State of California—Health and Human Services Agency
California Department of Public Health

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Date: January 19, 2009

To: State-Licensed Non-Profit Community Health Centers

From: John Talarico, DO, MPH, Interim Chief
Center for Infectious Disease, Division of Communicable Disease Control, Immunization Branch

Subject: Request for Applications (RFA) to Improve Community Health Center Infant/Toddler/Adolescent Immunization Levels

Introduction

The Vaccines for Children (VFC) program, first implemented in 1995, provides federally purchased vaccines free of charge for all eligible children in the United States. In addition to increasing the number of children eligible for free vaccines, VFC has created substantial savings in vaccine purchase costs for California. The subsequent Governor's Immunization Initiative was enacted by the State Legislature in 1995 and redirected an annual $3.5 million of these savings to Community Health Centers (CHCs) to expand their services and increase immunization levels of infants and toddlers. In the ensuing years, contracts were awarded on a competitive basis to CHCs throughout the state that responded to the Request for Applications issued by the California Department of Public Health (CDPH) Immunization Branch. Funding for these currently funded projects ends June 30, 2009.

We are now issuing a new RFA for the project period beginning July 1, 2009 and ending June 30, 2012. The Governor has included $3.5 million in the budget proposal and, pending legislative approval, these funds may be available in FY 2009/10. Renewal of funding for FY 2010/11 and FY 2011/12 will depend on continued appropriations by the Governor and the Legislature. **Letters of Intent are due February 13, 2009 and applications must be received by March 6, 2009.**

Current projects must reapply for funding if they wish to receive continued funding after June 30, 2009. New applicants are welcomed. Please note, however, funding is limited and may not be adequate to provide for all continuing or new applicants.

Purpose

Funds are intended to support Community Health Center efforts to increase the up-to-date immunization status of California children and adolescents, especially those at increased risk of under-immunization.

Eligible Applicants

State-licensed **non-profit** Community Health Centers/Clinics (federal and/or state funded) located in California which provide immunization services to infants, children, and adolescents are eligible to apply for these funds, regardless of whether or not they have received funds in preceding years. In addition, CHCs that do not currently provide childhood and adolescent immunizations are also eligible to apply for these funds in order to expand services to these age groups. Because of the limited funds available, not all applicants can expect to receive funds.

Fiscal Management

CHCs are expected to work with their local health department and have their funds written into local health department contracts with CDPH. Local health departments will distribute funds to CHCs through subcontracts. CHCs must adhere to local health department contract guidelines including those for Quality Assurance and billing practices.

General Conditions

- Funding requests may be made for amounts from $10,000 - $100,000 per year. The amount requested should be appropriate to the size of the population to be served.
- CDPH reserves the right to fund all or portions of a proposal and to exclude or set funding limits for specific budget line items.
- Existing projects will be judged competitively and will not automatically be funded. Copies of progress reports and Comprehensive Clinic Assessment Software Application (CoCASA) rates of existing CHCs will be provided to the panel reviewing the applications.

Types of Activities to be Funded

CHCs may use these funds:

- To expand delivery of immunization services by adding front-line clinic staff (nurses, LVNs, MAs, PAs, clerks, and community outreach workers) to immunize increased numbers of infants, toddlers, and adolescents during existing clinic hours.
- To extend hours and/or days of immunization service operation.
- To increase utilization of the state/regional registry and facilitate timely data entry into the registry.
- To monitor progress in increasing the clinic's immunization coverage rates and progress in adoption of the Standards for Pediatric Immunization Practices by such activities as auditing samples of patients' clinic immunization records, assessing clinic's immunization practices, and conducting CoCASA audits.

- To provide staff with immunization specific training during each funding cycle.

General Submission Requirements (Required)

All CHCs receiving funding must:

- Adopt the *Standards for Pediatric Immunization Practices* in order to reduce missed opportunities to immunize children and adolescents. This requires that, at a minimum, CHCs make immunization services readily available by any or all of the following:
  - Offer immunizations on a walk-in basis.
  - Screen for and provide needed immunizations at all visits (e.g. not restricting availability of immunizations to well-child visits only).
  - Hold regularly scheduled immunization-only clinic hours.
  - Provide "express-lane" service to children and adolescents seen for immunizations only.

  As outlined in the *Standards for Pediatric Immunization Practices*, adoption of the following technical immunization practices is necessary:
  - Administer all vaccine doses currently due simultaneously.
  - Immunize in the presence of mild acute illnesses and in the convalescent phases of more significant illnesses.
  - Immunize well-appearing infants, toddlers, and adolescents without a physical examination.
  - Employ an immunization tracking system that actively reminds patients of scheduled immunizations and visits, **and** recalls patients who miss immunization visits. For the purposes of this application, the CHC must participate in the regional registry.

  Exceptions can be made to the first three practices in individual cases where the clinic physician or nurse believes that an immunization is contraindicated. The circumstances must be well documented in the patient's records.

  Enclosed are the Standards for Pediatric Immunization Practices for your information.

- Funded CHCs are to participate in the state/regional registry system in order to maintain and track immunization status on all patients 0-18 years of age. CHCs should utilize the registry for reminder recall, forecasting, and inventory functions. Real-time entry of immunizations is preferred. Records must be entered (or transferred via a flat file) within 2 weeks of administration.
- Funded CHCs must also agree to cooperate with an audit of immunization clinic records conducted by Immunization Branch or local health department staff. Funded CHCs must adhere to Immunization Branch and local health department quality assurance guidelines.

Review Team and Selection Criteria

Current plans call for establishing a review panel consisting of experienced public health professionals to review and rank the applications. The final decision on awards and, in particular, the amounts to be awarded will be made by the Immunization Branch. The criteria the panel will use to judge the applications include the following:

- Clear, appropriate plans for expanded service delivery, adoption of Standards for Immunization Practices, and registry activities.
- Realistic budget to accomplish project objectives. Budget should be proportional to population to be served.
- Clear, appropriate and practical plans for CoCASA (Comprehensive Clinic Assessment Software Application) audits and reviews of implementation of Standards for Immunization Practices. Evaluation of other eligible activities such as WIC immunization activities and data collection for quarterly progress report.
- Perceived likelihood that the project will be successful in achieving its goals.

Application Procedures and Deadlines

Letter of Intent to submit an application must be received by the Immunization Branch in Richmond by 5:00 PM, February 13, 2009. EMAIL YOUR LETTER OF INTENT TO: Leona.Oneill@cdph.ca.gov

An outline for the proposal format, budget, and guidelines for completion is enclosed. SIX (6) copies of the completed applications should be mailed to:

California Department of Public Health
Immunization Branch
850 Marina Bay Parkway, Bldg. P
Richmond, CA 94804
Attn: Leona O'Neill
(510-620-3752)

FAXED APPLICATIONS WILL NOT BE ACCEPTED.
APPLICATIONS MUST BE RECEIVED BY <u>MARCH 6, 2009</u>. APPLICATIONS RECEIVED AFTER THE DEADLINE WILL NOT BE CONSIDERED.

Announcement of Awards and Timing of Receipt of Funds

Contract awards will be announced by the end of April 2009 or as soon as possible thereafter.

For each successful applicant, the State will develop a contract with the local health department. They will be responsible for dispersing funds to CHCs. State contracting regulations require that contractors be paid in arrears for activities undertaken. Typically, this means that a contractor submitting an invoice at the end of each 3-month quarter receives payment during the following

quarter. Those applying for funds should clearly understand this will be the method of reimbursement from the California Department of Public Health.

A list of Immunization Branch Field Representatives, by geographic region, is enclosed. Please contact the representative for your area if you have questions about the RFA.

Enclosures (5)
(RFA Guidelines for Community Health Centers)
(CHC Quarterly Progress Report)
(CHC Exhibit B and C Budget Application pages)
(CDPH Immunization Branch Field Representative List)
(Standards for Pediatric Immunization Practices)

cc: Local Health Department Immunization Coordinators
Local Health Department Health Officers
CDPH Immunization Branch Field Representatives
California Primary Care Association

Request For Application (RFA) Guidelines
For Community Health Centers

The attached application package includes various budget and other required submittal forms. A project narrative that addresses the points described below should accompany these items. The format for the narrative is flexible. Please feel free to combine, expand or change sections to suit the nature of the project(s) you are proposing. Please limit your narrative (Background, Methods, Evaluation) to 5 single-spaced pages (minimum 11-point font of your choice) and one inch margins.

I. Background

A. Briefly describe the proposed service area including basic demographics and the existing immunization system in the area.

B. For your clinic, the following information must be included: number (or estimated number) of infants and children aged 0-4 years who had one or more clinic visits in the past 12 months, the race and ethnicity composition of the patients served by the CHC, and vaccine usage of MMR for children 0-4 years old for the time period of January 1, 2008-December 31, 2008. If you will be immunizing adolescents, please estimate the same information for adolescents and include the number of MCV4 doses administered for the time period of January 1, 2008-December 31, 2008.

C. For CHCs that are not currently funded and that are planning to expand services, please estimate the number of individuals that you are proposing to serve.

D. Describe the current immunization services offered by the CHC and discuss how you will use these funds to expand and/or improve on these efforts. For currently funded CHCs please discuss how you will continue or expand on the current project.

II. Objectives/Methods

A. Please describe what activities will be initiated to ensure adoption of the Standards of Pediatric Immunization Practices. If service is to be expanded, discuss the number of additional days and/or hours per week or at what new locations.

B. Please describe how the state/regional registry will be used for tracking. Include whether or not information is entered into the registry in real-time or at scheduled intervals. Please include how you utilize the registry and how you would increase utilization of the registry with the additional funding. If you are not currently using the registry, please detail your plan for initiating use of the registry in your clinic.

III. ACTION PLAN: Who will do what, in what order and by what date?

A. Identify the steps that will be taken to accomplish each objective and the expected completion date and outcome for each objective. Please use the sample format provided for you.

IV. Evaluation

A copy of the Quarterly Progress Report format is enclosed. Please describe in detail how you will collect the information needed, including the sources of this information and the instruments that will be used for its collection.

V. Letter of Intent

Prospective applicants must submit a brief (one page maximum) Letter of Intent to submit an application to the Immunization Branch in Richmond by 5:00 PM, February 13, 2009. EMAIL YOUR LETTER OF INTENT TO: Leona.Oneill@cdph.ca.gov

VI. Budget

A. Prepare a detailed budget using the attached format. The budget should include all personnel, fringe benefits, operating expenses, supplies, travel, and other expenses associated with the proposal.

B. Types of activities which **will not** be funded include clinic operation overhead, equipment purchases exceeding $10,000, equipment rental in excess of five percent (5%) of the total dollar amount awarded, and activities, including supervisory or managerial activities, not directly related to the proposal. Indirect costs **will not** be allowed.

C. The budget justification must clearly indicate the role each of the items in the budget will play in carrying out the project.

D. Written documentation from the Federal Internal Revenue Service stating that your agency currently has non-profit status, e.g. 501(c) (3).

APPLICATIONS MUST BE POSTMARKED BY MARCH 6, 2009. APPLICATIONS POSTMARKED AFTER THE DEADLINE WILL NOT BE CONSIDERED.

Sample Format for Action Plan

Action Plan for _____ Project Date: _____

WHAT		**HOW**		**WHEN**	**WHO**	
Objective	Steps to Achieve the Objective	How will it be demonstrated that this step is complete?	How will outcome (success) be evaluated?	Expected Completion Date	Who is responsible for the completion of this step?	Who else will participate in this step?
Describe first objective here.	Step 1 description					
	Step 2 description					
Describe next objective here.	Step 1 description					
	Step 2 description					
	Step 3 description					
etc.						