



**TEXAS**  
Health and Human  
Services

**Texas Department of State Health Services**

**John Hellerstedt, M.D.**  
*Commissioner*

The Honorable Chris Hill, County Judge  
Collin County Health Care Services  
825 N. McDonald Street, Suite 130  
McKinney, Texas 75069

Subject: IMM/LOCALS  
Contract Number: HHS000119700018, Amendment No. 4  
Contract Amount: \$1,905,760.00  
Contract Term: September 1, 2018 through August 31, 2023

Dear Judge Hill:

Enclosed is Amendment No. 4 to the IMM/LOCALS contract between the Department of State Health Services and Collin County Health Care Services.

The purpose of this contract is to implement and operate an immunization program for children, adolescents, and adults, with special emphasis on accelerating interventions to improve the immunization coverage of children three (3) years of age or younger (birth to 35 months of age).

This amendment increases the contract by \$354,062.00 for FY 2023 and extends the end of the contract term to August 31, 2023.

Please let me know if you have any questions or need additional information.

Sincerely,

Holly Zoerner, CTCM  
Contract Manager  
[Holly.Zoerner@dshs.texas.gov](mailto:Holly.Zoerner@dshs.texas.gov)

**DEPARTMENT OF STATE HEALTH SERVICES  
CONTRACT NO. HHS000119700018  
AMENDMENT NO. 4**

The **DEPARTMENT OF STATE HEALTH SERVICES** (DSHS or System Agency) and **COLLIN COUNTY HEALTH CARE SERVICES** (Grantee), Parties to that certain Immunization/Locals Grant Program Contract, effective September 1, 2018, and denominated DSHS Contract No. HHS000119700018 (the Contract), as amended, now want to further amend the Contract.

**WHEREAS**, DSHS wants to exercise its option to extend the Contract term for an additional year, representing the fourth and final extension option (“Fourth and Final Extension Option”);

**WHEREAS**, DSHS wants to add funds to the Contract to pay for services provided during the extended term;

**WHEREAS**, DSHS wants to revise **ATTACHMENT A, STATEMENT OF WORK** and **ATTACHMENT H-2, IMMUNIZATION/LOCALS PROGRAM GUIDANCE DOCUMENT**.

**NOW, THEREFORE**, the Parties agree as follows:

1. The Contract is extended in accordance with **SECTION III, DURATION**, for an additional year. The Fourth and Final Extension Option shall begin September 1, 2022 and end August 31, 2023, unless terminated sooner.
2. **SECTION IV, BUDGET**, of the Contract, is amended to increase funding in the amount of **\$354,062.00** for State Fiscal Year 2023 (“FY 2023”). The total not-to-exceed amount of this Contract is increased to **\$1,905,760.00**. All expenditures of the additional funds must conform with **ATTACHMENT B-4, FY 2023 BUDGET**.
3. **ATTACHMENT A-1, REVISED STATEMENT OF WORK**, of the Contract, is deleted and replaced in its entirety with **ATTACHMENT A-2, FY 2023 STATEMENT OF WORK**.
4. **ATTACHMENT B-3, REVISED BUDGET**, of the Contract, is supplemented with the addition of **ATTACHMENT B-4, FY 2023 BUDGET**.
5. **ATTACHMENT H-2, IMMUNIZATION/LOCALS PROGRAM GUIDANCE DOCUMENT** is deleted and replaced in its entirety with **ATTACHMENT H-3, IMMUNIZATION/LOCALS PROGRAM GUIDANCE DOCUMENT**.
6. This Amendment shall be effective September 1, 2022.
7. Except as modified by this Amendment, all terms and conditions of the Contract, as amended, shall remain in full force and effect.

8. Any further revisions to the Contract shall be by written agreement of the Parties.

**SIGNATURE PAGE FOLLOWS**

**SIGNATURE PAGE FOR AMENDMENT NO. 4  
DSHS CONTRACT NO. HHS000119700018**

**DEPARTMENT OF STATE HEALTH  
SERVICES**

**COLLIN COUNTY HEALTH CARE SERVICES**

By: \_\_\_\_\_

By: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Date of Signature \_\_\_\_\_

**THE FOLLOWING DOCUMENTS ARE ATTACHED TO THIS AMENDMENT AND THEIR TERMS ARE  
INCORPORATED INTO THE CONTRACT BY REFERENCE:**

- ATTACHMENT A-2 – FY 2023 STATEMENT OF WORK**
- ATTACHMENT B-4 - FY 2023 BUDGET**
- ATTACHMENT F-4 - FEDERAL FUNDING ACCOUNTABILITY AND  
TRANSPARENCY ACT (FFATA)**
- ATTACHMENT H-3 - IMMUNIZATION/LOCALS PROGRAM GUIDANCE  
DOCUMENT**

**ATTACHMENTS FOLLOW**

## ATTACHMENT A-2 FY 2023 STATEMENT OF WORK

### I. GRANTEE RESPONSIBILITIES

Grantee will:

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

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

- Q. Submit out-of-state travel requests to the Immunization Section for approval when utilizing Contract funds or program income.
- R. Report the number of doses administered to underinsured children monthly, as directed by DSHS.
- S. Report the number of unduplicated underinsured clients served, as directed by DSHS.
- T. Complete and submit Immunization Inter-Local Agreement (ILA) Quarterly Report form, utilizing the format provided by the DSHS Immunization Section and available at <https://dshs.texas.gov/immunize/lhd.shtm>, by the report due date. If the due date falls on a weekend or state approved holiday, the report is due the next business day.

Report Type	Reporting Period	Report Due Date
Programmatic	09/1/2022 to 11/30/2022	12/31/2022
Programmatic	12/1/2022 to 02/28/2023	03/31/2023
Programmatic	03/1/2023 to 05/30/2023	06/30/2023
Programmatic	06/1/2023 to 08/31/2023	09/30/2023

Submit quarterly reports electronically through an online tool according to the timeframes stated above. DSHS Immunization Section will provide instructions at the beginning of each state fiscal year through CMS. Supplemental report documents (PEAR and AFIX reports, vacancy letters, etc.) should be sent to [dshsimmunizationcontracts@dshs.texas.gov](mailto:dshsimmunizationcontracts@dshs.texas.gov).

## **II. PERFORMANCE MEASURES**

- A. The System Agency will monitor the Grantee's performance of the requirements in this Attachment A-2 and compliance with the Contract's terms and conditions.

## **III. INVOICE AND PAYMENT**

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

At a minimum vouchers should include:

1. Grantee name, address, email address, vendor identification number, and telephone number;

2. DSHS Contract or Purchase Order number;
3. Dates services were completed and/or products were delivered;
4. The total invoice amount; and
5. DSHS Supporting documentation.

- B. Voucher and supporting documentation shall be mailed or submitted by fax or electronic mail to DSHS Claims Processing Unit at the address/number below, and to the Immunization Section at [DSHSImmunizationContracts@dshs.texas.gov](mailto:DSHSImmunizationContracts@dshs.texas.gov).

Department of State Health Services  
Claims Processing Unit, MC 1940  
1100 West 49<sup>th</sup> Street  
P.O. Box 149347  
Austin, TX 78714-9347  
FAX: (512) 458-7442  
EMAIL: [invoices@dshs.texas.gov](mailto:invoices@dshs.texas.gov) and to [CMSinvoices@dshs.texas.gov](mailto:CMSinvoices@dshs.texas.gov)

Grantee will be paid on a cost reimbursement basis and in accordance with the Budget in Attachment B-4, FY 2023 Budget of this Contract.

**ATTACHMENT B-4**  
**FY 2023 BUDGET**

Organization Name: Collin County Health Care Services

Program ID: IMM/LOCALS

Contract Number: HHS000119700018

---

<b>Budget Categories</b>	<b>Budget for FY 2023</b> September 1, 2022 - August 31, 2023
Personnel	\$219,952.00
Fringe	\$105,577.00
Travel	\$6,811.00
Equipment	\$0.00
Supplies	\$20,762.00
Contractual	\$0.00
Other	\$960.00
Total Direct	\$354,062.00
Indirect	\$0.00
<b>Total</b>	<b>\$354,062.00</b>

**Remainder of page intentionally left blank**



**Fiscal Federal Funding Accountability and Transparency Act  
(FFATA) CERTIFICATION**

**As the duly authorized representative (Signor) of the Contractor, I hereby certify that the statements made by me in this certification form are true, complete and correct to the best of my knowledge.**

Did your organization have a gross income, from all sources, of less than \$300,000 in your previous tax year?  Yes  No

If your answer is "Yes", skip questions "A", "B", and "C" and finish the certification.  
If your answer is "No", answer questions "A" and "B".

---

**A. Certification Regarding % of Annual Gross from Federal Awards.**

Did your organization receive 80% or more of its annual gross revenue from federal awards during the preceding fiscal year?  Yes  No

**B. Certification Regarding Amount of Annual Gross from Federal Awards.**

Did your organization receive \$25 million or more in annual gross revenues from federal awards in the preceding fiscal year?  Yes  No

If your answer is "Yes" to both question "A" and "B", you must answer question "C".  
If your answer is "No" to either question "A" or "B", skip question "C" and finish the certification.

---

**C. Certification Regarding Public Access to Compensation Information.**

Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?  Yes  No

**If your answer is "Yes" to this question, where can this information be accessed?**

---

**If your answer is "No" to this question, you must provide the names and total compensation of the top five highly compensated officers below.**

**Provide compensation information here:**

---

---

---

**ATTACHMENT H-3**  
**IMMUNIZATION/LOCALS PROGRAM GUIDANCE DOCUMENT**  
**GRANTEE RESPONSIBILITIES**

**1. PROGRAM & CONTRACT MANAGEMENT**

**1.1. PROGRAM MANAGEMENT**

1.1.01	Implement and operate an Immunization Program as a Responsible Entity	Standard (Universal)
1.1.02	Identify at least one individual to act as the program contact in the following areas:  <ol style="list-style-type: none"> <li>1. Immunization Program Manager;</li> <li>2. RE Contract Coordinators;</li> <li>3. RE School Compliance Coordinators;</li> <li>4. RE Perinatal Hepatitis B Case Manager;</li> <li>5. RE Disease Surveillance Coordinators;</li> <li>6. RE Clinical Coordinators;</li> <li>7. RE Texas Immunization Registry Coordinators;</li> <li>8. RE TVFC &amp; ASN Coordinators; and</li> <li>9. RE Coalition Coordinators</li> </ol>	Required Activity
1.1.03	Attend all required trainings for each Area of Work as specified in the Immunization Program Contractor's Guide. Ensure that the Immunization Program Manager and TVFC and ASN Coordinator attend the annual Immunization Unit mandatory in-person meeting	Required Activity
1.1.04	Comply with the DSHS Immunization Contractor's Guide for Local Health Departments which includes all immunization grant objectives and required activities. The Immunization Contractor's Guide is Attachment A of the ILA and will be attached to the executed contract	Standard (Universal)
1.1.05	Annually complete one LHD Deputization Addendum Form (EF11-13999) for all Provider Identification Numbers (PIN) associated with the LHD Grantee to ensure eligibility to provide immunization services to underinsured children	Required Activity
1.1.06	Maintain staffing levels adequate to meet the required activities of this contract and to assure expenditure of all contract funds	Standard (Universal)

1.1.07	Develop and implement an employee immunization policy for Grantee's immunization program staff according to CDC recommendations	Required Activity
1.1.08	Maintain a record of orientation (new staff) and ongoing training for existing contract-funded staff involved in the provision of immunization services	Required Activity
1.1.09	Inform DSHS (in writing) of any changes (both departures and arrivals) in LHD Medical Director, Immunization Program Manager and all other positions listed under activity 1.1.02 within 30 days of staffing changes	Required Activity
1.1.10	Submit a written notification for contract-funded staff positions that remain vacant more than 90 days	Required Activity
1.1.11	Have a standard method to document all work time spent performing immunization activities for staff who are partially funded with immunization contract funds	Standard (Universal)
1.1.12	Use the results of the community assessment conducted in activity 4.7.01 to review and address an immunization need within the LHD jurisdiction	Suggested Activity

## 1.2. PROGRAM COMPLIANCE

1.2.01	<p>Comply with all applicable federal and state regulations and statutes as amended, including, but not limited to:</p> <ol style="list-style-type: none"> <li>1. Texas Human Resources Code §42.043;</li> <li>2. Texas Education Code §§38.001-38.002;</li> <li>3. Texas Health and Safety Code §§12.032-12.033, 81.023, and 161.001-161.009;</li> <li>4. Texas Administrative Code (TAC) Title 25, Chapter 97;</li> <li>5. TAC Title 25, Chapter 96;</li> <li>6. TAC Title 25, Chapter 100;</li> <li>7. 42 USC §§247b and 300aa-25;</li> <li>8. Omnibus Budget Reconciliation Act of 1993; and</li> <li>9. 26 USC §4980B</li> </ol>	Standard (Universal)
1.2.02	Ensure compliance with Health and Human Services (HHS) Deputization Guidance. Activities under this requirement shall be conducted in accordance with the DSHS Immunization Contractor's Guide for Local Health Departments	Standard (Universal)

## 1.3. FINANCIAL MANAGEMENT

1.3.01	Agree DSHS reserves the right, where allowed by legal authority, to redirect funds in the event of financial shortfalls	Standard (Universal)
1.3.02	Submit monthly invoices with appropriate supplemental documentation and request monthly payments using the State of Texas Purchase Voucher (Form B-13) and in accordance with the DSHS Immunization Contractor's Guide for Local Health Departments	Required Activity
1.3.03	Agree DSHS will pay Grantee on a cost reimbursement basis	Standard (Universal)
1.3.04	Adhere to travel rates set by the State of Texas TexTravel unless the LHD has their own travel policy.	Standard (Universal)
1.3.05	Review monthly contract funding expenditures to ensure that all funds will be properly expended before the end of the contract period	Standard (Universal)
1.3.06	Lapse no more than 5 percent of total funded amount of the contract	Required Activity
1.3.07	Submit requests to move more than 25% of the total contract amount between direct budget categories in writing to the DSHS Contract Management Section (CMS) in Austin and obtain approval before monies can be transferred	Standard (When Applicable)
1.3.08	Expend funds consistently throughout the contract term, approximately 25% per quarter	Suggested Activity

#### 1.4. CONTRACT MANAGEMENT

1.4.01	Initiate the purchase of approved equipment purchases in the first quarter of the Contract term. Requests to purchase previously approved equipment after the first quarter must be submitted to the contract manager. Changes to the approved equipment budget category must be approved by DSHS prior to the purchase of equipment. If a Grantee would like to deviate from the approved equipment budget, a written request to amend the budget is required	Standard (When Applicable)
--------	--	----------------------------

#### 1.5. CONTRACT QUALITY ASSURANCE

1.5.01	Participate in remote and on-site technical assistance	Required Activity
1.5.02	Participate in on-site contract evaluation visits	Required Activity

**1.6. CONTRACT ACCOUNTABILITY**

1.6.01	Submit Corrective Action Plan (CAP) letter to Public Health Region Program Manager and DSHS Contract Management Section (CMS) within 30 days after the date of the written notification from DSHS CMS of the on-site evaluation findings (if applicable)	Required Activity
1.6.02	Maintain property records for property and equipment funded or property provided by grant funds	Standard (Universal)

**1.7. REQUIRED REPORTING**

1.7.01	Complete and submit Immunization Inter-Local Agreement (ILA) Quarterly Report and supplemental documents according to the formats, mechanisms, and timeframes specified in the DSHS Immunization Contractor's Guide for Local Health Departments	Required Activity
1.7.02	Report program income (PI) generated as a result of the DSHS immunization contract activities on the quarterly financial status report (FSR)	Required Activity
1.7.03	Ensure all program income (PI) generated as a result of the DSHS immunization contract activities is expended in accordance with the DSHS Immunization Contractor's Guide for Local Health Departments	Standard (Universal)
1.7.04	Submit quarterly FSRs to Accounts Payable by the last business day of the month following the end of each quarter for review and financial assessment. Submit the final FSR no later than forty-five (45) calendar days following the end of the applicable term	Required Activity

**2. FACILITY IMMUNIZATION ASSESSMENTS****2.1. CHILDCARE & SCHOOL COMPLIANCE**

2.1.01	Assess compliance with vaccine requirements at assigned schools and childcare facilities	Standard (Universal)
2.1.02	Complete 100% of assigned childcare facility audits/assessments. By July 15 of contract year, local health department staff will complete 100% of assigned childcare audits and submit into the Child Health Reporting System (CHRS)	Required Activity

2.1.03	Complete 100% of assigned public and private school audits, assessments, and/or validation/retrospective surveys in accordance with the DSHS Immunization Contractor's Guide for Local Health Departments by June 15 of contract year, local health department staff will complete 100% of assigned school audits and submit electronically (Alchemer, possibly via email)	Required Activity
--------	--	-------------------

## **2.2. CHILDCARE & SCHOOL COMPLIANCE QA**

2.2.01	Provide education to school and childcare facilities with high provisional, delinquency, and/or exemption rates at time of audit or when noncompliant records are identified. Report education provided to school or childcare staff in accordance with the DSHS Immunization Contractor's Guide for Local Health Departments	Required Activity
2.2.02	Provide feedback to DSHS ACE Group regarding trends/issues for vaccine requirements in accordance with the DSHS Immunization Contractor's Guide for Local Health Departments	Required Activity
2.2.03	Contact schools/districts to remind them to report during the Annual School Survey reporting period in accordance with the DSHS Immunization Contractor's Guide for Local Health Departments	Required Activity

## **2.3. FIRST RESPONDER IMMUNIZATION ASSESSMENTS**

2.3.01	Educate and inform first responder facilities on the use of the Texas Immunization Registry to assess first responder immunization records and forecast any future immunization needs. Use the First Responder Immunization Toolkit (FRIT) to drive these activities	Suggested Activity
--------	--	--------------------

## **3. MANAGING TVFC AND ASN PROVIDERS**

### **3.1. PROVIDER RECRUITMENT**

3.1.01	Recruit additional TVFC providers to administer vaccines to program-eligible populations. The goal is to increase each local health department's provider enrollment by 5%	Suggested Activity
--------	--	--------------------

3.1.02	Ensure New Enrollment Checklist (11-15016) is completed for all clinics that join the TVFC/ASN Program	Required Activity
3.1.03	Collaborate with medical societies and/or local health provider organizations to identify providers to recruit and enroll	Suggested Activity

### 3.2. PROVIDER RETENTION

3.2.01	Sustain a network (through re-enrollment) of TVFC providers to administer vaccines to program-eligible populations	Required Activity
3.2.02	Promote TVFC and ASN Provider achievements: <ul style="list-style-type: none"> <li>- Implement incentives for provider sites that reach vaccination coverage rate goals; and</li> <li>- Implement incentives to recognize sites during national observances (i.e. NIIW, NIAM, and NIVW)</li> </ul>	Suggested Activity

### 3.3. PROVIDER EDUCATION

3.3.01	Provide a training for TVFC and ASN providers within the LHD Grantee's jurisdiction on the policies outlined in the TVFC and ASN Provider Manual and recommended procedures for implementing them. These include: <ul style="list-style-type: none"> <li>- procedures for following storage and handling guidelines;</li> <li>- procedures for vaccine management;</li> <li>- procedures for using the DSHS vaccine management system (VAOS);</li> <li>- procedures for vaccine borrowing;</li> <li>- procedures for other compliance guidelines;</li> <li>- appropriate reporting of vaccine adverse events;</li> <li>- appropriate routine and emergency vaccine storage and handling plans; and</li> <li>- meeting the federal requirement that the most current Vaccine Information Statements (VIS) available at <a href="https://www.cdc.gov/vaccines/hcp/vis/index.html">https://www.cdc.gov/vaccines/hcp/vis/index.html</a> distributed to patients prior to patient vaccination</li> </ul>	Suggested Activity
--------	---	--------------------

3.3.02	<p>Notify providers of TVFC and ASN updates and changes to program policies and procedures.</p> <p>Notify TVFC/ASN providers of the following:</p> <ul style="list-style-type: none"> <li>- CDC and DSHS Announcements;</li> <li>- TVFC/ASN Trainings;</li> <li>- Vaccine storage and handling policy updates;</li> <li>- Vaccine ordering changes; and</li> <li>- Vaccine choice</li> </ul>	Standard (Universal)
3.3.03	Educate and assist TVFC and ASN providers on a quarterly basis with Provider Choice, as necessary	Standard (Universal)
3.3.04	Inform TVFC and ASN providers of the most up-to-date, DSHS-produced immunization information for their offices	Standard (Universal)
3.3.05	Identify TVFC and ASN providers experiencing high volumes of vaccine loss and develop process improvements/trainings aimed at reducing the amount of vaccine loss (including wasted and expired) in their clinics	Required Activity

#### 3.4. PROVIDER VACCINE MANAGEMENT

3.4.01	<p>Utilize the DSHS Vaccine Allocation and Ordering System (VAOS) reports and other provider submitted reports to perform 100% of quality assurance reviews on the following TVFC and ASN:</p> <ul style="list-style-type: none"> <li>- monthly biological reports (doses administered and current inventory);</li> <li>- vaccine orders;</li> <li>- temperature log; and</li> <li>- clinic hours of operation from TVFC and ASN providers in LHD Grantee's jurisdiction. Address all issues identified during review</li> </ul>	Required Activity
3.4.02	Transfer vaccines that cannot be stored within provider offices (ex. accidental large orders) and vaccines approaching expiration between providers in LHD Grantee's jurisdiction for immediate use	Standard (Universal)

3.4.03	<p>Ensure provider participation in vaccine ordering and inventory management using the Vaccine Allocation and Ordering System (VAOS):</p> <ul style="list-style-type: none"> <li>- Educate providers regarding vaccine ordering policies; and</li> <li>- Train providers to use VAOS for inventory and order entry</li> </ul>	Standard (Universal)
3.4.04	<p>Assist TVFC and ASN providers in LHD Grantee's jurisdiction on the maintenance of appropriate vaccine stock levels. Activities under this requirement shall be conducted in accordance with the DSHS Immunization Contractor's Guide for Local Health Departments and the current TVFC and ASN Program Operations Manual for Responsible Entities</p>	Standard (Universal)
3.4.05	<p>Train TVFC and ASN providers within LHD Grantee's jurisdiction to ensure that expired and spoiled/wasted vaccines are appropriately identified and entered into the Vaccine Allocation and Ordering System (VAOS).</p> <p>Train providers to complete returns to CDC's centralized distributor within six months of product expiration</p>	Standard (Universal)
3.4.06	<p>Ensure that 100% of TVFC providers within the LHD Grantee's jurisdiction complete the annual influenza pre-book survey</p>	Required Activity

### 3.5. PROVIDER QUALITY ASSURANCE

3.5.01	<p>Utilize the CDC Provider Education Assessment and Reporting (PEAR) system and CDC Immunization Quality Improvement for Providers (IQIP) database to document TVFC compliance and IQIP site visits for all subcontracted clinics and non-LHD Grantee's clinics (as applicable)</p>	Required Activity
3.5.02	<p>Utilize the CDC PEAR system and directly enter data into PEAR to document TVFC unannounced storage and handling visits to a minimum of 10% of providers within the LHD Grantee's jurisdiction</p>	Required Activity
3.5.03	<p>Utilize the CDC PEAR system and directly enter data into PEAR to document TVFC Unannounced Storage and Handling Visits, Compliance Visits and other visits conducted at TVFC provider offices</p>	Required Activity
3.5.04	<p>Complete and document 100% of the follow-up activities for TVFC quality assurance visits within required timeframes</p>	Required Activity

3.5.05	Utilize Texas Immunization Registry or DSHS-provided coverage rates to assess immunization practices and coverage rates for all subcontracted entities and non-LHD Grantee's clinics (as applicable)	Required Activity
3.5.06	Review 100% of re-enrollment applications from TVFC and ASN providers in your jurisdiction by the DSHS specified deadline	Required Activity
3.5.07	Ensure that expired, wasted, and unaccounted-for vaccines (excluding flu) do not exceed 5% in TVFC provider clinics within the LHD Grantee's jurisdiction	Standard (Universal)
3.5.08	Review monthly reports to ensure data quality. This includes: <ul style="list-style-type: none"> <li>- Identify sites that have not administered or ordered vaccine in the previous six months. Conduct a discussion and develop a plan of action;</li> <li>- Identify sites that are suspended to ensure 90 days is not exceeded; and</li> <li>- Ensure enrollment and withdrawal forms are submitted correctly and on time to the PHR staff</li> </ul>	Required Activity
3.5.09	Review submitted reports to ensure data quality. This includes: <ul style="list-style-type: none"> <li>- Quarterly, review 25% of enrolled sites to ensure contacts are listed correctly in Syntropi; and</li> <li>- Quarterly, review 25% of enrolled sites and provide education for the Vaccine borrowing and Vaccine transfer forms</li> </ul>	Suggested Activity
3.5.10	Review monthly data logger reports for 25% of providers in LHD Grantee's jurisdiction to validate the accuracy of provider-submitted monthly temperature reporting forms	Suggested Activity
3.5.11	Review monthly data logger reports to validate the accuracy of provider-submitted monthly temperature reporting forms for all providers within LHD Grantee's jurisdiction who experience a vaccine loss as a result of temperature excursions	Standard (Conditional)
3.5.12	Conduct a monthly review of 10% of randomly selected providers in LHD Grantee's jurisdiction to identify vaccine loss report forms that were completed in VAOS but were not submitted	Suggested Activity
3.5.13	Conduct a quarterly review of 25% of providers in LHD Grantee's jurisdiction to identify those that have adjusted more than 10% of their vaccine inventory	Suggested Activity
3.5.14	Conduct a quarterly review of 25% of providers in LHD Grantee's jurisdiction to ensure the reported patient population matches the number of doses ordered	Suggested Activity

3.5.15	Utilize the CDC IQIP database and directly enter data to document IQIP follow-up visits conducted at TVFC provider offices	Required Activity
--------	--	-------------------

### 3.6. PROVIDER ACCOUNTABILITY

3.6.01	Track, report and follow up on vaccine fraud and abuse cases	Standard (Universal)
3.6.02	Complete program evaluation activities with TVFC and ASN providers to address issues identified as noncompliance issues  For all TVFC providers, document corrective action plans in the CDC PEAR system as a contact	Required Activity

### 3.7. RE STAFF EDUCATION

3.7.01	Train LHD Grantee's staff to follow the policies and procedures outlined in the TVFC & ASN Program Operations Manual for Responsible Entities. Provide training on TVFC and ASN requirements and updates (as described in the TVFC & ASN Program Operations Manual for Responsible Entities) annually at a minimum	Required Activity
3.7.02	For personnel identified by DSHS, attend and/or complete the following trainings:  <ul style="list-style-type: none"> <li>- CDC Immunization Trainings;</li> <li>- TVFC/ASN Annual Trainings;</li> <li>- Annual Responsible Entity Training; and</li> <li>- Public Health Region (PHR) Trainings</li> </ul>	Required Activity
3.7.03	Ensure that the TVFC & ASN Coordinator conducts quality assurance on 10% of the temperature recording logs that were reviewed by their staff each quarter	Suggested Activity

### 3.8. RE COMPLIANCE

3.8.01	Comply with the current DSHS Immunization Contractor's Guide for Local Health Departments and the TVFC and ASN Operations Manual for Responsible Entities	Standard (Universal)
3.8.02	Receive regional approval for any vaccine transfers and document those transfers in VAOS within 24 hours of the transfer occurring	Standard (Universal)

3.8.03	Address general inquiries by providers about the TVFC/ASN Program, and ensure timely follow-up on requests for information	Standard (Universal)
3.8.04	Ensure that providers within LHD Grantee's jurisdiction are adhering to the vaccine borrowing procedures outlined in the TVFC and ASN Provider Manual  Report the number of borrowing forms submitted by quarter in the Immunization Inter-Local Agreement (ILA) Quarterly Report	Required Activity

### 3.9. RE EMERGENCY RESPONSE

3.9.01	Communicate the importance of an Emergency Vaccine Storage and Handling Plan to all clinics in the LHD Grantee's jurisdiction. Provide technical assistance to support the successful activation of each clinic's <i>Emergency Vaccine Storage and Handling Plan</i>	Standard (Universal)
3.9.02	Transfer, accept, and store TVFC and ASN vaccines from clinics in the LHD Grantee's jurisdiction if there is a failure in the clinic's <i>Emergency Vaccine Storage and Handling Plan</i>	Standard (Universal)
3.9.03	Be prepared to pack and ship vaccine to other sites, as directed by the DSHS Immunization Unit	Required Activity

## 4. EPIDEMIOLOGY & SURVEILLANCE

### 4.1. PERINATAL HEPATITIS B CASE IDENTIFICATION

4.1.01	Conduct identification and case management of perinatal hepatitis B cases	Standard (Universal)
4.1.02	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	Required Activity
4.1.03	Ensure timely follow-up and reporting of case status of possible moms as reported by DSHS within 2 weeks of receipt of report	Required Activity

## 4.2. PERINATAL HEPATITIS B CASE MANAGEMENT

---

4.2.01	Contact and provide case management to 100% of hepatitis B surface antigen-positive pregnant women identified, along with their infants and contacts	Required Activity
--------	--	-------------------

---

## 4.3. PERINATAL HEPATITIS B REPORTING

---

4.3.01	For all cases documented as '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 Unit on the Perinatal Hepatitis B case management form	Required Activity
--------	---	-------------------

---

## 4.4. PERINATAL HEPATITIS B EDUCATION

---

4.4.01	Require Perinatal Hepatitis B Case Manager to attend the biannual conference	Required Activity
4.4.02	Conduct educational training for hospitals, prenatal care providers, pediatricians, birthing facilities, and other healthcare providers/facilities within the Grantee's jurisdiction, to increase identification, timely reporting, and appropriate case management of pregnant woman with hepatitis and their infants and contacts.	Required Activity
4.4.03	Work with partners, as appropriate, to ensure coordination of activities aimed at preventing perinatal hepatitis B transmission	Standard (Universal)

---

## 4.5. DISEASE SURVEILLANCE

---

4.5.01	Complete investigation and document at least 90% of confirmed or probable reportable vaccine-preventable disease (VPD) cases within thirty (30) days of initial report to public health	Required Activity
4.5.02	Adhere to the DSHS Emerging and Acute Infectious Disease Guidelines and current Epi Case Criteria Guide in conducting all activities	Standard (Universal)

---

4.5.03	Ensure all new VPD surveillance staff attend 'Introduction Required Activity to NBS' training and complete the certification process in order to gain access to the NBS system	
4.5.04	Complete all data entry into the Texas National Electronic Standard (Universal) Disease Surveillance System (NEDSS) Base System (NBS) following the NBS Data Entry Guidelines	
4.5.05	Routinely review and follow up on all VPD laboratory reports received, including electronic lab reports (ELRs) generated through NBS in a timely fashion	Standard (Universal)
4.5.06	Verify and enter complete vaccination history in NBS on all VPD investigations with case status of confirmed or probable. Complete vaccination history can be assessed through the Texas Immunization Registry, provider offices, school records, and/or patient records	Required Activity
4.5.07	Initiate vaccine-based disease control activities by identifying population in need of a vaccination response and requesting vaccination services for that population by contacting the DSHS Vaccine-Preventable Disease (VPD) Surveillance Team Lead	Standard (Universal)

#### 4.6. DISEASE SURVEILLANCE EDUCATION

4.6.01	Educate physicians, laboratories, hospitals, schools, child-care staff, and other health providers on VPD reporting requirements	Suggested Activity
--------	--	--------------------

#### 4.7. NEEDS ASSESSMENT

4.7.01	<p>Conduct a community needs assessment to identify gaps in coverage rates or “pockets of need” for immunization activities.</p> <ul style="list-style-type: none"> <li>Select an area of focus from the list of measurements provided in the Metrix or obtain approval from Immunization Unit epis for an alternate area of focus.</li> <li>Create an assessment plan, collect data, gather stakeholder feedback, and analyze the information</li> </ul>	Required Activity
4.7.02	Design an intervention to address the need identified in 4.7.01	Suggested Activity

## **5. PROVIDING A VACCINE SAFETY NET**

### **5.1. CLINIC ENROLLMENT**

5.1.01	Enroll all eligible LHD clinics into the TVFC and ASN Programs as providers	Required Activity
5.1.02	Provide immunization services according to national standards for immunization practices for infants, children, adolescents, adults, and healthcare workers. LHD clinics will comply with the National Childhood Vaccine Injury Act of 1986	Standard (Universal)

### **5.2. CLINIC STAFF TRAINING**

5.2.01	<p>Train all clinic staff on the policies outlined in the TVFC and ASN Provider Manual and LHD procedures for implementing them. These include:</p> <ul style="list-style-type: none"> <li>- procedures for following storage and handling guidelines;</li> <li>- procedures for vaccine management; and</li> <li>- procedures for using the DSHS vaccine management system (VAOS) procedures for other compliance guidelines</li> </ul>	Required Activity
5.2.02	<p>Develop clinic staff education requirements. Ensure that persons who administer vaccines and staff that are involved in the vaccine administration process (including those who screen immunization records and administer vaccines) to follow Advisory Committee on Immunization Practices (ACIP) standards for children and adults and are knowledgeable on immunizations and immunization practices</p> <p>This can be accomplished by having staff complete the most current CDC Pink Book (Epidemiology and the Prevention of Vaccine Preventable Diseases) training and appropriate Vaccine Education Online (VEO) modules</p>	Required Activity
5.2.03	Develop eligibility screening and documentation policy for all LHD clinics. Provide training to all staff on appropriate screening and documentation for TVFC eligibility to ensure TVFC vaccine is administered only to TVFC-eligible children. Implement policy and plan for routine adherence to eligibility policies	Required Activity

5.2.04	Develop and implement a policy on the use of the Texas Immunization Registry. Train LHD staff on conducting client searches in the Texas Immunization Registry and how to effectively enter client demographic and immunization information	Required Activity
--------	---	-------------------

### 5.3. CLINIC IMMUNIZATION PRACTICES

5.3.01	Comply with current applicable state and federal standards, policies and guidelines for clinics	Standard (Universal)
5.3.02	Provide vaccines regardless of residency or ability to pay	Standard (Universal)
5.3.03	Adhere to clinical records retention schedule	Standard (Universal)
5.3.04	Explain the benefits of a “medical home” and assist the parent/guardian in obtaining or identifying the child’s medical home	Standard (Universal)
5.3.05	Discuss the next ACIP-recommended vaccines and refer the client to a medical home to complete the vaccination series	Standard (Universal)
5.3.06	Maintain a list of current providers within the LHD’s jurisdiction who accept children on Medicaid or CHIP and make this list available to clinic clients and families as needed	Standard (Universal)
5.3.07	Refer uninsured clients to Medicaid or the Children’s Health Insurance Program (CHIP) as appropriate	Standard (Universal)
5.3.08	Ensure that all ACIP-recommended vaccines are routinely available and offered to TVFC patients	Standard (Universal)
5.3.09	Ensure that all vaccines listed on the ASN vaccine formulary are available and offered to eligible adult patients	Standard (Universal)
5.3.10	Establish “standing orders” for vaccination in LHD Grantee’s clinics that are consistent with legal requirements for standing orders (including, but not limited to, those found in the Texas Medical Practice Act)	Required Activity
5.3.11	Search for the client's immunization history at every client encounter. Compare all immunization histories (Texas Immunization Registry, TWICES or EMR system, validated patient-held records, clinic medical record) and enter into the Texas Immunization Registry all historical immunizations not in the Registry at every client encounter. Review the client’s record for vaccines due and overdue according to the CDC recommended schedules at: <a href="https://www.cdc.gov/vaccines/schedules/index.html">https://www.cdc.gov/vaccines/schedules/index.html</a>	Standard (Universal)

5.3.12	Offer updated Immunization History Report to the client or client's parent or guardian at every client encounter	Standard (Universal)
5.3.13	Follow and explain recommended guidelines for obtaining and submitting ImmTrac2 consent forms according to the instructions found at <a href="http://www.dshs.texas.gov/immunize/immtrac/forms.shtm">http://www.dshs.texas.gov/immunize/immtrac/forms.shtm</a>	Standard (Universal)
5.3.14	Report to the Texas Immunization Registry all immunizations administered to consented children (younger than 18 years of age) and consented adults in LHD Grantee's clinics, either by entering data directly into the Registry or through electronic data exchange via TWICES or an electronic medical record (EMR) system	Standard (Universal)
5.3.15	Verbally and with DSHS-produced literature, inform parents at LHD Grantee's clinics about the Texas Immunization Registry, the benefits of inclusion in the Registry, and the importance of maintaining a complete immunization history in the Registry	Standard (Universal)
5.3.16	Update all demographic information, including address, email, and telephone number, at every client encounter in EMR and the Texas Immunization Registry	Standard (Universal)
5.3.17	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	Standard (Universal)
5.3.18	Follow only medically supportable contraindications to vaccination	Standard (Universal)
5.3.19	Provide immunization services at times other than 8 am to 5 pm, Monday through Friday, at least once per month	Required Activity
5.3.20	Institute infection control practices, including effective hand washing and management of hazardous waste	Standard (Universal)
5.3.21	Maintain confidentiality of client information	Standard (Universal)
5.3.22	Recommend the simultaneous administration of all needed vaccines for the patient	Standard (Universal)
5.3.23	Implement clinic policy on screening and documentation of eligibility for TVFC vaccines. The policy must be consistent with the TVFC requirements outlined in the current TVFC and ASN Provider Manual	Standard (Universal)
5.3.24	Participate in public health emergencies and exercises that may require vaccine administration to the public or first responders	Suggested Activity

5.3.25	Conduct outreach activities to raise the immunization coverage levels of uninsured adults by visiting sites such as homeless shelters, halfway houses, day labor sites or other locations	Suggested Activity
5.3.26	Coordinate with community vaccinators to conduct annual employee-based vaccination clinics for influenza vaccine administration	Suggested Activity

#### 5.4. CLINIC VACCINE MANAGEMENT

5.4.01	Ensure that all expired and spoiled/wasted vaccines are appropriately identified and entered into the Vaccine Allocation and Ordering System (VAOS) for the LHD Grantee's clinics	Required Activity
5.4.02	Submit returns for all vaccines distributed via CDC's centralized distributor back to the centralized distributor for returns processing	Standard (Universal)

#### 5.5. CLINIC QUALITY ASSURANCE

5.5.01	Ensure that appropriate routine and emergency vaccine storage and handling plans are in place at each of the LHD Grantee clinic locations	Required Activity
5.5.02	Ensure that expired, wasted, and unaccounted-for vaccines (excluding flu) do not exceed 5 percent in LHD Grantee's clinics	Standard (Universal)

#### 5.6. CLINIC REPORTING

5.6.01	Conduct timely reporting of monthly clinic activities by recording vaccine inventory, doses administered, temperature logs and other reportable activities by the 5 <sup>th</sup> of each month as described in the TVFC/ASN Provider Manual	Required Activity
5.6.02	Report all notifiable conditions as specified in the DSHS Immunization Contractor's Guide for Local Health Departments	Standard (Universal)
5.6.03	Report all vaccine adverse events as specified in the DSHS Immunization Contractor's Guide for Local Health Departments	Standard (Universal)

5.6.04	Report the number of unduplicated underinsured clients and the number of doses administered to underinsured children monthly as specified in the DSHS Immunization Contractor's Guide for Local Health Departments	Required Activity
5.6.05	Conduct monthly reporting of doses administered to women veterans, as required in the ASN Program	Required Activity

## **6. INCREASING USE OF THE TEXAS IMMUNIZATION REGISTRY**

### **6.1. TEXAS IMMUNIZATION REGISTRY OUTREACH FOR IMMUNIZATION RECORDS**

6.1.01	Conduct Texas Immunization Registry outreach to organizations regarding missing vaccinations for children and adults for whom consent has been granted but who do not have complete immunization records	Suggested Activity
--------	--	--------------------

### **6.2. TEXAS IMMUNIZATION REGISTRY OUTREACH FOR PATIENT CONSENTS**

6.2.01	Conduct activities aimed at increasing the consent rate for all age groups, including adults and individuals identified as recently moved in-state	Suggested Activity
6.2.02	Conduct at least twelve (12) outreach and educational activities focused on 18-year-olds in high schools and colleges/universities in LHD Grantee's jurisdiction	Required Activity

### **6.3. TEXAS IMMUNIZATION REGISTRY OUTREACH TO USERS**

6.3.01	Conduct outreach to existing Registry users who have not logged into the Registry in the last 90 days	Required Activity
6.3.02	Provide orientation to all new Texas Immunization Registry organizations within the LHD Grantee's jurisdiction at least once a year and maintain documentation of all technical assistance provided (e.g., telephone logs)  Provide education and training on the effective use of the Texas Immunization Registry according to the Guidelines for Increasing the Use of the Texas Immunization Registry  Identify and assist newly registered providers and new users reporting to the Texas Immunization Registry	Suggested Activity

#### 6.4. TEXAS IMMUNIZATION REGISTRY USER EDUCATION

6.4.01	Provide education, training, and technical assistance to promote the effective use of the Texas Immunization Registry by organizations	Suggested Activity
6.4.02	Identify and assist providers to establish electronic affirmation of consent	Required Activity

#### 6.5. TEXAS IMMUNIZATION REGISTRY PROMOTION

6.5.01	Promote the use of the Texas Immunization Registry to organizations within the LHD Grantee's jurisdiction that are not currently enrolled in the Registry. Identify all providers who administer vaccine in awardee's jurisdiction, including both pediatric and adult immunization providers. Educate them on their statutory requirement to report immunizations and on the enrollment process	Required Activity
6.5.02	Provide education and technical assistance to birth registrars on the effective use of the Texas Immunization Registry	Suggested Activity
6.5.03	Collaborate with prenatal healthcare providers, birth registrars, hospital staff, pediatricians, and other entities to educate parents, expectant parents, and providers about the Texas Immunization Registry and the benefits of participation. This includes the dissemination of DSHS educational materials as appropriate	Suggested Activity

#### 6.6. TEXAS IMMUNIZATION REGISTRY PROGRAM QUALITY IMPROVEMENT

6.6.01	Review the monthly Provider Activity Report (PAR) to identify organizations who are inactive or not routinely submitting immunization data or adding consented clients. Prioritize these organizations for outreach activities	Required Activity
6.6.02	Review the quarterly Consent Accepted Rate Evaluation (CARE) report to target organizations with largest client volume and/or lowest consent acceptance rate. Prioritize these organizations for outreach activities	Required Activity

6.6.03	Conduct a minimum of 60 Texas Immunization Registry organization quality improvement assessments per FTE each year as described in the Guidelines for Increasing the Use of the Texas Immunization Registry. (For jurisdictions with less than 60 orgs, conduct quality improvement assessment visits to 100% of your orgs)	Required Activity
--------	---	-------------------

## **7. EDUCATION AND PARTNERSHIPS**

### **7.1 PUBLIC EDUCATION**

7.1.01	Inform and educate the public about vaccines and vaccine-preventable diseases	Required Activity
7.1.02	Inform the general public about the TVFC and ASN Programs and the eligibility criteria for qualifying for the programs	Required Activity

### **7.2 PROVIDER EDUCATION**

7.2.01	Educate and update providers on the most current ACIP recommendations for all age groups	Suggested Activity
7.2.02	<p>Inform and highly recommend to the medical community and local providers within the LHD Grantee’s jurisdiction the most current Centers for Disease Control and Prevention (CDC) Epidemiology and Prevention of Vaccine-Preventable Disease (EPI-VAC) training (<a href="https://www.cdc.gov/vaccines/ed/webinar-epv/index.html">https://www.cdc.gov/vaccines/ed/webinar-epv/index.html</a>).</p> <p>The most current “Pink Book,” titled <u>Epidemiology and Prevention of Vaccine-Preventable Diseases</u>, can be found on the CDC website at <a href="http://www.cdc.gov/vaccines/pubs/pinkbook/index.html">http://www.cdc.gov/vaccines/pubs/pinkbook/index.html</a></p>	Suggested Activity
7.2.03	Provide information to community healthcare employers (hospitals, clinics, doctor offices, long-term care facilities) about the importance of vaccination of healthcare workers	Suggested Activity
7.2.04	Provide training relating to Standards for Child and Adolescent Immunization Practices and Standards for Adult Immunization Practices to all immunization providers within LHD Grantee’s jurisdiction	Suggested Activity

7.2.05	Provide training opportunities and/or resources to assist immunization providers in communicating with patients and/or parents (e.g., making a strong recommendation, addressing vaccine hesitancy, etc.)	Required Activity
--------	---	-------------------

### 7.3 STAFF EDUCATION

7.3.01	Work to ensure that all Immunization Program Grantee staff are knowledgeable about vaccines and VPDs	Standard (Universal)
7.3.02	Develop and implement a written communications and customer service plan for Grantee's staff to ensure customers receive consistent, correct immunization information and services in a courteous and friendly manner on a timely basis	Required Activity
7.3.03	Educate healthcare workers on the importance of keeping themselves up-to-date with the vaccine schedule	Required Activity

### 7.4 COALITION BUILDING

7.4.01	Appoint an immunization coalition coordinator	Required Activity
7.4.02	Attend and participate in required coalition trainings sponsored by DSHS	Required Activity
7.4.03	Develop and maintain a planning group with the goal of sustaining a coalition	Suggested Activity
7.4.04	Engage and recruit community groups and immunization stakeholders into a coalition	Suggested Activity
7.4.05	Facilitate and host coalition meetings	Suggested Activity
7.4.06	Participate in monthly calls to provide updates on coalition collaboration activities	Required Activity
7.4.07	Provide signed letters of agreement and other documentation of commitment to participate in coalition	Suggested Activity
7.4.08	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)	Required Activity

### 7.5 COMMUNITY PARTNERSHIP

7.5.01	Plan and implement community education activities and partnerships aimed at improving and sustaining immunization coverage levels	Required Activity
7.5.02	Conduct outreach and collaborative activities with American Indian tribes, if applicable	Required Activity
7.5.03	Participate in at least one collaborative meeting concerning tribal health issues, concerns, or needs with American Indian tribal members, if applicable	Required Activity
7.5.04	Coordinate educational and other activities with local Women, Infants, and Children (WIC) programs to ensure 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	Suggested Activity
7.5.05	Offer educational opportunities to all WIC Programs in the service area, including information about online and satellite-broadcast continuing education opportunities from the CDC Continuing Education website at <a href="https://www.cdc.gov/vaccines/ed/index.html">https://www.cdc.gov/vaccines/ed/index.html</a>	Suggested Activity
7.5.06	Engage in education and partnerships aimed at reducing or eliminating coverage disparities by race, ethnicity, and socioeconomic status	Required Activity
7.5.07	Maintain a contact list of providers, hospitals, schools, child-care facilities, social service agencies, and community groups involved in promoting immunizations and reducing vaccine-preventable diseases	Required Activity
7.5.08	Participate in special initiatives as directed by the DSHS Immunization Unit	Required Activity
7.5.09	Implement the DSHS Immunization Ambassador Program throughout Grantee’s jurisdiction	Required Activity

## 7.6 STAKEHOLDER ENGAGEMENT

7.6.01	Attend all Texas Immunizers and Stakeholders Working Groups (TISWG) and other designated stakeholder meetings (these meetings can be attended remotely)	Required Activity
7.6.02	Host at least 1 immunization stakeholder meeting per quarter (4 per contract year)	Suggested Activity

## 7.7 MEDIA CAMPAIGNS

7.7.01	Distribute ASN information and educational materials at venues and clinics that serve eligible adults	Required Activity
7.7.02	Distribute TVFC information and educational materials at venues that parents of TVFC-eligible children might frequent	Required Activity
7.7.03	Participate, when directed, 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	Required Activity
7.7.04	<a href="http://www.ImmunizeTexas.com">Promote www.ImmunizeTexas.com</a> , the Immunization Unit's website; and any other Immunization Unit newsletters to providers in the LHD Grantee's jurisdiction	Required Activity
7.7.05	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), and National Influenza Immunization Week (NIIW)	Required Activity
7.7.06	Share available federal, state, and/or local adolescent vaccination coverage and/or vaccine-uptake-related data with partner organizations, adolescent immunization providers, and other stakeholders	Required Activity

**Certificate Of Completion**

Envelope Id: 5FAD5F8A6AE8405FA182E18014E9D7FA	Status: Sent
Subject: Please DocuSign: HHS000119700018- Collin County IMM Locals - A-4 Sign	
Source Envelope:	
Document Pages: 34	Signatures: 0
Certificate Pages: 5	Initials: 0
AutoNav: Enabled	Envelope Originator:
Enveloped Stamping: Enabled	CMS Internal Routing Mailbox
Time Zone: (UTC-06:00) Central Time (US & Canada)	11493 Sunset Hills Road
	#100
	Reston, VA 20190
	CMS.InternalRouting@dshs.texas.gov
	IP Address: 167.137.1.16

**Record Tracking**

Status: Original	Holder: CMS Internal Routing Mailbox	Location: DocuSign
4/18/2022 9:15:55 AM	CMS.InternalRouting@dshs.texas.gov	

**Signer Events**

Signature	Timestamp
Joann Gilbride joann.gilbride@co.collin.tx.us Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Accepted: 3/8/2022 11:02:19 AM ID: 40941d06-45a2-4039-851f-4a1b64fbd0cd	Sent: 4/18/2022 9:23:33 AM
Chris Hill, County Judge chill@co.collin.tx.us Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Accepted: 4/13/2022 2:25:24 PM ID: b0587362-d6e7-48c1-bad1-95311f50e28e	
Helen Whittington helen.whittington@dshs.texas.gov Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Accepted: 4/18/2022 7:36:09 AM ID: a06f96b6-af8c-44de-ae0c-856d5e87e9d7	
Patty Melchior Patty.Melchior@dshs.texas.gov Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Accepted: 4/18/2022 7:40:03 AM ID: 1a62bbc9-9bd1-4921-86f5-1d4512a4cf32	
Kirk Cole kirk.cole@dshs.texas.gov Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Accepted: 4/12/2022 12:26:09 PM ID: bb6cdeb7-f1dd-43ef-94ce-b22ebaaf58f0	

**In Person Signer Events**

**Signature**

**Timestamp**

**Editor Delivery Events**

**Status**

**Timestamp**

Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
<b>Carbon Copy Events</b>	<b>Status</b>	<b>Timestamp</b>
Christian Jimenez cjimenez@co.collin.tx.us Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign  CMS Internal Routing cms.internalrouting@dshs.texas.gov Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign  Beatrice Avalos beatrice.avalos@dshs.texas.gov Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	<div style="border: 2px solid blue; padding: 5px; display: inline-block; font-weight: bold; color: blue; font-size: 1.2em;">COPIED</div>	Sent: 4/18/2022 9:23:32 AM Viewed: 4/18/2022 9:42:38 AM
<b>Witness Events</b>	<b>Signature</b>	<b>Timestamp</b>
<b>Notary Events</b>	<b>Signature</b>	<b>Timestamp</b>
<b>Envelope Summary Events</b>	<b>Status</b>	<b>Timestamps</b>
Envelope Sent	Hashed/Encrypted	4/18/2022 9:23:33 AM
<b>Payment Events</b>	<b>Status</b>	<b>Timestamps</b>
<b>Electronic Record and Signature Disclosure</b>		

## **ELECTRONIC RECORD AND SIGNATURE DISCLOSURE**

From time to time, DSHS Contract Management Section (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

### **Getting paper copies**

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

### **Withdrawing your consent**

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### **Consequences of changing your mind**

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

### **All notices and disclosures will be sent to you electronically**

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

### **How to contact DSHS Contract Management Section:**

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: [alison.joffrion@hhsc.state.tx.us](mailto:alison.joffrion@hhsc.state.tx.us)

### **To advise DSHS Contract Management Section of your new email address**

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at [alison.joffrion@hhsc.state.tx.us](mailto:alison.joffrion@hhsc.state.tx.us) and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

### **To request paper copies from DSHS Contract Management Section**

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to [alison.joffrion@hhsc.state.tx.us](mailto:alison.joffrion@hhsc.state.tx.us) and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

### **To withdraw your consent with DSHS Contract Management Section**

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to [alison.joffrion@hhsc.state.tx.us](mailto:alison.joffrion@hhsc.state.tx.us) and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

### **Required hardware and software**

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

### **Acknowledging your access and consent to receive and sign documents electronically**

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to ‘I agree to use electronic records and signatures’ before clicking ‘CONTINUE’ within the DocuSign system.

By selecting the check-box next to ‘I agree to use electronic records and signatures’, you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify DSHS Contract Management Section as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by DSHS Contract Management Section during the course of your relationship with DSHS Contract Management Section.