



COVID-19 Vaccine Mandate Office Hours

Friday February 24, 2022



THE NACHC MISSION

America's Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.



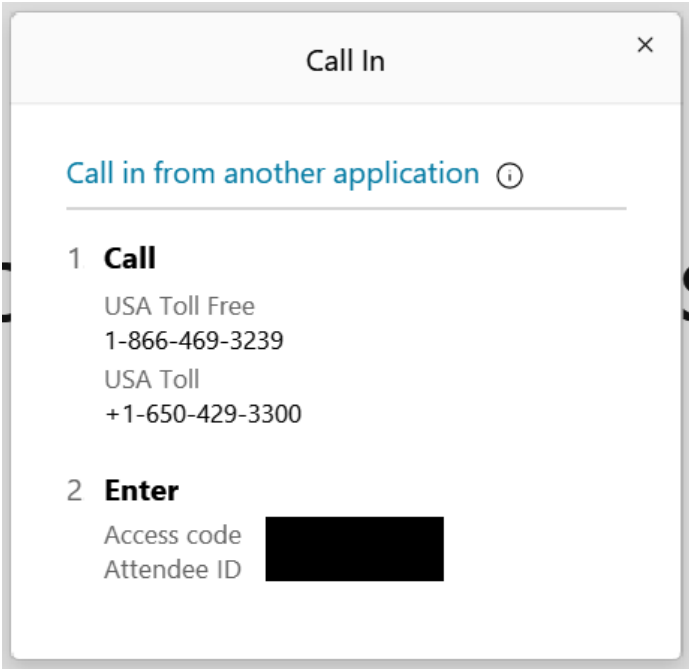
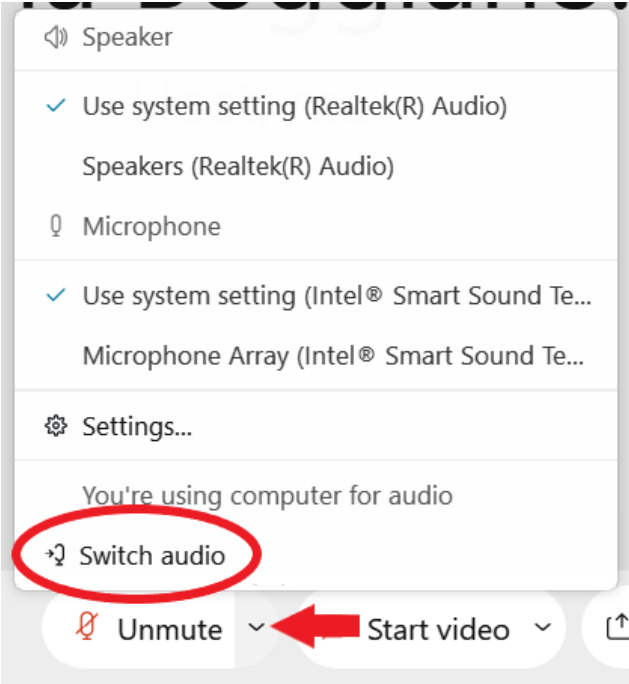
Welcome! Housekeeping

- Today's meeting is being recorded
- The recording and additional resources will be made available to all registrants.
- A copy of the slides will be sent from trainings@nachc.org after the event.
- After the webinar, you will be directed to an evaluation for this event. We value your feedback and encourage you to complete this short survey!

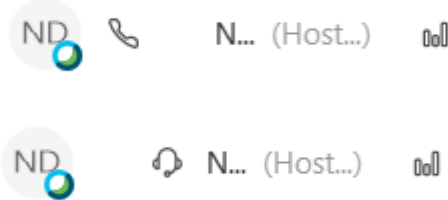
AUDIO CONNECTIONS

Having issues? Try calling in

Go to “Audio and Video” or click the arrow next to your unmute button and select “Switch audio” Follow the unique instructions on your screen.

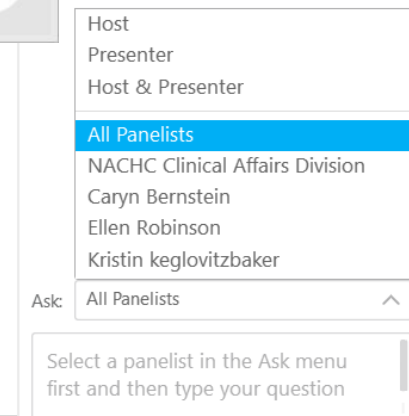
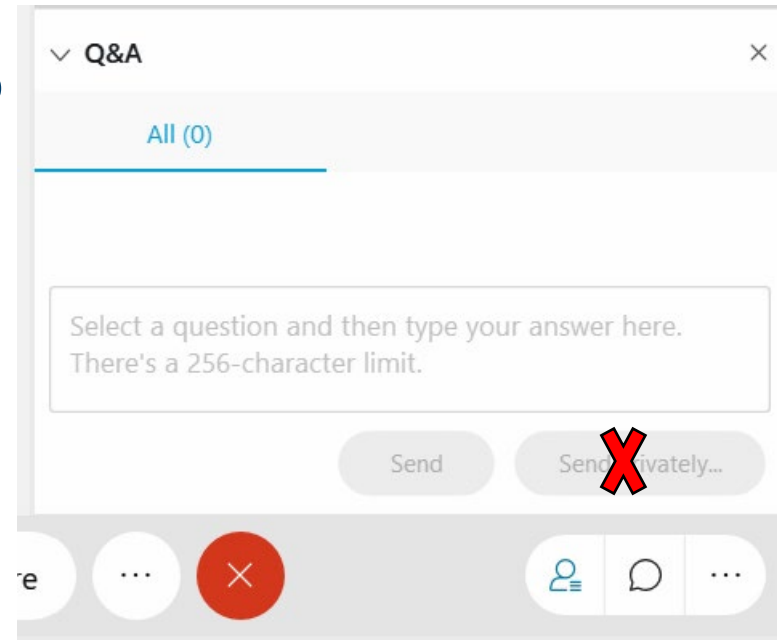


After connecting, if you don't see a phone/headset icon next to your name, please attempt to connect your audio again!



ASKING QUESTIONS VIA Q&A BOX

1. **The Q&A Box feature** is available to ask questions or make comments anytime.
2. **Click the Q&A Box button** at the bottom of the WebEx window to open the Q&A box on the bottom righthand side of the window.
3. **Select ASK ALL PANELISTS**
4. **Type your question and Click “SEND”**
- Do not click “send privately”



Overview

Phase 2 Deadlines and Implementation

New NACHC Resources

The Primary Health Network Presentation

Waco Family Medicine Presentation

Q&A

Group 1

California

Colorado

Connecticut

Delaware

Florida

Hawaii

Illinois

Maine

Maryland

Massachusetts

Michigan

Minnesota

Nevada

New Jersey

New Mexico

New York

North Carolina

Oregon

Pennsylvania

Rhode Island

Tennessee

Vermont

Virginia

Washington

Wisconsin

Group 1 Compliance Timeline

- Guidance released on [December 28, 2021](#)
- **Phase 1 Deadline: January 27, 2022**
 - 100% of staff receive the first dose of a COVID-19 vaccine or request a qualifying exemption; **and**
 - Facilities required to have appropriate policies and procedures developed and implemented
 - A facility that is above 80% **and** has a *plan* to achieve a 100% staff vaccination rate within 30 days (by February 28, 2022) **would not** be subject to additional enforcement action.
- **Phase 2 Deadline: February 28, 2022**
 - 100% of staff must have completed a primary vaccination series for COVID-19 or granted religious/medical exemptions; **and**
 - Facilities required to have appropriate policies and procedures developed and implemented, including a **contingency plan** for unvaccinated staff
 - A facility that is above 90% **and** has a *plan* to achieve a 100% staff vaccination rate within 30 days (March 30, 2022) **would not** be subject to additional enforcement action.

By March 28, 2022, facilities failing to maintain compliance with the 100% standard may be subject to enforcement action.

Group 2 (appealed to Supreme Court)

Alabama

Kentucky

New Hampshire

Wyoming

Alaska

Kansas

North Dakota

Arizona

Kentucky

Ohio

Arkansas

Louisiana

Oklahoma

Georgia

Mississippi

South Carolina

Idaho

Missouri

South Dakota

Indiana

Montana

Utah

Iowa

Nebraska

West Virginia

Group 2 Compliance Timeline

- Guidance released on [January 14, 2022](#)
- **Phase 1 Deadline: February 14, 2022**
 - 100% of staff receive the first dose of a COVID-19 vaccine or request a qualifying exemption; **and**
 - Facilities required to have appropriate policies and procedures developed and implemented
 - A facility that is above 80% **and** has a *plan* to achieve a 100% staff vaccination rate within 30 days (by March 15, 2022) **would not** be subject to additional enforcement action.
- **Phase 2 Deadline: March 15, 2022**
 - 100% of staff must have completed a primary vaccination series for COVID-19 or granted religious/medical exemptions; **and**
 - Facilities required to have appropriate policies and procedures developed and implemented, including a **contingency plan** for unvaccinated staff
 - A facility that is above 90% **and** has a *plan* to achieve a 100% staff vaccination rate within 30 days (April 14, 2022) **would not** be subject to additional enforcement action.

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

Texas Compliance Timeline

- Guidance released on [January 20, 2022](#)
- **Phase 1 Deadline: February 22, 2022**
 - 100% of staff receive the first dose of a COVID-19 vaccine or request a qualifying exemption; **and**
 - Facilities required to have appropriate policies and procedures developed and implemented
 - A facility that is above 80% **and** has a *plan* to achieve a 100% staff vaccination rate within 30 days (by March 21, 2022) **would not** be subject to additional enforcement action.
- **Phase 2 Deadline: March 21, 2022**
 - 100% of staff must have completed a primary vaccination series for COVID-19 or granted religious/medical exemptions; **and**
 - Facilities required to have appropriate policies and procedures developed and implemented, including a **contingency plan** for unvaccinated staff
 - A facility that is above 90% **and** has a *plan* to achieve a 100% staff vaccination rate within 30 days (April 21, 2022) **would not** be subject to additional enforcement action.

By April 21, 2022, facilities failing to maintain compliance with the 100% standard may be subject to enforcement action.

Required Policies and Procedures

Under the CMS IFR, all facilities must have policies:

- ✓ Ensuring all staff complete the required vaccination series **prior** to staff providing any care, treatment, or other services for the clinic or center and/or its patients
- ✓ Reflecting the nationally recognized infection prevention and control guidelines
- ✓ Creating additional precautions for staff not fully vaccinated
- ✓ Allowing staff to request vaccination exemption based on medical, religious, or temporarily delays
- ✓ For verifying documentation provided for medication exemptions
- ✓ Creating a contingency plan for staff who are not fully vaccinated

Documentation Requirements

Under the CMS IFR, all facilities must track and securely document:

- ✓ 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 multidose vaccine)
- ✓ The percentage of unvaccinated staff, excluding those staff that have approved exemptions
- ✓ 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)
- ✓ Staff for whom COVID-19 vaccination must be temporarily delayed and should track when the identified staff can safely resume their vaccination.

Contingency Plan

- The health center must develop contingency plans for staff who have not completed the primary vaccination series for COVID-19. This includes staff who:
 - Have indicated they will not get vaccinated **and** do not qualify for an exemption.
 - Are not fully vaccinated due to an **exemption** or **temporary delay** in vaccination.
- Health centers 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.
- Contingency plans should include:
 - Deadlines for unvaccinated staff to have receive the required dose(s) of the COVID-19 vaccine
 - Educational outreach for unvaccinated staff
 - Actions taken by the health center if the deadlines are not met
- If staff do not meet the deadlines, health centers could consider seeking replacement staff through advertising or obtaining temporary vaccinated staff until permanent vaccinated replacements can be found.

Recommended Accommodations

This includes staff who are not yet fully vaccinated, or who have been granted an exemption or accommodation, or who have a temporary delay:

- ✓ Reassign staff to non-patient care areas, telework, or duties which limit exposure to those most at risk
- ✓ Requiring unvaccinated staff to adhere to universal source control and social distancing in areas restricted from patient access (staff meeting rooms, kitchen)
- ✓ Requiring at least weekly testing
- ✓ Requiring staff to use a N95 or equivalent
- ✓ Consult with your local health department requirements

Religious and Medical Exemptions

- Under the CMS IFR, health centers **must** have an effective process for staff to request an exemption for medical conditions or sincerely held religious beliefs.
- Covered under the Americans with Disabilities Act and Title VII of the Civil Rights Act of 1964.
- This process **should** include:
 - How to request an exemption and to whom should it be submitted
 - Collecting and evaluating such requests
 - Must track and document:
 - Staff that have requested
 - The facility determination of the requests
 - Any accommodations granted
- Staff who are unable to furnish proper exemption documentation must be vaccinated or the facility must follow the actions for unvaccinated staff.
- Surveyors will **not evaluate the details of the request** for religious exemption nor the **rationale** for the health center's acceptance or denial of the request.
- Rather, surveyors will review to ensure the health center has an **effective process** for staff to request a religious exemption for a sincerely held religious belief.
- Review NACHC's Vaccine Mandate Operational [Resource Guide](#) for sample P&Ps.

New Operational Guide

A new checklist to help health centers collect the proper documentation and develop compliant policies and procedures.

VACCINATE with CONFIDENCE

TIPS TO IMPLEMENT EMPLOYEE VACCINE MANDATES AT COMMUNITY HEALTH CENTERS

All Health Centers Must Have Policies:

- To ensure all staff complete the required vaccination series prior to staff providing any care, treatment, or other services for the clinic or center and/or its patients;
- To include nationally recognized infection prevent and control guidelines
- Creating additional precautions for staff not fully vaccinated
- For staff to request vaccination exemption based on medical, religious, or temporarily delays
- For verifying documentation provided for medication exemption
- Creating a contingency plan for staff who are not fully vaccinated

New Board Member FAQs

A new resource is available that addresses Frequently Asked Questions (FAQs) about the implications of the CMS Omnibus COVID-19 Staff Vaccination Interim Final Rule (CMS IFR) for health center boards and board members.

10 FAQs

ABOUT HEALTH CENTER BOARDS & THE CMS OMNIBUS COVID-19 STAFF VACCINATION INTERIM FINAL RULE

On November 4, 2021, the Centers for Medicare & Medicaid Services (CMS) at the Department of Health and Human Services issued the CMS Omnibus COVID-19 Staff Vaccination Interim Final Rule (CMS IFR) requiring “staff” at Medicare and Medicaid-certified facilities to be vaccinated unless they have approved religious or medical exemptions. The CMS IFR applies to all Federally Qualified Health Centers

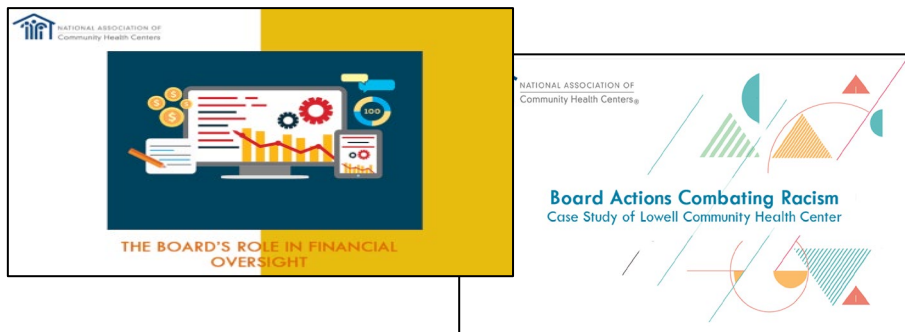
(FQHCs or “health centers” in this document) that participate in and are certified under the Medicare and Medicaid programs.¹ **NOTABLY, THE CMS IFR ALSO APPLIES TO HEALTH CENTER BOARD MEMBERS.**

This short document addresses Frequently Asked Questions (FAQs) about the implications of the CMS IFR for health center boards and board members.

Resources for Health Center Boards

NACHC has **over 50** resources (including many in Spanish) to support health center boards addressing:

- Governance Fundamentals
- COVID-19 Response and Recovery
- Strategic Planning
- Justice, Diversity, Equity, and Inclusion
- And more!



Short Videos and E-learning Modules are available to support new board member orientation and ongoing board education.

Learn more at <https://www.nachc.org/trainings-and-conferences/governance>

Questions? Please contact Emily Heard at trainings@nachc.com



Implications for Board Member Recruitment and Onboarding



- Resources are available to support boards:
 - [Recruiting and Retaining Board Members](#)
 - [Governance Guide for Health Center Boards](#)
 - [New Board Member Orientation: PowerPoint Template & Facilitator Guide](#)
 - [Orienting New Health Center Board Members During the COVID-19 Pandemic](#)

- Update practices:
 - Proactively communicate the requirement to potential board members
 - Update documentation regarding board member responsibilities
 - Incorporate steps to secure documentation during orientation

CMS Vaccine Mandate Resources

- [NACHC Employee COVID-19 Vaccine Mandate Technical Assistance Resources for Health Centers Webpage](#)
- [NACHC CMS COVID-19 Staff Vaccination Interim Final Rule FAQ](#)
- [CMS Omnibus COVID-19 Health Care Staff Vaccination Interim Final Rule FAQ](#)
- [CMS Guidance for the Interim Final Rule - Medicare and Medicaid Programs; Omnibus COVID-19 Health Care Staff Vaccination](#)
- [FQHC/RHC Supplemental Guidance and Survey Procedures for the Interim Final Rule](#)



Embracing Excellence in Healthcare

COVID-19 Vaccine Mandate

Who We Are

- After over 37 years of service, Primary Health Network has grown to become the largest FQHC in Pennsylvania and one of the largest in the nation.
- Last year, PHN reached over 70,000 patients in 16 counties in Pennsylvania and one county in Ohio
- We staff over 150 physicians, dentists, physician assistants, and certified nurse practitioners, plus over 450 support members.

COVID-19 Vaccine Education

PHN utilized a multi-pronged strategy to address vaccine hesitancy among employees and providers, which included:

- Offering a series of virtual town halls that provided helpful information and practical resources about the COVID-19 vaccines.
- Engaging with employees one-on-one.
 - Following the town hall presentations, VP of HR and PHN CMO traveled to health centers deemed to have low vaccination rates.
- ~~BUILD TRUST + EDUCATION = Vaccine Hesitancy~~ Developed peer-to-peer video testimonials to encourage and engage participation. Videos were shared on PHN's intranet and social media platforms.

COVID-19 Vaccine Mandate

September 2021- began developing a policy and procedure following the vaccine mandate announcement. The framework consisted of:

- **Establishing a hierarchy for our vaccine policy**
 - To better guide us, we defined a "pyramid of responsibility," with the intent of doing what is right for our patients and community.



- **Conducting a risk-benefit analysis- vaccination versus no vaccination.**
 - To ensure confidentiality of information, we recorded employee vaccine status using excel spreadsheet rather than using HRMS system. Additionally, only 2 people in HR have access and CMO for vaccine status information.
- **Communicating vaccination policy and its development to our employees by:**
 - Sending communication via everyone email
 - Addressing the policy an monthly management meetings
 - Posting information within our organization's intranet
 - EPolicies and Learning

COVID-19 Vaccine Exemptions

To ensure that policies for religious and medical exemptions were consistent with public health recommendations and state and local laws, PHN:

- **Created** a forms for religious and medical exemption requests and reviewed those with legal counsel.
- **Developed** an Exemption Request Review Committee, which consisted of:
 - VP of HR
 - CMO
 - Board President
 - PHN Legal Counsel

COVID-19 Vaccine Exemptions

Exemption Request Process:

- Employees were given a deadline prior to the original CMS deadline, so there was time to review and request additional information if needed.
- In partnership with Legal Counsel, PHN's exemption committee reviewed exemption requests and determined which ones we were able to accommodate.
- The employees were then informed of the next steps.
- Managers were also notified of any direct reports who either had accommodation or were unable to accommodate, and what the next steps would be.

COVID-19 Vaccine Exemptions

Following the reinstatement of the vaccine mandate per CMS, we:

- **Contacted** employees who were partially vaccinated or hadn't begun their vaccine process at all and provide the new deadline dates.
 - All **"less than fully vaccinated"** (except those with exemption requests) employees have complied up to this point and are on schedule to be fully vaccinated by **2/28/22 date**.
- **Reviewed** exemption requests that were previously submitted in November 2021 for re-consideration of accommodation.
- **Re-opened** the exemption request process for employees who had missed the original November 2021 submission deadline.
- **Communicated** approval of exemption request and steps for accommodation to employees and their direct supervisor.
 - We did not disclose what type of exemption request it was or what the details of the exemption request included.

COVID-19 Vaccine Accommodations

Exempt employees are required to:

- **Wear an N95 mask at all times**
- **Be tested weekly**, specifically with a PCR test
 - Testing will be completed by Monday or Tuesday of each week unless an alternative date is approved by CMO and VP of HR.
 - PHN's COVID-19 Centralized scheduling department assists with scheduling employees who wish to be tested at a PHN health center.
 - Results for employees who test at a PHN health center are routed via EMR to the CMO directly.
 - If an employee chooses to use an outside testing facility, they are responsible for ensuring results are received by **5pm on Friday each week.**
 - HR and CMO review results of weekly testing on **Thursday of each week** to allow for follow up on Friday to ensure compliance
- **When possible, maintain social distancing of 6 ft.**

Failure to Comply

For those who fail to comply with the COVID-19 testing accommodations, they are subject to:

- Suspension for 5 business days without pay



- Following the suspension, an employee has **5 business days** to get their PCR COVID test and turn in the results.



- If they fail to do so during that 5 day suspension, **termination of employment will take place.**



Failure to Comply

- All new employees are required to be fully vaccinated prior to starting employment.
- If any new employee is requesting an exemption, **they must submitted their exemption form prior to their start date.**
 - Form is then reviewed within **10 business days** and **if an accommodation is permitted,**
 - N95 fitting will take place in their first week of employment before they leave orientation setting.
 - Exempt employees will be provided information on how to comply with weekly testing moving forward.





NACHC COVID-19 Vaccine Mandate Office Hours: Are You Ready for Phase Two Implementation?

Cris Houston, Esq.

Compliance and Equity Officer

Waco Family Medicine

Pre-Work for Vaccine Mandate

Preparing your organization for the change to come.



Pre-Work

- Learning the legal landscape
 - Work with lawyer in-house and with other lawyers/organizations
- Gauging the sentiment of staff
 - Town hall, small group, and individual meetings
- Gauging the work environment in your city, region, or state
 - Know your staff's local options for employment
 - Know what other medical facilities are doing that might inform your mandate



Pre-Work

- Understanding the information that staff rely upon to decide whether to vaccinate
- Countering misinformation
- Gathering templates for policies, procedures, and exemption applications
- Huddling as a leadership team to get on one accord
 - Standard communication and messaging is key



Actual Work for Vaccine Mandate

The time has come! Let's do this!



Actual Work

- Leadership **must work with lawyers(s)** to develop:
 - Policies
 - Procedures
 - Exemption Applications (Medical and Religious)
- Do not reinvent the wheel
 - Templates
- Allow ample time for people to process and accept the mandate and then get vaccinated
 - This decision takes time for some staff, but they will eventually embrace it for various reasons.

Actual Work

- Policies
- Procedures
- Exemption Applications (Medical and Religious)
- CLEAR, CONCISE, COHERENT
- BREVITY AND CLARITY ARE KEY TO UNDERSTANDING AND ACCEPTANCE

- What is in it for me?
 - Play to staff's self interest in helping them to embrace the mandate

Managing the Exemption Process

Religious and Medical Exemption Applications Will Come.



Managing the Exemption Application Process

- Know the law
- Consider the different work environments in your clinic(s)
 - Exemption decision is **not one size fits all**
- **Priorities:**
 - Protecting patients (many are **vulnerable** (too young) OR **high-risk** (pre-existing conditions))
 - Protecting staff
- Consider staffing needs
 - Safe but flexible approach

Impact on the Workforce

Who will stay? Who will go? Are we ready for this?



Impact of the Mandate on the Workforce

- Initially, we had roughly 100 unvaccinated staff
- We lost roughly 30
- We granted 12 exemptions
- We were able to get 58 staff vaccinated and 12 to agree to weekly testing and masking
 - We retained 70 staff when it was all said and done!!!! ☹



Takeaways

Summary of Highs and Lows



Takeaways – Highs and Lows

□ Highs (Reasons to Rejoice):

- Town Halls and meetings - staff felt heard and had a voice in decision
- Used resources to do this legally, ethically, and compassionately
- Retained the majority of previously unvaccinated staff in the end
- Took a step back and gently enforced mandate when legal landscape changed and was not clearly on our side



Takeaways – Highs and Lows

□ Lows (Reasons to Revisit/Lament):

- Could not please all staff
- Could not overcome misinformation for some staff
- Could not reach staff re danger we are trying to prevent with mandate
- Could not retain the 30 staff who refused to vaccinate
- Could not enforce mandate with full force while courts duked it out



Thank
you!

Cris Houston, Esq.

Compliance and Equity
Officer

Contact info

713-208-5808

254-313-4202

[Cris.Houston@wacofamily
medicine.org](mailto:Cris.Houston@wacofamily
medicine.org)

Wacofamilymedicine.org

[Facebook.com/
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Questions?

Thank You!

ARE YOU LOOKING FOR RESOURCES?

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CLEARINGHOUSE**



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