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 19th, which will remain live for two weeks. The registration process can be accessed via the following sites:

<table>
<thead>
<tr>
<th>SKILLED NURSING FACILITIES</th>
<th>ASSISTED LIVING, INDEPENDENT LIVING AND OTHER CONGREGATE CARE SETTINGS</th>
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<tbody>
<tr>
<td>National Healthcare Safety Network (NHSN)</td>
<td>REDCap</td>
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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:

<table>
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<tr>
<th>CLINIC 1</th>
<th>CLINIC 2</th>
<th>CLINIC 3</th>
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<tbody>
<tr>
<td>• Dose 1 for everyone in the facility who needs the vaccine</td>
<td>• Dose 2 for everyone that received Dose 1</td>
<td>• Dose 2 for those who received Dose 1 at Clinic 2</td>
</tr>
<tr>
<td></td>
<td>• Dose 1 for new staff/admissions</td>
<td>• Dose 1 for new staff/admissions</td>
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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

Topic headings:

- Sign-Up Process
- Selecting a Pharmacy Partner
- Costs and Reporting Requirements
- Vaccine Information
- Additional Considerations

Sign-Up Process

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 Redcap web portal. The sign up period starts on October 19th 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 am a SNF provider, do I need to update my security level to sign up through NHSN?
A: No, SAM level 1 is sufficient to enroll in the vaccine program through NHSN.

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 10 communities are eligible to sign up through a group registration process. You will email 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 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.

Q: Are independent living residents eligible to participate in the Pharmacy Partnership for Long-Term Care (LTC) Program?

A: Yes, independent living residents are eligible for the Pharmacy Partnership for Long-Term Care (LTC) Program and these providers should sign up via the REDCap portal.

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: How should veterans’ homes sign up for vaccine distribution?

A: The CDC is working directly with the VA to set up distribution; however, veterans’ homes can also sign up via https://redcap.link/LTCF.
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: 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: 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.

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 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: Will all pharmacies have access to the vaccine?
A: Currently, the CDC is prioritizing the distribution of the vaccine to CVS, Walgreens, and long term care pharmacies that can meet their requirements. Doses of the vaccine will also be sent to the local and state public health departments. As such, it is unlikely that a provider will be able to obtain vaccine elsewhere.
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: 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: 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. 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 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.

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.

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.

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 your pharmacy partner on how to prepare. This will also depend on the final vaccine that receives FDA approval.

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.

Q: Will the vaccine be mandatory for staff?
A: No, 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 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.