

Blanket 1135 Waived Tags (effective since 3/1/20)

(Red = Substandard QOC

* = partial requirements waived)

483.10	Resident Rights	483.35	Nursing Services <i>(Terminates on 06-06-2022 per QSO-22-15-NH&NLTC&LSC)</i>
*F552	Right to be Informed/Make Treatment Decisions	*F728	Facility Hiring and Use of Nurse
*F559	Choose/Be Notified of Room/Roommate Change	F729	Nurse Aide Registry Verification, Retraining
F560	Right to Refuse Certain Transfers	F730	Nurse Aide Perform Review – 12Hr/Year In-Service
F565	Resident/Family Group and Response <i>(Terminated on 05-07-2022 per QSO-22-15- NH&NLTC&LSC)</i>	483.60	Food and Nutrition Services
*F573	Right to Access/Purchase Copies of Records <i>(Terminated on 05-07-2022 per QSO-22-15- NH&NLTC&LSC)</i>	F801	Qualified dietary Staff
483.15	Admission, Transfer, and Discharge	*F811	Feeding Asst – Training/Supervision/Resident <i>(Terminates on 06-06-2022 per QSO-22-15- NH&NLTC&LSC)</i>
*F621	Equal Practices Regardless of Payment Source	483.75	Quality Assurance and Performance Improvement <i>(Terminated on 05-07-2022 per QSO-22-15-NH&NLTC&LSC)</i>
*F623	Notice Requirements Before Transfer/Discharge	*F865	QAPI Program/Plan, Disclosure/Good-Faith Attempt
F625	Notice of Bed Hold Policy Before/Upon Transfer	*F866	QAPI/QAA Data Collection and Monitoring
483.20	Resident Assessments	*F867	QAPI/QAA Improvement Activities
F636	Comprehensive Assessments & Timing (effective 05-10-2021)	483.90	Physical Environment <i>(Terminates on 06-06-2022 per QSO-22-15-NH&NLTC&LSC)</i>
F637	Comprehensive Assmt After Significant Change (effective 05-10-2021).	F911	Bedroom Numbers of Residents
F638	Quarterly Assessment At Least Every 3 Months (effective 05-10-2021).	F912	Bedrooms Measure at Least 80Square Ft/Resident
F640	Encoding/Transmitting Resident Assessment (effective 05-10-2021)	F913	Bedrooms Have Direct Access to Exit Corridor
*F645	PASARR Screening for MD & ID	F914	Bedrooms Assure Full Visual Privacy
483.21	Comprehensive Resident Centered Care Plan	F915	Resident Room Window
*F655	Baseline Care Plan (effective 05-10-2021)	F916	Resident Room Floor Above Ground
F656	Develop/Implement Comprehensive Care Plan (effective 05-10-2021)	*F917	Resident Room Bed/Furniture/Closet
F657	Care Plan Timing and Revision (effective 05-10-2021)	F918	Resident Equipped/Near Lavatory/Toilet
*F660	Discharge Planning Process <i>(Terminated on 05-07-2022 per QSO-22-15-NH&NLTC&LSC)</i>	F920	Requirements for Dining and Activity Rooms

483.30	Physician Services <i>(Terminated on 05-07-2022 per QSO-22-15-NH&NLTC&LSC)</i>	483.95	Training Requirement <i>(Terminates on 06-06-2022 per QSO-22-15-NH&NLTC&LSC)</i>
*F712	Physician Visits- Frequency/Timeliness/Alternate NPPs	*F947	Required In-Service Training for Nurse Aides
*F714	Physician Delegation of Tasks to NPP		

May 2022

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The table below displays the waived language for the tags that are partially waived.

Table 1: Partially waived regulatory language

Regulatory Grouping	F Tag	Partially Waived Regulatory Language	Blanket 1135 Waiver language
Resident Rights	*F552	§483.10(c)(5) The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers.	CMS is waiving requirements in 42 CFR 483.10(c) (5) with some exceptions to allow a long term care facility to transfer or discharge resident to another LTC facility solely for cohorting purposes. Exceptions: In § 483.10, we are only waiving the requirement, under § 483.10(c)(5), that a facility provide advance notification of options relating to the transfer or discharge to another facility. Otherwise, all requirements related to § 483.10 are not waived.
Resident Rights	*F559	§483.10(e)(5) The right to share a room with his or her roommate of choice when practicable, when both residents live in the same facility and both residents consent to the arrangement. §483.10(e)(6) The right to receive written notice, including the reason for the change, before the resident's room or roommate in the facility is changed (effective 05-10-2021)	CMS is waiving the requirements in 42 CFR 483.10(e) (5), (6) (effective 05-10-2021), and (7) solely for the purposes of grouping or cohorting residents with respiratory illness symptoms and/or residents with a confirmed diagnosis of COVID- 19, and separating them from residents who are asymptomatic or tested negative for COVID-19. This action waives a facility's requirements, under 42 CFR 483.10, to provide for a resident to share a room with his or her roommate of choice in certain circumstances, to provide notice and rationale for changing a resident's room, and to provide for a resident's refusal a transfer to another room in the facility. This aligns with CDC guidance to preferably place residents in locations designed to care for COVID-19 residents, to prevent the transmission of COVID-19 to other residents.
Resident Rights	*F573	§483.10(g)(2) The resident has the right to access personal and medical records pertaining to him or herself. (Terminated on 05-07-2022 per QSO-22-15-NH&NLTC&LSC)	Pursuant to section 1135(b)(5) of the Act, CMS is modifying the requirement at 42 CFR §483.10(g)(2)(ii) which requires long term care (LTC) facilities to provide a resident a copy of their records within two working

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		<p>(ii) The facility must allow the resident to obtain a copy of the records or any portions thereof (including in an electronic form or format when such records are maintained electronically) upon request and 2 working days advance notice to the facility. The facility may impose a reasonable, cost based fee on the provision of copies, provided that the fee includes only the cost of:</p> <p>(A) Labor for copying the records requested by the individual, whether in paper or electronic form; (B) Supplies for creating the paper copy or electronic media if the individual requests that the electronic copy be provided on portable media; and</p> <p>(C) Postage, when the individual has requested the copy be mailed.</p>	<p>days (when requested by the resident). Specifically, CMS is modifying the timeframe requirements to allow LTC facilities ten working days to provide a resident's record rather than two working days.</p>
Admission, transfer and discharge	*F621	<p>§483.15(c)(9) Room changes in a composite distinct part. Room changes in a facility that is a composite distinct part (as defined in § 483.5) are subject to the requirements of § 483.10(e)(7) and must be limited to moves within the particular building in which the resident resides, unless the resident voluntarily agrees to move to another of the composite distinct part's locations.</p>	<p>CMS is waiving requirements in 42 CFR 483.15 (c)(9) (with some exceptions) to allow a long term care (LTC) facility to transfer or discharge residents to another LTC facility solely for cohorting purposes.</p>
Admission, Transfer and Discharge	*F623	<p>§483.15 (c) (3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must—</p> <p>(i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.</p>	<p>CMS is waiving the requirements in §483.15(c) (3), (e)(4)(ii) (effective 05-10-2021), (c)(5)(i) and (iv) (with some exceptions) to allow a long term care (LTC) facility to transfer to discharge residents to another LTC facility solely for cohorting purpose.</p> <p>Exceptions: in § 483.15, we are only waiving the requirement, under § 483.15(c)(3), (e)(4)(ii) (effective 05-10-2021), (c)(5)(i) and (iv), for the written notice of transfer or discharge to be provided before the transfer or discharge. This notice must be provided as soon as practicable.</p>

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		<p>(ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and</p> <p>(iii) Include in the notice the items described in paragraph (c)(5) of this section.</p> <p>§483.15 (e) (4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged (effective 05-10-2021)</p> <p>(ii) Notice must be made as soon as practicable before transfer or discharge when (effective 05-10-2021)</p> <p>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (effective 05-10-2021)</p> <p>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (effective 05-10-2021)</p> <p>§483.15 (c) (5) <i>Contents of the notice.</i> The written notice specified in paragraph (c)(3) of this section must include the following:</p> <p>(i) The reason for transfer or discharge &</p> <p>(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such</p>	

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		requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request.	
Resident Assessment	*F645	<p>(k) Preadmission screening for individuals with a mental disorder and individuals with intellectual disability.</p> <p>(1) A nursing facility must not admit, on or after January 1, 1989, any new resident with—</p> <p style="padding-left: 40px;">(i) Mental disorder as defined in paragraph (k)(3)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission,</p> <p style="padding-left: 40px;">(ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability authority has determined prior to admission—</p>	Per blanket 1135 waiver, CMS is waiving 42 CFR 483.20(k), allowing nursing homes to admit new residents who have not received Level 1 or Level 2 Preadmission Screening. Level 1 assessments may be performed post-admission. On or before the 30th day of admission, new patients admitted to nursing homes with a mental illness (MI) or intellectual disability (ID) should be referred promptly by the nursing home to State PASARR program for Level 2 Resident Review.
Comprehensive Resident Centered Care Plan	*F655	<p>§483.21 Comprehensive Person-Centered Care Planning</p> <p>§483.21(a) Baseline Care Plans</p> <p>§483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must—</p> <p>(i) Be developed within 48 hours of a resident's admission. (effective 05-10-2021)</p>	<p>CMS is waiving 483.21(a)(1)(i), (a)(2)(i). In § 483.21, we are only waiving the timeframes for certain care planning requirements for residents who are transferred or discharged for the purposes for cohorting purpose. Receiving facilities should complete the required care plans as soon as practicable, and we expect receiving facilities to review and use the care plans for residents from the transferring facility, and adjust as necessary to protect the health and safety of the residents the apply to. (effective 05-10-2021)</p>

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		<p>§483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan— (i) Is developed within 48 hours of the resident's admission. (effective 05-10-2021)</p> <p>§483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to: (i) The initial goals of the resident. (ii) A summary of the resident's medications and dietary instructions. (iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility. (iv) Any updated information based on the details of the comprehensive care plan, as necessary. §483.21 Comprehensive Person-Centered Care Planning (effective 05-10-2021)</p>	
Comprehensive Resident-Centered Care Plan	*F660	<p>§483.21(c)(1) Discharge Planning Process The facility must develop and implement an effective discharge planning process that focuses on the resident's discharge goals, the preparation of residents to be active partners and effectively transition them to post-discharge care, and the reduction of factors leading to preventable readmissions. The facility's discharge planning process must be consistent with the discharge rights set forth at 483.15(b) as applicable and— (viii) For residents who are transferred to another SNF or who are discharged to a HHA, IRF, or LTCH, assist residents and their resident representatives in selecting a post-acute care provider by using data that includes, but is not limited to SNF, HHA, IRF, or LTCH standardized patient assessment data, data on</p>	<p>CMS is waiving the discharge planning requirement in §483.21(c)(1)(viii), which requires LTC facilities to assist residents and their representatives in selecting a post-acute care provider using data, such as standardized patient assessment data, quality measures and resource use. This temporary waiver is to provide facilities the ability to expedite discharge and movement of residents among care settings. CMS is maintaining all other discharge planning requirements, such as but not limited to, ensuring that the discharge needs of each resident are identified and result in the development of a discharge plan for each resident; involving the interdisciplinary team, as defined at 42 CFR §483.21(b)(2)(ii), in the ongoing process of developing the discharge plan address the resident's goals of care and treatment preferences.</p>

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		quality measures, and data on resource use to the extent the data is available. The facility must ensure that the post-acute care standardized patient assessment data, data on quality measures, and data on resource use is relevant and applicable to the resident's goals of care and treatment preferences. <i>(Terminated on 05-07-2022 per QSO-22-15-NH&NLTC&LSC)</i>	
Physician Services	*F712	<p>§483.30(c) Frequency of physician visits</p> <p>§483.30(c)(3) Except as provided in paragraphs (c)(4) and (f) of this section, all required physician visits must be made by the physician personally.</p> <p>§483.30(c)(4) At the option of the physician, required visits in SNFs, after the initial visit, may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner or clinical nurse specialist in accordance with paragraph (e) of this section. (4) At the option of the physician, required visits in SNFs after the initial visit may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner, or clinical nurse specialist in accordance with paragraph (e) of this section. <i>(Terminated on 05-07-2022 per QSO-22-15-NH&NLTC&LSC)</i></p>	<p>Physician Visits in Skilled Nursing Facilities/Nursing Facilities. CMS is waiving the requirement in 42 CFR 483.30 for physicians and non-physician practitioners to perform in-person visits for nursing home residents and allow visits to be conducted, as appropriate, via telehealth options.</p> <p>Physician Visits. 42 CFR 483.30(c)(3). CMS is waiving the requirement at § 483.30(c)(3) that all required physician visits (not already exempted in § 483.30(c)(4) and (f)) must be made by the physician personally. We are modifying this provision to permit physicians to delegate any required physician visit to a nurse practitioner (NPs), physician assistant, or clinical nurse specialist who is not an employee of the facility, who is working in collaboration with a physician, and who is licensed by the State and performing within the state's scope of practice laws. CMS is not waiving the requirements for the frequency of required physician visits at § 483.30(c)(1).</p>
Physician Services	*F714	§483.30(e)(4) A physician may not delegate a task when the regulations specify that the physician must perform it personally. <i>(Terminated on 05-07-2022 per QSO-22-15-NH&NLTC&LSC)</i>	Physician Delegation of Tasks in SNFs. 42 CFR 483.30(e)(4). CMS is waiving the requirement in § 483.30(e)(4) that prevents a physician from delegating a task when the regulations specify that the physician must perform it personally. This waiver gives physicians the ability to delegate any tasks to a physician assistant, nurse practitioner, or clinical nurse specialist who meets the applicable definition in 42 CFR 491.2 or, in the case of a

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			clinical nurse specialist, is licensed as such by the State and is acting within the scope of practice laws as defined by State law. We are temporarily modifying this regulation to specify that any task delegated under this waiver must continue to be under the supervision of the physician. This waiver does not include the provision of § 483.30(e)(4) that prohibits a physician from delegating a task when the delegation is prohibited under State law or by the facility's own policy.
Nursing Services	*F728	<p>§483.35(d) Requirements for facility hiring and use of nursing aides—</p> <p>(ii)(A) That individual has completed a training and competency evaluation program, or a competency evaluation program approved by the State as meeting the requirements of §§483.151 through 483.154; or</p> <p>(B) That individual has been deemed or determined competent as provided in §483.150(a) and (b).</p> <p>(2) Non-permanent employees. A facility must not use on a temporary, per diem, leased, or any basis other than a permanent employee any individual who does not meet the requirements in paragraphs (d)(1) (i) and (ii) of this section.</p> <p>(3) Minimum competency. A facility must not use any individual who has worked less than 4 months as a nurse aide in that facility unless the individual—</p> <p>(i) Is a full-time employee in a State-approved training and competency evaluation program;</p>	<p>CMS is waiving the requirements at 42 CFR 483.35(d) (with the exception of 42 CFR 483.35(d)(1)(i)), which require that a SNF and NF may not employ anyone for longer than four months unless they met the training and certification requirements under § 483.35(d). CMS is waiving these requirements to assist in potential staffing shortages seen with the COVID-19 pandemic. To ensure the health and safety of nursing home residents, CMS is not waiving 42 CFR § 483.35(d)(1)(i), which requires facilities to not use any individual working as a nurse aide for more than four months, on a full-time basis, unless that individual is competent to provide nursing and nursing related services. We further note that we are not waiving § 483.35(c), which requires facilities to ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.</p>

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		<p>(ii) Has demonstrated competence through satisfactory participation in a State-approved nurse aide training and competency evaluation program or competency evaluation program; or</p> <p>(iii) Has been deemed or determined competent as provided in §483.150(a) and (b). <i>(Terminates on 06-06-2022 per QSO-22-15-NH&NLTC&LSC)</i></p>	
Food and Nutrition Services	*F811	<p>§483.60(h) Paid feeding assistants-</p> <p>§483.60(h)(1) State approved training course. A facility may use a paid feeding assistant, as defined in § 488.301 of this chapter, if—</p> <p>(i) The feeding assistant has successfully completed a State-approved training course that meets the requirements of §483.160 before feeding residents; <i>(Terminates on 06-06-2022 per QSO-22-15-NH&NLTC&LSC)</i></p>	<p>CMS is modifying the requirements at 42 CFR §§ 483.60(h)(1)(i) and 483.160(a) regarding required training of paid feeding assistants. Specifically, CMS is modifying the minimum timeframe requirements in these sections, which require this training to be a minimum of 8 hours. CMS is modifying to allow that the training can be a minimum of 1 hour in length. CMS is not waiving any other requirements under 42 CFR §483.60(h) related to paid feeding assistants or the required training content at 42 CFR §483.160(a)(1)-(8), which contains infection control training and other elements. Additionally, CMS is also not waiving or modifying the requirements at 42CFR §483.60(h)(2)(i), which requires that a feeding assistant must work under the supervision of a registered nurse (RN) or licensed practical nurse (LPN).</p>
Quality Assurance and Performance Improvement	*F865	<p>§483.75(b) Program design and scope. A facility must design its QAPI program to be ongoing, comprehensive, and to address the full range of care and services provided by the facility. It must:</p> <p>§483.75(b)(1) Address all systems of care and management practices;</p> <p>§483.75(b)(2) Include clinical care, quality of life, and resident choice;</p> <p>§483.75(b)(3) Utilize the best available evidence to define and measure indicators of quality and facility goals that reflect processes of care and facility</p>	<p>CMS is modifying certain requirements in 42 CFR §483.75, which requires long term care facilities to develop, implement, evaluate, and maintain an effective, comprehensive, data driven QAPI program. Specifically, CMS is modifying §483.75(b) (d) and (e)(3) to the extent necessary to narrow the scope of the QAPI program to focus on adverse events and infection control. This will help ensure facilities focus on aspects of care delivery most closely associated with COVID-19 during the PHE.</p>

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		operations that have been shown to be predictive of desired outcomes for residents of a SNF or NF. §483.75(b) (4) Reflect the complexities, unique care, and services that the facility provides. (Terminated on 05-07-2022 per QSO-22-15-NH&NLTC&LSC)	
Quality Assurance and Performance Improvement	*F866 (phase 3)	§483.75(c) Program feedback, data systems and monitoring. A facility must establish and implement written policies and procedures for feedback, data collections systems, and monitoring, including adverse event monitoring. The policies and procedures must include, at a minimum, the following: §483.75(c)(1) Facility maintenance of effective systems to obtain and use of feedback and input from direct care staff, other staff, residents, and resident representatives, including how such information will be used to identify problems that are high risk, high volume, or problem prone, and opportunities for improvement. §483.75(c)(2) Facility maintenance of effective systems to identify, collect, and use data and information from all departments, including but not limited to the facility assessment required at §483.70(c) and including how such information will be used to develop and monitor performance indicators. §483.75(c)(3) Facility development, monitoring, and evaluation of performance indicators, including the methodology and frequency for such development, monitoring, and evaluation. §483.75(c)(4) Facility adverse event monitoring, including the methods by which the facility will systematically identify, report, track, investigate, analyze and use data and information relating to adverse events in the facility, including how the	CMS is modifying certain requirements in 42 CFR §483.75, which requires long term care facilities to develop, implement, evaluate, and maintain an effective, comprehensive, data driven QAPI program. Specifically, CMS is modifying §483.75(b) (d) and (e)(3) to the extent necessary to narrow the scope of the QAPI program to focus on adverse events and infection control. This will help ensure facilities focus on aspects of care delivery most closely associated with COVID-19 during the PHE.

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		facility will use the data to develop activities to prevent adverse events. (Terminated on 05-07-2022 per QSO-22-15-NH&NLTC&LSC)	
Quality Assurance and Performance Improvement	*F867	<p>§483.75(d) Program systematic analysis and systemic action.</p> <p>§483.75(d)(1) The facility must take actions aimed at performance improvement and, after implementing those actions, measure its success, and track performance to ensure that improvements are realized and sustained</p> <p>-</p> <p>§483.75(d)(2) The facility will develop and implement policies addressing:</p> <p style="padding-left: 40px;">(i) How they will use a systematic approach to determine underlying causes of problems impacting larger systems;</p> <p style="padding-left: 40px;">(ii) How they will develop corrective actions that will be designed to effect change at the systems level to prevent quality of care, quality of life, or safety problems; and</p> <p style="padding-left: 40px;">(iii) How the facility will monitor the effectiveness of its performance improvement activities to ensure that improvements are sustained.</p> <p>§483.75(e) Program activities.</p> <p>§483.75(e)(3) As part of their performance improvement activities, the facility must conduct distinct performance improvement projects. The number and frequency of improvement projects conducted by the facility must reflect the scope and complexity of the facility's services and available resources, as reflected in the facility assessment required at §483.70(e). Improvement projects must include at least annually a project that focuses on</p>	<p>CMS is modifying certain requirements in 42 CFR §483.75, which requires long-term care facilities to develop, implement, evaluate, and maintain an effective, comprehensive, data-driven QAPI program. Specifically, CMS is modifying §483.75(b) (d) and (e)(3) to the extent necessary to narrow the scope of the QAPI program to focus on adverse events and infection control. This will help ensure facilities focus on aspects of care delivery most closely associated with COVID-19 during the PHE.</p>

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		high risk or problem-prone areas identified through the data collection and analysis described in paragraphs (c) and (d) of this section. <i>(Terminated on 05-07-2022 per QSO-22-15-NH&NLTC&LSC)</i>	
Physical Environment	*F917	§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv) §483.90(e)(2) -The facility must provide each resident with-- (iv) Functional furniture appropriate to the resident's needs, and individual closet space in the resident's bedroom with clothes racks and shelves accessible to the resident. <i>(Terminates on 06-06-2022 per QSO-22-15-NH&NLTC&LSC)</i>	CMS is waiving requirements under 42 CFR 483.90 to temporarily allow for rooms in a long-term care facility not normally used as a resident's room, to be used to accommodate beds and residents for resident care in emergencies and situations needed to help with surge capacity. Rooms that may be used for this purpose include activity rooms, meeting/conference rooms, dining rooms, or other rooms, as long as residents can be kept safe, comfortable, and other applicable requirements for participation are met. This can be done so long as it is not inconsistent with a state's emergency preparedness or pandemic plan, or as directed by the local or state health department.
Training	*F947	§483.95(g) Required in-service training for nurse aides. In-service training must— §483.95(g)(1) Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year. <i>(Terminates on 06-06-2022 per QSO-22-15-NH&NLTC&LSC)</i>	CMS is modifying the nurse aide training requirements at §483.95(g)(1) for SNFs and NFs, which requires the nursing assistant to receive at least 12 hours of in-service training annually. In accordance with section 1135(b)(5) of the Act, we are postponing the deadline for completing this requirement throughout the COVID-19 PHE until the end of the first full quarter after the declaration of the PHE concludes.