

Federal Mandatory Vaccine Compliance Tracker

- **This checklist is for the following states:** [Texas](#)
- The staff vaccination requirements apply to Medicare- and Medicaid-certified provider and supplier types (collectively, “facilities”) that are regulated under the Medicare and Medicaid health and safety standards known as Conditions of Participation (CoPs), Conditions for Coverage (CfCs), or Requirements. Facilities are required to have a process or policy in place ensuring that all applicable staff are vaccinated against COVID-19.
- CMS expects all providers’ and suppliers’ staff to have received the appropriate number of doses by the timeframes specified in guidance unless exempted as required by law or delayed as recommended by CDC. Facility staff vaccination rates under 100% constitute noncompliance under the rule.
- Non-compliance does not necessarily lead to termination, and facilities will generally be given opportunities to return to compliance.
- **CMS guidance for mandatory vaccination requirements is located at:** [Guidance for the Interim Final Rule - Medicare and Medicaid Programs; Omnibus COVID-19 Health Care Staff Vaccination \(QSO-22-011-ALL\)](#)
 - Guidance specific to provider types is provided as attachments to this memo.

By February 22, 2022 – 30-day compliance deadline		
Requirement	Action items	Compliance date
Policies and procedures Developed and implemented for all facility staff, regardless of clinical responsibility or patient or resident contact are vaccinated for COVID-19		
Vaxed, exempted, pending, delay <ul style="list-style-type: none"> • 100% of staff have received at least one dose of COVID-19 vaccine, or • have a pending request for, • or have been granted qualifying exemption, • or identified as having a temporary delay as recommended by the CDC, or 		
Non-compliance marker <ul style="list-style-type: none"> • If 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 identified as having a temporary delay as recommended by the CDC, the facility is non-compliant under the regulatory requirements. • 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 would not be subject to additional enforcement action. 		

By March 21, 2022 – 60-day compliance deadline		
Requirement	Action items	Compliance date
<p>Policies and procedures Developed and implemented for ensuring all facility staff, regardless of clinical responsibility or patient or resident contact are vaccinated for COVID-19</p>		
<p>Vaxed, exempted, pending, delay 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-dose vaccine series), or have been granted a qualifying exemption, or identified as having a temporary delay as recommended by the CDC, the facility is compliant under the rule.</p>		
<p>Non-compliance marker</p> <ul style="list-style-type: none"> • If less than 100% of all staff have received at least one dose of a single-dose vaccine, or all doses of a multiple-dose vaccine series, or have been granted a qualifying exemption, or identified as having a temporary delay as recommended by the CDC. • 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 would not be subject to additional enforcement action. 		

By May 23, 2022 – 90-day compliance deadline
<p>100% compliance must be achieved and maintained</p> <ul style="list-style-type: none"> • Facilities failing to maintain compliance with the 100% standard may be subject to enforcement action. • Federal, state, Accreditation Organization, and CMS-contracted surveyors will begin surveying for compliance with these requirements as part of initial certification, standard recertification or reaccreditation, and complaint surveys 30 days following the issuance of this memorandum.

Vaccination Enforcement - Surveying for Compliance

- Medicare and Medicaid-certified facilities are expected to comply with all regulatory requirements, and CMS has a variety of established enforcement remedies.

Policies and Procedures		
Requirement	Action items	Compliance date
A process for ensuring all required staff have received, at a minimum, the first dose of a multi-dose COVID-19 vaccine, or a one-dose COVID-19 vaccine, before staff provide any care, treatment, or other services for the hospice and/or its patients		
A process for ensuring that all required staff are fully vaccinated		
A process for ensuring that the hospice continues to follow all standards of infection prevention and control practice, for reducing the transmission and spread of COVID-19 in the hospice, especially by those staff who are unvaccinated or who are not yet fully vaccinated		
A process for tracking and securely documenting the COVID-19 vaccination status for all required staff		
A process for ensuring all staff obtain any recommended booster doses, and any recommended additional doses for individuals who are immunocompromised, in accordance with the recommended timing of such doses		
A process by which staff may request a vaccine exemption from the COVID-19 vaccination requirements based on recognized clinical contraindications or applicable Federal laws, such as religious beliefs or other accommodations;		
A process for tracking and securely documenting information confirming recognized clinical contraindications to COVID-19 vaccines provided by those staff who have requested and have been granted a medical exemption to vaccination		
A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines, and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in		

Policies and Procedures		
Requirement	Action items	Compliance date
<p>accordance with, all applicable State and local laws, and for further ensuring that such documentation contains—</p> <ul style="list-style-type: none"> all information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and a statement by the authenticating practitioner recommending that the staff member be exempted from the hospice’s COVID-19 vaccination requirements for staff based on the recognized clinical contraindications 		
<p>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, or individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment</p>		
<p>Contingency plans for staff that are not yet vaccinated for COVID-19 (and without an exemption for medical contraindications or without a temporary delay in vaccination due to clinical considerations as recommended by the CDC and as specified in paragraph (d)(3)(x)), including deadlines for staff to be vaccinated</p>		

Information required for survey

- A list of all staff and their vaccine status.
 - Includes the percentage of unvaccinated staff, excluding those staff that have approved exemptions
 - Identification of any staff member remaining unvaccinated because it’s medically contraindicated or has a religious exemption.
 - Identification of newly hired staff (hired in the last 60 days).
 - Indication of the position or role of each staff member.