Guide to Innovative Practices

for Ensuring Access to COVID-19 Vaccines for Older Adults
and People with Disabilities Who are Homebound

Updated: May 6, 2021

About This Guide

As homebound COVID-19 vaccination efforts continue, so does the evolution of practices to support them. This guide is designed to assist entities organizing homebound COVID-19 vaccination programs and details innovative practices across the country, including the essential role of non-traditional partnerships. Vaccine availability, logistical factors, and policies in other countries may change the applicability of this guidance outside the United States.

Innovative practices are listed in the table for each key practice area. If TFAH has learned about use of a practice by a particular agency or organization, it is noted in the table, along with considerations for adapting the practice for implementation elsewhere. Practices that are homebound-specific are tagged with a green bullet (●); ideas that are not yet in practice (to our knowledge) are tagged with a yellow bullet (●)

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Select a category above (CTRL+Click) to see innovative practices that can be adapted for state and local use.
Sources for the information provided are included in the Sources list at the end of this document.

How to Get Started

Several questions should be answered at the outset of program development to determine the best course of action.

Who is in charge? Homebound vaccine delivery is a shared state and local responsibility that may involve partnerships with healthcare organizations, diverse public agencies, and trusted community partners. Well-defined program leadership and partner involvement is critical to ensure informed preparation, effective implementation, and sustained accountability. **State, tribal, local, and territorial (STLT) health departments** should plan to collaborate with regional homebased healthcare organizations, Area Agencies on Aging, tribal nations and communities, along with other potential vaccine providers that serve the target population. Articulating where decision-making authority and accountability lie as well as ensuring clarity on roles and responsibilities are key to success. For further guidance on organizational structure and partner involvement, see Section 2 of the CDC's COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations.

Who are we vaccinating? After determining program leadership, it is important to define and identify the **homebound population**. Standardized definitions should include both the homebound and their paid and unpaid caregivers. STLT health departments should actively contact organizations with registries of homebound persons (e.g., Meals on Wheels, integrated care organizations, home-based primary care, home health agencies) to determine the number and locations of eligible persons. Eligible persons should be screened so that homebound persons with greater mobility can be transported to centralized vaccination sites.

How are we scheduling and delivering the immunizations? Once the homebound population has been defined and identified, **active registration and scheduling** can begin. A mechanism should be established for multichannel outreach involving trusted community partners, robust registration and scheduling software, as well as mapping eligible persons into geographical clusters (geo-mapping) to deliver vaccines efficiently.

How are we funding homebound vaccine delivery? Identify financial resources that are available to deliver vaccines in the home, as funding will directly impact the staffing and logistical support to deploy teams in the field.

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- *Homebound-specific practice*
- *Ideas not yet in practice (to our knowledge)*

Key Areas of Innovative Practice

Leadership for Organizing the Effort

Homebound COVID-19 vaccine planning and delivery is a combined STLT responsibility that requires close partnerships with clearly defined roles and responsibilities. An organizational structure should include an internal planning and coordination team, close state-local coordination, engagement with tribal nations and tribal communities, and internal and external implementation committees. Together, leadership should develop an equitable strategy for homebound vaccine delivery that includes standardized definitions and prioritization of vaccinating caregivers and other household members.

For more details about the specific practices in this Guide, or to share additional innovative practices, please email afphs@tfah.org

Description	Where It Has Been Done	Considerations
Define an **organization structure** and necessary **partner involvement**.	Illinois Department of Public Health	STLT health departments should have a clearly defined organizational structure with lead and support staff who frequently hold ad hoc meetings to engage partners such as local health departments (LHDs), pharmacies, trusted community partners, private industry, and more.
Develop an internal planning and coordination team.	CDC's COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations	This team should include representatives and advocates of the homebound population, inclusion of legal affairs and media/public affairs, clinical expertise, and local leadership.
Ensure close state and local coordination.	CDC's COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations.	Regardless of whether your state governance structure is centralized or decentralized, close state-local coordination is necessary to ensure equitable access and adherence with federal guidelines. Engage closely with local leadership who will have a better understanding of their unique challenges to homebound vaccine delivery.

Description	Where It Has Been Done	Considerations
Engage tribal nations and tribal communities.	CDC's COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations.	Although the Indian Health Service is involved in vaccine allocation and distribution, each tribal nation has its own sovereign authority and therefore its own authority to choose how vaccines are distributed to its homebound population. STLT health departments should reach out to tribal nations, including any non-federally recognized tribes, for involvement in homebound vaccination planning.
Develop internal and external implementation committees.	CDC's COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations.	These committees should advocate for equitable vaccine delivery and include representatives from sectors within the community that engage with the homebound population. A Memorandum of Understanding (MOU) between STLT health departments and partners can assist with these efforts.
Develop a strategy for **vaccine arrival and distribution**.	Illinois Department of Public Health	STLT health departments should have a vaccine distribution strategy or model and review LHD distribution plans to ensure they align with the state strategy.
Execute vaccine delivery **test exercises**.	Nevada Department of Health and Human Services	A full-scale 'dry-run' of vaccine delivery can ensure efficiency and identify potential unknowns. This exercise can help test how many homebound persons can be visited in one day, provide training for individuals at each point of the vaccine distribution process, and verify preparedness.
● Use a standardized **definition** for the **caregivers**.	Washington State Department of Health	The Washington State Department of Health's definition includes eligible caregivers (licensed, unlicensed, paid, unpaid, formal, and informal) who support the daily, functional, and health needs of another individual who is at high risk for COVID-19 illness due to advanced age, long-

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		term physical condition, co-morbidities, or developmental or intellectual disability.
• Use a standardized **definition** for the **homebound**.	King County Health Department	Local health officials define a homebound individual as a person age 50 or older who has not yet been vaccinated due to a medical condition that makes it difficult to leave the home, and for whom it would be a considerable and taxing effort to receive the vaccine out of the home.
• Prioritize vaccinations for **caregivers** of homebound persons.	Washington State Department of Health	Caregivers are recognized as people essential to the health and well-being of those who are homebound.

Developing the List of Who Needs a Home-based Vaccine

As vaccine supplies have increased, STLT health departments should expand vaccination efforts to include homebound persons. The first phase of homebound vaccination planning involves identifying and estimating the size of the homebound population within a jurisdiction. These efforts can be streamlined through collaboration with entities that already serve these populations and have a registry of eligible persons, utilization of data pulled from home-based healthcare organizations, and self-identification through multiple channels. Creating visual maps of these populations can assist in geo-mapping and planning for mobile clinics.

Description	Where It Has Been Done	Considerations
• Partner with **Meals on Wheels**.	Metro Health, San Antonio Fire Department and Housing Authority, and the Texas Department of Health and Human Services	The city housing authority and fire department receive a list of Meals on Wheels participants in the city who need homebased vaccination.
Description	**Where It Has Been Done**	**Considerations**
• **Use client-level data** to identify the homebound.	Michigan Department of Health and Human Services	Client-level data was pulled from integrated care organizations to identify individuals who are homebound.

● Allow **self-identification** through multiple channels.	The Chicago Fire Department Vaccine Operations Center (VOC)	Identify individuals who are homebound through an online survey such as REDCap that allows self-identification. For the VOC in Chicago, those who provide personal care assistance may also receive a vaccine at their appointment. Recognize that first-come-first-serve models favor populations with locational and technological advantages.
● Partner with **PACE**.	PACE in Southeast Michigan	PACE provides medical and social services to elderly who need help by giving them transportation. Partner with PACE to vaccinate their homebound participants.
● Partner with **municipalities** and **places of worship**	New Hampshire Division of Public Health Services	Collaborate with town welfare offices, police departments, EMS and fire departments, health officers, and places of worship to identify homebound individuals not connected to official health services organizations.

Proactively Register the Homebound for Vaccination

STLT health departments should proactively register homebound persons through multiple channels by partnering with Area Agencies on Aging, Councils on Aging, and other trusted community partners with effective communication channels. To maximize equitable registration, minimize barriers such as requirements for a government ID.

Description	Where It Has Been Done	Considerations
Establish points of contact (POCs) with critical partners.	CDC's COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations	Collaborate and coordinate with trusted community partners to leverage communication channels and opportunities for rapid dissemination of information on how to register for vaccine delivery.
● **Website screen** for homebound vaccination **eligibility** through a central intake line.	Massachusetts Department of Public Health: COVID-19 Homebound Vaccination Program	Manage intake from multiple sources through a central intake line. Callers can be screened for eligibility as homebound and then added to a list to receive follow-up

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Description	Where It Has Been Done	Considerations
		calls for appointment scheduling. During this intake process, specific
		questions can be asked about potential accommodations needed (e.g., ability to open the door).
• Plan for those with **limited computer proficiency**.	Chicago Department of Public Health	For homebound individuals with limited computer proficiency, use a dedicated phone help line with instructions in English, Spanish, or any other language commonly used in your region.
Partner with **Councils on Aging** to register homebound persons.	Baton Rouge Council on Aging	The Baton Rouge Council on Aging worked to address the lack of internet access among senior residents by arranging call centers and in-person visits to proactively register residents and answer questions.
Implement **door-to-door outreach** efforts.	Santa Clara County Public Health Department	Santa Clara County, CA has observed lower vaccination rates in Latinx and Black communities due in part to vaccine misinformation that drives vaccine hesitancy. To address this, Santa Clarita County passed a proposal for an advertising campaign to promote vaccines in communities of color. Up to 130 full-time bilingual outreach staff will go door-to-door in San Jose and other areas with comparatively low rates of vaccine uptake.
• **Advertise and promote** homebound vaccination services on **county website**.	Chicago Department of Public Health	Its website dashboard includes information on homebound vaccination services.
Use **EventBrite** as an appointment scheduling tool.	Seminole County Emergency Management	Seminole County Emergency Management is using EventBrite to schedule appointments.

Description	Where It Has Been Done	Considerations
Ensure **eligibility requirements** factor in potential obstacles.	Wisconsin COVID-19 Vaccination Taskforce	Proof of eligibility requirements should consider inability to provide pay stubs, government IDs, or other restricting forms of identification. In the event a homebound person does not have eligibility documentation, providers could consider requesting a letter of attestation.
Explore **automated reminders** for second dose appointments.	CDC's COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations	Second-dose appointment reminders are critical considering the 21- to 28-day lag between doses, as homebound persons and their caregivers must know that a member of the household needs to be home to answer the door. A written reminder via a COVID-19 vaccination record card may not be enough. Consider leveraging automated patient phone calls, text messages, or emails as reminders for second doses. A jurisdiction's Immunization Information System (IIS) can be useful for centralizing these efforts.
● Include **risk education** in messaging to reduce vaccine hesitancy.	N/A	According to a recent analysis from BellAge, most adults (77%) dangerously underestimate the lethal threat risk that exposure to COVID-19 poses to older adults. After being informed about lethal threat risks, more than half (58%) of respondents note they would modify their behavior to keep older friends and loved ones safe. Similarly, 53% of adults over the age of 75 underestimate their risks of hospitalization and death from COVID-19.

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Strategies for Getting the Homebound with Greater Mobility to Vaccine Sites

STLT health departments should refer the homebound with greater mobility accessible vaccination sites by collaborating with existing transportation services and ensuring that homebound persons can be vaccinated when or if they are admitted into a hospital. Referring the more mobile homebound to centralized vaccination sites will ensure that in-home coordination and resources are prioritized for those who cannot travel out of their homes.

Description	Where It Has Been Done	Considerations
Deploy mobile units to **low-income senior housing** and similar facilities.	Philadelphia Department of Public Health	
Leverage existing transportation services as **reverse paratransit**.	Delaware Health and Social Services	These services already transport the elderly, disabled, and homebound. Use these same services to transport vaccinators to rural areas in or near their homes.
Convert passenger vans into **mobile clinics**.	Lewis and Clark Public Health in Montana	Use mobile clinics to travel to rural areas unable to reach urban vaccination sites.
Partner with **rideshare services**.	Lyft Vaccine Access program	This program is funded by donations. Hilton and Delta Airlines incentivize their SkyMiles loyalty members to contribute to Lyft's Fund a Ride feature.
Partner with **aging centers** for transportation.	Aging and Disability Resource Center of Brown County: Rotary Rides program	Individuals over the age of 60 can request free transportation to vaccination sites. This is being funded by the local Rotary Club.
Ensure **accessibility** of vaccination sites for **people living with disabilities**.	Philadelphia Department of Public Health	ADA standards must be met at vaccination sites of all sizes. Ensure mobility assistance devices such as wheelchairs are made available for individuals to borrow while on site.
Vaccinate the homebound when or if they are **admitted into a hospital**.	Philadelphia Department of Public Health	Hospitals are now offering vaccinations for patients. The average length of stay in a hospital for homebound persons is 7.84 days. Ensure that homebound persons can be vaccinated while receiving hospital services.

Description	Where It Has Been Done	Considerations
● **Encourage residents** who have **intentionally** chosen to stay homebound to visit clinics.	Nevada Department of Health and Human Services	Many residents have chosen to stay home while not having functional impairments that make them completely homebound. STLT health departments should actively encourage these individuals to travel to centralized vaccination sites.

Expand and Diversify the Vaccinator Pool

A diverse network of trained and homebound-competent COVID-19 vaccinators is critical to the success of homebound vaccination programs. STLT health departments should recruit vaccinators that reflect the target population and their spoken languages, and those trained in treating older adults, including people with living with dementia and disabilities.

Description	Where It Has Been Done	Considerations
● Use emergency medical personnel (**EMT/EMS**) as vaccinators.	Stratford Public Health Department	EMS personnel partner with nurses or other healthcare professionals to form a two-person team. However, it is important to consider allocation of EMS personnel without other emergencies pulling them away.
● Recruit **retired nurses** as vaccinators.	Webster County Health Department	Many retired nurses are willing to contribute time and effort to help vaccinate homebound residents.
● Include **hospice nurses** as vaccinators.	South Carolina Department of Health and Environmental Control, in collaboration with Agape Care Group	South Carolina is piloting a homebound vaccine delivery program in two largely-rural counties. The local health departments are partnering with a hospice service provider so that hospice nurses can provide in-home vaccines.
● Use **CARES representatives** as vaccinators.	Ennis Health Department, in partnership with CARES and local emergency personnel	In Ennis, Texas, teams of paramedics, Ennis CARES representatives, and local police officers are being deployed to people's homes to administer vaccines.

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Description	Where It Has Been Done	Considerations
Add **native language speakers** to vaccinator teams.	Modeled after programs run by the Santa Clara, CA Health Department and Indian Health Service, which are both employing native speakers in vaccination outreach efforts; the approach could be adapted for in-home vaccinations.	Older adults can be put at ease if vaccinators coming into the home are accompanied by individuals they trust and with whom they can communicate easily.
• Partner with **National Guard** as vaccinators.	State-wide Texas program called 'Save Our Seniors', in partnership with the Texas National Guard	Many state National Guard teams can supplement state homebound vaccination efforts or be deployed as a standalone program established under STLT health department oversight. Some may focus on identifying and registering homebound seniors while others will visit homes and administer vaccines.
• Provide homebound **training** to vaccinators.	Centers for Disease Control and Prevention	CDC released homebound-specific guidance that includes highlighting the importance of training on accessibility-specific issues, "such as working with people who are blind or have limited vision; those who are deaf or hard of hearing; those who work with service animals; and those with various language, physical, social, or sensory needs."
Identify **volunteers** to expand the vaccinator pool.	Illinois Department of Public Health	Many states have a registry of medical and non-medical volunteers who can be recruited in a public health emergency.
Description	**Where It Has Been Done**	**Considerations**
Track metrics on vaccinator enrollment.	Wyoming Department of Health	Track provider enrollment by provider type and location to ensure appropriate workforce levels at the county level. REDCap can be used as a data collection instrument.

Description	Where It Has Been Done	Considerations
Engage minority-focused professional organizations.	Nevada Department of Health and Human Services	Such organizations include Black Nurses Association and National Association of Hispanic Nurses (NAHN). Partner with these organizations to recruit vaccinators that reflect the demographic of the target population.

Other recommended homebound vaccinators include but are not limited to dentists, dental hygienists, pharmacists, podiatrists, physician assistants, midwives, nursing students, specialist assistants, and veterinarians.

Vaccine Supply and Equitable Access

Vaccine allocation plans should be flexible and creative to ensure continuous prioritization of equity over efficiency. Creative solutions such as geo-mapping and incorporating existing social vulnerability index (SVI) metrics embed equity into resource allocation decisions. STLT health departments should closely engage those involved in the allocation process and anticipate shifts in supply and demand.

Description	Where It Has Been Done	Considerations
● Prioritize **single-dose vaccines** for the homebound.	Cleveland Clinic and the Ohio Department of Health	States can help ensure equitable vaccine allocation by prioritizing supplies for home care providers and encouraging entities that have access to vaccines (hospitals, FQHCs, local health departments, retail pharmacies) to enter into collaborative agreements to share the supply of vaccines. Single-dose vaccines are ideal where logistical barriers exist.
● Have a plan for **leftover doses**.	PTRC Area Agency on Aging	In some states which do not include caregivers in official high priority groups, vaccinators often vaccinate caregivers with leftover doses.
Embed **equity** into resource allocation decisions using a **social vulnerability index (SVI)**.	Arizona, Hawaii, Vermont, and Washington Departments of Health	Incorporate a social vulnerability index to embed equity into resource allocation decisions. This index uses census-level variables including socioeconomic determinants, household composition, disability, race and ethnicity, language, as well as housing type.

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Description	Where It Has Been Done	Considerations
Partner with **pharmacies**.	Illinois Department of Public Health	Local pharmacies are available for longer hours in many areas and should be leveraged for expanding vaccine access. Pharmacies participating in the Federal Retail Pharmacy Partnership Program will receive vaccine supplies from the federal government.
Partner with **trusted community organizations** to build vaccine confidence for residents.	Baton Rouge Department of Health	In Baton Rouge, Louisiana the local health department is working with trusted community partners such as local churches, Black state lawmakers, the mayor, and local supermarkets to promote vaccine education and uptake. Promote open communication with these entities to allow STLT health departments to receive recommendations on how to build vaccine confidence.
Develop surveys to learn about target populations' **vaccine attitudes**.	Nevada Department of Health and Human Services and the University of Nevada, Reno School of Medicine	Administer surveys to eligible persons to assess vaccine attitudes, inform local vaccine messaging, and increase vaccine uptake.
Offer **video relay interpretation services** via tablet or mobile application.	Philadelphia Department of Public Health	For homebound persons that use sign language, video relay interpretation services can be offered via tablet or mobile application.
Prioritize **allocation** of vaccines to **neighborhoods of need**.	Philadelphia Department of Public Health	If analyses of zip code data show disparities in vaccine uptake, allocate and provide vaccines to these areas.
Do *not* require photo ID.	Philadelphia Department of Public Health	Requiring a photo ID may create a barrier for undocumented people. In Philadelphia, neither a social security number nor insurance is required for vaccination.
• Use **geo-mapping** to plan efficient delivery routes	University of Wisconsin	There is a variety of existing software options that can be helpful in geo-mapping, such as ZeeMaps.
Develop protocol for **severe weather**.	Illinois Department of Public Health	When severe weather impedes vaccine delivery, determine rescheduling logistics.

Strategies and Mechanisms for Covering the Cost of Vaccines

The American Rescue Plan Act (ARPA, 2021), Consolidated Appropriations Act (2021), and Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA, 2021) provided $7.3 billion, $4.5 billion, and $3 billion respectively in appropriations to STLT jurisdictions for vaccination-related activities. Further, funding from the Disaster Relief Fund has been used to allow FEMA to reimburse costs for STLT programs. STLT health departments should employ a broad range of reimbursement strategies such as state funding, FEMA, commercial payers, and other insurers to appropriately cover homebound vaccine delivery costs. The following chart provides a high-level overview of existing reimbursement mechanisms, but it is not meant to be exhaustive. For information on COVID-19 CPT coding, please refer to guidance from the American Medical Association.

Description	Where It Has Been Done	Considerations
● Leverage **multiple** reimbursement strategies to cover all associated costs.	Bloom Healthcare, Colorado	Reimbursement strategies include state funding, FEMA, commercial payers, and other insurers.
Reimburse through **Medicare**.	Nevada Department of Health and Human Services	Medicare beneficiaries pay nothing for COVID-19 vaccination. Coinsurance, copayment, and deductibles are waived.
Reimburse through **Medicare Advantage (MA)**.	Nevada Department of Health and Human Services	For CY 2020 and 2021, MA will cover the cost of the COVID-19 vaccine and its administration for its beneficiaries. Coinsurance, copayment, and deductible are waived.
Reimburse through **Medicaid**.	CMS Coverage and Reimbursement of COVID-19 Toolkit	State Medicaid and CHIP agencies must provide vaccinations with no cost-sharing for beneficiaries during the PHE. Add-on payments may be applied to reimburse for overhead costs and cold storage.
Reimburse through **private plans**.	CMS Interim Final Rule	CMS is requiring most private insurers to cover both the COVID-19 vaccine and its administration, in network and out-of-network, with no cost-sharing.

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Description	Where It Has Been Done	Considerations
Reimburse **EMS and fire departments** through **FEMA**.	Indiana Health Coverage Programs (IHCP)	The FEMA Public Assistance Grant Program is reimbursing funds spent by fire and EMS departments in response to COVID-19.
Submit a claim with HRSA for patients unable to pay.	North Dakota Department of Health	According to the Health Resources and Services Administration (HRSA), providers may submit a claim for reimbursement to cover costs for patients who were unable to pay. This funding is provided by bipartisan legislation, including the Families First Coronavirus Response Act (FFCRA) and Coronavirus Aid, Relief, and Economic Security (CARES) Act.

Tracking Vaccinations and Recipients

STLT health department efforts to vaccinate the homebound should include continuous program monitoring. Elements of the program that should be monitored include resources, staffing, recipient tracking, assessment of performance targets, and vaccination rates by geographical location to identify under-vaccinated populations and ensure equitable vaccine access. These metrics should guide decisions to continuously improve vaccine delivery programs and communicated externally to promote transparency and trust.

Description	Where It Has Been Done	Considerations
Use state **immunization information systems** (IIS).	Washington State Department of Health	Use dose-level information to monitor inventory levels at provider sites, monitor vaccine coverage of prioritized populations, and develop dashboards to communicate findings.
Proactively collect **provider enrollment data** to track daily inventory.	Washington State Department of Health	Providers can enter provider enrollment data (populations served, facility type, vaccine storage units) into a REDCap survey for state-level export into the CDC IZ Data lake. Providers would be required to have an active data sharing agreement.

Description	Where It Has Been Done	Considerations
Implement **data sharing agreements**.	Washington State Department of Health	Data sharing agreements allow providers to use the state Immunization Information Systems (IIS) to order, receive, and track vaccines at the dose level.
Continually review **vaccination rates by race and zip code**.	Philadelphia Department of Public Health	Direct homebound delivery efforts to under-vaccinated populations.

Trust for America's Health acknowledges its partnership with Ripple Effect in the development of this Guide.

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