Worksheet for Identifying IIS and Other Public Health Activities for CMS Funding

To begin, identify areas where your IIS could benefit from supplementary funding. Use the following steps for each potential activity and document the information in the candidate activity planning table on the final page:

1. **Assign a concise name:** Use standard IIS terminology such as "consumer access," "provider interoperability," "VFC program vaccine ordering," "reminder/recall outreach," or "immunization coverage rates."
2. **Translate for a Medicaid audience:** Reframe the activity to align with Medicaid priorities. For example, instead of "provider interoperability," use "expanding Medicaid provider interoperability to support program goals" or "enabling Medicaid providers to access consolidated records and forecasting to reduce duplicate immunizations and costs." Other examples include "matching IIS and Medicaid data for quality measurement" or "supporting timely immunization through Medicaid enrollee reminder/recall messages."
3. **Describe internal staffing needs:** Identify the state personnel (typically IT and IIS staff) required for the activity and provide a preliminary budget estimate.
4. **Identify external contract resources:** Specify the contract support needed for either development and implementation (eligible for a 90% federal/10% state match) or ongoing operations (eligible for a 75% federal/25% state match), including estimated costs.
5. **Describe the rationale** for selecting this activity for an Advance Planning Document (APD) to demonstrate that Medicaid goals and terminology have been thoroughly considered. Please note that once approved, APD activities typically necessitate periodic progress reporting to Medicaid (often on a quarterly basis). Common operational metrics for IIS reporting include:
    - Volume of HL7 VXU (vaccine update) and QBP (query) messages processed (interoperability indicators)
    - Count of total views and unique users utilizing the consumer access portal
    - Immunization up-to-date (UTD) status for Medicaid-enrolled pediatric and adolescent populations
    - Quantity of Vaccines for Children (VFC) doses requested by participating providers
    - Compliance with national standards via basic and complete AART validation benchmarks
    - Total immunization recall communications distributed to parents of relevant age cohorts (e.g., 19–35 months and 12–17 years).

You should duplicate this process for every proposed activity. Continue until you feel prepared to engage in substantive, professional, and persuasive preliminary discussions with Medicaid representatives when they inquire about your specific needs and projected expenses.

Refrain from dedicating excessive resources to precise cost projections until you have gauged the interest level of your Medicaid counterparts. While maintaining rough estimates is advisable, you should avoid spending significant time on granular budgets for initiatives that Medicaid might reject during your initial consultation.

When calculating costs for potential activities, remember the fair share cost allocation principle and the applicable federal matches (90%, 75%, or 50%). CMS does not provide 100% funding; therefore, your agency or program must secure the necessary matching funds (10%, 25%, or 50%). Given that CMS and Medicaid typically have greater financial capacity than public health departments, ensure your planning does not exceed the non-federal local resources available to you to support the match.

Candidate Activity Planning Table		
Activity name:		
"Medicaid version" of name:		
Staffing Requirements and Estimated Costs		
Staff role/function	% FTE	Estimated cost
Contract Resources and Estimated Costs		
Software		Estimated cost to develop/procure
Hardware upgrade (90% federal/10% state match only)		Estimated cost to procure
Total preliminary estimated costs		**$**
Justification for including in the APD		