STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
PO Box 45600, Olympia, Washington 98504-5600

December 16, 2022

ALTSA: ICF/IID #2022-025
QSO-23-02-ALL RELEASED, REVISING GUIDANCE FOR STAFF VACCINATION REQUIREMENTS

Dear ICF/IID Superintendent:

On November 5, 2021, Centers for Medicare and Medicaid Services (CMS) published an interim final rule with comment period (IFC), which established requirements regarding COVID-19 vaccine immunization of staff among Medicare and Medicaid-certified providers. The CMS staff vaccination requirement has been enforced in all states since February 20, 2022. To date, most providers and suppliers surveyed by states have been found to be in substantial compliance with this requirement.

CMS released QSO-23-02-ALL on October 26, 2022, providing revised guidance for staff vaccination requirements. CMS is replacing QSO memoranda 22-07-ALL Revised, 22-09-ALL Revised, and 22-11-ALL Revised, and is revising the interpretive guidance for ICF/IIDs found in Attachment F for W-0508. Revisions address vaccination enforcement, survey process, record review, citing noncompliance, and plan of correction.

Vaccination Enforcement:
Facility staff vaccination rates under 100% of unexcepted staff (staff who have not been granted an exemption from the COVID-19 vaccine or those for whom COVID-19 vaccination must be temporarily delayed, as recommended by the Centers for Disease Control and Prevention) constitute noncompliance under the rule. Noncompliance does not necessarily lead to termination, and facilities will generally be given opportunities to return to compliance. Facilities have discretion to choose which additional precautions to implement that align with the intent of the regulation which is intended to "mitigate the transmission and spread of COVID-19 for all staff who are not fully vaccinated."

Survey Process Updates for W-0508:
To determine compliance with §483.430(f), surveyors will ask ICF/IIDs to provide COVID-19 vaccination policies and procedures, which at a minimum must provide:

- A process for ensuring all required staff have received the required minimum dose before providing any care to patients;
- A process for ensuring that all required staff are fully vaccinated;
- A process for ensuring the Home Infusion Therapy (HIT) continues to follow all standards of infection prevention and control practice, for reducing the transmission and spread of COVID-19 in the HIT;
- A process by which staff may request an exemption from the COVID-19 vaccination requirements based on Federal law;
- A process for tracking and securely documenting staff booster doses, exemption requests, and contingency plans for staff who are not fully vaccinated for COVID-19.

Record Review, Interview and Observation:
Surveyors will review the policies and procedures to ensure all components are present. Surveyors will review any contingency plans developed to mitigate the spread of COVID-19 infections by the ICF/IID to include:

- Requiring unvaccinated staff to follow additional CDC-recommended precautions;
- Reassigning unvaccinated staff to non-client care areas, duties that can be performed remotely, or duties which limit exposure to those most at risk;
- Requiring at least weekly testing for unvaccinated staff, regardless of county transmission rates;
- Requiring unvaccinated staff to use a NIOSH-approved N-95 or equivalent or higher-level respirator for source control, regardless of whether they are providing direct care to or interacting with clients.

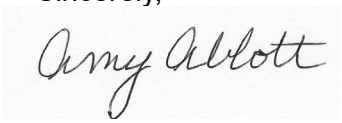
Surveyors will select a sample of staff based on current staff sample selection guidelines.

Citing Noncompliance – Level of Deficiency:
Level of deficiency will be determined based on the threat pose to patient health and safety. Situations indicating egregious noncompliance, such as a complete disregard for the requirements, should be cited at the condition level. For examples of non-compliance, please see QSO-23-02-ALL, page 70.

Plan of Correction and Good Faith Effort:
Facilities must submit a plan of correction (POC) demonstrating a good faith effort to correct the noncompliance. For examples of actions which demonstrate a good faith effort, please see QSO-23-02-ALL, page 71.

Thank you for your continued commitment to resident health and safety. If you have any questions, please contact Debra Hoeman, Policy Program Manager, at 360-725-3210 or debra.hoeman@dshs.wa.gov.

Sincerely,



Amy Abbott, Director
Residential Care Services

DSHS: *"Transforming Lives"*