

Centers for Medicare & Medicaid Services  
COVID-19: National Nursing Home Stakeholder Call

May 13, 2021

Audio for this transcript:

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>> JEAN MOODY-WILLIAMS: I always try to wait out that recording message before I start. But this is being recorded. You should have gotten a notice of that. And good afternoon and thank you all for joining today. I am Jean Moody-Williams. I am the deputy center director of the center for clinical standards and quality at CMS.

And we have a full agenda for you today. But before we get started, I would like to acknowledge that this is national skilled nursing care week, and this year's theme is together, through the seasons and this really honors the collaborative, commitment of skilled nursing facilities and their staff and providing compassionate care to their residents during really this unprecedented time and I have certainly been a witness to the dedication and the compassion for many years, not just during this time, but certainly over the past year. So we want to acknowledge you and thank you for all that you have done.

It's been quite a busy week for CMS and for the long-term care community. Last week we discussed the new recommendations from the CDC, which informed changes to CMSs, nursing home visitation guidance, and this week we want to spend time focusing some discussion around the vaccine.

On Tuesday CMS issued a rule that will ensure long-term care facilities and residential facilities serving clients with intellectual disabilities that they educate and offer the COVID-19 vaccine to residents, clients and staff. Additionally, long-term care facilities must report vaccine administration of residents and staff. The rule directly reflects the importance of the vaccine and its ability to protect nursing home residents and people with intellectual or developmental disabilities who have in many cases, as we know, been disproportionately affected by COVID-19. And while many residents and staff have been vaccinated already, there are still those that have not, particularly the staff.

And so we have discussed that there are a variety of reasons why that might be, and we have discussed on this call, as well as some of the fireside chats. But we still have a goal of increasing COVID-19 vaccine acceptance and confidence. So, CMS engaged long-term care staff, referred to as community champions, who they really moved from being initially uncertain or concerned about receiving the vaccine to accepting it.

And you may remember that we had a few join us for the fireside chat earlier on. So I want to take a few minutes to premiere. This will be a premiere of two videos featuring the community champions. They are about a minute or two each. And the first video highlights the long-term care community in general, while the second focuses on a specific champion, Valerie Wright. I'm going to ask Ashley if she

can assist in showing these two videos, which will only be a couple of minutes and then we will be right back with you.

♪[ MUSIC ]♪

>> I think for me I was always the biggest person to say one of the biggest things when I was an advocate for my patients and during COVID-19 that has definitely put that to the test because we have had to become their advocate in so many other ways and step in and become their family.

>> You develop a deeper sense of commitment now to the residents, more concern about them. Because that's the reason we are here.

>> My residents are the ones that are suffering from this and so for me it was a no brainer when I really put that into perspective.

>> At first I was kind of leary about taking the vaccine.

>> Just reacted out of fear, emotions came in place, not logic.

>> I was a little nervous. I'm not going to lie. It scared me.

>> It was okay to be nervous and it was okay to be, you know, have your doubts.

>> It's understandable to be fearful. Who isn't?

>> Make sure that you're making the decision out of education and not fear. For what's going to happen, because this is so important to our whole society but especially our elderly population.

>> And then I started thinking, you know, I need to take this vaccine for my residents. I need to take it for my staff.

>> Just think about yourself but think about the communities that you work in, that you serve in.

>> We have got to do this together. We must do it together. And when we do it together, we will win this fight.

>> I'm happy I made the choice I did.

>> So my name is Valerie Wright. My official title is business development specialist. I worked in healthcare for 15 years in various aspects, the longest has been doing marketing and admissions. So I initially didn't take the vaccine in the first offering here at the facility. I was a little bit nervous. I'm not going to lie. I was worried about the ramifications and the long term. It scared me.

Our first positive was November the 10th. So, you know, we were late in the game. And when it hit, it hit hard. I'm going to start crying. Sorry. Once the vaccine was released and started being administered around us, our numbers went down tremendously. Just do your research and just not just think about yourself, but think about the communities that you work in, that you serve in. And the residents and their families.

I really feel like for our residents, this is -- this is what I need to do to do my part.

>> JEAN MOODY-WILLIAMS: Great. Thank you so much, Ashley, for showing that. And I see there's a comment that we are preaching to the choir. We have done everything you've asked and you certainly have. And thank goodness this is the choir.

But one of the things the choir does is spread the word and spread the music as it were, to others. And that is the reason that we really showed this video. We want to provide you with tools to be able to share with others and that may still need some convincing. And these videos were unscripted. And really come from the heart of those who are part of the choir now, but they too want to help others.

So, we -- and research has shown that messages such as these from peers are very effective in helping people to make decisions about getting the vaccine. So if you're part of organizations, associations or whatever, or even in your own facilities, if you still have those, who might need a little encouragement, both of these videos are posted on Twitter via CMS.gov handle. And so if you would like, we would love you to like them or share them. But they are just tools. And there are many other tools that are available, toolkits and other things as well, to help here.

So, for the remainder of this call, we will hear from -- we are going to talk about the actual interim final rule with comment. And Lauren and Evan Shulman from CMS will walk through that. We are also fortunate to be joined by Dan Budnitz from the CDC to talk about actually entering data into the national healthcare safety network system. And we also have Vicki Gottlich who is the director of the center for policy and evaluation at the administration for community living. And Vicki will help us kind of look at next steps.

Please feel free to put your questions and comments in the chat as you have been doing already and we will try and work them live as we are going through. And then we will also take some time at the end to address them.

But let me go to Lauren and Evan. Thank you.

>> LAUREN: Hi, thank you, Jean. I'm here to give you the 60-second overview of the rule itself and what the requirements are. Jean almost covered them in their entirety, which is to educate, offer and report. Those three parts that really make this, we think, will really make this successful.

Educate, all residents, clients and staff must be educated about the COVID-19 vaccine. This is -- some of these requirements have similar to our requirements for other infectious diseases such as influenza and knew pneumococcal. So they have to be educated. You have to offer the vaccine unless individuals have a medical contraindication or -- you may have already met many of these requirements because many of your residents and staff are already vaccinated. But we know there's a lot of turnover in staff and there's turnover in residents too so when you can make sure those incoming folks have the opportunity to get vaccinated if they are not already.

We also want to leave space for people who realize that the vaccine is safe for nearly everyone and that it really does reduce their risk of serious illness so we want to make sure people who change their mind have the opportunity to get that vaccine as well. So that's educate and offer and then report.

For long-term care facilities, they will have to report their weekly vaccination status to the CDC through the NHSN system. We know you all report COVID-19 testing and case outcome data already. This is just a different additional module in the same system.

Intermediate care facilities for individuals with intellectual disability have the same education and offering requirements that long-term care facilities have. They are not at this time required to report into NHSN yet. We highly encourage they do so. They may have accounts and report voluntarily, but unlikely long-term care facilities, the ICFs, ID to do not universally have accounts participate in NHSN at this time. We encourage them to do so voluntarily, though.

So that's the basics of the rule. It's pretty straightforward. Evan and I will get into more detail about how that pans out in the real world, rather than on the pages of the federal register.

>> EVAN SHULMAN: Thank you, Lauren. And good afternoon, everyone. I will give you a little bit of information about how we are going to be assessing for compliance with this new rule and enforcing the new rule. And also what about how we are going to be posting the information.

When it comes to assessing for compliance and I think Lauren just, you know, hit it very well, this is not a very complex rule. It's really just about educating and offering individuals -- educating on and offering individuals the vaccine. Surveyors are going to ask for a point of contact in the facility, which I'm sure many of you have already someone who is really on point for coordinating vaccinations.

What we are going to be looking for is evidence for compliance. So the surveyors will begin to ask for, perhaps, samples of the education materials that you're providing or perhaps a roster of the attendees at an educational session and evidence of offering the vaccine.

I'm going to take a couple of weeks for us to update the survey software so you won't necessarily see this happen immediately. But you will start to see these questions soon.

They are also going to ask for a list of the residents and staff and the vaccine status. And they will likely interview a few individuals to ask if they have been educated and offer the vaccine. For starters, let's remember that the intent of this is to get as many people vaccinated as quickly as possible. So, we will likely start prioritizing those individuals who are not vaccinated and start asking them how they were educated and if they were offered the vaccine.

When it comes to reporting, this is something that you all are doing, all of the nursing homes are doing today and we hope that this is something you can fold into your existing reporting structures. The reporting requirement as with the entire (?) goes into effect on May 21st. And you should start reporting as soon as possible. We will start imposing enforcement actions beginning with week ending June 13th. So if you have not submitted data that week of June 13th, you will begin to receive a civil money penalty starting with that following week.

Consistent with how we have been enforcing the reporting requirements for COVID cases, deaths and testing and other information.

So, please don't wait. Start reporting now. And that way you're not waiting at the last minute, not screwing around to get the report in.

And lastly, when we get all this data, we are going to post it as soon as we possibly can. All of you are going to start reporting. We have always been committed to transparency and posting all the raw data that we get through the NHSN, calculating cumulative rates of COVID deaths and COVID cases, we are going to do the same for COVID vaccinations. It will be posted on the CMS COVID-19 nursing home data web page. We believe we will be able to do this in -- by the middle of June as this rule becomes

effective and all of you start reporting and we believe this is really important information so the entire country can see how nursing homes are doing related to the vaccine penetration of residents and staff getting vaccinated, and making sure that we can also direct resources to those areas that maybe we need to help get those vaccine rates up.

So, stay tuned for more on that when it gets posted. But please, you know, don't wait. Start reporting now. And Jean, I think I will turn it back to you for the next session.

>> JEAN MOODY-WILLIAMS: Thanks. We will just go right to Dan to tell us about getting the information into the system.

>> DAN BUDNITZ: Great, thank you very much, Jean. And thank you, everyone, for joining today. We all saw some videos that were some excellent tools to encourage vaccination. So now I'll take about five minutes to tell you about another tool the NHSN vaccination reporting module is not quite as personal as those video testimonials that we saw but still important for helping to ensure the safety of our residents and staff.

So back in December when COVID-19 vaccine first became available for residents and staff and long-term care settings, CDC released NHSN modules so facilities could track the vaccination coverage in both their residents and staff. These modules were designed to be used in conjunction with the ongoing long-term care facility recording of COVID-19 cases, COVID testing, COVID supplies. And these vaccination modules were based on existing module NHSN to track influenza vaccine.

Now when initially released in December, vaccination reporting using NHSN was not required and then nearly 5000 long-term care facilities have reported COVID-19 vaccination coverage rates at least once in that time.

Also since the initial release of the COVID-19 vaccination modules, additional vaccines become available, there are additional considerations for use of vaccines and the pandemic itself has evolved. So therefore the NHSN COVID-19 vaccination modules have also evolved and been updated to make data reporting simpler and more streamlined. And these updated reporting modules were released just last week.

But the key components of COVID-19 vaccination reporting did not change and I will highlight some of the key components now. Let me start by clarifying that individual's personal identifiable information is not being reported. What is being reported are the overall numbers of individuals at the facility and how many of them are vaccinated. So, first I'll start with resident reporting. First, facilities report the total number of residents in the facility for at least one day during reporting week. Second, the facilities report from among these residents the number who have ever received COVID vaccine. This is an important point. The number of residents who have ever received vaccination should be reported each week, not just the newly vaccinated persons in a week.

This is a key point because what's important for the safety of the residents and staff is knowing that the total or cumulative number of residents in a facility who have ever been vaccinated.

Now, third facilities will report if there are some residents who have contra indications to vaccine and this should be a small number of individuals. And it's important to note that declining a vaccine because

of a philosophical or religious objection is not a medical contraindication. There's a place to report the number of such decline nations if a facility chooses to do so but that's not a contraindication.

And finally there is a couple of yes/no questions about vaccine availability at the facility. Now, for facility staff the report is quite similar. Again, first facilities report the total number of healthcare personnel who regularly work in the facility during the reporting week. If the facility chooses to, they may report specific categories of healthcare workers, for example, nurse employees, therapists, aides or physicians, but reporting by category is not required. The total number of healthcare personnel is.

Second, facilities report from among these eligible healthcare personnel who regularly work in the facility the total number who are ever vaccinated, ever received COVID-19 vaccine.

And finally the facility reports the number of these healthcare personnel who might have contra indications and some yes/no questions about vaccine availability for staff.

Now, copies of the NHSN data collection forms detailed instructions and other resources are all available on the NHSN website under the long-term care facility component tab. And we can post the web link for these resources in the chat.

Also, a training webinar with further details on COVID-19 vaccinations was connected just on Tuesday, May 11th with over 1300 participants from long-term care facilities. If you weren't able to attend, that is okay. The training webinar will be replayed four more times followed by a live Q&A session each of those times. These will air again next week, on Tuesday and Thursday, and the following week on Tuesday and Thursday as well. And information on signing up for one of these sessions will also be included in the chat.

So I want to thank you for your time today. And hope you will join one of these sessions next week if you want to learn more.

>> JEAN MOODY-WILLIAMS: Great, Dan. And go ahead and put your questions in the chat. And he will be looking through that. And I will go to Vicki now.

>> VICKI GOTTLICH: Hello and thank you for inviting me to participate in this webinar. I am Vicki Gottlich, the director for center for policy and evaluation at the administration for community living. You may not know who ACL is, but you certainly are familiar with some of the work that we do. The administration for community living works to ensure that older people and people with disabilities of all ages get to participate in the community.

We fund programs with which you are familiar, such as the state unit on aging, the area agencies on aging and, most importantly, the long-term care ombudsman program. We are really pleased to have worked with our colleagues in CCSQ to ensure that intermediate care facilities for individuals with intellectual and developmental disabilities were included in this rule and that the education requirements apply to those facilities.

As you all know, residents of those facilities also were and are at high risk for COVID infection. The rule does not yet require ICF IDs to report because, unlike long-term care facilities, most of those facilities do not have the capacity to report. They are not connected to the system, basically. They are encouraged to do so under the rule. And comments are sought about whether this requirement of reporting should be made mandatory for these types of facilities as well.

The rule also seeks public comment on applying the vaccine education, access and reporting requirements to other congregate settings like assisted living and group homes and other settings where residents receive Medicaid and home community-based services programs. So, we are interested in hearing comments from the public and from you on those facilities as well.

I want to talk a little bit about some of the work that ACL is doing in this capacity. We are really interested in the fireside chats that you all have engaged in to encourage your direct support workers to participate in vaccines and to get vaccines. We are working with CCSQ and other parts of CMS and other parts of the Department of Health and Human Services to work with direct support personnel in community settings to encourage them to get vaccines as well.

ACL, through funding from the CDC, is also working to ensure that individuals with disabilities and older individuals who live in the community have access to vaccine services by connecting them with appointments, connecting them with transportation and providing vaccines to individuals who are homebound and cannot leave their residence to go get a vaccine.

We really appreciate our collaborations with CMS and with the CDC and we are happy to answer any questions. Thanks. And I'm going to turn it back to Jean.

>> JEAN MOODY-WILLIAMS: Great. Thank you so much to all the presenters. And now we are going to spend -- we have some time left for questions and answers. And I know the Q&A box has been busy. But I am going to turn it to Holly, who has been kind of monitoring this, and Evan, and maybe you could start with some of the questions you have been giving answers to and then kind of go from there.

>> HOLLY NORELLI: Thanks, Jean. And we received several questions prior to the call and many of them we will, actually, answer some of the questions that are being typed into the chat. So we will get started with those. And then we will pick up on some of the other ones as soon as we finish with these.

So, the first question is, we see that the IFC5 was posted on 5/11 and was published to the federal register on 5/13. What is the actual effective date of the rule?

>> LAUREN: Hi, Holly. The effective date of the rule is May 21st, which is only 10 days from the date of display. We note that some of the previous IFCs during the PHE were effective immediately upon publication but this one has a ten-day waiting period before it's effective.

>> HOLLY NORELLI: Thank you so much for that.

We are going to move on to the next question, which is, the proposed final rule carries a new measure for sniffs on COVID-19 vaccinated healthcare personnel. This inquirer said they assume this will go into play only if the vaccines are taken out of EUA and fully approved, or will this measure also be in play if the vaccines are still in EUA at that time? And that EUA is emergency use authorization.

Heidi, did you want to take this one?

>> HEIDI MAGLADRY: Hi. This is Heidi. I'm the skilled nursing facility quality nursing program coordinator. And I think you're referring to the sniff PPS rule that went on display on April 8th and under public comment period until June 7th. That proposed rule carries the COVID-19 vaccination coverage among healthcare personnel measure, which is proposed for beginning with the fiscal year 2023 sniff quality reporting program. If it's finalized as proposed, providers will begin submitting this

data October 1, 2021, again, as -- if finalized as proposed, vaccine approval status will not impact this proposal.

>> HOLLY NORELLI: Great. Thanks, Heidi. Appreciate that.

The next one we are receiving quite a bit in the chat, so I think this will be helpful and we received it prior to this call. So I'm going to go to Lauren and Evan for this one. Does the rule require that we educate everyone that has already been vaccinated?

>> EVAN SHULMAN: Yeah, I can take this one. I do see a lot of questions about this in the chat, about going back and reeducating individuals and how often do we have to educate individuals. And let's just try to take a step back and think of the intent of this rule, which is to get as many people vaccinated as quickly as possible and to do that we really need to get the people who are not vaccinated the information that they need to make this decision.

So, we should really prioritize those individuals that are not vaccinated.

We don't think that facilities should start by re-educating individuals who have already been vaccinated. At the same time, if you have educated individuals that have declined, then that doesn't mean that you should never reproach them to educate them again. And I think you should take a practical approach. If someone just declined yesterday or a few days ago, it may not be appropriate to immediately reproach them and reeducate them.

But if someone, say declined their first shot and the pharmacy is coming back to give other people their second shot and there's an opportunity for this person to get their first shot, it would be appropriate to reproach that person and educate them and offer them the vaccine (re-approach) so use your judgment. You know your residents best. Just be practical about focusing on those that are not vaccinated and re-approaching those that perhaps have declined before but maybe have begun to change their mind. So I hope that that's helpful. And there are a lot of questions about this.

>> HOLLY NORELLI: Thanks, Evan. And I think, you know, while we don't want to focus on the regulatory side or the enforcement side, I think, you know, what some people are asking in the chat is, you know, I saw a question, do I have to be able to produce to a surveyor that I have educated someone multiple times? What you're saying is that is not what we are expecting. We are expecting everyone to make their best effort in educating and offering the vaccine but that we are not going to be asking for, you know, facilities to demonstrate that they have offered it multiple times.

>> EVAN SHULMAN: Exactly.

>> HOLLY NORELLI: Is that correct?

>> EVAN SHULMAN: Exactly, Holly. The regulation says to educate and offer staff. It doesn't say to do so multiple times. But, again, think of the intent here. I think this is a great example of where you may be able to be compliant and you will be compliant if you educate staff once. But the intent is to get people vaccinated. So if it's appropriate based on your knowledge of the person and your relationship with them and the time that's passed since their last offer, then try again and let's try to get everyone vaccinated and give them the information that they could use to make this decision.

>> HOLLY NORELLI: Absolutely and that's well said. I think, you know, the nursing home administrators and DONs on the line, you know your staff and your residents so well and to Evan's point, you know when it's time to re-approach them and talk about it more and educate them. So thanks, Evan.

I'm going to shift to Dan for a couple of questions about NHSN particularly. So, for the new reporting requirement, can providers report any day of the week? So, for example, let's say for the week of May 10th through the 16th, can the facility report vaccine data on Thursday and then in the following week report vaccine data on Friday?

>> DAN BUDNITZ: Thank you for the question. The short answer is yes. Facility can initiate a report any day of the week. The reporting week typically runs -- or does run through Monday through the weekend, Sunday night. So a facility certainly could report Thursday one week and Friday the next.

>> HOLLY NORELLI: Okay. And kind of in follow-up to that, what if a provider needs to add to or correct a report that they have already submitted?

>> DAN BUDNITZ: That's a very good question. And, yes, the data can easily be updated using NHSN application. There's a calendar function that users can select the week that they need to update, and so, for example, if a facility reports data on Friday and then several new residents are admitted over the weekend, the data for that last week can be updated the next, you know, Monday, for example, to include those new admissions.

>> HOLLY NORELLI: Okay. That's really helpful, Dan. Thank you.

And then I'm going to shift, I have seen this question, actually, quite a bit in the chat as well, so, Evan, I'm going to ask you to take this one. If the COVID-19 vaccine is not available through our pharmacy, what are we supposed to do?

>> EVAN SHULMAN: Great question. And, you know, we have received this question in different forms throughout the pandemic, such as what if we can't get PPE or what if we don't have testing supplies and we can't get them?

Facilities should document their attempts to get vaccine. They could also make recommendations or should also make recommendations to staff and residents and their families of other ways they can get the vaccine if the long-term care pharmacy is not able to provide it. But document those attempts and show that that documentation to the surveyors and that's fine. You should not be cited for noncompliance.

We are expecting facilities to make attempts to meet the requirement if there is not -- if they don't have availability of a vaccine through a long-term care pharmacy. But if there are factors outside of their control, then we are not expecting them to be accountable to those factors.

>> HOLLY NORELLI: Thanks, Evan. And another -- a separate question. This is getting more back to folks' vaccination status. This is a question that we have seen a lot. What if someone doesn't want to share their vaccination status with others?

>> EVAN SHULMAN: Sure. And that's their choice. You know, but if so, then that individual, the facility should consider that individual as unvaccinated. Again, to be safe. And then follow the guidance for unvaccinated individuals. Obviously, this is something that is a personal choice for someone to share.

And if they don't share it, then facilities should not take any action, of course, against them. But they should consider that person as being unvaccinated. And I just want to comment on this in general. Remember, that question really applies to all of us, not just in nursing homes but in communities, in the community at large. That we all are going to have to work alongside each other knowing there are going to be some people willing to disclose their vaccination status and some that are not. And that's perfectly fine. So, it's not exclusive to nursing homes. So we will all have to work with each other to respect that decision. But in those cases where people are willing to share, then there's very clear guidance of how to work together on that.

>> HOLLY NORELLI: Thanks, Evan. I think this is a good question. What if a facility has the majority of their residents and staff already vaccinated but they didn't keep a record of those materials that they used to educate or keep a log of those discussions and various points in time within the facility with staff and discussions over the phone with families? How will the surveyor evaluate compliance on something like that that has already occurred?

>> EVAN SHULMAN: Again, if the majority of residents are vaccinated, then I think it's safe to assume they were offered the vaccination and I think we can also presume that they were educated. Let's also remember, though, that nursing homes have a regular turnover of residents and, of course, there's also turnover of staff. So we do expect that nursing homes are going to have to get educational materials to educate new residents and new staff so that information a nursing home should be able to provide to surveyors and they should be able to provide the evidence that they are educating new individuals.

But in terms of their facility who has a lot of individuals who are vaccinated, I don't think we are going to be focusing on the evidence that those people were educated. But a facility is going to have to get materials to educate those who come into the facility from now and the foreseeable future.

>> HOLLY NORELLI: Thanks, Evan. I'm going to shift to Dan because I'm seeing this question a lot. How far back should the facilities go to enter vaccine data for staff and residents? So, this person says, for example, we may have had residents who received the vaccine in January but have since discharged. So, do they capture those individuals in the total ever vaccinated? And the same thing with any staff that, perhaps, are no longer working at the facility but were vaccinated previously?

>> DAN BUDNITZ: Yeah. Thank you for that question. That's a really good one. We start with the people who are residents for the reporting week. So, residents that have been discharged previously are not in the facility currently during the reporting week, they do not need to be counted. So, once you take the residents who are in the facility for at least one day during the reporting week, just among them, how many are vaccinated. And those people could be vaccinated several months ago and that is fine. They are still vaccinated. Or they could be vaccinated this week. Include all those people who are vaccinated.

And the same goes for staff. If they no longer work at the facility and no longer on staff, then they do not need to be reported. However, if they are regular staff that works in the facility at least once a week during that reporting week, please do report.

There are further details on some of our training materials, particularly as it relates to staff, but the concept is, if the either resident or staff are in the facility for that reporting week, then report for them.

But if they were discharged or no longer employed, you do not need to go back in time and see who worked at your facility in December.

>> JEAN MOODY-WILLIAMS: Thank you, Dan. And Holly, we may have time for one more question. And, Ashley, I have seen requests for how to get those videos. I think you put it -- a link in the chat, but if you could put it back in again so that people can find out where to get those videos. And Holly, do you have one last question?

>> HOLLY NORELLI: We are seeing just, again, what date is the vaccination reporting required in NHSN? And I believe that was covered already. So --

>> EVAN SHULMAN: Sorry I was talking on mute. Did vaccination reporting requirement begins on May 21st. We will start imposing enforcement remedies beginning for those that do not report for week ending June 13th. But, again, don't wait. This is really important information for all of us to know how we are doing with vaccine uptake in long-term care facilities. So those are the dates and that's the dates of enforcement but do not wait. Start reporting as soon as possible, now.

>> JEAN MOODY-WILLIAMS: Great. Thank you. And I know some facilities have been reporting all along on a voluntary basis, and so, we thank you. And you can be a great resource for those who are just starting out.

With that, I think we are going to come to a close. I know there may be a few more questions. We got quite a few in the chat. We will continue to look through those and get back to you as best we can on those as well.

And as always, we thank you for joining us, and hope you have a great rest of the skilled nursing facility recognition week. Thank you.

(Session was concluded at 3:44 p.m. CT)