



Centers for Disease Control and Prevention: Section 317 Immunization Program

A. Funding Table

(Dollars in Millions)

	Total Appropriated	Planned Obligations FY 2009	Planned Obligations FY 2010
Vaccine purchase and grantee operations	\$250.0	\$71.0	179.0
Innovative initiatives for improving reimbursement and vaccination in schools and the community *	18.0	5.0	13.0
National communication campaign and provider education.	9.0	8.5	0.5
Strengthening the evidence base.	21.5	19.6	1.9
Management and oversight.	1.5	1.3	0.2
Total	300.0	105.4	194.6

*Funds are available through the 317 formula for State/City/Territory vaccine purchase and infrastructure activities. A portion of these funds may be available for vaccine purchase to support programs in category 8B2 10 days after OMB receipt of a spend plan to do so.

B. Objectives

The American Recovery and Reinvestment Act appropriated to the Department of Health and Human Services Office of the Secretary \$300 million and specified that these funds be transferred to the Centers for Disease Control and Prevention (CDC) for its Section 317 Immunization program (Section 317). The Section 317 Program funds 64 immunization programs that include all 50 states, Washington DC, 5 urban areas, the U.S. Territories, and selected Pacific Island nations. The majority of Section 317 program funds are dedicated to routine childhood programs, with a small portion remaining for adolescent and adult immunization programs. Most children served with Section 317-funded vaccines are under-insured or their parents cannot afford the out-of-pocket costs required to fully vaccinate their children. The Recovery Act program funds will expand access to vaccines and vaccination services by making more vaccines available, increase national public awareness and knowledge about the benefits and risks of vaccines and vaccine-preventable diseases, and strengthen the evidence base for vaccination policies and programs.

Public Benefits

This investment will expand access to vaccines and vaccination services by:

- Making recommended vaccines available in all states through the existing network of private and public immunization providers and supporting and expanding the network of providers as needed;



- Expanding access to the childhood vaccine series and influenza vaccines through school-associated immunization programs, and using innovative vaccine delivery strategies in the community to reach more unvaccinated persons with influenza vaccine across the lifespan and zoster vaccine for seniors;
- Providing grants to immunization programs to conduct needs assessments and develop plans that will enable health departments to bill private insurance companies for immunization services provided to insurance plan members;
- Increasing public awareness and knowledge about the benefits and risks of vaccines and vaccine-preventable diseases and providing tools and education for health care providers; and
- Strengthening assessments of vaccine coverage, vaccine impact, vaccine effectiveness and vaccine adverse events.

C. Activities

Below is a list of activities to be performed, including project scope for each:

Reaching more children and adults: Provides additional vaccine and the means for administering this vaccine through Section 317 grantees and their community partners:

- Vaccine purchase: procurement of additional vaccines for children and adults
- Grant supplements: assistance funding to 64 immunization programs that include all 50 states, Washington DC, 5 urban areas, the U.S. Territories, and selected Pacific Island nations to support programs operations

Innovative initiatives for improving reimbursement and vaccination in schools and the community: Time-limited projects to develop and demonstrate innovative approaches to successfully and measurably deliver more vaccine to selected target groups focusing on: 1) school-based vaccination administration, 2) adult immunization, and 3) demonstration of appropriate mechanisms to bill private health insurance companies for immunization services, to increase available Section 317 funds.

- Competitive grant supplements: awards to a subset of current grant recipients for conducting time-limited innovative projects related to school-based vaccination administration, adult immunization, and/or appropriate mechanisms to bill private health insurance for immunization services to increase total vaccine availability under Section 317.

National communication campaign and provider education: Purposes include: 1) increase public awareness of vaccine-preventable diseases and CDC's immunization recommendations for Americans of all ages, 2) enhance knowledge among immunization providers about CDC's immunization recommendations, and 3) engage the American public on questions related to U.S. immunization policy:

- Communication and education activities: raise awareness of vaccine availability as well as address public questions about vaccine benefits and risks. Includes the development and provision of training and education resources and tools that increase knowledge of complex immunization schedules and recommendations.



Strengthening the evidence base: Time-limited assessments of vaccine-preventable disease burden trends and vaccine effectiveness, filling selected gaps in current vaccination coverage assessment capability, upgrading the current sentinel immunization registries allowing for more rapid monitoring of vaccination trends, improving existing systems for monitoring vaccine safety, and conducting short term training courses for state health laboratories.

D. Characteristics

Spend Plan Category	Type of Award	Total Funding Amount	Methodology for Award Selection	Recipients	Beneficiaries
Vaccine purchase and operation	Other	\$250,000,000	Other	Other	Other
Innovative initiatives for improving reimbursement and vaccination in schools and the community*	Other	\$18,000,000	Other	Other	Other
National Communication Campaign and Provider Education	Other	\$9,000,000	Other	Other	Other
Strengthening the Evidence Base	Other	\$21,500,000	Other	Other	Other
Management and Oversight	Other	\$1,500,000	Other	Other	Other
Total		\$300,000,000			

*Up to \$18 million for the innovative initiatives will be made available to the States by formula if the money is not fully obligated through these initiatives.

E. Delivery Schedule

Major Milestones	Expected Completion Date
Vaccine Ordering and Forecasting Applications sent to grantees to complete vaccine spend plans	May 8, 2009
Publication of funding opportunity announcement for 50 States, Washington DC, 5 urban areas, and selected Pacific Island Nations program operations grants	May 15, 2009
Publication of funding opportunity announcement for innovative projects of appropriate mechanisms to bill private health insurance for immunization services to increase total vaccine availability under Section 317	TBD
Publication of funding opportunity announcement for school based vaccination administration innovative projects	TBD
Publication of funding opportunity announcement for innovative	TBD



Major Milestones	Expected Completion Date
projects for adult immunizations	
Finalize State vaccine purchase levels	May 22, 2009
Awards for funding opportunity announcement for 50 States, Washington DC, 5 urban areas, and selected Pacific Island Nations program operations grants	September 1, 2009
Awards for innovative projects of appropriate mechanisms to bill private health insurance for immunization services to increase total vaccine availability under Section 317	TBD
Awards for school based vaccination administration innovative projects	TBD
Awards for innovative projects for adult immunizations	TBD
Awards for public communication and engagement activities and provider outreach	September 1, 2009
Awards for strengthening the evidence base projects	September 1, 2009

F. Environmental Review Compliance

The CDC grants and contracts addressed in this program are subject to a National Environmental Policy Act (NEPA) categorical exclusion promulgated by HHS [65 FR 10229 (2/25/2000); HHS GAM Part 30-20-40, B.2. (e), (g), (i), (j)] and additional NEPA review is not required. Categorical exclusions and other environmental reviews will be documented in writing and reported on the Section 1609(c) report.

G. Measures

Table 1A: ARRA Measures—Type, Polarity, Target, and Frequency

Measure and Explanation	Type	Polarity	Target	Frequency
ARRA-funded vaccine doses providers will administer to children (0-18 years) Explanation: Cumulative number of doses of ARRA-funded vaccine ordered by public and private providers for administration to children. Immunization providers are allowed to order only as much vaccine as they intend to administer.	Outcome	Positive	Targets to be updated once recipient spend plans are submitted— See NOTE FY09-Q3: 5% FY09-Q4: 20% FY10-Q1: 40% FY10-Q2: 60% FY10-Q3: 80% FY10-Q4: 95% FY11-Q1: 100% FY11-Q2: 100%	Compiled monthly, but will be reported up quarterly



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Measure and Explanation	Type	Polarity	Target	Frequency
<p>ARRA-funded vaccine doses providers will administer to adults (19 years and older)</p> <p>Explanation: Cumulative number of doses of ARRA-funded vaccine ordered by public and private providers for administration to adults. Immunization providers are allowed to order only as much vaccine as they intend to administer.</p>	Outcome	Positive	Targets to be updated once recipient spend plans are submitted* FY09-Q3: 5% FY09-Q4: 20% FY10-Q1: 40% FY10-Q2: 60% FY10-Q3: 80% FY10-Q4: 95% FY11-Q1: 100% FY11-Q2: 100%	Compiled monthly, but will be reported up quarterly
<p>Reaching More Children and Adults</p> <p>Percentage of recipients on track with meeting project-specific milestones.</p>	Output	Positive	Targets to be updated once recipient spend plans are submitted FY09-Q3: N/A FY09-Q4: 70% FY10-Q1: 70% FY10-Q2: 80% FY10-Q3: 80% FY10-Q4: 90%	Checklist completed monthly, compiled and reported up quarterly

* The vaccine-related measures will not be known with certainty until the funded grantees submit their vaccine spend plans. Each grantee can/is expected to have a slightly different vaccination emphasis in their spend plans. Because the vaccines have different prices, the doses in the spend plan will differ depending on the emphasis. Grantees for the “formula” supplemental grants should receive their funding by 9/30/2009 and CDC will have their spend plans soon after. However, the grantees competing for “innovative projects” funds will also be submitting spend plans. Because these are competitive awards, we may not know their final spend plan for these projects until the end of fiscal year 2010.

Table 2A: ARRA Measures—Data Source, Validation, and Reporting

Measure	Data Source and Validation	Reporting System	How Reported to Public
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Measure	Data Source and Validation	Reporting System	How Reported to Public
ARRA-funded vaccine doses providers will administer to children (0-18 years)	Source: CDC's Vaccine Central Distribution Ordering and Shipment Data Warehouse Validation: Vaccine orders are submitted by recipients to CDC's Vaccine Management system based on actual vaccine orders they have received from providers. These data are compared against shipping data of the centralized distributor to ensure that ordered doses were actually shipped.	Extracted by Program staff from Data Warehouse, compiled and reported up. No grantee reporting required.	Compiled monthly, but will be reported up quarterly to CDC/FMO and then to designated website(s)
ARRA-funded vaccine doses providers will administer to adults (19 years and older)	Source: Recipient progress on project-specific milestone checklist Validation: Project Officer review of progress reports + routine TA with grantees will help with report preparation and prior report follow up. Failure to meet reporting requirements will be elevated to supervisory authorities for troubleshooting.	Extracted by Program staff from Data Warehouse, compiled and reported up. No grantee reporting required.	Compiled monthly, but will be reported up quarterly to CDC/FMO and then to designated website(s)
Reaching More Children and Adults Percentage of recipients on track with meeting project-specific milestones	Source: Recipient progress on project-specific milestone checklist Validation: Project Officer review of progress reports + routine TA with grantees will help with report preparation and prior report follow up. Failure to meet reporting requirements will be elevated to supervisory authorities for troubleshooting.	Recipient will develop milestones/checklist in their proposal and complete checklist as part of their progress reporting. PO will assess progress per checklist against targets for progress.	Compiled monthly, but will be reported up quarterly to CDC/FMO and then to designated website(s)

H. Monitoring and Evaluation

All Recovery Act programs will be assessed for risk and to ensure that appropriate internal controls are in place throughout the entire funding cycle. These assessments will be done consistent with statutory requirements of the Federal Manager's Financial Integrity Act and the Improper Payments Information Act, as well as OMB's circular A-123 "Management's Responsibility for Internal Control."

Understanding that funds allocated as part of Recovery Act require additional accountability, CDC has established a centralized oversight function, for agency-wide Recovery Act Coordination (RAC), to oversee and coordinate all Recovery Act-funded activities. Quarterly reviews of Recovery Act programs will be conducted by RAC in collaboration with CDC's Financial Management Office (FMO) and Procurement and Grant's Office (PGO), as well as program managers. Potential



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risks associated with executing Recovery Act funds have been identified and appropriate mitigation strategies have been instituted to ensure Recovery Act funding is effectively and efficiently utilized to achieve program goals. In addition, assurance of adequate staffing levels within FMO, PGO, and within the program has been addressed to provide appropriate oversight and monitoring of recipient activity.

To ensure Recovery Act grantee accountability and performance and to minimize risks associated with the misuse of Recovery Act funds, CDC will perform the following contract and grant management activities for Recovery Act-funded contractors and grantees:

- Coordinate with the Office of the Inspector General (OIG) to ensure that Recipient Capability Assessments are conducted on funded organizations as needed;
- Ensure ongoing technical assistance is provided to contractors and grantees who need assistance in meeting administrative and program requirements;
- Monitor the receipt of financial reports, and review those reports for the purpose of monitoring compliance with financial requirements;
- Monitor the receipt of recipient progress reports, and review those reports for the purpose of monitoring compliance with program requirements;
- Conduct vigorous post-award monitoring to include site visits to grantees;
- Ensure the unique identification of Recovery Act funds in contractual and grant agreements, to include the use of unique Recovery Act CFDA numbers for grants;
- Refer all known instances of suspected fraud, waste, or abuse to the OIG;
- Ensure that timely enforcement actions are taken on any non-performing contractor or grantee;
- Take appropriate enforcement action, such as the disallowance of costs, the recovery of funds, the referral of suspected fraud to the OIG, the implementation of administrative corrective actions by the contractor or grantee, or the termination of funding if CDC determines that a contractor or grantee has misused Recovery Act funds, CDC will; and
- Support the oversight of the Recovery Accountability and Transparency Board, the OIG, and General Accounting Office, to include taking timely action on inquires and recommendations.

In accordance with current practice for the Section 317 Immunization Grant Program, there will be frequent communication between grant and contract recipients and program staff, including regular conference calls. Program staff will ensure site visits are conducted according to Recovery Act requirements, and that technical assistance is provided. Recipients may be allowed to charge increased administrative costs to support the frequent and extensive reporting required by the Recovery Act. Allowable and unallowable expenditures will be clearly communicated to recipients and appropriate penalties for misappropriation or misuse of funds will be enforced. The Office of Management and Budget (OMB) Circular A-133, "Audits of States, Local Governments and Non profit Organizations" will set the administrative requirements for these entities. OMB Circular A-87, "Cost Principles for State, Local



and Indian Tribal Governments” will set the Federal principles for determining allowable costs.

Development and submission of grantee plans and quarterly updates on progress towards measures and targets will enhance recipient accountability. Specific financial and program performance measures and the frequency for their reporting have been enumerated regarding measures. These indicators will serve as an evaluation of progress in deploying funds and achieving the intended outcomes. Lack of progress will serve as a warning for early intervention to ensure timely mitigation of issues. Monthly and quarterly reporting by recipients will be monitored by project and contract officers and failures to adhere to performance measures will be elevated to supervisory authorities immediately for troubleshooting.

I. Transparency

CDC will be open and transparent in all of its contracting and grant/cooperative agreement competitions and regulations depending on what is appropriate for Section 317 program activities that involve spending of Recovery Act funding consistent with statutory and Office of Management and Budget guidance. CDC will ensure that recipient reporting required by Section 1512 of the Recovery Act and OMB guidance is made available to the public on Recovery.gov by October 10, 2009. CDC will inform recipients of their reporting obligation through standard terms and conditions, grant/cooperative agreement announcements, contract solicitations, and other program guidance. CDC will provide technical assistance to grantees and contractors and fully utilize Project Officers to ensure compliance with reporting requirements. CDC will ensure recipient cost and performance requirements are reported on a quarterly basis. All awards issued with Recovery Act will have special accounting numbers and codes to track the funds and awards.

CDC's FMO and PGO have systems which provide recipient financial and performance information per the requirements of the Recovery Act for Recovery.gov. Recipients will report economic indicators of job creation and/or preservation on a quarterly basis directly to a central reporting system in accordance with the provisions of Section 1512. These data will be available at the recipient level. All other indicators will be collected from existing databases, collated by the program staff and then reported to an existing CDC information system. The customary process for reporting progress on these measures to the Department of Health and Human Services (HHS) and the OMB will be employed. These measures will be reported in aggregate, however the recipient-by-recipient performance on which they are based will be available from the program and its project officers. A point of contact has been established for Recovery.gov to receive and answer public inquiry regarding programmatic efforts with Recovery Act funds.

CDC shall ensure merit-based decision-making for Recovery Act grant and contract awards by:

- Promoting competition to the maximum extent practicable;
- Considering the weighting of selection criteria to favor applicants with demonstrated ability to deliver performance;



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- Using award methods that allow grantees and contractors to commence activities as quickly as possible;
- Ensuring that receipt of funds is contingent on grantees and contractors agreeing to meet Recovery Act reporting requirements;
- Adapting current applicant evaluation and review processes to reflect Recovery Act needs; and
- Pursuing efforts to overcome impediments to Recovery Act awards.

CDC grant announcements and contract solicitations involving Recovery Act funds shall contain transparent merit-based selection criteria that allow CDC to evaluate an applicant's demonstrated or potential ability to:

- Deliver programmatic results;
- Create economic stimulus, to include the number of jobs created or saved in relation to Federal dollars obligated;
- Achieve long-term public health benefits; and
- Satisfy Recovery Act transparency and accountability objectives, to include all reporting requirements.

CDC shall avoid the funding of imprudent projects by:

- Exercising the formal approval of Agency, Program and Spend Plans;
- Identifying measurable Program and Recovery Act outcomes;
- Reviewing proposed activities and expenditures for imprudent projects; and
- Making the timely obligation of funds.

J. Accountability

To ensure that managers are held to high standards of accountability in achieving program goals under the Recovery Act, CDC will build on and strengthen existing processes. Senior CDC Section 317 program officials will meet regularly with senior Department officials to ensure that projects are meeting their program goals, assessing and mitigating risks, ensuring transparency, and incorporating corrective actions. The personnel performance appraisal system will also incorporate Recovery Act program stewardship responsibilities for program and business function managers.

CDC will conduct quarterly reviews between Division Directors/Management Officials and project officers prior to the end of the quarter to evaluate progress to date and discuss grantee performance. This information will be provided to the National Center and ultimately CDC's Recovery Act Coordination unit for review. Additionally, National Center and Division Directors will have accountability and performance measurement objectives included in performance plans. Annual reviews will be conducted with CDC leadership to ensure programmatic objectives and grantee accountability measures are being executed and achieved as stated.



K. Barriers to Effective Implementation

CDC has evaluated circumstances that could impede the effective implementation of Recovery Act activities. In each of these circumstances, CDC has developed a strategy to identify and take actions to mediate appropriately.

1. **Some state legislatures may not be in session full time. Passage of state appropriations may not coincide with the timing of implementation of Recovery Act funds, potentially causing a delay in programmatic activities.** CDC will monitor program activities to determine if this becomes a factor with effective program implementation. If program activities are impeded, program staff will elevate concerns through CDC management to determine the appropriate course of action.
2. **Some states have implemented hiring freezes due to the current economic environment. This may inhibit the ability of CDC to efficiently execute Recovery Act funded activities.** CDC will monitor program activities to determine if this becomes a factor with effective program implementation. If program activities are impeded, program staff will elevate concerns through CDC management to determine the appropriate course of action.

L. Federal Infrastructure

Not applicable.



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Appendix A – Additional Information

Does this program align with an existing PART program? Yes

PART Program Code #: 10000250

Does this program align with an existing CFDA program? Yes

CFDA #: 93.712 ARRA Immunization

Related Programs:

93.268 Immunization Grants

93.185 Immunization Research, Demonstration, Public Information and Education-
Training

and Clinical Skills Improvement Projects

93.283 Centers for Disease Control and Prevention – Investigations and Technical
Assistance

93.217 Family Planning Services

93.185 Varicella Active Surveillance Project