

MEMORANDUM OF UNDERSTANDING

BETWEEN

Federally Qualified Health Centers (Health Resources and Services Administration) and Rural Health Clinics (Centers for Medicare & Medicaid Services)

AND

State Public Health Department Clinics [or designated alternative VFC providers]

AND

[VFC Awardee or [name of state] Department of [Public] Health]

FOR

Deputizing and Oversight of Public Health Departments [or designated alternative VFC providers] to Provide Vaccines for Children (VFC) Purchased Vaccine to Entitled Underinsured Children

The Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), the Centers for Medicare & Medicaid Services (CMS) and the Department of Health and Human Services have issued guidance regarding deputization by Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) of other VFC providers in their state to authorize those providers to immunize the federally vaccine-eligible children category of underinsured children.

Background:

In many states, the capacity of FQHC/RHCs to serve underinsured children is not sufficient to meet the need of underinsured children entitled to VFC vaccine. Until underinsurance among children is eliminated by full implementation of the Patient Protection and Affordable Care Act (ACA), extending VFC authority to other VFC providers serves as a bridging mechanism by which underinsured children will have increased access to VFC vaccine at additional provider sites.

In conformance with VFC Deputization Guidance dated [____], and as may be revised,

1. The undersigned **Federally Qualified Health Centers/Rural Health Clinics** hereby confer authority to (i.e., deputize) the VFC providers listed in Appendix A to serve as their agents in immunizing federally vaccine-eligible children who are underinsured as defined under subsection 1928(b)(2)(A)(iii) of the Social Security Act, with the understanding that –
 - a. such other VFC providers have been identified by the undersigned VFC awardee [or [name of state] Department of [Public] Health] and approved by the CDC for such designation;
 - b. the VFC awardee [or [name of state] Department of [Public] Health] and CDC retain their respective responsibilities for oversight of all VFC operations by such deputized VFC providers, including oversight of their roles in immunizing underinsured children;
 - c. federally purchased vaccine for use by deputized VFC providers in immunizing underinsured children is provided directly by CDC’s vaccine distribution system to the deputized providers;
 - d. the VFC awardee [or [name of state] Department of [Public] Health] and/or CDC may remove any deputized VFC provider from Appendix A in their roles of VFC program oversight in which case such provider shall lose deputization status;
 - e. each undersigned FQHC/RHC must comply with the requirements of such VFC Deputization Guidance;
 - f. any undersigned FQHC/RHC may withdraw from this MOU with 90 days written notice to the undersigned VFC awardee [or [name of state] Department of [Public] Health] official; and
 - g. each deputizing FQHC/RHC retains all of its authorities as a VFC provider, including the ability to immunize underinsured children.

2. Each **deputized VFC provider** listed in Appendix A shall comply with the requirements in such VFC Deputization Guidance, this deputization MOU, and with all other applicable VFC program requirements, including –
 - a. agreement to vaccinate “walk-in” VFC-eligible underinsured children as defined under subsection 1928(b)(2)(A)(iii) of the Social Security Act;
 - b. screening for VFC eligibility, including for underinsured status, at every visit by any child less than 19 years of age;
 - c. reporting to the VFC awardee, in manner and time as decided by the awardee, all requirements set forth in the guidance; and
 - d. compliance with any additional VFC requirements as the VFC awardee [or [name of state] Department of [Public] Health] or CDC may from time to time impose.

We, the undersigned, have read and agree to the terms and conditions set forth in this MOU and will retain a copy of this MOU.

By: **FQHC or RHC**

Director: _____

Date: _____

By: **Public Health Clinics [or each designated alternative VFC provider]**

Director: _____ [alternatively list each designated non-LHD VFC provider and obtain signature of its director]

On behalf of each of the VFC providers listed in Appendix A [or those under this official's domain].

Date: _____

I hereby acknowledge the responsibilities as delineated above:

State Awardee [or [name of state] Department of [Public] Health]

[Title of official]: _____

Date: _____

cc: Centers for Disease Control and Prevention, Immunization Services Division

APPENDIX A

List of Deputized VFC Providers

[list]