

## 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 long term care [LTC] staff) with LTC residents to follow.

To facilitate efficient distribution to LTC residents, the federal government is partnering with CVS and Walgreens to deliver and administer the first phase of vaccines to LTC residents. CDC is defining LTC as skilled nursing facilities (SNF's), assisted living communities (AL's) and Independent Living (IL). Other congregate care settings (e.g. ID/DD) may be able to participate as well, and are encouraged to sign up. These partner pharmacies can ensure cold storage of the vaccine until it is ready to be administered 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 is free for LTC facilities.

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

### How to Register

CDC is launching the registration process on October 19<sup>th</sup>, which will remain live for two weeks. The registration process can be accessed via the following sites:

SKILLED NURSING FACILITIES	ASSISTED LIVING, INDEPENDENT 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
4. Partner with another entity such as your hospital health care system, local/state health department, etc.

**Important:** Before selecting options 3 or 4, the provider should confirm that this entity can meet all the CDC requirements (including cold chain management) and has signed a provider agreement with your state).

### 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 depending 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 LTCF 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 and can meet all CDC requirements. Facilities and their partner of choice will then be responsible for coordination of and adherence to all vaccine supply chain, storage, handling, administration, and reporting requirements, including strict cold chain and public health reporting requirements.

## Frequently Asked Questions

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

**A:** The vaccine is still under development and no specific date of delivery is available. In addition, data on how effective the vaccine will be in certain populations (e.g. the elderly) is still pending, which will impact prioritization and distribution. However, the federal government is actively preparing for distribution to long-term care residents so that the vaccine can be administered as quickly as possible if approved by the FDA for use in the elderly.

**Q: How do I sign up or register to receive the vaccine?**

**A:** SNFs must register through the CDC's [National Healthcare Safety Network](#) (NHSN). AL, IL and other congregate settings will sign up using the following web portal (<https://redcap.link/LTCF>). The sign up period starts on October 19<sup>th</sup> and will remain open for two weeks. After the form closes, no changes can be made via the NHSN or the online form and the facility will have to coordinate directly with the pharmacy provider selected to make any changes regarding vaccination supply and services.

**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](#).

**Q: I am an assisted living company with multiple communities. How should I submit my data?**

**A:** 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: I am a skilled nursing company with multiple communities. How should I submit my data?**

**A:** Skilled nursing providers must sign up individually through [NHSN](#). Group registration is not possible for SNF providers.

**Q: I am an ID/DD provider, can I sign up for this program?**

**A:** Yes, you are encouraged to sign up for this program through the [REDCap portal](#). CDC has casted a wide net on the definition of a long term care community and are encouraging congregate living providers to sign up for the vaccine program.

**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.

**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).

**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 most pharmacies cannot 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 that have to be met when administering the vaccine.

**Q: How will I know if my LTC pharmacy can deliver the vaccine?**

**A:** AHCA/NCAL recommends that you discuss this with your LTC pharmacy to determine whether they can meet all the CDC vaccination requirements, have signed a provider agreement with your state (which requires reporting of specific data elements), and will receive vaccine in the first wave of distribution. To administer COVID-19 vaccine, providers will need to sign a provider agreement, which requires reporting of specific data elements once vaccine has been administered. Required elements are: 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: 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 in the case their LTC pharmacy cannot meet the requirements.

**Q: Can a combination of options be selected? For example, can we have some vaccination services be provided by our own pharmacy provider and some by the pharmacy partnership program?**

**A:** Initially, a combination of options will not be possible. We are asking facilities to select a single option to facilitate efficient distribution of vaccine. We expect the pharmacy partnership services to continue on-site at the facility for approximately 2 months.

**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 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 and distribution considerations and to minimize vaccine wastage.

**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: 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.

**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 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.).

**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](#).

**Q: Is this program optional? And if so, what happens if I opt out?**

**A:** Yes, this program is optional. If your facility decides to opt out, you have to specify another option by which you will receive the vaccine (e.g. working with a large hospital/health system, working with your state health department, etc.). Facilities that opt out of the program will be

responsible for vaccine storage, handling, administration, and reporting of supply and vaccine dose administration in accordance with CDC requirements.

The vaccine will be a very important component of your facility's prevention efforts and we strongly encourage you to start educating your residents and family about the importance of receiving the vaccine, just like the importance of receiving the influenza vaccine.

**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: Are there any preparations we should be making for the vaccine?**

**A:** Once you have registered information will be provided by who you partner with and will depend on the final vaccine that receives FDA approval.

**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: 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: 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.

**Q: Is CMS mandating residents to be vaccinated with COVID-19 vaccine?**

**A:** Not at this time. Please refer to CMS directly for requirements around COVID-19 vaccine in LTCFs.