2025 Program Participation Requirements at a Glance

Requirement	Summary	Resources/Job Aids
Vaccine Management Plan	Maintain a current and completed vaccine management plan (VMP) for routine and emergency situations that includes practice-specific, vaccine-management guidelines and protocols, names of staff with temperature monitoring responsibilities, and completion dates of required EZIZ lessons for key practice staff. Review and update the VMP at least annually, when VFA Program requirements change, and when staff with designated vaccine-management responsibilities change. Designate a staff member responsible for updating the practice's VMP. Staff with assigned vaccine-management responsibilities must review, sign, and date the VMP annually and each time it is updated. Follow emergency guidelines to prepare for, respond to, and recover from any vaccine-related emergencies. Store the VMP in a location easily accessible by staff, ideally near the vaccine storage units. **For practices using mobile units to administer VFA-supplied vaccines:** Mobile-only clinics or clinics with mobile units must maintain a current and complete Mobile Unit Vaccine Management Plan and keep it in the mobile unit.	Vaccine Management Plan (IMM-1222) Provider Operations Manual (IMM-1248) Chapter 3 Mobile Unit Vaccine Management Plan (IMM-1276)
Key Practice Staff **Updated!**	Designate and maintain key practice staff in the practice's profile. Immediately report in myCAvax any changes to key practice staff roles (Vaccine Coordinator or Backup, Provider of Record or Designee); any changes to the Provider of Record or Designee require an electronic signature by the Provider of Record. VFA providers should list staff responsible for servicing the adult patient population and those assuming responsibility for VFA related matters. There are four required VFA key practice staff roles: • **Provider of Record (POR):** The on-site physician-in-chief, medical director, or equivalent who signs and agrees to the terms of the VFA "Provider Agreement" and the VFA "Provider Agreement Addendum" and is ultimately accountable for the practice's compliance. Must be a licensed MD, DO, NP, PA, pharmacist, or a Certified Nurse Midwife with prescription-writing privileges in California. • **Provider of Record Designee:** The on-site person who is authorized to sign VFA Program documents and assumes responsibility for VFA-related matters in the absence of the Provider of Record. • **Vaccine Coordinator:** An on-site employee who is fully trained and responsible for implementing and overseeing the practice's vaccine management plan. • **Backup Vaccine Coordinator:** An on-site employee fully trained in the practice's vaccine management activities and fulfills the responsibilities of the Vaccine Coordinator in his/her absence.	Vaccine Coordinator Roles & Responsibilities (IMM-968) VFA Key Practice Staff Change Request Form (IMM-1523) VFA Provider Agreement (IMM-1514) VFA Provider Agreement Addendum (IMM-1515)

Requirement	Summary	Resources/Job Aids
	Optional Key Practice Staff: • **Additional Vaccine Coordinator (optional):** An on-site employee with similar vaccine management responsibilities to the primary and backup vaccine coordinators. This is an optional role that can be added to myCAvax. • **Organization Vaccine Coordinator (optional):** An employee person responsible for managing multiple locations within an organization. This is an optional role that can be added to myCAvax. • **Immunization Champion (optional):** A staff member who goes above and beyond their normal duties to promote immunizations to patients and in the community.	
Staff Training Requirements **Updated!**	Anyone acting in VFC roles (Provider of Record and Designee, Vaccine Coordinator and Backup or the optional Organization Coordinator and Additional Vaccine Coordinator roles) must complete the required EZIZ lessons when hired and annually thereafter; staff must demonstrate competency in their assigned VFC roles. Any clinician who administers VFC-supplied vaccines must be knowledgeable of and familiar with all ACIP-recommended immunizations, including schedules, indications, dosages, and new products. All staff who conduct VFC Program eligibility screening, documentation, and billing (e.g., front- or back-office staff) must be knowledgeable of all VFC eligibility categories, documentation, and billing requirements. All staff and supervisors who monitor storage unit temperatures or sign off on temperature logs must complete the related EZIZ lesson when hired and annually thereafter; they must be fully trained on use of the practice's data loggers and actions required after a temperature excursion is discovered. Train staff who are authorized to accept packages to immediately notify the Vaccine Coordinator when VFC-supplied vaccines are delivered. Conduct regular vaccine transport drills to maintain competency and readiness for emergencies.	[EZIZ Training Lessons](#) [Provider Operations Manual (IMM-1248)](#) Chapter 1

✓ = Required Lesson	When to Start Lesson	Key Practice Staff			
		Vaccine Coordinator	**Backup Vaccine Coordinator**	**Provider of Record**	**Provider of Record Designee**
VFA Program Requirements	12/1/2024	✓	✓	✓	✓
Storing Vaccines	Recertification Launch	Encouraged	Encouraged	Encouraged	Encouraged
Monitoring Storage Unit Temperatures	Recertification Launch	Encouraged	Encouraged	Encouraged	Encouraged
Conducting a Vaccine Inventory	Recertification Launch	Encouraged	Encouraged	Encouraged	Encouraged

Requirement	Summary						Resources/Job Aids
	Review & Acknowledge	**Vaccine Management Plan**	Recertification Launch	Encouraged	Encouraged	Encouraged	Encouraged	
Vaccine Storage Units	Participating providers agree to store all VFA vaccines, including those stored in separate units than VFC vaccines, in refrigerators and freezers that meet California VFA program storage requirements. Adherence to these requirements is certified as part of annual provider recertification and during both routine and unannounced site visits. • Have refrigerators and freezers that comply with VFA vaccine storage unit requirements: It is highly encouraged providers use purpose-built (pharmacy-, biologic-, or laboratory-grade) refrigerators. Providers may use refrigerators and freezers that are purpose-built (preferred) or commercial-grade (acceptable). Household-grade, stand-alone units are discouraged. Purpose-built combination units, including auto-dispensing units without doors, are allowed. • Manual-defrost freezers are allowed for use if the practice has access to an alternate storage unit when defrosting the freezer. (Note: Defrost manual-defrost freezers only when frost exceeds 1cm or the manufacturer's suggested limit). The alternate storage unit must have appropriate freezer temperatures and be monitored using a compliant Digital Data Logger. • Never use any of the following for routine vaccine storage: household-grade combination refrigerator-freezers, compact household-grade stand-alone refrigerators (with capacity 11 cubic feet or less), dormitory-style or bar-style combined refrigerator/freezers, manual defrost refrigerators, convertible units, or cryogenic (ultra-low) freezers, or any vaccine transport unit (including coolers and battery-operated units). • Purchase new refrigerators (purpose-built) or freezers (any grade) if existing storage units malfunction frequently or experience frequent temperature excursions. **For providers designated solely as mass vaccinators**: Only use purpose-built vaccine transport units for transport and on-site storage.						EZIZ Vaccine Storage requirements Provider Operations Manual (IMM-1248) Chapter 3 VFA Program Agreement Addendum (IMM-1515)
Vaccine Storage Unit Configuration **Updated!**	**Prepare vaccine refrigerators and freezers following program requirements:** • Place water bottles (in refrigerators) and ice packs (in freezers only) to stabilize temperatures (exception for purpose-built, auto-dispensing units without doors). • Place data logger buffered probes in the center of refrigerators and freezers near vaccines (exception for purpose-built, auto-dispensing units without doors). • Place data logger digital displays outside of the storage units to allow temperature monitoring without opening the vaccine storage unit door (exception for purpose-built, auto-dispensing units without doors). • Plug the refrigerator and freezer directly into nearby, dedicated wall outlets that do not have built-in GFI circuit switches and are not controlled by light switches; never plug storage units into extension cords, power strips, or surge protectors with an on/off switch.						Preparing Vaccine Storage Units (IMM-962) Setting Up Vaccine Storage Units (IMM-963) Do Not Unplug Sign Provider Operations Manual (IMM-1248) Chapter 3

Requirement	Summary	Resources/Job Aids
	• Post "Do Not Unplug" signs on electrical outlets and circuit breakers to prevent interruption of power. Set up vaccine refrigerators and freezers following program requirements: • Clearly identify unit space or containers that will store, VFA-supplied, VFC, and privately purchased vaccines. • Group vaccines by pediatric, adolescent, and adult types. • Allocate enough space to position vaccines or baskets 2-3 inches away from walls, floor, and other baskets to allow space for air circulation (exception for purpose-built, auto-dispensing units without doors). Post the CDPH universal temperature logs on vaccine storage unit doors or in an easily accessible location.	
Digital Data Loggers (DDLs)	All staff, including supervisors and new employees, must be properly trained on temperature monitoring including proper use of the practice's DDLs and the required corrective action for out-of-range temperatures. • Equip all refrigerators and freezers (primary, backup, overflow, or any temporary unit) storing VFA vaccine with VFA-compliant DDLs. (For purpose-built, auto-dispensing units with doors: built-in, internal DDLs must meet program requirements except for buffered probes, which are NOT required). • Only use DDLs that include the following minimum features: a digital display of current, minimum, and maximum temperatures; minimum accuracy of ±1.0°F (0.5°C); a buffered temperature probe (only use the probe that comes with the device) immersed in a vial filled with up to 60mL liquid (e.g., glycol, ethanol, glycerin), loose media (e.g., sand, glass beads), or a solid block of material (e.g., Teflon®, aluminum); an audible or visual out of-range temperature alarm; logging interval of 30 minutes; a low-battery indicator; and memory storage of 4,000 readings or more. A battery source is required for backup devices used during vaccine transport. • Digital data loggers, including backup digital data loggers, must be able to generate a summary report of recorded temperature data since the device was last reset; summary reports must include minimum and maximum temperatures, total time out of range (if any), and alarm settings. • Keep on hand at least one back-up (battery operated) DDL for emergency vaccine transport. Depending on the size of the practice, additional devices might be needed. • Digital data loggers must have a current and valid Certificate of Calibration, including backup digital data loggers.	EZIZ Data Logger Requirements Digital Data Logger Pre-Purchase Worksheet (IMM-1236) Data Logger Setup & Use (IMM-1206) Certificate of Calibration Quick Guide (IMM-1119) Provider Operations Manual (IMM-1248) Chapter 3

Requirement	Summary	Resources/Job Aids
Digital Data Logger Configuration & Maintenance	Digital data loggers (DDLs) must be configured to meet program requirements. • Configure key settings for primary and backup DDLs, including device name, low and high temperature alarm limits, immediate notification of out-of-range temperatures, and a maximum logging interval of 30-minutes. • Store the backup DDL's buffered probe in the vaccine refrigerator and keep its digital display separately in a cabinet; document the device's location on the practice's vaccine management plan. (Exception for purpose-built, auto-dispensing units without door: store the entire device in a cabinet). • Calibrate primary and backup devices every two or three years according to the manufacturer's suggested timeline (both device and probe together)—ideally by a laboratory with accreditation from an ILAC MRA signatory body. 　**NOTES**: 　　o If the manufacturer supplies a pre-calibrated replacement probe upon device calibration expiration, the device and probe do not need to be calibrated together. 　　o New devices that only generate CSV data files or Excel spreadsheets are not acceptable. If your current device only generates CSV data files or Excel spreadsheets, it must be replaced with a digital data logger that meets current VFA Program requirements. 　　o Practices are required to keep on hand at least one backup, battery-operated digital data logger for use during recalibration, when the primary device breaks, when the primary device does not meet calibration requirements, or during emergency vaccine transport. • Certificates issued by non-accredited laboratories must meet all program requirements for certificates of calibration. • Calibrate primary and backup devices on different schedules to ensure all refrigerators and freezers storing VFA-supplied vaccines are always equipped with data loggers. • Keep certificates of calibration on file and make them available to the VFA Program upon request. • Purchase a new DDL if existing device or probe malfunctions, is damaged, or if device provides repeated, inaccurate temperature readings. (Exception for replacement probes recommended and replaced by the device manufacturer).	EZIZ Data Logger Requirements Provider Operations Manual (IMM-1248) Chapter 3 Certificate of Calibration Quick Guide (IMM-1119)
Vaccine Orders & Accountability **Updated!**	Trained and authorized clinic staff must submit vaccine orders through the practice's account on myCAvax following program requirements: • Order ACIP-recommended adult vaccines according to eligible population served by the clinic to meet the needs of the total VFA-eligible patient populations reported for the Provider PIN (age, risk factors, and uninsured/underinsured), vaccine usage, and on-hand inventory. • Order only one brand and formulation for each vaccine to avoid administration errors. **NOTES:** • Under limited circumstances, providers may be allowed to order more than one brand or formulation with VFA/LHD 317 Program approval. • Any changes to vaccine brand ordering will require a submitted Vaccine Order Request Form.	How to Do a Physical Inventory (IMM-1090) 317 Vaccines Physical Inventory Form (IMM-1052) 317 Vaccines Daily Usage Log (IMM-1053) Vaccine Brand Change Request Form (IMM-1377)

Requirement	Summary	Resources/Job Aids
	• Order vaccines according to the quarterly VFA order frequency in sufficient quantities to last until the next order period; order quantities must factor in VFA doses administered (since previous order) and the VFA doses on hand (at the time of the order). Providers who have not ordered vaccine in the past calendar year may be terminated from the VFA Program. Vaccines ordered solely to prevent account termination and are lost due to expiry will be considered a negligent loss. • Order vaccines using the approved practice address for the Provider PIN. • Account for every dose of VFA-supplied vaccine ordered and received by the provider's location. • Report all VFA vaccine doses administered (since the previous order) and doses on hand (at the time of the order) on each vaccine order. Vaccine doses administered must be based on actual vaccine administration logs and registry/EMR administration summary reports. Consider using the 317 Adult Vaccine Daily Usage Log as a back-up method. a) Doses administered reported with each VFA order must match doses recorded in an immunization information system (CAIR2 or Healthy Futures/RIDE) as '317.'" Registry data will be used to approve vaccine orders. • Maintain accurate and separate stock records (e.g., purchase invoices, receiving packing slips) for privately purchased vaccines and make them available to the program upon request.	VFA Provider Agreement (IMM-1514)
Receiving & Inspecting Vaccine Deliveries **Updated!**	Follow program requirements: • Never reject vaccine shipments. • Receive, inspect, and store vaccines and diluents within manufacturer-recommended ranges immediately upon delivery. • Immediately report any shipment incidents in myCAvax; providers are encouraged to use the Vaccine Receiving Log and Checklist to gather the necessary data. • Keep packing slips for all vaccine shipments received, including publicly funded and private vaccine shipments. • The practice must be open with staff available to receive vaccines at least one day a week (other than Monday) and for at least four consecutive hours.	317 Vaccine Receiving Log and Checklist (IMM-1112) Provider Operations Manual (IMM-1248) Chapter 3
Vaccine Storage	Dedicate vaccine refrigerators and freezers to the storage of vaccines only; if storage of medications or biologics is necessary, store them below vaccines on a different shelf. • Store frozen vaccines (Merck MMR and Varicella) between -58.0°F and 5.0°F (-50.0°C and -15.0°C) according to manufacturer recommendations. • Store all refrigerated vaccines between 36.0°F and 46.0°F (2.0°C and 8.0°C) according to manufacturer recommendations. • Store vaccines in original packaging and allow space for air circulation. • Store VFA, VFC and/or privately purchased vaccines separately and grouped by vaccine type. • Do not store vaccines in storage unit doors, drawers, or bins. • Place vaccines with the earliest expiration dates toward the front of the storage unit and use first. • Always store VFA vaccines at the approved location for the Provider PIN. **For practices conducting outreach clinics**: obtain VFA approval at least 4 weeks prior to the scheduled outreach clinics.	EZIZ Storing Vaccines lesson Provider Operations Manual (IMM-1248) Chapter 3

Requirement	Summary	Resources/Job Aids
Monitoring Storage Unit Temperatures **Updated!**	Monitoring storage unit temperatures consistently and accurately plays an important role in protecting the vaccines that protect your patients. This is particularly critical if VFA vaccines are stored in separate units than VFC vaccines. • Record vaccine storage unit temperatures on CDPH universal temperature logs. • Monitor and record current, minimum, and maximum temperatures twice each day: at the beginning and end of each business day on CDPH universal temperature logs. (**For VFA-approved outreach clinics**: special event clinics, health fairs, special school clinics, and mass vaccination clinics must monitor and record current, minimum, and maximum temperatures on the Hourly Vaccine Temperature log for Outreach Clinics every hour. Attach the data logger download, or summary report, if available, to the Refrigerated Vaccine Transport log). • CDPH universal temperature logs must be legible and completed accurately in ink. • Neatly cross out, correct, initial, and date any inadvertent documentation error immediately. • Download and review temperature data files for any unreported out-of-range temperatures at the end of every two-week reporting period. • The supervisor must certify and sign that temperatures were recorded twice daily, staff printed names and initials, and corrective actions were taken for each completed temperature log sheet. • Replace doses (on a dose-for-dose basis) as instructed by the VFA Program if storage unit temperatures are not monitored and documented, if temperature logs or temperature data files are falsified, or if temperature logs or temperature data files are missing during a site visit. • Retain CDPH temperature logs and temperature data files for three years, even after your provider location is no longer participating in the VFA Program (due to provider-initiated withdrawal or VFA-initiated termination).	EZIZ Monitoring Storage Unit Temps lesson Recording Refrigerator & Freezer Temperatures (IMM-1029) Universal Temperature Log – Fahrenheit and Celsius (IMM-1535) Vaccine Transport Log (IMM-1132) Provider Operations Manual (IMM-1248) Chapter 3
Taking Action for Temperature Excursions **Updated!**	Vaccines stored out of range might be deemed non-viable and considered a negligent vaccine loss. A temperature excursion does not automatically mean that exposed vaccines are non-viable or unusable. Follow program requirements: • Take immediate action to prevent vaccine spoilage and to correct any improper storage condition for all out-of-range storage unit temperatures. • Staff must respond to all data logger alarms and out-of-range temperatures. • Quarantine and do not administer any vaccines exposed to out-of-range temperatures until their viability has been determined by vaccine manufacturers. • Identify and report in myCAvax every temperature excursion from any data logger that is recording temperatures for a unit storing VFA supplied vaccines and comply with any instructions provided. Communicate every temperature excursion to vaccine manufacturers if instructed by the myCAvax system. • Transport vaccines in the event of extended power outages or unit malfunctions following the guidelines for proper refrigerated vaccine transport and frozen vaccine transport.	myCAvax Login Transporting Refrigerated Vaccines: Emergency Transport and Short-Term Storage (IMM-983) Transporting Frozen Vaccines: Emergency Transport and Short-Term Storage (IMM-1130) Provider Operations Manual (IMM-1248) Chapter 3

Requirement	Summary	Resources/Job Aids
Vaccine Inventory Management (Spoiled, Expired, & Wasted Doses) **Updated!**	Vaccine inventory management is an essential practice that can prevent inadvertent vaccine loss: • Conduct a physical vaccine inventory at least monthly and before ordering vaccines. Use the 317 Vaccine Physical Inventory Form or equivalent electronic or paper form. • Never borrow VFA-supplied vaccines to supplement VFC and/or private stock, or vice versa. • **For vaccines that will expire within 6 months and cannot be used:** Notify the Provider Call Center mailto: and your Field Representative to obtain approval prior to transferring short-dated doses to another VFA provider to prevent negligent provider loss. • Remove spoiled, expired, and wasted vaccines from storage units to prevent inadvertent use. • Report in myCAvax all spoiled, expired, or wasted doses of VFA-supplied vaccines prior to submitting a new vaccine order. Confirm with vaccine manufacturers and/or the VFA Program before reporting any VFA/LHD317-supplied vaccine as spoiled. Monitor vaccine storage units regularly and purchase additional storage units if capacity cannot accommodate the inventory in a manner consistent with program requirements.	EZIZ Conducting a Vaccine Inventory lesson **Inventory:** How to Do a Physical Inventory (IMM-1090) 317 Vaccines Physical Inventory Form (IMM-1052) Prevent Vaccine Loss Flyer (IMM-1113) Take Action to Prevent Vaccine Loss
Vaccine Transfers & Transports	Vaccine transfers can be minimized by consistent inventory management, but providers might need to transfer vaccines to other VFA providers if vaccines are likely to expire before administration or in the event of an emergency. If vaccines need to be transferred, follow program requirements: • Contact the Provider Call Center and your Field Representative prior to transferring VFA vaccines. • If transfers are approved, only transfer VFA vaccines to other VFA providers. Enter the transfer on your myCAvax program location account. • Never routinely transfer VFA vaccines to/from other VFA providers. • Transport vaccines only when necessary and follow the guidelines for refrigerated or frozen vaccine transport. • Complete the 317 Refrigerated or Frozen Vaccine Transport Log each time vaccines are transported. • **In case of emergency:** Only transport VFA vaccines to alternate locations equipped with vaccine storage units and temperature monitoring devices that meet program requirements. • Never transport VFA vaccines to personal residences. • Use backup, battery-operated, digital data loggers to monitor temperatures during vaccine transport and at VFA-approved off-site clinics—ideally using a portable vaccine refrigerator (if a portable vaccine refrigerator is not available, use qualified containers and pack-outs) for off-site clinics. • Replace any vaccines that were transported without proper documentation of temperature monitoring on a dose-for-dose basis as instructed by the VFA Program.	**Refrigerated vaccines:** Transporting Refrigerated Vaccine Job Aid (IMM-983) **Frozen vaccines:** Transporting Frozen Vaccines Job Aid (IMM-1130) 317 Vaccine Transport Log (IMM-1132) Vaccine Management Plan (IMM-1122) myCAvax/MyTurn Provider Locator (login required)

Requirement	Summary	Resources/Job Aids
VFA Eligibility Screening & Documentation	Follow program requirements for patient eligibility screening and documentation: • Screen all adults 19 years of age and older for VFA eligibility: uninsured (NO public or private health insurance) or underinsured (health insurance does not cover some or all vaccines) prior to vaccine administration—at every immunization visit. • Document all elements of VFA's "317 Eligibility Screening Record" form, including the screening date, VFA eligibility (Y/N), and any eligibility criteria if met (date of birth verifying 19 years of age and older and whether uninsured OR underinsured). • Document program eligibility in the patient's Electronic Health Record and the immunization registry. Immunization of VFA-eligible patients will be documented in or submitted through data exchange as "317 Vaccine Eligibility or Vaccine Eligibility Category (HL7) Code V07" doses to the local immunization information system (CAIR2 or Healthy Futures/RIDE) and documented in an Electronic Health Record (EHR). • Keep all VFA eligibility records on file for three years, even after your provider location is no longer participating in the VFA Program (due to provider-initiated withdrawal of VFA-initiated termination)	317 Eligibility Screening Record (IMM-1226) VFA Eligibility Based on Insurance Status (IMM-1247) VFA FAQs, Part II, Patient Eligibility VFA Patient Vaccine Poster (IMM-1258) Vaccine Eligibility Guidelines (IMM-1222)
CAIR Documentation	Follow program requirements for documenting patient immunization information into an immunization registry: • Enter all immunization administration data as well as a patient's race and ethnicity into a California immunization registry (CAIR or RIDE/Healthy Futures) CA AB1797. • Report all VFA vaccine doses administered to an immunization registry (CAIR2 or Healthy Futures/RIDE), and data must include all required VFA screening (317 eligibility) and vaccine administration elements. • Report doses administered under the Registry ID for the corresponding Provider PIN receiving vaccines. • Immunization of VFA-eligible patients will be documented in or submitted through data exchange as "317 Vaccine Eligibility or Vaccine Eligibility Category (HL7) Code V07 or V23" doses to the local immunization information system (CAIR2 or Healthy Futures/RIDE) and documented in an Electronic Health Record (EHR). • Review doses reported in the immunization information system a minimum of every six months. • Doses administered reported with each VFA order must match doses recorded in an immunization information system (CAIR2. or Healthy Futures/RIDE) as '317.'" Registry data will be used to approve vaccine orders.	VFA Provider Agreement (IMM-1514) CAIR Requirement for Documenting 317 Vaccines VFA CAIR Webinar Local CAIR Representative (LCR) Contacts Local Data Exchange (DE) Contacts Healthy Futures
ACIP Recommendations & Standards	The VFA Program provides eligible adults with access to vaccines recommended by the Advisory Committee on Immunization Practices (ACIP). Follow program requirements: • Comply with recommendations about immunization schedules, dosages, and contraindications as established by the ACIP and included in the VFA Program. Offer all age-appropriate vaccines according to patient populations served. • Administer VFA vaccines only to adults who meet VFA eligibility criteria. • Distribute the current Vaccine Information Statements (VIS) before vaccine administration. • Maintain records in accordance with the National Childhood Vaccine Injury Act (NCVIA), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS). • Acknowledge that re-vaccination is recommended if non-viable vaccines have been administered to patients. • Record information about each immunization given, including:	CDC Recommended Adult Immunization Schedule Instructions for using VIS Current Vaccine Information Statements VAERS and VERP flyer (IMM-1153) Immunization Record and History (IMM-542P)

Requirement	Summary	Resources/Job Aids
	• the name of the vaccine • the date it was given • the route and administration site • the lot number and manufacturer • the name and title of the person who administered it • the practice's name and address • the VIS publication date and date VIS was provided	
Vaccine Administration **Updated!** .	Administer all VFA-supplied vaccines at the approved practice address for the Provider PIN; do not refer VFA-eligible patients to other facilities where they might be charged for vaccine administration. **For VFA-approved outreach clinics:** Special event clinics, health fairs, special school clinics, and mass vaccination clinics require prior approval from the VFA Program at least 4 weeks before the scheduled event; frozen vaccines may not be administered off-site. The practice must submit a summary report that includes doses administered within 15 days after the end of the clinic. Recommend non-routine, ACIP-recommended vaccines when indicated or when requested. Acknowledge and follow VFA program and manufacturer guidance, including revaccination, if non-viable vaccines have been administered to patients. Report all VFA-supplied vaccine doses administered to an immunization registry (CAIR or RIDE/Healthy Futures) under the Registry ID for the corresponding Provider PIN receiving vaccines; data must include all required VFA screening and administration elements. Document all VFA vaccine doses administered using an immunization registry **AND** Electronic Health/Medical Record (EHR/EMR). Documentation into an EHR/EMR system is sufficient if data is transmitted from your system to CAIR or RIDE/Healthy Futures. Review doses reported in the immunization information system a minimum of every six months.	VFA Vaccine Daily Usage Log (IMM-1053) Provider Operations Manual (IMM-1248) Chapter 2 VAERS and VERP flyer (IMM-1153) CDC Adult Immunization Schedule
Vaccine Administration Fees	To reduce financial barriers for patients and ensure that VFA-eligible patients will not incur additional costs outside of any routine copay for the clinic visit, program sites shall: • Not charge eligible patients or third-party payers for the cost of VFA vaccines. • Not charge a vaccine administration fee to eligible patients for VFA vaccines. • Prominently post a sign clearly visible to patients which communicates that: *"FREE vaccines are available to adult patients who are uninsured or have insurance that doesn't cover (certain) vaccines. We do not charge these patients for getting the vaccine or for the cost of the vaccine."*	VFA Patient Vaccine Poster (IMM-1258) Spanish | Arabic | Armenian |Cambodian | Chinese (simplified) | Farsi | Hindi | Hmong | Japanese | Korean| Lao | Portuguese | Punjabi |Russian | Tagalog | Thai | Vietnamese

Requirement	Summary	Resources/Job Aids
Program Enrollment, Recertification, Withdrawal, & Termination	Prospective providers must specify key practice staff, complete necessary training requirements, download and review job aids, comply with storage unit requirements, and complete and submit the online Provider Enrollment Form. (Note: Currently the VFA Program is not accepting new enrollment applications) Each year the Provider of Record must recertify their participation in the VFA Program by updating their information, completing required EZIZ, and signing new requirement agreements. **Failure to recertify will lead to termination.** Providers may voluntarily withdraw from the VFA Program. The VFA Program also may terminate a VFA "Provider Agreement" and remove the provider from the program for failure to comply with program requirements. In both cases, the Provider of Record must return spoiled/expired vaccine or transfer all unused VFA vaccines. Enrolled providers are responsible for all VFA vaccines in their practice until their Provider Agreement has been officially terminated.	Program Recertification VFA Disenrollment Request Form (IMM-1261)
Fraud & Abuse	Provider locations agree to participate in a manner intended to avoid fraud and abuse. Fraud and/or abuse of VFA vaccines will require restitution and may lead to termination from the program. • **Fraud** is an intentional deception or misrepresentation made by a person with the knowledge that deception could result in some unauthorized benefit to himself or other person. Fraud results in a financial gain for the provider but with an inadvertent cost to the program. • **Abuse** is a provider practice inconsistent with sound fiscal, business, or medical practice which results in unnecessary costs to the program. Abuse results in inadvertent costs to the program and consists of any actions that lead to negligent loss. Providers agree to replace all vaccines deemed non-viable due to provider negligence.	VFA Provider Agreement (IMM-1514)
Documentation & Record Retention Requirements	Maintain all paper-based and electronic records related to the VFA Program for a minimum of three (3) years. Make records available to public health officials, including local health jurisdictions, California Department of Public Health, and Department of Health and Human Services, upon request. Records include patient screening/eligibility verification, temperature logs, vaccine ordering records, medical records which verify vaccine administration, vaccine purchase and accountability records, VFA training records, vaccine management plan, recertification forms, etc.	VFA Provider Agreement (IMM-1514)
Site Visits	Enrolled providers agree to site visits from program staff (or authorized representative), including scheduled compliance visits, unannounced storage and handling visits, and visits for educational and programmatic support. Providers must immediately report changes in their practice address or account ownership, which may require additional follow-up. Unannounced storage and handling visits serve as spot checks to ensure VFA vaccines are administered to VFA-eligible adults and are managed and stored according to program requirements. Provider of Record or the Designee must sign and acknowledge receipt of site visit findings and agree to complete required follow up within specified periods.	VFA Provider Agreement (IMM-1514)

Requirement	Summary	Resources/Job Aids
Program Integrity	Clinic staff must conduct themselves in an ethical, professional, and respectful manner in all interactions with VFA Program staff. Never destroy, alter, or falsify immunization or VFA Program-related records. Make all vaccine administration records (privately and publicly funded) available to representatives from the California Department of Public Health, Immunization Branch and the VFA Program. Comply with all mandatory corrective actions and the timeline provided by the VFA Program. Unresolved mandatory corrective actions may result in prevention of completion of recertification process and/or placement on a conditional enrollment. Failure to complete required recertification may lead to program termination. **Acknowledge that failure to meet conditional enrollment conditions may lead to permanent termination from the VFA Program.**	VFA Provider Agreement (IMM-1514)