



Rehab Agency Update

Conditions of Participation: Infection Control & CMS Mandate

February 18, 2022

1

Housekeeping Reminders

- All attendees are on mute
- **Handout:** link in your reminder email 1 hour ago; available in follow up email and on Member portal
- **Questions for Speaker:** submit them using the **Q&A button** on the attendee control panel
- **Technical Questions:** submit them using the **Chat button** on the attendee control panel
- **Recording:** will be emailed to all registered attendees 48 hours after concluded; will be available for NARA Members on the portal in 24 hours

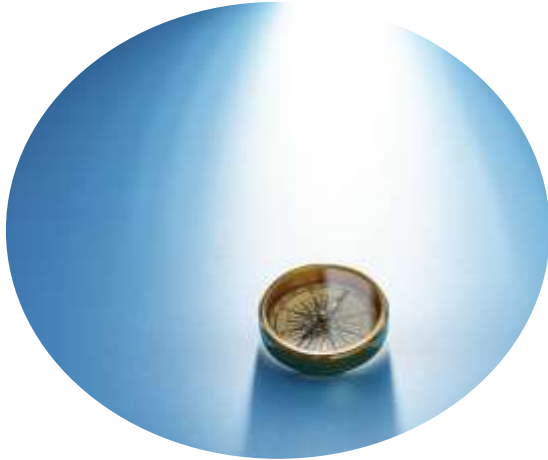
©Nancy Beckley & Associates LLC



2



Presentation Navigation



Format and Timeline

- Housekeeping (NARA - Sabrena): 1 minute
- Introduction (Nancy & Laura): 4 minutes
- Standards (Monda & Dick): 20 minutes
- Survey Tips (Dick & Monda): 20 minutes
- Q & A (Nancy & Laura Moderate): 13 minutes
- Wrap Up (NARA-Sabrena) 2 minutes

©Nancy Beckley & Associates LLC

3



3



The Fine Print

The information provided herein is intended to be informational in nature. It is not offered as legal advice, and is not a complete description, or meant, or intended, to replace or be interpreted as specific of Medicare Survey & Certification, or Accreditation requirements. Although every effort has been made to ensure the content herein is correct, we assume no responsibility for its accuracy. Go to source documentation for complete details.

©Nancy Beckley & Associates LLC



4



5

The Backdrop



©Nancy Beckley & Associates LLC



6

Conditions of Participation

- 1. Compliance w/ Federal, State, and Local Laws
- 2. Administrative Management
- 3. Plan of Care & Physician Involvement
- 4. Physical Therapy Services
- 5. Speech Pathology Services
- 6. Rehabilitation Program
- 7. Arrangement for PT & SP Services to be Performed by Other than Salaried Personnel
- 8. Clinical Records
- 9. Physical Environment
- 10. Infection Control (Standard F)**
- 11. Emergency Preparedness
- 12. Program Evaluation

42 CFR Part 485, Subpart H - Conditions of Participation for Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services



7

©Nancy Beckley & Associates LLC
7

AAASF Presentation

Dick Hillyer
Monda Shaver



8

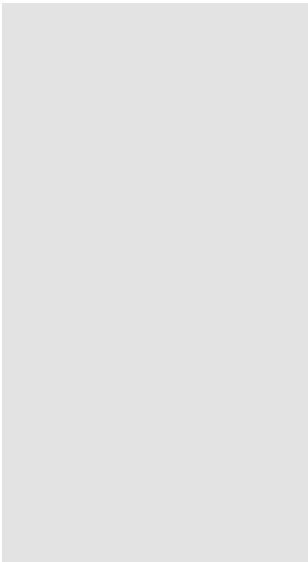
©Nancy Beckley & Associates LLC
8



American Association for Accreditation of Ambulatory Surgery Facilities

Mandatory Vaccination Standards

Richard Hillyer, DPT MBA MSM
Monda Shaver, RN BSN MSHM



9

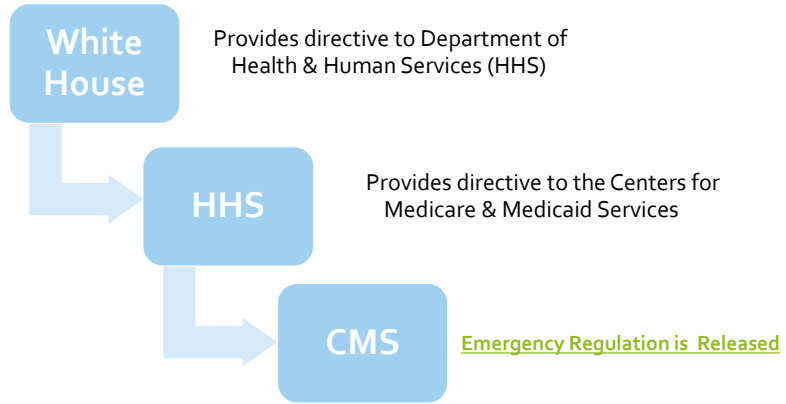
Objectives

- Understand the new staff vaccination requirements
- Understand the survey process for the new requirements
- Review tips and tricks to prepare for survey



10

Introduction



11

Standards 11-J-1



Facilities must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19.

- **Fully Vaccinated:** If it has been two weeks or more since completing a primary vaccination series.
- **Completion of Primary Vaccination Series:** The administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine.

12

Standards

11-J-2 –
11-J-5

Policies and procedures must apply to:

- Facility employees
- Licensed practitioners
- Students, trainees & volunteers
- Individuals who provide care, treatment, or other services for the facility and/or its patients, under contract or by other arrangement



13

Standards

11-J-6
11-J-7

Individuals not required to be included in the policies & procedures:

- Staff who exclusively provide telehealth or telemedicine services outside of the facility setting and who do not have any direct contact with patients **and** other staff who are included in the standards
- Staff who provide support services for the facility that are performed exclusively outside of the facility setting and who do not have any direct contact with patients and other staff



14



Minimum requirements for policies & procedures:

- Ensuring all staff have received, at a minimum, a single dose of 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 facility and/or its patients
- Ensuring that all staff are fully vaccinated for COVID-19
- Process for ensuring that nationally recognized infection control guidelines intended to mitigate the transmission and spread are followed



15



Minimum requirements for policies & procedures:

- Process for tracking and securely documenting the COVID-19 vaccination status for all staff
- Process for tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any boosters
- Process for staff to request an exemption from the vaccination requirements
- Process for tracking and securely documenting information provided by staff who have requested, and for whom the facility has granted an exemption from the requirements



16



Minimum requirements for policies & procedures:

- Process for ensuring all documentation confirming recognized clinical contraindications to COVID-19 vaccines and supports staff requests for medical exemptions has been signed, dated by a licensed practitioner who:
 - Is not the individual requesting the exemption
 - Is acting within their respective scope of practice in accordance with all applicable laws



17



Minimum requirements for policies & procedures:

Medical exemption documentation must include:

- The specific authorized or licensed COVID-19 vaccines that are clinically contraindicated for the staff member to receive
- The recognized clinical reasons for the contraindications (CDC)
- A statement by the authenticating practitioner recommending that the staff member be exempted from the facility’s COVID-19 vaccination requirements based on the recognized clinical contraindications



18



Minimum requirements for policies & procedures:

Delayed vaccination documentation:

A process for ensuring the tracking and secure documentation of staff for whom the COVID-19 vaccination must be temporarily delayed as recommended by the CDC due to clinical considerations:

- Individuals with acute illness secondary to COVID-19
- Individuals who received monoclonal antibodies
- Individuals who received convalescent plasma for COVID-19



19



Minimum requirements for policies & procedures:

- Contingency plans for staff who are not fully vaccinated for COVID-19



20

Survey Process

Compliance will be assessed through observation, interview, and record review.

During the entrance conference, the surveyor will request to see all of the facility's policies and procedures related to staff COVID-19 vaccination.



21

Survey Process

The surveyor will also request a list of all staff and their vaccination status. This list must include:

- The percentage of unvaccinated staff, excluding those staff that have approved exemptions (as calculated by the OPT)
- Identification of vaccinated staff
- Identification of any staff members remaining unvaccinated due to medical or religious exemption
- Identification of any newly hired staff (hired within the last 60 days)
- Identification of the position or role of each staff member



22

Survey Process

- Surveyors will verify all required components of policies and procedures are present.
- Surveyors will review any contingency plan developed to mitigate the spread of COVID-19 infections, which may include:
 - Requiring unvaccinated staff to follow additional precautions recommended by the CDC
 - Reassigning unvaccinated staff to non-patient care areas or to duties that can be performed remotely
 - Requiring weekly testing for unvaccinated staff
 - Requiring the use of NIOSH-approved N95 masks or equivalent



23

Survey Process

Surveyors will select a sample of staff which will include:

- All staff with medical exemptions
- Direct care staff
- Contracted staff
- Direct care staff with an exemption
- Vaccinated staff



24



Immediate Jeopardy

Vaccination rate is 60% or below

OR

Vaccination rate below 100% with observation of noncompliant infection control practices by staff, (eg failed to don PPE) **AND** 1 or more component of the policies & procedures not developed or implemented.



25



Condition Level

Vaccination rate is between 61% and 79%

OR

Vaccination rate below 100% **AND** 1 or more component of the policies & procedures not developed or implemented.



26

Determining Compliance

Standard Level

Vaccination rate is below 100% and all new staff have received at least one dose; **AND** 1 or more components of the policies and procedures were not developed or implemented.

OR

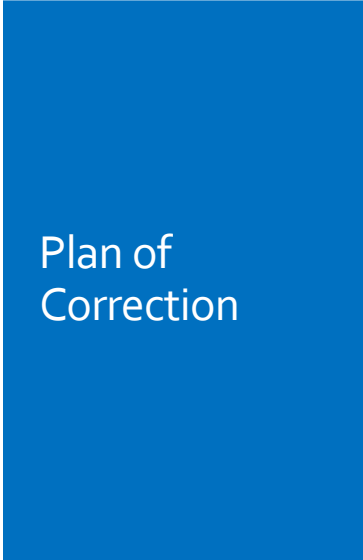
Vaccination rate below 100%, but the facility is making good faith efforts toward compliance.



Determining Compliance

State	28-Day Compliance Implementation Date	60-Day Compliance Implementation Date	90-Day Compliance Implementation Date	Implementation Phase
AL	2/13/2022	3/11/2022	4/10/2022	2
AR	2/13/2022	3/13/2022	4/14/2022	2
AZ	2/13/2022	3/13/2022	4/14/2022	2
CA	2/13/2022	3/15/2022	4/14/2022	2
CO	1/27/2022	2/24/2022	3/23/2022	1
CT	1/27/2022	2/24/2022	3/23/2022	1
DC	1/27/2022	2/24/2022	3/23/2022	1
DE	1/27/2022	2/24/2022	3/23/2022	1
FL	2/13/2022	3/14/2022	4/14/2022	2
GA	2/13/2022	3/14/2022	4/14/2022	2
HI	1/27/2022	2/24/2022	3/23/2022	1
ID	2/13/2022	3/15/2022	4/14/2022	2
IL	1/27/2022	2/24/2022	3/23/2022	1
IN	2/13/2022	3/15/2022	4/14/2022	2
IA	2/13/2022	3/15/2022	4/14/2022	2
KS	2/13/2022	3/15/2022	4/14/2022	2
KY	2/13/2022	3/15/2022	4/14/2022	2
LA	2/13/2022	3/15/2022	4/14/2022	2





Plan of
Correction



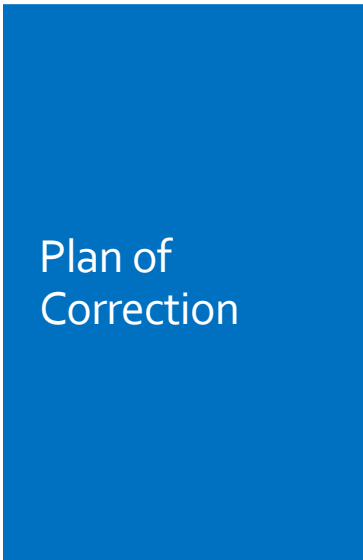
29

Clearing the Citation

The OPT 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 meet the requirement. (Staff that has received at least one dose must also have their 2nd dose scheduled.)



Plan of
Correction



30

Substantial Compliance but Citation Remains at Standard Level

The OPT 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 PoC and Actions Required for Removal of IJ

- Correction of any gaps in the facility's policies & procedures.
- Implementation of the facility's contingency plan, including 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.



31

Plan of Correction

Good-Faith Effort

Surveyors and CMS may lower the citation level and/or enforcement action if they identify that any of the following have occurred **prior to the survey** (note: noncompliance is still cited, only the citation level and enforcement is adjusted).

- If the OPT has no or has limited access to vaccine, and the OPT has documented attempts to obtain vaccine access (eg, contact with health department and pharmacies).
- If the OPT provides evidence that they have taken aggressive steps to have all staff vaccinated, such as advertising for new staff, hosting vaccine clinics, etc.



32

Survey Tips

- Ensure policies and procedures address all requirements.
- Use the standards and guidance as a checklist to make sure you are prepared.
- Ensure tracking and documentation is secure and demonstrates compliance with policies and procedures.
- Suggested to compile policies, procedures and all other documentation in a central location where it can be easily retrieved during the survey.
- Use tools you may already have to set reminders to follow-up on staff who may have had a temporary delay in vaccination and/or those who have not yet completed the series.



33

Resources

- [AAAASF Draft OPT Standards \(Version 3.1\)](#)
- [Interpretive Guidance on New Vaccination Standards](#)
- [CDC Guidance on Temporarily Delaying Vaccination](#)
- [Medical Exemption Information](#)
- [CDC Recommended Precautions](#)
- [Religious Exemption Information](#)
- [Appendix E](#)
- [Appendix Z](#)
- For further questions, please feel free to email standards@aaaasf.org



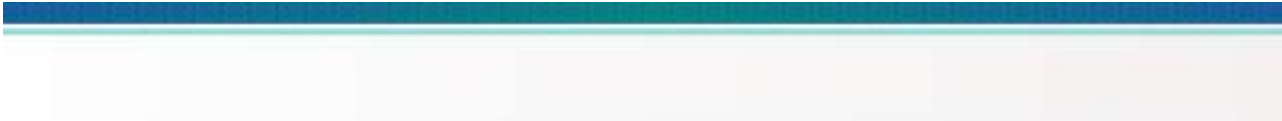
34



THANK YOU



35



Questions



36

©Nancy Beckley & Associates LLC

36

Contact Information

Panelist	Contact Information
Nancy Beckley Nancy Beckley & Associates	nancy@nancybeckley.com
Monda Shaver AAAASF	mshaver@aaaasf.org
Dick Hillyer AAAASF	rhillyer@aaaasf.org
Laura Riddell Mountain Land Rehab	laura@mlrehab.com
Contact NARA Christie Sheets	christie.sheets@naranet.org



©Nancy Beckley & Associates LLC

