

Centers for Medicare & Medicaid Services
National Nursing Home Stakeholder Call
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Webinar:

https://cms.zoomgov.com/rec/share/PPWVgn6lps65fyzVy292_gpIciJL4AhEfH_21cObAPhmY6rydCcjMXJ8DKVZignW.VJXRKfgGa6r8oEeC?startTime=1672948940000 Passcode: MMGqX?9n

Jean Moody-Williams: Good afternoon, and thank you all for joining today. I am Jean Moody-Williams, the Deputy Center Director of the Center for Clinical Standards & Quality here at CMS and it is our pleasure to hold our stakeholder call today. Before we get started and into our agenda, I just wanted to let you know that this Webinar is being recorded, and it will be posted on the CMS National Stakeholder Call Web Page. We'll drop that website into the chat so that you can have it we usually get questions about that as you like to share that with your colleagues. You will be muted throughout the call. However, you will be able to put your questions in the question section and we will be monitoring that throughout the call. You don't have to wait until the end. Members of the press may be on today's call. However, all press questions should be submitted using the CMS Media Inquiries Form, and that can be found at <https://www.cms.gov/newsroom/press-contacts>

Now, as always, we have a full agenda for you today with representatives from CMS, CDC the HHS Office of the Assistant Secretary for Preparedness and Response, and the Society for Post-Acute and Long-Term Care Medicine. We're primarily going to focus our information today on the importance of the COVID-19 vaccine and treatments during the winter season, and, in fact, you should have received a fact sheet just a little bit ago with the appointment, with some helpful information. I wanted to point out that, in addition to the fact sheet that you received, really to help medical directors and other clinical staff in the Nursing Home, our Chief Medical Officer and Center Director, Dr. Lee Fleisher, completed three audio recordings, very factual, where he discusses COVID-19 treatments and vaccines with experts from the FDA and the CDC. So, these files were intentionally made to be very quick to listen to, but extremely informative. They're only about fifteen minutes, and those will be available in the coming days, so we will announce that on our social media channels for the links. So, stay tuned for that. We should have time at the end for Qs and As that we can respond to. But, as I said, put them in the chat now, and people will be responding to them as we go along. So I would like to get started with the agenda, and we will have our Administrator, Chiquita Brooks-LaSure to join us. I'm always pleased to introduce her, and I'll turn it over to you.

Administrator Chiquita Brooks-LaSure: Thank you so much, Jean, and thank you to all of you who are on the call with us today. As Jean said, I'm Chiquita Brooks-LaSure, and I'm the CMS Administrator. And I really want to start this call by thanking all of you for your continued hard work in the nation's nursing homes, as you and all of us continue to face challenges from COVID-19. As Jean said, getting the updated vaccine is the most important tool that we have to prevent serious illness, hospitalization, and death from COVID-19 and nursing home residents, who are often particularly susceptible to severe outcomes from the virus, deserve the highest level of protection that we can offer. As you know, the country is experiencing an increase in

COVID-19 infections in nursing homes, which we all know can lead to resident hospitalizations and deaths.

Last year we saw the largest spike in COVID-19 cases and deaths in January and February. And so we want to do everything we can to avoid negative health outcomes as we enter these winter months.

As you know, CMS requires that all nursing homes offer all COVID-19 vaccines, including boosters, to their residents, and educates them on their benefits. While a higher percentage of nursing home residents are on average up to date on their COVID-19 vaccines, compared to the U.S. population over 65, the rates are still too low. They are below 50% at only 48.7%. We know that many of you have been working to increase the take up of the new vaccines. The rates have been steadily climbing, but this number is still too low. As we head further into the winter months and face new variants of COVID-19, getting your residents up to date on vaccines needs to remain your number one priority.

CMS, as evidenced by the team on the call, as well as well as our partners, really wants to be a partner with you on this effort. Our quality improvement organizations or QIOs have been reaching out to facilities with the lowest up to date rates to offer technical assistance and to help coordinate onsite vaccination clinics.

I really hope you will take these groups up on these offers, and you'll hear more on this call about the resources that are available to help you in this effort again. Again, we all want to thank you for your hard work, and we want to hear from you about the challenges that you're facing, and how we can help. I hope that you have felt over the last couple of months, as we've really tried to engage that we've been listening, and we really hope that you continue to provide that feedback on this, and the future calls that we have with you, as we work together. So I'll now turn the call back over to our moderator, Jean Moody-Williams.

Jean Moody-Williams: Thanks so much for that important information. As the Administrator mentioned, there's help available and there's support available from a number of areas, and particularly from our quality improvement organizations. So, I would like to present Anita Monteiro, who is the Director of our Quality Improvement and Innovation Group to talk a little bit more about the help that is available.

Anita Monteiro: Thank you very much, Jean, and good afternoon, everyone. I just want to thank you again for the incredible work you're doing in keeping our residents safe and healthy. As Jean said, I'm the Director of the Quality Improvement and Innovation Group here in CMS, and one of the programs that we administer is the QIO program that the Administrator mentioned as well.

This program is comprised of the 12 Quality Improvement Organizations that are on contract with CMS and work with nursing homes across the country on several quality initiatives, including infection control assistance and increasing vaccination. Here at CMS we review the NHSN data on a weekly basis to identify nursing homes with low up to date vaccination rates. And we deploy the QIOs to work with those nursing homes to help them increase those

vaccination rates. So, for instance, in the last five weeks, starting November 26th of last year, through December 30th in conjunction, and as part of the White House vaccination campaign, the QIOs set up 150 onsite clinics across the country, resulting in over 4,000 residents being vaccinated and over 1,300 staff being vaccinated. I would encourage you to reach out to the QIOs for assistance with setting up on-site clinics, for assistance, with distributing fact sheets, distributing educational material for use in nursing homes with staff and residents, and for disseminating and explaining information around therapeutics, vaccination confidence, and also working with local departments of health to assist with obtaining licensed vaccine administration staff to assist in nursing homes.

The QIOs also have special experts on staff that can conduct clinic hours or office hours with nursing homes to answer questions, that come up with the clinicians, residents and other staff in nursing homes. One of the important direct requests that we receive from nursing homes is for assistance with reporting into NHSN and some of the data discrepancies or just the accuracy of reporting. The QIOS have assisted several hundred nursing homes with that request. We're also working very closely with AHCA, and Leading Age and provider associations both in the local areas and also nationally to really understand the challenges and the concerns that their members have, so that we can better be responsive to you all.

The last thing I just want to share is really just how to locate a QIO for assistance. As I mentioned, there are 12 QIOs across the country assigned to different States. So if you did a Google search for locate your QIO Or went to QIOprogram.org, the first page that shows up has on the right-hand side a box for a quality improvement network – QIO. Click on that box. You can enter the name of your State. It will give you the website and the phone number of the QIO to reach out to. You can also reach out to us, any of us here at CMS. The Director of the QIO program, specifically Colleen Frey, who worked during the holidays, but has taken some time off. I want to give you her email address. colleen.frey@cms.hhs.gov again, that is colleen.frey@cms.hhs.gov. Thank you again, and with that I will turn it over to Dr. Megan Sullivan.

Meg Sullivan: Thank you so much, and good afternoon, everyone. My name is Meg Sullivan. I'm The Chief Medical Officer for the Administration for Strategic Preparedness and Response and just want to spend a few minutes talking about COVID-19 treatment. I think I'll just reiterate first what we have already heard, that we know that age remains the strongest risk factor for severe COVID-19 outcomes, with the risk of severe outcomes increasing markedly with increasing age, and seniors continue to have the highest risk of being hospitalized and dying because of COVID.

We also know that people living in congregate care settings are also at high risk, and according to recent data, 1 in 5 recent COVID deaths, were in nursing homes and other long-term care, facilities, such as assistant living facilities. We also know that this toll is heartbreaking and unacceptable, particularly as we now have updated COVID-19 vaccines as well as safe effective treatments that can help prevent COVID-19 deaths.

However, in a recent CDC study, most people eligible for one of the treatments that we'll talk about today in every age group, including those over age 65 did not receive a prescription for

this medication. Residents of long-term care facilities are nearly all at risk for severe COVID-19 outcomes and eligible for treatments. And every facility can really take specific steps to act to ensure that their community of residents is aware of COVID-19 treatments and their effectiveness, and to promote easy access to these lifesaving treatments.

As Jean mentioned at the beginning of the talk, we put together a series of key messages for long-term care facilities that we want health care providers, residents, staff, family members, and the community to know about these treatments. It also contains helpful information and resources to make sure they are widely available and accessible, and I'm just going to spend a few minutes walking through a few of those key messages.

So the first one is that COVID-19 treatments are safe, effective, and widely available. And there is now strong scientific evidence that antiviral treatments about patients at risk for severe COVID-19, reduces the risk of hospitalization and death. This includes clinical trial data that led to authorization or approval of these treatments as well as some real-world evidence data that again points to their effectiveness. So know that authorized and approved COVID-19 treatments are widely available, and at this time there are no supply constraints limiting patients from being treated. And based on preliminary analyses, these treatments are expected to be active against all current circulating variants, and this is something that we continue to monitor closely.

The second thing that is important to know is, that treatment should be considered for any patient over the age of 50 or with a high-risk health condition. Even if vaccinated, patients are more likely than others to get very sick from COVID if they are age 50 or older, with risk increasing with age. They have one or more health issues, such as heart, lung or kidney disease being overweight, diabetes, severe asthma, some types of disabilities or other health conditions that are linked on the CDC website, or they have a compromised or weakened immune system. So, in short, anyone over the age of 50, or anyone with a high-risk health condition should be counseled on and potentially prescribed COVID-19 treatments as clinically appropriate.

The third key message is that treatments must be started early, even if symptoms are mild. So treatments are most effective when started early. Again, even if symptoms are mild, and, in fact, treatments must be started within five days of symptom onset with oral medications and seven days of symptom onset with IV medication. In fact, we are really encouraging health care providers and individuals to discuss a COVID-19 action plan in advance and in case of infection, in case they get sick, which includes the optimal treatment choice, if they are eligible, and how to quickly access that medication. And then, just to spend a couple of minutes talking about the specific treatments that are currently available. There is an oral antiviral, pill called ritonavir boosted nirmatrelvir, or Paxlovid, as well as Remdesivir or Veklury, which is an IV medication that are the preferred treatment currently for eligible patients. So, again ritonavir boosted nirmatrelvir, Paxlovid, is the preferred oral antiviral, which is taken twice daily for five days.

You do need to consider either renal dosage adjustment for moderate renal impairment, or it is not recommended in patients with severe renal impairment and for all eligible patients drug interactions need to be assessed, and certain medications may need dose adjustments. I've

included some resources that providers can use to assess those direct interactions. And for patients for whom Paxlovid is not appropriate, there is an IV medication Veklury or Remdesivir is infused once a day that is also preferred treatment. In addition for patients for whom neither Paxlovid nor Veklury are clinically appropriate, Lagevrio Molnupiravir is an alternative oral antiviral.

Now, last I'll just end by saying that long-term care facilities should ensure timely access to effective COVID-19 treatments for all eligible patients, including through pre-positioning these medications directly at facilities. The US Government is currently distributing the two oral antivirals at no cost and facilities can contact their long-term care pharmacy or email covid19therapeutics@HHS.gov for access. In addition, the oral antivirals can be positioned within a facility following local regulations as long as they are only dispensed to patients once a prescription is entered. Again, this is just some brief information that was sent out, and we really do encourage you to reach out with any more questions. Thank you so much.

Jean Moody-Williams: Thanks. I think you've covered this, but there is a question about the cost of Paxlovid. Is it still free?

Meg Sullivan: Yeah, so at this time both Paxlovid and Lagevrio the two oral antivirals being distributed at no cost by the US government, and they must be provided at no cost to patients.

Jean Moody-Williams: Thank you. And there I also saw a number of requests for the fact sheet it is in the chat now. You should be able to download it, and if not, we'll try and get it to you another way. So, with that we wanted to make sure that you heard from some of the best practices and tools in the field directly from those working on the front line, as we occasionally do on this call, and so we are extremely pleased to have Dr. Susan Gillespie with us from the Society for Post-Acute and Long-Term Care Medicine to bring us some wisdom from the field. Thank you, Dr. Gillespie

Dr. Suzanne Gillespie: Thank you so much for the invitation to be here and share some of the work we're doing you can go to the next slide. Many of you may be familiar with AMDA, the Society for Post-Acute and Long-term Care Medicine. AMDA is a professional society, a not for profit, professional society, whose mission is to promote and enhance the development of competent and compassionate medical practitioners and health care leaders that can provide well-centered care across the post-acute long-term care continuum setting. And we do that through our dedication to defining and improving quality through professional development, evidence-based political guidance, and also advocating for our members our patients, family and staff members, like all of you and Post-Acute Long-term care. We'll go to the next slide. We've had a very active, ongoing COVID-19 response which we've been committed to developing a variety of resources. We have dedicated resource pages. We developed toolkits on vaccine hesitancy, and have held a variety of educational and advocacy interventions to try and equip our dedicated post acute and long-term care, health care professionals with information throughout this pandemic to help us to deliver best care to our residents and also to our teams.

But today I wanted to share a little bit of information about a vaccination and therapeutics toolkit, which is a resource for clinicians that we recently disseminated. The impetus for this

project really convened around the opportunity to sit at a roundtable at the White House with other leaders of professional health care associations, and talk about the challenges of this phase of the pandemic. We moved into a place where really it's our teams, our healthcare professionals, those dedicated individuals and nursing facilities that are driving the bulk of the care right now to prevent COVID-19 illness and to ensure response. So it illuminated the need for us to really have our bedside, healthcare teams to have access to up to date, easily accessible knowledge and tools that they could use to do their job with the patients and families that they were caring for.

So after those conversations, a group of us, you can see the interdisciplinary partnership here with, the American Society for Consulting Pharmacists, the Gerontologic Advanced Practice Nurse Association, the American Association of Nurse Practitioners and the American Academy of Physician Associates, we really convened together, and said that our healthcare teams and professionals may be overwhelmed by the amount of information that we're each pushing out to try and help them. Can we help to combine our efforts to create an efficient repository for resources, and it's out of that that we developed the toolkit resource for clinicians, which we lovingly call the Pax and Vax resource.

You can see here, and I've listed the longer website today at the at the bottom, there the partners as well that are engaged in this effort. Go to the next slide. And really the intention of this toolkit is to be a quickly accessible, concise repository of useful tools. And so you can think of it as a hot buzz with tools with some links to more in-depth information that healthcare professionals can use to really drive the ability of your facility to make vaccination, testing and treatment the standard of care in your nursing facility. So each of these boxes represents a different tool that's in your toolkit. And I'll show you a couple of examples, but it's really, if you look at the boxes, you can see that there are things like frequently asked questions about the bivalent booster vaccination, a one to two pager on a myths, and facts that one of QIOs developed. We put that into the toolkit because we heard from healthcare professionals that it was really valuable. We just heard about Paxlovid and we know that sometimes healthcare clinicians have some challenges in understanding the indications and contraindications, so we put a one page, color-coded sheet that may make it more readily accessible for our nursing professionals, our pharmacists and medical providers, to see some of those details. Down in the bottom corner, the role of the medical director in effective prevention and treatment of COVID-19 in nursing homes. We know that many facilities are reflecting on their practice, and whether they engaged fully in efforts to make that space able to test, vaccinate, and treat. And this is a way that we can. For our medical directors a way to see if they're doing the tasks that they might.

Here's just a graphic example of some the tools or a snapshot of for example, a standing order sheet that a colleagues in Nebraska had developed to make efficient and safe the ability to prescribe Paxlovid. Go to the next slide. Similarly, a couple of examples of some very concise tools that our nursing home teams can pull out to look at, frequently ask questions about the bivalent vaccine. Perhaps an easy repository to go over myths and facts about Paxlovid.

This is a toolkit that we're making readily accessible. You can access it from a variety of sources. There's a live like on this slide you saw the website earlier in the slides. It's also freely

available through the AMDA's app, if you happen to have that app, you don't have to download it, you don't have to be a member. It can be accessed right at the bedside right at your nursing home station, so that anyone and everyone can use it. I'll be dialing Dr. Fleisher's podcast to listen to that. If you're a podcaster, there's also a webinar that we did with some of those facts that's also freely accessible through the link, and also through wherever you shop for your podcasts. It's a free recording. The next slide is that I just want to give a little background. AMDA, as a society we're committed to continuing this work. And so hopefully, we'll be able to continue and come back to talk to you more about our other efforts to increase vaccination rates in post-acute and long-term care we have an ongoing initiative to further incentivize and identify strategies for COVID-19 of vaccination, as well as other vaccinations that will include resident interventions and procedures, as well as some staff interventions to try and increase those rates. Thank you so much for the opportunity. We love questions, either in this forum or elsewhere. We're working extending the efforts to provide facilities with tools to improve vaccination rates. Thanks so much for the opportunity. I look forward to questions in any way that we can facilitate support to our facilities.

Jean Moody-Williams: Great. Thank you so much. You did answer one of the questions. Which was is this available free of charge, or do you have to be a member? And he said, it is available. The other thing just to thank you for, because I was reading where someone was having difficulty getting treatment for their loved one in the Nursing Home for their mother. And so I think these efforts the educational efforts are extremely important, so the questions can be answered, and treatment can be provided as necessary. I see Dr. Sullivan that there are a number of questions about the administration of Paxlovid and Remdesivir. I'm sure you are keeping your eye on those as well. But, I want to move on to get some updates from CDC. We have Dr. Sarah Meyer. Come on and give us a few updates.

Dr. Sarah Meyer: Hello Good afternoon, everyone thanks for having me here. Today I'm going to talk a little bit about increasing uptake of the updated bivalent booster among long term care settings and kind of a new program that CDC launched before the holidays to hopefully help improve access. First, I just wanted to start with where we're at with the data. I believe someone mentioned this earlier on the call, but in terms of where we're at with resident receipt of bivalent booster as of a few days ago we were at 47% coverage in long term care facilities residents. I think we've made progress, but we still have a ways to go, and I think over the last month or so, we've really just kind of seen these numbers creep up slowly. We have been trying to identify ways that might help to improve access and uptake in long-term care facilities. To kind of recap what I think many of us have already said, we all recognize there is a need to do whatever we can to help boost vaccination rates in this setting because of the greater risks of severe disease in this population. And we know that the updated bivalent is the best protection against COVID-19, including the variants that are circulating now.

We've been working with our partners, including HHS partner organizations to help reduce barriers to vaccination for residents of long-term care facilities by providing flexibility in vaccine administration, increasing communications, and encouraging jurisdictions to use strike teams or other efforts to facilitate vaccination in long-term care settings. Of course, this takes all of us, efforts in every community across the US. It's really a joint effort between facilities, pharmacies, local state health departments, and of course, at the Federal level we want to

support as much as we can. I'm going to really focus today on the kind of the efforts to provide flexibilities in vaccine administration. A couple of weeks ago, along with others, their agencies in HHS, we launched a kind of a new or updated program for long-term care facilities, which allows facilities to sign a sub provider agreement with CDC to be able to administer vaccines in their facilities. This is meant for facilities that are not already directly enrolled as providers in the CDC COVID-19 vaccination program or that already does not have an established way that they're getting the vaccines, either through pharmacies or health departments, etc. It's really for those facilities that have not been able to get vaccination through the regular kind of program.

A key component of this is the use of some of those single dose vials, single dose Pfizer vials. Facilities that sign a sub provider agreement, the CDC would then be able to request a single dose vial through a pharmacy partner. This was intended to help remove some of the barriers that we heard about storage and handling of multi-dose vials is more difficult. There's not always a large group of patients who want a vaccine at one given time, it allows, you one by one, as patients are ready to take the vaccine to go that a route.

There's also some data reporting flexibilities built in because we did hear feedback that for some facilities it is a difficult currently for them to report into their state IIS, which is a requirement of the regular COVID-19 vaccination program, so facilities that sign a sub provider agreement have a 90 day temporary waiver of data recording requirements to the IIS unless it is require by state laws. If there are no State laws mandating according to the IIS then facilities that sign this agreement do not have to report to the IIS during that 90 day period. But they would still need to report at any other through any other required mechanisms such as NHNS. But we do still encourage facilities to report to the IIS voluntarily if they are able to, because we all, I think, recognize the power that data has to use for action in helping to increase our vaccination efforts. And then there has been some additional discussion to help facilitate other partners besides pharmacies that might be able to assist with vaccination efforts, including EMTs or health agencies to provide those services.

Briefly, I put the link, front and center at the top, but I'm sure we'll be able to add it to the chat as well. This is the page where you can find all of the information that I talked about for the long-term care facilities that are interested in enrolling as a sub provider. This walks through the requirements of the program, and as well as some best practices. Recognizing that perhaps some of these facilities have not yet been administering COVID-19 vaccines through their own staff. Some of our resources, our toolkits for storage and handling, and things like that. But there is also a link to the online form, where the facility can sign the agreement, and that's on the next slide.

Oh, shoot! Where did that go? I did have a slide that I thought I did for the online form, which was essentially just to point out. I must have deleted it on accident. Essentially if you click on that link there, it brings you to kind of web for where the medical director or others would fill out some basic information about the facility and kind of agree to abide by the requirements of the program. But you can go to that link I shared on the previous slide for more information and to enroll. I finally just wanted to share a few other resources. We have a few web pages. I put one of them here that go through our resources for encouraging COVID-19 vaccines for long term care residents. We have a draft letter that could be sent out, and things like that. And then

a link to a lot of our resources for strengthening vaccine confidence. I focus on the kind of efforts to access in my earlier sites. But I think, we all recognize that it's not just access, it's also a demand for vaccines that we need to strengthen. There's resources about talking about the vaccine. How to do that. Some videos with some conversation guides – motivational interviewing. I think this is relevant for not just the residents, but also staff and as well as family members of the residents, because they are often very influential in those decisions to get the vaccine as well. I'll pass it. Thank you.

Jean Moody-Williams Great. Thank you so much for that very good information. As you can see, there is a lot of information being provided, and there was a question about whether this Webinar will be available and it will. You will be able to share it with others. We think it's our role to provide the information you can use as you see appropriate. I did want to acknowledge, Will Harris from the Office of the Administrator, who's been on this since the beginning, and I see that he is actively involved answering questions, so thank you, Will. I don't know if you want to say anything but we appreciate it.

Will Harris: You certainly didn't need to acknowledge me, Jean, although I very much appreciate that. I'm happy to be here with you all as the Administrator said at the beginning of the call I do want to reiterate one of her the messages she'd want to repeat after seeing all the feedback in the Q and A. First of all is that one of the Administrator's strategic initiatives and strategic goals for the entire agency is to listen to stakeholders and integrate the feedback that we get from you into our policy making. That's why we do sessions like this, not only to make sure you're hearing from us, but also to hear from you and get your feedback, and we've been getting a lot of that in the Q. and A so thank you for that. We know that you know that everyone's working hard to get their up to date rates higher for residents. What I am hearing, and I would love to hear more from all of you, is that the most one of the most effective messages is to tell residents and their families that getting up to date on vaccines is the most effective way to avoid hospitalization. We think that resonates for a lot of people and a lot of their families, so hope that you might be able to use some of that messaging in a positive way to continue to encourage people to be the most protected possible against this virus, which obviously we can do best by making sure they have the updated vaccine. I hope that's helpful, and thank you very, very much for being here with us. Thanks, Jean.

Jean Moody-Williams: Thank you. I want to call on Dr. Lee Fleisher. I see some questions in the chat from this call and the prior call about residents coming in from hospitals and the status there and I know he's been working on that issue.

Lee Fleisher: Thanks so much, Jean, and thank you all for everything you do every day. As Will said, and we are talking to the hospital associations and trying to push them to continue vaccinating. Some of the answer is that they may not be the right time to get vaccination. But then if there's that reason then it wouldn't be the right time when they come into the nursing homes because of immunocompromise or other reasons. But we really do want to hear from you, and we're happy to continue to push of examples, and the reasons that they are not getting the vaccine when they are in the hospital. I also saw a couple questions. I want to assure you that all of HHS is working towards ensuring that we regain that trusted voice. We still believe we are the trusted voice, but that is a topic that everyone is concerned about, and certainly one

of the reasons we keep having Jean on doing these calls to is make sure that we at CMS provide that trusted voice, and why we recorded these recordings is transparency. So thank you.

Jean Moody-Williams: Thank you so much, Lee. I want to move on to Evan to help with I believe, Celeste, give us a few updates and answer a few more of the questions.

Evan Shulman: Thank you. Good afternoon, everyone. I'll be brief. You've received a lot of new information on this call, and I think as we start this New Year, we want to just give a little bit of a refresher on some of the other things that you all know. So, I won't be providing any new information and instead, we'll be just providing some of what I hope are just helpful reminders for the things that we do outside of providing therapeutics and vaccinations, but all the other things that we know can help reduce the risk of COVID-19 transmission. In addition to the information you've heard about getting people therapeutics and vaccinations, we have to keep our guard up, as we always have. Know your county community transmission level, and as a reminder for nursing homes healthcare providers, you should be reviewing the county community transmission level, which is different from the community transmission from the community levels used for the folks in the general community and make sure that your residents, staff, and visitors, others come to the facility, are aware of the level of your county, and what to do because of that. Follow CMS and CDC Guidance when it comes to testing and masking to make sure that we're doing what we can to prevent transmission. And remember a lot of these recommendations are just for a minimum that we recommend. But, certainly the safer route is to go up and beyond the minimum. And of course, as it is required. But continue to report through the NHSN and system, and although it's required, this is really not just for us here at CMS it's for all of you. We will leverage this data to inform each other of the current status of COVID in our communities. And then, lastly, please continue to facilitate safe visitation, so critical, particularly around the holiday time. Shifting as we enter this new year. We want to continue to get back to normal, to get back to the things that are outside of COVID that we do every day. Late last year, CMS implemented requirements and provided guidance for those requirements that were effective in the end of October of 2022, and in the chat I'm just going to post some links to this information. Again this should not be new, but hopefully, this just puts it at the top of your to-do list, or review sheet, or cheat sheet, so that you can help. I'm having trouble pasting it so that you can make sure that you're adhering to the latest and greatest information. I'll work on pasting this item, but in the meantime, I'll turn it back to you. It'll just be a moment and we'll get it all set. Thank you.

Jean Moody-Williams Okay, Great. Thank you. I think that brings us to the end of the agenda. I don't know if there were any more of the questions, or answered that anybody wanted to reiterate that they were just in the chat, or in the Q. and A. section. We do have copies. We keep the transcript from this meeting of the questions, so that we can take them back. I see some very good suggestions of things that people think we should do to help break down some of the barriers and we have our office of communication on as well. I know they are taking notes, and we really appreciate those suggestions as well. With that I just want to remind everyone that one of the gems we heard is the beauty of a COVID-19 action plan that is done in advance with patients that we have a good idea of what their tolerance level would be for the treatments and medications. It's hard to make those decisions, if you're in the midst of it. And so we really are encouraging that those sessions we have with the residents and their families that's appropriate,

so that when the time comes that those decisions at least have been given some thought. And with that we're going to ah close the call, and we look forward to reaching out to you in the near future as we get additional information. Thank you.