



PROVIDER UPDATE

COVID-19 Edition

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Additional provider communications, regarding COVID-19, can be found on the CalOptima website at: <https://www.caloptima.org/en/Features/COVID-19/ProviderCommunication.aspx>.

New Measures to Protect Nursing Home Residents from COVID-19

As part of the broader Trump Administration, the Centers for Medicare & Medicaid Services (CMS) announced critical new measures designed to keep America's nursing home residents safe from the 2019 Novel Coronavirus (COVID-19). The measures take the form of a memorandum and are based on the newest recommendations from the Centers for Disease Control and Prevention (CDC). It directs nursing homes to significantly restrict visitors and nonessential personnel, as well as to restrict communal activities inside nursing homes. The new measures are CMS's latest action to protect America's seniors, who are at highest risk for complications from COVID-19. While visitor restrictions may be difficult for residents and families, it is an important temporary measure for their protection.

You can find the press release here: <https://www.cms.gov/newsroom/press-releases/cms-announces-new-measures-protect-nursing-home-residents-covid-19>

And the Memo Nursing Home Guidance QSO-20-14 –NH here: <https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf>

This guidance, and earlier CMS actions in response to the COVID-19 virus, are part of the ongoing White House Task Force efforts. To keep up with the important work the Task Force is doing in response to COVID-19, visit: www.coronavirus.gov. For information specific to CMS, please visit the Current Emergencies website.

COVID-19 Guidance for NEMT and NMT Providers

The Department of Health Care Services (DHCS) continues to closely monitor the emerging COVID-19 situation and is providing information to all non-emergency medical transportation (NEMT) and non-medical transportation (NMT) providers as a reminder of federal Centers for Disease Control and Prevention (CDC) and California Department of Public Health (CDPH)-recommended safety procedures and protocols to help prevent spread of COVID-19. General COVID-19 Information The CDC currently estimates that the incubation period for COVID-19 ranges from 2 to 14 days. Symptoms may include fever, cough and shortness of breath, although some people may not have any symptoms. Seniors and people with underlying medical conditions, such as heart disease, lung disease or diabetes, are at a higher risk of developing severe complications. The CDC has also issued interim guidance for Emergency Medical Services (EMS) systems, including EMS transport and cleaning EMS vehicles after transporting a person suspected of having COVID-19. See the CDC webpage for Interim Guidance for EMS Systems and 911 Public Safety Answering Points (PSAPs) for COVID-19 in the United States located at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>.

Please note that COVID-19, like the majority of human coronaviruses, are most commonly spread from an infected person to others via droplets in the air through:

- Uncovered coughing and sneezing
- Close personal contact, such as touching or shaking hands
- Touching an object or surface with the virus on it, then touching your mouth, nose or eyes before washing your hands
- Rarely, fecal contamination with coronavirus present

Preparedness Strategies

Medi-Cal NEMT and NMT providers are encouraged to share current COVID-19 information and discuss preparedness strategies with their staff. To enhance the health and safety of your organization, as well as help protect yourself, your clients and others, DHCS recommends all NEMT and NMT providers adhere to the CDC's and CDPH's recommendations. Providers should take note of the simple steps below, which may help to prevent the spread of COVID-19 at home and at work:

- Clean frequently-touched surfaces and objects, including door handles and seat belts, before transporting another client. Wear disposable gloves during cleaning and then dispose after each use.
- Have facemasks available for patients to wear if a client is sick or is caring for someone who is sick.
- Air recirculation in both compartments should be turned off, in order to maximize air changes that reduce potentially infectious particles in the vehicle.
- Open outside-air vents in the driver compartment when transporting clients.
- Wear a single pair of disposable patient examination gloves and change gloves if they become torn or contaminated, in addition to changing gloves between rides.
- Wash your hands often with soap and water. Use alcohol-based sanitizers (at least 60 percent alcohol) when you cannot wash your hands.
- Avoid touching your eyes, nose or mouth with your hands.
- Stay home when you are sick.
- Cover your mouth with a tissue when you cough and/or sneeze and dispose of the tissue immediately.
- Get plenty of rest, drink fluids, eat healthy foods and manage your stress.

If you suspect a possible COVID-19 case, DHCS requests that you report it immediately to your local health jurisdiction.

All Facilities Letter (AFL) 20-23 Summary

This AFL announces that the California Department of Public Health (CDPH) is issuing the California COVID-19 Health Care System Mitigation Playbook. CDPH is issuing the COVID-19 Health Care System Mitigation Playbook. The purpose of this mitigation playbook is to provide a summary for a mitigation strategy in the State of California and the health care system. The COVID-19 Health Care System Mitigation Playbook, located at <https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-20-23-Mitigation-Playbook.pdf>, contains information and guidance on:

- Novel Coronavirus (COVID-19)
- Pandemic Response Phases
- Containment to Mitigation Continuum
- Health Care System Mitigation: Key Considerations
- Facility Capacity Management
- Emergency Medical Services (EMS)
- Health Care Workforce
- COVID-19 Patients and the Health Care Worker
- Supply Chain
- Infection Control
- Public and Patient Outreach
- Laboratory Testing
- Medical Counter Measures

For questions about infection prevention and control of COVID-19, please contact the CDPH Healthcare-Associated Infections Program via email at HAIPProgram@cdph.ca.gov or novelvirus@cdph.ca.gov.

COVID-19 Guidance for Emergency Medi-Cal Enrollment

The Department of Health Care Services (DHCS) is establishing Medi-Cal provider enrollment requirements and procedures for providers seeking enrollment in order to assist Medi-Cal beneficiaries with the national COVID-19 public health emergency. Effective March 23, 2020, with a retroactive date of March 1, 2020, providers may apply for enrollment in the fee-for-service Medi-Cal program using the streamlined enrollment procedures outlined in this bulletin.

Providers are encouraged to view the complete bulletin by visiting: <https://www.dhcs.ca.gov/Documents/COVID-19/PED-Emergency-Waiver-Bulletin.pdf>.

Relief for Clinicians, Providers, Hospitals and Facilities Participating in Quality Reporting Programs in Response to COVID-19

On March 22, 2020, the Centers for Medicare & Medicaid Services (CMS) provided a memorandum that announced relief for clinicians, providers, hospitals and facilities participating in quality reporting programs in response to COVID-19. This memorandum supplements and provides additional guidance to health care providers with regard to the announcement.

CMS is granting exceptions under certain Medicare quality reporting and value-based purchasing programs for acute care hospitals, Prospective Payment System (PPS)-exempt cancer hospitals, inpatient psychiatric facilities, skilled nursing facilities, home health agencies, hospices, inpatient rehabilitation facilities, long-term care hospitals, ambulatory surgical centers, renal dialysis facilities, and Merit-based Incentive Payment System (MIPS) eligible clinicians for all providers and suppliers participating in the programs across the United States and its territories in response to the COVID-19 pandemic.

To view the full CMS memo visit <https://www.cms.gov/files/document/guidance-memo-exceptions-and-extensions-quality-reporting-and-value-based-purchasing-programs.pdf>.

Non-Emergent, Elective Medical Services, and Treatment Recommendations

To aggressively address COVID-19, CMS recognizes that conservation of critical health care resources is essential, in addition to limiting exposure of patients and staff to the virus that causes COVID-19. CMS also recognizes the importance of reducing burdens on the existing health system and maintaining services while keeping patients and providers safe.

CMS, in collaboration with medical societies and associations, recently created a document with listing a set of recommendations to postpone non-essential surgeries and other procedures. This document provides recommendations to limit those medical services that could be deferred, such as non-emergent, elective treatment, and preventive medical services for patients of all ages.

To view the complete CMS document, visit <https://www.cms.gov/files/document/31820-cms-adult-elective-surgery-and-procedures-recommendations.pdf>.

Trump Administration Engages America's Hospitals in Unprecedented Data Sharing

The Centers for Medicare & Medicaid Services (CMS) sent a letter to the nation's hospitals on behalf of Vice President Pence requesting they report data in connection with their efforts to fight the 2019 Novel Coronavirus (COVID-19). Specifically, the Trump Administration is requesting that hospitals report COVID-19 testing data to the U.S. Department of Health and Human Services (HHS), in addition to daily reporting regarding bed capacity and supplies to the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) COVID-19 Patient Impact and Hospital Capacity Module. CMS, the federal agency with oversight of America's Medicare participating health care providers — including hospitals — is helping the Trump Administration obtain this critical information to help identify supply and bed capacity needs, as well as enhance COVID-19 surveillance efforts. Hospitals will report data without personal identifying information to ensure patient privacy.

To view the complete letter in its entirety, visit <https://www.cms.gov/files/document/32920-hospital-letter-vice-president-pence.pdf>.

PACE Organizations Responding to COVID-19

On March 13, 2020, based on guidance from the Centers for Medicare and Medicaid Services (CMS), the Department of Health Care Services (DHCS) issued **Information Notice 20-01: Guidance to Program for All-Inclusive Care for the Elderly (PACE) Organizations for responding to Novel Coronavirus (COVID-19)**.

The notice informs that in order to minimize the risk of serious illness to participants due to COVID-19, PACE organizations may reduce or suspend day center operations, reduce or suspend any non-critical visits and gatherings, and conduct telephonic assessments in lieu of in-home assessments to complete the enrollment process. PACE Organizations are still required to obtain State approval for any programmatic changes not mentioned in this letter.

To view **Information Notice 20-01** in its entirety, visit <https://www.dhcs.ca.gov/documents/COVID-19/PACE-IN-20-01-COVID-19.pdf>.

Facility Site Review and Medical Record Review

On March 9, 2020, the Department of Health Care Services (DHCS) distributed **All Plan Letter (APL) 20-004: Site Reviews: Facility Site Review and Medical Record Review**.

The purpose of this APL is to inform managed care plans (MCPs) of updates to the DHCS' site review process, which includes Facility Site Review (FSR) and Medical Record Review (MRR) policies. This APL includes previous changes made to the criteria and scoring of DHCS' FSR and MRR tools and standards, which includes the following:

- FSR Standards
- FSR Tool
- MRR Standards
- MRR Tool
- Master Trainer Application

In July 2019, DHCS distributed final versions of the FSR and MRR tools and standards. **APL 20-004** supersedes Policy Letters (PLs) 14-004 and 03-002 as well as APL 03-007.

To review the full **APL 20-004** visit https://www.sfhp.org/files/providers/FacilitySiteReview/FSR/APL-20-004_DHCS-FSR-and-MRR-All-Plan-Letter.pdf.

COVID-19 Behavioral Health Guidance

On March 16, 2020, the Department of Health Care Services (DHCS) released <https://www.dhcs.ca.gov/Documents/COVID-19-Behavioral-Health%20Information-Notice-20-009.pdf> to counties and providers to assist them in providing medically necessary health care services in a timely fashion for patients impacted by COVID-19.

In light of both the federal Health and Human Services (HHS) Secretary's January 31, 2020 public health emergency declaration, as well as the President's March 13, 2020 national emergency declaration, DHCS is exploring additional possibilities and options to temporarily waive and/or modify certain federal and state requirements through an 1135 Waiver to ensure the health and safety of Californians. Further guidance will be provided after California submits an 1135 Waiver. The Information Notice covers:

- Behavior services via telephone and telehealth
- Adapting oversight requirements to prioritize patient needs and accommodate workforce challenges
- Access to prescription medications
- Alcohol and other drug (AOD) residential and outpatient treatment facilities: applications and admissions deadlines
- Process to request fee reductions or waivers
- Canceling meetings and gatherings to prevent COVID-19 transmission.

Additionally, DHCS shared the following documents:

COVID-19 FAQ for Behavioral Health

<https://www.dhcs.ca.gov/Documents/COVID-19/COVID-19-FAQ-for-Behavioral-Health.pdf>

COVID-19 FAQ for Narcotic Treatment Programs

<https://www.dhcs.ca.gov/Documents/COVID-19/COVID-19-FAQ-NTP.pdf>

COVID-19 FAQ for Mental Health Rehabilitation Centers and Psychiatric Health Facilities

<https://www.dhcs.ca.gov/Documents/COVID-19/COVID-19-FAQ-for-MHRCs-and-PHF.pdf>

These documents will be published on DHCS' Mental Health & Substance Use Disorder Services and Behavioral Health Information Notices webpage, located at www.dhcs.ca.gov/formsandpubs/Pages/Behavioral_Health_Information_Notice.aspx. Please visit this webpage to see all Behavioral Health Information Notices, Alcohol and Drug Program Bulletins, and Mental Health Information Notices and Letters.

DHCS encourages stakeholders to continue requesting guidance from DHCS that will help in managing the public emergency.

CMS Releases COVID-19 Telehealth Toolkits

General Practitioner, ESRD Provider and Long-Term Care Nursing Home Facilities

On March 20, 2020, the Centers for Medicare & Medicaid Services (CMS) announced the release of two comprehensive toolkits on telehealth that are specific to general practitioners as well as providers treating patients with End-Stage Renal Disease (ESRD) as part of the federal government's response for the need to limit the spread of COVID-19:

- **General Practitioner Telehealth and Telemedicine Toolkit**
<https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf>
- **ESRD Provider Telehealth and Telemedicine Toolkit**
<https://www.cms.gov/files/document/esrd-provider-telehealth-telemedicine-toolkit.pdf>

CMS has broadened access to Medicare telehealth services so that beneficiaries can receive a wider range of services from their doctors without having to travel to a health care facility. CMS is expanding this benefit on a temporary and emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act. Under this new waiver, Medicare can pay for office, hospital and other visits furnished via telehealth across the country, including in patients' place of residence, starting March 6, 2020.

A range of providers, such as doctors, nurse practitioners, clinical psychologists and licensed clinical social workers, will be able to offer telehealth to their patients. These benefits are part of the broader effort by CMS and the White House Task Force to ensure that all Americans — particularly those at high risk of complications from the virus that causes the disease COVID-19 — are aware of easy-to-use, accessible benefits that can help keep them healthy while helping to contain the community spread of this virus.

Each toolkit contains electronic links to reliable sources of information on telehealth and telemedicine, which will reduce the amount of time providers spend searching for answers and increase their time with patients. Many of these links will help providers learn about the general concept of telehealth, choose telemedicine vendors, initiate a telemedicine program, monitor patients remotely and develop documentation tools. The information contained within each toolkit will also outline temporary virtual services that could be used to treat patients during this specific period of time.

Additionally, on March 27, 2020, CMS issued an electronic toolkit regarding telehealth and telemedicine for long-term care (LTC) nursing home facilities. The toolkit contains:

- Electronic links to reliable sources of information regarding telehealth and telemedicine
- Significant changes made by CMS over the last week in response to the national health emergency
- Specific documents identified that will be useful in choosing telemedicine vendors, equipment, and software, initiating a telemedicine program, monitoring patients remotely, and developing documentation tools
- Information that will be useful for providers who intend to care for patients through electronic virtual services that may be temporarily used during the COVID-19 pandemic

The information is offered for providers who may want help in the temporary or permanent deployment of a telemedicine program.

To view the complete CMS toolkit visit:

Long-Term Care (LTC) Nursing Home Facilities Telehealth and Telemedicine Toolkit
<https://www.cms.gov/files/document/covid-19-nursing-home-telehealth-toolkit.pdf>.

Medi-Cal Payment for Telehealth and Virtual/Telephonic Communications Relative to COVID-19

In light of both the federal Health and Human Services Secretary's January 31, 2020, public health emergency declaration, as well as the President's March 13, 2020, national emergency declaration relative to COVID-19, the Department of Health Care Services (DHCS) is issuing additional guidance to enrolled Medi-Cal providers, including but not limited to physicians, nurses, mental health practitioners, substances use disorder practitioners, dentists – as well as Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and Tribal 638 Clinics. This guidance is relative to all of the following:

- **Section I: Current Medi-Cal Policy for Enrolled Medi-Cal Providers:** As outlined in the Medi-Cal Provider Manual (Medicine: Telehealth) and/or posted to the Medi-Cal Rates Information Page:
 - ◊ Traditional telehealth modalities, i.e., synchronous two-way interactive, audio-visual communication and asynchronous store and forward, inclusive of e-consults
 - ◊ Other virtual/telephonic communication modalities
- **Section II: Current Medi-Cal Policy for FQHCs, RHCs, Tribal 638 Clinics:** As outlined in various sections of the Medi-Cal Provider Manual (Federally Qualified Health Centers/Rural Health Clinics, and Indian Health Services Memorandum of Agreement 638 Clinics), and/or posted to the Medi-Cal Rates Information Page:
 - ◊ Traditional telehealth modalities, i.e., synchronous two-way interactive, audio-visual communication and asynchronous store and forward.
- **Section III: DHCS' Section 1135 Waiver Request Related to the Novel Coronavirus Disease (COVID-19), Submitted March 16, 2020**
 - ◊ Additional flexibilities and options relative to traditional telehealth modalities, i.e., synchronous two-way, audio-visual communication and asynchronous store and forward, inclusive of e-consults
 - ◊ Additional flexibilities and options relative to other virtual/telephonic communication modalities

Frequently Asked Questions (FAQ)

DHCS compiled a list of "Frequently Asked Questions" (FAQ) with responses below to provide additional guidance and clarification to Medi-Cal providers regarding both the current telehealth and virtual/telephonic communications outlined in Sections I and II as well as the Section 1135 Waiver temporary flexibilities relative to telehealth and virtual/telephonic communications outlined in Section III. As DHCS receives additional questions, the FAQ section will continue to be updated. To view the full guidance, visit [www.dhcs.ca.gov/Documents/COVID-19/Telehealth Other Virtual Telephonic Communications V3.0.pdf](http://www.dhcs.ca.gov/Documents/COVID-19/Telehealth%20Other%20Virtual%20Telephonic%20Communications%20V3.0.pdf).

Emergency Telehealth Guidance- COVID-19 Pandemic

On March 18, 2020, the Department of Health Care Services (DHCS) distributed a supplement to **All-Plan Letter (APL) 19-009, Emergency Telehealth Guidance– COVID-19 Pandemic**.

In response to the COVID-19 pandemic, it is imperative that members practice "social distancing." However, members also need to be able to continue to have access to necessary medical care. Accordingly, Medi-Cal managed care health plans (MCPs), like CalOptima, must take steps to allow members to obtain health care via telehealth when medically appropriate to do so as provided in this supplemental guidance.

To view complete supplement to **APL 19-009**, visit <https://www.dhcs.ca.gov/Documents/COVID-19/APL19-009-Supplement-Telehealth-031820.pdf>

Applicability of Diagnoses From Telehealth Services for Risk Adjustment

The 2019 Coronavirus Disease (COVID-19) pandemic has resulted in an urgency to expand the use of virtual care to reduce the risk of spreading the virus. On April 10, 2020, the Center for Medicare and Medicaid Services (CMS) issued a memo stating that Medicare Advantage (MA) organizations and other organizations that submit diagnoses for risk adjusted payment are able to submit diagnoses for risk adjustment that are from telehealth visits when those visits meet all criteria for risk adjustment eligibility, which include being from an allowable inpatient, outpatient, or professional service, and from a face-to-face encounter.

This use of diagnoses from telehealth services applies both to submissions to the Risk Adjustment Processing System (RAPS), and those submitted to the Encounter Data System (EDS). Diagnoses resulting from telehealth services can meet the risk adjustment face-to-face requirement when the services are provided using an interactive audio and video telecommunications system that permits real-time interactive communication.

While MA organizations and other organizations that submit diagnoses for risk adjusted payment identify which diagnoses meet risk adjustment criteria for their submissions to RAPS, MA organizations (and other organizations as required) report all the services they provide to enrollees to the encounter data system and CMS identifies those diagnoses that meet risk adjustment filtering criteria. In order to report services to the EDS that have been provided via telehealth, use place of service code "02" for telehealth or use the CPT telehealth modifier "95" with any place of service.

Questions can be addressed to RiskAdjustment@cms.hhs.gov, please specify, "Applicability of telehealth services for risk adjustment" in the subject line.

APL 17-006 Supplement: Emergency State Fair Hearing Timeframe Changes (COVID-19 Pandemic)

On March 26, 2020, the Department of Health Care Services (DHCS) distributed **All-Plan Letter (APL) 17-006 Supplement: Emergency State Fair Hearing Timeframe Changes**.

The purpose of this supplement to **APL 17-006** is to provide guidance to Medi-Cal managed care plans (MCPs) with information regarding the Centers for Medicare and Medicaid Services (CMS) approval of portions of the DHCS' Section 1135 Waiver request as related to the Novel Coronavirus Disease (COVID-19) public health emergency.

To view **APL 17-006** in its entirety, visit <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2017/COVID1135SFH.pdf>.

COVID-19 Screening and Testing

In light of both the federal Health and Human Services (HHS) Secretary's January 31, 2020, public health emergency declaration, as well as the President's March 13, 2020, national emergency declaration, DHCS is actively exploring options to temporarily waive and/or modify certain Medicaid and Children's Health Insurance Program (CHIP) requirements under Section 1135 of the Social Security Act (called an "1135 Waiver").

DHCS will issue additional guidance, as needed, upon approval of its 1135 Waiver request. As the State of California responds to the COVID-19 situation, the Department of Health Care Services (DHCS) issued a memo reminding Medi-Cal managed care health plans (MCPs), like CalOptima, of existing contractual requirements and state and federal laws that require MCPs to ensure their members are able to access medically necessary services in a timely manner.

To view the full list of provisions included in this memo visit www.dhcs.ca.gov/Documents/COVID-19/Managed-Care-COVID-19-Memo-031620.pdf.

CalOptima COVID-19 Provider Communications

In an effort to provide timely information related to the COVID-19 pandemic, CalOptima recently updated the Provider Communications section of our website with links to the following key regulatory agencies:

- The Center for Medicare and Medicaid Services (CMS)
- California Department of Public Health (CDPH)
- Department of Health Care Services (DHCS)
- Orange County Health Care Agency (OC HCA)

We have also developed an "Additional Resources from CalOptima" area, highlighting:

- Telehealth
- Provider Alerts (Fax Blasts)

To access this update and additional provider communications, regarding COVID-19, visit: <https://www.caloptima.org/en/Features/COVID-19/ProviderCommunication.aspx>.

CMS Releases Findings Regarding Health Care Facility Inspections in Light of COVID-19

The Centers for Medicare & Medicaid Services (CMS) is announcing the preliminary results of a recent inspection of the Life Care Center nursing home in Kirkland, Washington – the epicenter of the 2019 Novel Coronavirus (COVID-19) outbreak in that state. The inspection, which the Agency conducted with the Washington Department of Social & Health Services, has helped inform CMS's national strategy for keeping patients safe in nursing homes and other healthcare facilities.

In keeping with the Trump Administration's aggressive moves to combat further spread of COVID-19, CMS is also utilizing flexibilities allowed by President Trump's Emergency Declaration to announce an enhanced, focused inspection process, informed in part by the Agency's experiences on the ground in Kirkland, and close coordination and input from the Centers for Disease Control and Prevention (CDC). This focused inspection process will be provided to all inspectors and facilities, and used on a national scale. Critically, this focused inspection process includes a self-assessment tool for providers to employ.

To view the full CMS announcement visit <https://www.cms.gov/newsroom/press-releases/cms-announces-findings-kirkland-nursing-home-and-new-targeted-plan-healthcare-facility-inspections>