

ATTACHMENT A-2 SUPPLEMENTAL STATEMENT OF WORK

I. GRANTEE RESPONSIBILITIES

Grantee will:

- A. Establish or enhance ability to aggressively identify cases, conduct contact tracing and follow up, as well as implement recommended containment measures.
 - 1. Enhanced contact tracing including contact elicitation/identification, contact notification, and contact follow-up. Activities could include traditional contact tracing methods as well as healthcare-specific and other proximity/location-based methods.

- B. Improve morbidity and mortality surveillance, including:
 - 1. Establish or enhance community-based surveillance
 - a. Surveillance of populations and individuals without severe illness, travel to high-risk locations, or contacts to known cases.
 - 2. Monitor and report daily incidence rate.
 - 3. Track and send Emergency Department and outpatient visits for coronavirus (COVID)-like illness, as well as other illnesses, to CDC. Send copies of all admit, discharge, and transfer (ADT) messages to Centers for Disease Control and Prevention (CDC) National Syndromic Surveillance Program (NSSP).
 - 4. Monitor and utilize CDC's National Healthcare Safety Network (NHSN) acute care, long-term care, and ambulatory care setting data for confirmed 2019 novel coronavirus (COVID-19) infection or for COVID-like illness.
 - 5. Provide accurate accounting of COVID-19 associated deaths. Establish electronic death reporting to CDC.
 - 6. Establish or enhance electronic case reporting from healthcare facilities to public health, including for COVID-19.

- C. Enhance laboratory testing and reporting capacity:
 - 1. Establish or expand capacity to test all symptomatic individuals, and secondarily expand capacity to achieve community-based surveillance.
 - 2. Screen for past infection (e.g., serology) for health care workers, employees of high-risk facilities, critical infrastructure workforce, and childcare providers.
 - 3. Obtain all jurisdictional laboratory test data electronically, including from new, non-traditional testing settings, and using alternative file formats (e.g., .csv or .xls) to help automate. In addition to other reportable results, this should include all

COVID-19 – related testing data, including all tests to detect severe acute respiratory syndrome coronavirus 2 (SAR-CoV-2) and serology testing.

4. Report all COVID-19 – related line level testing data (negatives, positives, indeterminants, serology) daily to CDC.
- D. Prevent and control COVID-19 in healthcare settings and protect other vulnerable or high-risk populations:
1. Assess and monitor infections in healthcare workers across the healthcare spectrum.
 2. Perform preparedness assessment to ensure interventions are in place to protect high-risk populations.
 3. Monitor and help implement mitigation strategies for COVID-19 in all high-risk healthcare facilities (e.g., hospitals, dialysis clinics, cancer clinics, nursing homes, and other long-term care facilities, etc.).
 4. Monitor and help implement mitigation strategies for other high-risk employment settings (e.g., meat processing facilities), and congregate living settings (e.g., prisons, youth homes, shelters).
- E. Monitor and mitigate COVID-19 introductions from connected jurisdictions (i.e., neighboring cities, states; including air travel).
- F. Work with healthcare system to manage and monitor system capacity.
1. Assess and monitor the number and availability of critical care staff, necessary PPE and potentially life-saving medical equipment, as well as access to testing services.
 2. Utilize electronic case report (eCR) data to enhance morbidity and mortality surveillance and to help monitor the health of the community and inform decisions for the delivery of public health services.
 3. Leverage NHSN data to monitor healthcare worker staffing, testing, and treatment supplies.
- G. Improve understanding of jurisdictional communities with respect to COVID-19 risk:
1. Build understanding of population density and high-risk population density (i.e. population of >65 yrs., proportion of population with underlying conditions, households with limited English fluency, healthcare seeking behavior, populations without insurance and below poverty level.
 2. Monitor compliance indicators (Number of Violations/ complaints related to mandatory or recommended community mitigation).
- H. Submit a monthly report on the report template provided by the DSHS. Monthly reports are due on or before the 15th of each month. Each report must cover activities that occurred during the preceding month. Submit monthly reports by electronic mail to EAIDBcontracts@dshs.texas.gov. All reports should be clearly identified with the

Grantees Name, Contract Number, IDCU/SUR, and the month the report covers.

II. PERFORMANCE MEASURES

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

III. INVOICE AND PAYMENT

- A. Grantee will request payments using the State of Texas Purchase Voucher (Form B-13) at http://www.System_Agency.state.tx.us/grants/forms/b13form.doc. Voucher and any supporting documentation will be mailed or submitted by fax or electronic mail to all addresses/number below.

Department of State Health Services
Claims Processing Unit, MC 1940
1100 West 49th Street
P.O. Box 149347
Austin, TX 78714-9347
FAX: (512) 458-7442
EMAIL: invoices@dshs.state.tx.us and
EMAIL: CMSInvoices@dshs.texas.gov and
EMAIL: EAIDBcontracts@dshs.texas.gov

- B. Grantee will be paid on a cost reimbursement basis and in accordance with the Budget in Attachment B of this Contract.
- C. Grantee will submit requests for reimbursement (Form B-13) and financial expenditure template monthly by the last business day of the month following the month in which expenses were incurred or services provided. Grantee shall maintain all documentation that substantiate invoices and make the documentation available to the DSHS upon request. In the event a cost reimbursed under the Contract is later determined to be unallowable then the Grantee will reimburse DSHS for that cost.
- D. Grantee will submit quarterly FSRs to DSHS by the last business day of the month following the end of each quarter of the Contract for DSHS review and financial assessment.
- E. Grantee will submit request for reimbursement (B-13) as a final close-out invoice not later than forty-five (45) calendar days following the end of the term of the Contract. Reimbursement requests received in the DSHS office more than forty-five (45) calendar days following the termination of the Contract may not be paid.
- F. Grantee will submit a final FSR as a final close-out FSR not later than forty-five (45) calendar days following the end of the term of the Contract.

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