

PROJECT: IMMUNIZATION ACTION PLAN

Beginning Date: 10/1/19

End Date: 9/30/20

Project Synopsis

Offer immunization services to the public.

- Collaborate with public and private sector organizations to promote childhood, adolescent and adult immunization activities in the county including but not limited to recall activities.
- Educate providers about vaccines covered by Medicare and Medicaid.
- Provide and implement strategies for addressing the immunization rates of special populations (i.e., college students, educators, health care workers, long term care centers, detention centers, homeless, tribal and migrant and childcare employees).
- Develop mechanisms to improve jurisdictional and LHD immunization rates for children, adolescents and adults.
- Ensure clinic hours are convenient and accessible to the community, operating both walk-in and scheduled appointment hours.
- Coordinate immunization services, including WIC, Family Planning, and STD, developing plans or memorandums of understanding.
- Collaboratively work with regional MCIR staff to ensure providers are using MCIR appropriately.
- Develop strategies to identify and target local pocket of need areas.

Reporting Requirements (if different than contract language)

- IAP Reports are submitted electronically in accordance with due dates set by the Department.
- IAP Plan will be submitted electronically using a template provided by the Department, in accordance with due dates set by the Department.
- Utilize VAERS to report all adverse vaccine reactions
- Ensure that all reportable diseases are reported to the Department in the time specified in the public health code and appropriate case investigation is completed.
- By April 1, of each year provide one copy of the VFC provider with an online re-enrollment form which includes a profile for each provider who receives vaccine from the state. These documents must be submitted electronically in MCIR no later than April 1.

Any additional requirements (if applicable)

- Adhere to federal and state appropriation laws pertaining to use of programmatic funds. See Immunization Allowable Expenditures in Attachment I for appropriate use of Federal Funds.
- Adhere to requirements set forth in the Omnibus Budget Reconciliation Act of 1993, section 1928 Part IV – Immunizations and the most current CDC Vaccines for Children Operations Manual, Michigan Resource Book for VFC Providers, and documents that are updated throughout the year pertaining to the Vaccines for Children (VFC) Program.
- Ensure that federally procured vaccine is administered to eligible children only and is properly documented per VFC guidelines.
 - The VFC Program provides VFC vaccine to only eligible children who meet the following criteria: are Medicaid eligible, have no health insurance, are American Indian or Alaskan Native, are served at a Federally Qualified Health Center (FQHC), a Rural Health Center (RHC) or a public health clinic affiliated with a FQHC and are also under-insured.
 - Ensure state-supplied vaccines provided in the jurisdiction are administered only to eligible clients as determined by the state. This program allows for the immunization of select populations who are underinsured and not served at a FQHC, RHC, or a public health immunization clinic affiliated with a FQHC as defined by current state program requirements.

- Ensure that all providers receiving vaccine from the state screen children for VFC eligibility for children
- Fraud or abuse of federally procured vaccine must be monitored and reported.
- Adhere to all Federal and Michigan Laws pertaining to immunization administration and reporting including reporting to the MCIR, VAERS and schools and daycare reporting
- Coordinate the submission of immunization data from schools and child care centers in your jurisdiction and follow-up with programs providing incomplete or inaccurate data. Assure compliance levels are adequate to protect the public.
- Provide education to the parents of children seeking a non-medical exemption in your jurisdiction.
- Monitor any provider receiving federally procured vaccine including but not limited to VFC/QI site visit.
- Ensure on-site attendance of at least 1 LHD immunization program staff to two (2) Immunization Action Plan (IAP) meetings each year.
- Implements Perinatal Hepatitis B program activities to prevent the spread of Hepatitis B Virus (HBV) from mother to newborn.
 - Verify pregnancy status on all hepatitis B surface antigen (HBsAg) positive pregnant women of childbearing years (10-60 years of age.)
 - Ensure HBsAg positive pregnant women are reported to the Perinatal Hepatitis B case manager and according to the Public Health Code.
 - Coordinate Perinatal Hepatitis B case management activities between local health department, provider, and Perinatal Hepatitis B Case Manager to:
- Ensure that all infants, born to women who are HBsAg positive receive hepatitis B vaccine and hepatitis B immune globulin (HBIG) within 12 hours of life, a complete hepatitis B vaccine series with post vaccination serology testing and program support services.
- Ensure that all susceptible household and sexual contacts associated with HBsAg positive women receive appropriate testing, vaccination, and support services.

- Ensure birthing hospitals are able to offer hepatitis B vaccine to all newborns prior to hospital discharge by enrolling them in the Universal Hepatitis B Vaccination Program for Newborns.

- Surveillance of vaccine preventable disease (VPD) activities
 - Conduct active surveillance when indicated (i.e. during an outbreak) and contact hospitals, laboratories, and/or other providers on a regular basis.

PROJECT: IMMUNIZATION VFC/QI SITE VISIT

Beginning Date: 10/1/19

End Date: 9/30/20

Project Synopsis

The format of the site visit will be based on the completed site visit questionnaires and the CDC-PEAR and the CDC-IQIP database systems reviewed at the most recent Fall IAP meeting, web-training with MDHHS VFC and QI coordinators, in-person training with Field Reps and the site visit guidance documents (VFC and QI) provided by the department and the CDC. All site visit information shall be entered online at the time of the visit as preferred by CDC, into the appropriate database as required by CDC (PEAR and IQIP database system) within 10 business days of the site visit by the individual who conducted the site visit.

Reporting Requirements (if different than contract language)

- All reimbursement requests should be submitted on the quarterly Comprehensive Financial Status Report (FSR).
 - The submission should include, as an attachment, detail all the visits during the quarter using the spreadsheet information provided by the Department.
- The rate of reimbursement is \$150 for a VFC Enrollment or a VFC Only visit, \$350 for a combined VFC/QI site visit or birthing hospital visit. A VFC enrollment visit is required for all new VFC enrolled provider sites. All LHD staff involved with any site visits must complete the Department site visit training webinar, presented by the Department VFC and QI Coordinators, prior to conducting any site visits. Annual VFC and QI visit guidance and review materials will be provided to each LHD at the IAP Meetings and consult will be conducted by the Department Immunization Field Representative for each Grantee.
- Data from the CDC PEAR and CDC IQIP databases regarding the number and type of site visits will be used to reconcile the agency request for reimbursement. For additional detail on the program requirements, refer to the Resource Book for Vaccine for Children Providers and the current Department site visit guidance documents, as well as other current guidance provided by the Department /Immunization Program in correspondence to Immunization Action Plan (IAP), Immunization Coordinators, or through health officers.

Any additional requirements (if applicable)

- Local health departments must complete an in-person VFC or VFC/QI site visit for every VFC provider at minimum every 24-months years, using the date of their previous site visit as a starting point. Site visits will vary in time an average of 1 hour for QI and 2 hours for VFC Compliance and must not exceed the two-year time frame. Annual visits are encouraged but must not be conducted sooner than 11 months from the previous site visit date.

- Detroit Department of Health and Wellness Promotion Immunization Program is required to complete visits annually to 100% of the VFC providers in accordance with the SEMHA Quality Assurance Specialist (QAS) contractual obligations, including the completed site visit questionnaires and the CDC-PEAR and the CDC-IQIP database systems reviewed at the most recent Fall IAP meeting, web-training with MDHHS VFC and QI coordinators, in-person training with Field Reps and the site visit guidance documents (VFC and QI) provided by the department and the CDC. All site visit information shall be entered online at the time of the visit as preferred by CDC, into the appropriate database as required by CDC (PEAR and IQIP database system) within 10 business days of the site visit by the individual who conducted the site visit.
Combined VFC/QI site visits will be conducted using registry-based QI reports and QI tools developed by the Department. All VFC and QI follow-up activities and outstanding issues must be completed within CDC guidelines.

PROJECT: MICHIGAN IMMUNIZATION QUALITY IMPROVEMENT (QI) VISIT COMPLETION

Beginning Date 10/01/2019
Ending Date 09/30/2020

Project Synopsis

The rate of reimbursement per completed QI follow-up visit is \$100 for the 2-month & 6-month check in calls and the 12-month follow-up (either an in-person or phone call following current Department guidance) after the QI/VFC site visit. The \$100 is reimbursable only if all 3 activities occur within the Department guidance.

Reporting Requirements (if different than contract language)

Any additional requirements (if applicable)

- Conduct the 2-month and 6-month QI check-in calls from the date of the QI/VFC site visit during the previous or current CDC cycle.
- Conduct all 12-month QI follow-up with each VFC provider that received a QI/VFC site visit during the previous or current CDC cycle (using current Department guidance).
- Complete all data entry of the site-visit, the 2-month, the 6-month check-in calls and the 12-month follow-up in the CDC-IQIP database using current Department guidance within 10 business days of each QI activity.