

**Exhibit A**  
Scope of Work

**1. Service Overview**

Contractor agrees to provide to the California Department of Health Care Services (DHCS) the services described herein.

In collaboration with the California Childrens Services (CCS) Program, the Contractor will provide overall project project management for the High Risk Infant Follow-up (HRIF) Quality Care Initiative (QCI). The Contractor will provide the maintenance of the infractructure and implementation of the HRIF QCI. The contractor will facilitate and maintain working and ad hoc committees and work groups and provide Statewide HRIF training, release HRIF Program report annually and evaluate the progress of the HRIF QCI to identify quality improvement strategies to improve the neurodevelopmental outcomes of California’s high risk infants.

**2. Service Location**

The services shall be performed at the Contractor’s facility.

**3. Service Hours**

The services shall be provided during normal Contractor working hours, Monday through Friday, excluding national holidays.

**4. Project Representatives**

A. The project representatives during the term of this Agreement will be:

Department of Health Care Services	Contractor’s Name
Contract Manager: Kimie Kagawa Telephone: (916) 327-2665 Fax: (916) 327-1123 Email: Kimie.Kagawa@dhcs.ca.gov	Contract Manager: [Enter Name] Telephone: (XXX) XXX-XXXX Fax: (XXX) XXX-XXXX Email: XXXXXXXX@XXXXXXXX

B. Direct all inquiries to:

Department of Health Care Services	Contractor’s Name
Systems of Care Division Attention: Kimie Kagawa Mail Station Code 8100 1515 K Street, Room 400 P.O. Box Number 996413 City, CA, Zip Code (e.g., 95899-7413)  Telephone: (916) 327-2665 Fax: (916) 327-1123 Email: Kimie.Kagawa@dhcs.ca.gov	Section or Unit Name (as applicable) Attention: [Enter name, if applicable] Street address & room number, if applicable P.O. Box Number (if applicable) City, State, Zip Code  Telephone: (XXX) XXX-XXXX Fax: (XXX) XXX-XXXX Email: XXXXXXXX@XXXXXXXX

C. Either party may make changes to the information above by giving written notice to the other party. Said changes shall not require an amendment to this Agreement.

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**5. Services to be Performed**

The Contractor will provide overall project management for the High Risk Infant Follow-up (HRIF) Quality Care Initiative (QCI), including the maintenance of the infrastructure and implementation of the HRIF QCI, facilitation and maintenance of all committees and work groups. The Contractor will provide Statewide HRIF training, release annual HRIF Program reports and identify quality improvement strategies.

**6. Allowable Informal Scope of Work Changes**

- A. Changes and revisions to the Scope of Work (SOW) contained in the agreement, utilizing the **“allowable cost payent system”**, may be proposed by the Contractor in writing. All requested changes and revisions are subject to the approval of DHCS. Failure to notify DHCS of proposed revisions to the SOW may result in an audit finding.
- B. DHCS will respond, in writing, as to the approval or disapproval of all such requests for changes or revisions to the SOW within 30 calendar days of the date the request is received in the program. Should DHCS fail to respond to the Contractor’s request within 30 calendar days of receipt, the Contractor’s request shall be deemed approved.
- C. DHCS may also request changes and revisions to the SOW. DHCS will make a good-faith effort to provide the Contractor 30 calendar days advance written notice of said changes of revisions.
- D. The Contractor of the State may propose informal changes or revisions to the activities, tasks, deliverables and/or performance time frames specified in the SOW provided such changes do not alter the overall goals and basic purpose of the agreement.
- E. Informal SOW changes may include the substitution of specified activities or tasks; the alteration or substitution of agreement deliverables and modifications to anticipated completion/target dates.
- F. Informal SOW changes processed hereunder, shall not require a formal agreement amendment, provided the Contractor’s annual budget does not increase or decrease as a result of the informal SOW change.
- G. In implementing this provision, the State may provide a format for the Contractor’s use to request informal SOW changes. If no format is provided by the State, the Contractor may devise its own format for this purpose.

**7. See the following pages for a detailed description of the services to be performed.**

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<b>Major Objectives</b>	<b>Major Functions, Tasks, and Activities</b>	<b>Time Line</b>	<b>Performance Measure and/or Deliverables</b>
1. In collaboration with California Children's Services (CCS) Program, the Contractor will provide overall project management for the High Risk Infant Follow-Up (HRIF) Quality of Care Initiative (QCI)	1.1. Identify participating Committee and Work Group members to include, at a minimum, the Project Principal Investigator (PI), Project Manager, a developmental pediatrician, a neonatologist, a representative of the CCS Neonatal Intensive Care Unit (NICU) Technical Advisory Committee (TAC), and CCS Program staff.	Annually, 7/1/13 through 6/30/16	1.1. Maintain on file, documentation of committee and work group memberships.
	1.2. Reevaluate committee membership and recommend changes, as appropriate.	Annually, 7/1/13 through 6/30/16	1.2. Maintain on file, documentation of committee and work group memberships.
	1.3. Review, analyze, and report on the CCS HRIF Program's current goals and objectives including quality measures and case management strategies.	Annually, 7/1/13 through 6/30/16	1.3. Submit annual summary report of findings.
	1.4. Review, analyze, and report on participating CCS HRIF Programs' current quality improvement activities, their documentation requirements and existing reporting methods, and how this information will be informative to the statewide QCI.	Annually, 7/1/13 through 6/30/16	1.4. Submit annual summary report of findings.
	1.5. Manage the design, development, implementation and evaluation of QCI activities and the dissemination of information and findings, for use by CCS Program, CCS approved NICUs, and participating HRIF Programs.	Annually, 7/1/13 through 6/30/16	1.5. Submit an annual report on the QCI progress-to-date, preliminary report due 7/31/14 and each July 31 <sup>st</sup> thereafter.
2. Facilitate and maintain 4 working committees: a. HRIF Operations Oversight Committee (standing committee) b. HRIF Executive Committee (standing	2.1. Facilitate and maintain the HRIF Operations Oversight Committee for the purpose of providing leadership and consultation to PI, Executive Committee, project staff and partners.  a. The HRIF Operations Oversight Committee will be comprised of State CCS leadership, PI, and the HRIF	At least twice annually, 7/1/13 through 6/30/16	2.1. Submit an annual report to CCS Program summarizing committee activities; preliminary report due 7/31/14 and each July 31 <sup>st</sup> thereafter.

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<p>committee) c. HRIF QCI Steering Committees (ad hoc committee) d. HRIF Advisory Abstract Work Group</p>	<p>Program staff. b. The HRIF Executive Committee meets 2-3 times annually by webinar and/or in-person. c. The PI and Project Manager will facilitate the committee. All participants will serve as voting members. d. The HRIF Operations Oversight Committee will meet at least 2-3 times annually, in advance of the quarterly HRIF Executive Committee meetings, and more often as indicated. e. The HRIF Operations Oversight Committee membership will be evaluated and changes/additions recommended, as appropriate. f. The HRIF Advisory Abstract Work Group will meet annually.</p>		
	<p>2.2. Facilitate and maintain the HRIF Executive Committee for the purpose of providing oversight and consultation to the PI, project staff, and project partners and refining HRIF administrative issues (e.g., enrollment, tracking).</p> <p>a. The HRIF Executive Committee will be comprised of State CCS leadership, CCS TAC member(s), Chairs of the HRIF QCI Outcomes Work Group and the HRIF QCI Abstractors Advisory Work Group (AAWG), a neonatologist, a developmental pediatrician, four HRIF Program representatives from functioning HRIF Programs, including a CCS-approved:  1) Regional NICU,  2) Community NICU; and  3) Health System-based NICU (e.g., Kaiser).</p> <p>b. The PI and Project Manager will facilitate the committee, but will not serve as voting members.  c. The HRIF Executive Committee will meet at least twice annually.  d. The HRIF Executive Committee membership will be evaluated and recommended changes/additions will be</p>	<p>At least twice annually, 7/1/13 through 6/30/16</p>	<p>2.2. Maintain documentation of committee membership on file.</p>

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	<p>made, as appropriate.</p> <p>2.3. Convene the HRIF QCI Steering Committee, composed of, but not limited to, representatives of the HRIF Operations Oversight Committee and Executive Committee, nationally recognized experts on HRIF and appropriate consumer/parent organization representatives for the purpose of:</p> <ul style="list-style-type: none"> <li>a. Consulting with national HRIF experts on optimizing the approach to developing and evaluating a quality management program.</li> <li>b. Recommending modifications or additions to current goals and objectives for incorporation into the HRIF QCI.</li> <li>c. Identifying and determining outcomes, measures, and reporting requirements to be included in the HRIF QCI.</li> <li>d. The HRIF QCI Steering Committee will meet on an ad hoc basis.</li> <li>e. Reevaluate the HRIF QCI Steering Committee membership and recommend changes, as appropriate.</li> </ul>	<p>As needed annually through 6/30/16</p>	<p>2.3. Maintain documentation of meetings on file, including dates, attendees, agendas, recommendations, and work product outcomes for all committees and work groups.</p>
<p>3. Facilitate and maintain ad hoc work groups</p>	<p>3.1. Manage ad hoc work groups and convene others as required, including but not limited to:</p> <ul style="list-style-type: none"> <li>a. NICU Work Group</li> <li>b. Data Work Group</li> <li>c. Family Information Data Quality Work Group</li> <li>d. Cerebral Palsy Capture Work Group</li> <li>e. Medical Eligibility Clarification Work Group</li> </ul>	<p>As needed annually through 6/30/16</p>	<p>3.1. Maintain documentation of meetings on file, including dates, attendees, agendas, recommendations, and work product outcomes for all committees and work groups.</p>
	<p>3.2. Maintain and improve the existing web-based HRIF QCI reports and tools by convening and facilitating the appropriate ad hoc work groups in conjunction with State CCS HRIF staff, Project PI, Project Manager, project staff/consultants, and ad hoc HRIF clinical experts, as</p>	<p>At least annually and ongoing through</p>	<p>3.2. Submit an annual report on the progress-to-date, preliminary report due 7/31/14 and each July 31<sup>st</sup> thereafter</p> <p>3.3.</p>

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	<p>needed, to:</p> <ul style="list-style-type: none"> <li>a. Manage and update web-based data entry systems, manuals, and forms.</li> <li>b. Manage and update on line HRIF and NICU system reports.</li> <li>c. Develop and produce annual CCS HRIF QCI report.</li> <li>d. Create interface and linkage with CCS NICU data systems for HRIF referral and CCS report development.</li> <li>e. Create and manage tracking tools for HRIF programs.</li> <li>f. The HRIF Outcomes Work Group will meet quarterly.</li> <li>g. Reevaluate the HRIF Outcomes Work Group membership and recommend changes, as appropriate.</li> </ul>	6/30/16	
4. Training Statewide HRIF Program Staff of HRIF QCI Changes	<p>4.1. HRIF QCI Outcomes Work Group, in collaboration with project consultants, will plan, develop, and execute the Statewide trainings for CCS HRIF Programs of changes and revisions to the HRIF QCI.</p> <ul style="list-style-type: none"> <li>a. 3 to 4 Statewide Reporting System Trainings annually</li> <li>b. 1 to 2 Statewide Webinar Reporting System trainings annually</li> </ul>	7/1/13 and ongoing through 6/30/16	4.1. Maintain on file, the dates and locations of all trainings, a list of attendees, training content, and other pertinent training materials.
5. Release annual CCS HRIF Program Report	5.1. Release the first 3 years of HRIF QCI data report for infants born in 2009; and annually thereafter.	7/1/13 through 6/30/16	5.1. Submit evaluation report; first report must be available on-line by 7/31/14 and each July 31 <sup>st</sup> thereafter.
6. Evaluate the Progress and Accomplishments of the HRIF QCI and identify quality improvement strategies	<p>6.1 The HRIF Operations Oversight Committee will meet 2-3 annually to evaluate the program's effectiveness including, but not limited to:</p> <ul style="list-style-type: none"> <li>a. Assessing the extent to which HRIF Program entry criteria are capturing those infants eligible for services.</li> <li>b. Assessing the extent to which individual HRIF Programs are capturing eligible infants.</li> <li>c. Assessing the extent to which the Statewide HRIF</li> </ul>	7/1/13 and ongoing through 6/30/16	6.1. Submit an evaluation report; due 7/31/14 and each July 31 <sup>st</sup> thereafter.

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	<p>Program and the individual programs are achieving the mission of the HRIF QCI.</p> <ul style="list-style-type: none"> <li>d. Analyzing clinical regional and social risk factors related to lost to follow-up.</li> <li>e. Analyzing factors affecting sustained participation in (completing 3 core visits) in HRIF QCI for very low birth weight (VLBW) infants.</li> <li>f. Analyzing regional and clinical factors associated with outpatient medical and special service utilization and unmet needs among VLBW infants and high-risk term infants in HRIF QCI.</li> <li>g. Assessing outcomes of high-risk infant groups, including those with neonatal hypoxic ischemic encephalopathy and those who have been treated with extracorporeal membrane oxygenation (ECMO).</li> </ul>		
	<p>6.2. Use the HRIF QCI to inform the CCS Program of the development of HRIF Program quality improvement strategies in the assessment of developmental needs and provision of HRIF services, for the purpose of:</p> <ul style="list-style-type: none"> <li>a. Enhancing referral to and sustained participation in the online reporting to the HRIF QCI</li> <li>b. Partnering with CCS NICUs to develop interventions to reduce morbidities associated with adverse childhood outcomes for high-risk infants</li> <li>c. Utilizing HRIF QCI to initiate strategies to identify barriers to access services in the HRIF Programs.</li> </ul>	<p>7/1/13 and ongoing through 6/30/16</p>	<p>6.2 Submit a report; due 7/31/14 and each July 31<sup>st</sup> thereafter.</p>