



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 2026



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Acronyms

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

IC	Immunization Coordinator
IOC	Immunization Outreach Coordinator
IPOS	ImmTrac2 Program Outreach Specialist
IQIP	Immunization Quality Improvement for Providers
LHD	Local Health Department
MOU	Memorandum of Understanding
NBS	NEDSS Base System
NEDSS	National Electronic Disease Surveillance System
NIAM	National Immunization Awareness Month
NIIW	National Infant Immunization Week
NIVW	National Influenza Vaccination Week
PAM	Population Assessment Manual
PAR	Provider Activity Report
PEAR	Provider Education, Assessment, and Reporting
PEIMS	Public Education Information Management System
PEP	Post Exposure Prophylaxis
PHB	Perinatal Hepatitis B
PHBPP	Perinatal Hepatitis B Prevention Program
PHR	Public Health Region
PI	Program Income
PIET	Public Information, Education, and Training
PIN	Provider Identification Number
POC	Point of Contact
QA	Quality Assurance
QAI	Quality Assurance and Improvement
RE	Responsible Entity
RHC	Rural Health Clinic
SDO	Standing Delegation Order
SME	Subject Matter Expert
TAC	Texas Administrative Code
TIPS	Texas Immunization Provider Summary
TIR	Texas Immunization Registry (also referred to as ImmTrac2)
TVFC	Texas Vaccines for Children
TWICES	Texas-Wide Integrated Client Encounter System
UGG	Uniform Grant Guidance

UGMS	Uniform Grant Management Standards
USH	Unannounced Storage and Handling
VAERS	Vaccine Adverse Event Reporting System
VAOS	Vaccine Allocation and Ordering System
VEO	Vaccine Education Online
VFC	Vaccines for Children
VIS	Vaccine Information Statement
VPD	Vaccine-Preventable Disease
WIW	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 for Texans.

The IDP Division is responsible for ensuring immunization capacity governing the Texas Vaccines for Children (TVFC) and Adult Safety Net (ASN) programs; the Texas Immunization Registry (ImmTrac2); and school and childcare immunization compliance within their jurisdiction.

The IDP Division awards 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 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 Notice of Funding Opportunity (NOFO) and Companion Guide. The required activities of the contracts are an important part of implementing the 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:

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

LHD contract requirements are based on the CDC's current NOFO and Companion Guide and are updated annually. Those strategies identified as 'Suggested' are considered *Best Practices* and are highly encouraged.

The Contractor's Guide for Local Health Departments and Public Health Regions is a resource for contracted LHDs. It outlines the execution of activities required under the immunization contract and describes contract monitoring process conducted during the contract period.

FY26

Contractor's Guide Updates

The Immunization Section made the following changes to the fiscal year (FY)26 Contractor's Guide. There may be other small language changes throughout the FY26 Contractor's Guide.

Contractor's Guide

- Updated language.
- Aligned full guide to Agency Style Guide requirements.
- Updated links throughout the document.
- Removed the Guidelines for Increasing the Use of the Texas Immunization Registry (GIUTIR) resources and language.
- Re-ordered activities.

Section 1 Updates

- Updated links.
- Revised 1.2.01.
- Removed the Grant Technical Assistance Guide (GTAG) requirements, resources, and language.

Section 2 Updates

- Clarified evaluation criteria under 2.3.01

Section 3 Updates

- Rewording sentences for clarification.
- 3.4.05 Evaluation: Additional detail for documentation for reporting spoiled or wasted vaccines.
- 3.4.06: Added detail on flu pre-book surveys.
- 3.5.01: Included information on how to document PEAR visits.
- 3.5.02: Deleted section regarding Utilizing ImmTrac 2 or DSHS coverage rates to assess immunization practices and coverage rates for all providers within the LHD's jurisdiction. **NEW Section 3.5.02.**

Section 4 Updates

- No Updates

Section 5 Updates

- Merged activities from 5.3.10 to 5.3.15 into 5.2.04
- Revised 5.2.04 to note written policy on using ImmTrac2.

Section 6 Updates

- Updated language
- Added language from the retired Guidelines for Increasing the Use of the Texas Immunization Registry (GIUTIR) for corresponding activities
- Updated baselines for number of registered organizations per

- jurisdiction and number of consented clients per jurisdiction
- Removed activity 6.5.03
- Updated activity 6.6.01 from monthly to quarterly meetings

Section 7 Updates

- No Updates

1. Program and Contract Management

1.1. Program Management

<u>1.1.01</u>	Implement and operate an Immunization Program in accordance with the ILA and Immunization Program operation policies, procedures, rules, and regulations.	Required
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Detailed Description

LHDs and PHRs serve as 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. PHRs serve areas in their region not covered by LHDs. REs must implement and operate an immunization program for children, adolescents, and adults. The LHD must 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 via ILAs to implement activities with the primary goal of implementing immunization programs within jurisdictions and raising vaccine coverage levels of Texas infants, children, adolescents, and adults. Funding for immunization activities is a combination of federal 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)

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

Evaluation

DSHS must approve the LHD budget and execute a contract by August 31 of each year for the upcoming fiscal year.

<u>1.1.02</u>	Maintain staffing levels adequate to meet the required activities of this contract.	Required
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Detailed Description

LHDs must maintain adequate staffing levels to meet the required activities of the ILA and to ensure expenditure of all budgeted 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. As mandated by the CDC, LHDs must ensure funding for ImmTrac2 Program Outreach Specialist (IPOS) positions is maintained.

Procedure

Maintain adequate staffing levels to meet the required activities of the ILA to ensure expenditure of all budgeted personnel funds. As mandated by the CDC, ensure IPOS positions are funded as required by CDC.

Reference Document(s) (if Applicable)

- ILA, Statement of Work
- LHD Budget
- LHD Job Descriptions

Evaluation

Review staffing levels and the approved budget to ensure IPOS positions are funded and contract personnel funds are appropriately expended by the termination of the contract period.

<u>1.1.03</u>	Identify program contacts quarterly as requested by DSHS.	Required
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Detailed Description

LHDs must identify appropriate 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 must designate one or more individuals to serve as 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 Immunization Section staff.

Procedure

LHDs must complete the Program Contact Information form in the annual ILA contract renewal packet. The program contacts are to be updated each quarter via the C-1 Directory. LHDs must update program contact information as requested by DSHS.

Reference Document(s) (if Applicable)

- ILA, Program Contact Information
- C-1 Directory (quarterly)

Evaluation

LHDs must update the Program Contact Information form in the annual ILA contract renewal packet annually and update the Immunization program contacts in the C-1 Directory quarterly.

<u>1.1.04</u>	Attend all required training for each area of work as specified in the DSHS Immunization Section Contractor’s Guide for LHDs and PHRs. Ensure the Immunization Program Manager and TVFC and ASN Coordinator attend the annual Immunization Section mandatory in-person meeting.	Required
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Detailed Description

DSHS must provide required training on programmatic changes in policies and procedures, contract management, immunization-related data, publications, and other program-related topics. LHDs are required to attend trainings 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 immunization training 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. TVFC and ASN Annual 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 Responsible Entities

Evaluation

Maintain documentation of at least one immunization program staff attending required training for each area of work.

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

Develop immunization policy and protocols to ensure organizations have standard vaccine protocols for new and tenured staff. The immunization policy must meet the CDC recommendations for the adult immunization schedule and must be incorporated into new staff orientation and annual immunization requirements. The immunization policy must be reviewed and updated annually, as appropriate.

Procedure

LHDs must develop immunization policy for immunization program staff. The policy must address immunizations for both new and existing staff, explain how the LHD ensures all staff are immunized, and be based on the CDC recommended adult immunization schedule. The policy must include time frames for reviewing staff immunization status and vaccination standards for personnel who have contact with patients. The policy must address how the LHD ensures 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

Evaluation

Develop, implement, and maintain a local immunization policy and ensure the policy meets CDC recommendations for adult immunization.

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

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

New staff orientation must (minimally) include:

1. Standards for Child and Adolescent Immunization Practices and Standards for Adult Immunization Practices.
2. 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. Appropriate use of Vaccine Information Statements (VIS).
9. 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_ (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.
3. Clinical staff must be encouraged to obtain continuing education credits in programs related to vaccines and VPDs.

Procedure

LHDs and PHRs must ensure all contract-funded staff involved in the provision of immunization services must minimally receive the training described in this required activity. 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 must maintain orientation and training tracking records for all contract-funded staff involved in the provision of immunization services. LHD staff training must meet the requirements under this activity. Training time frames depend on the metric associated with the specific training (e.g., annually, one-time, etc.).

<u>1.1.07</u>	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 30 calendar days of staffing changes.	Required
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Detailed Description

LHDs must inform DSHS in writing of key staff changes within 30 calendar days of departure or arrival. These notifications ensure DSHS is aware of major changes that may affect the success of the LHD and allow DSHS to provide technical or other assistance, if needed. The notifications allow DSHS to keep program contact lists updated so program communications are received as intended.

Procedure

LHDs must inform DSHS in writing (e.g., submitted through fax, 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 must be sent to the assigned DSHS contract manager and the DSHS Immunization Contracts email: DSHSImmunizationContracts@dshs.texas.gov. The email must 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)

- C-1 Directory,
- ILA, and
- LHD Budget.

Evaluation

Written notification submitted to the DSHS contract manager and DSHS Immunization Contracts email: DSHSImmunizationContracts@dshs.texas.gov within 30 calendar days of the staffing change for LHD Medical Director, Immunization Program Manager, and all other positions listed under activity 1.1.03.

<u>1.1.08</u>	Submit a written notification for contract-funded positions that remain vacant more than 90 calendar days.	Required
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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 through fax, email, or mail) of contract-funded positions that are vacant more than 90 calendar days. Email is the preferred method of communication.

Email notifications must be sent to the assigned DSHS contract manager and the DSHS Immunization Contract email: DSHSImmunizationContracts@dshs.texas.gov. The email must include the following information:

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

The LHD must continue to update the DSHS contract manager and Immunization Contract email: DSHSImmunizationContracts@dshs.texas.gov monthly with the status of vacant positions after the initial notification by 90 calendar days and must include information as to how the salary savings from the vacancy are being used toward contract activities.

Reference Document(s) (if Applicable)

- C-1 Directory
- ILA
- LHD Budget

Evaluation

Provide written notification, following the requirements in the procedure section of this activity, submitted to the DSHS contract manager and DSHS Immunization Contracts email: DSHSImmunizationContracts@dshs.texas.gov for each position funded in the approved LHD budget that has been vacant for more than 90 calendar days.

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

Documentation of staff time and effort is required for all staff funded by the immunization contract. 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 timesheet must reflect the hours worked on each activity. LHDs 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 records for staff funded by the immunization contract. The records must be available for fiscal monitoring and auditing purposes.

Reference Document(s) (if Applicable)

- N/A

Evaluation

LHDs must provide documentation, such as timesheets, for contract-funded immunization staff for actual time worked on immunization activities.

1.2. Program Compliance

<u>1.2.01</u>	LHDs and PHRs must submit a Delegation of Authority (DOA) Addendum form for each LHD and PHR clinic annually. The DOA must be executed by the signing clinician.	Required
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Detailed Description

DSHS staff ensure current policies follow the Deputization Guidance and all activities within this requirement are conducted in accordance with the TVFC and ASN Program Operations Manual for Responsible Entities and DOA Addendum form.

Procedure

Annually, LHD and PHR authorized sites must submit a DOA Addendum form to the immunization program for each LHD and PHR clinic executed by the signing clinician. LHDs must understand and adhere to all DSHS immunization program policies and ILA requirements.

Reference Document(s) (if Applicable)

- Delegation of Authority (DOA) Addendum Form
- TVFC and ASN Program Operations Manual for Responsible Entities

Evaluation

The LHD and PHR must submit a DOA Addendum form to the immunization program for each LHD and PHR authorized clinic annually. The DOA Addendum form must be executed by the signing clinician.

1.3. Financial Management

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

DSHS monitors LHD expenditures monthly. If expenditures are below what is projected in LHDs total program budget, the budget may decrease for the rest of the contract term. Vacant positions existing after 90 calendar days may result in a decrease in funds.

Procedure

LHD must accept the contract terms and conditions stating DSHS may redirect funds in financial shortfalls with signature and execution of ILA.

Reference Document(s) (if Applicable)

- LHD Budget
- ILA

Evaluation

LHD must accept contract terms and conditions stating DSHS may redirect funds through contract execution.

<u>1.3.02</u>	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
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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 must be submitted by fax, email, or mail. LHDs must submit requests for payment using a consistent method. LHDs must contact the DSHS Claims Processing Unit with questions about the receipt of a voucher.

All vouchers must include the information listed below.

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

Vouchers that do not reflect this information may be returned unpaid.

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 timelines 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 and to CMSInvoices@dshs.texas.gov

Reference Document(s) (if Applicable)

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

Evaluation

LHD must submit Form B-13 and supporting documentation no later than 30 calendar days after the month of service. Form B-13 and supporting documentation must be submitted no later than 30 calendar days after the month of service.

<u>1.3.03</u>	Agree DSHS will pay LHD on a cost reimbursement basis.	Required
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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 are reimbursed for allowable costs only to the extent incurred.

Procedure

LHD agrees to contract terms and conditions stating that DSHS pays LHD on a cost reimbursement method. This is completed by signing and acting in accordance with the ILA contract.

Reference Document(s) (if Applicable)

- ILA

Evaluation

The PHR Manager ensures the LHD has an executed contract, reviews the LHD budget, and submits invoices in accordance with the approved reimbursement method.

<u>1.3.04</u>	Review monthly contract funding expenditures to ensure all funds are properly expended before the end of the contract period.	Required
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Detailed Description

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

Procedure

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

Reference Document(s) (if Applicable)

- ILA
- LHD Budget

Evaluation

DSHS Contracts Team will email expenditure reports monthly to the PHR Manager for review and follow-up with LHDs not expending funds properly.

<u>1.3.05</u>	Lapse no more than five percent of total funded amount of the contract.	Required
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Detailed Description

LHDs must 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 must be familiar with budgets for their awarded funds, including specific activities/line items in their approved contract budgets. LHDs must compare the percentage of funds expended to the planned annual activities to maintain an appropriate spending level.

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

Procedure

The LHD spending plan must be evaluated at least monthly and necessary adjustments made throughout the contract cycle to avoid lapsing funds. Personnel vacancies must be considered as the salary savings often lead to lapsed funds at the end of a contract year. DSHS Contracts Team will email expenditure reports monthly to the PHR Immunization Program Manager for review and follow-up with LHDs not expending funds.

Reference Document(s) (if Applicable)

- Financial Status Report (FSR)
- ILA
- LHD Budget

Evaluation

LHD must expend at least 95 percent of awarded funds by August 31 of applicable fiscal year.

<u>1.3.06</u>	LHD must submit requests to move more than 10 percent of the total contract amount between direct budget categories in writing to the DSHS Contract Management Section (CMS) and obtain approval before funds can be transferred.	Required
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Detailed Description

LHDs must monitor expenditures to ensure cumulative budget transfers among direct cost categories, except for the Equipment category, do not exceed 10 percent of the total budget. LHDs must obtain prior approval from DSHS to move more than 10 percent of the total contract amount between direct budget categories, except for the Equipment category (for which prior approval is required regardless of amount). Costs that result in cumulative budget transfers among direct cost categories exceeding 10 percent of the total program budget are subject to being disallowed unless prior approval is obtained from DSHS.

Requests to move more than 10 percent of the total contract amount between direct budget categories must be made in writing to the DSHS CMS Contract Manager and approved before funds can be moved.

Procedure

Submit an email request, revised budget, and justification for adjustment to the DSHS CMS Contract Manager to move more than 10 percent of the total contract amount between direct budget categories.

LHDs must provide detailed justification for the request and a revised budget to support the transfer.

Reference Document(s) (if Applicable)

- ILA
- UGMS, Subpart C - Post-Award Requirements - Changes, Property, and Sub-awards, Budget Changes

Evaluation

LHD must 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.

<u>1.3.07</u>	Expend funds consistently throughout the contract term, approximately 25 percent each quarter.	Required
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Detailed Description

LHDs must monitor the program budget monthly and track expenditures to ensure all program funds are expended by the end of the contract period. LHDs must compare the percentage expended to the planned annual outcomes to maintain appropriate spending level.

DSHS recommends LHDs expend at 25 percent of the budget each quarter to ensure the contract funds are 100 percent expended by the end of the contract term.

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

Procedure

Expend 25 percent of funds each quarter of the contract term, when feasible. Equipment and other one-time purchases may affect an LHDs ability to expend funds evenly throughout the contract term.

The quarter time frames are as follows:

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

Reference Document(s) (if Applicable)

- Monthly Expenditure Reports

Evaluation

DSHS Contracts Team will email expenditure reports monthly to the PHR Immunization Program Managers for review and follow-up with LHDs not expending 25 percent of funds quarterly.

1.4. Contract Management

<u>1.4.01</u>	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
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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 notifies the LHD of approval through a written amendment or by written acceptance of LHDs revision request, as appropriate. This activity does not result in additional funds.

DSHS recommends 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 revisions or other amendments through 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 notifies 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

PHR Manager must consult with the DSHS CMS Contract Manager to determine if an amendment was submitted by February 28 and approved by May 31 of the same contract year.

<u>1.4.02</u>	Initiate the purchase of approved equipment 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
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Detailed Description

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

Procedure

LHDs must 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)

- N/A

Evaluation

LHD must 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

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

Technical assistance includes providing training and/or guidance on relevant matters in person, over the phone, or through email.

Procedure

Ensure appropriate staff, including subject matter experts (SMEs), are available to receive technical assistance over the phone, email, and/or in person at meetings, trainings or conferences. LHD staff must respond to requests by DSHS to provide technical assistance within the time frame provided in the related correspondence. DSHS maintains a tracking record of technical assistance provided to LHDs, including method utilized, to ensure LHD staff participation in remote and on-site technical assistance.

Reference Document(s) (if Applicable)

- N/A

Evaluation

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.

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

DSHS evaluates the LHDs performance of the requirements and compliance with the terms and conditions. LHDs agree to cooperate fully and provide DSHS and its representatives with timely access to records and other items and information needed to conduct such review, evaluation, testing, and monitoring. DSHS conducts 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 Immunization Program Manager and SMEs) are available to participate in on-site evaluations in person. LHDs must coordinate with the PHR Manager to schedule an on-site evaluation date. LHDs must 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 Manager and Contracts Team evaluates the LHDs compliance with contractual requirements during an on-site evaluation. The PHR Manager utilizes the DSHS Immunization Section Contract Review Tool to evaluate program, fiscal, and administrative aspects and report the findings to DSHS Immunization Section and CMS.

1.6. Contract Accountability

<u>1.6.01</u>	Submit a corrective action plan (CAP) to the PHR Manager and the DSHS CMS Contract Manager within 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
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Detailed Description

DSHS conducts 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 30 calendar days after the date of the written notification from DSHS.

The PHR Immunization 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 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

Evaluation

The PHR Manager identifies LHDs that require a CAP through the on-site evaluation process. The LHD must submit a CAP to the PHR 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.

<u>1.6.02</u>	Maintain records for property and equipment funded or provided by grant funds.	Required
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Detailed Description

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

Procedure

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

Reference Document(s) (if Applicable)

- DSHS Contractor’s Property Inventory Report - Form GC-11
- DSHS Records Retention Schedule
- ILA

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

<u>1.7.01</u>	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
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Detailed Description

LHDs must complete and submit the Immunization ILA Quarterly Reports and supplemental report documents through the electronic submission tool specified by the DSHS Immunization Section by the given due date. If the due date falls on a weekend or state approved holiday, the report is due the next business day.

Procedure

LHDs must submit the Immunization ILA Quarterly Reports electronically following instructions provided by the DSHS Immunization Section and according to the time frames stated below.

FY26 Quarterly Report deadlines:

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

Supplemental report documents must be uploaded in the electronic reporting tool while completing the Quarterly Reports. PHR staff and DSHS Immunization Section SMEs review LHD data within the time frames communicated by the Immunization Section.

Reference Document(s) (if Applicable)

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

Evaluation

Submit Immunization ILA Quarterly Reports and supplemental report documents 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.

<u>1.7.02</u>	Report program income (PI) generated from DSHS Immunization contract activities on the quarterly financial status report (FSR).	Required
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Detailed Description

Income directly generated from funds provided under this contract or earned only because of such funds is PI. Unless otherwise required under the Program, Grantee must use the addition alternative, as provided in UGMS or UTC, 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.

FY26 FSR deadlines:

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

Reference Document(s) (if Applicable)

- FSR
- ILA
- UGMS or UTC

Evaluation

Report PI on the FSR as instructed by the DSHS CMS, quarterly.

<u>1.7.03</u>	Ensure PI generated from DSHS Immunization contract activities are expended in the contract period.	Required
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Detailed Description

Ensure PI generated from DSHS Immunization contract activities are 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 LHDs 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 biannual FSR to track expenditure levels. LHDs must expend PI during the contract term and may not carry PI forward to any succeeding term.

Reference Document(s) (if Applicable)

- UGMS

Evaluation

Expend PI in the contract period and report PI on the biannual FSR for review.

<u>1.7.04</u>	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.	Required
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Detailed Description

Submit biannual 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 biannual 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.

FY26 FSR deadlines:

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

Reference Document(s) (if Applicable)

- FSR
- ILA

Evaluation

Submit the FSRs to DSHS in the format specified by the given deadline.

2. Facility Immunization Assessments

2.1. Child-Care and School Compliance

<u>2.1.01</u>	Assess compliance with vaccine requirements at assigned schools and child-care facilities.	Required
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Detailed Description

LHDs and PHRs review immunization records to ensure children in schools and child-care 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 follow the guidelines outlined in the Population Assessment Manual (PAM).

Reference Document(s) (if Applicable)

- PAM

Evaluation

This metric is assessed through Child Health Reporting System (CHRS), school audits, and Validation Surveys submitted through the Validation Survey Tool.

<u>2.1.02</u>	Submit 100 percent of completed child-care audit data in the CHRS by the third Friday in July.	Required
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Detailed Description

LHDs and PHRs must conduct a detailed audit of the facilities in the regional or local area, as assigned by DSHS Immunization Section Assessment, Compliance, and Epidemiology (ACE) Unit. 100 percent of the immunization records in the selected facilities are assessed (not including children enrolled only in before or after school programming).

Procedure

Audit 100 percent of immunization records for each assigned child-care facility, not including children enrolled only in before or after school programming. Child-care 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 30 calendar days after the initial visit. The data is recorded onto the Detailed Audit Sheet. A copy of the form is found on the LHD and PHR website. If a facility is closed, the DSHS Immunization Section ACE Unit must be informed via email and updated 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.

This metric is assessed through CHRS reports.

Reference Document(s) (if Applicable)

- PAM, Child-Care Audit

Evaluation

Submit 100 percent of completed child-care audit data in CHRS by the third Friday in July.

2.1.03	Complete 100 percent 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 must notify DSHS if a replacement school is needed for a validation survey. By the first business day in March of the contract year, LHD and PHR staff complete 100 percent of assigned Validation Surveys. By the first business day in March of the contract year, LHD staff will complete 100% of assigned Validation Surveys LHD staff will complete 100% of assigned school audits and submit electronically to PHR in the quarter the audit occurred. . By the third Friday in July of the contract year, the PHR will submit the audits to central office.	Required
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Detailed Description

School auditors review the immunization records of the school’s enrolled students. If a school is selected to be audited, participation is required. A school is selected for audit if the Annual Report of Immunization Status (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 Immunization Section ACE Unit through email Imm.Epi@dshs.texas.gov, 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 Survey is reported to the CDC.

Procedure

School audits:

The DSHS Immunization Section ACE Unit assigns 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 or districts with unusually high numbers of students enrolled provisionally or delinquent with vaccination requirements.
- Facilities identified as non-responders must 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 must decide if the audit will be conducted on-site, through the mail, or electronically. LHDs and PHRs must contact school administrators and inform them a mandatory audit will occur. If the audit is completed on-site, arrange the date and time for the visit. There must 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 School Audit Report form and notify DSHS via email at schoolimm@dshs.texas.gov,

who then contacts the Texas Education Agency, Texas Private School Accreditation Commission, or International Association of Learner Driven Schools.

If the school or school district is identified for audit due to being a non-responder, randomly pull 100 immunization records from the elementary school, middle/junior high school, and 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. 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 must be submitted through email to the PHR in the quarter the audit was completed.

Validation Surveys:

The DSHS Immunization Section ACE Unit provides a list of schools to each PHR to be assigned to LHDs. LHDs and PHRs must plan if the validation surveys will be conducted on-site, through the mail, or electronically. School administrators must be contacted in writing and asked if the school will participate in a voluntary Validation Survey. Inform the school the reviewer requires the enrollment total for all students in the target grade level at the school. The enrollment totals must include students currently enrolled at these schools and must not include students who have moved or transferred to another school. Inquire about how 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 maintains the roster that contains the personal identifiers and provides 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 must be used. If a school cannot participate in the validation survey, contact the DSHS Immunization Section ACE Unit via imm.epi@dshs.texas.gov so a replacement school can be assigned. Validation Surveys cannot be completed for a school until the school has submitted the ARIS.

This metric is 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, Child-Care Audits
- PAM, Instructions for Using the Validation Survey Tool to Perform School Validation Surveys
- PAM, School Audits
- PAM, Validation Surveys

Evaluation

Submit 100 percent of completed Validation Surveys to the PHR by the first

business day in March. Submit 100 percent of completed school audits to PHR by the third Friday in July.

2.2. Child-Care and School Compliance Quality Assurance

<u>2.2.01</u>	Provide education to school and child-care 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 child-care staff in accordance with the DSHS Immunization Contractor’s Guide for LHDs and PHRs.	Required
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Detailed Description

LHDs and PHRs shall provide education to child-care or school staff when non-compliant records are identified during any school compliance visit. Staff education improves the overall vaccine rate for the State of Texas and make sure 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 child-care providers must be educated regarding vaccine requirements. To determine the type of education that must be provided, determine the reason the school or child-care 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 child-care 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 must be documented in the quarter in which the audit and education are performed.

Reference Document(s) (if Applicable)

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

Evaluation

Document that education is provided to 100 percent of assigned schools and is reported to the DSHS Immunization Section ACE Unit through the ILA Quarterly Report.

<u>2.2.02</u>	Provide feedback to the DSHS Immunization Section ACE Unit regarding trends/issues for vaccine requirements in accordance with the DSHS Immunization Section Contractor’s Guide for LHDs and PHRs.	Required
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Detailed Description

LHDs and PHRs submit feedback on the quarterly report regarding vaccine trends or issues for school, college, and child-care vaccine requirements in accordance with the DSHS Immunization Section Contractor’s Guide for LHDs and PHRs.

Feedback may include:

- Questions or issues of confusion encountered from schools, providers, and parents about vaccine requirements.
- Any trends noticed when auditing (e.g., a lot of daycares have instructions for obtaining a conscientious exemption in their enrollment packet) or trends shared by facilities (e.g., the local college has reported 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 child-care facilities.

Procedure

LHDs and PHRs shall submit feedback to DSHS Immunization Section ACE Unit on the quarterly report regarding vaccine trends or issues for school, college, and child-care 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 is included in the ILA Quarterly Report and must be documented in the quarter in which the audit and education are performed.

<u>2.2.03</u>	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
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Detailed Description

The DSHS Immunization Section ACE Unit runs a weekly report and identifies schools delinquent in submitting immunization data for the ARIS. The DSHS Immunization Section ACE Unit emails the non-responder lists to PHR staff who then send the list of non-responders to LHDs. LHDs 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 Immunization Section ACE Unit to conduct technical assistance. 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 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 is assessed using the submissions of the immunization data from the ARIS.

Reference Document(s) (if Applicable)

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

Evaluation

Contact 100 percent of the schools included on the non-responder list at least once during the Annual School Survey timeline.

2.3. First Responder Immunization Assessments

<u>2.3.01</u>	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
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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 Health and Human Services (HHS) Learning Portal – ImmTrac2 Overview

Evaluation

Maintain documentation of the number of education and outreach events or attempts provided to first responder facilities and sites registered and participating in ImmTrac2.

3. Managing TVFC and ASN Providers

3.1. Provider Recruitment

<u>3.1.01</u>	Recruit additional TVFC providers to administer vaccines to program-eligible populations.	Required
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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 must increase provider participation to administer vaccines to program-eligible populations.

Procedure

DSHS PHR Immunization Program staff provide a list of providers to be recruited within the LHDs jurisdiction, annually. LHDs are required to conduct recruitment activities as defined in the TVFC Program Operations Manual for Responsible Entities on all providers on the recruitment list provided by DSHS immunization program and report as indicated on the ILA Quarterly Report.

Reference Document(s) (if Applicable)

- TVFC Program Operations Manual for Responsible Entities

Evaluation

Submit provider recruitment and outreach data into the TVFC Provider Recruitment Tracker.

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

The New Enrollment Checklist (11-15016) ensures new TVFC and ASN providers receive proper training. PHRs and LHDs must confirm a New Enrollment Checklist (11-15016) is submitted and completed for all clinics joining the TVFC or ASN Program.

Procedure

LHDs must educate all new TVFC and ASN providers in their jurisdictions on program requirements including 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 a completed New Enrollment Checklist for each new site enrolling in the TVFC or ASN Program to DSHS Immunization Section.

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

Submit provider recruitment and outreach data into the TVFC Provider Recruitment Tracker.

3.2. Provider Retention

<u>3.2.01</u>	Maintain a network of TVFC and ASN providers through re-enrollment to administer vaccines to program-eligible populations.	Required
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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

This metric is evaluated by the number of re-enrolling TVFC and ASN providers. Ensure currently enrolled providers can submit a TVFC or ASN Enrollment by October 1 of the contract year.

3.2.02	Promote TVFC and ASN provider achievements by implementing incentives for provider sites that reach vaccination coverage rate goals.	Suggested
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Detailed Description

Promote TVFC and ASN provider achievements:

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

Procedure

LHDs must 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, AIAW, 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

Distribute DSHS and CDC promotional material to providers.

3.3. Provider Education

<u>3.3.01</u>	Provide training for TVFC and ASN providers within the LHD and PHR jurisdiction on the policies outlined in the TVFC and ASN Program Operations Manual for Providers and recommended procedures for implementation. These include procedures for the following: storage and handling guidelines, vaccine management, using the DSHS Vaccine Allocation and Ordering System (VAOS), vaccine borrowing, 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 and other compliance guidelines.	Suggested
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Detailed Description

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

Procedure

Provide annual or quarterly training 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,
- Reporting vaccine adverse events,
- Vaccine storage and handling plans,
- Distribution of VIS, and
- Other compliance guidelines.
- Reference Document(s) (if Applicable)
- TVFC and ASN Program Operations Manual for Providers

Reference Document(s) (if Applicable)

- N/A

Evaluation

Ensure 100 percent of enrolled sites receive training on policies outlined in the TVFC and ASN Program Operations Manual for Providers and recommended procedures for implementation.

<u>3.3.02</u>	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
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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, and
- Vaccine Choice.

Procedure

Ensure enrolled sites are aware of TVFC and ASN updates by gathering data identifying if staff have received official memorandums or monthly newsletters. Staff must provide regular updates or forward the updates the provider has received.

Reference Document(s) (if Applicable)

- Document distributed by DSHS via official memorandums or via monthly newsletters
- VAOS resources on Immunization’s Program Website
dshs.texas.gov/immunizations/providers/training

Evaluation

Data gathered from the annual TVFC and ASN Provider Satisfaction Survey identifies that staff are aware of official memorandums, monthly newsletters, vaccine ordering changes, vaccine choice, etc., and have communicated this reception to their providers. Complete the TVFC and ASN Satisfaction Survey by the end of the re-enrollment period.

<u>3.3.03</u>	Educate and assist TVFC and ASN providers on provider Choice, as necessary.	Suggested
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Detailed Description

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

Procedure

Ensure staff at enrolled sites are aware of provider Choice by providing education and assistance in accordance with TVFC and ASN Program Operations Manuals for Providers and through documents distributed by DSHS via official memorandums or monthly newsletters.

Reference Document(s) (if Applicable)

- TVFC and ASN Program Operations Manuals for Providers
- TVFC and ASN Program Operations Manuals for Responsible Entities

Evaluation

Staff must explain the provider Choice policy and be familiar with the procedure for updating Choice in VAOS. Document trainings where provider choice is covered and ensure providers update Choice for new or seasonal vaccines.

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

Inform TVFC and ASN providers of updated DSHS Immunization publications to display in offices.

Procedure

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

Reference Document(s) (if Applicable)

- DSHS Publication Materials

Evaluation

Ensure LHDs are displaying current DSHS publication materials during visits.

<u>3.3.05</u>	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
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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 are reduced in their clinics.

Procedure

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

Reference Document(s) (if Applicable)

- N/A

Evaluation

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

3.4. Provider Vaccine Management

<u>3.4.01</u>	Utilize the DSHS VAOS representative submitted reports to perform 100 percent of the quality assurance reviews of enrolled sites for doses administered, inventory, vaccine orders, temperature logs, and clinic hours of operation.	Required
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Detailed Description

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

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

Procedure

Use Syntropi and VAOS to perform quality assurance reviews monthly on 100 percent of all enrolled sites to ensure 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 Responsible Entities
- VAOS

Evaluation

Conduct quality reviews of 100 percent of enrolled sites for doses administered, inventory, vaccine orders, temperature logs, and clinic hours of operation. Staff must be able to provide this in VAOS and Syntropi.

<u>3.4.02</u>	Transfer vaccines that cannot be stored within provider offices and vaccines approaching expiration between providers in LHDs jurisdiction for immediate use.	Required
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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 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

The transferring provider must complete the Transfer Authorization Form and obtain the REs approval. The form must be completed and retained for five years if a transfer is initiated.

3.4.03	Ensure provider participation in vaccine ordering and inventory management using VAOS.	Required
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Detailed Description

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

- Educate providers regarding vaccine ordering policies.
- Train providers on how 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.

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. Staff are required to document trainings or technical assistance where VAOS reporting steps are explained. Staff must obtain the certificate of completion for VAOS Training. The certificate must be uploaded into Syntropi prior to staff obtaining access to VAOS.

<u>3.4.04</u>	Assist TVFC and ASN providers in the LHDs jurisdiction on the maintenance of appropriate vaccine stock levels. Activities under this requirement must 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 Responsible Entities.	Required
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Detailed Description

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

Procedure

Assist TVFC and ASN providers with maintaining appropriate vaccine stock levels by providing education on MSLs and suggested quantities to ensure 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 Responsible Entities

Evaluation

Staff must articulate that MSLs are calculated for a 75-day inventory. Staff can explain the method for maintaining a 75-day inventory. Staff must document trainings or technical assistance where MSL and suggested quantity steps were explained.

<u>3.4.05</u>	Train TVFC and ASN providers within LHDs jurisdiction to ensure expired, 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
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Detailed Description

Train TVFC and ASN providers within LHDs jurisdiction to ensure expired and spoiled or wasted vaccines are appropriately identified and entered in VAOS.

Procedure

Provide training to ensure expired, spoiled or wasted vaccines are appropriately identified and entered in VAOS and returns are completed and returned to CDC's centralized distributor within the required time frame. Providers must understand which 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 document trainings or technical assistance where the process for reporting spoiled or wasted vaccines were explained. Staff are responsible for ensuring expired, spoiled or wasted vaccines are identified and reported and entered into VAOS. The Vaccine Loss Report (VLR) must be maintained and available to DSHS on-site as requested.

<u>3.4.06</u>	Ensure 100 percent of TVFC providers within the LHDs jurisdiction complete the annual influenza (flu) pre-book survey.	Required
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Detailed Description

Ensure 100 percent of TVFC providers within the LHDs jurisdiction complete the annual flu pre-book survey. TVFC providers who do not complete the annual flu pre-book survey may be subject to suspension from the program.

Procedure

Using information provided by DSHS Immunization Section, 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 Program Operations Manual for Responsible Entities

Evaluation

100 percent of providers must complete the annual influenza pre-book survey. Staff must identify providers who have not pre-booked by reviewing the current flu season’s Provider Flu Pre-book report in VAOS. Providers are subject to suspension if the annual flu pre-book survey is not completed.

3.5. Provider Quality Assurance

<u>3.5.01</u>	Utilize the CDC PEAR system, enter data to document TVFC unannounced storage and handling (USH) visits for a minimum of 10 percent of providers within the LHDs jurisdiction.	Required
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Detailed Description

Using PEAR, document data for TVFC USH visits for at least 10 percent of providers in the jurisdiction for each fiscal year.

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 10 percent of providers in the jurisdiction. Use information provided by the DSHS Immunization Section to ensure USH visits are not conducted for sites already scheduled for a visit by a DSHS Quality Assurance contractor. USH visits must be documented in PEAR immediately, but no later than 24 hours. Download the All Visits and Contacts report from PEAR to determine the percentage of sites completed every quarter.

Reference Document(s) (if Applicable)

- CDC VFC Compliance Reviewer Guide and PEAR-All Visits and Contacts report
- Document provided by the DSHS Immunization Section of sites scheduled for review by DSHS' Quality Assurance contractor

Evaluation

Enter data for USH visits conducted at enrolled sites in the public tracking spreadsheet and include the PIN, clinic name, date of the visit, and dated Acknowledgment of Receipt form submitted to the Quality Assurance and Improvement (QAI) team. USH visits must be documented in PEAR immediately, but no later than 24 hours.

<u>3.5.02</u>	Review 100 percent of re-enrollment applications from TVFC and ASN providers in your jurisdiction by the DSHS specified deadline.	Required
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Detailed Description

Review 100 percent 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 Responsible Entities

Evaluation

Provider must complete the reenrollment form and sign the provider agreement in Syntropi for REs to review and approve by the DSHS specified deadline.

<u>3.5.03</u>	Ensure expired, wasted, and unaccounted-for vaccines (excluding flu) do not exceed five percent in TVFC provider clinics within the LHDs jurisdiction.	Required
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Detailed Description

Ensure expired, wasted, and unaccounted-for vaccines (excluding flu) do not exceed five percent in TVFC provider clinics within the LHDs 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 provided to the QAI team. This data is uploaded to the SharePoint Immunization Quality Improvement for Providers (IQIP) group page. PHRs and LHDs have access to these reports. PHRs are responsible for the enforcement of LHD practices and activities.

3.5.04	Review monthly reports to ensure data quality.	Required
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Detailed Description

Review monthly reports to ensure data quality.

Procedure

1. Using VAOS, identify sites that have not administered or ordered vaccines in the previous six months by reviewing the 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 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 Responsible Entities

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.

<u>3.5.05</u>	Review submitted reports to ensure data quality	Suggested
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Detailed Description

Review submitted reports to ensure data quality.

Procedure

1. Using Syntropi, download contact list for each provider to review 25 percent 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 percent 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 Responsible Entities

Evaluation

Submission of data quality report every quarter.

<u>3.5.06</u>	Review monthly data logger reports for 10 percent of providers in LHDs jurisdiction to validate the accuracy of provider submitted monthly temperature reporting forms.	Suggested
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Detailed Description

Review monthly data logger reports for 10 percent of providers in LHDs 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 conduct USH visits on 10 percent of enrolled TVFC program clinics in their jurisdictions annually.

<u>3.5.07</u>	Review monthly data logger reports for all providers within LHDs jurisdiction who experience a vaccine loss because of temperature excursions.	Required
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Detailed Description

Review monthly data logger reports to check the accuracy of the provider’s monthly temperature reporting forms for those providers in the LHDs 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 LHDs 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.

<u>3.5.08</u>	Conduct a monthly review of 100 percent of randomly selected providers in LHDs jurisdiction to identify vaccine loss report forms completed in VAOS but not submitted.	Suggested
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Detailed Description

Conduct a monthly review of 100 percent of randomly selected providers in LHDs jurisdiction to identify vaccine loss report forms completed in VAOS but 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 completed but were not submitted.

Reference Document(s) (if Applicable)

- N/A

Evaluation

Conduct a monthly review of 100 percent of randomly selected enrolled sites in the LHDs jurisdiction to identify vaccine loss reports completed but not submitted in VAOS.

<u>3.5.09</u>	Conduct a quarterly review of 25 percent of providers in LHDs jurisdiction to identify those that have adjusted more than 10 percent of their vaccine inventory.	Suggested
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Detailed Description

Conduct a quarterly review of 25 percent of providers in LHDs jurisdiction to identify those that have adjusted more than 10 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 percent of providers to identify those that have adjusted more than 10 percent of their vaccine inventory.

Reference Document(s) (if Applicable)

- N/A

Evaluation

100 percent of enrolled sites adjusting more than 10 percent of vaccine inventory are identified and educated.

<u>3.5.10</u>	Conduct a quarterly review of 25 percent of providers in LHDs jurisdiction to ensure the reported patient population matches the number of doses ordered.	Suggested
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Detailed Description

Conduct a quarterly review of 25 percent of providers in LHDs jurisdiction to ensure the reported patient population matches the number of doses ordered.

Procedure

Using VAOS, download doses the 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 Responsible Entities

Evaluation

Conduct reviews of 100 percent of enrolled sites annually to ensure the patient population matches the number of doses ordered.

3.6. Provider Accountability

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

LHDs and PHRs must track and report vaccine fraud and abuse cases using the PEAR Fraud and Abuse Module and may receive Office of Inspector General 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 must be informed the LHD is named in a complaint, an investigation will be conducted to review information related to the complaint, and the investigation will occur in addition to routine announced storage and handling visit activities.

All activities must be documented in PEAR and used for the final disposition.

Follow-up visits must be conducted on a 3, 6, 9, and 12 month basis in accordance with the TVFC and ASN Program Operations Manual for Responsible Entities.

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 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 Responsible Entities

Evaluation

Document and report fraud and abuse in the TVFC and ASN programs within 24 hours of being notified. A detailed summary of the incident must be documented and provided to DSHS Immunization Section Vaccine Operations Unit leadership.

<u>3.6.02</u>	Complete program evaluation activities with TVFC and ASN providers to address non-compliance issues. Document corrective action plans (CAPs) in the CDC PEAR system as a contact for all TVFC providers.	Required
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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 Responsible Entities, Section Five

Evaluation

Documentation of program evaluation activities in PEAR system.

3.7. LHD and PHR Staff Education

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

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

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 Responsible Entities) annually, at a minimum.

Reference Document(s) (if Applicable)

- TVFC and ASN Program Operations Manual for Responsible Entities

Evaluation

Documentation of annual training for 100 percent of all LHD and PHR Immunization staff regardless of funding on the LHD contract on TVFC and ASN Program Operations Manual for Responsible Entities.

<u>3.7.02</u>	<p>All LHD and PHR staff must attend and/or complete the following training:</p> <ul style="list-style-type: none"> • Additional CDC Immunization Trainings • TVFC and ASN Annual Training • TVFC/ASN Annual Trainings as required by the DSHS Immunization Section • PHR Trainings 	Required
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Detailed Description

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

1. Additional CDC Immunization Trainings,
2. PHR Trainings,
3. TVFC and ASN Annual Training, and
4. TVFC/ASN Annual Trainings as required by the DSHS Immunization Section.

Procedure

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

1. Additional CDC Immunization Trainings,
2. PHR Trainings,
3. TVFC and ASN Annual Training, and
4. TVFC/ASN Annual Trainings as required by the DSHS Immunization Section.

Reference Document(s) (if Applicable)

- N/A

Evaluation

Maintain documentation verifying staff attended required training.

<u>3.7.03</u>	Ensure the TVFC and ASN coordinator conducts quality assurance on 10 percent of the temperature recording logs reviewed by staff each quarter.	Suggested
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Detailed Description

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

Procedure

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

Reference Document(s) (if Applicable)

- TVFC and ASN Program Operations Manual for Responsible Entities

Evaluation

The TVFC and ASN coordinator must conduct quality assurance on 10 percent of the temperature recording logs reviewed quarterly.

3.8. LHD and PHR Compliance

<u>3.8.01</u>	Receive regional approval for any vaccine transfers and document those transfers in VAOS within 24 hours of the transfer occurring.	Required
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Detailed Description

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

Procedure

If a vaccine transfer occurs, 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 Responsible Entities

Evaluation

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

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

Address providers’ general inquiries about the TVFC and ASN programs and ensure to follow up in a timely manner but no later than 24 hours.

Procedure

Address general inquiries by providers about the TVFC and ASN programs and ensure timely follow-up on request for information. Follow-up must be no later than 24 hours from original inquiry.

Reference Document(s) (if Applicable)

- TVFC and ASN Program Operations Manual for Responsible Entities

Evaluation

Staff must address general inquiries and follow-up on requests for TVFC and ASN program policies.

<u>3.8.03</u>	Ensure that providers within the LHDs jurisdiction are adhering to the vaccine borrowing procedures outlined in the TVFC and ASN Program Operations Manual for Providers.	Required
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Detailed Description

Ensure providers within the LHDs 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 providers within LHDs 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

This metric is based on the number of borrowing forms submitted quarterly. LHDs may require additional training if the number of borrowing forms is substantial.

3.9. LHD and PHR Emergency Response

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

Communicate the importance of an Emergency Vaccine Storage and Handling Plan to all clinics in the LHDs 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 Responsible Entities

Evaluation

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

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

Transfer, accept, and store TVFC and ASN vaccines from clinics in the LHDs 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 LHDs 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 Providers

Evaluation

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

<u>3.9.03</u>	Be prepared to pack and transport vaccine(s) to other sites, as directed by the DSHS PHRs.	Required
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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 Program Operations Manuals for Providers.

Reference Document(s) (if Applicable)

- TVFC and ASN Program 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. Perinatal Hepatitis B (PHB) Case Identification

<u>4.1.01</u>	Contact and provide case management to at least 95 percent of hepatitis B surface antigen-positive pregnant women identified along with their infants and contacts.	Required
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Detailed Description

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 Perinatal Hepatitis B Prevention Program (PHBPP) Salesforce application. Timely identification and case management help prevent PHB transmission.

Procedure

HBsAg-positive pregnant women must have a Mother's Case Form within the PHB Prevention Database available online at <https://txhhs.my.salesforce.com> or from IAmOnline. Case managers must contact enrolled pregnant women in their jurisdiction within 15 calendar days of the initial report date and conduct an interview to collect information as listed on the Minimum Mother's Case Form Interview Requirements. Case managers must update the Mother's Case Form to capture all interview information. Refer to the Texas PHB Prevention Manual, Case Management Chapter, for detailed instructions.

Reference Document(s) (if Applicable)

- Minimum Mother's Case Form Interview Requirements
- Texas PHB Prevention Program Manual, Chapter 7: Case Management

Evaluation

Ensure at least 90 percent of enrolled pregnant HBsAg-positive women have a completed interview as noted by the "Interview Completed within 15 days" checkbox on the Mother's Case Form in the PHB Prevention Database.

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

The risk of perinatal hepatitis B transmission is high for pregnant women with the hepatitis B virus. PEP can prevent infection in 85 to 95 percent 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 must 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 must have written policies and procedures for giving high-risk infants PEP.

Procedure

If an infant does not receive appropriate PEP, the Mother’s Case Form (in the online PHB Prevention Database) must be completed. Once the Mother’s Case Form is completed, training must be provided to the facility to prevent future errors. Refer to the Texas PHB Manual for more details.

This metric must 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 in the Mother’s Case Form in the online PHB Prevention Database.

4.1.03	Ensure follow up and reporting of case status of at least 90 percent of possible HBsAg-positive pregnant women within seven calendar days of the receipt of report.	Required
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Detailed Description

Identification of cases must happen within seven calendar days of receiving the report to guarantee infants receive PEP to help prevent PHB transmission. The online PHB Prevention Database provides each LHD and PHR current information from National Electronic Disease Surveillance System (NEDSS) on cases of pregnant women who possibly have HBsAg. The online database also gives reports of pregnant women who are past their estimated delivery dates (EDD) 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, close the Mother's Case Form using either "Ineligible HBsAg" or "Not Pregnant."
2. If the client is program eligible, document the client's EDD, prenatal care OB/GYN, gravidas and paras (Gs and Ps), and expected delivery facility in the open Mother's Case Form.

For the Vital Statistic 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 with the Mother's Case Form and close it with the appropriate reason ("ineligible HBsAg" or "not pregnant") in the online PHBPP Database.
3. For all eligible cases, document client's EDD, prenatal care, OB/GYN, Gs and Ps, and expected delivery facility in the open Mother Case Form.

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 Form 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)

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

Evaluation

LHD and PHR must follow-up on at least 90 percent of possible HBsAg-positive pregnant women within seven calendar days of the receipt of report. Seven calendar days is calculated by the difference between the Initial Report Date and the Initial Contact Date on a Mother's Case Form.

4.2. PHB Reporting

<u>4.2.01</u>	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
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Detailed Description

Every case must be thoroughly researched 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 the Infant Case Form cannot be closed until the infant is 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 percent of cases closed as “Lost to Follow-Up” must have the appropriate type and number of attempted follow-up activities documented in the PHB Prevention Database.

4.3. PHB Education

<u>4.3.01</u>	Require PHB case manager(s) to attend the biennial conference.	Required
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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 must attend the conference in person.

Reference Document(s) (if Applicable)

- N/A

Evaluation

Attendance rosters from the biennial PHBPP Summit.

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

Training for hospitals and providers guarantees 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 conducted in the PHB Salesforce Database on the Provider Record. This metric must be documented in the quarter in which the education was conducted and reported in quarterly reports.

Reference Document(s) (if Applicable)

- Texas PHB Prevention Program Manual

Evaluation

At least one training per quarter must be conducted to a hospital, pediatrician, family provider, or prenatal provider.

4.4. Disease Surveillance

<u>4.4.01</u>	Complete investigation and document at least 90 percent of confirmed or probable reportable vaccine preventable diseases (VPD) cases within 30 calendar days of initial report to public health.	Required
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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 percent 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)

- DEG
- EAIDG - 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)

Evaluation

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

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

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

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 and the current year ECCG (see EAIDB website, select Disease Reporting on left hand panel for current year).

Evaluation

Ensure EAIDG and ECCG adherence when conducting all investigation activities.

<u>4.4.03</u>	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
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Detailed Description

NEDSS Based System (NBS) training is required by surveillance staff as NEDSS is the primary system for capturing reportable disease conditions, including VPDs, in Texas.

Procedure

New VPD surveillance staff must contact the NEDSS office at NEDSS@dshs.texas.gov to attend 'Introduction to NBS' training. New staff are unable to access NEDSS until they attend the training and successfully complete the certification. Once the training and certification are completed, local IT staff must collaborate with the NEDSS office to configure workstations.

Reference Document(s) (if Applicable)

- N/A

Evaluation

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

<u>4.4.04</u>	Complete all data entry into the Texas NBS, following the NBS NEDSS Data Entry Guidelines (DEG).	Suggested
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Detailed Description

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

Procedure

Ensure data entry of all VPD cases into NEDSS is done in accordance with the NBS DEG.

Cases entered in NEDSS that do not comply with the guidelines may be rejected. Rejection of cases may negatively impact the 30 calendar day requirement for entry of cases from initial report.

Reference Document(s) (if Applicable)

- See the NBS DEG

Evaluation

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

<u>4.4.05</u>	Routinely review and follow-up on all VPD laboratory reports received, including Electronic Lab Reports (ELRs) generated through NEDSS in a timely fashion.	Suggested
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Detailed Description

Laboratory reports on VPDs are the primary trigger for VPD investigations and are typically received through ELRs or paper laboratory reports received through 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

Evaluation

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

4.4.06	Verify and enter complete vaccination history in NBS on all VPD investigations with case status of confirmed or probable.	Required
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Detailed Description

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

Procedure

VPD surveillance staff must make every effort to capture vaccine history on all VPD cases. VPD surveillance staff can access ImmTrac2 to gather vaccine history. Other potential sources of vaccine histories are provider offices, school records, and patient records. VPD surveillance staff must enter vaccine histories into NEDSS in accordance with the NBS DEG.

Reference Document(s) (if Applicable)

- NBS DEG

Evaluation

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

<u>4.4.07</u>	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
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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.

Reference Document(s) (if Applicable)

- EAIDG - dshs.texas.gov/sites/default/files/IDCU/investigation/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

<u>4.5.01</u>	Educate physicians, laboratories, hospitals, schools, childcare staff, and other health care providers on VPD reporting requirements.	Required
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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 must conduct routine outreach activities to educate physicians, laboratories, hospitals, schools, childcare staff, and other health care providers on the importance of VPD reporting requirements. VPD surveillance staff must be knowledgeable of the Texas reportable disease conditions list located at <https://www.dshs.texas.gov/notifiable-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 health care providers, schools and childcare facilities are important to strengthening local VPD surveillance infrastructure.

Reference Document(s) (if Applicable)

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

Evaluation

Ensure LHDs are consistently educating physicians, laboratories, hospitals, schools, childcare staff, and other health care 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 must be considered.

4.6. Needs Assessment

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

Each LHD and PHR 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 must 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 Unit 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 Unit at 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 must be submitted to the DSHS Immunization Section Ace Unit at Imm.Epi@dshs.texas.gov for approval. Topic areas outside of the Metrix are due 30 calendar days after receiving the Metrix report.
 - 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 are 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.

<u>4.6.02</u>	Design and implement an intervention to address the gaps in coverage rates or 'pockets of need' identified in the CNA in 4.6.01.	Required
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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 Immunization Section ACE Unit Metrix report is available to LHDs and PHRs by the end of the second quarter in the contract year. The LHDs and PHRs 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 Unit. 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 Unit sends the Metrix report to the LHDs and PHRs at the end of the second quarter. The LHDs and PHRs select metric(s) that need improvement in their communities.
2. Members of the DSHS Immunization Section Ace Unit send the CNA form to LHDs and PHRs. The form is distributed with the Metrix Report and returned to the DSHS Immunization Section Ace Unit within 60 calendar days.
 - a. The LHDs and PHRs list their selected metric(s) on the form.
 - b. The LHDs and PHRs 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 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 LHD and PHR have already implemented an intervention, this intervention can be submitted on the CNA form.
 - d. If all LHDs and PHRs choose not to develop an intervention, the DSHS Immunization Section Ace Unit may contact LHDs and PHRs to suggest potential interventions.
3. The LHDs and PHRs create an assessment timeline for proposed intervention.
4. Final forms must be completed and sent to Imm.Action@dshs.texas.gov.
5. Track progress on the proposed intervention, the DSHS Immunization Section Ace Unit either meet with the LHDs and PHRs quarterly, or the LHDs and PHRs must send project updates quarterly.

Throughout the process, the DSHS Immunization Section Ace Unit is available for support.

Reference Document(s) (if Applicable)

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

Evaluation

A completed Immunization CNA Report Form is submitted to Imm.Action@dshs.texas.gov within 60 calendar days of receiving it. LHDs and PHRs implement an intervention to address the gaps in coverage rates or 'pockets of need' identified in the CNA.

5. Providing a Vaccine Safety Net

5.1. Clinic Enrollment

<u>5.1.01</u>	Enroll all eligible LHD clinics into the TVFC and ASN programs as providers.	Required
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Detailed Description

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

In addition, it may be necessary to have 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

<u>5.2.01</u>	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
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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, and
4. Other compliance guidelines.

Procedure

Conduct training for all LHD clinic staff on the policies outlined in the most current TVFC and ASN Program 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, and
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)

- ASN Program Operations Manual for Providers
- TVFC 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, and
4. Other compliance guidelines.

<u>5.2.01</u>	Develop clinic staff education requirements and ensure all staff are knowledgeable about immunizations and immunization practices. Ensure clinic 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.	Required
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Detailed Description

Clinic staff education requirements must ensure staff who administer vaccines and staff 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. [TVFC/ASN Provider Policy Training](#)
2. Thorough review of annual changes to ASN Program Operations Manual for Providers,
3. Thorough review of the annual changes to the TVFC Program Operations Manual for Providers,
4. Review CDC Vaccine Storage and Handling Toolkit,
5. Review annual EPI-VAC updates (if applicable), and
6. CDC Epidemiology of VPDs Series.

New staff:

1. [TVFC/ASN Provider Policy Training](#)
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, and
5. CDC Epidemiology of VPDs Series.

Reference Document(s) (if Applicable)

- N/A

Evaluation

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

<u>5.2.03</u>	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
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Detailed Description

Screening for eligibility is the foundation of the TVFC program accountability. Screening all children at every immunization encounter and documenting eligibility screening at every visit ensures vaccines are 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 Program Operations Manual for Providers is eligible for TVFC vaccine. The LHD must 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)

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

Evaluation

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

5.2.04	Develop and implement a written policy on the use of ImmTrac2.	Required
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Detailed Description

Develop and implement a written policy on the use of ImmTrac2 and train staff on the policy annually, at a minimum. New clinic staff must be trained on the policy as a part of an onboarding process.

Procedure

Develop and implement a written policy or standard operating procedure (SOP) on the use of ImmTrac2 and ensure it includes the following:

- Maintaining active ImmTrac2 organization registration,
- Maintaining an active user account,
- Accessing ImmTrac2,
- Searching and reviewing a client’s immunization history at every client encounter,
- Reviewing client’s consent type,
- Entering and updating patient demographic information including address, email, and telephone number at every client encounter,
- Entering all historical immunizations not in ImmTrac2 at every client encounter,
- Providing the Immunization History Report to a client or client’s parent or guardian at every client encounter,
- Handling, processing, and storing paper history request forms and paper consent forms including the retention policy for these documents,
- Reporting immunizations administered to consented children and adults in the clinic, and
- Contact information for DSHS Immunization Section IIS Unit for issues or questions related to ImmTrac2.

Reference Document(s) (if Applicable)

- ImmTrac2 documents
- Texas HHS Learning Portal – ImmTrac2 Overview

Evaluation

Documentation of ImmTrac2 policy must be reviewed during the site visit.

5.3. Clinic Immunization Practices

<u>5.3.01</u>	Provide vaccines regardless of residency or ability to pay.	Required
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Detailed Description

Provide vaccines regardless of residency or ability to pay.

Procedure

Provide vaccines regardless of residency or ability to pay.

Reference Document(s) (if Applicable)

- TVFC/ASN Provider Agreement
- TVFC Program Operations Manual for Providers
- ASN Program Operations Manual for Providers

Evaluation

The Eligibility Screening form is reviewed during site visits.

5.3.02	Adhere to clinical records retention schedule.	Required
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Detailed Description

Adhere to clinical records retention schedule based on TVFC Program policy of five 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 staff is knowledgeable regarding the clinical records retention schedule policy. Ensure clinical records are maintained in adherence to the records retention schedule.

<u>5.3.03</u>	Promote the benefits of a medical home and assist the parent or guardian in obtaining or identifying the child’s medical home.	Required
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Detailed Description

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

Procedure

Promote 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 must be knowledgeable and able to explain the benefits of a medical home.

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

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

Procedure

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

Reference Document(s) (if Applicable)

- Recommended Adult Immunization Schedule
- Recommended Child and Adolescent Immunization Schedule

Evaluation

Staff must be knowledgeable and able to discuss the ACIP recommended vaccines. Clinic staff must retain the current ACIP recommended vaccines schedule and have it readily available to use.

<u>5.3.05</u>	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
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Detailed Description

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

Procedure

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

Reference Document(s) (if Applicable)

- N/A

Evaluation

Staff must be knowledgeable in Medicaid and CHIP and TVFC patient population policies.

<u>5.3.06</u>	Refer uninsured clients to Medicaid or CHIP as appropriate.	Required
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Detailed Description

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

Procedure

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

Reference Document(s) (if Applicable)

- N/A

Evaluation

Staff must be knowledgeable in Medicaid and CHIP and TVFC patient population policies.

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

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

Procedure

Ensure 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 must maintain minimum pack size for all ACIP recommended vaccines. Vaccine Inventory is assessed in VAOS.

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

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

Procedure

Ensure 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 must maintain minimum pack size for all ACIP recommended vaccines.

<u>5.3.09</u>	Establish standing orders for vaccination in LHD’s clinics that are consistent with legal requirements for standing orders per Texas Occupations Code (TOC) Title 3, Subtitle B, Chapter 157, Authority of Physicians to Delegate Certain Medical Acts.	Required
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Detailed Description

Establish standing delegation orders (SDOs) for vaccination in LHD’s clinics that are consistent with legal requirements for standing orders TOC Title 3, Subtitle B, Chapter 157, Authority of Physicians to Delegate Certain Medical Acts.

Procedure

Current SDOs must:

- Be reviewed, updated, and signed annually by the authorizing physician,
- Specify which acts require a particular level of training and licensure, and
- Specify under what circumstances they are to be performed.

Reference Document(s) (if Applicable)

- TOC Title 3, Subtitle B, Chapter 157, Authority of Physicians to Delegate Certain Medical Acts.

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 vaccines administered by LHD clinics, including combination vaccine presentations. (i.e., MMR SDO, Varicella SDO, ProQuad (MMRV)). SDOs must be available for review.

<u>5.3.10</u>	Verbally educate patients and parents/guardians about the benefits and risks of vaccination and distribute DSHS educational materials, as applicable.	Required
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Detailed Description

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

Procedure

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

Reference Document(s) (if Applicable)

- VIS

Evaluation

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

<u>5.3.11</u>	Follow only medically supportable contraindications to vaccination.	Required
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Detailed Description

Follow only medically supportable contraindications to vaccination.

Procedure

Follow only medically supportable contraindications to vaccination.

Reference Document(s) (if Applicable)

- CDC Vaccines & Immunizations Contraindications and Precautions - cdc.gov/vaccines/hcp/imz-best-practices/contraindications-precautions.html
- SDOs signed by medical authority for each LHD

Evaluation

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

<u>5.3.12</u>	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
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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 policies.

5.3.13	Recommend the simultaneous administration of all needed vaccines for the patient.	Required
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Detailed Description

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

Procedure

Discuss the benefits of simultaneous administration of all needed vaccines for the patient. Administer all vaccine doses simultaneously 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
- DSHS Immunization - dshs.texas.gov/immunizations
- LHD SDOs for Vaccine Administration

Evaluation

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

<u>5.3.14</u>	Develop and implement clinic policy on screening and documentation of eligibility for TVFC vaccines consistent with the TVFC requirements outlined in the current TVFC Program Operations Manual for Providers.	Required
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Detailed Description

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

Procedure

Implement clinic policy on screening and documentation of eligibility for TVFC vaccines in accordance with the TVFC Program Operations Manual for Providers.

Reference Document(s) (if Applicable)

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

Evaluation

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

<u>5.3.15</u>	Participate in public health emergencies and exercises of vaccine administration to the public or first responders in shelters.	Suggested
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Detailed Description

Participate in public health emergencies and exercises of vaccine administration to the public or first responders in shelters.

Procedure

Participate in public health emergencies and exercises of vaccine administration to the public or first responders in shelters.

Reference Document(s) (if Applicable)

- N/A

Evaluation

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

<u>5.3.16</u>	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
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Detailed Description

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

Procedure

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

Reference Document(s) (if Applicable)

- N/A

Evaluation

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

<u>5.3.17</u>	Coordinate with community vaccinators to conduct annual employee based vaccination clinics for influenza vaccine administration.	Suggested
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Detailed Description

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

Procedure

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

Reference Document(s) (if Applicable)

- N/A

Evaluation

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

5.4. Clinic Vaccine Management

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

Every dose of vaccine lost due to expiration or spoilage must be reported on a Vaccine Loss Report (VLR) 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:
3. Antigen,
4. Lot number,
5. Expiration date, and
6. Reason for the loss.
7. Document the vaccine loss on a VLR electronically through VAOS.
8. Ensure VLR is signed by medical personnel with prescribing authority.
9. This metric is included for reporting in VAOS under the enrolled site's PIN.

Reference Document(s) (if Applicable)

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

Evaluation

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

<u>5.4.02</u>	Submit returns for all vaccines distributed through CDC's centralized distributor to the centralized distributor for returns processing.	Suggested
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Detailed Description

Submit returns for all vaccines distributed through CDC's centralized distributor back to the centralized distributor for returns processing.

Procedure

Submit returns for all vaccines distributed through 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)

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

Evaluation

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

5.5. Clinic Quality Assurance

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

All enrolled sites must have plans for routine and emergency vaccine management. Plans must 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 is included for reporting in VAOS under the enrolled site's PIN.

Reference Document(s) (if Applicable)

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

Evaluation

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

<u>5.5.02</u>	Ensure expired, wasted, and unaccounted vaccines (excluding flu) do not exceed five percent in LHD clinics.	Required
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Detailed Description

Every dose of vaccine lost must be accounted for. Expired, wasted, and unaccounted for vaccines (excluding flu) must not exceed five percent at each of the LHD clinics.

Procedure

Ensure expired, wasted, and unaccounted for vaccines (excluding flu) do not exceed five percent at each of the LHD 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 lost at each of the LHD clinic locations.

5.6. Clinic Reporting

<u>5.6.01</u>	Conduct timely reporting of monthly clinic activities by recording vaccine inventory, doses administered, temperature logs and other reportable activities by the seventh calendar day of each month as described in the TVFC Program Operations Manuals for Providers and ASN Program Operations Manuals for Providers.	Required
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Detailed Description

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

Procedure

By the seventh calendar day 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 is included for reporting in VAOS under the enrolled site's PIN.

Reference Document(s) (if Applicable)

- ASN Program Operations Manual for Providers
- TVFC Program Operations Manuals for Providers

Evaluation

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

<u>5.6.02</u>	Report all notifiable conditions.	Required
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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

Evaluation

Review notifiable conditions and their appropriate reporting time frame.

5.6.03	Report all vaccine adverse events.	Required
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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, or
- 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/
- VAERS Table of Reportable Events Following Vaccination - vaers.hhs.gov/resources/infoproviders.html

Reference Document(s) (if Applicable)

- DSHS Vaccine Adverse Event Reporting - dshs.texas.gov/immunizations/data/vaccine-adverse-event-reporting

Evaluation

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

<u>5.6.04</u>	Report the number of unduplicated underinsured clients and the number of doses administered to underinsured children monthly.	Required
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Detailed Description

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

Procedure

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

This metric is included for reporting under the Underinsured Survey - dshs.texas.gov/immunizations/health-departments/training

Reference Document(s) (if Applicable)

- N/A

Evaluation

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

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

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

Procedure

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

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.

Reference Document(s) (if Applicable)

- 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

Evaluation

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

6. Increased Use of the Texas Immunization Registry

6.1. Texas Immunization Registry Outreach for Immunization Records

<u>6.1.01</u>	Conduct Texas Immunization Registry (TIR) outreach to organizations regarding missing vaccinations for children and adults for whom consent has been granted but do not have complete immunization records.	Suggested
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Detailed Description

Conduct TIR outreach to organizations in the LHD’s jurisdiction regarding missing vaccinations for children and adults for whom consent has been granted but do not have complete immunization records.

Procedure

To reduce the number of children and adults without complete immunization records, the IPOS Client Listing report includes children aged 19 to 35 months (approximately three years) old who are not current on their immunizations according to ACIP recommendations (excluding influenza). The inclusion on this list indicates the child missed immunizations or received immunizations not reported to ImmTrac2. A new report is generated at the beginning of each quarterly period (September, December, March, and June of the fiscal year) and made available in ImmTrac2 under scheduled reports. This report is overwritten each quarter.

Each RE is provided the flexibility to target or focus on age cohorts and or vaccine groups specific to each jurisdiction's goals.

This activity contributes to vaccine accountability requirements for TVFC enrolled sites by ensuring vaccine loss and waste are minimized and documented and that TVFC vaccine inventory is accurately reported.

Outreach is defined as up to three documented attempts to update a client’s immunization history. Appropriate means of communication may include phone, email, fax, in person, or office visit. In instances where all three attempts are unsuccessful, they must be counted as one complete outreach and documented in the quarterly report.

Local Health Departments

Each IPOS is responsible for downloading and reviewing the IPOS Client listing report for their jurisdiction for up to one year from the published date or from the Regional Health Department's final approval (whichever comes first).

Regional Health Departments

Each IPOS is responsible for downloading and reviewing the IPOS Client Listing Report for their jurisdiction within one year of the published date or the final approval by DSHS Immunization Section (whichever comes first). These historical report versions must be used to validate LHD reporting in the ILA Quarterly Reports.

Identify and locate clients with incomplete immunization histories in ImmTrac2:

1. Identify and locate clients through various methods (e.g., WIC, CHIP, Early

- Childhood Intervention (ECI), Medicaid, and other LHD or community programs),
2. Search the ImmTrac2 online application for the latest client demographic and immunization information available for the client,
 3. Review the client's immunizations due. If the client is up to date on all immunizations except for flu, no action is required. (This review does not count toward the required outreach count),
 4. If the client is not up to date on immunizations, contact the last known provider, and
 5. Update client demographic information (client address, telephone, email), if needed.

Reference Document(s) (if Applicable)

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

Evaluation

Conduct outreach activities to 250 clients or three percent of the clients on the IPO Client Listing Report (whichever is greater) or the complete list (if your list is 250 or less) each quarter. For reporting, record the number of ImmTrac2 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.

6.2 Texas Immunization Registry Outreach for Patient Consent

<u>6.2.01</u>	Conduct 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
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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 the TIR.

Activities may include, but are not exclusive to outreach for the following:

- Refugee clinics,
- First Responders organizations,
- Birthing hospitals,
- Long-term care facilities,
- Health fairs and clinics, and
- Other community events.

Education to the general public may include, but is not exclusive to the following:

- Texas Health and Safety Code Section 161.007 regarding Texas Immunization Registry, ImmTrac2, consent requirements for children and adults,
- Educate expectant parents about the Texas Immunization Registry and the importance of granting consent during birth registration,
- Educate and reassure parents about the security standards and confidentiality of the Texas Immunization Registry,
- How immunization records are updated in ImmTrac2,
- How to obtain their Official Immunization History, and
- Use the flyer Benefits of Participating in the Texas Immunization Registry (ImmTrac2) for Everyone.

Reference Document(s) (if Applicable)

- ImmTrac2 - Scheduled Report – Modernized 18-Year-Old Target Client List
- ImmTrac2 - Scheduled Report – Provider Activity Dashboard - PAR
- Benefits of Participating in the ImmTrac2 for Everyone

Evaluation

Conduct and maintain documentation for 12 public outreach activities.

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

Conduct at least 12 outreach and educational activities focused on 18 year olds in high schools, colleges, universities and other institutes of higher learning in the LHD contractor's jurisdiction.

Procedure

Exhibit, present, train or provide education to staff and adult students in high schools, colleges, universities and other institutes of higher learning to increase consent among clients aged 18 to 25 years. REs can utilize the following resources for locating places to exhibit, present, or provide education to:

- All Texas School Districts:
<https://www.greatschools.org/schools/districts/Texas/TX/#:~:text=Show%20me%20school%20districts%20in%20a%20different%20state%3A,%20Hill%20County%20%2031%20more%20rows%20>
- Trade School Locator: <https://apps.twc.texas.gov/CSC/directory/search.do>
- Charter School Locator: <https://tea.texas.gov/texas-schools/texas-schools-charter-schools/charter-locator-map>
- Community College Locator: <https://www.aacc.nche.edu/college-finder/>
- Finding a School: <https://tea.texas.gov/texas-schools/general-information/finding-a-school-for-your-child/finding-a-school>
- National Center for Education Statistics Locator:
<https://nces.ed.gov/globallocator/index.asp?search=1&State=&city=&zipcode=76943&miles=50&itemname=&sortby=name&College=1&Status=Search+Finished&Records=16&CS=A2F15E39>
- School District Locator: <https://tea.texas.gov/texas-schools/general-information/school-district-locator>
- Texas Colleges and Universities:
<https://comptroller.texas.gov/programs/education/msp/schools/list/>

Reference Document(s) (if Applicable)

- A Lifetime Registry for Everyone brochure (Form 11-13708 on the publications catalog)
- ImmTrac2 - Scheduled Report – Modernized 18-Year-Old Target Client List
- School Outreach Letter

Evaluation

Each RE must conduct 12 visits to high school campuses or places of higher learning. If the jurisdiction does not have a total of 12 high schools or places of higher learning, the RE must visit 100 percent of the campuses in the jurisdiction.

Conduct activity 6.2.01 (community outreach events) to make up the remaining activities. If an REs jurisdiction has more than 12 high schools or places of higher learning, target campuses with the highest volume of adults ranging from 18 through 25 years of age. Each school campus must be visited once per quarter. If the same campus is visited more than once in a quarter, one visit must be chosen to report for this activity.

This metric is included for reporting in the Immunization Program Contract Review Tool. Report on the number of activities conducted each quarter.

6.3. Texas Immunization Registry Outreach to Users

<u>6.3.01</u>	Conduct outreach to existing TIR users who have not logged into ImmTrac2 in the last 90 calendar days (about 3 months).	Suggested
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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 (about 3 months).

Procedure

Identify the number of users who are not active during the reporting period using the Provider Activity Report (PAR). Contact the organizations with the highest volume of users who are not active and identify the reason(s) for inactivity. Assist the organization(s) in renewing their site agreement(s) and, if necessary, 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.

The PAR is generated at the beginning of each month in ImmTrac2 under the scheduled reports section.

1. Calculate the average percentage of user activity for your jurisdiction by:
 - a. Sum of 'number of Active Users' divided by the sum of 'number of All Users', and
 - b. Multiply the answer by 100 to get the actual percentage and round to the nearest whole number.
2. In the event the average percentage of total active users within a jurisdiction is 90 percent or greater, no outreach activities are required.
3. In the event the average percentage of total active users within a jurisdiction is less than 90 percent, utilize the following activities to increase the percentage of active users:
 - a. Identify the organizations with the lowest percentage of active users.
 - b. Investigate why users are not routinely logging in.
 - c. Determine if the organization needs the number of users currently assigned to the organization.
 - d. Educate the organization on procedures to disassociate users that are not utilizing ImmTrac2 or no longer employed at the organization:
 - i. If five or less users need to be disassociated, request one of the following ImmTrac2 POC submit a request to disassociate users by emailing ImmTrac2@dshs.texas.gov:
 - Organization Point of Contact,
 - Primary Registry Point of Contact,
 - Primary Vaccine Coordinator (listed in ImmTrac2), or
 - Secondary Vaccine Coordinator (listed in ImmTrac2)
 - ii. If more than five users need to be disassociated, assist the organization in completing a site renewal.

4. Educate users on the benefits of utilizing the Texas Immunization Registry. Refer to the flyer Benefits for Utilizing the Texas Immunization Registry (ImmTrac2) for Providers and the flyer ImmTrac2 Reminder for Providers.

Local Health Departments

Each IPOS is responsible for downloading and retaining the Provider Activity Report (PAR) for their jurisdiction for the entire duration of the contract.

Regional Health Departments

Each ImmTrac2 Coordinator is responsible for downloading and retaining the Provider Activity Report for their jurisdiction for the entire contract period. These reports are used to validate reporting in the Quarterly Reports.

Reference Document(s) (if Applicable)

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

Evaluation

The total active user percentage must be greater than 90 percent. When the percentage of total active users is less than 90 percent, total by five percent.

<u>6.3.02</u>	Provide Outreach to newly registered TIR organizations within the LHD's jurisdiction within three months of their registration.	Required
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Detailed Description

Provide orientation to all new Texas Immunization Registry organizations within the LHD contractor's jurisdiction within three months of their registration and maintain documentation of all technical assistance provided (e.g., telephone logs). Identify and assist newly registered providers and new users reporting to Texas Immunization Registry.

Procedure

Identify new organizations by reviewing the Provider Activity Report (PAR) and prioritize by largest number of users.

Outreach is defined as up to three documented attempts using at least two different methods to offer training or technical assistance to newly registered organizations. Newly registered organizations are any organization with a registration date less than three months old. Appropriate means of communication may include phone, email, fax, video call or office visit.

1. Using the Provider Activity Report (PAR), validate the correct RE by reviewing the Facility Name and demographic information for each newly registered organization. If the organization belongs to a different jurisdiction, perform the following:
 - Report your findings to ImmTrac2@dshs.texas.gov and the correct Responsible Entity.
 - The email subject line must be entered as "Responsible Entity Update".
 - The correct RE is required to complete all training and technical assistance for these organizations.
 - These reports do not need to be included in the ILA Quarterly Reports. Please note that in these instances, the total number of trainings may exceed the number of newly registered organizations reported in the ILA Quarterly Reports.
2. After identifying new organizations, conduct outreach to those new users to ensure that they understand how to:
 - Log into ImmTrac2,
 - Search for clients,
 - Update client demographic information,
 - Entering consent and adding new clients,
 - Review immunization history,
 - Add or edit immunizations,
 - Run and/or view reports,
 - Review the TIPS report,
 - Manage users,
 - Submit a site renewal, and
 - Discuss Texas Health and Safety Code Sec. 161.007(d) requirements

for reporting all administered vaccines to children 17 years of age and younger within 30 days of administration of the vaccine.

3. After conducting outreach, show new users how to access the HHS Learning Portal and sign up for the ImmTrac2 Overview courses. Encourage the new users to complete the courses and send you copies of their completion certificates.

REs with a high number of new provider organizations must consider hosting group trainings. Group trainings may be conducted to train multiple new providers at once.

Group trainings can be conducted in person or remotely using group meeting software. Attendance must be taken and identify each provider organization represented at the training. Multiple individuals from a single provider organization only count as a single provider.

Reference Document(s) (if Applicable)

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

Evaluation

Provide education, training, and technical assistance to 100 percent of newly registered organizations. This metric is included for reporting in the Immunization Program Contract Review Tool. Report the number of outreach and educational activities conducted each quarter. Include organizations that were not successfully contacted after three attempts or who refused in this count.

<u>6.3.03</u>	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
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Detailed Description

Conduct outreach to all Texas Immunization Registry organizations with an expired site agreement within the LHD Contractor’s jurisdiction within six 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 with an expired site agreement by reviewing the Provider Activity Report (PAR) and prioritize the organizations with the oldest site agreement date.

Conduct outreach and education to 100 percent with an expired site agreement. Assist provider organizations with completing site renewals when appropriate.

Outreach is defined as up to three documented attempts using at least two different methods to offer education, training or technical assistance to organizations with an expired site agreement.

Organizations with an expired site agreement are any organization with a site agreement expiration date that has passed. Appropriate means of communication may include phone, email, fax, video call or office visit.

1. Using the Provider Activity Report (PAR), validate the correct RE by reviewing Facility Name and demographic information. If the organization belongs to a different jurisdiction, perform the following:
 - Report your findings to ImmTrac2@dshs.texas.gov and the correct RE.
 - The email subject line must be entered as “Attn Reg/Ren: Responsible Entity Update.”
 - The correct RE is required to complete all training and technical assistance for these organizations.
 - These organizations do not need to be included in the ILA Quarterly Reports.
2. Conduct outreach to organizations with an expired site agreement to ensure they understand:
 - All non-TVFC orgs must complete a site renewal every two years,
 - All TVFC/ASN orgs must complete a site renewal annually,
 - An active site agreement is a condition for their organization’s access to ImmTrac2,
 - A site renewal must be completed any time there is a change in:
 - Point of Contact (POC),
 - Five or more users added and/or removed,
 - Organizational information such as address, name, contact information, etc.

3. For suspected closed organizations, reach out to ImmTrac2@dshs.texas.gov with the closed organization's Org Code.

Reference Document(s) (if Applicable)

- 11-15252 ImmTrac2 Site Renewal Guide
- 11-16804 ImmTrac2 Site Renewal Through Syntropi
- ImmTrac2 – Scheduled Report – Provider Activity Dashboard - PAR
- Provider Activity Dashboard Guide

Evaluation

Provide education, training, and technical assistance to 100% of organizations with expired site agreements each quarter. This metric is included for reporting in the Immunization Program Contract Review Tool. Report the number of outreach and educational activities conducted each quarter. Include organizations that were not successfully contacted after three attempts or who refused in this count.

6.4. Texas Immunization Registry Promotion

<u>6.4.01</u>	Promote the use of the Texas Immunization Registry to organizations within the LHD contractor's jurisdiction not currently enrolled in the Registry. Identify all providers who administer vaccines in the REs jurisdiction, including both pediatric and adult immunization providers. Educate them on their statutory requirement to report immunizations and on the enrollment process.	Suggested
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Detailed Description

Promote the use of the Texas Immunization Registry to organizations within the LHDs jurisdiction that are not currently enrolled in the registry. Identify all providers who administer vaccines in the LHDs 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 and report immunization data. Review the PAR to identify organizations within the LHD contractor's jurisdiction currently registered. Compare the list to other providers identified with the LHD contractor's jurisdiction not currently registered in ImmTrac2.

- Contact the provider to educate them on their statutory requirement to report immunizations.
- Guide them through the ImmTrac2 enrollment process.
- Give the provider information about how to contact the LHD contractor (IPOS) for additional assistance and guidance.
- All organizations that administer immunizations to individuals under 18 years of age must be informed of the statutory requirement to report immunizations as outlined in Texas Health and Safety Code Sec. 161.007(d).
- All organizations enrolled in the TVFC program are required to be registered with the Texas Immunization Registry according to the Texas Vaccines for Children and Adult Safety Net Provider Manual 2023, Chapter 7: Documentation Requirements.

If the organization belongs to a different jurisdiction, perform the following:

- Report your findings to ImmTrac2@dshs.texas.gov and the correct Responsible Entity.
- The email subject line must be entered as "Responsible Entity Update".

Prioritize recruitment strategies for organizations that administer vaccines to children and adults. Secondary recruitment strategies may include:

- First responder organizations
- Schools/colleges/universities
- Licensed childcare facilities
- Pharmacies

Reference Document(s) (if Applicable)

- 11-15175 ImmTrac2 Site Registration Guide
- Benefits for Utilizing ImmTrac2 for Providers
- ImmTrac2 – Scheduled Report – Provider Activity Dashboard - PAR
- Provider Activity Dashboard Guide

Evaluation

Increase the total number of registered organizations in the awardee’s jurisdiction.

Baseline and goals are in the table below:

Responsible Entity	FY26 Baseline Number of Registered Orgs
Abilene Taylor CO Health Department	207
Amarillo (City of) Dept of Health	335
Andrews City CO Health Department	22
Angelina CO and Cities Health District	137
Austin HHS Division (City of)	1,438
Beaumont Public Health Department	224
Bell CO Public Health District	341
Brazoria CO Health Department	497
Brazos CO Health District	254
Brownwood Brown CO Health Department	68
Cameron CO Health Department	633
Cherokee CO Health Department	52
Collin CO Health Care Service	1,390
Comal CO Health Department	216
Corpus Christi Nueces CO Public Health District	500
Corsicana Navarro Public Health District	65
Dallas CO Health and Human Service	3,333
Denton CO Health Department	820
DSHS Region 1	1,294
DSHS Region 2/3	3,226
DSHS Region 4/5N	2,255
DSHS Region 6/5S	10,248
DSHS Region 7	4,130
DSHS Region 8	3,669
DSHS Region 9/10	1,902

Responsible Entity	FY26 Baseline Number of Registered Orgs
DSHS Region 11	3,226
Ector CO Health Department	244
El Paso City CO Health and Environment District	1,005
Fort Bend CO Health Department (HHS)	928
Galveston CO Health District	419
Gregg CO Health Department	234
Hardin CO Health Department	67
Harris CO Public Health	1,905
Hays CO Health Department	242
Hidalgo CO Health Department	1,289
Houston Dept of Health and Human Service	4,643
Hunt Health Department (Greenville)	114
Jasper Newton CO Public Health District	71
Laredo (City of) Health Department	309
Lubbock City Health Department	433
Marshall Harrison CO Health District	83
Medina CO Health Department	45
Midland Health Department	210
Milam CO Health Department	34
Northeast Texas Public Health	205
Paris Lamar CO Health Department	93
Plainview-Hale Health District	45
Port Arthur City Health Department	122
San Antonio Metro Health Department	2,261
San Patricio CO Department of Health	95
South Plains Pub Health District	73
Sweetwater Nolan CO Health Department	36
Tarrant CO Public Health Department	2,211
Texarkana Bowie CO Fam Health Center	217
Victoria City CO Health Department	271
Waco McLennan CO Public Health District	343
Wichita Falls Wichita CO Public Health District	177
Williamson CO and Cities Public Health District	667

Note: Number of baseline organizations is from ImmTrac2 and reflects the number of active organizations assigned in ImmTrac2 to the corresponding jurisdiction. All

organization types are included in these counts. Regional health department numbers include areas also served by local health departments.

6.4.02	Train Birth Registrars on Using the TIR. Provide education and technical assistance to birth registrars on the effective use of the Texas Immunization Registry.	Suggested
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Detailed Description

Provide education and technical assistance to birth registrars within the LHD contractor’s jurisdiction on the effective use of the Texas Immunization Registry (ImmTrac2).

Procedure

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

Activities may include but are not exclusive to providing educational and technical assistance for the following:

- Birthing hospitals
- Birthing facilities
- Other birthing entities

Education to birth registrars and other facilities may include, but not exclusive to the following:

- Texas Health and Safety Code Section 161.007 regarding Texas Immunization Registry (ImmTrac2) consent requirements for children and adults.
- Educate expectant parents about ImmTrac2 and the importance of granting consent during birth registration.
- Educate and reassure parents about the security standards and confidentiality of the Texas Immunization Registry.
- How immunization records are updated in ImmTrac2.
- How to obtain their Official Immunization History.
- Use the flyer Benefits of Participating in the Texas Immunization Registry (ImmTrac2) for Everyone.

Reference Document(s) (if Applicable)

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

Evaluation

Provide education and technical assistance to 10 percent of birth registrars in the awardee’s jurisdiction. (For jurisdictions with less than 10 organizations, a minimum of one birthing organization must be provided education and technical assistance.) This metric is not included in the reporting for the Immunization Program Contract Review Tool. Record the number of birth registrars receiving education or technical assistance and the number of birth registrars in the jurisdiction from the previous quarter or year. If education or technical assistance was provided to less than 10 percent of birth registrars, record a justification for providing the education or technical assistance to less than 10 percent.

<u>6.4.03</u>	Collaborate with 12 entities such as prenatal health care providers, birth registrars, hospital staff, pediatricians, and other entities to educate parents, expectant parents, and providers about Texas Immunization Registry and the benefits of participation. This includes the dissemination of DSHS educational materials as appropriate.	Suggested
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Detailed Description

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

Procedure

Collaborate with 12 entities in awardee’s jurisdiction.

Activities may include but are not exclusive to the following entities:

- Ob-Gyn clinics
- Birthing hospitals
- Birthing facilities
- Community health and wellness fairs

Educational activities may include, but not exclusive to the following:

- Texas Health and Safety Code Section 161.007 regarding Texas Immunization Registry, ImmTrac2, consent requirements for children and adults.
- Educate expectant parents about ImmTrac2 and the importance of granting consent during birth registration.
- Educate and reassure parents about the security standards and confidentiality of the Texas Immunization Registry.
- Educate parents about the benefits of the Texas Vaccines for Children (TVFC) program.
- How immunization records are updated in ImmTrac2.
- How to obtain their Official Immunization History.
- Use the flyer Benefits of Participating in the Texas Immunization Registry (ImmTrac2) for Everyone.

Reference Document(s) (if Applicable)

- 11-15064P - “A lifetime of Vaccines” TIR Parent Poster
- Benefits of Participating in the Texas Immunization Registry (ImmTrac2) for Everyone

Evaluation

Collaborate with 12 entities in awardee jurisdiction. This metric is included for reporting in the Immunization Program Contract Review Tool. Report the number of collaborations completed each quarter.

6.5. ImmTrac2 Program Quality Improvement

<u>6.5.01</u>	Review the monthly Provider Activity Report (PAR) to identify organizations who are inactive or not routinely submitting immunization data or adding consented clients. Prioritize these organizations for outreach activities.	Required
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Detailed Description

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

Procedure

Increase the number of clients consented and prioritize organizations by the lowest client consent according to the PAR.

1. Using the PAR, identify organizations who are not routinely adding consented clients by targeting providers who have zero (0) in both of the following columns:
 - 'Total Number of Consented Online' and
 - 'Total Number of DX Clients Consented'.
2. Using the PAR, identify organizations not routinely submitting immunization data by targeting providers who have zero in the following columns:
 - 'Number of Current Imms Added Online',
 - 'Number of Historical Imms Added Online', and
 - 'Number of DX Imms Added'.
3. Identify the potential root cause of why clients and or immunizations are not being added by the organization, such as:
 - Provider's site agreement has expired by verifying the date in the column 'Site Agreement Expiration Date',
 - No active users or no users by reviewing columns 'Number of Active Users' and 'Number of All Users', and
 - Providers that use data exchange may have a lower number of active users but must not have zero. Educate providers about the importance of maintaining access for site renewals and routinely monitoring reports such as the TIPS and other canned reports.
4. If the site agreement is not expired and the organization has active users, refer to the Data Quality Guide to assist in identifying other root causes.
5. Assist the organization to renew their site agreement and disassociate any users not utilizing ImmTrac2 or are no longer employed at the organization. ImmTrac2 is a highly secure system containing Protected Health Information (PHI). Unneeded user accounts in ImmTrac2 can be a security risk. Ensure all users are current employees to mitigate security risks. Remind providers as part of their site agreement (Section 3C) they agree to keep all user accounts up to date.
6. If the organization participates in TVFC, remind the provider keeping their ImmTrac2 site agreement up to date is a requirement of the TVFC program.

Some activity strategies include:

- Educate providers about the benefits of using ImmTrac2 and keeping their account active.
- Be responsive to questions and requests for support from providers in your jurisdiction.
- Contact providers in your jurisdiction to maintain a productive relationship. Encourage providers to contact you whenever they have questions.
- Provide multiple lines of communication such as email and phone numbers.
- Educate providers on how to access and monitor their TIPS report.
- Educate providers on how to identify different areas of concern such as active users, active clients, and data exchange acceptance rates.
- Educate providers on how to contact Central Office for data exchange assistance.

Reference Document(s) (if Applicable)

- 11-15231 Data Exchange Resource Guide
- 11-15232 Data Quality Guide – Common Issues of Inaccurate Report Data
- 11-15957 Informational Guide on Bidirectional Data Exchange
- ImmTrac2 – Scheduled Report – Provider Activity Dashboard - PAR
- Training Video: Adding Client and Affirming Consent (video and script) at dshs.texas.gov/immunizations/providers/training

Evaluation

Increase the number of clients added online by the end of the fourth quarter. This metric is included for reporting in the Immunization Program Contract Review Tool. Report the total number of consented clients according to the last three PAR (the quarter). At the end of the fourth quarter, indicate if the total number of consented clients increased over the previous contract period. The following baselines have been provided by RE.

Responsible Entity	FY26 Baseline Number of Consented Clients
Abilene Taylor CO Health Department	73,466
Amarillo (City of) Department of Health	152,649
Andrews City CO Health Department	13,565
Angelina CO and Cities Health District	45,325
Austin Health and Human Services Division (City of)	836,050
Beaumont Public Health Department	65,156
Bell CO Public Health District	202,663
Brazoria CO Health Department	237,180

Responsible Entity	FY26 Baseline Number of Consented Clients
Brazos CO Health District	107,666
Brownwood-Brown CO Health Department	20,823
Cameron CO Health Department	288,824
Cherokee CO Health Department	31,152
Collin CO Health Care Services	592,544
Comal CO Health Department	103,357
Corpus Christi Nueces CO Public Health District	204,789
Corsicana Navarro Public Health District	26,906
Dallas CO Health and Human Services	1,347,571
Denton CO Health Department	470,529
DSHS Region 1	451,005
DSHS Region 2/3	4,584,193
DSHS Region 4/5N	791,748
DSHS Region 6/5S	4,790,675
DSHS Region 7	2,205,321
DSHS Region 8	1,993,651
DSHS Region 9/10	918,316
DSHS Region 11	1,818,516
Ector CO Health Department	103,356
El Paso City CO Health and Environment District	552,576
Fort Bend CO Health Department (HHS)	508,899
Galveston CO Health District	197,316
Gregg CO Health Department	80,500
Hardin CO Health Department	26,552
Harris CO Public Health	1,034,914
Hays CO Health Department	154,929
Hidalgo CO Health Department	717,551
Houston Department of Health and Human Services	2,043,170
Hunt Health Department (Greenville)	56,962

Responsible Entity	FY26 Baseline Number of Consented Clients
Jasper Newton CO Public Health District	16,252
Laredo (City of) Health Department	258,134
Lubbock City Health Department	156,626
Marshall Harrison CO Health District	38,456
Medina CO Health Department	26,943
Midland Health Department	93,866
Milam CO Health Department	13,349
Northeast Texas Public Health	144,205
Paris Lamar CO Health Department	22,987
Plainview Hale Health District	15,957
Port Arthur City Health Department	28,698
San Antonio Metro Health Department	1,337,558
San Patricio CO Department of Health	40,049
South Plains Public Health District	21,867
Sweetwater Nolan CO Health Department	7,978
Tarrant CO Public Health Department	1,171,727
Texarkana Bowie CO Family Health Center	42,487
Victoria City CO Health Department	52,065
Waco-McLennan CO Public Health District	155,946
Wichita Falls Wichita CO Public Health District	94,829
Williamson CO and Cities Public Health District	405,417

Note: Baseline number of consented clients is from ImmTrac2 and reflects the number of consented clients with an address within the corresponding jurisdiction. Regional counts include areas also served by a local health department.

<u>6.5.02</u>	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
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Detailed Description

Review the monthly CARE report to target organizations within the LHDs 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 75 organizations, contact 100 percent of the organizations displayed on the CARE report.

Procedure

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

Using the CARE report:

1. Filter column 'ImmTrac2 Status' and remove all closed organizations.
2. Add a 'Custom Sort': Sort column 'Percent of DX Clients Accepted' from smallest to largest (ascending) and sort column 'percent of DX Clients Submitted' from largest to smallest (descending) to identify those providers with the lowest client acceptance rate.
3. Prioritize organizations with a percent acceptance rate of zero in column 'Percent Accepted'.
4. If the percentage acceptance rate is greater than 90 percent, no communication is required for those organizations.

Please allow an organization up to three months to incorporate changes to their EHR before sending new communications.

Do not perform outreach to the following large chain pharmacies listed below:

- Walgreens Health Services
- Walmart Pharmacy
- CVS Pharmacy
- Kroger Pharmacy
- Safeway, Randalls, Tom Thumb, Albertson's Pharmacy
- Target Corporation
- CVS Minute Clinic
- Brookshire Grocery Company
- Brookshire Brothers Inc.
- United Supermarkets LLC
- Costco Wholesale Pharmacy
- Genoa Healthcare LLC
- K Mart Corporation

Reference Document(s) (if Applicable)

- 11-15703 ImmTrac2 HL7 2.5.1 Error Guide
- 11-15773 Affirmation of Registry Consent via Health Level Seven
- E11-13415 Electronic Standards for Affirmation of Registry Consent
- ImmTrac2 – Scheduled Report – Provider Activity Dashboard - CARE Report
- ImmTrac2 – Scheduled Report – Provider Activity Dashboard - TIPS Report

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 percent of the organizations displayed on the CARE report.

6.6. Collaboration with DSHS Immunization Section

<u>6.6.01</u>	Attend all IIS quarterly meetings.	Required
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Detailed Description

Attend all IIS quarterly meetings.

Procedure

A representative from each LHD and PHR must attend quarterly virtual meetings with the DSHS Immunization Section IIS team. Meetings function as a forum to discuss updates, share best practices, submit requests, address concerns, and provide training. Meeting invitations are emailed and hosted on Microsoft Teams. Indicate if all IIS quarterly meetings were attended for the reporting period.

Reference Document(s) (if Applicable)

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

Evaluation

Attend and maintain documentation for a minimum of four IIS quarterly meetings each fiscal year.

7. Education and Partnerships

7.1. Public Education

<u>7.1.01</u>	Inform and educate the public about vaccines, VPDs, and the TVFC and ASN programs.	Required
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Detailed Description

The LHD must inform the public about vaccines and the diseases they can prevent, making sure vaccine information is current and relevant. The LHD must inform the public about the TVFC and ASN programs, including eligibility criteria.

Procedure

The LHD must 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, and
- VIS statements.

The LHD must distribute ASN information and educational materials at venues and clinics serving eligible adults. The LHD must 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)

- ASN Program Operations Manual for Providers
- DSHS Immunization Publication Order Form
- TVFC Program Operations Manual for Providers

Evaluation

Documentation of public information materials distributed, and activities conducted.

7.1.02	Promote the DSHS Immunization Section website to providers, stakeholders, and the public in the LHD's jurisdiction.	Suggested
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Detailed Description

The LHD must 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, and
- Programs like:
 - TVFC,
 - ASN, and
 - 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

Evaluation

Documentation of the distribution of public information materials and resources.

<u>7.1.03</u>	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
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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 leads 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

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

The LHD must educate about all ACIP recommended policies and procedures.

Procedure

The LHD must 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 Immunization Section throughout each year.

The LHD must 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/acip/vaccine-recommendations/?CDC_AAref_Val=https://www.cdc.gov/vaccines/acip/recommendations.html)
- DSHS Immunization Publication Order Form

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

<u>7.3.01</u>	Appoint an Immunization Outreach Coordinator (IOC) responsible for developing community partnerships, planning collaboration activities, creating a planning group, and is the point of contact for DSHS Immunization Section stakeholder meetings.	Required
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Detailed Description

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

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

Procedure

The IOC must 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 must inform DSHS Immunization Section 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

Evaluation

Documentation of appointed IOC. This activity requires IOCs to provide documentation indicating the formation of a planning group to promote vaccines.

7.3.02	Develop and maintain a planning group with the goal of forming long term immunization stakeholder relationships.	Required
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Detailed Description

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

The LHD must include external stakeholders in the planning group.

Procedure

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

The planning group must 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 must identify partners, serve as primary facilitator for meetings and be present at all meetings with partners. Calls or meetings must 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

Evaluation

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

<u>7.3.03</u>	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
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Detailed Description

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

The LHD must 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.

7.3.04	If American Indian/Alaska Native (AI/AN) communities reside in the LHD region, the LHD must conduct outreach efforts concerning tribal health issues, concerns, or needs with AI/AN communities.	Required
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Detailed Description

The LHD must 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 must attend or host at least one meeting annually, focusing 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 include 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.

7.3.05	Participate in special initiatives as directed by the DSHS Immunization Section.	Required
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Detailed Description

As directed by DSHS Immunization Section, the LHD must participate in special initiatives associated with improving and sustaining immunization coverage levels. The DSHS Immunization Section will explicitly request when the LHD must participate in these activities. If DSHS Immunization Section 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

<u>7.4.01</u>	Participate in Immunization Communication and Coordination Coalition (ICCC) meetings.	Required
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Detailed Description

IOC or other designated staff must attend and participate in at least 75 percent of ICCC meetings.

Procedure

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

The LHD must present at 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 monitors attendance through the 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

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

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

REGION 6/5 SOUTH

Brian Gfroerer Program Manager
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