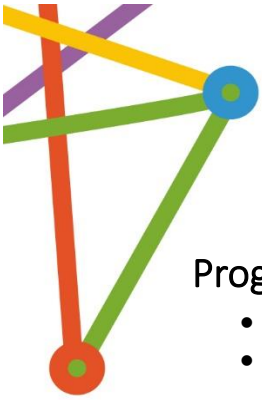


# FAQs

## COVID-19 Primary Care Vaccination Support Program

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## Program Process

- [COVID-19 Primary Care Vaccination Support Program](#)
- [COVID-19 Primary Care Vaccination Support Program- Funding Guidelines](#)

The program process includes three (3) surveys:

1. [Expression of Interest](#) (EOI)
2. Activity Proposal
3. Activity Summary Report

### Expression of Interest (EOI)

#### Who can apply for the COVID-19 Primary Care Vaccination Support Program?

Organisations that are a COVID-19 vaccinating site.

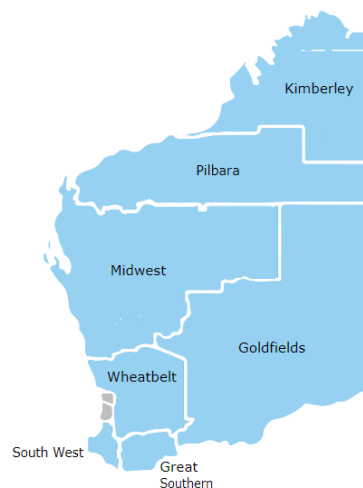
#### Who will benefit from this Program?

This program will offer immunisers the opportunity to participate in targeted initiatives to support vulnerable people who are unable to receive a vaccination through usual channels- this could include housebound individuals or those facing significant challenges in attending alternative vaccination centres or practices during routine business hours.

<ul style="list-style-type: none"> <li>• homebound individuals (either due to disability or frailty)</li> <li>• people without access to Medicare</li> <li>• people in remote and rural areas with limited healthcare options, including those who cannot travel to a regional centre             <ul style="list-style-type: none"> <li>• culturally, ethnically, and linguistically diverse people, especially asylum seekers and refugees and those in older age groups who may find it difficult to use other vaccination services</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• aged care and disability workers, with consideration to all auxiliary staff working on-site.</li> <li>• children aged 5-11 who have complex needs, who are not captured by another suitable vaccination channel.</li> <li>• those experiencing homelessness.</li> <li>• any other vulnerable groups identified as requiring dedicated support to access vaccinations.</li> </ul>
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#### Are there areas that are being targeted to increase access and uptake of COVID-19 vaccinations in Western Australia?

There are specific target areas that we have identified as having higher numbers of vulnerable populations and of people experiencing socioeconomic disadvantage, with a low rate of COVID-19 vaccination uptake in the last 6 months. This is inclusive of all Residential Aged Care Homes (RACHs).



#### Target Areas in WA Regions

##### Kimberley

Derby - West Kimberley  
Broome

##### Pilbara

Port Hedland

##### Midwest

Greater Geraldton

##### Great Southern

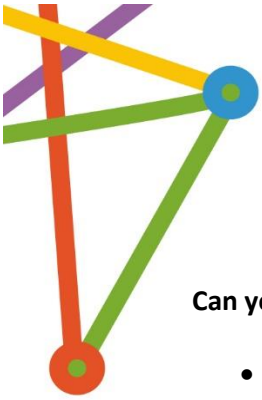
Albany

##### South West

Bunbury  
Murray  
Collie

##### Metro

Armadale  
Gosnells  
Wanneroo  
Swan  
Stirling



### Can you provide further information on each of the targeted initiatives?

- **POP-UP CLINICS** - a pop-up clinic is outside of normal vaccination clinics either off site or after hours
- **HOME VISIT** - a home visit is classified as a visit to a vulnerable person's usual place of residence, to administer COVID-19 vaccination
- **NON-MEDICARE VACCINE REIMBURSEMENT** – for COVID-19 vaccinations administered to a person that is not eligible for Medicare services. Please [see below](#)

### Activity Proposal

#### What is the Activity Proposal?

An Activity Proposal is used to propose additional COVID-19 vaccination related activities aimed at vulnerable communities.

#### **If my organisation is NOT onboarded as part of the Australian Government COVID-19 Vaccination Program, but we are planning an event where COVID-19 vaccinations will be administered (by an approved vaccination provider), will the organisation be eligible for the program?**

Yes, these organisations will be classed as “Event hosts” and may be eligible for the establishment funding through the Program (subject to approval).

If you do not have an approved vaccine provider to administer COVID-19 vaccinations at your event, WAPHA can offer details of local providers to assist.

#### **We are Event Hosts, but we already have an approved vaccine provider to administer COVID-19 vaccinations. Do we need to advise you on their details?**

Please include the vaccine provider's details in your Activity Proposal.

**Note:** Vaccine Provider must complete all AIR reporting requirements.

#### **Will the Program support only COVID-19 education activities?**

Funding for solely education events/activities will not continue in the COVID-19 Vaccination support program unless there is a strong intent to vaccinate eligible vulnerable patients as part of the visit / clinic. (subject to approval)

### Activity Summary Report

#### **What are the reporting requirements for the Program participants?**

Every organisation that is funded through the COVID-19 Primary Care Vaccination Support Program is required to provide an activity summary report within two (2) weeks of completion of the activity/s.

It is recommended that the activity summary report is completed once the pop-up clinic has been completed or when the home visits for COVID-19 vaccination has been administered.

#### **If I conducted several activities, can I complete one Activity Summary Report for all?**

For WAPHA to gather valuable detail in our reporting, we request the following for each initiative below:

- Pop-up clinics – 1 x summary report per clinic
- Home visit – multiple home visits can be reported together on 1 x summary report

For Non-Medicare Vaccine Reimbursements- [see below](#)



### What information is important to include in the Activity Summary Report?

It is important to provide a summary of the activity and note any outcomes that indicate the progress towards the Program objectives. Here are some examples of beneficial information you might provide:

#### Pop-Up Clinic example

- City of Brow council organised an expo to support persons with disabilities and their families
- Funding used to purchase new pop-up clinic equipment i.e. tables, gazebo
- Vaccine provider (GP) had contacted eligible patients about event which resulted in a 90% rate of the expected COVID-19 vaccinations to be administered
- 10 family members also were vaccinated at the event (they are not classed as vulnerable population, and this is reflected in my survey submission)
- Photo consent was obtained
- Good news story was captured and shared by council & GP on social media platforms

#### Home Visits example

- Pharmacist arranged 4 home visits to administer COVID-19 vaccination as well as other eligible vaccinations (co-administration flu & COVID-19)
- Only 3 home visits were confirmed the day before
- Total COVID-19 vaccinations for 3 homes: 2 adults, 1 adult, 3 adults & 1 child (aged 8)
- The cancelled home visit (due to patient being unwell) will be rescheduled once their symptoms have ceased. Follow up in 5 days.

### **We completed an activity and vaccinated people who are not classed as vulnerable. Will the Program participant be reimbursed for all COVID-19 vaccines administered or only the vulnerable population patients?**

WAPHA will consider a few variables to inform eligibility for vaccine administration funding if:

- the activity was held in a targeted location (see EOI information above)
- the activity is focused on vulnerable populations that they are servicing. So, in this instance would have higher expectations on the focus of their service on vaccine delivery

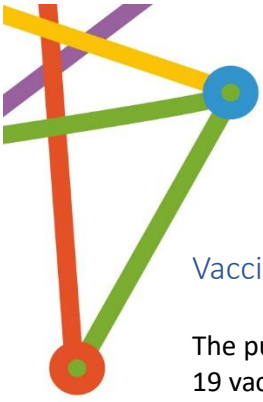
## Program Funding

### Establishment funding

The purpose of establishment funding is to support organisations to prepare for and deliver COVID-19 pop-up vaccination clinics.

In reach COVID-19 vaccination assistance to Residential Aged Care Homes (RACHs) could be eligible for Establishment funding (subject to program approval).

Please refer to Program [Funding Guidance](#)



## Vaccine Administration funding

The purpose of vaccine administration funding is to support vaccine administrators to deliver COVID-19 vaccinations to vulnerable populations.

Upfront funding is available for vaccine administration (subject to program approval)

### **Pop-Up clinics**

\$150 Per vaccination administered to a vulnerable community patient.

### **Home Visits**

\$250 per home visit when a COVID-19 vaccination has been administered or if vaccinator can demonstrate a clear intent to vaccinate.

**Note:** \$250 is per visit not per vaccination.

**Note:** Residential Aged Care Homes are eligible for \$250 per visit not per resident, but vaccinators are eligible to apply for establishment funding to support preparation of the visit to the home (subject to program approval)

### **Upfront or Reimbursement funding payments**

Once your organisation has completed an EOI and received an approval email, requests for up front funding and reimbursement\* payments to suit intended COVID-19 vaccination related activities that align with the guidance can be made up until 1 December 2024. Please make any queries with our COVID-19 Vaccination team after you have received the '**EOI approved-Next steps email**' and are officially onboarded.

*\*Backdating from 1 July 2023 only for eligible COVID-19 vaccination related activities that align with the Program [guidance](#).*

## Funding Specific FAQs

### **What are the expectations for participants that request upfront funding for COVID-19 vaccine Administration? What is required if they do not deliver the proposed number of vaccinations?**

Once you have completed your pop-up clinic or home visit/s where COVID-19 vaccinations were administered, organisations are required to provide how the funding has been utilised in line with the signed agreement and Program guidelines.

If the number of COVID-19 vaccinations administered is less than the number proposed, we will encourage for it to be absorbed into future planned activities.

If no future activities can be planned, funding will need to be recovered in accordance with the signed agreement.

### **What if the approved activity didn't result in any COVID-19 vaccinations, can participants continue to submit Activity Proposals and receive Establishment funding?**

The expectation on Program participants is that every step has been planned to support their activities to result in vaccinations. WAPHA will review these situations on a case-by-case basis and work to support each organisation.



**We have other planned home visits for patients we service. Are we eligible for funding for this Program even without administration of COVID-19 vaccination?**

Our COVID-19 Primary Care Vaccination Support Program is designed to support the vulnerable populations to receive the COVID-19 vaccination. The home visits under this program model **must have a focus for the delivery of COVID-19 vaccination** as part of the visit.

***Eligibility- as advised in Program Funding Guidelines***

*'Assessment, eligibility and planning for a home visit or pop-up clinic is at the discretion of the person providing the COVID-19 vaccination however must be based on need rather than convenience and alignment to the service target population'*

We encourage practices to use the 42a report which can provide data on your practice's patient cohort who are due for COVID-19 vaccinations teamed with your knowledge of homebound patients to establish your planned eligible patient/s home visit data that can then be reported back to WAPHA against administration of vaccines for this cohort.

We acknowledge that the wrap around care offered by practices as part of general service delivery to homebound clients includes education and promotion of eligible COVID-19 vaccinations during home visits.

WAPHA are happy to provide COVID-19 funding per home visit where **all of the above has been met** and the COVID-19 vaccination/s were transported offsite with an intent to vaccinate, but on the day might have proved to not be possible. WAPHA will review this on a case-by-case basis if the reporting identifies that home visits are occurring with no COVID-19 vaccines being delivered over a longer period of time.

**Can the COVID-19 Vaccine administrator claim MSB item code for vaccinating patients?**

General Practitioners can claim the MBS item for COVID-19 vaccination discussions or a consultation item.

The purpose of the COVID-19 Primary Care Vaccination Support Program is to assist with establishment of vaccination services and the time and effort taken by the administrators that is not normally claimable.

The funds from this Program will be paid to the practice as a whole and is not to be paid directly to an administrator or practitioner.

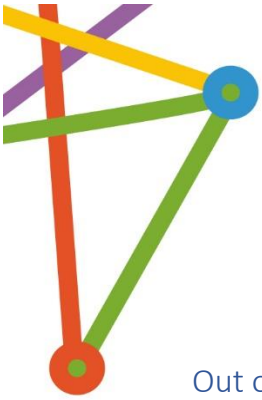
**Non-Medicare Vaccine Reimbursement**

The Australian Government Department of Health and Aged Care through WA Primary Health Alliance has been providing funding to WA general practices for the provision of COVID-19 vaccinations for patients who do not hold a Medicare card or are ineligible for Medicare. This funding has been extended into 2024.

WAPHA can reimburse general practices to the value of the relevant MBS item number to support non-Medicare patients being vaccinated against COVID-19.

Reimbursement can be backdated to 1 July 2023. To make a claim please complete the [survey](#) and submit invoices to [gpvaccination@wapha.org.au](mailto:gpvaccination@wapha.org.au)

**Note:** To claim, practices will be required to declare reimbursement (i.e., private fee charge) has not already been received for the services claimed.



## Out of scope funding

- Funding for COVID-19 vaccinations of individuals who are eligible under existing mechanisms, such as MBS.
- Incentives to vaccinate.
- Travel (travel expenses) not related to COVID-19 vaccination initiatives.
- Prolonged hire of infrastructure/ equipment outside of the funding period.
- Purchase of infrastructure/ equipment that could be hired.
- Capital asset purchases.
- Providing funding to vaccination providers for staff bonuses or incentives
- In-home vaccinations will only be provided where an individual is unable to attend a vaccine provider. There must be a genuine need, not just convenience.

## General questions COVID-19 vaccination

### **Does there need to be a specific waiting time after COVID-19 infection before patients can be vaccinated for COVID-19**

Please refer to current DOHAC guidance- [DoHAC Post Infection COVID-19 Vaccination](#)

### **Can COVID-19 vaccinations be co-administered with any other vaccination or immunisation?**

Please refer to the Immunisation handbook- [Immunisation Handbook - COVID-19](#)

### **What is a SASA?**

SASA stands for 'Structured Administration and Supply Arrangements'

Most medicines authorities (such as administer, dispense or prescribe) for registered health practitioners are listed in the Medicines and Poisons Regulations. These are linked to national registration categories and are fixed. Only a person authorised to prescribe may write a prescription or instruct another practitioner to administer a medicine.

In some other specific circumstances, a SASA Arrangement can be used to authorise a health practitioner (who is not a prescriber) to supply or administer a medicine.

A hospital or health service permit holder may issue a SASA that can be used by certain health practitioners employed by that organisation. A health service permit is a type of permit issued under the Medicines and Poisons Regulations to first aid and medical treatment businesses, such as ambulance services.

The [Guidance Note: Structured Administration and Supply Arrangements for Hospitals and Health Services \(Word 397KB\)](#) includes:

- what can be authorised and the restrictions of this type of SASA
- information on how to write a SASA
- a suggested document template.

A copy of the Hospital or Health Service SASA needs to be sent to Email: [MPRB@health.wa.gov.au](mailto:MPRB@health.wa.gov.au)



## ASPIRE (Supplier, GST, Payment Terms)

For all queries and manuals on ASPIRE Supplier registration and updating existing details, please head to our [WAPHA Portals page](#).

**GST** – please note all values in the funding guidelines are GST exclusive. If your ASPIRE supplier has selected ‘GST Registered’, then GST will be applied in your invoice.

**Payment terms**- all approved funding will be paid within 30 days of signed agreement returned.

**Recipient Created Tax Invoice (RCTI) Agreement** - an RCTI agreement will expedite the payment of invoices for program funding via WA Primary Health Alliance (WAPHA). This system relies on WAPHA issuing a tax invoice on behalf of a supplier. However, this can only be done under GST legislation if there is an RCTI agreement between the supplier and the recipient. The key benefit of entering an RCTI agreement with WAPHA is expediting the payment of your grant or program funding. You, or your enterprise, must be registered for GST to enter the RCTI agreement. To enter this agreement, review the Written Agreement in the [manual](#) and then log in and update your profile by ticking ‘RCTI’.

## Resources

### Vaccination resources (Government guidance)

- [ATAGI Clinical Guidance for COVID-19 vaccine providers](#)
- [DoHAC resources for COVID-19 vaccine providers](#)
- [COVID-19 Infection and COVID Vaccination](#)
- [DoHAC COVID-19 vaccination – Consent form for COVID-19 vaccination](#)
- [Strive for 5 - Vaccine Storage Guidelines](#)
- [Cold chain management - WA Health](#)

### AIR 42a report resources

- [Services Australia - How to view identified reports using AIR through HPOS - AIR042A](#)
- [Services Australia - 42a report Module](#)

### Pharmacy resources

- [PPA Online National Immunisation Program Vaccination in Pharmacy \(NIPVIP\) Program](#)
- [Pharmacy Guild Vaccination resources](#)
- [Pharmaceutical Society of Australia – COVID-19 practice advice and regulatory issues](#)

### RACH resources

- [DoHAC Communication Toolkit for Older People](#)
- [DoHAC - Information for Aged Care providers, workers and resident about COVID-19 vaccines](#)