

## Attachment A-1

### Revised Statement of Work

#### **I. GRANTEE RESPONSIBILITIES**

Grantee will:

- A.** Implement and operate an immunization program for children, adolescents, and adults, with special emphasis on accelerating interventions to improve the immunization coverage of children three (3) years of age or younger (birth to 35 months of age). Grantee shall incorporate traditional and non-traditional systematic approaches designed to eliminate barriers, expand immunization capacity, and establish uniform operating policies, as described herein.
- B.** Be enrolled as a provider in the Texas Vaccines for Children (“**TVFC**”) and the Adult Safety Net (ASN) Programs by the effective date of this Contract. This includes a signed *Deputization Addendum Form (EF11-13999)*.
- C.** Comply with written policies and procedures provided by DSHS in managing vaccines supplied through the ASN and TVFC Programs, including guidelines for proper storage, handling, and safeguarding of vaccines in the event of natural disaster.
- D.** Adhere to DSHS Immunization updated guidance according to Attachment H, Immunization/Locals Program Guidance Document.
- E.** Maintain staffing levels to meet required activities of the Contract and ensure staff funded by this Contract attend required training.
- F.** Report all notifiable conditions as specified in Texas Administrative Code (“**TAC**”) Title 25, Part I §§ 97.1-97.6, as amended, and as otherwise required by law.
- G.** Report all vaccine adverse event occurrences in accordance with the 1986 National Childhood Vaccine Injury Act (“**NCVIA**”) 42 U.S.C. § 300aa-25 (located at <http://vaers.hhs.gov/> or 1-800-822-7967), as amended.
- H.** Sustain a network of TVFC/ASN providers to administer vaccines to program-eligible populations by conducting the following activities:
  - 1. Ensuring New Provider Checklist is completed;
  - 2. Conducting quality assurance reviews;
  - 3. Ensuring annual influenza pre-book survey is completed;
  - 4. Conducting compliance site visits;
  - 5. Conducting unannounced storage and handling visits; and
  - 6. Ensuring providers adhere to the vaccine borrowing procedure.
- I.** Participate in audits and assessments through the following activities:

1. Completing and submitting through Child Health Reporting System (“**CHRS**”) all audits and assessments conducted on childcare facilities and Head Start Centers;
  2. Completing audits, assessments and retrospective surveys of public and private schools;
  3. Reviewing monthly reports to ensure data quality;
  4. Reviewing the monthly Provider Activity Reports;
  5. Reviewing the quarterly Consent Accepted Rate Evaluations; and
  6. Conducting quality improvement assessments of Texas Immunization Registry organizations.
- J.** Provide education and outreach activities regarding vaccines and vaccine-preventable diseases, Texas Immunization Registry, and TVFC and ASN Programs to the following:
1. American Indian Tribes;
  2. Schools and childcare facilities;
  3. Healthcare workers; and
  4. Community and general public.
- K.** Not deny vaccinations to recipients because they do not reside within Grantee's jurisdiction or because of an inability to pay an administration fee.
- L.** Be responsible for identification and case management of all hepatitis B surface antigen (“**HBsAg**”)-positive pregnant women. Grantee shall ensure timely newborn post-exposure prophylaxis (“**PEP**”) with hepatitis B vaccine and hepatitis B immune globulin (“**HBIG**”), timely completion of doses two and three of hepatitis B vaccine, and timely completion of post-vaccination serologic testing (“**PVST**”).
- M.** Be responsible for assessing and/or auditing coverage rates and/or compliance with vaccine requirements at assigned schools and childcare facilities in accordance with the Population Assessment Manual, which is distributed annually from DSHS.
- N.** Transfer (which may include shipping) overstocked vaccines and vaccines approaching expiration to alternate providers for immediate use when instructed to do so by the DSHS Public Health Region (“**PHR**”) Immunization Program Manager to avoid vaccine waste. Grantee is responsible for covering the cost to ship overstocked vaccines and vaccines approaching expiration.
- O.** Receive written approval from DSHS before varying from applicable policies, procedures, protocols, and/or work plans, and must update and disseminate its implementation documentation to its staff involved in activities under this Contract within forty-eight (48) hours of making approved changes.
- P.** Review monthly Contract funding expenditures and salary savings from any Contract-paid staff vacancies and revise spending plan to ensure that all funds will be properly expended under this Contract before the end of the Contract term.
- Q.** Submit out-of-state travel requests to the Immunization Unit for approval when utilizing Contract funds or program income.

- R. Report the number of doses administered to underinsured children monthly, as directed by DSHS.
- S. Report the number of unduplicated underinsured clients served, as directed by DSHS.
- T. Complete and submit Immunization Inter-Local Agreement Quarterly Report form, utilizing the format provided by the DSHS Immunization Unit and available at <https://dshs.texas.gov/immunize/lhd.shtm>, by the report due date. If the due date falls on a weekend or state-approved holiday, the report is due the next business day.

Report Type	Reporting Period	Report Due Date
Programmatic	09/01/2019 to 11/30/2019	12/31/2019
Programmatic	12/01/2019 to 02/29/2020	03/31/2020
Programmatic	03/01/2020 to 05/30/2020	06/30/2020
Programmatic	06/01/2020 to 08/31/2020	10/31/2020

Submit quarterly reports electronically through Survey Gizmo following instructions provided by the DSHS Immunization Unit and according to the time frames stated above. Supplemental report documents (PEAR and AFIX reports, vacancy letters, etc.) should be sent to [dshsimmunizationcontracts@dshs.texas.gov](mailto:dshsimmunizationcontracts@dshs.texas.gov).

## **II. PERFORMANCE MEASURES**

The System Agency will monitor the Grantee’s performance of the requirements in this Attachment A-1 and compliance with the Contract’s terms and conditions.

## **III. INVOICE AND PAYMENT**

- A. Grantee shall request monthly payments using the State of Texas Purchase Voucher (Form B-13) at <http://www.dshs.texas.gov/grants/forms.shtm> and submitting acceptable supporting documentation for reimbursement of the required services/deliverables. Vouchers and supporting documentation shall be submitted to System Agency no later than thirty (30) days after the last day of each month. Documentation shall be submitted in a format approved by DSHS Immunization Unit.

At a minimum vouchers should include:

1. Grantee name, address, email address, vendor identification number or Social Security number, and telephone number;
2. DSHS Contract or Purchase Order number;
3. Dates services were completed and/or products were delivered; and
4. The total invoice amount.
5. Supporting documentation must include:
  - a. Receipts with a zero balance for items such as hotel, rental car and fuel, taxi, airline or mileage as documented by a readily available online mapping service;
  - b. Receipts for supplies, registration fees and other items ordered and paid for;

- c. A copy of the Personnel and Temporary Staff General Ledger for the period which supports the budget items requesting reimbursement; and
  - d. Paid invoices to contractors for services received. Receipts for meals are not required.
- B.** Voucher and supporting documentation shall be mailed or submitted by fax or electronic mail to DSHS Claims Processing Unit at the address/number below, and also sent via email to Tray Kirkpatrick, DSHS Contract Management Section, at [tray.kirkpatrick@dshs.texas.gov](mailto:tray.kirkpatrick@dshs.texas.gov), and to the Immunization Unit at [dshsimmunizationContracts@dshs.texas.gov](mailto:dshsimmunizationContracts@dshs.texas.gov).

Department of State Health Services  
Claims Processing Unit, MC 1940  
P.O. Box 149347  
Austin, Texas 78714-9347  
Fax: (512) 458-7442  
Email: [invoices@dshs.texas.gov](mailto:invoices@dshs.texas.gov) and to [CMSinvoices@dshs.texas.gov](mailto:CMSinvoices@dshs.texas.gov)

- C.** Grantee will be paid on a cost reimbursement basis and in accordance with the established state fiscal year Budget of this Contract.

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