



TEXAS
Health and Human
Services

Texas Department of State
Health Services

DSHS Immunization Contractors Guide for Local Health Departments



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Acronyms

AAFP	American Academy of Family Physicians
AAP	American Academy of Pediatrics
ACIP	Advisory Committee on Immunization Practices
AI/AN	American Indian/Alaska Native
ASN	Adult Safety Net
CAP	Corrective Action Plan
CARE	Consent Accepted Rate Evaluation
CDC	Centers for Disease Control and Prevention
CEO	Chief Executive Officer
CHIP	Children’s Health Insurance Program
CHRS	Child Health Recording System
CMR	Case Management Report
CMS	Contract Management Section
COS	DSHS Contract Oversight and Support Section
DOA	Delegation of Authority
DSHS	Department of State Health Services
ECI	Early Childhood Intervention
EDD	Estimated Date of Delivery
EITC	Education, Information, Training and Collaborations
EMR	Electronic Medical Record
EPI-VAC	Epidemiology and Prevention of Vaccine Preventable Diseases
FERPA	Family Educational Rights and Privacy Act
FQHC	Federally Qualified Health Center
FRIT	First Responder Immunization Toolkit
FSR	Financial Status Report
FTE	Full-time Equivalent
FY	Fiscal Year
GTAG	HHS Grant Technical Assistance Guide
HBIG	Hepatitis B Immune Globulin
HBsAg	Hepatitis B Surface Antigen
HHS	Texas Health and Human Services
HSR	DSHS Health Service Region
ICC	Immunization Coalition coordinator
IDCU	Infectious Disease Control Unit
IIS	Immunization Information System
ILA	Inter-Local Agreement
ImmTrac	Texas Immunization Registry (legacy system)
IPO	ImmTrac program Outreach
IPOS	ImmTrac program Outreach Specialist
IPOM	CDC Immunization Program Operations Manual
IQIP	Immunization Quality Improvement for Providers
ISD	Independent School District
LHD	Local Health Department
LOA	Letter of Agreement
MOU	Memorandum of Understanding

NBS	NEDSS Base System
NCVIA	National Childhood Vaccine Injury Act
NEDSS	National Electronic Disease Surveillance System
NHANES	National Health and Nutrition Examination Survey
NIAM	National Immunization Awareness Month
NAIW	National Adult Immunization Week
NIIW	National Infant Immunization Week
NIS	National Immunization Survey
NVICP	National Vaccine Injury Compensation Program
OMB	Office of Management and Budget
PAM	Population Assessment Manual
PAR	Program Activity Report
PCP	Primary Care Physician
PEAR	Provider Education, Assessment, and Reporting
PEIMS	Public Education Information Management System
PEP	Post exposure Prophylaxis
PHBPP	Perinatal Hepatitis B Prevention Program
PHR	Public Health Region
PI	Program Income
PIET	Public Information, Education and Training
PIN	Provider Identification Number
POC	Point of Contact
PSandA	Program Stewardship and Accountability
PSA	Public Service Announcement
PTA	Parent Teacher Association
PVST	Post-Vaccination Serologic Testing
QA	Quality Assurance
RE	Responsible Entity
RHC	Rural Health Clinic
SAMS	CDC Secure Access Management System
SDO	Standing Delegation Orders
SME	Subject Matter Expert
SNAP	Supplemental Nutrition Assistance Program
TALHO	Texas Association of Local Health Officials
TEPSAC	Texas Private School Accreditation Commission
THSteps	Texas Health Steps
TISWG	Texas Immunization Stakeholder Working Group
TVFC	Texas Vaccines for Children Program
TWICES	Texas-Wide Integrated Client Encounter System
UGMS	Uniform Grant Management Standards
VAERS	Vaccine Adverse Event Reporting System
VAOS	Vaccine Allocation and Ordering System
VIS	Vaccine Information Statement
VPD	Vaccine-Preventable Disease
VWA	Vaccination Week in the Americas
WIC	Women, Infants, and Children

Program Background

The Immunization Section resides within the Infectious Disease Prevention Division at the Texas Department of State Health Services (DSHS). The vision and mission of the Immunization Section is a Texas free of vaccine preventable disease and to remove all barriers to complete timely vaccination, increase coverage levels and reduce the burden of vaccine-preventable diseases for all Texas infants, children, adolescents, and adults.

The Section is responsible for ensuring the immunization capacity within the State and administering the Texas Vaccines for Children (TVFC) and Adult Safety Net (ASN) programs; ImmTrac/ImmTrac2, the statewide, lifetime immunization registry; school and childcare immunization compliance; media and publications; and contracts for the performance of immunization activities.

The Section provides funding to local health departments (LHDs) via Inter-Local Agreements (ILA) to implement activities with the primary goal of raising vaccine coverage levels of Texas children, adolescents, and adults, including health care workers. Funding for immunization activities is a blend of federal funds and state general revenue funds.

Immunization contracts with LHDs are based on the Texas DSHS Immunization cooperative agreement with the Centers for Disease Control and Prevention (CDC) and activities in the CDC's Immunization Program Operations Manual (IPOM). The required activities of the contracts are an important part of implementing the Section's strategic goals and strategies. These goals and strategies are consistent with higher vaccine coverage levels.

The strategic goals are:

- Raise and sustain vaccine coverage levels for infants and children
- Improve adolescent immunization levels
- Improve adult vaccine coverage levels
- Prevent and reduce cases of vaccine-preventable diseases
- Maintain and improve public health preparedness
- Promote and practice the safe handling and storage of vaccines and ensure the accountability of all program components
- Expand statewide immunization services and resources

Strategies that are consistent with higher vaccine coverage levels include:

- Increase the use of an immunization registry
- Promote the use of reminder/recall systems
- Increase public and provider education
- Promote collaborations at the community level
- Promote the medical home concept

LHD contract requirements are based on the CDC's current IPOM and are updated annually.

This manual is intended as a resource to contracted LHDs in implementing required activities under the immunization contract and will also describe contract monitoring activities that will be conducted during the contract period.

FY24 Contractors Guide Updates

The Infectious Disease Prevention Division Central Office has made the following significant changes to the FY24 Contractor’s Guide. There may be other small language changes throughout the FY24 Contractors Guide.

Section 1 Updates

- No significant updates

Section 2 Updates

- No significant updates

Section 3 Updates

- No significant updates

Section 4 Updates

- 4.7.02: Clarified that this activity is addressing the needs identified in the Community Needs Assessment in 4.7.01

Section 5 Updates

- 5.3.10: Clarified metric
- 5.3.11 – 5.3.18: Changed from Standard to Required Activity

Section 6 Updates

- Multiple reference documents have been added to multiple activities for more assistance.
- 6.4.02: Expanded on reporting details
- 6.5.01: Expanded on reporting details
- 6.5.02: Expanded on reporting details
- 6.5.03: Decreased quality improvement assessments minimum from 60 to 45
- Added 6.6.01: Attend all IIS Monthly Regional Training Meetings

Section 7 Updates

- DSHS has combined Sections 7.4 and 7.5 to “Community Partnership Building”

- All language surrounding coalitions has either been taken out or edited to “long term community partnership”
- The Immunization Coalition coordinator position has been renamed to “Immunization Outreach coordinator (IOC)”
- 7.4.14: Ambassador Program is now a suggested activity
- DSHS will provide all the supporting materials for all target audience groups listed in guide
- Section 7.4: Some activities regarding community partnerships have been changed to “required”
- 7.5.01: Clarified that LHDs are required to attend TISWIG but not required to attend subgroup meetings
- 7.6.04: Listed national immunization observances that LHDs are required to promote

Contractors Guide Deleted Activities

- Section 6.4: Texas Immunization Registry User Education
- 7.2.04: Provide training relating to Standards for Child and Adolescent Immunization Practices and Standards for Adult Immunization Practices to all immunization providers within LHD contractor’s jurisdiction
- 7.4.02: Attend and participate in required coalition trainings sponsored by DSHS
- 7.4.07: Provide signed letters of agreements and other documentation of commitment to participate in coalition
- 7.4.08: Document communications, group meetings, and planning of activities that promote the best practices identified in contract agreement
- 7.7.03: Participate, when directed in statewide media campaign by distributing DSHS developed and produced public service announcements and materials to local television and radio stations, newspapers, parent publications, university newspapers, high school newspapers, and neighborhood newspapers

1. Program and Contract Management

1.1. Program Management

1.1.01	Implement and operate an Immunization Program as a Responsible Entity	Standard (Universal)
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Detailed Description

Responsible Entities (REs) are responsible for immunization services for a specific geographical area. Local Health Departments (LHDs) contract with DSHS to implement activities with the primary goal of raising vaccine coverage levels of Texas children, adolescents, and adults, including health care workers. Public Health Regions (PHRs) serve as REs for areas in their DSHS Public Health Service Region not covered by an LHD. REs must implement and operate an immunization program for children, adolescents, and adults. The LHD shall incorporate traditional and non-traditional systematic approaches designed to eliminate barriers, expand immunization capacity, and establish uniform operating policies, as described in the Immunization Contractors Guide for Local Health Departments.

Procedure

DSHS provides funding to LHDs via Inter-Local Agreements (ILA) to create program infrastructure such as staffing, program resources, equipment, training, and other program implementation needs. The funding supports implementation of immunization activities with the primary goal of raising vaccine coverage levels of Texas children, adolescents, and adults, including health care workers. Immunization contracts with LHDs are based on the Texas DSHS Immunization cooperative agreement and prescribed activities from the Centers for Disease Control and Prevention (CDC). Contracted LHDs will implement activities to address identified community needs and the required activities of the contract.

Reference Document(s) (if applicable)

- Department of State Health Services Immunization Contractors Guide for Local Health Departments
- Uniform Grant Management Standards (UGMS), produced by Texas Comptroller of Public Accounts
- Federal Uniform Grant Guidance (UGG), produced by Office of Management and Budget (OMB)
- Electronic Code of Federal Regulations (CFR), electronic version of UGG produced by Office of the Federal Register (OFR) and the Government Publishing Office
- Texas Health and Human Services Grant Technical Assistance Guide (GTAG)

- DSHS Inter-Local Agreement Scope of Work
- Texas Vaccines for Children (TVFC) and Adult Safety Net (ASN) Provider Manual
- Texas Vaccines for Children and Adult Safety Net Program Operations Manual for Responsible Entities
- Population Assessment Manual
- Perinatal Hepatitis B Prevention Program Manual

ImmTrac2 Provider Resources

1.1.	Identify at least one individual to act as the program contact in the following areas:	Required Activity
	<ol style="list-style-type: none"> 1. Immunization program manager 2. RE Contract coordinators 3. RE School Compliance coordinators 4. RE Perinatal Hepatitis B Case Manager 5. RE Disease Surveillance coordinators 6. RE Clinical coordinators 7. RE Texas Immunization Registry coordinators 8. RE TVFC & ASN coordinators 9. RE Coalition coordinators. 	

Detailed Description

Identify LHD points of contact for the Immunization program manager and the eight areas of work for the local immunization program activities. Only one person should be identified for the role of Immunization program manager; this person will receive all DSHS communications for any program areas. For the areas of work, the LHD may designate one or more individuals to serve as program contacts for these roles. One person may serve as program contact for more than one area of work. The program contacts will be the first point of contact for communications with the PHR and DSHS Central Office staff.

Procedure

The LHD should complete the Program Contact Information form in the annual contract renewal packets. The program contacts are to be updated each quarter via the LHD Quarterly Report (see activities 1.1.09 and 1.1.10).

Reference Document(s) (if applicable)

- Inter-Local Agreement, Form C-1, Program Contact Information
- Local Health Department Quarterly Report

Metric

Complete and submit Form C-1, Program Contract Information in the LHD ILA contract packet annually. Update the Program Contacts in the LHD Quarterly Report.

Reporting

This metric will be included for reporting in the ILA contract packet and the LHD Quarterly Reports (updates to program contacts).

1.1.03	Attend all required trainings for each Area of Work as specified in the Immunization Program Contractor’s Guide. Ensure that the immunization program manager and TVFC and ASN coordinator attend the annual Immunization Section mandatory in-person meeting.	Required Activity
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Detailed Description

DSHS will provide training on information such as changes in policy, contract management, immunization- related data, publications, and other program-related information. LHDs are required to attend trainings specified in the Immunization Contractors Guide.

Procedure

At least one LHD immunization staff member must register for and attend all required trainings for each area of work as specified in the Immunization Program Contractor’s Guide. The required trainings are as following:

1. Texas Immunization Registry Annual Training. (ImmTrac program Outreach Specialists are required to attend in-person)
2. Biennial Perinatal Hepatitis B Prevention Program Summit. (Peri HepB coordinators/Peri HepB Case Managers are required to attend in-person)
3. Immunization Program Responsible Entity (IPRE) Training (Immunization program manager and the TVFC and ASN coordinator are required to attend in-person).
4. Other trainings that are mandated by the Immunization Section.

Reference Document(s) (if applicable)

- Attendance sign-in sheets and reports (specific to each training/meeting)

Metric

At least one immunization program staff must attend required trainings for each area of work. At a minimum, the Immunization program manager and the TVFC and ASN coordinator must attend the required IPRE Training.

Reporting

This metric will be included in the Immunization Program Contract Review Tool.

1.1.04	Comply with the DSHS Immunization Contractors Guide for Local Health Departments which includes all immunization grant objectives and required activities. The Immunization Contractor’s Guide is Attachment A of the ILA and will be attached to the executed contract.	Standard (Universal)
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Detailed Description

The DSHS Immunization Contractors Guide for LHDs was developed to provide a comprehensive guide to implementing required activities under the immunization contract that will be conducted during the contract period.

Procedure

LHDs will comply with activities under the DSHS ILA and activities shall be conducted in accordance with the DSHS Immunization Contractors Guide for LHDs.

Reference Document(s) (if applicable)

- Inter-Local Agreement
- Immunization Contractors Guide for Local Health Departments

1.1.05	Annually complete one LHD Deputization Addendum Form (EF11- 13999) for all Provider Identification Numbers (PIN) associated with the LHD contractor to ensure eligibility to provide immunization services to underinsured children.	Required Activity
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Detailed Description

A local Federally Qualified Health Center (FQHC)/Rural Health Clinic (RHC) in each region deputizes DSHS PHR and LHD clinics. The FQHC/RHC signs a Memorandum of Understanding (MOU) with DSHS that allows underinsured children to be vaccinated at DSHS PHR and LHD clinics. The Federal Vaccines for Children (VFC) program pays for the vaccines. This MOU allows underinsured children to continue to receive vaccines at a DSHS PHR or LHD clinic instead of having to seek care at an FQHC or RHC. The vaccines for underinsured children that are seen in clinics other than DSHS PHR or LHDs are paid for by the TVFC program.

All LHD and PHR sites with a Provider Identification Number (PIN) sign a Deputization Addendum Form with DSHS accepting the responsibilities of vaccinating underinsured children and properly keeping record of those vaccines administered.

Procedure

All DSHS PHR and LHD authorized sites are required to submit a Deputization Addendum Form. REs must submit these forms to DSHS annually. One form must be signed for each PIN associated with the LHD contractor.

Reference Document(s) (if applicable)

- Texas Vaccines for Children and Adult Safety Net Program Operations Manual for Responsible Entities, Section Two Standards and Policies, II. Patient Eligibility, D. Deputization of Clinics

Metric

Complete and submit one LHD Deputization Addendum form per PIN associated with the LHD contractor to DSHS Central Office by December 31 each year. Keep the signed form on file in the respective clinic. If there is a change in signature authority, the RE must secure updated signatures and submit the forms to DSHS Central Office.

Reporting N/A

1.1.06	Maintain staffing levels adequate to meet the required activities of this contract and to assure expenditure of all contract funds.	Standard (Universal)
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Detailed Description

The LHD must maintain staffing levels adequate to meet the required activities of the ILA and to assure expenditure of all contract personnel funds. Every effort must be made to maintain staff positions partially or fully funded by the immunization contract and to fill vacant positions as soon as possible.

Procedure

Maintain staffing levels adequate to meet the required activities of the ILA and to assure expenditure of all contract funds.

Reference Document(s) (if applicable)

N/A

1.1.07	Develop and implement an employee immunization policy for contractor’s immunization program staff according to CDC recommendations.	Required Activity
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Detailed Description

Immunization policy and protocols are developed to ensure organizations have standard vaccine protocols for new and existing staff. The Immunization policy should meet the CDC recommendations for the adult immunization schedule and should be incorporated into new staff orientation and annual immunization requirements.

Procedure

The RE will develop an Immunization policy for LHD immunization program staff. The policy must address immunizations for both new and existing staff, explain how the LHD ensures that all employees are immunized, and be based on the CDC recommended adult immunization schedule. The policy should include timeframes for reviewing employee immunization status and vaccination standards for personnel who have contact with patients. The policy should address how the LHD ensures that all employees are immunized and what steps are taken to bring employees (both new and current) up-to-date. Immunization declinations should be kept on file for all employees that refuse/decline immunizations. The policy should include timeframes for reviewing employee immunization status.

Reference Document(s) (if applicable)

- Immunization Program Contract Review Tool
- Recommended Immunization Schedule for Adults Aged 19 Years or Older, United States
- Texas First Responder Immunization Toolkit, Sample Health Care Personnel Immunization Policy
- Texas First Responder Immunization Toolkit, Sample Vaccine Policy Statement

Metric

Develop and implement a local Immunization Policy that meets CDC recommendations for adult immunization.

Reporting

This metric will be included in the Immunization Program Contract Review Tool.

1.1.08	Maintain a record of orientation (new staff) and ongoing training for existing contract-funded staff involved in the provision of immunization services.	Required Activity
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Detailed Description

All staff involved in providing immunization services will receive orientation and regular immunization updates. All staff training must be documented, tracked, and on file for audit.

New staff orientation must include at a minimum:

1. Review of Standards for Child and Adolescent Immunization Practices and Standards for Adult Immunization Practices.
2. Review and understanding of the current immunization schedules for persons of all ages.
3. Training and observation of skills in the proper storing and handling of vaccines.
4. Training and observation of skills in screening immunization clients.
5. Observation of staff skills administering vaccinations to infant, children, adolescent, and adult clients.
6. Training in emergency procedures.
7. Observation of staff providing vaccine-specific information to clients.
8. Review of the appropriate use of the VIS.
9. Review of true contraindications for vaccines.
10. Observation of appropriate documentation of administered vaccinations.

Existing staff:

1. View the Epidemiology and Prevention of Vaccine Preventable Diseases (EPI-VAC) training provided by the CDC, found at <https://www.cdc.gov/vaccines/ed/webinar-epv/>. (Review annually and as updated)
2. Review the current year’s TVFC and ASN Provider Policy Training at <http://www.vaccineeducationonline.org/>.
3. Clinical staff should be encouraged to obtain continuing education credits in programs related to vaccines and/or VPDs.

Procedure

REs will ensure that all contract-funded staff involved in the provision of immunization services receive the training described in this required activity (Detailed Description), at a minimum. The LHD will maintain a record of orientation and ongoing training for each staff person involved in the provision of immunization services. Training records must be available for audit.

Reference Document(s) (if applicable)

- The Immunization Program Contract Review Tool

Metric

The LHD has orientation and training tracking records for all contract-funded staff involved in the provision of immunization services. LHD staff training content meets the requirements under this activity. The training timeframes are specific to the metric associated to the specific training (e.g. annually, orientation, one-time, etc.)

Reporting

This metric will be included in the Immunization Program Contract Review Tool.

1.1.09	Inform DSHS (in writing) of any changes (both departures and arrivals) in LHD Medical Director, Immunization program manager, and all other positions listed under activity 1.1.02 within 30 days of staffing changes.	Required Activity
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Detailed Description

REs must quickly inform DSHS of changes in key staff. These notifications make DSHS aware of major changes that may affect the success of the contractor and allows DSHS to provide technical or other assistance if needed. The notifications also allow DSHS to keep program contact lists updated so that program communications are received as intended.

Procedure

Inform DSHS in writing (e.g., submitted via facsimile, email, or mail) of changes—including arrivals and departures—in the Medical Director, other high-level positions, or Immunization Program staff identified in activity 1.1.02 within 30 calendar days of the change. Date of departure/vacancy is considered the actual date the person(s) leaves the position and is not the date staff is notified the person is leaving the position.

Email notifications should be sent to the assigned DSHS Contract Manager and the DSHS Immunization Section at DSHSImmunizationContracts@dshs.texas.gov. The email should include the following information:

1. The name(s) of the person(s) who arrived/departed.
2. The position(s) of the person(s) who arrived/departed.
3. The date(s) the person(s) arrived/departed.
4. Whether the person(s) is arriving to or departing from the position(s).
5. Contact information of person covering position (phone and email address).

Reference Document(s) (if applicable)

- Inter-Local Agreement, Form C-1, Program Contact Information
- Local Health Department Quarterly Report

Metric

Written notification submitted to the DSHS Contract Manager and DSHS Immunization Section within 30 calendar days of staffing change for LHD Medical Director, Immunization program manager and all other positions listed under activity 1.1.02.

Reporting

This metric will be included for reporting in the Inter-Local Agreement (ILA) Program Contact Information Form and the LHD Quarterly Reports.

1.1.10	Submit a written notification for contract-funded staff positions that remain vacant more than 90 days.	Required Activity
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Detailed Description

REs must maintain staffing levels adequate to meet the required activities of this contract and to ensure expenditure of all contract funds. Every effort must be made to maintain staff positions partially or fully funded by the immunization contract, and vacant positions will remain vacant no longer than 90 days.

Procedure

Inform DSHS in writing (e.g., submitted via facsimile, email, or mail) of contract-funded staff positions that are vacant more than 90 calendar days. Email is the preferred method of communication.

Email notifications should be sent to the assigned DSHS Contract Manager and the DSHS Immunization Section at DSHSImmunizationContracts@dshs.texas.gov.

The email should include the following information:

1. The position that has been vacant more than 90 calendar days, and the name of the person who previously held the position.
2. The date the position became vacant.
3. Actions taken to fill the vacancy.
4. Actions taken to ensure that salary savings from the vacancy are not lapsed (e.g., redirection of funds).

The LHD should continue to update the DSHS Contract manager and Immunization Section with the status of vacant positions monthly after the initial notification at 90 days and should include information as to how the salary savings from the vacancy are being used toward grant objectives.

Reference Document(s) (if applicable)

- Inter-Local Agreement, Form C-1, Program Contact Information
- Local Health Department Quarterly Report

Metric

Written notification, following the requirements in the Procedure section of this activity, submitted to the DSHS Contract Manager and DSHS Immunization Section for each position funded in the approved LHD budget that has been vacant for more than 90 calendar days.

Reporting

This metric is included in the ILA Quarterly Reports.

1.1.11	Have a standard method to document all work time spent performing immunization activities for staff who are partially funded with immunization contract funds.	Standard (Universal)
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Detailed Description

Documentation of staff time and effort is required for all staff funded by immunization contract funds. Employees who work on both direct and indirect activities must record (on their time sheet) the actual time worked on each activity. For example, if during a given day the Chief Executive Officer (CEO) works three hours performing program activities and five hours performing general administrative activities, the CEO’s time sheet must reflect the hours worked on each activity. REs may develop forms or use an electronic system to track staff time and effort. The method must include the employer’s approval of the time worked.

The administrative office that converts the total number of hours worked and charges the hours to the immunization program must maintain accounting records that substantiate the charges. These costs must relate to the total accounting documentation maintained by the organization that is asserting the claim.

Procedure

Maintain time and effort records for staff funding with immunization contract funds. The records must be available for fiscal monitoring and audit purposes.

Reference Document(s) (if applicable)

- Texas Health and Human Services HS Grant Technical Assistance Guide, Chapter 3.3.5 – Determining Adequate Documentation, and 3.6.1.1 – Payroll Documentation

1.1.12	Use the results of the community needs assessment conducted in activity 4.7.01 to review and address an immunization need within the LHD jurisdiction.	Suggested Activity
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Detailed Description

It is recommended that LHDs complete a community needs assessment to examine the immunization environment of a community with the intention of identifying gaps or 'pockets of need' that can be addressed to ensure high immunization coverage (Activity 4.7.01). LHDs are encouraged to organize the results, information, and data from the community needs assessment and develop a plan of action to address each issue identified. LHDs should draft a timeline to complete actions and document outcomes and results of activities.

Procedure

Address at least one gap identified in the initial community needs assessment annually. Add a summary of yearly activities and outcomes as an appendix to the community needs assessment.

Reference Document(s) (if applicable)

- CDC Community Needs Assessment Workbook
- Community Needs Assessment Report Form

Metric

Address at least one gap identified in the initial community needs assessment annually. Attach a report summarizing how the LHD addressed the gap.

Reporting

This metric will be included in the Immunization Program Contract Review Tool.

1.2. Program Compliance

1.2.01	<p>Comply with all applicable federal and state regulations and statutes as amended, including, but not limited to:</p> <ol style="list-style-type: none"> 1. Texas Human Resources Code §42.043; 2. Texas Education Code §§38.001-38.002; 3. Texas Health and Safety Code §§12.032-12.033, 81.023, and 161.001-161.009; 4. Texas Administrative Code (TAC) Title 25, Chapter 96, 97 and 100; 5. 42 United States Code (USC) §§247b and 300 aa-25; and 6. Omnibus Budget Reconciliation Act of 1993, 26 USC §4980B. 	Standard (Universal)
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Detailed Description

LHDs will ensure that the program is conducting its operations in compliance with all applicable federal and state regulations and statutes as amended. It is the expectation that the program will operate in compliance with the stated regulations and statutes.

Procedure

LHDs should be knowledgeable of, understand, and adhere to all DSHS Immunization Program policies and ILA contractor requirements. DSHS staff will review and monitor program operations to ensure adherence and compliance with all applicable federal and state regulations and statutes listed above. Through regular reviews and continuous monitoring, the program will maintain compliance and if necessary, remediate.

Reference Document(s) (if applicable)

- Texas Human Resources Code §42.043, VTCA
- Texas Education Code §§38.001-38.002, VTCA
- Texas Health and Safety Code §§12.032, 81.023, and 161.001-161.009, VTCA
- Texas Administrative Code (TAC) Title 25, Chapters 96, 97, 100
- 42 United States Code (USC) §§247b and 300 aa-25
- Omnibus Budget Reconciliation Act of 1993, 26 USC §4980B

1.2.02	Ensure compliance with Health and Human Services (HHS) Deputization Guidance. Activities under this requirement shall be conducted in accordance with the DSHS Immunization Contractor's Guide for Local Health Departments.	Standard (Universal)
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Detailed Description

DSHS staff will ensure that current policies follow HHS Deputization Guidance and all activities within this requirement shall be conducted in accordance with the DSHS Immunization Contractors Guide for Local Health Departments.

Procedure

LHDs should be knowledgeable of, understand, and adhere to all DSHS Immunization program policies and ILA contractor requirements. DSHS staff will review and monitor program operations to ensure adherence and compliance with the HHS Deputization Guidance. Through regular reviews and continuous monitoring, the program will maintain compliance and ensure all activities under this requirement are conducted in accordance with the DSHS Immunization Contractors Guide for Local Health Departments, and if necessary, remediate.

Reference Document(s) (if applicable)

- Texas Health and Human Services Deputization Guidance
- Department of State Health Services Immunization Contractors Guide for Local Health Departments
- Texas Vaccines for Children and Adult Safety Net Program Operations Manual for Responsible Entities, Section Two, Part II, Subsection D - Deputization of Clinics

1.3. Financial Management

1.3.01	Agree DSHS reserves the right, where allowed by legal authority, to redirect funds in the event of financial shortfalls.	Standard (Universal)
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Detailed Description

DSHS will monitor Contractor’s expenditures monthly. If expenditures are below what is projected in Contractor’s total program budget, Contractor’s budget may be subject to a decrease for the remainder of the Contract term. Vacant positions existing after 90 days may result in a decrease in funds.

Procedure

Agree to contract terms and conditions stating that DSHS may redirect funds in the event of financial shortfalls with signature and execution of ILA.

Reference Document(s) (if applicable)

- Inter-Local Agreement

1.3.02	Submit monthly invoices, supplemental documents and request monthly payments using the State of Texas Purchase Voucher (Form B-13) in accordance with the DSHS Immunization Contractors Guide for Local Health Departments.	Required Activity
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Detailed Description

LHDs are required to request payment using a State of Texas Purchase Voucher and are required to bill monthly by the last business day of the month following the end of the month covered by the bill, unless otherwise stated in the contract. Some requests for payment may require billing tasks to be processed through the Texas HHS electronic contract system or clinical management systems.

The voucher requesting payment and any other applicable supplemental documentation can be submitted via facsimile, email, or mail). LHDs should submit requests for payment using a consistent method.

LHDs may contact the DSHS Claims Processing Unit with questions about the receipt of a voucher. All vouchers should include the information below. Vouchers that do not reflect this information may be returned unpaid.

1. Document number (e.g., invoice number).
2. Contract number.
3. Purchase order number.
4. Texas Health and Human Services program name.

LHDs are recommended to submit timely vouchers as specified. The timeliness of voucher submissions is tracked as a contract deliverable (e.g., met, or unmet). The timeliness of deliverables for each LHD is tracked monthly and used by DSHS Contract Management to conduct annual risk assessments.

Procedure

Submit requests for monthly payments using the State of Texas Purchase Voucher (Form B-13), at .

<https://www.dshs.texas.gov/hivstd/contractor/routine/B-13.doc>

Submit the voucher and attach any(s) supporting documentation to the address/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.texas.gov and to CMSinvoices@dshs.texas.gov

Reference Document(s) (if applicable)

- Inter-Local Agreement
- State of Texas Purchase Voucher (Form B-13)
- Instructions for Monthly Reimbursement Request Using the State of Texas Purchase Voucher (DSHS Form B-13)
- Grant Technical Assistance Guide, 8.1 - Reimbursement Requests

Metric

Vouchers (Form B-13) and supporting documentation are submitted no later than 30 days after the month of service.

Reporting

This metric will be assessed through the monthly invoices submitted to the Texas Department of State Health Services, Claims Processing Unit.

1.3.03	Agree DSHS will be pay Contractor on a cost reimbursement basis.	Standard (Universal)
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Detailed Description

Methods for submitting reimbursement requests can vary with each HHS contract. Specific requirements for payment requests are stated in the contract. LHDs will be reimbursed for allowable costs only to the extent incurred.

Procedure

Agree to contract terms and conditions stating that DSHS will pay contractor on cost reimbursement method. This is done by signing and acting in accordance with the ILA contract.

Reference Document(s) (if applicable)

- Inter-Local Agreement
- Grant Technical Assistance Guide, 8.1 - Reimbursement Requests

1.3.04	Adhere to travel rates set by the State of Texas TexTravel.	Standard (Universal)
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Detailed Description

LHDs may draft local travel policies but will be reimbursed for travel in accordance with state law and the Comptroller’s guidelines. Travel costs are allowable based on the LHD’s formal travel policy provided the costs are deemed by DSHS to be reasonable and necessary. The LHD policy should specify reimbursement limits for meals, lodging, and the mileage rate. State of Texas travel regulations, including maximum per diem and subsistence rates prescribed in those regulations, will be used to determine the maximum amount of travel costs DSHS allowed to reimburse the LHD. Travel reimbursements under this Contract are examined prior to payment to ensure compliance with all applicable regulations and limitations.

Procedure

Adhere to the travel reimbursement rates set by the State of Texas TexTravel guidance. LHDs may have their own travel policy that differs from the State of Texas travel regulations and rates, but LHDs will only be reimbursed for contract-related travel up to the maximums allowed in the State of Texas travel regulations.

Example - the maximum reimbursement rate for a hotel in Freedom City, USA is \$160 per night, and the LHD selects a hotel that is \$182 nightly (e.g., GSA rate for lodging only on the date of lodging). The LHD will only be able to seek reimbursement up to \$160 for each night, so the LHD is responsible for the \$22 per night (\$182-\$160=\$22) above the maximum lodging rate.

Reference Document(s) (if applicable)

- Inter-Local Agreement, Terms and Conditions
- TexTravel, <https://fmx.cpa.texas.gov/fmx/travel/texttravel/index.php>

1.3.05	Review monthly contract funding expenditures to ensure that all funds will be properly expended before the end of the contract period.	Standard (Universal)
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Detailed Description

LHDs are responsible for the administration and financial management of all funds and materials received from DSHS. LHD must incur costs within the contract term to be eligible for reimbursement. LHD should monitor the program budget monthly and track expenditures to ensure all program funds are expended by the end of the contract period. LHD should compare the percentage expended to the planned annual outcomes to maintain appropriate spending level.

Procedure

The LHD spending plan should be evaluated and necessary adjustments should be made throughout the contract cycle to avoid lapsing funds. Personnel vacancies should be considered as these salary savings often lead to lapsed funds at the end of a contract year.

Reference Document(s) (if applicable)

- Inter-Local Agreement

1.3.06	Lapse no more than 5% of total funded amount of the contract.	Required Activity
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Detailed Description

LHDs should monitor the program budget monthly and track expenditures to ensure all program funds are expended by the end of the contract period. LHD immunization programs should be familiar with budgets for their awarded funds, including specific activities/line items in their approved contract budgets. LHDs should compare the percentage of funds expended to the planned annual activities to maintain appropriate spending level.

It is important that LHDs expend awarded funds to help maintain overall state and federal funding for immunization programs. DSHS will monitor contractor’s expenditures monthly. If expenditures are below the contractor’s total program budget in the ILA, the contractor’s budget may be subject to a decrease for the remainder of the contract term.

Procedure

The LHD spending plan should be evaluated at least monthly and necessary adjustments made throughout the contract cycle to avoid lapsing funds. Personnel vacancies should be considered as these salary savings often lead to lapsed funds at the end of a contract year.

Reference Document(s) (if applicable)

- Inter-Local Agreement
- Local Health Department Quarterly Report
- Financial Status Report

Metric

Expend at least 95 percent of awarded funds by August 31 of applicable fiscal year.

Reporting

This metric will be reported in the Inter-Local Agreement (ILA) Quarterly Reports. The percent expended cumulative for the fiscal year will be reported each quarter.

1.3.07	Submit requests to move more than 25% of the total contract amount between direct budget categories in writing to the DSHS Contract Management Section (CMS) in Austin and obtain approval before monies can be transferred.	Standard (When Applicable)
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Detailed Description

LHDs should monitor expenditures to ensure that cumulative budget transfers among direct cost categories, except for the Equipment category, do not exceed 25% of the total budget. LHD must obtain prior approval from DSHS to move more than 25% of the total contract amount between direct budget categories, with the exception of the equipment category (for which prior approval is usually required regardless of amount). Costs that result in cumulative budget transfers among direct cost categories that exceed 25% of the total program budget are subject to being disallowed unless prior approval is obtained from DSHS.

Requests to move more than 25% of the total contract amount between direct budget categories must be made in writing to the DSHS Contract Management Section (CMS) and approved before monies can be moved.

The definition of the budget categories found in the Grant Technical Assistance Guide (Personnel, Fringe Benefits, Travel, Equipment, Supplies, Other and Indirect Costs) and the documentation required to support charges to each category are discussed in detail in Chapter 3.6 – Budget Categories and Documentation.

Procedure

Submit an email request, revised budget and justification for adjustment to the DSHS CMS Contract Manager to move more than 25% of the total contract amount between direct budget categories. LHDs must provide a detailed justification for the request and a revised budget to support the transfer.

Reference Document(s) (if applicable)

- Inter-Local Agreement
- Uniform Grant Management Standards, Subpart C - Post-Award Requirements - Changes, Property, and Subawards, Budget Changes

1.3.08	Expend funds consistently throughout the contract term, approximately 25% per quarter.	Suggested Activity
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Detailed Description

LHDs should **monitor** the program budget monthly and track expenditures to ensure all program funds are expended by the end of the contract period. LHDs should compare the percentage expended to the planned annual outcomes to maintain appropriate spending level. DSHS recommends that LHDs expend at least 25% of the budget each quarter to ensure the contract funds are 100% expended by the end of the contract term.

If expenditures are below what is projected in LHD's total program budget, the LHD's budget may be subject to a decrease for the remainder of the Contract term.

Procedure

Expend 25% of funds each quarter of the contract term, when feasible. Equipment and other one- time purchases may affect an LHD's ability to expend funds evenly throughout the contract term. The quarter timeframes are as follows:

1. First Quarter: 9/1 – 11/30.
2. Second Quarter: 12/1 – 2/28.
3. Third Quarter: 3/1 – 5/31.
4. Fourth Quarter: 6/1 – 8/31.

Reference Document(s) (if applicable) N/A

Metric

Expend 25% per quarter of the fiscal year. Review expenditures monthly to track expenditure levels.

Reporting

N/A

1.4. Contract Management

1.4.01	Submit contract amendments by February 28 of contract year to be approved and processed no later than May 31.	Suggested Activity
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Detailed Description

DSHS approval to change a contract or budget item is granted through a contract amendment. The request for budget revisions or other amendments must be submitted in writing to the DSHS Contract Manager. If approved, DSHS will notify the contractor of approval through a written amendment or by written acceptance of contractor’s revision request as appropriate. This activity will not result in additional funds.

DSHS recommends that the request for contract amendments is submitted by February 28 in order to complete the DSHS approval and contract amendment process by May 31. Budget revisions or amendments requested during the last quarter of the contract period (June 1 through August 31) may not be granted because DSHS may be unable to process the amendment or revision prior to the end of the contract period.

Procedure

Submit the request for budget (including match) revisions or other amendments via an email to the DSHS Contract Manager, by February 28 when feasible. The written request must contain a description and justification of need for change and/or adjustment. If approved, DSHS will notify the contractor of approval through a written amendment or by written acceptance of contractor’s revision request as appropriate. LHDs are approved to begin activities in the amended contract at the contract execution date only.

Reference Document(s) (if applicable)

- Inter-Local Agreement

Metric

Submit any amendment requests by February 28 in writing to the DSHS Contract Manager.

Reporting N/A

1.4.02	<p>Initiate the purchase of approved equipment purchases in the first quarter of the Contract term. Requests to purchase previously approved equipment after the first quarter must be submitted to the contract manager. Changes to the approved equipment budget category must be approved by DSHS prior to the purchase of equipment. If a contractor would like to deviate from the approved equipment budget, a written request to amend the budget is required.</p>	Standard (When Applicable)
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Detailed Description

DSHS may authorize funds for LHDs to purchase real property, equipment, or other intangible property as needed to support the objective(s) of the grant award. Contracts may require purchases of equipment to be initiated within a specified period of the contract term. Purchases not initiated within a specified period may result in the unavailability of grant funds for equipment unless approved after a written request to DSHS is submitted by the LHD. This request will document the continued need for the asset to be purchased to fulfill the program’s objective(s).

Subsequent changes to the Equipment cost category may require approval from the DSHS Contract Manager.

Procedure

LHD should initiate the purchase of approved equipment purchases in the first quarter of the Contract term. Requests to purchase previously approved equipment after the first quarter must be submitted an email to the DSHS Contract Manager. Changes to the approved Equipment budget category must be approved by DSHS prior to the purchase of equipment. If a contractor would like to deviate from the approved equipment budget, a written request to amend the budget is required.

Reference Document(s) (if applicable)

- Grant Technical Assistance Guide

1.5. Contract Quality Assurance

1.5.01	Participate in remote and on-site technical assistance.	Required Activity
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Detailed Description

Technical assistance includes giving advice or guidance on relevant matters in person, over the phone, through email, or in trainings.

Procedure

Ensure appropriate staff, including Subject Matter Experts (SMEs), are available to receive technical assistance over the phone, via electronic communication (email), and/or in person at trainings/conferences. LHD staff must respond to DSHS’s request to provide technical assistance within the timeframe provided in the related correspondence.

DSHS will maintain a tracking record of technical assistance provided to LHDs, including method utilized, to ensure LHD staffs’ participation in remote and on-site technical assistance.

Reference Document(s) (if applicable)

N/A

Metric

Respond to DSHS’s requests to provide technical assistance within the timeframe set in the correspondence and have appropriate staff available to receive technical assistance.

Reporting N/A

1.5.02	Participate in on-site contract evaluation visits.	Required Activity
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Detailed Description

DSHS will evaluate the LHD’s performance of the requirements and compliance with the contract’s terms and conditions. LHDs agree to cooperate fully and provide DSHS and its representatives timely access to records and other items and information needed to conduct such review, evaluation, testing, and monitoring.

DSHS will conduct contract evaluation visits to LHDs to ensure full performance of the contract and compliance with applicable law. Based on the results of the contract review, DSHS may require the LHD to take specific corrective actions in order to remain in compliance with terms of the Contract.

Procedure

Ensure LHD staff (including the program manager and SMEs) are available to participate in on-site evaluation visit in person. Local health departments should coordinate with the PHR to schedule a convenient on-site evaluation date. LHDs should prepare for on-site visits by ensuring all records are available for evaluation which includes but is not limited to financial, training, educational materials/events, or documents related to the contract.

Reference Document(s) (if applicable)

- Immunization Program Contract Review Tool

Metric

Staff must be available during the scheduled on-site evaluation visits to complete all scheduled agenda items.

Reporting N/A

1.6. Contract Accountability

1.6.01	Submit Corrective Action Plan (CAP) letter to Public Health Region Program Manager and DSHS Contract Management Section (CMS) within 30 days after the date of the written notification from DSHS CMS of the on-site evaluation findings (if applicable).	Required Activity
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Detailed Description

DSHS will conduct contract evaluation visits to LHDs to ensure full performance of the contract and compliance with applicable law (see activity 1.5.02). Based on the results of the contract evaluation, DSHS may require the LHD to take specific corrective actions to remain in compliance with terms of the Contract. LHDs must submit the Corrective Action Plan (CAP) in writing within 30 calendar days after the date of the written notification from DSHS.

PHR and DSHS central office staff review and approve the CAP to ensure it addresses the findings noted in the Immunization Program Contract Review Tool. Once all the corrective actions are completed, the on-site evaluation is closed.

Procedure

Submit the CAP to the Public Region Program Manager and DSHS CMS within 30 calendar days after the date of the written notification of the on-site evaluation findings from DSHS (see activity 1.5.02).

Reference Document(s) (if applicable)

- Immunization Program Contract Review Tool
- Inter-Local Agreement (General Terms and Conditions, Article VIII Contract Management and Early Termination, 8.01 Contract Management)

Metric

CAP is submitted to the Public Region Program Manager and DSHS CMS within 30 calendar days after the date of the written notification of the on-site evaluation findings from DSHS

Reporting

This metric will be reported by submission of the CAP in writing within 30 days after the date of the written notification from DSHS.

1.6.02	Maintain property records for property and equipment funded or property provided by grant funds.	Standard (Universal)
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Detailed Description

LHDs must retain records in accordance with the DSHS State of Texas Records Retention Schedule and must have records available for review by DSHS compliance monitors upon request. LHDs are required to maintain legible copies of the contract and all related documents for a minimum of seven years after the termination of the contract period or seven years after the completion of any litigation or dispute involving the contract, whichever is later.

Procedure

Maintain property records using DSHS Contractor’s Property Inventory Report (Form GC-11) in accordance with DSHS State of Texas Records Retention Schedule for property and equipment funded or property provided by grant funds.

Reference Document(s) (if applicable)

- Inter-Local Agreement, Grantee Uniform Terms and Conditions
- [DSHS Records Retention Schedule](#)
- [DSHS Contractor’s Property Inventory Report - Form GC-11](#)

1.7. Required Reporting

1.7.01	Complete and submit Immunization Inter-Local Agreement (ILA) Quarterly Report and supplemental documents according to the formats, mechanisms, and timeframes specified in the DSHS Immunization Contractors Guide for Local Health Departments.	Required Activity
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Detailed Description

LHDs must complete and submit Immunization Inter-Local Agreement (ILA) Quarterly Reports and supplemental report documents via the electronic submission tool specified by DSHS (e.g. Alchemer, Qaultrics, etc.) provided by the DSHS Immunization Section, by the given due date. If the due date falls on a weekend or state approved holiday, the report is due the next business day.

Procedure

LHDs must submit Quarterly Reports electronically following instructions provided by the DSHS Immunization Section and according to the time frames stated below. Supplemental report documents (PEAR reports, vacancy letters, etc.) should be uploaded in the electronic reporting tool while completing the Quarterly Reports. PHR staff and DSHS Central Office SMEs will review LHD data within the timeframes communicated by the Immunization Section Operations Group.

FY24 Quarterly Report deadlines:

1. First Quarter Reports: Due December 31, 2023.
2. Second Quarter Reports: Due March 31, 2024.
3. Third Quarter Reports: Due June 30, 2024.
4. Fourth Quarter Reports: Due September 30, 2024.

Reference Document(s) (if applicable)

- Inter-Local Agreement Quarterly Reports
- Provider Education, Assessment and Reporting
- ImmTrac2

Immunization Inter-Local Agreement (ILA) Quarterly Report Metric

Quarterly Reports and supplemental report documents are submitted by the prescribed timeline and in the correct format. If the due date falls on a weekend or state approved holiday, the report is due the next business day.

Reporting N/A.

1.7.02	Report program income (PI) generated because of the DSHS immunization contract activities on the quarterly financial status report (FSR).	Required Activity
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Detailed Description

Income directly generated from funds provided under this contract or earned only because of such funds is PI. Unless otherwise required under the Program, Grantee shall use the addition alternative, as provided in UGMS, Subpart C.25(g)(2), for the use of Project Income to further the Program, and LHD shall spend the PI on the Project.

LHDs shall identify and report this income in accordance with the contract, applicable law, and any programmatic guidance.

Procedure

Report PI, which is generated because of the DSHS Immunization contract activities with vaccines provided by DSHS or by a CDC third-party distributor (e.g., collection of vaccine administration fees from TVFC and ASN programs, printing immunization records, equipment sale, etc.), as instructed by DSHS CMS on the quarterly FSRs.

FY24 Financial Status Report deadlines:

1. First Quarter FSR: Due December 31, 2023.
2. Second Quarter FSR: Due March 31, 2024.
3. Third Quarter FSR: Due June 30, 2024.
4. Fourth Quarter FSR: Due October 15, 2024.

Reference Document(s) (if applicable)

- Financial Status Report
- Inter-Local Agreement
- Grant Technical Assistance Guide, Chapter 6
- Uniform Grant Management, Subpart C.25(g)(2)

Metric

PI is reported as instructed by DSHS CMS on the FSR and submitted to DSHS Accounts Payable by the given deadlines.

Reporting

This metric will be included for reporting on the FSRs.

1.7.03	Ensure all program income (PI) generated because of the DSHS immunization contract activities is expended in accordance with the DSHS Immunization Contractors Guide for Local Health Departments.	Standard (Universal)
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Detailed Description

Ensure all PI generated because of the DSHS immunization contract activities is expended. LHDs must refund program income to DSHS if the Program Income is not expended in the term in which it is earned. DSHS may base future funding levels, in part, upon the LHD’s proficiency in identifying, billing, collecting, and reporting PI, and in using it for the purposes and under the conditions specified in this contract.

Procedure

Review PI balances reported on the quarterly FSR to track expenditure levels. LHDs shall expend PI during the contract term and may not carry PI forward to any succeeding term.

Reference Document(s) (if applicable)

- Uniform Grant Management Standards, Subpart C.25(g)(2)
- Grant Technical Assistance Guide, Chapter 6

1.7.04	Submit quarterly financial status reports (FSRs) to Accounts Payable by the last business day of the month following the end of each quarter for review and financial assessment. Submit the final FSR no later than 45 calendar days following the end of the applicable term.	Required Activity
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Detailed Description

Submit quarterly FSRs to DSHS Accounts Payable, in the format specified by DSHS, by the last business day of the month following the end of each quarter for review and financial assessment. Submit the final FSR no later than 45 calendar days following the end of the applicable term.

Procedure

Submit quarterly FSRs to Accounts Payable by the last business day of the month following the end of each quarter for review and financial assessment. Submit the final FSR no later than 45 calendar days following the end of the applicable term. Ensure to follow the format specified by DSHS and follow any given deadlines.

FY24 Financial Status Report deadlines:

1. First Quarter FSR: Due December 31, 2023.
2. Second Quarter FSR: Due March 31, 2024.
3. Third Quarter FSR: Due June 30, 2024.
4. Fourth Quarter FSR: Due October 15, 2024.

Reference Document(s) (if applicable)

- Financial Status Report
- Inter-Local Agreement, Uniform Terms and Conditions, Article II, 2.01 Payment Methods

Metric

FSR submitted to DSHS Accounts Payable in the format specified by the given deadlines.

Reporting

This metric will be included for reporting on the FSRs.

2. Facility Immunization Assessments

2.1. Childcare and School Compliance

2.1.01	Assess compliance with vaccine requirements at assigned schools and childcare facilities.	Standard (Universal)
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Detailed Description

REs will review immunization records to ensure children in schools and childcare facilities are up to date with required vaccines. Coverage or compliance rates may be calculated to determine if a facility is protected from vaccine-preventable diseases or if a facility is compliant with Minimum Vaccine Requirements.

Procedure

REs will follow the guidelines outlined in the Population Assessment Manual (PAM).

Reference Document

- Population Assessment Manual

2.1.02	Complete 100% of assigned childcare facility audits. By July 15 of contract year, LHD staff will complete 100% of assigned childcare audits and submit into Children Health Reporting System (CHRS).	Required Activity
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Detailed Description

REs will conduct a detailed audit of the facilities in the regional/local area, as assigned by the DSHS ACE group in Austin. One hundred percent of the immunization records in the selected facilities will be assessed (not including children enrolled only in before or after school programming).

Procedure

Audit 100% of immunization records for each assigned childcare facility, not including children enrolled only in before or after school programming. Childcare audits can be conducted on-site, electronically/virtually, or through the mail. If immunization records are not in compliance during the initial visit, a follow-up visit is required 30 days after the initial visit. The data will be recorded onto the *Detail Report of Immunization Status, Child-Care Facilities* form. A copy of the form is found on the Responsible Entity website. If a facility is closed, DSHS ACE group should be informed via email. The RE will enter the data collected in the audit in the web-based system, Child Health Reporting System (CHRS), at <http://chrstx.dshs.state.tx.us/CHRS/login.aspx>.

Reference Document

- Population Assessment Manual, Childcare Audits

Metric

Submit 100% of completed childcare audit data in CHRS by July 15.

Reporting

This metric will be assessed through CHRS reports.

2.1.03	Complete 100% of assigned public and private school audits and validation surveys in accordance with the DSHS Immunization Contractors Guide for Local Health Departments. By February 19 of contract year, local health department staff will complete 100% of assigned validation surveys. By June 30 of contract year, local health department staff will complete 100% of assigned school audits and submit electronically to PHR.	Required Activity
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Detailed Description

School auditors review the immunization records of the school’s enrolled students. If a school is selected to be audited, participation is required. A school is selected for audit if the Annual Report of Immunization Status was not submitted, there was a high provisional enrollment rate reported, or there was a high vaccine delinquent rate reported on the previous year’s Annual Report of Immunization Status.

Validation surveys assess the reliability of the immunization data that was submitted on the Annual Report of Immunization Status. Participation in a validation survey is completely voluntary. The results of the validation survey provide a statewide immunization compliance estimate. Information collected from the validation surveys is reported to the CDC.

Procedure Validation Surveys:

The DSHS ACE group in Austin provides the sampling list of schools to each PHR to be assigned to LHDs. REs should plan if the validation surveys will be conducted on-site, through the mail, or electronically. School administrators should be contacted in writing and asked if the school will participate in a voluntary validation survey. Inform the school that the reviewer will need the enrollment total for all students in the target grade level at the school. The enrollment totals should include only students currently enrolled at these schools. Enrollment totals should not include students that have moved or transferred to another school. Inquire about how their records are stored (paper, electronic, or both).

Make sure the school or the district Public Education Information Management System (PEIMS) coordinator has a sequentially numbered roster of active students or can generate a numbered roster of active students in the target grade level at the selected schools. Two copies are needed. One copy contains personal identifiers (such as student's name) and the other copy has all identifiers removed except date of birth. The school nurse or PEIMS coordinator will keep the roster that contains the personal identifiers and give the copy containing only the dates of birth to the reviewer. To maintain compliance with Family Educational Rights and Privacy Act (FERPA), the reviewer cannot view the names of the students at any time during the survey. If a numbered roster isn't available, then an alternative sampling method will need to be used. If a school cannot participate in the validation survey, contract the DSHS ACE group so a replacement school can be assigned. Validation surveys cannot be completed for a school until the school has submitted the Annual Report of Immunization Status.

School audits:

DSHS ACE group will assign individual schools and districts to be audited based on the following criteria:

- Schools/districts that did not respond to the most recent Annual Report of Immunization Status.
- Schools/districts with unusually high numbers of students enrolled provisionally or delinquent with vaccination requirements.
- Facilities identified as non-responders should be contacted in the fall so that the REs can provide reminders and guidance on the Annual Report of Immunization Status.

If the facility was a non-responder on the Annual Report of Immunization Status for the current school year, the facility may be assigned for audit between January and June of the contract year.

REs should decide if the audit will be conducted on-site, through the mail, or electronically. Contact school administrators and inform them that a mandatory audit will occur. If the audit will be completed on-site, arrange the date and time for the visit. There should be two documented attempts to contact the school administrator regarding the audit. If a facility does not respond, make an in-person visit. If the facility refuses to participate in the audit, make a note on the *Detail School Audit Report* form and notify DSHS Central Office staff via email at schoolimm@dshs.texas.gov (who will then contact Texas Education Agency (TEA) or Texas Private School Accreditation Commission (TEPSAC)).

If the school or school district is identified for audit due to being a non-responder, randomly pull 100 immunization records from the elementary school, 100 records from the middle/junior high school, and 100 records from the high school for the identified public independent school district (ISD), charter, or private school. If a school or school district has less than 100 students, audit all records at that school. These records must be de-identified and randomly selected. If an individual grade or grades at an identified school are assigned to be audited, randomly pull 100 records from the specified grade. These records must be de-identified and randomly selected.

When completed, audits should be submitted via email to the PHR.

Reference Document(s) (if applicable)

- Population Assessment Manual, Validation Surveys
- Population Assessment Manual, Childcare Audits
- Population Assessment Manual, School Audits
- Population Assessment Manual, Instructions for Using CoCASA to Perform School Validation Surveys

Metric

Submit 100% of completed validation surveys to the PHR by February 19.
Submit 100% of completed school audits to PHR by June 30.

Reporting

This metric will be assessed through CHRS reports records.

2.2. Childcare and School Compliance QA

2.2.01	Provide education to school and childcare facilities with high provisional, delinquency, and/or exemption rates at time of audit or when noncompliant records are identified. Report education provided to school or childcare staff in accordance with the DSHS Immunization Contractors Guide for Local Health Departments.	Required Activity
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Detailed Description

REs should provide education to childcare or school staff when non-compliant records are identified during any school compliance visit. The purpose of educating staff is to improve the overall vaccination rate for the State of Texas and to ensure that facilities comply with vaccine requirements and protected from disease.

Procedure

When REs audit immunization records and identify non-compliant immunization records, school and childcare providers should be educated regarding vaccine requirements. To determine the type of education that should be provided, determine the reason the school or childcare facility is not in compliance (e.g., poor record keeping, misunderstanding of requirements, etc.).

If school staff are incorrectly filling out the Annual Report of Immunization Status, provide education on how to correctly fill out the report, as well as define commonly used school compliance terms.

An education opportunity presents itself if a high percent of children or students are provisionally enrolled, delinquent for vaccines, or have high rates of conscientious exemptions. There are several tools at an auditor’s disposal including the minimum vaccine requirements for childcare and school attendees, the ACIP recommendations, the Annual Report of Immunization Status Reporting Guide PPT slide deck and the PAM. The education provided during an audit visit could translate into more accurately reported immunization data reported on the Annual Report of Immunization Status, equating to better overall data quality for the State of Texas.

Reference Document(s) (if applicable)

- Population Assessment Manual
- State of Texas Minimum Vaccine Requirements
- Advisory Committee on Immunization Practices Recommendations
- Annual Report of Immunization Status Reporting Guide PowerPoint

Metric

Document that education is provided to 100% of school audits assigned.

Reporting

This metric is included in the ILA Quarterly Reports.

2.2.02	Provide feedback to DSHS ACE group regarding trends/issues for vaccine requirements in accordance with the DSHS Immunization Contractors Guide for Local Health Departments.	Required Activity
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Detailed Description

REs will submit feedback on the quarterly report regarding vaccine trends or issues for school, college, and childcare vaccine requirements in accordance with the DSHS Immunization Contractors Guide for Local Health Departments.

Feedback may include:

- Questions or issues of confusion frequently encountered from schools, providers, and parents about vaccine requirements.
- Any trends noticed when auditing (e.g., a lot of daycares have the instructions for obtaining a conscientious exemption in their enrollment packet) or trends shared from facilities (e.g., the local college has reported that providers are giving MenB, not MCV4 to meet the college meningitis requirement).
- Reports of higher rates of exemptions; unusual numbers of medical exemptions, provisional enrollment, or vaccine delinquent children.
- Auditing questions from schools or childcare facilities.

Procedure

REs will submit feedback to DSHS ACE on the quarterly report regarding vaccine trends or issues for school, college and childcare vaccine requirements in accordance with the DSHS Immunization Contractors Guide for Local Health Departments and in accordance with guidance in the PAM.

Reference Document(s) (if applicable)

- Population Assessment Manual

Metric

This metric will be included in the quarterly report.

Reporting

This metric will be included for reporting in the Inter-Local (ILA) Quarterly Reports.

2.2.03	Contact schools/districts to remind them to report during the Annual School Survey reporting period in accordance with the DSHS Immunization Contractors Guide for Local Health Departments.	Required Activity
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Detailed Description

The DSHS ACE group will run a weekly report and identify schools that have not yet submitted immunization data for the Annual Report of Immunization Status. DSHS ACE group will email the non-responder lists to PHR staff, who then send the list of non-responders to REs. The expectation is that REs will contact the schools and remind them they are required to report. If the school needs technical assistance to complete the report, the RE has the option of providing it or connecting the school to Central Office staff to conduct the TA. It is best practice for the RE to contact all non-reporting schools on a list sent at the beginning of the survey period and then contact any schools remaining on the list towards the end of the survey period.

Procedure

RE staff will contact non-responding schools via phone or email to remind them it is a requirement to report immunization data and help complete the survey.

Reference Document(s) (if applicable)

- Annual Report of Immunization Status packet Immunization Reporting Guide
- Immunization Data Entry Guide

Metric

Contact 100% of the schools included on the non-responder list at least once during the Annual Report timeline.

Reporting

This metric will be assessed using the submissions of the immunization data from the Annual Report of Immunization Status.

2.3. First Responder Immunization Assessments

2.3.01	Educate and inform first responder facilities on the use of the Texas Immunization Registry to assess first responder immunization records and forecast any future immunization needs. Use the First Responder Immunization Toolkit (FRIT) to drive these activities.	Suggested Activity
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Detailed Description

Educate and inform first responder facilities on the use of the Texas Immunization Registry to assess first responder immunization records and forecast future immunization needs. The First Responder Immunization Toolkit (FRIT) will be used to drive these activities.

Procedure

Using the DSHS FRIT, provide education and information to first responder facilities to promote adult immunizations and tracking of staff vaccinations by using the Texas Immunization Registry. Provide education and information to staff at sites about the importance of being up-to-date with immunizations prior to responding to emergencies such as hurricanes, floods or fires.

Reference Document(s) (if applicable)

- First Responder Immunization Toolkit

Metric

Documentation of education provided to first responder facilities and of sites that are registered and participating in the Texas Immunization Registry.

Reporting

This metric will be included in the Immunization Program Contract Review Tool.

3. Managing TVFC and ASN Providers

3.1. Provider Recruitment

3.1.01	Recruit additional TVFC providers to administer vaccines to program-eligible populations. The goal is to increase each LHD’s provider enrollment by 5%.	Suggested Activity
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Detailed Description

The Texas Vaccines for Children program (TVFC) provides low-cost vaccines to eligible children from birth through 18 years of age. Providers who enroll in TVFC can help to prevent the spread of vaccine preventable diseases across Texas. LHDs can increase enrollment in this program by recruiting eligible providers to participate in the TVFC program.

LHDs recruitment efforts should increase provider participation by 5% to administer vaccines to program-eligible populations.

Procedure

DSHS PHR immunization program staff will provide a list of providers to be recruited within the LHD’s jurisdiction annually. It is best practice for LHDs to conduct recruitment activities as defined in the TVFC and ASN Provider Manual and TVFC and ASN Operations Manual for Responsible Entities on all providers on the recruitment list and report as indicated on the ILA Quarterly report.

Reference Document(s) (if applicable)

- Texas Vaccines for Children and Adult Safety Net Program Operations Manual for Responsible Entities
- Texas Vaccines for Children and Adult Safety Net Provider Manual

Metric

Increase LHD’s TVFC provider enrollment by 5%.

Reporting

This metric will be included for reporting on the ILA Quarterly Report.

3.1.02	Ensure New Enrollment Checklist (11-15016) is completed for all clinics that join the TVFC/ASN program.	Required Activity
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Detailed Description

The New Enrollment Checklist (11-15016) ensures that new providers

participating in the TVFC/ASN program(s) receive proper training. REs must ensure a New Enrollment Checklist (11-15016) is completed for all clinics that join the TVFC/ASN program (s).

Procedure

LHDs will provide education to all new TVFC/ASN providers on TVFC/ASN vaccine storage and handling, policies, rules and requirements; and TVFC/ASN ordering processes as outlined in the New Enrollment Checklist.

Reference Document(s) (if applicable)

- New Enrollment Checklist

Metric

Submit completed New Enrollment Checklist for each new site enrolling in the TVFC/ASN program(s).

Reporting N/A

3.1.03	Collaborate with medical societies and/or local health provider organizations to identify providers to recruit and enroll.	Suggested Activity
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Detailed Description

Collaborate with medical societies and/or local health provider organizations to identify providers to recruit and enroll. Examples of medical societies could be hospital networks and medical associations in the local jurisdiction.

Procedure

REs should collaborate with medical societies and/or local health provider organizations within their jurisdiction to identify providers to recruit and enroll.

Reference Document(s) (if applicable) N/A

Metric

Increase in TVFC/ASN program enrollment.

Reporting

This metric will be included in the Immunization Program Contract Review Tool.

3.2. Provider Retention

3.2.01	Sustain a network (through re-enrollment) of TVFC/ASN providers to administer vaccines to program-eligible populations.	Required Activity
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Detailed Description

Sustain a network (through re-enrollment) of TVFC/ASN providers to administer vaccines to program-eligible populations.

Procedure

Using information provided by the DSHS Immunization Section, communicate to providers that have not completed re-enrollment activities to ensure staff are aware of requirements, to ensure appropriate links for re-enrollment form have been received and ensure completion by the deadline.

Reference Document(s) (if applicable)

- Texas Vaccines for Children/Adult Safety Net Re-enrollment Center website

Metric

Number of re-enrolling TVFC/ASN providers.

Reporting N/A

3.2.02	Promote TVFC and ASN Provider achievements: - Implement incentives for provider sites that reach vaccination coverage rate goals - Implement incentives to recognize sites during national observances (i.e. NIIW, NIAM, and NIVW).	Suggested Activity
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Detailed Description

Promote TVFC and ASN provider achievements:

1. Implement incentives for provider sites that reach vaccination coverage rate goals.
2. Implement incentives to recognize sites during national observances (i.e. NIIW, NIAM, and NIVW).

Procedure

LHDs should promote TVFC and ASN provider accomplishments within the LHD contractor jurisdiction with incentives by recognizing the sites' achievements (reaching vaccination coverage rate goals or during national observances such as NIIW, NIAM, and NIVW). Rewards can be certificates of appreciation presented to clinic staff at appropriate times such as during NIIW, NIAM or NIVW or during annual provider meetings. Compare assessment rates results to national level to identify who is achieving high coverage levels.

Reference Document(s) (if applicable)

- Immunization Quality Improvement Program coverage assessment reports

Metric N/A

Reporting

This metric will be included in the Immunization Program Contract Review Tool.

3.3. Provider Education

3.3.01	<p>Provide a training for TVFC and ASN providers within the LHD contractor's jurisdiction on the policies outlined in the TVFC and ASN Provider Manual and recommended procedures for implementing them. These include:</p> <ul style="list-style-type: none"> - procedures for following storage and handling guidelines - procedures for vaccine management - procedures for using the DSHS Vaccine Allocation and Ordering System (VAOS) - procedures for vaccine borrowing - procedures for other compliance guidelines - appropriate reporting of vaccine adverse events - appropriate routine and emergency vaccine storage and handling plans - meeting the federal requirement that the most current Vaccine Information Statements (VIS) (available at (http://www.cdc.gov/vaccines/hcp/vis/index.html) must be distributed to patients prior to patient vaccination 	Suggested Activity
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Detailed Description

Provide an annual or quarterly training for TVFC and ASN providers within the LHD contractor's jurisdiction on the policies in the TVFC and ASN Provider Manual.

Procedure

Provide annual or quarterly trainings for TVFC and ASN providers via in-person visits or webinars on the policies in the TVFC and ASN Provider Manual to include:

1. Storage and handling guidelines
2. Vaccine management
3. VAOS
4. Vaccine borrowing
5. Other compliance guidelines
6. Reporting vaccine adverse events
7. Vaccine storage and handling plans
8. Distribution of VIS.

Reference Document(s) (if applicable)

- Texas Vaccines for Children and Adult Safety Net Provider Manual

Metric

Achieving more than 25% of enrolled sites attending.

Reporting

This metric will be included for reporting on the ILA Quarterly Report.

3.3.02	Notify providers of TVFC and ASN updates and changes to program policies and procedures. Notify TVFC/ASN providers of the following: - CDC and DSHS Announcements - TVFC/ASN Trainings - Vaccine storage and handling policy updates - Vaccine ordering changes - Vaccine choice	Standard (Universal)
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Detailed Description

Notify providers of TVFC and ASN updates and changes to program policies and procedures of the following:

1. CDC and DSHS announcements,
2. TVFC/ASN trainings,
3. Vaccine storage and handling policy updates.
4. Vaccine ordering changes, and
5. Vaccine choice.

Procedure

Ensure enrolled sites are aware of TVFC and ASN updates and changes to program policies and procedures by gathering data to identify if staff are aware of official memos or monthly newsletters. Have staff send out regular updates or forward those that are sent to the organization.

Reference Document(s) (if applicable)

- Documents distributed by DSHS via official memo or via monthly newsletters

3.3.03	Educate and assist TVFC and ASN providers on a quarterly basis with Provider Choice, as necessary.	Standard (Universal)
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Detailed Description

Educate and assist TVFC and ASN providers on a regular basis with provider choice, as necessary.

Procedure

Ensure staff at enrolled sites are aware of provider choice by providing education and assistance in accordance with TVFC and ASN Provider Manual and through documents distributed by DSHS via official memo or via monthly newsletters.

Reference Document(s) (if applicable)

- Texas Vaccines for Children and Adult Safety Net Operations Manual for Responsible Entities
- TVFC and ASN Provider Manual
- DSHS monthly newsletters

3.3.04	Inform TVFC and ASN providers of the most up-to-date, DSHS-produced immunization information for their offices.	Standard (Universal)
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Detailed Description

Inform TVFC and ASN providers of the most up-to-date, DSHS-produced immunization information for their offices.

Procedure

When conducting visits or site reviews at enrolled sites, ensure the most up-to-date immunization information is available in provider offices.

Reference Document(s) (if applicable)

- Department of State Health Services forms and publications - www.immunizetexasorderform.com.

3.3.05	Identify TVFC and ASN providers experiencing high volumes of vaccines loss and develop process improvements/trainings aimed at reducing the amount of vaccine loss (including wasted and expired) in their clinics.	Required Activity
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Detailed Description

Identify TVFC and ASN providers experiencing high volumes of vaccines loss and develop process improvements/trainings aimed at reducing the amount of vaccine loss (including wasted and expired) in their clinics.

Procedure

LHDs will monitor TVFC and ASN providers to identify those that are experiencing high volumes of vaccines loss. LHD contractors will implement activities and work closely with the staff to ensure that expired, wasted, and unaccounted for vaccines do not exceed 5% in LHD clinics and in TVFC provider clinics within the LHDs jurisdiction. This can include development of process improvements/trainings aimed at reducing the amount of vaccine loss (including wasted and expired).

Reference Document(s) (if applicable)

- Vaccine Loss Reports in VAOS

Metric N/A

Reporting

This metric will be included for reporting on the ILA Quarterly report.

3.4. Provider Vaccine Management

3.4.01	Utilize the DSHS VAOS representative submitted reports to preform 100% of the quality assurance reviews on the following TVFC and ASN items from providers in LHD contactor’s jurisdiction: <ul style="list-style-type: none"> - Doses administered - Inventory - Vaccine orders - Temperature Logs - Clinic hours of operation Address all issues identified during review.	Required activities
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Detailed Description

Monthly, utilize Syntropi and VAOS to perform quality assurance reviews on 100% of all enrolled sites on the following:

1. Doses administered
2. Inventory.
3. Vaccine orders.
4. Temperature logs.
5. Clinic hours of operation.

Procedure

Monthly, utilize Syntropi and VAOS to perform quality assurance reviews on 100% of all enrolled sites to ensure sites:

1. Are not performing inventory adjustments.
2. Are not over-ordering vaccine that is on allocation.
3. Are filling in temperature logs properly and completely.
4. Are documenting clinic hours of operation in the proper format.

Reference Document(s) (if applicable)

- Syntropi
- Texas Vaccines for Children and Adult Safety Net Provider Manual
- Texas Vaccines for Children and Adult Safety Net Operations Manual for Responsible Entities
- VAOS

Metric N/A

Reporting

This metric will be included for reporting in Syntropi and VAOS.

3.4.02	Transfer vaccines that cannot be stored within provider offices (ex. accidental large orders) and vaccines approaching expiration between providers in LHD Contractor's jurisdiction for immediate use.	Standard (Universal)
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Detailed Description

Transfer vaccines that cannot be stored within provider offices (example: accidental large orders). Transfer vaccines that are approaching expiration to other sites that are able to use the vaccine.

Procedure

Transfer vaccines that cannot be stored within provider offices (example: accidental large orders) and ensure the activities are documented on the Transfer Authorization Form. Transfer vaccines that are approaching expiration to other sites that are able to use the vaccine and ensure the activities are documented on the Transfer Authorization Form. Ensure transfers are accomplished only for the reasons listed on the Transfer Authorization Form.

Reference Document(s) (if applicable)

- Transfer Authorization Form

3.4.03	Ensure provider participation in vaccine ordering and inventory management using the VAOS: -Educate providers regarding vaccine ordering policies -Train providers to use VAOS for inventory and order entry.	Standard (Universal)
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Detailed Description

Ensure provider participation in vaccine ordering and inventory management using VAOS:

1. Educate providers regarding vaccine ordering policies.
2. Train providers to use VAOS for inventory and order entry.

Procedure

Train providers on the use of VAOS and provide education on vaccine ordering. If sites are identified as adjusting vaccine inventory, provide additional education.

Reference Document(s) (if applicable)

- Texas Vaccines for Children and Adult Safety Net Provider Manual
- VAOS job aides, instructional videos and recorded webinars can be found at <https://www.dshs.texas.gov/immunize/Vaccine-Management-Resources-for-TVFC-and-ASN.doc>

3.4.04	Assist TVFC and ASN providers in LHD contractor's jurisdiction on the maintenance of appropriate vaccine stock levels. Activities under this requirement shall be conducted in accordance with the DSHS Immunization Contractors Guide for Local Health Departments and the current TVFC and ASN Operations Manual for Responsible Entities.	Standard (Universal)
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Detailed Description

Assist TVFC and ASN providers on the maintenance of appropriate vaccine stock levels based on Maximum Stock Levels (MSL) and 75-day supply requirement as stated in the TVFC and ASN programs Manual for Responsible Entities.

Procedure

Provide education and assist TVFC and ASN providers on appropriate vaccine stock levels.

Reference Document(s) (if applicable)

- Department of State Health Services Immunization Contractors Guide for Local Health Departments
- Texas Vaccines for Children and Adult Safety Net Program Operations Manual for Responsible Entities

3.4.05	Train TVFC and ASN providers within LHD Contractor's jurisdiction to ensure that expired and spoiled/wasted vaccines are appropriately identified and entered in VAOS. Train providers to complete returns to CDC's centralized distributor within six months of product expiration.	Standard (Universal)
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Detailed Description

Train TVFC and ASN providers within LHD contractor's jurisdiction to ensure that expired and spoiled/wasted vaccines are appropriately identified and entered in VAOS.

Procedure

Provide training to ensure expired and spoiled/wasted vaccines are appropriately identified and entered in VAOS and returns are completed to CDC's centralized distributor within required timeframe.

Reference Document(s) (if applicable)

- TVFC/ASN Provider Manual, Chapter 3

3.4.06	Ensure that 100% of TVFC providers within the LHD Contractor's jurisdiction complete the annual influenza (flu) pre-book survey.	Required Activity
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Detailed Description

Ensure that 100% of TVFC providers within the LHD contractor's jurisdiction complete the annual flu pre-book survey.

Procedure

Using information provided by DSHS Immunization Section staff, communicate with sites that have not completed annual flu pre-book survey.

Reference Document(s) (if applicable)

- Influenza pre-book survey provided by DSHS Immunization Section
- TVFC/ASN Provider Program Manual for Responsible Entities.

Metric

One hundred percent of providers have completed annual influenza pre-book survey.

Reporting N/A

3.5. Provider Quality Assurance

3.5.01	Utilize the CDC PEAR system and directly enter data into PEAR to document TVFC unannounced storage and handling visits to a minimum of 10% of providers within the LHD contractor's jurisdiction.	Required Activity
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Detailed Description

Using PEAR, directly enter data to document TVFC unannounced storage and handling visits on a minimum of 10% of providers within jurisdiction.

Procedure

Follow instructions in the CDC VFC Compliance Reviewer Guide to document unannounced storage and handling visits. Using PEAR, directly enter data to document TVFC USH visits on a minimum of 10% of providers within jurisdiction. Use information provided by DSHS Immunization Section to ensure USH visits are not conducted on sites that are scheduled for a visit by DSHS’ QA contractor. USH visits must be documented in PEAR within 24 hours if not directly entered.

Reference Document(s) (if applicable)

- Document provided by DSHS Immunization Section of sites scheduled for a site review by DSHS’ QA contractor.

Metric

USH visits conducted on 10% of enrolled site in jurisdiction, submission of Acknowledgement of Receipt form within three days of visit to PHR.

Reporting

This metric will be included for reporting on the ILA Quarterly Report.

3.5.02	Utilize Texas Immunization Registry or DSHS-provided coverage rates to assess immunization practices and coverage rates for all providers within the LHD contractor’s jurisdiction. (as applicable).	Required Activity
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Detailed Description

If applicable, use CDC system to assess immunization practices and coverage rates for all providers within the LHD contractor’s jurisdiction.

Procedure

If applicable, use CDC system to assess immunization practices and initial and follow-up coverage rates for all providers within the LHD contractor’s jurisdiction.

Reference Document(s) (if applicable)

- Provider Education, Assessment, and Reporting
- REDCap

Metric

Documented in PEAR and REDCap.

Reporting

This metric will be included for reporting in PEAR and REDCap.

3.5.03	Review 100% of re-enrollment applications from TVFC and ASN providers in your jurisdiction by the DSHS specified deadline.	Required Activity
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Detailed Description

Review 100% of re-enrollment applications from TVFC and ASN providers in your jurisdiction by the DSHS specified deadline.

Procedure

Conduct detailed quality assurance on all re-enrollment applications submitted from TVFC and ASN providers in your jurisdiction by the DSHS specified deadline. If necessary, provide facilities edit links to update information.

Reference Document(s) (if applicable)

- Texas Vaccines for Children and Adult Safety Net Operations Manual for Responsible Entities

Metric

Electronic signature certification indicating completion of review.

Reporting

N/A

3.5.04	Ensure that expired, wasted, and unaccounted-for vaccines (excluding flu) do not exceed 5% in TVFC provider clinics within the LHD contractor’s jurisdiction.	Standard (Universal)
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Detailed Description

Ensure that expired, wasted, and unaccounted-for vaccines (excluding flu) do not exceed 5% in TVFC provider clinics within the LHD contractor’s jurisdiction.

Procedure

Ensure that expired, wasted, and unaccounted-for vaccines (excluding flu) do not exceed 5% in TVFC provider clinics within the LHD contractor’s jurisdiction by reviewing vaccine loss reports submitted by provider.

Reference Document(s) (if applicable)

- Information provided by staff of the Vaccine Data and Finance Group

3.5.05	Review monthly reports to ensure data quality. This includes: - Identify sites that have not administered or ordered vaccine in the previous six months. Conduct a discussion and a develop plan of action. - Identify sites that are suspended to ensure 90-days is not exceeded. - Ensure enrollment and withdrawal forms are submitted correctly and on time to the PHR staff.	Required Activity
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Detailed Description

Review monthly reports to ensure data quality.

Procedure

1. Using VAOS, identify sites that have not administered or ordered vaccine in the previous six months by reviewing vaccine order history. Conduct a discussion and develop a plan of action.
2. Using Syntropi, identify provider status by reviewing note tab to determine suspension has not exceeded 90 days.
3. Ensure enrollment and withdrawal forms are submitted correctly to PHR staff.

Reference Document(s) (if applicable)

- TVFC/ASN Operations Manual for Responsible Entities

Metric N/A

Reporting N/A

3.5.06	Review submitted reports to ensure data quality. This includes: - Quarterly, review 25% of enrolled sites to ensure contacts are listed correctly in VAOS - Quarterly, review 25% of enrolled sites and provide education for the vaccine borrowing and vaccine transfer forms.	Suggested Activity
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Detailed Description

Review submitted reports to ensure data quality.

Procedure

1. Using Syntropi, download contact list for each provider to review 25% of enrolled sites contact information. Communicate via phone or email to verify information is listed correctly and update as necessary on a quarterly basis.
2. Using submitted monthly reports, review 25% of enrolled sites and provide education for all vaccine borrowing and vaccine transfer forms on a quarterly basis.

Reference Document(s) (if applicable)

- TVFC and ASN Operations Manual for Responsible Entities

Metric

Submission of data quality report every quarter.

Reporting

This metric will be included in the Immunization Program Contract Review Tool.

3.5.07	Review monthly data logger reports for 25% of providers in LHD contractor's jurisdiction to validate the accuracy of provider submitted monthly temperature reporting forms.	Suggested Activity
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Detailed Description

Review monthly data logger reports for 25% of providers in LHD contractor's jurisdiction to validate the accuracy of provider submitted monthly temperature reporting forms.

Procedure

Compare data logger reports to monthly temperature recording logs to validate accuracy of submitted temperature recording forms.

Reference Document(s) (if applicable) N/A

Metric

25% to be reviewed annually.

Reporting

This metric will be included in the Immunization Program Contract Review Tool.

3.5.08	Review monthly data logger reports to validate the accuracy of provider-submitted monthly temperature reporting forms for all providers within LHD contractor's jurisdiction who experience a vaccine loss because of temperature excursions.	Standard (Conditional)
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Detailed Description

Review monthly data logger reports to validate the accuracy of provider submitted monthly temperature reporting forms for all providers within LHD contractor's jurisdiction who experience a vaccine loss because of temperature excursions.

Procedure

Review monthly data logger reports for three months to validate the accuracy of provider submitted monthly temperature reporting forms for all providers within LHD contractor's jurisdiction who experience a vaccine loss because of temperature excursions.

Reference Document(s) (if applicable) N/A

Metric

Compare data logger reports to monthly temperature recording logs to validate accuracy of submitted temperature recording forms and to determine time of temperature excursion.

Reporting

This metric will be included for reporting on the ILA Quarterly Report.

3.5.09	Conduct a monthly review of 10% of randomly selected providers in LHD contractor's jurisdiction to identify vaccine loss report forms that were completed in VAOS but were not submitted.	Suggested Activity
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Detailed Description

Conduct a monthly review of 10% of randomly selected providers in LHD contractor's jurisdiction to identify vaccine loss report forms that were completed in VAOS but were not submitted.

Procedure

1. Using VAOS, randomly select providers and review the Provider Waste/Expired tab to identify if a vaccine loss report was created since submission of the last monthly reports.
2. Identify the date of the VLR was generated and identify the date the VLR was received.
3. Follow up with providers that vaccine loss report forms that were completed but were not submitted.

Reference Document(s) (if applicable) N/A

Metric

Review 10% of enrolled sites monthly.

Reporting

This metric will be in the Immunization Program Contract Review Tool.

3.5.10	Conduct a quarterly review of 25% of providers in LHD contractor's jurisdiction to identify those that have adjusted more than 10% of their vaccine inventory.	Suggested Activity
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Detailed Description

Conduct a quarterly review of 25% of providers in LHD contractor's jurisdiction to identify those that have adjusted more than 10% of their vaccine inventory. Provide education and assistance to identified providers.

Procedure

Using VAOS, review accounting errors entered on the provider's C-33 report for adjustments made to the provider's inventory. Conduct a quarterly review of 25% of providers to identify those that have adjusted more than 10% of their vaccine inventory.

Reference Document(s) (if applicable) N/A

Metric

One hundred percent of enrolled sites that adjusted more than 10% of vaccine inventory are identified and educated.

Reporting

This metric will be in the Immunization Program Contract Review Tool.

3.5.11	Conduct a quarterly review of 25% of providers in LHD contractor's jurisdiction to ensure the reported patient population matches the number of doses ordered.	Suggested Activity
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Detailed Description

Conduct a quarterly review of 25% of providers in LHD contractor's jurisdiction to ensure the reported patient population matches the number of doses ordered.

Procedure

Using VAOS, download doses administered report and compare to the patient population data on re-enrollment form to ensure population matches the number of doses ordered.

Reference Document(s) (if applicable)

- Texas Vaccines for Children and Adult Safety Net Operations Manual for Responsible Entities

Metric

One hundred percent of enrolled sites conducted annually.

Reporting

This metric will be in the Immunization Program Contract Review Tool.

3.6. Provider Accountability

3.6.01	Properly track and report vaccine fraud and abuse cases using the PEAR Fraud and Abuse Module.	Standard (Universal)
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Detailed Description

All RE staff must immediately report all allegations of fraud, abuse, and other unlawful activities. As such, REs may receive information of an OIG investigation of one their contractor clinics. REs must properly track and report vaccine fraud and abuse cases.

Procedure

REs must conduct an unannounced storage and handling visit to the clinic. The signing authority should be informed that they have been named in a complaint and an investigation will be conducted to review information related to the complaint in addition to routine announced storage and handling visits activities. All activities must be documented in PEAR and used for the final disposition. Follow-up visits must be conducted on a three, six, nine and 12-month basis in accordance with the TVFC and ASN Operations Manual for Responsible Entities. OIG investigations found to be true must include a corrective action plan and continuous follow-up at the clinic to assure the plan is being followed. If suspension is appropriate, it must not exceed 90 days. If there is no improvement in 90 days, contact the PHR to determine if termination is necessary.

Reference Document(s) (if applicable)

- Texas Vaccines for Children and Adult Safety Net Provider Manual pgs. 95-98
- Texas Vaccines for Children and Adult Safety Net Operations Manual for Responsible Entities, pgs. 103-104

3.6.02	Complete program evaluation activities with TVFC and ASN providers to address non-compliance issues. For all TVFC providers, document corrective action plans in the CDC PEAR system as a contact.	Required Activity
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Detailed Description

Complete program evaluation activities with TVFC and ASN providers to address non-compliance issues.

Procedure

Document corrective action plans for TVFC Providers in the CDC PEAR system.

Reference Document(s) (if applicable)

- Texas Vaccines for Children and Adult Safety Net Operations Manual for Responsible Entities, Section Five

Metric

Documentation of program evaluation activities in PEAR system.

Reporting

This metric will be included for reporting in PEAR.

3.6.03	Complete immunization quality improvement activities with TVFC providers to address vaccination coverage rate improvement. For all TVFC providers, document check-in activities in the CDC RedCap system as a contact.	Required Activity
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Detailed Description

Complete immunization quality improvement activities with TVFC providers to address vaccination coverage rate improvement.

Procedure

Document provider check-in activities for TVFC Providers in the CDC RedCap system.

Reference Document(s) (if applicable)

- Texas Vaccines for Children and Adult Safety Net Operations Manual for Responsible Entities, Section Five

Metric

Documentation of quality improvement activities in RedCap system.

Reporting

This metric will be included for reporting in RedCap.

3.7. RE Staff Education

3.7.01	Train LHD contractor’s staff to follow the policies and procedures outlined in the TVFC and ASN program Operations Manual for Responsible Entities. Provide training on TVFC and ASN requirements and updates (as described in the TVFC and ASN Operations Manual for Responsible Entities) annually at a minimum.	Required Activity
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Detailed Description

At a minimum, train LHD contractor’s staff funded to follow the policies and procedures outlined in the TVFC and ASN Operations Manual for Responsible Entities.

Procedure

Provide training to RE staff on TVFC and ASN requirements and updates (as described in the TVFC and ASN Operations Manual for Responsible Entities) annually at a minimum.

Reference Document(s) (if applicable)

- Texas Vaccines for Children and Adult Safety Net Operations Manual for Responsible Entities

Metric

Documentation of annual trainings for 100% of RE staff that is funded on the LHD contract on TVFC and ASN Operations Manual for Responsible Entities.

Reporting

This metric will be included for reporting on the ILA Quarterly Report.

3.7.02	For personnel identified by DSHS, attend and/or complete the following trainings: - CDC Immunization Trainings - TVFC/ASN Annual Trainings - Annual Responsible Entity Training - Public Health Region (PHR) Trainings.	Required Activity
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Detailed Description

For personnel identified by DSHS, attend and/or complete the following trainings:

1. CDC Immunization Trainings.
2. TVFC/ASN Annual Trainings.
3. Annual Responsible Entity Training.
4. Public Health Region (PHR) Trainings.

Procedure

For personnel identified by DSHS, attend and/or complete the following trainings:

1. CDC Immunization Trainings.
2. TVFC/ASN Trainings.
3. Annual Responsible Entity Training.
4. Public Health Region (PHR) Training.

Reference Document(s) (if applicable)

- Department of State Health Services Immunization Contractor’s Guide for Local Health Departments

Metric

Documentation and submission of required trainings.

Reporting

This metric will be included in the Immunization Program Contract Review Tool.

3.7.03	Ensure that the TVFC and ASN coordinator conducts quality assurance on 10% of the temperature recording logs that were reviewed by their staff each quarter.	Suggested Activity
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Detailed Description

Ensure that the TVFC and ASN coordinator conducts quality assurance on 10% of the temperature recording logs that were reviewed by their staff each quarter.

Procedure

Ensure that the TVFC and ASN coordinator conducts quality assurance on 10% of the temperature recording logs that were reviewed by their staff each quarter.

Reference Document(s) (if applicable) N/A

Metric

Ten percent reviewed quarterly.

Reporting

This metric will be included in the Immunization Program Contract Review Tool.

3.8. RE Compliance

3.8.01	Comply with the current DSHS Immunization Contractors Guide for Local Health Departments and the TVFC and ASN Operations Manual for Responsible Entities.	Standard (Universal)
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Detailed Description

Comply with the current DSHS Immunization Contractors Guide for Local Health Departments and the TVFC and ASN Operations Manual for Responsible Entities.

Procedure

Comply with the current DSHS Immunization Contractors Guide for Local Health Departments and the TVFC and ASN Operations Manual for Responsible Entities.

Reference Document(s) (if applicable)

- Department of State Health Services Immunization Contractors Guide for Local Health Departments
- Texas Vaccines for Children and Adult Safety Net Operations Manual for Responsible Entities.

3.8.02	Receive regional approval for any vaccine transfers and document those transfers in VAOS within 24 hours of the transfer occurring.	Standard (Universal)
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Detailed Description

Receive regional approval for all vaccine transfers and document in VAOS within 24 hours of the transfer occurring.

Procedure

If a vaccine transfer must occur, the RE must contact the PHR for approval for all vaccine transfers prior to the removing vaccine from the facility. REs must document in VAOS within 24 hours of the transfer occurring.

Reference Document(s) (if applicable)

- Texas Vaccines for Children and Adult Safety Net Operations Manual for Responsible Entities

3.8.03	Address general inquiries by providers about the TVFC/ASN program and ensure timely follow-up on request for information.	Standard (Universal)
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Detailed Description

Address general inquiries by providers about the TVFC/ASN program and ensure timely follow-up on request for information.

Procedure

Address general inquiries by providers about the TVFC/ASN program and ensure timely follow-up on request for information.

Reference Document(s) (if applicable)

- Texas Vaccines for Children and Adult Safety Net Operations Manual for Responsible Entities, Section Eight

3.8.04	Ensure that providers within LHD contractor's jurisdiction are adhering to the vaccine borrowing procedures outlined in the TVFC and ASN Provider Manual. Report the number of borrowing forms submitted by quarter in the Immunization Inter-Local Agreement (ILA) Quarterly Report.	Required Activity
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Detailed Description

Ensure that providers within LHD contractor's jurisdiction are adhering to the vaccine borrowing procedures outlined in the TVFC and ASN Provider Manual.

Procedure

Ensure that providers within LHD contractor's jurisdiction adhere to the vaccine borrowing procedures outlined in the TVFC and ASN Provider Manual.

Reference Document(s) (if applicable)

- Texas Vaccines for Children and Adult Safety Net Provider Manual

Metric

Number of borrowing forms submitted by quarter.

Reporting

This metric will be included for reporting on the ILA Quarterly Report.

3.9. RE Emergency Response

3.9.01	Communicate the importance of an Emergency Vaccine Storage and Handling Plan to all clinics in the LHD Contractor's jurisdiction. Provide technical assistance to support the successful activation of each clinic's Emergency Vaccine Storage and Handling Plan.	Standard (Universal)
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Detailed Description

Communicate the importance of an *Emergency Vaccine Storage and Handling Plan* to all clinics in the LHD contractor's jurisdiction.

Procedure

Communicate annually at a minimum the importance of maintaining the *Emergency Vaccine Storage and Handling Plan*. Provide technical assistance to support the successful activation of each clinic's *Emergency Vaccine Storage and Handling Plan*.

Reference Document(s) (if applicable)

- Texas Vaccines for Children and Adult Safety Net Providers Operations Manual for Responsible Entities

3.9.02	Transfer, accept, and store TVFC and ASN vaccines from clinics in the LHD contractor's jurisdiction if there is a failure in the clinic's Emergency Vaccine Storage and Handling Plan.	Standard (Universal)
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Detailed Description

Transfer, accept, and store TVFC and ASN vaccines from clinics in the LHD contractor's jurisdiction if there is a failure in the clinic's *Emergency Vaccine Storage and Handling Plan*. If unable to store onsite, LHD will assist in locating a secure location.

Procedure

Transfer, accept, and store TVFC and ASN vaccines from clinics in the LHD contractor's jurisdiction if there is a failure in the clinic's *Emergency Vaccine Storage and Handling Plan*.

Reference Document(s) (if applicable)

- Texas Vaccines for Children and Adult Safety Net Operations Manual for Responsible Entities

3.9.03	Be prepared to pack and ship vaccine to other sites, as directed by the DSHS Immunization Section.	Required Activity
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Detailed Description

Be prepared to pack and ship vaccine to other sites, as directed by the DSHS Immunization Section.

Procedure

Be prepared to pack and ship vaccine to other sites, as directed by the DSHS Immunization Section and according to procedures listed in the TVFC and ASN Provider Manual.

Reference Document(s) (if applicable)

- Texas Vaccines for Children and Adult Safety Net Provider Manual

Metric N/A

Reporting N/A

4. Epidemiology and Surveillance

4.1. Perinatal Hepatitis B Case Identification

4.1.01	Conduct identification and case management of perinatal Hepatitis B cases.	Standard (Universal)
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Detailed Description

Hepatitis B virus (HBV) infection can cause acute and chronic Hepatitis B, liver cirrhosis and liver cancer. Perinatal transmission is very efficient and without appropriate post exposure prophylaxis (PEP) at birth many infants will become chronically infected. Texas law requires all prenatal providers to test for Hepatitis B Surface Antigen (HBsAg) during the first prenatal visit and again at delivery and to report any positive results to the appropriate RE. All HBsAg-positive pregnant women must be case-managed and reported to DSHS via the Peri Hep B Prevention App. Timely identification and case management help prevent perinatal Hepatitis B transmission.

Procedure

Any HBsAg-positive result identified in a pregnant woman or at delivery must have a case form opened in the online Peri Hep B Prevention Database, available online at <https://txhhs.my.salesforce.com/>, within seven days of reporting to the RE. The case form can be opened and submitted with limited information from HBsAg positive report and updated after the client interview. Refer to the Texas Perinatal Hepatitis B Prevention Manual, Case Management Chapter, for detailed instructions.

Reference Document(s) (if applicable)

- Texas Perinatal Hepatitis B Prevention Program Manual, Chapter 7: Case Management

Metric

Case forms are opened via the online Peri Hep B Prevention Database within seven days of initial case report for 90% of possible cases.

Reporting

This metric will be included in the Inter-Local Agreement (ILA) Quarterly Reports.

4.1.02	Determine the number of newborns that do not receive the first dose of the Hepatitis B vaccine and/or HBIG and work with those facilities to ensure all at-risk infants receive the Hepatitis B vaccine series and HBIG within 12 hours of birth.	Required Activity
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Detailed Description

Perinatal Hepatitis B transmission is very efficient, but PEP given within 12 hours of birth can prevent infection in 85-95% of cases. Infants born to an HBsAg-positive woman or a woman of unknown HBsAg status should be given the first dose of the Hepatitis B vaccine and Hepatitis B Immune Globulin (HBIG) within 12 hours of birth to help prevent Hepatitis B virus transmission. Delivery facilities should have written policies and procedures to give all high-risk infants PEP.

Procedure

If an infant does not receive appropriate PEP, an investigational report form must be completed. Once the investigational report is completed, training should be provided to the facility to prevent future errors. Refer to the Texas Perinatal Hepatitis B Manual for more details.

Reference Document(s) (if applicable)

- Texas Perinatal Hepatitis B Prevention Program Manual; Chapter 1: Program Background and Introduction, and Chapter 5: Serology Testing and Reporting.

Metric

Document technical assistance provided to any facilities that did not provide appropriate PEP.

Reporting

This metric will be included in the Immunization Program Contract Review Tool.

4.1.03	Ensure timely follow up and reporting of case status of possible HBsAg-positive pregnant women within seven days of the receipt of report.	Required Activity
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Detailed Description

Timely identification of cases is imperative to guarantee infants receive the necessary PEP to help prevent perinatal Hepatitis B transmission. The online Peri Hep B Prevention Database will provide a live feed from NEDSS for each RE of possible HBsAg-positive pregnant women. Investigation of each possible case is required, and a case form should be opened via the online Peri Hep B Prevention Database, available online at <https://txhhs.my.salesforce.com/>, within seven days of notification of report. The online Peri Hep B Prevention Database also provides reports of pregnant women past their estimated delivery dates. Investigation of past-due pregnancies is important to make sure the infant receives the necessary PEP in a timely manner.

Procedure

For the Lab Report:

1. Investigate each lab to determine program eligibility. If the client does not qualify for the program, open a case form, and then close the form with the appropriate reason ("ineligible HBsAg –" or "Not pregnant") in the online Peri Hep B Prevention Database.
2. Open and submit a case form in the online Peri Hep B Prevention Database for all eligible cases.

For the VSU Report:

1. Please contact the hospital or the provider first to verify HBsAg status.
2. Investigate each vital statistics case to determine program eligibility. If you determine that the client does not qualify for the program, open a case form, and then close the form with the appropriate reason ("ineligible HBsAg –" or "Not pregnant") in the online Peri Hep B Prevention Database.
3. Open and submit a case management report for all eligible cases in the online Peri Hep B Prevention Database.

For Past EDD:

1. Contact planned delivery hospital or prenatal provider to investigate status.
2. Open and submit an infant case management report for all cases on the list in the online Peri Hep B Prevention Database.
3. If unable to open an infant case form, document all attempts to obtain information and/or reason information was not available on the index case form within the online Peri Hep B Prevention Database.

Reference Document(s) (if applicable)

- Texas Perinatal Hepatitis B Prevention Manual, Chapter 7: Case Management.

Metric

RE will have less than or equal to two pregnant women who are one month past their estimated delivery dates on monthly report from Central Office.

Reporting

This metric will be included in the Immunization Program Contract Review Tool.

4.2. Perinatal Hepatitis B Case Management

4.2.01	Contact and provide case management to 100% of Hepatitis B surface antigen-positive pregnant women identified, along with their infants and contacts.	Required Activity
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Detailed Description

All HBsAg-positive pregnant women need to be case managed to help prevent perinatal Hepatitis B transmission.

Procedure

Open a case form in the online Peri Hep B Prevention Database, available online at <https://txhhs.my.salesforce.com/>, for the HBsAg-positive pregnant woman within seven days of notification of case. Case forms may be opened with limited information and updated later as more information is determined. Refer to the Texas Perinatal Hepatitis B Prevention Manual for detailed instructions.

Reference Document(s) (if applicable)

- Texas Perinatal Hepatitis B Prevention Manual, Chapter 7: Case Management.

Metric

Case forms are opened in the online Peri Hep B Prevention Database, available online at <https://txhhs.my.salesforce.com/>, within seven days of initial case report to RE for greater than or equal to 90% of possible cases.

Reporting

This metric will be included in the Immunization Program Contract Review Tool.

4.3. Perinatal Hepatitis B Reporting

4.3.01	For all cases documented as 'lost to follow-up', report the number and types of attempted activities performed in locating the mother or guardian of the infant to the DSHS Immunization Section in the online Peri Hep B Prevention Database.	Required Activity
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Detailed Description

It is imperative that every case is thoroughly searched using the guidance in the PHBPP manual to help prevent perinatal Hepatitis B transmission. A case cannot be closed as “lost to follow-up” until all avenues have been exhausted and documented in the Peri Hep B Prevention Database.

Procedure

Please see Texas Perinatal Hepatitis B Manual for detailed instructions.

Reference Document(s) (if applicable)

- Texas Perinatal Hepatitis B Prevention Manual, Chapter 7: Case Management.

Metric

Greater than or equal to 90% of all cases closed as “Lost to Follow Up” will have the appropriate type and number of activities documented in the Peri Hep B Prevention Database.

Reporting

This metric will be included in the Immunization Program Contract Review Tool.

4.4. Perinatal Hepatitis B Education

4.4.01	Require Perinatal Hepatitis B Case Manager to attend the bi-annual conference/workshop.	Required Activity
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Detailed Description

The goal of the Texas Perinatal Hepatitis B Summit/Workshop is to bring those with information and expertise on this issue together to share, discuss, and recommend strategies to prevent and decrease the incidence of Hepatitis B transmission, and improve the care of those at risk for perinatal Hepatitis B. Bi-annual conference attendance guarantees that PHBPP case managers provide up-to-date education for clients and providers.

Procedure

At least one case manager from each RE will attend the bi-annual conference.

Reference Document(s) (if applicable) N/A

Metric

RE PHBPP case managers attend the bi-annual PHBPP summit and workshop.

Reporting

This metric will be included in the Immunization Program Contract Review Tool.

4.4.02	Conduct educational training for hospitals, prenatal care providers, pediatricians, birthing facilities, and other health care providers/facilities within the Contractor’s jurisdiction, to increase identification, timely reporting, and appropriate case management of pregnant women with hepatitis and their infants and contacts.	Required Activity
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Detailed Description

Education to hospitals and providers will ensure identification of all HBsAg-positive pregnant women, reporting of results to the RE, and that their high-risk infants receive appropriate PEP.

Procedure

Refer to the Texas Perinatal Hepatitis B Manual for more details about Texas HBsAg screening and reporting laws and how to educate providers. Document any training on the PHBPP Training Checklist and submit to appropriate RE/DSHS each quarter.

Reference Document(s) (if applicable)

- Texas Perinatal Hepatitis B Prevention Manual

Metric

Trainings are conducted each quarter to a hospital, pediatrician/family provider, or prenatal provider.

Reporting

This metric will be included in the ILA Quarterly Reports.

4.4.03	Work with partners, as appropriate, to ensure coordination of activities aimed at preventing perinatal Hepatitis B transmission.	Standard (Universal)
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Detailed Description

Education to hospitals and providers will ensure identification of all HBsAg-positive pregnant women and that their high-risk infants receive appropriate PEP, complete the vaccine series on time, and are tested for immunity and infection.

Procedure

Partner with other programs within the RE or in the community to provide education to help prevent perinatal Hepatitis B virus transmission.

Reference Document(s) (if applicable)

- Texas Perinatal Hepatitis B Prevention Manual

4.5. Disease Surveillance

4.5.01	Complete investigation and document at least 90% of confirmed or probable reportable vaccine-preventable disease cases within 30 days of initial report to public health.	Required Activity
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Detailed Description

Timely follow-up of VPD cases is imperative to initiating critical post-exposure prophylaxis when appropriate and reducing further transmission of illness.

Procedure

Investigate and document, in accordance with the DSHS Emerging and Acute Infectious Disease Guidelines (EAIDG), current year Epi Case Criteria Guide

(ECCG), and the NBS (National Electronic Disease Surveillance System Base System) Data Entry Guidelines (DEG). At least 90% of all confirmed and probable case investigations must be completed and entered into NEDSS within 30 days of the initial report.

Reference Document(s) (if applicable)

- EAIDG (<https://www.dshs.texas.gov/IDCU/investigation/Investigation-Guidance.pdf>),
- ECCG (see [EAIDB website](#), select Disease Reporting on left hand panel to see current year)
- DEG (Data Entry Guide [DEG])

Metric

Complete investigation and document 90% of confirmed or probable reportable vaccine-preventable disease cases within 30 days of initial report to public health.

Reporting

This metric is included in the ILA Quarterly Reports.

4.5.02	Adhere to the DSHS Emerging and Acute Infectious Disease Guidelines and current Epi Case Criteria Guide in conducting all activities.	Standard (Universal)
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Detailed Description

Detailed guidance for conducting VPD investigations can be found in the DSHS EAIDG. Further guidance on case classification is found in the Epi Case Criteria Guide.

Procedure

The EAIDG provides important guidance including basic epidemiology, investigation protocol, control measures, specimen collection and shipping instructions, and managing special situations. Adherence to this guidance is important in ensuring rapid follow-up for timely prophylaxis and reduced transmission. Adherence to the current ECCG ensures proper classification of case status.

Reference Document(s) (if applicable)

- EAIDG - <https://www.dshs.texas.gov/IDCU/investigation/Investigation-Guidance.pdf>) and the current year ECCG (see [EAIDB website](#), select Disease Reporting on left hand panel to see current year).

4.5.03	Ensure all new VPD surveillance staff attend 'Introduction to NBS' training and complete the certification process to access to the NBS system.	Required Activity
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Detailed Description

NBS training is an essential training required by surveillance staff as NEDSS is the primary system for capturing reportable disease conditions including VPDs in Texas.

Procedure

New VPD surveillance staff should contact the NEDSS office at NEDSS@dshs.texas.gov to attend 'Introduction to NBS' training. New staff will not be able to access NEDSS until they have attended the intro training and successfully completed the certification. Once training and certification are completed, local IT staff will need to work with the NEDSS office to configure workstations.

Reference Document(s) (if applicable) N/A

Metric N/A

Reporting N/A

4.5.04	Complete all data entry into the Texas National Electronic Disease Surveillance System (NEDSS) Base System (NBS) following the NBS Data Entry Guidelines.	Standard (Universal)
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Detailed Description

All confirmed and probable cases of VPDs must be entered into NEDSS in accordance with the NBS DEG.

Procedure

Ensure that data entry of all VPD cases into NEDSS is done in accordance with the NBS DEG. Cases entered into NEDSS that do not comply with the guidelines may be rejected. Rejection of cases may negatively impact the 30-day requirement for entry of cases from initial report.

Reference Document(s) (if applicable)

- See the NBS DEG – ([Data Entry Guide \[DEG\]](#)).

4.5.05	Routinely review and follow-up on all VPD laboratory reports received, including electronic lab reports (ELRs) generated through NBS in a timely fashion.	Standard (Universal)
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Detailed Description

Laboratory reports on VPDs are the primary trigger for VPD investigations. Laboratory reports are typically received through electronic laboratory reports (ELRs) or paper laboratory reports received via fax, mail, or email. Timely follow-up of all laboratory reports received is critical to effective VPD surveillance.

Procedure

VPD surveillance staff are responsible for follow-up of all VPD laboratory reports received. VPD surveillance staff are responsible for the monitoring, review, and investigation of all VPD ELRs in the ELR queue of NEDSS. VPD surveillance staff must initiate and conduct investigations in accordance with the EAIDG.

Reference Document(s) (if applicable)

- See the DSHS EAIDG – (<https://www.dshs.texas.gov/IDCU/investigation/Investigation-Guidance.pdf>).

4.5.06	Verify and enter complete vaccination history in NBS on all VPD investigations with case status of confirmed or probable. Complete vaccination history can be assessed through the Texas Immunization Registry, provider offices, school records and/or patient records.	Required Activity
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Detailed Description

Verifying vaccination history of cases is important in assessing an individual’s susceptibility to disease and can be key to detecting potential issues with vaccine manufacturing, handling, or storage issues. Capturing vaccine histories of VPD cases also helps to evaluate the efficacy of vaccines.

Procedure

VPD surveillance staff should make every effort to capture vaccine history on all VPD cases. ImmTrac2, the Texas Immunization Registry, should be accessed to gather vaccine history. Other potential sources of vaccine history may be through provider offices, school records, and/or patient records. Vaccination histories should be entered into NEDSS in accordance with the NBS DEG.

Reference Document(s) (if applicable)

- See the NBS DEG - [Data Entry Guide \(DEG\)](#).

Metric

Enter complete vaccination history for at least 90% of confirmed or probable reportable vaccine-preventable disease cases into NBS. This must be completed and included in the second quarter ILA Quarterly Report.

Reporting

This metric is included in the ILA Quarterly Reports.

4.5.07	Initiate vaccine-based disease control activities by identifying population in need of a vaccination response and requesting vaccination services for that population by contacting the DSHS Vaccine Preventable Disease (VPD) surveillance team lead.	Standard (Universal)
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Detailed Description

Timeliness of control measures including prophylaxis is key to reducing and ultimately halting further transmission of disease. In some circumstances, biologicals and/or vaccine is warranted. Guidance specific to each disease is provided in the EAIDG.

Procedure

VPD surveillance staff must rapidly assess and determine the need for prophylaxis. If vaccine or biologicals are warranted, contact the DSHS VPD Surveillance Team Lead by calling the DSHS EAIDB at 512-776-7676 or email VPDTexas@dshs.texas.gov.

Reference Document(s) (if applicable)

- See the DSHS EAIDG - (<https://www.dshs.texas.gov/IDCU/investigation/Investigation-Guidance.pdf>).

4.6. Disease Surveillance Education

4.6.01	Educate physicians, laboratories, hospitals, schools, childcare staff, and other health providers on VPD reporting requirements.	Suggested Activity
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Detailed Description

Outreach activities highlighting the importance of VPD reporting requirements help to build a stronger VPD surveillance system. Anyone with knowledge of a reportable VPD in Texas is required to report.

Procedure

VPD surveillance staff should conduct routine outreach activities to educate physicians, laboratories, hospitals, schools, childcare staff, and other health providers on the importance of VPD reporting requirements. VPD surveillance staff should be knowledgeable of the Texas reportable disease conditions list located at <https://www.dshs.texas.gov/idcu/investigation/conditions/>. Educate those community stakeholders on VPD conditions required to be reported and the time frames for reporting. Distribute educational materials to facilitate ease of reporting to the local health authority. LHDs may want to customize these lists and add local contact information to expedite follow-up. Educating and building rapport with area providers, schools and childcare facilities is important to strengthening local VPD surveillance infrastructure.

Reference Document(s) (if applicable)

- See Texas Notifiable Conditions List - <https://www.dshs.texas.gov/idcu/investigation/conditions/>.

Metric N/A

Reporting N/A

4.7. Needs Assessment

4.7.01	Conduct a community needs assessment to identify gaps in coverage rates or “pockets of need” for immunization activities. <ul style="list-style-type: none"> • Select an area of focus from the list of measurements provided in the metrics matrix (Metrix) or obtain approval from the Immunization Section epis for an alternate area of focus. • Create an assessment plan, collect data, gather stakeholder feedback, and analyze the information. 	Required Activity
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Detailed Description

An immunization community needs assessment will be performed by each contracted responsible entity. The goal of the needs assessment is to examine the immunization environment of a community with the intention of identifying gaps or ‘pockets of need’ that can be addressed to ensure high immunization coverage. An immunization pocket of need is a group, population, or area within the community needing vaccination services but currently does not receive them at adequate levels. The process to identify immunization needs begins with a snapshot of the community supported by data. The needs assessment will describe the data and resources available and identify gaps in providing immunization services to the community. Gaps identified through the needs assessment will present opportunities for intervention (Suggested Activity 1.1.12). Some data or resources that might be used for a community needs assessment include vaccine coverage levels within schools and childcare facilities in the community, interviews with community leaders, or surveys of community residents.

The Texas DSHS Immunization Section Assessment Compliance and Evaluation (ACE) epidemiology team has compiled a Metrix that can be used for the basis of a community assessment. Examples of data that could be used include number of TVFC providers, coverage rates for kindergarteners, number of childcare facilities and more for each RE. The Metrix will be made available to REs at the start of the contract year.

Procedure

This immunization community needs assessment procedure is adapted from the [CDC’s Community Needs Assessment Workbook](#). If more guidance is desired, the workbook is available online or consultation is available through the Texas DSHS Immunization Section ACE Epidemiology Team at Imm.Epi@dshs.texas.gov.

1. Create a plan for the immunization community needs assessment.

- a. Review the Metrix and select a measurement for further evaluation. Immunization topic areas outside of the Metrix are eligible for assessment; however, non-Metrix topic areas should be submitted to the DSHS Immunization ACE Epidemiologists at Imm.Epi@dshs.texas.gov for approval. Topic areas outside of the Metrix are due by the end of the first quarter.
 - b. Precisely identify the community being assessed (e.g. schools, county, adults and/or children, a geographic subset of the jurisdiction, etc.).
 - c. Identify the needs assessment resources (e.g. staff, stakeholders, data, etc.). Be sure to incorporate people from the community being assessed to ensure the results of the assessment will be impactful.
 - d. Identify the measurements you are interested in, what information/data you need to evaluate the measurements, what you have to do to get the information/data.
 - e. Create an assessment timeline.
2. Conduct the community needs assessment.
 - a. Design Data Tool
 - i. Existing data – with your final analysis in mind, extract data from sources identified in step 4.7.01.1.
 - ii. Collecting data –if data is not available or missing, develop a method for collecting information. Ideas for data collection methods can be found in the CDC’s Community Needs Assessment workbook. Conduct data collection with chosen tool.
 - b. Perform any data manipulation and cleaning necessary for analyzing the data.
3. Evaluate the data collected. Likely, you will have collected multiple data sources to perform the community needs assessment. Examine each source individually using statistical summaries, if appropriate, and summarizing input from the program, community, and stakeholders.
 4. Consolidate and review data. With each of the summaries you have created for your community assessment input, combine them to identify areas of need identified in the assessment.
 5. Complete Immunization Community Needs Assessment Report Form for submission with the fourth quarter ILA Quarterly report.

Throughout the process the Immunization Section’s Epidemiology team is available for support. Requests can be submitted by email to Imm.Epi@dshs.texas.gov.

Reference Document(s) (if applicable)

- Immunization Program Metrix
- [CDC Community Needs Assessment Workbook](#)
- Community Needs Assessment Report Form

Metric

A complete Immunization Community Needs Assessment Report is submitted with the fourth quarter ILA Quarterly report that identifies gaps in coverage rates or “pockets of need” for immunization activities and includes an approved area of focus, an assessment plan, data, stakeholder feedback, and analysis of the information.

Reporting

The Community Needs Assessment Report Form may be completed and included in the fourth quarter ILA Quarterly Report.

4.7.02	Design an intervention to address the needs identified in the Community Needs Assessment in 4.7.01.	Required Activity
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Detailed Description

Gaps identified in the needs assessment present opportunities for intervention (Required Activity 4.7.01). The Texas DSHS Immunization Section ACE epidemiology team Metrix will be made available to REs at the start of the contract year. The REs will use the Metrix to identify one or more metrics that need improvement in their communities and submit a completed Immunization Needs Assessment Report Form to the DSHS ACE intervention team.

Procedure

1. The DSHS ACE Epidemiology team will send the Metrix to the participating REs at the end of the grant year (June 30). The REs will select metric(s) that need improvement in their communities.
2. Members of the DSHS ACE intervention team will send the Community Needs Assessment Form to REs. The form will be sent out along with the Metrix by the end of the grant year and will be returned to the Intervention team within 30-days.
 - a. The REs will list their selected metric(s) on the form
 - b. The REs will indicate on the form whether they plan on developing an intervention based on their selected metric. If the REs plan on developing an intervention, they will complete the assessment form and specify the following:
 - i. REs will list potential areas of focus
 - ii. REs will set their improvement goal (% increase/decrease) and decide how they will measure their goal
 - iii. REs will propose ideas on how to reach their goal
 - iv. REs will list their stakeholders/partners
 - c. If the REs chose not to develop an intervention, the intervention team will document this.
 - d. If all REs chose not to develop an intervention, the intervention team

- may contact REs to suggest potential interventions.
3. The intervention team will work with the REs to create an assessment timeline.
 4. A community needs assessment will be performed with the ACE Epidemiology and intervention teams if the RE chooses to conduct an intervention.
 - a. Design data tool;
 - i. Existing data will be utilized, and further data will be collected if certain information is not available or missing. Ideas for data collection methods can be found in the CDC's Community Needs Assessment Workbook.
 - b. Conduct data collection with chosen tool;
 - c. To track progress, the intervention team will either meet with the REs quarterly, or the REs will send project updates quarterly. These meetings or forms will take place quarterly until the assessment is finished.
 5. The epidemiology team will evaluate the collected data. Input from the stakeholders will be taken into consideration and summarized.
 6. The epidemiology team will consolidate and review the data with the intervention team.
 7. The final Immunization Needs Assessment Report Form will be completed by the REs and sent to Imm.Action@dshs.texas.gov.

Reference Document(s) (if applicable)

- Immunization Program Metrix
- [CDC Community Needs Assessment Workbook](#)
- Community Needs Assessment Report Form

Metric

An intervention for 4.7.01 is designed and submitted to Imm.Action@dshs.texas.gov via a completed Immunization Needs Assessment Report Form.

Reporting N/A

5. Providing a Vaccine Safety Net

5.1. Clinic Enrollment

5.1.01	Enroll all eligible LHD clinics into the TVFC and ASN programs as providers.	Required Activity
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Detailed Description

As safety net providers, all LHD clinics are required to enroll in the TVFC and ASN programs.

In addition, it may be necessary to have a LHD headquarter facility enrolled in the programs at the end of the school year for school sites or if a provider withdraws from the programs, a facility inadvertently orders vaccine that exceeds their storage capacity, or a facility requires transfer of vaccine in an emergency.

Procedure

All LHD clinics are enrolled in the TVFC and ASN programs by submitting a re-enrollment form annually for participation in both programs. Vaccine choice includes all pediatric, adolescent, and adult vaccines.

Reference Document(s) (if applicable) N/A

Metric

Submit a completed TVFC and ASN re-enrollment form for all eligible LHD clinics by the DSHS established timeframe.

Reporting N/A

5.1.02	Provide immunization services according to national standards for immunization practices for infants, children, adolescents, adults, and health care workers. LHD clinics will comply with the National Childhood Vaccine Injury Act of 1986.	Standard (Universal)
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Detailed Description

Provide immunization services according to national standards for immunization practices for infants, children, adolescents, adults and health care workers in all LHD clinics and comply with the National Childhood Vaccine Injury Act of 1986.

Procedure

Provide immunization services for infants, children, adolescents, adults, and health care workers according to CDC national standards for immunization practices and compliance with the National Childhood Vaccine Injury Act of 1986.

Reference Document(s) (if applicable)

- National Childhood Vaccine Injury Act of 1986 and CDC national standards for immunization practices

5.2. Clinic Staff Training

5.2.01	Train all clinic staff on the policies outlined in the TVFC and ASN Provider Manual and LHD procedures for implementing them. These procedures include: <ul style="list-style-type: none"> - following storage and handling guidelines - vaccine management - using the DSHS VAOS -procedures for other compliance guidelines 	Required Activity
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Detailed Description

Train all LHD clinic staff on the policies outlined in the TVFC and ASN Provider Manual and LHD procedures for implementing them. These include:

1. Procedures for following storage and handling guidelines.
2. Procedures for vaccine management.
3. Procedures for using the DSHS vaccine management system (VAOS).
4. Procedures for other compliance guidelines.

Procedure

Conduct training for all LHD clinic staff on the policies outlined in the most current TVFC and ASN programs Provider Manual and on the LHD procedures for implementing the following procedures:

1. following storage and handling guidelines
2. vaccine management
3. using the DSHS VAOS
4. other compliance guidelines

LHD must develop a policy that includes procedures for implementing policies as outlined in TVFC and ASN Provider Manual to be reviewed during Immunization Program Contactor Onsite Evaluation.

Reference Document(s) (if applicable)

- TVFC and ASN Provider Manual

Metric

Documentation of the training conducted, including the following procedures:

1. following storage and handling guidelines
2. vaccine management
3. using the DSHS vaccine management system (VAOS)
4. other compliance guidelines

Documentation of policy.

Reporting

This metric will be included in the Immunization Program Contract Review Tool.

5.2.02	<p>Develop clinic staff education requirements. Ensure that persons who administer vaccines and staff that are involved in the vaccine administration process (including those who screen immunization records and administer vaccines) to follow ACIP standards for children and adults and are knowledgeable on immunizations and immunization practices.</p> <p>This can be accomplished by having staff complete the most current CDC Pink Book (Epidemiology and the Prevention of Vaccine Preventable Diseases) training and appropriate Vaccine Education Online (VEO) modules.</p>	Required Activity
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Detailed Description

Clinic staff education requirements must ensure that staff who administer vaccines and staff that are involved in the vaccine administration process (including those who screen immunization records and administer vaccines) follow ACIP standards for children and adults and are knowledgeable on immunizations and immunization practices.

Procedure

Develop policy to identify staff education requirements for new and existing staff. Employee education policy for new and current staff that are involved in the vaccine administration process (including those that screen records and administer vaccines) must include the following:

Current staff:

1. Annual VEO.
2. Thorough review of annual changes to TVFC/ASN Provider Manual.
3. Review CDC Vaccine Storage and Handling Toolkit.
4. Review annual EPIVAC updates (if applicable).

New staff:

1. VEO.
2. CDC You Call the Shots, Modules 10 and 16.
3. Thorough review of TVFC/ASN Provider Manual.
4. Review of CDC Vaccine Storage and Handling Toolkit.
5. CDC Epidemiology of Vaccine Preventable Diseases Series.

Reference Document(s) (if applicable) N/A

Metric

Documentation of policy.

Reporting

This metric will be included in the Immunization Program Contract Review Tool. Policy must be available for review.

5.2.03	Develop eligibility screening and documentation policy for all LHD clinics. Provide training to all staff on appropriate screening and documentation for TVFC eligibility to ensure TVFC vaccine is administered only to TVFC-eligible children. Implement policy and plan for routine adherence to eligibility policies.	Required Activity
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Detailed Description

Screening for eligibility is the foundation of the TVFC program accountability. Screening all children at every immunization encounter and documenting eligibility screening at every visit ensures vaccine is given to eligible children. Any child 18 years of age or younger and meets at least one of the eligibility criteria as described in the TVFC and ASN Provider Manual is eligible for TVFC vaccine. The LHD should develop and implement an eligibility screening and documentation policy for all clinics. Staff must be trained on all appropriate screening and documentation for TVFC eligibility to ensure TVFC vaccine is administered only to TVFC-eligible children. Implement policy and plan for routine adherence to eligibility policies.

Procedure

Develop eligibility screening and documentation policy for all LHD clinics to include training for all staff on appropriate screening and documentation for TVFC eligibility to ensure TVFC vaccine is administered only to TVFC-eligible children.

Reference Document(s) (if applicable)

- Texas Vaccines for Children and Adult Safety Net Provider Manual.

Metric

Documentation of policy.

Reporting

This metric will be included in the Immunization Program Contract Review Tool. Policy must be available for review.

5.2.04	Develop and implement a policy on the use of the Texas Immunization Registry. Train LHD staff on conducting client searches in the Texas Immunization Registry and how to effectively enter client demographic and immunization information.	Required Activity
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Detailed Description

Develop and implement a policy on the use of the Texas Immunization Registry and train staff on appropriate client searches and how to effectively enter client demographic and immunization information.

Procedure

Develop and implement a policy on the use of the Texas Immunization Registry and train staff on appropriate client searches and how to effectively enter client demographic and immunization information.

Reference Document(s) (if applicable)

- Texas Immunization Registry documents

Metric

Documentation of policy.

Reporting

This metric will be included in the Immunization Program Contract Review Tool. Policy must be available for review.

5.3. Clinic Immunization Practices

5.3.01	Comply with current applicable state and federal standards, policies and guidelines for clinics.	Standard (Universal)
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Detailed Description

Comply with current applicable state and federal standards, policies and guidelines.

Procedure

Comply with current applicable state and federal standards, policies and guidelines.

Reference Document(s) (if applicable) N/A

5.3.02	Provide vaccines regardless of residency or ability to pay.	Standard (Universal)
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Detailed Description

Provide vaccines regardless of residency or ability to pay.

Procedure

Provide vaccines regardless of residency or ability to pay.

Reference Document(s) (if applicable)

- TVFC/ASN Provider Agreement
- TVFC/ASN Provider Manual, pgs. 23-25, 89-91

5.3.03	Adhere to clinical records retention schedule.	Standard (Universal)
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Detailed Description

Adhere to clinical records retention schedule.

Procedure

Adhere to clinical records retention schedule.

Reference Document(s) (if applicable) N/A

5.3.04	Explain the benefits of a medical home and assist the parent/guardian in obtaining or identifying the child’s medical home.	Standard (Universal)
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Detailed Description

Explain the benefits of a medical home and assist the parent/guardian in obtaining or identifying the child’s medical home.

Procedure

Explain the benefits of a “medical home” and assist the parent/guardian in obtaining or identifying the child’s medical home. If the child is uninsured, provide information such as phone number or website to the parent/guardian on how to apply for Medicaid and/or Children’s Health Insurance Program (CHIP) assistance.

Reference Document(s) (if applicable) N/A

5.3.05	Discuss the next ACIP recommended vaccines and refer the client to a medical home to complete the vaccination series.	Standard (Universal)
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Detailed Description

Discuss the next ACIP recommended vaccines and refer the client to a medical home to complete the vaccination series.

Procedure

Discuss the next ACIP-recommended vaccines using the current immunization schedules and refer the client to a medical home to complete the series.

Reference Document(s) (if applicable) N/A

5.3.06	Maintain a list of current providers within the LHD’s jurisdiction who accept children on Medicaid or CHIP and make this list available to clinic clients and families as needed.	Standard (Universal)
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Detailed Description

Maintain a list of current providers within the LHD’s jurisdiction who accept children on Medicaid or CHIP and make this list available to clients and families that seek clinical services.

Procedure

Maintain a list of current providers within the LHD’s jurisdiction who accept children on Medicaid or CHIP and make this list available to clients and families that seek clinical services.

Reference Document(s) (if applicable) N/A

5.3.07	Refer uninsured clients to Medicaid or CHIP as appropriate.	Standard (Universal)
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Detailed Description

Refer uninsured clients to Medicaid or CHIP as appropriate by providing information such as a phone number or website.

Procedure

Refer uninsured clients to Medicaid or CHIP as appropriate by providing information such as phone number or website to the parent/guardian on how to apply for Medicaid and/or CHIP assistance.

Reference Document(s) (if applicable) N/A

5.3.08	Ensure that all ACIP recommended vaccines are routinely available and offered to TVFC patients.	Standard (Universal)
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Detailed Description

Ensure that all ACIP recommended vaccines are available and offered to TVFC patients.

Procedure

Ensure that all ACIP recommended vaccines are available in each LHD clinic site by reviewing the TVFC formulary and ordering vaccines using VAOS.

Reference Document(s) (if applicable) N/A

5.3.09	Ensure that all vaccines listed on the ASN vaccine formulary are available and offered to eligible adult patients.	Standard (Universal)
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Detailed Description

Ensure that all vaccines listed on the ASN vaccine formulary are available and offered to ASN patients.

Procedure

Ensure that all vaccines on the ASN formulary are available in each LHD clinic site by ordering appropriate vaccine using VAOS.

Reference Document(s) (if applicable) N/A

5.3.10	Establish standing orders for vaccination in LHD contractor’s clinics that are consistent with legal requirements for standing orders per Texas Administrative Code Title 22, Chapter 193, Standing Delegation Orders.	Required Activity
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Detailed Description

Establish standing orders for vaccination in LHD contractor’s clinics that are consistent with legal requirements for standing orders Texas Administrative Code Title 22, Chapter 193, Standing Delegation Orders.

Procedure

Current Standing Delegation Orders (SDOs) must be in place that have been reviewed, updated and signed annually by the authorizing physician and must specify which acts require a particular level of training and licensure and under what circumstances they are to be performed.

Reference Document(s) (if applicable)

- [Texas Administrative Code Title 22, Chapter 193, Standing Delegation Orders.](#)
- <https://www.dshs.texas.gov/sites/default/files/LIDS-Immunizations/pdf/FY2024-Immunization-Clinical-Services-with-COVID-19.pdf>
- <https://www.dshs.texas.gov/sites/default/files/LIDS-Immunizations/pdf/FY2024-RSV%20Immunization-for-Infants-and-Young-Children.pdf>

Metric

Current copies of SDOs must be present at all clinic sites and accessible to all staff. SDOs must be signed and dated within the last year. SDOs must include all applicable immunizations administered by LHD clinics, including combination vaccine presentations. I.e., MMR SDO, Varicella SDO, ProQuad (MMRV) SDO.

Reporting

This metric will be included in the Immunization Program Contract Review Tool. SDOs must be available for review.

5.3.11	<p>Search for the client's immunization history at every client encounter. Compare all immunization histories (Texas Immunization Registry, TWICES or EMR system, validated patient-held records, clinic medical record) and entered in the Texas Immunization Registry all historical immunizations not in the registry at every client encounter.</p> <p>Review the client’s record for vaccines due and overdue according to the CDC recommended schedules at: https://www.cdc.gov/vaccines/schedules/index.html.</p>	Required Activity
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Detailed Description

Staff in clinics are to conduct searches for client’s immunization histories at every client encounter. All immunization histories must be compared (Texas Immunization Registry, TWICES or EMR system, validated patient-held records, clinic medical record) and missing immunizations must be entered into the Texas Immunization Registry.

Procedure

Staff in clinics are to conduct searches for client’s immunization histories at every client encounter. All immunization histories must be compared (Texas Immunization Registry, TWICES or EMR system, validated patient-held records, clinic medical record) and missing immunizations must be entered into the Texas Immunization Registry.

Reference Document(s) (if applicable)

- <https://www.cdc.gov/vaccines/schedules/index.html>.

5.3.12	Offer updated Immunization History Report to the client or client’s parent or guardian at every client encounter.	Required Activity
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Detailed Description

Staff at clinic sites must offer an updated Immunization History Report to the client or client’s parent or guardian at every client encounter.

Procedure

Staff at clinic sites must offer an updated Immunization History Report to the client or client’s parent or guardian at every client encounter.

Reference Document(s) (if applicable)

- Immunization History Report from the Texas Immunization Registry, Texas-Wide Integrated Client Encounter System, or clinic’s Electronic Medical Record.

5.3.13	Follow and explain recommended guidelines for obtaining and submitting ImmTrac2 consent forms according to the instructions found at http://www.dshs.texas.gov/immunize/immtrac/forms.shtm .	Required Activity
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Detailed Description

Follow and explain recommended guidelines for obtaining and submitting the Texas Immunization Registry consent forms.

Procedure

Follow and explain recommended guidelines for obtaining and submitting the Texas Immunization Registry consent forms.

Reference Document(s) (if applicable)

- Texas Immunization Registry consent forms instructions - <http://www.dshs.texas.gov/immunize/immtrac/forms.shtm>

5.3.14	Report to the Texas Immunization Registry all immunizations administered to children (younger than 18 years of age) and consented adults in LHD contractor’s clinics, either by entering data directly into the Registry or through electronic data exchange via TWICES or an electronic medical record (EMR) system.	Required Activity
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Detailed Description

Report to the Texas Immunization Registry all immunizations administered to children and consented adults in LHD clinics, either by entering data directly into the Registry or through electronic data exchange via TWICES or an EMR system.

Procedure

Report to the Texas Immunization Registry all immunizations administered to children and consented adults in LHD clinics, either by entering data directly into the Registry or through electronic data exchange via TWICES or an EMR system.

Reference Document(s) (if applicable)

- Texas Immunization Registry

5.3.15	Verbally and with DSHS-produced literature, inform parents at LHD contractor’s clinics about the Texas Immunization Registry, the benefits of inclusion in the Registry, and the importance of maintaining a complete immunization history in the Registry.	Required Activity
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Detailed Description

Inform parents at LHD clinics about the Texas Immunization Registry, the benefits of inclusion in the registry, and the importance of maintaining a complete immunization history in the registry.

Procedure

Verbally inform parents at LHD clinics about the Texas Immunization Registry, the benefits of inclusion in the registry, and the importance of maintaining a complete immunization history in the registry. This may also be accomplished by using DSHS-produced literature.

Reference Document(s) (if applicable)

- DSHS-produced literature
- Texas Immunization Registry

5.3.16	Update all demographic information, including address, email, and telephone number, at every client encounter in EMR and the Texas Immunization Registry	Required Activity
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Detailed Description

Update all patient demographic information, including address, email and telephone number every time in EMR and the Texas Immunization Registry

Procedure

Update all patient demographic information, including address, email, and telephone number every time in EMR and the Texas Immunization Registry

Reference Document(s) (if applicable)

- Texas Immunization Registry

5.3.17	Verbally educate patients and parents/guardians about the benefits and risks of vaccination and distribute DSHS educational materials, as applicable, as part of this conversation.	Required Activity
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Detailed Description

Verbally educate patients and parents/guardians about the benefits and risks of vaccination and distribute educational materials.

Procedure

Verbally educate patients and parents/guardians about the benefits and risks of vaccination and distribute educational materials.

Reference Document(s) (if applicable)

- Vaccine Information Statements

5.3.18	Follow only medically supportable contraindications to vaccination.	Required Activity
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Detailed Description

Follow only medically supportable contraindications to vaccination.

Procedure

Follow only medically supportable contraindications to vaccination.

Reference Document(s) (if applicable)

- SDOs signed by medical authority for each LHD.

5.3.19	Provide immunization services at times other than between 8:00 a.m. and 5:00 p.m., Monday through Friday, at least once per month.	Required Activity
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Detailed Description

Provide immunization services at times other than 8:00 a.m. to 5:00 p.m., Monday through Friday, at least once per month.

Procedure

At least once per month for each LHD clinic, immunization services must be provided at times other than 8:00 a.m. to 5:00 p.m., Monday through Friday.

Reference Document(s) (if applicable) N/A

Metric

Documentation of policy.

Reporting

This metric will be included in the Immunization Program Contract Review Tool. Policy must be available for review.

5.3.20	Institute infection control practices, including effective hand washing and management of hazardous waste.	Standard (Universal)
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Detailed Description

Institute infection control practices for staff at clinics, including effective hand washing and management of hazardous waste.

Procedure

Develop a policy for instituting infection control practices for staff at clinics, including effective hand washing and management of hazardous waste.

Reference Document(s) (if applicable) N/A

5.3.21	Maintain confidentiality of client information.	Standard (Universal)
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Detailed Description

Confidentiality is one of the core duties of medical practice. It requires health care professionals to keep a patient’s personal health information private unless consent to release information is provided by the patient.

Procedure

Maintain confidentiality of client information by following HIPPA rules and policies on patient confidentiality.

Reference Document(s) (if applicable)

- HIPAA and policy on patient confidentiality

5.3.22	Recommend the simultaneous administration of all needed vaccines for the patient.	Standard (Universal)
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Detailed Description

Recommend the simultaneous administration of all needed vaccines for the patient.

Procedure

Discuss the benefits of simultaneous administration of all needed vaccines for the patient.

Reference Document(s) (if applicable)

- Center for Disease Control and Prevention – (<https://www.cdc.gov/>)
- Department of State Health Services – (<https://www.immunizetexas.com/>)
- Local Health Department Standing Delegation Orders for vaccine administration

5.3.23	Implement clinic policy on screening and documentation of eligibility for TVFC vaccines. The policy must be consistent with the TVFC requirements outlined in the current TVFC/ASN Provider Manual.	Standard (Universal)
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Detailed Description

Implement a clinic policy on screening and documentation of eligibility for TVFC vaccines.

Procedure

Implement clinic policy on screening and documentation of eligibility for TVFC vaccines in accordance with the TVFC and ASN Provider Manual.

Reference Document(s) (if applicable)

- Texas Vaccines for Children and Adult Safety Net Provider Manual

5.3.24	Participate in public health emergencies and exercises that may require vaccine administration in shelters to the public or first responders.	Suggested Activity
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Detailed Description

Participate in public health emergencies and exercises that may require vaccine administration in shelters to the public or first responders during emergencies.

Procedure

Participate in public health emergencies and exercises that may require vaccine administration in shelters to the public or first responders during emergencies.

Reference Document(s) (if applicable) N/A

Metric

Documentation of RE staff participation in public health emergencies and exercises that may require vaccine administration in shelters to the public or first responders during emergencies.

Reporting

This metric will be included in the Immunization Program Contract Review Tool.

5.3.25	Conduct outreach activities to raise the immunization coverage levels of uninsured adults by visiting sites such as homeless shelters, halfway houses, day labor sites, or other locations.	Suggested Activity
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Detailed Description

Conduct outreach activities to raise the immunization coverage levels of uninsured adults by visiting sites such as homeless shelters, halfway houses, day labor sites, or other locations.

Procedure

Provide immunizations to uninsured adults to increase coverage levels in areas such as homeless shelters, halfway houses, day labor sites, or other locations.

Reference Document(s) (if applicable) N/A

Metric

Documentation of outreach activities conducted and the sites where clinics were held.

Reporting

This metric will be included in the Immunization Program Contract Review Tool.

5.3.26	Coordinate with community vaccinators to conduct annual employee-based vaccination clinics for influenza vaccine administration.	Suggested Activity
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Detailed Description

Coordinate with community vaccinators to conduct annual employee-based vaccination clinics for influenza vaccine administration.

Procedure

Coordinate with community vaccinators such as local pharmacies or other groups to conduct annual employee-based vaccination clinics for influenza vaccine administration.

Reference Document(s) (if applicable) N/A

Metric

Document all employee-based influenza vaccination clinics conducted by the last day of the reporting quarter.

Reporting

This metric will be included in the Immunization Program Contract Review Tool.

5.4. Clinic Vaccine Management

5.4.01	Ensure that all expired and spoiled/wasted vaccines are appropriately identified and entered in VAOS for the LHD contractor’s clinics.	Required Activity
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Detailed Description

Every dose of vaccine that is lost due to expiration or spoilage must be reported on a vaccine loss through VAOS. Expired or spoiled/wasted vaccine is any non-viable vaccine in its original container and has been expired or spoiled because of natural disaster, improper vaccine storage temperature, improper storage, or vaccine recall. Wasted vaccine is a result of incorrect vaccine prepared for patient, incorrect diluent, comprised vial, etc. RE staff must follow all procedures for when a vaccine loss occurs.

Procedure

Clinic coordinator to conduct quality assurance reviews to ensure all expired and spoiled/wasted vaccines are appropriately identified and entered in VAOS. Clinic coordinator must educate LHD contractor clinic staff to complete the following procedures when a vaccine loss occurs:

1. Remove expired or spoiled vaccine from the vaccine storage unit.
2. Document the following information:
 - a. Antigen
 - b. Lot number
 - c. Expiration date
 - d. Reason for the loss
3. Document the vaccine loss on a Vaccine Loss Report electronically through VAOS.
4. Ensure VLR is signed by medical personnel with prescribing authority.

Reference Document(s) (if applicable)

- TVFC/ASN Provider Manual, pgs. 45-50

Metric

Document all expired and spoiled/wasted vaccine loss in VAOS.

Reporting

This metric will be included for reporting in VAOS under the enrolled site’s PIN.

5.4.02	Submit returns for all vaccines distributed via CDC’s centralized distributor back to the centralized distributor for returns processing	Standard (Universal)
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Detailed Description

Submit returns for all vaccines distributed via CDC’s centralized distributor back to the centralized distributor for returns processing.

Procedure

Submit returns for all vaccines distributed via CDC’s centralized distributor back to the centralized distributor for returns processing according to procedures described in TVFC and ASN Provider Manual.

Reference Document(s) (if applicable)

- TVFC/ASN Provider Manual, pgs. 45-50

5.5. Clinic Quality Assurance

5.5.01	Ensure that appropriate routine and emergency vaccine storage and handling plans are in place at each of the LHD Contractor clinic locations.	Required Activity
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Detailed Description

All enrolled sites must have plans for routine and emergency vaccine management. Plans contain comprehensive information of best practices and the most current information about storage and handling of vaccines.

Procedure

Each LHD clinic site must have appropriate routine and emergency vaccine storage and handling plans in place. Sites can use the Vaccine Management Plan Template or other document that includes the following items:

1. Identify a primary and back person to carry out the contingency plan.
2. Identify an alternative location to take vaccine for storage during an emergency.
3. Contact information of staff at the emergency location.

This document must be updated annually or when changes occur.

Reference Document(s) (if applicable)

- Vaccine Management Plan Template (E11-14498)
- TVFC/ASN Provider Manual, pgs. 68-70

- TFVC/ASNet Operations Manual for Responsible Entities, pgs. 75-76

Metric

Documentation of routine and emergency vaccine storage and handling plans at each LHD contractor clinic locations.

Reporting

This metric will be included for reporting in VAOS under the enrolled site’s PIN.

5.5.02	Ensure that expired, wasted, and unaccounted-for vaccines (excluding flu) do not exceed 5 percent in LHD contractor’s clinics	Standard (Universal)
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Detailed Description

Every dose of vaccine that is lost must be accounted for. Expired, wasted, and unaccounted-for vaccines (excluding flu) must not exceed 5% in LHD contractor’s clinics.

Procedure

Ensure that expired, wasted, and unaccounted-for vaccines (excluding flu) do not exceed 5% in LHD contractor’s clinics by reviewing vaccine loss reports monthly.

Reference Document(s) (if applicable)

- Request information from the Vaccine Management group manager for suggestions.

5.6. Clinic Reporting

5.6.01	Conduct timely reporting of monthly clinic activities by recording vaccine inventory, doses administered, temperature logs and other reportable activities by the fifth of each month as described in the TVFC/ASN Provider Manual.	Required Activity
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Detailed Description

Conduct timely reporting of monthly clinic activities by recording vaccine inventory, doses administered, temperature logs and other reportable activities by the fifth of each month as described in the TVFC/ASN Provider Manual.

Procedure

By the fifth of each month, the following documents must be completed and submitted to the RE:

1. Monthly biological report
2. Biological order form
3. Temperature recording form
4. Vaccine loss report, if applicable
5. Borrowing form, if applicable
6. Any additional and/or associated forms as required

Failure to submit required documents will result in future vaccine orders placed on hold by the RE.

Reference Document(s) (if applicable)

- TVFC/ASN Provider Manual, pgs. 85-89

Metric

Submission of monthly clinic activities by the fifth of each month.

Reporting

This metric will be included for reporting in VAOS under the enrolled site’s PIN.

5.6.02	Report all notifiable conditions as specified in the DSHS Immunization Contractor's Guide for Local Health Departments.	Standard (Universal)
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Detailed Description

Report all notifiable conditions.

Procedure

Report all notifiable conditions.

Reference Document(s) (if applicable)

- Department of State Health Services Immunization Contractors Guide for Local Health Departments

5.6.03	Report all vaccine adverse events as specified in the DSHS Immunization Contractor's Guide for Local Health Departments.	Standard (Universal)
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Detailed Description

Report all vaccine adverse events.

Procedure

Report all vaccine adverse events.

Reference Document(s) (if applicable)

- Department of State Health Services Immunization Contractors Guide for Local Health Departments

5.6.04	Report the number of unduplicated underinsured clients and the number of doses administered to underinsured children monthly as specified in the DSHS Immunization Contractors Guide for Local Health Departments.	Required Activity
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Detailed Description

Report the number of unduplicated underinsured clients and the number of doses administered to underinsured children monthly.

Procedure

Report the number of unduplicated underinsured clients and the number of doses administered to underinsured children monthly.

Reference Document(s) (if applicable)

- Department of State Health Services Immunization Contractors Guide for Local Health Departments

Metric

Document 100% of unduplicated underinsured clients and the number of doses administered to underinsured by the 15th of each month via DSHS online reporting or at the end of each client encounter.

Reporting

This metric will be included for reporting under the Underinsured Survey - www.dshs.texas.gov/immunize/tvfc/publications for sites that do not use TWICES. Data is extracted directly from TWICES for the sites that use the program.

5.6.05	Conduct monthly reporting of doses administered to women veterans, as required in the ASN program.	Required Activity
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Detailed Description

Conduct monthly reporting of doses administered to women veterans, as required in the ASN program.

Procedure

Conduct monthly reporting of doses administered to women veterans, as required in the ASN program.

Reference Document(s) (if applicable)

- TVFC/ASN Provider Manual, Chapter 9. ASN program, IV. ASN Patient Eligibility, D. Vaccine Services to Female Veterans

Metric

Report 100% of the number of doses administered to uninsured women veterans by the fifth of each month.

Reporting

Clinic coordinators must ensure staff at LHD contractor clinics report the number of doses administered to women veterans monthly to DSHS at www.dshs.texas.gov/immunize/ASN/publications under the Uninsured Female Veterans Reporting Form.

6. Increased Use of the Texas Immunization Registry

6.1. Texas Immunization Registry Outreach for Immunization Records

6.1.01	Conduct Texas Immunization Registry outreach to organizations regarding missing vaccinations for children and adults for whom consent has been granted but who do not have up-to-date immunization records.	Suggested Activity
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Detailed Description

Conduct Texas Immunization Registry outreach to organizations in the LHD contractor’s jurisdiction regarding missing vaccinations for children and adults for whom consent has been granted but who do not have up-to-date records.

Procedure

Reduce the number of children and adults who do not have up-to-date immunization records in accordance with guidance described in the Guide for Increasing the Use of the Texas Immunization Registry.

Reference Document(s) (if applicable)

- Guidelines for Increasing the Use of the Texas Immunization Registry
- ImmTrac2 (Scheduled Report) – ImmTrac program Outreach (IPO) Client Listing
- ImmTrac2 (Generate Report) – Client Benchmark Report
- ImmTrac2 - Generate Report – Reminder/Recall Report

Metric

Conduct outreach activities to 250 clients or 3% of the clients on the ImmTrac program Outreach Specialist (IPOS) Client Listing Report (whichever is greater) or the up-to-date list (if your list is 250 or less).

Reporting

This metric will be included in the Immunization Program Contract Review Tool. Record the number of IPO positions at the RE, the total number of clients on the outreach list, the number of clients for whom outreach was attempted, the number of shots validated and entered in ImmTrac2, and the number of clients brought up-to-date based on the ACIP schedule.

6.2. Texas Immunization Registry Outreach for Patient Consents

6.2.01	Conduct activities aimed at increasing the consent rate for all age groups, including adults and individuals identified as recently moved in-state.	Suggested Activity
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Detailed Description

Conduct activities aimed at increasing the consent rate for all age groups within the LHD contractor’s jurisdiction.

Procedure

Perform outreach activities at various public community events to educate the general public about the requirements and benefits of being consented in the Texas Immunization Registry.

Reference Document(s) (if applicable)

- Guidelines for Increasing the Use of the Texas Immunization Registry
- ImmTrac2 - Scheduled Report – 18-Year-Old Target Client Report
- ImmTrac2 - Scheduled Report - Provider Activity Report (PAR)
- Benefits of Participating in the Texas Immunization Registry (ImmTrac2) for Everyone

Metric

Perform 12 public outreach activities.

Reporting

This metric will be included in the Immunization Program Contract Review Tool. Record the date of each outreach activity, the organization name(s), the total number of attendees, the ImmTrac2 Org Code (if applicable), the description of content of educational materials provided, and the outcome of outreach.

6.2.02	Conduct at least 12 outreach and educational activities focused on 18-year-olds in high schools, colleges/universities, and other institutions of higher learning in LHD contractor's jurisdiction.	Required Activity
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Detailed Description

Conduct at least 12 outreach and educational activities focused on 18-year-olds in high schools and colleges/universities in the LHD contractor’s jurisdiction.

Procedure

Exhibit, present, train, and/or provide education to 18-year-olds in high schools and colleges/universities. List each school organization visited and indicate which type of outreach activity was conducted, what materials were used, how many adult consents were distributed, and how many signed adult consent forms were collected.

Reference Document(s) (if applicable)

- Guidelines for Increasing the Use of the Texas Immunization Registry
- ImmTrac2 – 18-Year-Old Target Client Report

Metric

Complete 12 outreach and educational activities.

Reporting

This metric is included in the ILA Quarterly Reports. Report the date of each outreach activity, organization name, event attendance/volume, ImmTrac2 Org Code (if applicable), description of content, educational materials provided and outcome of outreach.

6.3. Texas Immunization Registry Outreach to Users

6.3.01	Conduct outreach to existing Registry users who have not logged into the Registry in the last 90 days.	Suggested Activity
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Detailed Description

Conduct outreach to existing Registry users within the LHD contractor’s jurisdiction who have not logged into the Registry in the last 90 days.

Procedure

Identify the number of users who are not active within the reporting period by using the Provider Activity Report (PAR). Contact the organizations with the highest volume of users who are not active and identify the reason(s) for inactivity. Assist the organization(s) to renew their site agreement(s) and, if necessary, to remove users who no longer need access to the Texas Immunization Registry.

Contact organizations with zero total users and identify the reason(s) for inactivity. Assist the organization to identify a new Point of Contact (POC) and assist the new POC to renew their site agreement.

Reference Document(s) (if applicable)

- Guidelines for Increasing the Use of the Texas Immunization Registry
- ImmTrac2 – Scheduled Report - Provider Activity Report (PAR)
- Benefits for Utilizing the Texas Immunization Registry (ImmTrac2) for Providers
- ImmTrac2 Reminder for Providers
- Provider Activity Report Guide
- 11-15252 ImmTrac Site Renewal Guide

Metric

Total active user percentage should be greater than 90%. When the percentage of total active users is less than 90%, increase the total by 5%.

Reporting

This metric is included in the ILA Quarterly Reports. Record the percent active users based on the most recent PAR.

<p>6.3.02</p>	<p>Provide orientation to all new Texas Immunization Registry organizations within the LHD contractor's jurisdiction at least once a year and maintain documentation of all technical assistance provided (e.g., phone logs).</p> <p>Provide education and training on the effective use of the Texas Immunization Registry according to the Guidelines for Increasing the Use of the Texas Immunization Registry.</p>	<p>Suggested Activity</p>
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Detailed Description

Provide orientation to all new Texas Immunization Registry organizations within the LHD contractor’s jurisdiction at least once a year and maintain documentation of all technical assistance provided (e.g., telephone logs).

Provide education and training on the effective use of the Registry according to the Guidelines for Increasing the Use of the Texas Immunization Registry. Identify and assist newly registered providers and new users reporting to the Registry.

Procedure

Identify new users at each organization by utilizing the PAR and prioritize organizations with the largest number of new users. Conduct outreach and education to 100% of newly registered organizations by utilizing the PAR. Provide education and training on the effective use of the Registry according to the Guidelines for Increasing the Use of the Texas Immunization Registry.

Reference Document(s) (if applicable)

- Guidelines for Increasing the Use of the Texas Immunization Registry
- ImmTrac2 – Scheduled Report - Provider Activity Report (PAR)
- 11-15231 Data Exchange Resource Guide
- 11-15957 Informational Guide on Bidirectional Data Exchange
- Provider Activity Report Guide

Metric

Provide education, training, and technical assistance to 100% of newly registered organizations and organizations that have greater than five new users in RE jurisdiction.

Reporting

This metric will be included in the Immunization Program Contract Review Tool. For orientation, record the date of outreach, ImmTrac2 Org Code, and number of new users trained. For education and training, record the date of education, ImmTrac2 Org Code, and number of attendees.

6.4. Texas Immunization Registry Promotion

6.4.01	Promote the use of the Texas Immunization Registry to organizations within the LHD contractor's jurisdiction that are not currently enrolled in the Registry. Identify all providers who administer vaccine in awardee's jurisdiction, including both pediatric and adult immunization providers. Educate them on their statutory requirement to report immunizations and on the enrollment process.	Required Activity
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Detailed Description

Promote the use of the Texas Immunization Registry to organizations within the LHD contractor's jurisdiction that are not currently enrolled in the Registry. Identify all providers who administer vaccines in awardee's jurisdiction, including both pediatric and adult immunization providers. Educate them on the statutory requirement to report immunizations for Vaccine Accountability and on the enrollment process.

Procedure

Identify and recruit pediatric and adult immunization providers to register their organization in the Texas Immunization Registry and report immunization data.

Reference Document(s) (if applicable)

- Guidelines for Increasing the Use of the Texas Immunization Registry
- ImmTrac2 – Scheduled Report - Provider Activity Report (PAR)
- Provider Activity Report Guide
- Benefits for Utilizing the Texas Immunization Registry (ImmTrac2) for Providers
- 11-15175 ImmTrac2 Site Registration Guide
- 11-14955 ImmTrac2: Texas Immunization Registry User Manual

Metric

Increase the total number of registered organizations by 5% in awardee's jurisdiction.

Reporting

This metric will be included for reporting in the LHD Quarterly Reports. Report the total number of registered organizations open at the beginning of the contract period and the total number of currently registered organizations open according to the most current PAR.

6.4.02	Provide education and technical assistance to birth registrars on the effective use of the Texas Immunization Registry.	Suggested Activity
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Detailed Description

Provide education and technical assistance to birth registrars within the LHD contractor’s jurisdiction on the effective use of the Texas Immunization Registry.

Procedure

Provide education and technical assistance to birth registrars on the effective use of the Texas Immunization Registry.

Reference Document(s) (if applicable)

- Guidelines for Increasing the Use of the Texas Immunization Registry
- Benefits of Participating in the Texas Immunization Registry (ImmTrac2) for Everyone

Metric

Provide education and technical assistance to 10% of birth registrars in awardee’s jurisdiction.

Reporting

This metric will be included in the Immunization Program Contract Review Tool. Record the number of birth registrars receiving education or technical assistance and the number of birth registrars in jurisdiction from the previous quarter or year. If education or technical assistance was provided to less than 10% of birth registrars, record a justification for providing education or technical assistance to less than 10%.

6.4.03	Collaborate with prenatal health care providers, birth registrars, hospital staff, pediatricians, and other entities to educate parents, expectant parents, and providers about Texas Immunization Registry and the benefits of participation. This includes the dissemination of DSHS educational materials as appropriate.	Suggested Activity
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Detailed Description

Collaborate with prenatal health care providers, birth registrars, hospital staff, pediatricians, and other entities to educate parents, expectant parents, and providers within the LHD contractor’s jurisdiction about the Texas Immunization Registry and the benefits of participation. This includes the dissemination of DSHS educational materials as appropriate.

Procedure

Collaborate with 12 entities in awardee jurisdiction.

Reference Document(s) (if applicable)

- Guidelines for Increasing the Use of the Texas Immunization Registry
- Benefits of Participating in the Texas Immunization Registry (ImmTrac2) for Everyone

Metric

Collaborate with 12 entities in awardee jurisdiction.

Reporting

This metric will be included in the Immunization Program Contract Review Tool. Record the date of each activity, the organization name, the event attendance/volume, the ImmTrac2 Org Code (if applicable), the description of content, the educational materials provided, and the outcome of collaboration.

6.5. Texas Immunization Registry Program Quality Improvement

6.5.01	Review the monthly PAR to identify organizations who are inactive or not routinely submitting immunization data or adding consented clients. Prioritize these organizations for outreach activities..	Required Activity
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Detailed Description

Review the monthly PAR to identify organizations within the LHD contractor’s jurisdiction who are inactive or not routinely submitting immunization data or adding consented clients. Prioritize these organizations for outreach activities to improve consent rates and Vaccine Accountability.

Procedure

Increase the number of clients consented online and prioritize by the lowest client consent added according to the PAR in accordance with guidance described in the Guide for Increasing the Use of the Texas Immunization Registry.

Reference Document(s) (if applicable)

- Guidelines for Increasing the Use of the Texas Immunization Registry
- ImmTrac2 – Scheduled Report - Provider Activity Report (PAR)
- Training Video: Adding Client and Affirming Consent (video and script) at <https://www.dshs.texas.gov/immunize/immtrac/User-Training/>
- 11-15232 Data Quality Guide – Common Issues of Inaccurate Report Data
- 11-15231 Data Exchange Resource Guide
- 11-15957 Informational Guide on Bidirectional Data Exchange

Metric

Increase the number of clients added online by 5% by end of fourth quarter.

Reporting

This metric is included in the ILA Quarterly Reports. Report the total number of consented clients at the end of the previous contract period and the total number of consented clients according to the last three Provider Activity Reports (PAR) or the quarter. At the end of the fourth quarter, indicate if the total number of consented clients increased by 5% over the previous contract period.

6.5.02	Review the quarterly Consent Accepted Rate Evaluation (CARE) report to target organizations with largest client volume and/or lowest consent acceptance rate. Prioritize these organizations for outreach activities.	Required Activity
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Detailed Description

Review the monthly Consent Accepted Rate Evaluation (CARE) report to target organizations within the LHD contractor’s jurisdiction with the largest client volume and/or lowest consent acceptance rate. Prioritize these organizations for outreach activities to improve consent rates and Vaccine Accountability. For jurisdictions with less than 75 organizations, contact 100% of the organizations displayed on the CARE report.

Procedure

Conduct outreach to 75 organizations within the contractor’s jurisdiction by the end of the fourth quarter in accordance with the guidance in the Activity Instructions. For jurisdictions with less than 75 organizations, contact 100% of the organizations displayed on the CARE report.

Reference Document(s) (if applicable)

- Guidelines for Increasing the Use of the Texas Immunization Registry
- ImmTrac2 – Scheduled Report - Consent Accepted Rate Evaluation report
- ImmTrac2 – Generate Report – Texas Immunization Provider Summary report
- CARE Report Results Email (See Appendix C – CARE Report Results Email).
- 11-15703 Texas Immunization Registry HL7 2.5.1 Error Guide
- E11-13415 Electronic Standards for Affirmation of Registry Consent
- 11-15773 Affirmation of Registry Consent via Health Level Seven

Metric

Conduct outreach to 75 organizations within the contractor’s jurisdiction by the end of the fourth quarter. For jurisdictions with less than 75 organizations, contact 100% of the organizations displayed on the CARE report.

Reporting

This metric is included in the ILA Quarterly Reports. Report the number of organizations contacted within the reporting period. At the end of the fourth quarter, indicate if your Responsible Entity conducted outreach to 75 (or 100%) of organizations with the largest client volume and/or lowest consent acceptance rate.

6.5.03	Conduct a minimum of 45 Texas Immunization Registry organization quality improvement assessments per FTE each year as described in the Guidelines for Increasing the Use of the Texas Immunization Registry. (For jurisdictions with less than 45 organizations, conduct quality improvement assessment visits to 100% of your organizations not visited in the previous fiscal year.)	Required Activity
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Detailed Description

Conduct a minimum of 45 Texas Immunization Registry organization quality improvement assessments per Full-time equivalent (FTE) each year within the LHD contractor's jurisdiction as described in the Guidelines for Increasing the Use of the Texas Immunization Registry. (For jurisdictions with less than 45 organizations, conduct quality improvement assessment visits to 100% of your organizations not visited in the previous fiscal year.)

Procedure

All initial quality improvement assessments shall be completed by the end of the third quarter. All follow-up assessments shall be completed by the end of the fourth quarter. Follow-up assessments shall not occur within the same quarter as the initial quality improvement assessment.

Reference Document(s) (if applicable)

- Guidelines for Increasing the Use of the Texas Immunization Registry
- ImmTrac2 – Scheduled Report - Provider Activity Report (PAR)
- ImmTrac2 – Generate Report – Texas Immunization Provider Summary (TIPS)
- ImmTrac2 – Scheduled Report - Consent Accepted Rate Evaluation (CARE) report
- 11-15230 ImmTrac TIPS Guide
- Benefits for Utilizing the Texas Immunization Registry (ImmTrac2) for Providers
- Benefits of Participating in the Texas Immunization Registry for Everyone
- ImmTrac2 Reminder for Providers
- 11-15231 Data Exchange Resource Guide
- 11-15957 Informational Guide on Bidirectional Data Exchange
- 11-15226 Creating List Active Clients Ad Hoc List Report
- 11-15232 Data Quality Guide – Common Issues of Inaccurate Report Data
- 11-15951 ImmTrac2 Manage Client Status Criteria
- (Initial Visit) Quality Improvement Assessment Survey
See Appendix E – FY24 Quality Improvement Assessment (Answer Guide)
See Appendix F – FY24 Quality Improvement Assessment (Response Doc)
- (Follow-up Feedback) Quality Improvement Assessment Survey

Metric

Conduct a minimum of 45 quality improvement assessments. Evaluate and improve Immunization Registry practices and procedures for targeted organizations within jurisdiction. (For jurisdictions with less than 45 organizations, conduct quality improvement assessment visits to 100% of your organizations not visited in the previous fiscal year.)

Reporting

Record the results of each quality improvement assessment in the organization Quality Improvement Assessment Survey Tool. Document the number of initial and follow up quality improvement assessments conducted each quarter in the Inter-Local Agreement (ILA) Quarterly Reports. At the end of the fourth quarter report, the total number of completed (both initial and follow-up) Quality Improvement Assessment activities conducted for the contract year and indicate if 45 QIAs per Full-Time-Equivalent has been completed by the end of the 4th quarter.

6.6 Collaboration with DSHS Central Office

6.6.01	Attend all IIS Monthly Regional Training Meetings	Required Activity
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Detailed Description

Attend all IIS monthly regional training meetings.

Procedure

A representative from each RE will attend monthly virtual meetings with the IIS Outreach and Education team. Meetings will act as a forum to discuss updates, share best practices, submit requests, address concerns, and provide training. Meeting invitations will be emailed and hosted on Microsoft Teams.

Reference Document(s)

- SharePoint – IC SharePoint Site – Jurisdiction Assignments
- SharePoint – IC SharePoint Site – IC-IPOS Contact List
- SharePoint – IC SharePoint Site – Monthly Meeting Participation Document
- SharePoint – IC SharePoint Site – IC-IPOS Meetings Recordings

Metric

Attend a minimum of 12 IIS Monthly Regional Training Meetings each fiscal year.

Reporting

This metric is included in the ILA Quarterly Reports. Indicate if all IIS monthly regional training meetings were attended for the reporting period.

7. Education and Partnerships

7.1 Public Education

7.1.01	Inform and educate the public about vaccines and vaccine-preventable diseases.	Required Activity
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Detailed Description

Using methods and means highlighted in the Texas Immunizers Communications Guide, the LHD shall explain to the general public how vaccines can prevent diseases. The LHD will also ensure information is up-to-date and, if necessary, gather feedback from the public concerning any communication issues and include comments in the quarterly report.

Procedure

Using public information (flyers, brochures, meetings, newsletters, etc.), the LHD will increase community knowledge of immunizations and the benefits of vaccinations.

Reference Document(s) (if applicable)

- N/A

Metric

Flyers, brochures, meeting minutes, newsletter articles, and training documentation with information on the following:

1. Importance and benefits of being fully vaccinated.
2. ACIP vaccine recommendations for all ages.
3. Location of vaccination clinics.

Reporting

This metric is included in the ILA Quarterly Reports.

7.1.02	Inform the general public about the TVFC and ASN programs and the eligibility criteria for qualifying for the programs.	Required Activity
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Detailed Description

Using methods and means highlighted in the Communications Guide, the LHD

shall describe the eligibility criteria of the TVFC and ASN programs. The LHD will also gather feedback from the public concerning any communication issues and include comments in the quarterly report.

Procedure

Using public information (flyers, brochures, meetings, newsletters, etc.), the LHD will detail the rules and regulations of qualifying for the TVFC and ASN programs.

Reference Document(s) (if applicable)

- N/A

Metric

Flyers, brochures, meeting minutes, newsletter articles, and training documentation with information on the following:

1. Importance of a medical home.
2. TVFC and ASN programs and their eligibility criteria.

Reporting

This metric is included in the ILA Quarterly Reports.

7.2 Provider Education

7.2.01	Educate and update providers on the most current ACIP recommendations for all age groups.	Suggested Activity
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Detailed Description

Using various communication tools (newsletters, meetings, flyers, brochures, etc.), the LHD shall periodically distribute updates on ACIP-recommendations for all age groups.

Procedure

The LHD will train providers on immunization best practices, specifically updated ACIP policies and procedures.

Reference Document(s) (if applicable)

- Advisory Committee on Immunization Practices (<https://www.cdc.gov/vaccines/acip/recommendations.html>)

Metric

Documentation of training and technical assistance, including the following details:

1. Provider name (group/individual).
2. Training content.
3. Date completed or date of information dissemination.
4. Number of attendees trained (if applicable).

Reporting

This metric will be included in the Immunization Program Contract Review Tool.

7.2.02	Inform and highly recommend to the medical community and local providers within the LHD contractor’s jurisdiction the most current Centers for Disease Control and Prevention (CDC) Epidemiology and Prevention of Vaccine-Preventable Disease (EPI-VAC) training (https://www.cdc.gov/vaccines/ed/webinar-epv/index.html). The most current Pink Book, titled Epidemiology and Prevention of Vaccine-Preventable Diseases, can be found on the CDC website at http://www.cdc.gov/vaccines/pubs/pinkbook/index.html .	Suggested Activity
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Detailed Description

The LHD shall inform and highly recommend to providers the benefits of completing available CDC/EPI-VAC training.

Procedure

The LHD will offer opportunities (on-site/virtual) for or send an email to inform providers about the required trainings that highlight immunization best practices.

Reference Document(s) (if applicable)

- Center for Disease Control and Prevention webinars - (<https://www.cdc.gov/vaccines/ed/webinar-epv/index.html>)
- Center for Disease Control and Prevention Pink Book - (<http://www.cdc.gov/vaccines/pubs/pinkbook/index.html>)

Metric

A certificate of training completion or documentation of training and technical assistance, including the following details:

1. Provider name (group/individual)
2. Training content
3. Date completed or date of information dissemination
4. Number of attendees trained (if applicable)

Reporting

This metric will be included in the Immunization Program Contract Review Tool.

7.2.03	Provide information to community health care employers (hospitals, clinics, doctor offices, long-term care facilities) about the importance of vaccination of health care workers.	Suggested Activity
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Detailed Description

Using various communication tools (newsletters, meetings, flyers, brochures, etc.), the LHD shall distribute vaccine-preventable disease information to community health care employers.

Procedure

The LHD shall identify community health care facilities (described above) within its coverage area and deliver materials (print, electronic, etc.) advocating for health care workers to be vaccinated.

Reference Document(s) (if applicable)

- N/A

Metric

Flyers, brochures, meeting minutes, newsletter articles, and training documentation. This metric will be included in the Immunization Program Contract Review Tool.

7.2.04	Provide training opportunities and/or resources to assist immunization providers in communicating with patients and/or parents (e.g., making a strong recommendation, addressing vaccine hesitancy, etc.).	Required Activity
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Detailed Description

Using materials and strategy highlighted in the Communications Guide, the LHD shall provide training on how to communicate the benefits of immunizations to patients and/or parents.

Procedure

The LHD shall train providers on the best practices for patient/parent engagement. Training options include meetings and webinars as well as distribution of facts sheets and suggested scripts. The LHD shall report at least one measurable training example each quarter.

Reference Document(s) (if applicable) N/A

Metric

Content of training, type of training (on-site or virtual), date training was completed or posted online, number of attendees, and content distributed (flyers, brochures, meeting minutes, newsletter articles, and training documentation).

Reporting

This metric is included in the ILA Quarterly Reports.

7.3 Staff Education

7.3.01	Work to ensure that all Immunization Program Contractor staff are knowledgeable about vaccines and VPDs.	Standard (Universal)
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Detailed Description

The LHD shall train all Immunization program contractor staff on the importance of vaccinations.

Procedure

The LHD shall implement various educational strategies to educate and inform on vaccines and vaccine-preventable diseases. Examples of educational strategies include distribution of general information flyers and brochures, new staff orientations, scheduled time for online education access (VEO, Pink Book webinars, etc.) and speaker presentations from internal or external speakers.

Reference Document(s) (if applicable) N/A

Metric N/A

Reporting N/A

7.3.02	Develop and implement a written service plan for communication with contractor’s staff to ensure customers receive consistent, correct immunization information, and service in a courteous and friendly manner in a timely basis.	Required activity
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Detailed Description

The LHD shall develop and implement a customer service plan to ensure consistency, accuracy, and quality of customer service interaction between staff and internal/external audiences. The plan shall have policies and procedures mirroring specific LHD’s management structure. Acceptable additions to the plan include frequently used terms and definitions, updated (child, adolescent and adult) immunization schedules, and a list of acronyms.

Procedure

Within the customer service plan, the LHD shall include documented instructions for answering caller questions/frequency asked questions. The LHD shall also include a list of contacts for regional and central office staff. The customer

service plan needs to be updated annually and included in the second quarterly report of the year.

Reference Document(s) (if applicable)

- Customer Service Plan created by Local Health Department

Metric

Documentation of policy.

Reporting

This metric will be included in the Immunization Program Contract Review Tool.

7.3.03	Educate health care workers on the importance of keeping themselves up-to-date with the vaccine schedule.	Required Activity
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Detailed Description

Using available education materials, the LHD shall keep health care workers informed on updates to vaccine schedules for children, adolescent and adults.

Procedure

The LHD will distribute annual vaccine schedules as well as share pertinent education materials on vaccine schedule changes and recommended doses.

Reference Document(s) (if applicable)

- Center for Disease Control and Prevention Annual Vaccine Schedules

Metric

Documentation of distribution.

Reporting

This metric will be included in the Immunization Program Contract Review Tool.

7.4 Community Partnership Building

7.4.01	Appoint an Immunization Outreach coordinator.	Required Activity
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Detailed Description

The LHD shall appoint an Immunization Outreach Coordinator (IOC) responsible for fostering effective partnerships with community groups.

Procedure

The IOC shall actively seek partnering opportunities to educate the public with the purpose of improving overall vaccination rates.

Reference Document(s) (if applicable)

- [Home | Principles of Community Engagement | ATSDR \(cdc.gov\)](#)

Metric

Documentation of outreach efforts (who was contacted, signed letters of commitment to coalition).

Reporting

This metric will be included in the Immunization Program Contract Review Tool.

7.4.02	Develop and maintain a planning group with the goal of forming long-term community partners.	Required Activity
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Detailed Description

Under the leadership of the IOC, the LHD shall develop and maintain a planning group charged with forging and maintaining community partnerships.

Procedure

The planning group shall explore possible means toward long-term partnerships. Actions of the group shall include the following:

1. Providing leadership
2. Establishing missions and objectives
3. Identifying and obtaining revenue sources
4. Actively recruiting new members
5. Establishing decision making processes

- 6. Building strong internal systems of management (financial, accounting, communication, partnerships)
- 7. Reporting results

Reference Document(s) (if applicable)

[Home | Principles of Community Engagement | ATSDR \(cdc.gov\)](#)

Metric

Documentation of activity.

Reporting

This metric will be included in the Immunization Program Contract Review Tool.

7.4.03	Engage and recruit community groups and immunization stakeholders to form long-term partnerships.	Required Activity
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Detailed Description

The IOC, with the support of the planning group, shall lead the recruitment of community groups and immunization stakeholders to join as partnership support established missions and objectives.

Procedure

Using criteria outlined by the planning group, the IOC shall present possible members to be part of the partnership meetings.

Reference Document(s) (if applicable)

[Home | Principles of Community Engagement | ATSDR \(cdc.gov\)](#)

Metric

Documentation of activity.

Reporting

This metric will be included in the Immunization Program Contract Review Tool.

7.4.04	Facilitate and host partnership meetings.	Required Activity
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Detailed Description

The IOC shall facilitate partnership meetings.

Procedure

The IOC shall work with the planning group to schedule partnership meetings. The IOC shall serve as the primary facilitator/host and shall be present at all meetings.

Reference Document(s) (if applicable)

[Home | Principles of Community Engagement | ATSDR \(cdc.gov\)](#)

Metric

Minutes from meetings.

Reporting

This metric will be included in the Immunization Program Contract Review Tool.

7.4.05	Participate in monthly calls to provide updates on partner collaboration activities.	Required Activity
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Detailed Description

The IOC shall participate in monthly calls to discuss activities of partnership collaborations. The LHD participating in the ICCM meetings will satisfy this requirement.

Procedure

Calls should take place each month with a shared agenda distributed prior to the phone call. Calls can be recorded, but recording is not required.

Reference Document(s) (if applicable)

[Home | Principles of Community Engagement | ATSDR \(cdc.gov\)](#)

Metric

Attendance roster of conference call.

Reporting

This metric will be included in the Immunization Program Contract Review Tool.

7.4.06	Plan and implement community education activities and partnerships aimed at improving and sustaining immunization coverage levels.	Required Activity
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Detailed Description

The LHD shall build partnerships with interested parties to educate the public and improve vaccination rates.

Procedure

The LHD shall conduct educational activities that raise awareness of the diseases that vaccines prevent and educate the public about vaccine safety.

Reference Document(s) (if applicable)

- N/A

Metric

Documentation of identification of partners, outreach, and education.

Reporting

This metric is included in the ILA Quarterly Reports.

7.4.07	If American Indian/Alaska Native (AI/AN) communities Reside in LHD region, LHD will conduct outreach and collaborative activities with AI/ AN communities.	Required Activity
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Detailed Description

The LHD shall conduct outreach and collaborative activities with POCs from the jurisdiction’s AI/AN communities, tribal governments, tribal organizations representing those governments, tribal epidemiology centers, or Alaska Native villages and corporations to improve vaccination coverage among AI/AN communities. If there are no AI/ AN communities residing in LHD region, then this required activity does not pertain.

Procedure

Examples of outreach and collaborative activities include:

- Engage with tribal governments/leadership to identify immunization priorities for tribal communities.
- Conduct training and education on vaccines and VPDs for community health workers (e.g., community health representatives).

Reference Document(s) (if applicable) N/A

Metric

Documentation of identification of partners, outreach and education

Reporting

This metric is included in the ILA Quarterly Reports.

7.4.08	If AI/ AN tribes reside in LHD region, LHD will participate in at least one collaborative meeting concerning tribal health issues, concerns, or needs with AI/ AN tribal members.	Required Activity
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Detailed Description

The LHD shall attend at least one collaborative meeting annually that focuses on tribal health issues, concerns or needs within the jurisdiction’s AI/AN communities, tribal governments, tribal organizations representing those governments, tribal epidemiology centers, or Alaska Native villages and corporations. If there are no AI/ AN communities residing in LHD region, then this required activity does not pertain.

Procedure

The designated RE staffer shall distribute public education resources available to target communities as well as explore possible partnering opportunities that increase access to immunization services. Examples include participation in health-related activities and events, and membership in coalitions.

Reference Document(s) (if applicable) N/A

Metric

Documentation of identification of partners, outreach and education.

Reporting

This metric is included in the ILA Quarterly Reports.

7.4.09	Plan partnership activities with local Women, Infants, and Children (WIC) programs to ensure that children participating in WIC are screened and referred to their medical home for vaccination using a documented immunization history in accordance with the Standards for Child and Adolescent Immunization Practices.	Suggested Activity
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Detailed Description

The LHD shall partner with local WIC programs to screen program participants using documentation in accordance with the Standards for Child and Adolescent Immunization Practices. Coordinated efforts can be supported by individual partnership agreements or recognized coalitions.

Procedure

Throughout their partnership the LHD shall maintain presence at local WIC events and activities to distribute materials. Distribution of materials shall include the following:

1. Explanation of medical home designations
2. Up-to-date childhood, adolescent and adult recommended immunization schedules
3. Eligibility requirements for TVFC/ASN programs
4. Methods of recording/tracking vaccination history (Texas Immunization Registry applications)

Reference Document(s) (if applicable)

- Advisory Committee on Immunization Practices - www.cdc.gov/vaccines/hcp/acip-recs/index.html

Metric

Documentation of identification of partners, outreach and education.

Reporting

This metric will be included in the Immunization Program Contract Review Tool.

7.4.1	Offer educational opportunities to all WIC programs in the service area, including information about online and satellite-broadcast continuing education opportunities from the CDC Continuing Education web site at https://www.cdc.gov/vaccines/ed/index.html .	Suggested Activity
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Detailed Description

The LHD shall make available and publicize educational and training opportunities offered via the CDC Continuing Education online portal.

Procedure

Using established means of communication, the LHD shall communicate to WIC programs located within its jurisdiction. Publicity tactics include articles/calendar reminders via internal (LHD) and external (WIC) newsletters or social media posts.

Reference Document(s) (if applicable)

- CDC Continuing Education online portal - www.cdc.gov/vaccines/ed/index.htm

Metric

Documentation of identification of partners, outreach, and education

Reporting

This metric will be included in the Immunization Program Contract Review Tool.

7.4.11	Engage in education and partnerships aimed at reducing or eliminating coverage disparities by race, ethnicity and socioeconomic status.	Required Activity
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Detailed Description

The LHD shall work with partners to identify specific concerns associated with coverage disparities toward racial, ethnic and socioeconomic statuses.

Procedure

Engagement includes:

1. Participating in special events (health fairs, clinics, conferences, etc.).
2. Joining collaborations and/or partnerships.
3. Sharing public education materials for mass distribution (print and/or online).
4. Serving as subject matter experts during community-based health initiatives.

Reference Document(s) (if applicable)

- N/A

Metric

Documentation of identification of partners, outreach and education.

Reporting

This metric is included in the ILA Quarterly Reports.

7.4.12	Maintain a contact list of providers, hospitals, schools, childcare facilities, social service agencies, and community groups involved in promoting immunizations and reducing vaccine-preventable diseases.	Required Activity
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Detailed Description

The LHD shall maintain a contact database consisting of local providers, hospitals, schools, childcare facilities, social service agencies and community groups associated with promoting immunizations and reducing vaccine-preventable diseases. To ensure the database contains the most up-to-date contact information, the LHD shall conduct annual checks.

Procedure

The contact list shall contain the following details:

1. Name of organization.
2. Type of organization: provider, hospital, school, childcare facility, social service agency, community group.
3. Primary point of contact.
4. Phone number of primary contact.
5. Email of primary contact.
6. Secondary point of contact.
7. Phone number of secondary contact.
8. Email of secondary contact.
9. Notes.

Reference Document(s) (if applicable) N/A

Metric

Documentation of identification of partners, outreach and education.

Reporting

This metric is included in the ILA Quarterly Reports.

7.4.13	Participate in special initiatives as directed by the DSHS Immunization Section.	Required Activity
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Detailed Description

As directed by the DSHS Immunization Section, the LHD shall partake in special initiatives associated with improving and sustaining immunization coverage levels. The DSHS Immunizations Section will explicitly request when LHD should participate in these activities. If DSHS does not request this, then the required activity is fulfilled.

Procedure

Participation includes:

1. Attending special events.
2. Contributing content for public education materials.
3. Distributing public education materials via LHD communication tools (newsletters, social media sites, email lists).

Reference Document(s) (if applicable) N/A

Metric

Documentation of identification of partners, outreach and education.

Reporting

This metric will be included in the Immunization Program Contract Review Tool.

7.4.14	Implement the DSHS Immunization Ambassador Program throughout LHD jurisdiction.	Suggested Activity
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Detailed Description

LHD will use and share the DSHS Immunization Ambassador Program Toolkit with community partners as appropriate. The Toolkit is designed for LHD staff and key partners who work with LHD and want to spread the immunization message.

Procedure

DSHS will provide supporting materials for each target audience group. Ambassadors should represent each of the following audiences:

1. Pre- K and childcare facilities/ K-12 schools
2. Secondary education/ adolescents and young adults
3. Elderly population

Reference Document(s) (if applicable)

- DSHS Immunizations Ambassador Toolkit

Metric

Number of organizations asked and recruited per audience type

Reporting

This metric is included in the ILA Quarterly Reports.

7.5 Stakeholder Engagement

7.5.01	Attend all Teas Immunization Stakeholder Working Group (TISWG) and other designated stakeholder meetings.	Required Activity
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Detailed Description

The LHD is required to attend all TISWG meetings and are encouraged but not required to attend other designated stakeholder meetings, either in person or remotely. Other stakeholder meetings could include ICCC. The LHD is not required to attend participate in TISWG subcommittees.

Procedure

By attending centralized meetings, the LHD shall learn and share best practices and the latest information on immunizations.

Reference Document(s) (if applicable) N/A

Metric

Documentation of attendance.

Reporting

This metric will be included in the Immunization Program Contract Review Tool.

7.5.02	Host at least one immunization stakeholder meeting per quarter, in person or virtually (four per contract year).	Suggested Activity
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Detailed Description

The LHD shall host at least one immunization stakeholder meeting, either in person or remotely, per quarter (four per contract year).

Procedure

By planning local meetings, the LHD shall learn and share best practices and the latest information on immunizations.

Reference Document(s) (if applicable) N/A

Metric

Documentation of attendance and meeting minutes.

Reporting

This metric will be included in the Immunization Program Contract Review Tool.

7.6 Media Campaigns

7.6.01	Distribute ASN information and educational materials at venues and clinics that serve eligible adults.	Required Activity
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Detailed Description

The LHD shall distribute ASN information and educational materials at venues and clinics that serve eligible adults.

Procedure

Available in both print and electronic versions, the materials shall be targeted to both providers and eligible patients. DSHS shall create the materials.

Reference Document(s) (if applicable) N/A

Metric

Documentation of distribution of information and resources.

Reporting

This metric is included in the ILA Quarterly Reports.

7.6.02	Distribute TVFC information and educational materials at venues where parents of TVFC-eligible children might frequent.	Required Activity
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Detailed Description

The LHD shall distribute TVFC and educational materials at venues and clinics where parents of eligible children might visit.

Procedure

Available in both print and electronic versions, the materials shall be target both providers and eligible patients. DSHS shall create the materials.

Reference Document(s) (if applicable) N/A

Metric

Documentation of distribution of information and resources.

Reporting

This metric is included in the ILA Quarterly Reports.

7.6.03	Promote www.ImmunizeTexas.com, the Immunization Section’s website, and any other Immunization Section newsletters to providers in the LHD contractor’s jurisdiction.	Required Activity
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Detailed Description

Using existing communication tactics, the LHD shall promote the Immunization Section’s various public communication products (newsletters, social media accounts, web-based portals, etc.) to providers in the LHD contractor’s jurisdiction.

Procedure

Promotion can be done by sharing/forwarding materials to ambassadors, partners, and other collaborators aimed at improving and sustaining immunization coverage levels.

Reference Document(s) (if applicable) N/A

Metric

Documentation of distribution of information and resources.

Reporting

This metric will be included in the Immunization Program Contract Review Tool.

7.6.04	Use national immunization observances as opportunities to conduct specific education and promotional activities to give emphasis to the importance and benefits of vaccines: National Infant Immunization Week (NIIW), National Immunization Awareness Month (NIAM), and National Influenza Immunization Week (NIIW).	Required Activity
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Detailed Description

The LHD shall plan and implement specific education and promotional activities during immunization awareness days. This list and dates are subject to change, please confirm prior to promotion.

Texas Flu Day: October 1, 2023

National Influenza Immunization Week (NIIW) December 5-9, 2023

National Infant Immunization Week (NIIW): April 2024

National Immunization Awareness Month (NIAM): month of August

Procedure

Educational and promotional events and activities will be led by the IOC and include educational fairs, calendar announcements, on-site bulletin boards/hallway displays and partner/coalition collaborations.

Reference Document(s) (if applicable) N/A

Metric

Documentation of distribution of information and resources, and of participation in observances.

Reporting

This metric is included in the ILA Quarterly Reports.

7.6.05	Share available federal, state, and/or local adolescent vaccination coverage and/or vaccine-uptake-related data with partner organizations, adolescent immunization providers, and other stakeholders.	Required Activity
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Detailed Description

The LHD shall share vaccine coverage and vaccine-preventable disease information with partner organizations, providers, and stakeholders.

Procedure

Data distribution methods include print and/or electronic.

Reference Document(s) (if applicable) N/A

Metric

Documentation of distribution of information and resources.

Reporting

This metric will be included in the Immunization Program Contract Review Tool.

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