

Policy and Procedure

| Policy Name: | Adult Immunizations | | |
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| Effective Date: | | Revision Date: | |
| Department(s)/Site(s): | | | |
| Document Owners: | | | |
| Approved By: | | | |
| Relevant Law/Standard: | California Department of Health Care Services under Title 22, California Code of Regulations, Section 53230. (Requires the review and certification of Primary Care Practitioner (PCP) sites.) Department of Health Care Services (DHCS) All Plan Letter 20-006, Site Reviews: Facility Site Review and Medical Record Review or any superseding APL APL 18-004, Immunization Requirements, or any superseding APL for details on Immunization | | |
| | Requirements DHCS, Adult Immunizations as A Pharmacy Benefit, All Plan Letter 16-009 (Revised) National Childhood Vaccine Injury Act | | |
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Policy:

Immunization status is assessed at periodic health evaluations. Practitioners are required to ensure the provision of immunizations according to CDC's most recent ACIP guidelines, unless medically contraindicated or refused by the member.

Procedure:

- A. Providers must ensure timely provision of immunizations to patients in accordance with the most recent schedule and recommendations published by ACIP, regardless of a member's age, sex, or medical condition, including pregnancy, unless medically contraindicated or refused by the member.
- B. Providers must document each member's need for ACIP recommended immunizations as part of all regular health visits, including, but not limited to the following types of encounters:
 - Illness, care management, or follow-up appointments
 - Initial Health Assessments (IHAs)
 - Pharmacy services
 - · Prenatal and postpartum care
 - Pre-travel visits
 - Sports, school, or work physicals
 - Visits to a local health department (LHD)
 - Well patient checkups
- C. Vaccination status must be assessed for the following:

- Td/Tdap (every 10 years),
- Flu (annually),
- Pneumococcal (starting at age 65),
- Zoster (starting at age 50),
- Varicella and MMR.
 - i. Documented evidence of immunity (i.e. titers, childhood acquired infection) in the medical record meets the criteria for Varicella and MMR.
- D. Documentation of immunizations, either recorded in the medical/electronic record or on medication logs, must include the following:
 - The name of the vaccine(s),
 - the date of administration,
 - the manufacturer.
 - the lot number of each vaccine.
 - · including immunization registries,
 - the date the VIS was given (or presented and offered),
 - and the VIS publication date.
- E. As ACIP-recommended, immunizations are viewed as preventive services, these services must not be subject to prior authorization. In instances where the Medi-Cal Provider Manual outlines immunization criteria that is less restrictive than ACIP criteria, MCPs must provide the immunization in accordance with the less restrictive Medi-Cal Provider Manual criteria.
- F. Title 16, California Code of Regulations (CCR), Section 1746.4(e) requires pharmacists to report the administration of any vaccine, within 14 days, to the appropriate immunization registry. In addition, DHCS strongly recommends that not only pharmacists, but <u>all</u> network primary care providers, report immunization information within 14 days of administering an immunization.
 - Reports to The California Immunization Registry (CAIR2)] shall be made following the member's initial health
 assessment and all other health care visits which result in an immunization being provided, in accordance with state
 and federal laws.

Resources:

ACIP Vaccine Recommendations and Guidelines
 https://www.cdc.gov/vaccines/hcp/acip-recs/index.html

CDC Resources for Health Care Providers
 https://www.cdc.gov/vaccines/schedules/hcp/resources.html

Adult Immunization Schedule
 https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html

 California Immunization Registry Website https://cair.cdph.ca.gov/CAPRD/portalInfoManager.do

 Vaccine Administration Record for Adults https://immunize.org/catg.d/p2023.pdf

• EZIZ Vaccine Management – Daily Usage Log/ Flu Usage Log

https://eziz.org/vaccine-management/

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| First Name Last Name – Title | Date |

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