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Subject: Long-Term Care Facility REDCap Form
To: <DSS_LICENSING@listserv.cov.virginia.gov>

The attached file is being sent to assisted living facilities from the Virginia Department of Social Services Email Distribution Service.

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This memo is being sent to assisted living facilities on behalf of the Virginia Department of Health (VDH). It contains updated information for long-term care facilities (LTCF) on (1) how LTCFs can request additional vaccine doses, and (2) the intake process established in REDCap for facilities to report their vaccination needs.

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How can LTCFs request additional vaccine doses - REDCap form

Long term care facilities (LTCF) who have additional needs (new admissions, new staff, or needing 2nd doses after completion of the CVS/Walgreens Federal Pharmacy partnership) will be asked to complete a REDCap form, which will have a soft launch on 2/19/2021 (<https://redcap.link/VaccineLTCFs.Virginia.gov>). This will let the Virginia Department of Health (VDH) know about their vaccine needs, and allow the VDH LTCF Coordination team to identify a local Pharmacy provider that can meet their needs and coordinate for the right number and type of doses. We expect that LTCFs will need Pfizer vaccine for 2nd doses for anyone who received a first dose under the Federal Pharmacy Partnership and for various reasons, did not receive their second dose during the 3 clinic visits, since only Pfizer vaccine was used for the federal partnership in Virginia. Additionally, there may be new admissions to LTCFs that received their first dose of vaccine from another source (such as a hospital where they were an inpatient).

Since the minimum dose order for Pfizer is 195 vial trays of 6-dose multi-dose vials, direct delivery of Pfizer vaccine to any one location to support this population is not supportable at this time. The VDH LTCF Coordination team (a team organized under VDH Pharmacy) will need to coordinate redistribution of Pfizer vaccines from Local Health Departments, Hospitals, or other providers to the servicing pharmacy on a case-by-case basis. Completion of the RedCap form is the first step to initiating this process.

All additional persons in LTCFs that are completely unvaccinated will be vaccinated with either Moderna 2-dose or Johnson & Johnson single dose vaccines. The VDH LTCF Coordination Team will coordinate distribution of Moderna and Johnson & Johnson vaccine to community pharmacies across the state to meet this ongoing need for the short term. In the long term, when vaccines are more plentiful, LTCFs will be able to revert to their normal pharmacy relationships to meet their ongoing needs

REDCap form:

Key points

1. This form should only be used by long term care facilities to request vaccine doses, as needed, because one or more of the following apply:
 - a. The LTCF has finished all three clinics with the federal pharmacy partnership and there are residents and staff who still need second doses.
 - b. The LTCF has residents and staff who have received their first vaccination doses via another avenue (other than federal pharmacy partnership program) and need second doses

- c. The LTCF has new hires and admissions that occurred after the federal pharmacy partnership is over, and these persons need first and/or second doses.
 - d. The LTCF was not matched to a federal pharmacy partner (CVS or Walgreens) and still needs vaccine.
2. This request process is interim and is subject to change as we receive additional vaccine allocations.
3. In order to expedite and avoid delays in the vaccine interval schedule, facilities should complete this form as soon as a need is identified.
4. All required fields must be completed in order to submit the form.

How to fill out the form:

Page 1 (Facility Information):

- Before starting to fill out the form, please read the disclaimers and instructions on the first page carefully.
- Then fill out the facility information.
 - If you do not know the facility type, please select Other and say Unknown in the field that appears

Page 2 (Pharmacy Affiliations):

- If you have existing affiliations with a pharmacy, provide that information.
- If you do not have existing affiliations, provide name and contact information of the pharmacy that you would like to work with in your area. If you don't have a preference, please state, "No Preference" (the VDH team will find a pharmacy that can assist you).
- Provide information about whether your facility is being served by CVS and Walgreens via the federal pharmacy partnership program. (Prior participation in the Federal Pharmacy Partnership is not a requirement to receive assistance from VDH. This information is just helpful to the VDH team).

Page 3 (Vaccine requests):

- Please specify your vaccine needs for your facility for the next 3 weeks by filling out the form.
- Once you submit the form, you will not be able to make any changes to it. Please make sure to provide accurate numbers to avoid confusion and delays. If there is ever a need to change the vaccine request numbers, please contact mounika.bazar@vdh.virginia.gov.

Who should fill out the form:

Only LTCFs who need vaccine doses for their residents and staff are supposed to fill and submit the form. **This form is not intended to be used by any other entities other than the LTCF types listed in the [phase 1a](#) of the Virginia vaccination planning.**