



# Emergency Preparedness Plan (EPP) Series 3: CMS QSO-21-15-ALL and the Emerging Infectious Diseases (EIDs) Self-Assessment Tool

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April 19, 2023

# Agenda

- QSO -21-15-ALL
- HSAG EIDs Self-Assessment Checklist
- Q&A

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# Guidance for Emergency Preparedness Related to Emerging Infectious Diseases

April 19, 2023

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Healthcare-Associated Infections Program  
Center for Health Care Quality  
California Department of Public Health

## Objectives

- Discuss QSO 21-15-ALL and the process for reviewing Emerging Infectious Disease (EID) plans.
- Explain why EID planning should be part of your facility's infection prevention and control (IPC) plan
- Demonstrate how EID preparedness can be incorporated into your facility's annual infection control risk assessment
- Evaluate EID planning gaps in your facility's emergency preparedness (EP) plan

# QSO 21-15-ALL

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- Issued by CMS March 26, 2021  
(<https://www.cms.gov/files/document/qso-21-15-all.pdf>)
- Provides additional guidance for planning and preparedness for EIDs

# Enforcement

- CDPH Life Safety Code Section reviews emergency plans during recertification visits
- We are looking to see:
  - Are the plans completed?
  - Are they realistic and specific?
  - Is there documentation of the plan being activated?
- Tags we may cite:
  - E0004: must be developed and updated every two years.
  - E0006: plan must use an all-hazards approach, including infectious disease.

# Recommendation

- Go above the minimum.
  - We are looking to see that the plan is there.
  - But only you can fully understand what your facility will need in an actual emergency situation.

# What is an EID?

## Emerging infectious diseases are defined as:

- Diseases that recently appeared in a population **or**
- Known diseases that are rapidly increasing in incidence or geographic range **or**
- Persistence of infectious diseases that cannot be controlled
  - **Examples of EID's include, but are not limited to:**
    - Potentially infectious bio-hazardous waste
    - Bioterrorism
    - Pandemic Flu
    - Highly Communicable Diseases (such as Ebola, Zika Virus, SARS, or novel COVID-19 or SARS-CoV-2)

[National Institute of Allergy and Infectious Diseases \(NIH\)](https://www.niaid.nih.gov/research/emerging-infectious-diseases-pathogens)  
(<https://www.niaid.nih.gov/research/emerging-infectious-diseases-pathogens>)



# Why Be Concerned About EIDs?

EIDs can pose risks to public health and national security including:

- Can be easily disseminated or transmitted from person to person
- Impacts on socioeconomic systems, for example:
  - Healthcare facilities and health services
  - Businesses and industries
  - Supply chain disruption
- Public panic and social unrest
- Novel or reemerging diseases may be resistant to treatments
- Potential for increased morbidity and mortality



[National Institute of Allergy and Infectious Diseases \(NIH\)](https://www.niaid.nih.gov/research/emerging-infectious-diseases-pathogens)

(<https://www.niaid.nih.gov/research/emerging-infectious-diseases-pathogens>)

## What is an IPC Plan?

- An IPC Plan is a written, time-based strategy to operationalize how the IPC Program's goals will be met in a facility
  - Addresses gaps and risk factors at the facility
  - Provides goals and actionable items
- Describes how a facility will meet the IPC program objectives
- Each facility's IPC or EP plan should address how to manage EIDs

# Sample Infection Control Plan

## Content of an Infection Prevention and Control Plan

- I. Facility Infection Prevention Risk Assessment
  - A. Use a template
  - B. Size, type, scope of services, procedures, surveillance data, geography, community
  - C. Patient population
  - D. Personnel (IP must have education in IP)
  - E. List prioritized risks
- II. Description of Infection Prevention and Control Program
  - A. Authority
  - B. Scope (must be organization-wide)
  - C. Personnel (number, qualifications, etc.)
  - D. Resources (computers/references/educational opportunities/ Infection Preventionist's professional activities/etc.)
- III. Goals and Objectives
  - A. Describe each broad goal
  - B. List at least one specific measurable objective for each goal- who, what, when, where, how
- IV. Strategies to reduce risks for each goal
  - A. Interventions associated with:
    - 1. Procedures
- V. Surveillance- focus on high-volume, high risk and problem prone procedures
  - A. Risk assessment
  - B. Plan and description of monitored indicators
    - 1. Outcome measures- SSIs, etc.
    - 2. Process measures- instrument/scope processing, etc.
    - 3. Antibiotic resistant organisms- MRSA, VRE, ESBLs, CRE, etc.
    - 4. Communicable disease reporting to health dept.
    - 5. Outbreak investigation plan
    - 6. Antibiogram
    - 7. Reports (to whom sent and how often)
- VI. TB Exposure Control Plan (can be separate policy) CDC has an evaluation tool on their website
  - A. Risk assessment
  - B. Plan to reduce risk of transmission (plan can state that patients with TB or suspected TB are not seen in the ASC and if a patient presents with signs and symptoms of TB, they are immediately referred to the appropriate community resource.)
- VII. Exposure Control Plan for Bloodborne Pathogens (can be separate policy)

[Sample ICP Plan](#)

([https://apic.org/Resource\\_/TinyMceFileManager/Education/ASC\\_Intensive/Resources\\_Page/Content\\_of\\_an\\_Infection\\_Prevention\\_and\\_Control\\_Plan.pdf](https://apic.org/Resource_/TinyMceFileManager/Education/ASC_Intensive/Resources_Page/Content_of_an_Infection_Prevention_and_Control_Plan.pdf))

# The Annual Risk Assessment

## **An IPC plan includes elements identified by the annual risk assessment:**

- Infection events
  - Numbers of HAI in the facility over the past year
  - Community rates of infectious disease
  - Facility or local outbreaks
- IPC practice failures
  - Gaps in infection prevention care practices
- Potential risk based on patient population type

**EID should be included in the Annual or Facility EP Plan Risk Assessment**

# Annual Risk Assessment (Infection Events)

## Review your community infectious diseases, facility incidents and outbreaks

- Community rates of infectious disease such as COVID-19, MDROs, tuberculosis, influenza, and novel pathogens
  - Review local public health reports for these data



**Consider how prepared your facility is for a novel pathogen spread by contact, droplet, or airborne modes of transmission**

INFECTION EVENT	PROBABILITY OF OCCURRENCE (How likely is this to occur?)				LEVEL OF HARM FROM EVENT (What would be the most likely?)				IMPACT ON CARE (Will new treatment/care be needed for res)				READINESS TO PREVENT (Are processes/resources in pla			RISK LEVEL (Scores ≥ 8 are considered high
	High	Med.	Low	None	Serious Harm	Moderate Harm	Temp. Harm	None	High	Med.	Low	None	Poor	Fair	Good	
<b>Score</b>	3	2	1	0	3	2	1	0	3	2	1	0	3	2	1	
<b>Foodborne illnesses</b>																
Inadequate food cooking temperature achieved																
Lack of water for dishwashing																
Refrigeration of perishable food																
Supply disruption of food sources																
Failure to maintain adequate temperature of cooked food prior to serving																
Staffing reduction in dietary kitchen																
Lack of water to wash produce before serving																

**Evaluate the risk related to each infection event type:**

- Probability of occurrence
  - How likely is the event to occur?
- Level of harm
  - How much harm would occur due to the event?
- Impact on care and prevention strategies
  - Will new treatment be needed for the resident or staff?
- Readiness to prevent
  - Are processes in place to identify or address this event?

CDPH HAI Program Webpage, [Sample Annual Risk Assessment](https://www.cdc.gov/longtermcare/excel/IPC-RiskAssessment.xlsx)  
 (https://www.cdc.gov/longtermcare/excel/IPC-RiskAssessment.xlsx)

Other: (specify):																
<b>Outbreak-related due to water and sewer disruption</b>																
GI outbreaks (C diff, norovirus)																

Infection events IPC practice failures

# Annual Risk Assessment (Utilities Disruption)

Explore how your facility would manage the loss of utilities during an EID Event:

- Electrical Outage
  - Power provisions for HVAC and negative pressure rooms during power loss
  - Safe food storage and preparation
  - Temperature/humidity-controlled environment for sterile supplies storage
- Water Management
  - Storage and use of potable water
  - Ensure flow of water
- Sewage and Waste Service Disruption
  - Prevent sewer gas seepage (dry backflow prevention loops)
  - Waste removal plans in case of disruption
    - Biohazardous materials (for example, sharps, lab specimens)

# Annual Risk Assessment (IPC Practice Failures): PPE

Gaps in infection prevention care practices such as hand hygiene, Standard and Transmission-Based Precautions, environmental cleaning and disinfection

- Resource limitations
  - Personal protective equipment (PPE)
    - PPE burn rate calculator
    - Challenges obtaining PPE supplies
    - Back-up plans for supply challenges
  - Staffing
- Adherence monitoring issues
  - Poor hand hygiene
  - Improper use of PPE





# Annual Risk Assessment (IPC Practice Failures): Compliance Issues

## Staff, patient or visitor risks

- Past immunization compliance rates
  - Such as Influenza, COVID-19, and pneumococcal
- COVID-19 screening program
- Facility policy education and compliance
  - Hand Hygiene
  - Respiratory Etiquette
  - Other
- Visitors visiting while sick



IPC PRACTICE FAILURES	PROBABILITY OF OCCURRENCE				IMPACT ON RESIDENT/STAFF SAFETY				CAPACITY TO DETECT			READINESS TO PREVENT			RISK LEVEL
	(How likely is this to occur?)				(Will this failure directly impact safety?)				(Are processes in place to identify)			(Are policies, procedures, and resources available to address this failure?)			
Score	High	Med.	Low	None	High	Med.	Low	None	Poor	Fair	Good	Poor	Fair	Good	
	3	2	1	0	3	2	1	0	3	2	1	3	2	1	
<b>Supply chain disruption impact on care</b>															

**Evaluate the risk related to each IPC practice failure:**

- Probability of occurrence
  - How likely is the event to occur?
- Impact on patients/residents or staff's safety
  - Will this failure directly impact safety?
- Capacity to detect
  - Are processes in place to identify this failure?
- Readiness to prevent?
  - Are policies, procedures, and resources available to address this failure?

Lack of accessible alcohol-based hand rub															
Lack of accessible personal protective equipment (PPE)															
Inappropriate selection and use of available PPE															
Inadequate facemask use															
Laundry pickup and delivery															
Maintenance of nutritional meals															
Supply delivery of essential care items forcing reuse of one time use items															
Other (specify):															
<b>Occupational health</b>															
Low influenza immunization rates among staff															
Lack of notification of employee illness or working															
Exposure to infectious agents															
Other (specify):															

<b>Resident/visitor health</b>															
Screening visitors on entry to facility															
Low rate of resident acceptance of influenza immunization															

CDPH HAI Program Webpage, [Sample Annual Risk Assessment](https://www.cdc.gov/longtermcare/excel/IPC-RiskAssessment.xlsx) (https://www.cdc.gov/longtermcare/excel/IPC-RiskAssessment.xlsx)

# Annual Risk Assessment (Gap Analysis)

## Identify gaps in healthcare personnel education

- Educate your staff about emergency preparedness
- New hire and annual training
  - Hand hygiene
  - Standard and Transmission-based precautions
  - Bloodborne pathogen exposure
  - Environmental cleaning
  - Linen handling
  - Hazardous waste disposal
- Additional training when gaps in care practice adherence or increased infection rates noted



# Get to Know Your Facility Infection Preventionist

Infection preventionists (IPs) are involved in:

- Planning, development and revisions to the EP program
- Liaising with local public health and CDPH Licensing & Certification (L&C)
- Reviewing construction and renovation projects
- Consulting on issues with water, sewage, and HVAC systems
- Preventing or slowing an outbreaks within your facility
- Coordinating activities during patients surges due to EID
- Acting as an IPC subject matter expert



**Do not wait for an EID Event to involve your IP in EP planning**

# Pre-planning for EID events

## Plan, plan, plan!

- Orchestrate new plans and a timeline for action
  - Example: create a threshold for implementation of an isolation unit
- Provide training and education pre-incident for new scenarios
  - Create a foundation for situation management
  - Planned action reduces overall anxiety when an EID event occurs
- Plan for care in alternate settings to prevent transmission of infection

Example: home, alternative settings

# Continuation of Services

Consider services that should be reduced, suspended, or modified during EID event

- Acute Care examples:
  - Operating rooms and OR services
- Skilled Nursing Facility examples:
  - Adult Day Services
  - Hemodialysis
    - Consider moving treatments to in-hospital, or alternative centers
- What about contracted services?
- What to do with outpatient programs?
- What about visitors?

# Disaster Resources

Be familiar with documents and resources available to you during an EID outbreak

- Centers for Medicare & Medicaid Services [\(CMS\) Guidance for Emergency Preparedness-Appendix Z](#) of the State Operations Manual (SOM)
- CMS resources and flexibilities available during incidents
  - Learn about resources before you have an incident
- [FEMA Toolkits and resources](#)
- [CDPH Emergency Preparedness Office \(EPO\)](#)
- Local health department resources
- [California Hospital Association Tools and Resources](#)
- [AZCHER - Arizona Coalition for Healthcare Emergency Response](#)

## Community Partnerships

The EP plan outlines how you will work with community partners during an EID response:

- Collaborate with the local, state and federal government services
  - Determine if an EID is widespread or localized to a specific community
- Engage with local healthcare systems and healthcare coalitions
- Establish coordinated community contingency plans
- Create/maintain an up-to-date contact list for key community resources
  - Include shared resources such as medical vendors and services
- Determine how to address an EID surge within the community

**Meet your community partners *before* an EID event**



## Community Partnerships (Continued)

- Practice collaborative, community-based exercises with multiple agencies
  - Include local or state emergency officials and emergency services
  - Develop/practice responses to potential threats
    - Table-top exercises
    - Treatment of mock patients
    - Mock disaster drills
  - Consider using available FEMA functional exercises that incorporate IPC practices

**You are not alone – communities work together to effectively manage EIDs**

## Don't Forget Other Diseases

- ***Focusing on only the EID can lead to unnecessary transmission of other diseases***
  - Patients may have MDROs or infectious diseases *in addition* to the EID
- Build MDRO and other infectious disease management into your triage systems
  - Use standard methods to efficiently screen and isolate patients
  - Have manual back-up systems for patient identification and isolation
- Use screening tools to streamline communication
- Create methods to communicate when Transmission-Based Precautions are needed
- Proper management of infected patients prevents transmission of non-EID infection
  - Allows staff to focus on the goal of ending EID transmission and illness.

**Infection prevention slows the spread of infection and conserves resources**

## Summary

- EIDs are defined as
  - Diseases that recently appeared in a population or
  - Known diseases that are rapidly increasing in incidence or geographic range or
  - Persistence of infectious diseases that cannot be controlled
- EIDs pose a risk to public health and national security
- Facilities should:
  - Include EID risk assessment in their IPC or Facility EP Plan
  - Prepare an IPC or EP plan *before* an EID event occurs
  - Prepare for a novel pathogen spread by contact, droplet, or airborne modes of transmission
  - Consider MDROs when planning for EIDs to prevent transmission during an EID event

# CMS QSO-21-15-All

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop C2-21-16  
Baltimore, Maryland 21244-1850

## CMS Notice

### Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-21-15-ALL

**DATE:** March 26, 2021

**TO:** State Survey Agency Directors

**FROM:** Director  
Quality, Safety & Oversight Group

**SUBJECT:** Updated Guidance for Emergency Preparedness-Appendix Z of the State Operations Manual (SOM)

#### Memorandum Summary

- **Burden Reduction Final Rule Interpretive Guidelines:** The Centers for Medicare & Medicaid Services (CMS) is releasing interpretive guidelines and updates to Appendix Z of the State Operations Manual (SOM) as a result of the revisions of the *Medicare and Medicaid Programs; Regulatory Provisions to Promote Program Efficiency, Transparency, and Burden Reduction (CoPs) (CMS 3346-F) Final Rule*.
- **Expanded Guidance related to Emerging Infectious Diseases (EIDs):** CMS is also providing additional guidance based on best practices, lessons learned and general recommendations for planning and preparedness for EID outbreaks.

# HSAG EIDs Readiness Checklist

## A: Risk Assessment

### Public Health Emergency Preparedness Plan (EPP)



#### Skilled Nursing Facility (SNF)

#### Emerging Infectious Diseases (EIDs) EPP Readiness Checklist

Facility Name: \_\_\_\_\_ CCN: \_\_\_\_\_ Assessment Date: \_\_\_\_\_ Completed by: \_\_\_\_\_

EIDs are outbreaks that are rapidly increasing or threaten to increase quickly and may impact the continuity of care within a healthcare setting. EIDs should be included in EPPs, as EIDs may require modification to facility protocols to protect the health and safety of residents and staff. The facility is required by the Centers for Medicare & Medicaid Services (CMS) to review and update the risk assessment/hazard vulnerability assessment on an annual basis.<sup>1</sup>

Assessment Items	Yes	No
<b>A. Risk Assessment</b> CMS Quality and Safety Oversight (QSO). <a href="#">QSO-21-15-ALL</a> (pages 18, 19, 22, 24, 25) E-0006		
1. Our facility's infection preventionist is involved in the planning, development, and revision of our EPP.	<input type="checkbox"/>	<input type="checkbox"/>
2. Our Hazard Vulnerability Assessment (HVA)/Risk Assessment addresses our plans to prepare for EIDs including: a. Pandemic flu. b. EIDs (e.g., Ebola, Zika virus, mpox/monkeypox, SARS, or COVID-19). c. Potentially infectious bio-hazardous waste. d. Bioterrorism.	<input type="checkbox"/>	<input type="checkbox"/>
3. Our Emergency Operations Plan includes protocols to evaluate that the following EID needs are addressed. a. Influx in need for personal protective equipment (PPE). b. Considerations for screening patients and visitors. c. Testing considerations for staff, visitors, and residents for infectious diseases. d. Transfers and discharges of residents. e. Physical environment, including but not limited to, changes needed for distancing, isolation, capacity/surge, and ventilation/filtration. f. Mass fatality management.	<input type="checkbox"/>	<input type="checkbox"/>

# B: Reporting of Facility Needs and Ability to Provide Assistance

Assessment Items	Yes	No
<b>B. Reporting of Facility Needs and Ability to Provide Assistance</b> <a href="#">QSO-21-15-ALL</a> (pages 76, 77) E-0009, E-0031, E-0033		
<b>4.</b> Our EPP references that our liaison or designee is assigned to monitor reporting requirements issued by the Centers for Medicare & Medicaid Services (CMS), state, and local agencies (e.g., contact tracing).	<input type="checkbox"/>	<input type="checkbox"/>
<b>5.</b> Our EPP addresses our ability to report required items using established reporting systems to local, county, and state emergency officials (e.g., PPE shortages/availability, staffing shortages/availability, need to evacuate/transfer residents, requests for transporting assistance, ability to accept new residents, temporary loss of part or all facility function).	<input type="checkbox"/>	<input type="checkbox"/>
<b>6.</b> Our EPP has a protocol to actively engage with organizations and stakeholders during the onset of a widespread emergency, such as: <ul style="list-style-type: none"> <li><b>a.</b> Healthcare coalition partners (e.g., local hospitals).</li> <li><b>b.</b> State and national trade associations.</li> <li><b>c.</b> Health Services Advisory Group (HSAG—CMS Quality Innovation Network-Quality Improvement Organization).</li> <li><b>d.</b> First responders (e.g., police and fire departments, ambulance companies).</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

# C: Preparation for Alternate Care Sites

## D: Updating Policies & Procedures

C. Preparation for an Alternate Care Site (ACS) under Section 1135 Emergency Waivers		
<a href="#">QSO-21-15-ALL</a> (pages 61, 62, 63, 77) E-0026		
7. Our EPP includes a protocol to integrate procedures related to the use of 1135 waivers during an emergency.	<input type="checkbox"/>	<input type="checkbox"/>
8. Our EPP considers recovery to pre-disaster conditions upon expiration of any 1135 waiver during a declared disaster or emergency.	<input type="checkbox"/>	<input type="checkbox"/>
9. Our facility has met with our healthcare coalition and/or the Medical Health Operational Area Coordinator (MHOAC) to discuss issues related to staffing, equipment, and supplies.	<input type="checkbox"/>	<input type="checkbox"/>
Assessment Items	Yes	No
D. Updating Policies and Procedures During Emergencies		
<a href="#">QSO-21-15-ALL</a> (pages 24, 67), E-0030, E0031		
10. Our EPP has a planning chief or designee assigned to stay up to date on EID event-specific guidance, directives, and recommendations from the CDC, CMS, state and local health departments, and other healthcare systems and coalition partners.	<input type="checkbox"/>	<input type="checkbox"/>
11. Our facility keeps updated staff contact information to ensure the protocols to effectively communicate new directives, guidance, and recommendations to staff during an emergency can be followed (e.g., cohorting, testing, PPE, visitation, return to work criteria).	<input type="checkbox"/>	<input type="checkbox"/>

# E: Surge Planning

## E. Surge Planning

[QSO-21-15-ALL](#) (pages 56, 57, 58) E-0024

12. Our EPP has policies and procedures to address emergency staffing needs. If volunteers are part of the strategy, our plan outlines the type of volunteers that would be accepted and the role they may play during an EID emergency.

13. Our EPP outlines how our facility will ensure healthcare professionals used for emergency staffing are credentialed, licensed, or able to provide medical support within the facility.

14. Our EPP includes telehealth options for residents to get treatment and medical consultations from clinicians.

15. Our EPP includes protocols for staff to triage and assess patients quickly to determine which patients can be managed in the facility versus which patients need to be sent for emergency care.

16. Our EPP includes protocols for the expansion of our licensed bed capacity in the case of a surge from an EID.

17. Our designated surge areas have gone through the same risk assessment to determine if the space will provide a safe environment of care.



# HSAG EPP Website

<https://www.hsag.com/emergency-preparedness>

## Emergency Preparedness



Healthcare providers, community-based organizations, and individuals in the community need to be ready to respond to emergencies, including Emerging Infectious Diseases (EIDs) and viral outbreaks such as COVID-19 or influenza, which can spread quickly and require a rapid, robust response to minimize spread. It is vital that all entities self-assess their ability to manage emergencies, are prepared with comprehensive and actionable emergency preparedness plans (EPPs), and are armed with checklists to operationalize logistics in the event of an emergency or healthcare crisis.

### Register for the Emergency Preparedness Webinars

February 15–October 18, 2023 (Sessions 1–9)  
3rd Wednesday of the month, 3–3:45 p.m. PT  
[www.hsag.com/epp-series](http://www.hsag.com/epp-series)



## Nursing Homes

HSAG is supporting nursing homes to ensure that your center's EPP encompasses EIDs as stated in [QSO-21-15-ALL](#). Below is a streamlined EID self-assessment checklist to download and complete with your team. This will give you a barometer reading of your center's EID preparedness strengths and opportunities for further focus. After completing the checklist please submit your EID results using the button below so HSAG can offer your center specific assistance.



## Hospitals

HSAG is querying hospitals to attest that an EPP is in place. Please submit your responses to these three questions by using the button below. HSAG is available to provide EPP support to hospitals in need of assistance.



Nursing Homes
Care Coordination
<b>Emergency Preparedness</b>
Infection Prevention
Opioid Stewardship
QAPI
National Healthcare Safety Network (NHSN)
Nursing Home Six-Week Booster Sprint Change Package
QIO Events

# Three Things to Do by Next Wednesday

- Ensure an EID risk assessment is in your IPC Plan or Facility EPP.
- SNFs—Complete and submit the HSAG EID Self-Assessment Checklist.
- Hospitals—Complete and submit the EPP Survey Monkey attestation.

# Questions?





# Thank you!

Questions?

For **California specific** questions, contact:

Nate Gilmore | [LSC@cdph.ca.gov](mailto:LSC@cdph.ca.gov)

Maggie Turner | HAI Mailbox : [HAIprogram@cdph.ca.gov](mailto:HAIprogram@cdph.ca.gov)

For **California and all other state** questions, contact:

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