



Public Health and Safety Division
AD-59 – Contract Summary

Contract Information			
Contract #:	22-07-4-31-103-0	Vendor Name:	Broadwater County Treasurer
Amendment #:		Address:	124 N Cedar St
Program Name:	Immunization	City, State, Zip:	Townsend MT 59644
PHSD Liaison:	Annie Rechlin	Contractor Liaison:	Diane Stefano
Contract Dates:	07/01/2021-06/30/2022	Phone Number:	406-266-5209
Renewals Remaining:		Federal ID:	81-6001337
RFP #:		Provider ID (AWACS):	16818
RFP End Date:		Address Code (AWACS):	B
API#:	2107092	Vendor DUNS#:	
Purpose:	To reduce the burden of vaccine preventable disease within the contractor's service area by ensuring the oversight and provision of immunization services for children, adolescents, and adults.		

eMACS Total Contract Manager System Information			
Required Fields		Staff Required for Review Round	
Category Code:	Professional Services	Program:	Immunization
Commodity Code:	2618	Section Supervisor:	Annie Rechlin
Agency Contact 1:	CDCPB	Bureau Chief:	Bekki Wehner
Agency Contact 2:	IZ	Bureau Financial Specialist:	Anthony Littlewhirlwind
		FOSSB Financial Specialist:	Sarah Mohrmann
		FOSSB Contracts Officer:	Kim Venetz

Budget				
CFDA#/Funding	Speedchart	Account	Amount	Fund
93.268	PCAT1	66257	638.00	03936
93.268	PCAD1	66257	810.00	03936
93.268	PCAC1	66257	1,998.00	03936
State	PCHPS	66147	1,707.00	02987
Total Contract Amount:			5,153.00	

Funding			
Funding Type	Original Amount	Adjustment (+ or -)	Total/Revised Amount
General Fund (01100)			
State (02xxx)	1,707.00		1,707.00
Federal (03xxx)	3,446.00		3,446.00
Private (08xxx)			
Other			
Totals:	5,153.00	-	5,153.00

**TO THE MASTER CONTRACT
EFFECTIVE JULY 1, 2019 TO JUNE 30, 2026
BETWEEN THE STATE OF MONTANA,
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
AND BROADWATER COUNTY**

Immunization Program

SECTION 1. PARTIES

This Task Order is entered into between the Montana Department of Public Health and Human Services, ("Department"), P.O. Box 4210, Helena, Montana, 59620, Phone Number (406) 444-5623, Fax Number (406) 444-1970, and Broadwater ("Contractor"), Federal ID Number 81-6001337 and 124 N Cedar St, Townsend, MT 59644.

THE DEPARTMENT AND CONTRACTOR AGREE AS FOLLOWS:

SECTION 2. PURPOSE

The purpose of this Task Order is to reduce the burden of vaccine preventable disease within the Contractor's service area by ensuring the oversight and provision of immunization services for children, adolescents, and adults.

SECTION 3. TERM OF TASK ORDER

- A. The term of this Task Order for the purpose of delivery of services is from 07/01/2021 through 06/30/2022.
- B. Each Party, after expiration or termination of this Task Order, remain subject to and obligated to comply with all legal and continuing contractual obligations arising in relation to its duties and responsibilities that may arise under the Task Order including, but not limited to, record retention, audits, indemnification, insurance, the protection of confidential information, and property ownership and use.

SECTION 4. SERVICES TO BE PROVIDED AND SCOPE OF WORK

- A. The Contractor agrees to provide the following services:
 - 1) Provide and/or coordinate the delivery of immunization services, when requested, to children, adolescents, and adults per standing orders/facility medical protocol.
 - a) Report quarter 1, on the Clinic Information form, (Attachment A) when your immunization clinic is available to provide vaccines. Include the day(s) of the week and times immunization clinics are offered and if your clinic allows for walk-ins. Provide a description of any off-site clinics your jurisdiction may hold throughout the year for the public, for example, school or influenza clinics.

- 2) Obtain and maintain staff proficiency in the imMTrax application by:
 - a) Updating and maintaining immunization records in the statewide Immunization Information System (IIS), imMTrax.
 - b) Ensuring all employees requiring imMTrax access complete the appropriate Access Request forms and agreements.
 - c) Ensuring all employees requiring imMTrax access complete training/updates applicable to their user role. DPHHS offers training throughout the year through a variety of media including in-person trainings and webinars.
 - d) Ensuring a minimum of one employee is trained in and obtains an imMTrax access level that includes the ability to merge client records.
 - e) Providing accurate and timely documentation of staffing changes resulting in imMTrax user deletion or adjustments in user role as outlined in imMTrax IIS Memorandum of Agreement.
- 3) Assess immunization records for required vaccinations for children enrolled in a licensed child care facility and notify child care providers of children enrolled without proper documentation of immunizations as outlined in A.R.M. 37.95.140.
 - a) Child care facility reviews should be conducted on-site, at a minimum of 60% of all facilities (jurisdictions with 150 or more total facilities, should visit 50% of all child cares) including 100% of licensed child care centers. If a facility is not 100% compliant, reviewer will implement follow-up procedure. Facilities not assessed in the year previous, should be assessed in this contract year. Completed reviews are to be submitted to DPHHS within 10 working days of completion via the online child care reporting system.
- 4) Review incoming School Immunization Status Surveys submitted in accordance with ARM 37.114.720 and assess for any inconsistencies or obvious data entry errors. Work with the Montana Immunization Program and/or schools to resolve data issues, as appropriate.
- 5) Collaborate with your local Women, Infants and Children Program (WIC) throughout the contract period to ensure WIC clients are up to date with Advisory Committee on Immunization Practices (ACIP) recommended vaccinations. ‘

Suggested activities may include, but are not limited to:

- a) Checking the immunization status of children prior to the WIC visit;
- b) Providing immunization services and/or recall/reminder notices for the parents.

Report quarterly, on the WIC Collaboration Form (Attachment B), describing how your county collaborates with the WIC program in your area during first quarter or if it changes throughout the year. Each quarter please provide us with the total number of WIC clients assessed, total number of records reviewed, how many were up-to-date, how many were not up-to-date, how many of those you immunized with that quarter, total of records not available, and any highlights that your county is doing currently.

- 6) Select at least one quality improvement project from the list of strategies that is specific to your clinic to increase child and/or adolescent immunization coverage rates based on

data provided by the Montana Immunization Program. The strategy selected should be something new or an enhancement of an existing strategy. After selecting a strategy, develop a plan to implement the strategy.

Strategies include:

- a) Schedule the next visit before the patient leaves the office;
 - i. Examples: Provide appointment cards before the patients leave the office. If your health department is a walk-in only clinic, provide information on when the next appointment should be relative to when you are open.
- b) Leverage IIS functionality to improve immunization practice;
 - ii. Examples: Use the imMTrax Coverage Rate Report to monitor vaccination coverage and develop strategies to maintain or improve coverage rates. Use the imMTrax Reminder/Recall functionality to remind and recall patients.
- c) Give a strong vaccine recommendation;
 - i. Example: Give a strong HPV vaccine recommendation in conjunction with Tdap, meningococcal, and influenza vaccines.
- d) Custom quality improvement activity, developed by the county, to improve child and/or adolescent immunizations for their patients.

Report quarterly, on the Quality Improvement Form (Attachment C), what quality improvement project has been selected from the list of strategies; summarize the strategy's current status: summarize existing gaps/limitations and opportunities for improvement; describe action items/develop a plan for the QI strategy.

- 7) Develop partnerships in your jurisdiction through education and outreach to clinics and the public.

Examples may include, but are not limited to:

- a) Offer the education program created and provided by the Montana Immunization Program;
- b) Offer vaccines at non-routine immunization clinics such as clinics at schools or sports physicals;
- c) Collaborate with private clinics, other public health programs, community-based organizations, and other stakeholders to promote immunizations in your jurisdiction;
 - i. Collaborate with cancer prevention partners to promote HPV vaccination;
 - ii. Collaborate with other immunization clinics in your jurisdiction to provide immunization education materials for pregnant women and their infants.
- d) Partner in your community to offer incentives within your jurisdiction.

Report quarterly, on the Promote Partnerships and Vaccination Services Form (Attachment D) what activities were implemented and include information on how many people attended trainings, meetings, and/or how many were vaccinated.

- 8) Collaborate with local Public Health Emergency Preparedness (PHEP) program personnel, as appropriate, to improve and maintain community preparedness for influenza and other vaccine preventable disease pandemic responses by:

- a) Collaborating with PHEP partners to assist in the completion of immunization specific deliverables as described in the PHEP contract
 - i. IZ1 - Report the number of off-site influenza clinics conducted and doses of influenza administered. Due quarterly.
 - ii. IZ2 - Provide a list of influenza vaccine partner meetings, planning meetings, or influenza messaging activities. If promotional materials were used, indicate types used. Due quarterly.
 - iii. IZ3- Complete the Checklist for Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations for one off-site influenza clinic. Due quarter two.
 - iv. IZ4- Collect and report vaccination population groups during one off-site influenza clinic. Due quarter two.
- b) Maintain a list of all complementary immunization providers (pharmacies).

Report Quarter Four, on the Complementary Immunization Providers (Attachment E)

- 9) Upload all Immunization Action Plan (IAP) attachments to the correct folder in the IAP Quarterly Deliverables Library through a web application made available by DPHHS within 15 days after the end of each quarter.

B. The Department agrees to do the following:

- 1) Provide allocation of funds based upon the required activities.
- 2) Provide Contractor training, technical assistance, and help desk support for imMTrax.
- 3) Provide to the Contractor, via website and/or secure means:
 - a) Lists of childcare facilities;
 - b) Childcare review form worksheet;
 - c) List of WIC clinic;
 - d) List of VFC clinics;
 - e) Reports regarding the immunization status of children in your county and/or seen at your clinic.
- 4) On a quarterly basis, reimburse the Contractor for expenditures up to the limit of this Task Order for immunization activities described above, once activities have been submitted by the contractor and reviewed by DPHHS.
- 5) Provide guidelines, templates, formats and requirement criteria for each activity required. Forms and templates will be available through a web application provided by DPHHS.
- 6) Provide training and technical assistance on immunization practices through a variety of training resources.
- 7) Communicate regularly with the Contractor through monthly conference calls, telephone, e-mail and fax as necessary to enable the Contractor to complete Task Order requirements.
- 8) To the extent resources and time allow, provide on-site technical assistance concerning immunization services.

SECTION 5. CONSIDERATION, PAYMENTS, AND PROGRESS PAYMENTS

- A. In consideration of the services provided through this Task Order, the Department will pay the Contractor a total of \$5,153.00 as follows:

Quarterly payments, for 25% of the total contract award, will be made upon receipt of completed progress reports indicating completion of all activities listed in SECTION 2.

- B. All invoices must be received by the Department no later than 15 days following the Task Order end date of 06/30/2022. Invoices received after 60 days will not be paid by the Department.
- C. The completion date of performance for purposes of issuance of final payment for services is the date upon which the Contractor submits to the Department such final reports as are required under this Task Order and are satisfactory in form and content as determined by the Department.

SECTION 6. SOURCE OF FUNDS AND FUNDING CONDITIONS

- A. The sources of the funding for this Task Order are \$5153.00 from the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services and State Special Revenue.
- B. The Contractor agrees to refrain from using funds received from the Department pursuant to this task order to purchase vaccine or equipment or for construction, fund raising, or lobbying.
- C. The Contractor agrees to refrain from using the funds received from the Department under this task order to supplant local resources or funds being spent for immunization services, including personnel support.
- D. The Contractor agrees to submit to the Department a quarterly progress report describing the activities required above no later than 15 days after the end of the quarter for which funding under this Task Order is available. Each report must cover the activities conducted during the specified three-month period. The forms for the IAP Quarterly Progress Report 2021-2022 were supplied in the IAP contract packet.
- E. The Contractor will ensure that any program income accruing to the Contractor from activities funded, in whole or in part, under this agreement is used in accordance with the requirements of 45 CFR Section 74.24.

SECTION 7. TERMINATION

Either party may terminate this Task Order in accordance with the Master Contract.

SECTION 8. LIAISON AND SERVICE OF NOTICES

- A. Annie Rechlin, or their successor, will be the liaison for the Department. Contact information is as follows:

Annie Rechlin
DPHHS Immunization Program
P O BOX 202951
Helena, MT 59601
Phone Number (406) 444-7089
Fax Number (406) 444-2920
Annie.rechlin@mt.gov

Diane Stefano, or their successor, will be the liaison for the Contractor. Contact information is as follows:

Diane Stefano
Broadwater County
124 N Cedar
Townsend, MT 59644
Phone Number (406) 266-5209
Fax Number (406) 266-3940
dstefano@co.broadwater.mt.us

These above referenced liaisons serve as the primary contacts between the parties regarding the performance of this Task Order. The State's liaison and Contractor's liaison may be changed by written notice to the other party.

- B. Written notices, reports and other information required to be exchanged between the parties must be directed to the liaison at the parties' addresses set out in this Task Order.

SECTION 9. FEDERAL REQUIREMENTS

The Contractor agrees that they will comply with all federal statutes and regulations in providing services and receiving compensation under this Task Order. The Contractor acknowledges that there are certain federal statutes and reporting requirements that must be followed whenever certain federal funds are used. It is the Contractor's responsibility to comply with all federal laws and reporting requirements.

SECTION 10. DEPARTMENT GUIDANCE

The Contractor may request from the Department guidance in administrative and programmatic matters that are necessary to the Contractor's performance. The Department may provide such guidance as it determines is appropriate. Guidance may include providing copies of regulations, statutes, standards and policies that are to be complied with under this Task Order. The Department may supply essential interpretations of such materials and this Task Order to assist with compliance by the Contractor. The Contractor is not relieved by a request for guidance of any obligation to meet the requirements of this Task Order. Legal services will not be provided by the Department to the Contractor in any matters relating to the Task Order's performance under this Task Order.

SECTION 11. INFORMAL DISPUTE RESOLUTION PROCEDURES

In addition to the Choice of Law and Remedies in the Master Contract, the Contractor may provide written request for resolution about any disagreement about the Task Order to the Branch Manager, Laura Smith, Phone Number (406) 444-3564, Fax Number (406) 444-1970, Laura.Smith@mt.gov with a copy to Director Adam Meier, Phone Number (406) 444-5623, Fax Number (406) 444-1970, Adam.Meier@mt.gov

SECTION 12. PUBLIC INFORMATION AND DISCLAIMERS

- A. The Contractor may not access or use personal, confidential, or privileged information obtained through the Department, its agents and contractors, unless the Contractor does so:
1. in conformity with governing legal authorities and policies;

2. with the permission of the persons or entities from whom the information is to be obtained; and
3. with the review and approval by the Department prior to use, publication or release.

Privileged information includes information and data the Department, its agents and contractors produce, compile or receive for state and local contractual efforts, including those local and state programs with which the Department contracts to engage in activities related to the purposes of this Task Order.

- B. The Contractor may not use monies under this Task Order to pay for media, publicity or advertising that in any way associates the services or performance of the Contractor or the Department under this Task Order with any specific political agenda, political party, a candidate for public office, or any matter to be voted upon by the public. Media includes but is not limited to commercial and noncommercial print, verbal and electronic media.
- C. The Contractor must inform any people to whom it provides consultation or training services under this Task Order that any opinions expressed do not necessarily represent the position of the Department. When using non-federal funds from this Task Order, all public notices, information pamphlets, press releases, research reports, posters, public service announcements, web sites and similar modes of presenting public information pertaining to the services and activities funded with this Task Order prepared and released by the Contractor must include the statement:

“This project is funded in whole or in part under a Contract with the Montana Department of Public Health and Human Services. The statements herein do not necessarily reflect the opinion of the Department.”

- D. The Contractor must state the percentage and the monetary amount of the total program or project costs of this Task Order funded with (a) federal monies and (b) non-federal monies in all statements, press releases, and other documents or media pieces made available to the public describing the services provided through this Task Order.

“For contracts funded in whole or part with federally appropriated monies received through programs administered by the U.S. Department of Health & Human Services, Education or Labor. Section 503 of H.R. 3288, “Consolidated Appropriations Act, Division D, Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2010”, Pub. L. No. 111-117, and in H.R. 1473, “Department” Of Defense And Full-Year Continuing Appropriations Act, 2011”, Title I – General Provisions, Sec. 1101, Pub. L. 112-10, and as may be provided by congressional continuing resolutions or further budgetary enactments.”

- E. When using federal funds from this Task Order, all public notices, information pamphlets, press releases, research reports, posters, public service announcements, web sites and similar modes of presenting public information pertaining to the services and activities funded with this Task Order prepared and released by the Contractor must include the following statement or its equivalent and must be approved by the Department liaison, prior to use, publication and release.

*“This project is funded in part **AND/OR** in whole by grant number(s) CFDA# 93.268 from the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services and from the Montana Department of Public Health and Human Services. The contents*

herein do not necessarily reflect the official views and policies of the U.S. Department of Health and Human Services or the Montana Department of Public Health and Human Services.”

F. Before the Contractor uses, publishes, releases or distributes them to the public or to local and state programs, the Department must review and approve all products, materials, documents, publications, press releases and media pieces (in any form, including electronic) the Contractor or its agents produce with task order monies to describe and promote services provided through this Task Order.

SECTION 13. SCOPE OF TASK ORDER

This Task Order consists of 8 numbered pages and the following Attachments:

- Attachment A: Clinic Information Worksheet
- Attachment B: WIC Collaboration Form
- Attachment C: Quality Improvement Form
- Attachment D: Promote Partnerships and Vaccination Services Form
- Attachment E: Complementary Immunization Providers

All of the provisions of the Master Contract are incorporated into and are controlling as to this Task Order. In the case of a material conflict, a dispute, or confusing language between this Task Order and Master Contract the Master Contract shall control. This Task Order does not stand alone. If Master Contract lapses, so does this Task Order. The original Task Order will be retained by the Department. A copy of the original has the same force and effect for all purposes as the original. This is the entire Task Order between the parties.

SECTION 14. AUTHORITY TO EXECUTE

Each of the parties represents and warrants that this Task Order is entered into and executed by the person so authorized to bind the party to the provisions of this Task Order and the Master Contract.

IN WITNESS THEREOF, the parties through their authorized agents have executed this Task Order on the dates set out below:

MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

BY: _____ Date: _____
Jim Murphy, Administrator
Department of Public Health & Human Services
Communicable Disease & Laboratory Services Division
1400 Broadway C202
Helena MT 59620-2951
(406) 444-0273

BROADWATER COUNTY

BY: _____ Date: _____
Broadwater County Commissioner



WIC Collaboration Attachment B

IAP Contract Language Section 2.A.5: Collaborate with your local Women, Infants and Children Program (WIC) throughout the contract period to ensure WIC clients are up to date with Advisory Committee on Immunization Practices (ACIP) recommended vaccinations. Suggested activities may include, but are not limited to: Checking the immunization status of children prior to the WIC visit; providing immunization services and/or recall/reminder notices for the parents.

County Name:

Provide a narrative describing how your county collaborates with the WIC program in your area during first quarter or if it changes throughout the year. Each quarter please provide us with the total of WIC patients assessed, total number of records reviewed, how many were up-to-date, how many were not up-to-date, how many of those you immunized with that quarter, how many records not available, and any highlights that your county is doing currently.

My County Does Not Provide WIC Services and this is provided by _____.



Quarter 1, Quarter 2, Quarter 3, Quarter 4					
# of WIC patients assessed	# of Records Reviewed	# <u>Up-to-Date</u>	# NOT <u>up-to-date</u>	# Immunized in the Qtr.	# of Records not available
<input style="width: 20px; height: 20px;" type="text" value="1"/>	<input style="width: 20px; height: 20px;" type="text" value="2"/>				<input style="width: 20px; height: 20px;" type="text" value="3"/>



Quality Improvement Form Attachment C

IAP Contract Language Section 2.A.6: Select at least one quality improvement project from the list of strategies that is specific to your clinic to increase child and/or adolescent immunization coverage rates based on data provided by the Montana Immunization Program. The strategy selected should be something new or an enhancement of an existing strategy. After selecting a strategy, develop a plan to implement the strategy. Strategies include: Schedule the next visit before the patient leaves the office; Examples: Provide appointment cards before the patients leave the office. If your health department is a walk-in only clinic, provide information on when the next appointment should be relative to when you are open. Leverage IIS functionality to improve immunization practice; Examples: Use the imMTrax Coverage Rate Report to monitor vaccination coverage and develop strategies to maintain or improve coverage rates. Use the imMTrax Reminder/Recall functionality to remind and recall patients. Give a strong HPV vaccine recommendation; Example: Give a strong HPV vaccine recommendation in conjunction with Tdap, meningococcal, and influenza vaccines. Custom quality improvement activity, developed by the county, to improve child and/or adolescent immunizations for their patients.

County Name:

Report quarterly, on the Quality Improvement Form (Attachment C), what quality improvement project has been selected from the list of strategies; summarize the strategy's current status: summarize existing gaps/limitations and opportunities for improvement; describe action items/develop a plan for the QI strategy.

QI Strategy	
Summarize this strategy's current implementation status	
Summarize existing gaps/limitations and opportunities for improvement in the current implementation of this strategy	
Describe action items for this strategy/develop a plan (i.e., implementation/improvement steps) Short bullets recommended. <ul style="list-style-type: none"> • Brief description of task [assigned staff; target date] 	



Promote Partnerships and Vaccination Services Attachment D

IAP Contract Language Section 2.A.7: Develop partnerships in your jurisdiction through education and outreach to clinics and the public. Examples may include, but are not limited to: Offer the education program created and provided by the Montana Immunization Program; Offer vaccines at non-routine immunization clinics such as clinics at schools or sports physicals; Collaborate with private clinics, other public health programs, community-based organizations, and other stakeholders to promote immunizations in your jurisdiction; Collaborate with cancer prevention partners to promote HPV vaccination; Collaborate with other immunization clinics in your jurisdiction to provide immunization education materials for pregnant women and their infants. Partner in your community to offer incentives within your jurisdiction.

County Name:

Report quarterly, on the Promote Partnerships and Vaccination Services Form (Attachment D) what activities were implemented and include information on how many people attended trainings, meetings, and/or how many were vaccinated.

Quarter 1
Quarter 2
Quarter 3
Quarter 4

