

Division of Mental Health and Disability Services (MHDS) Facility Vaccine Mandate Protocol for MHIs & SRCs *January 22, 2022*

Purpose

In response to the global pandemic and subsequent public health emergency that began in March 2020, the Iowa Department of Human Services (DHS) began staff and client vaccination in December 2020. That process continues as the facilities utilize the Moderna and Janssen vaccines on-site, in addition to collaboration with external facilities to utilize the Pfizer vaccine.

Under the Centers for Medicare and Medicaid Services (CMS's) new vaccine mandate for healthcare workers (published on November 5, 2021 and affirmed by the United States Supreme Court on January 13, 2022), affected facilities must draft and implement policies and procedures, and ensure all applicable staff have received, at a minimum, the first dose of a primary series or a single dose vaccine unless they have a pending request for an exemption or have been granted an exemption, or require a temporary delay in vaccination as recommended by CDC by **February 14, 2022**. All covered personnel shall have completed a primary vaccination series or have been granted an approved medical or religious exemption by **March 15, 2022**.

Covered Facilities and Staff

Mental Health Institute (MHI) and State Resource Center (SRC) staff must comply as MHIs are considered "hospitals" and SRC facilities are Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), both of which are regulated by Medicare conditions of participation or conditions for coverage.

According to CMS, all employees, licensed practitioners, students, trainees, volunteers and anyone else providing treatment, care or other services for MHIs, SRCs, or its clients must be fully vaccinated including independent medical staff members with clinical privileges. The mandate applies to any personnel who may come in contact with clients or other staff members who have contact with clients regardless of the frequency of their contact or whether the contact occurs away from the facility. It includes administrative staff, facility leadership, volunteers, board members, housekeeping, food services, etc.

Facilities will want to review and/or update relevant contracts to incorporate vaccine requirements or require contractors to comply with facility policies including the vaccine mandates.

Exempt Staff

The vaccination requirement does not apply to staff who:

- exclusively provide telehealth services outside of the facility setting and who does not have any direct contact with clients and/or other covered staff,
- 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 clients and/or other covered staff,
- staff who have requested and/or been granted an exemption, and
- staff whose vaccination must be temporarily delayed due to clinical precautions recommended by the CDC including, but not limited to, those with acute illness secondary to COVID-19 and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment.

The facility must comply with applicable federal anti-discrimination and civil rights laws, including the Americans with Disabilities Act ("ADA"); Section 504 of the Rehabilitation Act; Title VII of the Civil Rights Act of 1964; the Pregnancy Discrimination Act; and the Genetic Information Nondiscrimination Act ("GINA"). Those laws generally allow covered staff to request exemptions from vaccination for disability, medical conditions, or sincerely held religious beliefs.

All contraindications to the vaccination and support for staff requests for medical exemptions must be signed and dated by a licensed practitioner who is not the individual requesting the exemption and who is acting within their scope of practice, identify which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member and the recognized clinical reasons for the contraindications, and include a statement by the authenticating practitioner recommending that the staff member be exempted from the vaccination based on recognized clinical contraindications.

Department of Human Services (DHS) MHDS Facility Vaccine Mandate Protocol for MHIs & SRCs

Employees requesting a medical or religious exemption should discuss their specific request with their supervisor. Supervisors will work the MHDS Division Administrator - Facilities and DHS H.R. to review (and approve or deny) the specific request.

NOTE: *Facilities must develop a process for implementing additional precautions for any staff who are not currently vaccinated. Additional precautions will be based on job duties and may include reassignment, additional PPE (e.g., N95, face shield), or increased testing. MHIs and SRCs will continue to follow DHS MHDS Easing Facility Restriction requirements which detail screening, PPE, testing, and operational requirements to mitigate risk.*

Documentation

The MHIs and SRCs continue to track and securely document the vaccination status of covered personnel, including booster doses recommended by the CDC. This is tracked via Employee Health and IRIS and not within Personnel records. The facilities must also track and securely document information provided by staff who have requested and/or received an exemption from vaccination or whom have vaccination delayed per CDC recommendations.

Process

The basic process shall follow these general steps:

1. Staff will be provided this notice of required vaccination and associated timelines.
2. Staff will work with their direct supervisor and/or Employee Health to receive appropriate vaccine education and provide written consent prior to receipt of the vaccine.
3. Staff will be vaccinated as per facility protocol. Facilities will maintain adequate supply of vaccine and host on-site clinics for employee vaccination.
4. Staff requesting medical or religious exemptions shall contact their supervisor whom will direct the employee to complete the appropriate exemption form (included with this protocol). The employee's supervisor, the MHDS Division Administrator - Facilities, and DHS H.R. will review the exemption requested and provide approval or denial.
 - If approved for an exemption, staff will follow instructions in this protocol and facilities will mitigate risk as per DHS MHDS Easing Facility Restrictions and by ensuring those staff with exemptions also adhere to additional precautions as required by the facility.
 - If denied, staff will be directed to comply. Upon failure to comply, the supervisor will provide written notice regarding expectations and document the refusal prior to contacting the MHDS Division Administrator – Facilities.

References

- CMS Memorandum: QSO-22-09-ALL
- Equal Employment Opportunity Commission (EEOC) Compliance Manual on Religious Discrimination