



TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

DATE: September 24th, 2020

RE: *Approval of extension of the Service Agreement between Southern Nevada Health District and Impact Exchange, Year 2 Funding.*

PETITION #12-21

That the Southern Nevada District Board of Health *approve the Interlocal Service Agreement between the Southern Nevada Health District (SNHD) and Impact Exchange, who is a local syringe service organization providing services in the community including linkage to care for those who use substances and are vulnerable to overdose.*

PETITIONERS:

Fermin Leguen, MD, MPH, Acting Chief Health Officer *FL*
Michael Johnson, PhD, Director of Community Health *MJ*
Marlo Tonge, Communicable Disease Manager *MT*

DISCUSSION:

This is an agreement to support and collaborate with Impact Exchange who provides many services in the community including linkage to Medication Assisted Therapy, Harm reduction education, community outreach, and Naloxone distribution for those who use substances and are vulnerable to overdose. In addition to linking individuals to care, Impact Exchange will conduct testing of the drug supply through the needle exchange efforts, facilitate the local Southern Nevada Harm Reduction Alliance, and share linkage to care outcomes with the Southern Nevada Health District as part of an overall effort to disseminate findings to partners in Clark County.

FUNDING:

This agreement will provide funding to Impact Exchange in the amount of \$408,000. This is direct funding from federal grant dollars, CDC ODTA 1 NU17CE925002-01-00, with the scope of work to be completed between September 1, 2020-August 31, 2021.



**AMENDMENT A02 TO
PROFESSIONAL SERVICES AGREEMENT
BETWEEN
SOUTHERN NEVADA HEALTH DISTRICT
AND
IMPACT EXCHANGE
C2000040**

THIS AMENDMENT A02 IS MADE WITH REFERENCE TO Professional Services Agreement C2000040 (“Agreement”), Effective Date September 1, 2019, and as amended August 7, 2020, by and between the Southern Nevada Health District (“Health District”) and Impact Exchange (“Contractor”) (individually “Party” and collectively “Parties”).

WHEREAS, the Parties mutually desire to extend the term, and to add funds to the Agreement.

NOW THEREFORE, pursuant to Subsection 1.05 of the Agreement, the Parties hereby mutually agree to amend the Agreement as follows:

- 1) The fourth paragraph on the first page of the Agreement is hereby deleted in its entirety and replaced with the following:

WHEREAS, Health District desires to obtain professional services in support of a federal grant received from the Centers for Disease Control and Prevention (“CDC”), which is an operating division of the U.S. Department of Health and Human Services (“HHS”), Federal Award Identification Number NU17CE925002, CFDA Number 93.136 – Injury Prevention and Control Research and State Community Based Programs, program entitled Southern Nevada Health District Overdose Data to Action (SNHD-ODTA) Project, awarded August 12, 2019, and as amended on November 13, 2019, February 12, 2020, and June 29, 2020; and awarded July 29, 2020, with a total amount awarded to Health District of \$5,469,784 (the “Grant”); and

- 2) The first paragraph of Section 1, Term, Termination, and Amendment, is hereby deleted in its entirety and replaced with the following:
 1. **TERM, TERMINATION, AND AMENDMENT.** This Agreement shall be effective from September 1, 2019 through August 31, 2021, unless sooner terminated by either Party as set forth in this Agreement. This Agreement may be extended by two (2) additional one-year periods upon mutual written agreement by the Parties.
- 3) Section 2, Incorporated Documents, is hereby deleted in its entirety and replaced with the following:
 2. **INCORPORATED DOCUMENTS.** The Services to be performed to be provided and the consideration therefore are specifically described in the below referenced documents which are listed below and attached hereto and expressly incorporated by reference herein:

ATTACHMENT A-A02: SCOPE OF WORK
ATTACHMENT B-A02: PAYMENT
ATTACHMENT C: ADDITIONAL GRANT INFORMATION AND REQUIREMENTS
ATTACHMENT D: BUSINESS ASSOCIATE AGREEMENT

- 4) The total not-to-exceed amount of the Agreement is increased by \$408,000; from \$476,000 to \$884,000. Section 3, Compensation, is hereby deleted in its entirety and replaced with the following:
 3. COMPENSATION. Contractor shall complete the Services in a professional and timely manner consistent with the Scope of Work outlined in Attachment A-A02. Contractor will be reimbursed for expenses incurred as provided in Attachment B-A02: Payment. The total not-to-exceed amount of this Agreement is \$884,000, all of which is funded by the Grant described on the first page of this Agreement; this accounts for 100% of the total funding for the term of the Agreement.
- 5) Attachment A-A01, Scope of Work, is hereby deleted in its entirety and replaced with Attachment A-A02, which is attached hereto and expressly incorporated by reference herein.
- 6) Attachment B-A01, Payment, is hereby deleted in its entirety and replaced with Attachment B-A02, which is attached hereto and expressly incorporated by reference herein.

This Amendment A02 is effective as of September 1, 2020.

Except as expressly provided in this Amendment A02, all the terms and provisions of the Agreement are and will remain in full force and effect and are hereby ratified and confirmed by the Parties.

[SIGNATURE PAGE TO FOLLOW]

DRAFT

BY SIGNING BELOW, the Parties hereto have approved and executed this Amendment A02 to Agreement C2000040.

SOUTHERN NEVADA HEALTH DISTRICT

IMPACT EXCHANGE

By: _____
Fermin Leguen, MD, MPH
Acting Chief Health Officer
Health District DUNS: 137055492

By: _____
Rick Reich
Program Director
Contractor DUNS: 081156889

Date: _____

Date: _____

By: _____
Heather Anderson-Fintak, Esq.
Associate General Counsel
Southern Nevada Health District

DRAFT

**ATTACHMENT A-A02
Scope of Work and Work Plan**

A. Description of Services, Scope of Work and Deliverables, Performance Period September 1, 2019 – August 31, 2020

A.1 Contractor will:

- (a) Enhance its ability to provide linkage to care services for their clients who (i) use opioids or other drugs, and/or; (ii) those at risk for overdose, and/or; (iii) those who utilize Contractor’s Harm Reduction facility in any capacity, to include those seeking testing services, those participating in group sessions based on substance use choice, and those utilizing harm reduction and syringe vending services.
- (b) Participate in harm reduction outreach for people currently using opioids or other drugs.
- (c) Facilitate the Southern Nevada Harm Reduction Alliance (“SNHRA”) to improve integration of state and local harm resources.
- (d) Conduct innovative surveillance projects to better understand the drug use and linkage to care outcomes among its clients, as well as the local drug supply.

1. Surveillance: Innovative Surveillance				
Objective	Activities	Outputs	Due Date	Evaluation
1.1 Innovative surveillance for linkages to care project	1.1.1 Track the extent persons interacting with Impact Exchange’s syringe vending machines or storefront are linked to opioid use disorder treatment or substance use risk reduction services, including housing, employment, naloxone, insurance, mental health/counseling	<p>Tracking mechanism to identify:</p> <p>referrals to services made by type of service</p> <p>Successful referrals among each type of service</p> <p>Demographics of clients being tracked (race/ethnicity, age, sex)</p>	<p>Ongoing through reporting period with quarterly monitoring:</p> <p>Q1-December 15, 2020</p> <p>Q2-March 15, 2021</p> <p>Q3-June 15, 2021</p> <p>Q4-Sept 15, 2021</p>	<p>Raw data provided to Health District epidemiologists</p> <p>Summary of success stories and lessons learned</p>

1. Surveillance: Innovative Surveillance

Objective	Activities	Outputs	Due Date	Evaluation
		Success stories Barriers/lessons learned		
	1.1.2 Conduct data quality assurance using guidance provided by Health District epidemiologists	Implemented quality assurance practices as approved by Health District epidemiologists	Ongoing throughout reporting period	Copies of data quality assurance practices
1.2 Innovative surveillance of drug use/misuse and overdose risk project	1.2.1 Track drug use and overdose risk behaviors among clients through use of harm reduction questions	Documented survey responses in Excel spreadsheet or online database (Use the paper survey initially, then switch to online application, once implemented.)	Ongoing through reporting period with report on outcomes Q1-December 15, 2020 Q2-March 15, 2021 Q3-June 15, 2021 Q4-Sept 15 2021	Raw data provided to Health District epidemiologists
	1.2.2 Finalize and implement Health District's "Impact Exchange Online Enrollment Program" to centralize client intake survey data among vending and storefront clients	Summary of plan to enroll clients into new system and description of post-enrollment survey administration procedures (frequency, incentives) to be reviewed by Health District epidemiologists	End of quarter 2 (February 28, 2021)	Copy of online survey implementation plan
1.3 Innovative surveillance of the illicit opioid drug supply project	1.3.1 Update and implement surveillance plan to address when and how often products will be tested, how drug	Surveillance plan to be reviewed by Health District epidemiologists	Ongoing through reporting period with report on progress:	Copy of updated surveillance plan

1. Surveillance: Innovative Surveillance

Objective	Activities	Outputs	Due Date	Evaluation
	testing tool will be safely stored and maintained, and staff training	Identify and train testing staff on testing tool Create and maintain a tracking mechanism for those who complete the training on testing tool	Q1-December 15, 2020 Q2-March 15, 2021 Q3-June 15, 2021 Q4-Sept 15 2021	Copy of training sign in sheet Proof of trainings on testing tool(s)
	1.3.2 Track the illicit opioid drug supply by testing drug products and drug paraphernalia, such as syringes in partnership with Health District	Testing of at least 200 drug products or supplies each month Create a documentation plan for quarterly reports, to include: Number of products tested Residential ZIP code/location of product, if feasible Description of types of drugs identified by testing tool	Ongoing through reporting period with report on outcomes Q1-December 15, 2020 Q2-March 15, 2021 Q3-June 15, 2021 Q4-Sept 15 2021	Raw data shared with Health District Copy of documentation plan

2. Prevention: Establishing Linkages to Care

Objective	Activities	Outputs	Due Date	Evaluation
2.1 Enhance programs and policies	2.1.1 Maintain Contractor linkage to care team to increase referrals and linkages to care	Provide trainings for new staff and updates for existing staff to incorporate current best practices for linkage efforts	Ongoing through reporting period with report on outcomes Q1-December 15, 2020 Q2-March 15, 2021 Q3-June 15, 2021 Q4-Sept 15 2021	Copy of trainings provided for each new team member Copy of training sign in sheet
	2.1.2 Work with Health District to ensure implementation of the linkage to care services is as intended.	Participate in meetings, as often as quarterly, to discuss linkage to care implementation Create and implement a monitoring tool for linkage staff regarding interactions and messaging for services Monitor new staff prior to seeing clients on their own, and at minimum annually for existing staff	Creation of monitoring tool by November 2020 with implementation by December 31, 2020 Reports on outcomes Q1-December 15, 2020 Q2-March 15, 2021 Q3-June 15, 2021 Q4-Sept 15 2021	Proof of meeting attendance Copy of monitoring tool Copy of monitoring documentation for new and existing staff
	2.1.3 Maintain Outreach Services	Conduct outreaches at least monthly to address service needs among those vulnerable to overdose Create data collection tool to include the following variables:	Ongoing through reporting period with report on outcomes Q1-December 15, 2020 Q2-March 15, 2021 Q3-June 15, 2021 Q4-Sept 15 2021	Copy of monthly outreach schedule for upcoming quarter Copy of data collection sheet from monthly outreaches Summary of success stories and lessons learned

2. Prevention: Establishing Linkages to Care

Objective	Activities	Outputs	Due Date	Evaluation
		Number of outreach events and dates Number of people served Number of individuals connected to services Location descriptions where services were provided (e.g. tunnels, cross streets) Number referrals received by service type Success stories		Copy of data collection tool outcomes
	2.1.4 Continue to Support expansion for community peer recovery for those vulnerable to overdose	Create a tracking mechanism to include: Number of staff trained for peer-to-peer navigation that include when and what trainings have been completed. Number of referrals to peer-to-peer coaches and Number of clients who accepted peer services	Ongoing through reporting period with report on outcomes Q1-December 15, 2020 Q2-March 15, 2021 Q3-June 15, 2021 Q4-Sept 15 2021	Copy of tracking mechanism

2. Prevention: Establishing Linkages to Care

Objective	Activities	Outputs	Due Date	Evaluation
		Client success stories		
	2.1.5 Technology to enhance linkages to care	Complete paperwork for referring provider through OpenBeds platform Train staff in OpenBeds platform and document training Document success stories through use of OpenBeds	Implementation By December 31,2020 Reports on progress Q2-March 15, 2021 Q3-June 15, 2021 Q4-Sept. 15 2021	Copies of OpenBeds paperwork Copies of staff trained in OpenBeds Summary of success stories and lessons learned

3. Prevention: Empowering Individuals to Make Safer Choices

Objective	Activities	Outputs	Due Date	Evaluation
3.1 Partner with harm reduction organizations to implement strategies	3.1.1 Impact Exchange staff to plan and coordinate to include meeting documentation, planning, agenda setting, and facilitating SNHRA meetings	Plan and coordinate all SNHRA and subcommittee meetings, to include: Create agenda for SNHRA meetings Document and disseminate minutes to participating agencies Facilitate annual strategic planning meeting	Coordinate meetings for SNHRA as scheduled with report on outcomes: Q1-December 15, 2020 Q2-March 15, 2021 Q3-June 15, 2021 Q4-Sept 15 2021	Schedule of meetings Copy of meeting agendas Copy of meeting minutes Copy of listserv membership Copy of materials and plan created for International Overdose Awareness Day

3. Prevention: Empowering Individuals to Make Safer Choices

Objective	Activities	Outputs	Due Date	Evaluation
		Maintain listserv of members Coordinate the Annual International Overdose Awareness Day for Clark County		

B. Description of Services, Scope of Work and Deliverables, Performance Period September 1, 2019 – August 31, 2020

B.1 Contractor will enhance its ability to provide linkage to care services for people who use the storefront or syringe vending machines through use of peer navigators. Contractor will provide harm reduction outreach for people currently using opioids or other drugs and will support the innovative surveillance of the illicit opioid drug supply by testing drug products and drug paraphernalia. Contractor will facilitate the Southern Nevada Harm Reduction Alliance to improve integration of state and local resources. Finally, Contractor will support efforts to improve data collection among Contractor clients to better track linkages to care/treatment and understand risk behaviors.

1. Surveillance: Innovative Surveillance of Linkage to Care

Objective	Activities	Outputs	Due Date	Evaluation
1.1 Track the extent persons interacting with the Contractor’s storefront are linked to opioid use disorder treatment for substance use or risk reduction services	1.1.1 Contractor will implement online questionnaire in partnership with Health District	In partnership with Health District, build and implement online questionnaire	Finalize and implement Impact Exchange online collection forms February 28, 2020	Copy of online questionnaire
	1.1.2 In partnership with Health District, Contractor will participate in planning for year 2 activities, including evaluating feasibility for conducting in person	Meeting attendance	Ongoing throughout budget period	Meeting minutes

1. Surveillance: Innovative Surveillance of Linkage to Care				
Objective	Activities	Outputs	Due Date	Evaluation
	interviews among SVM and storefront clients			
	1.1.3 Contractor will analyze linkage to care outcomes and build report	Report outcomes on linkage to care	Quarterly reports on outcomes due: December 15 th , 2019, March 15 th , 2020 June 15 th , 2020 September 15, 2020	# clients accessed Contractor storefront in reporting period # requesting treatment # linked to MAT # linked to non-opioid treatment # received naloxone

2. Surveillance: Innovative Surveillance of Illicit Drug Supply				
Objective	Activities	Outputs	Due Date	Evaluation
2.1 Track changes in the illicit drug supply by testing drug products, and drug paraphernalia.	2.1.1 Contractor will develop surveillance plan to address when and how often products will be tested	Documented surveillance plan and obtain approval from Health District	February 28, 2020	Approval of surveillance plan
	2.1.2 Contractor will train staff on approaches to talking with clients to test their supplies and paraphernalia	Create Training Material	Ongoing through the reporting period.	# of trainings provided with sign in sheets # of staff in attendance
	2.1.3 Contractor will identify "hot spots" of where outreach/testing will occur	Conduct outreaches	Ongoing through reporting period with biannual reports on outcomes Due March 15, 2020 and September 15, 2020	# of outreaches conducted

2. Surveillance: Innovative Surveillance of Illicit Drug Supply

Objective	Activities	Outputs	Due Date	Evaluation
	2.1.4 Contractor will review data from the electronic system that captures TruNarc findings.	Analysis of the TruNarc outputs for substance identification	Bi-annual reports on outcomes due Due March 15, 2020 and September 15, 2020	# total number tested # number of substances identified # source of testing
	2.1.5 Contractor will disseminate findings	Identification of key partners who would benefit from this information including Health District.	Bi-annual reports due at same time of quarterly reports: Due March 15, 2020 and September 15, 2020	# of reports created

3. Prevention: Linkages to Care

Objective	Activities	Outputs	Due Date	Evaluation
3.1 Create a peer-to-peer service delivery for those vulnerable to overdose	3.1.1 Contractor will create job descriptions	Hired staff who meet requirements for peer navigation and linkage to treatment	Ongoing through the reporting period	# of staff hired
	3.1.2 Contractor will create and implement trainings for peer-to-peer navigators documented through a checklist	Training of staff, to include HIV, HCV, Harm Reduction, as well as overdose prevention and response	Bi-annually due at same time of quarterly reports: Due March 15, 2020 and September 15, 2020	# staff trained for peer-to-peer navigation # trainings attended # training checklists completed
	3.1.3 Contractor will create a workflow to determine caseload activity (i.e. how to identify clients, track linkages to care and referrals, and provide follow-up)	Procedures for case assignment and follow up processes	Ongoing through reporting period	# of procedures created

4. Prevention: Collaboration with Health District on Empowering Individuals to Make Safer Choices

Objective	Activities	Outputs	Due Date	Evaluation
4.1 As guided by Health District, implement strategies on the best available research evidence and messaging for people who inject drugs/people who use drugs	4.1.1 Contractor will implement new messaging and strategies for harm reduction	Provide consultation to Health District on evidence-based practices for syringe services programs and messaging	Ongoing through reporting period	# meetings attended or consultations provided
	4.1.2. Contractor will create referral process	Facilitate referrals of Contractor clients to Health District services	Ongoing through reporting period	# processes created # referrals to Health District

5. Prevention: Integration of State and Local Prevention and Response Efforts

Objective	Activities	Outputs	Due Date	Evaluation
5.1 Facilitate the Southern Nevada Harm Reduction Alliance (“SNHRA”)	5.1.1. Hire and train staff member to facilitate SNHRA meetings	Meeting agendas and minutes from all meetings, including subcommittee meetings	Ongoing through reporting period	Proof of staff position Meeting agendas Meeting minutes # events held and summary of events (as applicable)

- B.2 Contractor will submit programmatic reports on time, and as directed by Health District project staff. All programmatic and financial reports will be reviewed by Health District project staff to ensure Contractor is on track with project deliverables.
- B.3 Contractor will work closely with Health District project staff to ensure proper close-out of Grant related obligations.

**ATTACHMENT B-A01
PAYMENT**

- A. Payments to Contractor during Performance Period September 1, 2019 through August 31, 2020 are not-to-exceed \$476,000.
- (a) Three hundred ninety-two thousand seven hundred eighty-eight dollars (\$392,788) may be applied to reimbursements supporting Contractor’s Prevention Activities as detailed in this Section A.
 - (b) Eighty-three thousand two hundred twelve dollars (\$83,212) may be applied to reimbursements supporting Contractor’s Surveillance Activities as detailed in this Section A.

Description	Prevention	Surveillance
Personnel Salary	Not-to-exceed <u>\$156,119</u>	Not-to-exceed <u>\$45,864</u>
1 Program Manager (“PM”)		
1 Coordinator	PM \$43,604	PM \$35,800
2 Peers		
1 Admin Data Coordinator (“ADC”)	Coordinator \$15,037	Coordinator \$10,064
1 Harm Reduction (“HR”) Worker	2 Peers \$64,758	
	ADC \$20,200	
	HR Worker \$12,520	
Personnel Fringe	Not-to-exceed <u>\$14,200</u>	Not-to-exceed <u>\$4,724</u>
These funds will be used to hire two (2) peers to help link people to substance abuse treatment and care through outreach and onsite contact; and hire one (1) staff member to help facilitate Southern Nevada Harm Reduction Alliance, coordinate peer counselors for this project, and conduct drug testing. One (1) staff will be hired to be an office and outreach coordinator, and provide evaluation and reporting needs. One (1) harm reduction worker to handle stocking, packing and disposal.		
Travel	Not-to-exceed <u>\$7,166</u>	<u>\$0</u>
<u>Reimbursable Expenses</u>		
Mileage reimbursed at \$0.58 per mile		
Uber transportation for clients		
Out of state travel for conferences (2 conference trips x 2 staff each)		
Lodging		
Per Diem paid at \$64/day		
Ground Transportation		
Parking		
Airfare		
Internet Use		
Registration		
Mileage to stock vending machines, empty sharps disposal bins and participate in outreach. Uber transportation is estimated at 6 round trips per week for clients to have their blood drawn or go to Medication-assisted Treatment Centers. Conference travel is estimated for two (2) peers to travel to a national conference and for the coordinator and manager to travel to a national conference.		

Description	Prevention	Surveillance
Supplies		Software/ IT
Boxes, bags, tubes for distribution	Not-to-exceed <u>\$115,168</u>	Not-to-exceed <u>\$25,059</u>
Sterilis/ Biohazard disposal		
Syringe disposal bins		
Incentives for syringe return		
Incentives for HIV and HCV follow-up		
Database software/Computers/ IT Hardware/Vendnovation		
Incentives for HIV/HCV Follow Up		
Drug testing incentives		
Funds to support clients into care/ Emergency Assistance		
Individual sharps containers		
Printing of flyers, cards, and brochures		
Supplies for disposal of returned syringes, incentives for clients to return syringes, incentives for clients to do HIV and HCV testing follow-up with the lab and public health as well as funds to help clients get into treatment. Funds will not be used for purchasing naloxone, purchasing fentanyl test strips, purchasing syringes, drug take-back or other safe disposal programs, and direct provision of treatment services. Funds to support clients into care includes assistance with birth certificates, drivers' licenses/ IDs, application fees and other supports to get people into treatment.		
Other	Not-to-exceed <u>\$1,081</u>	
Alarm	\$1,081	
Alarm will be for maintaining security of the data, drug testing tool, and incentives		
Contractual	Not-to-Exceed <u>\$69,680</u>	<u>\$0</u>
Program Director	\$41,245	
Training Development	\$4,500	
Administrative Contractor	\$5,443.20	
Vehicle maintenance	\$3,500	
Office buildout	\$14,991.80	
These funds will be used to pay the program director to oversee the program components including hiring, training, data management and fiscal support. A subcontractor will be hired to develop educational materials and an SOP for the vending program. A subcontractor will be hired for administrative functions of this grant. A subcontractor will be paid to maintain Contractor's mobile vehicle and the office will be built out to handle the functions of the Grant.		
For Performance Period	Prevention Activities	Surveillance Activities
September 1, 2019 through August 31, 2020		
Total Direct, Not-to-Exceed	\$363,414	\$75,647
Indirect Costs, Not-to-Exceed (10% of Direct Costs less "Contractual")	\$29,374	\$7,565
Subtotals, Not-to-Exceed	\$392,788	\$83,212
Total Not-to-Exceed Amount for Performance Period		<u>\$476,000</u>
September 1, 2019 through August 31, 2020		

- A.1 Payments shall be based on approved Contractor invoices submitted in accordance with this Agreement. No payments will be made in excess of the not-to-exceed amount of this Agreement.
- A.2 Expenses incurred by Contractor after the end date of the Performance Period will not be eligible for reimbursement from funds allocated to this Performance Period.
- A.3 Contractor will not bill more frequently than monthly for the term of the

Agreement. Each invoice will itemize specific costs incurred for each allowable item as agreed upon by the Parties as identified in the Agreement.

- (a) Backup documentation including but not limited to invoices, receipts, monthly reports, proof of payments or any other documentation requested by Health District is required, and shall be maintained by the Contractor in accordance with cost principles applicable to this Agreement.
 - (b) Contractor invoices shall be signed by the Contractor's official representative, and shall include a statement certifying that the invoice is a true and accurate billing.
 - (c) Contractor is aware that provision of any false, fictitious, or fraudulent information and/or the omission of any material fact may subject it to criminal, civil, and/or administrative penalties.
 - (d) Invoices are subject to approval by Health District project and fiscal staff.
 - (e) Cost principles contained in Uniform Guidance 2 CFR Part 200, Subpart E, shall be used as criteria in the determination of allowable costs.
 - (f) Contractor must submit Final Requests for Reimbursement to Health District no later than September 20, 2020.
- A.4 Health District will not be liable for interest charges on late payments.
- A.5 In the event items on an invoice are disputed, payment on those items will be held until the dispute is resolved. Undisputed items will not be held with disputed items.