LTC FAQ's from States

Scheduling:

- There can be a strong immune reaction to the vaccine. Are you recommending facilities split their staff for dosing?
  - It's totally up to the facility – we will be doing three clinics at each facility so staff could be split between those two sets of clinics (clinic 1 & 2, and clinic 2 & 3).
- List of facilities by state
  - not for public consumption. Comprehensive final lists should be sent to states by CDC
- Timeline to complete all homes.
  - Our goal is to complete the first round of clinics in a 3-4-week timeframe, with additional clinics occurring based on vaccine guidelines (21-28 days after first clinic). It is our goal to complete all the LTC facilities within 12 weeks (dependent on scheduling and availability of vaccine).
- Follow up on status of State's Veteran's Home LTCF positioning (can it move to Phase 1)?
  - We are not able to add facilities to the program that do not meet the CDC definitions for LTC Facilities under the program. If there is a Veterans SNF/LTC home that is on the list, we can work with the state to prioritize their clinics to the first week. But we cannot move facilities that are not qualified for the LTC program under this effort.
- How are facilities prioritized *within* communities?
  - We will be scheduling staff and clinics from the local community and doing the LTC clinics simultaneously around the state where several facilities will be done each day. The scheduling of facilities has already begun, and we cannot move those clinics now as we hope to have the first set of clinics done at all LTC facilities identified in the state's designed "Part" (Part A SNFs, or Part A and B which would be all LTC Facilities under the program) within the first 3-4 weeks.
- Can we share our clinic schedules with them?
  - We are still asking states to use Tiberius, per CDC guidance, or their existing registries. The field does not have the bandwidth to run distribution and site administration and accommodate new reporting requirements in every state.
- They did not think they had the most up to date list of facilities that had signed up from the CDC. Can we share our list with them?
  - Yes. However, we encourage the state to get the final list from the CDC which would be comprehensive, not just the facilities assigned to CVS.
- Any other ways we intend to keep states "looped in" that I can/should share with them? (And it might be that the information will all be in Tiberius, which we told them about. If so, they would appreciate more information about the timing of when the clinic schedules or vaccinations expected/administered per facility are uploaded.)
  - share the site with them : https://www.omnicare.com/covid-19-vaccine-resource lots of good info here.
    - depot list that you can share but please ask them to closely hold and mark it confidential when you send.
    - We do not have travel time to each facility yet as those schedules are being solidified. Based off each depot, allotment and size of facility, and size of strike team that will be deployed, those will be different each day and are being arranged through the scheduling. Remind that our MOU denotes we will go to any facility within a 75-mile radius of a CVS store. Strike teams will range in size from 4 team members to 12 team members depending on the size of the facility.
    - The draw-down will come through the state releasing allotment in Tiberius under the program

        - We will be giving the CDC report once per week I believe. We have a 72-our timeline for reporting encounters.
- May we provide the locations of the depot stores, asking the state to keep them confidential? Yes, we can share the depot list of stores, but pleas stress that
    - We need the health agencies to keep depot locations confidential
- Provide the Department with more information about the planned (confirmed) schedule of clinics at nursing homes, particularly the first week.
    - We are really trying to limit schedule reporting to the states – outside of what is reporting via the state registry or Tiberius.

- Given the reports of some significant side effects after receiving the vaccine, I have concerns about our ability to staff our homes during the couple of days following the administration of the vaccines to all staff. Are there plans to offer a staggered administration schedule (i.e. vaccinating staff over a two-week period)? -3 similar questions.
    - LTCs will have the ability to stagger the first immunizing shot over clinics 1 & 2 or make alternative arrangements for the staff to receive vaccinations at a health care worker location outside of the three clinic dates that CVS will be providing.
- If staff are away the dates scheduled (it is holiday season!) how can we ensure a shot is saved for them?
    - We have 3 clinic dates where our staff will be onsite to perform vaccine administration. The state or LTC facility can make alternative arrangements for the staff to receive vaccinations at a health care worker location outside of the three clinic dates that CVS will be providing.
- How much notice will we get before pharmacy sets date?
    - They will be scheduled by us and confirmed. Due to the rigorous scheduling involved with the three-clinic timeline (each clinic being approximately 21-28 days apart), there is limited flexibility for rescheduling. Faculties will not be able to pick their dates, but there will be a follow up call to confirm the dates
- Since residents with dementia have a harder social distancing and wearing masks, will facilities that have primarily dementia residents be prioritized?
    - We are following the state's prioritization of LTC residents. If they're SNF's they will be in the first round under Part A.
- How are they prioritizing rollout to LTCFs? Will facilities with SNF/AL on the same campus be vaccinated at the same time?
    - VT has prioritized SNFs in Part A.
- Since the vaccination is just capturing a snapshot in time, how will we be handling new admissions and/or new hires after the original vaccination opportunity? Facilities continually admit where possible, and new staff come on.
    - see above
- What happens if a staff person can't make it on the day of the clinic for some reason?
    - See above for clinic scheduling cadence. If they can't make all three, they may need to partner with state
- Which vaccine will we get?
    - Pfizer or Moderna, based on what they requested
- What about travelling/agency staff or other contracted staff that enter to provide services?
    - Did you count them in your original census? We will defer to what the facility reports is their expected resident and staff count for the clinic 2 days prior.
- Can you clarify, is it all staff in our facility that will receive the vaccine?
    - Yes, if the facility requests it.
- Can you provide the clinic schedules to us?
    - CVS Health will be uploading all scheduled LTCs into Tiberius twice a week which is a complete roster of the LTCs that are being scheduled each week. This schedule will include each LTCs information (address, census, date of clinics) and can be pulled in real time for the

state. Because our teams are focused on keeping these schedules up to date and getting them locked into the upload system, we are not sending state-specific lists so that there is no opportunity for misinformation to be sent. Tiberius will be the 'source of truth' for what is occurring from our scheduling data-warehouse. It does have a flag for CVS and is upload it into a CVS folder too

- Will all the clinics be uploaded onto Tiberius at once, or will the states just be seeing the first clinic date in the first tranche, with later clinics to follow?
    - We will continue to update this in batches as we complete our scheduling. We had our initial upload on 12/16 and will continue to refine as we add in additional clinics.
- Can two sites located near each other "share" a clinic to address the concerns about vaccinating staff all at once, but still get them done relatively soon? For example, could half the staff from Facility A and half the staff from Facility B be vaccinated at Facility A's clinic, and then in the following days/week they would swap and the other half of both staffs would be vaccinated at Facility B's clinic. It was suggested that perhaps the clinics could coordinate this among themselves and would send us the total number of staff expected from both facilities in their headcount sent ahead of time.
    - My suggestion would be to tell them that we will vaccinate who appears on a roster for a facility. If the facilities want to coordinate among themselves, they could but we will not coordinate scheduling. We need the registrations to be uploaded into VCS prior to the clinic so that we plan appropriately for the inventory and supplies.
- A SNF that reports to have received an initial scheduled clinic date of Feb. 4, which is pretty far outside of the anticipated time frame for SNF clinics. Is it likely this is an anomaly?
    - It depends when the state activates but our goal is to schedule all clinic 1s within a 3-4 week period (based on product) of state activation, 2nd clinic 21-28 days later…
- Regarding facilities that didn't enroll. The state is saying the CDC is directing the state to tell the facility to contact the pharmacy and enroll. They state is trying to figure out how to get those folks covered. Am I correct that the state would need to add them to the state's plan and use their allocation?
    - They need to go through the state, but we have LIMITED availability to add. We can enroll a very limited number of facilities as add-ons. But, we need to convey to the state that we can't do this on a running basis.
- Holiday schedules: We will NOT be doing clinics on 12/24 or 12/31 as we have been told by facilities that there is minimal staff scheduled. We are doing clinics on Jan 2 to cover one of the days.
- Clinics are only getting emails for the second clinic, not first clinic: the LTC will get three separate emails: one for each clinic. They need to HOLD ON TO those emails because they will need them to upload their rosters prior to the clinic date. See the slides in the webinar that outline this communication plan. The two emails attached are for the first two clinics – 1A and 2A.
- Adding home care facilities: answer forthcoming

Staffing (CVS vaccinators)

- Are you testing your staff prior to them arriving at the clinics
    - they will be tested weekly
- Would CVS retail be able to help with 1b—not really. Squarely focused on completing LTC, but we are open to looking at staffing clinics run by the state.

- What tests are we using on our vaccinators?
    - Swab and send PCR test because it is more accurate on asymptomatic patients
- If a team member refuses a test, what happens?

    - Our teams must be tested on a regular basis in order to be immunizers in this program. If they refuse a test, they will not be sent to vaccinate
- If a team member refuses a vaccine, what happens?
    - We are not mandating that our immunizers be vaccinated, we will use appropriate PPE and protection protocols (testing) to ensure the safety of our staff and those we are vaccinating.
- How many team members are we sending on average?
    - For most clinics, it will be 3 immunizers and 1 tech, the teams may range in size from 4 to 12 depending on the size of the facilty.
- Provide estimates of capacity for vaccinators by phase (after Phase 1)?
    - We are still working on what capacity we will have to assist in other vaccination efforts after Phase 1. At this time, we believe those other phases can begin in late February, early March depending on vaccine availability and state prioritization of various populations.
- Determine where vaccines are coming from for vaccinators? Part of allocation to LTCF?
    - CDC has directed us to use the allocation from the LTC allocation

Workflow: lots of info at omnicare.com/covid-19-vaccine-resource

- How will short term residents get a second shot? It sounds like there was some information provided by one facility rep that CVS will be providing information to the residents about how to get their second shot, but any additional information you have on this question and handling of short term residents would be helpful.
    - Each facility will have 3 clinics
        - Clinic 1 will be initial shots for staff (picked by facility) and residents
        - Clinic 2 will be booster shots for cadre from clinic 1 and initial shots for more staff and any other resident that didn't get it in clinic 1 (21-28 days later)
        - Clinic 3 will be the booster shots for the cadre from clinic 2 (21-28 days after clinic 2)

    - Confirm process for distributing vaccines to CVS for residents (will come straight to CVS from distributor) and staff (how are those vaccines getting to us?). Product is ordered in Vtracks and shipped directly to our CVS retail locations (defined sites supporting LTC clinics). Pharmacy teams are responsible for transporting product from the retail store to the facility the day of the clinic. We will bring enough product based on the registration that occurs with the intake forms for both residents and staff.
    - One question that we have is related to possible side effects for staff/patients whom have medical comorbidities – specifically heart and respiratory issues (i.e. pacemaker, having only one lung, etc.)? Patient/caregiver decision on whether to vaccinate.
    - What about mixed independent living/assisted living facilities? Will we be vaccinating both at the same time?
        - Independent Living Facilities are excluded from the federal plan (staff or residents) For Independent Living Facilities that are part of a campus setting along with ALF or SNF, then:
            - Staff members that work/travel between settings are eligible for the federal program
            - Residents from the Independent (ILF) setting are **not** eligible for the program
            - Residents from ALF/SNF settings **are** eligible for the program
    - If a facility has an Covid-19 outbreak at the time it is scheduled to provide vaccinations, will you still go to the facility and vaccinate those staff members and residents not affected by the outbreak, or will you try to reschedule the site visit?
        - The guidance from our CMO is that we will still go and vaccinate the patients even if there are positive cases in the facility. The PPE that is worn protects our colleagues. We are still awaiting an answer on when the individual that tested positive is eligible to get vaccinated. We would just ideally ensure our immunizers are not exposed directly to anyone known to be positive while on site

- What will be the CVS protocol regarding the immediate post-immunization on-site observation period?
    - We are planning for observation like we do today with other vaccines, however we will need specific guidance once products are approved from the CDC on how this needs to be handled. We will work with the facilities as well to ensure proper observation.

- Discuss with leadership how to manage 4-5 tranche recommendation for LTCF staff vaccination guidance from RIDOH
    - We are unable to schedule additional clinics for each LTC facility at this time because of the regimented nature of the 2-dose/21-28 day schedule that must be adhered to, and to accommodate staffing and clinic scheduling for all facilities assigned. We are happy to work with the state and the LTC facilities to encourage participation in the 3-clinic model and to direct LTCF staff to other public health venues in the state where health care workers can be vaccinated at an alternative time.

- Who will the prescribing provider be, i.e. a standing order from the facilities' physician, or have we received other instructions from public health?
    - Per Prep Act/HHS Declaration allowing pharmacists to order and administer, the pharmacist will be listed on the claim in DE.
- Will our teams have epi-pens/Benadryl with them?
    - Yes, our teams bring emergency kits including Epipens.

Reporting

- Roster of who was vaccinated. . .will it be sent to health department.
    - We will be populating Tiberius system and reporting to the state's vaccine registry within the 72 hour timeframe

- What patient/staff information will CVS collect when administering the vaccine and do we have a standardized form we will be using?
    - Yes, an intake form will be used for each person registering for the clinic.
- Do we know what (or which) CDC system where we will be providing any reporting? The state may have access into that report, which could simplify what we need to report to the state.
    - The data will be sent to the CDC COVID-19 Data Clearinghouse (COVDCH). We also will continue to report to the state registry as well.
- How is each lot or vial of vaccine being tracked? How will they be able to account for the doses allocated vs. the doses given?
    - They will be able to see this in Tiberius/VAMS. We'll be able to track the lot to the actual patient as we do with any flu or immunization.
- Do you plan to do "roster" billing vs. individual claims?
    - We plan to roster bill.

- How should we document the shot?
    - We will document the shot and leave them with the information. We will send to the state as required
- Will we report to state vaccine registries?
    - Yes. We send to Tiberius for federal reporting (which the states will see) and to the state registries IF we currently report to them for other vaccines (i.e., flu). COVID reporting to those registries can occur when the state activates the COVID reporting field, and we can then report based on the CURRENT format and frequency.
    - We agreed in all of the states where we are currently reporting via the registries for flu to also report for COVID once the state activated the field. BUT, we said we would

report based on the CURRENT format and frequency. We told all of the states that asked about this over the last 3 weeks that we could not build an IT platform on the fly to accommodate separate electronic reporting for COVID or add a bunch of new fields or speed up the frequency for the existing registries. Given everything we are doing, operations just does not have the bandwidth to comply with new reporting requirements in every state

- Adverse reaction… are we doing reporting? What about after we leave? What is the process for facility staff member to communicate reaction for vaccinator to report to CDC. We report any events through VAERS. After we leave the facility staff would be responsible for handling and reporting. They can always contact us to help with reporting after if needed. We also will have information on the V-safe program that the staff can enroll in to provide feedback about any adverse reactions, etc. that they experience.
- What is the process for uploading to Tiberius?
    - Rx Connect has to get the data back to the pharmacy data warehouse (~ 12-24 hours delay)
    - Then a query runs at a regular cadence to pick up all immunization records and sends them to our third party vendor (~12 hours-24 hours)
    - Then the third party vendor uploads them to all state registries (~12-24 hours)

Consent

- Will we need consent for both shots or just one consent for two shots?
    - Consent is needed for each shot.
- With other vaccination programs such as flu, we send out the vaccine Fact sheet with the consent form, ensuring that the Responsible Party for our residents can make an informed decision. Will we be receiving a Fact sheet; when and is this required for it to be an informed consent
    - We got the fact sheet from CDC on Friday which was updated by the ACIP on Saturday. It will be sent to the facilities prior to the clinic so that it can be distributed as part of the consent process.
- Why does the consent need to be a paper consent in triplicate?
    - we have processes in place to be able to accept verbal or email consent from patients or family members – and the staff at the facilities can then sign the documents on their behalf. We have provided this guidance to all of the facilities working with us.
- Is the facility going to be responsible for collecting patient consent for vaccine administration or is that a CVS responsibility?
    - The intake forms include a consent section which will be collected prior to the clinic and reviewed the day of the clinic by the pharmacy staff.
- Do we need parental consent for employees under 18? Or can the employee sign for themselves.
    - 16 & 17 year old children require consent from guardian…this can be done through an 'assent' process.
- Do we have consent forms in other languages?
    - Spanish version being uploaded today.
- As part of the screening process we will ask these questions as follows and our decision guide state the following allowing the immunizing clinician to have this conversation with the patient in line with the FDA and ACIP protocols:
    - 1. In the past two weeks, have you tested positive for COVID-19 or are you currently being monitored for COVID-19?

        - If patient answers yes and they are still symptomatic, vaccination should be deferred until patient recovers.
        - If patient answers yes and they have recovered, they presumably have antibodies, and can either wait 3 months to get the vaccine or safely get the vaccine now.
        - If patient is being monitored for COVID-19, please refer to answers to question 2.
    - 2. In the past two weeks, have you had contact with anyone who tested positive for COVID-19?
        - If patient answers yes and they have no symptoms and likelihood of COVID-19 infection seems low, it may be reasonable for patient to decide to get vaccinated.
        - If patient answers yes and has no symptoms, but likelihood of COVID-19 infection seems high, it may be better to defer vaccination.

Cold Chain Storage

- How are you protecting the storage of the vaccine?
    - CVS has cold-storage freezers at all Depot stores and is prepared to manage inventory for both the Pfizer and Moderna vaccines.