# Kittitas County
# Review Form
# Grants & Contract Agreement

| | | |
|---|---|---|
| Today's Date<br>04/05/2011 | | Agenda Date |
| Fund/Department<br>116-Public Health | | |

## Contract/Grant Information

| | | |
|---|---|---|
| Contract /Grant Agency: Washington State Department of Health Immunization Program | | |
| Period Begin Date: May 1, 2012 | | Period End Date: May 1, 2013 |
| Total Grant/Contract Amount: None | | |
| Grant/Contract Number | | |
| Contract/Grant Summary: This agreement is between Washington State Department of Health Immunization Program and Kittitas County Public Health Department. The agreement outlines the guidelines providers must follow in order to participate in the Vaccine for Children Program (VFC). | | |

## Recommendation for Board of Health and Board of Health Review on _____

Department Head Signature: _____, Administrator Date:_____

**Kittitas County Prosecutor, Auditor, and Board of Health Review and Comment:**
APPROVED AS TO FORM:

_____

Signature of Prosecutor's Office Date

_____

Signature of Auditor's Office Date

_____

Signature of Board of Health member Date

## Financial Information

| | | |
|---|---|---|
| Total Amount: NONE | State Funds $ | Federal Funds $ |
| Percentage County Funds | Matching Funds $ | CFDA# |
| | In-Kind $<br>Explain | |
| Is Equipment being purchased? | Who owns equipment? | |

| New Personnel being hired? | Contact HR hiring – reporting requirements |
|---|---|
| Future impacts or liability to Kittitas County: | |

## Budget Information

| Budget Amendment Needed? | Yes ☐ attach budget form | No ☒ Why not |
|---|---|---|
| New Division Created? | | |
| Revenue Code | | No money involved |
| | | |

## Pass Through Information

| Agency to Pass Through | |
|---|---|
| Amount to Pass Through | $ |
| Sub-Contract Approved | Date: |

## Prosecutor Review

| Has the Prosecutor reviewed this agreement? | Yes ☐ No ☐ |
|---|---|

## County Departments Impacted

| | | | |
|---|---|---|---|
| | Auditor | | Facilities Maintenance |
| | Information Services | | Human Resource |
| | Prosecutor | | Treasurer |

## Submitted

| Signature: | Date: |
|---|---|
| Department: | |

## Assignment of Tracking Information

| Auditor's Office | |
|---|---|
| Human Resource | |
| Prosecutor's Office | |
| Who Signed the grant application | |

| Reviewer | Date |
|---|---|

2012

**WASHINGTON STATE DEPARTMENT OF HEALTH**
**IMMUNIZATION PROGRAM**

**Pin: 163000**

## PROVIDER AGREEMENT FOR RECEIPT OF PUBLICLY SUPPLIED VACCINE

Clinic/Practice Name: **KITTITAS COUNTY HEALTH DEPARTMENT**

On the attached page(s), please list the name, title, and specialty of all licensed health providers in your practice who are authorized to write prescriptions and may provide immunizations. (including yourself if you are a sole practitioner)

Vaccine Delivery Address

Street: 507 N NANUM ST STE 102
City: ELLENSBURG
State: WA
Zip Code: 98926
Telephone: (509) 962-7068
Extension: -
Fax: (509) 933-8246

Mailing Address (if different)

Street:
City:
State:
Zip Code:

Email address: linda.navarre@co.kittitas.wa.us

Contact Name #1: Linda Navarre Name #2: Kasey Knutson

Shipping Days and Times (when the clinic will be open to receive vaccine shipments):

| Mon | Tues | Wed | Thurs | Fri |
|---|---|---|---|---|
| AM 9 to PM 4 | AM 9 to PM 4 | AM 9 to PM 4 | AM 9 to PM 4 | AM 9 to PM 4 |

**I agree to notify my local health department or the state Department of Health immediately if my vaccine delivery address changes, and understand that this practice may be required to reimburse the state for vaccines that are wasted due to delivery failure resulting from an inaccurate address.**

Type of Facility (please choose one):

- ☐ Private: All private sites (individual or group)
- ☐ Hospital
- ☐ Federal Qualified Health Center, Rural Health Clinic or Community/Migrant Health Center
- ☐ Other Public Health: Those primarily serving adolescents
- ☐ Other Immunization Project: Tribal Clinics only
- ☒ Public Health Departments: LHJs

As a condition for receiving publicly funded vaccines from the Washington childhood vaccine program, this practice agrees to the **FEDERAL AND STATE REQUIREMENTS** attached in DOH publication #348-022. This agreement is between the Washington State Department of Health and the clinic site listed above.

I understand and accept the conditions of this agreement **DOH 348-022** and agree to comply with these requirements on behalf of myself and all the practitioners associated with this medical office. The state Department of Health or the local health jurisdiction may temporarily discontinue the provision of vaccine or may terminate this agreement at any time for failure to comply with these requirements. I may terminate this agreement at any time for personal reasons.

Mark W Larson MD — Health Officer —

Full name of person signing this agreement (please print) — Title — National Provider I.D.

Mark W Larson MD — 4/9/12

Signature of Provider or Representative of the Facility — Date

**The provider agreement must be signed by a provider who is licensed in the state of Washington to prescribe vaccines and is responsible for making decision about the clinic and its operations.**



If you have a disability and need this document in a different format, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).

RETURN COMPLETED FORM TO THE LOCAL HEALTH JURISDICTION



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# CURRENT PROVIDERS WITHIN THE PRACTICE

Please verify the names, titles, license number and specialties of each licensed health providers in your practice who are authorized to write prescriptions and may provide immunizations.

Clinic/Practice Name: **KITTITAS COUNTY HEALTH DEPARTMENT**, PIN: **163000**

| Active | Inactive | | | | | |
|---|---|---|---|---|---|---|
| X | ☐ | LARSON, MARK | MD | FAM MED, | **WA Medical License#** MD00031468 | |

**RETURN COMPLETED FORM TO THE LOCAL HEALTH JURISDICTION**

## PROVIDERS WITHIN THE PRACTICE

Please print or type the names, titles, specialties, and Washington State medical license numbers of licensed health providers in your practice who are authorized to write prescriptions and may provide immunizations. Attach additional copies of this sheet as needed.

| Last name, First, MI | Title (MD,DO, ND, NP, PA) (Provider must have prescription writing privileges) | Specialty (Peds, Fam Med, GP, Other (specify) | Washington State Medical License Number |
|---|---|---|---|
| Last name, First, MI | Title (MD,DO, ND, NP, PA) (Provider must have prescription writing privileges) | Specialty (Peds, Fam Med, GP, Other (specify) | Washington State Medical License Number |
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**On behalf of myself and all the practitioners associated with this medical office, I agree to comply with the following conditions for receiving state supplied vaccine:**

1a) All children up to the 19th birthday are eligible to receive state supplied vaccine through Washington's Universal Childhood Vaccine Program. Please see the Guidelines for the Use of State Supplied Vaccine for specific direction.

1b) Vaccines for Children Program (VFC) Status must be documented for each child receiving state supplied vaccine. Please see the Guidelines for VFC Status Screening for specific direction. Using a method approved by the local health jurisdiction, ask each parent or guardian at each immunization visit, and document in the child's chart the child's insurance status, and whether or not they are American Indian or Alaska Native.

- Insurance status: Medicaid enrolled, uninsured, underinsured, or insured through a commercial (private) health plan and whether or not the child is American Indian or Alaska Native.
- Providers who screen every child at every visit for VFC status may bill private health plans at the maximum allowable vaccine administration fee allowed by the health plan.

2. Comply with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) and included in the VFC program.

3. Maintain all records related to the VFC program based on the record retention schedule of the health care organization or a minimum of 6 years unless otherwise specified, and make these records available to public health officials, including the local health department, the Washington State Department of Health, or federal Department of Health and Human Services, (DHHS) upon request.

4. Immunize eligible children with publicly supplied vaccine at no charge to the patient for the vaccine.

5. Do not charge a vaccine administration fee that exceeds the administration fee cap of $15.60 per vaccine dose to non-Medicaid VFC-eligible children. For Medicaid VFC-eligible children, accept the reimbursement for immunization administration set by the state Medicaid agency or the contracted Medicaid health plans.

6. Not deny administration of a public purchased vaccine to an established patient because the child's parent/guardian/individual of record is unable to pay the administration fee.

7. Distribute the most current Vaccine Information Statements (VIS) each time a vaccine is administered and maintain records in accordance with the National Childhood Vaccine Injury Compensation Act (NCVICA), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS).

8. Comply with the requirements for ordering, vaccine accountability, and vaccine management. Agree to operate within the VFC program in a manner intended to avoid fraud and abuse.

**Vaccine Personnel**

- Designate one staff member to be the primary vaccine coordinator and at least one back-up vaccine coordinator who is able to perform the same responsibilities as the primary vaccine coordinator in the event that the primary person is unavailable.

- Ensure that all staff that administer and handle vaccines are properly trained and receive ongoing education and training on best practices in vaccine storage and handling, and current immunization recommendations. Notify the local health jurisdiction when new staff are hired. It is essential that staff perform duties within their scope of practice. All health care providers need to be in good standing with the State of Washington Department of Health.



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## Vaccine Ordering and Inventory Management

- Order vaccine in accordance with actual vaccine need; avoid stockpiling or build-up of excess vaccine inventory.
- Develop and maintain complete, accurate and separate stock records for both public and private vaccines. Providers must be able to distinguish between their public and private vaccine stock.

## Storage and Handling Plans

- Every organization receiving publicly supplied vaccine should have an emergency back-up plan in place. Providers may develop their own written routine and emergency storage and handling plans or use the state or LHJ-supplied storage and handling templates and customize the templates to reflect their office practice.

## Vaccine Storage Equipment

- Providers must have appropriate equipment that can store vaccine and maintain proper conditions. If a provider does not have the appropriate storage units, the grantee must work with the provider to obtain storage units that are acceptable.

Two types of storage units are acceptable:
1) a refrigerator that has a separate freezer compartment with a separate exterior door or,
2) stand-alone refrigerators and freezers.

Refrigerators or freezers used for vaccine storage must comply with the following requirements:
- Be able to maintain required vaccine storage temperatures year-round;
- Be large enough to hold the year's largest inventory;
- Have a working thermometer certified in accordance with National Institute of Standards and Technology (NIST) or the American Society for Testing and Materials (ASTM) standards placed in a central area inside each storage compartment; not be a dormitory style refrigerator;
- Be dedicated to the storage of vaccines. (Food and beverages must not be stored in a vaccine storage unit because this practice results in frequent opening of the door and destabilization of the temperature.)

## Vaccine Storage Practices

- Rotate vaccine stock by placing vaccines with shorter expiration dates in front of those with longer expiration dates; check for short-dated vaccine.
- Notify the local health jurisdiction of any vaccine doses that will expire before they can be administered, preferably three months before the expiration date. Only with the approval and direct guidance of the LHJ and only if the cold chain can be ensured, redistribute short-dated vaccines to high-volume providers who are able to administer it before it expires.
- Ensure that the storage and handling of vaccine is in accordance with the manufacturer's specifications and the guidelines as outlined in the "Guidelines for Vaccine Storage and Handling" (US Dept. of Health & Human Services).

## Temperature Monitoring

- Monitor vaccine storage temperatures using a thermometer that meets the National Institute of Standards and Technology (NIST) or American Society for Testing and Materials (ASTM) standards, and has a current certificate of calibration in the refrigerator and freezer."Follow manufacturer's recommended schedule for recalibration of the thermometer."
- Post a temperature log on the vaccine storage unit door or nearby in a readily accessible place.



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- Visually review and manually record refrigerator and freezer temperatures twice each day (beginning and end) ensuring that refrigerator temperatures are between 35° and 46° F (2° and 8°C). The freezer temperature should be 5°F or lower (-15°C or lower). ;
- Take immediate action to correct improper vaccine storage conditions, including inappropriate exposure to light and inappropriate exposure to storage temperatures outside the recommended ranges. Document actions taken on the temperature log.
- Maintain an ongoing file of temperature logs, and store completed logs for 6 years). Completed Temperature Monitoring Logs are to be returned monthly to the local health jurisdiction. Failure to comply could result in the discontinuation of the provision of vaccine.

**Vaccine Preparation**

- It is not acceptable clinical practice to pre-draw vaccines into syringes. Providers should draw vaccine only at the time of administration to ensure that the cold chain is maintained and the vaccine is not inappropriately exposed to light.

**Vaccine Shipments:**

- Ensure that all vaccine shipments are promptly received and stored immediately and report any problems with vaccine shipments promptly to the LHJ.

**Vaccine Wastage**

- Implement written procedures for reporting and responding to losses resulting from vaccine expiration, wastage, and compromised cold chain.
- Notify the local health jurisdiction promptly (within 24 hours) of vaccine incidents where vaccine has been exposed to temperatures *above or below* the recommended range for vaccine storage. Follow the guidance of the LHJ on how to document and report the incident.
- A written report including the reasons for the vaccine loss and measures taken to correct the cause of the loss and to prevent reoccurrence must be submitted to the LHJ in all instances.
- Remove wasted/expired vaccine from storage containers with viable vaccine to prevent inadvertent administration. Return all unopened spoiled or expired publicly purchased vaccines for excise tax credit, as directed by the LHJ.
- Vaccine losses determined to be the result of negligent vaccine storage and handling practices, or failure to comply with the storage and handling requirements in this agreement may result in corrective action, including restitution for the value of the vaccine loss resulting from the incident.

**Vaccine Accountability:**

- Make immunization records available to the local health jurisdiction and the state Department of Health Immunization Program (if requested).
- Participate in a site visit by the local health jurisdiction or state Department of Health, which may include an immunization assessment (AFIX). Provide data on the number, age and VFC status of children seen in the practice by completing the annual data request for the provider profile. Complete a provider satisfaction survey (if requested).
- Complete the Private Provider's Report of Vaccine Usage form provided by the local health jurisdiction, which includes: the doses of vaccine administered by vaccine type and age group of each patient; doses of vaccine wasted, lost or expired; inventory of vaccine by vaccine type and number of doses.

**Vaccine Security and Equipment Maintenance**

- Post warning notices at both the electrical outlet and the circuit breaker to prevent power from being disconnected.

9. The Washington State Department of Health or the provider may terminate this agreement at any time for personal reasons or failure to comply with these requirements. If the provider chooses to terminate the agreement, he or she agrees to properly return any unused VFC vaccine.

10. Comply with the ACIP recommendations for use of vaccines and their administration techniques as described in the most current Morbidity and Mortality Weekly Report (MMWR) entitled General Recommendations on



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Immunization. The most current recommendation can be found on the Centers for Disease Control and Preventions (CDC) website at http://www.cdc.gov/vaccines/pubs/ACIP-list.htm

11. Assure that no practitioner associated with this medical office is on the Office of the Inspector General's provider exclusion list

# FROZEN VACCINE
# PROVIDER RECERTIFICATION FORM

LHJ: KITTITAS
PIN: 163000
CLINIC: KITTITAS COUNTY HEALTH DEPARTMENT

**THE FOLLOWING SECTION MUST BE COMPLETED TO RECEIVE VARICELLA VACCINE**

Can freezer maintain a average temperature of 5F (-15C) or colder: ⊗ yes or ○ no

Does freezer have a separate, insulated door: ⊗ yes or ○ no

**Frozen Vaccine may be stored in a non-frost free freezer**

What type of temperature measuring device is used in freezer:

Stretic Temp-Chex Digital

Signature: Linda Nairne

Date: 4/2/2013



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