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# **Contractor's Guide and Contract Review Tool (Instructions)**

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# Introduction



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- Contractor's Resources
- Quarterly Reports
- C-1 Directory
- Site Visits/Corrective Action Plans (CAPs)
- Upcoming Efforts

# Contractor's Resources

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- The Contractor's Guide is utilized by Local Health Departments (LHDs) to implement and operate an Immunization Program.
- The Contract Review Tool is utilized by Public Health Regions (PHRs) while evaluating program activities during site visits.
- The Contract Review Tool Instructions is utilized by PHRs while completing the Contract Review Tool.



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# Location of Resources

[www.dshs.texas.gov/immunization-unit/information-responsible-entities/contract-management](http://www.dshs.texas.gov/immunization-unit/information-responsible-entities/contract-management)

## Contractor's Guide

This manual is intended as a resource to contracted LHDs in implementing required activities under the immunization contract and will also describe contract monitoring activities that will be conducted during the contract period.

- [FY2024 Contractors Guide](#)  (PDF) (rev.10/2023)
- [FY2023 Contractors Guide](#)  (PDF) (rev. 09/2022)

## Contract Review Tool (formerly the On-Site Evaluation Report)

The Contract Review Tool is the document reviewers will use to evaluate program activities. Responsible Entities may find it helpful to use this form as a self-assessment tool to prepare for site reviews.

- [FY2024 Contract Review Tool](#)  (PDF) (rev. 11/2023)

## Contract Review Tool Instructions (formerly the On-Site Evaluation Report Instructions)

This document provides instructions on how to fill out the evaluation report.

- [FY2024 Contract Review Tool Instructions](#)  (PDF) (rev. 11/2023)



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# Activity Classifications

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- The Contractor's Guide and Contract Review Tool (Instructions) classify activities as required, standard (universal), or suggested.
- Activity classifications dictate if performance measures are required and if the activity is present in the Contract Review Tool (Instructions).



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# Activity Classifications

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- Required Activities
  - Essential to program implementation and operation
  - Performance metrics are required.
  - Present in Contract Review Tool
- Standard (Universal) Activities
  - Customary to program implementation and operation
  - Performance metrics are not required.
  - Not present in Contract Review Tool
- Suggested Activities
  - Recommended while implementing and operating a program
  - Performance metrics are not required.
  - Present in the Contract Review Tool



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# Quarterly Reports

- Quarterly reports document the LHD's progress toward required activities, barriers and solutions, and completed actions.
- Quarterly reports are a deliverable outlined in 1.7.01 of the Contractor's Guide.



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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 Contractors Guide for Local Health Departments.	Required Activity
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# Quarterly Reporting Timeline

## LHD Quarterly Report

Reporting Period	LHD Report Due	PHR Review Due	CO Review Due
Q1: 9/1 to 11/30	12/31	1/15	1/31
Q2: 12/1 to 2/28	3/31	4/15	4/30
Q3: 3/1 to 5/31	6/30	7/15	7/31
Q4: 6/1 to 8/31	9/30	10/15	10/31

If the due date falls on a weekend or state approved holiday, the report is due the next business day.



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# Location of Quarterly Reports

- LHDs submit quarterly reports through Alchemer.
- Central Office (CO) is currently re-constructing the Alchemer form and re-evaluating questions.

[www.dshs.texas.gov/immunization-unit/information-responsible-entities/contract-management](http://www.dshs.texas.gov/immunization-unit/information-responsible-entities/contract-management)



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- [FY2024 LHD Quarterly Progress Report \(Alchemer\)](#)

Local Health Department staff use this report to record quarterly activities for DSHS Public Health Clinics.

- [FY2024 PHR Quarterly Progress Report \(Alchemer\)](#)

Public Health Regions staff use this report to record quarterly activities for DSHS

# Review Process

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- Quarterly reports are reviewed by PHRs and CO once submitted.
- Once feedback is compiled, quarterly reports are returned to LHDs.



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# C-1 Directory

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- The C-1 Directory houses contact information for various LHD staff members and program contacts.
- C-1 Directories must be updated each quarter and submitted via email to [dshsimmunizationcontracts@dshs.texas.gov](mailto:dshsimmunizationcontracts@dshs.texas.gov).
- CO is currently working on a new format to collect additional information.



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# Current C-1 Directory Format

## FORM C-1: PROGRAM CONTACT INFORMATION

This form provides information about the appropriate program contacts in the contractor's organization. If any of the following information changes during the term of the contract, please send written notification to the Immunization Unit. List all contacts below and highlight changes. Email completed Form C-1 (xlsx) to [DSHImmunizationcontracts@dshs.texas.gov](mailto:DSHImmunizationcontracts@dshs.texas.gov)

Date (mm/dd/yyyy)	
Local Health Department	
Mailing Address	



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# Current C-1 Directory Format

Area of Work	Program Contact Name	Phone	Email	Current Status (Existing, New, Vacant, N/A)	Staff Change: New Arrival Start Date or Vacancy Start Date
Immunization Program Manager					
Contract Coordinator					
Contract Coordinator					
Perinatal Hepatitis B Case Manager					
Perinatal Hepatitis B Case Manager					
Disease Surveillance Coordinator					
Disease Surveillance Coordinator					
Clinical Coordinator					
Clinical Coordinator					
TVFC & ASN Coordinator					
TVFC & ASN Coordinator					
Communications Coordinator					
Communications Coordinator					
Texas Immunization Registry Coordinator					
Texas Immunization Registry Coordinator					



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# New C-1 Directory Format

## FORM C-1: PROGRAM CONTACT INFORMATION

Complete this form with location and contact information pertaining to the below Local Health Department (LHD).  
Email this form to [dshsimmunizationcontracts@dshs.texas.gov](mailto:dshsimmunizationcontracts@dshs.texas.gov) in conjunction with each Quarterly Report and if/when the below information changes.

Date of Submission (mm/dd/yyyy)	mm/dd/yyyy
LHD Name	Example LHD Name
LHD Contract Number	#####
Physical Address	Example Physical Address
Mailing Address	Example Mailing Address
Phone Number (000-000-0000)	000-000-0000
Email	example.email@example.com



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# New C-1 Directory Format

Area of Work	Name	Phone	Email	Occupied/Vacant	Onboarded/Vacated (mm/dd/yyyy)
<b>Immunization Program Manager</b>	Example Name	000-000-0000	<a href="mailto:example.email@example.com">example.email@example.com</a>	Occupied	Onboarded (mm/dd/yyyy)
<b>Contract Coordinator</b>	Example Name	000-000-0000	<a href="mailto:example.email@example.com">example.email@example.com</a>	Vacant	Vacated (mm/dd/yyyy)
Ex. TVFC/ASN activities and budget	Example Name	000-000-0000	<a href="mailto:example.email@example.com">example.email@example.com</a>	Occupied	Onboarded (mm/dd/yyyy)
<b>Communications Coordinator</b>	Example Name	000-000-0000	<a href="mailto:example.email@example.com">example.email@example.com</a>	Vacant	Vacated (mm/dd/yyyy)
Ex. Web/print/media communications	Example Name	000-000-0000	<a href="mailto:example.email@example.com">example.email@example.com</a>	Occupied	Onboarded (mm/dd/yyyy)
<b>Clinical Coordinator</b>	Example Name	000-000-0000	<a href="mailto:example.email@example.com">example.email@example.com</a>	Vacant	Vacated (mm/dd/yyyy)
Ex. Medical services and coordination	Example Name	000-000-0000	<a href="mailto:example.email@example.com">example.email@example.com</a>	Occupied	Onboarded (mm/dd/yyyy)
<b>Disease Surveillance Coordinator</b>	Example Name	000-000-0000	<a href="mailto:example.email@example.com">example.email@example.com</a>	Vacant	Vacated (mm/dd/yyyy)
Ex. Disease surveillance and reporting	Example Name	000-000-0000	<a href="mailto:example.email@example.com">example.email@example.com</a>	Occupied	Onboarded (mm/dd/yyyy)
<b>Perinatal Hepatitis B Case Manager</b>	Example Name	000-000-0000	<a href="mailto:example.email@example.com">example.email@example.com</a>	Vacant	Vacated (mm/dd/yyyy)
Ex. Outreach	Example Name	000-000-0000	<a href="mailto:example.email@example.com">example.email@example.com</a>	Occupied	Onboarded (mm/dd/yyyy)
<b>TX Immunization Registry Coordinator</b>	Example Name	000-000-0000	<a href="mailto:example.email@example.com">example.email@example.com</a>	Vacant	Vacated (mm/dd/yyyy)
Ex. ImmTrac2 management	Example Name	000-000-0000	<a href="mailto:example.email@example.com">example.email@example.com</a>	Occupied	Onboarded (mm/dd/yyyy)



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# Site Visits

- Site visits are outlined in 1.5.02 of the Contractor's Guide.
- During site visits, PHR and CO staff evaluate the LHD's:
  - Progress toward the required activities
  - Compliance with contract terms and conditions
  - Documents related to finances, training, and educational efforts



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1.5.02	Participate in on-site contract evaluation visits.	Required Activity
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# Scheduling Site Visits

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- LHDs send an agenda to the PHR Manager.
  - CO is currently drafting an agenda template to collect additional information.
- PHR Managers complete the Contract Review Scheduling Form and upload the agenda.
- CO attends 25 site visits annually.



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# PHR Scheduling Form

<https://forms.office.com/Pages/ResponsePage.aspx?id=Mnf5m7mCm0mxaqk-jr1Ta9X14IPaTnRAtXCOijulm8FUNzFJNkhCU1IyVIVRVzRPQUxDSE4wUUJERiQIQCNOPWcu>



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## Contract Review Scheduling

Please use this form to submit dates and agendas for the FY24 LHD Contract Review. **Program Managers conduct meetings in person**. Reviews should be scheduled and completed by **August 31, 2024**.

Hi, Eleanor. When you submit this form, the owner will see your name and email address.

\* Required

1. Select Your PHR \* 

Select your answer



# Proposed Agenda Format

## Site Visit Agenda

<b>LHD Name</b>	
<b>Texas Identification Number (TIN)</b>	
<b>Contract Number</b>	
<b>Date of Site Visit</b>	
<b>Date of Most Recent Site Visit</b>	

### Main Point of Contact (POC) for Site Visit

<b>Name</b>	<b>Title</b>	<b>Phone Number</b>

### LHD Attendees

<b>Name</b>	<b>Title</b>	<b>Email Address</b>

### PHR Attendees

<b>Name</b>	<b>Title</b>	<b>Email Address</b>

### Agenda

<b>Date (MM/DD/YYYY)</b>	<b>Time (HH:MM am/pm)</b>	<b>Location/Address</b>	<b>Notes (i.e., parking instructions)</b>



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# Corrective Action Plans (CAPs)

- A Corrective Action Plan (CAP) is issued to LHDs if they are found to be out of compliance. This is outlined in 1.6.01 of the Contractor's Guide.
- LHDs must submit a CAP within 30 calendar days of written notification from CO.
- PHR managers and CO staff review and approve the CAP to ensure it addresses the findings noted.



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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

# Upcoming Efforts

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- DSHS intends to closely review and revise the Contractor's Guide and Contract Review Tool (Instructions) in spring and summer 2025.
- Objectives:
  - Re-align quarterly reports and Contract Review Tool
  - Discuss partial completion on Contract Review Tool
  - Clarify expectations



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# Thank you!

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