



Australian Government



In-reach COVID-19 vaccination clinics for aged care and disability support workers and residents

Information current as at 3 June 2022

Primary care vaccination providers are encouraged, where possible, to conduct in-reach COVID-19 vaccination clinics to support access to vaccinations for aged care and disability support workers and residents. These clinics will continue to be important in the delivery of COVID-19 booster doses to aged care and disability support workers and aged and disability care residents.

On 29 March 2022 the Australian Government **announced** that the in-reach vaccination incentive would be extended to 31 December 2022.

Practice Incentives Program (PIP) payments can now be claimed for vaccinations delivered through in-reach clinics until 31 December 2022.

What does this mean:

Primary care providers will continue to be supported to deliver workplace-based in-reach vaccination clinics for residential aged care or disability support workers and residents:

- A **\$1,000 payment** once a minimum threshold of 50 COVID-19 vaccine suitability assessments (including vaccine administration where appropriate) have been provided to **residential aged care or disability support workers** (cumulative) through in-reach clinics.
- **\$20** for every vaccine suitability assessment provided to a **residential aged care or disability support worker** thereafter.
- **\$20** for every vaccine suitability assessment provided to **aged care or disability accommodation residents** through an in-reach clinic that occurs from 1 November 2021 (8 November 2021 for pharmacies) **after** the initial 50-worker threshold has been reached.

These payments are available to vaccination providers **in addition** to the per patient fees payable in line with existing funding arrangements. This includes:

- Relevant MBS items, such as the Vaccine Suitability Assessment Items (including the remote supervision items), and the flag-fall item; and
- Fees for pharmacies and Commonwealth Vaccination Clinics (CVCs).

In-reach incentive payments are only available once the provider has delivered the minimum threshold of 50 vaccinations to **residential aged care or disability support workers**. This is cumulative and could occur in one clinic, over a number of clinics or across the reference periods.

Organising in-reach clinics

PHNs are assisting with the coordination of vaccination clinics within residential aged care facilities.

- Both the facilities requesting in-reach clinics and the primary care provider willing to deliver the vaccination clinics **must** engage with the local PHN before and after any in-reach clinic to report:
 - the planned date of in-reach vaccination clinic
 - confirmation the clinic was delivered, and
 - the number of workers and residents vaccinated.

Pharmacies must notify the Pharmacy Program Administrator of their intention to deliver an in-reach vaccination clinic prior to commencing service delivery.

Disability workforce in-reach clinics may be coordinated directly between disability support providers and primary care providers, however the PHN must be advised about the clinic.

Reporting Requirements

To be eligible to receive incentive payments, primary care providers must report the relevant details for each facility visited, and number of individuals vaccinated. There is a two-part reporting and verification process that needs to be completed:

1. CLAIMING:

- General practices and CVCs should report through the COVID-19 Vaccine Administrative System (CVAS) on the In-reach Vaccination Reporting page.
- Pharmacies should lodge their claims by navigating to the CVCP Program page in the PPA portal and following instructions at the top of the View Claims tab.

2. VERIFICATION

The primary care provider must fill out a *Clinic Summary Report* (see attached template) and have a representative from the facility sign the report. The *Clinic Summary Report* must then be sent to the relevant PHN. The PHN will collate all Reports and provide to the Taskforce.

Primary care providers will need to ensure **accurate information on the number of vaccine suitability assessments provided to residential aged care and disability support workers and residents** and retain all relevant records relating to the administration of the vaccine.

How is the payment provided?

For general practice/ACCHS:

Payments for general practices and ACCHS will occur through the Practice Incentives Program (PIP). Participating PIP practices will be eligible for the payment without the need to further apply with Services Australia.

PIP Payments will be made on the following schedule:

- an initial payment in November 2021 for services provided from 29 April 2021 to 31 October 2021;
- a second payment in August 2022 on the basis of services provided from 1 November 2021 to 30 June 2022; and
- a third payment in February 2023 on the basis of services provided from 1 July 2022 to 31 December 2022.

Note, where the minimum threshold for eligible services has not been met in one reference period, services will accumulate and roll-over into the next reference period. For example, where the minimum threshold for 50 workers was not met by November 2021, eligible services will accumulate and roll-over into the next reference period from 1 November 2021 to 30 June 2022. If the minimum threshold is not met prior to 30 June 2022, eligible services will roll-over into the period from 1 July 2022 to 31 December 2022.

For CVCs:

Payment will be made on receipt of an invoice that includes the number of vaccine suitability assessments to residential aged care and disability support workers and residents as part of an in-reach clinic. The information on the invoice must match information recorded in CVAS and through the *Clinic Summary Report*.

For Pharmacies:

Claims must be lodged through the CVCP Program page in the PPA portal. The information submitted through the claims must match information on the number of vaccine suitability assessments provided to residential aged care and disability support workers and residents as reported through the *Clinic Summary Reports*. Payments will be made monthly in arrears.

In-reach COVID-19 vaccination clinics – delivery model considerations

In delivering in-reach vaccination clinics, primary care vaccination providers are responsible for ensuring:

- an **appropriate model of care** and clinical governance for vaccine delivery that includes determining the patient's clinical suitability to receive the COVID-19 vaccine on this date, obtaining or confirming informed consent, appropriate post-vaccination observation periods and clinical escalation processes for any vaccine-related adverse events.
- all **reporting requirements** are met, such as uploading administration data into the AIR, and maintaining appropriate medical records per vaccination assessment/administration (including ensuring CVCs provide data through the App).
- maintenance of vaccine **cold-chain integrity** during transport and at the site of administration to ensure vaccine potency.
- that the in-reach clinic set up has adequate **infrastructure for clinical safety** to be maintained.

Vaccination providers should also:

- maximise the available doses to avoid wastage (i.e. plan to utilise all doses within a vial where possible)
- bring all required vaccine administration consumables and equipment as required.

For more information on administering an in-reach vaccination clinic: [Contact your PHN.](#)