

Contract Declarations & Execution Page

CONTRACT #: 5884EL50	PROJECT TITLE: Healthcare-Associated Infections Tabletop Exercise Development and Facilitation
CONTRACTOR LEGAL NAME AND ADDRESS: Insert Contractor's legal name and address	PROJECT PERIOD: June 1, 2023 - July 31, 2025
STATE OF IOWA DEPT. OF ADMINISTRATIVE SERVICES VENDOR #: insert contractor's 11 digit vendor #	CONTRACT PERIOD: June 1, 2023 - July 31, 2024
IOWA CODE CHAPTER 8F DESIGNATION: This contract is covered by Iowa Code chapter 8F This contract is NOT covered by Iowa Code chapter 8F At the time of execution, this contract is NOT covered by Iowa Code chapter 8F, if the Contractor executes additional contracts with the Department, the aggregate of which exceed \$ 500,000, the contract will be covered.	TOTAL CONTRACT AMOUNT : \$0
	FUNDING SOURCE: FEDERAL: \$0 STATE: \$0 OTHER: \$0 Interagency State: \$0 Interagency Federal: \$0 Private/Fees/Other: \$0
	Federal Subrecipient Addendum Needed? YES/NO
<p>The Contractor agrees to perform the work and to provide the services described in the Special conditions for the consideration stated herein. The duties, rights and obligations of the parties to this contract shall be governed by the Contract Documents, which include the Special Conditions, General Conditions, Request for Proposal and Application.</p> <p>The Contractor has reviewed and agrees to the Iowa Department of Public Health General Conditions Effective July 1, 2019 as posted on the Department's website under Funding Opportunities or as available by contacting Andrew Connet at telephone (515) 210-0792. The Contractor specifies no changes have been made to the Special Conditions or General Conditions.</p>	
<p>The parties hereto have executed this contract on the day and year last specified below.</p>	
For and on behalf of the Department: By: _____ Insert Division Director Name and Title	For and on behalf of the Contractor: By: _____ Insert Date (required if not a digital signature): _____

Special Conditions for Contract # 5884EL50

Article I- Identification of Parties:

This contract is entered into by and between the Iowa Department of Public Health (hereinafter referred to as Department) and the Contractor, as identified on the contract face sheet.

State Agency Transition Period

Effective July 1, 2022, through July 1, 2023, the Iowa Department of Public Health (IDPH) and the Iowa Department of Human Services (DHS) shall be in a transition period as the agencies develop and implement transition plans to merge the agencies and become a new state agency, the Iowa Department of Health and Human Services (Iowa HHS). For purposes of this Agreement throughout the transition period, “Agency” or “Department” means either IDPH or DHS or Iowa HHS. Throughout the transition period, IDPH and Iowa HHS shall have and may exercise all legal powers and duties of IDPH, including executing all contractual rights and obligations.

Effective July 1, 2023, the Iowa Department of Public Health (IDPH) and the Iowa Department of Human Services shall merge and become the Iowa Department of Health and Human Services (Iowa HHS). For purposes of this Agreement on and after July 1, 2023, “Agency” or “Department” means Iowa HHS. On and after July 1, 2023, Iowa HHS shall have and may exercise all legal powers and duties of the former IDPH, including executing all contractual rights and obligations.

Article II - Designation of Authorized State Official:

Ken Sharp, Operations Deputy, Division of Public Health is the Authorized State Official for this contract. Any changes in the terms, conditions, or amounts specified in this contract must be approved by the Authorized State Official. Negotiations concerning this contract should be referred to Andrew Hennenfent, HAI Program Manager, (515) 336-4287 or andrew.hennenfent@idph.iowa.gov.

Article III - Designation of Contract Administrator:

Insert Name has been designated by the Contractor to act as the Contract Administrator. This individual is responsible for financial and administrative matters of this contract. Negotiations concerning this contract should be referred to: insert name; telephone (); email address.

IowaGrants.gov. The Department utilizes an electronic grant management system (IowaGrants.gov) for all contract activities. It is the Contractor’s sole responsibility to ensure appropriate individual(s) have registered within IowaGrants. The Contractor acknowledges that

all assigned individuals to the Grant Tracking site have full rights (add, modify, and delete) for all Grant Tracking site components including contractual forms such as work plans, personnel, budgets, and reporting forms, and claims submission.

The Contract Administrator designates insert name as the Grantee Contact in IowaGrants (www.IowaGrants.gov) who shall regulate and assign access of appropriate individuals to this grant site.

Article IV – Key Personnel:

The following individual(s) shall be considered key personnel for purposes of this contract:

Department Personnel

Name	Title	Email Address
	Bureau Chief	
Andrew Hennenfent	Program Consultant	andrew.hennenfent@idph.iowa.gov
Andrew Connet	Program Contract Manager	andrew.connet@idph.iowa.gov

Key Contractor Personnel Essential personnel for delivery of services as determined by IDPH program

Name	Title	Email Address
	Project Director or Coordinator	
	Add more as applicable	

The Contractor shall notify the Department in writing within ten (10) working days of any change of Key Personnel identified in this section.

Article V - Statement of Contract Purpose:

For the Contractor to provide expertise and technical services to develop and then facilitate, two separate tabletop exercise series to prepare healthcare facilities in Iowa for the increasing threat of multidrug resistant organisms. This will include creating and facilitating 8 tabletop

exercises for the hospital setting, and creating and facilitating 8 tabletop exercises for the long-term care setting.

This will increase awareness among Iowa healthcare facilities of emerging multidrug resistant organism threats, increase the readiness of Iowa healthcare facilities to quickly respond to and contain emerging multidrug resistant organism treats, educate Iowa healthcare facilities on how they can leverage public health resources as part of their response and containment strategy, and create materials so the tabletop exercise can be reproduced in the future by an individual facility.

Article VI - Description of Work and Services:

In compliance with the Department-approved work plan within IowaGrants, the Contractor shall:

This project will result in two distinctive tabletop exercises, each focusing on a different pathogen and setting. This will equal one table top exercise specifically for the hospital setting and a separate tabletop exercise specifically for the long-term care setting. The topic for the hospital setting will be *Candida Auris*. The topic for the long-term care setting will be carbapenem-resistant *Acinetobacter baumannii* (CRAB). The Department has example materials available upon request.

The exercises shall be developed following the Homeland Security Exercise and Evaluation Program (HSEEP) doctrine (January 2020 version) and utilize the HSEEP master task list for exercise design and development.

The Contractor shall provide a lead planner and subject matter experts for the planning team. The remainder of the planning team shall consist of representatives from the Department, a representative from the Department's Healthcare Associated Infections (HAI)/Antibiotic Resistance (AR) Advisory Committee's Training and Exercise Subcommittee, and representatives from the respective professional association(s) relevant to the setting type. The Department will help in identifying members of the planning team outside of those provided by the Contractor. It is at the Contractor's discretion if they create one overall planning team, or a separate team for each setting type.

The Contractor will provide an electronic shared workspace for planning team exercise documents and coordination.

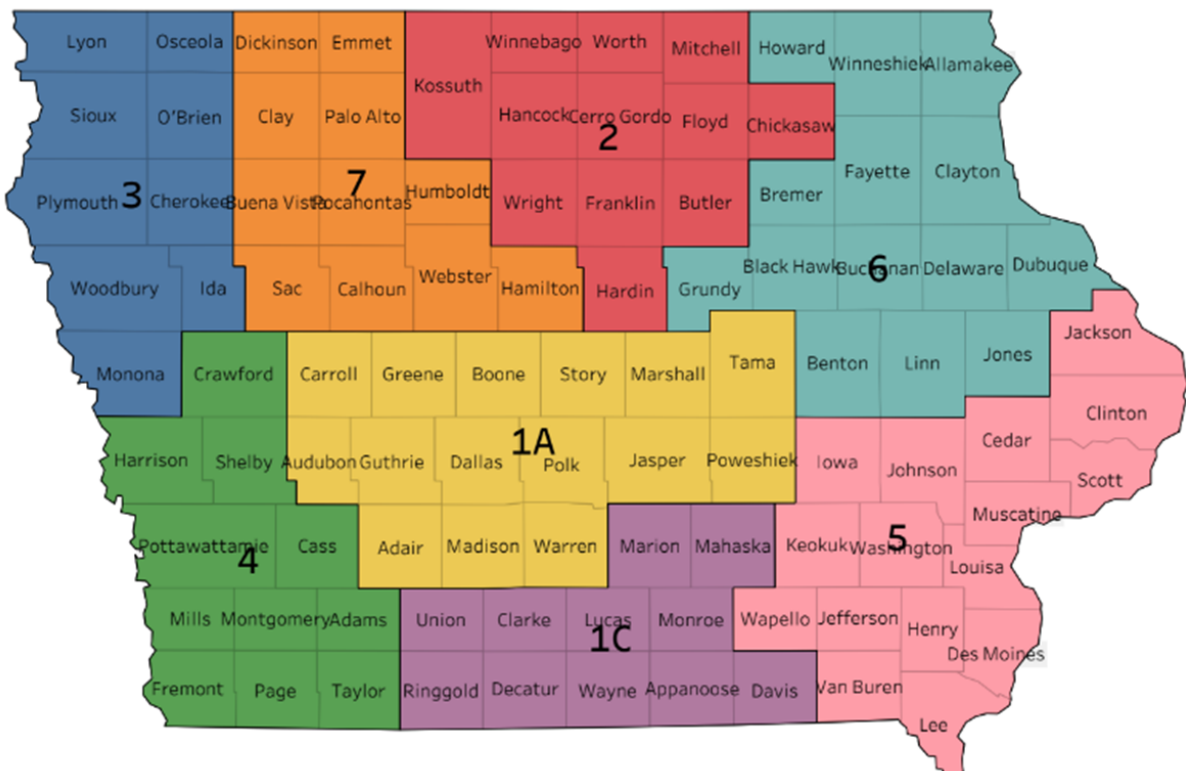
It is acceptable for all planning meetings to occur virtually with a minimum of the following meetings held:

- concepts and objectives meeting,
- initial planning meeting (this can be combined with the concepts and objectives meeting),
- monthly planning meeting (for the duration of content creation), and
- final planning meeting prior to starting the tabletops for a respective healthcare setting to ensure everything is ready and executable.

Additionally, ad hoc planning meetings can be scheduled as necessary and meeting minutes will be provided by the Contractor within five business days of each meeting.

While the Department will take part in the planning process, it will be the sole responsibility of the Contractor to develop the scenario, content, and materials. With the Department providing details necessary to develop portions regarding the public health response as well as approving everything before it is finalized.

In total 16 in-person tabletop exercises are to be held, 8 per setting type. This will equal 1 of each setting specific tabletop exercise held in each of 8 service areas outlined in the following map (for example 1 tabletop exercise for the hospital setting and 1 tabletop exercise held for the long-term care setting held in region 3):



The tabletop exercises are to be held in-person and it will be the responsibility of the Contractor to:

- find and book venues,
- manage registration (including creating a roster of attendees),
- provide facilitation during the exercise,
- provide a master note taker,
- assist in providing evaluators, and
- soliciting and documenting attendee feedback.

NOTE: the funding source for this project does not allow for the purchase of food or beverages.

Prior to hosting an in-person session, the following briefings/trainings will occur virtually for the relevant parties attending the exercise:

- exercise orientation 1-2 weeks before the exercise,
- evaluator training, and
- observer briefing.

Prior to initiating the table top scenario a brief background of the respective pathogen (clinical significance, PPE considerations, cleaning and disinfection considerations, epidemiology) will be given to the attendees. This will be followed by an exercise overview for all attendees before the tabletop scenario starts.

Each setting specific tabletop scenario will start with a simulated Department notification to a facility that a new admission has a recently discovered epidemiological link to a positive case for the respective pathogen. The scenario will also include, but is not limited to, the following:

- implementation of a containment strategy,
 - rapid identification/risk assessment of possible exposures,
 - infection control assessments,
 - colonization screenings when needed,
 - coordinated response between facilities,
 - continue assessments and colonization screenings until transmission mitigated,
- inject relevant for local public health,
- notification strategy (persons potentially exposed, families of those potentially exposed, other healthcare facilities)

Each tabletop exercise will end with an exercise hot-wash meeting (i.e. summary/debrief at the end of the exercise). In addition, if modules are used, a short hot-wash meeting will be conducted after each module, separate from the end of the day hot-wash meeting.

The intention for the hospital scenario is to allow participants to “play” through the parts of the scenario taking place in hospital settings, and simulate the parts taking place in other healthcare

settings.

The intention for the long-term care scenario is to allow participants to “play” through the parts of the scenario taking place in long-term care facilities, and simulate the parts taking place in other healthcare settings.

The contractor should be creative with the scenarios to make them engaging while educational for the attendees.

The following documents will be created in printed and electronic format for each distinctive tabletop exercise:

- Situation Manual (SitMan);
- Facilitators Guide;
- Controller and Evaluator Handbook;
- Exercise Evaluation Guides;
- Participant Feedback Form,
- Multimedia presentations (i.e. PowerPoint presentation), and
- After Action Report and Improvement Plan template.

Attendees of each individual tabletop exercise shall receive in printed and electronic format the following:

- agenda;
- scenario handout; and
- after action report and improvement plan (incorporating the lessons learned from the entire series of table top exercises for that specific setting type).
- Training evaluation form

In addition, after completion of all 8 tabletop exercises for a given setting, a master after action report and improvement plan will be drafted by the contractor that summarizes common lessons learned from all tabletop exercises held in that setting with recommended improvements and/or corrections outlined. This will result in one master after action report for the hospital setting, and one master after action report for the long-term care setting. These reports will be written documents. The format/structure of the document can be at the discretion of the contractor.

Article VII – Performance Measure:

Reimbursement under the contract will be based upon successful performance in meeting the requirements and deliverables outlined in the budget section. All deliverables must meet Department approval prior to payment of the reimbursement. Failure to provide deliverables meeting Department satisfaction will result in non-payment of corresponding deliverable.

The Contractor shall submit any documentation required for the performance measure into the progress reports component of the grant site within IowaGrants.gov.

Article VIII – Reports:

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The Contractor shall complete and submit the following reports in the grant site located in IowaGrants.

Include report requirements such as data submission/uploads or performance measure

Report Title	Description of information to be collected	Form Frequency/Type	Date Due
Subcontracts- draft, unsigned		Type: Subcontract Documents	Submit for Department approval Prior to obtaining signatures
FFATA Report (the FFATA report must be included and scheduled if FFATA reporting is required by the federal grant. Department staff must input the information submitted to us on this form into the federal reporting system by the end of the month following the month of the award date. Example: if the award is made October 15 the filing must be made by November 30)		Type: FFATA Report	Contractor Submits within 15-30 days of the start date of the contract.

<ul style="list-style-type: none"> • <i>Progress Reports</i> 	Meetings with the Department's HAI/AR Program Manager that will include details about progress towards fulfilling project activities	At minimum, monthly	At minimum, monthly
Tabletop Exercise Registration Reports	List of registrants for each respective tabletop exercise	Unspecified	Prior to each exercise
Tabletop Attendance Reports	List of attendees and other relevant statistics for each tabletop exercise	Unspecified	Within 2 weeks of the conclusion of each exercise
After action report for exercises	One per exercise (16 total)	Unspecified	Within 2 weeks of the conclusion of each exercise
Master after action reports	One per setting type	Unspecified	July 1, 2024
Claim documentation	Upload to IowaGrants	Claim attachment	with each claim

Article IX - Budget:

Deliverable-based Reimbursement

Reimbursement under this contract will be deliverable-based. These amounts are all inclusive and no other costs or expenses will be provided.

<i>Deliverable (description)</i>	<i>Due Date</i>	<i>Fixed Cost</i>
<i>Hospital setting Candida Auris tabletop exercises</i>		
<i>Content and material development/finalization for tabletop exercise</i>	<i>October 1, 2023</i>	<i>\$</i>
<i>Facilitation of in-person tabletop exercise in region 3</i>	<i>TBD based on</i>	<i>\$</i>

	<i>venue availability</i>	
<i>Facilitation of in-person tabletop exercise in region 4</i>	<i>TBD based on venue availability</i>	<i>\$</i>
<i>Facilitation of in-person tabletop exercise in region 7</i>	<i>TBD based on venue availability</i>	<i>\$</i>
<i>Facilitation of in-person tabletop exercise in region IA</i>	<i>TBD based on venue availability</i>	<i>\$</i>
<i>Facilitation of in-person tabletop exercise in region IC</i>	<i>TBD based on venue availability</i>	<i>\$</i>
<i>Facilitation of in-person tabletop exercise in region 2</i>	<i>TBD based on venue availability</i>	<i>\$</i>
<i>Facilitation of in-person tabletop exercise in region 6</i>	<i>TBD based on venue availability</i>	<i>\$</i>
<i>Facilitation of in-person tabletop exercise in region 5</i>	<i>TBD based on venue availability</i>	<i>\$</i>
<i>Master after action report</i>	<i>July 1, 2024</i>	
<i>Long-term Care carbapenem-resistant Acinetobacter baumannii (CRAB) tabletop exercises</i>		
<i>Content and material development/finalization for tabletop exercise</i>	<i>October 1, 2023</i>	<i>\$</i>
<i>Facilitation of in-person tabletop exercise in region 3</i>	<i>TBD based on venue availability</i>	<i>\$</i>
<i>Facilitation of in-person tabletop exercise in region 4</i>	<i>TBD based on venue availability</i>	<i>\$</i>
<i>Facilitation of in-person tabletop exercise in region 7</i>	<i>TBD based on venue availability</i>	<i>\$</i>
<i>Facilitation of in-person tabletop exercise in region IA</i>	<i>TBD based on venue availability</i>	<i>\$</i>
<i>Facilitation of in-person tabletop exercise in region IC</i>	<i>TBD based on venue availability</i>	<i>\$</i>
<i>Facilitation of in-person tabletop exercise in region 2</i>	<i>TBD based on venue availability</i>	<i>\$</i>

<i>Facilitation of in-person tabletop exercise in region 6</i>	<i>TBD based on venue availability</i>	<i>\$</i>
<i>Facilitation of in-person tabletop exercise in region 5</i>	<i>TBD based on venue availability</i>	<i>\$</i>
<i>Master after action report</i>	<i>July 1, 2024</i>	
<i>Total Fixed Cost:</i>		<i>\$</i>

*Reimbursements will not be provided until the Department approves the deliverable.

The Contractor shall receive written approval from the Department prior to spending the final three (3) percent of all funds awarded.

Article X - Payments:

I. Submission of Claims for contract period:

For a Deliverable or unit cost budget use this language: The Contractor shall complete and submit a claim following the completion of the corresponding deliverable. The claim shall be submitted in the grant site located in IowaGrants within 30 days of Department approval of the deliverable.

The Department shall verify the Contractor’s performance of the provision of Services/Deliverables and timeliness of claims before making payment. The Department may elect not to pay claims that are considered untimely.

2. End of State Fiscal Year Claims Submission:

Notwithstanding the timeframes above, and absent:

- a. longer timeframes established in federal law or
- b. the express written consent of the Department

the Contractor shall submit all claims to the Department by August 10th for all services performed in the preceding state fiscal year (the State fiscal year ends June 30).

The Department will not automatically pay end of state fiscal year claims that are considered untimely. If the Contractor seeks payment for end of state fiscal year claim(s) submitted after August 10th, the Contractor may submit the late claim(s), as well as a justification for the untimely submission. The justification and request for payment must

be submitted within the Correspondence component of this grant site. The Department may reimburse the claim if funding is available after the end of the fiscal year.

If funding is not available after the fiscal year, the claim may be submitted to State Appeal Board in accordance with instructions for consideration. Instructions for this process may be found at: http://www.dom.state.ia.us/appeals/general_claims.html.

3. The Department shall pay all approved invoices/claims in arrears. The Department may pay in less than sixty (60) days, but an election to pay in less than sixty (60) days shall not act as an implied waiver of Iowa law.

4. Final payment may be withheld until all contractually required reports have been received and accepted by the Department. At the end of the contract period, unobligated contract amount funds shall revert to the Department.

Article XI – Additional Conditions

1. The Contractor shall ensure all IowaGrant Grant Tracking site component information is accurate and current. This is inclusive of personnel, work plans, and budget forms. Requests by the Contractor for access to update the Grant Tracking site components shall be submitted through correspondence to the IDPH Program Contract Manager. If an update is approved by the Department, an amendment to the contract may be required.
2. All work plan revisions must be approved by the Department prior to implementation. Requests for work plan revisions must be received by the Department through the correspondence component within the Grant Tracking site on or before insert specific date which should be at least 30 days prior to the end of contract period.
3. Add any additional conditions to include, but not limited to: funder requirements such as federal requirements (refer to the NOA's for each funding source); additional requirements from another funder such as DHS or private entity (refer to the contract b/w IDPH and the funder). Examples of additional conditions might be including limitations on costs/expenses not allowed for reimbursement, limitations on data usage or disclosure, or federal compliance items, etc. Do not repeat or include conditions covered by the General Conditions in this section, but if a funder's agreement/contract/NOA requires us to pass along additional conditions or to modify IDPH's General Conditions (with CCO or AAG approval only), that must be stated here in the contract.

4. The Contractor shall ensure no information collected from any forms requested of exercise participants (registration, evaluation, feedback forms, etc) contains any confidential information. Including but not limited to a participant discussing anything they have experienced or observed in their work setting.