



Department of Health

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Re: Guidance for Counties Conducting COVID-19 Vaccinations of Homebound Persons

Dear County Executive/Administrator/Manager:

Vaccinating all New Yorkers is a top priority for returning to some semblance of normalcy. As you know, not everyone is able to travel to one of the many sites that are offering COVID-19 vaccines. New York State is working with counties to establish a Statewide program to expand access to vaccines through an in-home vaccination program for those who are homebound due to physical limitations, cognitive impairment, other chronic conditions, a lack of transportation, and/or visual impairments, and who do not have access to supports that may help them physically go to an existing vaccination provider.

Given the vital role counties and local health departments play in ensuring all consenting New Yorkers are vaccinated as quickly as possible, the Department of Health (DOH) and New York State Office for the Aging (NYSOFA) are asking each county and local health department to develop an in-home vaccination plan that: is inclusive of all relevant county departments as well as other providers of home care services within the county, employs mechanisms to identify those that need an in-home vaccine, clearly identifies a single point of contact at the local level to assist homebound individuals in getting vaccinated, and employs aggressive multi-systems outreach and education to direct those in need to the point of contact.

To be sure this effort is successful and that no New Yorker is left behind, the State will be prioritizing the use of federal resources for this purpose. NYSOFA and DOH will share additional information on funding availability in the near future.

This guidance further sets forth the guidelines and best practices for counties to conduct vaccinations of homebound persons.

I. Steps for County to Coordinate and Conduct In-Home Vaccinations

1. Every county must first identify a single point of entry (e.g., through a county emergency management office, local health department, or AAA) for homebound individuals to sign up for or request an in-home COVID-19 vaccine;

- a. DOH recommends that this single point of entry be a Hotline number established by the county, which homebound persons can call to get information on COVID-19 vaccine and to sign-up for a vaccination.
 - b. The county should identify and dedicate staff to manage hotline calls.
 - c. Information about signing up for an in-home vaccination and any eligibility criteria may also be posted on the county's website or website of the local health department. A county may also include on its website an online portal for homebound persons to sign up for an in-home vaccination.
2. Counties should work with their Emergency Management Agency and survey their vendors and other contractors to help identify homebound persons.
 3. Each county is strongly encouraged to develop a written "In-Home Vaccination Plan." Attached is a template you may find useful for this purpose.
 - a. If you have, or choose to develop, a comprehensive In-Home Vaccination Plan and would like to share it with DOH and NYSOFA for possible distribution to other counties as a model, please email COVIDHomeboundPlans@health.ny.gov.

II. Options for Counties Conducting In-Home Vaccinations

There are a variety of ways counties may construct vaccination of homebound individuals. To determine the best option for the county, the county should identify vaccination needs for its residents, technical assistance needs, staff capacity, and need to contract with a partner organization.

DOH and NYSOFA have identified the following possible options based on feedback from counties. The options include, but are not limited to:

1. Use of nursing staff of the county's hospice or home care agency, whether it is a licensed home care services agency (LHCSA) or certified home health agency (CHHA);
2. Partnering with Emergency Medical Services (EMS) Agencies that have been designated as Community Paramedicine Programs to have Community Paramedics (CP) conduct in-home vaccinations;
3. Contracting with a pharmacy partner to have licensed pharmacists, in good standing, administer the COVID-19 vaccine to homebound persons;
4. Contracting with or entering into a Memorandum of Understanding (MOU) with another provider, such as a private medical group or private home care provider (CHHA, LHCSA) which is an enrolled provider eligible to receive COVID-19 vaccine and has staff legally authorized to administer COVID-19 vaccines.

III. Guidelines for In-Home Vaccinations

Depending on which option(s) detailed in Section II of this guidance are selected by the county, the county must adhere to the following guidelines:

- A. For counties planning to conduct in-home vaccinations using staff of their hospice or home care agency**, whether it is a licensed home care services agency (LHCSA), a certified home health agency (CHHA), or hospice, the county must ensure that it is in compliance with Articles 36 and 40 of the Public Health Law when conducting vaccinations. Specifically:
1. A county can use nurses from its hospice or home care agency to administer in-home vaccinations of its current patients. Under such circumstances, the agency must properly record the vaccination history in the patient's clinical record and maintain a record of patient consent.
 2. A county can use nurses from its hospice or home care agency to administer in-home vaccinations of non-patients, provided that the nursing services are limited to administration of the COVID-19 vaccine and clinically necessary services due to adverse reaction to the vaccine, including administration of an anaphylactic treatment agent and conducting CPR by a CPR-certified RN. The county must ensure that these non-patient vaccine recipients understand the limitations of the agency's relationship with the vaccine recipient.
 3. Likewise, a county can use nurses from its LHCSA notwithstanding that the LHCSA is currently unregistered with DOH, provided that the nursing services are limited to administration of the COVID-19 vaccine and clinically necessary services due to adverse reaction to the vaccine, including administration of an anaphylactic treatment agent and conducting CPR by a CPR-certified RN.

Counties should work to ensure that all consenting, unvaccinated hospice and home care agency personnel are vaccinated prior to entering the homes of homebound patients, which may include helping personnel register for appointments.

Please also note that the permissibility of conducting in-home vaccinations while a LHCSA is unregistered and/or of non-patients is limited to the duration of the New York State Disaster Emergency relating to COVID-19, as declared under Executive Order 202, and will not affect a county's ability to conduct in-home services in the future, unless such county is currently licensed or certified as a LHCSA, CHHA, or hospice and is serving its patients.

B. For counties planning to partner with Emergency Medical Services (EMS) to conduct in-home vaccinations, EMS Agencies can apply to operate a Community Paramedicine Vaccination Program with the New York State Department of Health, Bureau of Emergency Medical Services and Trauma Systems ("Bureau of EMS"). Once approved, Community Paramedicine Programs can work with LHD and Local Health Systems to send out Community Paramedics to vaccinate homebound

patients. To help expedite the application process, the Bureau of EMS has created a template for EMS Agencies interested in becoming Community Paramedicine Programs to use for the application process. The Bureau of EMS also has sample models for Local Health Departments that show the integration of local health department, local emergency management and local Community Paramedicine program in order to achieve the goal of vaccinating all homebound patients. All applications from EMS Agencies must be submitted via the Community Paramedicine Program Drupal Application

link: <https://apps.health.ny.gov/pubpal/builder/survey/communityparamedicineapp>.

Questions about this program can be submitted

to: CommunityParamedicine.EMS@health.ny.gov.

C. For counties planning to contract with a pharmacy, the county must develop a written vaccination plan indicating the contracted partner(s); their capacity to administer vaccines (i.e., how many vaccine recipients per day or week); and a plan detailing the minimum and maximum number of persons who will receive the vaccine per day or week, procedures to ensure a sufficient number of prospective recipients sign up for the COVID-19 vaccine each day the vaccine will be administered, and protocols for ensuring no wasted vaccine doses. The county must also have policies and procedures in place to ensure the pharmacist entering resident homes has undergone a criminal background check.

The pharmacy partnership is permitted only for the duration of the New York State Disaster Emergency relating to COVID-19, as declared under Executive Order 202, and will not affect the county's or pharmacy's ability to conduct in-home services in the future, unless such entities are licensed or certified as a LHCSA or CHHA and are serving its patients.

D. For counties planning to contract with, or enter into an MOU with, a private a professional corporation, such as a private medical group, DOH hereby provides designation to the county's selected partner organization pursuant to Public Health Law (PHL) Section 2805-x for a period not to exceed 120 days from the date of this guidance, provided that the following criteria are met:

- The county shall notify DOH, in writing, of the private organization or medical group they have selected;
- The county must have policies to ensure, and attest to DOH, that the professional licensure of those entering homes allows such professionals to conduct in-home vaccinations;
- The county must have protocols in place, and attest to DOH, to ensure criminal background checks are conducted of all persons entering homes;
- If authorization beyond 120 days is necessary in the view of the county, the county shall contact DOH in writing, at least 30 days before this authorization ends, indicating: (a) how many homebound residents have been vaccinated through the partnership to date; (b) the number of adverse events reports while using the 2805-x partner; and (c) the number of unvaccinated homebound residents that must be vaccinated according to county records.

- Any private organization that continues to conduct in-home vaccinations beyond the 120 days authorized under this guidance pursuant to PHL Section 2805-x, without receiving written confirmation of an extension from DOH, may be considered an illegal provider of home care services under PHL Article 36, and DOH may take any legal action necessary and allowable against such entity.

IV. Additional Considerations

If the county opts to vaccinate any caregivers or housemates of the homebound person, consistent with the Plan requirements set forth in Section I(3)(d) of this guidance, the county must develop policies and procedures to, at a minimum, ensure that the caregiver/housemate is unvaccinated or has received only one dose of a two-dose series; is eligible for vaccination pursuant to NYS guidelines; determine whether they have experienced any adverse vaccine reactions in the past (to a first dose of the COVID-19 vaccine or otherwise); and consents to such vaccination. Consent of the caregiver/housemate to be vaccinated must be separately documented from consent for the homebound person to be vaccinated.

If a county has selected an in-home vaccination option not detailed in this guidance, please contact DOH if additional information is needed.