



**UTAH DEPARTMENT OF HEALTH & HUMAN SERVICES
CONTRACT AMENDMENT**

PO Box 144003, Salt Lake City, Utah 84114
288 North 1460 West, Salt Lake City, Utah 84116

1915812
Department Log Number

192701007
State Contract Number

1. **CONTRACT NAME:** The name of this contract is San Juan County - Immunizations - 2019 Amendment 3.
2. **CONTRACTING PARTIES:** This contract amendment is between the Utah Department of Health & Human Services (DEPARTMENT) and San Juan County (CONTRACTOR).
3. **PURPOSE OF CONTRACT AMENDMENT:** The purpose of this amendment is to increase the contract amount and replace Attachment "A" in exchange for continued services.
4. **CHANGES TO CONTRACT:**

1. The original amount was \$67,707.00. The funding amount will be increased by \$6,917.00 in federal funds. The funding amount will be increased by \$15,652.00 in state funds. New total funding is \$90,276.00.

2. Attachment "A", effective July 1, 2022, is replacing Attachment "A", which was effective July 2021. The document title is changed, Articles "I" and "II" are changed, Article "III" Section A, is changed, Subsections 1,d) and 3.c), are changed and Subsection 4, is added, Articles "IV" through "VII" are changed, and Article "VIII" is added.

DUNS: WCVABP2FEVA2

Indirect Cost Rate: 0%

Add

Federal Program Name:	Immunization and Vaccines for Children	Award Number:	5 NH23IP922580-04-00
Name of Federal Awarding Agency:	Department of Health and Human Services, Centers for Disease Control and Prevention	Federal Award Identification Number:	NH23IP922580
CFDA Title:	IMMUNIZATION COOPERATIVE AGREEMENTS	Federal Award Date:	7/1/2022
CFDA Number:	93.268	Funding Amount:	\$6917.00

All other conditions and terms in the original contract and previous amendments remain the same.

5. **EFFECTIVE DATE OF AMENDMENT:** This amendment is effective 07/01/2022
6. **DOCUMENTS INCORPORATED INTO THIS CONTRACT BY REFERENCE BUT NOT ATTACHED:**
 - A. All other governmental laws, regulations, or actions applicable to services provided herein.
 - B. All Assurances and all responses to bids as provided by the CONTRACTOR.
 - C. Utah Department of Health & Human Services General Provisions and Business Associate Agreement currently in effect until 6/30/2023.

7. This contract, its attachments, and all documents incorporated by reference constitute the entire agreement between the parties and supersedes all prior written or oral agreements between the parties relating to the subject matter of this contract.

Contract with Utah Department of Health & Human Services and San Juan County, Log # 1915812

IN WITNESS WHEREOF, the parties enter into this agreement.

CONTRACTOR

STATE

By: _____
Willie Grayeyes Date
County Commission Chair

By: _____
Tracy Gruber Date
Executive Director, Department of
Health & Human Services

Attachment A: Special Provisions
San Juan County - Immunizations - 2019 - Amendment 3
Effective Date: July 1, 2022

I. GENERAL PURPOSE:

A. The general purpose of this contract is to provide immunization services.

II. DEFINITIONS:

- A. "CDC" means The Centers for Disease Control and Prevention.
- B. "Department" means Department of Health and Human Services, Immunization Program.
- C. "EpiTrax" means State of Utah disease reporting system.
- D. "Healthy People 2020" means federal health indicators and goals to increase immunization rates and reduce preventable infectious disease.
- E. "PIO" means Public Information Officer.
- F. "SMART" means specific, measurable, attainable, realistic and timely.
- G. "Subrecipient" means Contractor and San Juan County.

III. FUNDING:

- A. New total funding is \$90,276.00.
 - 1. \$22,569.00 for the period July 1, 2019 to June 30, 2020.
 - a) \$5,642.00 for the period July 1, 2019 to September 30, 2019.
 - b) Up to \$11,285.00 for the period July 1, 2019 to December 31, 2019.
 - c) Up to \$16,927.00 for the period July 1, 2019 to March 30, 2020.
 - d) Up to \$22,569.00 for the period July 1, 2019 to June 30, 2020.
 - 2. \$22,569.00 for the period July 1, 2020 to June 30, 2021 with the following allowable amounts for each incremental period based on unused available funds.
 - a) \$5,642.00 for the period July 1, 2020 to September 30, 2020.
 - b) Up to \$11,285.00 for the period July 1, 2020 to December 31, 2020.
 - c) Up to \$16,927.00 for the period July 1, 2020 to March 30, 2021.
 - d) Up to \$22,569.00 for the period July 1, 2020 to June 30, 2021.
 - 3. \$22,569.00 for the period July 1, 2021 to June 30, 2022 with the following allowable amounts for each incremental period based on unused available funds.
 - a) \$5,642.00 for the period July 1, 2021 to September 30, 2021.
 - b) Up to \$11,285.00 for the period July 1, 2021 to December 31, 2021.
 - c) Up to \$16,927.00 for the period July 1, 2021 to March 30, 2022.
 - d) Up to \$22,569.00 for the period July 1, 2021 to June 30, 2022.
 - 4. \$22,569.00 for the period July 1, 2022 to June 30, 2023 with the following allowable amounts for each incremental period based on unused available funds.
 - a) \$5,642.00 for the period July 1, 2022 to September 30, 2022.
 - b) Up to \$11,285.00 for the period July 1, 2022 to December 31, 2022.
 - c) Up to \$16,927.00 for the period July 1, 2022 to March 30, 2023.
 - d) Up to \$22,569.00 for the period July 1, 2022 to June 30, 2023.

- B. This is a Cost Reimbursement contract. The DEPARTMENT agrees to reimburse the SUBRECIPIENT up to the maximum amount of the contract for expenditures made by the SUBRECIPIENT directly related to the program.
- C. The Federal funds provided under this agreement are from the Federal Program and award as recorded on Page 1 of the contract.
- D. Pass-through Agency: Utah Department of Health.
- E. Number assigned by the Pass-through Agency: State Contract Number, as recorded on Page 1 of the Contract.

IV. DEPARTMENT CONTACT:

- A. The day to day operations and dispute contact is Rich Lakin, rlakin@utah.gov, (801) 554-9827.

V. RESPONSIBILITIES OF SUBRECIPIENT:

- A. For the Immunization Action Plan, the SUBRECIPIENT shall;
 - 1. Develop a one-year Immunization Action Plan with a minimum of three measurable objectives that identify the priority, achievable and affordable activities that the best available evidence indicates, improvise and sustains vaccination coverage level for all residents of the jurisdiction among: infants/children, adolescents, adults and special population.
 - a) Include the rationale for choosing the objectives and activities;
 - b) Implement, conduct and monitor outcomes for each objective and activity;
 - c) Activities shall focus on low and lagging vaccination coverage levels for the population identified;
 - d) Develop objectives using the SMART format;
 - e) New objectives shall not be repeated from the previous five-year grant project period and from the past year;
 - f) New objectives shall correlate with the immunization's goals in the Utah Health Improvement Plan 2017 – 2020 (<https://ibis.health.utah.gov/pdf/opha/publication/UHIP.pdf>);
 - g) Designate and identify a staff member to act as the local Immunization Coordinator who is the primary contact with the DEPARTMENT.
- B. For Perinatal Hepatitis B, the SUBRECIPIENT shall;
 - 1. Designate and identify a staff member to act at the local Hepatitis B Coordinator who conducts case management, follow-up and data reporting/entry into EpiTrax;
 - 2. Comply with Utah Department of Health, Perinatal Hepatitis B Prevention Program Guidelines (http://www.immunize-utah.org/pdf/Perinatal_HepatitisB_Program_Guidelines_2015.pdf).
- C. For Media, the SUBRECIPIENT shall;
 - 1. Develop an immunization media plan in coordination with the local Nursing Director, Immunization Coordinator, and local immunization coalitions;
 - 2. Include the National public awareness immunization campaigns such as the National Infant/Toddler Immunization (April); Utah Adolescent Immunization Awareness (May); Back to School/College (July/August); and Utah Adult Immunization Awareness Month (October). The media plan for adult immunization awareness shall be comprehensive and shall not focus solely on influenza vaccine awareness;

3. Target the following mixed audience demographic;
 - a. Parents of infants and young children (women 18-35) (National Infant Immunization Week and Back to School);
 - b. Parents of adolescents (adults 25-54) (Adolescent Week and Back to School);
 - c. Older adults 50+ (Utah Adult Immunization Month, October).
 4. The PIO shall secure media buys based on the media plan that may include TV, radio, web streaming, and/or print media.
 - a. Allowable costs may include: production and air times, banners and flyers used to advertise specific events or clinics;
 - b. PIO coordinates media buys with PIOs in adjacent local health department jurisdictions that may share media outlets (example radio, newspaper) to maximize the use of media funds.
- D. For Intergenerational Poverty:
1. In an effort to support families who are experiencing intergenerational poverty and who desire to break the cycle for themselves and their children, the SUBRECIPIENT will reach out directly to families who self-identify or who have signed formal releases of consent to have their information shared with local health departments and other state agencies to be informed of resources and programs available that will promote positive health outcomes for themselves and their children.

VI. REPORTS:

The SUBRECIPIENT shall:

- A. Ensure all information for each mother and infant birth is fully complete in EpiTrax and follow all established CDC required protocols for case management contained in the Utah Perinatal Hepatitis B Prevention Guidelines (Healthy People 2020 Goal);
- B. Submit Perinatal Hepatitis B Case information to EpiTrax perinatal component within 30 days of a client's identification of Hepatitis B;
- C. Submit each item no later than the due date;

<u>Report Title</u>	<u>Due Date</u>
1. LHD Immunization Activity Implementation Plan Objective & Activities	August 1
2. Budget	
3. Final Report for Previous Year's Immunization Activity Implementation Plan	July 31
4. Immunization Media Campaign Report	August 1
5. Coordinator Report	August 1

- D. Include the following data elements in LHD Immunization Activity Implementation Plan Objective & Activity report;
 1. Subrecipient name;
 2. Reporting period, e.g. July 1, 2019 to June 30, 2020;
 3. Report completed by, phone number and email address;
 4. Nursing Director name, signature and date;
 5. Objective number 1, 2, and 3. E.g. Objective 1, Objective 2 and Objective 3;
 6. New or baseline data, select one;
 7. Activity name and description;
 8. Evaluation measures;
 9. Timeline.

- E. Include the following data elements in the Budget;
 - 1. Subrecipient name;
 - 2. Reporting period, e.g. July 1, 2019 to June 30, 2020;
 - 3. Report completed by, phone number and email address;
 - 4. Nursing Director name, signature and date;
 - 5. Funding and Revenue (title);
 - a. Subrecipient funding and amount;
 - b. Media and amount;
 - c. Perinatal and amount;
 - d. Total and amount.
 - 6. Expenses (title);
 - a. Personnel – Immunization Coordinator name and amount;
 - b. Personnel – Hepatitis B Coordinator name and amount;
 - c. Fringe benefits, rate as a percent of salary and amount;
 - d. Travel – Instate, number of miles at \$0.38 each mile and amount;
 - e. Travel – Instate, lodging, meals, etc., and amount;
 - f. Travel - Out of state amount. Includes: travel, lodgings, meals, registration, etc.;
 - g. Other Expenses – Infant Immunization Week and amount;
 - h. Other Expenses – Immunization Awareness Month and amount;
 - i. Other Expenses – Utah Adolescent and amount;
 - j. Other Expenses – Utah Adult Immunization and amount;
 - k. Other Expenses – Staff Training and amount;
 - l. Other Expenses – Client/Parent Education/training and amount;
 - m. Other Expenses – Perinatal Hepatitis B Case Management and amount;
 - n. Total Expense and amount.
- F. Include the following data elements in the Final Report for Previous Year's Immunization Activity Implementation Plan report;
 - 1. Subrecipient name;
 - 2. Reporting period, e.g. July 1, 2019 to June 30, 2020;
 - 3. Report completed by, phone number and email address;
 - 4. Nursing Director name, signature and date;
 - 5. Objective number and 1, 2, and 3. E.g. Objective 1, Objective 2 and Objective 3;
 - 6. New or baseline data, select one for each objective;
 - 7. Result for each objective to reach objectives;
 - 8. Evaluation Measures for each objective;
 - 9. Barriers and Challenges for each objective.
- G. Include the following data elements in the Immunization Media Campaign Report;
 - 1. Subrecipient name;
 - 2. Reporting period, e.g. July 1, 2019 to June 30, 2020;
 - 3. Report completed by, phone number and email address;
 - 4. Budget;
 - a. Direct mail and amount;
 - b. Internet and amount;
 - c. Social media and amount;
 - d. Outdoor advertising and amount;
 - e. Print and amount;
 - f. Radio and amount;
 - g. TV and amount;

- h. Not categorized above and amount;
 - i. Total and amount.
 - 5. Marketing Strategy; and
 - a. Population name and Marketing Strategy.
 - 6. Media Summary (for each media type):
 - a. Media type and media. E.g. TV, radio, print, etc.;
 - b. Media outlet name and outlet name;
 - c. Summary of media and description of media. E.g. 30-second TV spot, size of print ad, number of impressions, bonus spots, etc.
- H. Include the following data elements in the Coordinator report:
 - 1. Subrecipient name;
 - 2. Reporting period. E.g. July 1, 2019 to June 30, 2020;
 - 3. Report completed by, phone number and email address;
 - 4. Immunization Coordinator and name;
 - 5. Immunization Coordinator contact information and phone number and email address;
 - 6. Hepatitis B Coordinator and name;
 - 7. Hepatitis B Coordinator contact information and phone number and email address.

VII. RESPONSIBILITIES OF THE DEPARTMENT
THE DEPARTMENT agrees to:

- A. Provide technical assistance and consultation to the SUBRECIPIENT on: vaccine preventable disease, vaccine issues, school rule, Vaccine for Children Program, preparedness planning/implementation related to vaccine and distribution, and coalition/partnership development;
- B. Provide technical assistance and consultation to the SUBRECIPIENT on perinatal Hepatitis B prevention;
- C. Provide support services to the SUBRECIPIENT related to perinatal Hepatitis B including: laboratory report forms, payment for testing of perinatal-related Hepatitis B blood specimens submitted to the Division of Disease Control and Prevention, Utah Public Health Laboratories and provide Hepatitis B Immune Globulin to designated birth facility for infant as funding allows;
- D. Provide immunization forms and literature to the SUBRECIPIENT as funding allows;
- E. Provide, support to the SUBRECIPIENT for immunization best practices as funding allows such as, Travax and refrigerators;
- F. Provide a report to the SUBRECIPIENT with the amount of all Federal funding and non-cash assistance provided by January 31 of each year.

VIII. AMENDMENTS AND TERMINATION:

- A. If the Contract is not amended to add funds, the Contract shall terminate as of June 30, 2023.