

## Pharmacy Partnership for Long-Term Care (LTC) Program

### Background

A COVID-19 vaccine will likely become available in phases over the coming months. Early phases of vaccine distribution will likely focus on health care workers (including LTC staff) with residents to follow.

To facilitate efficient distribution, CDC is partnering with CVS and Walgreens to deliver and administer the first phase of vaccines to LTC residents free of charge. These partner pharmacies can ensure cold storage of the vaccine and meet all the documentation and reporting requirements. Many LTC pharmacies do not have this capacity yet, but it is anticipated that they will build the capacity for later phases of vaccine distribution and administration.

This program focuses on skilled nursing facilities, nursing homes, assisted living facilities, and similar congregate living settings where most individuals are over 65 years of age.

Vaccination for health care workers will be handled by states. Staff who do not get vaccinated through the state program may be eligible to receive the vaccine through this federal program.

### How to Register

**The registration deadline has been extended to Friday, November 6<sup>th</sup>** and can be accessed via the following sites:

SKILLED NURSING FACILITIES	ASSISTED LIVING AND OTHER CONGREGATE CARE SETTINGS
<a href="#">National Healthcare Safety Network (NHSN)</a>	<a href="#">REDCap</a>

Providers will have four options to select from:

1. Have CVS (partnering with Omnicare) come to your building and administer the vaccine to residents and any staff not previously vaccinated.
2. Have Walgreens (partnering with PharMerica) come to your building and administer the vaccine to residents and any staff not previously vaccinated.
3. Work with your existing pharmacy partner (LTC pharmacy), if they have the capability to meet the requirements demonstrated by a provider agreement with the state or CDC
4. Partner with another entity such as your hospital health care system, local/state health department, etc.

**Important:** If selecting options three or four, AHCA/NCAL strongly recommends providers first ask to see a signed copy of that entity's provider agreement with the state and CDC (titled "CDC COVID-19 Vaccination Program Provider Agreement") demonstrating their capacity to meet all the requirements to receive vaccine, otherwise they run the risk of not being included in early rounds of vaccine delivery and distribution. This could result in delays in your facility obtaining the vaccine if you make this selection without seeing a provider agreement.

### Working with CVS or Walgreens

CVS and Walgreens will set up approximately three free on-site clinics to deliver the anticipated two doses that the vaccine will require. The number of clinics will ultimately depend on facility needs and the vaccine being distributed.

The on-site clinic schedule will be as follows:

CLINIC 1	CLINIC 2	CLINIC 3
<ul style="list-style-type: none"> <li>•Dose 1 for everyone in the facility who needs the vaccine</li> </ul>	<ul style="list-style-type: none"> <li>•Dose 2 for everyone that received Dose 1</li> <li>•Dose 1 for new staff/admissions</li> </ul>	<ul style="list-style-type: none"> <li>•Dose 2 for those who received Dose 1 at Clinic 2</li> <li>•Dose 1 for new staff/admissions</li> </ul>

As part of this program and at no cost to the facility, these pharmacies will:

- Schedule and coordinate on-site clinic date(s) directly with each facility. Three total visits over approximately two months are likely to be needed to administer both doses of vaccine (if indicated) and vaccinate any new residents and staff.
- Order vaccines and associated supplies (e.g., syringes, needles, personal protective equipment).
- Ensure cold chain management for vaccine.
- Provide on-site administration of vaccine.
- Report required vaccination data (approximately 20 data fields) to the local, state/territorial, and federal public health authorities within 72 hours of administering each dose.
- Adhere to all applicable Centers for Medicare & Medicaid Services requirements for COVID-19 testing for LTC staff.

### Opting Out of Working with CVS or Walgreens

If a facility decides to opt out of working with CVS or Walgreens, and instead decides to work with their LTC pharmacy or another state or private partner, they must first ensure the other partner has signed a provider agreement with their state and the CDC. AHCA/NCAL recommends providers ask to see a signed copy of the provider agreement **before** opting out of working with CVS or Walgreens.

## Frequently Asked Questions

### Topic headings:

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### Sign-Up Process

**Q: Is this program limited to SNF and AL? Are other types of congregate living settings for the elderly included?**

A: This program is focused on individuals over 65 living in congregate living settings. This includes skilled nursing facilities, nursing homes, assisted living facilities, and similar congregate living settings. Independent living providers who are housed on a campus with SNF and/or AL may also be included. Other provider types, such as stand-alone IL and ID/DD can sign up also, but may not be prioritized.

**Q. How to veterans homes apply for this program?**

The CDC is working directly with the VA to set up distribution for the Community Living Centers (CLC); however, veterans' homes can sign up via <https://redcap.link/LTCF>.

**Q: Can you explain the sign up process?**

A: SNFs must register through the CDC's [National Healthcare Safety Network](#) (NHSN). AL and other congregate settings will sign up using the [REDCap web portal](#). The deadline to sign up is October 30th.

Step by step instructions on accessing the sign up via NHSN are available [here](#).

**Q: I'm an assisted living provider (with or without skilled nursing), and I already use NHSN. Which portal should I use?**

A: Only CMS-certified SNFs should sign up via [NHSN](#). Others should sign up via [REDCap](#). If you see the questions appear in your [NHSN](#) portal, you're eligible to sign up that way; otherwise, you'll see a link to the [REDCap portal](#).

Assisted living companies with more than five communities are eligible to sign up through a group registration process. You will email [eocevent494@cdc.gov](mailto:eocevent494@cdc.gov) to receive a spreadsheet template that you can fill out and return to CDC, registering all of your communities at once. More information can be found on the [REDCap portal](#).

**Q: Can skilled nursing companies with multiple buildings do a group registration?**

**A:** No, skilled nursing providers must sign up individually through [NHSN](#). Group registration is not possible for SNF providers.

**Q: I am on a campus with multiple levels of care (e.g. SNF, AL, IL). How should I sign up?**

**A:** You should sign up for your SNF via [NHSN](#) and the remaining levels of care through the [REDCap portal](#). SNF's **must** sign up through the [NHSN](#) portal.

**Q: Should I sign up based on the number of licensed beds, or just the occupied beds?**

**A:** AHCA/NCAL recommends you sign up based on your licensed beds. We do not know yet when a vaccine could be available, and occupancy will likely change. Also, keep in mind that this is for planning purposes and ordering vaccine to ship to pharmacies. The pharmacies will contact you again when scheduling the clinics to verify information.

**Q: The sign-up process is non-binding, what does that mean?**

**A:** Facilities may change their selection or opt in or out via email ([eocevent494@cdc.gov](mailto:eocevent494@cdc.gov)) after the online survey closes. CDC will communicate preferences to CVS and Walgreens and will try to honor facility preferences but may reassign facilities depending on vaccine availability, distribution considerations, and to minimize vaccine wastage.

**Q: Do providers need the approval of our state or local county public health department to participate in this program?**

**A:** No, approval of the state or local county public health department is not required.

**Q: Who do I contact if I am having technical difficulties with the registration process?**

**A:** Please email [eocevent494@cdc.gov](mailto:eocevent494@cdc.gov).

## Selecting a Pharmacy Partner

**Q: I have an existing pharmacy partner. Why would I select one of the partner pharmacies (CVS or Walgreens) to distribute and administer the vaccine?**

**A:** Many of the vaccines under development have cold storage requirements that not all pharmacies can meet. The federal government has partnered with CVS and Walgreens who already have the capability to distribute and administer this vaccine efficiently in the long term care setting. There is also an extensive list of documentation and reporting requirements to state vaccination registries that have to be met when administering the vaccine.

**Q: If I want to have my current LTC pharmacy deliver the vaccine, what should I do?**

**A:** If you want to use your existing pharmacy, AHCA/NCAL recommends that you first confirm that they have signed a provider agreement with their state and CDC and ask to see a copy. A signed provider agreement means they can meet all the CDC vaccination requirements, will meet all reporting requirements for the state immunization registry and can bill the administration fee to most insurers or if they will charge the provider (you) an administration fee. If you do not, you will run the risk of being pushed to the end of the distribution plan.

**Q: What if I sign up to have my LTC pharmacy deliver the vaccine, but they are unable to meet the requirements?**

**A:** CDC is asking LTC organizations to identify a back-up option during the sign up process in the case their LTC pharmacy cannot meet the requirements. If your LTC pharmacy cannot meet the CDC criteria and does not receive the vaccine, then the facility will be assigned to a retail pharmacy or their state health department. However, the facility will likely be put at the end of the distribution plan. Also, since the initial distribution of vaccine to pharmacies and states will be based selections made through this program, there may or may not be enough vaccine available in the initial LTC distribution if you are reassigned at a later date.

**Q. Will all pharmacies have access to the vaccine?**

**A:** CDC will allocate the vaccine both to CVS and Walgreens, for distribution to long-term care facilities, and to states, who will facilitate allocation and distribution to all other partners with provider agreements (e.g. other pharmacies).

**Q: What happens if there is not a CVS or Walgreens close to me?**

**A:** If a facility is not within 75 miles of a CVS or Walgreens, they can still sign up for one of those options. If CVS or Walgreens cannot accommodate, the federal government will work to identify solutions to deliver and administer a vaccine to those organizations.

**Q: What happens for new admissions after the vaccine is administered in my facility?  
How do we offer them the vaccine?**

**A:** After the initial phase of vaccinations, the facility can choose to continue to work with the pharmacy that provided their initial on-site clinics for additional doses or can choose to work with a pharmacy provider of their choice. Depending on vaccine supply, facilities may want to work with local hospitals to ensure residents have received their first dose before being discharged. Similarly, facilities may ask new admissions from the community to get vaccinated before admission.

## Costs and Reporting Requirements

**Q: What kind of reporting will be required by the facility?**

**A:** If facilities sign up to participate with one of the partner pharmacies (Walgreens or CVS), reporting requirements will be taken care of by the pharmacy administering the vaccine.

If a facility elects not to participate with one of the partner pharmacies, the reporting depends on the method of distribution and administration and the provider agreement. For example, if another pharmacy delivers the vaccine and the facility administers it, both would need to sign provider agreements. They could work out between the two entities who does the actual reporting of administration data, but responsibility for ensuring all the requirements outlined in the agreement would fall to both. If the pharmacy does the actual administration, and the facility doesn't handle, store, or administer the vaccine, the responsibility would fall to the pharmacy.

Required reporting elements under the partner agreement include: Administered at location: facility name/ID; administered at location: type; administration address (including county); administration date; CVX (Product); dose number; recipient ID\*; vaccination event ID; lot Number: Unit of Use and/or Unit of Sale; MVX (Manufacturer); recipient address\*; recipient date of birth\*; recipient name\*; recipient sex; sending organization; vaccine administering provider suffix; vaccine administering site (on the body); vaccine expiration date; vaccine route of administration; vaccination series complete.

**Q: Are there reporting and documentation requirements for the COVID-19 vaccine that above and beyond the flu vaccine?**

**A:** Yes, the CDC requires additional reporting for the COVID-19 vaccine and reporting to the state immunization registry. If a provider works with CVS/Walgreens, they will complete these reporting requirements.

**Q: Will there be any cost associated with buying the vaccine?**

**A:** There is no cost associated with buying the vaccine. However, facilities that choose not to participate in the federal program to distribute the vaccine would need to get on-boarded through state and adhere to all requirements in the provider agreement.

**Q: Will there be any cost associated with administering the vaccine?**

**A:** The administration fee will be reimbursed by insurance for residents who have Medicare Part B, Medicaid, Medicare Advantage and commercial insurance.

For residents under Medicare Part A, CMS has [waived](#) Consolidated Billing, which means the pharmacies can bill CMS directly rather than providers signing contracts with the pharmacies and paying the pharmacies for vaccinations.

For staff, the administration cost will depend on if they have insurance and who administers the vaccine (e.g., the state public health department, the facility, retail pharmacy, etc.). For uninsured staff, there is a program set up to cover the administration fee through Health Resources & Services Administration (HRSA) their [COVID-19 Uninsured Program](#).

**Q. How will uninsured individuals (e.g. staff) pay for the vaccine?**

**A:** The Health Resources & Services Administration (HRSA) will cover vaccine for uninsured individuals via their [COVID-19 Uninsured Program](#).

## Vaccine Information

**Q: When is the vaccine coming out?**

**A:** The vaccine(s) are still under development and no specific date of delivery is available. Once the vaccine is approved by the FDA, the Advisory Committee on Immunization Practices (ACIP) will approve recommendations for the vaccine. After that point, within a couple of days the initial doses of the vaccine will be shipped. Currently, millions of doses of the vaccines are being manufactured in anticipation of approval. However, it is not known how much time it will take to scale up these productions once the vaccine is approved.

**Q: What happens if the vaccine is not recommended for use in the elderly?**

**A:** If the vaccine(s) are not approved for use in the elderly, the CDC and other state/local partners will develop recommendations to continue to protect the elderly and others most vulnerable to the virus, which will include vaccinating healthcare workers and other essential workers who come into close contact with the elderly.

**Q: If there are not enough initial doses to vaccinate every resident, how will long term care facilities be prioritized?**

**A:** Additional prioritization within recommended groups will likely be handled by state departments of health.

**Q: Is it likely that the government will be approving multiple vaccines?**

**A:** Approval of the vaccines will depend on the results of the clinical trials, which could include different vaccines.

**Q: If multiple vaccines are approved, how will the federal government determine which one is allocated to LTC?**

**A:** This will depend on the specific profiles of each of the vaccines. For example, one vaccine may be more effective in older adults or immunocompromised individuals and therefore would be recommended for this population.

**Q: Is there information available regarding the efficacy of the vaccine or the results of the clinical trials?**

**A:** This information is not currently available.

**Q: Will this be a one-time vaccine that needs to be taken every year or season?**

**A:** This is unknown at this time and may vary depending on the vaccine.

## Additional Considerations

**Q: Will consent be necessary for administration of the vaccine?**

**A:** Consent, similar to what is used for the flu vaccine, will be required. We have not heard any discussion at the federal level to require written signed consent. States may vary on this issue, but we have not heard any suggesting such a requirement at this time.

**Q. I haven't completed my annual flu vaccine program yet. Should I wait and do COVID-19 and flu all at once?**

**A:** No. AHCA/NCAL strongly encourages members to complete their flu vaccination as soon as possible. Providers should not delay or wait for the COVID-19 vaccine as we don't know when it will be approved and available for LTC providers. Also, it's generally recommended to have some time between the administration of vaccines to improve their effectiveness, so we would recommend getting all your staff and residents vaccinated now with the influenza vaccine.

**Q: Who will administer the vaccine in future years?**

**A:** The federal government plans to facilitate the first round of vaccination through their partner pharmacies. In future years, distribution and administration of the vaccine will transition to a more traditional system, including all pharmacies, doctors' offices, etc. And will depend on the vaccine(s) that receive FDA approval.

**Q: Will the vaccine be mandatory, either for staff or residents?**

**A:** For residents, please refer to CMS directly for requirements around COVID-19 vaccine in LTCFs. We expect states to follow the CMS recommendation, but some states may vary from that approach.

For staff, there is no plan for vaccinations to be required by the federal government at this point. States may have different policies, so we encourage you to contact your state health department for additional information. Similar to testing, employers can make taking the vaccine a condition of employment, but again, you should check with your state health department on any state laws governing this issue.

**Q: Will assisted living communities be required to obtain a physician's order to vaccinate residents?**

**A:** Under the Federal Public Readiness and Emergency Preparedness Act (PREP Act) state-licensed pharmacists are authorized to order and administer, and state-licensed or registered



pharmacy interns acting under the supervision of the qualified pharmacist to administer, COVID-19 vaccinations to persons ages 3 or older, subject to certain requirements. The PREP act overrides any state restrictions on pharmacists ability to order and administer the vaccine.