

Message From the President



Facility Members & Business Partners,

Thank you for your support and your confidence in me as I now have the privilege of serving as President of the Missouri Health Care Association for another year. It is truly an honor to serve as President and I look forward to the challenges and opportunities ahead of us. It was great to see so many people in Branson for this year's convention. We are all facing challenges in our facilities, and I know it is not easy to get away for a few days but many of you did. Attendance exceeded our pre-pandemic numbers!!! Again, thank you for attending!

We continue to work towards another rebase next year and we know that it will be a significant challenge. Do your part by reaching out to your elected officials this fall while they are at home in their district. Building that relationship now will help with these conversations next spring. It's a great time for legislator visits to your facility!! We also need you to do your part to fight back against the proposed minimum staffing standard. The AHCA had a series of webinars over the past few weeks describing the proposed rule, their strategy to fight it, and the process we as providers need to follow to fight as well. The first step in that process is to submit feedback to the CMS regarding this proposed minimum staffing standard. They've laid out an easy-to-use form on their website and even went so far as to provide some talking points for your letter. Please take the time necessary to submit comments. We need at least one submission from EVERY member facility. The MHCA is happy to assist you with this process if you need it. We have until November 6th to submit comments but there is really no reason to wait.

I will conclude with the message I shared during my remarks at both the Opening General Session and at the President's Dinner. The association is "strong". It is strong because of our members and their commitment to one another and to our industry. Attendance at events like this year's convention offers not only an opportunity for education, but it also offers an opportunity to network with old friends, meet new friends, and to support one another as we try to navigate the challenges we are all facing. It was great to see so many of you in Branson and I look forward to leading this great association over the next year. Again, thank you for your belief in me and more importantly thank you for your ongoing support of the Missouri Health Care Association.

Sincerely,

Eric Doerhoff
MHCA President 2023-2024

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Reimbursement and Budget Updates

Update on January 1, 2023, July 1, 2023, and Future SNF Medicaid Rate Adjustments

January 1, 2023 – CMI/VBP Rate Adjustment Retro Pay/Recoupments: In our conversations with MO HealthNet (“MHD”) this week, we were informed that they are continuing to work on processing the mass adjusted retro payments. The January 1, 2023, retro payment will be for all Medicaid days between January 1, 2023 and June 30, 2023. MHD has not confirmed which payment cycle you should expect to receive your January 1, 2023, mass adjusted retro payment but will let us know as soon as they pinpoint that cycle date. We anticipate that payment will be in October. Once we know the exact payment date you can expect the retro payment, we will report that.

The state is continuing to work through the recoupment process for facilities whose rates decreased on January 1, 2023. This will take more time as they are working to develop a plan of recoupment causing as little financial disruption as possible to the facilities who experienced a cut to their rate. MHD will not make any final decisions on how it will recoup overpayments until after the July 1, 2023 rates are released. Their plan is to combine the January 1, 2023 and July 1, 2023 adjustments and do one recoupment. In doing this, it is their hope is that some of the rates that reduced on January 1, may increase on July 1, 2023, which in turn may decrease the amount of the recoupment. There is also the chance it could be the opposite. We will continue to work with MHD on developing the best plan possible and will let facilities who are expecting a recoupment know how the overpayments will be recouped once that decision is made.

July 1, 2023 – CMI/VBP Rate Adjustment and \$10/PPD Increase: Relating to the July 1, 2023, CMI and VBP rate adjustments, MHD expects to receive the information (minus the \$10/PPD increase – which is still awaiting CMS approval) from Myers and Stauffer soon which will allow them to start processing the adjustments in their systems.

Based on our conversations this week and the ever increasing likelihood of the shut down of the federal government (which would ultimately delay CMS approval of the SPA for the \$10/PPD increase) I believe there is an increasing likelihood MHD will move forward with the July 1, 2023 CMI/VBP rate adjustment and not wait for CMS to approve the SPA for the \$10. Again, this is a guess, but I believe very possible. The retro payment/recoupments are a processing nightmare for not only our facilities, but also the state. MHD is eager to get on track with timely CMI/VBP adjustments.

January 1, 2024 and Future CMI/VBP Rate Adjustments: Finally, MHD confirmed again this week that they believe all systems are in place and working properly enabling them to work on January 1, 2024 rates well before January 2024. If this is the case, this means we will finally be on a timely schedule for semi-annual CMI/VBP rate adjustments effective January 1, 2024. If this goes as planned, it will eliminate the need for retro payments/recoupments based on the semi-annual CMI/VBP adjustments beginning January 1, 2024 and in the future.

As we continue to learn more about all these outstanding rate-related topics, we will report that to the membership.

Legislative Update

Prioritize Legislative Tours of Your Facility This Fall - It is Imperative to our Efforts to Secure Additional Medicaid Funding in 2024

PLEASE consider hosting your legislators for a tour of your facility. These visits will play a vital role in our efforts and success in securing the money it will take to fund the next rebase. The 2024 legislative session begins on

January 3, 2024. One of our number 1 priorities during this session will be to secure funding for another rebase of our Medicaid rate which would capture your post-COVID cost increases. There are several factors that make our job to securing the necessary funding to support a rebase harder this session than in previous sessions. These factors are as follows:

1. The Governor and legislature have approved a historic amount of funding to fund our SNF Medicaid rate the past two years (approximately \$300 million over two years);
2. The amount of funding it will take to fund the next rebase will be the largest one-time appropriation we have ever received;
3. State revenue growth has slowed significantly. This leaves very little room in the budget to find additional funds for programs funded by general revenue dollars without taking from other programs. Approximately 35% of any increase to our Medicaid rate will need to be funded by general revenue dollars; and
4. The general stigma associated with Medicaid and the overall growth/cost of the entire Medicaid program.

We are asking every facility to invite your legislator to your facility to meet with you, your staff and residents. While they are there, take them on a short tour then discuss your challenges and ask for their assistance. The message during this visit is simple: 1) Thank them for their support of the additional funding to our Medicaid rate the past two years; 2) Share with them how crucial it is to pass another rebase to our rates during the 2024 legislative session to reflect your post-COVID costs which have increases significantly. You can further emphasize the need by sharing your financials, sharing the struggles to find staff necessary to provide quality care and anything additional you feel is important.

It is important for every facility to attempt to develop a relationship with each of their legislators through facility visits, even if the legislator does not have a direct role in the budget process. If your legislator is not the budget or appropriations committee, they can advocate to the budget leaders in the House and Senate how necessary it is to add adequate funding to our SNF Medicaid rate during the budget process in 2024.

We encourage each facility to reach out to schedule a facility visit with their legislators prior to the start of the legislative session in January 2024. You can invite them to important events or holiday celebrations in your facility (i.e. Columbus Day, Halloween, Veterans' Day, Thanksgiving, Christmas or other holiday celebrations) or just invite them for a quick tour and meeting to discuss your challenges.

If you need assistance setting these meetings up or have other question, please do not hesitate to reach out Sarah Schlemeier Henke (Sarah@mohealthcare.com). We are happy to help you with talking points if you need.

Advocacy Highlight

Marshfield Care Center for Rehab and Healthcare recently hosted Representative John Black for a tour of their facility. There Representative Black met several residents during their open house as well as many staff. The tour was hosted by Joseph Shafer with Prime Healthcare Management and their administrator, CAN YOU FIND HER NAME. The facility talked about how hard they work to keep workforce and how they pride themselves on successfully retaining staff and not having to utilize agencies for staff shortages. Representative Black realizes this is a rarity and commended them on their work. After the tour, the Representative sat down and looked at the financial realities of COVID and Medicaid underfunding. He greatly appreciated the time they took to pull the data and help him realize the severity of the situation of facilities who serve the Medicaid population. This tour was imperative as Representative Black serves as the Chair of House Subcommittee of Appropriations for MO HealthNet which is the committee that examines and amends the budget bill that contains the SNF Medicaid Rate. Thank you, Marshfield Care Center for Rehab and Healthcare!

COVID-19 & Influenza Updates

COVID Rise in LTC Facilities

COVID infections are on the rise in Missouri's long-term care facilities. Please remember the following:

Follow CDC Guidance

- [Skilled Nursing Facilities](#)
 - Place a patient with suspected (e.g., those with runny nose, cough, sneeze) or confirmed SARS-CoV-2 infection in a single-person room. The door should be kept closed (if safe to do so). Ideally, the patient should have a dedicated bathroom. **If cohorting, only patients with the same respiratory pathogen should be housed in the same room.**
- Residential Care and Assisted Living may follow [community guidance](#)

Report Positive Cases

Facilities performing their own COVID-19 testing (antigen testing) must report positive results through one of the following portals:

1. Missouri Disease Reporting Online Portal (MODROP)
2. In bulk via HL7 or CSV file using the DHSS- Electronic Lab Reporting process
3. National Healthcare Safety Network (NHSN) or the Association of Public Health Laboratories (APHL) Informatics Messaging Services (AIMS) Platform.

Facilities using an external laboratory (PCR testing) must enter positive case information into MODROP. The Missouri Disease Reporting Online Portal (MODROP). MODROP can be accessed directly [here](#) or by using the existing ECD-1 link [here](#) and selecting the MODROP button.

NOTE: The recommended browser for use of MODROP is Google Chrome. Other browsers may cause issues with MODROP.

Facilities will need to register for a MODROP account the first time they use the new portal. MODROP allows reporting of only COVID-19 cases. Reports of other reportable conditions may be faxed to 573-751-6417.

If you have any questions or encounter any issues utilizing MODROP or for questions about HL7 or CSV reporting, please reach out to the EpiTrax Help Desk via e-mail at epitrax@health.mo.gov. Please see the [FAQ](#) and thank you for your efforts to provide complete and accurate COVID-19 data to public health.

Utilize the ICAR Team

QIPMO has formed an Infection Control and Assessment and Response (ICAR) team with a primary goal to assist Missouri Long-Term Care Facilities navigate the challenges of the COVID-19 pandemic and other infectious diseases.

Members of the ICAR Team are available for voluntary, no cost visits (virtual and/or in-person) to any residential care, assisted living, and skilled nursing facility in Missouri. These visits are intended to be consultative and collaborative in nature with a non-regulatory focus to evaluate infection control practices.

Visits will consist of:

- completion of a standardized assessment of infection control processes, focusing on highly transmittable infectious diseases
- observations of infection control practices
- preliminary feedback with supplemental educational resources

See the [flyer](#) for full details. And the ICAR and QIPMO teams have prepared a recording and slides on COVID basic principles. You can find the recording and the handouts [HERE](#).

New COVID-19 Vaccine Approved for Use

On September 11, 2023, the [U.S. Food and Drug Administration took action approving and authorizing for emergency use updated COVID-19 vaccines](#) formulated to target currently circulating variants and to provide better protection against serious consequences of COVID-19, including hospitalization and death. These actions relate to updated mRNA vaccines for 2023-2024 manufactured by ModernaTX Inc. and Pfizer Inc., which have been updated to include a monovalent (single) component that corresponds to the Omicron variant XBB.1.5.

- Pfizer-BioNTech COVID-19 Vaccine (2023-2024 Formula): individuals ages 6 months and older
- Moderna COVID-19 Vaccine (2023-2024 Formula): individuals ages 6 months and older

Note that FDA has not yet authorized or approved an updated Novavax vaccine for 2023-2024. As a result, the existing Novavax vaccine may still be administered at this time if it is determined that the individual should not wait for a 2023-2024 Novavax COVID-19 vaccine.

On September 12, the Center for Disease Prevention and Control's (CDC) Advisory Committee on Immunization Practices (ACIP) met to review the evidence and provide recommendations regarding the use of these approved vaccines. The CDC recommends that if you have not received a COVID-19 vaccine in the past 2 months, then you are encouraged to get the newly updated COVID-19 vaccine.

The newly approved COVID-19 vaccine has several important implications for long term care providers as follows:

- **Facilitate Vaccinations for Residents and Staff**
 - Long term care residents are at the greatest risk of serious illness, hospitalization, and death from COVID-19. Providers must prioritize resident and staff vaccination for COVID-19, as well as flu and RSV.
 - In with the [CDC's General Best Practice Guidelines for Immunization](#), routine administration of all age-appropriate doses of vaccines simultaneously is recommended if there are no contraindications at the time of the healthcare visit.
- **Change to NHSN "Up to Date" Definition**
 - The NHSN surveillance definition of "up to date" will change with the release of this new vaccine. This will impact NHSN reporting and publicly reported vaccination rates.
 - This means that, as of 9/25, most residents will not be up to date. This is expected by the CDC and other public health officials.
- **SNF QRP Reporting**
 - As a reminder, skilled nursing facilities are also required to report their weekly Healthcare Personnel COVID-19 Vaccination Summary data as part of the SNF QRP Reporting program.
 - The SNF QRP measure is a process measure and is not risk-adjusted. Therefore, it is only a pay-for-reporting measure. No QRP penalties will be issued based on rates of staff vaccine uptake, but percentages of staff uptake will be published on Care Compare.

Please contact COVID-19@ahca.org with any questions.

Bivalent mRNA COVID-19 Vaccines Are No Longer Authorized

As part of the FDA's actions, the bivalent Moderna and Pfizer-BioNTech COVID-19 vaccines are no longer authorized for use in the United States. To minimize the risk of [vaccine administration errors](#), providers should:

- Remove all bivalent mRNA COVID-19 vaccines from storage units immediately, even if they are not expired.
- Once all inventory is fully accounted for, complete the wastage information in ShowMeVax.

- Dispose of **all bivalent mRNA COVID-19 vaccine vials** in accordance with local, state, and federal regulations.

The table below provides a listing of COVID-19 bivalent vaccines that **should be removed** from your inventory. For additional information, see [IIS COVID-19 Vaccine Related Code | CDC](#).

Manufacturer	Presentation	Unit of Sale NDC
ModernaTX Inc.	MDV5; 10-pack	80777-0282-99
ModernaTX Inc.	Ped 6m-5y; MDV2; 10pk	80777-0283-99
Pfizer Inc.	MDV6; 10-pack	59267-0304-02
Pfizer Inc.	SDV; 10pk	59267-1404-02
Pfizer Inc.	Ped 5y-11y; MDV10; 10pk	59267-0565-02
Pfizer Inc.	Ped 6m-4y; MDV10; 10pk	59267-0609-02

Providers should accept and dispose of bivalent mRNA COVID-19 vaccine orders if they receive them post-FDA action.

- Bivalent vaccine replacements were not shipped post-FDA action; however, some shipments were in route at the time of the authorization. **Bivalent mRNA vaccine shipments received post-FDA action should not be refused.**
- Providers should discard diluent sent with bivalent vaccine orders. Providers should not save diluent for use with any other product.

COVID-19 Vaccine Ordering Moving Forward

With the authorization of the new 2023-2024 formulas, the COVID-19 vaccine has become commercialized, and the State of Missouri will no longer be providing COVID-19 vaccine to enrolled COVID-19 providers that were issued a pin number beginning with CV. Providers that plan to continue offering COVID-19 vaccines will need to purchase the vaccine directly from the manufacturers.

The 2023 #GetVaccinated Provider Toolkit is Now Available

AHCA/NCAL has announced the [2023 #GetVaccinated Provider Toolkit](#), which is a comprehensive set of resources designed to equip providers with the tools and information needed to promote and facilitate annual vaccinations among residents and staff this fall and winter.

The 2023 #GetVaccinated Toolkit includes:

- A checklist for providers with suggested best practices to prepare for fall vaccination season.
- Poster graphics to raise awareness about the importance of getting vaccinated.
- Social media posts and graphics.
- Template letters to residents and family members.
- In-depth resources for providers about recommended vaccines for residents and staff, documenting vaccines, frequently asked questions, and more.

Why use the #GetVaccinated Toolkit?

- **Streamline Implementation:** The toolkit provides ready to use materials, which will save you time and effort in creating your vaccination campaign.
- **Consistency:** Ensure that your message to residents and staff remains clear and consistent across all channels – posters, social media, and letters.
- **Understand Requirements:** With the end of the Public Health Emergency, make sure you understand changing regulations and policies, including documenting and billing.

- **Protect Lives:** Vaccination is a powerful tool in preventing vulnerable populations from getting seriously ill and hospitalized from the flu, RSV, and COVID-19.

Please note: The [#GetVaccinated Toolkit](#) has expanded to include promotional materials in Spanish, specifically tailored for long term care providers and residents. These enhanced materials ensures that crucial vaccination information is communicated and accessible to Spanish-speaking residents and their families.

If you have any questions about the resources or fall vaccinations, please contact COVID19@ahca.org.

NHSN LTC Vaccination Trainings

With the approval of the new COVID-19 vaccines, the CDC has changed the NHSN surveillance definition of “up to date” to align with the new vaccine recommendations. As of September 25, 2023, individuals are considered “up to date” with their COVID-19 vaccines in NHSN if they meet one of the following criteria:

- Received a 2023-2024 updated COVID-19 vaccine OR
- Received a bivalent* COVID-19 vaccine within the last two months.

**Note that the bivalent vaccines are no longer authorized as of 9/12/2023.*

The NHSN has offered trainings for long term care facilities to discuss the changes. The trainings provided information about how to apply the new definition of “up to date” for reporting HCP COVID 19 vaccination data in the NHSN beginning the week of September 25 – October 1, 2023.

- Training on Up to Date Vaccination Status: Surveillance Definition Change for Long Term Care Facilities (Webinar Replays)
 - Monday, October 2, 2023, 12 pm CST. Click here to [register](#).

CMP Funds Remain Available to Improve Communicative Technology, Air Quality and Visitation

During the Global Public Health Emergency (PHE), CMS developed three applications to facilitate visitation and prevent the spread of COVID-19 infection. According to the CMS September 25th [QSO Memo](#), these applications will continue beyond the PHE to allow all Medicare and Medicaid participating nursing homes access to the products.

- Communicative Technology: CMP funds are allowed to purchase tablets and accessories, such as screen protectors, headphones, etc. Note – items listed on the application cannot be placed on the standard CMP application for a home that has received funding through this special application. Maximum project funding per nursing is \$3,000 (one-time funding).
- Visitation I: CMP funds are allowed to purchase funding for tents and plexiglass (or similar product). Maximum project funding per nursing home is \$3,000 (one-time funding).
- Visitation II: CMP funds are allowed to purchase portable fans and portable room air cleaners with high-efficiency particulate air (HEPA, H-13 or -14) filters to increase or improve air quality. However, replacement filters cannot be purchased with these funds, as they are a prohibited expense. Maximum project funding per nursing home is \$3,000 (one-time funding).

For the list of nursing homes receiving funding for the above applications, please review the CMP Projects funded by Calendar Year folder located at this link on the [CMS Civil Money Penalty Reinvestment](#) web page.

COVID Prevention and Response Project

The Department of Health and Senior Services (DHSS) through the use of the Nursing Home & Long-Term Care Facility Strike Team and Infrastructure Project funds is embarking upon a multiphase project to assist in COVID prevention and response. The 9-29-23 DHSS LTC list serve will contain more specific information about this project.

Phase I of this project will be the delivery of an Infection Prevention Toolkit to all Missouri SNFs, ICFs, ALFs, and RCFs. This Infection Prevention Toolkit will be delivered at no cost to all of the facilities. Then, later this fall, the Healthcare Associated Infections/Anti-microbial Resistance Program will also be sending out two infection control reference books from the Association for Professional Infection Control and Epidemiology to assist the facilities in infection prevention. You should expect a letter to your facility in the next week or so outlining the contents of the Infection Prevention Toolkit and the expected date of shipping.

The next Phase of the COVID Prevention and Response Project will be working with the facilities in hopes of acquiring needed communication equipment to assist in outbreak control, training and real-time communication with healthcare providers and the Strike Team. And finally, they hope to be able to offer facilities the opportunity to order needed infection and prevention supplies.

All Phases of this project will be funded through of the Nursing Home & Long-Term Care Facility Strike Team and Infrastructure Project. If you have any questions or suggestions, please feel free to contact Mary Menges at Mary.menges@health.mo.gov.

HQI has launched the “Your Health Can’t Wait, Vaccinate!” Campaign

To promote and increase adult vaccinations, and celebrate August as National Immunization month, Health Quality Innovators (HQI) has launched the *Your Health Can’t Wait, Vaccinate!* campaign. As the CMS-designated Quality Innovation Network – Quality Improvement Organization for Missouri, HQI collaborates with healthcare providers and community partners to improve the quality of healthcare in our region.

The “*Your Health Can’t Wait, Vaccinate!*” campaign features a variety of [free campaign materials](#), which include social media messaging (images and sample posts), informational pocket cards, customizable letters, sample email signatures, and flyers, to help encourage community members, healthcare providers, and older adults to get and stay current with their vaccinations. Bookmark the [HQIN Resource Center](#) and visit often to access the latest additions from nationally recognized agencies and organizations (CDC, ACIP, etc.).

Certificate of Need

On September 12, 2023, the Missouri Health Facilities Review Committee (MHFRC) met in Jefferson City, MO. To view the Certificate of Need (CON) decisions for this meeting, please click [here](#). To view the CON decisions for all other past meetings, please click [here](#).

The next scheduled CON meeting is November 6, 2023, in Jefferson City, MO. To view the tentative agenda for the November 6 meeting, please click [here](#). MHCA encourages you to periodically review the agenda, the compendium, and the proposed applications **IN ADVANCE** of the scheduled CON meetings to determine if there is anything that may be of concern to you.

MHFRC meets approximately every eight weeks, in Jefferson City, to consider applications and attend to administrative matters. Once per month, the MHFRC also considers expedited applications by way of a ballot vote conducted by mail, fax, and e-mail. To view the 2023 Meeting Calendar, please click [here](#). To view the 2023 Letter of Intent and Application Review Calendar, please click [here](#).

AHCA/NCAL & National News**Special “Your Top-Line” Edition from LTC Trend Tracker on Proposed Minimum Staffing**

On Friday, September 8, a special edition of the 2023-Q3 Your Top-Line was published on [LTC Trend Tracker](#). On the front page, it contains detailed information on how your facility performs relative to the proposed federal minimum staffing requirements using the latest Payroll-Based Journal (PBJ) data from 2023-Q1. If your facility does not meet one of the three proposed requirements of 2.45 nursing aide hours per resident day (HPRD), 0.55 registered nurse (RN) HPRD, or RN on site 24 hours a day for 7 days a week, the Top-Line shows how many additional hours and full-time equivalent (FTE) nurses would be needed.

Registered LTC Trend Tracker users received an email on Friday, September 8 with their facility’s Top-Line. [The Top-Line](#) can also be accessed within LTC Trend Tracker. If you have not yet registered for LTC Trend Tracker, you can do so [here](#).

As mentioned above, members are encouraged to [submit comments to CMS about the proposed requirements](#) using the information in the Top-Line alongside sharing your experience and perspective. **Comments are due by November 6.**

Frequently Asked Questions (FAQs) Regarding Minimum Staffing Top-Line:

- What job positions are included in the nurse aide and registered nurse calculations and proposed requirements?
 - CMS is looking for feedback on what job positions to include, and you are encouraged to tell CMS to allow for maximum flexibility in who counts.
 - For the Top-Line calculations, AHCA/NCAL used the same job codes as Five-Star. For nurse aides that is certified nurse aides (job code 10), nurse aides in training (code 11) and medication aides/technicians (code 12). For RN, AHCA/NCAL included RN director of nursing (code 5), RN with administrative duties (code 6) and RNs (code 7).
- Are there no proposed requirements for Licensed Practical/Vocational Nurses (LPN/LVN)?
 - There is not. You are encouraged to tell CMS how important LPN/LVNs are and how they should be included as counting towards the RN requirements.
- For the calculated hours needed on the Top-Line, what timeframe is that for? How are FTEs calculated from hours needed?
 - The hours needed data represents the hours needed in a quarter. To calculate FTEs, AHCA/NCAL assumed one FTE could report 37.5 hours per week to PBJ. Thus, one FTE provides 487.5 hours a quarter or 1,950 hours per year.
- When will the next quarter of PBJ data be released?
 - The next release of PBJ data for 2023-Q2 is expected on October 27 by CMS. AHCA/NCAL will update LTC Trend Tracker with that data as soon as possible after it is released.
- How is CMS defining rural and urban?
 - CMS proposed using the [2020 U.S. Census definition of rural and urban](#), which defines urban as a territory with at least 2,000 housing units or a population of at least 5,000. Any area that is not urban is considered rural. CMS is looking for comments on whether they should use another definition.
 - In the Top-Line, your facility was geocoded to x- and y-coordinates using the address listed on CMS Care Compare then mapped to identify whether it is within a U.S. Census defined urban area. Mass batch geocoding is not always 100% accurate. You can verify your urban/rural designation with the

[Rural Health Information Hub](#) or the [U.S. Census Geocoder](#) if you have multiple buildings and addresses to check.

- Where can I find out more information about the proposed minimum staffing rule requirements?
 - Check out this [member webinar](#) and [summary](#) for more details on the proposed rule.

Podcast: Self-Care in Long Term Care - Building Resilient Teams

AHCA/NCAL's Self-Care in Long Term Care podcast series continues. Launched this month, the [eighth podcast](#) focuses on self-care to build resilient teams. This podcast series is comprised of short listening sessions that help build our proverbial toolboxes to reduce stress, burnout, fatigue, and increase our resiliency. The [first podcast](#) focused on why self-care is important and explored the power of "the pause." The [second podcast](#) explored the power of movement and the 4-7-8 breathing technique. The [third podcast](#) explored the power of getting outside and gratitude. The [fourth podcast](#) focused on positivity in self-care and how implementing "good things for good change" can expand your mind's ability to recognize the positive events that happen every day and how they can improve your overall well-being. The [fifth podcast](#) focuses on self-compassion in preventing burnout, fatigue, and compassion fatigue. The [sixth podcast](#) focuses on self-compassion and how to integrate it into daily routines through mindfulness, humanity, and self-kindness. The [seventh podcast](#) focuses on self-care through self-empathy.

You may access the entire podcast series through ahcancaLED [here](#). Podcasts are released each month, so stay tuned for more in this series.

AHCA/NCAL Data and Research

AHCA/NCAL develops and compiles cutting edge, comprehensive research and data concerning the long term and post-acute care sector. Whether conducted by AHCA/NCAL and prestigious research agencies or gathered from government agencies, AHCA/NCAL aims to provide a clear picture about the state of skilled nursing facilities. Please click [here](#) to view the COVID-19 Nursing Home Dashboard, SNF Occupancy Data and other Fast Facts.

AHCA/NCAL Reports, Notes and Members-Only Newsletters

Please click [here](#) to access AHCA/NCAL Annual Reports and Notes and to sign up for the Capitol Connection, a biweekly email that provides the latest updates and happenings on Capitol Hill and throughout Washington D.C.

Regulatory Updates

Submit Comments to CMS on Proposed Minimum Staffing Rule

Since the release of the [CMS proposed minimum staffing rule](#), AHCA/NCAL has set a goal of submitting more than 10,000 comments to CMS on the proposed rule. AHCA has compiled a [member-only summary](#) highlighting all of the necessary information of which providers need to be aware. In addition, the Association, its members, and advocates have been heavily engaged on other advocacy fronts, including rolling fly-ins, hosting facility and community tours, and organizing district meetings.

On September 9, AHCA/NCAL facilitated a [member-wide webinar](#) on submitting comments for the proposed minimum staffing rule. Future Leaders, Diversity Executive Leadership Program Scholars, and Political Ambassadors have had over 60 meetings with members of Congress, telling them about the problems with the newly proposed staffing mandate. More member fly-ins with key legislators will continue through November 6 when the proposed rule comment period ends. AHCA/NCAL members have hosted nearly 150 facility tours with members of Congress. These tours have been critical in advocating for the long term care community and specifically educating on the issues with the proposed minimum staffing rule.

There is still an opportunity to get involved in advocating against the proposed minimum staffing rule, including:

- Inviting your Representative to tour your facility or community while they are in recess the first two weeks of October and the first week of November.
 - It is also a good time to do an in-person district meeting at their office. For assistance in setting up facility or community tours or a district meeting, contact [Heather Posthumus](#).
- Participating in the rolling fly-ins in Washington, D.C. Contact [Chris Donnellan](#) for more information.
- Submitting comments on the proposed rule. Comments are due by November 6. If you'd like a personal webinar for your company on submitting comments, email [Matt Smyth](#).

New DHSS Section Administrator Announced

As many of you know, Shelly Williamson recently announced her retirement as Section Administrator for the Section for Long-Term Care Regulation (SLCR). Recently, the SLCR announced that Tracy Niekamp has accepted the Section Administrator position and transitioned into the new duties on September 16.

Tracy has a long history within the Section, starting as a surveyor in 2001 and serving as the Licensure and Certification Unit Manager from 2006-2015 and as the Assistant Section Administrator since 2017. The SLCR will be filling Tracy's position in the coming months and hope to have the new Section leadership team fully in place before the end of the year.

2023 SLCR Annual Provider Meeting - Dates and Locations

There are only two Provider Meetings left! Please remember that advanced registration is not required and there is no cost to attend.

October 4, 2023: Region 4

Location: Stoney Creek Hotel, St. Joseph

October 5, 2023: Region 3

Location: Adams Pointe Conference Center, Blue Springs

Handouts

Handouts will not be provided at the meetings. You may choose to either have them available during the meeting on an electronic device or print them.

- [Quality Improvement and Evaluation System \(QIES\), Certification and Survey Provider Enhanced Reports \(CASPER\) & SNF Quality Reporting Program \(QRP\)](#)
- [Free from Abuse & Neglect: Peeling back the Regulatory Layers for Investigating and Reporting Abuse](#)
- [DHSS Section Update](#)
- [Oral Health for Older Adults](#)
- [Guardians, Residents' Rights, Durable Power of Attorneys and Discharges](#)
- [Emergency Preparedness](#)
- [Environmental Considerations in Skilled Nursing and Long-Term Care Facilities](#)
- [The Artifacts of Culture Change: A Tool to Help You Re-Envision Your Person-Directed Care Journey](#)

Ahead of the Anticipated Government Shutdown, HHS Releases Operations Plan

While the Senate and House negotiations continue ahead of Saturday's government funding deadline, the U.S. Department of Health and Human Services (HHS) has an existing contingency plan which protects necessary staff and funding for Medicare and Medicaid. In the event of a shutdown, there are plans for respective agencies which:

1. Gives HHS authority to retain a limited number of CMS staff to perform necessary activities in support of funded activities, such as Medicare, Medicaid, and other mandatory health program payments.
2. Continues the CMS Medicare Program during a lapse in appropriations. Other non-discretionary activities, including Health Care Fraud and Abuse Control and Center for Medicare & Medicaid Innovation Activities, will also continue.
3. Continues CMS funding for Medicaid to fund the first quarter of FY 2024, based on the advance appropriation provided for in the FY 2023 appropriation.
4. Defines, in the event of a lapse of appropriation, 3,236 the percent of CMS staff (49%) to be retained, including 2,928 (45%) who are exempt (their activities or position are already funded or otherwise exempt) and 308 (5%) who are excepted staff (their activities are deemed necessary).

Click [here](#) to access the full release on CMS' lapse plan.

CMS Reports CMPRP Program with Updates

This week, CMS released [QSO-23-23-NH](#), which reopens the Civil Monetary Penalty Reinvestment Program (CMPRP) with many updates to the structure of the program. CMS asserts the reason for the reimagined program is because over the years, approved projects have grown significantly in cost and scope, which has caused inconsistent availability and inequities to access across the country. The memo outlines allowable and non-allowable uses of the funds and makes a request for information from facilities regarding facility-wide Wi-Fi. A new application for funding can be found on the updated [CMPRP website](#).

Facility-Wide Wi-Fi Access

CMS requests that any nursing home that does not have facility-wide Wi-Fi access for all residents to complete an [attached form](#) and submit it to CMS by December 22, 2023. Once CMS receives this information, it will assess the number of facilities without full resident access to Wi-Fi to determine if CMP (Civil Money Penalties) funds can be used for a project to help address the issues reported.

Allowable Uses of CMPRP Funds

There are a few specific categories that CMPRP funds may be approved for use. The following categories are allowable uses:

- Resident or Family Councils
- Consumer Information
- Training to Improve Quality of Care
- Activities to Improve Quality of Life
- CMS Developed Global Public Health Emergency (PHE) Applications
- Emergency Use for States
- Administrative Use for States
- Travel Costs for Implementation of Projects

The [memo](#) also provides clarification on the requirement for letters of nursing home support for CMP projects. If anyone other than a nursing home is applying for CMPRP funding, they must provide a letter of support from each facility, prior to receiving funding.

Non-Allowable Uses of CMP Reinvestment Funds

In the memo, CMS provides an updated list of non-allowable uses of CMP funds for projects. Most notably, **CMPRP funds will no longer be allowed to be used for highly sophisticated technology projects, such as telemedicine, virtual reality, or artificial intelligence.** Mental and Behavioral Health applications will no longer be accepted either, since there is a [current project](#) for these services being carried out by the Substance Abuse and Mental Health Services Administration.

CMS [announced](#) on September 1, 2023, that it plans to launch a national campaign to help increase the nursing workforce in nursing homes. The memo says more information will be released in the future. CMS will no longer accept Nursing Workforce applications for CMP funding.

For questions or concerns related to the CMPRP program, facilities are encouraged to email CMP-info@cms.hhs.gov or visit the [new CMPRP website](#) where an updated FAQ is available. You can also send questions to regulatory@ahca.org.

CMS Updates Nursing Home Care Compare Staffing and Quality Measures

CMS has released [QSO-23-21-NH](#) regarding updates coming in April 2024 to [Nursing Home Care Compare Staffing and Quality Measures](#). The updates accommodate previously announced [changes to the Minimum Data Set](#) (MDS) taking place October 1, 2023. This includes changes to the staffing level case-mix adjustment methodology from RUG-IV to PDPM. Additionally, CMS announced it will be removing the [CMS-672 form \(Resident Census and Conditions of Residents\)](#). Other changes include:

- Freezing Staffing Ratings from April – June 2024 to Transition Case-Mix Adjustment to PDPM
Beginning in April 2024, CMS will freeze (i.e., hold constant) the staffing measures and ratings for three months. During this time, CMS will transition from RUG-IV to PDPM case-mix adjustment because MDS Section G will be eliminated on October 1, 2023. The specific methodology using PDPM will be released in July 2024, and it will include revising the staffing rating thresholds to maintain the same distribution of staffing points and ratings.
- Freezing Four of the Fifteen Quality Measures in Five-Star Starting in April 2024
CMS will freeze the following four measures starting in April 2024 because of the MDS transition from Section G to GG on October 1, 2023:
 - Percentage of Residents Who Made Improvements in Function (short stay).
 - Percentage of Residents Whose Need for Help with Activities of Daily Living has Increased (long stay).
 - Percentage of Residents Whose Ability to Move Independently Worsened (long stay).
 - Percentage of High-Risk Residents with Pressure Ulcers (long stay).

CMS will replace the short stay functionality measure with the new functionality measures from the Quality Reporting Program (QRP) in October 2024. The other three measures will remain frozen till January 2025. During the freeze, the measures will continue to count towards Five-Star quality ratings at the rate when the freeze takes effect.

- Updating CMS Forms 671 and 672
CMS cited changes to the MDS as the reason for the removal of the CMS-672 form related to information needed to complete the form will no longer be available, due to the removal of Section G on the MDS. The changes will occur over several weeks as outlined in [QSO-23-21-NH](#).

Effective September 29, 2023:

Facilities will no longer be required to complete fields F79-F145 on the CMS-672.

Surveyors will no longer be required to complete some portions of the form effective this date.

Effective October 22, 2023:

CMS-672 form will be removed.

The census, medication error rate, and ombudsman information will be moved to CMS-671.

- Changing Turnover Scoring When PBJ Data is Missing
Beginning in April 2024, CMS will revise the staffing rating methodology so providers that fail to submit staffing data or submit erroneous data receive the lowest score possible on the corresponding staff turnover measures. The PBJ-based turnover measures require six consecutive quarters of data. Currently, nursing homes that fail to submit data to calculate staff turnover have their staff turnover measures excluded from the staffing rating calculation. No changes were made to the impact of missing PBJ data on the calculation of hours per resident day measures and the automatic downgrade to one-star if the most recent quarter of PBJ data is missing.

For any questions, please contact regulatory@ahca.org.

CMS Releases MDS 3.0 RAI Manual v1.18.11R Errata

CMS has released a Minimum Data Set 3.0 (MDS 3.0) Resident Assessment Instrument (RAI) Manual v1.18.11R Errata and it is available to download on the [MDS 3.0 RAI Manual webpage](#). The file is labeled *MDS3.0RAIManualv1.18.11RErrata.September.8.2023*.

The errata document contains revisions to pages in Chapter 4 of the MDS 3.0 RAI Manual version (v)1.18.11R that better align the Care Area Assessments (CAAs) with the Care Area Trigger (CAT), CAAs to the CAT specifications, as well as a revision to Section D that corrects the guidance for Coding Instructions to item D0160: Total Severity Score.

Changed manual pages are marked with the footer October 2023 (R). The errata document also begins with a table that lists all identified revisions and the pages to which they have been applied. Following the table are the actual corrected replacement pages for insertion into the printed manual.

CMS Posts Updated SNF QRP Manuals and Measure Calculation Resources

CMS has posted a number of updated Skilled Nursing Facility Quality Reporting (SNF QRP) manuals and other measure calculation resources on the Agency's [SNF QRP Measures and Technical Information webpage](#). **These files are effective October 1, 2023**, and can be accessed in the Downloads section of [this webpage](#).

- The [Skilled Nursing Facility \(SNF\) Quality Reporting Program \(QRP\) Quality Measure Calculations and Reporting User's Manual Version 5.0](#) serves as an update to the specifications used to calculate quality measures that are included in the SNF QRP.
- The [SNF QRP Measure Calculations and Reporting User's Manual Change Table Version 5.0](#) provides a summary of measure-related changes between Version 5.0 and Version 4.0.
- The [Risk Adjustment Appendix File for the SNF QRP Measure's Calculations and Reporting User's Manual Version 5.0](#) XLSX file contains risk-adjustment values used to calculate the risk-adjusted quality measures.
- The [Crosswalks of Hierarchical Condition Categories \(HCC\) to International Classification of Diseases \(ICD\)-10 codes](#) is used in risk-adjustment models for the Discharge Self-Care, Discharge Mobility, and Discharge Function Score measures.
- The [Imputation Appendix File for the SNF QRP Measure's Calculations and Reporting User's Manual Version 5.0](#) contains imputed coefficients used to calculate the risk-adjusted quality measures and developed for the new Discharge Function Score measure.

CMS Makes Edits to PDPM Claims

For the past several years, CMS has attempted to address various system claim edits impacting Medicare Part A Hospital Inpatient and Skilled Nursing Facility Patient Driven Payment Model (SNF PDPM) in specific situations where the SNF prospective payment system PDPM interrupted stay policy occurs, and the patient is hospitalized for less than three days before returning to the SNF.

A recent CMS [MLN Matters article MM13240](#) provides information about new edit updates for claims with dates of service on or after October 1, 2019, when the following occurs:

- An incoming SNF (21X or swing bed 18X) claim, excluding swing bed critical access hospital (CAH) providers, has an occurrence span code (OSC) 74 and there's a covered or non-covered inpatient claim

(11X) during the interrupted stay of the incoming SNF claim.

- An incoming inpatient claim (11X) and there's a covered or non-covered SNF (21X or swing bed 18X) claim, excluding Swing Bed CAH providers, with an OSC 74 and incoming inpatient claim (11X) is during the interrupted stay of the SNF claim.

When one of the above conditions is present, your Medicare Administrative Contractor (MAC) will process a hospital inpatient no-pay claim (TOB 110) and:

- Pay the overlapping SNF PPS inpatient claim (TOB 21X), when OSC 74 is present indicating there's an interrupted stay.
- Pay the overlapping hospital ancillary claim (TOB 12X) and also the overlapping SNF interrupted stay.

SNF billers should review this update with an effective date retroactive to October 1, 2019, and an implementation date of January 4, 2024.

CMS Updates SNF 5-Claim Probe and Offers Education to Address Errors

On June 5, 2023, CMS initiated a Skilled Nursing Facility (SNF) 5-Claim Probe and Education Review program. As part of the effort to lower the SNF improper payment rate, Medicare Administrative Contractors (MACs) are reviewing a small number of Medicare Part A claims from every Medicare-billing SNF in the country. The SNF will then be offered education to address any errors identified, helping them to avoid future claim denials and adjustments.

AHCA previously [provided information](#) about a [new webpage](#) CMS established for this program where providers could locate background information, Frequently Asked Questions (FAQs), and links to additional resources.

Since implementation, AHCA has received inquiries from members that the 5-claim review letters they have received from their MAC does not offer a post-pay option while the CMS instructions to the MACs ([CR 13164](#)) include the requirement.

“Contractors shall select a sample of 5 claims for prepayment review (with occasional post-pay, if requested by the provider due financial burden) from the universe of claims for all SNFs that submit claims for Medicare SNF services within the contractor’s jurisdiction.”

AHCA sought clarification from CMS and the Agency responded indicating that, “the CR allows MACs the discretion to conduct post pay when it is requested by the provider and the MAC determines that there is support for such a request.” In addition, the CMS official indicated that the CR also provides that the MACs can grant extensions of the submission timeframe in certain situations per the following instruction:

The MAC should accept documentation received after 45-calendar days for good cause. Good cause means situations such as natural disasters, interruptions in business practices, or other extenuating circumstances that the contractor deems good cause in accepting the documentation.”

AHCA members can contact [Dan Ciolek](#) with questions or issues related to this program.

REMINDER – The 5-claim review strategy is like the current [Targeted Probe and Educate \(TPE\)](#) medical review strategy, in that it will include one-on-one provider education at the completion of a small sample of claim reviews. **However, instead of the one-to-three rounds of review a provider receives through TPE, each SNF will undergo only one round of review as follows:**

- MACs will review five claims from each SNF.
- MACs will complete one round of probe and educate for each SNF.

- Education offered will be individualized based on the claim review errors identified in the probe. Review results letters will detail the denial rationales for each claim, as appropriate.

The SNF 5-Claim review process, which began on June 5, 2023, will be issued in waves over the next year, and will affect claims for services furnished after October 1, 2019. Claims containing the COVID-19 diagnosis will be excluded from review. SNFs currently undergoing TPE will continue in that program, not the 5-Claim review. Also, SNFs that have recently undergone and passed TPE will not qualify for the SNF 5-Claim review for one year from the date that they were released from TPE review. A summary of the 5-Claim review is also provided in the [CMS MLN Matters MM13164 article](#).

HCPCS Codes Used for SNF Consolidated Billing Enforcement: October 2023 Update

Recently, CMS posted an update to the Medicare Part B service HCPCS codes that are excluded from skilled nursing facility (SNF) [consolidated billing requirements](#). The update will become effective October 1, 2023.

Provider billing staff can review [MLN Matters article MM13299](#) to learn about the updated codes excluded from SNF consolidated billing for three categories, including:

- Chemotherapy
- Blood clotting factors
- Inclusion therapy

Patients' Medicare Beneficiary Identifier (MBI) May Change Due to Data Breach

CMS announced that the agency sent letters to people with Medicare who may have been affected by a [recent data breach](#) at Maximus Federal Services, Inc. (Maximus), a contractor to the Medicare program, that involved Medicare beneficiaries' personally identifiable information (PII) and/or protected health information (PHI).

CMS estimates the data breach impacted approximately 612,000 current Medicare beneficiaries. To protect the beneficiaries, CMS is mailing approximately 47,000 new Medicare cards with a new MBI to those affected.

If you get "invalid member ID" when [checking Medicare eligibility](#), CMS recommends that providers ask the beneficiary for their new Medicare card. Providers can access your [Medicare Administrative Contractor's secure internet portal](#) to use the MBI look-up tool if your patient didn't get a new Medicare card yet.

Providers should also review the [CMS webpage](#) to learn more about what to do if your patient's MBI changes.

OSHA Proposes Changes to Clarify Authorized Employee Representation During Workplace Inspections

The Occupational Health and Safety Administration (OSHA) recently announced a [notice](#) of proposed rulemaking to revise regulations regarding who can be authorized by employees to act as their representative to accompany them during OSHA officers' physical workplace inspections.

The OSHA Standard Today

OSHA standard [1903.8](#) – *Representatives of employers and employees*, encompasses the current rule. In summary, the rule mandates the following:

- The OSHA compliance officer oversees the inspection and questioning of persons.
- The following persons shall be given an opportunity to accompany the officer during the inspection for the purpose of aiding such inspection:

- A representative of the employer
- A representative authorized by the employees
- When the officer determines that additional representatives for the employer and those authorized by the employees will further aid the inspection, the officer may permit them to accompany the inspection.
- Compliance officers shall have the authority to resolve all disputes regarding representation, however:
 - The authorized representative for employees shall be an employee of the employer.
 - If in the officer’s judgment, good cause has been shown why a third party who is not an employee, such as an industrial hygienist or safety engineer, is necessary to conduct a thorough investigation.
 - If there is no authorized representative for employees, the officer shall consult with a reasonable number of employees.
 - The officer may deny the right of accompaniment to any person whose conduct interferes with a fair and orderly inspection.

Has Anything Changed?

Not yet. Historically, OSHA has emphasized employee involvement, and its current announcement seeks to reiterate this commitment as it exists in current law. “Congress considered worker participation a key element of workplace safety and health inspections when it passed the Occupational Safety and Health Act,” stated OSHA Assistant Secretary Doug Parter in a statement issued in concert with a Notice of Proposed Rulemaking (NPRM). An NPRM is an official document that announces and explains the agency’s plan to address a problem or accomplish a goal. Secretary Parker added, “This proposal aims to make inspections more effective and ultimately make workplaces safer by increasing opportunities for employees to be represented in the inspection process.” At this time, it is unclear whether OSHA is simply highlighting the existing rule or will move forward and proposed additional language.

What Do AHCA/NCAL Members Need to Do?

The proposed revisions do not change existing regulations. Both employees and employers have the right to an accompanying representative during OSHA inspections and OSHA officers retain the authority to determine who may participate based on the factors highlighted above.

OSHA is also seeking public comment on the criteria and degree of deference OSHA should give to employees’ choice of representative in determining whether a third party can participate in an inspection.

Submit comments at [Regulations.gov](https://www.regulations.gov), the federal eRulemaking portal by October 30, 2023. Please include the Docket Number (OSHA-2023-0008) on all submissions. You can read the [Federal Register notice](#) for more information.

How to Interact with an OSHA Inspector

AHCA/NCAL has published a new [resource](#) on preparing for inspections from the Occupational Health and Safety Administration (OSHA). This comprehensive resource provides members with information on how to prepare for an OSHA inspection and avoid citations for violating standards.

Planning for an inspection in advance will make it go more smoothly, allow you to be in control and create a positive impression on the OSHA officer, all of which will result in avoidance of or a lesser citation. You can visit the [AHCA/NCAL OSHA website](#) for more information.

HHS Region 7 Virtual Office Hours

The U.S. Department of Health and Human Services (HHS) Region 7 (Missouri, Kansas, Iowa, and Nebraska) invites you to the **HHS Region 7 Virtual Office Hours on Wednesday, October 4 from 9:00 – 9:45 am CST**. The Virtual Office Hours will provide partners and stakeholders the networking platform to engage with HHS leadership and subject matter experts to get answers to program and resource questions, request technical assistance and training, and share critical surveillance about emergent local, state, and regional healthcare issues/trends. Among the agencies that are scheduled to be in attendance are the Administration for Children and Families, Administration for Community Living, Centers for Medicare & Medicaid Services, Health Resources and Services Administration, Office of the Assistant Secretary for Health, and the Substance Abuse and Mental Health Services Administration. They will provide a few program updates followed by a Q&A session. Please click [here](#) to register.

To help HHS prepare for the session, please send any questions by Friday, September 29 to CHutchison@hrsa.gov.

DHSS Needs Your Help!

The Missouri Department of Health and Senior Services is looking to simplify your online experience. To help them evolve that experience, they need your help. You are invited to take a short survey to share your thoughts, feedback and reactions about the experiences you have had with the [DHSS website](#).

This survey should take 10 minutes to complete and will be open through Oct. 2. Upon completion of this survey, you will be entered into **a drawing for one of three \$100 gift cards**. Please click [here](#) to begin the survey. If you have any questions, please feel free to email info@health.mo.gov.

Health Education Unit Updates

The DHSS Health Education Unit is conducting Weekly Instructor Info Webinars/Q&A Meetups. These sessions will be held the same day and time each week - **every Tuesday at 2:00 pm**. Click this [link](#) to join these weekly meetings. If you have questions, call the Health Education Unit at 573-526-5686.

The HEU and Headmaster met with their Test Advisory Panel in March to address some changes in the skills test and knowledge test. These changes were effective on July 1, 2023, so please check the Missouri Headmaster Website for the most recent version of the Candidate Handbook.

CNA Testing Events

All regional dates are viewable on the online calendar at <https://mo.tmutest.com/calendar>. To help with scheduling your testing event, contact Headmaster a few days after the CNA course starts. **IMPORTANT** – these are not the only test sites available. If you need a different testing location, please call Headmaster D&S (1-800-393-8664) and ask for the Missouri Team.

Updated List of Excluded Individuals and Entities (LEIE) Database File

The Office of Inspector General (OIG) has released its updated List of Excluded Individuals and Entities (LEIE) database file, which reflects all OIG exclusions and reinstatement actions up to, and including, those taken in September 2023. This new file replaces the updated LEIE database file available for download last month. Individuals and entities that have been reinstated to the federal health care programs are not included in this file.

The updated files are posted on OIG's website [here](#). Healthcare providers have an "affirmative duty" to check to ensure that excluded individuals are not working in their facilities or face significant fines. As a best practice, long term care providers should check the LEIE on a regular basis.

Workforce Shortage - Utilizing MO Division of Developmental Disabilities and Nexus to Fill Shortages in Non-Clinical Positions

MHCA and the other long-term care associations participated in a call with the SLCR, the MO Division of Developmental Disabilities, and Nexus to discuss utilizing persons with barriers to employment to fill non-clinical jobs in long-term care facilities. There is a lot of opportunity out there for both the employees and providers. If you are interested in learning more, please click on the following links:

- [MO Division of Developmental Disabilities](#) - On this webpage, there is a tab "Where can I find employment service providers?" and within this tab, there is a listing by region of contract employment providers who assist to connect participants with businesses seeking talent.
- Nexus – To learn more about this organization, please see their [brochure](#), [business flier](#), and [territory map](#).

Clean Energy Funding Opportunities for Health Care from Inflation Reduction Act of 2022

The Inflation Reduction Act (IRA), signed into law by President Biden in August 2022, provides billions of dollars in grants, loan programs, and tax credits that can help transform the healthcare industry by significantly increasing access to funds that will create resilient and renewable infrastructure. Many of these investments have the potential to improve care, deepen resilience, and reduce costs. Leveraging the IRA for the Health Sector is meant to help health stakeholders take advantage of the opportunities for resilience and emissions reduction in this historic legislation. Climate change presents threats and disruptions to facility operations, with the majority of healthcare evacuations resulting from climate-sensitive events. Notably, health sector organizations can actively reduce the potential for harm by anticipating these challenges, investing in resilient infrastructure, and reducing contributions to climate change through improvements in sustainability and efficiency.

Many in healthcare are seeking changes, including connecting the heating, ventilation, and air conditioning (HVAC) system to a backup power supply to ensure proper temperature control and ventilation, creating a backup power supply using onsite power generation in power outages, and expanding emergency power capacity.

The IRA includes numerous changes to the tax code that [will allow health sector stakeholders to receive tax credits and, in some cases, direct payments for clean energy projects](#). The Treasury Department and the Internal Revenue Service (IRS) intend to propose regulations addressing the application of the rules that taxpayers must satisfy to qualify for the energy community bonus and the domestic content bonus credits under §§45, 45Y, 48, and 48E of the Internal Revenue Code.

Examples of incentives and credits that healthcare organizations may be eligible for:

1. *Investment Tax Credit for Energy Property* (26 U.S. Code §48) for projects beginning construction

before January 1, 2025. This tax credit is for investments in renewable energy projects, including fuel cell, solar, geothermal, small wind, energy storage, biogas, microgrid controllers, and combined heat and power properties. A technology-neutral tax credit for investment in facilities that generate clean electricity and qualified energy storage technologies will replace §48 for facilities that begin construction and are placed in service after 2024.

- 2.
3. *Credit for Qualified Commercial Clean Vehicles* (§45W) (page 52 of the [Guidebook](#)) is a tax credit for purchasers of qualified commercial clean vehicles, including passenger vehicles, buses, and ambulances. It is available for vehicles placed in service in 2023 and acquired before 2023. A “qualified commercial clean vehicle” must meet certain requirements and satisfy the requirements under §30B(b)(3)(A) and (B) of the Code for being a new qualified fuel cell motor vehicle. Initial guidance on commercial clean vehicles is available (linked in resources).
- 4.
5. *The Energy Efficient Commercial Buildings Deduction* (§179D) (page 115 of the [Guidebook](#)) is a tax deduction for energy efficiency improvements to commercial buildings, such as improvements to interior lighting, heating, cooling, ventilation, and hot water. It is applicable starting in 2023 and has no expiration date.
- 6.
7. *The Rural Energy for America Program* (REAP) (page 42 of the [Guidebook](#)) provides guaranteed loan financing and grant funding to agricultural producers and rural small businesses for renewable energy systems or to make energy efficiency improvements. Many health facilities have utilized REAP as funds may be used for renewable energy systems as well as for the purchase, installation, and construction of energy efficiency improvements, such as high efficiency heating, ventilation, and air conditioning systems (HVAC), insulation, lighting, cooling or refrigeration units, doors and windows, and replacement of energy-inefficient equipment. Funds can also be used for underutilized renewable energy technologies. The IRA funding will remain available until September 30, 2031. Additional information is available in the “Notice of Solicitation of Applications for the Rural Energy for America Program for Fiscal Years 2023 and 2024” (linked in resources).

Examples of where facilities were able to tap into funding to make a difference:

- *Nursing Home Uses Energy Efficient Commercial Buildings Deduction*
A nursing home sometimes struggled to maintain its indoor air quality during increasingly frequent wildfire events. Using the Energy Efficient Commercial Buildings Deduction, the facility was able to improve its heating, ventilation, and air conditioning (HVAC) system and building envelope. The site improvements led to the nursing home reducing its use intensity by 27% in 2023 compared to 2022. These improvements also help the facility improve its indoor air quality, protecting residents and staff from wildfire smoke.
- *Nursing Homes Uses Rural Development Investment*
The facility utilized the Renewable Energy and Energy Efficiency Loans and Grants opportunity to purchase and install a 350-ton chiller system for the nursing home/long-term care campus of buildings. This project will save 500,923 kWh annually, enough electricity to power 52 homes.
- *Assisted Living Facility Uses Rural Development Investment*
The facility utilized the Renewable Energy and Energy Efficiency Loans and Grants opportunity to install energy-efficient doors, windows, lighting, insulation, and a new boiler. The investment will improve the living conditions of the residents and generate an annual energy cost savings of more than \$9,100. This facility also received a previous REAP grant in 2019.
- *Rural Emergency Hospital Uses Rural Energy for America Program*
A rural emergency hospital met the eligibility requirements for the Rural Energy for America Program (REAP), including being a small business in a rural area with a population of 50,000 residents or less. The hospital was able to use REAP funding for the purchase and installation of wind generation equipment. By the end of 2024, the hospital will generate its own energy through wind power. The hospital previously emitted 1.2 metric tons of carbon dioxide equivalent gases per year through indirect

emissions. The hospital is now generating more energy than it uses and is ultimately able to invest in other minor site improvements that save money by improving energy efficiency (for example, switching to lower-energy LED lights).

- *Health Service Clinic*

A health service clinic center invested in purchasing and installing a 96.76 kilowatt photovoltaic solar system connected to a battery backup energy storage system to ensure the business never loses power. This project will realize \$42,452.00 per year in savings and will replace 142,000 kilowatt hours (kWh) (100 percent) per year, which is enough electricity to power 13 homes. And the Rural Development investment will help purchase and install a 10 kilowatt solar array for a medical group practice specializing in nursing and family medicine. This project will save \$3,501 annually and replace 19,534 kWh (45 percent).

Applying:

Some of the opportunities listed above are grants that will require applications. Each opportunity will have its own application requirements and process. General advice for first-time applicants that may be applicable to many types of applications is included below:

- **Include a Unique Entity Identifier (UEI).** A UEI must be provided for an application to be submitted and reviewed. A UEI can be obtained by accessing “SAM.gov.”
- **Keep the audience in mind.** Reviewers will use only the information contained in the application to access the application. Therefore, the applicant should be sure the application and responses to the program requirements and expectations are complete and clearly written. Do not assume that reviewers are familiar with the applicant’s organization. Keep the review criteria in mind when writing the application.
- **Start preparing the application early.** If applying electronically through “Grants.gov,” please ensure that adequate time is allotted to register and download applicable software and forms. Grants.gov offers several grants-related YouTube videos. You are encouraged to begin with “Intro to Grants.gov – Applying for a Federal Grant on Grants.gov”, which provides startup requirements and tips.
- **Formatting tips.** Be sure pages are numbered (including appendices) and that page limits are followed. Limit the use of abbreviations and acronyms and define each one at its first use and periodically throughout the application.

For any questions or feedback, please email OCCHE@HHS.GOV. And if you participate in any of these opportunities, please share your experience with AHCA/NCAL at emergencyprep@ahca.org.

Quality, Programs and Resources

Submit a 2024 Quality Award Application

The AHCA/NCAL Quality Award team is excited to announce that the 2024 Bronze, Silver, and Gold applications and criteria videos are now available. Please visit the [Quality Award website](#) to access:

- Bronze, Silver, and Gold applications and roadmaps
- Quality Award Criteria Series for Bronze, Silver, and Gold applications. Each module is about 20 to 30 minutes in length and allows applicants to work at their own pace.

Quality Award applications take a lot more time than most people think. It involves writing and responding to each criterion, collecting data, reviewing, and finally submitting in the Portal. If you plan to apply for a 2024 award, maximize the time you have between now and August. Take these initial steps to kick off the application year right!

- Save ALL key dates to the calendar available on the [website](#).

- [Connect or update](#) your facility in the application portal.
- [Get registered](#) or make updates in LTC Trend Tracker.
- [Get registered](#) on ahcancaLED for access to free Criteria Series videos.
- Identify and gather your application team.
- Begin reviewing [Bronze](#), [Silver](#), OR [Gold Roadmaps](#) and watch [Bronze, Silver, or Gold Criteria series videos](#) with your team.

For any questions, please email the National Quality Award team at qualityaward@ahca.org.

Behavioral Health Action Network (BHAN)

The Center of Excellence for Behavioral Health in Nursing Facilities (COE-NF) has a new behavioral health learning opportunity called the Behavioral Health Action Network (BHAN). It's a series of 6 sessions, 1 per month, and it is available in Missouri now. Each session has an educational component and a peer-learning and sharing component.

For more information, please check out this [flyer](#) and/or click on the [registration link](#).

QIPMO

QIPMO has a [dedicated website](#) with important information and helpful links on COVID-19 and how to prevent the spread in nursing homes. Your QIPMO nurses and LTC Leadership Coaches are always available to help and guide you with any questions or concerns you may have. Their contact information is available [here](#). Provided below is some resources and services from QIPMO that can benefit your facility in maintaining and enhancing your infection prevention and control processes:

- [Infection Control Manual](#)
- [Infection Preventionist Zip Kit](#)
- [Infection Control Assessment and Response \(ICAR\) Team evaluation](#) - ICAR assessments are free of charge and provide non-punitive feedback on your existing practices. You will receive immediate feedback during an ICAR assessment (virtual or onsite), followed by a detailed report. Your ICAR feedback report can be used as an internal working document to support your existing Quality Assessment and Assurance (QAA) program. For more information or to schedule an ICAR for your facility, email musonicarproject@missouri.edu.

Enhanced Leadership Development Academy for LTC Leaders

Do you.....

- need a leadership course that addresses the unique challenges SNF leaders face?
- want to feel inspired and passionate about leading your SNF?
- want to connect with other SNF leaders and have access to free professional development, tools, and resources?
- want free CE credit without sacrificing quality and practical application?
- want to have the flexibility to learn at the pace and place that works best for you?

If you answer YES to any of these questions, this course may be for YOU! Open to RNs, NHAs and LPNs! For more information visit this [website](#), download the [postcard](#) or contact Todd Winterbower at winterbower@missouri.edu. Please take the [survey](#) now to see if you qualify for FREE registration.

HQIN Assistance

Health Quality Innovators (HQI) serves as the CMS-designated Quality Improvement Organization (QIO) for Missouri. Facilities throughout the state partner with the Health Quality Innovation Network (HQIN) on various projects to improve operational processes and clinical outcomes.

HQIN is funded by CMS to deliver no-cost education, resources, and technical assistance to nursing homes through the Quality Innovation Network - Quality Improvement Organization (QIN-QIO) Program, a role formerly held by Primaris. HQIN's team of nursing home experts will help you create an action plan to establish a strong infection control and surveillance plan so you can comply with new CMS requirements and ensure the safety of your residents and staff. To learn more about HQI and HQIN, visit www.hqin.org or contact Judy Carte, jcarte@hqi.solutions.

Assisted Living Update

NCAL Releases New Assisted Living Policy and Procedure Manual

The NEW 2023 [Assisted Living Policy and Procedure Manual](#), published by the National Center for Assisted Living (NCAL), will help you provide compliant, efficient, safe, and high-quality care.

This downloadable, digital resource offers a wide range of customizable templates to tailor your facility's policies and procedures according to your specific needs. Policy templates on critical issues, such as infection control, medication and treatments, and staff orientation and training, are provided in an easy-to-use format, enabling you to select and adapt topics relevant to your facility.

Developing and maintaining standardized procedures enhances efficiency and consistency in daily operations, and supports proper staff onboarding and training, which are essential for quality care. This customizable manual serves as a foundation for continuous improvement, allowing you to adapt policies to evolving regulations and best practices.

HCS Assisted Living Study Underway

Hospital & Healthcare Compensation Service (HCS) is conducting its annual [Assisted Living Salary & Benefits Study](#) and requests your participation. Assisted living providers are asked to complete the study's questionnaire by **November 6**. The study is published by HCS and supported by NCAL.

There is no cost to participate. Participants may purchase the results at the reduced price of \$185 versus the \$375 nonparticipant rate. Questionnaires may be downloaded at www.hhcsinc.com.

[Last year's report](#) contained data from over 1,100 ALFs/RCFs/PCFs nationwide. The results cover management salaries, nonmanagement wages, and fringe benefits. Data will be reported by region, state, CBSA, revenue size, profit type, and bed size. Information on eighteen fringe benefits, shift differentials, turnover rates, sign-on bonuses, and other facility/staffing metrics will also be included. The results will be published in January 2024.

For any questions or deadline extension requests, please contact Rich Cioffe at rcioffe@hhcsinc.com, (201) 405-0075, ext. 10.

Membership Updates & Services

October 2023 - Employee Recognition Program

In the month of October, MHCA will recognize **Physical Therapists**. To request certificates for your personnel, please click [here](#) and login to your member account to fill out the online form. Or if you have the ability to print color certificates, click [here](#) to fill in names and print directly at your facility. This is a members only service, so please sign in to view/print the certificates.

Career Opportunities In Long-Term Care

Looking for a new challenge or position? Click the position title below to view the job opening opportunity. To place an ad with us, login to your MHCA account or email [Teresa Baysinger](mailto:Teresa.Baysinger@mhca.org), Accounts Manager.

Centenarian Club



Jean Bennett will be celebrating her 100th birthday on October 3, 2023!

Jean is a resident at The Manor at Elfindale in Springfield, MO. She is widowed with 1 child, 2 grandchildren, and 1 great grandchild. Her hobbies include reading, playing bingo, and doing word searches. She said, "I have no idea", when asked what she attributes her longevity to. Her advice to others is to have faith in God. When asked about turning 100, Jean simply laughed!

If you have a resident turning 100 or older, we would love to welcome them to the MHCA Centenarian Club. We will feature the resident in our monthly newsletter and here on our website. Centenarians receive a Member Certificate to the Club and a bouquet of flowers. On their birthday each year thereafter, MHCA sends the Centenarian a birthday greeting. Simply complete and submit the Centenarian Club [application](#), or contact [Tina Struempf](mailto:Tina.Struempf@mhca.org) for more information.

Business Partners Corner

MHCA's Sponsors and Business Partners are an integral part of the Association. They support many of our efforts, including the Annual Convention, Mid-Year Conference and district events. MHCA is now highlighting the activities and the hard work of our Business Partners. If you have educational information or sessions you would like to include in our newsletter, please email [Michelle Walters](mailto:Michelle.Walters@mhca.org) or [Teresa Baysinger](mailto:Teresa.Baysinger@mhca.org).

[Wound Champions in the Post-Acute LTC Setting](#) - Attend this basic to intermediate program to update your wound prevention and management knowledge and skills on October 5, 2023 at Orlando Gardens in Maryland Heights. *Presented by RestorixHealth.*

2023 MHCA SPONSORS!

Thank you to the following 2023 MHCA Sponsors! Your continued support of MHCA helps ensure we are bringing the very best in education and annual events to the Membership.

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Education Sessions, Meetings & Events

Workshops & Seminars - In-Seat

[Wound Champions in the Post-Acute LTC Setting](#)

October 5 | Orlando Gardens | Maryland Heights

[RAI Process from Start to Finish](#)

October 17-18 | Courtyard by Marriott | Jefferson City

[Long-Term Care Administrator 101](#) - Hybrid Workshop

October 24 | MHCA Office | Jefferson City

[Federal Review Course](#) - Hybrid Workshop

November 13-14 | MHCA Office | Jefferson City

Online and Virtual Workshops

[The Main Attraction: Activities That Work](#) - Webinar Series

October 4, October 11, October 18, October 25

[Federal Review Course](#) - Hybrid Workshop

November 13-14 | Virtual

Online Train the Trainer Workshop, Clinical Supervisor, C.N.A. Student Training and more can be found at:

<https://www.staffdevelopmentsolutions.com/eb-courses/>

[Online Activity Director Workshop](#) & [Online Social Service Designee Workshop](#). *Both courses are held on a monthly basis. Next courses are October 3 - October 31, 2023.*

MHCA is proud to partner with [CEUSrEZ](#) to provide our membership with discounted online CEU! Use Promocode MHCA2023 for 20% off!

[NAB Preceptor Training](#) - This online training program for Preceptors is divided into four unique modules of education. Preceptors will be able to earn NAB-approved continuing education (CE) for completion of each of the modules below and successfully passing the post-test. Each module will be worth 1.25 NAB-Approved CEs.

AHCA/NCAL Webinars - Online Training

- [Building Trust: A Strategy to Improve Patient Safety, Staff Wellbeing & Vaccine Uptake in Long Term Care](#) Free Four-Lesson Virtual Program
- [Infection Preventionist Specialized Training - IPCO Version 2](#) - Online, Self-Study Program
- [Using UV-C Disinfection to Advance Environmental Safety in Healthcare](#) - On-Demand Webinar
- [Creating Inclusive Communities for LGBTQI and HIV+ Older Adults](#) - Online Training
- [PHI Coaching Supervision](#) - Online Training
- [Grief, Trauma & the Impact of COVID-19 on Residents and Staff](#) - Webinar Series
- [Functional Outcomes Improvement](#) - Online Training