

November 30, 2023

Message From the President



Facility Members & Business Partners,

Sincerely,

I will start by wishing you, your residents, your staff, and your family Happy Holidays!! It is a wonderful, and rather busy, time of the year. The influx of visitors, the decorations, and the positive energy we feel this time of year is different than at any other point. I hope you enjoy every minute of it! I know your residents will!!

I want to thank everyone that submitted comments to the CMS regarding the minimum staffing standard rule. The American Health Care Association’s (AHCA) campaign produced over 18,000 comments to CMS!! That coupled with the previously submitted comments on the proposed rule means more than 31,000 unique comments went to CMS on this issue. They are required to review each and every comment which the AHCA is saying could take them as much as a year just to review the comments!! Thank you for doing your part!!

Last month I talked about “change”, and I mentioned that some people are naturally pessimistic when it comes to “change”. However, change can be good and as an optimist I choose to believe that change can be for the better. The Missouri Health Care Association (MHCA) is currently undergoing some change. I recently issued a memo to the membership announcing that Nikki Strong, our Executive Director, will be moving into a new role for the association. This new role will allow her to focus all of her efforts on government relations-related tasks. She excels in this area and this increased focus will be beneficial for the association. This change does, however, mean that we are looking for a new Executive Director for the MHCA. As of the writing of this newsletter, we have a number of candidates, several of which are very strong candidates. The Search Committee will be narrowing down the list and conducting interviews in the near future. I am hopeful that we will have our new Executive Director identified not long after. I am confident that this change will make the association even healthier and stronger as we go forward.

Best of luck to you and your team as we wrap up 2023 and again, Happy Holidays to each of you!!

Eric Doerhoff
MHCA President 2023-2024



Missouri Health Care Association

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Reimbursement and Budget Updates

Update on Future SNF Medicaid Rate Adjustments

January 1, 2024 CMI/VBP Rate Adjustment

As a reminder, MO HealthNet (MHD) released the July 1, 2023 and October 1, 2023 resident listings for your review and corrections relating to your facility's MDS. The state has given facilities until December 4, 2023, to make any necessary corrections. **It is imperative you review the resident listings now and make any corrections no later than December 4, 2023 as your 1/1/24 rate adjustment is pendant on accurate MDS information.**

MHD believes they are on track for timely adjustments to the 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.

January 1, 2023 and July 1, 2023 CMI/VBP Rate Adjustment Retro Pay/Recoupments

The state is continuing to work through the recoupment process for facilities whose rates decreased on January 1, 2023 and July 1, 2023. Now that the July 1, 2023, rates have been released, their plan is to combine the January 1, 2023, and July 1, 2023, retro adjustments into one recoupment. 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.

Status of FY24 \$10 PPD and VBP Incentive Increases

The state is still waiting for CMS approval of the State Plan Amendment (SPA) for the \$10 PPD rate increase and the \$.87 increase to the VBP incentive. Upon CMS approval of the SPA, the state will file its emergency regulation and begin processing those increases. As a reminder, these increases were effective as of July 1, 2023. Retroactive mass adjustments will be made once CMS approves and the emergency regulation can be filed. At this juncture there are no concerns over CMS approval and the time frame it is taking for CMS to approve is typical. We will keep you updated when we learn anything new.

Legislative Update

2024 Legislative Session - Just Around the Corner

The 2024 Regular Legislative Session is right around the corner, commencing on Wednesday January 3rd. Legislators are allowed to file bills before the legislative session starts during a period called "pre-filing." This begins on December 1st and it gives the association a good picture of what the priorities for the legislators are going to be this session.

Our number one priority this session will be to advocate for additional SNF Medicaid reimbursement. Our goal will be to secure a rebase to the SNF Medicaid rate to capture your post-COVID costs. As you know the last rebase was based on FY2019 costs and didn't capture the significant increase in costs you have incurred post COVID.

This session we must also renew the Federal Reimbursement Allowance (FRA) program. As you know, the FRA is a program that draws down federal funds and is responsible for approximately \$3.3 billion in the Medicaid budget. The Nursing Facility program or Nursing Facility Reimbursement Allowance (NFRA) provides nearly 40% of the funding to our SNF Medicaid rate. This vital program also funds hospitals, pharmacies and emergency services. The program includes a sunset in statute and must be renewed periodically prior to its expiration date (September 30, 2024). Unfortunately, given the current political climate, legislators know the program must be renewed due to the impact it has on the state budget and they use the renewal of this vital program to try to advance their own, unrelated, agendas. The last time the FRA program was up for renewal we were forced into a special session as several legislators would not allow it to pass the regular session without a completely unrelated abortion amendment. That amendment would have jeopardized the FRA program and likely put the Missouri Medicaid program out of compliance with CMS. This year will be no different and the Missouri Right to Life is already engaging with legislators who are threatening to stop the passage of the renewal of the FRA if an amendment related to abortion is not included in the bill. Again, the FRA has nothing to do with abortion and is being used merely as a tactic to get this unrelated, controversial, possibly non-compliant issue passed. This will be a number 1 issue that will have at great impact on the pace and outcome of the 2024 legislative session. We will keep you updated as this progresses and will likely ask our members to reach out to their legislators, at the appropriate time, through a "call to action" and explain how vital this program is to our Medicaid rate and to pass this without any unrelated amendments that would likely jeopardize the program.

Finally, we will be looking to promote policies that help alleviate the workforce shortage in Missouri as well as look out for policies that could be cumbersome and damaging for our industry. Although many bills will be filed, keep in mind that the budget bills will not be filed until later in January after the Governor has announced his budget priorities and recommendations for the rest of the budget items. We will begin updating you on legislation of importance in the next month.

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

Thank you to all who have hosted a legislator for a tour of your facility. Legislative visits and your grassroots efforts are VITAL to our ability to be successful in passing another rebase to the SNF Medicaid rates during the 2024 legislative session. PLEASE reach out to your legislators and set a time for them to tour your facility. Also, please be prepared to outline your continued financial struggles. These meetings are working as we had MANY legislators advocating for SNF Medicaid rate increases during the 2023 legislative session. WE NEED TO KEEP UP THIS MOMENTUM!

These tours provide a great chance for legislators to learn more about long term care especially in their district. It has helped provide real world context to the underfunding of the SNF Medicaid rate and gives specific examples of the extreme impact COVID has had on facility operations and cost of care. Please consider opening up your facility to your elected officials, especially those with the most direct impact on the appropriations process. If you are interested, contact Sarah Schlemeier Henke at sarah@mohealthcare.com. These tours only last an hour and our team is prepared to provide any level of support your facility needs to make these tours successful.

Advocacy Spotlight - The Lutheran Home

This month we want to recognize The Lutheran Home in Cape Girardeau for hosting Representative John Voss. Rep Voss serves on the House Budget Committee and has a great deal of impact on the outcome of House Bill 11 (containing the SNF Medicaid Rate funding). Representative Voss was able to visit the facility during their resident Oktoberfest and was so impressed with the facility's effort and thought they put in to the resident activities. They all realized that they have several mutual connections and that they belong to similar networks. The Representative also said he knew several residents from his childhood in Cape!

Teresa Brown who serves as the administrator and COO for the Lutheran Home put together a great presentation for the Representative. His grasp of the underfunding has drastically increased, and he is now advocating to help show the importance of rebasing the SNF Medicaid rate. This cultivation of an LTC hero in the legislature is the exact result we are hoping for with these facility tours! Thank you to the Lutheran Home and their staff for hosting Representative Voss!

COVID-19 & Influenza Updates

Phase II COVID Prevention and Response Project

DHSS is moving into the next Phase of the COVID Prevention and Response Project. Phase II is an effort to provide iPads, conference video cameras, electronic stethoscope and digital blood pressure unit to all Missouri Skilled Nursing Facilities, Intermediate Care Facilities, Assisted Living Facilities and Residential Care Facilities.

These communication and training devices will:

- Facilitate communication with DHSS Strike Team members and health care providers to assist LTC staff in real time regarding infection control concerns for rapid response and interventions.
- Allow for the analyzing of situations or completing assessments of the facility without Strike Team members being on site.
- Provide means for consultation, training and presenting of information in large group settings.
- Assist in staffing shortages by allowing LTC staff to remain on site without need to travel to receive vital trainings, such as the certified nurse aide virtual skills testing. This will help the State of Missouri achieve its workforce goals of maintaining qualified staff.
- Aid in communication between residents, families, and friends.

With these goals in mind, DHSS would ask that long-term care facilities interested in receiving these devices **free of charge** complete [this order form](#) by **December 8, 2023**.

Each facility may order only one iPad/conference video camera kit and one electronic stethoscope/digital blood pressure kit. Links have been provided on the Order Form to view the products. **If you are ordering for multiple facilities, please submit one order for each facility. There is a drop down box for each facility on the order form.**

DHSS will be using the administrator's name and facility address as listed on the [DHSS Website](#) as well as the information for the eight hospital based skilled nursing facilities for delivery and contact purposes.

Please complete the order form by **December 8, 2023**, to facilitate delivery as quickly as possible. These kits are being provided to your facility **AT NO CHARGE** by the Nursing Home & Long-Term Care Facility Strike Team and Infrastructure Project. Should you have any questions regarding this project, please contact Mary Menges, Project Specialist, at mary.menges@health.mo.gov.

New Respiratory Virus Season Resources Available from the CDC

The CDC has released several new resources for long term care providers to support their efforts on vaccines, treatment, and infection control this respiratory season.

- Spanish Language COVID-19 and RSV VIS: The COVID-19 and RSV Vaccine Information Statement (VIS) translations are now available in [Spanish on Immunize.org](#). [Vaccine information statements](#) are important tools to use when educating staff and residents about vaccines. As a reminder, nursing homes are required by CMS to [educate and offer the COVID-19 vaccine to residents and staff](#).
- Blog Post on Vaccinations for Health Care Workers: The CDC has released a [new blog post](#) sharing why it's important that healthcare workers prioritize vaccination this respiratory virus season. This may be a helpful resource to share with your staff or use key messages when having conversations about vaccinations.
- Testing and Management of Nursing Home Residents with Acute Symptoms: The CDC has released new guidance on [Testing and Management Considerations for Nursing Home Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Co-circulating](#). The practice in this guidance should be considered when SARS-CoV-2 and Influenza viruses are found to be co-circulating based upon local public health surveillance data and testing at local healthcare facilities. While these considerations are specific to care of residents residing in nursing homes, some practices could be adapted for use in assisted living communities as well.
- 2023 Fall-Winter Vaccine Social Media Toolkit: The CDC has released a new [social media toolkit](#) that organizations can use to share messages about combating respiratory viruses this winter.

Updates from the SLCR Regarding COVID, Influenza, and RSV

Below is important information regarding modifications to the Long-term Care Facility COVID-19/Respiratory Pathogens Module and the COVID-19/Respiratory Pathogens Vaccination Module. The changes described below are visible within the NHSN application and took effect the week of October 23, 2023. Resources on the [NHSN LTCF COVID-19/Respiratory Pathogens Module](#) webpage and the [COVID-19/Respiratory Pathogens Vaccination Modules](#) webpage are updated, where indicated, with revised forms, instructions, FAQs, and CSV templates.

Geolocation

Please disregard alerts asking you to confirm your facility's geolocation. The facility geolocation function located on the 'Facility Info' page is not operational at this time.

Point of Care (POC) Test Reporting Tool

No enhancements

State Veterans Homes COVID-19 Event Reporting Tool

No enhancements

COVID-19/Respiratory Pathogens Pathway Data Reporting

The LTCF COVID-19 Module will be renamed to align with the additional reporting options for Influenza and RSV that will become available with the upcoming NHSN release.

- The new name is COVID-19/Respiratory Pathogens Module.

Influenza/RSV (optional) **NEW DATA TAB**

Influenza/RSV Surveillance Tab (optional)

- Data entry for this tab is OPTIONAL, facilities may choose when and how often data is reported to this tab. However, it is encouraged to report these data on a weekly basis for any facilities choosing to report.
- If a user does choose to enter data, information must be entered for both Influenza and RSV in order for the page to save successfully.

The following data elements will be collected for Influenza:

- Newly Positive Tests for Influenza
- Vaccination Status of Residents with a Newly Confirmed Influenza Test Result
- Hospitalizations with a Positive Influenza Test
- Hospitalizations with a Positive Influenza Test and Up to Date

The following data elements will be collected for RSV:

- Newly Positive Tests for RSV
- Vaccination Status of Residents with a Newly Confirmed RSV Test Result
- Hospitalizations with a Positive RSV Test
- Hospitalizations with a Positive RSV Test and Up to Date

Weekly NHSN COVID-19 Vaccination Data Modules

- The LTCF COVID-19 Vaccination Module will be renamed to align with the additional reporting options for Influenza and RSV that will become available with the upcoming NHSN release.
- The new name is COVID-19/Respiratory Pathogens Vaccination Module.
- Continue to report weekly COVID-19 vaccination data per CMS requirements.
- Reference the [COVID-19 Key Terms Document](#) for the most recent definition of Up to Date with COVID-19 vaccination for Quarter 4 of 2023.
- A tab was added for Influenza/RSV Vaccine Reporting (optional)

Weekly Influenza/RSV Vaccination Reporting for Residents (optional) **NEW DATA TAB**

Reporting Influenza/RSV Vaccines for Residents under this tab is OPTIONAL. If a user opts to enter these data, information can be entered for both Influenza and RSV vaccination or only one.

- COVID-19 vaccination data for residents must be reported first in order to access Influenza/RSV vaccination reporting tab.
- Report Influenza/RSV data by entering it directly into NHSN application or using the CSV file option.
- The Influenza/RSV vaccination tab is set up for weekly reporting, but these data can be reported at the discretion of the user.
- Influenza/RSV vaccination materials and training slides are available through [LTCF COVID-19/Respiratory Pathogens Vaccination](#) website.
- Person level forms for Influenza and RSV will be available in June 2024.

NHSN-ServiceNow is LIVE

Please use NHSN-ServiceNow to submit questions to the NHSN Help Desk. The new portal can be accessed [here](#) or through your SAMS account. After logging into SAMS, the NHSN-ServiceNow link is located at the bottom of the page.

NHSN-ServiceNow should be used in place of nhsn@cdc.gov, nhsntrain@cdc.gov, and nhsndua@cdc.gov. Users will be authenticated using CDC's Secure Access Management Services (SAMS), the same way you access NHSN. If you do not have a SAMS login, or are unable to access ServiceNow, you can still email the NHSN Help Desk at nhsn@cdc.gov.

Free COVID-19 Tests Still Available from HHS

As the spread of respiratory viruses increases this fall/winter, AHCA/NCAL is reminding providers about the availability of free COVID-19 tests through the Department Health and Human Services (HHS) Abbott BinaxNOW Test Kit Program. SNFs and ALFs continue to receive or are eligible to receive free monthly shipments of Abbott BinaxNOW over the counter (OTC) COVID-19 test kits. Facilities must have an active CLIA waiver to be eligible to participate in this program.

Shipments can be started and stopped, and test quantities can be increased or decreased by emailing TDX@hhs.gov. The email must include:

- Name of the facility
- Facility address
- CLIA waiver number
- Request (stop, start, increase, decrease)

Please note – it may take a week or two to update the shipping information.

CDC guidance requires anyone with even mild symptoms of COVID-19 to be tested. More information and detailed guidance can be found in the [CDC's Interim Infection Prevention and Control Recommendations for Healthcare Personnel](#).

If you have an influx of test kits and aren't sure how to use them, keep in mind that since the tests are OTC, you can provide them to visitors, staff, or residents for their personal use as well. The exact expiration dates for the tests can be found on the [FDA website](#).

For questions related to the HHS BinaxNOW distribution program, please email TDX@hhs.gov.

New Resources Available to Enhance Vaccination Efforts in Long-Term Care

In the ever-evolving landscape of long term care, staying informed and equipped with the latest resources is paramount for providers. AHCA/NCAL has introduced new resources available on the [#GetVaccinated website](#), including the latest "Frequently Asked Questions", "Vaccine Co-Administration in Long Term Care", and "Offering and Documenting Vaccines in Long Term Care".

Addressing a Crucial Issue

Long term care residents face heightened susceptibility to fall and winter viruses. To counter this, the federal government recommends that residents receive vaccinations against COVID-19, Influenza, and RSV, when indicated. This recommendation has brought to the forefront the challenge of co-administering these vaccines effectively.

Scientific Backing

The Advisory Committee on Immunization Practices (ACIP), composed of medical and public health experts, plays a pivotal role in advising the CDC. All three vaccines for RSV, Influenza, and COVID-19 are FDA-approved and recommended by ACIP. Recent research confirms that co-administering the COVID-19 vaccine with the seasonal influenza vaccine does not result in increased reactions or reduced immune response.

These new resources in the #GetVaccinated toolkit empower long term care providers to make informed decisions and provide the best care possible. Please click [here](#) to access the latest #GetVaccinated resources and toolkit now.

The National Infection Prevention Forum

If you are dedicated to enhancing infection prevention in long term care, you should consider [joining the National Infection Prevention Forum](#). This platform provides a supportive community, invaluable resources, and opportunities for collaboration. Together, providers can raise the bar in infection prevention and continue to deliver top-tier long term care.

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.

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

Health Quality Innovators (HQI) has the *Your Health Can’t Wait, Vaccinate!* campaign, which 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 November 6, 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 January 8, 2024, in Jefferson City, MO. To view the tentative agenda for the January 8 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.

The 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 Letter of Intent and Application Review Calendar, please click [here](#). To view the 2024 Letter of Intent and Application Review Calendar, please click [here](#).

AHCA/NCAL & National News

AHCA/NCAL Urged CMS to Rescind Federal Staffing Mandate in Final Comments

AHCA/NCAL submitted final comments to CMS on the proposed federal staffing mandate for nursing homes. And long term care providers submitted more than 18,000 comments through AHCA/NCAL's grassroots system to CMS to make sure the Agency understands the devastating impact of the proposed rule on the profession and those they serve.

AHCA/NCAL's submission formally requests that CMS rescind the unfunded mandate. Implementation of the unfunded, one-size-fits-all rule amid a historic and nationwide labor shortage threatens the displacement of nearly 300,000 nursing home residents.

Since the federal staffing mandate was announced on September 1, there has been a growing consensus among [Members of Congress on both sides of the aisle](#), [long term care advocates](#), and [health care experts](#) that the rule will hurt our most vulnerable and that the Biden Administration should reconsider the proposal. AHCA/NCAL notes in their cover letter that the study CMS commissioned this year concluded that there was no single staffing level that would guarantee quality care.

AHCA/NCAL also reaffirmed their shared desire to enhance quality of care while growing the long term care workforce. They highlighted their proactive and robust reform package, the [Care for Our Seniors Act](#), which lays out comprehensive proposals that will aid in workforce recruitment and retention. You can read AHCA/NCAL's full comments to CMS [here](#).

AHCA/NCAL Building Trust Leadership Academy is Back for Another Year

The AHCA/NCAL Building Trust Leadership Academy is back for another year! If you want to learn how to build trust among staff and leaders in your organization, you won't want to miss out on this.

This Leadership Academy is designed to teach facility leaders practical skills to help them build trust with their staff. Trust is at the heart of many challenges long term care leaders are facing in their organizations. Trust has a huge impact on staff well-being, recruitment and retention, patient safety, infection control, and vaccine rates. This virtual 15-week interactive program is filled with easy-to-use tools and resources that leaders can apply to improve outcomes at their organization.

This Academy is for long term care leaders and managers, both clinical and non-clinical, in nursing homes or assisted living. This includes administrators, DONs, senior leaders, department heads, infection preventionists, quality improvement leaders, unit leaders, and beyond.

There will be two 90-minute Kickoff Orientation Webinars on February 13 and 14 from 11 – 12:30 pm CSAT. There will be Bi-Weekly Leadership Academy Calls from March 5, 2024 – September 17, 2024 (every other Tuesday from 12 – 1 pm CST).

There is **no cost** to participants courtesy of a grant from the CDC. Facility leaders can click [here](#) to apply through this electronic survey. **The application deadline is December 8, 2023, at 10:59 pm CST.** Applicants will be notified of acceptance by January 5, 2024.

Podcast: Self-Care in Long-Term Care - Mindfulness

AHCA/NCAL's Self-Care in Long Term Care podcast series continues. Launched this month, the eleventh podcast focuses on self-care and the connection to mindfulness. Providing self-care is the first step, but being mindful about it ensures success. 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. The [eighth podcast](#) focuses on self-care to build resilient teams. The [ninth podcast](#) focuses on promotion and strategies to build resilient teams. The [tenth podcast](#) focuses on recognizing burnout and creating healthy work environments.

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

Missouri's Minimum Wage Rate Will Increase on January 1, 2024

The minimum wage rate in Missouri for private employers will increase from \$12.00 to \$12.30 per hour effective January 1, 2024. After 2023, the minimum wage rate for all private and non-exempt businesses will be based on the increase or decrease in the cost of living pursuant to the Consumer Price Index. Employers engaged in retail or service businesses whose annual gross income is less than \$500,000 are not required to pay the state minimum wage rate. Employers not subject to the minimum wage law can pay employees wages of their choosing.

For more information on the minimum wage rate, please click [here](#) to visit the Missouri Department of Labor and Industrial Relation's website. In addition, all employers subject to any of the provisions of this law must post a summary of the law and regulations in their buildings. For your convenience, the Division of Labor Standards has created a summary Minimum Wage Poster for Missouri employers, which can be accessed [here](#).

Top Deficiencies Report - 3rd Quarter 2023

Please see the most frequently cited deficiencies [report](#) from the third quarter of 2023.

Guidance for Federal Monitoring Surveys Released

CMS released [Admin Memo: 24-05-NH](#) to provide guidance to surveyors on areas of focus for Federal Monitoring Surveys (FMS). Federal Monitoring Surveys are required to be completed in at least 5% of skilled nursing facilities in each state. For Fiscal Year 2024 and Fiscal Year 2025, CMS identified three long-term care (LTC) Health National Concern Areas, as follows:

1. Nurse Staffing (F851, F725, F727)
2. Unnecessary Psychotropic Medications (F641, F658, F758)
3. Facility-Initiated Discharge (F622, F624, F626)

Resources are available for facilities to ensure regulatory compliance for [unnecessary psychotropic medications](#) and [safe discharges](#). These resources are available for review on [ahcancaEd](#). Send any questions to regulatory@ahca.org.

CMS Finalizes Additional SNF Transparency Requirements Regarding Ownership, Disclosable Parties, and Public Reporting

On November 15, CMS issued a [display copy](#) of a final rule, titled “*Medicare and Medicaid Programs: Disclosures of Ownership and Additional Disclosable Parties Information for Skilled Nursing Facilities and Nursing Facilities; Medicare Providers’ and Suppliers’ Disclosure of Private Equity Companies and Real Estate Investment Trusts*”. The final rule requires nursing homes to disclose additional ownership and management information to CMS and the states, much of which will be made available to the public by CMS within one year.

The final rule includes definitions of “*private equity company (PEC)*” and “*real estate investment trust (REIT)*”, to identify whether a nursing home belongs at least in part to one of these types of owners. The only substantive change from the proposed to final rule was that CMS adopted a narrower definition of a REIT that was more consistent with existing Federal policy.

The final rule impacts SNF providers, as well as Medicaid-only nursing facility (NF) providers and will become effective 60 days after formal publication in the Federal Register. However, many of the new requirements will not be implemented until CMS first updates the CMS-855A institutional provider enrollment form, as well as issues sub-regulatory guidance detailing how and when to identify and report the newly required information.

The final rule does not change the current provider enrollment and revalidation reporting timelines, so there will not be a mass revalidation process upon implementation of the final rule. Instead, after implementation of this final rule, providers will be required to report the newly required transparency data at the time the next required update to their provider enrollment data or revalidation (including off-cycle revalidations). State reporting requirements may vary slightly.

SNF and NF providers are encouraged to review the final rule provisions to become familiar with the upcoming additional provider enrollment disclosure requirements. AHCA has developed a [summary of the final rule](#) available for members (log-in required) and will provide additional details as they become available. Both the CMS [press release](#) and [fact sheet](#) are also available for review.

CMS Issues PDPM Grouper Software Update to Fix Case Mix Errors

Soon after CMS implemented version 1.18.11 of the MDS Resident Assessment Instrument (RAI) on October 1, providers in states that use PDPM-based payment models under Medicaid noticed that the PDPM case-mix classification from OBRA assessments were incorrect. Specifically, incorrect case-mix assignments were occurring for the Nursing, Physical Therapy, and Occupational Therapy components on many OBRA assessments.

On November 13, CMS issued the below notice of a software coding fix:

“The [‘PDPM Grouper JAR Package V2.2001 \(ZIP\)’](#) is now available in the Downloads section below. This V2.2001 release is an update to adjust the OBRA logic for target dates on or after October 1, 2023. The logic for standalone OBRA assessments will be similar to the interim payment assessments logic. This means that:

- If A0310A=01 and A0310B=99, use column 1 (GGxxxxx1)
- If A0310A=02-06 and A0310B=99, use column 5 (GGxxxxx5)

This change will affect Nursing, Occupational Therapy, and Physical Therapy logic.”

What's Next: MDS software vendors will need to review the new instructions, implement the changes, and then deploy to provider software before the MDS generates the correct case-mix group assignment. Providers and their MDS staff should be on the lookout for information from their MDS software vendors about when the update has been applied.

Providers with impacted OBRA assessments submitted prior to deployment of this software fix may want to contact Mo HealthNet for guidance on whether correcting or resubmitting assessments will be necessary to update Medicaid PDPM payment rates.

CMS Open Door Forum Resources Now Available

CMS recently held a Skilled Nursing Facility (SNF)/Long Term Care (LTC) [Open Door Forum](#) on October 12, 2023. The transcript, webinar recording, and Q&A document are [now available](#) for download and review.

The OSHA Inspection Process: Types, Procedures, and Outcomes

Expanding on the [previous discussion](#) regarding the types of Occupational Safety and Health Administration (OSHA) inspections, OSHA inspections can arise from various circumstances, including programmed assessments targeting high-hazard workplaces and unprogrammed responses to imminent dangers, fatalities, or employee complaints. The U.S. Bureau of Labor Statistics (BLS) has identified Healthcare and Social Assistance employers (including SNFs and ALFs) as having high injury/illness rates; therefore, being a target of an OSHA inspection is a high possibility.

[Number and rate of nonfatal work illnesses in private industries \(bls.gov\)](#)



The onsite inspection procedures typically include a comprehensive examination of the facility's safety protocols, focusing on aspects such as infection control, general hazards, and employee training. OSHA compliance officers thoroughly assess areas like recordkeeping, physical hazards, personal protective equipment usage, and emergency response plans. The outcomes of these inspections may result in corrective measures, citations, or, ideally, acknowledgment of a well-maintained and secure environment for the facility employees.

Types of Inspections:

1. Programmed Inspections:

- Site-Specific Targeting (SST): OSHA uses a randomized system to target high-hazard workplaces based on their injury and illness rates. This system helps OSHA focus on industries and workplaces with higher risks.
- Emphasis Programs: OSHA publishes national, regional, and area emphasis programs identifying industries and specific hazards with historically high injury and illness rates for programmed inspections. Like SST inspections, emphasis program inspections are selected at random from an industry or hazard-specific list. LTC organizations (nursing facilities and assisted living facilities) are considered high-hazard industries and have been the subject of several emphasis programs, including, most recently, OSHA's COVID National Emphasis Program
- OSHA performs Federal and State inspections routinely. Inspection results for the long term care industry can be found on the [OSHA inspection website](#).

2. Unprogrammed Inspections:

- Imminent Danger: OSHA responds immediately to reports of conditions or practices that pose an imminent danger to workers. This type of inspection is given the highest priority.
- Fatalities and Catastrophes: OSHA investigates incidents resulting in fatality or the hospitalization of an employee due to a work-related event.
- Complaints: OSHA often conducts inspections in response to complaints filed by workers or their representatives regarding unsafe or unhealthy working conditions.
- Referrals: Inspections may be initiated based on referrals from other agencies, individuals, or organizations.
- Follow-Up: OSHA may conduct follow-up inspections to ensure that previously cited violations have been corrected.

OSHA Inspection Procedures (On-Site):

1. Opening Conference:

- The OSHA compliance officer explains the purpose of the inspection, the scope of the investigation, and the standards that apply.
- The employer and employee representatives are invited to participate in the opening conference.

2. Presentation of Credentials:

- The OSHA compliance officer presents their credentials to confirm their identity.

3. Walkaround Inspection:

- The compliance officer, accompanied by the employer and employee representatives, conducts a walkthrough of the workplace.
- They inspect for hazards, potential violations, and assess the overall safety of the workplace.

4. Employee Interviews:

- The compliance officer may interview employees privately to inquire about workplace conditions, safety practices, and potential concerns.

5. Document Review:

- The officer review relevant records, such as injury and illness logs, training records, and safety procedures.
6. Closing Conference:
 - After the inspection, the compliance officer holds a closing conference with the employer and employee representatives.
 - Findings, including any violations, are discussed, and the employer is informed of their rights and responsibilities.

Note that the specific procedures may vary based on the type of inspection (programmed or unprogrammed) and the circumstances leading to the inspection.

OSHA Inspection Outcomes:

1. Citations and Penalties:
 - If violations are found, OSHA may issue citations detailing the specific standards violated and propose penalties. The severity of the violation, good faith of the employer, the employer's size, and the employer's history of compliance influence the penalties.
2. Abatement Period:
 - The employer is given a specific period, known as the abatement period, to correct the identified violations. The length of this period depends on the severity of the violation.
3. Informal Conference:
 - Employers have the option to request an informal conference with OSHA to discuss the inspection results, proposed penalties, and abatement measures. This provides an opportunity for clarification and negotiation.
4. Contesting Citations:
 - Employers have the right to contest OSHA citations and penalties. This involves filing a Notice of Contest within 15 business days of receiving the citations. Even if the employer participates in an informal conference, this deadline remains and cannot be changed by OSHA.
5. Abatement Verification:
 - After correcting the cited violations, the employer may be required to provide documentation to OSHA as proof of abatement. This ensures that corrective actions have been taken.
6. Follow-Up Inspections:
 - In some cases, OSHA may conduct follow-up inspections to verify that the identified hazards have been properly addressed and corrected.
7. Employee Notification:
 - Employers are generally required to post a copy of the citations at or near the location of the violation for three days or until the violation is abated, whichever is longer. This is to inform employees of the inspection results.
8. Training and Improvements:
 - OSHA may recommend or require additional employee training or improvements in safety procedures to prevent future violations. These additional steps are typically referred to as "enhanced abatement" and may be used when negotiating a reduced citation.

It's important for employers to address OSHA inspection findings promptly, take corrective actions, and maintain open communication with OSHA throughout the process. Proactive measures to ensure ongoing compliance with safety regulations well before OSHA begins an inspection can help prevent future issues and promote a safer work environment.

OSHA Inspections and the Bloodborne Pathogens Standard in LTC Communities

The purpose of an OSHA inspection is to ensure compliance with safety standards and protect the well-being of both employees and residents. The top five most common reasons an inspection may be conducted in an LTC facility include:

1. **Complaints:** OSHA may conduct inspections in response to complaints filed by employees, residents, or their families.
2. **Incident Investigations:** OSHA may investigate the facility/community following a workplace incident, particularly if it resulted in serious injury, illness, or death.
3. **Random Inspections:** While less common, OSHA may conduct random inspections under an emphasis program to ensure health care communities are complying with safety standards.
4. **Follow-up Inspections:** If a facility has been previously cited for OSHA violations, especially serious violations, OSHA may conduct follow-up inspections to ensure that corrective actions have been taken to address the identified hazards.
5. **Media Referrals:** If OSHA learns of a potential safety violation through the media – TV broadcasts, newspaper, internet articles – OSHA may conduct targeted inspections focusing on the hazard or event shown in the media report.

OSHA's Bloodborne Pathogen Standard

Once an inspection is opened in a health care facility, OSHA frequently looks for violations of the *Bloodborne Pathogens Standard* ([Bloodborne Pathogens – Standards/Occupational Safety and Health Administration \(osha.gov\)](https://www.osha.gov)). This standard protects against potential Blood or Other Potentially Infectious Materials (OPIM) health hazards, especially in LTC facilities caring for vulnerable populations.

Implementing an OSHA Bloodborne Pathogen Program

Implementing an effective OSHA Bloodborne Pathogen Program in your LTC facility will include the following:

- **Establish a written Exposure Control Plan (ECP):** An Exposure Control Plan is a comprehensive document developed by employers to minimize or eliminate occupational exposure to bloodborne pathogens in the workplace. It is the primary requirement of OSHA's Bloodborne Pathogens Standard (29 CFR 1910.1030) and is particularly important where employees may come into contact with blood or other potentially infectious materials. The Exposure Control Plan outlines the employer's strategy for protecting employees from exposure to bloodborne pathogens, including HIV, Hepatitis B, and Hepatitis C.
- **Review and Update the Plan:** This segment outlines the plan's periodic assessment, typically conducted annually or more frequently if required. It designates a responsible individual or team for the review process. During this evaluation, the effectiveness of existing safety measures is analyzed, considering feedback from employees and any changes in regulations. Documentation of the review process, including modifications made to the plan, is recommended for compliance. Once updates are implemented, staff members should be trained on any changes.
- **Universal Precautions:** Universal Precautions involve treating all human blood, certain body fluids, and other potentially infectious materials as if they are infectious for HIV, HBV, HCV, and other bloodborne pathogens, regardless of the perceived risk. Universal Precautions must be observed by all employees when dealing with blood or potentially infectious materials. This includes using appropriate personal protective equipment (PPE), such as gloves, masks, and eye protection.
- **Standard Precautions:** Standard Precautions expand on Universal Precautions and assume that every patient is potentially infectious. Standard Precautions integrate infection control practices used to prevent the transmission of diseases in healthcare settings when providing care to all patients, regardless of their diagnosis or presumed infection status.
- **Engineering Controls:** Engineering Controls involve physical changes to the building or equipment and

create a safer work environment by physically removing or isolating hazards. For instance, sharps disposal containers are puncture-resistant containers designed to safely dispose of needles and other sharp medical instruments, minimizing the risk of accidental needlesticks among healthcare workers. Other examples of engineering controls include self-sheathing needles, safer medical devices that reduce the risk of needlesticks, and biohazardous waste disposal systems. These controls are specifically designed to prevent or minimize contact with blood or other potentially infectious materials.

- **Work Practice Controls:** Work Practice Controls refer to specific behaviors and practices designed to minimize the risk of occupational exposure to bloodborne pathogens. Unlike engineering controls (physical devices) and personal protective equipment (PPE), work practice controls focus on safe work habits and procedures. Examples include Hand Hygiene, Proper Sharps Handling, Labeling Systems, Emergency Procedures, Cleaning and Disinfection, and Training.
- **Personal Protective Equipment (PPE):** PPE, including gloves, masks, face shields, gowns, and eye protection, acts as a barrier between employees and potentially infectious materials. Its purpose is to prevent direct contact with blood or other body fluids, minimizing the risk of exposure to bloodborne pathogens. Exposure Control Plan outlines the specific types of PPE required for various tasks and exposure risks. PPE considerations include Device Selection, Use, Training, Availability, Maintenance and Replacement, and Disposal.
- **Hepatitis B Vaccinations:** Ensuring compliance with Hepatitis B vaccination requirements protects employees from the potentially severe consequences of HBV infection. It also demonstrates the employer's commitment to providing a safe and healthy work environment, in accordance with OSHA regulations. Key components of the Hepatitis Vaccination Requirement include Offer of Vaccination, Voluntary Employee Decision, Informed Decision, Vaccination Schedule, and Documentation.
- **Post-Exposure Evaluation and Follow-up:** When an employee experiences an exposure, the employer should respond, including Immediate Care, Reporting, Medical Evaluation, Post-Exposure Prophylaxis (PEP), Follow-Up Care, and Documentation.
- **Training:** Training must cover the specifics of the Exposure Control Plan, including details about bloodborne pathogens, modes of transmission, the facility's exposure control procedures, proper use of PPE, safe work practices, and emergency response protocols. Initial training is provided to employees at the time of their initial assignment to tasks where occupational exposure may occur. Annual training is also required to ensure that employees stay updated on best practices and any changes in procedures and regulations.
- **Recordkeeping:** The facility should keep the following documents: Training Records, Hepatitis B Vaccination Records, Post-Exposure Incident Records, Written Exposure Determination Records, and Sharps Injury Logs.
- **Overlap with Existing Infection Control Plans:** The good news is that most LTC facilities will already have infection control and prevention plans in place that likely cover most of the OSHA Exposure Control Plan requirements. Careful attention should be paid, however, to Hepatitis B vaccination requirements and Sharps Log recordkeeping, which might not be covered by your existing Plan.

In the scope of LTC, where compassion and medical expertise converge, the OSHA Bloodborne Pathogens Standard stands as a safeguard, protecting both those in care and those providing it. By embracing technology and fostering a culture of safety, LTC facilities can navigate the complexities of the Bloodborne Pathogens Standard effectively, ensuring the safety and well-being of everyone involved. For additional resources, please check out these links:

- [Bloodborne Pathogens and Needlestick Prevention – Quick Reference Guide](#)
- [OSHA Factsheet Hepatitis B Vaccination Protection](#)

OCCHE Launches Program to Ensure Access to Financial Assistance

The Department of Health and Human Service's Office of Climate Change and Health Equity (OCCHE) is launching a "catalytic program" in 2024 to support health care providers, especially safety net organizations, in taking advantage of the tax credits, grants and other supports made available by the historic Inflation Reduction Act (IRA). Investments and actions potentially facilitated by the IRA include energy efficient building improvements, transportation, on-site renewable energy generation, increased building resilience and increased community resilience. Details on the tax credits, grants and other supports can be found [here](#).

More details on the initiative will be provided during a November 30 information session, which you can sign up for [here](#). The session begins at 11 pm CST. Questions and feedback can be sent to OCCHE@HHS.GOV.

Utility Failures in Health Care Toolkit by ASPR

Utility failures are a major concern for health care and may cause substantial harm to patients, staff, and facilities. Threats include infrastructure damage due to natural disasters and other incidents, planned outages to relieve stress on services or prevent other hazards, and malicious acts such as physical and cyber sabotage. It is also important to note the cascading effects a failure of one utility may have on others; more than one utility may fail simultaneously or sequentially.

These [tips sheets](#) from the Administration for Strategic Preparedness and Response (ASPR) can help health care facility managers and emergency planners identify issues to consider when planning for and responding to various types of utility failures. Access the related [Utility Failures Topic Collection](#) for additional resources.

Wireless Internet Access in Medicare/Medicaid Certified Homes

CMS is requesting information regarding wireless internet access in nursing homes. If your facility **does not** have facility-wide wireless internet access for residents, please fill out and submit the Wi-Fi questionnaire by **December 22, 2023**. CMS will use this information to explore the reasons and possible solutions. The questionnaire can be found at [here](#).

CMS Reopens CMPRP Program with Updates

CMS has 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.

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 will be effective on July 1, 2023, so please check the Missouri Headmaster Website for the most recent version of the Candidate Handbook.

CNA Certification Renewals

Please have your CNAs log into TMU and check their CNA status on the registry to ensure they are not inactive or expired. Information on how to log into the registry, what documents are required to be uploaded, and instructions on how to renew your CNA certification are provided in the links below.

- Link to TMU: [MO TMU \(tmutest.com\)](http://tmutest.com)
- [MO Renewal Guide – Instructions](#)
- [CNA Renewal Documentation](#)

For any questions, please call the HEU at 573-526-5686 or email at CNARegistry@health.mo.gov.

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 November 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](#).

Quality, Programs and Resources

New Top-Line - Q4

The latest Your Top-Line publication for your facility is now available! Your Top-Line is a LTC Trend Tracker publication that includes metrics and graphics outlining your facility's progress on Five Star performance, the AHCA/NCAL Quality Initiative, the Quality Awards program, and other necessary data to help you achieve your desired goals. Please click [here](#) to login.

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](#).

Nominate Your Staff for the 2023 National Ceca Award

Do you know a caregiver working in a health care community who has made a difference in someone's life because of the care they provide? If so, [Ceca](#) wants to share your stories of exceptional care. All caregivers recognized will be eligible for the 2023 National Ceca Award, which includes a \$2,500 cash prize, and Ceca will also do its best to ensure your caregiver – whether a nurse, doctor, housekeeper, dietician, activities assistant or other healthcare worker – gets the message about the impact they made.

[Recognize a caregiver online](#) by sharing your story on what they did and how their compassionate care made you feel. **The deadline to nominate is December 31, 2023.**

QIPMO Newsletter - November 2023

The Quality Improvement Program for Missouri (QIPMO) has published [MDS Tips and Clinical Pearls \(Volume 11, Issue 1\)](#). In this issue:

- Recruit, Recruit, Recruit
- The Importance of Discussing One's Health Care Wishes
- ICAR Corner
- Are You Meeting the Baseline Care Plan Requirements?
- What's in the Water? Water-borne Illness

Please visit QIPMO's website [here](#) for this and other previous newsletters.

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 the 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 [web site](#), 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

Register Today for the Assisted Living Advocacy Webinar on December 5

Join AHCA/NCAL on an [interactive webinar](#) on **Tuesday, December 5 from 1:00 pm – 2:00 pm CST** to learn the importance of advocacy, why assisted living providers should care about advocacy, the key to building relationships with your Members of Congress, the latest in NCAL's advocacy tools for assisted living providers, and up-to-date information on bills that impact assisted living.

Free Webinar: Elevating the Assisted Living Dining Experience for Less

NCAL and Incite Strategic Partners are hosting a free webinar on **Wednesday, December 13 at 1 pm CST** titled [Elevating the Assisted Living Dining Experience for Less](#). The Incite Group Purchasing Organization (GPO) catapults NCAL members' buying power by saving assisted living facilities money on food and other common purchases while providing opportunities to improve resident and family satisfaction.

Join Incite's Vice President of Partnership Development Nick Trankito and Jen Bruning, Director of Nutrition and Brand Innovation, for this informative session focusing on raising assisted living dining excellence through smarter buying at the best prices and effective culinary practices. The webinar will cover:

- How Incite pools buying power to save money on the food and other items you already buy
- Analytics that help manage food expenses and improve purchase decisions
- Helpful tips for increasing resident dining satisfaction
- Free Incite educational resources for culinary staff

Register [here](#) to learn more about all the ways Incite membership can save assisted living facilities money and enhance dining operations. This webinar will be recorded for those who can't attend on December 13.

Membership Updates & Services

Career Opportunities In Long-Term Care

To place an ad with us, go to the [Career Center](#) on our website and login using your Website Login information (not your Account Login information) or email [Teresa Baysinger](#), Accounts Manager.

Centenarian Club



Freda Clark will be celebrating her 102nd birthday on November 11, 2023!

Freda is a resident at Salem Memorial District Hospital Long-Term Care Unit in Salem, MO. She is widowed with 3 children, 6 grandchildren, 25 great grandchildren, and 5 great-great grandchildren. Her hobbies include quilting, helping with funeral meals, and scrapbooking. She attributes her longevity to living for the Lord and helping others. Her advice to others is to live for the Lord.

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](#) 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](#) or [Teresa Baysinger](#).

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

[Insulin Certification Workshop](#)

January 9, 2024 | 12:00 p.m. - 4:00 p.m. | Jefferson City, MO

[CMT/Insulin Certification Workshop](#)

January 9, - March 12, 2024 | 4:00 p.m. - 8:00 p.m. | Hybrid

Online and Virtual Workshops

[RAI Process from Start to Finish](#)

December 5-6 | Virtual Workshop

[Behavioral Health: Care Process for Residents with Dementia](#)

Dec. 7, Dec 14, Dec, 20, Dec. 28 | 4-Part Webinar Series

[Online Activity Director Workshop](#) & [Online Social Service Designee Workshop](#). *Both courses are held on a monthly basis. Next courses are December 5, 2023 - January 2, 2024.*

Online C.N.A. Student Training and more can be found at: <https://www.staffdevelopmentsolutions.com/eb-courses/>

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 is worth 1.25 NAB-Approved CEs.

District Events

District 4 [Holiday Party](#) | December 15 | Pasta Express, Springfield

District 5 [Holiday Party](#) | December 13 | Cape Girardeau Public Library

District 6 [Holiday Party](#) | December 8 | Fiddlestiks Food & Spirits, Hannibal

District 7 [Holiday Party](#) | December 12 | MHCA Office, Jefferson City

AHCA/NCAL Webinars - Online Training

- [Facility Assessments 101: The Driver of Resources, Training, and Competencies](#) - Online Training
- [Mindfulness-Based Stress Reduction Training](#) - Online Training
- [Prepare for Compliance Now](#) - Online Training
- [Building Trust: A Strategy to Improve Patient Safety, Staff Wellbeing & Vaccine Uptake in Long Term Care](#) Free Four-Lesson Virtual Program
- [PHI Coaching Supervision](#) - Online Training
- [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
- [Functional Outcomes Improvement](#) - Online Training