COVID-19 CMS Vaccination Mandate
– The new Standards and CoPs

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The Vaccination Mandate Basics

Effective Nov 5, 2021
Enforced (Surveys) Dec 6, 2021

- Applies to HHAs, Hospices, and Home Infusion Therapy
- Does Not apply to home care (private duty), or DMEPOS, or palliative....unless you contract with a Medicare-certified organization
- Civil monetary penalties can be involved
- Impact estimated at 79,000 health care organizations, 17M people
- Estimate among hospitals 30-40% staff not fully vaccinated
Your policy: The following individuals must have at least 1 dose of COVID 19 vaccine prior to providing care, treatment or services to our organization or patients.

Staff
- Employees
- Licensed Practitioners

Other Individuals
- Students, Trainees
- Volunteers

Contracted or Arranged Services
- Therapists
- Pharmacists
- Physicians, NPs
- DMEPOS, etc. etc.
Policies and procedures document the process of verifying vaccination status of eligible individuals

- Who identifies eligible staff and advises them
- What documents are accepted as evidence of vaccination (including boosters) & how
- Who accepts the documents, reviews and accepts or denies
- Who documents the decision, tells the employee
- Who follows up to ensure 2nd dose of a 2-dose series, and documents
- Where is all the preceding information securely maintained
Temporary Delayed Vaccination

Documentation of clinical precautions, including:
- Illness secondary to COVID-19
- Received monoclonal antibodies or convalescent plasma

Exempt due to Job

Telehealth or support services
- Exclusively outside of settings where care provided
- No direct contact with patients, families, caregivers, or others eligible for full vaccination.

Federal State Exemptions

- Medical - 3 specific parameters of statement.
- Spiritual: Your criteria for a sincerely held belief, practice or observance.
Policies and procedures document the process of requesting and approval/denial of an exception or exemption

Who receives the request, what documents are accepted/needed (refer to regulatory language) and how employee to provide

Who accepts the documents, reviews and accepts or denies, and tells employee – all documented

During the request and review period – what is your contingency plan – they aren’t vaccinated

If accepted, what is the contingency plan for each person-update with any new mitigation – document!

If denied, and individual refuses vaccination, what next? Your organization call – remember there is no test option. Document!

Where is all the preceding information, documentation securely maintained
The Expected Outcome

Are the processes you put in place working?

- From a list of employees, licensed practitioners, students, trainees, volunteers and contracted services, pull a sample –
- Can you show me their vaccination status, and documentation per your policies and procedures and the standards/regulation?
- Do you feel confident that those providing care/treatment services have at least one dose by December 6, or are on a contingency plan waiting for or having received an exception or exemption.
• What is your process to ensure that nationally recognized infection prevention and control guidelines intended to mitigate the transmission and spread of COVID-19 are implemented and followed?
Things Change...Fast

- CMS has said there will be surveyor training, interpretation may change. Not advised of training yet. Surveys of regulations begin December 6

- Regulations:
  - HHAs: [https://www.govregs.com/regulations/title42_chapterIV-i3_part484_subpartB_section484.70](https://www.govregs.com/regulations/title42_chapterIV-i3_part484_subpartB_section484.70)