DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB Exempt

# COVID-19 STAFF VACCINATION MATRIX INSTRUCTIONS FOR PROVIDERS

The Matrix is used to identify the vaccination status for all staff. The facility completes this form, including section I, staff name, and columns 1–11, which are described in detail below, or provide a list containing the same information required in the matrix.

**Unless stated otherwise, for each staff mark an X for all columns that are pertinent.**

1. **Direct facility hire (DH), Contracted hire (C), or Other (O):** Direct facility hires (DH) are employees who are directly hired by the facility. Contracted hires (C) provide care, treatment, or other services for the facility and/or its residents under contract or by other arrangements. Other (O) includes adult students, trainees, and volunteers.
2. **Title:** Identify the staff’s title (e.g., RN, LPN, CNA, PA, RD).
3. **Position:** Identify the staff’s position (e.g., staff nurse, charge nurse, infection preventionist, restorative aide).
4. **Assigned work area:** The physical location in the facility (e.g., laundry room, kitchen, unit, ward, wing). If the staff is PRN/floater/agency, indicate their assigned work area on the first day of the survey.
5. **Partially vaccinated:** Staff who have received one dose of a multi-dose vaccine.
6. **Completely vaccinated:** Staff who have received one dose of a single dose vaccine or all doses of a multi-dose vaccine. (For the purpose of this document, fully vaccinated and completely vaccinated are the same)
7. **Booster dose:** A dose of vaccine administered when the initial sufficient immune response to the primary vaccination series is likely to have waned over time.
8. **Pending (P) or Granted (G) medical exemption:** Per CDC certain allergies or recognized medical conditions, which may provide grounds for a medical exemption (Please refer to the [CDC](https://www.cdc.gov/vaccines/covid-19/downloads/summary-interim-clinical-considerations.pdf)).
9. **Pending (PN) or Granted (GN) non-medical exemption:** May be a religious exemption in accordance with Title VII.
10. **Temporary delay per CDC/new hire:** Vaccination that must be temporarily postponed, as recommended by the [CDC](https://www.cdc.gov/vaccines/covid-19/downloads/summary-interim-clinical-considerations.pdf), due to clinical precautions and considerations. Newly hired staff, who are not completely vaccinated due to timing requirements between doses.
11. **Not vaccinated without exemption or delay:** Any staff who have not received any doses of a vaccine and do not qualify for any of the exemptions or delays.

**Section I**

**Total number of staff:** All staff that work in the facility. Staff includes facility employees (regardless of clinical responsibilities or resident contact), licensed practitioners, adult students, trainees, and volunteers; and individuals who provide care, treatment, or other services for the facility and/or its residents, under contract or by other arrangement.

**Number partially vaccinated staff (column 5):** Number of current staff who received partial vaccination at any time as defined as, current staff who have received at a minimum, the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine.

**Number completely vaccinated staff (column 6):** Number of current staff who completed vaccination at any time is defined as, current staff with administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine

**Number of staff with pending exemption (columns 8 and 9):** Number of current staff with a request (pending) a medical or non-medical exemption.

**Number of staff with granted exemption (columns 8 and 9):** Number of current staff who was granted a qualifying medical or non-medical exemption.

**Number of staff with temporary delay (column 11):** Number of current staff whose COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations.

**Number of staff not vaccinated without exemption or delay:** Number of current staff who have not received any doses of a vaccine and do not qualify for an exemption or temporary delay.

|  |
| --- |
| **COVID-19 Staff Vaccination Status for Providers** |
| Complete this form or provide a list containing the same information required in this form.**Section I***: Complete based on the Day 1 of the survey:*Total # of staff:      # partially vaccinated staff (5):      # completely vaccinated staff (6):      # pending exemption (8 and 9):      # granted exemption (8 and 9):      # temporary delay/new hire (10):       # not vaccinated without exemption/delay (11):      **Note:** The sum of the #’s for columns 5, 6, 8 through 11 should equal the total # of staff.  | **Direct facility hire (DH), Contracted hire (C), Other (O)** | **Title** | **Position** | **Assigned work area** | **Vaccinated** | **Not Vaccinated** |
| **Partially vaccinated**  | **Completely vaccinated**  | **Booster dose** | **Pending (P) or Granted (G) medical exemption** | **Pending (PN) or Granted (GN) non-medical exemption** | **Temporary delay per CDC/ new hire** | **Not vaccinated without exemption/delay** |
| **Staff Name**  | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

**Instructions for Surveyors to Determine Compliance at**

**§483.80(i) COVID-19 Vaccination of Facility Staff**

# Note: A Staff Formula spreadsheet is available in the Survey Resources folder that can be used to calculate the formulas listed below. Please attach the completed spreadsheet to the LTCSP software or the survey shell.

# Section II – Verification of National Health Care Safety Network (NHSN) data

* Please fill in the blanks with data directly from [this link](https://download.cms.gov/covid_nhsn/covid-19%20nursing%20home%20resident%20and%20staff%20vaccination%20rates.xlsx).
* NHSN as reported for week ending on (report header):
* Recent Percentage of Staff who are Fully Vaccinated:       If there is no data present in NHSN, please ask the facility staff the rationale while onsite. (For the purpose of this document, fully vaccinated and completely vaccinated are the same)
* Review the staff matrix or the facility’s list of all staff and their vaccination status, which is obtained on the first day of the survey. Calculate the percentage of the current staff who have completed vaccinations using the formula listed in Figure 1 (do not round). Compare the facility’s data with the above NHSN data.

**Figure 1:** Formula to calculate percentage of current vaccinated staff to compare with NHSN data

# of total staff

# Completely vaccinated (6)

**% current staff**

**received completed = X 100**

**vaccination**

* If there is a 10% or less difference between the facility documentation and the NHSN data, no further investigation is required.
* If there is a greater than 10% difference, ask the facility to verify and explain why there is a significant variation.
* If the information presented to the surveyor is incorrect (and NHSN is correct), or if both sources are incorrect, this likely demonstrates the facility’s failure to have a process for tracking and securely documenting the COVID-19 vaccination status for all staff [per §483.80(i)(3)(iv)], consider citing F888.
* If the information reported to NHSN is incorrect (and the information reviewed onsite is correct) or data is not present, inform the facility to immediately correct the information in the NHSN system.

# Section III – Determine when to cite F888

Determine the percentage of staff vaccinated: (Follow the data in Section I provided on the facility matrix)

* **When surveying between 30 - 59 days following issuance of the** [**QSO-22-07-ALL**](https://www.cms.gov/files/document/qso-22-07-all.pdf) **(effective 1/27/2022–2/27/2022) /** [**QSO-22-09-ALL**](https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/guidance-interim-final-rule-medicare-and-medicaid-programs-omnibus-covid-19-health-care-staff-1) **(effective 2/14/2022-3/14/2022)/** [QSO-22-11-ALL](https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/guidance-interim-final-rule-medicare-and-medicaid-programs-omnibus-covid-19-health-care-staff-2)**(effective 02/22/2022-03/20/2022) :** Use the formula below (or in the Staff Formula spreadsheet) to calculate the percentage (round to the whole number) of staff that received a COVID-19 vaccination using the information the facility completed in Section I above.

Formula for surveys conducted between 30 - 59 days following issuance of the QSO memo

**%Vaccinated = + + + + X 100**

# Completely vaccinated (6)

# Temporarily delayed (10)

# Granted exemption (8 and 9)

# Pending exemption (8 and 9)

# Partially vaccinated (5)

# of total staff

* If the percent vaccinated is less than 100%, cite F888.
* **When surveying 60 days following issuance of the** [**QSO-22-07-ALL**](https://www.cms.gov/files/document/qso-22-07-all.pdf) **(effective 2/28/22 and thereafter) /** [**QSO-22-09-ALL**](https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/guidance-interim-final-rule-medicare-and-medicaid-programs-omnibus-covid-19-health-care-staff-1) **(effective 3-15-2022 and thereafter) /** [QSO-22-11-ALL](https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/guidance-interim-final-rule-medicare-and-medicaid-programs-omnibus-covid-19-health-care-staff-2)**(effective 03/21/2022 and thereafter):** Use the formula below (or in the Staff Formula spreadsheet) to calculate the percentage (round to the whole number) of staff that received a completed COVID-19 vaccination series.

Formula for surveys conducted 60 following issuance of the QSO memo

**%Vaccinated = + + X 100**

# of total staff

# Temporarily delayed (10)

# Granted exemption (8 and 9)

# Completely vaccinated (6)

* If the percent vaccinated is less than 100%, cite F888.
* Note:  If the facility’s staff vaccination rate is below 100% because of newly hired staff, who are not yet eligible to receive the second dose in a two-dose series, the facility will be considered compliant with the 100% staff vaccination requirement. The facility would need to be incompliance with §483.80(i)(3)(iii),

including adhering to additional precautions that are intended to mitigate the spread of COVID-19.