

INTRODUCTION

Medicare is the nation's health insurance program for persons 65 years and over and for persons younger than 65 years who have a qualifying disability. The Medicare Current Beneficiary Survey (MCBS) is a continuous, multi-purpose longitudinal survey covering a representative national sample of the Medicare population. Interviews are usually conducted in-person using computer-assisted personal interviewing (CAPI); however, conducting interviews by phone is also permitted on the MCBS and has been since its origin. Sponsored by the Centers for Medicare & Medicaid Services (CMS), the MCBS primarily focuses on economic and beneficiary topics including health care use and health care access barriers, health care expenditures, and factors that affect health care utilization. As a part of this focus, the MCBS collects a variety of information about the beneficiary, including demographic characteristics, health status and functioning, access to care, insurance coverage and out of pocket expenses, financial resources, and potential family support. The MCBS collects this information in three data collection periods, or rounds, per year. Over the years, data from the MCBS have been used to inform many advancements, including the creation of new benefits such as Medicare's Part D prescription drug benefit.

On January 31, 2020, the Health and Human Services (HHS) Secretary determined that a Public Health Emergency (PHE) existed for the United States to aid the nation's healthcare community in responding to the novel "severe acute respiratory syndrome coronavirus 2" ("SARS-CoV-2") virus and the disease it causes, "coronavirus disease 2019" ("COVID-19"); on April 21, 2020, the Secretary renewed, effective April 26, 2020, the determination that a PHE still existed. Older people and people of all ages with severe chronic medical conditions — like heart disease, lung disease and diabetes, for example — seem to be at higher risk of developing serious COVID-19 illness.¹ With the emergence of the COVID-19 pandemic in the U.S., CMS was uniquely positioned to collect timely and vital information on how the pandemic was impacting the Medicare population by utilizing the MCBS.

CMS took advantage of the MCBS panel design to assess and understand the COVID-19 pandemic by planning a series of rapid response surveys as a supplement to the main MCBS. The first supplement was administered in Summer 2020 during the regular production cycle of Summer 2020 (Round 87) to existing MCBS sampled beneficiaries who were living in the community as a test of the COVID-19 rapid response protocol. After a successful Summer 2020 Community Supplement, CMS administered the COVID-19 Fall 2020 Supplement during the regular production cycle of Fall 2020 (Round 88); one questionnaire to existing MCBS sampled beneficiaries who were living in the community and another, for the first time, to facility staff (i.e., Facility respondents) about beneficiaries living in a facility, who are knowledgeable about

¹ Garg S, Kim L, Whitaker M, et al. Hospitalization Rates and Characteristics of Patients Hospitalized with Laboratory-Confirmed Coronavirus Disease 2019 — COVID-NET, 14 States, March 1–30, 2020. *MMWR Morb Mortal Wkly Rep* 2020; 69:458–464. DOI: <http://dx.doi.org/10.15585/mmwr.mm6915e3>.

the beneficiary’s health status and health care utilization. CMS will continue asking these questions into 2021 as necessitated by the progression of the pandemic.

Exhibit 1 shows the PDF specifications now available for the COVID-19 Fall 2020 Supplement on the MCBS website at <https://www.cms.gov/research-statistics-data-and-systemsresearchmcsquestionnaires/2020-fall-supplemental-covid-19-questionnaires>.

The MCBS COVID-19 Fall 2020 Supplement Questionnaire User’s Guide is intended to accompany the questionnaire specifications. This document offers a publically available resource, which explains the COVID-19 Fall 2020 Supplement. For resources about MCBS data products, including data from the COVID-19 Fall 2020 Supplement, users can view documentation for each data year on the MCBS website at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/Codebooks>.

Exhibit 1: COVID-19 Fall 2020 Supplement Specifications

Component	Supplement Name	PDF Section File Name
Community	COVID-19 Fall 2020 Community Supplement	MCBS_COVID_Comm_Supp_Fall2020
Facility	COVID-19 Fall 2020 Facility Supplement	MCBS_COVID_Fac_Supp_Fall2020

MCBS Questionnaire specifications for the main MCBS Community and Facility instruments are publically available on the MCBS website at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/Questionnaires>.

WHAT'S NEW FOR THE QUESTIONNAIRE IN FALL 2020?

Below, we highlight updates made to the Community COVID-19 Supplement in Fall 2020.

Community Questionnaire

Changes implemented for Fall 2020 included updates to the survey's reference period, modifications to question text, and the removal and addition of items to align with other federal surveys as well as changes in the COVID-19 pandemic.

General

- The reference period throughout the survey was updated from "Since the beginning of the Coronavirus outbreak..." to "Since July 1, 2020..."
- All references to the "coronavirus outbreak" were updated to "coronavirus pandemic" to align with other federal surveys.

Section-Specific Changes

Availability and Use of Telemedicine

Two new questions were added to the telemedicine series, TELMEDUS and TELMEDT4, to collect information about the beneficiary's use of telemedicine services and the availability of telemedicine services.

Autoimmune Disease Prevalence

The two measures on autoimmune disease prevalence, AUTOIMRX and AUTOEND, were updated to align with other federal surveys. The variable names were updated to reflect this change.

COVID-19 Symptoms and Diagnosis

A series of items assessing the incidence of COVID-19 symptoms, such as fever, chills, and loss of taste, was removed to reflect changes in the course of the pandemic since Summer 2020, such as the wider availability of COVID-19 testing. The variables removed include DESC_SYM and SYMPTOM1-SYMPTOM3. An item asking if anyone in the household had symptoms (SYMPTSHH) was also removed.

Access to and Utilization of COVID-19 Testing

Two items pertaining to lack of access to COVID-19 tests, WANTTEST and REFUSTST, were removed to reflect changes in the course of the pandemic since Summer 2020, including the increased availability of COVID-19 testing.

The COVID-19 testing series was also revised to allow for the collection of information on utilization of viral and antibody tests separately. Questions COVIDTST and RESULTS were removed and replaced with COVSWAB and SWABRSLT (viral test) and ANTBDTST and ANTRESLT (antibody test).

Finally, two new concepts were added to the COVID-19 testing series. Two items were added to collect the wait time for results of each type of test (SWABWAIT and ANTWAIT). Two items were also added to collect the out-of-pocket amount paid by the beneficiary for each type of test (CVTSTPAY and ANTPAY).

COVID-19 Care

The Fall 2020 Supplement contained revisions to three items administered to respondents who previously reported a coronavirus diagnosis. An item measuring severity of coronavirus symptoms was added to align with other federal surveys (CVDSVRE). CVDTREAT, asking "Have you been treated for coronavirus or COVID-19?" was replaced with CVDSEEK "Did you seek medical care for coronavirus or COVID-19?" to align with other federal surveys. A new item was also added to measure persistent health effects of the virus (CVEFFECT).

Preventive Measures

The Supplement contains a series of items asking about preventive measures the beneficiary has taken in response to the outbreak of the coronavirus. The preventive measure "avoided gathering with groups of 10 or more people" (PREVGATH) was removed and replaced with "avoided large groups of people" (PREVGRP) to align with updated public health messaging.

Knowledge and Perceptions of COVID-19

A new series was added to measure perceptions of the coronavirus. Beneficiaries were asked to rate their agreement with a series of statements using a five-point agreement scale. The statements were:

- Coronavirus is more contagious than the flu (CONTAG);
- Coronavirus is more deadly than the flu (DEADLY); and
- It is important for everyone to take precautions to prevent the spread of the Coronavirus, even if they are not in a high-risk group (e.g., elderly, chronically ill) (TAKECAUT).

COVID-19 Vaccination

Working with the Centers for Disease Control and Prevention (CDC), two series of questions about a COVID-19 vaccine were added to the Fall 2020 Supplement specifications. A series on vaccine utilization (CVDVAC, VACNUM, VACDAT1, VACDAT2, NOVACRSN) was added to the specifications in the event that a COVID-19 vaccine was made available before the survey was fielded. However, as a vaccine was not available prior to the start of fielding in early October

2020, these items were not asked in Fall 2020 and will instead be administered in a future MCBS COVID-19 Supplement once a COVID-19 vaccine is available to the public.

An alternative series was also added to measure presumptive vaccine uptake (GETVAC and NOGETVAC) in lieu of a publically available COVID-19 vaccine. These items were asked in Fall 2020.

Ability to Access Basic Needs During the Pandemic

The Supplement included a series of items assessing the ability to access basic needs during the pandemic. An additional item was added to this series in Fall 2020 asking about access to facemasks (DISRMASK).

QUESTIONNAIRES

The MCBS COVID-19 Fall 2020 Supplement features two sets of items (Community and Facility), administered by telephone to existing MCBS respondents. The questions in the COVID-19 Fall 2020 Supplement were adapted from a range of sources and were intended to align with other federal surveys on similar topics. The beneficiary's residence status determined which supplement was used and how it was administered.

- **Community COVID-19 Supplement:** Survey of beneficiaries living in the community at the time of the interview (i.e., their residence or a household). The 15-minute survey collected data on the impact of the COVID-19 pandemic on Medicare beneficiaries' lives. The Community COVID-19 Supplement was administered as a standalone instrument by telephone in October and November 2020.
- **Facility COVID-19 Supplement:** Survey of beneficiaries living in facilities such as long-term care nursing homes or other institutions at the time of the interview. The Fall COVID-19 Supplement was administered as part of the Fall 2020 Round 88 Facility instrument. Interviewers conducted the Facility interview with staff members located at the facility (i.e., Facility respondents) who are knowledgeable about the beneficiary's health status and health care utilization; beneficiaries were not interviewed. The Facility COVID-19 Supplement collected data on the impact of the COVID-19 pandemic on long-term care facilities and Medicare beneficiaries.

The sections that follow provides an overview of the COVID-19 Fall 2020 Community and Facility Supplements.

Community COVID-19 Supplement

The next section provides an overview of the Fall 2020 Community COVID-19 Supplement eligibility criteria and questionnaire content.

Eligibility

To be eligible for the COVID-19 Fall 2020 Community Supplement, a beneficiary must have been continuously enrolled in Medicare from the beginning of 2020 and still be alive, living in the community, and eligible and enrolled in Medicare at the time of their COVID-19 Fall 2020 Supplement interview.

For more information on the main MCBS eligibility criteria, please see the *Survey File Data User's Guide* at: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/Codebooks>.

Questionnaire Content

The topics measured by the COVID-19 Fall 2020 Supplement were:

- Availability and Use of Telemedicine
- Access to Computers and Internet
- Forgone Health Care as a Result of the Pandemic
- Autoimmune Disease Prevalence
- Utilization of COVID-19 Testing
- COVID-19 Care
- COVID-19 Vaccination
- Preventive Measures
- Sources of COVID-19 Information
- Knowledge and Perceptions of COVID-19
- Ability to Access Basic Needs During the Pandemic
- Impact to Financial and Mental Health

Availability and Use of Telemedicine

During the COVID-19 pandemic, Medicare temporarily expanded coverage of telemedicine to help beneficiaries access a wider range of services from providers without having to travel to a healthcare office.² To measure the impacts of this change in policy, the COVID-19 Fall 2020 Supplement included questions on availability of telemedicine services before and during the pandemic and the utilization of telemedicine services during the pandemic. These questions were adapted from items on the National Center for Health Statistics (NCHS) COVID-19 Research and Development Survey (RANDS).³

Access to Computers and Internet

To inform research questions pertaining to access to telemedicine services, the COVID-19 Fall 2020 Supplement also contained a series of items on the use of computers, smartphones, tablets, videoconferencing, and access to the internet. These items were sourced from the Census Bureau's American Community Survey (ACS)⁴ and November 2019 Current Population Survey (CPS) Computer and Internet Use Supplement.⁵

Forgone Health Care as a Result of the Pandemic

The COVID-19 Fall 2020 Supplement contained a series of items about medical care that was needed for something other than COVID-19 but was not obtained because of the pandemic. The Supplement asked if any care was forgone, what type of care it was, and for each type of care forgone, the Supplement asked whether it was the beneficiary or provider who made the

² "Medicare & Coronavirus" U.S. Centers for Medicare & Medicaid Services. Accessed on August 5, 2020. <https://www.medicare.gov/medicare-coronavirus>

³ "COVID-19 Research and Development Survey (RANDS)" National Center for Health Statistics. 2020. <https://www.cdc.gov/nchs/covid19/rands.htm>

⁴ "2020 American Community Survey" U.S. Census Bureau. Accessed May, 2020. <https://www2.census.gov/programs-surveys/acs/methodology/questionnaires/2020/quest20.pdf>

⁵ "November 2019 Current Population Survey Computer and Internet Use Supplement" U.S. Census Bureau. Accessed May, 2020. <https://www2.census.gov/programs-surveys/cps/techdocs/cpsnov19.pdf>

decision to forgo care, and why the decision to forgo care was made. These items were adapted from the NCHS RANDS survey.

Autoimmune Disease Prevalence

Early findings show that certain preexisting medical conditions and autoimmune diseases make a person more vulnerable to contracting COVID-19.⁶ The main MCBS questionnaire already collects information on prevalence of chronic conditions but does not ask about diagnosis of autoimmune diseases. Therefore, the COVID-19 Fall 2020 Supplement asked two questions about autoimmune diseases sourced from the NCHS RANDS survey.

Utilization of COVID-19 Testing

The COVID-19 Fall 2020 Supplement included two sets of items pertaining to the utilization of COVID-19 testing, one on the utilization of viral testing and one on the utilization of antibody testing. For each type of test, respondents were asked about utilization of testing, and if a test was received are asked about the result of the test, wait time for results, and portion of the cost that was paid out-of-pocket for the test. These items were also included as a part of the COVID-19 Fall 2020 Facility Supplement. These items were sourced from the NCHS RANDS survey and National Health Interview Survey (NHIS).⁷

COVID-19 Care

For those who had a probable or confirmed diagnosis of COVID-19, the Fall Supplement included items related to utilization of medical care and hospitalization for COVID-19, severity of coronavirus symptoms, and persistent health effects of the virus. These items were adapted from the NCHS RANDS survey.

COVID-19 Vaccination

Working with CDC, two series of questions about a COVID-19 vaccine were included in the Fall 2020 Supplement specifications. A series on vaccine utilization (CVDVAC, VACNUM, VACDAT1, VACDAT2, NOVACRSN) was included in the specifications in the event that a COVID-19 vaccine was made available before the survey was fielded. However, as a vaccine was not available prior to the start of fielding in early October 2020, these items were not asked in Fall 2020 and will instead be administered in a future MCBS COVID-19 Supplement once a COVID-19 vaccine is available to the public.

An alternative series was also implemented to measure presumptive vaccine uptake (GETVAC and NOGETVAC) in lieu of a publically available COVID-19 vaccine. These items were asked in Fall 2020.

⁶ "Certain Medical Conditions and Risk for Severe COVID-19 Illness" U.S. Centers for Disease Control and Prevention. Last modified July 30, 2020. https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html

⁷ "National Health Interview Survey" U.S. Centers for Disease Control and Prevention. <https://www.cdc.gov/nchs/nhis/data-questionnaires-documentation.htm>

Preventive Measures

The COVID-19 Fall 2020 Supplement included items on which preventive measures were taken to avoid exposure to the virus. The survey asked about 16 different measures that were recommended by the CDC and public health community during the pandemic, including washing hands, coughing or sneezing into a tissue, avoiding large groups of people, wearing facemasks, and purchasing extra supplies such as food, cleaning supplies, and prescriptions. These items were adapted from the NCHS RANDS survey and other sources.⁸

Sources of COVID-19 Information

The COVID-19 Fall 2020 Supplement included items relating to the media or other types of sources the beneficiary relies on for information about the pandemic. These items were sourced from the March 2020 AP-NORC Center Poll.⁹

Knowledge and Perceptions of COVID-19

The COVID-19 Fall 2020 Supplement included a series measuring knowledge of public health messaging about the virus. The survey asked about knowledge of guidance related to frequent hand washing, healthy people wearing facemasks in public, avoiding gatherings with large numbers of people, sheltering in place, and seeking medical attention for trouble breathing. These items were sourced from the March 2020 AP-NORC Center Poll.

The Supplement also included a series on the perceived severity of the coronavirus—both generally and as compared to the flu. These items were sourced from the University of California Irvine’s COVID-19 Outbreak Study.¹⁰

Ability to Access Basic Needs During the Pandemic

The COVID-19 Fall 2020 Supplement included a series of items measuring disruption to basic needs caused by the pandemic, including ability to pay rent or mortgage and access to medication, health care, food, household supplies, and face masks. These items were adapted from the NCHS RANDS survey.

Impact to Financial and Mental Health

The COVID-19 Fall 2020 Supplement included a series on impacts of the outbreak, including financial security, and feelings of stress or anxiety, loneliness or sadness, and social connection. These items were adapted from the NCHS RANDS survey.

⁸ “How to Protect Yourself & Others” U.S. Centers for Disease Control and Prevention. Accessed May, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>

⁹ “March 2020 Poll AP-NORC Center Poll” The Associated Press-NORC Center for Public Affairs Research. Accessed May, 2020. https://apnorc.org/wp-content/uploads/2020/04/march2020_topline.pdf

¹⁰ Roxanne Cohen Silver and Alison Holman. “COVID-19 Outbreak Study”. March-April 2020. University of California Irvine.

Facility COVID-19 Supplement

The COVID-19 Fall 2020 Facility Supplement included several facility-level measures requested by CMS' Chief Medical Officer to assess key ways in which COVID-19 has impacted facilities that serve Medicare beneficiaries. There were also several beneficiary-level topics, similar to the COVID-19 Fall 2020 Community Supplement. The COVID-19 Fall 2020 Facility Supplement was administered as part of the Fall 2020 Round 88 Facility instrument. Facility data collection was conducted with facility staff knowledgeable about the facility's protocols and the beneficiary's health status.

Eligibility

To be eligible for the COVID-19 Fall 2020 Facility Supplement, a beneficiary must have been eligible for the Fall 2020 Round 88 Facility interview. Facility-level measures were collected for persons alive or deceased, while beneficiary-level measures were collected only for persons who were alive at the time of interview.

For more information on the main MCBS eligibility criteria, please see the *Survey File Data User's Guide* at: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/Codebooks>.

Instrument Content

The topics measured by the COVID-19 Fall 2020 Facility Supplement included:

- Facility-level COVID-19 topics:
 - Suspension of In-Person Health Services Inside and Outside of the Facility
 - Availability of Telemedicine Services Inside and Outside of the Facility
 - Facility Measures to Prevent and Control the Spread of COVID-19
 - Facility Staffing Impact due to COVID-19
 - Mental Health Services
 - Social and Recreational Activities
- Beneficiary-level COVID-19 topics:
 - Utilization of COVID-19 Testing
 - COVID-19 Care
 - COVID-19 Vaccination
 - Recent Mood

Suspension of In-Person Health Services Inside and Outside of the Facility

The COVID-19 Fall 2020 Facility Supplement contained a series of items about suspension of health care services, both inside and outside the facility, due to the COVID-19 pandemic. To align with services asked about in the Use of Health Services (US) section in the main MCBS Facility instrument, the Facility Supplement asked if primary care visits, specialty care visits, dental visits, mental health visits, podiatry visits, educational or habilitational services, or any other types of visits were suspended due to the COVID-19 pandemic.

Availability of Telemedicine Services Inside and Outside of the Facility

During the COVID-19 pandemic, Medicare temporarily expanded coverage of telemedicine to help beneficiaries access a wider range of services from providers without having to travel to a healthcare office; this expansion of coverage included beneficiaries residing in any healthcare facility.¹¹ To measure the impacts of this change in policy, the COVID-19 Fall 2020 Facility Supplement included questions on the availability of telemedicine services offered inside and outside the facility before and during the pandemic.

Facility Measures to Prevent and Control the Spread of COVID-19

The COVID-19 Fall 2020 Facility Supplement included items on prevention protocols used within the facility to prevent the spread of coronavirus. The survey asked about required prevention measures for visitors, the facility's monitoring of health care personnel adherence to prevention measures, and coronavirus prevention education to residents. These items were adapted from the CDC's Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19.¹² The Facility Supplement also asked about the facility's current policy on the flu vaccine and their future policy for a COVID-19 vaccine, for residents and health care personnel. These items were adapted from an internet panel survey for the CDC during the 2017-18 influenza season to provide estimates of influenza vaccination among health care personnel.¹³

Facility Staffing Impact due to COVID-19

The COVID-19 Fall 2020 Facility Supplement included items on how facility staffing was impacted by the COVID-19 pandemic at the time of the interview. The survey asked about whether there was a laboratory-confirmed COVID-19 case within the facility, as well as whether additional health care personnel had been recruited in response to the pandemic.

Mental Health Services

The COVID-19 Fall 2020 Facility Supplement included items asking about mental health services that are offered by the facility, whether these services were suspended due to the pandemic, and whether they had been migrated to an online platform due to the pandemic. These questions were adapted from the 2018 National Survey of Long Term Care Providers.¹⁴

¹¹ "Medicare & Coronavirus" U.S. Centers for Medicare & Medicaid Services. Accessed on August 5, 2020. <https://www.medicare.gov/medicare-coronavirus>

¹² "Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19" Centers for Disease Control and Prevention. Accessed on June 25, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/assessment-tool-nursing-homes.pdf>

¹³ Clara L. Black et al. "Influenza Vaccination Coverage Among Health Care Personnel — United States, 2017–18 Influenza Season," *MMWR Morb Mortal Wkly Rep*;67 (2018):1050–1054, doi: <http://dx.doi.org/10.15585/mmwr.mm6738a2>.

¹⁴ "National Study of Long-Term Care Providers: 2018 Adult Day Services Center Provider Questionnaire," U.S. Centers for Disease Control and Prevention. <https://www.cdc.gov/nchs/data/nsltcp/2018-NSLTCP-ADSC-Questionnaire-Center.pdf>

Social and Recreational Activities

Social isolation among older adults is of heightened concern during the COVID-19 pandemic.¹⁵ For this reason the Facility supplement asked if social and recreational services were offered inside and outside the facility, if these services were suspended due to the pandemic, and whether they had been migrated to an online platform due to the pandemic. These questions were adapted from the 2010 National Survey of Residential Care Facilities Facility Questionnaire.¹⁶

Utilization of COVID-19 Testing

The COVID-19 Fall 2020 Facility Supplement included items relating to utilization of COVID-19 viral and antibody testing and respective test results (if applicable). The items on utilization of a test and results of the test were sourced from the NCHS RANDS survey and NHIS. These items were also included as a part of the COVID-19 Fall 2020 Community Supplement.

COVID-19 Care

The COVID-19 Fall 2020 Facility Supplement included items that asked if the beneficiary received care inside or outside of the facility for COVID-19 and, if so, the type of provider they received care from.

COVID-19 Vaccination

Working with the CDC, a set of questions about COVID-19 vaccine utilization was included in the Fall 2020 Supplement specifications. Items CV5, CV5A, CV5B, and CV5C were included in the specifications in the event that a COVID-19 vaccine was made available before the survey was fielded. However, as a vaccine was not available prior to the start of fielding in early October 2020, these items were not asked in Fall 2020 and will instead be administered in a future MCBS COVID-19 Facility Supplement once a COVID-19 vaccine is available to the public.

Recent Mood

The Patient Health Questionnaire (PHQ-9), also known as the Resident Mood Interview, was added to the COVID-19 Fall 2020 Facility Supplement which collects information about the beneficiary's mood over the last two weeks, such as whether they felt tired, had a poor appetite or overate, or were easily annoyed. These items were sourced from the Minimum Data Set Resident Assessment and Care Screenings (MDS) form.¹⁷ The PHQ-9 is also collected as part of the Health Status and Functioning Questionnaire (HFQ) in the main MCBS Community questionnaire.

¹⁵ Julianne Holt-Lunstad, "The Double Pandemic Of Social Isolation And COVID-19: Cross-Sector Policy Must Address Both," *Health Affairs* (blog), June 22, 2020, <https://www.healthaffairs.org/doi/10.1377/hblog20200609.53823/full/>

¹⁶ "2010 National Survey of Residential Care Facilities (NSRCF) Facility Questionnaire," U.S. Centers for Disease Control and Prevention. ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Questionnaires/nsrcf/2010/2010_NSRCF_Facility_Questionnaire.pdf

¹⁷ "Minimum Data Set (MDS) 3.0 for Nursing Homes and Swing Bed Providers," Centers for Medicare & Medicaid Services. <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30>