California Vaccines for Children (VFC) Program

New 2013 Program Participation Requirements at A-glance

| Requirement | Summary | Agreement Item (Certification of Capacity to Store and Manage Vaccines) | Materials/Job Aids |
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| Designation of Key Clinic Staff | VFC providers must designate a Vaccine Coordinator and Backup Vaccine Coordinator fully trained to oversee and manage the clinic's vaccine supply. Contact name and information for the primary vaccine coordinator must be current in the clinic's profile. Any personnel changes in this role must be immediately reported to the VFC Program through MYVFCVaccines. | 12 (2) | Primary and backup Vaccine Coordinator's role and responsibilities are described in the Vaccine Coordinator job aid. |
| Completion of VFC on-line educational requirements. | Each clinic's VFC Provider of Record and Vaccine Coordinator must complete annual EZIZ lessons to meet new federal education requirements on key program areas. Providers cannot recertify until training has been completed. Lessons must be completed between January 2013 and December 2013. The designated Provider of Record is required to complete the "VFC Program Requirement Overview" lesson (available fall 2013); however, completion of all lessons is highly encouraged. The designated Vaccine Coordinator must complete the following lessons: 1. Storing Vaccines (20 min) 2. Monitoring Refrigerator Temperatures (17 Min) 3. Monitoring Freezer Temperatures (15 min) 4. Conducting a Vaccine Inventory (19 min) 5. VFC Program Requirements (available this fall-estimated time: 15 min) | 10 | For instructions on how to access, register, and complete these lessons, visit the EZIZ Training Required for Annual VFC Recertification page. |
| VFC Eligibility Screening & Documentation | Screening for VFC eligibility must occur with all clinic patients 0-18 years of age, prior to vaccine administration, and be documented in the patient's permanent medical record (paper-based or electronic medical record) at each immunization encounter. Eligibility documentation must be kept in the patient's medical record for three years. Documentation of eligibility screening must include the following elements: Date of screening Whether the patient is VFC eligible or not VFC eligible If patient is VFC eligible, eligibility criteria met | 1 & 3 | VFC's Patient Eligibility Screening Record form (IMM-1111). |
| VFC Vaccine Administration Fees | Providers may charge VFC-eligible children not covered by Medi-Cal (i.e., uninsured, American Indian/Alaska Natives, and underinsured children seen at a FQHC or RHC,) up to the <u>new</u> federal maximum regional administration charge of \$26.03 per dose (not antigen) of vaccine. | 5 & 6 | VFC's Who's Eligible flyer, IMM-1088 |

| | Pharmacies, urgent care and other specialty providers enrolling in the VFC program agree to vaccinate all "walk-in" VFC-eligible children and not refuse to vaccinate VFC-eligible children based on a parent's inability to pay the administration fee. | | |
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| Thermometers | Providers should have two thermometers in each unit, a primary and a back-up thermometer. Thermometer must meet the following specifications: • Temperatures should be accurate within +/- 1°F (+/-0.5°C). • Thermometers should be digital, with the digital display placed outside the unit to allow for temperature monitoring without opening the unit door. • Thermometers should have a biosafe glycol-encased probe, placed in proximity with vaccines. • Thermometers should display current temperature, as well as the minimum and maximum temperatures, and have an audible alarm. | 9 (4) | EZIZ Lessons: Monitoring Refrigerator Temperatures AND Monitoring Freezer Temperatures. |
| Thermometer's Calibration & Certification | Primary and back-up thermometers must be calibrated annually (or every other year at the most if recommended by the manufacturer), and each device should be covered by a Certificate of Traceability and Calibration Testing, also known as a Certification of Calibration. A valid Certification of Calibration must be kept on file and be readily available for review during VFC visits. Calibration should be conducted by an ILAC/MRA accredited laboratory. If calibration is conducted by non-accredited laboratories, calibration certificates from must include: • Name and address of laboratory conducting testing • Date of calibration • Thermometer Identification (serial #) • Measurement results • Statement of conformance with ISO/IE 17025 calibration procedure standards • Certificate report number Thermometer no longer accurate within, +/-1°F (+/5°C) as indicated in calibration measurement results must be replaced. | 9 (4) | Job Aid coming soon. |
| Temperature Monitoring | Temperatures for each unit must be read and documented twice each workday, at the beginning of the day and prior to closing. Additionally, minimum and maximum temperatures must also be read and documented at the beginning of each workday. Temperature logs must be maintained for three years. • Thermometer temperatures must be cleared after each daily MIN/MAX readings. • Temperatures must be recorded on VFC-provided temperature logs, even if using a continuous temperature-recording device or digital data logger. • Temperature logs must be posted in a visible location. | 9 (6) | EZIZ Lessons: Monitoring Refrigerator Temperatures AND Monitoring Freezer Temperatures. |
| Vaccine Ordering and Accountability | Adequate vaccine supply must be maintained in accordance with practice patient population. Stock records for both VFC and privately purchased vaccines (vaccine orders and privately purchased vaccine invoices) must be readily available for review during VFC visits. | 8 (7 & 8) | Vaccine usage may be tracked using the VFC Program's Daily Vaccine Usage Log (IMM-1053), similar form, or using an |

| | VFC vaccine supply and private vaccines should be kept separate and clearly labeled to allow easy identification and to mitigate use on ineligible patients. Providers must carefully track vaccine usage and account for all doses of VFC supplied vaccine within each ordering cycle. Usage logs must be kept for a period of 3 years. | | electronic Immunization Information System. EZIZ Lessons: Storing Vaccines |
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| Vaccine Transfers & Returns | Transfers Ordered vaccines must be stored only at the facility indicated in the vaccine order. • VFC vaccines should be transferred in limited situations (routine re-distribution is not allowed). • Providers must contact the VFC central office for approval- prior to transferring vaccines to another VFC provider. • VFC-supplied vaccine doses cannot be transferred to non-VFC provider sites. Returns Reconciliation of all expired/wasted vaccine doses returned to the VFC Program's vaccine distributor by participating providers must occur within 3 months of report. • Providers must return all reported doses of expired or spoiled VFC vaccines to the program's vaccine distributor soon after the submission of a VFC Return. • Return Reports must be submitted prior to submitting a new vaccine request. | 9 (8) | Job aid coming soon. |
| Site Visits | Actively enrolled VFC providers agree VFC Program site visits, including: • Scheduled compliance visits, also known as Quality Assurance Reviews (QARs) • Unannounced Storage & Handling visits • Other visits for educational and programmatic support Unannounced storage and handling visits serve as spot checks to ensure VFC supplied vaccines administered to VFC eligible children are managed and stored according to program requirements; any active VFC provider may be chosen to receive an unannounced storage and handling visit. | 10 | N/A |

Note: This document summarizes new VFC Program participation requirements added to VFC's Provider Participation Agreement. For a complete listing of all participation requirements please refer to your clinic's provider agreement completed during 2013 VFC Program recertification.