

Texas Department of State Health Services

### **Contractor's Guide and Contract Review Tool (Instructions)**

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### Introduction



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- Contractor's Resources
- Quarterly Reports
- C-1 Directory
- Site Visits/Corrective Action Plans (CAPs)
- Upcoming Efforts

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### **Contractor's Resources**

- The <u>Contractor's Guide</u> is utilized by Local Health Departments (LHDs) to implement and operate an Immunization Program.
- The <u>Contract Review Tool</u> is utilized by Public Health Regions (PHRs) while evaluating program activities during site visits.
- The <u>Contract Review Tool Instructions</u> is utilized by PHRs while completing the Contract Review Tool.

### **Location of Resources**

### <u>www.dshs.texas.gov/immunization-unit/information-</u> <u>responsible-entities/contract-management</u>

#### **Contractor's Guide**

This manual is intended as a resource to contracted LHDs in implementing required activities under the immunization contract and will also describe contract monitoring activities that will be conducted during the contract period.

- FY2024 Contractors Guide A (PDF) (rev.10/2023)
- FY2023 Contractors Guide 🔀 (PDF) (rev. 09/2022)

#### Contract Review Tool (formerly the On-Site Evaluation Report)

The Contract Review Tool is the document reviewers will use to evaluate program activities. Responsible Entities may find it helpful to use this form as a self-assessment tool to prepare for site reviews.

• FY2024 Contract Review Tool 🔀 (PDF) (rev. 11/2023)

#### **Contract Review Tool Instructions (formerly the On-Site Evaluation Report Instructions)** This document provides instructions on how to fill out the evaluation report.

• FY2024 Contract Review Tool Instructions 🕑 (PDF) (rev. 11/2023)



### **Activity Classifications**

- The Contractor's Guide and Contract Review Tool (Instructions) classify activities as required, standard (universal), or suggested.
- Activity classifications dictate if performance measures are required and if the activity is present in the Contract Review Tool (Instructions).



### **Activity Classifications**

- Required Activities
  - Essential to program implementation and operation
  - Performance metrics <u>are</u> required.
  - Present in Contract Review Tool
- Standard (Universal) Activities
  - Customary to program implementation and operation
  - Performance metrics <u>are not</u> required.
  - Not present in Contract Review Tool
- Suggested Activities
  - Recommended while implementing and operating a program
  - Performance metrics are not required.
  - Present in the Contract Review Tool



### **Quarterly Reports**

- Quarterly reports document the LHD's progress toward required activities, barriers and solutions, and completed actions.
- Quarterly reports are a deliverable outlined in 1.7.01 of the Contractor's Guide.

1.7.01

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Complete and submit Immunization Inter-Local Agreement (ILA) Quarterly Report and supplemental documents according to the formats, mechanisms, and timeframes specified in the DSHS Immunization Contractors Guide for Local Health Departments. Required Activity



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# **Quarterly Reporting Timeline**

LHD Quarterly Report				
Reporting Period	LHD Report Due	PHR Review Due	CO Review Due	
Q1: 9/1 to 11/30	12/31	1/15	1/31	
Q2: 12/1 to 2/28	3/31	4/15	4/30	
Q3: 3/1 to 5/31	6/30	7/15	7/31	
Q4: 6/1 to 8/31	9/30	10/15	10/31	

If the due date falls on a weekend or state approved holiday, the report is due the next business day.

### **Location of Quarterly Reports**

- LHDs submit quarterly reports through Alchemer.
- Central Office (CO) is currently re-constructing the Alchemer form and re-evaluating questions.

### <u>www.dshs.texas.gov/immunization-unit/information-</u> <u>responsible-entities/contract-management</u>

• FY2024 LHD Quarterly Progress Report (Alchemer)

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Local Health Department staff use this report to record quarterly activities for DSHS Public Health Clinics.

- FY2024 PHR Quarterly Progress Report (Alchemer)
- Public Health Regions staff use this report to record quarterly activities for DSHS





### **Review Process**

- Quarterly reports are reviewed by PHRs and CO once submitted.
- Once feedback is compiled, quarterly reports are returned to LHDs.





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### **C-l Directory**

- The C-1 Directory houses contact information for various LHD staff members and program contacts.
- C-1 Directories must be updated each quarter and submitted via email to <u>dshsimmunizationcontracts@dshs.texas.gov</u>.
- CO is currently working on a new format to collect additional information.

### **Current C-1 Directory Format**

#### FORM C-1: PROGRAM CONTACT INFORMATION

This form provides information about the appropriate program contacts in the contractor's organization. If any of the following information changes during the term of the contract, please send written notification to the Immunization Unit. List all contacts below and highlight changes. Email completed Form C-1 (xlsx) to DSHSImmunizationcontracts@dshs.texas.gov

Date (mm/dd/yyyy)	
Local Health Department	
Mailing Address	



### **Current C-1 Directory Format**

Area of Work	Program Contact Name	Phone	<sup>IM</sup> Email	Current Staff Change: Status New Arrival (Existing, Start Date or New, Vacancy Start Vacant, Date N/A)
Immunization Program Manage	er			
Contract Coordinator				
Contract Coordinator				
Perinatal Hepatitis B Case Mana	iger internet interne			
Perinatal Hepatitis B Case Mana	iger in the second s			
Disease Surveillance Coordinate	or			
Disease Surveillance Coordinate	<mark>or see see see see see see see see see se</mark>			
Clinical Coordinator				
Clinical Coordinator				
TVFC & ASN Coordinator				
TVFC & ASN Coordinator				
Communications Coordinator				
Communications Coordinator				
Texas Immunization Registry Co				
Texas Immunization Registry Co	ordinator			



### **New C-1 Directory Format**

#### FORM C-1: PROGRAM CONTACT INFORMATION

Complete this form with location and contact information pertaining to the below Local Health Department (LHD). Email this form to dshsimmunizationcontracts@dshs.texas.gov in conjunction with each Quarterly Report and if/when the below information changes.

Date of Submission (mm/dd/yyyy)	mm/dd/yyyy		
LHD Name	Example LHD Name		
LHD Contract Number	###########		
Physical Address	Example Physical Address		
Mailing Address	Example Mailing Address		
Phone Number (000-000-0000)	000-000-0000		
Email	example.email@example.com		



### **New C-1 Directory Format**

Area of Work	Name	Phone	Email	Occupied/Vacant	Onboarded/Vacated (mm/dd/yyyy)
Immunization Program Manager	Example Name	000-000-0000	example.email@example.com	Occupied	Onboarded (mm/dd/yyyy)
Contract Coordinator	Example Name	000-000-0000	example.email@example.com	Vacant	Vacated (mm/dd/yyyy)
Ex. TVFC/ASN activities and budget	Example Name	000-000-0000	example.email@example.com	Occupied	Onboarded (mm/dd/yyyy)
Communications Coordinator	Example Name	000-000-0000	example.email@example.com	Vacant	Vacated (mm/dd/yyyy)
Ex. Web/print/media communications	Example Name	000-000-0000	example.email@example.com	Occupied	Onboarded (mm/dd/yyyy)
Clinical Coordinator Ex. Medical services and coordination	Example Name	000-000-0000	example.email@example.com	Vacant	Vacated (mm/dd/yyyy)
	Example Name	000-000-0000	example.email@example.com	Occupied	Onboarded (mm/dd/yyyy)
Disease Surveillance Coordinator	Example Name	000-000-0000	example.email@example.com	Vacant	Vacated (mm/dd/yyyy)
Ex. Disease surveillance and reporting	Example Name	000-000-0000	example.email@example.com	Occupied	Onboarded (mm/dd/yyyy)
Perinatal Hepatitis B Case Manager Ex. Outreach	Example Name	000-000-0000	example.email@example.com	Vacant	Vacated (mm/dd/yyyy)
	Example Name	000-000-0000	example.email@example.com	Occupied	Onboarded (mm/dd/yyyy)
TX Immunization Registry Coordinator Ex. ImmTrac2 management	Example Name	000-000-0000	example.email@example.com	Vacant	Vacated (mm/dd/yyyy)
	Example Name	000-000-0000	example.email@example.com	Occupied	Onboarded (mm/dd/yyyy)

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### **Site Visits**

- Site visits are outlined in 1.5.02 of the Contractor's Guide.
- During site visits, PHR and CO staff evaluate the LHD's:
  - Progress toward the required activities
  - Compliance with contract terms and conditions
  - Documents related to finances, training, and educational efforts

1.5.02

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Participate in on-site contract evaluation visits.

Required Activity

### **Scheduling Site Visits**

• LHDs send an agenda to the PHR Manager.

• CO is currently drafting an agenda template to collect additional information.



Texas Department of State Health Services • PHR Managers complete the Contract Review Scheduling Form and upload the agenda.

• CO attends 25 site visits annually.



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**PHR Scheduling Form** 

<u>https://forms.office.com/Pages/ResponsePage.aspx?id=Mnf5m7mCm0mxaqk-</u> jr1Ta9X14IPaTnRAtXCOijulm8FUNzFJNkhCU1IyVIVRVzRPQUxDSE4wUUJERiQlQC <u>N0PWcu</u>

**\_\_\_\_**, ...

### **Contract Review Scheduling**

Please use this form to <u>submit</u> dates and agendas for the FY24 LHD Contract Review. **Program Managers conduct meetings** <u>in person</u>. Reviews should be scheduled and completed by **August 31, 2024.** 

Hi, Eleanor. When you submit this form, the owner will see your name and email address.

\* Required

1. Select Your PHR \*

Select your answer

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### **Proposed Agenda Format**

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Site Visit Agenda					
LHD Name					
<b>Texas Identification Num</b>	ber (TIN)				
Contract Number					
Date of Site Visit					
Date of Most Recent Site	Visit				
Main Point of Contact (PO		Visit			
Name	Title		Phone Number		
LHD Attendees					
Name	Title		Email Address		
PHR Attendees			·		
Name	Title		Email Address		

#### Agenda

Date (MM/DD/YYYY)	Time (HH:MM am/pm)	Location/Address	Notes (i.e., parking instructions)

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## **Corrective Action Plans (CAPs)**

• A Corrective Action Plan (CAP) is issued to LHDs if they are found to be out of compliance. This is outlined in 1.6.01 of the Contractor's Guide.

• LHDs must submit a CAP within 30 calendar days of written notification from CO.

• PHR managers and CO staff review and approve the CAP to ensure it addresses the findings noted.

1.6.01 Submit Corrective Action Plan (CAP) letter to Public Health Region Program Manager and DSHS Contract Management Section (CMS) within 30 days after the date of the written notification from DSHS CMS of the on-site evaluation findings (if applicable).

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Required

Activity

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## **Upcoming Efforts**

• DSHS intends to closely review and revise the Contractor's Guide and Contract Review Tool (Instructions) in spring and summer 2025.

### Objectives:

- Re-align quarterly reports and Contract Review Tool
- Discuss partial completion on Contract Review Tool
- Clarify expectations



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### Thank you!

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