

Adult Care Homes Reopening Guidance

FREQUENTLY ASKED QUESTIONS

Testing Questions

Question: Would the private lab bill the Kansas Department of Health and Environment (KDHE) in the event the facility has to use the private lab?

Answer: KDHE is not responsible for funding testing done at private labs.

Question: KDADS is not requiring baseline testing, but can individual counties make this a requirement?

Answer: This is dependent upon the local health department (LHD). They have authority in their jurisdiction to make these determinations.

Question: What should a facility do if a staff member refuses to test?

Answer: Facilities should include this in their facility plan for testing and responding to COVID-19. KDHE recommends:

- assume the staff member is positive for COVID-19
- consider having them out of work for the appropriate isolation/quarantine time
- assign them to work with COVID-19 positive residents
- document the refusal

Question: The KDADS guidance document says baseline testing is not required; however, the AHCA algorithm says test all residents (in the middle box at the top). Can you clarify the recommendation please?

Answer: The AHCA algorithm is strictly guidance and the top three boxes of the algorithm (in green) are different testing scenarios a facility could encounter. The guidance for all three scenario types leads to the same next step, which is what to do while waiting for test results.

Question: We are a stand-alone, not for profit Skilled NF and Assisted Living. Do you know if tests and testing is possibly free of charge?

Answer: Testing is available through the state public health lab (KHEL) in certain situations:

- for persons matching criteria as a person under investigation (PUI) for COVID-19 (meaning they are suspected of having the disease)
- expanded testing (two rounds of facility-wide testing) in response to a confirmed case of COVID-19 associated with a nursing home (or other similar residential care facility)

There is no charge for testing done through KHEL.

- Question:** What do we do if the resident denies taking a test?
- Answer:** CMS guidance QSO-20-30-NH suggests that resident refusal should be addressed in the facility plan for reopening. The QSO-20-30-NH memorandum can be found at:
<https://www.cms.gov/files/document/qso-20-30-nh.pdf-0>
- Question:** A lot of lab companies are stating that they are not able to take new customers at this time due to workload from COVID. Do you have any resources or recommendations for labs who are taking new clients?
- Answer:** From the front page of the COVID-19 Resource Center website, click on “Testing” on the right side and then scroll down to find a link to testing laboratories
<https://www.coronavirus.kdheks.gov/280/COVID-19-Testing>. The actual map is here:
<https://kdhe.maps.arcgis.com/apps/webappviewer/index.html?id=08a5e6d50dfc4571b28d9bf8741edb76>
- Question:** Is KDADS responsible to get testing supplies to our local departments?
- Answer:** No. The local health departments access testing materials through the KDHE laboratory and the Kansas Division of Emergency Management (KDEM).
- Question:** On page 5 (of the reopening guidance) it says the facility must obtain consent from residents before testing. Does this mean written consent or is verbal consent acceptable? If there are multiple tests, does this mean multiple consents signed?
- Answer:** Facilities should follow their policies and procedures for obtaining consent from residents for other medical procedures or tests, like influenza vaccinations. If a facility needs additional guidance on the need or type of consent, the facility should consult their legal counsel.
- Question:** If we are receiving a new admission that is coming from the hospital and they are COVID+, do we have to report this to KD HE?
- Answer:** No, if your facility providers did not suspect or test for COVID-19 then you are not responsible for reporting. The facility at which the testing was done is responsible for doing the reporting of suspecting and confirming the disease.
- Question:** What is your guidance for residents who refuse the COVID-19 test? What is the recommendation for dementia patient?
- Answer:** CMS guidance QSO-20-30-NH suggests that resident refusal should be addressed in the facility plan for reopening.
- Question:** How does KDADS plan to address facilities who use refusal to test for COVID-19 by a resident as reason to discharge?
- Answer:** KDADS will assess proper or improper resident discharge on a case-by-case basis
- Question:** Does consent for COVID-19 testing from residents need to be written or does verbal consent suffice?
- Answer:** Facilities should follow their policies and procedures for obtaining consent from residents for other medical procedures or tests, like influenza vaccinations. If a facility needs additional guidance on the need or type of consent, the facility should consult their legal counsel.

Question: If our outbreak has been resolved, do you recommend that we test all staff that have not been COVID positive?

Answer: No, KDHE currently recommends testing a person who is symptomatic for COVID-19 or to do expanded testing in response to a single confirmed case of COVID-19 within a nursing home (or other group living type settings). Our state public health lab will provide testing of symptomatic people and will do 2 rounds of testing in response to a case:

- 1st round is facility-wide after notification of a confirmed case
- 2nd round is all previously negative around day 7 after collection of the first round

Question: If a staff member or tenant is having a procedure or surgery and the hospital requires COVID-19 test, wouldn't that be a reportable issue?

Answer: Any positive COVID-19 test is reportable. There is no true suspicion of the disease here so there is no report required for suspicion of COVID-19. The facility doing the testing is responsible for reporting the results of the test.

Question: There is guidance from KDHE that we are to do facility wide testing. I get that; however, they are saying that testing should be followed by every other week antigen testing of all negative residents and staff, then if antigen testing is not available, we should do serology is acceptable. This is not what KDADS is guiding. What is correct to write up in our plan?

Answer: KDHE does not require antigen testing every other week. KDHE currently recommends testing a person who is symptomatic of COVID-19 or do expanded testing in response to a single confirmed case of COVID-19 within a nursing home (or other group living settings). Our state public health lab will provide testing of symptomatic people and will do 2 rounds of testing in response to a case:

- 1st round is facility-wide after notification of a confirmed case
- 2nd round is all previously negative around day 7 after collection of the first round.

Reporting Questions

Question: The CMS guidance for activities and communal dining say they are for asymptomatic and negative residents only. Are recovered residents now considered to be negative?

Answer: Residents who have completed their isolation/quarantine periods are no longer considered active cases and therefore would be considered to no longer have COVID-19 infection.

Question: How do we report to KDADS? Is there a specific e-mail or hotline or phone number?

Answer: KDADS is using the reporting to KDHE within 4 hours of a suspected or positive COVID-19 case to satisfy the federal requirement to notify the state survey agency.

Question: How do we report a positive COVID-19 test?

Answer: Preference is to use online reporting portal: <https://diseasereporting.kdhe.ks.gov/>. Facilities will need to ensure KDHE gets the lab report either directly from the lab or from the facility via secure fax (877-427-7318) or secure email (<mailto:kdhe.epihotline@ks.gov>). Facilities can also call the KDHE Epidemiology Hotline (877-427-7317) for further information.

- Question:** What is the plan going forward to ensure KDADS receives information on COVID-19 positive cases and outbreaks from KDHE?
- Answer:** KDHE will continue to share the reporting information they have with KDADS. KDHE will be moving to only requiring facilities to report suspected/confirmed cases within 4 hours and through National Healthcare Safety Network (NHSN) due to volume.
- Question:** Is there a requirement to publicize positive COVID cases beyond residents, staff and families? We saw something today about posting these results publicly?
- Answer:** KDADS is planning to produce public reporting about facility outbreaks and positive cases. This will be done in a way that protects personal health information of residents and staff.
- Question:** Does the reporting requirement include residents and staff - or only if we have residents that test positive?
- Answer:** KDHE reporting requirements include both residents and staff.

Alignment with the Survey Process

- Question:** We are told over and over to follow the most "stringent" guidelines. If we come up with a facility plan with our county health official and it is less stringent than CMS will we get deficiencies for that?
- Answer:** No, CMS does not have required steps/phases to reopening, only guidelines and suggestions (QSO 20-30-NH) for state survey agencies and local health authorities (QSO 20-30-NH.) The CMS and KDADS guidance documents do not have requirements for a facility's reopening plan. There are only guidelines and suggestions. KDADS requires that each facility have a plan with a phased approach to reopening that is developed in collaboration with the local county health officials and contains a testing and cohorting plan.
- Question:** If we make our plan and follow our plan, since we are in charge of our own plan with this as guidance, how will we be held for inspections if we follow our plan and then afterward get a positive case? It kind of feels like we can do all of these things and COVID can still get in. Facilities feel like we're in a "can't win situation".
- Answer:** Per QSO-20-31-ALL state survey agencies will be required to enforce infection control citations in accordance with the memo guidelines. Facilities can reference QSO 20-20-ALL for guidelines on what a surveyor will be surveying for on a Federal Infection Control Survey.
- Question:** Do you have to have the survey completed before reopening to Phase 3?
- Answer:** No; an infection control survey does not need to be completed prior to planning for reopening to visitors or beginning to relax restrictions on visitors or outside personnel.
- Question:** What kind of documentation would KDADS be looking for to support that the consultations with the Local Health Officer occurred?
- Answer:** Surveyors could look for records of meetings including email, fax and telecommunication documentation. Should the surveyor find it necessary, they can also reach out to the LHD for clarification.

Question: What is the determinate for “adequate staffing”?

Answer: Certified Nursing Facilities will be surveyed for infection control using the guidance outlined in QSO 20-20 All. State licensed only facilities will be inspected based off of ALF/RHCF-KAR 28-39-254 (a) & 26-41-207(a), ADC-KAR 28-39-289 (a) & 26-42-207(a), Home Plus- KAR 28-39-437(a) & 26-43-207(a). Adequate staffing is determined on an individual facility bases but must meet any minimum staffing requirements as outlined in the State and Federal Statutes and Regulations.

Question: So, if the facility is surveyed by a CMS team, will the facility be cited if we have moved into our plan into an approved phase that allows communal dining & activities?

Answer: No.

Question: Is there a dedicated Infection Control team that surveys all of the communities in the state, or are the surveys conducted by the same surveyors that conduct annual surveys? For example, Assisted Living (AL) surveys will be conducted by AL surveyors and SNF surveys conducted by SNF surveyors?

Answer: No.

Connections to Local Health Departments and Emergency Management

Question: Do the local health departments and emergency management understand this guidance? How involved have they been in developing this guidance since their guidance will be the final requirement?

Answer: KDADS discussed this guidance document with the public health leadership at KDHE. KDADS also presented on a weekly call including representatives from all local health departments. The document was shared with KDEM as well.

Question: Some facilities and communities are in adjacent counties. Butler-Harvey-Sedgwick is an example. Guessing we need to deal with different county health departments with different guidance. Thoughts?

Answer: A facility should follow the guidance of the LHD in which the building is located.

Question: If a facility expresses problems with getting response from the local health officer who should they let know?

Answer: Report to KDADS through the reopening mailbox at: KDADS.reopening@ks.gov

Question: Our health department said that they were directed that the health department can be who we consult with rather than the Local Health Officer. Is this correct?

Answer: Yes, the local health department can be used as a resource instead of the specific local health officer.

Question: Will the Local Health Officers be communicating to KDADS which facilities have been allowed to have visitors? To whom and how often?

Answer: No. KDADS will continue survey activities as outlined in QSO 20-31 ALL and will be surveying for infection control based on the guidelines in QSO 20-20-ALL. The reopening status of a facility does not influence the KDADS survey activity. The survey checklist is a public document and facilities have access to this same memo and should be utilizing it to ensure compliance with CMS standards and as a starting point for the KDADS targeted infection control surveys. This guidance would be a great tool for facilities when developing their facility infection control policies/procedures as well as their re-opening plan in addition to State Reopening Guidance.

Question: If there are no specific requirements for testing from KDADS, then why are the local health department requiring bi-weekly testing?

Answer: This is dependent upon the LHD. They have authority in their jurisdictions to make these kinds of determinations. KDHE has the authority to step in if it is believed that the LHD has put something in place that endangers the health of the public.

Questions about Facility Plans

Question: If a facility successfully completes Phase 3 can it then lift all restrictions including screens and mandatory masks?

Answer: That depends on the conditions in the county as identified by the Local Health Officer. The phases in the Reopening Guidance document are meant as examples of the stages of reopening and the steps adult care homes can take to prepare for reopening to visitors while keeping residents safe from COVID-19 infections. A facility can identify in its plan a need to extend or re-enter previous phases of their plan based on facility and county case.

Question: Does our reopening plan have to be approved by KDADS? Do we need to submit a copy to KDADS?

Answer: No, plans do not need to be submitted to KDADS for approval. Plans should be kept on record at the facility and made available upon request to all federal, state and local officials.

Question: We have a Temporary License Agreement for a COVID 19 Isolation Unit. The license is about to expire. What is the best way to either reapply or to extend the license agreement end date?

Answer: KDADS is currently working with our legal department to research options for facilities to extend the expiration date of their temporary license agreement for COVID-19 and recognize the facilities need for continuation of license agreements to ensure proper cohorting.

Question: How do we know what constitutes Day 1 of first phase and is the 14 days in each phase with no positive cases still required? Would a facility that hasn't had any positive cases start in another phase or still start at Phase 1?

Answer: The timing of any phase depends on when counties issue orders for reopening. There are no statewide defined dates.

Question: Is the definition of compassionate care in this document in place now (no matter what phase we are in)?

Answer: Yes.

Question: How does KDADS plan to address facilities who refuse to do a reopening plan in a county determined to be in phase 3?

Answer: KDADS will assess the facility for proper infection control protocols as outlined in QSO 20-20-ALL.

Question: If there is no known virus in the building and family members/visitors are willing to wear a mask, take temps, use sanitizer and social distance shouldn't at least 1 support person be allowed to make short visits at least weekly? Is there any way to REQUIRE this to be allowed if there is no active virus in the building?

Answer: No, KDADS does not have the authority force a facility to follow a requirement of this nature. Just as a facility does not have the ability to keep people in their facility against their or their representatives' will.

Question: Will plans be placed in a repository where we can access them? And how will the facilities know if case status in the community changes to update their plans?

Answer: KDADS is not collecting facility plans in a central repository. The facilities need to stay in touch with the Local Health Officer for updates. Plans should be kept on record at the facility and made available upon request to all federal, state and local officials.

Question: Why are non-essential healthcare workers allowed back before family? Why couldn't it be limited to family?

Answer: That's a facility decision. CMS grouped people together in their guidance.

Question: Where do the Home Plus facilities fall in all our part of this?

Answer: Separate guidance has been released. If Home Plus facilities have specific guidance or COVID-19 related question they can reach out to KDADS.reopening@ks.gov or Regina Patterson at regina.patterson@ks.gov.

Question: What about CNA and CMA students? Can they come in the building for clinicals? Are there any extra precautions level of masks, etc.?

Answer: CNA or CMA students are designated as healthcare workers by CDC guidance CDC identifies nursing students as Healthcare Workers. As such, KDADS would include nurse aid/medication aid students to fall within this definition. "Healthcare workers include physicians, nurses, emergency medical personnel, dental professionals and students, medical and nursing students, laboratory technicians, pharmacists, hospital volunteers, and administrative staff."

CMS guidelines state Health Care workers are exempt from restrictions, as long as all CDC guidelines are being followed.

Question: When will we be able to have group dining and activities?

Answer: The timing of restarting communal dining or activities could be addressed in the facility reopening plan. The timing would depend on consultation with the local health officer to assess local conditions and the facility's plan to respond to a positive COVID-19 resident or staff member.

Question: Is outdoor visitation considered part of the "reopening plan"? Or would that be allowed currently?

Answer: Outdoor visitation could be a current practice to help residents stay connected to their families and caregivers. It also could be addressed in the facility plans developed for reopening.

Question: Is a contracted beautician considered an essential staff?

Answer: Facilities are responsible for designating essential staff in accordance with their infection control policy.

Question: You have a dementia resident who does not understand why or how the COVID testing would be done. How would you do that? Wouldn't that be considered abuse if they refuse? How would you confine them to their room when they don't understand? Isn't that seclusion?

Answer: You would need to consult with the medical care provider. It is not seclusion unless this action is limited to one person. If it is the policy for all residents to quarantine in their rooms, then it is not limited to one person.

Here are some resources that provide additional instruction on working with people with dementia during COVID-19:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html>

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/caregivers-dementia.html>

<https://www.cdc.gov/aging/covid19-guidance.html>

Question: This publication reads very similar to long-term care facilities. Is there any major difference?

Answer: The major differences between the nursing facility and the adult care home reopening documents relate to reporting and the references to CMS documents.

Question: If our building is full, and we have no space on site to create an isolation area, what do we do?

Answer: Facilities should work with other providers in their community that also may have a need to isolate potential COVID-19 positive patients including hospitals or other nursing facilities.

Question: If our residents are in private rooms do we still have to find them another isolation room?

Answer: No.

Best Practices for Infection Control

Question: When reopening begins, social distancing and masks will continue to be a way of visitation. Are facilities responsible to ensure visitors are following those guidelines, i.e. 'supervised' visits?

Answer: Facilities are responsible for ensuring they are in accordance with federal, state and local laws or regulations as well as their facilities policies and procedures for infection control. At this time there is no federal or state mandate for masks.

Question: The CMS guidance for activities and communal dining say they are for asymptomatic and negative residents only. Are recovered residents now considered to be negative?

Answer: Residents who have completed their isolation/quarantine periods are no longer considered active cases and therefore would be considered to no longer have COVID-19 infection.

Question: Carriers of the virus are known to be asymptomatic. Why is taking temperatures seen as an effective screening tool for staff and visitors?

Answer: Screening is an important tool to detect staff potentially experiencing an illness due to an infectious disease. Fever is a symptom of many types of infectious diseases. We would not recommend an employee work while ill or symptomatic and temperature screening is one way to help determine if they are be it COVID-19 or other infectious illness.

Question: Are oxygen saturations required with temperatures for staff and visitors?

Answer: No.

Question: Do we have to take O2 levels on staff when screening them in at the beginning of their shift?

Answer: No.

Question: What is defined as "adequate" levels for staffing and PPE?

Answer: CMS does not have minimum threshold for PPE. They address this in two different guidance memos:

1. <https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf> which indicates:

“Will nursing homes be cited for not having the appropriate supplies? CMS is aware of that there is a scarcity of some supplies in certain areas of the country. State and Federal surveyors should not cite facilities for not having certain supplies (e.g., PPE such as gowns, N95 respirators, surgical masks and ABHR) if they are having difficulty obtaining these supplies for reasons outside of their control. However, we do expect facilities to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of ABHR, we expect staff to practice effective hand washing with soap and water. Similarly, if there is a shortage of PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility should contact the local and state public health agency to notify them of the shortage, follow national guidelines for optimizing their current supply, or identify the next best option to care for residents. If a surveyor believes a facility should be cited for not having or providing the necessary supplies, the state agency should contact the CMS Branch Office.”

2. The CMS guidance memo QSO-20-30-NH (<https://www.cms.gov/files/document/qso-20-30-nh.pdf-0>) states that as part of a facilities re-opening plan they need to have:

“Access to adequate Personal Protective Equipment (PPE) for staff: Contingency capacity strategy is allowable, such as CDC’s guidance at Strategies to Optimize the Supply of PPE and Equipment (facilities’ crisis capacity PPE strategy would not constitute adequate access to PPE). All staff wear all appropriate PPE when indicated. Staff wear cloth face covering if facemask is not indicated, such as administrative staff”

KDADS and KDHE also recommend using PPE calculator from CDC:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>

Question: Are we able to cohort positive cases of COVID and only use full PPE in that area or is it required that full PPE be used facility wide?

Answer: For a single case, the staff taking care of that resident would wear the full PPE, but not all staff in the building. In outbreak circumstances, KDHE sometimes recommends for all direct care staff to wear all PPE but that is direct resident care staff, not all staff.

So yes, for this specific question, if you are able to successfully cohort the residents in location, then cohort direct care staff to this cohort, and only those staff providing care to this cohort would need to wear the full PPE.

Question: Do you know how soon assisted living and home plus facilities will be receiving guidance?

Answer: Adult Care Home Guidance was published to KDADS website on 6/17/20 and can be found at: https://www.kdads.ks.gov/docs/default-source/covid-19/reopening/ach-reopening-guidance-6-17-2020d9be64a0172e66d690a7ff00009edf98.pdf?sfvrsn=3b9002ee_0https://www.kdads.ks.gov/docs/default-source/covid-19/reopening/ach-reopening-guidance-6-17-2020d9be64a0172e66d690a7ff00009edf98.pdf?sfvrsn=3b9002ee_0

Question: What does KDADS propose to do to get the LTC Ombudsman to support a gradual reopening, slower than the generally reopening, and in consultation with the local health officer?

Answer: Deputy Secretary Brunner discussed the intent of the reopening guidance and infection control survey process with the Long-Term Care Ombudsman. The Ombudsman offered this response:

“The Office of the Kansas Long-term Care Ombudsman program’s role is to advocate for the health, welfare, and rights of residents. Since mid-March we have worked with numerous residents and their loved ones helping them to understand the reason for the restrictions that have been in place. When we have complaints brought to us about these restrictions, we try to work with facility staff to help balance each individual resident’s needs with trying to protect all residents living in the facility. We recognize that this is sometimes a difficult balance to reach. Like providers, we use the guidance from CMS and the CDC to inform our work in specific situations; particularly helpful on this issue is in the FAQs in CMS’s memo QSO-20-28-NH.

This guidance also reminds facilities what an important resource our program is and encourages facilities to communicate regularly with the Ombudsman program and to call on the program when residents and their loved ones have questions or concerns. As you develop your reopening plans I encourage you to share your plans with your ombudsman so that we can help answer the questions and concerns that are bound to come up during this time.”

Question: Is a "significant decline" a "significant change" or something different?

Answer: Significant decline for the purpose of the guidance compassionate care visits should use the definition of significant change in condition KAR 26-39-100 (rrr)
(rrr) “Significant change in condition”: means a decline or improvement in a resident’s mental, psychosocial, or physical functioning that requires a change in the resident’s comprehensive plan of care or negotiated service agreement.

Question: If a resident goes to a doctor’s appointment, do we need to isolate them for 14 days?

Answer: The facility infection preventionist should use their best judgement to determine the exposure risk for the resident during a regular appointment. Especially in cases of continued appointments (such as regular hemodialysis outside of the facility) exposure risk vs the potential negative effects of constant quarantine should be weighed when making this decision.

The CDC guidance about new admissions and readmissions says, “Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. HCP should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission. Testing at the end of this period can be considered to increase certainty that the resident is not infected.”

Question: If a resident is returning from the hospital and tested negative in the hospital do they still need to be quarantined for 14 days, even with a negative result?

Answer: Yes, KDHE recommends quarantining the resident for 14 days after returning for an inpatient stay at another facility even if that resident had two consecutive negative test results (use of the test-based strategy requires two negatives). These have a higher risk for exposure to COVID-19 , and the current COVID-19 confirmation test (PCR test) can only give you information about if there was viral RNA at the time the test specimen was collected but exposures could have happened prior to or after the specimen was collected.

Question: If the isolation rooms are in the current licensed area is there a need to license the cohort area?

Answer: No.

Alignment with HB 2016

Question: How do the requirements in HB 2016 for the state to provide testing supplies impact the requirement for facilities to hold separate lab contracts?

Answer: The reopening guidance does not require facilities to have a laboratory contract. That is recommended but not required. Facilities should have a way of getting COVID-19 tests complete if needed to respond to staff or residents that screen for possible COVID-19 symptoms.

KDADS is working with our partners at KDEM and KDHE to facilitate the requirements of HB 2016 around Personal Protective Equipment and testing supplies.

Question: Is KDADS now responsible for providing PPE under HB 2016? Is that just for surveyor use or is it for the whole facility?

Answer: Yes. KDADS is responsible based on the provision in HB 2016. KDADS is working with our partners at KDEM and KDHE to facilitate the requirements of HB 2016. The bill calls for PPE supplies for the whole facility.

Question: What is your timeline for firming up and then communicating the plan related to testing and PPE requirements in HB 2016?

Answer: KDADS is working with its partners at KDEM and KDHE to facilitate the requirements of HB 2016. We hope to have direction on a plan by early July. In the meantime, facilities should continue using the existing process of requesting needed PPE and testing supplies, as needed, from local emergency management officials. Contacts for all local emergency management officials is found here: <http://www.kansastag.gov/KDEM.asp?PageID=200#RO>. QSO-20-30-NH Memo Can be found at: <https://www.cms.gov/files/document/qso-20-30-nh.pdf-0>.