

2010 Immunization Contract

FINAL

SCOPE OF WORK

I. General Requirements

- A. The Contractor shall comply with the rules, regulations and policies as outlined by the Department of Health and Welfare (Department).
- B. The Contractor shall ensure that procedural safeguards are followed in confidentiality requirements according to IDAPA 16.05.01, Protection and Disclosure of Department Records.
- C. The purpose of this contract is to increase rates of immunizations among Idaho's children and promote vaccination throughout the life cycle.
- D. All work delivered through this Scope of Work shall be shared with staff and service providers to ensure their knowledge of the contract requirements.
- E. The Contractor shall ensure that all service provisions are delivered by persons who meet provider qualifications and provide evidence of licensure, certification, and any other applicable provider qualifications of the Immunization program. The contractor shall identify a point of contact to provide project oversight at the district level.

II. Vaccines For Children

- A. The Contractor shall attend new Vaccines for Children (VFC) provider enrollment visits with the IIP as available. The VFC Coordinator will notify the Contractor of new VFC provider enrollments within 10 days of enrollment.
- B. The Contractor shall provide a on-site follow-up visit with new VFC provider enrollees within 20 to 45 working days after the new provider enrollment site visit conducted by the IIP.
 1. The Contractor shall follow up on any issues identified by the IIP from the enrollment visit.
 2. The Contractor shall assess the clinics general knowledge of immunizations and the VFC program, current and relevant immunization topics, the immunization schedule, immunization recommendations, strategies to improve immunization rates, and other immunization related topics as appropriate.
 3. The Contractor shall provide any technical assistance the provider needs or requests.
- C. The Contractor shall provide technical assistance to every VFC provider in the district through a minimum of 1 (one) visit and 1 (one) phone call during the contract year.
 1. These visits and phone calls should address current and relevant immunization topics, the immunization schedule, immunization recommendations, strategies to improve immunization rates, and other immunization related topics as appropriate.
- D. The Contractor shall conduct 1 (one) Enhanced Technical Assistance site visit per year with each of the VFC providers with whom the IIP is not slated to conduct a Quality Assurance Review (QAR) with. An Enhanced Technical Assistance visit will count as one of the required visits listed above in section C.

1. The Contractor must complete the Enhanced Technical Assistance Visit Checklist for each visit conducted.
 2. The IIP will provide a Enhanced Technical Assistance Visit Checklist by January 15, 2010.
 3. The VFC provider list will be provided by the IIP by January 15, 2010.
- E. The Contractor shall conduct at a minimum, **[district specific]** individual trainings during the contract year with VFC providers at the provider's site. Topics may include current and relevant immunization topics, the immunization schedule, strategies to improve immunization rates, and other immunization related topics as appropriate.

III. Immunization WIC Linkage

- A. The Contractor shall actively participate in the Women, Infants and Children (WIC) Linkage activities according to federal WIC policy and additional state requirements including:
1. Review immunization records of all WIC clients 0-24 months of age at all WIC clinic sites during certification/recertification appointments and refer all children in need of one or more Advisory Committee on Immunization Practices (ACIP) recommended vaccinations on the day of review to their provider or the district's Immunization Clinics.
 2. Collect and maintain immunization history information (M/D/Y of each dose by vaccine type) in the WIC client file or database; forward immunization information as necessary to the appropriate person(s) for entry into the district database or IRIS.
 3. Provide educational materials on immunizations to all parents of children 0-24 months of age during initial visit and at all visits where child is referred for immunizations.
 4. Operate a voucher incentive program at all WIC clinic sites involving a more frequent voucher pick-up for children 0-24 months of age whose immunizations are not up-to-date.
- B. The Contractor shall complete and submit an annual immunization assessment of each WIC clinic with the Quarter 2 report, utilizing the most recent version of Co-CASA software. The assessment will include all active WIC clients 12-35 months of age. All age-appropriate ACIP recommended vaccines will be assessed. A common review date of June 1, 2010, will be used for all assessments. The following conditions will apply to WIC clinic assessments:
1. All assessments of clinics included in the district database will be conducted using an export from the WIC database and imported into Co-CASA for WIC client immunization status analysis.
 2. Assessments of district clinics not included in the district database will be conducted manually. If the number of children 12-35 months of age is less than 200, all charts will be entered for analysis. All clinics with more than 200 records of children 12-35 months of age will utilize the sampling function within the Co-CASA program to determine sampling requirements.
 3. All assessments will be sent in an electronic format (e-mail, CD/DVD, etc.) to the IIP with the Quarter 2 report.

- C. Contractor's district immunization program staff shall conduct 1 (one) training with WIC staff on the ACIP recommended immunization schedule changes and other issues impacting WIC and Immunization during the first quarter.
- D. Contractor's district immunization program staff will provide 1 (one) annual immunization feedback on the Co-CASA assessment results to all WIC staff during the 3rd quarter. Feedback will include a review of how to screen immunization records and when to refer, and rate information for each individual clinic.
- E. Contractor's district immunization program staff shall conduct [district specific] additional trainings in person, via webcast or teleconference for WIC staff that will cover immunization recommendations, strategies to improve immunization rates, and other immunization related topics as appropriate.

IV. Immunization Child Care

- A. The Contractor shall conduct at a minimum, [district specific] group training with child care providers in the district that will cover immunization requirements, recommendations, strategies to improve compliance, and other immunization related topics as appropriate.
- B. The Contractor shall conduct at a minimum, [district specific] individual trainings with child care providers in the district that will cover immunization requirements, recommendations, strategies to improve compliance, and other immunization related topics as appropriate.

V. Contractor Staff Training and Education

- A. The Contractor shall send at least 1 (one) immunization staff and up to 3 (three) immunization staff to the annual National Immunization Conference (NIC) or regional Immunization Conferences such as the Northwest Immunization Conference, Immunization Coalition Conference, etc. Shot Smarts and Booster Shots are excluded.
- B. The Contractor shall send the Immunization Program Coordinator to Shot Smarts and Booster Shots. If the Program Coordinator is also the IRIS Coordinator, the Contractor shall send an additional staff person.
- C. The Contractor shall send at least 1 (one) staff person to a maximum of two state-conducted immunization coordinator meetings.

VI. Contractor Specific Activities

- A. The Contractor may submit a Work Plan for increasing immunization rates for \$ [District Specific] additional funds. The Work Plan must be consistent with local immunization activities, the contract scope of work, and the contract deliverables.
- B. The Contractor must submit a Work Plan by January 31, 2010 that includes the following items for each activity proposed.
 - 1. Activity Title
 - 2. Objective
 - 3. Evaluation Plan
 - 4. Reporting Plan
 - 5. Budget

- C. The Work Plan is subject to Department approval. Upon approval the Work Plan will be incorporated into the Scope of Work.

VII. Reports, Records and Documentation

- A. Contractor shall provide reports electronically as described in the Reports Section of this Contract. The Contractor shall be provided a secure username and password to complete all reports and documentation online with the commencement of the contract.
- B. Vaccines For Children Provider Training
 - 1. The Contractor shall document each New Provider Follow-up Training conducted utilizing the online 2010 Immunization Training Form.
 - 2. The Contractor shall document each VFC Provider contact conducted utilizing the online 2010 Immunization Provider Contact Log.
 - 3. The Contractor shall document each VFC Provider Site Visit conducted utilizing the VFC provider checklist, provided by the IIP.
 - 4. The Contractor shall document each VFC Provider Training Site Visit conducted utilizing the online 2010 Immunization Training Form.
- C. Immunization WIC Linkage
 - 1. The Contractor shall document each WIC Staff Training conducted utilizing the online 2010 Immunization Training Form.
 - 2. The Contractor shall document each WIC Feedback/Training conducted utilizing the online 2010 Immunization Training Form.
 - 3. The Contractor shall document each WIC Additional Training conducted utilizing the online 2010 Immunization Training Form.
- D. Immunization Child Care
 - 1. The Contractor shall document each Child Care Group Training conducted utilizing the online 2010 Immunization Training Form.
 - 2. The Contractor shall document each Child Care Individual Training conducted utilizing the online 2010 Immunization Training Form.
- E. Training and Education
 - 1. The Contractor shall provide the IIP with documentation of staff attending National and Regional Conferences, to be submitted with the quarterly report covering the period in which the meeting was attended. Documentation shall include confirmation of conference registration, and if requested by the contractor, a hotel bill and transportation receipts.
- F. Contractor Specific Activities
 - 1. The Contractor shall submit all reports and documentation for all Contractor Specific Activities as outlined in the approved Work Plan.

VIII. Contract Review

- A. The Idaho Immunization Program shall conduct an annual on-site contract review with the participation of the Contractor to evaluate contract activities. These reviews will be conducted in accordance with current DHW protocol.

PERFORMANCE METRICS

I. Vaccines For Children Provider Training

A. New Provider Follow-up Training

1. Minimum Required Level of Expectation: All new VFC providers will receive a follow-up visit within 20-45 working days following the initial visit.
2. Method of Monitoring: review of the 2010 Immunization Training Form for each new provider follow-up site visit conducted, reported Quarterly.
3. Contract Deduction Amount: \$250 per follow-up visit not conducted within 45 days of initial visit.

B. VFC Provider Technical Assistance

1. Minimum Required Level of Expectation: All VFC providers will be visited or called once during the first or second quarter and once during the third or fourth quarter. A minimum of one visit and one phone call must be conducted for each provider.
2. Method of Monitoring: review of the 2010 Immunization Provider Contact Log for each provider phone call or site visit conducted, reported Quarterly.
3. Contract Deduction Amount: \$100 per each eligible provider not visited or \$50 per each phone contact not made by the contractor (deduction taken off the 4th quarter billing if annual minimum expectation is not met).

C. VFC Provider Enhanced Technical Assistance Visits

1. Minimum Required Level of Expectation: Fifty percent (50%) of the targeted providers will receive a visit during quarter 1 or 2 and fifty percent (50%) will receive a visit during quarter 3 or 4.
2. Method of Monitoring: review of the 2010 Enhanced Technical Assistance Visit Form for each provider site visit conducted, reported Quarterly.
3. Contract Deduction Amount: \$150 for each visit not conducted (deduction taken off the 2nd and 4th quarter billing if minimum expectation is not met).

D. VFC Provider Training Site Visits

1. Minimum Required Level of Expectation: All providers will receive a training site visit.
2. Method of Monitoring: review of the 2010 Immunization Training Form for each provider training visit conducted, reported Quarterly.
3. Contract Deduction Amount: \$250 for each visit not conducted (deduction taken off the 4th quarter billing if annual minimum expectation is not met).

II. Immunization WIC Linkage

A. WIC Co-CASA Assessment

1. Minimum Required Level of Expectation: An assessment of each district WIC clinic will be conducted during the second quarter, reported Quarter 2.
2. Method of Monitoring: review of the electronic Co-CASA submission, reported Quarter 2.
3. Contract Deduction Amount: \$250 for each district WIC clinic not assessed during the second quarter.

B. WIC Staff Training

1. Minimum Required Level of Expectation: A minimum of one training session will be conducted with the WIC staff covering the immunization schedule, changes and other issues impacting WIC during the first quarter, reported Quarter 1.
2. Method of Monitoring: Method of Monitoring: review of the 2010 Immunization Training Form, reported Quarter 1.
3. Contract Deduction Amount: \$150 if the training is not conducted.

C. WIC Feedback/Training

1. Minimum Required Level of Expectation: One feedback/training session will be conducted with the WIC staff covering CASA rates and WIC linkage practice during the third quarter, reported Quarter 3.
2. Method of Monitoring: review of the 2010 Immunization Training Form, reported Quarter 3.
3. Contract Deduction Amount: \$150 if the training is not conducted.

D. WIC Additional Trainings

1. Minimum Required Level of Expectation: [district specific] trainings will be conducted with the WIC staff.
2. Method of Monitoring: review of the 2010 Immunization Training Form, reported Quarter 3.
3. Contract Deduction Amount: \$150 if the training is not conducted (deduction taken off the 4th quarter billing if annual minimum expectation is not met).

III. Immunization Child Care

A. Child Care Group Trainings

1. Minimum Required Level of Expectation: [district specific] group trainings will be conducted with child care providers.
2. Method of Monitoring: review of the 2010 Immunization Training Form for each training conducted, reported Quarterly.
3. Contract Deduction Amount: \$750 for each training not conducted.

B. Child Care Individual Trainings

1. Minimum Required Level of Expectation: [district specific] individual trainings will be conducted with child care providers.
2. Method of Monitoring: review of the 2010 Immunization Training Form for each training conducted, reported Quarterly.
3. Contract Deduction Amount: \$50 for each training not conducted (deduction taken off the 4th quarter billing if annual minimum expectation is not met).

IV. Contractor Staff Training and Education

A. National and Regional Conferences

1. Minimum Required Level of Expectation: [district specific] staff will attend a national or regional conference such as the National Immunization Conference (NIC) or regional immunization conferences.
2. Method of Monitoring: Documented attendance at immunization conferences.
3. Contract Deduction Amount: \$2500.

B. Shot Smarts, Booster Shots

1. Minimum Required Level of Expectation: The Immunization Coordinator will attend Shot Smarts and Booster Shots.
2. Method of Monitoring: Documented attendance at Shot Smarts and Booster Shots.
3. Contract Deduction Amount: \$500.

C. Immunization Coordinator Meetings

1. Minimum Required Level of Expectation: At least 1 staff person will attend all state-conducted Immunization Coordinator meetings.
2. Method of Monitoring: Documented Contractor attendance at all meetings.
3. Contract Deduction Amount: **\$(district specific)**

V. District Specific Activities

A. District Specific Activities

1. Minimum Required Level of Expectation: Contractor shall conduct all activities as stated in the approved Work Plan.
2. Method of Monitoring: The Contractor shall submit all reports and documents as outlined in the approved Work Plan.
3. Contract Deduction Amount: Deductions shall occur as outlined in the Contractor's Work Plan for work not performed. If no Work Plan is submitted the Contractor shall receive a deduction of **\$(district specific)**

VI. Quarterly Reports

- A. For each Quarterly Report Contractor shall complete the online 2010 Immunization Training Form for each training conducted, the online 2010 Immunization Provider Contact Log for each VFC provider Technical Assistance phone call or site visit conducted, and the online 2010 Immunization Contract Quarterly Report Form.
- B. Contractor shall submit online quarterly reports to the Department no later than 30 days after the end of the quarterly reporting period: April 30, 2010, July 30, 2010, October 30, 2010 and January 30, 2011
- C. In addition to the standard Quarterly Report requirements, Contractor shall complete and submit an annual assessment of each WIC clinic, utilizing the most recent version of Co-CASA software and as described in the Scope of Work, section III.B. The Contractor shall submit WIC quarterly reports to the Department no later than July 30, 2010.

VII. Monitoring Method

Invoices and the Immunization Activity Report will be received, date stamped, and reviewed for compliance with the Scope of Work Statements by the State Immunization Program within 30 days of the report deadline.

VIII. Corrective Action Plan

- A. If a Quarterly Report is not received by the Idaho Immunization Program by the 30th of the month following the end of a quarter, the Contractor will be notified and required to submit a corrective action plan within five (5) working days
- B. If the corrective action plan is not received and followed, a deduction will be withheld from the next invoice billed.
- C. Deduction Amount \$400.

COST/BILLING PROCEDURE

I. Process

A. The Department shall pay for costs associated with immunization related activities as authorized and outlined in the contract. The Department shall pay and the Contractor shall receive up to the total sum of *[district specific]* for costs.

B. Activities as defined in the Scope of Work

1. The Department shall reimburse the Contractor a maximum of 1/12 of \$ *[district specific amount]* per month. Any applicable penalties as outlined under the Performance Metrics will be deducted from this amount.

Quarter 1	January		\$
	February		\$
	March		\$
Quarter 2	April	Minus any penalties from prior quarter	\$
	May		\$
	June		\$
Quarter 3	July	Minus any penalties from prior quarter	\$
	August		\$
	September		\$
Quarter 4	October	Minus any penalties from prior quarter	\$
	November		\$
	December	Minus any penalties for Q4	\$
CY 2010 Total			<i>[district specific]</i>

2. The final invoice minus any deductions from Quarter 4 will not be paid until a completed copy of the online, 2010 Immunization Quarterly Report Form, has been submitted and accepted.
3. All fields on required reporting forms must be completed; do not reference or include attachments other than the specified 2010 contract appendices.

C. The Contractor must submit a request for payment within 30 days after the end of each month.

D. The Contractor must submit the request to the following address:

Department of Health and Welfare
 Health Administration
 PO Box 83720
 450 W State Street, 4th Floor
 Boise, ID 83720-0036

APPENDIX A

2010 IMMUNIZATION TRAINING FORM

For each Immunization training please complete the following

Name of Provider:	
Provider Pin	
Date of Training:	
Type of Provider:	<input type="checkbox"/> VFC Provider <input type="checkbox"/> WIC Staff <input type="checkbox"/> School <input type="checkbox"/> Daycare <input type="checkbox"/> Other:
Type of Training:	<input type="checkbox"/> Individual Visit <input type="checkbox"/> Group Training <input type="checkbox"/> Virtual Training (WebEx, Webinar, etc.) <input type="checkbox"/> Other:
Number of persons attending the training:	
Briefly describe the purpose of the training and what topics were covered:	
<input type="checkbox"/> For each training attach a copy of the attendance roster or contact log.	
If training materials were used please list what training materials were used: ▪	

APPENDIX C

(Health District Name)
2010 IMMUNIZATION CONTRACT QUARTERLY REPORT FORM
Quarter

Person Submitting Report			
Phone Number:		e-mail	
I. VFC Trainings Conducted during the previous quarter			
Type of Contact			Total Contacts
New Provider Enrollment Visits			
New Provider Follow Up Visits			
Individual Training			
For each training completed attach a 2010 Immunization Training Form (Appendix A)			
<i>Total</i>			
II. Identify total types of VFC Provider contacts conducted during the previous quarter (these should not be counted in the trainings listed above)			
Summary of Contacts Conducted Copy of Appendix B attached <input type="checkbox"/>	Number of Calls	Number of visits	Number of VFC Follow-up Visits
III. WIC Trainings Conducted during the previous quarter			
For each training completed attach a 2010 Immunization Training Form (Appendix A)			
Type of Contact			Total Contacts
Group Training			
Virtual Training			
Other			
<i>Total</i>			
IV. Immunization WIC Linkage Assessment			
For the 2 nd Quarter report send an electronic copy of the WIC Co-CASA			
<input type="checkbox"/> Attached <input type="checkbox"/> Not Applicable			
V. Child Care Trainings Conducted during the previous quarter			
For each training completed attach a 2010 Immunization Training Form (Appendix A)			
Type of Training			Total Trainings
Individual Training			
Group Training			
Other			
<i>Total</i>			
VI. Training and Education			
For the quarter summarize the following			
Number of staff that attended the National Immunization Conference			<input type="checkbox"/> N/A

Number of staff that attended a regional meeting hosted by IIP		<input type="checkbox"/> N/A
VII. Additional Activities		
Type of Activity	Total (Calls, Postcards, etc.)	
Reminder Service Phone Service		
Reminder Postcards		
Other		
Total		
VIII. District Specific Activities		
For specific activities related to your district please insert the appropriate performance measures that summarize activities throughout the previous quarter.		

FINAL