



Eric J. Holcomb Governor Lindsay M. Weaver, MD, FACEP State Health Commissioner

| Title: Adult Eligibility Statement      | Policy #: IDOH Immunization Division Policy 3                         |
|---|---|
| Effective dates: 01-Jan-24 to 31-Dec-24 | Approvals:  Dave McCormick, Immunization Director  July 7, 2024  Date |

## Policy Statement

Publicly funded vaccines for adults are limited to the specific vaccines and provider locations, with the following eligibility criteria. Provider locations electing to participate in the Adult 317 Vaccine Program will be required to enroll in the Adult Vaccine Program. The first step in the process is to complete the Adult Immunization Provider Profile & Agreement (State Form 54625 (R4 / 3-11).

All providers enrolled with the Indiana Adult 317 Vaccine Program must adhere to all other policies and procedures set forth by the Immunization Division, including policies and procedures pertaining to vaccine inventory management, storage and handling, and full utilization of the Indiana State Immunization Information System (IIS) called Children and Hoosier Immunization Registry Program (CHIRP).

# Provider Locations Who May Participate in the Adult Vaccine Program

- Primary care provider members in the Indiana Primary Health Care Association (IPHCA)
- Local Health Departments (LHDs)
- STI/STD clinics, including STI/STD clinics at LHDs
- Birthing hospitals, birthing centers and prenatal clinics



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Due to limited 317 funds, providers may be asked about the population they expect to vaccinate.

The Immunization Division can identify and approve other locations and vaccination needs on a case-by-case basis.

# Adult Vaccine Program Eligibility Requirements

To be eligible to receive publicly funded vaccines, adults must be 19 years or older and meet one of the following criteria:

- 1. **Uninsured** Must have no private health insurance coverage. Cannot be Medicaideligible, regardless of age.
  - a. If Medicaid-eligible or health program covered, use private stock and bill to appropriate source.
- 2. **Underinsured** Must have private health insurance that does not provide coverage for a specific vaccine or all ACIP recommended vaccines. All individual vaccines should be screened separately.
  - a. High deductible plans do not qualify as underinsured. These individuals are considered fully insured.
  - b. International travelers are excluded from the underinsured category. Even if they have private insurance that will not cover the needed vaccines, they are not eligible for publicly funded doses.

#### **Special Considerations/Populations:**

- **Hep B** Sexual/household contacts of a person with chronic hepatitis B are exempt from the financial need criteria for Hep B only.
- **Hep B** Both Engerix B® and Recombivax HB® are licensed as pediatric and adult formulations. Adults under 20 years of age should receive three doses of the pediatric formulation of the Hep B vaccine (.5mL). These pediatric doses to be administered to patients 19 years and older, can be ordered through the Adult Vaccine Program.
- **Hep B** All adults through age 59, and all adults age 60 and older with any risk factors for HBV infection should receive the hepatitis B vaccine.
- **Tdap** Exceptions for Tdap vaccinations:
  - o Individuals who are eligible for Medicaid Package E (Emergency Medicaid) are exempt from the financial need criteria. These individuals can be vaccinated with a public dose of Tdap.



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- Some patients over 65 years of age who only have Medicare Part A and B may not have coverage for Tdap. These patients would be considered underinsured and would be eligible to receive a public dose of Tdap. All other patients 65 and older, who are Medicare-eligible and who do have any one of the supplemental insurance coverage plans, should be screened each visit for eligibility.
- **Refugees/Immigrants** Immigration status does not need to be considered. Screen for financial criteria and if eligible, administer publicly funded vaccine.
- **Incarceration** Federal, state or local correctional facilities are not eligible to participate in the program. Enrolled adult providers **cannot** vaccinate eligible adults in these locations whether in a clinic setting or in conjunction with other medical services.
  - The one exception would be in the event of an outbreak in which incarcerated individuals are determined to be in the high-risk priority group, as was the case with the 2018-2024 Hepatitis A outbreak. Only the identified vaccine can be administered to these individuals.
- International travelers Individuals presenting at the clinic for vaccinations related to
  any international travel, whether personal or mission related, do not meet the eligibility
  criteria to receive publicly funded doses through the Adult Vaccine Program. These
  individuals should be referred to a travel clinic or vaccinated with privately purchased
  vaccines.

### **Publicly Funded Adult Vaccines Offered:**

- Tdap
- HPV
- MMR
- PCV 15 and PCV 20
- PPSV23
- Meningococcal (includes Men ACYW and MenB vaccines)
- Hepatitis A
- Hepatitis B\*
- Varicella
- Influenza
- RSV

Unless otherwise noted above, providers enrolled in the Adult 317 Vaccine Program may administer any of the ACIP recommended vaccines listed above.



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\*\*Adults under 20 years of age should receive three doses of the pediatric formulation of the Hep B vaccine (.5mL). The pediatric formulation can be ordered under 317 funding for this population.

These vaccines should be administered in accordance with the routine recommendations of the CDC's Advisory Council on Immunization Practices (ACIP). Special consideration should be given to adults recommended to receive certain vaccines based on their medical and/or other risk factors. Please consult CDC's adult immunization schedule for additional information: <a href="http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf">http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf</a>

#### **School-Required Vaccinations**

Providers enrolled in the Adult Vaccine Program, who can administer all publicly funded vaccines offered, are also permitted to vaccinate eligible adults (19 to 21 years of age) who are enrolled and attending high school full-time. These individuals should be referred to one of these facilities for vaccination. The students must follow the same eligibility criteria as all other adults and must meet the financial criteria to receive publicly funded adult vaccine.

#### **Outbreaks & Mass Vaccination Campaigns**

- Publicly funded adult vaccines may be provided in the event of a specific disease outbreak or natural disaster
- The Epidemiology Resource Center (ERC) will identify any specific disease outbreak requiring a mass vaccination campaign
- During a state of emergency, the Immunization Division in conjunction with the Public Health and Preparedness Division will identify all necessary vaccination response





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# Forms

# **Adult Vaccination Program - Patient Eligibility Screening Form**

| 1. Initial Screening | Date:///////  | Y Y Y Y              |                                       |                      |
|----------------------|---|----------------------|---------------------------------------|----------------------|
| 2. Patient's Name:   |   |                      |                                       |                      |
|                      | Last Name   |                      | First Name                            | MI                   |
| 3. Patient's Date o  | f Birth:// _  | <u> </u>             |                                       |                      |
| 4. Primary Provide   | r's Name:   |                      |                                       |                      |
| •                    | Last Name   |                      | First                                 |                      |
|                      | Name  |                      | MI                                    |                      |
| s/he (che            | lifies for vaccines throu<br>ck only one box): The p<br>nt is underinsured (has | atient does not have | insurance<br>does not pay for vaccina | ations)              |
| Date                 | Screener initials   | Is uninsured         | ls underinsured                       | Does not meet        |
|                      |   |                      |                                       | eligibility criteria |
|                      |   |                      |                                       |                      |
|                      |   |                      |                                       |                      |
|                      |   |                      |                                       |                      |
|                      |   |                      |                                       |                      |
|                      |   |                      |                                       |                      |
|                      |   |                      |                                       |                      |
|                      |   |                      |                                       |                      |
| Clinic Name:         |   |                      |                                       |                      |
| Person completing    | g this log:   |                      |                                       |                      |
| Title of the person  | completing this log:  |                      |                                       | _                    |



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| Log for: Month                    | Year:   |
|-----------------------------------|---|
|                                   |   |
| Adult Immunization Provider Profi | lle & Agreement (State Form 54625 (R4 / 3-11) |