

AN ORDINANCE 2008-03-20-0223

AUTHORIZING THE SUBMISSION OF A GRANT PROPOSAL AND ACCEPTANCE OF GRANT FUNDS IN AN AMOUNT UP TO \$616,461.00 FROM THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES FOR THE LOCAL IMMUNIZATIONS PROGRAM OF THE SAN ANTONIO METROPOLITAN HEALTH DISTRICT FOR THE PERIOD SEPTEMBER 1, 2008 THROUGH AUGUST 31, 2009; AND AUTHORIZING THE EXECUTION OF NECESSARY DOCUMENTS AND CONTRACTS.

* * * * *

WHEREAS, the San Antonio Metropolitan Health District (SAMHD) wishes to apply for a grant contract in an amount up to \$616,461.00 from the Texas Department of State Health Services (TDSHS) to operate the ongoing Local Immunizations Program of the SAMHD for the period September 1, 2008 through August 31, 2009; and

WHEREAS, the Local Immunizations Program works to eliminate barriers, expand immunization delivery, and establish consistent policies to immunize pre-school age children; and

WHEREAS, the goal of the program is to prevent, control, and eliminate indigenous vaccine-preventable diseases by providing immunizations and applying epidemiologic principles and outbreak control measures in San Antonio and Bexar County; and

WHEREAS, acceptance of this ordinance will allow the SAMHD to continue the important work of promoting the immunization registry, and providing enhanced education outreach, technical support and vaccine study delivery services to underserved preschool age children in San Antonio and Bexar County; **NOW THEREFORE:**

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF SAN ANTONIO:

SECTION 1. The City Manager or her designee, or the Director of the San Antonio Metropolitan Health District or his designee, is authorized to submit a grant proposal and accept grant funds in an amount up to \$616,461.00 from the Texas Department of State Health Services (TDSHS) for the Local Immunizations Program of the San Antonio Metropolitan Health District for the period September 1, 2008 through August 31, 2009. A copy of said application is on file with the San Antonio Metropolitan Health District and is incorporated herein by reference for all purposes.

SECTION 2. The City Manager or her designee, or the Director of the San Antonio Metropolitan Health District or his designee, is further authorized to execute any and all necessary documents in connection with the application for acceptance of said grant, including a grant contract. The grant contract shall incorporate the terms and conditions contained in the

grant application on file and shall be reviewed and approved by the City Attorney or his designee prior to its execution.

SECTION 3. Should funding be awarded, Fund 26016000 entitled "Texas Department of State Health Service" is hereby designated for use in the accounting for the fiscal transaction in the acceptance of this grant. The sum of \$616,461.00 from the TDSHS will be appropriated in said fund.

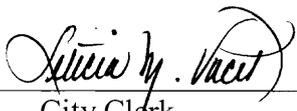
SECTION 4. A proposed budget and personnel complement attached hereto and incorporated herein for all purposes as Attachment I is approved. A formal final budget which will include Internal Order numbers and General Ledger numbers will be submitted by the department upon award. Should funding be awarded, the personnel complement is hereby approved.

SECTION 5. The financial allocations in this Ordinance are subject to approval by the Director of Finance, City of San Antonio. The Director of Finance may, subject to concurrence by the City Manager or the City Manager's designee, correct allocations to specific SAP Fund Numbers, SAP Project Definitions, SAP WBS Elements, SAP Internal Orders, SAP Fund Centers, SAP Cost Centers, SAP Functional Areas, SAP Funds Reservation Document Numbers, and SAP GL Accounts as necessary to carry out the purpose of this Ordinance.

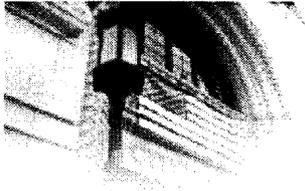
SECTION 6. This ordinance shall be effective on and after March 30, 2008.

PASSED AND APPROVED this 20th day of March, 2008.

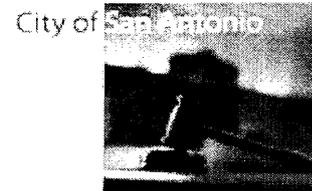

M A Y O R
PHIL HARDBERGER

ATTEST: 
City Clerk

APPROVED AS TO FORM: 
City Attorney



Request for
COUNCIL
 ACTION



Agenda Voting Results - 18

Name:	6, 8, 9, 10, 11, 15, 16, 18, 20, 21, 22, 24						
Date:	03/20/2008						
Time:	10:27:36 AM						
Vote Type:	Motion to Approve						
Description:	An Ordinance authorizing the submission of a grant proposal and acceptance of grant funds in an amount up to \$616,461.00 from the Texas Department of State Health Services for the Local Immunizations Program of the San Antonio Metropolitan Health District for the period September 1, 2008 through August 31, 2009; and authorizing the execution of necessary documents and contracts. [Frances A. Gonzalez, Assistant City Manager; Dr. Fernando A. Guerra, Director, Health]						
Result:	Passed						
Voter	Group	Not Present	Yea	Nay	Abstain	Motion	Second
Phil Hardberger	Mayor		x				
Mary Alice P. Cisneros	District 1		x				
Sheila D. McNeil	District 2	x					
Jennifer V. Ramos	District 3		x			x	
Philip A. Cortez	District 4		x				
Lourdes Galvan	District 5		x				
Delicia Herrera	District 6		x				
Justin Rodriguez	District 7		x				
Diane G. Cibrian	District 8		x				
Louis E. Rowe	District 9		x				
John G. Clamp	District 10		x				x

DM



CMS or Ordinance Number: CN0040002810

TSLGRS File Code:1025-08-A

Document Title:

CONT - TDSHS 2009-028718-001 Immunization Branch-Locals, 9/1/08 - 8/31/09

Commencement Date:

9/1/2008

Expiration Date:

8/31/2009

CONTRACT NO. 2009-028718-
PROGRAM ATTACHMENT NO. 001
PURCHASE ORDER NO. 0000341397

CONTRACTOR: CITY OF SAN ANTONIO METROPOLITAN HEALTH DISTRICT

DSHS PROGRAM: IMMUNIZATION BRANCH - LOCALS

TERM: 09/01/2008 THRU: 08/31/2009

SECTION I. STATEMENT OF WORK:

Contractor shall implement an immunization program for children, adolescents, and adults, with special emphasis on accelerating interventions to improve the immunization coverage of children two (2) years of age or younger (up to 35 months of age). Contractor shall incorporate traditional and non-traditional systematic approaches designed to eliminate barriers, expand immunization capacity, and establish uniform operating policies, as described herein.

Contractor shall plan and implement community-based activities to accomplish the required tasks as specified in the final, approved work plan (Exhibit A) and according to guidelines specified in the *DSHS Immunization Contractors Guide for Local Health Departments* (located at <http://www.dshs.state.tx.us/immunize/providers.shtm#resources>).

Contractor shall be enrolled as a provider in the Texas Vaccines for Children Program (TVFC) by the effective date of this program attachment, and must adhere to the TVFC Operations Manual and associated TVFC policy guidelines provided by DSHS (located at http://www.dshs.state.tx.us/immunize/tvfc/tvfc_manual.shtm). Contractor shall comply with written policies and procedures provided by DSHS in managing vaccines supplied through the TVFC program, including guidelines for proper storage and handling of vaccines and for safeguarding vaccine in the event of natural disaster.

Contractor shall report all reportable conditions as specified in 25 Texas Administrative Code (TAC) Part I §§97.1-97.6 and §§97.101-97.102, and as otherwise required by law.

Contractor shall 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/default.htm>).

Contractor shall inform and educate the public about vaccines and vaccine-preventable diseases, as described in the DSHS Immunization Local Health Department (LHD) Contractor's Guide.

Contractor shall work to promote a health care workforce within the Local Health Department's service area (including Contractor's staff) that is knowledgeable about vaccines, vaccine safety, vaccine-preventable diseases, and delivery of immunization services.

- Contractor shall implement DSHS's new vaccine management system, the Pharmacy Inventory Control System (PICS), as the system becomes available throughout the state. Implementation will include using PICS in Contractor's clinics, promoting the use of the system in non-health department TVFC provider offices, and performing updates to the system on behalf of TVFC provider offices that submit monthly doses administered and vaccine accounting reports in hardcopy. Contractors shall notify providers of changes to PICS , and present updates and training on PICS to providers, as requested by DSHS , when PICS is implemented within the Contractor's service area.

Contractor shall not charge a fee for vaccines supplied through the TVFC program. All TVFC-supplied vaccines shall be used solely for purposes of this Program Attachment and shall not be sold.

In accordance with 25 TAC §1.91, Contractor shall not collect vaccine administration fees from Medicaid and Children's Health Insurance Program (CHIP) recipients. Vaccine administration fees collected from non-Medicaid patients shall not exceed those established in Section Two, Part Four of the TVFC Operations Manual. Fee schedules shall not be based on vaccine type, formulation, or dose in series.

Contractor shall not deny vaccinations to recipients because they do not reside within Contractor's jurisdiction or because of an inability to pay an administration fee.

All equipment used by Contractor which is provided by DSHS shall be accounted for as public property. The DSHS Program will investigate equipment loss, destruction, or other waste and may require (at its discretion) Contractor to replace or reimburse the DSHS Program. This provision does not waive any other remedies legally available to DSHS regarding contract breaches.

Contractor shall comply with all applicable federal and state regulations and statutes, including but not limited to:

- Human Resources Code §42.043, VTCA;
- Education Code §§38.001-38.002, VTCA;
- Health and Safety Code §§12.032, 81.023 and 161.001-161.009, VTCA;
- 25 TAC Chapter 97;
- 25 TAC, Chapter 96;
- 25 TAC, Chapter 100;
- 42 USC §§247b and 300 aa-25; and
- Omnibus Budget Reconciliation Act of 1993, 26 USC §4980B.

Contractor shall comply with current applicable state and federal standards, policies and guidelines, including but not limited to DSHS's Standards for Public Health Clinic Services, revised August 31, 2004 (located at <http://www.dshs.state.tx.us/qmb/default.shtm#public>).

Contractor shall be responsible for conducting outreach regarding vaccinations for children 19 through 35 months of age in the Contractor's jurisdiction, who are included on the list that will be distributed to Contractor by DSHS at the start of each tri-annual reporting period (September 1, 2008, January 1, 2009, and May 1, 2009).

Contractor shall complete all required activities listed in the final, approved work plan, at attached Exhibit A.

SECTION II. PERFORMANCE MEASURES:

The following performance measure(s) will be used, in part, to assess Contractor's effectiveness in providing the services described in this Program Attachment, without waiving the enforceability of any of the terms of the Contract:

- LHDs shall investigate and document, in accordance with *DSHS Texas Vaccine-Preventable Disease Surveillance Guidelines* (located at http://www.dshs.state.tx.us/idcu/health/vaccine_preventable_diseases/resources/vpd_guide.pdf) and *NBS Data Entry Guidelines*, 100% of suspected reportable vaccine-preventable disease cases within thirty (30) days of notification.
- LHDs shall complete 100% of the follow-up activities, designated by DSHS, for TVFC provider quality assurance site visits assigned by DSHS.
- LHDs shall contact and provide case management to 100% of the number of hepatitis B surface antigen-positive pregnant women identified.
- LHDs shall contact 100% or 400 per FTE (whichever is fewer) families of children who are not up-to-date on their immunizations according to the ImmTrac-generated list provided to the LHD by DSHS at the beginning of each reporting period.
- LHDs shall review 100% of monthly biological reports, vaccine order forms (when applicable), and temperature logs for accuracy to ensure the vaccine supply is within established maximum stock levels.
- LHDs shall complete 100% of child-care facility and Head Start center assessments, in accordance with the *Immunization Population Assessment Manual*, as assigned by DSHS.

- LHDs shall complete 100% of public and private school assessments, retrospective surveys, and validation surveys, in accordance with the *Immunization Population Assessment Manual*, as assigned by DSHS.

Contractor shall utilize the AFIX (Assessment, Feedback, Incentives, and eXchange) methodology, found in the *Immunization Quality Assurance Tool Resource Manual*, (located at http://www.dshs.state.tx.us/immunize/docs/QA_site_visit.pdf) to conduct quality assurance site-visits for all sub-contracted entities and non-local health department Women, Infant and Children (WIC) clinics. Assessment shall be done using the DSHS Immunization Quality Assurance Site Visit tool provided by DSHS and the Comprehensive Clinic Assessment Software Application (Co-CASA), as specified by the DSHS Program. Contractor shall submit assessment results to the designated DSHS Regional Immunization Program manager within two (2) weeks after completion.

Contractor is required to complete and submit the following tri-annual reports, utilizing a format provided by the DSHS Program:

Report Type	Reporting Period	Report Due Date
Programmatic	9/1/08 – 12/31/08	1/30/09
Programmatic	1/1/09 – 4/30/09	5/30/09
Programmatic	5/1/09 – 8/31/09	09/30/09

Tri-annual reports should be submitted electronically to immunizationcontracts@dshs.state.tx.us, the Contract Management Unit in Austin, Texas.

Contractor must 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.

SECTION III. SOLICITATION DOCUMENT:

NA

SECTION IV. RENEWALS:

DSHS may renew the Program Attachment for up to four (4) twelve month terms at DSHS's sole discretion.

SECTION V. PAYMENT METHOD:

Cost Reimbursement

Funding is further detailed in the attached Categorical Budget and, if applicable, Equipment List.

SECTION VI. BILLING INSTRUCTIONS:

Contractor shall request payment using the State of Texas Purchase Voucher (Form B-13) and acceptable supporting documentation for reimbursement of the required services/deliverables. Vouchers and supporting documentation should be mailed or submitted by fax or electronic mail to the addresses/number below.

Department of State Health Services
Claims Processing Unit
1100 West 49th Street
P. O. Box 149347
Austin, Texas 78714-9347

The fax number for submitting State of Texas Purchase Voucher (Form B-13) to the Claims Processing Unit is (512) 458-7442. The email address is invoices@dshs.state.tx.us.

SECTION VII. SPECIAL PROVISIONS:

General Provision, **Funding** Article, Use of Funds Section, is revised to include:

Funds shall not be used for purchase of vaccines, inpatient care, construction of facilities, or debt retirement.

Travel expenses shall be reimbursed according to Contractor's written travel policy, as submitted and approved with Contractor's FY09 Application for Immunization Funds. If no written travel policy was submitted, or if the submitted policy is not approved by DSHS, travel expenses shall be reimbursed according to current state travel regulations located at <http://www.window.state.tx.us/comptrol/texastra.html>.

For immunization activities performed under this Program Attachment, General Provisions, **General Business Operations of Contractor** Article, **Overtime Compensation** Section, is replaced with the following paragraphs:

Contractor is authorized to pay employees who are not exempt under the Fair Labor Standards Act (FLSA), 29 USC, Chapter 8, §201 et seq., for overtime or compensatory time at the rate of time and one-half per FLSA.

Contractor is authorized to pay employees who are exempt under FLSA on a straight time basis for work performed on a holiday or for regular compensatory time hours when the taking of regular compensatory time off would be disruptive to normal business operations.

Authorization for payment under this provision is limited to work directly related to immunization activities and shall be in accordance with the amount budgeted in this contract Attachment. Contractor shall document proper authorization or approval for any work performed by exempt or non-exempt employees in excess of forty (40) hours per work week.

SECTION VIII. BUDGET:

SOURCE OF FUNDS: CFDA #93.268 and STATE

Categorical Budget:

PERSONNEL	\$362,526.00
FRINGE BENEFITS	\$165,305.00
TRAVEL	\$1,500.00
EQUIPMENT	\$0.00
SUPPLIES	\$25,754.00
CONTRACTUAL	\$0.00
OTHER	\$14,354.00
TOTAL DIRECT CHARGES	\$569,439.00
INDIRECT CHARGES	\$36,252.00
TOTAL	\$605,691.00
DSHS SHARE	\$605,691.00
CONTRACTOR SHARE	\$10,500.00
OTHER MATCH	\$0.00

Total reimbursements will not exceed \$605,691.00

Financial status reports are due: 12/30/2008, 03/30/2009, 06/30/2009, 10/30/2009

The indirect cost rate shown above is based upon an indirect cost rate on file at the DSHS and subject to review by DSHS fiscal monitors. Indirect charges to this contract may not exceed the amount shown above.



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

CERTIFICATION REGARDING LOBBYING

CERTIFICATION FOR CONTRACTS, GRANTS, LOANS AND COOPERATIVE

AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief that:

- (1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

A handwritten signature in black ink, appearing to read "Fernando A. Guerra".

Signature

A handwritten date "8-8-08" in black ink.

Date

Fernando A. Guerra, MD, MPH
Print Name of Authorized Individual

2009-028718

Application or Contract Number

CITY OF SAN ANTONIO
METROPOLITAN HEALTH DISTRICT

Organization Name

Exhibit A

WORK PLAN

Contractors are required to perform all activities of the annual Work Plan in compliance with all documents referenced in this Work Plan.

1. PROGRAM PLANNING AND EVALUATION

General Requirement 1A: 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 1A:

- 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 staffing levels to meet required activities of the contract.
- Lapse no more than 5% of total funded amount of the contract.
- Submit required tri-annual reports by January 30, May 30, and October 15 of each contract term.
- Maintain current policies in compliance with the *DSHS Immunization Contractors Guide for Local Health Departments* and have them available to Contractor's staff.

2. VACCINE MANAGEMENT

(http://www.dshs.state.tx.us/immunize/tvfc/tvfc_manual.shtm)

General Requirement 2A: Ensure that expired, wasted, and unaccounted-for vaccines do not exceed 5% in Contractor clinics. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments* and *TVFC Operations Manual*.

Activity 2A:

- Maintain storage and handling polices and procedures according to the *TVFC Operations Manual*.

General Requirement 2B: Assist all other TVFC providers in local jurisdiction with maintaining 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 2B:

- Evaluate maximum vaccine stock levels twice a year in all TVFC provider clinics under Contractor jurisdiction and assess providers' inventories during site visits.
- Review vaccine orders, monthly biological reports, and monthly temperature logs for accuracy and to ensure that the vaccine supply requested is within established maximum stock utilizing the Pharmacy Inventory Control System (PICS) as it becomes available.

3. REGISTRIES

(<http://www.dshs.state.tx.us/immunize/providers.shtm> and
<http://dshs.state.tx.us/immunize/immtrac/default.shtm>)

General Requirement 3A: Effectively utilize ImmTrac (the DSHS on-line immunization registry) in Contractor clinics. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities 3A:

- Search for the child's immunization history at every client encounter.
- Review the client's record for vaccines due and overdue according to the CDC Recommended Schedule at <http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm#printable>.
- Report to ImmTrac all immunizations administered in Contractor clinics, either directly into ImmTrac online 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 and verify that a child does not already have a record in ImmTrac prior to sending consent forms to DSHS Austin.
- Implement changes to the consent process as directed by DSHS.
- Offer updated *Immunization History Report* to the child's parent or guardian at every client encounter.
- At every client encounter, compare all immunization histories (ImmTrac, TWICES, validated parent-held records, clinic medical record) and enter into ImmTrac or TWICES any historical immunizations not in ImmTrac.

General Requirement 3B: Work in good faith, and as described herein, to increase the number of children less than six years of age who participate in ImmTrac by 5%. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activity 3B:

- Verbally, and with DSHS produced literature, inform parents presenting at Contractor's clinics about ImmTrac and the benefits of inclusion in ImmTrac.

General Requirement 3C: 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 this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities 3C:

- 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 Contractor's 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.

General Requirement 3D: Ensure that ImmTrac data, entered by Contractor's staff, is complete, current, and accurate. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities 3D:

- Train Contractor staff on ImmTrac data entry and quality standards.
- Update all demographic information, including address and telephone number, at every client encounter.

4. PROVIDER QUALITY ASSURANCE (http://www.dshs.state.tx.us/immunize/tvfc/tvfc_manual.shtm)

General Requirement 4: Complete 100% of follow-up site visits assigned by DSHS Austin or Health Service Region staff. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities 4:

- Conduct follow-up visits and submit results within deadlines established in the *TVFC Operations Manual*.
- 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.

5. PERINATAL HEPATITIS B PREVENTION

(http://www.dshs.state.tx.us/idcu/disease/hepatitis/hepatitis_b/perinatal/manual/)

General Requirement 5A: 100% of the number of HBsAg-positive pregnant women identified (through contacts by prenatal health care providers, hospitals, electronic laboratory reporting, regional and Local Health Departments) will be 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*.

Activity 5A: Contractor staff nurses will participate in targeted training to providers and delivery hospitals.

General Requirement 5B: Work in good faith, and as described herein, to ensure that 100% of the number of infants born to HBsAg-positive women will receive appropriate and required immunoprophylaxis including hepatitis B immune globulin (HBIG), the hepatitis B vaccine birth dose and will complete the Hepatitis B vaccine series. 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*.

Activity 5B: Conduct Perinatal Hepatitis B case management according to the *Perinatal Hepatitis B Prevention Manual*.

General Requirement 5C: Work in good faith, and as described herein, to ensure that 100% of the number of identified infants born to HBsAg-positive women will complete post-vaccination serology testing or 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*.

Activity 5C: Conduct Perinatal Hepatitis B case management according to the *Perinatal Hepatitis B Prevention Manual*.

General Requirement 5D: 100% of the number of household and sexual contacts to HBsAg-positive women will be identified. 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*.

Activity 5D: Conduct Perinatal Hepatitis B case management according to the *Perinatal Hepatitis B Prevention Manual*.

General Requirement 5E: 100% of the number of household and sexual contacts to HBsAg-positive women will complete the Hepatitis B vaccine series or 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*.

Activity 5E: Conduct Perinatal Hepatitis B case management according to the *Perinatal Hepatitis B Prevention Manual*.

6. EDUCATION, INFORMATION, TRAINING, AND COLLABORATIONS

(<http://www.dshs.state.tx.us/immunize/providers.shtm>)

General Requirement 6A: Conduct educational, promotional, and outreach activities for the general public to enhance immunization awareness, including distribution of DSHS-provided materials. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities 6A:

- Inform and educate the 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(s) of community vaccination clinics.
- Conduct at least one monthly immunization education activity, document activity (note number & type of participants), and evaluate activity by obtaining feedback from participants.
- Plan and implement specific activities to promote the importance of Immunizations during National Infant Immunization Week (NIIW) National Adult Immunization Week (NAIW), and National Influenza Week.
- Implement written procedures in Contractor clinics to assure that telephone callers who request information about immunizations receive consistent and correct information.
- Participate in statewide media campaigns by distributing DSHS-developed and produced public service announcements and materials.
- Participate in special initiatives as directed by DSHS.
- Distribute immunization literature for the public in Contractor's clinic(s), including specific DSHS materials as directed.
- 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 the ImmTrac. Distribute DSHS ImmTrac educational materials during this process.
- Provide ImmTrac public education and ImmTrac literature (including DSHS ImmTrac educational materials) to community groups and the general public.
- Inform the general public about TVFC, verbally and by distributing TVFC educational materials.

General Requirement 6B: 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 6B: Educate providers on the process to order immunization literature from DSHS (<https://secure.immunizetexasorderform.com/default.aspweb> site).

- Inform providers about the annual CDC *Epidemiology and Prevention of Vaccine-Preventable Disease (EPI-VAC)* training by referring them to <http://www.cdc.gov/vaccines/ed/broadcast.htm#1>.
- 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*, and *Standards for Adult Immunization Practices* (<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>) 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.
- 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/pubs/pinkbook/downloads/appendices/H/standards-pediatric.pdf>).
- 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>).

General Requirement 6C: Conduct outreach to targeted groups for the promotion of best practices and special activities related to immunizations. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities 6C:

- 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.

General Requirement 6D: Conduct recruitment to increase the number of ImmTrac providers, TVFC providers, and Perinatal Hepatitis B providers. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities 6D:

- Conduct recruitment activities as defined in the *TVFC Operations Manual* with 100% of providers on the DSHS-supplied provider recruitment list.
- Target adolescent health care providers for recruitment and emphasize adolescent vaccine requirements and recommendations.
- Recruit new private provider sites for ImmTrac.
- Participate with DSHS regional staff in recruitment of hospitals and providers conducting surveillance and reporting of Perinatal Hepatitis B.

General Requirement 6E: 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 6E:

- Identify providers, hospitals, schools, child care facilities, social service agencies, and community groups involved in promoting immunizations and reducing vaccine-preventable diseases.
- Maintain a list and contact information for the entities identified under the previous bullet item.
- Summarize all such collaborative efforts, including the specific groups involved, on the tri-annual report.

7. EPIDEMIOLOGY AND SURVEILLANCE

(http://www.dshs.state.tx.us/idcu/health/vaccine_preventable_diseases/resources/vpd_guide.pdf)

General Requirement 7: Investigate and document at least 90% of reportable suspected vaccine-preventable disease cases within 30 days of notification in accordance with *DSHS Texas Vaccine-Preventable Disease Surveillance Guidelines* (http://www.dshs.state.tx.us/idcu/health/vaccine_preventable_diseases/resources/vpd_guide.pdf) and National Electronic Disease Surveillance System (NEDSS) (http://www.cdc.gov/nedss/Archive/Supporting_Public_Health_Surv.pdf). Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities 7:

- Adhere to the *DSHS Vaccine-Preventable Disease (VPD) Surveillance Guidelines*, *NEDSS Data Entry Guidelines*, and *Epi Case Criteria Guide* in conducting this General Requirement and the associated activities.
- Complete all data entry into National Electronic Disease Surveillance System (NEDSS) following the *NBS Data Entry Guidelines* (<http://www.itl.nist.gov/fipspubs/fip74.htm>).
- Routinely review and follow up on electronic lab reports (ELRs) sent from DSHS.
- Report on steps taken by Contractor to ensure the completeness of VPD reporting within Contractor's jurisdiction.

8. POPULATION ASSESSMENT

(*Immunization Population Assessment Manual* (Stock No. 11-12550, Revised 01/08) available upon request from DSHS.)

General Requirement/Activity 8A: When assigned by DSHS, complete 100% of child-care facility and Head Start center assessments. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments* and *Population Assessment Manual*.

General Requirement/Activity 8B: 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*.

9. SERVICE DELIVERY

General Requirement 9: Provide immunization services and ACIP-recommended vaccines in Contractor clinics to children, adolescents and adults to maximize vaccine coverage levels within contractor's jurisdiction. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities 9:

- Ensure that all ACIP-recommended vaccines are routinely available to patients who want them.
- Recommend the simultaneous administration of all needed vaccines for the patient.
- Follow only medically supportable contraindications to vaccination.
- Verbally educate patients and parents/guardians about the benefits and risks of vaccination, and distribute DSHS educational materials as applicable as part of this conversation.
- Discuss, and attempt to schedule, the next immunization visit at each client encounter.
- Explain the benefits of a "medical home" and assist the parent/guardian in obtaining or identifying the child's medical home.
- Use a Reminder/Recall system (manual, TWICES, ImmTrac, or other system).
- Establish "standing orders" for vaccination in Contractor clinics, consistent with legal requirements for standing order (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.

DEPARTMENT OF STATE HEALTH SERVICES



RECEIVED
STATE SERVICE
2009 JUL 30 P 12:30

CITY OF SAN ANTONIO METROPOLITAN
HEALTH DISTRICT

This contract, number 2009-028718 (Contract), is entered into by and between the Department of State Health Services (DSHS or the Department), an agency of the State of Texas, and CITY OF SAN ANTONIO METROPOLITAN HEALTH DISTRICT (Contractor), a Government Entity, (collectively, the Parties).

1. **Purpose of the Contract.** DSHS agrees to purchase, and Contractor agrees to provide, services or goods to the eligible populations as described in the Program Attachments.
2. **Total Amount of the Contract and Payment Method(s).** The total amount of this Contract is \$605,691.00, and the payment method(s) shall be as specified in the Program Attachments.
3. **Funding Obligation.** This Contract is contingent upon the continued availability of funding. If funds become unavailable through lack of appropriations, budget cuts, transfer of funds between programs or health and human services agencies, amendment to the Appropriations Act, health and human services agency consolidation, or any other disruptions of current appropriated funding for this Contract, DSHS may restrict, reduce, or terminate funding under this Contract.
4. **Term of the Contract.** This Contract begins on 09/01/2008 and ends on 08/31/2009. DSHS has the option, in its sole discretion, to renew the Contract as provided in each Program Attachment. DSHS is not responsible for payment under this Contract before both parties have signed the Contract or before the start date of the Contract, whichever is later.
5. **Authority.** DSHS enters into this Contract under the authority of Health and Safety Code, Chapter 1001.
6. **Documents Forming Contract.** The Contract consists of the following:

- a. Core Contract (this document)
- b. Program Attachments:

2009-028718-001 IMMUNIZATION BRANCH - LOCALS
- c. General Provisions (Sub-recipient)
- d. Solicitation Document(s), and
- e. Contractor's response(s) to the Solicitation Document(s).
- f. Exhibits

Any changes made to the Contract, whether by edit or attachment, do not form part of the Contract unless expressly agreed to in writing by DSHS and Contractor and incorporated herein.

7. **Conflicting Terms.** In the event of conflicting terms among the documents forming this Contract, the order of control is first the Core Contract, then the Program Attachment(s), then the General Provisions, then the Solicitation Document, if any, and then Contractor's response to the Solicitation Document, if any.

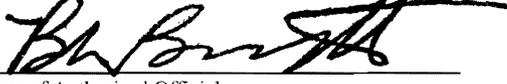
8. **Payee.** The Parties agree that the following payee is entitled to receive payment for services rendered by Contractor or goods received under this Contract:

Name: CITY OF SAN ANTONIO
Address: P O BOX 839966 DIRECT DEPOSIT
SAN ANTONIO, TX 78283
Vendor Identification Number: 17460020708024

9. **Entire Agreement.** The Parties acknowledge that this Contract is the entire agreement of the Parties and that there are no agreements or understandings, written or oral, between them with respect to the subject matter of this Contract, other than as set forth in this Contract.

By signing below, the Parties acknowledge that they have read the Contract and agree to its terms, and that the persons whose signatures appear below have the requisite authority to execute this Contract on behalf of the named party

DEPARTMENT OF STATE
HEALTH SERVICES

By: 
Signature of Authorized Official

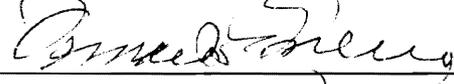
8/19/08
Date

Bob Burnette, C.P.M., CTPM
Director
Client Services Contracting Unit
1100 WEST 49TH STREET
AUSTIN, TEXAS 78756

(512) 458-7470

Bob.Burnette@dshs.state.tx.us

SAN ANTONIO METROPOLITAN
HEALTH DISTRICT

By: 
Signature

P. P. 08
Date

Fernando A. Guerra, M.D., MPH
Director of Health
Printed Name and Title

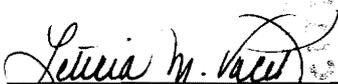
332 West Commerce, Suite 307
Address

San Antonio, Texas 78205
City, State, Zip

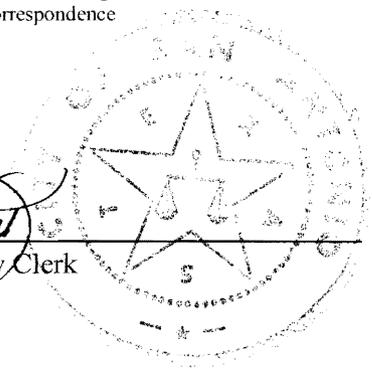
210-207-8730
Telephone Number

Fernando.Guerra@sanantonio.gov
E-mail Address for Official Correspondence

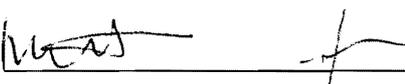
ATTEST:


Leticia M. Vacek, City Clerk

8-12-08
Date



APPROVED AS TO FORM:


Michael D. Bernard, City Attorney

DM



CMS or Ordinance Number: OR00000200803200223

TSLGRS File Code: 1000-05

Document Title:

ORD - TDSHS 2009-028718-001 Immunization Branch-Locals, 9/1/08 - 8/31/09

Ordinance Date:
3/20/2008