Q: What federal funding is available to support COVID vaccination efforts? Is there a way for the aging network to access these funds to provide supportive services for older adults and family caregivers?

A: The Coronavirus Response and Relief Supplemental Appropriations Act, 2021 included over $3 billion made available in an initial award to jurisdictions through the existing CDC Immunization and Vaccines for Children cooperative agreement. These awards support a range of COVID-19 vaccination activities across jurisdictions. Award recipients will include 64 jurisdictions including all 50 states, the District of Columbia, five major cities, and U.S. territories/islands.

Additionally, FEMA may provide reimbursement to states, local, tribal, and territorial governments for COVID vaccine efforts. Such assistance may include but is not limited to:

- Leasing facilities or equipment to administer and store the vaccine.
- Providing personal protective equipment and disinfection services and supplies.
- Paying staff overtime for vaccine administration or logistics.
- Contracting additional staff.
- Training personnel on vaccine distribution and administration.
- Supplies for administration sites.
- Using technology to register and track vaccine administration.
- Providing public communication on vaccine efforts.

Aging network organizations are encouraged to contact their state and local public health and emergency management organizations regarding available funding sources and opportunities to assist with provider and public education, supporting immunization outreach, and other COVID vaccination efforts.

Q: Can the aging network use OAA funds to provide information, education, outreach, case management, transportation, assisted transportation, respite, or other supportive services to support COVID vaccination efforts?

A: Yes, all of the supportive services allowable under the OAA can be provided in support of COVID vaccination efforts. ACL encourages SUAs, AAAs, and aging services providers to coordinate with state and local public health to assist older adults, family caregivers, and aging network staff and volunteers to access COVID vaccination. Additionally, ACL encourages aging network providers to track any services provided specific to COVID vaccination in the case they may be reimbursed with other funding sources. ACL encourages aging network providers to seek reimbursement from other funding sources that have been made available specifically to assist with costs related to COVID vaccine implementation.
Q: My AAA has nurses on staff that could administer COVID vaccines. What type of reimbursement is available to allow us to do this?

A: Aging network organizations are encouraged to contact their state and local public health organizations in order to understand requirements to become a vaccination provider. Vaccination providers must enroll in their jurisdiction’s Immunization Information System and sign a CDC COVID-19 Vaccination Program Provider Agreement. More information is available at https://www.cdc.gov/vaccines/covid-19/reporting/requirements/support-for-providers.html.

As noted at https://www.cms.gov/covidvax-provider:

Providers that participate in the CDC COVID-19 Vaccination Program contractually agree to administer a COVID-19 vaccine regardless of an individual’s ability to pay and regardless of their coverage status, and also may not seek any reimbursement, including through balance billing, from a vaccine recipient. Providers who have questions about billing or reimbursement of vaccine administration for patients covered by private insurance or Medicaid should contact the respective health plan or state Medicaid agency. People without health insurance or whose insurance does not provide coverage of the vaccine can also get COVID-19 vaccine at no cost.

Providers administering the vaccine to people without health insurance or whose insurance does not provide coverage of the vaccine can request reimbursement for the administration of the COVID-19 vaccine through the Provider Relief Fund.

Please note that vaccination providers would need to meet requirements to bill insurers, as appropriate for the cost of vaccine administration.