

**BUREAU OF IMMUNIZATION
EXPENDITURE PLAN
2009-2010**
Supplemental Funding for Reaching More Children and Adults

A. **Program Proposal**

1. **Summary**

This expenditure plan is revised as of July 2010 and revisions are highlighted.

The availability of funding from the American Recovery and Reinvestment Act (ARRA) represents an opportunity for the New York State Department of Health's (NYSDOH) Bureau of Immunization to develop some new approaches to addressing unmet needs in New York's diverse population. Specifically, shortcomings of existing efforts to vaccinate adults against certain diseases can be augmented in ways that will greatly facilitate local public agencies' ability to meet demands that have previously been beyond their capacity. By providing both vaccine and operational funds to local health departments (LHDs), the Bureau will enable those agencies to provide vaccines to individuals who have been unable to obtain them from their primary care provider or any public clinic. For example, many adults who are recommended to receive Human Papilloma Virus (HPV) vaccine and do not have the necessary insurance coverage have found the vaccine to be unaffordable. Existing programs make this vaccine available to the uninsured and the underinsured under the age of 19 years, but no similar opportunity has existed for individuals age 19 through 26. Older adults who would like to receive the varicella zoster vaccine often find it difficult to locate a health care provider who will vaccinate them. Both of these issues will be addressed through the use of ARRA funds for both vaccine purchase and expansion of LHD clinics and outreach services.

The Bureau of Immunization has been able to develop valuable new infrastructure elements to support immunization efforts in the State, such as the creation of a new computerized immunization registry, the New York State Immunization Information System (NYSIIS). NYSIIS was implemented as a statewide, internet-based system in 2008, but significant gaps exist in the system's ability to collect and communicate vital data. One time usage of ARRA funds will help the Bureau to address some of the shortcomings in NYSIIS and better position the registry to provide critical support to physicians and other NYSIIS users by augmenting technical support for the system through the system contractor HP Enterprise Services (formerly Electronic Data Systems) and giving hands on assistance to individual providers through outreach workers employed by the New York State Association for County Health Officials (NYSACHO). Initiatives to be funded by ARRA grant resources are outlined in Section 4.

2. **Purpose**

The overall objective of the Bureau of Immunization is to prevent the occurrence and transmission of vaccine preventable diseases, including measles, mumps, rubella, diphtheria, poliomyelitis, pertussis, tetanus, Haemophilus influenzae type b, hepatitis A and B, varicella, pneumococcal disease, rotoviral disease, influenza, HPV, and invasive meningococcal disease. Secondary objectives are to ensure adequate vaccine supplies for all primary health care providers, account for vaccine usage, and promote timely administration

of vaccines to those who have the greatest need and the least ability to pay. To ensure that these objectives are met, we must preserve our ability to respond quickly to the changing health care environment in NYS.

It takes more than vaccine to vaccinate a population. Section 317 of the Public Health Service Act, [42 U.S.C. section 247b], as amended and the American Reinvestment and Recovery Act of 2009 (ARRA) [Pub. Law 11-5] grantees have been allocated ARRA funding to purchase priority vaccines; these ARRA funds will support the infrastructure needed to deliver and account for those vaccinated

3. Background

The American Recovery and Reinvestment Act of 2009 (ARRA) was signed into law February 17, 2009. ARRA is designed to stimulate economic recovery in various ways, including strengthening the Nation's healthcare infrastructure and reducing healthcare costs through prevention activities.

Section 317 of the Public Health Service Act, [42 U.S.C. section 247b] immunization programs are set within the environment of their state and local health care systems. Although all programs provide a nearly uniform implementation of Vaccines for Children (VFC) vaccination programs, state or local health departments have prioritized which pediatric vaccines they are able to implement fully, which they can implement partially, and which adult vaccines they are able to partially implement. ARRA [Pub. Law 11-5]-317 funds can be used to more completely implement vaccines that have been incompletely implemented in the Section 317 grantees' jurisdictions and reach populations they have been unable to reach completely. These operations infrastructure funds will support activities needed to reach these populations, and will complement the ARRA vaccine purchase funds already allocated.

Funds are available from the 2009 American Recovery and Reinvestment Act for Financial Assistance to current Section 317 immunization grantees. The goal for the use of these funds is to increase the number of adults and children (in the school setting) protected against vaccine-preventable diseases.

4. The Bureau of Immunization Activities

- A Single Source contract with HP Enterprise Services for improvements to NYSIIS Funds would be used to support a new contract to increase HP Enterprise Services for a 19 month term. During the contract period January 2010 through July 2011 HP Enterprise Services will provide modifications to NYSIIS that will improve and enhance efficiency and functionality. HP Enterprise Services will provide technical services to upgrade NYSIIS in the following areas; vaccine inventory and management, data sharing and exchange, child health and other DOH priority projects and general application enhancements.
- Establishment of a Disaster Recovery Server for NYSIIS
This proposal would develop a redundancy that would serve as a fail over during routine maintenance and/or during a catastrophic loss with minimal disruption to users or data. This purchase will be made with a combination of Immunization and Bureau of Early Intervention ARRA funds.
- Development and Implementation of Integrated Immunization Site Visits

Through a Sole Source contract with NYSACHO, six field representatives and one coordinator based in Albany will be hired to conduct provider site visits covering vaccine storage and handling, the Assessment, Feedback, Incentive and eXchange (AFIX) program; and NYSIIS registry issues.

- **Establish Non-Competitive Grant contracts with Local Health Departments**
Operational funds provided under the new contracts will support expanded clinic hours and other aspects of increased service delivery necessary to administer ARRA purchased vaccines.
- **Establishment of Temporary Positions**
Four temporary positions will be established to assist in managing ARRA funded initiatives.

5. Reporting and Evaluation

Accountability is a primary focus for the NYSDOH in ensuring that the ARRA federal funds are used appropriately. The Centers for Disease Control and Prevention (CDC) has mandated a strong accountability function for the Bureau of Immunization.

The Bureau of Immunization will comply with all reporting and registration requirements under Section 1512 of the American Recovery and Reinvestment Act of 2009, Public Law 111-5.

We are advised by CDC that Office of Management and Budget (OMB) is currently drafting detailed ARRA reporting requirements and OMB, Health and Human Services (HHS) and CDC will establish procedures, templates and other support resources for grantee reporting.

The reporting requirements as stated in the Funding Opportunity Announcement for this grant are included in the expenditure plan as Attachment A. CDC advises us that these requirements are based on preliminary OMB draft guidance and that the final requirements will differ and require more or less detail. As this information becomes available we will take appropriate action to fully comply with the revised requirements.

Monitoring

Fraud Prevention:

In compliance with the terms of this grant award, we shall promptly refer to the HHS Office of Inspector General any credible evidence that a principal, employee, agent, contractor, sub-recipient, subcontractor, or other person has submitted a false claim under the False Claims Act or has committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving those funds.

Training will be conducted for all staff involved in the ARRA funded projects to ensure that they are aware of the ARRA rules and requirements. Specific actions as relate to each activity are outlined below in the Contract Management section.

Contract Management:

Our contracts with the LHDs will include a specific workplan and budget designed to achieve the goal of increasing the number of children and adults vaccinated against vaccine-preventable diseases. Objectives and associated activities will be clearly stated. A budget page will outline appropriate amounts for expenditures associated with meeting these objectives.

The LHDs will be required to submit discrete vouchers for their ARRA activities and these vouchers will be clearly marked ARRA. All vouchers must be accompanied by a Quarterly Progress Report. The regional staff of the Bureau of Immunization will review this report and verify that the actions have been completed and are consistent with the workplan. In addition to this activity, the Bureau of Immunization regional office staff will make frequent and unannounced visits to random LHDs to determine compliance with the workplan. The vouchers will be carefully reviewed for accuracy by Central Office staff and the Quarterly Progress Report will be attached as documentation. Central Office staff will require LHDs to submit complete substantiation of the claim (e.g. copies of receipts and or purchase orders, payroll information, evidence of enhanced clinic hours etc.) for each expenditure on the voucher. As with any voucher for payment, the voucher must be signed with the Payee Certification. We will require that the payee also print their title and contact telephone number so that any questions regarding the voucher or requests for additional information can be addressed as expeditiously as possible.

The NYSACHO contract will include a specific workplan and budget designed to provide additional support to the LHDs for immunization activities including; performing quality assessment visits to providers for vaccine storage and handling, determining immunization levels and compliance with the NYSIIS. The NYSACHO contract will be monitored by the Central Office. NYSACHO staff will perform site visits to providers' offices and complete a report/survey for each visit. NYSACHO will collect this quality assurance data and will compile this data into a report which will be submitted with their voucher.

The report will contain the name, title and contact information for the person interviewed/questioned at the provider's office, the date and time of the visit and a summary of the finding and tasks completed. This form will be signed by the contact person in the provider's office as attestation that the NYSACHO representative has performed the quality assessment site visit at the date and time indicated. NYSACHO will prepare a monthly report to the Bureau that will detail these visits and findings. The Central Office will review these reports prior to approving of payment of the voucher to NYSACHO.

Central Office staff will require NYSACHO to submit complete substantiation of the claim (e.g. copies of receipts and or purchase orders, payroll information etc.) for each expenditure on the voucher. As with any voucher for payment, the voucher must be signed with the Payee Certification. We will require that the payee also print their title and contact telephone number so that any questions regarding the voucher or requests for additional information can be addressed as expeditiously as possible.

ARRA funds were requested to support a new contract with the current NYSIIS vendor, HP Enterprise Services, to modify NYSIIS to improve and enhance efficiency and functionality.

NYSIIS provided a list of deliverables to HP Enterprise Services and requested a cost estimate with the assumption that all work would be completed within the 19 month timeframe of January 1, 2010 through July 31, 2011. HP Enterprise Services submitted a cost estimate of resources necessary to complete the deliverables.

The HP Enterprise Services contract will be a deliverable-based contract as outlined in the workplan and budget. Each deliverable has an associated number of man hours for a Systems Engineer and a Business Analyst that are needed to complete the task. Vouchers reflect the itemized list of completed deliverables for the period, that have been previously reviewed, user tested and accepted by NYSDOH staff and the associated number of hours of resources used.

Prior to acceptance and payment to the vendor, each change that is made to the NYSIIS application will be rigorously tested by staff to confirm functionality. If areas are weak or where there is a question of functionality, payment will be postponed until a satisfactory User Acceptance Test (UAT) is documented.

Additionally, HP Enterprise Services will participate in weekly client meetings with NYSIIS staff to review the activity status of tasks and deliverables. These meetings will be documented and will become part of the documentation for payment of the deliverable.

The Bureau will allocate \$400,000 of ARRA funds for the establishment of a disaster recovery server for NYSIIS. The estimated \$800,000 total cost for this server will be shared with the Bureau of Early Intervention. This one-time purchase will provide an alternate server capable of resuming processing within 2-4 days after a disaster/catastrophic event disables the New York Early Intervention System (NYEIS) primary site in the OFT State Data Center.

It is anticipated that the purchase of hardware and operating system software will be made from an OGS backdrop contract via Purchase Order in Fall 2009. Although the exact details of the purchase have not yet been established, The Office of Information Technology and Project Management (OITPM) has provided the following information:

- Contract term/Purchase timing: Deliverables: Hardware and operating system software (other software already owned)
- Service provider, vendor or contractor: IBM/Sirius Computer Solutions (authorized IBM agent)
- Procurement type and selection criteria: Purchase order from OGS backdrop contract; single source/authorized agent
- Competitive nature of the selection process: N/A

Grants Accountability:

Monthly phone conferences will be held with the CDC Project Officer to discuss progress made on reaching milestones for activities identified in the plan. Prior to these

calls, we will hold a monthly meeting of the Bureau of Immunization staff to report on updates and to discuss areas of concern. If internal actions are required we will initiate these actions. In areas where we require assistance or guidance from CDC we will prepare a clear and concise outline of the problem and we will present it to the Project Officer during the phone conference.

The contracts with the LHDs, NYSACHO and HP Enterprise Services will all be ARRA boilerplate contracts and will include ARRA Appendix A's. Vouchers will be submitted at ARRA prescribed time intervals.

The Bureau of Immunization will conduct program-specific training for all staff who will handle ARRA funded vouchers. Records on attendance at this training and the course content will be maintained by the Bureau. Handouts for all training will be maintained in a binder at the Bureau.

The goal for the use of these ARRA funds is to increase the number of adults and children protected against vaccine-preventable diseases. Accountability for public health investments by CDC under ARRA will be expected to include assessment of short-term impacts in both health and economic domains. Attachment A, Appendix A, Performance Measures, describes the measures on which CDC will monitor grant recipients. The majority of these measures will not require specific reporting by the recipient to CDC.

The Bureau of Immunization has outlined two objectives in the local health department workplan that are designed to enhance the LHDs immunization capability.

Objective 1:

Improve availability and acceptance of influenza vaccines for children; and Zostavax, HPV, Tdap, PPSV23, and influenza for adults residing in the county.

The performance measure for this objective will be based on maintenance of an inventory of the vaccine and reportage of doses administered by that county.

In addition, LHDs will communicate with health care providers about improving adult immunization rates and utilizing NYSIIS for capturing adult immunization data. It is anticipated that there will be an increase in the number of providers and patients being represented in NYSIIS.

Objective 2:

Improve vaccine storage and handling practices within the health department and off-site clinics.

The performance measure for this objective will be documenting the number of LHDs who choose to augment their vaccine storage and handling capability by making the necessary ARRA funded improvements to their facility.

B. Budget Proposal

1. Summary

The following chart delineates anticipated expenditure of ARRA funds.
This chart has been revised on July 6, 2010

| | |
|--|-------------------------------|
| Expenditure Plan | |
| ARRA Section 317 Supplemental | |
| Funding for | |
| Reaching More Children and Adults | |
| (non- competitive) | \$3,844,764 |
| | Reaching More Children |
| | and Adults |
| | Non-Competitive |
| Personnel | \$291,199 |
| Fringe | \$128,390 |
| Total PS + Fringe | 419,589 |
| NPS | |
| Supplies | \$2,000 |
| Travel | \$6,258 |
| Equipment | \$403,000 |
| Indirect | \$79,302 |
| Contractual Miscellaneous obj code 5 | |
| HP Enterprise Services | \$544,716 |
| Contractual ATL obj code 6 | |
| NYSACHO | \$696,148 |
| 51 Local Health Department | |
| Contracts | \$1,663,482 |
| Other | \$30,268 |
| Total NPS | \$3,425,174 |
| Total | \$3,844,764 |

PERSONAL SERVICES

ARRA applications included funding for three temporary positions for the 24 month period 01/01/10-12/31/11.

Delays in hiring and revisions in job duties and descriptions have resulted in an increase to four temporary positions that will be established to assist in managing ARRA funded initiatives. Each of these positions will be funded for less than the 24 month period of 01/01/10-12/31/11.

Research Scientist I – Grade 18

Item # 22730

Annual Salary \$51,268

21 Month Salary \$87,747

Start Date 04/08/10

Current SFY Cost (04/08/10-3/31/11)-\$50,282

Research Scientist I (G-18) will manage the Public Health Representative I (G-16) and the Assistant Research Scientist (G-14) both of which are temporary ARRA positions. This Research Scientist position will be responsible for the ongoing linkage between ARRA activities and other program operations such as planning for school-based influenza clinics and expansion of adult vaccination efforts. In addition, this position will be responsible for developing monthly reports to enable Department executive staff to monitor usage of ARRA resources.

Public Health Representative 2- Grade 16

Item # 22731

Annual Salary \$45,940

21 Month Salary \$78,628

Start Date 04/12/10

Current SFY Cost (04/12/10-3/31/11) - \$45,057

Public Health Representative 2 (G-16) will track ARRA purchased vaccines from the initial request from the provider and subsequent fulfillment to usage reports. Monthly reports will be developed to enable Department executive staff to monitor usage of ARRA resources.

Assistant Research Scientist- Grade 14

Item # 22732

Annual Salary \$41,170

16 Month Salary \$53,838

Start Date 09/02/10

Current SFY Cost (09/02/10-3/31/11) - \$25,535

The original budget included funding for a Public Health Representatives 2 (G-16) for a 24 month period. We are requesting to reclassify this position to an Assistant Research Scientist (G -14) for the 16 month period 9/2/10-12/31/11. The ARS will support the research and quality assurance activities of the Vaccine Program. In coordination with higher level staff, the ARS will ensure that the Vaccine data collected and analyzed under the ARRA initiatives is complete and accurate.

The ARS will assist in the maintenance of statistical data bases created to collect, process and evaluate vaccine data to support the Vaccine Program operations related to ARRA.

One Research Scientist I – Grade 18

Item # TBD

Annual Salary \$51,268

17 Month Salary \$70,986

Start Date 08/05/10

Current SFY Cost (08/05/10-3/31/11)-\$34,493

The Research Scientist 1 (RS1) position will be established in the New York State Immunization Information System (NYSIIS) Program to support ARRA related activities. The RS1 will utilize data from NYSIIS to assist in epidemiological research activities to determine immunization levels of children and adults and identify geographic areas and factors associated with under-immunization. Work will include designing a research plan that includes the questions that will be applied, performing the research required to meet the program's objectives, and evaluating the effectiveness of the ARRA interventions. In addition, the RS1 will be involved in significant data quality activities to ensure the data is of high quality and integrity.

Total: \$ 291,199

NONPERSONAL SERVICES

Supplies and Materials

The Bureau anticipates expending funds for the purchase of routine office supplies and materials, computer and photocopier supplies, site visit materials and printing supplies. Office supplies including but not limited to:

Desktop Calculators 3@ \$ 120

Printer Cartridges 6 @ \$ 100

Software Licenses 3 @ \$280

Telephone Headsets 2 @ \$25

Yearly Planners/calendars 6 @ \$25

Total: \$2,000

Travel

Funds support anticipated in-state travel for various training activities and meetings to assist counties with reporting requirements for additional ARRA funded activities. We anticipate that the Public Health Representative 2 position will make trips to local health departments with the following associated travel costs:

Per Diem 18@ \$ 49.00

Lodging 18 @ \$120

Mileage 200 per trip for 6 trips @ \$58.5 per mile

Funds also support out-of state travel for meetings/training that might be scheduled for ARRA based activities.

We anticipate that the Research Scientist 1 position will attend one out of state training meeting in Atlanta, Georgia per year that will be scheduled by CDC for ARRA based activities.

Anticipated costs are as follows:

Airfare 2 @ \$750

Per Diem 6 @ \$ 49

Lodging 6 @ \$120

Total: \$6,258

Equipment

By December 11, 2011 the Bureau will develop and implement a disaster recovery plan for the NYSIIS application to serve as a back up in the event of a catastrophic physical loss at the Office of Technology data center. The cost of this system server and related software will be shared with another department program. \$400,000 of Immunization ARRA funds will be allocated for the purchase of this disaster recovery server.

1 Server @ \$ 400,000

Funds will be used to purchase personal computers and printers for the four ARRA funded items. We do not anticipate having to purchase desks and office furniture for additional staff as we will be using used workstations that result from recent employee attrition.

4 Desktop computers @ \$750

Total: \$403,000

Miscellaneous Services Contracts: Funds will support of the following miscellaneous contracts:

The Bureau will enter into a Single Source contract with HP Enterprise Services to modify the New York State Immunization Information System (NYSIIS) to improve and enhance efficiency and functionality. This sole-source contract with HP Enterprise Services will upgrade the following areas: vaccine inventory and management, data sharing and exchange, other NYSDOH priority child health projects and general application enhancements.

Total: \$544,716

Local Health Department Contracts

Funds will support the following Aid to Localities contracts:

The Bureau will enter into Non-Competitive Procurement contracts with 51 Local Health Departments (LHDs) for the period 10/01/09-03/31/11. These contracts will provide additional support to the LHDs for immunization operations infrastructure activities that will enhance activities related to increasing vaccination rates in NYS. The following LHDs have rejected this funding: Broome County \$ 31,229, Fulton County \$ 20,000, Jefferson County \$ 20,000, Montgomery County \$ 20,000, St. Lawrence County \$ 20,000 and Tompkins County \$ 20,000.

The total amount of funding for the contracts awarded to the 51LHDs that accepted these contracts is \$ 1,663,482

The Bureau will enter into a Single Source contract with the New York State Association of County Health Officials (NYSACHO) for the period 10/01/09-03/31/11. Through this \$ 696,148 contract, NYSACHO will provide additional support to the 57 LHDs for immunization activities including, but not limited to; performing quality assessment visits

to providers for vaccine storage and handling, determining immunization levels and compliance with NYSIIS.

Total: \$ 2,359,630

Other

Temporary agency clerical staff will be hired to assist with answering the phones, producing mailings and providing on-going clerical support that is essential to meet the ARRA objectives and program goals.

These services will be secured from an approved Office of General Services temporary service contractor. It is anticipated that the title and hourly rate will be determined by the specific skillset that is required to perform these duties.

Total: \$30,268

Fringe and Indirect Costs

Funding will support fringe costs applied to personal services at 44.09% percent.

Funding will support indirect costs applied to the sum of personal services and fringe benefits at 18.90 %.

Total Fringe: \$128,390

Total Indirect: \$79,302

Attachment A

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention (CDC)

American Recovery and Reinvestment Act (ARRA)

Supplemental Funding for Reaching More Children and Adults

Announcement Type: Type 3

Funding Opportunity Number: CDC-RFA-IP08-80305ARRA09

Catalog of Federal Domestic Assistance Number: 93.712-ARRA Immunization

VI.3. Reporting Requirements

1) Final report will be submitted no later than 90 days after the supplemental activities' project period/end completion date. This report must be submitted to the attention of the Grants Management Specialist listed in the "VII. Agency Contacts" Section of this announcement.

2) Monthly phone conferences will be held with the recipient's project officer to discuss progress made on reaching

milestones for activities identified in the plan.

3) Quarterly reports describing the progress made on reaching milestones for activities identified in the plan will be submitted no later than the 14th work day after the end of each quarter.

4) CDC will be responsible for vaccine reporting requirements. CDC reports will be based on the recipient's Vaccines Ordering Forecast Application (VOFA) spend plan and the number of doses of vaccine actually ordered by the recipient as well as the dollar value of the recipient's vaccine orders.

5) Reporting and registration requirements under Section 1512 of the American Recovery and Reinvestment Act of 2009, Public Law 111-5: OMB is currently drafting detailed ARRA reporting requirements and OMB, HHS, and CDC will establish procedures, systems, templates, and other support resources for grantee reporting. The following is based on preliminary OMB draft guidance and although key aspects are expected to remain, the final requirements may differ and require more or less detail. The final OMB-issued reporting requirements and subsequent HHS and CDC procedural guidance will supersede these following draft requirements.

These reports must be submitted to the attention of the Grants Management Specialist listed in the "VII. Agency Contacts" section of this announcement.

VI.4 Terms and Conditions

CDC program staff will assist grantees as needed to identify appropriate performance measures and indicators, and, where necessary, "integrate new and existing procedures to streamline data collection and minimize grantee's burden." (From OMB Implementation memo). *Appendix A lists the measures on which grantees will be monitored. More guidance on the grantee's role in collecting and reporting the data on these measures is provided below in the section on Terms and Conditions, under "Additional Reporting Requirements."*

Terms and Conditions (OMB)

1. Other Standard Terms and Conditions

All other grant policy terms and conditions contained in applicable Department of Health and Human Services (HHS) Grant Policy Statements apply unless they conflict or are superseded by the following terms and conditions implementing the American Recovery and Reinvestment Act of 2009 (ARRA) requirements below. Recipients are responsible for contacting their HHS grant/program managers for any needed clarifications.

2. ARRA-Specific Reporting Requirements

Recipients of Federal awards from funds authorized under Division A of the ARRA must comply with all requirements specified in Division A of the ARRA (Public Law 111-5), including reporting requirements outlined in Section 1512 of the Act. For purposes of reporting, ARRA recipients must report on ARRA sub-recipient (sub-grantee and sub-contractor) activities as specified below.

Not later than 10 days after the end of each calendar quarter, starting with the quarter ending June 30, 2009 and reporting by July 10, 2009, the recipient must submit quarterly reports to HHS that will posted to Recovery.gov, containing the following information:

- a. The total amount of ARRA funds under this award;
- b. The amount of ARRA funds received under this award that were obligated and expended to projects or activities;
- c. The amount of unobligated award balances;
- d. A detailed list of all projects or activities for which ARRA funds under this award were obligated and expended, including

- The name of the project or activity;
 - A description of the project or activity;
 - An evaluation of the completion status of the project or activity;
 - An estimate of the number of jobs created and the number of jobs retained by the project or activity; [additional guidance below on how to measure jobs created and retained forthcoming from OMB] and
 - For infrastructure investments made by State and local governments, the purpose, total cost, and rationale of the agency for funding the infrastructure investment with funds made available under this Act, and the name of the person to contact at the agency if there are concerns with the infrastructure investment.
- e. Detailed information on any sub-awards (sub-contracts or sub-grants) made by the grant recipient to include the data elements required to comply with the Federal Funding Accountability and Transparency Act of 2006 (Public Law 109-282).

For any sub-award equal to or larger than \$25,000, the following information:

- The name of the entity receiving the sub-award;
 - The amount of the sub-award;
 - The transaction type;
 - The North American Industry Classification System code or Catalog of Federal Domestic Assistance (CFDA) number;
 - Program source;
 - An award title descriptive of the purpose of each funding action;
 - The location of the entity receiving the award;
 - The primary location of performance under the award, including the city, State, congressional district, and county;
 - A unique identifier of the entity receiving the award and of the parent entity of the recipient, should the entity be owned by another entity;
 - The date the sub-award was issued;
 - The term of the sub-award (start/end dates);
 - The scope/activities of the sub-award;
 - The amount of the total sub-award that has been obligated or disbursed by the sub-recipient; and
 - The amount of the total sub-award that remains unobligated by the sub-recipient.
- f. All sub-awards less than \$25,000 or to individuals may be reported in the aggregate, as prescribed by HHS.
- g. Recipients must account for each ARRA award and sub-award (sub-grant and sub-contract) separately. Recipients will draw down ARRA funds on an award-specific basis. Pooling of ARRA award funds with other funds for drawdown or other purposes is not permitted.
- h. Recipients must account for each ARRA award separately by referencing the assigned CFDA number for each award.

The definition of terms and data elements, as well as any specific instructions for reporting, including required formats, will be provided in subsequent guidance issued by HHS.

3. Buy American - Use of American Iron, Steel, and Manufactured Goods

Recipients may not use any funds obligated under this award for the construction, alteration, maintenance, or repair of a public building or public work unless all of the iron, steel, and manufactured goods used in the project are produced in the United States unless HHS waives the application of this provision. (ARRA Sec. 1605)

4. Wage Rate Requirements

[This term and condition shall not apply to tribal contracts entered into by the Indian Health Service funded with this appropriation. (ARRA Title VII—Interior, Environment, and Related Agencies, Department of Health and Human Services, Indian Health Facilities)]

Subject to further clarification issued by the Office of Management and Budget, and notwithstanding any other provision of law and in a manner consistent with other provisions of ARRA, all laborers and mechanics employed by contractors and subcontractors on projects funded directly by or assisted in whole or in part by and through the Federal Government pursuant to this award shall be paid wages at rates not less than those prevailing on projects of a character similar in the locality as determined by the Secretary of Labor in

accordance with subchapter IV of chapter 31 of title 40, United States Code. With respect to the labor standards specified in this section, the Secretary of Labor shall have the authority and functions set forth in Reorganization Plan Numbered 14 of 1950 (64 Stat. 1267; 5 U.S.C. App.) and section 3145 of title 40, United States Code. (ARRA Sec. 1606)

5. Preference for Quick Start Activities (ARRA)

In using funds for this award for infrastructure investment, recipients shall give preference to activities that can be started and completed expeditiously, including a goal of using at least 50 percent of the funds for activities that can be initiated not later than 120 days after the date of the enactment of ARRA. Recipients shall also use grant funds in a manner that maximizes job creation and economic benefit. (ARRA Sec. 1602)

6. Limit on Funds (ARRA)

None of the funds appropriated or otherwise made available in ARRA may be used by any State or local government, or any private entity, for any casino or other gambling establishment, aquarium, zoo, golf course, or swimming pool. (ARRA Sec. 1604)

7. Disclosure of Fraud or Misconduct

Each recipient or sub-recipient awarded funds made available under the ARRA shall promptly refer to the HHS Office of Inspector General any credible evidence that a principal, employee, agent, contractor, sub-recipient, subcontractor, or other person has submitted a false claim under the False Claims Act or has committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving those funds. The HHS Office of Inspector General can be reached at <http://www.oig.hhs.gov/fraud/hotline/>

8. ARRA: One-Time Funding

Unless otherwise specified, ARRA funding to existent or new awardees should be considered one-time funding.

9. Schedule of Expenditures of Federal Awards

Recipients agree to separately identify the expenditures for each grant award funded under ARRA on the Schedule of Expenditures of Federal Awards (SEFA) and the Data Collection Form (SF-SAC) required by Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations." This identification on the SEFA and SF-SAC shall include the Federal award number, the Catalog of Federal Domestic Assistance (CFDA) number, and amount such that separate accountability and disclosure is provided for ARRA funds by Federal award number consistent with the recipient reports required by ARRA Section 1512(c). (2 CFR 215.26, 45 CFR 74.26, and 45 CFR 92.26)

10. Responsibilities for Informing Sub-recipients

Recipients agree to separately identify to each sub-recipient, and document at the time of sub-award and at the time of disbursement of

funds, the Federal award number, any special CFDA number assigned for ARRA purposes, and amount of ARRA funds. (2 CFR 215.26, 45 CFR 74.26, and 45 CFR 92.26)

Additional Reporting Requirements:

- In addition, recipients shall submit quarterly reports that provide the necessary information related to the output and outcome measures appropriate to the activities which they have undertaken and presented in Appendix A. As noted, grantees will be monitored on the following output and outcome measures.
[NOTE: While recipients will be monitored on all these measures, not all require specific reporting by the recipient to CDC]

Outcome Measures

- Measure: Number of ARRA-funded vaccine doses providers will administer to children (0-18 years)
- Reporting: Extracted by Program staff from Data Warehouse, compiled and reported up. No grantee reporting required.
- Frequency: Compiled monthly, but will be reported up quarterly

- Measure: Dollar value of ARRA-funded vaccine doses providers will administer to children (0-18 years)
- Reporting: Extracted by Program staff from Data Warehouse, compiled and reported up. No grantee reporting required.
- Frequency: Compiled monthly, but will be reported up quarterly

- Measure: Number of ARRA-funded vaccine doses providers will administer to adults (19 years and older)
- Reporting: Extracted by Program staff from Data Warehouse, compiled and reported up. No grantee reporting required.
- Frequency: Compiled monthly, but will be reported up quarterly

- Measure: Dollar value of ARRA-funded vaccine doses providers will administer to adults (19 years and older)
- Reporting: Extracted by Program staff from Data Warehouse, compiled and reported up. No grantee reporting required.
- Frequency: Compiled monthly, but will be reported up quarterly

Output Measures

- Measure: Amount of ARRA-funded vaccine purchases (in doses) by vaccine
- Reporting: Extracted by Program staff from Data Warehouse, compiled and reported up. No grantee reporting required.
- Frequency: Compiled monthly, but will be reported up quarterly

- Measure: Dollar value of ARRA-funded vaccine purchases by vaccine
- Reporting: Extracted by Program staff from Data Warehouse, compiled and reported up. No grantee reporting required.
- Frequency: Compiled monthly, but will be reported up quarterly

- Measure: Evidence of recipient access to their budgeted operations funds
- Reporting: Extracted from PMS by PGO or by Program staff/Project Officers (PO). No grantee reporting required.
- Frequency: Compiled monthly, but reported up quarterly

- Measure: % of recipients who are on track with meeting their project-specific milestones
- Reporting: Recipient will develop milestones and checklist based on their proposed project. Recipient will report progress via checklist. PO will collate and calculate measure.
- Frequency: Compiled monthly, but reported up quarterly.

Additionally, recipients should report on areas of the program that need improvement, based on performance measures, and activities to be conducted to improve in areas identified.

Appendix A: Performance Measures

Accountability for public health investments by CDC under the American Recovery and Reinvestment Act of 2009 will be expected to include assessment of short-term impacts in both health and economic domains. The following are the measures on which recipients will be monitored, as well as the data collection method/reporting approach and frequency of reporting. [NOTE: While recipients will be monitored on all these measures, not all require specific reporting by the recipient to CDC]

| Component and Measure | Data Source | Reporting System | Frequency |
|--|---|---|---|
| Number of ARRA-funded vaccine doses providers will administer to children (0-18 years) | Central Distribution Data Warehouse | Extracted by Program staff from Data Warehouse, compiled and reported up. <u>No grantee reporting required.</u> | Compiled monthly, but will be reported up quarterly |
| Dollar value of ARRA-funded vaccine doses providers will administer to children (0-18 years) | Central Distribution Data Warehouse | Extracted by Program staff from Data Warehouse, compiled and reported up. <u>No grantee reporting required.</u> | Compiled monthly, but will be reported up quarterly |
| Number of ARRA-funded vaccine doses providers will administer to adults (19 years and older) | Central Distribution Data Warehouse | Extracted by Program staff from Data Warehouse, compiled and reported up. <u>No grantee reporting required.</u> | Compiled monthly, but will be reported up quarterly |
| Dollar value of ARRA-funded vaccine doses providers will administer to adults (19 years and older) | Central Distribution Data Warehouse | Extracted by Program staff from Data Warehouse, compiled and reported up. <u>No grantee reporting required.</u> | Compiled monthly, but will be reported up quarterly |
| Amount of ARRA-funded vaccine purchases (in doses) by vaccine | Central Distribution Data Warehouse | Extracted by Program staff from Data Warehouse, compiled and reported up. <u>No grantee reporting required.</u> | Compiled monthly, but will be reported up quarterly |
| Dollar value of ARRA-funded vaccine purchases by vaccine | Central Distribution Data Warehouse | Extracted by Program staff from Data Warehouse, compiled and reported up. <u>No grantee reporting required.</u> | Compiled monthly, but will be reported up quarterly |
| Evidence of recipient access to their budgeted operations funds | Payment Management System (PMS) | Extracted from PMS by Program staff/PO (PO). <u>No grantee reporting required.</u> | Compiled monthly, but reported up quarterly |
| % of recipients who are on track with meeting their project-specific milestones | Progress reports and recipient - specific milestone checklist | Recipient will develop milestones and checklist based on their proposed project. Recipient will report progress via checklist. PO will collate and calculate measure. | Compiled monthly, but reported up quarterly. |

**Office of Public Health Practice
Expenditure Plan for Competitive ARRA Funding
Improving Reimbursement in Local Health Department Immunization Practices
2009-2010**

B. Program Proposal

1. Summary

The New York State Department of Health has received American Reinvestment and Recovery Act (ARRA) funding that was made available on a competitive basis to states and localities that operate immunization programs for a 28 month planning process to develop the capacity for billing health insurance plans for immunization services provided to health plan members by local health departments. The Office of Public Health Practice will work with the Bureau of Immunization to lead a strategic effort to assess and address the barriers to incorporating billing practices in local health departments. It will work closely with six LHDs but the findings of the effort will be applicable to all LHDs in the state. Funding will commence in September.

2. Purpose

ARRA funds would be used to develop a strategic plan that will assess and address the barriers to incorporating effective billing systems into LHD immunization programs. The goal is an action plan that can lead to the implementation of health department billing for immunization services rendered to fully insured individuals. This initiative supports the ARRA goals of stimulating economic recovery in various ways, including strengthening the Nation's healthcare infrastructure and reducing health care costs through prevention activities. The specific goals of this initiative are to enable immunization programs to develop billing systems that could result in

savings of program revenue. The additional revenue realized by billing would enable immunization programs to reach additional populations, provide recommended vaccines not currently offered within existing budgets and might allow programs to take on new initiatives to address immunizations of special under-vaccinated populations.

3. Background

Through the American Recovery and Reinvestment Act (ARRA), supplemental funding will be provided to selected 317 grantees to develop action plans to bill for vaccine administered to fully-insured individuals who are vaccinated in local health department clinics. Currently, local health departments provide over 160,000 doses of vaccine, less than 7% of the total doses distributed by NYS. While some LHDs view immunization as a service that should be provided in the patient's "medical home" rather than by a health department clinic, there is some anecdotal evidence that the number of doses distributed by LHDs for vaccines is growing, and will become even greater in response to H1N1. The cost of administering these doses is estimated to be \$2.9 million. With an increase in the number of people seeking immunizations from LHDs and increases in the proportion of New Yorkers eligible for insurance coverage, capturing reimbursement for administrative costs is critical.

At the local level, health departments' interest in and capacity for billing for immunizations varies. For those who do bill, preliminary inquiries indicate that the systems in place and the effectiveness of efforts vary widely. A few departments are supported by centralized administrative functions including billing, accounts receivable, financial management, records management, data analysis and trending, and statistical reporting. The majority of LHDs, if they do bill, have more limited systems, dependent on paper reporting and spread sheets to track coverage status and time intensive efforts to recoup reimbursement from commercial insurance companies and public insurance programs such as Medicare, Medicaid and Child or Family Health Plus. None have the comprehensive and integrated practice management systems they would like. These systems would incorporate registration, scheduling, e-pharmacy, health information exchange and billing integrated into an electronic medical record.

ARRA funds would be used to assess and address the barriers to incorporating effective billing systems into LHD immunization programs. The outcome of this project will be a strategic plan that can lead to the implementation of health department billing for immunization services rendered to fully insured individuals.

4. Program Plan

Objective 1: The DOH will classify two temporary positions and recruit staff to manage this initiative. One will be a Research Scientist 2 (grade 22) and the second will be a Agency Program Aide, Grade 13. Temporary agency staff, via state contract, will be hired to provide administrative support to the project.

Staff will establish a diverse stakeholder group consisting of approximately 20 members will be established. Members of the group will include organizations and individuals that will be instrumental in assessing immunization payment policy and operational procedures. The stakeholder group will be charged with developing rules for its operation, conducting its work, reviewing the proposed objectives and timetable for activities, contributing stakeholder perspective to all activities and assisting staff with project tasks.

The DOH will establish a contract with one or more billing experts, using a procurement under

development by the DOH's EI program. The contractor(s) will, following the lead of the stakeholder group, assess current clinical records and billing capabilities of LHDs, identify issues related to establishing billing policies and systems, and provide recommendations for solutions that could work successfully to link LHDs with commercial and public payors. The contractor(s) will conduct site visits to six LHDs to assess current clinical record and billing capacities. They will, with the help of staff, conduct an assessment of policy and administrative issues, including the rules related to billing insurance providers and the benefits and challenges of using a range of systems for immunization claiming. They will investigate how existing capabilities and investments can be leveraged to develop immunization billing solutions for use in NYS.

Objective 2: During months 4-12 of the award period, the DOH will conduct primary and secondary data gathering with LHDs, consumers, payers and providers to identify strengths, weaknesses, opportunities and threats (SWOT) associated with changes to policy and practice to promote insurance participation in immunization including claiming by LHDs.

Objective 3: During months 13-22 of the award period, DOH will work with its stakeholder group to identify and prioritize mechanisms to address the public health, fiscal and/or administrative barriers identified in the SWOT analysis. It will also identify the attributes, costs, staff and other resources associated with strategies including policy changes and effective systems that can be used in LHDs for claiming.

Objective 4: During the last six months (23-28) of the grant period, the DOH will create the public health action plan for incorporating claiming into LHDs. The plan will describe the operational concept and will include a timeline, milestones, processes, procedures, staffing and resources needed. It will describe how the state can, with sufficient resources, assist LHDs in implementing the appropriate solutions that can effectively and efficiently support claiming for immunizations.

Reporting, Evaluation and Monitoring

As requested in the grant guidance, the OPHP will report to the CDC at requested intervals including monthly phone conference calls and written quarterly reports describing the progress made on reaching milestones, and a final report submitted no later than 90 days after the completion date.

The OPHP will also comply with ARRA specific reporting requirements including submitting quarterly reports not later than 10 days after the end of each calendar quarter.

Performance Measures are as follows:

Objective 1:

- Percentage of identified participants who agree to serve on stakeholder group,
- Percentage of participants who agree to timetable and work plan,
- Length of time it takes to complete hiring and contracting process.

Objective 2:

- Percentage of stakeholder members who find findings complete and useful for selecting and implementing appropriate claiming policies and operational strategies.

Objective 3

- Length of time it takes to complete summary
- Number of diverse audiences that participate to develop potential strategies.

Objective 4

- Percentage of participants who approve final written plan.

Fraud Prevention and Grant Accountability: Training will be conducted for all staff involved in all aspects of this grant to ensure they understand ARRA rules and requirements. Internal controls will be established to ensure funds are handled appropriately.

Contract Management: Site visits will be made to the contractor to verify completion of grant deliverables and compliance with procurement rules and requirements. Complete documentation will be required for all vouchers submitted.

B. Budget Proposal

1. Summary

| | |
|--|-----------|
| Expenditure Plan ARRA Section 317 Supplemental Funding for Innovative Projects to Improve Reimbursement in Public Health Department Clinics (competitive) | |
| Personnel | \$203,950 |
| Fringe | \$84,619 |
| Total PS + Fringe | 288,569 |
| NPS | |
| Supplies | \$2,000 |
| Travel | \$15,474 |
| Equipment | \$10,750 |
| Indirect | \$59,157 |
| Contractual Miscellaneous obj code 5 EDS | |
| Billing Consultant (TBD) | \$340,000 |
| Other | \$84,050 |
| Total NPS | \$511,431 |
| Total | \$800,000 |

PERSONAL SERVICES

Two temporary positions will be established to assist in managing this ARRA funded initiative.

| | Title Grade | Item # or New | Annual Salary | Time Period of Temporary Position | Total Cost |
|------------|----------------------------|---------------|---------------|-----------------------------------|------------|
| Position 1 | Research Scientist 2 (G22) | New | \$63,041 | 1/1/2010 – 12/31/2012 | \$126,082 |
| Position 2 | Agency Program Aide (G13) | New | \$38,934 | 1/1/2010 – 12/31/2012 | \$77,868 |

Fringe Benefits @41.49% for two years = \$84,619

NONPERSONAL SERVICES

Supplies and Materials = \$2000

The Office anticipates expending funds for the purchase of routine office supplies and materials, computer and photocopier supplies, site visit materials and printing supplies.

Travel = \$15,474

Funds support in-state travel for staff to local health departments to assess challenges to billing as well as travel to meetings at various locations with stakeholder groups. Funds also support staff to travel out-of state to the 2010 Immunization Program Managers Meeting, Atlanta Georgia and the 2010 National Immunization Conference, as per the grant requirements.

Equipment = \$10,750

Funds will be used to purchase personal computers and one laptop computer for the ARRA funded positions. Employee workstations (modular furniture) and small office equipment will also be purchased.

Miscellaneous Services Contracts = \$340,000

The DOH will establish a contract with one or more billing experts for 18 months using a procurement underdevelopment by the DOH's EI program. \$340,000 was requested in the grant application for this service.

Other = \$84,050

\$80,210 was requested in the grant application to support temporary agency clerical staff via state contract to assist with answering the phones, produce mailings and to provide on-going clerical support to the ARRA activities. Funds totaling \$2400 were requested to support costs associated with various stakeholder meetings. Funding totaling \$1440 were requested for a monthly aircard subscription to give the ARRA funded personnel off -site access to their DOH computer accounts through a wireless internet connection.

Indirect Costs = \$59,157

Funding will support indirect costs applied to the sum of personal services and fringe benefits at 20.5 percent.