

Item # 9-1A

**City of Carson City
Agenda Report**

Date Submitted: 03/1/10

Agenda Date Requested: 3/18/10
Time Requested: Consent

To: Carson City Board of Supervisors

From: Health and Human Services Department

Subject Title: Action to approve a subgrant award in the amount of \$28,916 from the Nevada Department of Health & Human Services, Bureau of Child, Family & Community Wellness, for funds to support immunization activities in the Carson City, Douglas, and Lyon County areas.

Staff Summary: This grant will be used to supplement the immunization activities in the Carson City, Douglas, and Lyon County areas.

Type of Action Requested: (check one)
 Resolution Ordinance
 Formal Action/Motion Other (Specify)

Does This Action Require A Business Impact Statement: Yes No

Recommended Board Action: I move to approve a subgrant award in the amount of \$28,916 from the Nevada Department of Health & Human Services, Bureau of Child, Family & Community Wellness, for funds to support immunization Activities.

Explanation for Recommended Board Action: This subgrant will be used to supplement the immunization activities in the Carson City, Douglas, and Lyon County areas.

Applicable Statue, Code, Policy, Rule or Regulation: N/A

Fiscal Impact: \$28,916

Explanation of Impact: Expenses will be reimbursed under this sub-grant award.

Funding Source: State Grant (No match required)

Alternatives: Do Not Approve

Supporting Material: N/A

Prepared By: Marena Works

Reviewed By: Marena A. Works
(Department Head)

Date: 3-9-10

[Signature]
(City Manager)
[Signature]
(District Attorney)
[Signature]
(Finance Director)

Date: 3/9/10
Date: 3/9/10
Date: 3/9/10

Board Action Taken:

Motion: _____

- 1) _____
- 2) _____

Aye/Nay

(Vote Recorded By)

HEALTH DIVISION

(hereinafter referred to as the DIVISION)

Budget Account #: 3213
 Category #: 19,20
 GL #: 8501

NOTICE OF SUBGRANT AWARD

Program Name: Immunization Program Bureau of Child, Family & Community Wellness Nevada State Health Division	Subgrantee Name: Carson City Health & Human Services (CCHHS)
Address: 4150 Technology Way, Suite #101 Carson City, NV 89706-2009	Address: 900 E. Long Street Carson City, NV 89706
Subgrant Period: January 1, 2010 through December 31, 2010	Subgrantee EIN#: 88-6000189 Subgrantee Vendor#: T80990941 J Subgrantee DUNS#: 073787152

Reason for Award: To eliminate cases of vaccine-preventable disease in the Carson City area by raising the immunization levels of all Carson City area citizens with special emphasis placed on increasing the age-appropriate immunization levels of two-year-old children.

County(ies) to be served: () Statewide (X) Specific county or counties: CARSON CITY, DOUGLAS, LYON

Approved Budget Categories:

		3568	Total	Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without a formal request or amending the agreement, so long the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work.
1. Personnel	\$	23,022	23,022	
2. Equipment	\$	0	0	
3. Supplies	\$	1,530	1,530	
4. Travel	\$	1,904	1,919	
5. Other	\$	2,460	2,435	
	\$			
Total Cost	\$	28,916	28,916	

Disbursement of funds will be as follows:


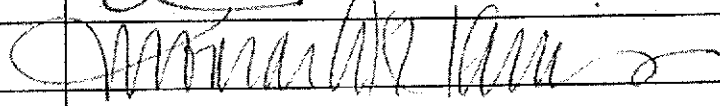
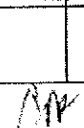
Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures *specific to this subgrant*. Total reimbursement will not exceed \$28,916.00 during the subgrant period.

Source of Funds:	% of Funds:	CFDA#:	Federal Grant #:
1. Centers for Disease Control and Prevention	100%	93.268	5H231P922549-08

Terms and Conditions

In accepting these grant funds, it is understood that:

- Expenditures must comply with appropriate state and/or federal regulations.
- This award is subject to the availability of appropriate funds.
- Recipient of these funds agrees to stipulations listed in Sections A, B, and C of this subgrant award.

	Signature	Date
Robert Crowell Mayor, Carson City		
Christine N. Smith Program Manager		2/24/2010
Deborah A. Harris, MA, CPM Bureau Chief		2/24/10
Richard Whitley, MS Administrator, Health Division		

HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION A
Assurances

As a condition of receiving subgranted funds from the Nevada State Health Division, the Subgrantee agrees to the following conditions:

1. Subgrantee agrees grant funds may not be used for other than the awarded purpose. In the event Subgrantee expenditures do not comply with this condition, that portion not in compliance must be refunded to the Health Division.
2. Subgrantee agrees to submit reimbursement requests for only expenditures approved in the spending plan. Any additional expenditures beyond what is allowable based on approved categorical budget amounts, without prior written approval by the Health Division, may result in denial of reimbursement.
3. Approval of subgrant budget by the Health Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stated in the Scope of Work the transfer of funds between budgeted categories without written prior approval from the Health Division is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
4. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
 - a. Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Services Officer of the Health Division. Records may be destroyed by the Subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Health Division.
 - b. In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual subgrants.

Subgrant accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this Subgrant Award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the subgrant activity.

5. Subgrantee agrees to disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Health Division reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. Subgrantee agrees to comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. Subgrantee agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.

8. Subgrantee agrees to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of Protected Health Information, the Subgrantee agrees to enter into a Business Associate Agreement with the Health Division, as required by 45 C.F.R. 164.504 (e).

9. Subgrantee certifies, by signing this subgrant, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every Subgrantee receiving any payment in whole or in part from federal funds.

10. Subgrantee agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:

- a. any federal, state, county or local agency, legislature, commission, council, or board;
- b. any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
- c. any officer or employee of any federal, state, county or local agency, legislature, commission, council, or board.

11. Health Division subgrants are subject to inspection and audit by representatives of the Health Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to

- a. verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
- b. ascertain whether policies, plans and procedures are being followed;
- c. provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
- d. determine reliability of financial aspects of the conduct of the project.

Any audit of Subgrantee's expenditures will be performed in accordance with Generally Accepted Government Auditing Standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Health Division (as well as a federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133 [Revised June 27th, 2003]) that each grantee annually expending \$500,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of the Subgrantee's fiscal year.

**HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION B**

Description of services, scope of work, deliverables and reimbursement

Carson City Health and Human Services (CCHHS), hereinafter referred to as Subgrantee, agrees to provide the following services and reports according to the identified timeframes. Subgrantee understands that funding is directly tied to the accomplishment of the following objectives:

A. Quality Assurance

Improving immunization practices in provider settings is one of the most effective methods of increasing immunization coverage. The AFIX methodology is a comprehensive and effective tool for improving patient vaccination coverage levels and immunization practices of healthcare providers. VFC funding is available to increase the number of site visits to private VFC providers and incorporate the AFIX activities into traditional VFC site visits.

Objective	Activities	Date due by	Documentation
<p>Goal: Increase combined VFC /AFIX site visits per year to a minimum of 75% of enrolled VFC providers</p> <p>Provide a minimum 2 combined VFC/AFIX site visits per year or 75% of total enrolled VFC providers. The current number of providers in Carson, Lyon, and Douglas County are 29 as of January 2010.</p>	<ol style="list-style-type: none"> 1. Conduct a minimum of 2 VFC/AFIX site visits and 2 respective feedback visits per month. 2. CCHHS will receive a finalized list of VFC providers and a list of parameters from the NSHD Provider QA manager. 3. Utilize the most recent VFC site visit questionnaire and VFC non compliance checklist provided by the NSHD Immunization Program. 4. Utilize the registry to conduct CoCASA or directly enter immunization records into the most recent CoCASA module as provided by the CDC. 5. Generate the summary reports for the series selected by the CDC. Generate the single antigen report to complete the information on the "visit information" tab. 6. Provide a monthly report to the NSHD Provider Quality Assurance Manager on the number of visits conducted, data collected, and original reporting sheet. (Data can be shared monthly through the FTP site or downloaded on a storage devise). 7. Promote online "Vaccine University" program when established to providers during site visits. 	<p>Re-occurring. Submit by the last day of each month.</p>	<p>Monthly Report and CoCASA information</p>
<p>Provide AFIX assessments for all CCHHS registry users for the Silver Syringe Awards yearly.</p>	<ol style="list-style-type: none"> 1. Coordinate with NSHD –Immunization Staff yearly to conduct an AFIX assessment on all registry users for Silver Syringe Awards. 2. Conduct an AFIX assessment on all Carson City VFC registry users yearly as requested by the NSHD. 	<p>As requested – deadline will be provided by Provider QA Manager</p>	

Goal: Conduct VFC site visits and technical assistance/educational visits		
Objective	Activities	Evaluation Documentation
100 % of newly enrolled VFC sites will receive a VFC site visit within 90- 120 days of enrollment.	<ol style="list-style-type: none"> 1. Conduct VFC site visits on newly enrolled VFC providers within 90 – 120 days of enrollment (info on providers will be provided by NSHD) 2. Utilize VFC site visit questionnaire and original reporting sheet to note deficiencies when conducting site visits with newly enrolled providers. 	Monthly Report. Provide original reporting document to NSHD Provider QA Manager on a monthly basis.
Provide technical assistance visits/follow up visits for VFC providers as requested by NSHD-Immunization Program on 100% of requests.	<ol style="list-style-type: none"> 1. Coordinate with NSHD-Immunization Program to provide technical assistance or follow visits as requested by programmatic staff. 	Monthly Report. Provide outcomes of visits or TA.
Provide Educational Visits as requested or necessary.	<ol style="list-style-type: none"> 1. Work with the NSHD and enrolled providers to conduct educational visits as necessary. 	Monthly Report
Provide the most up to date VIS statements to all VFC providers.	<ol style="list-style-type: none"> 1. Provide up to date VIS statements to all providers during site visits. 	Monthly Report

B. Partnerships

The increase in the number of new vaccine to be given across the lifespan has led to more complex immunization schedules and the need for ongoing and up-to-date education for both the medical community and the community at large. Assist providers in locating training for their staff, to locate and access tools that may assist in educating staff and patients on immunization issues, and to encourage the optimal use or development of coalitions, partnerships, and other unique relationships to maximize efforts.

Goal: Support, collaborate and participate in the Northern Nevada Immunization Coalition		
Objective	Activities	Documentation
CCHHS will dedicate a minimum of 1 immunization staff member to participate in NNIC.	<ol style="list-style-type: none"> 1. Staff will participate in planning of immunization activities as requested by NNIC. 2. Staff will participate in Adult Immunization Committees; Adolescent Immunization Committees; Childhood Immunization Committees 3. Staff will participate in immunization events as planned by NNIC – such as NCIW. 4. Staff will attend NNIC monthly meetings. 5. Staff will submit information to NNIC newsletter as requested. 	Quarterly Report

C. Perinatal Hepatitis B Prevention

Based on the success of past endeavors of hepatitis B disease reduction among both children and adults, the CDC seeks to eliminate hepatitis B virus transmission in the United States. However this goal cannot be achieved without the assistance from the immunization grantees, especially the perinatal hepatitis B prevention coordinators.

Goal: Identify and manage HBsAg-positive pregnant women and infants at risk of acquiring Perinatal hepatitis B infection		Date due by	Documentation
Objective	Activities		
Conduct and coordinate case management of all Carson City, Lyon County, and Douglas County infants at high risk for perinatally acquired hepatitis B infection.	<ol style="list-style-type: none"> 1. Provide case management for infants at high risk for Perinatal acquired hepatitis B infection to ensure the 3 dose hepatitis B series is complete by 6-8 months of age, administration of HBIG, and post vaccination serologic testing by 9-15 months of age. 2. Assure timely laboratory reporting of HBsAg- positive test results in pregnant women by collaborating with prenatal care providers, birthing hospitals, and laboratories. 3. Identify household contacts and sexual partners of HBsAg positive women and ensure that they receive the hepatitis series if susceptible. 	Ongoing	Quarterly Report

Goal: Conduct Perinatal Hepatitis B Hospital Policy and Practices Survey.		Date due by	Documentation
Objective	Activities		
1 birthing hospital will have a site visit per a 5 year period to collect Data for the Perinatal Hepatitis B Hospital Policy and Practices Survey.	<ol style="list-style-type: none"> 1. CCHHS will make arrangements with designated hospital to conduct the survey. The hospital that has delivered infants of HBsAg-positive women or in areas of high HBsAg prevalence rates should be prioritized. 2. Conduct and report survey based on CDC requirements. 	Ongoing	Quarterly Report

D. Statewide Immunization Registry or IIS

Overall program goals to increase to 95% the proportion of children under age 6 are enrolled in a fully operational immunization registry or IIS by the year 2010.

Goal: Support the use of the statewide immunization registry		Date due by	Documentation
Objective	Activities		
Refer all VFC providers during site visits to training and enrollment into the statewide immunization registry.	<ol style="list-style-type: none"> 1. During site visits promote the use of the statewide registry. Refer providers to enroll and training on use of the registry. 	Ongoing	Quarterly Report
Provide all VFC providers with newly enacted regulations	<ol style="list-style-type: none"> 1. During site visits provide newly enacted regulations on mandates on reporting the administration of immunizations to 	Ongoing	Quarterly Report

mandating the entry of childhood immunizations into the registry.	children through the age of 18.	
Goal: Attendance to the National Immunization Conference in 2010		
Objective	Activities	Date due by
All staff that conducts VFC/AFIX site visits must attend the National Immunization Conference in 2010.	1. Register and send staff members that conduct VFC/AFIX site visit for the National Immunization Conference	Yearly Quarterly Report

METHOD OF ACCOUNTABILITY

Monthly Report due by the last day of each month

Quarterly Report due within fifteen (15) days of the end of each quarter (April 15, 2010; July 15, 2010; October 15, 2010; January 15, 2011)

Vaccines for Children Program Management Survey due February 15, 2011

General Subgrant Requirements

- Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Health Division through Grant Number 5H23IP922549-08 from the Centers for Disease Control & Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Nevada State Health Division or the Centers for Disease Control & Prevention."
- Any activities performed under this subgrant shall acknowledge the funding was provided through the State Health Division by Grant Number 5H23IP922549-08 from the Centers for Disease Control & Prevention.

(continued on next page)

Subgrantee agrees to adhere to the following budget:

	3568		
Personnel	\$ 23,022	Program Manager	10,087
		Public Health Nurse	6,126
		Total Salaries	16,213
		Fringe @ 42%	6,809
		Total Personnel	23,022
Supplies	\$ 1,530	Supplies	1,530
		Total Supplies	1,530
Travel	\$ 1,904	Mileage	
		40 mi/week X 13 weeks X \$0.5/mi	260
		Total Mileage	260
		Out-of-State Travel	
		National Immunization Conference (NIC)	
		Atlanta, GA, April 2010, 5 days/4 nights	
		Airfare \$500	500
		Lodging \$161/night X 4 nights	644
		Per diem \$56/day X 5 days	280
		Transportation \$30/day X 5 days	150
		Parking \$14/day X 5 days	70
		Total Out-of-State Travel	1,644
		Total Travel	1,935
Other	\$ 2,460	NIC Registration	250
		Cell Phone/Blackberry	210
		Advertising	500
		Program support @ \$500/mo X 3 mo	1,500
		Total Other	2,460
Total Budget	\$ 28,916		

- Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without a formal request or amending the agreement, so long the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work.
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

Subgrantee agrees to request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subgrant period.

- Reimbursement may be requested monthly for expenses incurred in the implementation of the Scope of Work.
- The maximum available through this subgrant is \$28,916.
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

- A complete financial accounting of all expenditures to the Health Division within 30 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Health Division at that time, or if not already requested, shall be deducted from the final award.

The Nevada State Health Division agrees:

- Payment will be made at least quarterly.
- To provide technical assistance, upon request from the Subgrantee.
- The Health Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Health Division.

Both parties agree:

The Subgrantee will, in the performance of the Scope of Work specified in this subgrant, perform functions and/or activities that involve the use and/or disclosure of Protected Health Information (PHI); therefore, the Subgrantee is considered a Business Associate of the Health Division.

- Both parties acknowledge a Business Associate Agreement is currently on file with the Nevada State Health Division's Administration Office.

All reports of expenditures and requests for reimbursement processed by the Health Division are SUBJECT TO AUDIT.

This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, provided the termination shall be not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Health Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.