

# Health Center COVID-19 Vaccine Program

## Readiness Assessment User Guide

This user guide is intended to assist you in completing the Health Center COVID-19 Vaccine Program Readiness Assessment (RA) located in the Health Center COVID-19 Vaccine Program Online Community.

This assessment helps BPHC determine the readiness and interest of HRSA-supported health centers preliminarily identified by CDC and HRSA to receive a direct allocation of a limited supply of COVID-19 vaccines as part of the Health Center COVID-19 Vaccine Program. One Vaccine Program Online Community (VPC) user from your health center organization must submit this RA within the VPC to participate in the program. The RA may only be submitted once, and must be completed in one sitting. Information for individual sites that will participate in the program will also need to be completed in one sitting. Please collect all the necessary information before you start the RA by reviewing what is required.

*For any issues completing the Readiness Assessment, please use the form under Contact BPHC on the VPC to contact us for help.*

**Readiness Assessment Part 1 of 2: The first eight (8) questions, available under the Readiness Assessment tab in the VPC, assess general health center readiness and must be answered fully in one sitting.**

Question Field	Instructions
1. If you were to receive a direct allocation of the COVID-19 vaccine starting the week after next (amount TBD), can you ensure that you can safely store the vaccine, and that you have trained and credentialed staff and sufficient Personal Protective Equipment (PPE) to administer the vaccine in a timely manner?	Select Yes or No based on your health center's current capability.  If you answer No, you will see this follow-up question:  1a. Would you be interested in the near future (e.g., 1 to 2 weeks) of receiving a direct allocation of COVID-19 vaccine through this program?  Select Yes or No.  If you answer Yes, you will be asked to contact BPHC when you are ready to receive a direct allocation via the "Contact BPHC" section of the Online Community.  If you answer No to Question 1 or 1a, you are finished with the assessment at this time. HRSA understands you are opting out of the Health Center COVID-19 Vaccine Program at this time. Please contact BPHC using the <a href="#">BPHC Contact Form</a> (also under "Contact BPHC" in the Online Community) if your health center's situation changes and

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	<p>you want to participate in the Health Center COVID-19 Vaccine Program.</p>
<p>2. Are you currently receiving COVID-19 vaccines from the state?</p>	<p>Select Yes or No based on whether your health center is currently receiving COVID-19 vaccines from your state. This information is for HRSA and CDC awareness. Your answer will not affect the COVID-19 vaccine doses you may request under the Health Center COVID-19 Vaccine Program. (See Planning Assumptions in the Readiness Assessment tab of the Online Community.)</p> <p>If you answer Yes, you will see this follow-up question:</p> <p>2a. If so, what is the weekly allocation? (Enter number of doses per week.)</p> <p>In the field, please enter the number of doses your health center is currently receiving from your state per week. Enter numerals only; no text.</p>
<p>3. Where do you currently report data on COVID-19 vaccine administration and outcomes? (Select one or more from the following.)</p> <ul style="list-style-type: none"> <li>• Electronic health records</li> <li>• State's Immunization Information System</li> <li>• Vaccine Administration Management System</li> <li>• Vaccine Adverse Event Reporting System (VAERS)</li> <li>• HRSA Health Center COVID-19 Weekly Survey</li> <li>• Other</li> </ul>	<p>Click the checkbox for every means through which your health center is reporting data on COVID-19 vaccine administration.</p> <p>If you select Electronic health records (EHR), a field will appear for you to Enter Vendor Name. Please enter the name of your EHR vendor.</p> <p>If you select State's Immunization Information System (IIS), a field will appear for you to Enter IIS Name. Please enter the name of your state's IIS.</p> <p>The Vaccine Administration Management System (VAMS) is an official CDC online application.</p> <p>The Vaccine Adverse Event Reporting System (VAERS) is an official program co-managed by CDC and FDA.</p> <p>The HRSA Health Center COVID-19 Weekly Survey is a voluntary survey sent by HRSA weekly.</p> <p><i>Note that completion of this weekly survey, with additional Vaccine Program questions, is mandatory for health</i></p>

Question Field	Instructions
	<p><i>centers participating in the Health Center COVID-19 Vaccine Program beginning February 26, 2021.</i></p> <p>If you select Other, a field will appear. Please enter a brief explanation for choosing this option.</p>
<p>4. Do you have standing meetings with your state or local department of health contact to discuss vaccine administration and related lessons learned and challenges?</p>	<p>Select Yes or No according to whether your health centers has regularly scheduled meetings with your state or local department of health for this purpose.</p>
<p>5. Do you have a vaccine coordinator (and back-up coordinator) supporting your center and service delivery sites? <i>(Note: A vaccine coordinator is the POC for receiving vaccine shipments, monitoring storage unit temperatures, managing vaccine inventory, etc. See <a href="#">Section 5 of CDC COVID-19 Vaccination Program Interim Playbook</a> for more information.)</i></p>	<p>Visit Section 5 of the CDC Playbook PDF document for more information about the role and expectations of a vaccine coordinator.</p> <p>Select Yes or No for whether your health center has a specific person to perform this role, as well as a back-up in case your primary vaccine coordinator is unavailable.</p> <p>Your vaccine coordinator should be able to support your health center and all service delivery sites you enroll under the My Sites tab in a later part of this Readiness Assessment.</p>
<p>6. Does your health center have a process/system in place to schedule and manage COVID-19 vaccination appointments and reminders?</p>	<p>Select Yes or No for whether your health center has the ability to schedule and manage vaccination appointments and reminders for patients.</p> <p>If you answer Yes, you will see this follow-up question: 6a. How will you get patients back for their second dose? Do you have a reminder/recall system available?</p> <p>In the test field, please answer how your health centers plans to get patients to return for their second vaccine dose.</p>
<p>7. If this direct allocation program allows for redistribution of vaccines across service delivery sites, do you have an effective process for inventory management and</p>	<p>Select Yes or No according to whether your health center would be able to effectively manage redistribution of vaccine across your service delivery sites.</p>

Question Field	Instructions
distribution of vaccines to service delivery sites in place?	
8. To administer the COVID-19 vaccine to hard-to-reach, difficult-to-find patients disproportionately impacted by COVID-19, do you have a plan for vaccine transport (e.g., for mobile vaccination sites to reach farmworkers, rural residents, etc.)?	Select Yes or No according to whether your health center has a plan for administering vaccine to hard-to-reach patients.

**Readiness Assessment Part 2 of 2, My Sites:** Under the “My Sites” tab, provide information for each proposed site to participate in the vaccine program, and enter site details. This federal direct allocation program will complement state and jurisdiction allocation programs. Once you begin entering information for an individual site, you must complete all the information for that site in one sitting. All of your sites will be listed (the default is to show you sites that have NOT been proposed for this program yet). Sites list were pulled from your health center's Form 5B, and is filtered to remove administrative-only and mobile sites. You can identify sites from the list by Organization Name, BPHC Site ID, and address.

To access the details page for a site, click on the Organization Name for that site

**From the site details page, click the pencil icon by any editable field to edit any field in the site form.**

**Here is guidance on editing the site details:**

Question Field	Instructions
<b>Propose for Direct Allocation Program?</b> (Click the > to the left of the title to expand this section if necessary.)	
Propose for Direct Allocation <b>COMPLETE THIS STEP <u>LAST</u> IF YOU ARE PROPOSING THIS SITE FOR DIRECT VACCINE ALLOCATION.</b>  <i><b>This is a mandatory field.</b></i>	If you are NOT proposing to include a site for direct vaccine allocation, select No and Save the form (bottom center Save button). You are finished with this site and should return to the My Sites list to complete information for another site. You do not need to enter details for sites you choose to exclude from this direct vaccine allocation.

Question Field	Instructions
	<p>If you DO want to propose this site for direct vaccine allocation, select Yes and save the form <b>AFTER</b> editing the rest of the editable fields.</p> <p><b>Once you select Yes for this field and Save the form, all fields will lock and you will not be able to edit them.</b></p>
<p><b>Site Information</b> (Click the &gt; to the left of the title to expand this section if necessary.)</p>	
<p>Rec'd COVID-19 Vaccines from State?</p> <p><b><i>This is a mandatory field.</i></b></p>	<p>Select Yes or No for whether this site has received COVID-19 vaccine doses from the state or jurisdiction.</p>
<p>State/Jurisdiction Site VTrckS PIN</p> <p><b><i>This is a mandatory field.</i></b></p>	<p>Select Yes, No, or Not Sure for whether this site currently has a state/jurisdiction VTrckS PIN from CDC.</p> <p>To participate in the HRSA Health Center COVID-19 Vaccine Program, health center sites will be assigned new federal VTrckS PINs to allow orders from the federal allocation. If a selected site does not have an existing state/jurisdiction VTrckS PIN, please contact your local or state Immunization Program Manager. Your state Primary Care Association (PCA) may also be able to assist in finding this information. Note that it may take longer than one week to send direct allocations to sites without existing PINs.</p>
<p><b>Address Information</b> – This must be a valid shipping address for this site. (Click the &gt; to the left of the title to expand this section if necessary.)</p>	
<p>Site Street</p> <p><b><i>This is a mandatory field.</i></b></p>	<p>Pre-populated from Form 5B.</p>
<p>Site Address Line 2</p>	<p>Pre-populated from Form 5B.</p>
<p>Site City</p> <p><b><i>This is a mandatory field.</i></b></p>	<p>Pre-populated from Form 5B.</p>
<p>Site State</p> <p><b><i>This is a mandatory field.</i></b></p>	<p>Pre-populated from Form 5B.</p>

Question Field	Instructions
Site Zip Code  <i><b>This is a mandatory field.</b></i>	Pre-populated from Form 5B.
Site Address Correction	Confirm the accuracy of your site’s address including suite or room number. If it is not accurate, please provide correct address in the free text.
Address accurate for deliveries?	Please confirm that the site’s address above is accurate and will allow for the receipt of vaccine deliveries. (Y/N) If no, please provide a response to the next question.
Vaccine Shipping Address Correction	Use this text field to enter the correct address to receive vaccine deliveries.
Special instructions for delivery	Use this text field to enter any brief instruction the delivery person may need to complete this site’s vaccine delivery. For example, if the delivery person needs to call ahead to alert the point of contact, include that note.
<b>Point of Contact (POC) Information</b> – This information is for the person who will receive the “Welcome” email from VPoP to provide portal access, and place vaccine orders. Once VPoP accounts are created, each health center may update and add POCs based upon operational needs and preference. (Click the > to the left of the title to expand this section if necessary.)	
Site VPoP POC First Name  <i><b>This is a mandatory field.</b></i>	Enter the first name of this site’s point of contact.
Site VPoP POC Last Name  <i><b>This is a mandatory field.</b></i>	Enter the last name of this site’s point of contact.
Site VPoP POC Email  <i><b>This is a mandatory field.</b></i>	Enter a valid email address for this site’s point of contact. Please check carefully for accuracy.
Site VPoP POC Phone Number  <i><b>This is a mandatory field.</b></i>	Enter a valid phone number for this site’s point of contact. Please check carefully for accuracy. Only enter numerals, not dashes or parentheses.

Question Field	Instructions
<b>Hours for Accepting Vaccine Deliveries</b> – Sunday through Saturday (Click the > to the left of the title to expand this section if necessary.)	
Closed / Can't Accept Deliveries [day]	<p>Leave the check box empty if this site is able to accept vaccine deliveries that day.</p> <p>Click the checkbox if this site cannot accept vaccine deliveries on that day.</p> <p>If you check this box, do not complete any of the Time fields for that day.</p>
[day] Open Time	<p>Select the time this site can begin to accept vaccine deliveries on that day.</p> <p>Leave blank if the site is not open for vaccine deliveries on that day.</p>
[day] Close Time	<p>Select the time this site can no longer accept vaccine deliveries on that day.</p> <p>Leave blank if the site is not open for vaccine deliveries on that day.</p>
[day] Break Start Time	<p>If this site has a break period during the day in which vaccine deliveries cannot be accepted, select the break start time.</p> <p>If this site does not have such a break time, leave this blank.</p>
[day] Break End Time	<p>If this site has a break period during the day in which vaccine deliveries cannot be accepted, select the break end time.</p> <p>If this site does not have such a break time, leave this blank.</p>

When you have entered and verified accuracy of all information for a site, make sure you indicate “Yes” to propose this site for direct vaccine allocation (the first field on the details page), and then click “Save” in the bottom center of the screen.

If you receive any error messages, you must fix the error before the form will save.

- Check for any mandatory fields that are blank.

February 22, 2021

- Check for incorrect field information or characters.
- Correct errors and click “Save” again.

If you did propose this site for direct vaccine allocation, the form will now be read-only, locked for further editing.

You must return to the “My Sites” tab under Readiness Assessment in the Vaccine Program Online Community to complete information details for *each* individual site you want to propose for direct vaccine allocation.

To verify that you have successfully proposed a site, select ‘My Sites – Proposed’ from the drop-down list under the ‘My Sites’ tab to make sure that site is listed.

### **Need help?**

*For any issues completing the Readiness Assessment, please use the form under the Contact BPHC tab to contact us for help. Select “Health Center COVID-19 Vaccine Program”—the fourth option on the “Health Center Program Questions” screen. Then select “COVID-19 Vaccine Program Technical Questions.” You can also call Health Center Program Support at 877-464-4772, option 2, 7:00 a.m. to 8:00 p.m. ET, Monday-Friday (except federal holidays).*

Persons using assistive technology may not be able to fully access information in this document. For assistance, please email [BPHCQI@hrsa.gov](mailto:BPHCQI@hrsa.gov) or call (301) 443-2796.