

CMS Updates Guidance for Vaccination Mandate

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New information has become available for health care facilities on how they need to stay compliant with a new vaccine mandate.

The Centers for Medicare & Medicaid Services (CMS) has imposed additional requirements on long-term care and skilled nursing providers - as well as guidance for surveyors - when surveying compliance with its vaccination mandate.

The mandate covers facilities that receive Medicare or Medicaid funding.

Surveyors from government agencies who are tasked with determining a health care organization's compliance level began their analysis process on January 27. On that date, long-term care and skilled nursing providers were required to have the following in place:

- A mandatory vaccination policy and procedure, including all required components such as tracking staff vaccinations, documenting medical and religious exemptions, etc.
- 100% staff vaccination. That includes all staff with at least one dose of COVID-19 vaccine. Those who have a pending request for a qualifying exemption and those who have been granted a qualifying exemption are not counted toward the 100% vaccination. Also, CMS will not enforce the rule if the facility is at 80% compliance but has a plan to reach 100% compliance within 60 days.

Under the CMS's guidance, new facility responsibilities include:

- **Matrix system:** CMS has created a COVID-19 staff matrix system to gather vaccination data. The software charts the number of staff and their vaccination status, the number of pending and granted exemptions and the number of CDC-recognized delays. Staff are categorized by title, position, direct vs. contracted hires and assigned work-area location. This matrix must be completed by the facility within four hours of the survey.
- **Information:** CMS updated the Entrance Conference Worksheet to require the facility create a numbered list of COVID-19 confirmed, resident cases within the prior four weeks, and a designation of whether any resident cases resulted in hospitalization or death.
- **Review:** National Healthcare Safety Network data to prepare for the surveyor review.

Surveyor responsibilities include:

- **Review:** The surveyor can examine the facility's infection prevention and control program, COVID-19 vaccination policies and procedures, antibiotic stewardship program, and influenza, pneumococcal and

COVID-19 for residents and staff, and COVID-19 staff vaccination matrix. Surveyors should calculate the percentage of vaccinations using the matrix and compare the data with the National Healthcare Safety Network.

- **Test:** Sample five residents for influenza, pneumococcal and COVID-19 immunization.
- **Interview:** Select eight staff, two vaccinated and six unvaccinated, to ensure their accuracy with the matrix. Three of the six unvaccinated should be without exemptions, one have received a religious exemption, one should have received medical exemption, and one should be a CDC-recommended delay in vaccination. The sample size will not change if a member of a category does not exist.

If your facility has any questions about the new information for the CMS's vaccination mandate, please contact any member of the [Barley Snyder Employment Practice Group](#), [Health Care Industry Group](#) or [Senior Living Industry Group](#).

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WRITTEN BY:



Jennifer Craighead Carey

Managing Partner

Tel: (717) 399-1523

Email: jcraighead@barley.com



Caleb P. Setlock

Associate

Tel: (717) 399-1567

Email: csetlock@barley.com