



COVID-19 Vaccination Distribution Implementation Program

Guidance to Reach Individuals Who Are
Homebound or Have Mobility Concerns



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Introduction

The Wisconsin Department of Wisconsin Health Services (DHS) recognizes that access to the COVID-19 vaccinations may be a challenge to some people. Especially for those who are homebound to find a vaccine provider who will come to their home to provide the vaccination. DHS recognizes the incredible work being done by local and tribal health departments (LTHD) and other vaccine partners to ensure these individuals receive the COVID-19 vaccine.

This document provides a resources to aid LTHDs and vaccinators in partnering with local and state organizations to identify and vaccinate homebound individuals. Transportation resources are also listed for individuals who can travel but require additional assistance. While every community is different, these resources offer information each community can adapt to their specific needs.

Definition of Individuals Who Are Homebound

In Wisconsin, we recognize the importance of meeting the needs of individuals unable to travel to a vaccination site. According to the Centers for Disease Control (CDC), safe and effective COVID-19 vaccination of individuals who are homebound presents unique challenges to ensure appropriate vaccine storage, temperatures, and handling. Individuals who are homebound include those who need the help of another person or require medical equipment such as crutches, a walker, or a wheelchair to leave their home, or who have a medical provider who believes that their health or illness could get worse if they leave their home.

Identifying individuals who are homebound or have mobility concerns

To identify and connect with individuals who are homebound, utilize existing resources and connections with organizations such as:

- Aging and Disability Resource Centers (ADRCs)
- County and tribal aging units
- U.S. Department of Health and Human Services (HHS) [emPOWER Program COVID-19 At-Risk Medicare Population Dashboard](#)
- Home health providers
- Managed care organizations
- Nonprofits serving older adults or those with mobility concerns
- Places of worship
- Senior community groups
- [Elderly Nutrition Program](#)
- [Wisconsin Association for Home Health Care](#)

Additional collaboration with community partners, such as fire and emergency personnel, law enforcement, and faith communities should be considered, as they may be able to assist in identifying individuals experiencing mobility concerns. For more information, see Appendix One: Identifying Individuals who are Homebound or have Mobility Concerns.

As individuals are identified, existing relationships among individuals with these organizations may be effective to disseminate information and identify accessibility concerns. Consider providing vaccine information and educational materials through mailing lists, phone calls, or previously established wellness check-ins. It may be helpful to develop alternative registration options to online registration, such as over the phone or paper registration.

DHS has produced a number of [resources](#) that address COVID-19 vaccination information, potential side effects, and more. Please use these resources to help prepare and inform individuals who are homebound



on what to expect before, during, and after the vaccination process. The American Academy of Home Care Medicine (AAHCM) also has a [fact sheet](#) for individuals receiving in-home COVID-19 vaccinations.

Bringing Vaccine to Individuals Who Are Homebound

Every jurisdiction is conducting in-home COVID-19 vaccination differently. Some LTHDs may have the capacity to deliver and administer vaccinations, while others will need to rely on partner resources. Regardless of the vaccination strategy, all vaccinators must be enrolled with DHS and follow all [required training and other guidelines](#). Vaccinators must be mindful of the unique conditions of ensuring vaccine safety, security, storage, and transport when providing vaccinations in a residential setting.

Identify potential vaccination partners such as independent nurses, local fire departments, EMS agencies, and [WEAVR](#) volunteers. Consider vaccinating individuals who are homebound in conjunction with other services, such as home delivered meals from the Elder Nutrition Program.

Listed below are special considerations for vaccinating individuals who are homebound:

- Plan for an observation period post-vaccination of 15-30 minutes on site.
- Limit the number of people entering the home.
- Personal safety (such as personal protecting equipment (PPE), be aware of your surroundings, always have a charged cell phone, share vaccination schedule with employer)
- Schedule an appropriate number of daily visits to minimize wastage.
- Maintain cold chain protocols.
- Use a team approach to maximize efficiency: one individual to vaccinate and one for administrative duties (such as Wisconsin Immunization Registry (WIR) entry).
- Consider single versus multiple dose vaccine regimen in planning and scheduling.

For additional resources, see Appendix Three: Bringing Vaccine to Individuals who are Homebound.

Addressing Transportation Needs to a Vaccination Site

Providing transportation and other accessibility services individuals who are homebound may be able to travel to a vaccination site. All individuals in Medicaid have a transportation benefit. CARES Act and Coronavirus Response and Relief Supplemental Appropriations Act, 2021 funding may be used to cover operating expenses for any public transportation service to COVID-19 vaccination sites at a 100% federal share. For additional resources, see Appendix Two: Transportation Resources.

To identify potential transportation resources for these individuals, consider connecting with organizations such as ADRCs, disability medical transportation services, and volunteer centers. Other resources may include using existing transportation services for individuals eligible for Medicaid. Potential transportation resources may include the development of voucher programs in collaboration with ride share programs (for example, Uber, Lyft, taxi services, etc.). For additional resources, see Appendix Two: Transportation Resources.

Vaccination Site Accessibility Considerations

Individuals who are able to travel to a vaccination site may have additional accessibility concerns that should be addressed before their appointment. Such considerations include:

- Provide a mechanism (such as a telephone number, email address, check box on registration) for patients to request disability-related accommodations prior to arrival.
- Ensure vaccination sites are equipped with assistive technology.



Set aside locations to support patients who may require additional privacy or assistance. This may include older adults, patients with physical and cognitive disabilities who need effective communication access (such as ASL or texting through cell phones), patients with cultural considerations, or people who experience sensory sensitivities.

- Location should be easily accessible for drivers and those using public transportation. Work with partners to develop local and community-based plans that increase accessible transportation to and from vaccination sites. Plans can include working with local public transportation or cab companies, ride share companies, or coordinating with volunteer networks.
- Any transportation services that are provided need to ensure proper protections for both the drivers and the riders of the service.
- All clinic sites should offer both wheelchair-accessible walk-up and drive-up access.
- Site locations should consider having designated pick-up and drop-off zones for patients coming by taxi or rideshare.
- Develop plans to accommodate patients who are unable to wear masks due to medical or other conditions, or who require the removal of masks to communicate.
- Develop process for patients to file a complaint regarding operations, clinical care, alleged civil rights violations, or ADA non-compliance at the vaccination site. Develop messaging strategies to inform the public of this process.

Consider establishing clinics in trusted and easily accessible locations such as churches, in or near ADRCs or aging units, senior centers, dialysis centers, drug-treatment centers (Opioid Treatment Program), pre-vocational centers, or other community-based organizations to ensure accessibility. Clients with mobility or access and functional needs should only be referred to sites that meet ADA requirements.

To ensure individuals who are homebound are aware of available clinics and are able to register for appointments, consider coordinating with ADRC staff or volunteers to support registration over the phone, at their home, or on-site at the clinic. Additionally, create digital and non-digital avenues for collecting patient information such as distributing paper registration forms on site.

Dialysis centers may serve as an approved vaccinator site. Dialysis centers are uniquely positioned to assist individuals receiving dialysis who may otherwise have challenges accessing traditional vaccination clinics. A list of dialysis sites in Wisconsin are available for LTHDs to reference on the PCA Portal. Vaccine providers should consider the opportunities to hold vaccination clinics at dialysis centers not currently offering COVID-19 vaccinations. For additional resources, see Appendix Three: Bringing Vaccine to Individuals who are Homebound.

Vaccine Storage, Handling, and Administration Information

Vaccinating individuals who are homebound can present challenges for the appropriate vaccine storage temperatures, handling, and administration, ensuring safe and effective vaccination and preventing vaccine wastage.

The [CDC Homebound Guidance](#) webpage provides detailed information on:

- Training
 - [CDC's COVID-19 Training and Education](#)
- Pre-vaccination planning for vaccination of homebound persons
 - [Communicating with and about people with disabilities](#)
- Storage and handling (at the facility and during transport)
 - [Vaccine storage and handling best practices](#)
 - [CDC Toolkit for Vaccine Storage and Handling](#)
- Vaccine administration



- Pre-vaccination checklist ([English](#)) ([Spanish](#))
- [Interim Clinical Considerations for Use of COVID-19 Vaccine Currently Authorized in the US](#)

Providers must consult their governing laws and any policies or guidance issued by the regulatory program, board, or commission for their profession. Providers are responsible for complying with the standards of practice and any other legal requirements applicable to their profession when ordering or administering vaccines in Wisconsin. Some professions may have limitations related to delegation, supervision, training, settings, etc. when ordering or administering vaccines. DHS encourages providers to contact their specific program, board or commission with any questions. Please refer to the [Wisconsin Department of Safety and Professional Services](#).



Appendices

Appendix One: Identifying individuals who are homebound or have mobility concerns

The following are a list of resources LTHDs could collaborate with to identify individuals who are homebound or have mobility concerns. All entities are expected to follow HIPAA privacy rules in regards to the disclosure of any protected health information.

- Long Term Care Program: Family Care, Partnership, PACE Managed Care Organization (MCO), and IRIS
 - [Family Care, Partnership, and PACE Managed Care Organizations | Wisconsin Department of Health Services](#)
If looking to partner with MCOs, reach out at the local level
 - [IRIS \(Include, Respect, I Self-Direct\) Advisory Committee](#)
 - ForwardHealth: [Family Care](#) and [IRIS](#)
- BadgerCare Plus and Supplemental Security Income (SSI) Medicare Managed Care Organization
 - Mercy, Anthem, Quartz, etc.
 - [HMO COVID-19 Vaccination Contacts](#)
- [ADRC](#)
The DHS Equity Grant Program has awarded \$1 million in supplemental contract funding to ADRCs to support vaccination of individuals who are homebound.
- [Elder Nutrition Program](#) (through DHS Bureau of Aging and Disability Resources)
Affiliate organizations provide senior nutrition meal delivery services. Local entities may be able to partner with LTHDs in an effort to distribute COVID-19 vaccination information.
- DHS invested \$6.1 million that will fund efforts to activate organizations to serve as trusted messengers to build vaccine confidence and reduce barriers that may impede vaccinations. Review the list of [grant recipients](#), who may be able to partner in efforts to reach populations of homebound individuals.
- HHS emPOWER Program COVID-19 At-Risk Medicare Population Dashboard
 - The HHS emPOWER program now includes a new COVID-19 At-Risk population suite of datasets and dashboard tools to support state, territorial, and local public health COVID-19 response efforts and vaccination campaigns.
 - Additional information can be found on the [PCA Portal](#)



Appendix Two: Transportation Resources

The following are a list of state and federal resources LTHDs could collaborate with to provide transportation to those who have mobility concerns.

State:

- Medicaid transportation contracts available through non-emergency medical transportation (NEMT): <https://www.dhs.wisconsin.gov/nemt/index.htm>
For more information regarding scheduling rides, refer Medicaid members to the DHS' [NEMT website](#).
- [ADRCs](#)
- [Wisconsin County and Tribal Aging Offices](#)
- Regional Area Agencies on Aging
[Contact information for Dane County, Milwaukee County, and Greater Wisconsin Agencies](#)
- [Wisconsin Association of Mobility Managers](#) (WAMM)
- [Northeast WI Regional Access Transport Committee](#) (NEWRAT)
- Wisconsin Association for Home Health Care
 - Address: 563 Carter Court, Suite B, Kimberly, WI 54136
 - Phone: 920-560-5632
 - Email: wiahc@badgerbay.com

Federal:

- [National Center for Mobility Management](#) (NCMM)
- [Federal Transit Administration](#) (FTA)
 - Several FTA funding programs can be used to support transportation services to and from COVID-19 vaccination sites as an emergency operation.
 - The use of transit vehicles to provide non-public transportation service (non-shared ride or closed door) to COVID-19 vaccination sites, or the use of transit facilities as vaccination sites, is eligible as an incidental use if the services do not conflict with the provision of transit services or result in a reduction of service to transit passengers.
 - During the COVID-19 public health emergency, prior approval for the incidental use of transit assets for the provision of essential services is not required, although recipients should notify their [FTA Regional Office](#).
- [DOT-FTA * HUD-PIH Partnership for COVID-19 Recovery Fact Sheet](#)
 - Incidental use is when a transit system allows the use of federally funded assets by another public or private entity for non-transit purposes. The non-transit activity may not reduce or limit transit service. Incidental use of federally funded assets is permitted for recipients of funding under all FTA grant programs.
 - [Incidental use extended: 1/20/2022](#)



Appendix Three: Bringing vaccine to individuals who are homebound

The following are a list of DHS and other COVID-19 vaccine resources for LTHDs to collaborate with to bring vaccine to individuals who are homebound:

- [COVID-19: Program Information for Vaccinators](#)
- [Map of Wisconsin vaccine providers](#)
Use to contact vaccination sites to inquire about capacity to deliver and administer in-home vaccinations.
- [Volunteers from WEAVR](#)
- [CDC's Vaccinating Homebound Persons With COVID-19 Vaccine](#)
- [CDC's COVID-19 Training and Education](#)
- [CDC's Communicating With and About People With Disabilities](#)
- CDC's Pre-vaccination Checklist for COVID-19 vaccination: [English](#) AND [Spanish](#)
- CDC's [Interim Clinical Considerations for Use of COVID-19 Vaccine/Risk Assessment](#)
- [CDC's Media Statement on COVID-19 Vaccination at Dialysis Centers](#)
- [COVID-19 Vaccine: What Public Health Jurisdictions and Dialysis Partners Need to Know](#)