

**REVISED STATEMENT OF WORK
ZIKA AND CONGENITAL SYPHILIS LOCAL HEALTH
DEPARTMENT**

I. GRANTEE RESPONSIBILITIES

Grantee shall hire Community Health Workers (CHW), ~~and~~ Case Managers (CM), or other relevant public health staff to work in Grantee's public health clinics and communities to provide education and resources to individuals related to the Zika prevention, testing, and management of Zika, congenital syphilis, and other infectious diseases;

A. Grantee shall use grant funds to hire teams to:

1. Conduct education and outreach activities to prevent the spread of Zika virus, syphilis, and other infectious diseases:
 - a. Local Health Department (LHD) staff shall provide Zika and syphilis prevention education to women of child-bearing age (18-44) and their partners
 - b. LHD staff shall provide information about the importance of being tested for syphilis and other sexually transmitted infections/diseases
 - ~~a.c.~~ LHD staff shall provide education about the effects of Zika and syphilis on a newborn (complications of congenital Zika and congenital syphilis)
2. Increase access to contraceptive services for women and men in accordance with the following:
 - a. CHWs shall provide client-centered contraception counseling to women of childbearing age (age 18-44) and their partners not wishing to become pregnant and provide education on contraception methods and options, including Long-Acting Reversible Contraception (LARCs).
 - b. CMs shall assist women and their partners in accessing their preferred method of contraception.
3. Increase access and reduce barriers to Zika and syphilis screening, testing, and counseling in accordance with the following:
 - a. CHWs shall provide education and counseling before and after Zika virus or syphilis testing for pregnant women and women of childbearing age; and must provide education and counseling for the women's sexual partners whenever possible.
 - b. CMs shall assist women and their partners in accessing testing for Zika, syphilis, and other sexually transmitted infections/diseases-testing, particularly if it is not provided at the Local Health Department (LHD) clinic site.
 - c. CMs shall assist pregnant women with accessing prenatal care if it is not provided at the LHD clinic site, regardless of whether or not the woman has evidence of Zika infection.
4. Increase access to services for pregnant women and infants affected by the Zika virus and congenital syphilis in accordance with the following:
 - a. CHWs shall provide education to pregnant women with laboratory evidence of Zika or syphilis infection on:
 - i. Information about Zika and syphilis testing processes and results to ensure each woman understands her own testing results,
 - ii. Additional tests and monitoring that may be needed during the pregnancy,

**REVISED STATEMENT OF WORK
ZIKA AND CONGENITAL SYPHILIS LOCAL HEALTH
DEPARTMENT**

- iii. Tests and evaluations for the newborn that may be needed upon delivery,
 - iv. Tests and evaluations that may be needed during the infant's first year of life, and
 - v. Services, supports, and resources that may be needed by the family.
- b. CMs shall assist pregnant women with evidence of Zika or syphilis infection and their families with:
- ~~i. Accessing prenatal care, including high-risk prenatal care when indicated by the grantee,~~
 - i. Accessing supportive services during pregnancy and after delivery, including mental health services,
 - ii. Ensuring prenatal care provider and pediatric providers are communicating prior to delivery,
 - iii. Ensuring prenatal care providers are adhering to syphilis testing schedule for persons who are pregnant as mandated by Texas Health and Safety Code §81.090.
 - iv. Ensuring prenatal care providers are adhering to the syphilis treatment guidelines as outlined by the Centers for Disease Control and Prevention (CDC) 2015 Sexually Transmitted Disease (STD) Treatment Guidelines for congenital syphilis (<https://www.cdc.gov/std/tg2015/congenital.htm>);
 - v. Accessing appropriate outpatient pediatric and subspecialty care for the infant and family,
 - vi. Conducting regular follow-up (at least monthly) with the family to discuss progress, concerns, problems, and plans, and to coordinate services across systems and foster continuity of care.
- c. CMs shall assist women with evidence of possible Zika virus or syphilis exposure during pregnancy (see reporting form for definition) with:
- i. Accessing Zika and syphilis testing for their newborns; and
 - ii. Accessing a comprehensive physical exam and treatment post-delivery, and any other recommended exams for newborns with possible congenital Zika or congenital syphilis.
- d. CMs shall assist families of infants and children with possible congenital Zika virus exposure (see reporting form for definition) or congenital syphilis with:
- i. Accessing a head ultrasound, a comprehensive ophthalmologic exam, a hearing screening and assessment, and any other recommended exams for their infants and children; and
 - ii. Coordinating consultations with an infectious disease specialist, a neurologist, a clinical geneticist, a nephrologist, a gastroenterologist, an early intervention and developmental specialist, and any other necessary specialists for their infants and children.²

B. Grantee shall ensure that LHD staff performs and documents duties on the reporting

**REVISED STATEMENT OF WORK
ZIKA AND CONGENITAL SYPHILIS LOCAL HEALTH
DEPARTMENT**

template provided.

C. Grantee shall ensure that Teams are available and able to attend training and ongoing technical assistance activities provided by System Agency.

D. Staff competencies

1. Case Managers shall have a high school diploma and a minimum of one-year case management experience.

~~5.2.~~ Community Health Workers shall be certified by System Agency or be certified within 60 days of hire date.

**Revised STATEMENT OF WORK
ZIKA AND CONGENITAL SYPHILIS LOCAL HEALTH
DEPARTMENT**

- ~~i.—Accessing supportive services during pregnancy and after delivery, including mental health services;~~
 - ~~ii.—Ensuring prenatal care provider and pediatric providers are communicating prior to delivery;~~
 - ~~iii.—Accessing appropriate outpatient pediatric and subspecialty care for the infant and family;~~
 - ~~iv.—Conducting regular (at least monthly) follow up with the family discuss progress, concerns, problems, and plans, and to coordinate services across systems and foster continuity of care.~~
 - ~~b.—CMs shall assist women with evidence of possible Zika virus exposure during pregnancy (see reporting form for definition) with:
 - ~~i.—Accessing Zika testing for their newborns; and~~
 - ~~ii.—Accessing a comprehensive physical exam, measurements (head, length, and weight), a comprehensive ophthalmologic exam, a hearing assessment, age appropriate developmental screening, and any other recommended exams for their newborns.~~~~
 - ~~e.a.—CMs shall assist families of infants and children with possible congenital Zika virus exposure (see reporting form for definition) with:
 - ~~i.—Accessing a head ultrasound, a comprehensive ophthalmologic exam, a hearing screening and assessment, and any other recommended exams for their infants and children; and~~
 - ~~ii.i.—Coordinating consultations with an infectious disease specialist, a neurologist, a clinical geneticist, a nephrologist, a gastroenterologist, an early intervention and developmental specialist, and any other necessary specialists for their infants and children.”~~~~
- ~~B.—Grantee shall ensure that CHW/CM teams (Teams) perform and document duties inside the Grantee’s local health department (LHD) clinic sites and during outreach activities in the Grantee’s community.
 - ~~1.—Teams shall document hours spent working in LHD clinic sites and hours spent working in outreach settings.~~
 - ~~2.—The Grantee shall ensure that teams spend hours working in LHD clinic sites and outreach settings in proportion to the performance measures in Section II. Teams shall spend no less than the agree-upon percentage of time in LHD clinic site locations.~~
 - ~~3.—Teams shall conduct, document and report these activities by:
 - ~~i.—Performing a comprehensive needs assessment and developing an individualized service plan with each client.~~
 - ~~ii.—Documenting client level information and activities in LHD record keeping systems according to the direction of the Grantee.~~
 - ~~iii.—Reporting to System Agency aggregate performance measure data according to Section II. No patient identifying information may be reported to System Agency.~~~~~~
- ~~C.—Grantee shall ensure that Teams are available and able to attend training and ongoing~~

**Revised STATEMENT OF WORK
ZIKA AND CONGENITAL SYPHILIS LOCAL HEALTH
DEPARTMENT**

~~technical assistance activities provided by System Agency.~~

~~D. In addition to the activities listed above, the Teams may also:~~

- ~~1. Assist in efforts related to development of the ZikaCareConnect.org online resource by promoting the site with provider groups, particularly focusing on pediatric subspecialty providers. Teams should coordinate these activities with the CDC field assignees to ensure efforts are not duplicated.~~
- ~~2. Work closely with CDC field assignees working with the Zika Pregnancy Registry to further develop mechanisms for following women and infants before they are able to be placed on the Zika Pregnancy Registry.~~
- ~~3. Assist with other LHD activities that would increase the LHDs capacity to provide contraception services, Zika testing and referral for specialty care. Grantees shall ensure activities are appropriate for CHW and CMs to perform.~~

~~E. Staff competencies~~

- ~~1. Case Managers shall have a high school diploma and a minimum of one year case management experience.~~
- ~~2. Community Health Workers shall be certified by System Agency~~

~~F.E.~~ **REPORTING.**

Grantee shall submit to System Agency the following reporting data in the format to be provided by System Agency. ~~Each element below must be reported for activities occurring in the clinic setting.~~ The Grantee shall also collect data and report on any additional activities added by the System Agency after the start of the Contract period. ~~The Grantee shall also track activities occurring in an outreach setting and report on those activities according to the reporting template.~~

1. Insurance status of Zika Health Care Services Program recipients at intake.
2. Number of men and women of reproductive age ~~women~~ who received client-centered contraceptive counseling services.
 - a. Number of women who received client-centered contraceptive counseling services only (without receiving a contraceptive method on the day of their provider visit) for the following reasons:
 - i. Undecided/not ready
 - ii. Might be pregnant
 - iii. Desired method was out of stock
 - iv. Medical reasons
 - v. Did not want contraception
 - vi. Continuing with current method of contraception
 - vii. Are pregnant
 - viii. Reason not specified
3. Number of reproductive age women who received case management to access contraceptive services through other providers and funding sources.
4. Number of reproductive age women with a provider visit during the most recent quarter.
5. Number of pregnant women in Grantee's target population during the most recent quarter.

Revised STATEMENT OF WORK
ZIKA AND CONGENITAL SYPHILIS LOCAL HEALTH
DEPARTMENT

6. Number of pregnant women whose partners received counseling on preventing Zika virus or syphilis infection during pregnancy.
7. Number of pregnant women who received pre- and post-Zika or syphilis test counseling.
8. Number of pregnant women who received education on ensuring baby is screened for Zika-related conditions and congenital syphilis at delivery.
9. Number of pregnant women who received case management to access appropriate prenatal ultrasound monitoring.
10. Number of mothers who had laboratory evidence of possible Zika virus or syphilis infection receiving case management to access appropriate evaluation and outpatient management services for the newborn.
11. Number of pregnant women receiving prenatal care at LHD clinics.
12. Number of pregnant women who received an ultrasound between 18 and 22 weeks' gestation.
13. Number of women who were tested for Zika virus infection or syphilis during their pregnancy.
14. Number of days between the Zika or syphilis laboratory testing collection date for pregnant women and the date the results were provided to the ordering physician (total number of days for all pregnant women).
15. Of #13, the number with laboratory evidence of possible Zika virus infection.
16. Of #13, the number with laboratory evidence of syphilis infection.
17. Of #16, the number who were tested for syphilis during their first prenatal care visit.
18. Of #16, the number who were tested for syphilis during labor and delivery.
19. Of #16, the number with laboratory evidence of possible active syphilis infection.
20. Of #16, the number who identified with history of syphilis infection which was inadequately treated prior to pregnancy.
21. Of #20, the number who reinitiated treatment for previously diagnosed syphilis infection.
22. Of #21, the number who completed treatment for previously diagnosed syphilis adequate for their surveillance stage of syphilis.
23. Of #22, the number who initiated adequate treatment for previously diagnosed syphilis greater than thirty (30) days prior to delivery.
- ~~15-24.~~ 15-24. Of #19, the number who received adequate treatment for their surveillance stage of syphilis.
- ~~16.~~ Of #15, the number who acquired evidence of Zika via travel, sexual exposure, or local transmission.
- ~~17-25.~~ 17-25. Of #15, the number who received serial (e.g., every 3-4 weeks or other intervals) level II ultrasounds per CDC guidelines.
- ~~18-26.~~ 18-26. Of #15, the number that obtained a prenatal ultrasound from a high-risk medical facility.
- ~~19-27.~~ 19-27. Of #15, the number who received serial (e.g., every 3-4 weeks or other intervals) level II ultrasounds per CDC guidelines from a high-risk medical facility.

**Revised STATEMENT OF WORK
ZIKA AND CONGENITAL SYPHILIS LOCAL HEALTH
DEPARTMENT**

~~20-28.~~ Number of days between Zika or syphilis diagnosis in a pregnant woman and receipt of full prenatal assessment from a high-risk medical facility.

~~29.~~ Number of newborns born to mothers with evidence of possible Zika virus infection.exposure.

~~30.~~ Of #29, the number who were tested for Zika using any of the CDC-recommended tests BEFORE hospital discharge.

~~31.~~ Of #29, the number who were tested for Zika using any of the CDC-recommended tests AFTER hospital discharge.

~~21-32.~~ Of #29, the number who received the following tests or measurements BEFORE hospital discharge:

- a. A comprehensive physical exam
- b. A head circumference measurement
- c. A length measurement
- e. A weight measurement
- f. A comprehensive ophthalmologic exam
- g. An age-appropriate developmental screening
- h. A hearing assessment by Auditory Brainstem Response (ABR)

~~22-33.~~ Number of infants with possible congenital Zika virus infection who received the following exams:

- a. A head ultrasound by 1 month of age
- b. A comprehensive ophthalmologic exam by 1 month of age

~~23-34.~~ Number of infants and children with possible congenital Zika virus infection who received the following tests or exams:

- a. A standard evaluation
- b. A head ultrasound after 1 month of age
- c. A comprehensive ophthalmologic eye exam after 1 month of age
- d. A hearing screening by Otoacoustic Emission methodology (OAE)
- e. A hearing assessment by Auditory Brainstem Response (ABR)
- f. A repeat hearing assessment by Auditory Brainstem Response (ABR)
- g. A consultation with an infectious disease specialist
- h. A consultation with a neurologist
- i. A consultation with a clinical geneticist
- j. A consultation with a nephrologist
- k. A consultation with a gastroenterologist
- l. A consultation with an early intervention and developmental specialist
- m. A consultation with other specialists (e.g., lactation specialist, nutritionist, speech or occupational therapist)

~~24-35.~~ Number of liveborn infants with Zika-associated birth defects.

~~25-36.~~ Of #35, the number diagnosed with:

- a. Brain abnormalities/birth defects with and without microcephaly
 - i. Of #30. a., the number who were tested for Zika virus infection
- b. Neural tube defects and other early brain malformations/birth defects
 - ii. Of #30. b., the number who were tested for Zika virus infection
- c. Structural eye abnormalities/birth defects
 - iii. Of #30. c., the number who were tested for Zika virus infection
- d. Central nervous system (CNS) dysfunction/birth defects

Revised STATEMENT OF WORK
ZIKA AND CONGENITAL SYPHILIS LOCAL HEALTH
DEPARTMENT

- iv. Of #30. d., the number who were tested for Zika virus infection
37. Number of newborns diagnosed with microcephaly or other brain abnormalities caused by Zika or another CDC-defined birth defect defined as part of CDC's case inclusion criteria as potentially linked to Zika.
- 26-38. Number of miscarriages with the following Zika-associated birth defects:
- a. Brain abnormalities/birth defects with and without microcephaly
 - b. Neural tube defects and other early brain malformations/birth defects
 - ~~e.~~ Structural eye abnormalities/birth defects
 - ~~c.~~
 - d. Central Nervous System (CNS) dysfunction/birth defects
- 27-39. Number of stillbirths with the following Zika-associated birth defects:
- a. Brain abnormalities/birth defects with and without microcephaly
 - b. Neural tube defects and other early brain malformations/birth defects
 - c. Structural eye abnormalities/birth defects
 - d. Central Nervous System (CNS) dysfunction/birth defects
40. Number of newborns born to mothers with possible syphilis exposure.
41. Of #40, the number with proven or highly probably congenital syphilis.
42. Of #40, the number with possible congenital syphilis.
43. Of #40, the number with congenital syphilis less likely.
- 28-44. Of #40, the number with congenital syphilis unlikely.
- 29-45. Of #40~~24~~, the number who were tested for syphilis~~Zika~~ using any of the CDC-recommended tests BEFORE hospital discharge.
46. Of #40~~24~~, the number who were tested for Zika-syphilis using any of the CDC-recommended tests AFTER hospital discharge.
47. Of #40, the number who received the following tests or measurements BEFORE hospital discharge:
- a. A comprehensive physical exam
 - b. Non-Treponemal test
 - c. CSF analysis
 - d. Complete Blood Count
 - e. Long-Bone Radiographs
 - f. Chest Radiographs
 - g. Liver function tests
 - h. Neuroimaging
 - i. Ophthalmologic exam
 - j. Auditory exam
48. Of #25, the number of newborns who received the following treatments:
- a. Aqueous Penicillin G
 - b. Procaine Penicillin G
 - c. Benzathine Penicillin G
 - d. No treatment
49. Number of liveborn infants with syphilis associated birth defects.
50. Of #, the number diagnosed with:

**Revised STATEMENT OF WORK
ZIKA AND CONGENITAL SYPHILIS LOCAL HEALTH
DEPARTMENT**

- a. Anemia
- b. Condylomata Lata
- c. Edema
- d. General Body Rash
- e. Hepatosplenomegaly
- f. Jaundice
- g. Longbone abnormalities
- h. Psuedoparalysis
- i. Snuffles
- j. Ocular involvement
- k. Otic involvement

- ~~30-51.~~ Number of days between Zika or syphilis laboratory testing collection date for newborns born to mothers with evidence of possible Zika or syphilis infection and the date the results were provided to the ordering physician (total number of days for all newborns).
- ~~27. Number of infants with possible congenital Zika virus infection who received the following exams:~~
- ~~31-52.~~ Number of vacant, full-time staff positions funded through the CMS Zika HCSP Grant.
- ~~32-53.~~ Number of live births in target population.
- ~~33-54.~~ Number of miscarriages in target population.
- ~~34-55.~~ Number of therapeutic terminations in target population.
- ~~35-56.~~ Number of completed pregnancies with or without Zika-associated or syphilis-associated birth defects.

1. Quarterly reporting of programmatic activities shall be submitted to cdsb@dshs.texas.gov within fifteen (15) days after the end of the quarter as follows:

<u>Submission Frequency</u>	<u>Due Date</u>
<u>July 1 – September 30</u>	<u>October 15</u>
<u>October 1 – December 31</u>	<u>January 15</u>
<u>January 1 – March 31</u>	<u>April 15</u>
<u>April 1 – June 30</u>	<u>July 15</u>

NOTE: These dates are subject to change at System Agency’s sole discretion.

2. Quarterly Financial Status Reports (FSR) shall be submitted to invoices@dshs.state.tx.us and to CMSinvoices@dshs.texas.gov, FSRGrants@dshs.texas.gov.

**Revised STATEMENT OF WORK
ZIKA AND CONGENITAL SYPHILIS LOCAL HEALTH
DEPARTMENT**

II. PERFORMANCE MEASURES

- A. The System Agency will monitor the Grantee's performance of the requirement in this Attachment A-1 and compliance with the Contract's terms and conditions.

III. INVOICE AND PAYMENT

- A. Grantee shall request monthly requests for reimbursement for actual allowable costs using the State of Texas Purchase Voucher (Form B-13) at <http://www.dshs.texas.gov/grants/forms.shtm>. Voucher and any supporting documentation must be submitted within thirty (30) days following the end of the month covered by the voucher. Voucher shall be submitted by email and simultaneously to invoices@dshs.texas.gov and to cdsb@dshs.texas.gov. Grantee shall submit a final close-out voucher by email not later than forty-five (45) days following the end of the applicable Contract term(s) for costs encumbered on or before the last day of the Contract term. Vouchers received more than forty-five (45) days following the end of the applicable Contract term will not be paid.
- B. Grantee will be paid on a cost reimbursement basis and in accordance with the Budget in Attachment B-3 of this Contract.