

Vaccine Mandate Policies, Procedures and Surveys

With Steps for Practically Implementing Compliance

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Louisiana Rural Health Association

491.8(d): Condition for Certification



Louisiana Timeline



February 14, 2022-A facility that provides written evidence that 80% or more of its staff are vaccinated or have a qualified exemption and has a plan to achieve a 100% staff vaccination rate by April 14, 2022, would not be subject to additional enforcement action

March 15, 2022- A facility that provides written evidence that 90% or more of its staff are vaccinated or have a qualified exemption and has a plan to achieve a 100% staff vaccination rate by April 14, 2022 would not be subject to additional enforcement action.

April 14, 2022 – Effective April 14, 2022, and thereafter following issuance of the memorandum, facilities failing to maintain compliance with the 100% standard may be subject to enforcement action.

Policies and Procedures



The clinic's COVID vaccination policies and procedures **apply to** the following clinic staff who provide any care, treatment, or other services for the clinic and/or its patients: (491.8(d)(1))

- RHC employees (491.8(d)(1)(i))

- Licensed practitioners (491.8(d)(1)(ii))

- Students, trainees, and volunteers and (491.8(d)(1)(iii))

- Individuals who provide care, treatment, or other services for the clinic and/or its patients under contract or by other arrangement. (491.8(d)(1)(iv))

The RHC COVID vaccination policies and procedures **do not apply to** the following clinic staff: (491.8(d)(2))

- Staff who exclusively provide telehealth or telemedicine services outside of the clinic setting and do not have any direct contact with patients or provide any care, treatment, or other services in the clinic. (491.8(d)(2)(i))

- Staff who provide support services for the clinic that are performed exclusively outside the clinic and who do not have any direct contact with patients with other staff of the clinic. (491.8(d)(2)(ii))

Policies and Procedures



The RHC COVID vaccination policies and procedures **must include**, at a minimum (491.8(d)(3))

- a. A process that ensures all staff have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the clinic or center and/or its patients. (Cite 491.8(d)(3)(i) if the clinic does not have a process) (Cite 491.8(d)(3)(ii) if all staff are not vaccinated)

***Note: Except for those staff who have pending requests for, or who have been granted exemptions to the vaccination requirements or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations.**

Tracking



- For following nationally recognized infection, prevention and control guidelines intended to mitigate the transmission and spread of COVID-19, including the implementation of additional precautions for all staff who are not fully vaccinated for COVID-19.
- Tracking and securely documenting the COVID-19 vaccination status for all staff.
- For tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC.

Tracking Medical Exemptions



- Process for tracking and securely documenting exemption information
 - Medical exemptions, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption
 - Specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognize clinical reasons for the contraindications
 - A statement by the authenticating practitioner recommending that the staff member be exempted from the clinic's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications.

Delayed Vaccination



A process:

- For ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19 and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment
- Contingency plans for staff who are not fully vaccinated for COVID-19. (491.8(d)(3)(x))

***Note: The term staff in refers to RHC employees, licensed practitioners, students, trainees, volunteers, individuals who provide care, treatment, or other services for the clinic and/or its patients under contract or by other arrangement.**

By February 14, 2022



Compliant:

- Policies and procedures are developed and implemented for ensuring all facility staff are vaccinated **and** 100% of staff have received at least one dose of COVID-19 vaccine or have a pending request for, or have been granted a qualifying exemption, or are identified as having a temporary delay as recommended by the CDC, the **facility is compliant under the rule;**

OR

Non-compliant:

- Less than 100% of all staff have received at least one dose of COVID-19 vaccine, or have a pending request for, or have been granted a qualifying exemption, or are identified as having a temporary delay as recommended by the CDC, the facility is non-compliant under the rule.
- The facility will receive notice of their non-compliance with the 100% standard. **A facility that is above 80% and has a plan to achieve a 100% staff vaccination rate within 60 days of February 14, 2022 would not be subject to additional enforcement action.**
- Facilities that do not meet these parameters could be subject to additional enforcement actions depending on the severity of the deficiency and the type of facility (e.g., plans of correction and termination.).

By March 15, 2022



Compliant:

- Policies and procedures are developed and implemented for ensuring all facility staff, regardless of clinical responsibility or resident contact are vaccinated for COVID-19, including all required components of the policies and procedures specified below (e.g., related to tracking staff vaccinations, documenting medical and religious exemptions, etc.); **and**
- 100% of staff have received the necessary doses to complete the vaccine series (i.e., one dose of a single-dose vaccine or all doses of a multiple vaccine series) or have been granted a qualifying exemption, or are identified as having a temporary delay as recommended by the CDC, the facility is compliant under the rule; or

Non-Compliant:

- Less than 100% of all staff have received at least one dose of COVID-19 vaccine, or have a pending request for, or have been granted a qualifying exemption, or are identified as having a temporary delay as recommended by the CDC, the facility is non-compliant under the rule.
- The facility will receive notice of their non-compliance with the 100% standard. A facility that is above 90% and has a plan to achieve a 100% staff vaccination rate within 30 days of March 15 ,2022 would not be subject to additional enforcement action.

April 14, 2022



By APRIL 14 ,2022 facilities failing to maintain compliance with the 100% standard may be subject to enforcement action.

Within 90 days and thereafter following issuance of the memorandum, facilities failing to maintain compliance with the 100% standard may be subject to enforcement action.

*Note: The requirements described above do not include the 14-day waiting period as identified by CDC for full vaccination. Rather these requirements are considered met with the completed vaccine series (i.e., one dose of a single dose vaccine, or final dose of a multi-dose vaccine series).

Checklist for Compliance

- Policies

Implementation Date: FEBRUARY 14,2022

Must have a process for ensuring all staff have received at least a single-dose, or the first dose of a multi-dose COVID-19 vaccine series prior to providing any care, treatment, or other services for the facility and/or its patients

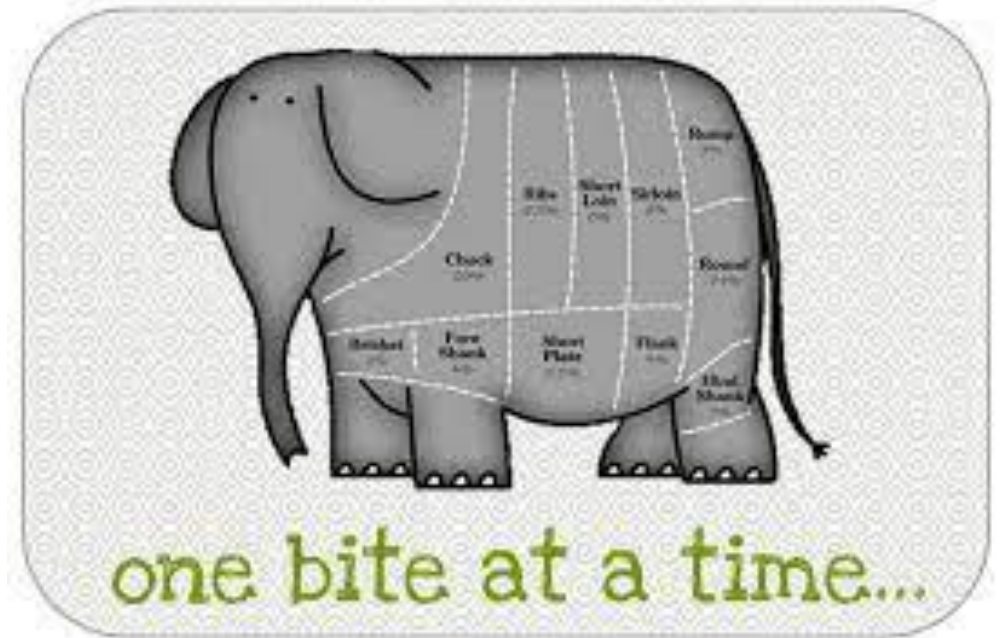
Must also ensure those staff who are not yet fully vaccinated, or who have been granted an exemption or accommodation as authorized by law, or who have a temporary delay, adhere to additional precautions that are intended to mitigate the spread of COVID-19.

***Note: Actions or job modifications a facility can implement to meet this interim requirement include, but are not limited to:**

- Reassigning staff to non-patient care areas, to duties that can be performed remotely.
- Requiring staff to follow additional, CDC-recommended precautions
- Requiring at least weekly testing for exempted staff,
- Requiring staff to use a NIOSH- approved N95 or equivalent or higher-level respirator

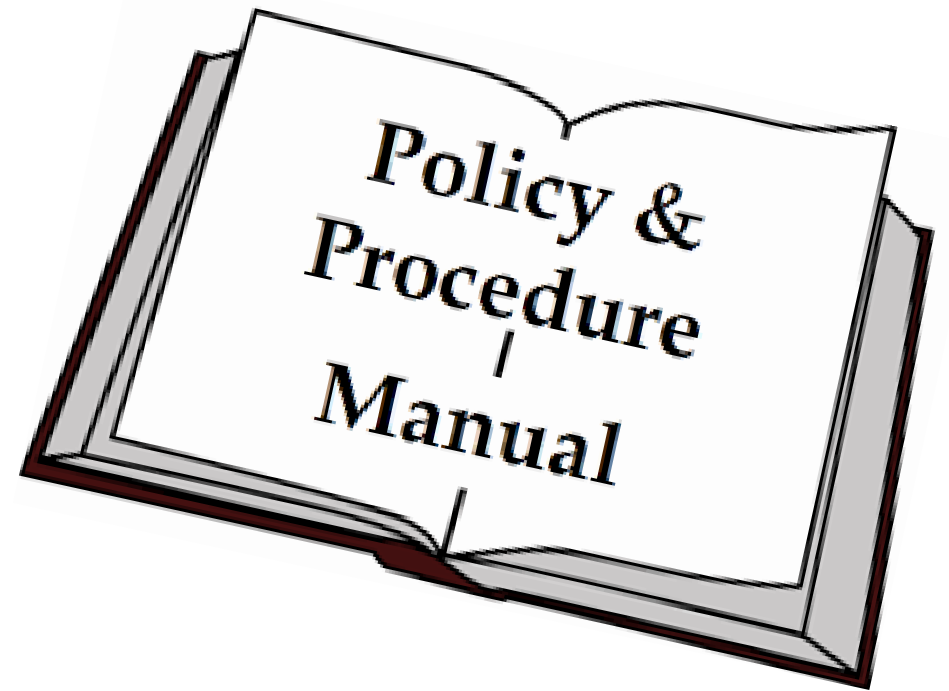
Before you develop your policies and
procedures

- Read it---really read it—for understanding and application.
- Underline or highlight key words, definitions and deadlines.
- Make notes on what requires a written policy? What requires a new process? What requires monitoring and tracking? What requires education? What requires documentation?
- Brainstorm on how this can be done in your RHC most efficiently and with minimum disruption to current processes. There will be some process changes, but seek to do what works for your clinic.



Read the regulation and the Attachment M guidance.

- Think about how your current policies are designed and organized. By survey tag or standard? By topic or category? In order of 42 CFR 491?
- The new policy could live under compliance, under staffing, under Human Resources, under infection control? Where will it fit best in your existing body of policies and procedure?
- Follow the same conventions for titling, number and referencing your existing policies?
- Be careful when downloading or sharing policies.



Determine where the new policies and procedures best fit?

Developing Vaccine Mandate Policies



**Remember Less is
MORE.**

- Less is more. Too much is dangerous. Enough is enough!
- Don't make your policy and procedures stricter than the regulation or the guidance.
- Longer policies are not better policies.
- Go back to your notes and make an outline of what is necessary for a compliant policy. Policies are the broad applications which mandate compliance.
- Don't reinvent the wheel. If you already have existing hiring or screening processes which can be expanded to include COVID vaccines, expand those processes or procedures. How do you currently track TB, Flu or Heb B immunizations ?
- How can you add this mandate to other processes for education or accommodation?



Crossroads Clinic

COVID-19 Vaccination Policy

J Tag References:
J-0110,
§ References: 491.8(D)

Policy Type: Human Resources
and Employment

Policy Number: 411.0

Effective and Revision Date(s): 12/2/2021

Policy Purpose: The purpose of this policy is to outline the policy and procedures related to the vaccination mandate required by CMS as found in 42 CFR 491.8(d).

Policy Statement: It is the intention of the clinic to remain in regulatory compliance as a Rural Health Clinic in respect to federal, state, and local laws which apply to the conditions of certification. More specifically, it is the intention of the clinic to adhere to the guidance in **Attachment M of QSO-22-07-ALL** and other guidance issues by the Center for Medicare and Medicaid Services (CMS) which requires all RHC staff are fully vaccinated for COVID-19. The clinic is identified as Crossroads Clinic.

NARHC Sample Policy

<https://www.narhc.org/Document.asp?DocID=11019>

Sample COVID-19 Vaccination Policy and Procedures

Effective Date:

The template and information in this document is intended to support Rural Health Clinics in developing Policy and Procedure in response to the Medicare and Medicaid Programs; Omnibus COVID-19 Health Care Staff Vaccination Interim Final Rule (November 5, 2021). This P&P section should be incorporated into each RHC's existing P&P per the Staffing and Staff Responsibilities section at 42 CFR 491.8(d) utilizing their existing numerical system. This template does not constitute legal advice.

This serves as one template for developing your P&P. Ultimately, it must address, at a minimum, all components included at 42 CFR 491.8(d)(3).

With any questions please contact Nathan Baugh, NARHC Director of Government Affairs at Nathan.Baugh@narhc.org or Sarah Hohman, NARHC Deputy Director of Government Affairs at Sarah.Hohman@narhc.org.

I. Purpose

{RHC/Organization Name} seeks to create and maintain a safe environment within its clinic and community and is committed to high standards and compliance with all applicable laws and regulations.

Checklist for Compliance

- Tracking

Track and securely document the following:

- Each staff member's vaccination status (this should include the specific vaccine received, and the dates of each dose received, or the date of the next scheduled dose for a multi- dose vaccine);
- Any staff member who has obtained any booster doses (this should include the specific vaccine booster received and the date of the administration of the booster);
- Staff who have been granted an exemption from vaccination (this should include the type of exemption and supporting documentation); requirements by the RHC/FQHC; and
- Staff for whom COVID-19 vaccination must be temporarily delayed and should track when the identified staff can safely resume their vaccination.
- Facilities have the flexibility to use the tracking tools of their choice; however, they must provide evidence of this tracking for surveyor review.
- Additionally, facilities tracking mechanism should clearly identify each staff's role, assigned work area, and how they interact with patients. This includes staff who are contracted, volunteers, or students.

- What will you need to ensure that vaccine status is verified prior to employment?
- What will you need to track vaccine records and upcoming doses or boosters?
- How will you document employee training and education?
- How will you push out the new policies and procedures for review?
- How will you calculate the % of compliance at each milestone?



Decide what tools you need to help get it done

The image displays a collage of various healthcare-related forms and documents, primarily centered around COVID-19 vaccination policies and compliance.

Central Document: COVID-19 Vaccination Policy (Crossroads Clinic)

- Policy Number:** 411.0
- Policy Type:** Human Resources and Employment
- J Tag References:** J-0110, § References: 491.8(D)
- Effective and Revision Date(s):** 12/2/2021
- Policy Purpose:** The purpose of this policy is to outline the policy and procedures related to the vaccination mandate required by CMS as found in 42 CFR 491.8(d).
- Policy Statement:** It is the intention of the clinic to remain in regulatory compliance as a Rural Health Clinic in respect to federal, state, and local laws which apply to the conditions of certification. More specifically, it is the intention of the clinic to adhere to the guidance in **Attachment M of QSO-22-07-ALL** and other guidance issues by the Center for Medicare and Medicaid Services (CMS) which requires all RHC staff are fully vaccinated for COVID-19. The clinic is identified as Crossroads Clinic.

Other Visible Documents:

- Vaccine Mandate: Worksheet to calculate phase-in compliance** (Includes fields for Grace Period, Less Grace Period, and No Grace Period calculations for staff counts).
- Contractor COVID Vaccination Tracking Log** (Table with columns for NAME, Position/Role, Hire Date, Date 1st Dose Mfg, Date 2nd Dose Mfg, Date Booster Mfg, Exemption Y/N/Type/Date, and 100% Remote Y/N).
- Program Evaluation** (Form with sections for Introduction (1), Administrative (2), Quality (4), and Financial (1)).
- Financial** (Form with sections for Policy: 600, Evidence (4), and Crossroads_600-A_Patient).
- Blood Borne Pathogens: Exposure Control** (Policy: 220).
- Infection Control** (Policy: 230).
- Organizational Chart Structure** (Policy: 120).
- House** (Form with sections for Crossroads_410-B_Background Check and Consent).

RHC Employee/Contractor COVID Vaccination Tracking Log

NAME	Position/Role	Hire Date	Date 1 st Dose Mfg	Date 2 nd Dose Mfg	Date Booster Mfg	Exemption Y/N/Type/Date	100% Remote Y/N

Vaccine Mandate: Worksheet to calculate phase-in compliance

	Grace Period	Less Grace Period	No Grace Period
Total number of staff (employed and contracted)	a.) <input type="text"/>	a.) <input type="text"/>	a.) <input type="text"/>
Number of totally remote staff	b.) <input type="text"/>	b.) <input type="text"/>	b.) <input type="text"/>
Total number of staff in clinic	a. minus b. c.) <input type="text"/>	c.) <input type="text"/>	c.) <input type="text"/>
Number of staff that meet the vaccine threshold*	d.) <input type="text"/> as of 1/27/22	d.) <input type="text"/> as of 2/28/22	d.) <input type="text"/> as of 3/28/22
Number of staff with valid Religious exemption	e.) <input type="text"/> as of 1/27/22	e.) <input type="text"/> as of 2/28/22	e.) <input type="text"/> as of 3/28/22
Number of staff with valid Medical exemption	f.) <input type="text"/> as of 1/27/22	f.) <input type="text"/> as of 2/28/22	f.) <input type="text"/> as of 3/28/22
Number of staff granted temporary delay as recommended by the CDC	g.) <input type="text"/> as of 1/27/22	g.) <input type="text"/> as of 2/28/22	g.) <input type="text"/> as of 3/28/22
Sum of d. thru g.	h.) <input type="text"/>	h.) <input type="text"/>	h.) <input type="text"/>
Divide h. by c.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	This needs to be 80% or higher	This needs to be 90% or higher	This needs to be 100%

Checklist for Compliance

- Contract or Off-site Staff

Facilities that employ or contract staff who telework full-time should identify these individuals as a part of implementing the facility's policies and procedures, but those individuals are not subject to the vaccination requirements.

- Medical and Non-Medical Exemptions

Vaccination exemption process should clearly identify how an exemption is requested, and to whom the request must be made. Collect and evaluate then include the tracking and secure documentation of information provided by those staff who have requested exemption, the facility's determination of the request, and any accommodations that are granted.

***Note: Staff who are unable to furnish proper exemption documentation must be vaccinated or the facility must follow the actions for unvaccinated staff.**

Checklist for Compliance

- Medical Exemptions

Certain allergies or recognized medical conditions may provide grounds for an exemption.

Reference: <https://www.cdc.gov/vaccines/covid-19/downloads/summary-interim-clinical-considerations.pdf>

CDC considers a history of a severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine, or an immediate allergic reaction of any severity to a previous dose or known(diagnosed) allergy to be a contraindication.

Medical exemption documentation **must specify which authorized or licensed COVID-19 vaccine is clinically contraindicated** and the recognized clinical reasons for the contraindication. The documentation **must also include a statement recommending that the staff member be exempted.**

***Note: The individual who signs the exemption documentation cannot be the same individual requesting the exemption.**

The clinic must track and secure documentation of the vaccine status of staff whose vaccine is temporarily delayed.

CDC recommends a temporary delay in administering the COVID-19 vaccination due to clinical precautions and considerations such as individuals with acute illness secondary to COVID-19 illness, and individuals who received monoclonal antibodies, or convalescent plasma for COVID-19 treatment.

Checklist for Compliance

- Non-Medical Exemptions

Requests for non-medical exemptions, such as a religious exemption in accordance with Title VII, must be documented and evaluated in accordance with your clinic's policies and procedures.

Reference: <https://www.eeoc.gov/laws/guidance/section-12-religious-discrimination>

***Note: Surveyors will not evaluate the details of the request for a religious exemption, nor the rationale for the RHC/FQHC's acceptance or denial of the request. Rather, surveyors will review to ensure the RHC/FQHC has an effective process for staff to request a religious exemption for a sincerely held religious belief.**

Checklist for Compliance

- Accommodations for Unvaccinated Staff with Qualifying Exemption

While accommodations could be appropriate under certain limited circumstances, **no accommodation should be provided to staff that is not legally required**. For individual staff members that have valid reasons for exemption, facility can address those individually. An example of an accommodation for an unvaccinated employee with a qualifying exemption could include mandatory routine COVID-19 testing in accordance with OSHA and CDC guidelines, physical distancing from co-workers and patients, re-assignment or modification of duties, teleworking, or a combination of these actions. Accommodations can be addressed in the clinic's policies and procedures.

Staff who have been granted an exemption to COVID-19 vaccination requirements should adhere to national infection prevention and control standards for unvaccinated health care personnel. For additional information see CDC's Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic webpage.

Checklist for Compliance

- Contingency Plan

For staff that are not fully vaccinated, the RHC/FQHC must develop contingency plans for staff who have not completed the primary vaccination series for COVID-19.

Contingency plans should include actions that the facility would take when staff have indicated that they will not get vaccinated and do not qualify for an exemption, but contingency plans should also address staff who are not fully vaccinated due to an exemption or temporary delay in vaccination, such as through the additional precautions.

Facilities should prioritize contingency plans for those staff that have obtained no doses of any vaccine over staff that have received a single dose of a multi-dose vaccine. For example, contingency plans could include a deadline for staff to have obtained their first dose of a multiple-dose vaccine.

The plans should also indicate the actions the RHC/FQHC will take if the deadline is not met, such as actively seeking replacement staff through advertising or obtaining temporary vaccinated staff until permanent vaccinated replacements can be found.

Infrequent Service Providers



All RHCs/FQHCs achieve a 100% vaccination rate for their staff through the development of a policy to address vaccination applicable to all staff who provide any care, treatment, or other services for the RHC/FQHC and/or its patients.

However, there may be many infrequent services and tasks performed in or for a RHC/FQHC that is conducted by “one-off” vendors, volunteers, and professionals. RHCs/FQHCs are not required to ensure the vaccination of individuals who very infrequently provide ad hoc non-healthcare services (such as annual elevator inspection), services that are performed exclusively off-site, not at or adjacent to any site of patient care (such as accounting services), but they may choose to extend COVID-19 vaccination requirements to them if feasible.

RHCs/FQHCs should consider the frequency of presence, services provided, and proximity to patients and staff.

Exemption Requests and Approvals

NARHC EXEMPTION FORMS

COVID-19 Vaccination Medical Exemption Request

[INSERT LOGO/NAME OF CLINIC]

To be Completed by the Employee's Medical Provider

Employee Name: _____

Date of Request: _____

Medical Certification for COVID-19 Vaccine Exemption

Dear Medical Provider:

[NAME OF CLINIC] requires its employees to be fully vaccinated against COVID-19 pursuant to 42 CFR 491.8(d). The individual named above is seeking a medical exemption to the requirement for vaccination or a delay because of a temporary condition or medical circumstance. Please provide information to assist the clinic in its reasonable accommodation process. If you have any concerns about completing this form, please contact [NAME OF CLINIC]'s [TITLE] at [PHONE OR EMAIL].

Please provide at least the following information, where applicable:

☐ This patient has had a life-threatening allergic reaction after a dose of COVID-19 vaccine. Describe reaction and manufacturer of vaccine: _____

☐ This patient has had a life-threatening allergic reaction to COVID-19 vaccine. Describe reaction and ingredient: _____

☐ For other documented reasons, this patient should not receive COVID-19 vaccine. Explain reasoning: _____

COVID-19 Vaccination Religious Exemption Request

[INSERT LOGO/NAME OF CLINIC]

Employee Name: _____

The Centers for Medicare and Medicaid (CMS) requires all Rural Health Clinic (RHC) employees, as defined in 42 CFR 491.8(d), be fully vaccinated against COVID-19, with exemptions only as required by law. Employees that have a religious objection to the COVID-19 vaccination requirement may apply for an exemption and comply with alternative health and safety protocols. The clinic is committed to respecting the important legal protections for religious liberty.

In order to request a religious exemption, please fill out this form. The purpose of this form is to start the accommodation process and help the clinic determine whether you may be eligible for a religious exemption. You do not need to answer every question on the form to be considered for a religious exemption, but we encourage you to provide as much information as possible to enable the clinic to evaluate your request. Where there is an objective basis to do so, the clinic may ask you for additional information as needed to determine if you are legally entitled to an exemption. Objections to COVID-19 vaccinations that are based on non-religious reasons, including personal preferences or non-religious concerns about the vaccine, do not qualify for a religious exemption.

The clinic may consider several factors in assessing whether a request for an exemption is based on a sincerely held religious belief, including whether the employee has acted in a manner inconsistent with their professed belief. But no one factor is determinative. An individual's beliefs- or degree of adherence – may change over time, and therefore, an employee's newly adopted or inconsistently observed practices may nevertheless be based on a sincerely held religious belief. All requests for a religious exemption will be evaluated on an individual basis.

Please describe the nature of your objection to the COVID-19 vaccination requirement.

Would complying with the COVID-19 vaccination requirement substantially interfere with your religious beliefs?

Processing An Exemption Request

I declare to the best of my knowledge and ability that the information I have provided is true and correct. In addition, I understand:

- I must follow the “COVID-19 Vaccination” policy, which includes proper hand hygiene, practicing social distancing, and adhering to testing requirements as appropriate.
- I acknowledge that my request for a medical exemption is based on a contraindication or medical circumstance.
- I acknowledge the COVID-19 vaccine is offered at no charge.

Print Name Signature Date

Employer Only							
Approved:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Date:	<input type="text"/>	Employee Notified: [DATE]
Employer Signature:	<input type="text"/>						<input type="text"/>

The exemption form requires both the signature of the employee who is requesting the exemption AND the signature of the employer’s representative that has approved or denied the request. The request itself does not automatically ensure the exemption. The employer must ACT on the request. Your process for handling the request will be in your policy.

EEOC Sample Religious Exemption Form

RELIGIOUS ACCOMMODATION REQUEST FORM

Applicant's or Employee's Name: _____ Date of Request: _____

Email Address: _____ Telephone Number: _____

Employee's Position: _____ Duty Location: _____

- 1) Please identify the EEOC requirement, policy, or practice that conflicts with your sincerely held religious observance, practice, or belief (hereinafter "religious beliefs").

<https://www.eeoc.gov/sites/default/files/2021-10/EEOC%20Religious%20Accommodation%20Request%20Form%20-%20for%20web.pdf>

<https://www.narhc.org/News/29168/CMS-Vaccine-Mandate-Rules-Released>

NARHC Sample Exemption Forms

[INSERT LOGO/NAME OF CLINIC]

COVID-19 Vaccination Medical Exemption Request

To be Completed by the Employee's Medical Provider

Employee Name: _____ Date of Request: _____

Medical Certification for COVID-19 Vaccine Exemption

Dear Medical Provider:

[NAME OF CLINIC] requires its employees to be fully vaccinated against COVID-19 pursuant to 42 CFR 491.8(d). The individual named above is seeking a medical exemption to the requirement for COVID-19 vaccination or a delay because of a temporary condition or medical circumstance. Please complete this form to assist the clinic in its reasonable accommodation process. If you have any questions about completing this form, please contact [NAME OF CLINIC]'s [TITLE] at [PHONE OR EMAIL].

[INSERT LOGO/NAME OF CLINIC]

COVID-19 Vaccination Religious Exemption Request

Employee Name: _____

The Centers for Medicare and Medicaid (CMS) requires all Rural Health Clinic (RHC) employees, as defined in 42 CFR 491.8(d), be fully vaccinated against COVID-19, with exemptions only as required by law. Employees that have a religious objection to the COVID-19 vaccination requirement may apply for an exemption and comply with alternative health and safety protocols. The clinic is committed to respecting the important legal protections for religious liberty.

In order to request a religious exemption, please fill out this form. The purpose of this form is to start the accommodation process and help the clinic determine whether you may be eligible for a religious exemption. You do not need to answer every question on the form to be considered for a religious exemption, but we encourage you to provide as much information as possible to enable the clinic to evaluate your request. Where there is an objective basis to do so, the clinic may ask you for additional information as needed to determine if you are legally entitled to an exemption. Objections to COVID-19 vaccinations that are based on non-religious reasons, including personal preferences or non-religious concerns about the vaccine, do not qualify for a religious exemption.

Survey Procedure



- Surveyors will select a sample of staff based on current staff sample selection guidelines. Surveyors should also examine the documentation of each staff identified as unvaccinated due to medical contraindication. The sample should include (as applicable):
 - Direct care staff (vaccinated and unvaccinated)
 - Contracted staff
 - Direct care staff with an exemption
- For each individual identified by the RHC/FQHC as vaccinated, surveyors will: Review RHC/FQHC records to verify vaccination status. Examples of acceptable forms of proof of vaccination include:
 - CDC COVID-19 vaccination record card (or a legible photo of the card),
 - Documentation of vaccination from a health care provider or electronic health record, or
 - State immunization information system record.
- Conduct follow-up interviews with staff and administration if any discrepancies are identified. If applicable, determine if any additional doses were provided.

Survey Procedure



For those identified by the RHC as unvaccinated, surveyors will:

- Review RHC records
- Determine if they have been educated and offered vaccination
- Interview staff and ask if they plan to get vaccinated, if they have declined to get vaccinated or if they have a medical contraindication or religious exemption.
- Request to see employee record of the staff education of the RHC policy and procedure regarding unvaccinated individuals.
- Observe staff providing care to determine compliance with current standards of practice with infection control and prevention.

For those identified by the RHC/FQHC as unvaccinated due to a medical contraindication:

- Review and verify all required documentation.
- Signed and dated by physician or advanced practice provider
- States the specific vaccine that is contraindicated

The recognized clinical reason for the contraindication with a statement recommending exemption.

Making it all Happen



- Demonstrating compliance is as important as having a well-written policy.
- You have to practice what you preach. Words can be cheap if actions don't follow. What will you show the surveyor?
- How will you prove compliance with the percentage of vaccination?
- How will you record and track vaccination dates/due dates?
- How will you support education and training or policy review?
- How will you reflect new hiring practices in your personnel files?

Determine what survey evidence is needed.

LOUISIANA

RHC EMPLOYEE HR TRAINING AND FILE CHECKLIST ☐ Initial ☐ Annual

Employee Name: _____

Position/Role: _____ Hire Date: _____

✓	Initial or Annual Employee Training	Date	Comment/Initials
	Corporate Compliance, Fraud and Abuse Training		
	HIPAA Privacy and Security Training		
	Employee Rights/ Grievance Process		
	Patient Rights/Grievance Process		
	Standard Precautions/ Use of PPE/Location of PPE/Infection Control		
	Review of Job Description (signed)		
	Understands Chain of Command		
	RHC 101- Basic RHC Compliance		
	Orientation to phone system, office equipment, and security system		
	Employee Handbook (received and acknowledged)		
	IT protocols and log-in information		
	EPP Training (see EPP Checklist)		
	Location of Policies and Procedures		
	Other In-Service Education, as applicable		
✓	Employee HR File Contents	Date	Comment/Initials
	Employment Application, Resume or CV		
	I-9 Form & supporting documents (securely stored)		
	W-4 Federal Withholdings /State Payroll Forms		
	COVID-19 Vaccine Status/Copy of Card/Record		
	Hep B status or declination form		
	TB status for all direct patient care staff		
	Signed Job Description		
	Signed Standard of Conduct		

Smaller organizations may find a simple HR/Personnel File Checklist a helpful tool.

Larger organizations may already have HR software systems which can be customized to all COVID-19 requirements to the employment and employee health processes.

Vaccine Mandate: Worksheet to calculate phase-in compliance

	Grace Period	Less Grace Period	No Grace Period
Total number of staff (employed and contracted)	a.) <input type="text"/>	a.) <input type="text"/>	a.) <input type="text"/>
Number of totally remote staff	b.) <input type="text"/>	b.) <input type="text"/>	b.) <input type="text"/>
Total number of staff in clinic	a. minus b. c.) <input type="text"/>	c.) <input type="text"/>	c.) <input type="text"/>

A spreadsheet or worksheet can be used to make the calculation.

Tracking and Calculating Compliance

RHC Employee/Contractor COVID Vaccination Tracking Log

NAME	Position/Role	Hire Date	Date 1 st Dose Mfg	Date 2 nd Dose Mfg	Date Booster Mfg	Exemption Y/N/Type/Date	100% Remote Y/N

Vaccine Mandate: Worksheet to calculate phase-in compliance				Grace Period	Less Grace Period	No Grace Period			
Total number of staff (employed and contracted)	a.)	<input type="text"/>		a.)	<input type="text"/>	a.)	<input type="text"/>		
Number of totally remote staff	b.)	<input type="text"/>		b.)	<input type="text"/>	b.)	<input type="text"/>		
Total number of staff in clinic	a. minus b.	<input type="text"/>		c.)	<input type="text"/>	c.)	<input type="text"/>		
Number of staff that meet the vaccine threshold*	d.)	<input type="text"/>	as of 1/27/22	d.)	<input type="text"/>	as of 2/28/22	d.)	<input type="text"/>	as of 3/28/22
Number of staff with valid Religious exemption	e.)	<input type="text"/>	as of 1/27/22	e.)	<input type="text"/>	as of 2/28/22	e.)	<input type="text"/>	as of 3/28/22
Number of staff with valid Medical exemption	f.)	<input type="text"/>	as of 1/27/22	f.)	<input type="text"/>	as of 2/28/22	f.)	<input type="text"/>	as of 3/28/22
Number of staff granted temporary delay as recommended by the CDC	g.)	<input type="text"/>	as of 1/27/22	g.)	<input type="text"/>	as of 2/28/22	g.)	<input type="text"/>	as of 3/28/22
Sum of d. thru g.	h.)	<input type="text"/>		h.)	<input type="text"/>		h.)	<input type="text"/>	
Divide h. by c.		<input type="text"/>			<input type="text"/>			<input type="text"/>	
		This needs to be 80% or higher			This needs to be 90% or higher			This needs to be 100%	

*The threshold for 1/27/22 is only first dose of any approved vaccine while other dates have to be complete required doses of vaccine.

CDC Educational Resources

Factsheets

Providing educational resources to people will help them understand the importance of COVID-19 vaccination and answer many of their questions about vaccination. They may be printed on a standard office printer, or you may use a commercial printer.

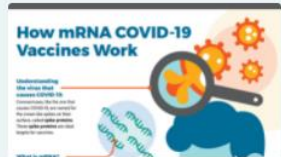
Factsheets



FACTSHEET

What to Expect after Getting a COVID-19 Vaccine

- [English](#) [92 KB, 1 page]
- [Other Languages](#)



FACTSHEET

How mRNA Vaccines Work

- [English](#) [175 KB, 1 page]
- [Other Languages](#)

COVID-19 Videos

[Print](#)

[Download video instructions for different browsers.](#)

conversations



Filter by Audience

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COVID-19 Vaccine Conversations

COVID-19 vaccines are new, and it's normal for people to have questions about them. Use these 5 tips to help have conversations with friends and family.

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/resource-center.html>

Crossroads Clinic
RHC Training

Education In-service and Training Log

On _____, the providers and staff of **Crossroads Clinic** participated in the following in-service training on **January 30, 2021**.

The following topics were addressed with the RHC providers, employees and staff:

COVID-19 Vaccine Education
New COVID-19 RHC Mandate Requirements
Review of Policy #411
Explanation of Exemption Request Process
Employee File Requirements
Training Requirements

Printed Name	Role or Position	Signature

This training agenda and log shall be retained as part of the RHC's educational training records. Retain copies of handouts or other documents distributed as part of the training.

Signature of individual conducting the training: _____

Document Staff Training on COVID- 19 and the Vaccine Mandate

Level of Deficiency



For instances of non-compliance identified through the survey process, the level of deficiency will be determined based on the following criteria:

From **30-60 days** following issuance of this memorandum, the expected minimum threshold for use in these determinations will be **80%**.

From **60-90 days** following issuance of this memorandum, the expected minimum threshold will be **90%**.

From **90 days on**, the expected minimum threshold will be **100%**.

Note: If the provider or supplier is a home health agency, hospice or skilled nursing facility, the facility could be subject to civil monetary penalties. This does not apply to Rural Health Clinics.

Levels of Deficiency



Immediate Jeopardy:

40% or more of staff remain unvaccinated creating a likelihood of serious harm OR

Did not meet the 100% staff vaccination rate standard; observations of noncompliant infection control practices by staff, (e.g., staff failed to properly don PPE) and 1 or more components of the policies and procedures were not developed or implemented.

Condition Level:

Did not meet the 100% staff vaccination rate standard; and

1 or more components of the policies and procedures were not developed and implemented OR,

21-39% of staff remain unvaccinated creating a likelihood of serious harm.

Standard Level:

100% of staff vaccinated, and all new staff have received at least one dose; and

1 or more components of the policies and procedures were not developed and implemented OR,

Did not meet the 100% staff vaccination rate standard of staff are not vaccinated but are making good faith efforts toward vaccine compliance.

Plan of Correction



To Qualify for Substantial Compliance and Clear the Citation:

The RHC/FQHC has met the requirement of staff **fully vaccinated** (either by staff obtaining additional doses or replacing unvaccinated staff with vaccinated staff).

OR

The combined number of staff that are vaccinated (have received a single dose of a vaccine or all of the doses in the multiple dose vaccine series or **have received at least one dose** of a multiple vaccine series) meet the requirement.

Staff that has received at least one dose must also have their second dose scheduled.

To Qualify for Substantial Compliance, but the Citation Remains at Standard Level:

- The RHC/FQHC has not met the requirement of staff vaccinated but **has provided evidence of the unvaccinated staff that have obtained their first dose, AND the remainder of the unvaccinated staff are scheduled for their first dose.**

Plan of Correction



Components of a Plan of Correction AND/OR Actions Required for IJ Removal

Plans of correction or **Immediate Jeopardy** removal plans for noncompliance should be reviewed to ensure they include the following:

- Correcting any gaps in the facility's policies and procedures.

- Implementation of the facility's contingency plan, that should include a deadline for each unvaccinated staff to have received their first dose of a vaccine.

- Implementation of additional precautions to mitigate the spread of COVID-19 by unvaccinated staff.



Thank you for all that you do!

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