Frequently Asked Questions about VFC Deputization Guidance

(Revised 5/23/2012; new questions at end)

1. Is the MOU meant to be renewed on an annual basis for the upcoming calendar year?

   A: The duration of the MOU is at the awardee's discretion. The expectation from CDC is that it will be updated annually to reflect addition or deletion of deputized providers and any other changes that might be made by the awardee or the deputizing FQHC. This update would be an addendum to the agreement and kept by the awardee. It does not need to be submitted to CDC.

2. The guidance mentions updating the annual VFC enrollment form to include specific responsibilities for deputized VFC sites and submitting with the justification for deputization.
   a. Since the requirements are included in the MOU, is it legally necessary to also add those requirements to the annual VFC enrollment form?

   A: CDC is not providing legal advice. We recommend including the responsibilities in the annual VFC enrollment form to make sure deputized providers continue to be aware of their responsibilities to adhere to the MOU when they renew their agreements each year.

   b. If we do need to add the requirement to the annual VFC enrollment form, is it expected that we have (a) two annual VFC enrollment forms(deputized providers/all other providers) or (b) one form that includes extra language which only applies to deputized providers?

   A: One form that includes language that applies only to deputized providers is acceptable.

3. The guidance says that our MOU should conform to the CDC-provided template. To what extent can we make changes? The email made it sound like we could make fairly significant changes.

   A: The MOU template provided by CDC is intended to serve as a tool for awardees with the exception of the requirements section (2.d.). CDC's intent is for awardee MOUs to include the requirements language verbatim for clarity and consistency. With that exception the template can be used as is or modified to meet awardee and FQHC needs, but does identify the major content areas we recommend for such a document.

4. Do we need to get CDC-approval of our MOU?

   A: No. CDC is not involved in the execution of the MOU between FQHCs/RHCs/LHD/s and their deputized providers.

5. Do we need to get director level signatures or can we request the signature of any person authorized to sign for the organization?

   A: Any person who is legally allowed to sign on behalf of the organization may sign the MOU.

6. Is it acceptable to get electronic signatures for the MOU?

   A: Yes, provided the electronic signatures meet the requirements to be legally binding.

7. Do we need to submit specific justifications for each LHD that we would like to deputize (ex. geographic/population) or do we only have to justify non-LHD sites?

   A: Specific justification is not needed for deputization of each local health department. Justification is needed for VFC providers that are not local health departments.

8. In what format and to whom should this justification be provided?

   A: Awardees should submit their requests for deputization to their project officers. The justification should include a list of local health departments and non-local health department providers proposed for deputization with the justification for each provider.

9. Are IHS and tribal health departments considered LHDs?

   A: No.

10. In the guidance details section it mentions the reasons that can be used to justify a site for deputization (geographic distance, insufficient capacity to serve the underinsured population, and no LHDs/insufficient capacity at LHDs). Is it fair to assume that any one of these reasons is enough to justify a site (e.g. a site is geographically distant from a FQHC/RHC and deputized LHD, but there is not a large population of underinsured children in the area)?

    A: Yes.

11. Would it be possible for CDC staff to approve a set of "rules" that we create for our state to help us select possible sites (ex. all populated areas of the state should be within 30 miles of an FQHC/RHC or a deputized site)?

    A: FQHCs/RHCs may make their own determination of rules they consider reasonable. The variation among states, catchment areas, counties, etc. precludes CDC from developing a general set of rules. Please use your best judgment when deciding which sites to deputize.

12. In the MOU template on page 2, Item #2.a: deputized VFC providers are to agree to vaccinate "walk-in" VFC-eligible underinsured children. Please define "walk-in". Is that to be any walk-in during normal business hours? The reason we ask is because some of the LHUs may be one-nurse clinics where appointment scheduling is necessary to avoid long waiting times.

    A: "Walk-in" refers to any underinsured child who presents requesting a vaccine; not just established patients.

13. Could an umbrella organization or association grant statewide deputization authority?

    A: This would not be acceptable under the HHS guidance.

14. In the same manner as #13 above, could a state health department grant authority on behalf of all the RHCs through the State's Office of Rural Health and Primary Care?

    A: This would not be acceptable under the HHS guidance.