

**Department of State Health Services
FORM A: FACE PAGE**

CONTRACTOR INFORMATION

1) LEGAL BUSINESS NAME: **COLLIN COUNTY HEALTH CARE SERVICES**

2) MAILING Address Information: Include mailing address, street, city, county, state, and zip code):
825 N. McDonald, Ste. 130, McKinney, Texas 75069

Check if address change

3) PAYEE Name and Mailing Address (if different from above):

Collin County Auditor's Office, 2300 Bloomdale Rd., Suite 3100, McKinney, Texas 75071

Check if address change

4) DUNS Number (9 digit) required if receiving American Recovery and Reinvestment Act of 2009 (ARRA) funds: N/A

5) Federal Tax ID no. (9 digit), State of Texas Comptroller Vendor ID No. (14 digit) of Social Security Number (9 digit): 756000873

**The contractor acknowledges, understands and agrees that the contractor's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.*

6) TYPE OF ENTITY (check all that apply):

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> City | <input checked="" type="checkbox"/> Nonprofit Organization * | <input type="checkbox"/> Faith Based (nonprofit Org) | <input type="checkbox"/> Hospital |
| <input checked="" type="checkbox"/> County | <input type="checkbox"/> For Profit Organization** | <input type="checkbox"/> Individual | <input type="checkbox"/> Private |
| <input type="checkbox"/> Other Political Subdivision | <input type="checkbox"/> HUB Certified | <input type="checkbox"/> Federally Qualified Health Centers | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> State Agency | <input type="checkbox"/> Community-Based Organization | <input type="checkbox"/> State Controlled Institution of Higher Learning | |
| <input type="checkbox"/> Indian Tribe | <input type="checkbox"/> Minority Organization | | |

*If incorporated, provide 10-digit charter number assigned by Secretary of State:

7) PROPOSED BUDGET PERIOD: Start Date: September 1, 2013 End Date: August 31, 2014

8) COUNTIES SERVED BY PROJECT: **COLLIN**

9) AMOUNT OF FUNDING REQUESTED: **\$354,062.00**

11) PROJECT CONTACT PERSON

10) PROJECTED EXPENDITURES

Does contractor's projected federal expenditures exceed \$500,000, or its projected state expenditures exceed \$500,000, for contractors current fiscal year (excluding amount requested in line 9 above)?**

Yes No

***Projected expenditures should include anticipated expenditures under all Federal grants including "pass through" federal funds from all state agencies, or all anticipated expenditures under state grants, as applicable*

Name: Patsy Morris
Phone: 972-548-5503
Fax: 972-548-5550
Email: pmorris@co.collin.tx.us

12) FINANCIAL OFFICER

Name: Jeff May
Phone: 972-548-4641
Fax: 972-548-4751
Email: pmorris@co.collin.tx.us

The facts affirmed by me in this proposal are truthful and I warrant the contractor is in compliance with assurances and certifications contained in APPENDIX A: DSHS Assurances and Certification. I understand the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the contractor and I (the person signing below) am authorized to represent the contractor.

13) AUTHORIZED REPRESENTATIVE Check if change

Name: Keith Self
Title: County Judge
Phone: 972-548-4635
Fax: 972-548-4699
Email: Keith.self@co.collin.tx.us

14) SIGNATURE OF AUTHORIZED REPRESENTATIVE

15) DATE

Keith Self
3/28/13

FORM A: FACE PAGE INSTRUCTIONS

FORM A-1: TEXAS COUNTIES AND REGIONS LIST

(in Alphabetical Order)

COUNTIES SERVED BY PROJECT - Item 7 of Form A: Face Page: Check counties to be served and include behind Form A: Face Page.

Counties	<input checked="" type="checkbox"/>	R	Counties	<input checked="" type="checkbox"/>	R	Counties	<input checked="" type="checkbox"/>	R	Counties	<input checked="" type="checkbox"/>	R	Counties	<input checked="" type="checkbox"/>	R
-A-			Crosby	<input type="checkbox"/>	01	Hays	<input type="checkbox"/>	07	Marlin	<input type="checkbox"/>	09	Schleicher	<input type="checkbox"/>	09
Anderson	<input type="checkbox"/>	04	Culberson	<input type="checkbox"/>	10	Hemphill	<input type="checkbox"/>	01	Mason	<input type="checkbox"/>	09	Scurry	<input type="checkbox"/>	02
Andrews	<input type="checkbox"/>	09	-D-			Henderson	<input type="checkbox"/>	04	Matagorda	<input type="checkbox"/>	06	Shackelford	<input type="checkbox"/>	02
Angelina	<input type="checkbox"/>	05	Dallam	<input type="checkbox"/>	01	Hidalgo	<input type="checkbox"/>	11	Maverick	<input type="checkbox"/>	08	Shelby	<input type="checkbox"/>	05
Aransas	<input type="checkbox"/>	11	Dallas	<input type="checkbox"/>	03	Hill	<input type="checkbox"/>	07	McCulloch	<input type="checkbox"/>	09	Sherman	<input type="checkbox"/>	01
Archer	<input type="checkbox"/>	02	Dawson	<input type="checkbox"/>	09	Hockley	<input type="checkbox"/>	01	McLennan	<input type="checkbox"/>	07	Smith	<input type="checkbox"/>	04
Armstrong	<input type="checkbox"/>	01	Deaf Smith	<input type="checkbox"/>	01	Hood	<input type="checkbox"/>	03	McMullen	<input type="checkbox"/>	11	Somervell	<input type="checkbox"/>	03
Atascosa	<input type="checkbox"/>	08	Delta	<input type="checkbox"/>	04	Hopkins	<input type="checkbox"/>	04	Medina	<input type="checkbox"/>	08	Starr	<input type="checkbox"/>	11
Austin	<input type="checkbox"/>	06	Denton	<input type="checkbox"/>	03	Houston	<input type="checkbox"/>	05	Menard	<input type="checkbox"/>	09	Stephens	<input type="checkbox"/>	02
-B-			DeWitt	<input type="checkbox"/>	08	Howard	<input type="checkbox"/>	09	Midland	<input type="checkbox"/>	09	Sterling	<input type="checkbox"/>	09
Bailey	<input type="checkbox"/>	01	Dickens	<input type="checkbox"/>	01	Hudspeth	<input type="checkbox"/>	10	Milam	<input type="checkbox"/>	07	Stonewall	<input type="checkbox"/>	02
Bandera	<input type="checkbox"/>	08	Dimmit	<input type="checkbox"/>	08	Hunt	<input type="checkbox"/>	03	Mills	<input type="checkbox"/>	07	Sutton	<input type="checkbox"/>	09
Bastrop	<input type="checkbox"/>	07	Donley	<input type="checkbox"/>	01	Hutchinson	<input type="checkbox"/>	01	Mitchell	<input type="checkbox"/>	02	Swisher	<input type="checkbox"/>	01
Baylor	<input type="checkbox"/>	02	Duval	<input type="checkbox"/>	11	-I-			Montague	<input type="checkbox"/>	02	-T-		
Bee	<input type="checkbox"/>	11	-E-			Irion	<input type="checkbox"/>	09	Montgomery	<input type="checkbox"/>	06	Tarrant	<input type="checkbox"/>	03
Bell	<input type="checkbox"/>	07	Eastland	<input type="checkbox"/>	02	-J-			Moore	<input type="checkbox"/>	01	Taylor	<input type="checkbox"/>	02
Bexar	<input type="checkbox"/>	08	Ector	<input type="checkbox"/>	09	Jack	<input type="checkbox"/>	02	Morris	<input type="checkbox"/>	04	Terrell	<input type="checkbox"/>	09
Blanco	<input type="checkbox"/>	07	Edwards	<input type="checkbox"/>	08	Jackson	<input type="checkbox"/>	08	Motley	<input type="checkbox"/>	01	Terry	<input type="checkbox"/>	01
Borden	<input type="checkbox"/>	09	Ellis	<input type="checkbox"/>	03	Jasper	<input type="checkbox"/>	05	-N-			Throckmorton	<input type="checkbox"/>	02
Bosque	<input type="checkbox"/>	07	El Paso	<input type="checkbox"/>	10	Jeff Davis	<input type="checkbox"/>	10	Nacogdoches	<input type="checkbox"/>	05	Titus	<input type="checkbox"/>	04
Bowie	<input type="checkbox"/>	04	Erath	<input type="checkbox"/>	03	Jefferson	<input type="checkbox"/>	05	Navarro	<input type="checkbox"/>	03	Tom Green	<input type="checkbox"/>	09
Brazoria	<input type="checkbox"/>	06	-F-			Jim Hogg	<input type="checkbox"/>	11	Newton	<input type="checkbox"/>	05	Travis	<input type="checkbox"/>	07
Brazos	<input type="checkbox"/>	07	Falls	<input type="checkbox"/>	07	Jim Wells	<input type="checkbox"/>	11	Nolan	<input type="checkbox"/>	02	Trinity	<input type="checkbox"/>	05
Brewster	<input type="checkbox"/>	10	Fannin	<input type="checkbox"/>	03	Johnson	<input type="checkbox"/>	03	Nueces	<input type="checkbox"/>	11	Tyler	<input type="checkbox"/>	05
Briscoe	<input type="checkbox"/>	01	Fayette	<input type="checkbox"/>	07	Jones	<input type="checkbox"/>	02	-O-			-U-		
Brooks	<input type="checkbox"/>	11	Fisher	<input type="checkbox"/>	02	-K-			Ochiltree	<input type="checkbox"/>	01	Upshur	<input type="checkbox"/>	04
Brown	<input type="checkbox"/>	02	Floyd	<input type="checkbox"/>	01	Karnes	<input type="checkbox"/>	08	Oldham	<input type="checkbox"/>	01	Upton	<input type="checkbox"/>	09
Burleson	<input type="checkbox"/>	07	Foard	<input type="checkbox"/>	02	Kaufman	<input type="checkbox"/>	03	Orange	<input type="checkbox"/>	05	Uvalde	<input type="checkbox"/>	08
Burnet	<input type="checkbox"/>	07	Fort Bend	<input type="checkbox"/>	06	Kendall	<input type="checkbox"/>	08	-P-			-V-		
-C-			Franklin	<input type="checkbox"/>	04	Kenedy	<input type="checkbox"/>	11	Palo Pinto	<input type="checkbox"/>	03	Val Verde	<input type="checkbox"/>	08
Caldwell	<input type="checkbox"/>	07	Freestone	<input type="checkbox"/>	07	Kent	<input type="checkbox"/>	02	Panola	<input type="checkbox"/>	04	Van Zandt	<input type="checkbox"/>	04
Calhoun	<input type="checkbox"/>	08	Frio	<input type="checkbox"/>	08	Kerr	<input type="checkbox"/>	08	Parker	<input type="checkbox"/>	03	Victoria	<input type="checkbox"/>	08
Callahan	<input type="checkbox"/>	02	-G-			Kimble	<input type="checkbox"/>	09	Parmer	<input type="checkbox"/>	01	-W-		
Cameron	<input type="checkbox"/>	11	Gaines	<input type="checkbox"/>	09	King	<input type="checkbox"/>	01	Pecos	<input type="checkbox"/>	09	Walker	<input type="checkbox"/>	06
Camp	<input type="checkbox"/>	04	Galveston	<input type="checkbox"/>	06	Kinney	<input type="checkbox"/>	08	Polk	<input type="checkbox"/>	05	Waller	<input type="checkbox"/>	06
Carson	<input type="checkbox"/>	01	Garza	<input type="checkbox"/>	01	Kleberg	<input type="checkbox"/>	11	Potter	<input type="checkbox"/>	11	Ward	<input type="checkbox"/>	09
Cass	<input type="checkbox"/>	04	Gillespie	<input type="checkbox"/>	08	Knox	<input type="checkbox"/>	02	Presidio	<input type="checkbox"/>	01	Washington	<input type="checkbox"/>	07
Castro	<input type="checkbox"/>	01	Glasscock	<input type="checkbox"/>	09	-L-			-R-			Webb	<input type="checkbox"/>	11
Chambers	<input type="checkbox"/>	06	Goliad	<input type="checkbox"/>	08	Lamar	<input type="checkbox"/>	04	Rains	<input type="checkbox"/>	04	Wharton	<input type="checkbox"/>	06
Cherokee	<input type="checkbox"/>	04	Gonzales	<input type="checkbox"/>	08	Lamb	<input type="checkbox"/>	01	Randall	<input type="checkbox"/>	01	Wheeler	<input type="checkbox"/>	01
Childress	<input type="checkbox"/>	01	Gray	<input type="checkbox"/>	01	Lampasas	<input type="checkbox"/>	07	Reagan	<input type="checkbox"/>	09	Wichita	<input type="checkbox"/>	02
Clay	<input type="checkbox"/>	02	Grayson	<input type="checkbox"/>	03	La Salle	<input type="checkbox"/>	08	Real	<input type="checkbox"/>	08	Wilbarger	<input type="checkbox"/>	02
Cochran	<input type="checkbox"/>	01	Gregg	<input type="checkbox"/>	04	Lavaca	<input type="checkbox"/>	08	Red River	<input type="checkbox"/>	04	Willacy	<input type="checkbox"/>	11
Coke	<input type="checkbox"/>	09	Grimes	<input type="checkbox"/>	07	Lee	<input type="checkbox"/>	07	Reeves	<input type="checkbox"/>	09	Williamson	<input type="checkbox"/>	07
Coleman	<input type="checkbox"/>	02	Guadalupe	<input type="checkbox"/>	08	Leon	<input type="checkbox"/>	07	Refugio	<input type="checkbox"/>	11	Wilson	<input type="checkbox"/>	08
Collin	<input checked="" type="checkbox"/>	03	-H-			Liberty	<input type="checkbox"/>	06	Roberts	<input type="checkbox"/>	01	Winkler	<input type="checkbox"/>	09
Collingsworth	<input type="checkbox"/>	01	Hale	<input type="checkbox"/>	01	Limestone	<input type="checkbox"/>	07	Robertson	<input type="checkbox"/>	07	Wise	<input type="checkbox"/>	03
Colorado	<input type="checkbox"/>	06	Hall	<input type="checkbox"/>	01	Lipscomb	<input type="checkbox"/>	01	Rockwall	<input type="checkbox"/>	03	Wood	<input type="checkbox"/>	04
Comal	<input type="checkbox"/>	08	Hamilton	<input type="checkbox"/>	07	Live Oak	<input type="checkbox"/>	11	Runnels	<input type="checkbox"/>	02	-Y-		
Comanche	<input type="checkbox"/>	02	Hansford	<input type="checkbox"/>	01	Llano	<input type="checkbox"/>	07	Rusk	<input type="checkbox"/>	04	Yoakum	<input type="checkbox"/>	01
Concho	<input type="checkbox"/>	09	Hardeman	<input type="checkbox"/>	02	Loving	<input type="checkbox"/>	09	-S-			Young	<input type="checkbox"/>	02
Cooke	<input type="checkbox"/>	03	Hardin	<input type="checkbox"/>	05	Lubbock	<input type="checkbox"/>	01	Sabine	<input type="checkbox"/>	05	-Z-		
Coryell	<input type="checkbox"/>	07	Harris	<input type="checkbox"/>	06	Lynn	<input type="checkbox"/>	01	San Augustine	<input type="checkbox"/>	05	Zapata	<input type="checkbox"/>	11
Cottle	<input type="checkbox"/>	02	Harrison	<input type="checkbox"/>	04	-M-			San Jacinto	<input type="checkbox"/>	05	Zavala	<input type="checkbox"/>	08
Crane	<input type="checkbox"/>	09	Hartley	<input type="checkbox"/>	01	Madison	<input type="checkbox"/>	07	San Patricio	<input type="checkbox"/>	11			
Crockett	<input type="checkbox"/>	09	Haskell	<input type="checkbox"/>	02	Marion	<input type="checkbox"/>	04	San Saba	<input type="checkbox"/>	07	STATEWIDE	<input type="checkbox"/>	

Regional Program Managers FY2014

HEALTH SERVICE REGION 1

Keila Johnson
 Immunization Program Manager
 300 Victory Drive
 Box 60968, WTAMU Station
 Canyon, Texas 79016
 (806) 655-7151
 (806) 655-7159 – Fax

Keila.Johnson@dshs.state.tx.us

HEALTH SERVICE REGION 7

Diane Romnes
 Immunization Program Manager
 2408 South 37th Street
 Temple, Texas 76504-7168
 (254) 778-6744
 (254) 771-2612 - Fax

Diane.Romnes@dshs.state.tx.us

HEALTH SERVICE REGIONS 2 & 3

Cheryl Millican
 Immunization Program Manager
 1301 South Bowen Road, Suite 200
 Arlington, Texas 76013-2262
 (817) 264-4795
 (817) 264-4800 – Fax

Cheryl.millican@dshs.state.tx.us

HEALTH SERVICE REGION 8

Laurie Henefey
 Immunization Program Manager
 2201 E. Main
 Uvalde, Texas 78801
 (830) 591-4386 Extension 213
 (830) 278-1831 - Fax

Laurie.Henefey@dshs.state.tx.us

HEALTH SERVICE REGIONS 4 & 5 NORTH

Tammie Little
 Immunization Program Manager
 1517 W. Front Street
 Tyler, Texas 75702
 (903) 533-5266
 (903) 533-9502 - Fax

Tammie.Little@dshs.state.tx.us

HEALTH SERVICE REGIONS 9 & 10

Racheal Porras
 Immunization Program Manager
 2301 N. Big Spring #300
 Midland, Texas 79705-7649
 (432) 683-9492
 (432) 571-4190 - Fax

Racheal.porras@dshs.state.tx.us

HEALTH SERVICE REGIONS 6 & 5 SOUTH

Stephanie Martin
 Immunization Program Manager
 5425 Polk, Suite J
 Houston, Texas 77023
 (713) 767-3411
 (713) 767-3889 - Fax

Stephanie.Martin@dshs.state.tx.us

HEALTH SERVICE REGION 11

Ana Ivette Nunez
 Immunization Program Manager
 601 W. Sesame Drive
 Harlingen, Texas 78550
 (956) 423-0130
 (956) 443-3216 - Fax

Ivette.Nunez@dshs.state.tx.us

FORM B: TABLE OF CONTENTS AND CHECKLIST

Legal Business Name of

Contractor:

Collin County Health Care Services

This form is provided as your Table of Contents and to ensure the proposal is complete, proper signatures are included, and the required assurances, certifications, and attachments have been submitted. Be sure to indicate page number.

FORM	DESCRIPTION	Included	Page #	Not Applicable
A	Face Page - completed, and proper signatures and date included	X	1	
A-1	Texas Counties and Regions List	X	2-3	
B	Table of Contents and Checklist – completed and included	X	4	
C	Contact Person Information – completed and included	X	5	
D	Job Descriptions (with supplemental documentation attached if required)	<input type="checkbox"/>	-	NA
E	Program Income Spending Page	X	6	
F	Assessment Narrative –included [optional]	<input type="checkbox"/>	-	NA
G-1A	FFATA Form	X	7-8	
H	Work Plan – included	X	9-22	
I	Budge Summary Form and Detail Pages	X	23-32	
Appendix B	Copy of Approved Indirect Rate – included (if applicable)	<input type="checkbox"/>		NA

FORM C: CONTACT PERSON INFORMATION

Legal Business Name of Contractor:

Collin County Health Care Services

*This form provides information about the appropriate contacts in the contractor's organization in addition to those on FORM A: FACE PAGE. If any of the following information changes during the term of the contract, please send written notification to the **Contract Management Unit**.*

Contact:	Candy Blair	Mailing Address
Title:	HC Administrator	Street: 825 N. McDonald Street, Ste. 130
Phone:	972-548-5504 Ext:	City: McKinney
Fax:	972-548-5550	County: Collin
Email:	cblair@co.collin.tx.us	State, Zip: Texas 75069
Contact:	Patsy Morris	Street: 825 N. McDonald
Title:	Immunization Project Contact	City: McKinney
Phone:	972-548-5503 Ext:	County: Collin
Fax:	972-548-5550	State, Zip: 75069
Email:	pmorris@co.collin.tx.us	
Contact:	Janna Caponera	Street: 2300 Bloomdale Rd., Suite 3100
Title:	Auditor's Office	City: McKinney
Phone:	972-548-4638 Ext:	County: Collin
Fax:	972-548-4751	State, Zip: Texas 75071
Email:	jcaponera@co.collin.tx.us	
Contact:	Eileen Prentice	Street: 2300 Bloomdale Rd., Suite 3100
Title:	Auditor's Office	City: McKinney
Phone:	972-548-4796 Ext:	County: Collin
Fax:	972-548-4751	State, Zip: Texas 75071
Email:	eprentice@co.collin.tx.us	
Emergency Contact:	Christie Hix	Street: 825 N. McDonald Street, Suite 130
Title:	Clinical Supervisor	City: McKinney
Phone:	972-548-5549 Ext:	County: Collin
Fax:	972-548-5550	State, Zip: Texas 75071
Email:	chix@co.collin.tx.us	

Form E: PROGRAM INCOME SPENDING PLAN

Projected amount of the DSHS share of Program Income (from page 30, Budget Summary, Line L, Row 1)
\$ 49,838.00

Please forecast how DSHS' share of Program income will be used. This money is available for immunization activities in addition to contract funds. Throughout the year, LHDs are responsible for monitoring program income collections to assure that projections are being met prior to expending funds as described below. Use of these funds is subject to the same restrictions as apply to grant funds.

Cost Categories	Funds Projected	Purpose and Justification
A. Personnel	\$38,000.00	Offset expenditures for salaries for immunization staff
B. Fringe Benefits	\$11,838.00	Offset expenditures for fringes for immunization staff
C. Travel	\$	
D. Supplies	\$	
E. Contractual	\$	
F. Other	\$	
Total (DSHS Share Program Income)	\$49,838.00	

❖ UNIT 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 *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/pubs/pinkbook/downloads/appendices/H/standards-pediatric.pdf> and
<http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/H/standards-adult.pdf>.
- 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.
 - Maintain and adjust spending plan throughout the contract term to avoid lapsing funds.
 - Account for and use Program Income appropriately throughout the contract term.
 - Maintain staffing levels to meet required activities of the contract and to ensure that all funds in the personnel category are expended.
- 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) on December 30, 2013, March 31, 2014, June 30, 2014, and September 30, 2014 or the next business day if the date falls on a weekend or 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 HSR Immunization Program Manager and DSHS Immunization Branch Contracts staff.

Contractor General Requirement Unit A-2:

Complete site visit follow-up assigned by DSHS Austin or Health Service Region staff within prescribed timeframes outlined in the *TVFC Operations Manual*. Activities under the requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities:

- Conduct site visit follow-up and submit results following the process described and within deadlines established in the *TVFC Operations Manual*.

**Texas Department of State Health Services Immunization Branch
Inter-Local Agreement Work Plan - Exhibit A**

2014

- Conduct site visits in 100% of subcontracted entities as listed in the Inter-Local Application and non-Local Health Department WIC immunization clinics, if applicable.

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.shtm>)
- Ensure that appropriate Vaccine Management plan is in place at each clinic location and that it includes an updated *Emergency Contingency Plan*.
- Ensure that overstocked vaccines or those vaccines nearing expiration are shipped to alternate providers as directed by the Health Service Region (HSR) Immunization Program managers, for timely use to avoid vaccine waste.

Contractor General Requirement A-4:

Implement a plan to assure that Section 317 vaccine is not provided inadvertently to fully privately insured individuals, including children covered by S-CHIP.

Establish and maintain protocols for screening individuals for eligibility and insurance coverage before administering Section 317 funded vaccines. Contractors may use Patient Eligibility Screening Form (C-10) or electronically store this information.

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

- Enrolled in Medicaid, or
- Enrolled in CHIP and the provider bills CHIP for the services, or
- Is an American Indian, or
- Is an Alaskan Native, or
- Does not have health insurance, or
- Is underinsured: has commercial (private) health insurance but coverage does not include vaccines; a child whose insurance covers only selected vaccines (TVFC eligible for non-covered vaccines only); or a child whose insurance caps vaccine coverage at a certain amount. Once that coverage amount is reached, the child is categorized as underinsured.

❖ Unit B

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*.

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:

- 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 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.
- Conduct at least twelve (12) outreach 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: 1.) high school students and their parents, 2.) universities/colleges, and 3.) Junior Reserve Officer Training Corps. (JROTC)/Military Recruitment Centers and report results on the Quarterly Report. If a JROTC or Military Recruitment Center is not available within the jurisdiction of the LHD, outreach activities may be focused on the other two groups mentioned above.
- 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 Month (NIM), National Adult Immunization Week (NAIW), and National Influenza Week (NIW).
- 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 DSHS, such as the Dairy Queen

**Texas Department of State Health Services Immunization Branch
Inter-Local Agreement Work Plan - Exhibit A**

2014

- 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*, electronic newsletter; and the Vaccine Advisory, 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, and the general public on the purpose of ImmTrac, the benefits of ImmTrac participation, and the importance of maintaining a complete immunization history in ImmTrac.
 - Inform the general public about the Texas Vaccines for Children (TVFC) program and the qualifications to participate in it.
 - Distribute TVFC information and educational materials at venues where parents of TVFC-eligible children might frequent.
 - Inform and highly recommend to the medical community and local providers within the Contractor's jurisdiction on the annual CDC *Epidemiology and Prevention of Vaccine-Preventable Disease (EPI-VAC)* training.

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:

When assigned by DSHS, complete 100% of 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*.

**Texas Department of State Health Services Immunization Branch
Inter-Local Agreement Work Plan - Exhibit A**

2014

When assigned by DSHS, complete 100% of 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% of required audits/assessments as assigned by the Immunization Branch, DSHS. These will include:
 - Texas Child-Care Immunization Assessment
 - Child-Care Audit
 - Annual Report of Immunization Status (school self-assessments)
 - School Audit
 - Texas School Immunization Validation Survey
 - 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*.
- For completed audits/assessments, monitor vaccination and exemptions per respective areas.
- Based upon survey/audit findings as completed, 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 local health department jurisdictions and coordinate interventions.
- Collaborate with school/child-care facilities and registered family homes to afford needed improvements. Report these results/findings to the Assessment, Compliance and Evaluation Group, Immunization Branch, DSHS.

Contractor General Requirement B-3:

Work with VFC providers on quality improvement processes to increase coverage levels and decrease missed opportunities using AFIX components, as appropriate, and move toward use of IIS as primary source of data for provider coverage level assessment by the end of project period.

- Conduct site visits using AFIX (CoCASA) in 100% of subcontracted entities as listed in the Inter-Local Application and non-Local Health Department WIC immunization clinics, if applicable.

**Texas Department of State Health Services Immunization Branch
Inter-Local Agreement Work Plan - Exhibit A**

2014

Contractor General Requirement B-4:

Investigate and document at least 85% of reportable suspected vaccine-preventable disease cases within thirty (30) days of notification in accordance with *DSHS Texas Vaccine-Preventable Disease (VPD) Surveillance Guidelines*

(http://www.dshs.state.tx.us/idcu/health/vaccine_preventable_diseases/resources/) and National Electronic Disease Surveillance System (*NEDSS*). Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities:

- Adhere to the *DSHS VPD Surveillance Guidelines*, *NEDSS Data Entry Guidelines*, and *Epi-Case Criteria Guide* (<https://txnedss.dshs.state.tx.us:8009/PHINDox/UserResources/Epi%20Case%20Criteria%20Guide%202012.pdf>) in conducting this General Requirement and the associated activities.
- Complete all data entry into NEDSS Base System (NBS) following the *NBS data Entry Guidelines*. (https://txnedss.dshs.state.tx.us:8009/PHINDox/UserResources/Data_Entry_Guidelines_2007.pdf).
- 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.
- Submit case and/or death notifications to CDC.
- Designate staff to coordinate VAERS and Vaccine Safety Activities.
- Encourage providers to report possible vaccine adverse reactions to CDC on a timely basis through <http://vaers.hhs.gov/index>

Contractor General Requirement Unit B-4:

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.
- 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 DSHS 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 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 Advisory Committee on Immunization Practices (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* (<http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html>) and *Standards for Adult Immunization Practices* (<http://www.cdc.gov/vaccines/schedules/hcp/adult.html>) 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 (<http://www.cdc.gov/vaccines/pubs/vis/default.htm>).
- Promote a health-care workforce that is knowledgeable about vaccines, vaccine recommendations, vaccine safety, vaccine-preventable diseases, and the delivery of immunization services.
- Educate health-care 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 NIS surveys to the Contractor for research prior to returning the survey to CDC, if applicable.
- Coordinate educational and other activities with local 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* (<http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html>).
- Offer educational opportunities to all WIC programs in the service area, including information about on-line and satellite-broadcast continuing education opportunities from the Centers for Disease Control and Prevention (CDC) Continuing Education web site (<http://www.cdc.gov/vaccines/ed/default.htm>).

❖ Unit C

Assuring Access to Vaccines

Contractor General Requirement Unit C-1:

Engage American Indian tribal governments, tribal organizations representing those governments, tribal epidemiology centers of Alaskan Native Villages and Corporations located within contracted local health department 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, tribal epidemiology centers of Alaskan Native Villages and Corporations.
- Report on education, training, outreach activities or collaborative efforts and outcomes of those activities on each Quarterly Report.

2014 General Requirement Unit C-2:

Enroll and sustain a network of VFC and other providers to administer federally funded vaccines to program-eligible populations according to CDC/ACIP and NVAC standards.

Conduct recruitment to increase the number of ImmTrac providers, TVFC providers, and Perinatal Hep 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
- Ensure that all ACIP recommended vaccines are routinely available to TVFC patients and that Adult Safety Net vaccines are available to eligible adult patients.
- 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.

**Texas Department of State Health Services Immunization Branch
Inter-Local Agreement Work Plan - Exhibit A**

2014

- 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 system (manual, TWICES, 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.

Contractor General Requirement Unit C-4:

Assure compliance with 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 to Texas Vaccines for Children Program (TVFC) Provider Enrollment Form (E6-102), and provide immunization services to underinsured children.
- Report number of doses administered to underinsured children monthly as directed by DSHS.
- Report number of unduplicated underinsured clients served as directed by DSHS.

Contractor General Requirement Unit C-5:

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.) Newborn prophylaxis with hepatitis b vaccine and HBIG.
- c.) Timely completion of doses two and three.
- d.) Post-vaccination serology.

Ensure all pregnant women are screened for hepatitis B surface antigen (HBsAg) and that all HBsAg-positive pregnant women are reported to DSHS. 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 care providers, family practitioners, and labor and delivery facilities to assure all HBsAg-positive pregnant women are reported to DSHS within one week of diagnosis.
- Educate prenatal care providers to ensure they screen pregnant women for HBsAg status during each pregnancy; implement procedures for

**Texas Department of State Health Services Immunization Branch
Inter-Local Agreement Work Plan - Exhibit A**

2014

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.
- Local health departments who report over five (5) cases per year, should perform and report at least 2 trainings per quarterly reporting period (or at least 8 trainings per year) to delivery hospitals, especially delivery hospitals who have not reported any HBs-Ag positive test result for women who have delivered at their facility during the quarterly reporting period.
- Ensure that all educational trainings are evaluated by participants (providers, hospital nursery staff, laboratorians, Obstetricians/Gynecologists and delivery staff and physicians, pediatricians, nursing staff, etc.) by rating the effectiveness of the presenter as it relates to: describing the Perinatal HBV Prevention Program objectives; helping to identify at least one new skill that can be implemented in the workplace; and gathering topics for future events.
- Submit a quarterly report for educational trainings conducted. This report needs to include: number of participants, titles of participants, name of facility and training evaluations results. The reports should be submitted to the Perinatal HBV Prevention Program Coordinator.

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 hepatitis B immune globulin (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:

- Assure 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 the hepatitis B immune globulin and work with those facilities to ensure all at-risk infants receive the hepatitis B vaccine series and hepatitis B immune globulin within 12 hours of birth.
- Report to DSHS all infants born to HBsAg (+) women within fifteen (15) calendar days of the event.

Ensure that 100% of the number of identified infants born to HBsAg-positive women will

**Texas Department of State Health Services Immunization Branch
Inter-Local Agreement Work Plan - Exhibit A**

2014

complete the hepatitis B vaccine series and post-vaccination serology testing (PVST). Staff will document appropriately if lost to follow-up. 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 – 8 months of age if the infant receives a single antigen or Pediarix vaccine and by 15 months of age if the infant receives the Comvax series.
- Perform PVS testing or obtain from the provider or ImmTrac the PVS testing results to determine immunity against hepatitis B. Post vaccine serology testing shall be done by 9 – 15 months of age if the infant received a single antigen or Pediarix vaccine and by 18 months of age if the infant received the Comvax vaccine series.

Contractor General Requirement C-5

All household and sexual partners of reported HBsAg (+) mothers 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*.

Ensure all household contacts two (2) years of age or older are case managed as appropriate to ensure the infant completes the HBV vaccine series and receives post-vaccination serology testing (PVST).

❖ Unit D

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 DSHS on-line immunization registry) in Contractor's clinics.

Work in good faith, and as specified herein, to increase the number of children less than six (6) years of age who participate in ImmTrac.

**Texas Department of State Health Services Immunization Branch
Inter-Local Agreement Work Plan - Exhibit A**

2014

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 on-line or through TWICES.
- Update demographic information as needed.
- Follow 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.
- Implement changes to the consent process as directed by DSHS.
- 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 or TWICES 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*.
- Explain 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.
- Conduct follow-up with registered ImmTrac providers who are inactive or not using ImmTrac effectively.
- Train Contractor's 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 IIS participation among VFC providers.

Contractors General Requirement Unit D-2:

Incorporate dose-level accountability into IIS functionality so that information can be received and stored (Dose-level accountability includes assigned a provider-determined program eligibility category for a patient to each administered dose of vaccine.

- Conduct education and monitoring of providers to improve eligibility tracking and reporting.

Contractors General Requirement Unit D-3:

Assure provider participation in vaccine ordering and inventory management using either VTrckS Direct or ExIS (which could be IIS or other external system) that communicates with VTrckS using the CDC-compliant interface.

- Educate providers regarding awardee vaccine ordering policies, including CDC's inventory-on-hand requirement and other awardee-supporting documentation requirements for vaccine orders.
- Develop and implement a plan for transitioning providers to electronic submission of inventory and orders using VTrckS or awardee's ExIS.
- Monitor progress of the implementation of this transition plan.
- If using VTrckS Direct, ensure providers that will be using VTrckS for order entry acquire SAMS credentials for access.
- Train providers to use VTrckS or awardee ExIS for inventory and order entry.
- Develop and implement a plan for ensuring that new providers have access to and training for entering orders and inventory using VTrckS or awardee's ExIS.

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 *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. This activity will become part of the Electronic Vaccine Inventory (EVI) system and local health departments will be advised if any assistance on this activity is needed.
- Review 100% of all vaccine orders, monthly biological reports, and monthly temperature logs for accuracy and to ensure that the vaccine supply requested is within established guidelines. Review may be done from a paper report or on the EVI system.
- If vaccine is available locally, conduct transfers and/or deliveries to support the TVFC providers requesting assistance.
- Educate and assist all TVFC providers with TVFC Provider Choice, as directed by DSHS.
- To avoid the appearance of impropriety, the LHD must not involve pharmaceutical manufacturer representative in provider choice trainings; or, the LHD must not take any other actions which appear to have a connection between activities sponsored under this contract and any other activities the LHD wishes to conduct on its own which would involve pharmaceutical manufacturer representatives giving presentations to providers.
- Offer provider updates, training, and information as changes to vaccine management occur.

FORM I: BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent:

Collin County Health Care Services

Budget Categories	Total Budget (1)	DSHS Funds Requested (2)	Direct Federal Funds (3)	Other State Agency Funds* (4)	Local Funding Sources (5)	Other Funds (6)
A. Personnel	\$465,581	\$269,061			\$196,520	
B. Fringe Benefits	\$124,543	\$71,974			\$52,569	
C. Travel	\$1,195	\$1,195			\$0	
D. Equipment	\$260	\$260			\$0	
E. Supplies	\$2,500	\$2,500			\$0	
F. Contractual	\$7,092	\$7,092			\$0	
G. Other	\$1,980	\$1,980			\$0	
H. Total Direct Costs	\$603,151	\$354,062	\$0	\$0	\$249,089	\$0
I. Indirect Costs	\$0	\$0				
J. Total (Sum of H and I)	\$603,151	\$354,062	\$0	\$0	\$249,089	\$0
K. Program Income - Projected Earnings	\$85,000	\$49,897	\$0	\$0	\$35,103	\$0

NOTE: The "Total Budget" amount for each Budget Category will have to be allocated (entered) manually among the funding sources. Enter amounts in whole dollars. After amounts have been entered for each funding source, verify that the "Distribution Total" below equals the respective amount under the "Total Budget" from column (1).

Check Totals For:	Budget Category	Distribution Total	Budget Total	Budget Category	Distribution Total	Budget Total
	Personnel		\$465,581	\$465,581	Fringe Benefits	\$124,543
Travel		\$1,195	\$1,195	Equipment	\$260	\$260
Supplies		\$2,500	\$2,500	Contractual	\$7,092	\$7,092
Other		\$1,980	\$1,980	Indirect Costs	\$0	\$0

TOTAL FOR:	Distribution Totals	\$603,151	Budget Total	\$603,151
-------------------	----------------------------	------------------	---------------------	------------------

*Letter(s) of good standing that validate the respondent's programmatic, administrative, and financial capability must be placed after this form if respondent receives any funding from state agencies other than DSHS related to this project. If the respondent is a state agency or institution of higher education, letter(s) of good standing are not required. DO NOT include funding from other state agencies in column 4 or Federal sources in column 3 that is not related to activities being funded by this DSHS project.

FORM I-1: PERSONNEL Budget Category Detail Form

Legal Name of Respondent:

Collin County Health Care Services

PERSONNEL		Vacant	Justification	FTE's	Certification or License (Enter NA if not required)	Total Average Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project
Functional Title + Code	E = Existing or P = Proposed	Y/N						
Program Sup/Manager - E	E	N	Provides program oversight & QA	1	RN License	\$5,149.00	12	\$61,788
Immunization-LVNs-E	E	N	Provides Imm. Svcs/daycare audits & Community Ed.	2	LVN License	\$3,745.00	12	\$89,880
Immunization RN-E	E	N	Provides Imm Svcs. & Outreach	1	RN License	\$4,554.00	12	\$54,648
Immunization RN-E	E	N	Provides perinatal Hep B Svcs & Epi	1	RN License	\$3,779.00	12	\$45,348
IPOS/Imm Trac Outreach Spec-E	E	N	Provides ImmTrac Svcs & Provider Ed.	2	NA	\$2,173.00	12	\$52,152
VFC Spec-E	E	N	Provides Vaccine Accountability & Provider QA	1	NA	\$3,515.00	12	\$42,180
Support Tech-E	E	N	Provides Immunization Cler. Sup	1	NA	\$2,131.00	12	\$25,572
Imm. Svcs. Aide-E	E	N	Provides Clerical Sup. & Outreach	1	NA	\$2,346.00	12	\$28,152
H/C Coordinator-E	E	N	Provides Prog. Planning & Eva.	0.2	NA	\$6,209.00	12	\$14,902
Epidemiologist-E	E	N	Provides Surveillance	0.2	License	\$6,303.00	12	\$15,127
Support Tech-E	E	N	Provides Epidemiology Support	1	NA	\$2,131.00	12	\$25,572
Health Authority	E	N	Provides Clinic Supervision	0.05	License	\$17,100.00	12	\$10,260
TOTAL FROM PERSONNEL SUPPLEMENTAL BUDGET SHEETS								\$0
Salary/Wage Total								\$465,581

FRINGE BENEFITS

Itemize the elements of fringe benefits in the space below:

FICA/Medicare: .7.65%; Employee Insurance; \$80 monthly per employee; long-term disability: .25%; short-term disability: \$1.91; long-term care-based on employee election; retirement: 8.5%; Supplemental Death benefit: .3%; Unemployment Insurance: .1%

	Fringe Benefit Rate %	26.75%
Fringe Benefits Total		\$124,543

FORM I-2: TRAVEL Budget Category Detail Form

Legal Name of Respondent:

Collin County Health Care Services

Conference / Workshop Description of Conference/Workshop	Justification	Location City/State	Number of:		Travel Costs
			Days/Employees		
Immunization Meeting	Meeting in Austin regarding updates and changes in the immunization program (2 staff: mileage 500@.565=\$283.00; hotel \$100@2 nights=\$200; Food=30p/d x 3 days x 2 staff =	Austin, TX	3 days/2 staff	Mileage	\$283
				Airfare	
				Meals	\$180
				Lodging	\$200
				Other Costs	
				Total	\$663
				Mileage	
				Airfare	
				Meals	
				Lodging	
Other Costs					
Total	\$0				
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS					\$0

Total for Conference / Workshop Travel

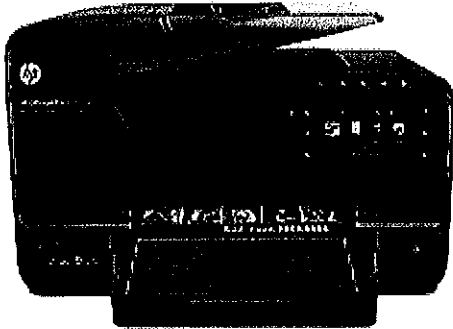
\$663

Other / Local Travel Costs		Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Vaccine Management Site visits, follow-ups, vaccine transfers, vaccine pick-up		400	\$0.565	\$226		\$226
Regional Office Meetings (2)		240	\$0.565	\$136		\$136
Perinatal Hep B training for hospitals		300	\$0.565	\$170		\$170
				\$0		\$0
				\$0		\$0
				\$0		\$0
TOTAL FROM TRAVEL SUPPLEMENTAL OTHER/LOCAL TRAVEL COSTS BUDGET SHEETS						
				\$0		\$0

Total for Other / Local Travel **\$532**

Other / Local Travel Costs: **\$532** Conference / Workshop Travel Costs: **\$663** Total Travel Costs: **\$1,195**

Indicate Policy Used: Respondent's Travel Policy State of Texas Travel Policy



HP Officejet Pro 8600 Plus e- All-In-One Printer, Copier, Scanner, Fax

Item # 527134 Entered Item # 527134

Versatile, professional-quality printing and copying

4.3" touch screen offers easy, intuitive access to functions.

Built-in wireless networking provides convenient printing for multiple users.

Your Price

\$256.90

/ each

ONLINE

✔ Sold Online Limited Availability

✔ **FREE DELIVERY**

OUR STORES

✔ Sold in Stores

Delivery, pricing, and availability policy

*Inventory validated when item(s) is added to cart.

Restricted Item

Contract Items

About This Product

DESCRIPTION

Versatile, professional-quality printing and copying

- **4.3" touch screen offers easy, intuitive access to functions.** Lets you quickly print and copy, and provides access to business apps.
- **Built-in wireless networking provides convenient printing for multiple users.** Allows cable-free printing from almost anywhere in your home or small office (a wired network connection is also included).
- **High-speed printing — up to 20 pages per minute in black, 16 in color (ISO standard).**
- **Automatic double-sided printing helps save paper costs.** Uses 4 individual ink cartridges. Copier includes features to correct problems such as skewed pages.
- **Legal-size glass scanbed handles larger documents.** Lets you copy or scan sheets up to 8.5" x 14".
- **50-sheet auto document feeder makes large copying jobs a snap.**
- **Scanning feature lets you convert paper documents to electronic form.**
- **Built-in fax capability transmits pages as fast as 4 seconds per page.** Allows faxing 2-sided documents (via auto document feeder).
- **ePrint technology lets you print from anywhere with your mobile device.**
- **Card reader lets you print photos directly from memory cards.**
- **Meets Energy Star requirements.**

PRODUCT DETAILS

Item #	527134
Manufacturer #	CM750A#B1H
Ecolabel	Energy Star
LCD size	4.3 inches
PC faxing capability	yes
auto double-sided printing	yes
automatic document feeder capacity	50 sheets
brand name	HP

FORM I-4: SUPPLIES Budget Category Detail Form

Legal Name of Respondent:

Collin County Health Care Services

Itemize and describe each supply item and provide an estimated quantity and cost (i.e. #of boxes & cost/box) if applicable. Provide a justification for each supply item. Costs may be categorized by each general type (e.g., office, computer, medical, educational, etc.) See attached example for definition of supplies and detailed instructions to complete this form.

Description of Item <small>(If applicable, provide estimated quantity and cost (i.e. # of boxes & cost/box))</small>	Purpose & Justification	Total Cost
Office Supplies	Sharps for used needles and syringes 100@ \$5.41 ea.	\$541
Office Supplies	General office supplies needed to support the immunization program. Mass mailouts to providers, hospitals, and clients with information for medical home	\$513
Medical Supplies	Needles 23G 1 IN 50@ \$7.31 bx.	\$366
Medical Supplies	Vanish Point Syringes 24 bx @ \$45/bx.	\$1,080
	TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS	\$0

Total Amount Requested for Supplies:

\$2,500

FORM I-5: CONTRACTUAL Budget Category Detail Form

Legal Name of Respondent:

Collin County Health Care Services

List contracts for services related to the scope of work that is to be provided by a third party. If a third party is not yet identified, describe the service to be contracted and show contractors as "To Be Named." Justification for any contract that delegates \$100,000 or more of the scope of the project in the respondent's funding request, must be attached behind this form.

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	Justification	METHOD OF PAYMENT (i.e., Monthly, Hourly, Unit, Lump Sum)	# of Months, Hours, Units, etc.	RATE OF PAYMENT (i.e., hourly rate, unit rate, lump sum amount)	TOTAL
Plano Children's Clinic	Immunizations	Provides Immunizations to low income children in the Plano area.	Unit	1200	\$5.91	\$7,092
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS						\$0

Total Amount Requested for CONTRACTUAL: \$7,092

FORM I - 7 Indirect Costs

Legal Name of Respondent:

Collin County Health Care Services

Total amount of indirect costs allocable to the project:

Amount:

Indirect costs are based on (mark the statement that is applicable):

The respondent's most recent indirect cost rate approved by a federal cognizant agency or state single audit coordinating agency. Expired rate agreements are not acceptable. Attach a copy of the rate agreement to this form (Form I - 7 Indirect)

RATE:
BASE:

Applies only to governmental entities. The respondent's current central service cost rate or indirect cost rate based on a rate proposal prepared in accordance with OMB Circular A-87. Attach a copy of Certification of Cost Allocation Plan or Certification of Indirect Costs.

RATE:
TYPE:
BASE:

Note: Governmental units with only a Central Service Cost Rate must also include the indirect cost of the governmental units department (i.e. Health Department). In this case indirect costs will be comprised of central service costs (determined by applying the rate) and the indirect costs of the governmental department. The allocation of indirect costs must be addressed in Part V - Indirect Cost Allocation of the Cost Allocation Plan that is submitted to DSHS.

A cost allocation plan. A cost allocation plan as specified in the DSHS Contractor's Financial Procedures Manual (CFPM), Appendix A must be submitted to DSHS within 60 days of the contract start date. The CFPM is available on the following internet web link: <http://www.dshs.state.tx.us/contracts/>

GO TO PAGE 2 (below)

Page 2, FORM I - 7 Indirect Costs

If using an central service or indirect cost rate, identify the types of costs that are included (being allocated) in the rate:

Organizations that do not use an indirect cost rate and governmental entities with only a central service rate must identify the types of costs that will be allocated as indirect costs and the methodology used to allocate these costs in the space provided below. The costs/methodology must also be disclosed in Part V-Indirect Cost Allocation of the Cost Allocation Plan that is submitted to DSHS. Identify the types of costs that are being allocated as indirect costs, the allocation methodology, and the allocation base: