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State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
Governor

DATE: March 23, 2011
TO: Public and Private Health Care Providers
FROM: California Department of Public Health
Immunization Branch
Vaccines for Children (VFC) Program
SUBJECT: Enrollment in the Vaccines for Children (VFC) Program

Thank you for your interest in enrolling in the State of California's Vaccines for Children (VFC) Program.

The Vaccines for Children (VFC) Program is a federally-funded program that supplies publicly purchased vaccines for immunizing eligible children- at no cost to participating public and private health care providers. Eligible patients include children through the age of 18 who are:

- Medi-Cal/CHDP eligible; or
- Uninsured (child has no health insurance coverage); or
- American Indian/Alaskan Native

NOTES:

- Under-insured (child's health insurance does not cover immunizations or only covers selected vaccines) may not be immunized with VFC vaccines at private offices. They may be immunized with VFC vaccines only at a Federally Qualified Health Center (FQHC), Rural Health Center (RHC) or local health department clinic.
- Children with commercial (private) insurance, including Healthy Family subscribers, are NOT eligible to receive VFC-supplied vaccines.

Enrollment Steps:

1. REVIEW AND COMPLETE ENROLLMENT FORMS

- Carefully review and complete the 4 page VFC Program Enrollment Application:
 - The first two pages of the application request information about your practice's profile, e.g., Name and address, vaccine delivery information, number of VFC-eligibles to be served, personnel with prescription privileges to administer VFC vaccines, and communication contacts for the practice.
 - Provider Enrollment Agreement (Page 3) and Certification of Capacity to Store Vaccines (Page 4) outline participation terms for all practices enrolling in the

Program. The two documents must be reviewed and signed by the physician-in-chief or the clinic's medical director (Must be a licensed Medical Doctor, Doctor of Osteopathy, Nurse Practitioner, Physician Assistant, or a Certified Nurse Midwife with prescription privileges in the State of California).

- Other providers authorized to administer vaccines can operate under the supervision of a prescribing VFC provider and should be listed under the "Healthcare Providers with Prescription Privilege" section (page 2).
- Organizations with multiple facilities or satellite clinics must complete enrollment forms for each site.
- Organizations self identifying as a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC), must include a copy of the federal FQHC/RHC license/certification. Similarly, clinics self identifying as a State-licensed Community Health Center in the State of California must also submit a copy of the certification issued by the State Bureau of Primary Care.
- In addition to VFC Provider Enrollment Forms, your "New Provider Enrollment" packet includes materials that outline program requirements for vaccine storage. All prospective participants of the Program VFC MUST comply with outlined requirements prior to enrolling in the program. Requirements are specific about acceptable vaccine storage unit types used for the storage of VFC-supplied vaccines. These requirements include:
 - A refrigerator-only unit(s) for the storage of all refrigerated vaccines (with a minimum capacity of 11 cubic feet) and
 - A separate stand-alone freezer unit for the storage of frozen vaccines.
 - Under-the-counter units for the storage of a small vaccine supply must be purposely built for the storage of biologics (pharmacy or biologic grade).

NOTE: Bar or dormitory style units and household refrigerator/freezer combination units are NOT acceptable for the storage of VFC Supplied vaccines. If you are in the process of purchasing vaccine storage units for your practice, please ensure they meet requirements outlined in the enclosed guidelines or consult with your local VFC Field Representative during your new provider site visit.

2. MAIL ENROLLMENT FORMS

- Please mail the completed application to the following address and keep a copy for your records. Incomplete applications cannot be processed.

California Vaccines for Children (VFC) Program
Attn: New Enrollments
850 Marina Bay Parkway, Building P, Second Floor
Richmond, CA 94804

3. SCHEDULE A NEW PROVIDER SITE VISIT

- Once your enrollment forms are received at the VFC office, they will be checked for completeness and then sent to your local VFC Field Representative (See VFC Field Representative Phone List).
- Your VFC Field Representative will contact the point person listed on your enrollment forms to schedule a “New Provider” site visit and go over the program’s administrative requirements, ensure proper storage and handling of vaccines, and approve your facility for participation in our program.

4. PRACTICE APPROVAL AND UNIQUE PROVIDER IDENTIFICATION NUMBER (PIN) ASSIGNMENT

- Upon completion of your site visit, the VFC Field Representative will notify the VFC Office that your practice is ready and approved to be enrolled in VFC.
- The VFC office will issue a unique six-digit Provider Identification Number (PIN) for your practice. You will receive a “VFC Welcome letter” that will include your new VFC PIN, which you will need for the submission of your vaccine orders and for **all** interactions with the VFC Program.

5. QUESTIONS?

- If you have any questions, please contact VFC Customer Service at 1-877-243-8832 (1-877-2GET-VFC). Thank you again for your interest in participating in the State of California's VFC Program.
- For current forms or more information about the VFC Program please visit our website www.eziz.org.
- Please allow up to 30 days from the receipt of your forms for the enrollment to be completed.

Enclosures- VFC Provider Enrollment Application CDPH IMM-990 (12/2010)
VFC Storage Guide IMM-962, 963, 966
VFC Regional Field Representative List

**VACCINES FOR CHILDREN (VFC) PROGRAM
VFC AGREEMENT**

To participate in the Vaccines for Children (VFC) Program and receive federally procured vaccine provided to my facility at no cost, I agree to the following conditions, on behalf of myself and all the practitioners, nurses and others associated with this medical office, group practice, managed care organization, community/migrant/rural clinic, hospital, health department, or other health delivery facility of which I am the physician-in-chief or equivalent:

- 1) I will screen patients and administer VFC Program-purchased vaccine only to a child who is 18 years of age or younger who qualifies under one or more of the following categories:
 - a) Is an American Indian or Alaskan Native;
 - b) Is eligible for California's Child Health and Disability Prevention (CHDP) Program or Medi-Cal Program; or
 - c) Has no health insurance.
 - d) Is underinsured (has private health insurance but the coverage does not include vaccines or covers only selected vaccines). Underinsured children are eligible to receive VFC-supplied vaccines only through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC).
Note: Children with private health insurance and Healthy Family subscribers are not eligible for VFC vaccines.
- 2) I will maintain a record of each VFC-enrolled child's required information on VFC eligibility screening for a period of three (3) years. Release of such records will be bound by the privacy protection of the federal Medicaid law.
- 3) If requested, I will make such records available to the State or the Department of Health and Human Services (DHHS).
- 4) I will permit visits to my facility by authorized representatives of the State or DHHS to review my compliance with VFC Program requirements including vaccine storage and record-keeping.
- 5) I will administer VFC vaccines only to children in eligible age cohorts for each vaccine, as set by the Advisory Committee on Immunization Practices (ACIP) in VFC resolutions.
- 6) I will administer all age-appropriate immunizations to patients in my practice in compliance with the recommended immunization schedule, dosage, and contraindications that are established by the ACIP, unless:
 - a) In my medical judgment, and in accordance with accepted medical practice, I deem such compliance to be medically inappropriate; or
 - b) The particular requirement contradicts the law in my State pertaining to religious and other exemptions.
- 7) I will make available a current copy of the VIS for review prior to administering vaccines and will provide a written copy or instructions for obtaining an electronic copy. I will document the VIS publication date in accordance with the National Childhood Vaccine Injury Act.
- 8) I will not impose a charge for the cost of the vaccine.
- 9) I will not impose a charge for the administration of the vaccine that is higher than the maximum fee established by the State. (The current maximum for the State of California is \$17.55 per dose administered.)
- 10) I will not deny administration of a federally procured vaccine to a child because the child's parent or guardian or individual of record is unable to pay the administration fee.
- 11) I will comply with the State's requirements for ordering vaccine as outlined on VFC order forms, etc. (e.g., reporting via the order forms my previous VFC vaccine usage and my current inventory of VFC vaccine, ordering vaccine according to the order frequency category identified for my practice, ordering vaccine in accordance with my actual vaccine need and avoiding stockpiling or build-up of excess vaccine inventory, etc.)
- 12) I will be financially responsible for the replacement cost of any VFC-provided vaccines that I receive for which I cannot account or that spoil or expire because of negligence.
- 13) I agree to store and handle VFC-supplied vaccines in accordance with CDPH Certification of Capacity to Store Vaccines, the manufacturer's specifications and only at the facility stipulated in this agreement. I may be required to purchase a new refrigerator or freezer unit if equipment at my practice is deemed inappropriate for vaccine storage or not able to maintain appropriate temperature.
- 14) I will use the VFC provided Fahrenheit (F°) Temperature Log or Celsius (C°) Temperature Log on all cold storage units that contain vaccines, and retain the "Temp Log" (IMM-682) record each month for a period of thirty six (36) months.
- 15) I understand the State may terminate this agreement at any time for failure to comply with these requirements or without cause.
Note: I understand that if this agreement is terminated, I must return to the VFC Program all unused (viable and non-viable) VFC vaccine. I also will comply with the VFC Program's procedures for return of the vaccine.

To agree to these federal requirements, type your name, your medical license number, today's date, and sign in the boxes below.

Chief Physician Name (print)	Medical License Number	Date
Chief Physician (signature)		

VACCINES FOR CHILDREN (VFC) PROGRAM
CERTIFICATION OF CAPACITY TO
STORE VACCINE

I, on behalf of myself and any and all practitioners associated with this medical office, group practice, Health Maintenance Organization (HMO), health department, community/migrant/rural clinic, hospital, or other entity of which I am the physician-in-chief, medical director or equivalent, agree to comply with each of VFC's requirements listed below.

1. Comply with Storage and Handling Requirements

All enrolled VFC providers must comply with the July 2009 vaccine storage equipment requirements (<http://www.eziz.org/pages/storageandhandling.html>). New providers must have separate refrigerator only and freezer only units for storage of vaccines. Dormitory refrigerators are not allowed for vaccine storage, even for daily use.

2. Designate a Vaccine Coordinator

Designate one fully trained staff member to be the primary vaccine coordinator and at least one person to be the back-up. Ensure ongoing training.

3. Set up refrigerator and freezer properly

Keep vaccines 2-3 inches away from walls, floor, and other boxes. Group vaccines by type, and clearly label the designated space for each vaccine. Place thermometers in the center of both the refrigerator and freezer. Post a temperature log on the door. Post "Do Not Unplug" warning signs on electrical outlets, and circuit breakers. Plug in only one unit per outlet. Do not store: food in the refrigerator or freezer, vaccine in the doors or drawers. If your refrigerator units have deli-crisper and vegetable bin drawers, remove them and fill the space with water bottles in the refrigerator and ice packs in the freezer.

4. Use certified thermometers

Thermometers must be certified in accordance with National Institute of Standards and Technology (NIST). If your thermometer uses batteries, replace them every 6 months.

5. Store vaccines at recommended temperatures

Freeze MMR, MMRV, and Varicella at 5° F or below.
 (Aim for 0° F or lower to keep temperatures from getting too warm).
 Refrigerate all other vaccines at 35° F - 46° F.
 (Aim for 40° F to keep temperatures from getting too warm or cold).

6. Check and record refrigerator and freezer temperatures twice a day

Temperatures should be checked first thing in the morning and last thing at the close of business. VFC temperature logs must be used and kept for a period of 3 years. If the temperature is out of range, immediate action must be taken to correct improper vaccine storage condition. Document actions taken on the temperature log and immediately contact the VFC Program. At the end of the day, check to make sure that refrigerator and freezer doors are shut.

7. Keep VFC vaccines separate from privately purchased vaccines

Must be able to clearly distinguish public and private vaccine stock. Vaccines should be labeled either VFC or private for clear identification and ideally kept on different shelves to minimize potential for confusion.

8. Maintain and rotate stock

Rotate vaccine stock by placing short-dated vaccines in front. Call the VFC Office if you have any vaccine that will expire within 3 months. Keep vaccine in original packaging until it's time to use it.

9. Monitor capacity to store vaccines-especially during flu season

Inventory vaccine and ensure that there is enough space in refrigerator and freezer before ordering.

10. Contact the VFC Program immediately if you have storage and handling problems or any problems with VFC Vaccine Shipments

If you have any problems with your refrigerator or freezer, keep the refrigerator and freezer doors shut and notify the VFC Program. You should have an alternate location identified and emergency plans in place to transport vaccine for extended power outages and freezer or refrigerator malfunctions.

Vaccine shipments received must be immediately received, inspected to verify temperature monitors indicate vaccines have not been exposed to temperatures outside the range, and verify shipment's contents. Any issue with vaccine shipments must be reported immediately to VFC.

To receive VFC Vaccines, you must confirm acknowledgement of this agreement.

You may be held financially responsible for replacing vaccines doses lost due to negligence if you do not comply with the above requirements.

Chief Physician Name (print)	Date
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Chief Physician (signature)



Vaccine Refrigerator Setup

Storing Vaccines

Carefully organizing vaccines in a refrigerator helps protect vaccine and facilitates vaccine inventory management. Refrigerate all vaccines except MMRV, Varicella, and Zoster.

Refrigerator-only Unit

Almost all of the space is usable (inside dashed lines).

✓ Place vaccine in breathable plastic mesh baskets and clearly label baskets by type of vaccine.

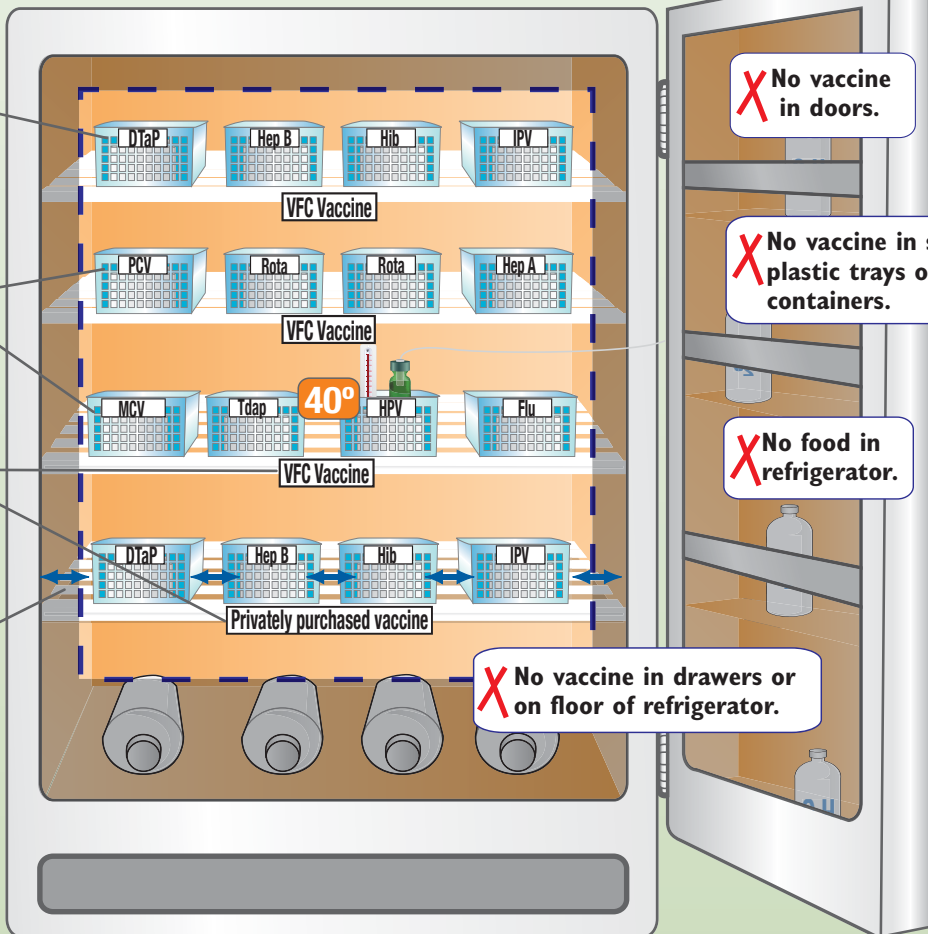
✓ Group vaccines by pediatric, adolescent, and adult types.

✓ Separate the VFC vaccine supply from privately purchased vaccine.

✓ Keep baskets 2-3 inches from walls and other baskets.

✓ Keep vaccines in their original boxes until you are ready to use them.

✓ Store only vaccine and other medication in vaccine storage units.



✓ Keep vaccines with shorter expiration dates to front of shelf.

If you have vaccine that will expire in 3 months or less that you will not be able to use, notify the VFC Program.



✓ Keep temperatures between 35°F to 46°F.



If you have any problems with your refrigerator, keep the refrigerator door shut and notify the California VFC Program.

• VFC Program Office (877) 243-8832

• VFC Field Representative

Vaccine Freezer Setup

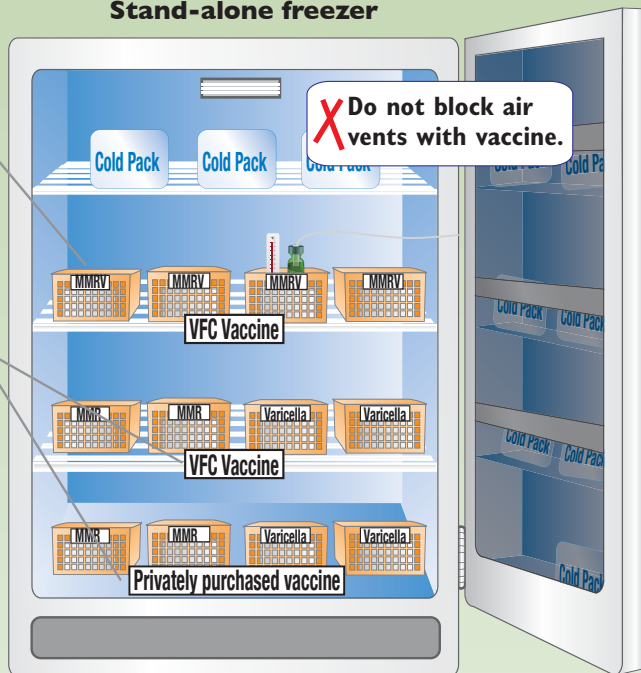
Storing Vaccines

Carefully organizing vaccines in a refrigerator helps protect vaccine and facilitates vaccine inventory management. Freeze MMR, MMRV, Varicella, and Zoster vaccines.

Stand-alone freezer

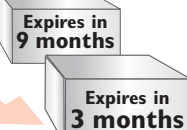
✓ Place vaccine in breathable plastic mesh baskets and clearly label baskets by type of vaccine.

✓ Separate the VFC vaccine supply from privately purchased vaccine.



✓ Keep vaccines with shorter expiration dates to front of shelf.

If you have vaccine that will expire in 3 months or less that you will not be able to use, notify the VFC Program.



✓ Keep temperatures 5°F or colder.

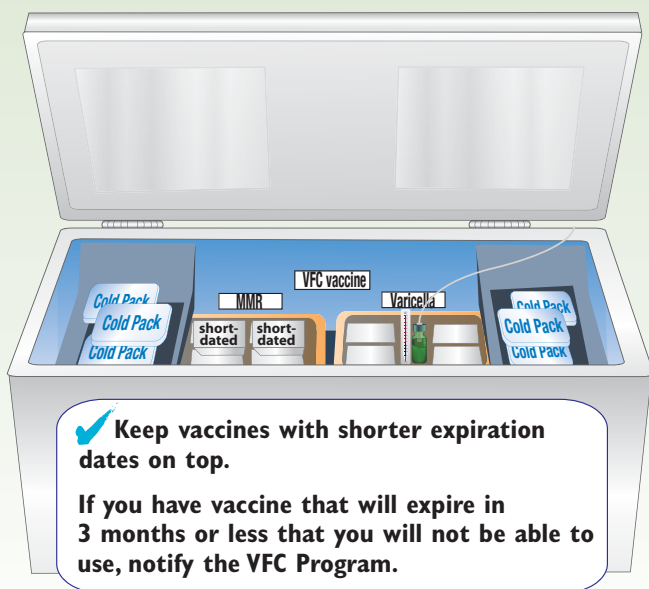
Aim for 0°F and below

Colder is better.

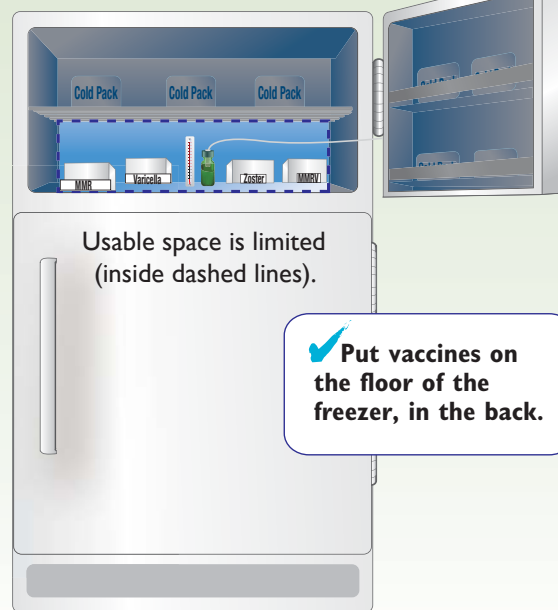


Above 5°F is too warm! Call VFC.

Chest freezer



Freezer in combination unit



If you have any problems with your refrigerator, keep the refrigerator door shut and notify the California VFC Program.

• VFC Program Office (877) 243-8832

• VFC Field Representative

**California Department of Public Health Services
IMMUNIZATION BRANCH
VACCINES FOR CHILDREN (VFC) FIELD STAFF**

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	LASSEN	18
	MENDOCINO	23
	MODOC	25
	NEVADA	29
	PLACER	31
	PLUMAS	32
	SACRAMENTO	34
	SHASTA	45
	SIERRA	46
	SISKIYOU	47
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