



December 2, 2020

Ngozi Ezike, MD  
Director  
Illinois Department of Public Health  
535 W. Jefferson Street, Floor 5  
Springfield, IL 62761-5058

**RE: IDPH SARS-CoV-2/COVID-19 Mass Vaccination Planning Guide**

Dear Dr. Ezike:

First and foremost, on behalf of the Home Care Association of America - Illinois (HCAOA-IL), the Illinois Adult Day Services Association (IADSA), the Illinois Association of Community Care Program Homecare Providers (IACCPHP), the Illinois HomeCare & Hospice Council (IHHC), the Illinois Hospice & Palliative Care Organization (IL-HPCO) and LeadingAge Illinois, we want to express our sincere appreciation to you and your team for your tireless work to protect people across our State during the COVID-19 public health emergency (PHE). Your leadership has been an extremely valuable asset to the State of Illinois during these unprecedented times.

We write today with regard to the *IDPH SARS-CoV-2/COVID-19 Mass Vaccination Planning Guide* ("Guide") to ensure that home health care workers that provide both long-term care and acute care to individuals in their homes are prioritized for the COVID-19 vaccine. This includes providers participating in the Illinois Department on Aging's Community Care Program (CCP) such as in-home services providers, adult-day providers, and emergency home response providers; home services providers licensed by IDPH, home health providers licensed by IDPH, home nursing providers licensed by IDPH; and hospice providers licensed by IDPH (referred to collectively henceforth as "home care providers").

**It is absolutely critical that home care providers be prioritized for vaccination.** These providers are caring for thousands of COVID+ patients/clients/participants-- either providing care as individuals transition out of an institutional setting back to their home or by treating and providing services for individuals at home, thereby keeping them from entering an institutional setting where COVID-19 spread is rampant. Home care providers are a big part of the continuum of care in Illinois and face unique challenges as they continue to provide essential care during the PHE—travelling from home to home requires a high degree of training, planning and preparation to ensure nothing is brought into the

home or taken from the home that could be harmful to staff or other patients/clients/participants the staff member is scheduled to visit that day.

Clearly, home care is non-congregate living, however, individuals receiving home care face similar risks of contracting COVID-19 and developing severe symptoms to individuals residing in institutional settings simply because of their age, health conditions and co-morbidities. For instance, in order to qualify for CCP services, participants must be assessed as requiring a skilled nursing facility level of care. On average, CCP participants are 76 years old and have eight impairments.<sup>1</sup> Further, home health patients are required to be “homebound” in order to qualify for services; 57% of home health users are age 75 or older and 47% of home health users have 5 or more chronic conditions.<sup>2</sup> And in order to be eligible for hospice, an individual must have a terminal diagnosis with a prognosis of six months or less if the terminal illness runs its normal course. Similar to individuals receiving care in institutional settings, individuals receiving home care, by nature of their age, health conditions and co-morbidities are extremely vulnerable to the effects of COVID-19.

While many disciplines work together to provide home care (i.e. MDs, APRNs, RNs, LPNs, PTs, OTs, SLPs, MSWs, home care aides, home services workers, and volunteers) **home care aides in particular face a high level of risk of contracting and spreading the virus** in large part because of the very close contact, frequency of contact and duration of contact when assisting individuals with personal care activities such as transferring, toileting, bathing, dressing, grooming and eating. There are over two million home care aides working across the country and tens of thousands of home care aides working in Illinois. Overall, the workforce is predominately female (87%), persons of color (62%), immigrants (31%), over the age of 55 (32%), and nearly half live in low-income households. Forty-three percent of home care aides rely on public health care coverage, such as Medicaid, and 16% are uninsured.<sup>3</sup> Given these demographics and the lack of access to health care, home care aides have greater risk but fewer treatment options should they contract the virus. **In addition to health care workers, it is critical that home care aides be given 1a priority for vaccination.**

For these reasons, we strongly urge the Department to include all individuals that provide health care to individuals in their homes at the highest priority for the COVID-19 vaccine and revise previously published guidance as follows:

## **II. COVID-19 Mass Vaccination Planning Assumptions**

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### **B. Priority Groups**

*i. It should be noted that all are assumed susceptible to the virus.*

*ii. Initial populations prioritized for COVID-19 vaccination will likely be the following:*

- a. Critical workforce members who provide health care in all settings including the home.*
- b. Staff and residents/participants receiving ~~in~~ long term care services in facilities or home and community-based settings.*

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<sup>1</sup> Illinois Department on Aging FY21 Budget Book: [https://www2.illinois.gov/aging/Documents/FY21\\_IDoA\\_IntroducedBudget.pdf](https://www2.illinois.gov/aging/Documents/FY21_IDoA_IntroducedBudget.pdf)

<sup>2</sup> AHHQI Home Health Chartbook 2020: [https://ahhqi.org/images/uploads/AHHQI\\_2020\\_Home\\_Health\\_Chartbook\\_-\\_Final\\_09.30.2020.pdf](https://ahhqi.org/images/uploads/AHHQI_2020_Home_Health_Chartbook_-_Final_09.30.2020.pdf)

<sup>3</sup> PHI, Direct Care Workers in the United States: Key Facts, September 8, 2020.

c. *c. Critical workforce members who provide essential functions of society.*

*iii. Recommendations for groups to target will likely change after vaccine is available, depending on characteristics of each vaccine, vaccine supply, and disease epidemiology.*

*iv. Because of the uncertainty of COVID-19 vaccine production, plans must be flexible and should include high demand and low demand scenarios.*

### **III. Concept of Operations**

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#### **C. Vaccine Allocation**

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- 1.** *IDPH will estimate the overall public health jurisdictional allocations of COVID-19 vaccine based on population size, disease burden, vaccine availability and need, while ensuring equity.*

*For example:*

- a.** *IDPH receives an allocation of 200,000 doses of SARS-CoV-2/COVID-19 vaccine in I-CARE.*
- b.** *IDPH allocates pro rata share of vaccine to each jurisdiction; however, the base calculation will be adjusted to account for equity, potential hotspots and regional positions within the state.*

*ii> Cook County public health jurisdiction, the largest public health jurisdiction, outside of the city of Chicago, has 2.3 million citizens (Based on US Census, July 1, 2019), which is 28% of the Illinois population so will be allocated 28% of the 200,000 doses allocated to Illinois or 56,000 doses.*

*iii> Calhoun County public health jurisdiction, the smallest public health jurisdiction in the State, has 4,739 citizens, which is 0.05% of Illinois population so will be allocated 0.05% of the 200,000 doses allocated or 100 doses. (Additional adjustments may be made based on equity, potential hot spots and regional positions within the state)*

*iv> Within the public health jurisdictions, vaccine will be further allocated to provider types based on priority groups, while ensuring equity in vaccine allocation and areas of vaccine availability:*

- a. Health care workers in all settings including the home.*
- b. Staff and residents/participants receiving long ~~long~~ term care services in facilities or home and community-based settings ~~staff and residents.~~*
- c. Essential workers.*

- d. Critical infrastructure personnel.
- e. General population.

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#### **D. Prioritization of Vaccine Allocation and Administration**

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1. Vaccine priority groups will be determined by the epidemiological data and will follow HHS and CDC guidelines based on input from the Advisory Council for Immunization Practices (ACIP). Vaccine providers should plan to focus their initial vaccine administration plans on those groups designated by the state of Illinois and the federal government as:

- a. Critical workforce that provides health care in all settings including the home.
- b. Staff and residents/~~participants receiving in~~ long term care services in facilities or home and community-based settings.
- c. Critical workforce that maintains essential functions of society.

It is very important to outreach to these groups now to determine the number, type, and location of each priority group in the public health jurisdiction. Public health departments should coordinate with their health care coalition, emergency management, and other response partners to develop a list of entities serving the priority groups, determine their capabilities to serve as sites for vaccine administration, i.e. closed PODs, or develop plans for the local health department to service these groups at a general POD designed for these groups.

Based on CDC guidance, CDC COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations – September 16, 2020, jurisdictional partners should be planning in terms of three phases:

a. **Phase 1:** Potentially limited supply of COVID-19 vaccine doses available. Vaccine administration strategies in phase 1 is broken into two sub-phases:

- **Phase 1a** – paid and unpaid health care workers in all settings including the home and staff providing long term care services in facilities or home and community-based settings. First responders – police and fire should be included in Phase 1a, but after health care workers.
- **Phase 1b** – Other essential workers and persons at higher risks of severe COVID-19 illness, including persons 65 years of age and older.

b. **Phase 2:** Large number of vaccine doses available – critical populations, as defined by the CDC and ACIP first, then can transition to the general population.

c. **Phase 3:** Sufficient supply of vaccine doses for entire population (surplus of doses) – all groups are included in this phase.

We know now more than ever, that home is the safest place. We ask for your assistance to ensure that the entire home care workforce is prioritized for COVID-19 vaccination, including home care aides who oftentimes are not included in the definition of “health care worker.”

Thank you for your consideration of this request. We are happy to meet virtually at any time to discuss this issue. Please contact Liz Vogt, Director of Government & Regulatory Affairs for IACCPH and IHHC with any questions or requests for additional information at [lizvogt@ilhomecare.org](mailto:lizvogt@ilhomecare.org).

Sincerely,



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