

**3/1/21 email response from DHS Secretary Timberlake
to DRW's 2/26/21 letter from Executive Director Lea Kitz**

Dear Ms. Kitz,

Thank you for your letter expressing concerns about the state's strategy to expand eligibility for the COVID-19 vaccine to additional groups of people on March 1.

I'd like to begin with an update on where we are today in our rollout of the vaccine. Vaccinators across the state have administered 1.4 million vaccinations, reaching more than 15% of the state's population, and 10% of the adult population of the state has received both doses of the existing vaccines and is fully immunized. More than 54% of all people 65 and older have been vaccinated. The Federal Pharmacy Partnership Program (provided through Walgreens and CVS) has vaccinated 20,971 people living in skilled nursing facilities and 36,769 residents in assisted living facilities. We are well on our way to reaching community immunity, and look forward to the rollout of additional vaccine supply as the Janssen vaccine from Johnson & Johnson begins to be distributed to states later this week.

I would now like to address your specific questions and concerns.

There is no "rigid prioritization" of the March 1 eligibility groups, nor is there a "strict gating system" guiding distribution or administration of vaccine. In order to manage the state's growing, but still limited, supply of vaccine, we have provided guidance to our vaccinators that they should prioritize within the March 1 eligibility groups when doing their planning.

Given the large number of educators and child care workers who need to be vaccinated, we have asked local and tribal public health departments to provide specific plans as to how they will reach these workers. Over the past few weeks, our federal allotment of vaccine has grown by 25,000-35,000 first doses per week. Our plan is to use the majority of this increase in vaccine to complete the vaccination of educators over the next four to six weeks. That leaves a consistent supply of 70,000-80,000 first doses to both complete anyone remaining in the 1A eligibility groups, police/fire/emergency responders, those 65 and older, and to begin to address the groups newly eligible on March 1.

Vaccinators are free to vaccinate anyone within the current or newly eligible groups consistent with available supply and locally developed strategies and plans.

We have not asked vaccinators to finish their 1A and 65+ populations before moving to the March 1 eligibility groups. In order to keep vaccinations happening and avoid any accumulation of supply, we are continuing our strategy of overlapping eligibility groups by making additional groups eligible on March 1 before the 1A populations have been completed. This is consistent with our prior decisions to add police, fire and emergency responders, and then individuals 65+, before we had fully reached all healthcare workers and residents in long term care facilities. The nature of our state and of our vaccinators' strategies is such that some places finish with a population before others. It is important to continue to make additional groups of people eligible in order to keep the momentum going.

The SDMAC acknowledged the need to potentially prioritize sub-groups within the March 1 or "1B" eligible populations, including educators and child care workers, if required by

vaccine supply. This week, our vaccinators across the state requested over 400,000 first doses – meaning that we have capacity in this state to administer 400,000 doses per week. We received and were able to allocate approximately 122,000 first doses. This nearly 4:1 demand to supply mismatch requires us to continue to distribute vaccine using a system of prioritization. We have asked vaccinators to determine the best strategies locally to reach all eligible groups while they simultaneously ensure that they are using all allotted vaccine doses to reach those who are currently eligible safely, efficiently, and equitably.

DHS and the Division of Medicaid Services have taken proactive steps to communicate guidance regarding vaccination eligibility and access points with Family Care and IRIS participants, their caregivers, and other program and community partners. For example, our teams published guidance and issued letters to everyone in DHS long term care programs with information about the vaccine and ways they can prepare for upcoming eligibility. We created reference tools and contact sheets for vaccinators to improve local coordination with long term care managed care organizations and IRIS consultant agencies, and we presented information on those enrolled in long term care programs to local and tribal health departments, HERC coordinators, and the Wisconsin Hospital Association to support them in developing and coordinating vaccination strategies.

Moving forward, we will continue to provide technical assistance, update fact sheets and other online resources, meet with stakeholder organizations, and coordinate with vaccinators and other partners to increase vaccination options for all eligible populations.

We are making good progress, and we recognize that we have much more to do. It is our estimate that there are just over 50,000 people in all Medicaid long term care programs who are eligible to be vaccinated and have not yet been reached during the earlier phases of vaccination efforts. We are cautiously optimistic that as vaccine supply continues to increase, our current conservative estimates as to when the majority of this group will be reached will be able to be moved up.

We agree that individuals living in congregate settings and those with chronic conditions are also at risk. There are approximately 66,000 staff and residents in congregate settings who have not yet been reached, and again, as supplies improve our ability to reach these individuals will also improve.

It has taken more than two months to reach nearly all those initially eligible in phase 1A, it will take more than two months to reach all those 65 and older, and it will take 2 – 3 months to reach all those who became eligible today. While we all are anxious to see this process move faster, we are hearing nothing but encouraging updates from our federal partners regarding vaccine availability and remain optimistic that we will reach our goal of 80% vaccination.

Thank you for sharing your questions and concerns.

Sincerely,
Karen E. Timberlake
Interim Secretary

Email attachments: [DHS Priority Group 1b COVID-19 Vaccine Eligibility: Individuals Enrolled in Medicaid LTC Programs](#)