

DEPARTMENT OF STATE HEALTH SERVICES



AMENDMENT #: 04

The Department of State Health Services (DSHS) and Corpus Christi-Nueces County Public Health District (Contractor) agree to amend Contract No. 2014-000014-00 (Contract), which was effective on September 1, 2013. This Contract has been amended 3 times prior to this Amendment. The Contract as amendment is denominated Contract No. 2016-000014-01.

I. The Parties agree to amend Section 2 of this Contract to increase the total amount of Contract to NINE HUNDRED SIXTY-SIX THOUSAND FIVE HUNDRED FORTY-EIGHT DOLLARS (\$966,548.00). The total payment to Contractor for the period from September 1, 2016 through August 31, 2017, will not exceed TWO HUNDRED FORTY-ONE THOUSAND SIX HUNDRED THIRTY-SEVEN DOLLARS (\$241,637.00).

II. The Parties agree to amend Section 4 of this Contract to extend the end of the Contract term to August 31, 2017.

III. The Parties agree to amend Section 7 of this Contract to add the following:

Contractor shall inform and educate the public about vaccines and vaccine-preventable diseases, as described in the DSHS Immunization Contractors Guide for Local Health Departments (located at http://www.dshs.state.tx.us/immunize/docs/contractor/E11-13985_FY2017_ContractorsGuide.pdf).

For Contracts of \$100,000 or more, Contractors should monitor expenditures to ensure that cumulative budget transfers among direct cost categories, with the exception of the Equipment category, do not exceed 25% of the Contract total budget. Transfers to or from the Equipment category require prior approval from DSHS unless the transfers are done in accordance with the guidelines in the CFPM. Costs that result in cumulative budget transfers among direct cost categories that exceed 25% of the total Contract budget are subject to being disallowed unless prior approval is obtained from DSHS. Contractors are not required to obtain approval from DSHS for cumulative budget transfers that exceed 25% among direct cost categories, other than the equipment category, for Program Attachments of less than \$100,000, provided that the total budget amount is unchanged.

Contractor shall send at least one representative to Immunization Branch mandatory meetings held in Austin, including the 1) Immunization Branch local health department held in the fall of every year and the 2) TVFC Annual Training held in January/February of every year. Additional mandatory meetings may be required during the contract term.

Contractor shall submit out of state travel requests to the Immunization Branch for approval when utilizing contract funds or program income.

IV. The Parties agree to amend Section 7 of this Contract to revise the following:

Contractor shall be responsible for conducting outreach regarding vaccinations for children (19 through 35 months of age in the Contractor's jurisdiction) included on the list distributed to Contractor by the ImmTrac Group at DSHS. Lists are distributed through ImmTrac at the start of each quarterly reporting period.

Contractor shall be responsible for conducting outreach to 17-year-olds included on the lists distributed to the Contractor by the ImmTrac Group at DSHS to explain the lifetime registry and obtain their consent to remain in ImmTrac as an adult. Lists are distributed on October 1st; December 1st; February 1st; April 1st; June 1st; and August 1st.

DEPARTMENT OF STATE HEALTH SERVICES



AMENDMENT #: 04

Contractor shall be responsible for conducting outreach to existing ImmTrac providers that have not logged in into ImmTrac in the last 90 days. Lists are distributed on September 1st; November 1st; January 1st; March 1st; May 1st; and July 1st.

Contractor shall 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.

Contractor shall perform activities in support of the Immunization Cooperative Agreement, HCR Immunization and Vaccines for Children Program, from the Centers for Disease Control and Prevention. CFDA # 93.268

V. The Parties agree to amend Section 15 of this Contract to add the following:

Report Name	Frequency	Period Begin	Period End	Due Date
LHD ILA Quarterly Report	Quarterly	09/01/2016	11/30/2016	12/31/2016
LHD ILA Quarterly Report	Quarterly		12/01/2016	02/28/2017 03/31/2017
LHD ILA Quarterly Report	Quarterly	03/01/2017	05/31/2017	06/30/2017
LHD ILA Quarterly Report	Quarterly	06/01/2017	08/31/2017	09/30/2017
Financial Status Report	Quarterly	09/01/2016	11/30/2016	12/31/2016
Financial Status Report	Quarterly		12/01/2016	02/28/2017 03/31/2017
Financial Status Report	Quarterly	03/01/2017	05/31/2017	06/30/2017
Financial Status Report	Quarterly	06/01/2017	08/31/2017	10/15/2017

VI. The parties agree to amend Section 16 of this Contract to add the following:

General Provisions, ARTICLE II. Compliance and Reporting, Section 2.06, Applicable Laws and Regulations Regarding Funding Sources, is amended by deleting Section 2.06 in its entirety and replacing it with the following:

When applicable, federal statutes, regulations and/or federal grant requirements applicable to funding sources and any updates to such will apply to this Contract. Contractor agrees to comply with applicable laws, executive orders, regulations and policies, as well as Office of Management and Budget (OMB) Circulars (as codified in Title 2, 200 of the Code of Federal Regulations (CFR) and 45 CFR 75) the Uniform Grant and Contract Management Act of 1981 (UGMA), Tex. Gov. Code Chapter 783, and Uniform Grant Management Standards (UGMS), as revised by federal circulars and incorporated in UGMS by the Comptroller of Public Accounts, Texas Procurement and Support Services Division. UGMA and UGMS can be located through web links on the DSHS website at <http://www.dshs.state.tx.us/contracts/links.shm>. Contractor also shall comply with all applicable federal and state assurances contained in UGMS, Part III, State Uniform Administrative Requirements for Grants and Cooperative Agreements §___.14. If applicable, Contractor shall comply with the Federal awarding agency's Common Rule, and the U.S. Health and Human Services Grants Policy Statement, both of which may be located through web links on the DSHS website at <http://www.dshs.state.tx.us/contracts/links.shm>. For contracts funded by block grants, Contractor shall comply with Tex. Gov. Code Chapter 2105.

VII. Exhibit A, Work Plan of the Contract is replaced for the period beginning on September 1, 2016, with the attached Exhibit A-1, Work Plan.

VIII. Except as provided in this Amendment, all other terms and conditions in the Contract will remain and

DEPARTMENT OF STATE HEALTH SERVICES



AMENDMENT #: 04

be in full effect.

IX. This Amendment is effective on September 1, 2016.

By signing this Amendment, the undersigned certify that they have the authority to bind their respective party to this Amendment's terms and conditions.

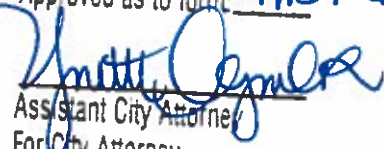
Department Of State Health Services

By:
Title:
Date:

Contractor

By:
Title:
Date:

Approved as to form: 9/15/16


Assistant City Attorney
For City Attorney

Organization Name: Corpus Christi-Nueces County Public Health District (City)
Contract Number: 2016-000014-01 Program ID: IMM/LOCALS
Contract Term: 9/1/2016 - 8/31/2017 Program Name: Immunization Branch-Locals

Exhibit Title: Exhibit A

Program Stewardship and Accountability

Contractor General Requirement Unit A-1:

Implement a comprehensive immunization program. Activities under this requirement shall be conducted in accordance with the Department of State Health Services (DSHS) Immunization Contractors Guide for Local Health Departments.

Activities:

- Adhere to Standards for Child and Adolescent Immunization Practices and Standards for Adult Immunization Practices found at <http://www.cdc.gov/vaccines/recs/vac-admin/rev-immz-stds.htm>
- Maintain current policies in compliance with the DSHS Immunization Contractors Guide for Local Health Departments and have them available to Contractor's staff.
- Lapse no more than 5% of total funded amount of the contract.
- o Maintain and adjust spending plan throughout the contract term to avoid lapsing funds.
- o Account for and use Program Income appropriately throughout the contract term.
- o Maintain staffing levels to meet required activities of the contract and to ensure that all funds in the personnel category are expended.
- o The funded amount of the contract may be reduced if more than 5 percent of the funded amount of contract is lapsed in the previous fiscal year.
- Submit required Quarterly Local Health Department (LHD) Inter-Local Agreement (ILA) Reports to DSHS Immunization Contracts at dshsimmunizationcontracts@dshs.state.tx.us by Close of Business (COB) Central Standard Time (C.S.T.) on December 31, 2016; on March 31, 2017; June 30, 2017; and September 30, 2017 or the next business day if the date falls on a weekend or state approved holiday.
- Submit Corrective Action Plan (CAP) letter to DSHS Contract Management Unit (CMU) within fifteen (15) business days after On-Site Evaluation if findings are not resolved at time of site visit to the satisfaction of the DSHS Health Service Region (HSR) Immunization Program Manager and DSHS Immunization Branch Contracts staff.

Contractor General Requirement Unit A-2:

Complete Texas Vaccines for Children (TVFC) site visits, TVFC unannounced visits, and follow-up visits assigned by DSHS Immunization Branch or DSHS HSR Immunization Program staff within prescribed timeframes outlined in the TVFC Operations Manual. Activities under this requirement shall be conducted in accordance with the DSHS Immunization Contractors Guide for Local Health Departments.

Activities:

- Conduct TVFC site visit follow-up and submit results following the process described and within deadlines established in the TVFC Operations Manual.
- Conduct TVFC site visits in 100% of subcontracted entities as listed in the ILA and non-LHD immunization clinics, if applicable.
- Conduct TVFC unannounced storage and handling visits at TVFC enrolled provider offices within the jurisdiction following the process described and within deadlines established in the TVFC Operations Manual.

Contractor General Requirement Unit A-3:

Ensure that expired, wasted, and unaccounted-for vaccines do not exceed 5% in Contractor's clinics. Activities under this requirement shall be conducted in accordance with the DSHS Immunization Contractors Guide for Local Health Departments and TVFC Operations Manual.

Activities:

- Ensure that expired, wasted, and unaccounted-for vaccines do not exceed 5% in Contractor's clinics.
- Ensure that all expired, spoiled/wasted vaccines is appropriately identified and entered into the Electronic Vaccine Inventory (EVI) system.
- Maintain storage and handling policies and procedures according to the TVFC Operations Manual. (<http://www.dshs.state.tx.us/immunize/tvfc/tvfc.manual.shtml>)
- Ensure that appropriate routine and emergency vaccine storage and handling plans are in place at each clinic location.
- Ship overstocked vaccines and vaccines approaching expiration to alternate providers for immediate use when instructed to do so by the DSHS HSR Immunization Program Manager to avoid vaccine waste. Contractor is responsible for covering the cost to ship

overstocked vaccines and vaccines approaching expiration.

Contractor General Requirement A-4:

Implement a plan to assure that vaccines provided through the TVFC program are not provided inadvertently to fully privately insured individuals, including children covered by the State Children's Health Insurance Program (CHIP).

Establish and maintain protocols for screening individuals for eligibility and insurance coverage before administering vaccines provided through the TVFC program. Contractors may use the TVFC Program Patient Eligibility Screening Record (C-10) and the Adult Safety Net (ASN) Program Adult Eligibility Screening Record (EF11-12842) or electronically store this information.

Any child who, upon screening, meets one of the eligibility criteria listed below and is 18 years of age or younger qualifies for state or federal vaccine through the TVFC program:

a. Eligible for Vaccine For Children (VFC) Vaccine:

- Medicaid Enrolled,
- No Health Insurance,
- American Indian or Alaskan Native, or
- Underinsured* served by a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), or a deputized provider.

b. Eligible for State/Federal Vaccine:

- Enrolled in CHIP**, or
- Other Underinsured***.

* Underinsured includes children with health insurance that does not include vaccines or only covers specific vaccine types. Children are only eligible for vaccines that are not covered by insurance. In addition, to receive VFC vaccine, underinsured children must be vaccinated through a FQHC or RHC or under an approved deputized provider. The deputized provider must have a written agreement with an FQHC/RHC and the state/local/territorial immunization program in order to vaccinate underinsured children.

** Children enrolled in separate state CHIP. These children are considered insured and are eligible for vaccines through the TVFC Program as long as the provider bills CHIP for the administration of the vaccine.

*** Other underinsured are children that are underinsured but are not eligible to receive federal vaccine through the VFC Program because the provider or facility is not a FQHC/RHC or a deputized provider. However, these children may be served if vaccines are provided by the state program to cover these non-VFC eligible children.

Assessing Program Performance

Contractor General Requirement Unit B-1:

Conduct educational, promotional, and outreach activities for the general public to enhance immunization awareness, including distribution of DSHS-provided materials. Activities under this requirement shall be conducted in accordance with the DSHS Immunization Contractors Guide for Local Health Departments.

Activities:

- Contractor will provide vaccine and immunization education to target audiences and to the general public on the benefits of vaccination, the risk of vaccine-preventable diseases, staying on the Advisory Committee on Immunization Practices (ACIP) Recommended Immunization Schedule(s), and the importance of not missing any vaccines.
- Inform and educate parents of infants, children, adolescents, adults (men and women), grandparents, seniors, health-care providers, and the general public about vaccines for all age groups and vaccine-preventable diseases. Information should include the importance and benefits of being fully vaccinated, vaccine recommendations, and the location of community vaccination clinics.
- Conduct at least one monthly immunization education activity specifically directed to one of the target groups as directed by the DSHS Immunization Branch.
- Conduct at least twelve (12) outreach and educational activities during the contract period in accordance with Texas Health and Safety Code Chapter 161, Subsection A, Section 161.0095, to each of the following audiences: health-care providers, health-care clinics, hospitals, and any other health-care facility providing health care to adolescents 14 to 18 years of age and report results on the Quarterly Report. Outreach and education activities must focus on the immunization registry and the option for an individual who is 18 years of age or older to consent to having their immunization records stored within the immunization registry. Additional outreach and educational activities may focus on high schools, colleges, and universities.
- Document the activity with the number and type of participants and evaluate activity by obtaining feedback from participants.
- Use national immunization observances as opportunities to conduct specific education and promotional activities to give emphasis to the importance and benefits of vaccines: National Infant Immunization Week (NIIW), National Immunization Awareness Month (NIAM), National Adult Immunization Week (NAIW), and National Influenza Vaccination Week (NIVW).
- Develop and implement a written communications and customer service plan to assure customers receive consistent, correct immunization information and services in a courteous and friendly manner on a timely basis.
- Participate in special initiatives as directed by the DSHS Immunization Branch, such as the Dairy Queen Coupon project, the Hallmark Card Governor's Program, and others.
- Participate in statewide media campaigns by distributing DSHS-developed and produced public service announcements and

materials to local television and radio stations, newspapers, parent publications, university newspapers, high school newspapers, and neighborhood newspapers.

- Promote www.immunizetexas.com, the Immunization Branch's website; The Upshot, an electronic newsletter; and the Vaccine Advisory, a vaccine newsletter, to providers in the Contractor's jurisdiction.
- Promote and distribute immunization literature for the public to TVFC providers and Contractor's clinics.
- Provide information to clients, families, health-care providers, and the general public on the purpose of the Texas immunization registry, (ImmTrac); the benefits of ImmTrac participation; and the importance of maintaining a complete immunization history in ImmTrac.
- Inform the general public about the TVFC and ASN Programs and the eligibility criteria for participating in the programs.
- Distribute TVFC information and educational materials at venues where parents of TVFC-eligible children might frequent.
- Distribute ASN information and educational materials at venues and clinics that serve eligible adults.
- Inform and highly recommend to the medical community and local providers within the Contractor's jurisdiction the most current Centers for Disease Control and Prevention (CDC) Epidemiology and Prevention of Vaccine-Preventable Disease (EPI-VAC) training. The most current pink book, titled Epidemiology and Prevention of Vaccine-Preventable Disease can be found on the CDC website at: (<http://www.cdc.gov/vaccines/pubs/pinkbook/index.html>)

Establish collaborative efforts with appropriate community entities regarding promoting immunizations and the reduction of vaccine-preventable diseases. Activities under this requirement shall be conducted in accordance with the DSHS Immunization Contractors Guide for Local Health Departments.

Activities:

- Identify providers, hospitals, schools, child-care facilities, social service agencies, and community groups involved in promoting immunizations and reducing vaccine-preventable diseases.
- List and maintain contact information of group members and collaborations and identify the best practices they are promoting.
- Maintain written agreements and updates of group members and collaborations.
 - Document communications, group meetings, and planning of activities that promote the Best Practices identified in contract agreement. Documents are to be accessible during site visits.
- Report new group members on the Quarterly Report.

Contractor General Requirement Unit B-2:

As directed by the DSHS Immunization Branch, complete 100 percent of assigned child-care facility and Head Start center assessments and child-care audits. Activities under this requirement shall be conducted in accordance with the DSHS Immunization Contractors Guide for Local Health Departments and Population Assessment Manual.

As directed by the DSHS Immunization Branch, complete 100 percent of assigned public and private school assessments, retrospective surveys, and validation surveys. Activities under this requirement shall be conducted in accordance with the DSHS Immunization Contractors Guide for Local Health Departments and Population Assessment Manual.

Activities:

- Complete and report 100 percent of required audits/assessments as assigned by the DSHS Immunization Branch. These will include:
 - o Texas Child-Care Immunization Assessment
 - o Child-Care Audit
 - o Annual Report of Immunization Status (school self-assessments)
 - o School Audit
 - o Texas School Immunization Validation Survey
 - o Texas County Retrospective Immunization School Survey (TCRISS)
- Assigned surveys/assessments must be completed utilizing the instructions in DSHS Immunization Contractors Guide for Local Health Departments and the Population Assessment Manual.
- Monitor vaccination and exemptions per respective areas for completed audits/assessments.
 - Analyze, provide feedback, and monitor vaccination trends for public school districts, private schools, licensed child-care facilities, and registered family homes to increase vaccination coverage using audit/assessment data.
 - Identify trends and areas of need for LHD jurisdictions and coordinate interventions.
 - Collaborate with schools, licensed child-care centers, and registered child-care homes to identify needed improvements. Report these results/findings to the DSHS Immunization Branch.

Contractor General Requirement Unit B-3:

Work with TVFC providers to develop quality improvement processes to increase coverage levels and decrease missed opportunities using Assessment, Feedback, Incentives, and eXchange (AFIX) components, as appropriate, and move toward use of Immunization Information System (IIS) as primary source of data for provider coverage level assessment. Activities under this requirement shall be conducted in accordance with the DSHS Immunization Contractors Guide for Local Health Departments and the Texas Vaccine for

Children (TVFC) Program Provider Manual.

Activities:

- Conduct immunization coverage level assessments utilizing the AFIX online tool and (CoCASA) in 100% of subcontracted entities as listed in the ILA and non-LHD immunization clinics, if applicable.
- Conduct follow-up activities for all TVFC compliance site-visits for private providers in their jurisdiction, utilizing the CDC Provider Education, Assessment, and Reporting (PEAR) system and directly enter data into PEAR to document follow-up activities for TVFC compliance site visits for all sub-contracted entities and non-local health department clinics. The contractor shall submit the final assessment results in the PEAR system within twenty-four (24) hours of conducting the visit.
- Conduct TVFC unannounced storage and handling visits at TVFC provider offices utilizing the CDC PEAR system and directly enter data into PEAR to document TVFC Unannounced storage and handling visit results at provider offices. The contractor shall submit the final unannounced storage and handling visit results in the PEAR system within twenty-four (24) hours of conducting the visit.

Contractor General Requirement Unit B-4:

Investigate and document at least 90% of reportable confirmed or probable vaccine-preventable disease (VPD) cases within thirty (30) days of initial report to public health in accordance with DSHS Emerging and Acute Infectious Disease Guidelines at: <http://www.dshs.state.tx.us/IDCU/investigation/Investigation-Guidance/>. Activities under this requirement shall be conducted in accordance with the DSHS Immunization Contractors Guide for Local Health Departments.

Activities:

- Adhere to the DSHS Emerging and Acute Infectious Disease Guidelines found at: <http://www.dshs.state.tx.us/IDCU/investigation/Investigation-Guidance>, NBS Data Entry Guidelines, and current Epi-Case Criteria Guide (both found at: (<https://txnedss.dshs.state.tx.us:8009/PHINDox/UserResources/>)) in conducting this General Requirement and the associated activities.
- Complete all data entry into NEDSS Base System (NBS) following the NBS data Entry Guidelines at: (<https://txnedss.dshs.state.tx.us:8009/PHINDox/UserResources/>).
- Verify and enter complete vaccination history in NBS on all VPD investigations with case status of confirmed or probable. Complete vaccination history should be assessed through ImmTrac, provider offices, school records, or patient records.
- Routinely review and follow up on all VPD laboratory reports received, including electronic lab reports (ELRs) sent from DSHS through NBS and Health Alert Network (HAN).
- Provide feedback on any unmet performance measures during each Quarterly Report review.
- All new VPD surveillance staff will attend Introduction to NBS training and complete the certification process in order to gain access to the NBS system.

Contractor General Requirement Unit B-5:

Educate, inform, and train the medical community and local providers within Contractor's jurisdiction on immunization activities listed below. Activities under this requirement shall be conducted in accordance with the DSHS Immunization Contractors Guide for Local Health Departments.

Activities:

- Provide training on TVFC requirements and updates (as described in the TVFC Operations Manual) to TVFC providers annually at a minimum.
- Document annual training in PEAR for each Provider Identification Number (PIN) in jurisdiction.
- Ensure that the TVFC providers have the most up-to-date, DSHS-produced immunization information in their offices.
- Provide training, information, and technical assistance to promote the effective use of ImmTrac by private providers (which includes education regarding the benefits of ImmTrac participation).
- Educate private providers about the ImmTrac enrollment process and the statutory requirement to report immunizations.
- As directed by the DSHS Immunization Branch identify first responders and their immediate family in the community and inform them of the opportunity to be included in ImmTrac.
- Conduct educational training for hospital and health-care providers within the Contractor's jurisdiction, to increase mandatory screening and reporting of hepatitis B surface antigen (HBsAg)-positive women.
- Provide training on the prevention of Perinatal Hepatitis B to providers within the Contractor's jurisdiction.
- Educate physicians, laboratories, hospitals, schools, child-care staff, and other health providers on VPD reporting requirements.
- Educate and update providers on the most current ACIP recommendations for all age groups, as well as on applicable regulatory vaccination requirements.
- Provide training relating to Standards for Child and Adolescent Immunization Practices and Standards for Adult Immunization Practices (<http://www.cdc.gov/vaccines/recs/vac-admin/rev-immz-slides.htm>) to all immunization providers within Contractor's jurisdiction.
- Inform all private providers on the federal requirement that the most current Vaccine Information Statements (VIS) must be

distributed to patients at: (<http://www.cdc.gov/vaccines/hcp/vis/index.html>)

- Promote a healthcare workforce that is knowledgeable about vaccines, vaccine recommendations, vaccine safety, VPDs, and the delivery of immunization services.
- Educate healthcare workers on the need to be vaccinated themselves.
- Provide information to community health-care employers (hospitals, clinics, doctor's offices, long-term care facilities) about the importance of vaccination of health-care workers.
- Educate private providers to send National Immunization Surveys (NIS) to the Contractor for research prior to returning the survey to CDC, if applicable.
- Coordinate educational and other activities with local Women Infant and Children (WIC) programs to assure that children participating in WIC are screened and referred to their "medical home" for vaccination using a documented immunization history in accordance with the Standards for Child and Adolescent Immunization Practices at: <http://www.cdc.gov/vaccines/recs/vac-admin/rev-immz-stds.htm>.
- Offer educational opportunities to all WIC programs in the service area, including information about on-line and satellite-broadcast continuing education opportunities from the CDC Continuing Education web site at <http://www.cdc.gov/vaccines/ed/default.htm>.
- Report on education, training, outreach activities or collaborative efforts conducted to the medical community and local providers in the Contractor's jurisdiction and the outcomes on each Quarterly Report.

Assuring Access to Vaccines

Contractor General Requirement Unit C-1:

Engage American Indian tribal governments, tribal organizations representing those governments, and tribal epidemiology centers of Alaskan Native Villages and Corporations located within contracted LHD boundaries in immunization activities. Activities under this requirement shall be conducted in accordance with the DSHS Immunization Contractors Guide for Local Health Departments.

Activities:

- Perform education, training, outreach activities and provide technical assistance for American Indian tribal governments, tribal organizations representing those governments, and tribal epidemiology centers of Alaskan Native Villages and Corporations.
- Report on education, training, outreach activities, or collaborative efforts conducted to American Indian tribal governments, tribal organizations representing those governments, and tribal epidemiology centers of Alaskan Native Villages and Corporations and the outcomes on each Quarterly Report.

Contractor General Requirement Unit C-2:

Provide immunization services and ACIP-recommended vaccines in Contractor's clinics to children, adolescents, and adults to maximize vaccine coverage levels within Contractor's jurisdiction. Activities under this requirement shall be conducted in accordance with the DSHS Immunization Contractors Guide for Local Health Departments.

Activities:

- Ensure that all ACIP recommended vaccines are routinely available to TVFC patients.
- Ensure that all vaccines listed on the ASN vaccine formulary are available to eligible adult patients.
- Ensure that every adult uninsured client identified as at-risk for any VPD be offered vaccinations on-site and on-demand or be provided contact information and be referred to the nearest ASN provider. A list of ASN providers can be found at <https://www.dshs.state.tx.us/asn/>.
- Recommend the simultaneous administration of all needed vaccines for the patient.
- Follow only medically supportable contraindications to vaccination.
- Verbally educate patients and parents/guardians about the benefits and risks of vaccination and distribute DSHS educational materials, as applicable, as part of this conversation.
- Discuss, and attempt to schedule, the next immunization visit at each client encounter.
- Explain the benefits of a "medical home" and assist the parent/guardian in obtaining or identifying the child's medical home.
- Use a Reminder/Recall manual system, Texas Wide Immunization Client Encounter System, ImmTrac, or other system).
- Establish "standing orders" for vaccination in Contractor's clinics, consistent with legal requirements for standing orders (including, but not limited to, those found in the Texas Medical Practice Act).
- Implement an employee immunization policy according to CDC recommendations in Contractor's clinics.

Enroll and sustain a network of TVFC providers to administer federally funded vaccines to program-eligible populations according to CDC/ACIP and National Vaccine Advisory Committee (NVAC) standards.

Conduct recruitment to increase the number of ImmTrac providers, TVFC providers, and Perinatal Hepatitis B providers. Activities under this requirement shall be conducted in accordance with the DSHS Immunization Contractors Guide for Local Health Departments.

Activities:

- Conduct recruitment activities as defined in the TVFC Operations Manual with providers on the DSHS-supplied provider recruitment list.

• Target adolescent health-care providers for recruitment and emphasize adolescent vaccine requirements and recommendations
Contractor General Requirement Unit C-3:

Assure compliance with Health and Human Services (HHS) Deputization Guidance. Activities under this requirement shall be conducted in accordance with the DSHS Immunization Contractors Guide for Local Health Departments.

Activities:

- Annually sign Deputization Addendum, and provide immunization services to underinsured children.
- Report monthly the number of vaccine doses administered to underinsured clients by age categories 0-6 years and 7-18 years of age as directed by the DSHS Immunization Branch.
- Report monthly the number of unduplicated underinsured clients served by age categories 0-6 years and 7-18 years of age as directed by the DSHS Immunization Branch.

Contractor General Requirement Unit C-4:

Work with partners, as appropriate, to assure coordination of the following activities in order to prevent perinatal hepatitis B transmission.

- a. Identification of HBsAg-positive pregnant women.
- b. Timely newborn post-exposure prophylaxis (PEP) with hepatitis B vaccine and hepatitis B immune globulin (HBIG).
- c. Timely completion of doses two and three of hepatitis B vaccine.
- d. Timely completion of post-vaccination serology testing.

Ensure all pregnant women are screened for HBsAg and that all HBsAg-positive pregnant women are reported to the DSHS Immunization Branch. Activities under this requirement shall be conducted in accordance with the DSHS Immunization Contractors Guide for Local Health Departments and Perinatal Hepatitis B Prevention Manual.

Activities:

- Develop a surveillance system that includes prenatal care providers, obstetrical and gynecological care providers, family practitioners, and labor and delivery facilities to assure all HBsAg-positive pregnant women are reported to the DSHS Immunization Branch within one week of diagnosis.
- Educate prenatal care providers to ensure they are screening pregnant women for HBsAg status during each pregnancy; implement procedures for documenting HBsAg screening results in prenatal care records, and forward original laboratory results to the delivery facility.
- Educate delivery hospitals to ensure they verify prenatal HBsAg test results of pregnant women on admission for delivery and test for HBsAg at delivery, regardless of prenatal test results as required by law.
- Provide DSHS produced educational materials on how to prevent perinatal hepatitis B transmission for distribution to appropriate clients in agencies that include WIC, religious organizations, refugee/immigration assistance programs, and other community-based organizations.
- Provide trainings, as directed by the DSHS Immunization Branch, to delivery hospitals on reporting HBsAg positive test results for women who have delivered at their facilities.
- Submit all Perinatal Hepatitis B educational training conducted each quarter on the Education, Training, Information, and Collaborations (ETIC) tab of the quarterly report

Ensure that all infants born to HBsAg-positive women and women whose HBsAg status is unknown will receive the first dose of the hepatitis B vaccine and HBIG within 12 hours of birth. Activities under this requirement shall be conducted in accordance with the DSHS Immunization Contractors Guide for Local Health Departments and Perinatal Hepatitis B Prevention Manual.

Activities:

- Ensure all labor and delivery facilities develop standing orders and policies to administer the first dose of the hepatitis B vaccine and HBIG to at-risk infants within 12 hours of birth.
 - Identify labor and delivery facilities that do not have standing orders and/or policies and educate providers to establish standing orders and policies to administer to at-risk infants the first dose of the hepatitis B vaccine and HBIG within 12 hours of birth.
 - Determine the number of newborns that do not receive the first dose of the hepatitis B vaccine and/or HBIG and work with those facilities to ensure all at-risk infants receive the hepatitis B vaccine series and HBIG within 12 hours of birth.
 - Report to the DSHS Immunization Branch all infants born to HBsAg-positive women within fifteen (15) calendar days of the event.
- Ensure that 100% of the number of identified infants born to HBsAg-positive women will complete the hepatitis B vaccine series and post-vaccination serology testing. Activities under this requirement shall be conducted in accordance with the DSHS Immunization Contractors Guide for Local Health Departments and Perinatal Hepatitis B Prevention Manual.

Activities:

- Administer or obtain from the provider or ImmTrac the complete hepatitis B vaccine series. Infants shall complete the hepatitis B vaccine series by 6 to 8 months of age if the infant receives a single antigen or Pediarix® vaccine.
- Perform post-vaccination serologic testing or obtain from the provider the post-vaccination serologic testing results to determine immunity against hepatitis B. Post vaccination serologic testing shall be done by 9 months of age if the infant received a single

antigen or Pediarix® vaccine.

- For all cases documented as a lost to follow-up on the Perinatal Hepatitis B case management form, report the number and types of attempted activities performed in locating the mother or guardian of the infant to the DSHS Immunization Branch on the Perinatal Hepatitis B case management form.

Contractor General Requirement Unit C-5:

All household contacts over 24 months of age and sexual partners of reported HBsAg-positive women shall be referred for serologic testing to determine susceptibility status in accordance with the DSHS Immunization Contractors Guide for Local Health Departments and Perinatal Hepatitis B Prevention Manual.

Household contacts over the age of 24 months and sexual contacts are not eligible for the program. They should be referred to health care providers for screening and vaccination if susceptible. The number of contacts over age 24 months identified and referred to a health care provider is to be documented on the woman's case management form.

Ensure all household contacts below or equal to 24 months of age are case managed as appropriate to ensure the infant completes the hepatitis B vaccine series and receives post-vaccination serologic testing as needed. A contact case management form should be completed for all contacts under or equal to 24 months of age and case management activities performed.

Immunization Information Technology Infrastructure - Assure that the immunization information technology infrastructure supports program goals and objectives.

Contractor General Requirement Unit D-1:

Promote provider site participation and assure immunization record completeness, timeliness, accuracy, efficiency, and data use to support immunization program goals and objectives.

Effectively utilize ImmTrac, the statewide immunization registry, in Contractors' clinics.

Work in good faith, and as specified herein, to increase overall enrollment into ImmTrac for all age groups including adults.

Work in good faith and as specified herein, to ensure ImmTrac registered private providers use ImmTrac effectively as defined in the DSHS Immunization Contractors Guide for Local Health Departments.

Activities under the requirements above shall be conducted in accordance with the DSHS Immunization Contractors Guide for Local Health Departments

Activities:

- Recruit new private provider sites for ImmTrac.
- Search for the client's immunization history at every client encounter.
- Review the client's record for vaccines due and overdue according to the CDC Recommended Schedules at: <http://www.cdc.gov/vaccines/schedules/index.html>.
- Report to ImmTrac all immunizations administered to children (younger than 18 years of age) and consented adults in Contractor's clinics, either directly into ImmTrac or through TWICES.
- Follow and explain recommended guidelines for obtaining and submitting ImmTrac consent forms according to the instructions found at http://www.dshs.state.tx.us/immunize/docs/consent_guidelines.pdf.
- Offer updated Immunization History Report to the client or client's parent or guardian at every client encounter.
- At every client encounter, compare all immunization histories (ImmTrac, TWICES, validated patient-held records, clinic medical record) and enter into ImmTrac any historical immunizations not in ImmTrac.
- Verbally and with DSHS produced literature, inform parents presenting at Contractor's clinics about ImmTrac and the benefits of inclusion in ImmTrac.
- Provide orientation to all ImmTrac providers at least once a year and maintain documentation of all technical assistance provided (e.g., telephone logs).
- Explain and demonstrate the effective use of ImmTrac according to the instructions located in the DSHS Immunization Contractors Guide for Local Health Departments.
- Conduct follow-up with registered ImmTrac providers who are inactive or not using ImmTrac effectively.
- Train ImmTrac providers' staff on ImmTrac data entry and quality standards.
- Update all demographic information, including address and telephone number, at every client encounter.
- Conduct outreach (including, but not limited to, the specific outreach described in the DSHS Immunization Contractors Guide for Local Health Departments) to families of children 19 to 35 months of age who are not up-to-date on their immunizations according to ImmTrac; locate additional immunization histories; and enter history data into ImmTrac.
- Collaborate with prenatal health-care providers, birth registrars, hospital staff, pediatricians, and other entities to educate parents, expectant parents, and providers about ImmTrac and the benefits of participation. Includes the dissemination of DSHS educational materials as appropriate.
- Identify and contact families of children for whom ImmTrac consent has been granted but who do not have complete immunization records in ImmTrac.
- Identify all providers who administer vaccine in awardee's jurisdiction, including both pediatric and adult immunization providers.

- Collaborate with partners and develop a provider recruitment strategy to include complementary vaccinators, such as pharmacists and school-located vaccination clinics.

- Encourage ImmTrac participation among providers.

- Use and train providers on the use of the new IIS as the system becomes available.

Contractors General Requirement Unit D-2:

Assure provider participation in vaccine ordering and inventory management using the Electronic Vaccine Inventory (EVI) system.

- Educate providers regarding vaccine ordering policies.

- Train providers to use the EVI system for inventory and order entry.

- Train providers on the use of the new IIS system as the system becomes available.

Assist all other TVFC providers in local jurisdiction with maintenance of appropriate vaccine stock levels. Activities under this requirement shall be conducted in accordance with the DSHS Immunization Contractors Guide for Local Health Departments and the current TVFC Operations Manual.

Activities:

- Evaluate maximum vaccine stock levels twice a year in all TVFC provider clinics under Contractor's jurisdiction and assess providers' inventories when visiting clinics.

- Review 100% of monthly biological reports, vaccine orders (when applicable), and temperature recording forms for accuracy and to ensure that the vaccine supply is appropriately maintained and within established maximum stock levels. Review and approval for vaccine orders (when applicable) must be documented in EVI.

- Ship overstocked vaccines and vaccines approaching expiration to alternate providers for immediate use when instructed to do so by the DSHS HSR Immunization Program Manager to avoid vaccine waste. Contractor is responsible for covering the cost to ship overstocked vaccines and vaccines approaching expiration.

- If vaccine is available locally, submit Vaccine Transfer Authorization Form (EC-67) to DSHS HSR Immunization Program Managers for approval prior to conducting transfers and/or deliveries to support the TVFC providers requesting assistance.

- Educate and assist all TVFC providers with TVFC Provider Choice, as directed by the DSHS Immunization Branch.

- Offer provider updates, training, and information as changes to vaccine management occur.


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[CHECK GLOBAL ERRORS](#)[Document Information](#) [DCPS-2017-IMM/LOCAL S-00010](#)[Parent Information](#) [DCPS-2016-IMM/LOCAL S-00007](#)[Details](#)You are here: [> Renewal Menu](#) [> Forms Menu](#)**FISCAL FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) CERTIFICATION**

The certifications enumerated below represent material facts upon which DSHS relies when reporting information to the federal government required under federal law. If the Department later determines that the Contractor knowingly rendered an erroneous certification, DSHS may pursue all available remedies in accordance with Texas and U.S. law. Signor further agrees that it will provide immediate written notice to DSHS if at any time Signor learns that any of the certifications provided for below were erroneous when submitted or have since become erroneous by reason of changed circumstances. If the Signor cannot certify all of the statements contained in this section, Signor must provide written notice to DSHS detailing which of the below statements it cannot certify and why.

Organization Name	Corpus Christi-Nueces County Public Health District (City)			
Address	1702 Home Road			
City	Corpus Christi	State	Texas	Zip Code (9 digit) 78416
Payee Name	City of Corpus Christi			
Address	PO BOX 9277			
City	Corpus Christi	State	TX	Zip Code (9 digit) 78469-9277
Vendor Identification No.	17460005741	MailCode	027	
Payee DUNS No. *	069457786			

1. Did your organization have a gross income, from all sources, of more than \$300,000 in your previous tax year? *

☐ Yes ☒ No

Identify contact persons for FFATA Correspondence *

FFATA Contact Person #1

Name*	Constance Sanchez
Email*	constancep@cctexas.com
Telephone*	(361) 826-3227

FFATA Contact Person #2

Name*	Alma Casas
Email*	almac@cctexas.com
Telephone*	(361) 826-3227

☒ As the authorized representative of the Organization, I hereby certify that the statements made by me in this certification form are true, complete and correct to the best of my knowledge.

E-Signature

Date

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