



## TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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DAVID L. LAKEY, M.D.  
COMMISSIONER

April 3, 2014

### **RE: ASN Formulary Expansion – April 2014**

Dear Texas Adult Safety Net (ASN) Provider:

The Immunization Branch is delighted to inform you that effective April 1, 2014, the ASN Program expanded the existing ASN formulary to add the following vaccines:

- Pneumococcal Polysaccharide (PPSV23) Vaccine,
- Human Papillomavirus (HPV) Vaccine,
- Hepatitis A and Hepatitis B combination vaccine (Twinrix®), and
- Hepatitis A Vaccine

These added vaccines will be available for all ASN providers and can be administered to any eligible adult client (adults aged 19 and older with no health insurance). The existing formulary will continue to be available to all ASN providers and all eligible adult clients. As a reminder, the existing formulary includes:

- Hepatitis B Vaccine,
- Measles, Mumps, & Rubella (MMR) Vaccine,
- Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis (Tdap) Vaccine, and
- Tetanus and Diphtheria Toxoids (Td) Vaccine

Additionally, a new ASN website has been created that includes the latest program news, policy updates and resources. Please take a moment to visit the website at: [www.dshs.state.tx.us/ASN](http://www.dshs.state.tx.us/ASN)

### **Opportunities to Vaccinate**

Every clinical encounter is an opportunity to vaccinate. Please make it a standard of care in your practice to screen for recommended adult vaccines every time an adult patient is in your practice, regardless of the reason for their visit. The National Vaccine Advisory Committee (NVAC) recommends that all providers should include an assessment of their patients' immunization status and a recommendation to the patient and/or their caregiver for needed vaccines. The attached DSHS

Adult Eligibility Screening Record (Stock #EF11-12842) is required to be completed when administering any ASN vaccine to an uninsured adult. The provider must retain this form for a minimum of five years and must make it available upon request from the Department of State Health Services (DSHS) or the Local Health Department (LHD) to ensure program accountability and client eligibility.

Adults may need their immunization history for college entrance requirements, military enlistment, travel, employment in health and safety fields, and other instances. ImmTrac, the Texas Immunization Information System, is a no-cost service offered by DSHS that securely consolidates and stores immunization information from multiple sources electronically in one centralized system. For more information about ImmTrac, please visit [www.ImmTracForEveryone.com](http://www.ImmTracForEveryone.com).

For more information on the NVAC recommendations (Standards for Adult Immunization Practice) or for the latest information on the ASN Program, please visit our ASN website at: [www.dshs.state.tx.us/ASN](http://www.dshs.state.tx.us/ASN)

Thanks for your continued support of the ASN Program; if you have additional questions please contact [AsnInfo@dshs.state.tx.us](mailto:AsnInfo@dshs.state.tx.us) or call (512) 776-3711.

Sincerely,



Saroj Rai, Ph.D.  
Manager, Immunization Branch



**Department of State Health Services (DSHS)  
 Immunization Branch  
 Adult Safety Net (ASN) Program**

Clinic Use Only ASN Eligible	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ Screener's Initials	

**ADULT ELIGIBILITY SCREENING RECORD**

**PURPOSE:** To determine and record eligibility for the DSHS Adult Safety Net Program. A record of the eligibility status of adults receiving vaccine supplied by DSHS must be maintained either in hard copy by the clinic providing the service or in an electronic system such as TWICES. Hard copies must be maintained for **five (5) years**. ASN eligibility screening and documentation of eligibility status must take place at each immunization visit to ensure eligibility status for the program.

Date of Screening: \_\_\_\_\_  
(mm/dd/yy)

Name: \_\_\_\_\_  
(Last) (First) (Middle initial)

Date of Birth: \_\_\_\_\_  
(mm/dd/yy)

**Eligibility Criteria:**

- I declare that I qualify for vaccines through the Texas Vaccines for Children - Adult Safety Net Program because I do not have health insurance.
- I am 19 years of age and I have been referred to the public health department clinic to finish a vaccine series that I began when I was 18 years of age or younger and eligible under the Texas Vaccines for Children (TVFC) Program.

Referring Provider: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/dd/yy)

**NOTE: Knowingly falsifying information on this document constitutes fraud. By signing this form, I hereby attest that the above information is true and correct. I declare that the person named above is an authorized person and is eligible to receive ASN vaccines.**

With few exceptions, you have the right to request and to be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, and 559.004)





**Departamento Estatal de Servicios  
de Salud de Texas (DSHS)  
Rama de Inmunización del Programa  
de Protección Para Adultos (ASN)**

SÓLO PARA USO CLÍNICO: Clinic Use Only ASN Eligible	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ Screener's Initials	

**REGISTRO DE DETERMINACIÓN DEL DERECHO  
A LA PARTICIPACIÓN DE LOS ADULTOS**

PROPÓSITO: determinar y registrar el derecho a la participación en el Programa de Protección Para Adultos del DSHS. Se debe guardar un registro del estado del derecho a la participación de los adultos que reciban vacunas suministradas por el DSHS ya sea en copia impresa o en un sistema electrónico como TWICES. Las copias impresas deben guardarse por cinco (5) años. En cada visita de inmunización debe determinarse y documentarse el derecho a la participación en el programa ASN para asegurarse de que la persona pueda participar en el programa.

Fecha de la determinación: \_\_\_\_\_  
(mm/dd/aa)

Nombre: \_\_\_\_\_  
(Apellido) (Primer nombre) (Inicial del 2.º nombre)

Fecha de nacimiento: \_\_\_\_\_  
(mm/dd/aa)

**Criterios de participación:**

- Declaro que reúno los requisitos de vacunación del Programa de Vacunas Para Niños - Protección para Adultos de Texas porque no tengo seguro médico.
- Tengo 19 años de edad y me han referido a la clínica del departamento de salud pública para terminar una serie de vacunas que inicié cuando tenía 18 años de edad o menos y elegible bajo el programa Vacunas Para Niños de Texas (TVFC).

Proveedor que hizo la derivación: \_\_\_\_\_

Firma del paciente: \_\_\_\_\_ Fecha: \_\_\_\_\_  
(mm/dd/aa)

**NOTA: Falsificar información en este documento a sabiendas constituye un fraude. Al firmar este formulario, por este medio doy fe que la información es verdadera y correcta. Yo declaro que la persona nombrada arriba es una persona autorizada y reúne los requisitos para recibir vacunas del ASN.**

Con ciertas excepciones, tiene derecho a pedir y a ser informado sobre la información que el estado de Texas reúne sobre usted. Tiene derecho a recibir y examinar la información al pedirla. También tiene derecho a pedir a la agencia que corrija cualquier información que se determine es incorrecta. Consulte <http://www.dshs.state.tx.us> para obtener más información sobre la Notificación de privacidad. (Referencia: Código gubernamental, sección 552.021, 552.023 y 559.004)

