

## Pharmacy Partnership for Long Term Care Program

### Overview and Frequently Asked Questions

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#### PROGRAM OVERVIEW

The Pharmacy Partnership for Long Term Care Program will facilitate COVID-19 vaccination in long term care facilities while reducing the burden on the facilities and state health departments. CDC/HHS is partnering with CVS, Walgreens and select pharmacies in the Managed Health Care Associates Network (MHA) to distribute and administer vaccine to long term care facilities. As part of this program and at no cost to the facility, these pharmacies will:

- Schedule and coordinate three on-site clinic date(s) to administer both doses of vaccine.
- Order vaccines and associated supplies (e.g., syringes, needles, PPE).
- Ensure cold chain management for vaccine.
- Provide on-site administration of vaccine for residents and staff.
- Report required vaccination data.
- Adhere to all applicable CMS requirements for COVID-19 testing for LTC staff.

#### VACCINE SELECTION AND PRIORITIZATION

##### Q. Who gets the vaccine first?

A. The Centers for Disease Control (CDC) [Advisory Committee on Immunization Practices](#) (ACIP) has recommended health care workers (HCW) and long-term care (LTC) residents at the highest level of priority for the first distributions of a COVID-19 vaccine. This includes nursing facility residents, assisted living residents and residents in other resident care settings. Final decisions on vaccine allocation is ultimately made by each state or jurisdiction.

**Q. Will assisted living and ID/DD communities receive the vaccine at the same time as skilled nursing facilities?**

**A.** The ACIP [recommendations](#) have specified that when sub prioritization is needed in case of initial vaccine shortage, skilled nursing facilities and nursing facilities should be prioritized over other long-term care settings. After nursing facilities, vaccine would be distributed to other long-term care settings, including assisted living communities, residential care communities, intermediate care facilities for individuals with developmental disabilities and state veterans' homes.

The initial shipments of the vaccine will not be enough to cover the entire population of the priority group (healthcare workers and long-term care). As such, the pharmacy partnership program will prioritize skilled nursing facilities above other long-term care settings. However, it is anticipated that the supply of vaccine will quickly increase and be able to cover all long-term care settings quickly after the distribution begins.

## **PREPARING FOR THE VACCINATION CLINIC**

**Q. Can LTC staff get vaccinated alongside residents?**

**A.** Yes, staff are eligible for vaccination under the pharmacy partnership program.

Some states are taking different approaches to distribution and may have alternative plans to vaccinate all healthcare workers, including long term care staff. We recommend contacting your state affiliate or state public health agency to identify additional opportunities for long-term care staff to receive the vaccine.

**Q. Does this program cover contract, agency or other types of staff?**

**A.** Yes. The CDC defines health care professionals (HCP) as *“all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials.”* This would include contract and agency staff, as well as any regular volunteers. The pharmacy partnership program was established to cover all HCP based on the definition above.

If you have questions, contact the pharmacy staff.

**Q. What if I haven't heard from my pharmacy partner?**

**A.** If you are unsure of whether you have been enrolled in the program or matched with a pharmacy, please contact your state public health agency.

If you have confirmed you've been matched, contact information is below:

- **Walgreens:** contact [ImmunizeLTC@walgreens.com](mailto:ImmunizeLTC@walgreens.com)
- **CVS:** First check your SPAM filter, then follow these instructions:
  - Update your facility contact information on the [vaccine clinic homepage](#)
  - Send an email to [CovidVaccineClinicsLTCF@CVSHealth.com](mailto:CovidVaccineClinicsLTCF@CVSHealth.com) with the word “CONTACT” in the subject line and your facility name, address and point of contact information in the body.
- **MHA:** For more information, contact: [vaccines@mhainc.com](mailto:vaccines@mhainc.com)

**Q. Do we know which vaccine will be distributed to LTC?**

**A.** Each state will decide which vaccine (Pfizer or Moderna) to allocate to the pharmacy partnership program.

**Q. Does a physician need to order the COVID-19 vaccine for residents and/or staff?**

**A.** No. Under the authority of the PREP Act, the HHS Secretary issued guidance that overrides state and local laws to allow pharmacist to order and administer the vaccine if the pharmacist meets certain training requirements. This information is available [here](#).

**COST AND INSURANCE INFORMATION**

**Q. Do residents or staff have to pay out of pocket for the vaccine?**

**A.** No. Staff and residents will receive the vaccine free of charge. Healthcare premiums will not be impacted and there will be no co-pays for receiving the vaccine.

**Q. Who pays for the vaccine?**

**A.** The federal government has purchased all doses of the vaccine and is providing them free of charge to all Americans.

There is a small [fee](#) attached to the administration of the COVID-19 vaccine (appx. \$17 for the first dose, and \$28 for the second dose) which will be reimbursed by insurance for residents who have Medicare Part B, Medicaid, Medicare Advantage and commercial insurance. For staff, it will be charged to their health 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 anyone without insurance, there is a program set up to cover the administration fee through Health Resources & Services Administration (HRSA) their [COVID-19 Uninsured Program](#).

**Q. Is there a co-pay associated with the COVID-19 vaccine?**

**A.** No, there will be no co-pay related to this vaccine.

## **ONSITE VACCINATION CLINIC**

**Q. Will the pharmacy host a clinic if a facility has an outbreak?**

**A.** If the outbreak is limited and the infectious patients are isolated, the pharmacy will likely provide flexibility and conduct the clinic regardless. However, if you have many staff or residents sick, they may need to reschedule to avoid spreading COVID-19. This is something to discuss with your pharmacy partner as it will depend on the severity of the outbreak.

**Q. What supplies do I need to provide for the clinic?**

**A.** Under this program, the pharmacy clinic team is required to bring the vaccine and all necessary supplies to administer the vaccine, including PPE for the pharmacy team. The facility will need to provide source control masks for all staff and residents participating in the clinic. Discuss with your pharmacy partner any additional supplies the facility needs to provide.

**Q: Will the pharmacy administer the vaccine in resident rooms?**

**A.** The partner pharmacies will accommodate for any resident who cannot attend the onsite vaccination clinic.

**Q. Will the pharmacy partner be responsible for the observation period post-vaccine, including providing EpiPen?**

**A.** The pharmacy partner may ask the facility to support them in the post-vaccine observation period, particularly for individuals being vaccinated in their rooms. The pharmacy partner will bring EpiPen with them to the vaccination clinics. Facilities should discuss these and any concerns with your pharmacy partner.

**Q. If an adverse reaction occurs after the pharmacy clinic team leaves, is the facility required to notify the pharmacy?**

**A.** The CDC has a vaccine monitoring system called the Vaccine Adverse Event Reporting System (VAERS) as well as a smart phone-based monitoring program called V-safe. They will use these systems to actively track adverse events from the COVID-19 vaccine. Information about these programs should be provided during the onsite clinic.

**Q: Is there a maximum number of individuals that can be vaccinated at each clinic?**

**A:** The pharmacy partnership program has provided an estimate to the matched pharmacies based on the resident data you provided in the sign-up process and a 1:1 ratio of staff. Discuss additional details with your pharmacy partner.

**Q. What happens if staff or resident refuse vaccine or are not present during the clinics?**

**A.** After the initial phase of vaccinations, facilities may continue working with the federal pharmacy partner it was matched with or shift to another pharmacy provider that is enrolled with the state to provide COVID-19 vaccine. However, it is possible that those individuals may have to wait several months to get the vaccine.

## **SECOND DOSE OF THE VACCINE**

**Q. What happens if staff or resident are discharged after the first dose, or receive the first dose at the final clinic?**

**A.** CVS and Walgreens will likely ask you to invite that resident or staff to come to the next clinic at the facility to receive their second dose. Walgreens has indicated that they may also provide an option for receiving the second dose in-store. This is something you should discuss with your pharmacy partner.

**Q. Will the facility be responsible for ensuring that discharged residents receive the second dose?**

**A.** No. However, CVS or Walgreens may ask the facility for support in ensuring these individuals receive their second dose through follow up calls or allowing them to come to the facility to receive the second dose.

**Q. Does the same vaccine have to be given on the second dose (Pfizer or Moderna) or can they be interchanged?**

**A.** The same vaccine **must** be given for the first and second dose. They cannot be interchanged.

**Q. How will the person know which vaccine to get on their second dose?**

A. All vaccine recipients will receive a vaccination record card to be brought to another provider in their area to complete the vaccine series. Your pharmacy partner will also enter data into the state immunization registry.

**Q. Can staff or residents get the first dose of the vaccine at the final clinic?**

A. This is something you should discuss with your pharmacy partner, as it will depend on the vaccine being distributed in your state, and the ability of the individual to obtain the second dose. The pharmacy will want to know that the individual receiving the vaccine can secure their second dose at a pharmacy location or from another provider in their local area.

## **CONSENT**

**Q. Is consent required?**

A. Yes, informed consent is required and needs to include the use of the emergency use authorization (EUA) fact sheet (Pfizer [here](#) and Moderna [here](#)) on the risk and benefits of the vaccine. Informed consent means that the resident or their representative understands the risks and benefits of the treatment/vaccine. Signed consent is not mandated by the federal government for vaccines approved under an EUA and is not being required by CVS or Walgreens. However, they will ask the facility to complete their form to document consent was obtained. Some LTC pharmacies may require signed consent. You should talk to your pharmacy partner to find out their requirements.

**Q. What documentation of consent is required?**

A. [CVS](#) and [Walgreens](#) have both indicated that they will accept documentation of verbal consent, email consent or an electronic signature as well as a hard copy signature. More information is available on their websites (linked above). If email or verbal consent are collected, facility staff must complete the additional information on the consent form (insurance info, etc.) and sign it. This is an important issue, so facilities should discuss further with their pharmacy partners.

**Q. I heard that CVS and Walgreens were going to require signed consent, can you clarify?**

**A.** Initially both CVS and Walgreens indicated that the resident or their representative would be required to provide signed consent. However, after discussions with AHCA/NCAL and others about the burden on facilities to obtain signatures and the impact that may have on vaccination rates, this requirement was abandoned.

**Q. Can a facility use their own form to document consent for the vaccine?**

**A.** CVS and Walgreens are requiring you to use their consent form. For those matched with an LTC pharmacy, please discuss with your pharmacy partner.

**Q. Does each state have their own unique consent form?**

**A.** There are state specific requirements for NC, SC, and GA, but the rest of the states will be the same.

**Q. Can a resident refuse the vaccine?**

**A.** Yes, residents or their representatives have the right to refuse the vaccine. Vaccines authorized under an EUA cannot be mandated by the federal government.

**Q. Is there a dementia threshold that we should use when deciding if a resident with dementia or their health care representative can consent for the vaccine?**

**A.** Yes, it's the same threshold you would use for obtaining consent for other similar treatments and procedures. There is no BIMS or MMSE score that says a person can or cannot consent for themselves. Consent is commonly defined as the ability to understand the risk and benefits for the treatment or procedure and that the person can explain the rationale for their decision. While many patients can understand and explain their decision, others may not, which often depends on how dementia is impacting their cognitive functions (e.g. memory, judgement, comprehension, etc.). The additional challenge with dementia patients is that even if they can consent, their memory to recall their decision making is often impaired. Because of the inability to remember; you may want to run any decision by their representative even if the person can make their own decisions. You should document in the medical record you shared the residents decision with their representative/family member.

**Q. If the patient is unable to give consent and it cannot be obtained from a family member or resident representative, are there any suggestions on how to handle that?**

**A.** We recommend you follow the normal procedure in your state for how you obtain informed consent for any other treatments or procedures for your residents.

**Q. Who can consent when the resident has dementia and has not designated a durable power or health care decision maker and there is no legal guardian?**

**A.** We recommend you follow the process you normally do for obtaining consent for any treatment or procedure with these individuals. You can also consider reaching out to the state Ombudsman for input and assistance as state laws vary on who and how you can obtain consent for individuals without a resident representative or durable power of health care attorney.

**Q. What happens if there is no family member available/alive?**

**A.** We recommend you follow the process you normally do for obtaining consent for any treatment or procedure with these individuals. You can also consider reaching out to the state Ombudsman for input and assistance as state laws vary on who and how you can obtain consent for individuals without a resident representative or durable power of health care attorney.

**Q. Is consent required for both doses?**

**A.** This may vary by pharmacy partner. CVS has indicated they want consent for each dose, while Walgreens has indicated that the facility can get the consent for both doses at the same time but must sign the VAR (consent) for each vaccine dose administered. For more information, speak with your pharmacy partner.

**Q. Does the facility have to collect consent from employees who wish to be vaccinated prior to the clinic or will pharmacy staff collect this during the clinic?**

**A.** This is a question to verify with your pharmacy partner when they contact you.

**ADDITIONAL RESOURCES**

- [CVS Vaccination Website](#)
- [Walgreens Vaccination Website](#)
- [CDC Pharmacy Partnership Website](#)