

January 25, 2022

<Provider Name>  
<Provider Address 1>  
<Provider Address 2>  
<City> <State> zipcode5-zipcode4

Dear Medicaid Provider:

RE: The Centers for Medicare & Medicaid Services (CMS) Interim Final Rule: COVID-19 Vaccination Requirements for Certain Medicare- and Medicaid-Certified Providers and Suppliers

Following up on the engagement that MDHHS has done to educate providers and provider associations regarding the recent [CMS vaccination requirements](#), MDHHS is sharing a summary of the requirements, as well as additional resources and tools.

## Requirements

To address the ongoing impacts of COVID-19 in the United States and promote patient safety within health care settings, CMS, through their rule-making authority to regulate health and safety standards known as the Conditions of Participation, Conditions for Coverage, or Requirements for Participation, is requiring Medicare - and Medicaid-certified providers and suppliers complete the following actions:

1. Have a process or plan for vaccinating all eligible staff
2. Have a process or plan for providing exemptions and accommodations for those who are exempt
3. Have a process or plan for tracking and documenting staff vaccinations

Compliance with the rule's requirements is to be completed in two phases:

### Phase 1 – due January 27, 2022

- Facilities have the appropriate policies and procedures developed and implemented to maintain compliance, including a process or plan for vaccinating staff, providing exemptions and accommodations, and tracking and documenting staff vaccinations.
- Affected staff receive the first dose, or only dose as applicable, of a COVID-19 vaccine, or have requested or been granted an exemption to the vaccination requirements prior to staff providing any care, treatment, or other services for the facility and/or its patients.

Phase 2 – due February 28, 2022

- Requires that the primary vaccination series has been completed

**Affected Providers and Suppliers**

The IFR affects the providers and suppliers listed below. It applies to the following facility staff regardless of clinical responsibility or patient contact and includes all current staff as well as any new staff who provide any care, treatment or other services for the facility and/or its patients: facility employees; licensed practitioners; students, trainees, and volunteers; and individuals who provide care, treatment, or other services for the facility and/or its patients under contract or other arrangement.

- Ambulatory Surgery Centers
- Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
- Community Mental Health Centers
- Comprehensive Outpatient Rehabilitation Facilities
- Critical Access Hospitals
- End-Stage Renal Disease Facilities
- Home Health Agencies
- Home Infusion Therapy Suppliers
- Hospices
- Hospitals
- Intermediate Care Facilities for Individuals with Intellectual Disabilities
- Long Term Care Facilities
- Programs for All-Inclusive Care for the Elderly Organizations (PACE)
- Psychiatric Residential Treatment Facilities
- Rural Health Clinics/Federally Qualified Health Centers

This rule also applies to Indian Health Service facilities regulated under Medicare Conditions of Participation. Certain tribal Federally Qualified Health Centers (FQHCs) that do not participate in Medicare but only in Medicaid may not be subject to these requirements.

This rule does not apply to all providers and suppliers regulated by CMS. Religious Nonmedical Health Care Institutions (RNHCIs), Organ Procurement Organizations, and Portable X-Ray Suppliers are excluded. Additionally, the requirements do not apply to non-Medicare- and non-Medicaid-certified providers such as Assisted Living Facilities, Group Homes, Home and Community Based Services, and physician's offices.

**Compliance**

The State Survey Agency, Bureau of Community and Health Systems within the Michigan Department of Licensing and Regulatory Affairs (LARA) will oversee compliance of this federal requirement for the affected providers under their jurisdiction following CMS issued survey guidance. A list of providers subject to this requirement can be found on [LARA's COVID-19 Resources page](#). Providers will receive further communication from LARA regarding compliance as it becomes available.

MDHHS will oversee compliance of this federal requirement for PACE providers. MDHHS has reached out to CMS regarding compliance protocols and will share information as it becomes available.

### **Penalties**

Per CMS guidance, the primary goal is to bring the affected health care providers into compliance. Providers who fail to correct deficiencies regarding these requirements may face the following penalties:

- Nursing homes, home health agencies, and hospice: civil monetary penalties, denial of payment, and termination from the Medicare and Medicaid programs
- Hospitals and certain other acute and continuing care providers: termination from the Medicare and Medicaid programs

### **Vaccine Requirement Resources**

MDHHS maintains a website of COVID-19 vaccine resources to support providers in their compliance with the requirement. These resources include an updated outreach toolkit to assist with understanding the vaccination requirement and educating provider staff about the safe and effective COVID-19 vaccine. The website also provides:

- CMS Downloadable Resources
- CMS Interim Final Rule (IFR)
- Guidance for the IFR
- LARA Resources
- Frequently Asked Questions
- Direct Care Workers Communications Toolkit
- Tracking Tool

The website can be accessed at [www.michigan.gov/vaccinerequirements](http://www.michigan.gov/vaccinerequirements).

An electronic version of this document is available at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders)  
>> Policy, Letters & Forms.

Sincerely,

A handwritten signature in black ink, appearing to read 'K. Massey', followed by a long horizontal flourish.

Kate Massey, Director  
Health and Aging Services Administration