTH TERM BUDGET SUMMARY**, of the Contract is hereby supplemented with **ATTACHMENT B-8.1, REVISED BUDGET SUMMARY**. All expenditures under the Contract will be in accordance with **ATTACHMENT B-8.1, REVISED BUDGET SUMMARY**.
3. **ATTACHMENT J-4, EMERGENCY MEDICAL TASK FORCE STATEMENT OF WORK (REVISED MARCH 2021)**, of the Contract is hereby deleted in its entirety and replaced with **ATTACHMENT J-4.1, EMERGENCY MEDICAL TASK FORCE STATEMENT OF WORK (REVISED SEPTEMBER 2021)**.
4. This Amendment No. 9 shall be effective as upon the last date of signature.
5. Except as amended and modified by this Amendment, all current terms and conditions of the Contract, as amended, shall remain in full force and effect.
6. Any further revisions to the Contract shall be by written agreement of the Parties.

Signature Page Follows

**SIGNATURE PAGE FOR AMENDMENT NO. 9
DSHS CONTRACT NO. 537-17-0313-00001**

Department of State Health Services

Coastal Bend Regional Advisory Council

TSA-U

By: DocuSigned by:
Kirk Cole
04DD3FAAF59048D...

By: DocuSigned by:
Felicia Powell
F1A9F98093A542D...

Kirk Cole

Felicia Powell

Deputy Commissioner

Name: _____

Title: Trauma Services Manager/TSA U RAC chair

Date of Execution: October 23, 2021

Date of Execution: October 20, 2021

THE FOLLOWING ATTACHMENTS ARE ATTACHED AND INCORPORATED AS PART OF THE CONTRACT:

ATTACHMENT B-8.1: REVISED BUDGET SUMMARY

**ATTACHMENT J-4.1: EMERGENCY MEDICAL TASK FORCE STATEMENT OF WORK
(REVISED SEPTEMBER 2021)**

Attachment B-8.1 Revised Budget Summary

BUDGET CATEGORY	July 1, 2017 - June 30, 2018 (FY18)				July 1, 2018 - June 30, 2020 (FY19)				July 1, 2019 - June 30, 2020 (FY20 BASE)				January 20, 2020 - June 30, 2021 (FY20 SUPPLEMENTAL)				July 1, 2020 - June 30, 2021 (FY21)				July 1, 2021 - June 30, 2022 (FY22)				FY18 FY19 SUPPLEMENTAL GRAND TOTAL			
	REAL CARE (MCD) - U V		REMEDIAL ASK (MCD) - EM F		REMEDIAL ASK (MCD) - EM F		REMEDIAL ASK (MCD) - EM F		REMEDIAL ASK (MCD) - EM F		REMEDIAL ASK (MCD) - EM F		REMEDIAL ASK (MCD) - EM F		REMEDIAL ASK (MCD) - EM F		REMEDIAL ASK (MCD) - EM F		REMEDIAL ASK (MCD) - EM F		REMEDIAL ASK (MCD) - EM F		REMEDIAL ASK (MCD) - EM F					
	REVISED HCC U	REVISED HCC V	REVISED HCC U	REVISED HCC V	REVISED HCC U	REVISED HCC V	REVISED HCC U	REVISED HCC V	REVISED HCC U	REVISED HCC V	REVISED HCC U	REVISED HCC V	REVISED HCC U	REVISED HCC V	REVISED HCC U	REVISED HCC V	REVISED HCC U	REVISED HCC V	REVISED HCC U	REVISED HCC V	REVISED HCC U	REVISED HCC V	REVISED HCC U	REVISED HCC V				
PERSONNEL	\$ 270,760	\$ 78,651	\$ 77,900	\$ 483,348	\$ 71,701	\$ 376,200	\$ 78,816	\$ 75,223	\$ 165,463	\$ 73,242	\$ -	\$ 412,764	\$ -	\$ -	\$ -	\$ -	\$ 83,008	\$ 75,652	\$ 184,059	\$ 95,907	\$ 438,623	\$ 96,088	\$ 15,065	\$ 206,528	\$ 98,445	\$ -	\$ 634,146	\$ 234,173
FRINGE BENEFITS	\$ 422,332	\$ 12,429	\$ 10,524	\$ 24,535	\$ 1,098	\$ 98,186	\$ 17,340	\$ 18,054	\$ 38,655	\$ 14,815	\$ -	\$ 86,864	\$ -	\$ -	\$ -	\$ -	\$ 30,092	\$ 17,400	\$ 42,333	\$ 22,059	\$ 100,884	\$ 22,100	\$ 26,470	\$ 79,561	\$ 22,842	\$ -	\$ 146,779	\$ 533,249
TRAVEL	\$ 73,384	\$ 11,064	\$ 15,865	\$ 14,350	\$ 25,475	\$ 67,298	\$ 11,987	\$ 14,317	\$ 12,895	\$ 22,769	\$ -	\$ 61,972	\$ -	\$ -	\$ -	\$ -	\$ 700	\$ 1,500	\$ 1,680	\$ 2,630	\$ 6,910	\$ 10,975	\$ 14,868	\$ 15,710	\$ 9,960	\$ -	\$ 51,261	\$ 203,378
EQUIPMENT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,411	\$ -	\$ -	\$ 15,000	\$ -	\$ -	\$ 15,000	\$ -	\$ -	\$ -	\$ -	\$ 15,141	\$ 49,249	\$ 141,607	\$ -	\$ 204,997	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 65,600	\$ 65,600
SUPPLIES	\$ 24,000	\$ -	\$ 7,774	\$ 23,903	\$ -	\$ 38,377	\$ 200	\$ 1,000	\$ 669	\$ 4,042	\$ 2	\$ 6,108	\$ -	\$ -	\$ -	\$ -	\$ 6,411	\$ 8,400	\$ 94,437	\$ 4,090	\$ 77,308	\$ -	\$ -	\$ 620	\$ -	\$ -	\$ 620	\$ 138,653
CONTRACTUAL	\$ 299,886	\$ 43,476	\$ 37,460	\$ 276,027	\$ -	\$ 366,863	\$ 24,655	\$ 28,071	\$ 201,261	\$ -	\$ -	\$ 253,317	\$ 47,330	\$ 79,543	\$ -	\$ 202,892	\$ 13,154	\$ 16,600	\$ -	\$ -	\$ 317,544	\$ 4,678	\$ -	\$ -	\$ -	\$ -	\$ 4,678	\$ 1,154,739
OTHER	\$ 483,673	\$ 11,115	\$ 83,890	\$ 23,220	\$ 22,858	\$ 14,073	\$ 22,090	\$ 38,524	\$ 41,205	\$ 16,868	\$ 28,000	\$ 192,675	\$ -	\$ -	\$ -	\$ 21,099	\$ 6,008	\$ 59,952	\$ 32,628	\$ 7,090	\$ 100,664	\$ 10,128	\$ 56,380	\$ 30,324	\$ 699	\$ 59,400	\$ 155,931	\$ 794,980
DIRECT COSTS	\$ 1,033,965	\$ 57,275	\$ 222,044	\$ 515,984	\$ 131,736	\$ 1,067,309	\$ 156,478	\$ 220,116	\$ 495,370	\$ 131,736	\$ 28,000	\$ 1,028,700	\$ 276,019	\$ 222,222	\$ 255,794	\$ 494,841	\$ 143,514	\$ 229,759	\$ 467,743	\$ 131,736	\$ 960,746	\$ 143,669	\$ 211,803	\$ 467,743	\$ 131,736	\$ 125,000	\$ 1,069,941	\$ 579,666
INDIRECT COSTS	\$ 67,225	\$ 7,384	\$ 42,248	\$ 14,039	\$ -	\$ 63,081	\$ 9,931	\$ 44,637	\$ 17,323	\$ -	\$ -	\$ 71,201	\$ -	\$ -	\$ -	\$ -	\$ 21,155	\$ 40,000	\$ 50,000	\$ -	\$ 111,455	\$ 21,000	\$ 52,860	\$ 60,000	\$ -	\$ -	\$ 133,949	\$ 447,212
GRAND TOTAL	\$ 1,101,190	\$ 184,669	\$ 274,732	\$ 530,033	\$ 131,736	\$ 1,101,190	\$ 166,409	\$ 264,753	\$ 510,743	\$ 131,736	\$ 28,000	\$ 1,099,901	\$ 276,019	\$ 222,222	\$ 255,794	\$ 494,841	\$ 164,669	\$ 264,753	\$ 510,743	\$ 1,071,301	\$ 1,071,301	\$ 184,669	\$ 264,753	\$ 510,743	\$ 131,736	\$ 125,000	\$ 1,194,901	\$ 6,206,889

Attachment J-4.1

**Emergency Medical Task Force (EMTF) Statement of Work
(Revised September 2021)****I. Grantee Responsibilities & Requirements****A. General Responsibilities:**

Grantee will:

1. Employ a Coordinator for the EMTF region who is committed full-time to the EMTF program. EMTF Coordinator must maintain an office within the region they represent and support. EMTF Coordinator will serve as the primary point of contact for the EMTF State Coordinating Organization (“SCO”) and DSHS Center for Health Emergency Preparedness and Response (“CHEPR”) for EMTF deliverables and deployments and must be available after hours and on weekends. The EMTF Coordinator must provide current 24/7 contact information to the EMTF SCO and DSHS CHEPR and notify both of changes as they are made.
2. Provide a progress report on addressing gaps in rostering components listed below. Plan should include coordination/collaboration with adjacent regions, if necessary, to fulfill rostering requirements if unable to do so from within awarded EMTF region. Grantee will also provide a final report later on the resolution of the rostering gaps. The rostering components are as follows:
 - a. Roster five (5) Ambulance Strike Teams (“ASTs”). An AST is comprised of five (5) staffed ambulances and one (1) staffed command vehicle;
 - b. Roster and staff each ambulance bus (“AmBus”) located in covered EMTF region(s);
 - c. Roster a minimum of one (1) Nurse Strike Team (“NST”). An NST is a team of five (5) nurses and one (1) strike team leader;
 - d. Roster one (1) mobile medical unit (“MMU”), as directed by DSHS; and
 - e. Roster medical incident support team (“MIST”), ambulance staging manager (“ASM”), and Infectious Disease Response Unit (“IDRU”), as directed by DSHS.
3. Make available rosters and/or list of agreements which demonstrate that the roster requirements described herein have been fulfilled. Agreements should be made available for review and/or submission upon request by DSHS. Participating organizations must have an executed agreement in place in order to be eligible for reimbursement.
4. Each roster component of the EMTF program must participate in a functional, full-scale exercise; or real-world response (participation must be a substantive part of exercise activities or real-world event (utilization of real-world response must be pre-approved by CHEPR)) at least once during the two-year period from July 1, 2020, to June 30, 2022. Grantee will submit status reports for all the covered EMTF components, which will include details about completed and planned exercises and trainings.
 - a. Grantee must submit a Notice of Exercise, After Action Report and associated Corrective Action/Improvement Plan for review and approval by DSHS in order to receive credit for exercise(s);

- b. EMTF components may be exercised individually or collectively, and may be exercised along with other HPP or other preparedness exercises, as long as the EMTF role in the exercise is substantive;
 - c. In some cases, additional funds may be made available to support the exercising of EMTF components as part of a larger state-level exercise; and
 - d. Provide training for each of the rostered teams and assets that is in line with statewide standardization efforts and typing documents.
5. Conduct unannounced semiannual call-down drills for each of the EMTF components. Submit results of drills to the EMTF SCO for inclusion in the SCO report to DSHS.
6. Participate in and successfully complete unannounced drills conducted by the SCO. Some drills may be outside of normal business hours. Drills may include:
 - a. Call-downs of regional EMTF coordinators;
 - b. Regional rostering drills; and
 - c. Mobile Satellite (“MSAT”) tests.
7. Maintain deployment readiness of regional iPhone caches, per provided guidance. Ensure proper approval is obtained from DSHS prior to activating phones from the cache for use.
8. Participate in six (6) EMTF operational governance and two (2) EMTF strategic governance workgroup meetings and calls. Attend at least 50% of the in-person meetings. Where possible the attendees should be the EMTF Coordinator or participating members of the EMTF components.
9. Establish and convene regional EMTF workgroup(s), to include multiple TSA region subject matter experts, as applicable. Provide a report on the activities of the workgroups.
10. Update WebEOC boards to show response capability of the EMTF assets within the region at a frequency determined by DSHS CHEPR and the EMTF SCO. Grantee may be required to update the status at more frequent intervals during exercises or a response.
11. Contribute relevant regional information to the EMTF SCO and DSHS CHEPR for inclusion in the EMTF System Annual Report.
12. Maintain resources purchased with HPP funds or by DSHS (such as ventilators, bariatric wheelchairs and cots, and other supplies and equipment which are prepositioned with Grantee) in deployable condition. Grantee will make inventory lists available for review by DSHS CHEPR upon request. Grantee will utilize or make available these resources to support local and/or regional responses within EMTF region.
13. Limit supply and equipment purchases to those items included on the standardized equipment/supply lists. If additional funding is available, other supplies or equipment may be purchased for EMTF that are not on the standardized lists, although prior written DSHS approval must be obtained.
14. Maintain a separate Memorandum of Agreement (MOA) with each sponsoring entity who participates as a member of the EMTF.
15. Activate EMTF personnel and resources for state missions only at the request of the DSHS SMOC Director, Incident Commander or his/her designees. This request may

be relayed through the EMTF SCO. Activation may occur at any time, day or night, including weekends and holidays. DSHS, via email, will issue the mission task to the EMTF Coordinator (as the primary point of contact). The mission task form/deployment order must be signed and returned to DSHS in order for the Grantee to be activated for a state mission. The deployment letter will contain the scope of work details, payment methodology, and the deployment period. Upon written acceptance of deployment activation, the EMTF's response team/staff and resources must be in route to the designated mission task site within twelve hours from the time they receive the official deployment notification from DSHS. If Grantee self-deploys without proper notification from DSHS, Grantee may not be eligible for reimbursement. There may be situations when a mutual aid response converts to a state mission, at the discretion of DSHS. In those circumstances the state mission assignment will reflect the date/time from which the response is considered a state mission and eligible for state reimbursement of associated costs.

16. Utilize the current DSHS EMTF Resource Requirements, Reimbursement, and Allowable Costs guidelines as the standard for reimbursements. Located at: <https://dshs.texas.gov/commprep/response/costsandrequirements/emtf.aspx>.
17. Participate in ongoing development of the IDRU and Texas Mortuary Operations Response Team ("TMORT") concepts. Participation may include training and/or exercises.
18. Provide additional information/reports to DSHS CHEPR or the EMTF SCO, upon request. This may include short turn-around requests such as during an active response or during legislative session.

B. EMTF (State Rider Responsibilities):

In addition to the responsibilities and requirement listed under Section I.A above, EMTF State Rider funding should also be used for:

1. Operational Ongoing Program:

- a. Perform activities related to ongoing program management, exercises, and readiness of EMTF program.
- b. Provide additional information/reports to DSHS CHEPR or the EMTF SCO, upon request.
- c. Limit supply and equipment purchases to those items included on the standardized equipment/supply lists. If additional funding is available, other supplies or equipment may be purchased for EMTF that are not on the standardized lists, although prior written DSHS approval must be obtained.
- d. New equipment purchases over \$50,000.00 will be submitted by the EMTF SCO with EMTF Executive Committee approval for written purchase authorization from DSHS.

(Remainder of Page Intentionally Left Blank)