



**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services

# DSHS Immunization Section

# Contractor's Guide for Local Health Departments and Public Health Regions

Fiscal Year 2025



# Table of Contents

<b>Acronyms.....</b>	<b>7</b>
<b>Program Background.....</b>	<b>10</b>
<b>FY25 Contractor’s Guide Updates.....</b>	<b>11</b>
<b>1. Program and Contract Management .....</b>	<b>13</b>
<b>1.1. Program Management .....</b>	<b>13</b>
1.1.01.....	13
1.1.02.....	14
1.1.03.....	15
1.1.04.....	16
1.1.05.....	17
1.1.06.....	18
1.1.07.....	19
1.1.08.....	20
1.1.09.....	21
<b>1.2. Program Compliance.....</b>	<b>22</b>
1.2.01.....	22
<b>1.3. Financial Management .....</b>	<b>23</b>
1.3.01.....	23
1.3.02.....	24
1.3.03.....	25
1.3.04.....	26
1.3.05.....	27
1.3.06.....	28
1.3.07.....	29
<b>1.4. Contract Management.....</b>	<b>30</b>
1.4.01.....	30
1.4.02.....	31
<b>1.5. Contract Quality Assurance .....</b>	<b>32</b>
1.5.01.....	32
1.5.02 .....	33
<b>1.6. Contract Accountability.....</b>	<b>34</b>
1.6.01.....	34
1.6.02 .....	35
<b>1.7. Required Reporting.....</b>	<b>36</b>
1.7.01.....	36
1.7.02.....	37
1.7.03.....	38
1.7.04.....	39
<b>2. Facility Immunization Assessments .....</b>	<b>40</b>
<b>2.1. Childcare and School Compliance.....</b>	<b>40</b>
2.1.01.....	40
2.1.02.....	41
2.1.03.....	42

<b>2.2. Childcare and School Compliance Quality Assurance .....</b>	<b>44</b>
2.2.01.....	44
2.2.02.....	45
2.2.03.....	46
<b>2.3. First Responder Immunization Assessments .....</b>	<b>47</b>
2.3.01.....	47
<b>3. Managing TVFC and ASN Providers .....</b>	<b>48</b>
<b>3.1. Provider Recruitment .....</b>	<b>48</b>
3.1.01 .....	48
3.1.02.....	49
3.1.03.....	50
<b>3.2. Provider Retention .....</b>	<b>51</b>
3.2.01.....	51
3.2.02 .....	52
<b>3.3. Provider Education .....</b>	<b>53</b>
3.3.01.....	53
3.3.02 .....	54
3.3.03.....	55
3.3.04.....	56
3.3.05.....	57
<b>3.4. Provider Vaccine Management.....</b>	<b>58</b>
3.4.01.....	58
3.4.02.....	59
3.4.03 .....	60
3.4.04.....	61
3.4.05.....	62
3.4.06.....	63
<b>3.5. Provider Quality Assurance .....</b>	<b>64</b>
3.5.01 .....	64
3.5.02.....	65
3.5.03.....	66
3.5.04.....	67
3.5.05.....	68
3.5.06.....	69
3.5.07 .....	70
3.5.08.....	71
3.5.09.....	72
3.5.10.....	73
3.5.11.....	74
<b>3.6. Provider Accountability.....</b>	<b>75</b>
3.6.01 .....	75
3.6.02.....	76
<b>3.7. LHD and PHR Staff Education .....</b>	<b>77</b>
3.7.01.....	77
3.7.02.....	78
3.7.03.....	79
<b>3.8. LHD and PHR Compliance .....</b>	<b>80</b>

3.8.01.....	80
3.8.02.....	81
3.8.03.....	82
<b>3.9. LHD and PHR Emergency Response .....</b>	<b>83</b>
3.9.01.....	83
3.9.02 .....	84
3.9.03 .....	85
<b>4. Epidemiology and Surveillance.....</b>	<b>86</b>
<b>4.1. PHB Case Identification .....</b>	<b>86</b>
4.1.01 .....	86
4.1.02.....	87
4.1.03.....	88
<b>4.2. PHB Reporting .....</b>	<b>89</b>
4.2.01 .....	89
<b>4.3. PHB Education .....</b>	<b>90</b>
4.3.01 .....	90
4.3.02.....	91
<b>4.4. Disease Surveillance .....</b>	<b>92</b>
4.4.01.....	92
4.4.02.....	93
4.4.03.....	94
4.4.04.....	95
4.4.05.....	96
4.4.06.....	97
4.4.07 .....	98
<b>4.5. Disease Surveillance Education.....</b>	<b>99</b>
4.5.01.....	99
<b>4.6. Needs Assessment .....</b>	<b>100</b>
4.6.01.....	100
4.6.02.....	102
<b>5. Providing a Vaccine Safety Net .....</b>	<b>103</b>
<b>5.1. Clinic Enrollment .....</b>	<b>103</b>
5.1.01.....	103
<b>5.2. Clinic Staff Training.....</b>	<b>104</b>
5.2.01.....	104
5.2.02.....	105
5.2.03.....	106
5.2.04.....	107
<b>5.3. Clinic Immunization Practices.....</b>	<b>108</b>
5.3.01.....	108
5.3.02.....	109
5.3.03.....	110
5.3.04.....	111
5.3.05.....	112
5.3.06.....	113
5.3.07.....	114

5.3.08.....	115
5.3.09.....	116
5.3.10.....	117
5.3.11.....	118
5.3.12.....	119
5.3.13.....	120
5.3.14.....	121
5.3.15.....	122
5.3.16.....	123
5.3.17.....	124
5.3.18.....	125
5.3.19.....	126
5.3.20.....	127
5.3.21.....	128
5.3.22.....	129
5.3.23.....	130
<b>5.4. Clinic Vaccine Management .....</b>	<b>131</b>
5.4.01.....	131
5.4.02.....	132
<b>5.5. Clinic Quality Assurance .....</b>	<b>133</b>
5.5.01.....	133
5.5.02.....	134
<b>5.6. Clinic Reporting .....</b>	<b>135</b>
5.6.01.....	135
5.6.02.....	136
5.6.03.....	137
5.6.04.....	138
5.6.05.....	139
<b>6. Increased Use of ImmTrac2.....</b>	<b>140</b>
<b>6.1. ImmTrac2 Outreach for Immunization Records .....</b>	<b>140</b>
6.1.01.....	140
<b>6.2. ImmTrac2 Outreach for Patient Consent .....</b>	<b>141</b>
6.2.01.....	141
6.2.02.....	142
<b>6.3. ImmTrac2 Outreach to Users.....</b>	<b>143</b>
6.3.01.....	143
6.3.02.....	144
6.3.03.....	145
<b>6.4. ImmTrac2 Promotion .....</b>	<b>146</b>
6.4.01.....	146
6.4.02.....	147
6.4.03.....	148
<b>6.5. ImmTrac2 Program Quality Improvement .....</b>	<b>149</b>
6.5.01 .....	149
6.5.02.....	150
6.5.03.....	151
<b>6.6. Collaboration with DSHS Central Office .....</b>	<b>152</b>

6.6.01 .....	152
<b>7. Education and Partnerships.....</b>	<b>153</b>
<b>7.1. Public Education .....</b>	<b>153</b>
7.1.01.....	153
7.1.02.....	154
7.1.03.....	155
<b>7.2. Provider Education .....</b>	<b>156</b>
7.2.01.....	156
<b>7.3. Community Partnership Building .....</b>	<b>157</b>
7.3.01.....	157
7.3.02.....	158
7.3.03.....	159
7.3.04.....	160
7.3.05.....	161
<b>7.4. Stakeholder Engagement.....</b>	<b>162</b>
7.4.01.....	162
<b>FY25 DSHS Immunization Regional Contacts .....</b>	<b>163</b>

# Acronyms

<b>ACE</b>	Assessment, Compliance, and Evaluation
<b>ACIP</b>	Advisory Committee on Immunization Practices
<b>AIAW</b>	Adolescent Immunization Action Week
<b>AI/AN</b>	American Indian/Alaska Native
<b>ARIS</b>	Annual Report of Immunization Status
<b>ASN</b>	Adult Safety Net
<b>CAP</b>	Corrective Action Plan
<b>CARE</b>	Consent Accepted Rate Evaluation
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CEO</b>	Chief Executive Officer
<b>CHIP</b>	Children's Health Insurance Program
<b>CHRS</b>	Child Health Reporting System
<b>CMS</b>	Contract Management Section
<b>CNA</b>	Community Needs Assessment
<b>DEG</b>	Data Entry Guidelines
<b>DOA</b>	Deputization of Addendum
<b>DSHS</b>	Department of State Health Services
<b>EDD</b>	Estimated Date of Delivery
<b>ELR</b>	Electronic Lab Report
<b>EMR</b>	Electronic Medical Record
<b>EPI-VAC</b>	Epidemiology and Prevention of Vaccine Preventable Diseases
<b>FQHC</b>	Federally Qualified Health Center
<b>FRIT</b>	First Responder Immunization Toolkit
<b>FSR</b>	Financial Status Report
<b>FTE</b>	Full-Time Employee
<b>FY</b>	Fiscal Year
<b>GTAG</b>	Grant Technical Assistance Guide
<b>GIUTIR</b>	Guidelines for Increasing the Use of the Texas Immunization Registry
<b>HBIG</b>	Hepatitis B Immune Globulin
<b>HBsAg</b>	Hepatitis B Surface Antigen
<b>HHS</b>	Health and Human Services
<b>ICCC</b>	Immunization Communication and Coordination Coalition

<b>IDP</b>	Infectious Disease Prevention
<b>IIS</b>	Immunization Information Systems
<b>ILA</b>	Inter-Local Agreement
<b>ImmTrac2</b>	Texas Immunization Registry
<b>IOC</b>	Immunization Outreach Coordinator
<b>IPOM</b>	Immunization Program Operations Manual
<b>IQIP</b>	Immunization Quality Improvement for Providers
<b>ISR</b>	ImmTrac2 Support Review
<b>LHD</b>	Local Health Department
<b>MOU</b>	Memorandum of Understanding
<b>NBS</b>	NEDSS Base System
<b>NEDSS</b>	National Electronic Disease Surveillance System
<b>NIAM</b>	National Immunization Awareness Month
<b>NIIW</b>	National Infant Immunization Week
<b>NIVW</b>	National Influenza Vaccination Week
<b>PAM</b>	Population Assessment Manual
<b>PAR</b>	Provider Activity Report
<b>PEAR</b>	Provider Education, Assessment, and Reporting
<b>PEIMS</b>	Public Education Information Management System
<b>PEP</b>	Post Exposure Prophylaxis
<b>PHB</b>	Perinatal Hepatitis B
<b>PHBPP</b>	Perinatal Hepatitis B Prevention Program
<b>PHR</b>	Public Health Region



<b>PI</b>	Program Income
<b>PIET</b>	Public Information, Education and Training
<b>PIN</b>	Provider Identification Number
<b>POC</b>	Point of Contact
<b>QA</b>	Quality Assurance
<b>QAI</b>	Quality Assurance and Improvement
<b>RE</b>	Responsible Entity
<b>RHC</b>	Rural Health Clinic
<b>SDO</b>	Standing Delegation Order
<b>SME</b>	Subject Matter Expert
<b>TAC</b>	Texas Administrative Code
<b>TIPS</b>	Texas Immunization Provider Summary
<b>TVFC</b>	Texas Vaccines for Children
<b>TWICES</b>	Texas-Wide Integrated Client Encounter System
<b>UGG</b>	Uniform Grant Guidance
<b>UGMS</b>	Uniform Grant Management Standards
<b>USC</b>	United States Code
<b>USH</b>	Unannounced Storage and Handling
<b>VAERS</b>	Vaccine Adverse Event Reporting System
<b>VAOS</b>	Vaccine Allocation and Ordering System
<b>VEO</b>	Vaccine Education Online
<b>VFC</b>	Vaccines for Children
<b>VIS</b>	Vaccine Information Statement
<b>VPD</b>	Vaccine-Preventable Disease
<b>WIW</b>	World Immunization Week

# Program Background

The Immunization Section resides within the Infectious Disease Prevention (IDP) Division at the Texas Department of State Health Services (DSHS). The mission of the IDP Division is to use a data-driven approach to reduce the impact of infectious diseases on Texans.

The IDP Division is responsible for ensuring immunization capacity and administering the Texas Vaccines for Children (TVFC) and Adult Safety Net (ASN) programs; the Texas Immunization Registry (ImmTrac2); school and childcare immunization compliance; media and publications; and contracts for the performance of immunization activities.

The IDP Division provides funding to local health departments (LHDs) via inter-local agreements (ILAs) to implement activities with the primary goal of raising vaccine coverage levels of Texas infants, 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 created in accordance with 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 IDP Division's strategic goals to increase vaccine coverage levels.

The strategic goals are:

- Raise and sustain vaccine coverage levels for infants and children.
- Improve vaccine coverage levels for adolescents and adults.
- Prevent and reduce cases of vaccine-preventable diseases (VPDs).
- Maintain and improve public health preparedness.
- Ensure the accountability of program components.
- Promote safe handling and storage of vaccines.
- 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 a resource for contracted LHDs outlining the execution of activities required under the immunization contract and describing the contract monitoring conducted during the contract period.

# FY25

## Contractor's Guide Updates

The Immunization Section made the following significant changes to the fiscal year (FY) 25 Contractor's Guide. There may be other small language changes throughout the FY25 Contractor's Guide.

### **Contractor's Guide**

- Changed all Standard Activities to Required or Suggested.
- Combined Metrics and Reporting into Evaluation.
- Re-ordered activities.
- Updated language.

### **Section 1 Updates**

- Removed 1.1.04.
- Removed 1.1.05.
- Removed 1.2.01.
- Removed 1.3.04.

### **Section 3 Updates**

- Removed 3.6.03.
- Removed 3.8.01.

### **Section 4 Updates**

- Removed 4.2.01.
- Removed 4.4.03.

### **Section 5 Updates**

- Removed 5.1.02.
- Removed 5.3.01.
- Removed 5.3.20.
- Removed 5.3.21.

## **Section 6 Updates**

- Added 6.3.03.

## **Section 7 Updates**

- Combined 7.1.01 and 7.1.02.
- Added 7.1.02 and 7.1.03.
- Removed 7.3 Staff Education.
- Removed activities from 7.2, 7.3, 7.4, 7.5, and 7.6.
- Combined 7.4 Community Partnership Building and 7.5 Stakeholder Engagement to 7.3. Community Partnership Building.

# 1. Program and Contract Management

## 1.1. Program Management

<b>1.1.01</b>	Implement and operate an Immunization Program in accordance with the ILA and Immunization program operation policies, procedures, rules, and regulations.	Required
---------------	---	----------

### Detailed Description

LHDs and Public Health Regions (PHRs) serve as responsible entities (REs) and manage immunization services for a specific geographic area. LHDs contract with DSHS Central Office to implement activities with the primary goal of raising vaccine coverage levels of Texas children, adolescents, and adults, including health care workers. PHRs serve areas in their 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 DSHS Immunization Section Contractor's Guide for LHDs and PHRs.

### Procedure

LHDs receive funding from DSHS IDP Division via ILA to implement activities with the primary goal of raising vaccine coverage levels of Texas infants, children, adolescents, and adults, including health care workers. Funding for immunization activities is a combination of federal funds and state general revenue funds. Contracted LHDs are required to implement activities to address identified community needs and contract requirements.

### Reference Document(s) (if Applicable)

- Uniform Grant Management Standards (UGMS), produced by Texas Comptroller of Public Accounts
- Federal Uniform Grant Guidance (UGG), produced by Office of Management and Budget
- Electronic Code of Federal Regulations, electronic version of UGG produced by Office of the Federal Register and the Government Publishing Office
- Texas Health and Human Services (HHS) Grant Technical Assistance Guide (GTAG)
- ILA, Statement of Work, and Budget
- TVFC and ASN Program Operations Manual for Providers
- TVFC and ASN Program Operations Manual for REs
- Population Assessment Manual (PAM)
- Perinatal Hepatitis B (PHB) Prevention Program (PHBPP) Manual
- ImmTrac2 Provider Resources

### Evaluation

Ensure the LHD has an executed ILA and approved budget by DSHS.

1.1.02	Maintain staffing levels adequate to meet the required activities of this contract and to assure expenditure of all contract funds.	Required
--------	---	----------

**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 ILA and to fill vacant positions as soon as possible. LHDs must ensure that funding for IPOS positions are funded as mandated by the CDC.

**Procedure**

Maintain staffing levels adequate to meet the required activities of the ILA to assure expenditure of all contract funds. Ensure IPOS positions are funded as required by CDC.

**Reference Document(s) (if Applicable)**

- LHD Job Descriptions
- ILA and Budget

**Evaluation**

Review staffing levels to ensure contractual requirements are met, IPOS positions are funded accordingly, and funds are expended annually.

<b><u>1.1.03</u></b>	Identify program contacts quarterly as requested by DSHS.	Required
----------------------	---	----------

### **Detailed Description**

LHDs must identify Immunization program contacts as requested by DSHS. One individual must be identified as the Immunization Program Manager who will receive all DSHS communication for all program areas. LHDs may designate more than one individual to serve as a program contact for all other program areas. The program contacts will be the first point of contact (POC) 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 packet. The program contacts are to be updated each quarter via the LHD Quarterly Report. LHDs must update program contact information as requested by DSHS.

### **Reference Document(s) (if Applicable)**

- ILA Program Contact Information

### **Evaluation**

Ensure LHDs update the program contact information in the LHD ILA contract renewal packet annually. Ensure the LHD updates the program contacts in the LHD Quarterly Report and C-1 Directory.

<b>1.1.04</b>	Attend all required training for each Area of Work as specified in the DSHS Immunization Section Contractor's Guide for LHDs and PHRs. Ensure that the immunization program manager and TVFC and ASN coordinator attend the annual Immunization Section mandatory in-person meeting.	Required
---------------	--	----------

### **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 training specified in the DSHS Immunization Section Contractor's Guide for LHDs and PHRs.

### **Procedure**

At least one LHD immunization staff member must register for and attend all required training for each area of work as specified in the DSHS Immunization Section Contractor's Guide for LHDs and PHRs. The required trainings are as follows:

1. ImmTrac2 Annual Training: IPOSs are required to attend in-person.
2. Biennial PHBPP Summit: PHB coordinators/PHB case managers are required to attend in person.
3. IPRE training: Immunization program manager and the TVFC and ASN coordinator are required to attend in person.
4. Other trainings mandated by the Immunization Section.

### **Reference Document(s) (if Applicable)**

- Attendance sign-in sheets and reports (specific to each training or meeting)
- TVFC and ASN Program Operations Manual for REs

### **Evaluation**

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



<b>1.1.05</b>	Develop and implement an employee immunization policy for immunization program staff according to CDC recommendations.	Required
---------------	--	----------

### **Detailed Description**

Develop an immunization policy and protocols to ensure organizations have standard vaccine protocols for new and tenured 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 LHD will develop an Immunization policy for immunization program staff. The policy must address immunizations for both new and existing staff, explain how the LHD ensures that all staff are immunized, and be based on the CDC recommended adult immunization schedule. The policy should include time frames for reviewing staff immunization status and vaccination standards for personnel who have contact with patients. The policy should address how the LHD ensures that all staff are immunized, and actions performed to ensure staff (both new and tenured) are up to date. Immunization declinations must be kept on file for all staff that refuse/decline immunizations.

### **Reference Document(s) (if Applicable)**

- Recommended Immunization Schedule for Adults Aged 19 Years or Older, United States
- Texas First Responder Immunization Toolkit (FRIT), Sample Health Care Personnel Immunization Policy
- Texas FRIT

### **Evaluation**

Review the local Immunization Policy and ensure the policy meets CDC recommendations for adult immunization.

<b>1.1.06</b>	Maintain a record of orientation (new staff) and ongoing training for tenured contract-funded staff involved in the provision of immunization services.	Required
---------------	---	----------

### Detailed Description

All staff involved in providing immunization services will receive orientation and regular immunization training. 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 understand of current immunization schedules for all age groups.
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 in administering vaccines to infants, children, adolescents, and adults.
6. Training in emergency procedures.
7. Observation of staff providing vaccine-specific information to clients
8. Review of the appropriate use of Vaccine Information Statements (VIS).
9. Review of true contraindications for vaccines.
10. Observation of appropriate documentation of administered vaccinations.

Tenured staff:

1. View the Epidemiology and Prevention of Vaccine Preventable Diseases (EPI-VAC) training provided by the CDC, found at [cdc.gov/immunization-training/hcp/pink-book-education-series/?CDC](https://cdc.gov/immunization-training/hcp/pink-book-education-series/?CDC) (Review annually and as updated).
2. Review the current year's TVFC and ASN Provider Policy Training at [learningportal.hhs.texas.gov/course/index.php?categoryid=45](https://learningportal.hhs.texas.gov/course/index.php?categoryid=45).
3. Clinical staff should be encouraged to obtain continuing education credits in programs related to vaccines and VPDs.

### Procedure

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

Reference Document(s) (if Applicable)

DSHS and CDC training websites

### Evaluation

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

<b>1.1.07</b>	Inform DSHS (in writing) of changes (both departures and arrivals) in LHD Medical Director, Immunization Program Manager, and positions listed under activity 1.1.03 within thirty (30) days of staffing changes.	Required
---------------	---	----------

### Detailed Description

LHDs must inform DSHS in writing of changes in key staff within 30 days of departure or arrival. These notifications ensure DSHS is aware of major changes that may affect the success of the LHD 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

LHDs must inform DSHS in writing (e.g., submitted via facsimile, email, or mail) of key staff changes, including arrivals and departures, in the medical director or other high-level positions or in immunization program staff identified in activity 1.1.03 within 30 calendar days of the change. The date of departure or vacancy is considered the actual date the individual(s) vacates the position.

Email notifications should be sent to the assigned DSHS contract manager and the DSHS Immunization Section at [DSHSImmunizationContracts@dshs.texas.gov](mailto:DSHSImmunizationContracts@dshs.texas.gov). The email should include the following information:

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

### Reference Document(s) (if Applicable)

- ILA

### Evaluation

Written notification submitted to the DSHS contract manager and DSHS Immunization Section within thirty (30) calendar days of the staffing change for LHD medical director, immunization program manager, and all other positions listed under activity 1.1.03.

<b>1.1.08</b>	Submit a written notification for contract-funded positions that remain vacant more than ninety (90) calendar days.	Required
---------------	---	----------

### **Detailed Description**

LHDs 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 positions partially or fully funded by the immunization contract, and vacant positions will remain vacant no longer than 90 calendar days.

### **Procedure**

Inform DSHS in writing (e.g., submitted via facsimile, email, or mail) of contract-funded positions that are vacant more than ninety (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](mailto: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 individual 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)**

- ILA

### **Evaluation**

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.

<b>1.1.09</b>	Maintain a standard method to document work time spent performing immunization activities for staff who are partially funded with immunization contract funds.	Required
---------------	--	----------

### **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, but 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 auditing purposes.

### **Reference Document(s) (if Applicable)**

- Texas Health and Human Services HS GTAG, Chapter 3.3.5 – Determining Adequate Documentation, and 3.6.1.1 – Payroll Documentation

### **Evaluation**

LHDs must provide documentation for contract-funded Immunization staff for actual time worked on Immunization activities.

## 1.2. Program Compliance

<b>1.2.01</b>	Ensure compliance with Texas HHS Deputization Guidance. Activities under this requirement shall be conducted in accordance with the DSHS Immunization Section Contractor's Guide for LHDs and PHRs.	Required
---------------	---	----------

### Detailed Description

DSHS staff will ensure that current policies follow the Texas HHS Deputization Guidance and all activities within this requirement shall be conducted in accordance with the DSHS Immunization Section Contractor's Guide for LHDs and PHRs.

### Procedure

LHDs should understand and adhere to all DSHS immunization program policies and ILA requirements. DSHS staff continuously monitor LHD program operations to ensure all required activities are conducted in accordance with the DSHS Immunization Section Contractor's Guide for LHDs and PHRs and comply with the Texas HHS Deputization Guidance. To ensure LHD accountability, DSHS staff regularly review performance and takes action to resolve performance and compliance issues as needed.

### Reference Document(s) (if Applicable)

- Texas HHS Deputization Guidance
- TVFC and ASN Program Operations Manual for REs, Section Two, Part II, Subsection D - Deputization of Clinics

### Evaluation

DSHS will conduct monthly reviews of LHD training and performance to ensure adherence to all DSHS Immunization program policies and ILA requirements.

# 1.3. Financial Management

<b>1.3.01</b>	Agree DSHS reserves the right, where allowed by legal authority, to redirect funds in the event of financial shortfalls.	Required
---------------	--	----------

**Detailed Description**

DSHS will monitor LHD’s expenditures monthly. If expenditures are below what is projected in LHD’s total program budget, LHD’s budget may decrease for the rest of the contract term. Vacant positions existing after ninety (90) calendar days may result in a decrease in funds.

**Procedure**

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

**Reference Document(s) (if Applicable)**

- ILA

**Evaluation**

LHD agrees to contract terms and conditions stating DSHS may redirect funds through contract execution.

<b>1.3.02</b>	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 Section Contractor's Guide for LHDs and PHRs.	Required
---------------	---	----------

### Detailed Description

LHDs are required to submit invoices monthly using a State of Texas Purchase Voucher 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 fax, 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 Section to conduct annual risk assessments.

### Procedure

Submit requests for monthly payments using the State of Texas Purchase Voucher (Form B-13). Submit the voucher and attach any supporting documentation to the address, number, or email below.

DSHS 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](mailto:invoices@dshs.texas.gov) and to [CMSInvoices@dshs.texas.gov](mailto:CMSInvoices@dshs.texas.gov)

Reference Document(s) (if Applicable)

- ILA
- State of Texas Purchase Voucher (Form B-13)
- GTAG, 8.1 - Reimbursement Requests
- Instructions for Monthly Reimbursement Request Using the State of Texas Purchase Voucher (DSHS Form B-13)

### Evaluation

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



<b><u>1.3.03</u></b>	Agree DSHS will pay LHD on a cost reimbursement basis.	Required
----------------------	--	----------

**Detailed Description**

Methods for submitting reimbursement requests can vary with each Texas 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 LHD on a cost reimbursement method. This is done by signing and acting in accordance with the ILA contract.

**Reference Document(s) (if Applicable)**

- ILA
- GTAG, 8.1 - Reimbursement Requests

**Evaluation**

The PHR program manager will ensure LHD has an executed contract and review LHD budget.

<b><u>1.3.04</u></b>	Review monthly contract funding expenditures to ensure that all funds will be properly expended before the end of the contract period.	Required
----------------------	--	----------

#### **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)**

- ILA

#### **Evaluation**

DSHS Contract and Grants Team will email expenditure reports monthly to the PHR program manager for review and follow-up with LHDs that are not expending funds properly.

<b><u>1.3.05</u></b>	Lapse no more than five percent (5%) of total funded amount of the contract.	Required
----------------------	--	----------

#### **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 an 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 LHD's expenditures monthly. If expenditures are below the LHD's total program budget in the ILA, the LHD'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. DSHS Contract and Grants Team will email expenditure reports monthly to the PHR program managers for review and follow-up with LHDs that are not expending funds.

#### **Reference Document(s) (if Applicable)**

- ILA
- Financial Status Report (FSR)

#### **Evaluation**

Expend at least ninety-five percent (95%) of awarded funds by August 31 of applicable FY.

<b>1.3.06</b>	Submit requests to move more than twenty-five percent (25%) of the total contract amount between direct budget categories in writing to the DSHS Contract Management Section (CMS) and obtain approval before monies can be transferred.	Required
---------------	--	----------

### **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. LHDs 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 CMS contract manager and approved before monies can be moved.

The definition of the budget categories found in the GTAG (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)**

- ILA
- Uniform Grant Management Standards, Subpart C - Post-Award Requirements - Changes, Property, and Sub-awards, Budget Changes

### **Evaluation**

LHD will submit a budget amendment to the DSHS CMS contract manager and ensure funds are not expended until the DSHS CMS contract manager approves the budget amendment.

<b>1.3.07</b>	Expend funds consistently throughout the contract term, approximately twenty-five percent (25%) per quarter.	Suggested
---------------	--	-----------

### **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 one hundred (100) percent 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 time frames are as follows:

- First Quarter: September 1 – November 30
- Second Quarter: December 1 - February 28
- Third Quarter: March 1 - May 31
- Fourth Quarter: June 1 - August 31

### **Reference Document(s) (if Applicable)**

- Monthly Expenditure Reports

### **Evaluation**

DSHS Contract and Grants Team will email expenditure reports monthly to the PHR program managers for review and follow-up with LHDs that are not expending 25% of funds quarterly.

## 1.4. Contract Management

<b><u>1.4.01</u></b>	Submit contract amendments by February 28 of the contract period to be approved and processed no later than May 31 of the same contract period.	Suggested
----------------------	---	-----------

### Detailed Description

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

DSHS recommends that the request for contract amendments be submitted by February 28 of the contract year to complete the DSHS approval and contract amendment process by May 31 of the same contract year. 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 contract period's end.

### Procedure

Submit the request for budget (including match) revisions or other amendments via an email to the DSHS CMS contract manager, by February 28 of the contract period.

The written request must contain a description and justification of the change. If approved, the DSHS CMS contract manager will notify the LHD of approval through a written amendment or by written acceptance of LHD'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)

- ILA

### Evaluation

Consult with the DSHS CMS contract manager to determine if an amendment was submitted by February 28 and approved by May 31.

<b><u>1.4.02</u></b>	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 DSHS CMS contract manager. Changes to the approved equipment budget category must be approved by DSHS before purchasing equipment. If an LHD would like to deviate from the approved equipment budget, a written request to amend the budget is required.	Required
----------------------	--	----------

### **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 CMS contract manager.

### **Procedure**

LHDs 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 via email to the DSHS CMS contract manager. Changes to the approved Equipment budget category must be approved by DSHS prior to the purchase of equipment. If an LHD would like to deviate from the approved equipment budget, a written request to amend the budget is required.

### **Reference Document(s) (if Applicable)**

- GTAG

### **Evaluation**

Submit equipment purchase requests to the DSHS CMS contract manager and ensure the request is approved by the DSHS CMS contract manager prior to purchasing equipment.

## 1.5. Contract Quality Assurance

<b><u>1.5.01</u></b>	Participate in remote and on-site technical assistance.	Required
----------------------	---	----------

### Detailed Description

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

### 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 training or conferences. LHD staff must respond to requests by DSHS to provide technical assistance within the time frame 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

### Evaluation

Respond to retain documentation regarding DSHS requests to provide technical assistance within the time frame set in the correspondence and have appropriate staff available to receive technical assistance.



<b><u>1.5.02</u></b>	Participate in on-site contract evaluation visits.	Required
----------------------	--	----------

### **Detailed Description**

DSHS will evaluate the LHD's performance of the requirements and compliance with the 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 on-site evaluations of 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 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 evaluations in person. LHDs should coordinate with the PHR program manager to schedule a convenient on-site evaluation date. LHDs should prepare for on-site evaluations by ensuring all records are available for review including financial, training, educational materials and events, or documents related to the contract.

### **Reference Document(s) (if Applicable)**

- DSHS Immunization Section Contract Review Tool

### **Evaluation**

The PHR program manager and DSHS Central Office staff will evaluate the LHD's compliance with contractual requirements during an on-site evaluation. The PHR program manager will utilize the DSHS Immunization Section Contract Review Tool to evaluate program, fiscal, and administrative aspects and report the findings to DSHS Central Office and CMS.

## 1.6. Contract Accountability

<b>1.6.01</b>	Submit a corrective action plan (CAP) to PHR program manager and the DSHS CMS contract manager within thirty (30) calendar days after the date of the written notification from the DSHS CMS contract manager of the on-site evaluation findings (if applicable).	Required
---------------	---	----------

### Detailed Description

DSHS will conduct on-site evaluations of 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 action(s) to remain in compliance with the terms of the contract. LHDs must submit the CAP in writing within thirty (30) calendar days after the date of the written notification from DSHS.

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

### Procedure

Submit the CAP to the PHR program manager and the DSHS CMS contract manager 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)

- DSHS Immunization Section Contract Review Tool
- ILA (General Terms and Conditions, Article VIII Contract Management and Early Termination, 8.01 Contract Management)

### Evaluation

The PHR program manager identifies LHDs that require a CAP through the on-site evaluation process. A CAP must be submitted to the PHR program manager and the DSHS CMS contract manager within 30 calendar days after the date of the written notification of the on-site evaluation findings from DSHS.

<b>1.6.02</b>	Maintain property records for property and equipment funded or property provided by grant funds.	Required
---------------	--	----------

### **Detailed Description**

LHDs must retain records in accordance with the DSHS State of Texas Records Retention Schedule and must have records available for DSHS review upon request. LHDs are required to maintain legible copies of the contract and all related documents for a minimum of seven (7) 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)**

- ILA, Grantee Uniform Terms and Conditions
- DSHS Records Retention Schedule
- DSHS Contractor's Property Inventory Report - Form GC-11

### **Evaluation**

Maintain documentation of property and equipment for DSHS review using the DSHS Contractor's Property Inventory Report – Form GC-11 and in accordance with the DSHS Records Retention Schedule.

## 1.7. Required Reporting

<b><u>1.7.01</u></b>	Complete and submit the Immunization ILA Quarterly Report and supplemental documents according to the formats, mechanisms, and time frames specified in the DSHS Immunization Section Contractor's Guide for LHDs and PHRs.	Required
----------------------	---	----------

### Detailed Description

LHDs must complete and submit the Immunization ILA Quarterly Reports and supplemental report documents via the electronic submission tool specified by the DSHS Immunization Section (e.g., Alchemer, Qualtrics, etc.) 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 the Immunization ILA Quarterly Reports electronically following instructions provided by the DSHS Immunization Section and according to the time frames stated below. Supplemental report documents 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 time frames communicated by the Immunization Section.

FY25 Quarterly Report deadlines:

- First Quarter Reports: Due December 31st
- Second Quarter Reports: Due March 31st
- Third Quarter Reports: Due June 30th
- Fourth Quarter Reports: Due September 30th

### Reference Document(s) (if Applicable)

- ILA Quarterly Reports
- Provider Education, Assessment and Reporting (PEAR)
- ImmTrac2

### Evaluation

Quarterly Reports and supplemental report documents are submitted in the format, timeline, and electronic submission tool provided by the DSHS Immunization Section. If the due date falls on a weekend or state approved holiday, the report is due the next business day.

<b>1.7.02</b>	Report program income (PI) generated from DSHS Immunization contract activities on the quarterly FSR.	Required
---------------	---	----------

### **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 program income to further the program, and LHD shall spend the PI on the program.

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

### **Procedure**

Report PI, which is generated from 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.

FY25 FSR deadlines:

- First Quarter FSR: Due December 31st
- Second Quarter FSR: Due March 31st
- Third Quarter FSR: Due June 30th
- Fourth Quarter FSR: Due October 15th

### **Reference Document(s) (if Applicable)**

- FSR
- ILA
- GTAG, Chapter 6
- Uniform Grant Management, Subpart C.25(g)(2)

### **Evaluation**

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

<b><u>1.7.03</u></b>	Ensure all PI generated because of the DSHS Immunization contract activities is expended in accordance with the DSHS Immunization Section Contractor's Guide for LHDs and PHRs.	Required
----------------------	---	----------

### **Detailed Description**

Ensure all PI generated from DSHS Immunization contract activities is expended. LHDs must refund PI to DSHS if the PI 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)
- GTAG, Chapter 6

### **Evaluation**

The LHD must report PI on the quarterly FSR for review.

<b>1.7.04</b>	Submit quarterly FSRs to 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 forty-five (45) calendar days following the end of the applicable term.	Required
---------------	---	----------

### **Detailed Description**

Submit quarterly FSRs to DSHS, 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 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. Follow the format specified by DSHS and any given deadlines.

FY25 FSR deadlines:

- First Quarter FSR: Due December 31st
- Second Quarter FSR: Due March 31st
- Third Quarter FSR: Due June 30th
- Fourth Quarter FSR: Due October 15th

### **Reference Document(s) (if Applicable)**

- FSR
- ILA, Uniform Terms and Conditions, Article II, 2.01 Payment Methods

### **Evaluation**

FSR submitted to DSHS in the format specified by the given deadline.

## 2. Facility Immunization Assessments

### 2.1. Childcare and School Compliance

<b><u>2.1.01</u></b>	Assess compliance with vaccine requirements at assigned schools and childcare facilities.	Required
----------------------	---	----------

#### Detailed Description

LHDs and PHRs 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 VPDs or if a facility is compliant with Minimum Vaccine Requirements.

#### Procedure

LHDs and PHRs will follow the guidelines outlined in the PAM.

#### Reference Document(s) (if Applicable)

- PAM

#### Evaluation

This metric will be assessed through Child Health Reporting System (CHRS) and validation surveys submitted via the Validation Survey Tool.



<b>2.1.02</b>	Complete one-hundred percent (100%) of assigned childcare facility audits. By the third Friday in July of the contract year, LHD staff will complete 100% of assigned childcare audits and submit the assigned childcare audits into CHRS.	Required
---------------	--	----------

### **Detailed Description**

LHDs and PHRs will conduct a detailed audit of the facilities in the regional or local area, as assigned by DSHS Central Office Assessment, Compliance, and Evaluation (ACE) group. 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, virtually, or through the mail. If immunization records are not in compliance during the initial visit, a follow-up visit is required thirty (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 LHD and PHR website. If a facility is closed, the DSHS Central Office ACE group should be informed via email and update in CHRS. The LHD and PHR will enter the data collected in the audit in the web-based system, CHRS, at [chrstx.dshs.texas.gov/Login.aspx](http://chrstx.dshs.texas.gov/Login.aspx).

This metric will be assessed through CHRS reports.

### **Reference Document(s) (if Applicable)**

- PAM, Childcare Audits

### **Evaluation**

Submit 100% of completed childcare audit data in CHRS by the third Friday in July.

<b>2.1.03</b>	Complete one hundred percent (100%) of assigned public and private school audits and validation surveys in accordance with the DSHS Immunization Section Contractor's Guide for LHDs and PHRs. By the first business day in February of the contract year, LHD staff will notify DSHS Central Office if a replacement school is needed for a validation survey. By the first business day in March of the contract year, LHD staff will complete 100% of assigned validation surveys. By the third Friday in July of the contract year, LHD staff will complete 100% of assigned school audits and submit electronically to PHR.	Required
---------------	--	----------

### **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 (ARIS) 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 ARIS.

Validation surveys assess the reliability of the immunization data submitted on the ARIS. Participation in a validation survey is completely voluntary. LHDs and PHRs must notify the DSHS Central Office ACE group if a school does not want to participate and needs a replacement school. 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 Central Office ACE group provides a sampling list of schools to each PHR to be assigned to LHDs. LHDs and PHRs 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 and should not include students who have moved or transferred to another school. Inquire about how their records are stored (paper, electronic, or both).

Ensure 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, the reviewer cannot view the names of the students at any time during the survey. If a numbered roster is not available, then an alternative sampling method will need to be used. If a school cannot participate in the validation survey, contact the DSHS Central Office ACE group so a replacement school can be assigned. Validation surveys cannot be completed for a school until the school has submitted the ARIS.

#### **School audits:**

The DSHS Central Office ACE group will assign individual schools and districts to be audited based on the

following criteria:

- Schools or districts that did not respond to the most recent ARIS.
- 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 LHDs and PHRs can provide reminders and guidance on the ARIS.

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

LHDs and PHRs 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 is 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](mailto:schoolimm@dshs.texas.gov), who will then contact Texas Education Agency or Texas Private School Accreditation Commission.

If the school or school district is identified for audit due to being a non-responder, randomly pull one hundred (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, 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.

This metric will be assessed through CHRS reports records, school audit forms submitted via email, and Validation Surveys submitted via the Validation Survey Tool.

#### **Reference Document(s) (if Applicable)**

- PAM, Validation Surveys
- PAM, Childcare Audits
- PAM, School Audits
- PAM, Instructions for Using the Validation Survey Tool to Perform School Validation Surveys

#### **Evaluation**

Submit 100% of completed validation surveys to the PHR by the first business day in March. Submit 100% of completed school audits to PHR by the third Friday in July

## 2.2. Childcare and School Compliance Quality Assurance

<b>2.2.01</b>	Provide education to school and childcare facilities with high provisional, delinquency, and/or exemption rates at time of audit or when non-compliant records are identified. Report education provided to school or childcare staff in accordance with the DSHS Immunization Contractor's Guide for LHDs and PHRs.	Required
---------------	--	----------

### Detailed Description

LHDs and PHRs shall provide education to childcare or school staff when non-compliant records are identified during any school compliance visit. Staff education will improve the overall vaccine rate for the State of Texas and make sure that facilities comply with vaccine requirements and faculty, staff, and students are protected from disease.

### Procedure

When LHDs and PHRs 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 ARIS, provide education on how to correctly fill out the report and define commonly used school compliance terms.

An education opportunity presents itself if a high percentage 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 Advisory Committee on Immunization Practices (ACIP) recommendations, the ARIS Guide PowerPoint slide deck, and the PAM. The education provided during an audit visit could translate into more accurately reported immunization data reported on the ARIS, equating to better overall data quality for the State of Texas. Education provided to facilities may be provided electronically.

This metric should be documented in the quarter in which the audit and education are performed.

### Reference Document(s) (if Applicable)

- PAM
- State of Texas Minimum Vaccine Requirements
- ACIP Recommendations
- ARIS Reporting Guide PowerPoint

### Evaluation

Document that education is provided to one hundred percent (100%) of school audits assigned.

<b>2.2.02</b>	Provide feedback to the DSHS Central Office ACE group regarding trends/issues for vaccine requirements in accordance with the DSHS Immunization Section Contractor's Guide for LHDs and PHRs.	Required
---------------	---	----------

### Detailed Description

LHDs and PHRs 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 Section Contractor's Guide for LHDs and PHRs.

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 shall submit feedback to DSHS Central Office ACE group on the quarterly report regarding vaccine trends or issues for school, college, and childcare vaccine requirements in accordance with the DSHS Immunization Section Contractor's Guide for LHDs and PHRs and in accordance with guidance in the PAM.

### Reference Document(s) (if Applicable)

- PAM

### Evaluation

This metric will be included in the ILA Quarterly Report and should be documented in the quarter in which the audit and education are performed.

<b>2.2.03</b>	Contact schools/districts to remind them to report during the Annual School Survey reporting period in accordance with the DSHS Immunization Section Contractor's Guide for LHDs and PHRs.	Required
---------------	--	----------

### **Detailed Description**

The DSHS Central Office ACE group will run a weekly report and identify schools that have not yet submitted immunization data for the ARIS. The DSHS Central Office ACE group will email the non-responder lists to PHR staff who then send the list of non-responders to LHDs. LHDs will contact the schools and remind them they are required to report. If the school needs technical assistance to complete the report, the LHD or PHR can provide it or connect them to DSHS Central Office staff to conduct the TA. It is best practice for the LHD or PHR 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**

LHD or PHR 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.

This metric will be assessed using the submissions of the immunization data from the ARIS.

### **Reference Document(s) (if Applicable)**

- ARIS packet Immunization Reporting Guide
- PAM
- Immunization Data Entry Guide

### **Evaluation**

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

## 2.3. First Responder Immunization Assessments

<b>2.3.01</b>	Provide information and educate first responder facilities on the use of ImmTrac2 to assess first responder immunization records and forecast any future immunization needs.	Suggested
---------------	--	-----------

**Detailed Description**

Educate and inform first responder facilities on the use of ImmTrac2 to assess first responder immunization records and forecast future immunization needs.

**Procedure**

Provide education and information to first responder facilities to promote adult immunizations and tracking of staff vaccinations by using ImmTrac2. 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)**

- Benefits of Participating in ImmTrac2 for Everyone
- Texas HHS Learning Portal – ImmTrac2 Overview

**Evaluation**

Documentation of the education provided to first responder facilities and sites that are registered and participating in ImmTrac2.

# 3. Managing TVFC and ASN Providers

## 3.1. Provider Recruitment

<b><u>3.1.01</u></b>	Recruit additional TVFC providers to administer vaccines to program-eligible populations.	Required
----------------------	---	----------

### Detailed Description

The TVFC program provides low-cost vaccines to eligible children from birth through 18 years of age. LHDs can increase enrollment in this program by recruiting eligible providers to participate in the TVFC program.

LHD recruitment efforts should increase provider participation 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. LHDs are recommended to conduct recruitment activities as defined in the TVFC and ASN Program Operations Manual for Providers and TVFC and ASN Program Operations Manual for REs on all providers on the recruitment list and report as indicated on the ILA Quarterly Report.

### Reference Document(s) (if Applicable)

- TVFC and ASN Program Operations Manual for REs
- TVFC and ASN Program Operations Manual for Providers

### Evaluation

Increase LHD's TVFC provider enrollment.



<b><u>3.1.02</u></b>	Ensure New Enrollment Checklist (11-15016) is completed for all clinics that join the TVFC or ASN program.	Required
----------------------	--	----------

### **Detailed Description**

The New Enrollment Checklist (11-15016) makes sure that new TVFC and ASN providers receive proper training. PHRs and LHDs must make sure a New Enrollment Checklist (11-15016) is completed for all clinics that join the TVFC or ASN program.

### **Procedure**

LHDs will educate all new TVFC and ASN providers in their jurisdictions on vaccine storage and handling policies, rules, and requirements and TVFC and ASN ordering processes as outlined in the New Enrollment Checklist.

### **Reference Document(s) (if Applicable)**

- New Enrollment Checklist

### **Evaluation**

Submit completed New Enrollment Checklist for each new site enrolling in the TVFC or ASN program.

<b><u>3.1.03</u></b>	Collaborate with medical societies and local health provider organizations to identify providers to recruit and enroll.	Suggested
----------------------	---	-----------

#### **Detailed Description**

Collaborate with medical societies (e.g., hospital networks, medical associations) and local health provider organizations to identify providers to recruit and enroll in the TVFC and ASN programs.

#### **Procedure**

PHRs and LHDs should collaborate with medical societies and local health provider organizations within their jurisdiction to identify providers to recruit and enroll.

#### **Reference Document(s) (if Applicable)**

N/A

#### **Evaluation**

Increase in TVFC and ASN program enrollment.

## 3.2.Provider Retention

<b><u>3.2.01</u></b>	Through re-enrollment, maintain a network of TVFC and ASN providers to administer vaccines to program-eligible populations.	Required
----------------------	---	----------

### Detailed Description

Maintain a network of TVFC and ASN providers through re-enrollment to continue administering 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, ensure appropriate links for re-enrollment form have been received, and ensure completion by the deadline.

### Reference Document(s) (if Applicable)

- TVFC and ASN Re-Enrollment Center Website

### Evaluation

Number of re-enrolling TVFC and ASN providers.

<b>3.2.02</b>	Promote TVFC and ASN provider achievements by implementing incentives for provider sites that reach vaccination coverage rate goals.	Suggested
---------------	--	-----------

### **Detailed Description**

Promote TVFC and ASN provider achievements:

- Implement incentives for provider sites that reach vaccine coverage rate goals.
- Implement incentives to recognize sites during national observances (e.g., NIIW, AIAW, NIAM, and NIVW).
  - National Infant Immunization Week (NIIW) in April
  - Adolescent Immunization Action Week (AIAW) in April
  - National Immunization Awareness Month (NIAM) in August
  - National Influenza Vaccination Week (NIVW) in December

### **Procedure**

LHDs should promote TVFC and ASN provider accomplishments within the LHD's jurisdiction by recognizing the sites' achievements (reaching vaccination coverage rate goals) with incentives. 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 local vaccine coverage rates with national rates to identify local providers with high coverage levels.

### **Reference Document(s) (if Applicable)**

N/A

### **Evaluation**

Distribution of DSHS and CDC provided promotional material to providers.

### 3.3. Provider Education

<b>3.3.01</b>	Provide training for TVFC and ASN providers within the LHD's jurisdiction on the policies outlined in the TVFC and ASN Program Operations Manual for Providers and recommended procedures for implementing them. These include procedures for the 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 VIS must be distributed to patients prior to patient vaccination.	Suggested
---------------	---	-----------

#### Detailed Description

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

#### 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 Program Operations Manual for Providers to include:

- Storage and handling guidelines
- Vaccine management
- VAOS
- Vaccine borrowing
- Other compliance guidelines
- Reporting vaccine adverse events
- Vaccine storage and handling plans
- Distribution of VIS.

#### Reference Document(s) (if Applicable)

- TVFC and ASN Program Operations Manual for Providers

#### Evaluation

Twenty-five percent (25%) or more enrolled sites receive training on the policies outlined in the TVFC and ASN Program Operations Manual for Providers and recommended procedures for implementing them.

<b>3.3.02</b>	Notify TVFC and ASN providers of the following: CDC and DSHS announcements, TVFC and ASN Trainings, vaccine storage and handling policy updates, vaccine ordering changes, and vaccine choice.	Required
---------------	--	----------

### **Detailed Description**

Notify providers of TVFC and ASN policy and procedure updates including:

- CDC and DSHS announcements
- TVFC and ASN Trainings
- Vaccine storage and handling policy updates
- Vaccine ordering changes
- Vaccine choice

### **Procedure**

Make sure enrolled sites are aware of TVFC and ASN updates by gathering data identifying if staff have received official memos or monthly newsletters. Have staff send out regular updates or forward the updates the provider has received.

### **Reference Document(s) (if Applicable)**

- Document distributed by DSHS via official memo or via monthly newsletter
- VAOS resources on Immunization's Program Website [dshs.texas.gov/immunizations/providers/training](https://dshs.texas.gov/immunizations/providers/training)

### **Evaluation**

Data gathered identifies that staff are aware of official memos, monthly newsletters, vaccine ordering changes, vaccine choice, etc., and have communicated this reception to their providers.

<b><u>3.3.03</u></b>	Educate and assist TVFC and ASN providers on provider choice, as necessary.	Suggested
----------------------	---	-----------

### **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 Program Operations Manual for Providers and through documents distributed by DSHS via official memo or monthly newsletters.

### **Reference Document(s) (if Applicable)**

- TVFC and ASN Program Operations Manual for REs
- TVFC and ASN Program Operations Manual for Providers

### **Evaluation**

Staff should explain provider choice policy and be familiar with the procedure for updating Choice in VAOS.

<b>3.3.04</b>	Inform TVFC and ASN providers of the most up-to-date, DSHS-produced immunization information for their offices.	Required
---------------	---	----------

#### **Detailed Description**

Inform TVFC and ASN providers of updated DSHS Immunization publications for displaying in their offices.

#### **Procedure**

When conducting visits or site reviews at enrolled sites, make sure DSHS publications with current immunization information are available in provider offices.

#### **Reference Document(s) (if Applicable)**

- DSHS forms and publications – [immunizetexasorderform.com](http://immunizetexasorderform.com)

#### **Evaluation**

Staff is up to date on DSHS-produced information.



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

### **Detailed Description**

Identify TVFC and ASN providers experiencing high volumes of vaccine loss and develop trainings and strategies to improve the vaccine storage and handling process so that vaccine loss, including wasted and expired vaccines is reduced in their clinics.

### **Procedure**

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

### **Reference Document(s) (if Applicable)**

N/A

### **Evaluation**

In VAOS, negligent vaccine loss must not exceed five percent. For those exceeding this threshold, process improvements in vaccine handling and storage procedures, along with staff training sessions on best practices for vaccine management should be implemented.

## 3.4. Provider Vaccine Management

<b>3.4.01</b>	Utilize the DSHS VAOS representative submitted reports to perform one hundred percent (100%) of the quality assurance reviews on the following TVFC and ASN items from providers in LHD contractor's jurisdiction.	Required
---------------	--	----------

### Detailed Description

Use Syntropi and VAOS to perform monthly quality assurance reviews on 100% of all enrolled sites for the following metrics:

- Doses administered
- Inventory
- Vaccine orders
- Temperature logs
- Clinic hours of operation

### Procedure

Use Syntropi and VAOS to perform quality assurance reviews monthly on 100% of all enrolled sites to make sure sites are:

- Not performing inventory adjustments.
- Not over-ordering vaccine that is on allocation.
- Filling in temperature logs properly and completely.
- Documenting clinic hours of operation in the proper format.

### Reference Document(s) (if Applicable)

- Syntropi
- TVFC and ASN Program Operations Manual for Providers
- TVFC and ASN Program Operations Manual for REs
- VAOS

### Evaluation

Staff can confirm hours of operation and identify inventory, orders, temperature logs, and the last reporting date for doses administered using VAOS and Syntropi.

<b>3.4.02</b>	Transfer vaccines that cannot be stored within provider offices and vaccines approaching expiration between providers in LHD's jurisdiction for immediate use.	Required
---------------	--	----------

### **Detailed Description**

Transfer vaccines that cannot be stored to other sites. Transfer vaccines that are going to expire to other sites for immediate use.

### **Procedure**

Transfer vaccines that cannot be stored within provider offices 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

### **Evaluation**

Transfer Authorization Form must be completed and stored for five (5) years if a transfer is initiated.

<b>3.4.03</b>	Ensure provider participation in vaccine ordering and inventory management using VAOS.	Required
---------------	--	----------

### **Detailed Description**

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

- Educate providers regarding vaccine ordering policies.
- Train providers to use VAOS for inventory, reporting 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 aside from appropriate transactions (doses administered, receiving shipments, and reporting vaccine waste), provide additional education.

### **Reference Document(s) (if Applicable)**

- TVFC and ASN Program Operations Manual for Providers
- VAOS job aides, instructional videos and recorded webinars can be found at [dshs.texas.gov/immunizations/providers/training](https://dshs.texas.gov/immunizations/providers/training).

### **Evaluation**

Staff must explain the procedure for required VAOS reporting, including steps for uploading a temperature log; receiving vaccine shipments; and reporting vaccine inventory, administrations, and loss. Staff understand reporting requirements must be met to place an order in VAOS.

<b>3.4.04</b>	Assist TVFC and ASN providers in the LHD's jurisdiction on the maintenance of appropriate vaccine stock levels. Activities under this requirement shall be conducted in accordance with the DSHS Immunization Section Contractor's Guide for LHDs and PHRs and the current TVFC and ASN Program Operations Manual for REs.	Required
---------------	--	----------

#### **Detailed Description**

TVFC and ASN providers must maintain appropriate vaccine stock levels based on the Maximum Stock Levels (MSL) and seventy-five (75)-day supply requirements as stated in the TVFC and ASN Program Operations Manual for REs.

#### **Procedure**

Help TVFC and ASN providers keep appropriate vaccine stock levels by providing education on MSLs and suggested quantities to make sure providers understand how vaccine stock levels are calculated for their facility.

#### **Reference Document(s) (if Applicable)**

- DSHS Immunization Section Contractor's Guide for LHDs and PHRs
- TVFC and ASN Program Operations Manual for RE

#### **Evaluation**

Staff must articulate that MSLs are calculated for a 75-day inventory. Staff can explain the method for maintaining a 75-day inventory.

<b>3.4.05</b>	Train TVFC and ASN providers within LHD's jurisdiction to ensure that expired and spoiled or 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.	Required
---------------	--	----------

### **Detailed Description**

Train TVFC and ASN providers within LHD's jurisdiction to make sure expired and spoiled or wasted vaccines are appropriately identified and entered in VAOS.

### **Procedure**

Provide training to ensure expired and spoiled or wasted vaccines are appropriately identified and entered in VAOS and returns are completed to CDC's centralized distributor within required time frame. Make sure providers understand what spoiled or wasted vaccines are eligible for return as described in the TVFC and ASN Program Operations Manual for Providers.

### **Reference Document(s) (if Applicable)**

- TVFC and ASN Program Operations Manual for Providers, Chapter 3
- VAOS Reporting Waste Job Aid and video tutorial

### **Evaluation**

Staff must provide an example of a wasted vaccine that is eligible and one that is ineligible for return to the central distributor.

<b>3.4.06</b>	Ensure that one hundred percent (100%) of TVFC providers within the LHD's jurisdiction complete the annual influenza (flu) pre-book survey.	Required
---------------	---	----------

#### **Detailed Description**

Make sure that 100% of TVFC providers within the LHD'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 the annual flu pre-book survey.

#### **Reference Document(s) (if Applicable)**

- Influenza pre-book survey provided by DSHS Immunization Section staff
- 
- TVFC and ASN Operations Manual for RE

#### **Evaluation**

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

## 3.5. Provider Quality Assurance

<b>3.5.01</b>	Utilize the CDC PEAR system and directly enter data into PEAR to document TVFC unannounced storage and handling (USH) visits to a minimum of ten percent (10%) of providers within the LHD's jurisdiction.	Required
---------------	--	----------

### Detailed Description

Using PEAR, document data for TVFC USH visits for at least ten percent of providers in the jurisdiction.

### Procedure

Follow instructions in the CDC Vaccines for Children (VFC) Compliance Reviewer Guide to document USH visits. Using PEAR, document TVFC USH visit data for at least ten percent of providers in the jurisdiction. Use information provided by the DSHS Immunization Section to make sure USH visits are not conducted for sites already scheduled for a visit by a DSHS QA contractor. USH visits must be documented in PEAR within 24 hours if not immediately entered. Use the public tracking spread sheet to access the percentage of sites completed every quarter.

### Reference Document(s) (if Applicable)

- Document provided by the DSHS Immunization Section of sites scheduled for review by DSHS' QA contractor.
- CDC VFC Compliance Reviewer Guide

### Evaluation

Data for USH visits conducted at enrolled sites must be added in the public tracking spreadsheet and include the PIN, clinic name, date of the visit, and dated Acknowledgment of Receipt form submitted to the QAI team.



<b>3.5.02</b>	Utilize ImmTrac2 or DSHS-provided coverage rates to assess immunization practices and coverage rates for all providers within the LHD's jurisdiction.	Required
---------------	---	----------

### **Detailed Description**

Use DSHS coverage rate reports, including those from ImmTrac2, to assess and analyze immunization coverage rates for providers within the LHD's jurisdiction. Reports will be updated monthly on the SharePoint Immunization Quality Improvement for Providers (IQIP) page and should be used to give providers with low coverage rates assistance as you monitor their improvement on a quarterly basis.

### **Procedure**

Use the coverage rate reports to assess coverage rates for providers within the LHD's jurisdiction. Identify providers with low scores and give assistance after discussing the coverage rate scores with the provider. Create a tracker to document assistance efforts and review the provider's coverage rate on a quarterly basis.

### **Reference Document(s) (if Applicable)**

- PEAR
- SharePoint IQIP Group page coverage rate reports

### **Evaluation**

LHD should create a tracker, monitor progress, and note percentage change. This tracker/report should be shared with the DSHS Central Office QAI team on a quarterly basis.

<b>3.5.03</b>	Review one-hundred percent (100%) of re-enrollment applications from TVFC and ASN providers in your jurisdiction by the DSHS specified deadline.	Required
---------------	--	----------

#### **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 links to update information.

#### **Reference Document(s) (if Applicable)**

- TVFC and ASN Program Operations Manual for REs

#### **Evaluation**

Electronic signature certification indicating completion of review.

<b>3.5.04</b>	Ensure that expired, wasted, and unaccounted-for vaccines (excluding flu) do not exceed five percent (5%) in TVFC provider clinics within the LHD's jurisdiction.	Required
---------------	---	----------

#### **Detailed Description**

Ensure that expired, wasted, and unaccounted-for vaccines (excluding flu) do not exceed five percent in TVFC provider clinics within the LHD's jurisdiction.

#### **Procedure**

Review vaccine loss reports submitted by providers.

#### **Reference Document(s) (if Applicable)**

- Information provided by the Vaccine Data and Finance Group

#### **Evaluation**

Vaccine loss data is given to the QAI team who upload the report to the SharePoint IQIP group page. PHRs and LHDs have access to these reports. PHRs are responsible for the enforcement of LHD practices and activities.

<b>3.5.05</b>	Review monthly reports to ensure data quality.	Required
---------------	--	----------

### **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 (6) months by reviewing vaccine order history. Have a discussion and develop a plan of action.
2. Using Syntropi, identify provider status by reviewing note tab to determine suspension has not exceeded ninety (90) days.
3. Ensure enrollment and withdrawal forms are submitted correctly and by the due date to PHR staff.

### **Reference Document(s) (if Applicable)**

- TVFC and ASN Program Operations Manual for REs

### **Evaluation**

No Orders Report is distributed to relevant parties at the beginning of each month. DSHS leadership is responsible for ensuring this information is disseminated to appropriate parties. DSHS contacts providers at risk of being withdrawn from the TVFC or ASN program due to suspension.

<b>3.5.06</b>	Review submitted reports to ensure data quality.	Suggested
---------------	--	-----------

### **Detailed Description**

Review submitted reports to ensure data quality.

### **Procedure**

1. Using Syntropi, download contact list for each provider to review twenty-five percent (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 providers on vaccine borrowing and vaccine transfer forms on a quarterly basis.

### **Reference Document(s) (if Applicable)**

- TVFC and ASN Program Operations Manual for REs

### **Evaluation**

Submission of data quality report every quarter.

<b>3.5.07</b>	Review monthly data logger reports for ten percent (10%) of providers in LHD's jurisdiction to validate the accuracy of provider submitted monthly temperature reporting forms.	Suggested
---------------	---	-----------

#### **Detailed Description**

Review monthly data logger reports for 10% of providers in LHD'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

#### **Evaluation**

LHD staff are required to annually conduct USH visits on ten percent of enrolled TVFC program clinics in their jurisdictions.

<b>3.5.08</b>	Review monthly data logger reports for all providers within LHD's jurisdiction who experience a vaccine loss because of temperature excursions.	Required
---------------	---	----------

### **Detailed Description**

Review monthly data logger reports to check the accuracy of the provider's monthly temperature reporting forms for those providers in the LHD's jurisdiction who have experienced a vaccine loss due to 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's jurisdiction who experience a vaccine loss because of temperature excursions.

### **Reference Document(s) (if Applicable)**

N/A

### **Evaluation**

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

<b>3.5.09</b>	Conduct a monthly review of ten percent (10%) of randomly selected providers in LHD's jurisdiction to identify vaccine loss report forms that were completed in VAOS but were not submitted.	Suggested
---------------	--	-----------

### **Detailed Description**

Conduct a monthly review of 10% of randomly selected providers in LHD'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 the vaccine loss report was generated and identify the date the vaccine loss report was received.
3. Follow up with providers on the vaccine loss report forms that were completed but were not submitted.

### **Reference Document(s) (if Applicable)**

N/A

### **Evaluation**

Review 10% of enrolled sites monthly.



<b>3.5.10</b>	Conduct a quarterly review of twenty-five percent (25%) of providers in LHD's jurisdiction to identify those that have adjusted more than ten percent (10%) of their vaccine inventory.	Suggested
---------------	---	-----------

### **Detailed Description**

Conduct a quarterly review of 25% of providers in LHD's jurisdiction to identify those that have adjusted more than ten percent 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 ten percent of their vaccine inventory.

### **Reference Document(s) (if Applicable)**

N/A

### **Evaluation**

One hundred percent (100%) of enrolled sites that adjusted more than ten percent of vaccine inventory are identified and educated.

<b><u>3.5.11</u></b>	Conduct a quarterly review of twenty-five percent (25%) of providers in LHD's jurisdiction to ensure the reported patient population matches the number of doses ordered.	Suggested
----------------------	---	-----------

#### **Detailed Description**

Conduct a quarterly review of 25% of providers in LHD'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)**

- TVFC and ASN Program Operations Manual for REs

#### **Evaluation**

One hundred percent (100%) of enrolled sites are reviewed annually to ensure the patient population matches the number of doses ordered.

## 3.6. Provider Accountability

<b>3.6.01</b>	Properly track and report vaccine fraud and abuse cases using the PEAR Fraud and Abuse Module.	Required
---------------	--	----------

### Detailed Description

LHDs and PHRs must track, and report vaccine fraud and abuse cases using the PEAR Fraud and Abuse Module and may receive OIG investigation information for their contractor clinics. All LHD and PHR staff members must immediately report allegations of fraud, abuse, and other unlawful activities.

### Procedure

LHDs and PHRs must conduct a USH visit to the clinic. The signing authority should be informed that they have been named in a complaint and that 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 Program Operations Manual for REs.

Clinics with verified allegations must receive corrective actions plans and continuous follow-up visits to make sure the plan is being followed. If suspension is appropriate, it must not exceed ninety (90) days. If there is no improvement in 90 days, contact the PHR to determine if termination is necessary.

### Reference Document(s) (if Applicable)

- TVFC and ASN Program Operations Manual for Providers
- TVFC and ASN Program Operations Manual for REs

### Evaluation

Within 24-hours of being notified of suspected fraud or abuse in the TVFC or ASN programs, a detailed summary of the incident must be documented and sent to the DSHS Central Office Vaccine Operations Unit leadership team.

<b>3.6.02</b>	Complete program evaluation activities with TVFC and ASN providers to address non-compliance issues. Document CAPs in the CDC PEAR system as a contact for all TVFC providers.	Required
---------------	--	----------

#### **Detailed Description**

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

#### **Procedure**

Document CAPs for TVFC providers in the CDC PEAR system.

#### **Reference Document(s) (if Applicable)**

- TVFC and ASN Program Operations Manual for REs, Section Five

#### **Evaluation**

Documentation of program evaluation activities in PEAR system.

## 3.7. LHD and PHR Staff Education

<b><u>3.7.01</u></b>	Train LHD staff to follow the policies and procedures outlined in the TVFC and ASN Program Operations Manual for REs. Provide training on updates (as described in the TVFC and ASN Program Operations Manual for REs) annually at a minimum.	Required
----------------------	---	----------

### Detailed Description

Train LHD staff on program policies and procedures, giving additional training at least annually on program requirements, and updates as outlined in the TVFC and ASN Program Operations Manual for REs.

### Procedure

Conduct training for LHD and PHR staff on TVFC and ASN requirements and updates (as described in the TVFC and ASN Program Operations Manual for REs) annually at a minimum.

### Reference Document(s) (if Applicable)

- TVFC and ASN Program Operations Manual for REs

### Evaluation

Documentation of annual trainings for one hundred percent (100%) of all LHD and PHR staff regardless of funding on the LHD contract on TVFC and ASN Program Operations Manual for REs.

<b>3.7.02</b>	<p>All LHD and PHR staff must attend and/or complete the following trainings:</p> <ul style="list-style-type: none"> <li>• CDC Immunization Trainings</li> <li>• TVFC/ASN Annual Trainings</li> <li>• Annual LHD and PHR Training</li> <li>• PHR Trainings</li> </ul>	Required
---------------	---	----------

#### **Detailed Description**

All LHD and PHR staff must attend and complete the following trainings:

1. CDC Immunization Trainings
2. TVFC/ASN Annual Trainings
3. Annual LHD and PHR Training
4. PHR Trainings

#### **Procedure**

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

1. CDC Immunization Trainings
2. TVFC/ASN Trainings
3. Annual LHD and PHR Training
4. PHR Training

#### **Reference Document(s) (if Applicable)**

- DSHS Immunization Section Contractor's Guide for LHDs and PHRs

#### **Evaluation**

Documentation and submission of required trainings.

<b>3.7.03</b>	Ensure that the TVFC and ASN coordinator conducts quality assurance on ten percent (10%) of the temperature recording logs that were reviewed by their staff each quarter.	Suggested
---------------	--	-----------

#### **Detailed Description**

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

#### **Reference Document(s) (if Applicable)**

N/A

#### **Evaluation**

The TVFC and ASN coordinator must conduct quality assurance on ten percent of the temperature recording logs reviewed quarterly.

## 3.8. LHD and PHR Compliance

<b><u>3.8.01</u></b>	Receive regional approval for any vaccine transfers and document those transfers in VAOS within twenty-four (24) hours of the transfer occurring.	Required
----------------------	---	----------

### 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 will occur, the LHD must contact the PHR for approval prior to removing the vaccine from the facility and document the transfer in VAOS within 24 hours of the transfer.

### Reference Document(s) (if Applicable)

- TVFC and ASN Program Operations Manual for REs

### Evaluation

Review the Transfer Authorization Form and ensure that correct documentation is completed and stored for five (5) years.



<b>3.8.02</b>	Address general inquiries by providers about the TVFC and ASN program and ensure timely follow-up on request for information.	Required
---------------	---	----------

### **Detailed Description**

Address providers' general inquiries about the TVFC and ASN programs and ensure to follow up in a timely manner.

### **Procedure**

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

### **Reference Document(s) (if Applicable)**

- TVFC and ASN Program Operations Manual for REs, Section Eight

### **Evaluation**

Staff must be able to explain TVFC and ASN program policies.

<b>3.8.03</b>	Ensure that providers within the LHD's jurisdiction are adhering to the vaccine borrowing procedures outlined in the TVFC and ASN Program Operations Manual for Providers. Report the number of borrowing forms submitted by quarter.	Required
---------------	---	----------

### **Detailed Description**

Ensure providers within the LHD's jurisdiction are adhering to the vaccine borrowing procedures outlined in the TVFC and ASN Program Operations Manual for Providers and report the number of borrowing forms submitted.

### **Procedure**

Ensure that providers within LHD's jurisdiction adhere to the vaccine borrowing procedures outlined in the TVFC and ASN Program Operations Manual for Providers.

### **Reference Document(s) (if Applicable)**

- TVFC and ASN Program Operations Manual for Providers

### **Evaluation**

Number of borrowing forms submitted quarterly.

## 3.9. LHD and PHR Emergency Response

<b>3.9.01</b>	Communicate the importance of an Emergency Vaccine Storage and Handling Plan to all clinics in the LHD's jurisdiction and provide technical assistance to support the successful activation of each clinic's plan.	Required
---------------	--	----------

### Detailed Description

Communicate the importance of an Emergency Vaccine Storage and Handling Plan to all clinics in the LHD'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)

- TVFC and ASN Program Operations Manual for REs

### Evaluation

Ensure that an Emergency Vaccine Storage and Handling Plan is current and readily available to staff.

<b>3.9.02</b>	Transfer, accept, and store TVFC and ASN vaccines from clinics in the LHD's jurisdiction if there is a failure in the clinic's Emergency Vaccine Storage and Handling Plan.	Required
---------------	---	----------

### **Detailed Description**

Transfer, accept, and store TVFC and ASN vaccines from clinics in the LHD's jurisdiction if there is a failure in the clinic's Emergency Vaccine Storage and Handling Plan. If unable to store on-site, the LHD must help find a secure location.

### **Procedure**

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

### **Reference Document(s) (if Applicable)**

- TVFC and ASN Program Operations Manual for REs

### **Evaluation**

Ensure that an Emergency Vaccine Storage and Handling Plan is current and readily available to staff.

<b>3.9.03</b>	Be prepared to pack and transport vaccine to other sites, as directed by the DSHS PHRs.	Required
---------------	---	----------

#### **Detailed Description**

Be prepared to pack and transport vaccine(s) to other sites, as directed by the DSHS PHR.

#### **Procedure**

Be prepared to pack and transport vaccine to other sites, as directed by the DSHS PHR and according to procedures listed in the TVFC and ASN Operations Manual for Providers.

#### **Reference Document(s) (if Applicable)**

- TVFC and ASN Operations Manual for Providers

#### **Evaluation**

Staff is knowledgeable about policies regarding vaccine transport and approval reasons for vaccine transfers.

# 4. Epidemiology and Surveillance

## 4.1. PHB Case Identification

<b>4.1.01</b>	Contact and provide case management to ninety-five percent (95%) of Hepatitis B surface antigen-positive pregnant women identified along with their infants and contacts.	Required
---------------	---	----------

### Detailed Description

The hepatitis B virus (HBV) can cause acute and chronic Hepatitis B infections, liver cirrhosis, and liver cancer. HBV can be easily passed from mother to child through perinatal transmission, and without post-exposure prophylaxis (PEP) at birth, many infants become chronically infected. Texas law requires all prenatal providers to test for hepatitis B surface antigen (HBsAg) at the first prenatal visit and again at delivery, and to report any positive results to the appropriate LHD and PHR.

All HBsAg-positive pregnant women must be case-managed and reported to DSHS via the PHBPP Salesforce application. Timely identification and case management help prevent PHB transmission.

### Procedure

Any HBsAg-positive result identified in a pregnant woman or at delivery must have a case form opened in the online PHB Prevention Database, available online at <https://txhhs.my.salesforce.com/>, within seven (7) days of reporting to the LHD and PHR. 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 PHB Prevention Manual, Case Management Chapter, for detailed instructions.

### Reference Document(s) (if Applicable)

- Texas PHB Prevention Program Manual, Chapter 7: Case Management

### Evaluation

Case forms are opened via the online PHBPP Database within seven days of initial case report for 95% of possible cases.

<b>4.1.02</b>	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 twelve (12) hours of birth.	Required
---------------	--	----------

### **Detailed Description**

The risk of perinatal hepatitis transmission is high for pregnant women with the hepatitis B virus. PEP can prevent infection in eighty-five percent (85%) to ninety-five percent (95%) of cases if given within 12 hours of birth. An infant born to a woman who has HBsAg or who has an unknown HBsAg status should be given the first dose of the hepatitis B vaccine and HBIG within 12 hours of birth to help prevent hepatitis B virus transmission. Delivery facilities should have written policies and procedures for giving high-risk infants PEP.

### **Procedure**

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

This metric should be documented in the quarter in which the education is performed.

### **Reference Document(s) (if Applicable)**

- Texas PHB Prevention Program Manual; Chapter 1: Program Background and Introduction and Chapter 5: Serology Testing and Reporting.

### **Evaluation**

Document educational training provided to any facilities that did not provide appropriate PEP.

<b>4.1.03</b>	Ensure follow up and reporting of case status of ninety percent (90%) of possible HBsAg-positive pregnant women within seven (7) days of the receipt of report.	Required
---------------	---	----------

### Detailed Description

Identification of cases must happen within seven days of receiving the report in order to guarantee infants receive PEP to help prevent PHB transmission. The online PHB Prevention Database will give each LHD and PHR current information from National Electronic Disease Surveillance System (NEDSS) on cases of pregnant women who possibly have HBsAg. Investigations of each possible case is required, with a case form opened within seven days of notification of the report via the online PHBPP Database, available [txhhs.my.salesforce.com/](http://txhhs.my.salesforce.com/). The online database also gives reports of pregnant women who are past their estimated delivery dates for investigation to make sure the infant receives the necessary PEP promptly.

### Procedure

For the Lab Report:

1. Investigate each lab to determine program eligibility. If the client is not eligible, open a case form in the PHBPP Database and close the form using either “ineligible HBsAg” or “not pregnant.”
2. If the client is program eligible, open and submit a case form in the database.

For the VSU Report:

1. Contact the hospital or the provider first to verify HBsAg status.
2. Investigate each vital statistics case to determine program eligibility. If you determine the client does not qualify for the program, open a case form and close it with the appropriate reason (“ineligible HBsAg” or “not pregnant”) in the online PHBPP Database.
3. For all eligible cases, open and submit a case management report in the database.

For Past Estimated Date of Delivery (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 PHB Prevention Database.
3. If unable to open an infant case form, document attempts to obtain information and the reason the information was unavailable on the index case form in the online PHBPP Database.

### Reference Document(s) (if Applicable)

- Texas PHB Prevention Program Manual, Chapter 7: Case Management.

### Evaluation

LHD and PHR will follow-up on 90% of possible HBsAg-positive pregnant women within seven days of the receipt of report.



## 4.2. PHB Reporting

<b><u>4.2.01</u></b>	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 PHB Prevention Database.	Required
----------------------	--	----------

### Detailed Description

Every case must be thoroughly searched using the guidance in the PHBPP manual to help prevent PHB transmission. A case cannot be closed as “lost to follow-up” until all avenues have been exhausted and documented in the PHB Prevention Database. Additionally, the mother’s case form cannot be closed until her EDD at the earliest, and an infant’s case form until the infant is two (2) years of age.

Additionally, a mother’s case form cannot be closed until their EDD at the earliest, and an infant’s case form cannot be closed until they are two years of age.

### Procedure

Please see Texas PHB Manual for detailed instructions.

### Reference Document(s) (if Applicable)

- Texas PHB Prevention Program Manual, Chapter 7: Case Management.

### Evaluation

At least 90% of cases closed as “Lost to Follow-Up” will have the appropriate type and number of activities documented in the PHB Prevention Database.

# 4.3. PHB Education

4.3.01	Require PHB case manager to attend the biennial conference/workshop.	Required
--------	--	----------

## Detailed Description

The Texas PHB Summit brings professionals together to share, discuss, and recommend strategies to prevent hepatitis B transmission and improve care for people at risk of PHB. Biennial conference attendance guarantees PHBPP case managers give updated information to clients and providers.

## Procedure

If the PHBPP summit is presented in a hybrid format (i.e., virtual and in-person), at least one case manager from each LHD and PHR will attend the summit in-person.

## Reference Document(s) (if Applicable)

N/A

## Evaluation

Attendance rosters from the biennial PHBPP summit and workshop.

<b>4.3.02</b>	Conduct educational training for hospitals, prenatal care providers, pediatricians, birthing facilities, and other health care providers/facilities within the LHD's jurisdiction, to increase identification, timely reporting, and appropriate case management of pregnant women with hepatitis and their infants and contacts.	Required
---------------	---	----------

### **Detailed Description**

Training for hospitals and providers guarantees that staff identify pregnant women who are positive for HBsAg, report accurate results to the LHD and PHR, and give appropriate PEP to high-risk infants.

### **Procedure**

Refer to the Texas PHB 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 LHD and PHR/DSHS each quarter. This metric must be documented in the quarter in which the education was conducted.

### **Reference Document(s) (if Applicable)**

- Texas PHB Prevention Program Manual

### **Evaluation**

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

## 4.4. Disease Surveillance

<b>4.4.01</b>	Complete investigation and document at least ninety percent (90%) of confirmed or probable reportable VPD cases within thirty (30) calendar days of initial report to public health.	Required
---------------	--	----------

### Detailed Description

Timely follow-up of VPD cases is important for giving PEP when appropriate and making sure transmission is prevented.

### 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 NEDSS Data Entry Guidelines (DEG). At least 90% of all confirmed and probable case investigations must be completed and entered into NEDSS within 30 calendar days of the initial report.

### Reference Document(s) (if Applicable)

- EAIDG - [dshs.texas.gov/sites/default/files/IDCU/investigation/electronic/EAIDG/2025/EAIDG-2025-03-10-2025.pdf](https://dshs.texas.gov/sites/default/files/IDCU/investigation/electronic/EAIDG/2025/EAIDG-2025-03-10-2025.pdf) ECCG (see select Disease Reporting on left hand panel to see current year)
- DEG

### Evaluation

Complete investigation and document 90% of confirmed or probable reportable VPD cases within 30 calendar days of initial report to public health.

<b>4.4.02</b>	Adhere to the DSHS Emerging and Acute Infectious Disease Guidelines (EAIDG) and current Epi Case Criteria Guide in conducting all activities.	Required
---------------	---	----------

### **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 instructions for managing special situations. Adhering to this guidance makes sure there is rapid follow-up for timely PIP and reduced transmission. Adhering to the current ECCG makes sure there is proper classification of case status.

### **Reference Document(s) (if Applicable)**

- EAIDG - [dshs.texas.gov/sites/default/files/IDCU/investigation/electronic/EAIDG/2025/EAIDG-2025-03-10-2025.pdf](https://dshs.texas.gov/sites/default/files/IDCU/investigation/electronic/EAIDG/2025/EAIDG-2025-03-10-2025.pdf) and the current year ECCG (see EAIDB website, select Disease Reporting on left hand panel for current year).

### **Evaluation**

Make sure the EAIDG and ECCG are adhered to when conducting all investigation activities.

<b>4.4.03</b>	Ensure all new VPD surveillance staff attend 'Introduction to NEDSS Base System (NBS)' training and complete the certification process to access the NBS system.	Required
---------------	--	----------

### **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](mailto: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

### **Evaluation**

Check for completion of NBS trainings for all new VPD surveillance staff before accessing the system.

<b>4.4.04</b>	Complete all data entry into the Texas NEDSS Base System (NBS) following the NBS NEDSS Data Entry Guidelines (DEG).	Suggested
---------------	---	-----------

#### **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 thirty (30)-day requirement for entry of cases from initial report.

#### **Reference Document(s) (if Applicable)**

- See the NBS DEG

#### **Evaluation**

Ensure data entry into NBS is in accordance with the DEG. Cases that do not comply with the DEG may be rejected by the DSHS Central Office staff during review.

<b>4.4.05</b>	Routinely review and follow-up on all VPD laboratory reports received, including electronic lab reports (ELRs) generated through NEDSS in a timely fashion.	Suggested
---------------	---	-----------

### Detailed Description

Laboratory reports on VPDs are the primary trigger for VPD investigations and are typically received through 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 the follow-up of received VPD laboratory reports and for monitoring, reviewing, and investigating VPD ELRs in the NEDSS ELR queue. VPD surveillance staff must initiate and conduct investigations in accordance with the EAIDG.

### Reference Document(s) (if Applicable)

- EAIDG - [dshs.texas.gov/sites/default/files/IDCU/investigation/electronic/EAIDG/2025/EAIDG-2025-03-10-2025.pdf](https://dshs.texas.gov/sites/default/files/IDCU/investigation/electronic/EAIDG/2025/EAIDG-2025-03-10-2025.pdf)

### Evaluation

Review any VPD ELRs that have not been investigated or reviewed in the VPD quarterly report.



<b>4.4.06</b>	Verify and enter complete vaccination history in NBS on all VPD investigations with case status of confirmed or probable.	Required
---------------	---	----------

### **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. Access ImmTrac2 to gather vaccine history. Other potential sources of vaccine histories are provider offices, school records, and patient records. Enter vaccine histories into NEDSS in accordance with the NBS DEG.

### **Reference Document(s) (if Applicable)**

- See the NBS DEG

### **Evaluation**

Enter complete vaccination history for at least ninety (90%) of confirmed or probable reportable VPD cases into NBS. This must be completed and included in the second quarter ILA Quarterly Report.

<b>4.4.07</b>	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 VPD surveillance team lead.	Suggested
---------------	--	-----------

### Detailed Description

Timely control measures, including prophylaxis, prevent further disease transmission. In some circumstances, biologicals 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 EAIDU at 512-776-7676 or email [VPDTexas@dshs.texas.gov](mailto:VPDTexas@dshs.texas.gov).

### Reference Document(s) (if Applicable)

- EAIDG – <https://www.dshs.texas.gov/sites/default/files/IDCU/investigations/electronic/EAIDG/2025/EAIDG-2025-03-10-2025.pdf>

### Evaluation

Ensure vaccine-based control activities are initiated in a timely manner and the DSHS VPD Surveillance Team is contacted when necessary. Identify populations that need vaccination services and follow up, as necessary.

## 4.5. Disease Surveillance Education

<b>4.5.01</b>	Educate physicians, laboratories, hospitals, schools, childcare staff, and other health providers on VPD reporting requirements.	Required
---------------	--	----------

### Detailed Description

Outreach activities highlighting the importance of VPD reporting requirements help 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 [dshs.texas.gov/notifiable-conditions/notifiable-rare-conditions](https://dshs.texas.gov/notifiable-conditions/notifiable-rare-conditions).

Educate community stakeholders on VPD conditions that must be reported and the time frames for reporting. Distribute educational materials to make reporting to the local health authority easier for stakeholders. 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 are important to strengthening local VPD surveillance infrastructure.

### Reference Document(s) (if Applicable)

- See Texas Notifiable Conditions List - [dshs.texas.gov/notifiable-conditions/notifiable-rare-conditions](https://dshs.texas.gov/notifiable-conditions/notifiable-rare-conditions).

### Evaluation

Ensure LHDs are consistently educating physicians, laboratories, hospitals, schools, childcare staff, and other health providers on VPD reporting requirements by monitoring any lack of surveillance or reporting in certain areas. If certain areas are consistently lacking in reporting requirements or surveillance, then customizing outreach activities and/or educational resources for the stakeholders should be considered.

## 4.6. Needs Assessment

<b>4.6.01</b>	Conduct a community needs assessment (CNA) to identify gaps in coverage rates or “pockets of need” for immunization activities.	Required
---------------	---	----------

### Detailed Description

Each contracted LHD and PHR will perform an immunization CNA. The CNA examines the immunization environment of a community to identify and address gaps or “pockets of need” to increase immunization coverage. A pocket of need is a group, population or area within the community that does not receive vaccines at adequate levels. CNA should begin with a data-supported overview of the community and then describe this data, identify available resources, and identify pockets of need in the community. These immunization service gaps present opportunities for intervention (Required Activity 4.6.02). The CNA can use sources such as vaccine coverage evaluations for local schools and childcare facilities, interviews with community leaders, or surveys of community residents.

The DSHS Immunization Section ACE Epidemiology team has compiled a Metrix report, available at the start of the contract year, that LHDs and PHRs can use as the basis of a CNA. LHDs and PHRs can use data such as the number of TVFC providers, coverage rates for kindergartners, and number of childcare facilities.

### Procedure

This CNA procedure is adapted from the CDC Rapid Community Assessment Guide. If more guidance is desired, the workbook is available online or consultation is available through the DSHS Immunization Section ACE Epidemiology Team at [Imm.Epi@dshs.texas.gov](mailto:Imm.Epi@dshs.texas.gov).

1. Create a plan for the immunization CNA.
  - a. Review the Metrix report and select a measurement for further evaluation. Immunization topic areas outside of the Metrix are eligible for assessment; however, non-Metrix topic areas identified by the LHD and PHR independently should be submitted to ACE Epidemiologists at [Imm.Epi@dshs.texas.gov](mailto: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, children, a geographic subset of the jurisdiction, etc.).
  - c. Identify the needs assessment resources (e.g., staff, stakeholders, data, etc.). 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 or data you need to evaluate the measurements, what you have to do to get the information or data.
  - e. Create an assessment timeline.
2. Conduct the CNA.
  - a. Design Data Tool
    - i. Existing data – with your final analysis in mind, extract data from sources identified in step 4.6.01.

- 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 CNA workbook. Conduct data collection with chosen tool.
  - b. Perform any data manipulation and cleaning necessary for analyzing the data.
3. Evaluate the multiple data sources collected to perform the CNA. Examine each source individually using statistical summaries, if appropriate, and summarize 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 CNA Report Form for submission with the fourth quarter ILA Quarterly report.

Throughout the process the DSHS Immunization Section’s ACE Epidemiology team is available for support. Requests can be submitted by email to [Imm.Epi@dshs.texas.gov](mailto:Imm.Epi@dshs.texas.gov).

### **Reference Document(s) (if Applicable)**

- Immunization Program Metrix  
CDC Rapid Community Assessment Guide - [cdc.gov/vaccines/vaccinate-with-confidence/rca-guide/downloads/Rapid-Community-Assessment-Guide\\_2023.pdf](https://cdc.gov/vaccines/vaccinate-with-confidence/rca-guide/downloads/Rapid-Community-Assessment-Guide_2023.pdf)
- CNA Report Form

### **Evaluation**

A complete Immunization CNA Report is submitted with the fourth quarter ILA Quarterly report that identifies at least one gap in coverage rates or “pocket of need” for immunization activities and includes an approved area of focus, an assessment plan, data, stakeholder feedback, and analysis of the information

<b>4.6.02</b>	Design an intervention to address the gaps in coverage rates or ‘pockets of need’ identified in the CNA in 4.6.01.	Required
---------------	--	----------

## Detailed Description

Gaps in coverage rates or ‘pockets of need’ identified in the needs assessment present opportunities for intervention (Required Activity 4.6.01). The DSHS Immunizations Section ACE Epidemiology team Metrix report will be made available to LHDs and PHRs at the start of the contract year. The LHDs and PHRs will use the Metrix report to identify one or more metrics that need improvement in their communities and submit a completed Immunization CNA Report Form to the DSHS Immunization Section ACE Intervention team. The LHD or PHR may identify a metric independent of the Metrix report which can still be submitted on the CNA Report Form.

## Procedure

1. The DSHS Immunization Section ACE Epidemiology team will send the Metrix report to the LHDs and PHRs at the beginning of the contract year. The LHDs and PHRs will select metric(s) that need improvement in their communities.
  2. Members of the DSHS Immunization Section ACE Intervention team will send the CNA form to LHDs and PHRs. The form will be sent out along with the Metrix Report by the beginning of the contract year and will be returned to the DSHS Immunization Section Intervention team within sixty (60) days.
    - a. The LHDs and PHRs will list their selected metric(s) on the form.
    - b. The LHDs and PHRs will indicate on the form whether they plan to develop an intervention based on their selected metric. If the LHDs and PHRs plan to develop an intervention, they will complete the assessment form and do the following:
      - i. List potential areas of focus.
      - ii. Set improvement goal(s) (percent increase or decrease) and decide how to measure their goal.
      - iii. Propose ideas on how to reach their goal(s).
      - iv. List their stakeholders and partners.
    - c. If the LHDs and PHRs choose not to develop an intervention, the DSHS Immunization Section Intervention team will document this.
    - d. If the LHD and PHR has already identified an intervention, this intervention can be submitted on the CNA form.
    - e. If all LHDs and PHRs choose not to develop an intervention, the intervention team may contact LHDs and PHRs to suggest potential interventions.
  3. The LHDs and PHRs will create an assessment timeline for proposed intervention.
  4. Final forms will be completed and sent to [Imm.Action@dshs.texas.gov](mailto:Imm.Action@dshs.texas.gov).
  5. Track progress on the proposed intervention, the DSHS Immunization Section Intervention team will either meet with the LHDs and PHRs quarterly, or the LHDs and PHRs will send project updates quarterly.
- Throughout the process the DSHS Immunization Section’s Intervention team is available for support.

## Reference Document(s) (if Applicable)

- Immunization Program Metrix
- CDC CNA Workbook
- CNA Report Form

## Evaluation

A completed Immunization CNA Report Form is submitted to [Imm.Action@dshs.texas.gov](mailto:Imm.Action@dshs.texas.gov)

# 5. Providing a Vaccine Safety Net

## 5.1. Clinic Enrollment

<b>5.1.01</b>	Enroll all eligible LHD clinics into the TVFC and ASN programs as providers.	Required
---------------	--	----------

### 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 an 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

### Evaluation

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

## 5.2. Clinic Staff Training

<b>5.2.01</b>	Train all clinic staff on the policies outlined in the TVFC and ASN Program Operations Manual for Providers and LHD procedures for implementing them.	Required
---------------	---	----------

### Detailed Description

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

1. Following storage and handling guidelines
2. Vaccine management
3. Using VAOS
4. Other compliance guidelines

### Procedure

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

1. Following storage and handling guidelines
2. Vaccine management
3. Using VAOS
4. Other compliance guidelines

LHDs must develop a policy that includes procedures for implementing policies as outlined in TVFC and ASN Program Operations Manual for Providers to be reviewed during Immunization Program Contractor On-site Evaluation.

### Reference Document(s) (if Applicable)

- TVFC and ASN Program Operations Manual for Providers

### Evaluation

Documentation of procedure and training conducted, including the following procedures:

1. Following storage and handling guidelines
2. Vaccine management
3. Using VAOS
4. Other compliance guidelines



<b>5.2.02</b>	<p>Develop clinic staff education requirements and ensure all staff are knowledgeable on immunizations and immunization practices. Ensure that staff who administer vaccines and/or who are involved in the vaccine administration process (including those who screen immunization records and administer vaccines) follow ACIP standards for children and adults.</p> <p>This can be accomplished by having staff complete the most current CDC Pink Book (EPI-VAC) training and appropriate Vaccine Education Online (VEO) modules.</p>	Required
---------------	--	----------

### 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 and ASN Program Operations Manual for Providers
3. Review CDC Vaccine Storage and Handling Toolkit
4. Review annual EPI-VAC updates (if applicable)

New staff:

1. VEO
2. CDC You Call the Shots, Modules 10 and 16
3. Thorough review of TVFC and ASN Program Operations Manual for Providers
4. Review of CDC Vaccine Storage and Handling Toolkit
5. CDC Epidemiology of VPDs Series

### Reference Document(s) (if Applicable)

N/A

### Evaluation

Complete and retain the certification of completion. Policy must be available for review.

<b>5.2.03</b>	Develop and implement eligibility screening and a 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.	Required
---------------	--	----------

### **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 who meets at least one of the eligibility criteria as described in the TVFC and ASN Program Operations Manual for Providers 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)**

- TVFC and ASN Program Operations Manual for Providers

### **Evaluation**

Documentation of current TVFC program policy. Policy must be available for review.

<b>5.2.04</b>	Develop and implement a policy on the use of ImmTrac2. Train LHD staff on conducting client searches in ImmTrac2 and how to effectively enter client demographic and immunization information.	Required
---------------	--	----------

#### **Detailed Description**

Develop and implement a policy on the use of ImmTrac2 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 ImmTrac2 and train staff on appropriate client searches and how to effectively enter client demographic and immunization information.

#### **Reference Document(s) (if Applicable)**

- ImmTrac2 documents
- Texas HHS Learning Portal – ImmTrac2 Overview

#### **Evaluation**

Documentation of TVFC program and ImmTrac2 policy. Policy must be available for review.

# 5.3. Clinic Immunization Practices

5.3.01	Provide vaccines regardless of residency or ability to pay.	Required
--------	---	----------

## 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 and ASN Program Operations Manual for Providers

## Evaluation

The Eligibility Screening form is reviewed during site visits.

<b><u>5.3.02</u></b>	Adhere to clinical records retention schedule.	Required
----------------------	--	----------

#### **Detailed Description**

Adhere to clinical records retention schedule based on TVFC program policy of five (5) years.

#### **Procedure**

Adhere to clinical records retention schedule based on TVFC program policy of five years.

#### **Reference Document(s) (if Applicable)**

N/A

#### **Evaluation**

Ensure that staff is knowledgeable regarding the clinical records retention schedule policy. Ensure clinical records are maintained in adherence to the records retention schedule.

<b>5.3.03</b>	Explain the benefits of a medical home and assist the parent or guardian in obtaining or identifying the child's medical home.	Required
---------------	--	----------

### **Detailed Description**

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

### **Procedure**

Explain the benefits of a "medical home" and assist the parent or 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 or guardian on how to apply for Medicaid or Children's Health Insurance Program (CHIP) assistance.

### **Reference Document(s) (if Applicable)**

N/A

### **Evaluation**

Staff is knowledgeable and can explain the benefits of a medical home.

<b>5.3.04</b>	Discuss the next ACIP-recommended vaccines and refer the client to a medical home to complete the vaccination series.	Required
---------------	---	----------

#### **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

#### **Evaluation**

Staff is knowledgeable and can discuss the ACIP recommended vaccines. Staff should have at the clinic the current ACIP recommended vaccines schedule.

<b>5.3.05</b>	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.	Required
---------------	---	----------

#### **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

#### **Evaluation**

Staff is knowledgeable on Medicaid and CHIP policy and TVFC patient population policy.



<b>5.3.06</b>	Refer uninsured clients to Medicaid or CHIP as appropriate.	Required
---------------	---	----------

#### **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 or guardian on how to apply for Medicaid and CHIP assistance.

#### **Reference Document(s) (if Applicable)**

N/A

#### **Evaluation**

Staff is knowledgeable on Medicaid and CHIP policy and TVFC patient population policy.

<b>5.3.07</b>	Ensure that all ACIP recommended vaccines are routinely available and offered to TVFC patients.	Required
---------------	---	----------

#### **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

#### **Evaluation**

Staff should maintain minimum pack size for all ACIP-recommended vaccines.

<b>5.3.08</b>	Ensure that all vaccines listed on the ASN vaccine formulary are available and offered to eligible adult patients.	Required
---------------	--	----------

#### **Detailed Description**

Ensure 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

#### **Evaluation**

Staff should maintain minimum pack size for all ACIP-recommended vaccines.

<b>5.3.09</b>	Establish standing orders for vaccination in LHD's clinics that are consistent with legal requirements for standing orders per Texas Administrative Code (TAC) Title 22, Chapter 193, Standing Delegation Orders (SDOs).	Required
---------------	--	----------

### **Detailed Description**

Establish standing orders for vaccination in LHD's clinics that are consistent with legal requirements for standing orders TAC Title 22, Chapter 193, SDOs.

### **Procedure**

Current SDOs must be reviewed, updated, and signed annually by the authorizing physician, 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)**

- TAC Title 22, Chapter 193, SDOs.

### **Evaluation**

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. SDOs must be available for review.

<b>5.3.10</b>	<p>Search for the client's immunization history at every client encounter. Compare all immunization histories (ImmTrac2, Texas-Wide Integrated Client Encounter System (TWICES) or Electronic Medical Record (EMR) system, validated patient-held records, clinic medical record) and enter in ImmTrac2 all historical immunizations not in ImmTrac2 at every client encounter.</p> <p>Review the client's record for vaccines due and overdue according to the CDC recommended schedules at: <a href="https://www.cdc.gov/vaccines/hcp/imz-schedules/index.html">cdc.gov/vaccines/hcp/imz-schedules/index.html</a>.</p>	Required
---------------	--	----------

### Detailed Description

Staff in clinics must conduct searches for clients' immunization histories at every client encounter. All immunization histories must be compared (ImmTrac2, TWICES or EMR system, validated patient-held records, clinic medical record) and missing immunizations must be entered into ImmTrac2.

### Procedure

Staff in clinics are to conduct searches for client's immunization histories at every client encounter. All immunization histories must be compared (ImmTrac2, TWICES or EMR system, validated patient-held records, clinic medical record) and missing immunizations must be entered into ImmTrac2.

### Reference Document(s) (if Applicable)

- CDC Immunization Schedules Website - [cdc.gov/vaccines/hcp/imz-schedules/index.html](https://www.cdc.gov/vaccines/hcp/imz-schedules/index.html).

### Evaluation

Maintain an active ImmTrac2 organization registration with active user accounts. Demonstrate knowledge of how to access ImmTrac2. Review and update client and immunization records. Describe how to enter historical immunizations into ImmTrac2 vs new immunizations. Review the Provider Activity Report (PAR) or Texas Immunization Provider Summary (TIPS) report for active users, clients entered, and immunization records added to ImmTrac2.

<b>5.3.11</b>	Offer updated Immunization History Report to the client or client's parent/guardian at every client encounter.	Required
---------------	--	----------

#### **Detailed Description**

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

#### **Procedure**

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

#### **Reference Document(s) (if Applicable)**

- Immunization History Report from ImmTrac2, TWICES, or clinic's EMR.

#### **Evaluation**

Demonstrate knowledge of how to print immunization histories from ImmTrac2. Describe the process for offering immunization histories to every client. Provide a log or other method for auditing immunization histories offered to and printed for clients. Describe the process for handling paper history request forms after printing histories from ImmTrac2 and the retention policy followed by the LHD.

<b>5.3.12</b>	Follow and explain recommended guidelines for obtaining and submitting ImmTrac2 consent forms according to the instructions found at <a href="https://dshs.texas.gov/immunizations/public/forms">dshs.texas.gov/immunizations/public/forms</a> .	Required
---------------	--	----------

### **Detailed Description**

Follow and explain recommended guidelines for obtaining and submitting ImmTrac2 consent forms.

### **Procedure**

Follow and explain recommended guidelines for obtaining and submitting ImmTrac2 consent forms.

### **Reference Document(s) (if Applicable)**

- ImmTrac2 consent forms instructions - [dshs.texas.gov/immunizations/public/forms](https://dshs.texas.gov/immunizations/public/forms)

### **Evaluation**

Describe the primary types of ImmTrac2 consent, the benefits of ImmTrac2 consent and how consent is submitted to ImmTrac2. Describe which process is used by the LHD (manual entry or data exchange). Review the PAR and TIPS report for the number of consents entered and the consent acceptance rate if using data exchange. Describe the process for storing paper consent forms after entry into ImmTrac2 and the retention policy followed by the LHD.

<b>5.3.13</b>	Report all immunizations administered to children (younger than 18 years of age) and consented adults in LHD's clinics, either by entering data directly into ImmTrac2 or through electronic data exchange via TWICES or an EMR system.	Required
---------------	---	----------

### **Detailed Description**

Report all immunizations administered to children and consented adults in LHD clinics, either by entering data directly into ImmTrac2 or through electronic data exchange via TWICES or an EMR system.

### **Procedure**

Report all immunizations administered to children and consented adults in LHD clinics, either by entering data directly into ImmTrac2 or through electronic data exchange via TWICES or an EMR system.

### **Reference Document(s) (if Applicable)**

- ImmTrac2

### **Evaluation**

Demonstrate knowledge of how to update immunization records. Describe process for reviewing and verifying client immunization records are up to date in ImmTrac2. Describe how to confirm client immunization records were updated correctly if performed via data exchange. Review the PAR and TIPS report for the number immunizations entered and the immunization acceptance rate if using data exchange.



<b>5.3.14</b>	Verbally and with DSHS-produced literature, inform parents at LHD's clinics about the overall benefits and importance of maintaining a complete immunization history in ImmTrac2.	Required
---------------	---	----------

#### **Detailed Description**

Inform parents at LHD clinics about ImmTrac2, the benefits of inclusion in ImmTrac2, and the importance of maintaining a complete immunization history in ImmTrac2.

#### **Procedure**

Verbally inform parents at LHD clinics about ImmTrac2, the benefits of inclusion in ImmTrac2, and the importance of maintaining a complete immunization history in ImmTrac2. This may also be accomplished by using DSHS-produced literature.

#### **Reference Document(s) (if Applicable)**

- DSHS-produced literature
- ImmTrac2

#### **Evaluation**

Staff must be knowledgeable on ImmTrac2.

<b>5.3.15</b>	Update all demographic information, including address, email, and telephone number, at every client encounter in the EMR and ImmTrac2.	Required
---------------	--	----------

### **Detailed Description**

Update all patient demographic information, including address, email, and telephone number at every client encounter in the EMR and ImmTrac2.

### **Procedure**

Update all patient demographic information, including address, email, and telephone number at every client encounter in the EMR and ImmTrac2.

### **Reference Document(s) (if Applicable)**

- ImmTrac2

### **Evaluation**

Demonstrate knowledge of how to update records. Describe process for reviewing and verifying client demographic records are up to date in ImmTrac2. Describe how to confirm client demographics were updated correctly if performed via data exchange. Describe the process for updating secured client demographic information such as name or date of birth.

<b>5.3.16</b>	Verbally educate patients and parents/guardians about the benefits and risks of vaccination and distribute DSHS educational materials, as applicable.	Required
---------------	---	----------

#### **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)**

- VIS

#### **Evaluation**

Staff must be knowledgeable on VIS content and where to obtain physical copies for patients and parents/guardians.

<b>5.3.17</b>	Follow only medically supportable contraindications to vaccination.	Required
---------------	---	----------

#### **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
- CDC Vaccines & Immunizations Contraindications and Precautions - [cdc.gov/vaccines/hcp/imz-best-practices/contraindications-precautions.html](https://www.cdc.gov/vaccines/hcp/imz-best-practices/contraindications-precautions.html)

#### **Evaluation**

Staff must be knowledgeable on contraindications on vaccines administered by the clinic.

<b>5.3.18</b>	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
---------------	--	----------

#### **Detailed Description**

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

#### **Reference Document(s) (if Applicable)**

N/A

#### **Evaluation**

Review documentation of TVFC program policy.

<b>5.3.19</b>	Recommend the simultaneous administration of all needed vaccines for the patient.	Required
---------------	---	----------

### **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. Administer simultaneously all vaccine doses for which a child is eligible at the time of each visit.

### **Reference Document(s) (if Applicable)**

- CDC Vaccines & Immunizations - [cdc.gov/vaccines/index.html](https://www.cdc.gov/vaccines/index.html)
- DSHS Immunization - [dshs.texas.gov/immunizations](https://dshs.texas.gov/immunizations)
- LHD SDOs for Vaccine Administration

### **Evaluation**

Staff should be knowledgeable about vaccine schedules and which vaccines can be simultaneously administered.

<b>5.3.20</b>	Develop and implement clinic policy on screening and documentation of eligibility for TVFC vaccines consistent with the TVFC requirements outlined in the current TVFC and ASN Program Operations Manual for Providers.	Required
---------------	---	----------

#### **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 Program Operations Manual for Providers.

#### **Reference Document(s) (if Applicable)**

- TVFC and ASN Program Operations Manual for Providers
- Patient Eligibility Screening Record (Stock C-10)

#### **Evaluation**

Policy must be available for review. LHD clinics must maintain patient eligibility screening records for five (5) years.

<b>5.3.21</b>	Participate in public health emergencies and exercises that may require vaccine administration in shelters to the public or first responders.	Suggested
---------------	---	-----------

#### **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

#### **Evaluation**

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



<b>5.3.22</b>	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
---------------	---	-----------

#### **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

#### **Evaluation**

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

<b>5.3.23</b>	Coordinate with community vaccinators to conduct annual employee- based vaccination clinics for influenza vaccine administration.	Suggested
---------------	---	-----------

#### **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

#### **Evaluation**

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

## 5.4. Clinic Vaccine Management

<b>5.4.01</b>	Ensure that all expired, spoiled, or wasted vaccines are appropriately identified and entered in VAOS for the LHD clinics.	Required
---------------	--	----------

### Detailed Description

Every dose of vaccine that is lost due to expiration or spoilage must be reported on a vaccine loss through VAOS. Expired, spoiled, or 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. LHD and PHR staff must follow all procedures for when a vaccine loss occurs.

### Procedure

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

1. Remove expired or spoiled vaccine(s) 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 (VLR) electronically through VAOS.
4. Ensure VLR is signed by medical personnel with prescribing authority.
5. This metric will be included for reporting in VAOS under the enrolled site's PIN.

### Reference Document(s) (if Applicable)

- TVFC and ASN Program Operations Manual for Providers

### Evaluation

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

<b>5.4.02</b>	Submit returns for all vaccines distributed via CDC's centralized distributor to the centralized distributor for returns processing.	Suggested
---------------	--	-----------

#### **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 Program Operations Manual for Providers.

#### **Reference Document(s) (if Applicable)**

- TVFC and ASN Program Operations Manual for Providers

#### **Evaluation**

Submit all eligible vaccines back to the centralized distributor for returns processing within six (6) months of reporting the vaccine loss into VAOS.

## 5.5. Clinic Quality Assurance

<b>5.5.01</b>	Ensure that appropriate routine and emergency vaccine storage and handling plans are in place at each of the LHD clinic locations.	Required
---------------	--	----------

### 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 backup person to conduct 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.

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

### Reference Document(s) (if Applicable)

- Vaccine Management Plan Template (E11-14498)
- TVFC and ASN Program Operations Manual for Providers
- TFVC and ASN Program Operations Manual for REs

### Evaluation

Documentation of routine and emergency vaccine storage and handling plans at each of the LHD's clinic locations.

<b>5.5.02</b>	Ensure that expired, wasted, and unaccounted vaccines (excluding flu) do not exceed five percent (5%) in LHD clinics.	Required
---------------	---	----------

#### **Detailed Description**

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

#### **Procedure**

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

#### **Reference Document(s) (if Applicable)**

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

#### **Evaluation**

Documentation of every dose of vaccine that is lost at each of the LHD's clinic locations.

## 5.6. Clinic Reporting

<b>5.6.01</b>	Conduct timely reporting of monthly clinic activities by recording vaccine inventory, doses administered, temperature logs and other reportable activities by the seventh (7th) of each month as described in the TVFC and ASN Program Operations Manual for Providers.	Required
---------------	---	----------

### Detailed Description

Conduct timely reporting of monthly clinic activities by recording vaccine inventory, doses administered, temperature logs and other reportable activities by the seventh of each month as described in the TVFC and ASN Program Operations Manual for Providers.

### Procedure

By the seventh of each month, the following documents must be completed and submitted to the LHD and PHR:

- Monthly biological report
- Biological order form
- Temperature recording form
- Vaccine loss report, if applicable
- Borrowing form, if applicable
- Any additional or associated forms as required

Failure to submit required documents will result in future vaccine orders placed on hold by the LHD and PHR. This metric will be included for reporting in VAOS under the enrolled site's PIN.

### Reference Document(s) (if Applicable)

- TVFC and ASN Program Operations Manual for Providers

### Evaluation

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

<b>5.6.02</b>	Report all notifiable conditions.	Required
---------------	-----------------------------------	----------

### **Detailed Description**

Report all notifiable conditions.

### **Procedure**

Using the DSHS Notifiable Conditions list, report all notifiable conditions, in the appropriate time frame.

### **Reference Document(s) (if Applicable)**

- DSHS Notifiable Conditions - [dshs.texas.gov/notifiable-conditions](https://dshs.texas.gov/notifiable-conditions)

### **Evaluation**

Review notifiable conditions and their appropriate reporting time frame.



<b>5.6.03</b>	Report all vaccine adverse events.	Required
---------------	------------------------------------	----------

### Detailed Description

Report all vaccine adverse events.

### Procedure

Report all vaccine adverse events to the Vaccine Adverse Event Reporting System (VAERS) that are either:

- An adverse event listed in the VAERS Table of Reportable Events Following Vaccination that occurs within the specified time period after vaccination.
- An adverse event listed by the vaccine manufacturer as a contraindication to further doses of the vaccine.

### Reference Document(s) (if Applicable)

- VAERS - [vaers.hhs.gov/](https://vaers.hhs.gov/)
- VAERS Table of Reportable Events Following Vaccination - [vaers.hhs.gov/resources/infoproviders.html](https://vaers.hhs.gov/resources/infoproviders.html)

### Evaluation

Document all vaccine adverse events and report individual events into VAERS or mass vaccination administration error events to the DSHS Immunization Section ACE Epidemiology team.

<b>5.6.04</b>	Report the number of unduplicated underinsured clients and the number of doses administered to underinsured children monthly.	Required
---------------	---	----------

#### **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.

This metric will be included for reporting under the Underinsured Survey - [dshs.texas.gov/immunizations/health-departments/training](https://dshs.texas.gov/immunizations/health-departments/training) for sites that do not use TWICES. Data is extracted directly from TWICES for the sites that use the program.

#### **Reference Document(s) (if Applicable)**

N/A

#### **Evaluation**

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

<b>5.6.05</b>	Conduct monthly reporting of doses administered to women veterans, as required in the ASN program.	Required
---------------	--	----------

### **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.

Clinic coordinators must ensure staff at LHD clinics report the number of doses administered to women veterans monthly to DSHS using the Uninsured Female Veterans Reporting Form located at

[dshs.texas.gov/immunizations/providers/materials](https://dshs.texas.gov/immunizations/providers/materials).

### **Reference Document(s) (if Applicable)**

- TVFC and ASN Program Operations Manual for Providers, Chapter 9. ASN program, IV. ASN Patient Eligibility, D. Vaccine Services to Female Veterans
- Uninsured Female Veterans Reporting Form - [dshs.texas.gov/immunizations/providers/materials](https://dshs.texas.gov/immunizations/providers/materials)

### **Evaluation**

Report one hundred percent (100%) of the number of doses administered to uninsured women veterans by the fifth (5th) of each month.

# 6. Increased Use of ImmTrac2

## 6.1. ImmTrac2 Outreach for Immunization Records

<b>6.1.01</b>	Conduct ImmTrac2 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
---------------	--	-----------

### Detailed Description

Conduct ImmTrac2 outreach to organizations in the LHD'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 GIUTIR.

Record the number of ImmTrac Provider Outreach Specialist (IPOS) positions at the LHDs and PHRs, 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.

### Reference Document(s) (if Applicable)

- GIUTIR
- ImmTrac2 - Scheduled Report –IPO Client Listing
- ImmTrac2 - Generate Report – Client Benchmark Report
- ImmTrac2 - Generate Report – Reminder/Recall Report

### Evaluation

Conduct outreach activities for two-hundred and fifty (250) clients or three percent (3%) of the clients on the IPOS Client Listing Report (whichever is greater) or the up-to-date list (if your list is 250 or less).

## 6.2. ImmTrac2 Outreach for Patient Consent

<b><u>6.2.01</u></b>	Conduct twelve (12) public outreach activities aimed at increasing the consent rate for all age groups, including (but not limited to) adults and individuals identified as recently moved in-state.	Suggested
----------------------	--	-----------

### Detailed Description

Conduct activities aimed at increasing the consent rate for all age groups within the LHD'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 ImmTrac2.

Report each activity conducted at various public community events in the IIS Outreach Reporting Tool.

### Reference Document(s) (if Applicable)

- GIUTIR
- ImmTrac2 - Scheduled Report – 18-Year-Old Target Client Report
- ImmTrac2 - Scheduled Report - PAR
- Benefits of Participating in the ImmTrac2 for Everyone

### Evaluation

Conduct and maintain documentation for 12 public outreach activities.

<b>6.2.02</b>	Conduct at least twelve (12) outreach and educational activities focused on 18-year-olds in high schools, colleges/universities, and other institutions of higher learning in the LHD's jurisdiction.	Required
---------------	---	----------

### **Detailed Description**

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

### **Procedure**

Exhibit, present, train, and provide education to staff and adult students in high schools, colleges, universities, and other institutions of higher learning to increase consent among 18-year-olds.

Report each activity conducted at high schools, colleges, universities, and other institutions of higher learning in the IIS Outreach Reporting Tool.

### **Reference Document(s) (if Applicable)**

- ImmTrac2 - Scheduled Report – 18-Year-Old Target Client Report
- GIUTIR
- School Outreach Letter – See the following:
  - Appendix A: School Outreach Letter (English)
  - Appendix B: School Outreach Letter (Spanish)
  - A Lifetime Registry for Everyone brochure (Form 11-13708 on the publications catalog)

### **Evaluation**

Complete and maintain documentation for review for 12 outreach and educational activities.

## 6.3. ImmTrac2 Outreach to Users

<b>6.3.01</b>	Conduct outreach to existing ImmTrac2 users who have not logged into ImmTrac2 in the last ninety (90) calendar days.	Suggested
---------------	--	-----------

### Detailed Description

Conduct outreach to existing ImmTrac2 users within the LHD's jurisdiction who have not logged into ImmTrac2 in the last 90 calendar days.

### Procedure

Identify the number of users who are not active within the reporting period by using the 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 ImmTrac2.

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

Record the percent active users based on the most recent PAR.

### Reference Document(s) (if Applicable)

- GIUTIR
- ImmTrac2 – Scheduled Report - PAR
- Benefits for Utilizing ImmTrac2 for Providers
- ImmTrac2 Reminder for Providers
- PAR Guide
- 11-15252 ImmTrac2 Site Renewal Guide

### Evaluation

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

<b>6.3.02</b>	Provide orientation to all new ImmTrac2 organizations within the LHD's jurisdiction within three (3) months of their registration.	Required
---------------	--	----------

### **Detailed Description**

Conduct outreach to all ImmTrac2 organizations within the LHD's jurisdiction within six (6) months of their site agreement expiring and maintain documentation of all education and assistance provided (e.g., telephone logs).

Provide education and training on the importance of maintaining an active ImmTrac2 site agreement. Provide assistance with completing site renewals.

### **Procedure**

Identify organizations that have an expired site agreement by reviewing the PAR and prioritize providers that have the oldest site agreement date.

Conduct outreach and education to one-hundred percent (100%) of organizations that have an expired site agreement by reviewing the PAR. Assist provider organizations with completing site renewals when appropriate.

Report each outreach to newly registered organization in the IIS Outreach Reporting Tool.

### **Reference Document(s) (if Applicable)**

- ImmTrac2 – Scheduled Report - PAR
- ImmTrac2 – Generate Report – TIPS
- 11-15231 Data Exchange Resource Guide
- 11-15957 Informational Guide on Bidirectional Data Exchange
- PAR Guide
- 11-15230 ImmTrac TIPS Guide
- Benefits for Utilizing ImmTrac2 for Providers
- Benefits of Participating in ImmTrac2 for Everyone
- Texas HHS Learning Portal – ImmTrac2 Overview

### **Evaluation**

Provide education, training, and technical assistance to 100% of newly registered organizations.



<b>6.3.03</b>	Conduct outreach to all ImmTrac2 organizations with an expired site agreement within the LHD's jurisdiction. Provide education and training on the importance of maintaining an active ImmTrac2 site agreement. Assist with completing site renewals.	Required
---------------	---	----------

### **Detailed Description**

Provide orientation to all new ImmTrac2 organizations within the LHD's jurisdiction at least once a year and maintain documentation of all technical assistance provided (e.g., telephone logs).

Identify and assist newly registered providers and new users reporting to ImmTrac2. Provide education and training on the effective use of ImmTrac2 according to the GIUTIR.

### **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 one-hundred percent (100%) of newly registered organizations by reviewing the PAR. Validate the LHDs and PHRs for each new organization and provide education and training on the effective use of ImmTrac2 according to the GIUTIR.

Report each outreach to organizations that have an expired site agreement in the IIS Outreach Reporting Tool.

### **Reference Document(s) (if Applicable)**

- ImmTrac2 – Scheduled Report - PAR
- 11-15252 ImmTrac2 Site Renewal Guide
- Syntropi Site Renewal Guide
- PAR Guide

### **Evaluation**

Provide education, training, and technical assistance each quarter to 100% of organizations with expired site agreements.

## 6.4. ImmTrac2 Promotion

<b>6.4.01</b>	Promote the use of ImmTrac2 to organizations within the LHD's jurisdiction that are not currently enrolled in ImmTrac2. Identify all providers who administer vaccine in the LHD's jurisdiction, including both pediatric and adult immunization providers. Educate them on their statutory requirement to report immunizations and on the enrollment process.	Suggested
---------------	--	-----------

### Detailed Description

Promote the use of ImmTrac2 to organizations within the LHD's jurisdiction that are not currently enrolled in ImmTrac2.

Identify all providers who administer vaccines in the LHD'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 ImmTrac2 and report immunization data.

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.

### Reference Document(s) (if Applicable)

- GIUTIR
- ImmTrac2 – Scheduled Report - PAR
- PAR Guide
- Benefits for Utilizing ImmTrac2 for Providers
- 11-15175 ImmTrac2 Site Registration Guide
- 11-14955 ImmTrac2: ImmTrac2 User Manual

### Evaluation

Increase the total number of registered organizations in LHD's jurisdiction.

<b>6.4.02</b>	Provide education and technical assistance to birth registrars on the effective use of ImmTrac2.	Suggested
---------------	--	-----------

### **Detailed Description**

Provide education and technical assistance to birth registrars within the LHD's jurisdiction on the effective use of ImmTrac2.

### **Procedure**

Provide education and technical assistance to birth registrars on the effective use of ImmTrac2.

Record the number of birth registrars receiving education or technical assistance and the number of birth registrars in the LHD from the previous quarter or year. If education or technical assistance was provided to less than ten percent (10%) of birth registrars, record a justification for providing education or technical assistance to less than ten percent.

### **Reference Document(s) (if Applicable)**

- GIUTIR
- Benefits of Participating in ImmTrac2 for Everyone

### **Evaluation**

Provide education and technical assistance to ten percent of birth registrars in LHD's jurisdiction. For LHDs with less than ten (10) organizations, a minimum of one (1) birthing organization must be provided education and technical assistance.

<b>6.4.03</b>	Collaborate with twelve (12) entities such as prenatal health care providers, birth registrars, hospital staff, pediatricians, and other entities to educate parents, expectant parents, and providers about ImmTrac2 and the benefits of participation. This includes the dissemination of DSHS educational materials as appropriate.	Suggested
---------------	--	-----------

### **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's jurisdiction about ImmTrac2 and the benefits of participation. This includes the dissemination of DSHS educational materials as appropriate.

### **Procedure**

Collaborate with 12 entities in the LHD's jurisdiction.

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.

### **Reference Document(s) (if Applicable)**

- GIUTIR
- Benefits of Participating in ImmTrac2 for Everyone

### **Evaluation**

Collaborate and retain documentation for collaboration with 12 entities regarding ImmTrac2 in the LHD's jurisdiction.

## 6.5. ImmTrac2 Program Quality Improvement

<b>6.5.01</b>	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
---------------	--	----------

### Detailed Description

Review the monthly PAR to identify organizations within the LHD'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 and prioritize organizations by the lowest client consent according to the PAR in accordance with the GIUTIR.

Report the total number of consented clients according to the last three PAR (the quarter). At the end of the fourth (4th) quarter, indicate if the total number of consented clients increased over the previous contract period.

### Reference Document(s) (if Applicable)

- GIUTIR
- ImmTrac2 – Scheduled Report - PAR
- Training Video: Adding Client and Affirming Consent (video and script) at [dshs.texas.gov/immunizations/providers/training](https://dshs.texas.gov/immunizations/providers/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

### Evaluation

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

<b>6.5.02</b>	Review the quarterly Consent Accepted Rate Evaluation (CARE) report to target organizations with largest client volume or lowest consent acceptance rate. Prioritize these organizations for outreach activities.	Suggested
---------------	---	-----------

### **Detailed Description**

Review the monthly CARE report to target organizations within the LHD's jurisdiction with the largest client volume or lowest consent acceptance rate. Prioritize these organizations for outreach activities to improve consent rates and vaccine accountability. For jurisdictions with less than seventy-five (75) organizations, contact one hundred percent (100%) of the organizations displayed on the CARE report.

### **Procedure**

Conduct outreach to 75 organizations within the LHD's jurisdiction by the end of the fourth (4th) 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.

Record the number of organizations contacted within the reporting period.

### **Reference Document(s) (if Applicable)**

- GIUTIR
- ImmTrac2 – Scheduled Report - CARE report
- ImmTrac2 – Generate Report – TIPS Report
- CARE Report Results Email (See Appendix C – CARE Report Results Email).
- 11-15703 ImmTrac2 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

### **Evaluation**

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

<b>6.5.03</b>	Conduct ImmTrac2 Support Reviews (ISRs) each year as described in the GIUTIR.	Required
---------------	---	----------

### **Detailed Description**

Conduct ISRs each year within the LHD's jurisdiction as described in the GIUTIR.

### **Procedure**

All initial ISRs shall be completed by the end of the third (3rd) quarter. All follow-up assessments shall be completed by the end of the fourth (4th) quarter. Follow-up assessments shall not occur within the same quarter as the initial ISR. Record the results of each ISR in the organization ISR Survey Tool within two (2) weeks of conducting the activity. Document the number of quality improvement initial visits and follow-up feedback conducted each quarter in the ILA Quarterly Reports. In the event an organization refuses to receive a follow-up ISR visit, submit a Waiver Request via the Survey Tool for DSHS Central Office review and approval.

### **Reference Document(s) (if Applicable)**

- GIUTIR
- ImmTrac2 – Scheduled Report - PAR
- ImmTrac2 – Generate Report – TIPS
- ImmTrac2 – Scheduled Report - CARE report
- 11-15230 ImmTrac TIPS Guide
- Benefits for Utilizing ImmTrac2 for Providers
- Benefits of Participating in ImmTrac2 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) ISR Survey See Appendix E – FY25 ISR (Answer Guide) See Appendix F – FY25 ISR (Response Doc)
- (Follow-up Feedback) ISR Survey
- Texas HHS Learning Portal – ImmTrac2 Overview

### **Evaluation**

Conduct ISRs with twenty-five percent (25%) of eligible providers within the LHD's jurisdiction. ISRs will be capped at ninety (90) for LHDs with over four hundred (400) eligible provider organizations and at forty-five (45) for LHDs with more than one-hundred and eighty (180) eligible providers but fewer than 400. Evaluate and improve ImmTrac2 practices and procedures for targeted organizations within the LHD.

## 6.6. Collaboration with DSHS Central Office

<b><u>6.6.01</u></b>	Attend all IIS monthly regional trainings.	Required
----------------------	--	----------

### Detailed Description

Attend all IIS monthly regional trainings.

### Procedure

A representative from each LHD and PHR will attend monthly virtual meetings with the DSHS Immunization Section IIS Outreach and Education team. Meetings will function 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.

Indicate if all IIS monthly regional training meetings were attended for the reporting period.

### Reference Document(s) (if Applicable)

- 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

### Evaluation

Attend and maintain documentation for a minimum of twelve (12) IIS Monthly Regional Trainings each FY.



# 7. Education and Partnerships

## 7.1. Public Education

<b>7.1.01</b>	Inform and educate the public about vaccines, VPDs, and the VFC and ASN programs.	Required
---------------	---	----------

### Detailed Description

The LHD shall inform the public about vaccines and the diseases they can prevent, making sure vaccine information is up-to-date and relevant. The LHD shall inform the public about the TVFC and ASN programs, including eligibility criteria.

### Procedure

The LHD shall increase community knowledge of immunizations and the benefits of vaccinations by sharing public information materials (flyers, brochures, social media posts, newsletters, etc.) Education can be conducted in person or virtually. The LHD may order print materials from DSHS Immunization Publication Order Form.

Examples of local information shared may include:

- Importance and benefits of being fully vaccinated
- ACIP vaccine recommendations for all ages
- Vaccine clinic locations
- VIS statements

The LHD shall distribute ASN information and educational materials at venues and clinics that serve eligible adults. The LHD shall distribute TVFC information and educational materials at venues where parents of TVFC-eligible children frequent. The LHD may use the TVFC and ASN Program Operations Manual for Providers as a resource to identify education activities with the public.

### Reference Document(s) (if Applicable)

- DSHS Immunization Publication Order Form ([immunizetexasorderform.com](https://immunizetexasorderform.com))
- TVFC and ASN Program Operations Manual for Providers

### Evaluation

Documentation of public information materials distributed, and activities conducted.

<b>7.1.02</b>	Promote the DSHS Immunization Section website to providers, stakeholders, and the public in the LHD's jurisdiction.	Suggested
---------------	---	-----------

### **Detailed Description**

The LHD shall inform providers, stakeholders, and the public about vaccines, VPDs, and available resources by promoting the DSHS Immunization Section website and its various public communication products including:

- Newsletters
- Social Media
- Web-based portals
- Seasonal digital toolkits
- Programs like TVFC, ASN, ImmTrac2

### **Procedure**

Promotion can be done by sharing materials that reference the webpage to providers, ambassadors, partners, stakeholders, and the public.

### **Reference Document(s) (if Applicable)**

- Texas DSHS Immunization Section website ([immunizetexasorderform.com](http://immunizetexasorderform.com))

### **Evaluation**

Documentation of the distribution of public information materials and resources.

<b>7.1.03</b>	Use national immunization observances as opportunities to conduct specific education and promotional activities as applicable to give emphasis to the importance and benefits of vaccines: NIAM, Texas Flu Day, NIVW, NIIW, and World Immunization Week (WIW).	Required
---------------	--	----------

### **Detailed Description**

The LHD shall plan and implement specific education and promotional activities during and around immunization awareness days. Confirm dates prior to promotion:

- NIAM: August
- Texas Flu Day: October
- NIVW: December
- NIIW: April
- WIW: April

This list and dates are subject to change, please confirm prior to promotion.

### **Procedure**

- The IOC will lead educational and promotional activities which may include educational fairs, calendar announcements, on-site bulletin boards, and partner collaborations.

### **Reference Document(s) (if Applicable)**

N/A

### **Evaluation**

Documentation of public information, materials distributed, and observance activities conducted.

## 7.2. Provider Education

<b>7.2.01</b>	Educate and update providers on the most current ACIP recommendations for all age groups.	Required
---------------	---	----------

### Detailed Description

The LHD shall educate about updated ACIP-recommended policies and procedures.

### Procedure

The LHD shall share updated ACIP recommendations with providers through various channels appropriate to their jurisdiction (emails, trainings, webinars, etc.).

The LHD may attend webinars hosted by DSHS Central Office throughout the year.

The LHD shall share public education materials (newsletters, meetings, flyers, brochures, etc.) on ACIP recommendations with providers to distribute to the public.

### Reference Document(s) (if Applicable)

- ACIP - [cdc.gov/acip/vaccine-recommendations/?CDC\\_AAref\\_Val=https://www.cdc.gov/vaccines/acip/recommendations.html](https://www.cdc.gov/vaccines/acip/recommendations/?CDC_AAref_Val=https://www.cdc.gov/vaccines/acip/recommendations.html)
- DSHS Immunization Publication Order Form ([immunizetexasorderform.com](https://immunizetexasorderform.com))

### Evaluation

Documentation of communication to providers, including the following details:

- Provider name(s) (group/individual) or list of PINs from staff who attended, if applicable
- Number of attendees trained, if applicable
- Training/education content, if applicable
- Date(s) of training/education event(s) or completed or information disseminated, if applicable
- Tools/tactics used for disseminating information such as distribution of flyers, brochures, meetings, email blasts, newsletters, directing to website, etc.

## 7.3. Community Partnership Building

<b>7.3.01</b>	Appoint an Immunization Outreach Coordinator (IOC) responsible for developing community partnerships, planning collaboration activities, creating a planning group, and will be the point of contact for DSHS Central Office stakeholder meetings.	Required
---------------	--	----------

### Detailed Description

The LHD shall appoint an IOC responsible for fostering effective partnerships within the community. The IOC shall participate in monthly calls (ICCC meetings) to discuss activities of partnership collaborations and provide updates about their jurisdiction.

The LHD shall present in the ICCC meetings, at least annually, on local outreach and education practices or activities.

### Procedure

The IOC shall actively seek partnering opportunities to educate the public with the purpose of improving overall vaccine rates. The IOC shall be responsible for participating in ICCC meetings and other DSHS stakeholder meetings as needed.

The LHD shall inform DSHS Central Office when staff turnover occurs for the IOC.

### Reference Document(s) (if Applicable)

- CDC ATDSR Community Engagement Playbook - [atsdr.cdc.gov/community-engagement-playbook/php/about/index.html](https://atsdr.cdc.gov/community-engagement-playbook/php/about/index.html)

### Evaluation

Documentation of appointed IOC. This activity requires IOCs to show they have formed a planning group to promote vaccines.

<b>7.3.02</b>	Develop and maintain a planning group with the goal of forming long term immunization stakeholder relationships.	Required
---------------	--	----------

### **Detailed Description**

Under the leadership of the IOC, the LHD shall develop and maintain a planning group charged with forging and maintaining community partnerships and immunization stakeholders.

The LHD shall include external stakeholders in the planning group.

### **Procedure**

The planning group shall conduct at least one (1) activity annually. The IOC and the planning group will lead the recruitment of community partnerships and immunization stakeholders.

The planning group shall explore possible means toward long-term partnerships. Actions of the group may include the following:

- Establishing missions and objectives
- Identifying and obtaining revenue sources
- Establishing decision making processes
- Building strong internal systems of management (financial, accounting, communication, partnerships)
- Reporting results

According to the established missions and objectives, the IOC shall identify partners, and serve as primary facilitator for meetings and be present at all meetings with partners. Calls or meetings should take place at least quarterly either in person or virtually with a shared agenda distributed prior to the call or meeting.

### **Reference Document(s) (if Applicable)**

CDC ATDSR Community Engagement Playbook - [atsdr.cdc.gov/community-engagement-playbook/php/about/index.html](https://atsdr.cdc.gov/community-engagement-playbook/php/about/index.html)

### **Evaluation**

Documentation of the activity, outreach, and identification of stakeholders.

<b>7.3.03</b>	Plan and implement community education activities aimed at improving and sustaining immunization coverage levels and at reducing or eliminating coverage disparities by race, ethnicity, and socioeconomic status.	Required
---------------	--	----------

### **Detailed Description**

The LHD shall plan activities or events to educate the public with the goal of improving local vaccine rates. The LHD shall collaborate with partners to identify specific concerns in racial, ethnic, and socioeconomic status disparities in vaccine coverage.

The LHD may use and leverage partnerships and elicit stakeholder feedback to plan the activities. Activities may be conducted in person or virtually.

### **Procedure**

Examples of activities include:

- Participating in special events (health fairs, clinics, conferences, etc.)
- Participating collaboratives with organizations such as Women, Infants and Children or Supplemental Nutrition Assistance Program
- Co-hosting or attending community partner events
- Serving as subject matter experts during community-based health initiatives

### **Reference Document(s) (if Applicable)**

N/A

### **Evaluation**

Documentation of outreach activity or event.

<b>7.3.04</b>	If American Indian/Alaska Native (AI/AN) communities reside in LHD region, LHD will conduct outreach efforts concerning tribal health issues, concerns, or needs with AI/AN communities.	Required
---------------	--	----------

#### **Detailed Description**

The LHD shall conduct outreach and collaborative activities with the primary POC from the jurisdiction's AI/AN communities to improve vaccine coverage rates.

Examples of communities may include tribal governments, tribal organizations representing those governments, tribal epidemiology centers, or Alaska Native villages and corporations.

Federally recognized tribes:

- Ysleta del Sur Pueblo resides in PHR 9/10, LHD El Paso
- Kickapoo resides in PHR 8, LHD Region 8
- Alabama-Coushatta resides in PHR 4/5N, LHD Region 4/5N

#### **Procedure**

If applicable, the LHD shall attend or host at least one meeting annually that focuses on tribal health issues, concerns or needs.

Examples of concerns include increasing access to immunization rates, insight to vaccination barriers, or misinformation. Examples of outreach and collaborative activities may include:

- Engage with tribal governments and leadership to identify immunization priorities for tribal communities which includes participation in health-related activities and events, and membership in coalitions.
- Collaborate with tribal communities to provide culturally competent training and education opportunities on vaccines and VPDs for their community health representatives.

#### **Reference Document(s) (if Applicable)**

N/A

#### **Evaluation**

Documentation of identification of AI/AN community, outreach, and education efforts.



<b><u>7.3.05</u></b>	Participate in special initiatives as directed by the DSHS Immunization Section.	Required
----------------------	--	----------

### **Detailed Description**

As directed by DSHS Immunization Section, the LHD shall partake in special initiatives associated with improving and sustaining immunization coverage levels. The DSHS Immunization Section will explicitly request when the LHD should participate in these activities. If DSHS does not request this, then the required activity is fulfilled.

### **Procedure**

Participation examples may include:

- Attending special events
- Promoting RSV vaccines for infants and young children
- Promoting TVFC provider recruitment
- Promoting seasonal education toolkits like back-to-school and flu campaigns

### **Reference Document(s) (if Applicable)**

N/A

### **Evaluation**

Documentation of attendance for events and dissemination of materials.

## 7.4. Stakeholder Engagement

<b>7.4.01</b>	Participate in Immunization Communication and Coordination Coalition (ICCC) meetings.	Required
---------------	---	----------

### Detailed Description

IOC or other designated staff shall attend and participate in at least seventy-five percent (75%) of ICCC meetings.

### Procedure

By attending centralized meetings, the LHD shall learn and share best practices and the latest information on immunizations.

The LHD shall present on the meetings at least annually on outreach and education practices or activities.

Examples of presentation topics may include:

- Clinic initiatives
- Community vaccination events
- Social media campaigns
- Projects (back to school clinics, flu clinics, outreach opportunities, coalition building, holiday-themed)
- Partnership activities

### Reference Document(s) (if Applicable)

N/A

### Evaluation

Documentation of attendance. DSHS will monitor through Teams meeting attendance roster for monthly ICCC meetings.

# FY25 DSHS Immunization Regional Contacts

## REGION 1

Marie Hernandez, RN  
Immunization Program Supervisor  
600 N 25 Mile Avenue, Ste. 500  
Hereford, TX 79045  
806-391-1323  
806-364-5595 – Fax  
[MarieD.Hernandez@dshs.texas.gov](mailto:MarieD.Hernandez@dshs.texas.gov)

## REGION 2/3

Constance Uribe  
Program Manager  
1301 S. Bowen Rd., Ste. 200  
Arlington, TX 76013-2262  
817-264-4795  
817-264-4719 – Fax  
[constance.uribe@dshs.texas.gov](mailto:constance.uribe@dshs.texas.gov)

## REGION 4/5 NORTH

Amanda Rich  
Program Manager  
2521 W. Front St.  
Tyler, TX 75702  
903-533-5378  
903-533-9502 – Fax  
[Amanda.Rich@dshs.texas.gov](mailto:Amanda.Rich@dshs.texas.gov)

## REGION 6/5 SOUTH

Brian Gfroerer  
Program Manager  
5425 Polk, Ste. I-440  
Houston, TX 77023  
512-970-7228  
713-767-3889 – Fax  
[brian.gfroerer@dshs.texas.gov](mailto:brian.gfroerer@dshs.texas.gov)

## REGION 7

Debbie Shelton  
Program Manager  
2408 S. 37th St.  
Temple, TX 76504-7168  
254-778-6744  
254-771-2612 – Fax  
[Debbie.Shelton@dshs.texas.gov](mailto:Debbie.Shelton@dshs.texas.gov)

## REGION 8

Laurie Henefey  
Program Manager  
7430 Louis Pasteur  
San Antonio, TX 78229  
210-284-8385  
512-206-3949 – Fax  
[laurie.henefey@dshs.texas.gov](mailto:laurie.henefey@dshs.texas.gov)

## REGION 9/10

Donna Anders  
Program Manager  
1101 N. Midland Drive  
Midland, TX 79701  
432-571-4133  
432-571-4190 – Fax  
[Donna.Anders@dshs.texas.gov](mailto:Donna.Anders@dshs.texas.gov)

## REGION 11

Laura Moreno  
Program Manager  
601 W. Sesame Dr.  
Harlingen, TX 78550  
956-421-5552  
956-444-3252 – Fax  
[Laura.Moreno@dshs.texas.gov](mailto:Laura.Moreno@dshs.texas.gov)