

Message From the President



Facility Members & Business Partners,

The leaves have changed colors and cooler weather is moving in. I enjoy the changing of the seasons and the change of scenery that comes with it. Change is inevitable and often times it is met with apprehension only to find out later that it's not only ok, it's beneficial. We find ourselves in a time of transition and I want to assure you that our future is bright. There are challenges ahead but nothing that we cannot overcome when we tackle those challenges together.

Providers in Missouri continue to make progress with the new acuity-based reimbursement system. Many providers have restructured their clinical assessment processes, added software, provided training, and have added resources to ensure MDS assessments are accurate and in turn reimbursement is appropriate. There is more work to be done and I strongly encourage you to continue to make improvements in this area of your organization. Our reimbursement plan is still in its infancy and our experience with it is limited. This means we still have a lot of growing to do. Success with this new plan requires our ongoing focus.

I want to take this opportunity to remind you of the November 6th deadline to submit comments to the CMS regarding the proposed minimum staffing standard. The standard that would be set if this proposed plan is enacted would be impossible to achieve for most providers. We must defeat this or at a minimum mold it into something more realistic. Do your part and submit comments. The American Health Care Association (AHCA) has made this very easy. Simply go to the AHCA website and use their link to submit your comments. They've even provided talking points to help you craft your message. In my opinion at least one submission per facility should be the minimum expectation and really it should be several submissions per facility.

We continue to lay the groundwork for another rebase next year. Given our reimbursement successes the past two years and a state budget that is flattening rather than growing, this last step in our plan to eliminate our underfunding will be significantly challenging to achieve; however, we're doing what we can to prepare for a successful legislative session. One of the key pieces to our success includes one-on-one meetings between our facilities and their state legislators. This will require an all-hands-on-deck approach from our facilities across the state and will be a key factor to our success. Please invite your state legislators to your facility and explain the financial crisis your facility faces if the SNF Medicaid rate is not rebased to cover your post-COVID cost increases including labor costs. Please do your part by establishing relationships with your elected officials. The MHCA is happy to assist in arranging these meetings and in certain circumstances participating in the meeting with you. I strongly believe that we, the MHCA, are making structural and strategic changes to our approach for the coming legislative session that will make us even more effective.

I will wrap up by returning to the idea of "change" and what that means for us. According to the Oxford dictionary "change" is the "act or instance of making or becoming different". Many people tend to be pessimistic about change and their immediate reaction is fear and anxiety. "Becoming different" is scary to them and they assume the worst. Other people tend to be optimistic about change and see the potential for improvement because of that change. I choose the "optimistic" outlook and I encourage you to do the same. I am confident in the direction of the association and firmly believe we're implementing the right strategy to achieve success again this year.

Sincerely,

Eric Doerhoff
MHCA President 2023-2024



Missouri Health Care Association

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Reimbursement and Budget Updates

Update Future SNF Medicaid Rate Adjustments

July 1, 2023 – CMI/VBP Rate Adjustment and \$10/PPD Increase

Mo HealthNet (“MHD”) is on track to finalize and release the July 1, 2023, CMI and VBP rate adjustments (minus the \$10/PPD and VBP incentive increase – which is still awaiting CMS approval) sometime this week (the week of October 30, 2023).

As we have reported, it is MHD’s intent to move forward with the July 1, 2023, CMI/VBP rate adjustments and not wait for CMS to approve the SPA for the \$10 PPD increase and increase to the VBP incentives. Once CMS approves the SPA for the \$10 PPD increase and increase to the VBP incentive, your rates will be adjusted accordingly, and another mass adjustment will be made.

January 1, 2024 CMI/VBP Rate Adjustment

MHD expects to release the July 1, 2023 and October 1, 2023 resident listings for facilities to review and make corrections to their MDS’s sometime this week as well. To avoid confusion, they will allow at least one day between the release of the July 1, 2023 rate information and the 7/1/23 and 10/1/23 resident listing information.

We are unsure which will be released first. Please be watching the Myers and Stauffer portal until you receive both the July 1, 2023 rate information and the 7/1/23 and 10/1/23 resident listing information which will require your review and any corrections.

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 – 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. 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 the rates that reduced on January 1 may increase on July 1, 2023, which in turn may decreased 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.

PDPM Transition

As you will recall from previous communications, CMS is no longer supporting RUGS based CMI effective October 1, 2023. As such CMS is requiring all states to convert their CMI from RUGS to a PDPM model. States have until July 1, 2025 to fully convert to PDPM. For states who do not convert prior to July 1, 2024, CMS will support RUGS through the Optional State Assessment (“OSA”). Based on provider feedback, the state decided NOT to opt-in to the OSA and plans to transition either to a blended model or a full PDPM model SNF Medicaid rate plan effective July 1, 2024.

We have received many questions regarding how the state will calculate the CMI for future rate adjustments. Since CMS was supporting RUGS until October 1, 2023, MHD has the information necessary to calculate the January 1, 2024 rates. It is the intent of MHD to have a new PDPM model in place in time to make the July 1, 2024 CMI/VBP adjustments.

In the coming weeks, MHD and MHCA, along with our consultants, will begin discussing the model the state will use when it transitions to PDPM. This will be a collaborative process between us and MHD. At this time, we do not know what that model will look like; however, as soon as we know, we will begin educating our member facilities. As we move through this process we will continue to update membership on timing and what the model will look like.

Legislative Update

2024 Legislative Session - Just Around the Corner

The 2024 Legislative Session is fast approaching and will begin on Wednesday, January 3, 2024. Our MHCA legislative agenda will be tough as we will not only be working to attempt to secure additional funding for a rebase of our SNF Medicaid rate, we will also be fighting to renew the sunset on the Federal Reimbursements Taxes (FRA) otherwise known as the provider tax. As you will recall, the last time the FRA sunset, the legislature held the renewal of this vital funding program hostage to a completely unrelated abortion issue and failed to renew the sunset of the 4 programs (hospitals, nursing homes, pharmacy and emergency services). We were forced into a special session to renew the sunset. We fully expect the bill will be held hostage to unrelated legislation. It is our hope the legislature will take this issues up early this session as the FRA program is responsible for over \$3.3 billion dollars to the Medicaid program as a whole and approximately 40% of our SNF Medicaid rate.

In addition to the reimbursement related issues, we will have several policy issues we will either be supporting or opposing. As bills begin to be filed, we will have a better idea of what those issues are and how they impact the long-term care industry. Bill pre-filing begins on December 1, 2023.

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. 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.

COVID-19 & Influenza Updates

COVID Prevention and Response Project

As we have previously reported, DHSS has implemented the COVID Prevention and Response Project, which is a multiphase project to assist in long term care facilities in COVID prevention and response. Phase I of this project is the delivery of Infection Prevention Toolkits at no cost to all Missouri SNFs, ICFs, ALFs, and RCFs.

DHSS has entered into an agreement with Concordance Healthcare Solutions to deliver these Toolkits to your facility with the costs being paid by the Nursing Home & Long-Term Care Facility Strike Team and Infrastructure Project. **Shipping of these toolkits began on Monday, October 23.**

Contents of this Infection Prevention Toolkit include:

- Pulse Oximeter: Fingertip
- Digital Non-Contact Thermometer
- 3M Fit Testing Kit: BITREX
- 3M Fit Testing Solution: Saccharin 55 mL Fluid Volume
- 3M Respirator Wipes: Non-Alcohol
- Glo Germ Glo Box Kit with 8oz gel

For those facilities who are in need of Respiratory Fit Testing assistance, please contact LTCStrikeTeam@health.mo.gov.

Concordance Healthcare Solutions will be using the administrator's name and facility address as listed on the [DHSS Website](#). If you have any questions or suggestions, please feel free to contact Mary Menges at Mary.menges@health.mo.gov.

NHSN-ServiceNow Launches for Faster User Support

Please use NHSN-ServiceNow to submit questions to the NHSN Help Desk. The new portal can be accessed [here](#) and should be used in place of nhsn@cdc.gov, nhsntrain@cdc.gov, and nhsndua@cdc.gov. ServiceNow will help the NHSN team respond to your questions faster. Users will be authenticated using the 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.

Why should you use ServiceNow?

- ServiceNow has a form that guides you to provide the NHSN team with the right information so they can answer your questions faster.
- The information you provide in ServiceNow routes your questions directly to the right subject matter expert, shortening response time.
- You can easily track the progress of your question and response using the ServiceNow Customer Service Portal.

Please note:

- Currently open tickets will be addressed by the existing procedure. No new action is needed on your part.
- Tickets requiring CDA support from the NHSN CDA Team should continue to be emailed to nhsnCDA@cdc.gov until further notice.
- AUR test files for CMS Promoting Interoperability Program validation should continue to be emailed to nhsnCDA@cdc.gov until further notice.

More information on the new NHSN-ServiceNow platform can be found [here](#). A direct link to NHSN-ServiceNow within the NHSN application will be available later in October 2023.

COVID-19 Vaccine Up-to-Date Definition Update

The approval of the [new COVID-19 vaccines for 2023-2024](#) triggered a change in the NHSN [surveillance definition of “up-to-date”](#) on COVID-19 vaccine to align with the new vaccine recommendations.

Per the NHSN definition, as of September 25, 2023, individuals are considered “up-to-date” with their COVID-19 vaccines if they meet one of the following criteria:

1. Received a 2023-2024 updated COVID-19 vaccine OR
2. 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.*

Please review the [latest training](#) for reporting to the [NHSN Healthcare Personnel and Resident Weekly LTCF COVID-19 Vaccination Modules](#) to ensure your facility is reporting accordingly.

COVID-19 Vaccine Information Statement Now Available

The CDC has released a [COVID-19 Vaccine Information Statement](#) and [RSV Vaccine Information Statement](#). 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. This requirement was originally referenced in [QSO-21-19-ALL](#) under the tag F887 – COVID Immunization and made permanent through the [COVID-19 Vaccination Final Rule](#), effective on August 5, 2023. Facilities must educate, offer, and document the consent and/or declination of COVID-19 vaccines for both residents and staff.

To provide more clarity on what it means to [offer](#) the vaccine, if the vaccine is unavailable in the facility, the facility should provide information on opportunities to obtain vaccination externally (e.g., health department or local retail pharmacy) to individuals. CMS expects that the facility will provide evidence, upon request, of efforts made to make the vaccine available to staff and residents.

AHCA has developed a [comprehensive vaccine toolkit](#) that includes a [vaccination checklist](#) that provide best practices on getting residents vaccinated for all three respiratory viruses this fall. Providers are encouraged to keep working with their LTC pharmacies to access and make available vaccinations and/or find opportunities for offsite vaccination.

Reminders for Collecting Healthcare Personnel (HCP) Influenza Vaccination Data

As a reminder, the following are required to report HCP influenza vaccination summary data through the NHSN: CMS-certified free-standing acute care facilities, inpatient rehabilitation facilities (IRFs), critical access hospitals, long term acute care facilities, prospective payment system (PPS)-exempt cancer hospitals, and skilled nursing facilities.

SNFs are required to report HCP influenza vaccination data for the 2023-2024 influenza season, which is defined as October 1, 2023, through March 31, 2024. **Facilities are only required to submit one report that covers the entire reporting period by May 15, 2024.** Data must be submitted through the NHSN Healthcare Personnel Safety (HPS) Component, which can only be activated by the Facility Administrator (FA). If the NHSN FA leaves the facility but does not transfer the role of FA to another individual prior to leaving, please complete the [NHSN Facility Administrator Change Request Form](#).

Facilities interested in the enrollment process should visit the [CDC’s website](#) for more information. Upcoming

webinar trainings for long term care facilities include:

[November 21, 2023, at 12 PM CST](#)

[November 28, 2023, at 12 PM CST](#)

Questions regarding SNF QRP requirements should be directed to SNFQualityQuestions@cms.hhs.gov, and any additional questions can be sent to nhsn@cdc.gov.

#GetVaccinated Reimbursement Guide

AHCA/NCAL has unveiled a resource to encourage and support vaccinations in long term care facilities this season. It is called - [#GetVaccinated Reimbursement Guide for Health Care Personnel: Frequently Asked Questions on Vaccine Payment Options to Optimize Staff Vaccine Uptake](#). The aim of this resource is to ensure that every member is well-informed about vaccine payment options, making it easier to prioritize their health and that of their residents.

What's in the Reimbursement Guide?

The reimbursement guide addresses frequently asked questions and provides answers regarding vaccine payment options for skilled nursing providers. Topics include:

- Where can I find more information on how to code and bill for the COVID-19 and Influenza Vaccine if I administer the vaccine to HCP that have insurance?
- What options do SNF providers have to facilitate staff vaccinations, especially for COVID-19 and Influenza?
- How are SNF staff vaccines paid for?
- Is the federal government providing any of these vaccine products for free?
- Is the reported SNF staff vaccination data publicly reported?

Why is this Guide important?

The #GetVaccinated Reimbursement Guide equips long term care personnel with the knowledge they need to make informed decisions about getting vaccinated, reducing any financial barriers that may exist.

Please click [here](#) to download the Reimbursement Guide and the #GetVaccinated Toolkit. If you have any questions about the resources or fall vaccinations, please contact COVID19@ahca.org.

Protect Residents and Staff Ahead of Fall and Winter Respiratory Season

Respiratory season can be dangerous for individuals 65 and up and those with underlying health conditions. COVID-19, influenza (flu), and respiratory syncytial virus (RSV) are commonly spread in the fall and winter. Elderly individuals residing in nursing homes and assisted living facilities are most at risk of complications due to these respiratory illnesses.

While not all residents and patients will get severely ill or be hospitalized due to a respiratory virus, there's no way to know who will be impacted and who will become seriously ill or hospitalized. Taking these steps for all residents and staff will help prevent a crisis.

- Get Vaccinated Against Common Respiratory Viruses: Vaccination remains one of the most effective, safe ways to build immunity and prevent serious illness, hospitalization, and death. Provide the recommended [flu](#), [RSV](#), and [COVID-19](#) vaccines to residents and staff. AHCA/NCAL released a [#GetVaccinated Toolkit](#) to support your efforts in rolling out these vaccines to residents and staff.

- **Adhere to CDC Infection Control Guidance:** Providers should adhere to the latest [CDC Infection Control Guidance for COVID-19](#), as well as guidance during a [flu outbreak](#). This includes core infection control practices, such as hand hygiene, source control masking, and PPE use.
- **Communicate:** Consider using signage, staff meetings, huddles, and other methods of communication to encourage masking when community rates of respiratory illness are high, reinforce the importance of hand hygiene, and remind staff to stay home while sick.
- **Test:** [Testing for respiratory viruses](#), COVID-19, and flu continues to be important since treatment decisions vary (see next section). Make sure you have access to tests when needed and adhere to CDC requirements for testing during an outbreak, as laid out in the [CDC Infection Control Guidance for COVID-19](#).
- **Treat:** We now have access to effective treatments for both [flu](#) and [COVID-19](#). Make sure you are providing access to these treatments to your residents, even if they have been vaccinated as they can further reduce the risk of severe illness, hospitalization, and death.

The CDC has also released several respiratory virus resources specific to long term care providers:

- [Long Term Care Quick Start Guide for Respiratory Virus Season](#)
- [Long Term Care Vaccination FAQs](#)
- [Viral Respiratory Pathogens Toolkit for Nursing Homes](#)
- [Preventing Transmission of Viral Respiratory Pathogens in Healthcare Settings](#)
- [U.S. COVID-19 Vaccine Product Information with Job Aids for Healthcare Providers](#)
- [Masking Signage](#)
- [Project First Line Resources](#)

Contact COVID19@ahca.org if you have questions.

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

To promote and increase adult vaccinations, 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

Podcast: Self-Care in Long Term Care – Recognizing Burnout and Creating Healthy Work Environments

AHCA/NCAL’s Self-Care in Long Term Care podcast series continues. Launched this month, the [tenth podcast](#) focuses on recognizing burnout and creating healthy work environments. 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.

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

The Latest Your Top-Line Publication for SNFs is Available

The Your Top-Line is a LTC Trend Tracker publication that includes metrics and graphics outlining your SNFs progress on Five Star performance, the AHCA/NCAL Quality Initiative, their journey through the Quality Awards program, and other necessary data to help achieve their desired goals. Please click [here](#) to login.

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

Deadline Approaching to Submit Comments on the CMS Minimum Staffing Proposal

If you haven't already done so, it is **IMPERATIVE** that you submit comments to CMS opposing the CMS proposed minimum staffing rule. **Comments are due by November 6.** If you need assistance, you can visit the AHCA/NCAL [Action Center](#) where there are details on what to write in the comments, including specific asks for CMS regarding the rule.

As a reminder, AHCA/NCAL members have access to the [AHCA summary of the CMS Minimum Staffing Proposal](#) and are encouraged to review it. The summary highlights all the necessary information of which providers need to be aware. For information on the effects of the minimum staffing proposed rule on skilled nursing, you can view the [AHCA Issue Brief](#). And for the details on the impact to assisted living, you can view the [NCAL Issue Brief](#). A member log-in is required for these. Please email regulatory@ahca.org with any questions on the summary.

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.

SLCR Announces Assistant Administrator

Laura Smith has accepted the Assistant Administrator position for the Section for Long Term Care Regulation (SLCR). Laura will work directly with Tracy Niekamp, Administrator for the SLCR.

Laura is a Registered Nurse and she began her career with long-term care regulation in 2000 as a Facility Advisory Nurse in the Region 6 office. Laura was the supervisor for the complaint team for 9 years before she became the regional manager in 2016. Laura will begin transitioning to her new role over the next month.

COMRU Backlog

Everyone is aware that there are significant delays occurring in COMRU with applications going back many months. Specifically, the delays involve the level of care determinations for persons who do not meet Level II-PASRR criteria. There are many reasons for the backlog: COMRU has seen a 22% increase in applications received since 2020; the Redcap online application platform issues; as well as an increase in the turnover of skilled nursing facility and hospital social workers (resulting in increased training and 1:1 telephone consultation) provided to the submitter of the applications.

The SLCR is closely monitoring and making changes to their internal processes. COMRU has taken steps to increase efficiency over the past 14 months, however, the workload is too great for existing staff to review timely. For the processing of these applications, regulations require an RN. So, in addition to the three RN's allocated to COMRU, the SLCR has recently hired an RN with a start date of 11/16/23. Additionally, they have trained RN staff in other units to assist and they are balancing this workload along with recertification surveys, which are also a priority.

Some suggestions that facilities can do to assist COMRU:

- Ensure applications are complete and correct.
- Check in the online application portal for application status (pending, needing corrections, whether it's even been submitted, or if it's processed).
- Respond timely to correction emails that are sent.
- Once the application is submitted, do NOT resubmit.

Salmonella Outbreak from Diced Onion Products Distributed in Long Term Care Settings

The CDC and the FDA have issued a [food safety alert](#) regarding a Salmonella outbreak linked to fresh diced onions. The outbreak has resulted in 73 illnesses across 22 states and has been linked to Gills Onions brand fresh diced onion products. These products have been distributed to long term care facilities.

What Long Term Care Facilities Should Do:

1. Check facility freezers and refrigerators for [recalled onion products](#) and throw them away.
2. Do not serve recalled Gills Onions products or foods made with recalled onion products.
3. Wash and sanitize items and surfaces that may have come in contact with recalled onion products.

Symptoms of Salmonella:

- Most people infected with Salmonella experience diarrhea, fever, and stomach cramps.
- Symptoms usually start 6 hours to 6 days after swallowing the bacteria.
- Most people recover without treatment after 4 to 7 years.
- Some people – especially children younger than 5 years, adults 65 years and older, and people with weakened immune systems – may experience more severe illnesses that require medical treatment or hospitalization.

CMS Updates Surveyor Resources

CMS recently updated several surveyor resources that can be found in the [Survey Resources folder](#) on the [site](#). The changes made were technical and appear to be made to update any outdated information that is no longer applicable.

The changes include the following:

- On the Entrance Conference Worksheet, the need to submit the [CMS-672](#) was removed related to CMS' previous directive that they would stop using this form.
- On several Survey Pathways, the surveyors were asked to retrieve information from Section GG, instead of Section G, of the Minimum Data Set (MDS), related to MDS changes that occurred on October 1, 2023.
- On CMS-802, CMS removed the request for information about "worsened pressure ulcers at any stage". For the CMS-802, CMS requests facilities to provide all residents with pressure ulcers not present on admission.
- Other updates were specific to surveyor processes, both during the offsite portion of the survey, and during an extended survey.

Care Compare Releases October SNF QRP Data

The October 2023 release of the Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) data is now available on [Care Compare](#) and [Provider Data Catalog \(PDC\)](#). This release is based on quality assessment data submitted by SNFs to CMS from Q1 2022 through Q4 2022. Additionally, the CDC COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) measure reflects data from Q4 2022.

The data for the claims-based measures will display data from Q4 2020 through Q3 2022, and for the SNF Healthcare-Associated Infections (HAI) Requiring Hospitalization measure, Q4 2021 through Q3 2022.

Lastly, the October 2023 release includes the initial public reporting of the CDC measure, Influenza Vaccination Coverage among Healthcare Personnel. This measure reflects data submitted from Q4 2022 through Q1 2023.

Please visit [Care Compare](#) and [PDC](#) to view the updated quality data and you can email SNFQRPPRQuestions@cms.hhs.gov with questions about SNF QRP Public Reporting.

CMS Updates MDS Manual to Correct Errors

CMS has [posted errata updates](#) to the Minimum Data Set Resident Assessment Instrument (MDS-RAI) Manual, version 1.18.11 on the [MDS 3.0 RAI Manual page](#) effective October 1, 2023.

Important: MDS nurses and staff responsible for completing the specific sections of the MDS or Care Area Assessment (CAA) requirements impacted by this errata update should review and implement it as soon as possible.

The 54-page errata document contains corrections for 21 identified issues in the MDS-RAI Manual. The resolutions are detailed for clarity and provide additional guidance for accurate assessment and care planning activities. This includes:

1. In Section D and Chapter 6 to support item 'D0100, Should Resident Mood Interview be Conducted?' serving as a gateway item for the Resident Mood Interview (PHQ-2 to 9(c)) and D0500, Staff Assessment of Resident Mood (PHQ-9-OV(c));

2. Minor revisions also included are corrections to language in Section Q to provide proper guidance on CAA requirements;
3. Corrections to language in Chapter 2 to provide proper guidance on combining Omnibus Budget Reconciliation Act (OBRA) discharge assessments;
4. An updated Internet Quality Improvement & Evaluation System (iQIES) warning error message in Chapter 5;
5. Updated screenshots in Section A and Section O; and
6. An updated MDS Item Matrix.

The errata document also includes all issues from previous MDS 3.0 RAI Manual v1.18.11R errata releases.

The first 11 pages of the errata PDF document include a table that lists all identified revisions and the pages to which they have been applied, which are included on pages 12-54 of the PDF document and are marked with the footer "October 2023 (R)."

These MDS manual errata updates follow the [recently announced](#) MDS item sets updates version 1.18.11 v6.

CMS Posts New BIMS MDS Assessment Coding Guidance Video

CMS has posted a new [brief interview for mental status \(BIMS\) video](#) to help providers completing the Minimum Data Set (MDS) assessment BIMS items C0200-C0500 to determine:

- When to stop the interview
- How to code the remaining items

The MDS manual written guidance can be found at the [CMS Minimum Data Set \(MDS\) 3.0 Resident Assessment Instrument \(RAI\) Manual](#) webpage. Additional CMS developed SNF QRP and MDS completion educational materials are located at the [Skilled Nursing Facility \(SNF\) Quality Reporting Program \(QRP\) Training](#) webpage. You can contact the [PAC Training Mailbox](#) with questions or feedback.

CMS Issues Corrections to FY24 SNF PPS Final Rule Impacting Rates

Providers should verify with MDS and billing software vendors that updates have been applied before submitting October 2023 claims. CMS issued a [Correction Notice](#) that applies to the FY 2024 Skilled Nursing Facility Prospective Payment System (SNF PPS) [final rule](#) published on August 7. Although the resulting changes represent only pennies per day, the corrections impact nearly all PDPM urban and rural component rate tables and the rural wage index table.

Additionally, three corrections were made to the FY24 PDPM ICD-10 mappings file. The effective dates for these corrections are retroactive to dates of service beginning October 1, 2023. Provider front office and MDS staff should review the changes and confirm with your software vendors that the updates have been applied prior to submitting Medicare Part A claims, or other payer claims using PDPM payment methodologies, for dates of service on or after October 1, 2023.

Wage Index and Rate Corrections Background

CMS has identified a technical error in the calculation of the final FY24 SNF PPS wage indexes resulting from a cost report calculation of one rural hospital in North Carolina and requiring the Agency to recalculate multiple updated tables posted in the [Correction Notice](#) to maintain budget neutrality requirements.

- Page 68488: The unadjusted SNF PPS Federal per diem rates provided on page 53209 in Tables 3 and 4 of the Final Rule;

- Pages 68488 and 68489: The case-mix adjusted SNF PPS rates provided on pages 53210 through 53211 in Tables 5 and 6 of the Final Rule;
- Pages 68489 and 68490: The rate computation examples in Tables 8, 9, and 10 on pages 53215 through 53216 of the Final Rule; and
- Pages 68490 and 68491: The impact analysis provided in Table 30 on pages 53333 through 53334 of the Final Rule.

CMS has also corrected the wage index in Table B setting forth the wages indexes for rural areas based on CBSA labor market areas, which is available in the [Downloads section on the CMS website](#) labeled *CMS-1779-CN Wage Index Tables for FY 2024*. The only change is that the Rural North Carolinian Wage Index multiplier increased from 0.7962 in the Final Rule to 0.7992 in the Correction Notice.

PDPM ICD-10 Mappings Corrections Background

CMS corrected the following three errors in the [FY 2024 PDPM ICD-10 code mappings file](#) that are effective for dates of service on or after October 1, 2023:

1. CMS corrected errors in the clinical category assignment of 332 codes ranging from C00.0 through C49.6 to reinstate the prior year's assignments from the FY23 SNF PPS final rule, as the Agency proposed no changes in clinical categories in this code range in the FY24 SNF PPS proposed rule nor finalized them in the FY24 SNF PPS final rule.
2. CMS is correcting errors in the clinical category assignments of D75.84, F43.81, F43.89, G90.A, and K76.82 to reflect the changes finalized in the [FY 2024 SNF PPS final rule](#) (88 FR 53220 through 53221).
3. The SLP-Comorbidity table in the FY24 PDPM ICD-10 code mappings file displays a list of ICD-10 codes associated with comorbidities included in the Speech-Language Pathology (SLP) component under PDPM. In the Correction Notice, CMS notes the removal of the following ICD-10 codes effective October 1, 2023, that were erroneously added, noting the addition of any ICD-10 code to the SLP comorbidity list would amount to a change in policy that would first need to undergo notice and comment rulemaking: G20.A1, G20.A2, G20.B1, G20.C, G11.6, G23.3, G31.80, G31.86, G37.81, G40.C01, G40.C09, G40.C11, G40.C19, G90.B, G93.42, G93.43, and G93.44.

CMS Releases 2024 Medicare Parts A & B Premiums and Deductibles

CMS [has released](#) the 2024 premiums, deductibles, and coinsurance amounts for the Medicare Part A and B programs.

Medicare Part A covers inpatient hospitals, skilled nursing facilities, hospice, inpatient rehabilitation, and some home health care services. About 99 percent of Medicare beneficiaries do not have a Part A premium since they have at least 40 quarters of Medicare-covered employment, as determined by the Social Security Administration. For beneficiaries in SNFs, the daily coinsurance for days 21 through 100 of extended care services in a benefit period will be \$204.00 in 2024 (up from \$200.00 in 2023).

Medicare Part B covers physicians' services, outpatient hospital services, certain home health services, durable medical equipment, and certain other medical and health services not covered by Medicare Part A. Each year, the Medicare Part B premium, deductible, and coinsurance rates are determined according to provisions of the Social Security Act. The standard monthly premium for Medicare Part B enrollees will be \$174.70 for 2024, an increase of \$9.80 from \$164.90 in 2023. The annual deductible for all Medicare Part B beneficiaries will be \$240 in 2024, an increase of \$14 from the annual deductible of \$226 in 2023.

Since 2007, a beneficiary's Part B monthly premium has been based on his or her income. The 2024 premiums by income level are available in the [CMS fact sheet](#).

CMS Posts Annual Adjustment to 2024 AIC Threshold Amounts

On September 29, CMS posted in the Federal Register the annual adjustment in the amount in controversy (AIC) threshold amounts for Administrative Law Judge (ALJ) hearings and judicial review under the Medicare appeals process. The adjustment to the AIC threshold amounts will be effective for requests for ALJ hearings and judicial review filed on or after January 1, 2024. The calendar year 2024 AIC threshold amounts are as follows:

- \$180 for ALJ hearings, and
- \$1,840 for judicial review.

CMS Updates Provider Rights Policy by Limiting Recoupment of Overpayments

Recently, CMS published [MLN Matters article MM11262](#) that summarizes updated guidance issues to Medicare contractors in [Change Request CR11262/Transmittal number R12261FM](#). This change updates provider rights and procedures in the Medicare Financial Management Manual during the first two stages of the appeals process.

Please note: Provider business office and appeals staff should review these updates that will be effective and implemented on December 11, 2023.

Background

Section 1893(f)(2)(a) of the Social Security Act prohibits recouping Medicare overpayments from a provider or supplier that seeks a reconsideration from a Qualified Independent Contractor (QIC). These statutes and a related final rule provide for:

- Changing the payment method for interest payments to a provider or supplier when subsequent administrative or judicial levels of appeal reverse the overpayment.
- Defining the overpayments to which the limitation applies, how the limitation works in concert with the appeals process, and the change in the CMS obligation to pay interest to a provider or supplier whose appeal is successful at levels above the QIC.
- Limiting recoupment of Medicare overpayments when a provider seeks a redetermination until Medicare renders a redetermination decision.

The statute requires CMS to change the way the Agency and its contractors recoup certain overpayments. The limitations on the recoupment of Medicare overpayments are during the first and second levels of appeal only. During this period, providers may request an extended repayment schedule (ERS) or elect to have Medicare collect the overpayment immediately.

However, after the provider completes the first two levels of appeal, MACs will resume recoupment and normal debt collection processes. Unless a provider establishes an ERS, the MAC must initiate or resume recoupment at 100% after the second level of appeal regardless of any subsequent appeals the provider files, such as the third level (the Administrative Law Judge, or subsequent levels, Department Appeals Board or Federal Court). The MAC will continue to recoup at 100% until the debt is satisfied in full.

Part of CR 11262 is a revision to the Medicare Financial Management Manual. The changes to Chapter 3 – Overpayments, include:

- [Section 200.2.6](#): Contains information about the ERS and appealing an overpayment subject to the limitation on recoupment.
- [Section 200.3.1](#): Discusses details after a favorable, whether full or partial, or unfavorable redetermination decision.
- [Section 200.4](#): Lists the actions a Qualified Independent Contractor (QIC) and the MAC will take upon getting a validated reconsideration request.

Template letters will be sent to providers in the situations discussed for reference.

OSHA Basics: What is OSHA and Navigating OSHA Terminology in Health Care

In recent years, nursing homes and assisted living facilities across the United States have come under increased scrutiny from the [Occupational Safety and Health Administration \(OSHA\)](#). OSHA, a branch of the Department of Labor, is the U.S. government agency tasked with enforcement of workplace safety, setting standards, conducting inspections, and promoting health and safety training for employees. OSHA has traditionally focused on high-hazard industries, like construction and manufacturing, but its attention has shifted recently to health care providers, including long term care (LTC) communities.

AHCA/NCAL has prepared this article, the first in a series, aimed at providing education about OSHA regulations in nursing homes, assisted living facilities, and ID/DD to help [prepare for a potential OSHA inspection](#). But first, it is important to understand why we are seeing more of OSHA and who the organization is.

High Injury/Illness Rates Mean More OSHA Attention

OSHA's increased regulation in health care is a direct result of public attention and employee illnesses during the COVID-19 pandemic. The Bureau of Labor Statistics (BLS) data shows public and private nursing homes had the second and fourth highest days away, restricted, lost time (D.A.R.T.) injury and illness rates of all industries during 2021. These high injury and illness rates are a primary trigger for an OSHA inspection and have resulted in substantial penalties over the last several years.

OSHA and CMS Regulation Integration

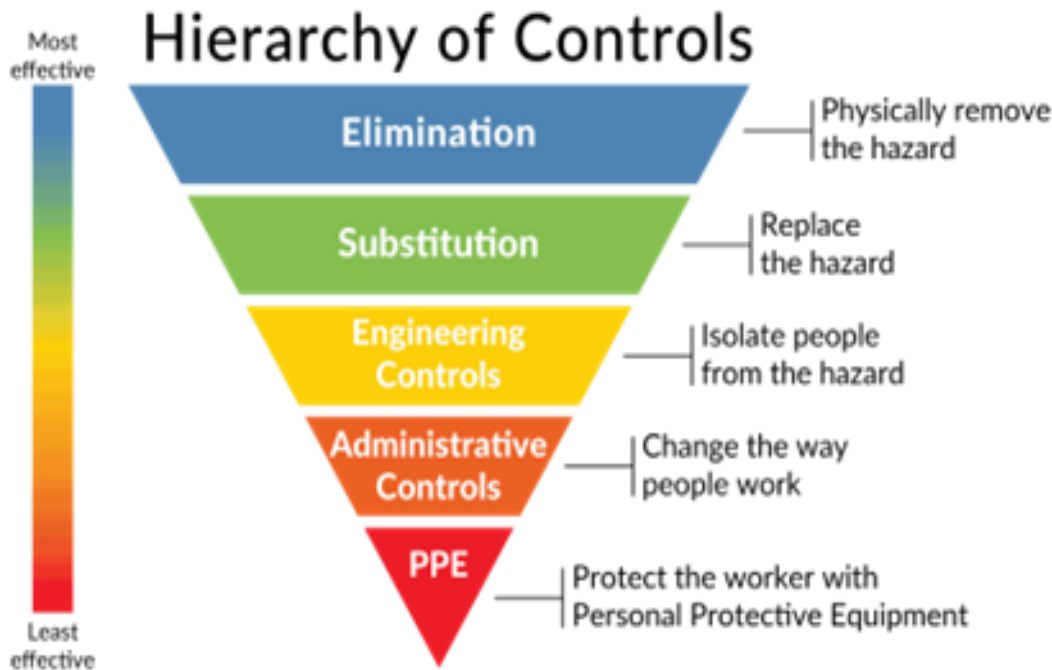
While CMS surveys focus primarily on *resident* care, OSHA solely focuses on *employee* health and safety. But despite their distinct objectives, CMS and OSHA regulations overlap in many areas. Take infection control policies as an example. They are designed to safeguard resident health but also protect employees and cover a substantial portion of OSHA's bloodborne pathogen standard. Likewise, approaches aimed at managing resident behaviors not only fulfill the needs of CMS; they also align with OSHA's mandates to prevent workplace violence incidents involving residents and employees.

Another challenge with OSHA compliance in health care facilities is understanding the terminology used in OSHA regulations and by OSHA personnel. Because OSHA operates in many different industries, it uses an "occupational safety" vocabulary, rather than speaking in medical or health care-specific terms. This "language barrier" can cause misunderstanding and result in missed opportunities during OSHA inspections. Understanding OSHA terminology should result in higher compliance rates and fewer citations during an inspection.

Here are some common OSHA terms and how they apply in the long term care (LTC) context:

- **Safety Program**: A safety program is all actions taken by an employer to promote the safety and health of its employees. An effective safety program should demonstrate hazard identification and assessment, safety policies (whether written or unwritten), employee training, monitoring for infractions, and enforcement of safety policies. A safety program is not one set of documents or policies; it should include any action taken at the facility that keeps employees safe, including many resident-care or CMS-driven policies.
- **Hazard**: A hazard is defined as any source or situation with the potential to cause an employee harm, damage, or adverse health outcomes. Hazards in the workplace can take various forms, including physical, chemical, biological, ergonomic, and others.
- **Hazard Assessment**: Hazard assessment involves identifying and evaluating workplace hazards to determine the level of risk they pose to employees. It is the first step in creating an effective safety program and involves analyzing tasks, equipment, and work conditions for potential dangers.

- **Controls:** Controls in occupational safety refer to the measures implemented to eliminate or minimize hazards. These can include engineering controls (physical changes to the workplace), administrative controls (changes in work policies or procedures), and personal protective equipment (PPE) to protect workers. Controls are analogous to interventions in LTC terminology.
- **Hierarchy of Controls:** OSHA's Hierarchy of Controls is a systematic approach to prioritizing and implementing the most effective measures to control workplace hazards and protect workers. The five levels of the hierarchy, in order of priority, are Elimination, Substitution, Engineering, Administrative and, lastly, Personal Protective Equipment. The hierarchy of controls serves as a guide for employers to select the most effective control measures for a specific workplace hazard.



- **Training/Communication:** Training or communication of workplace safety rules goes beyond normal classroom training. When OSHA talks about training, they are also referring to informal on-the-job training and even signage throughout the building – anything that might tell an employee what the safety requirements are in a particular situation or with a particular resident.
- **Monitoring:** Refers to a systematic and ongoing assessment to ensure compliance with safety regulations and to identify and address potential hazards. OSHA expects facilities not only to create safety rules and communicate them to employees, but also to monitor to determine whether employees are following the rules.
- **Enforcement:** Refers to the agency's efforts to ensure compliance with workplace safety and health regulations. OSHA is responsible for enforcing the Occupational Safety and Health (OSH) Act, which establishes and regulates workplace safety standards in the United States. OSHA enforcement involves several key components, such as Inspections, Citations, Penalties, Abatement, and Follow-Up.
- **Progressive Disciplinary Policy:** A progressive disciplinary policy refers to a series of disciplinary actions that escalate in severity if an employee continues to violate safety policies or regulations.
- **Abatement:** Abatement refers to the process of reducing or eliminating hazards in the workplace. It involves taking corrective actions to make the workplace safer, such as repairing faulty equipment,

implementing safety protocols, or providing appropriate training to employees. Abatement is like a “Plan of Correction” for a state survey.

- **Inspection:** An OSHA inspection typically occurs on-site, like a state survey, and involves five general steps: opening conference, a walk around inspection, employee interviews, document review, and a closing conference. Except for the opening and closing conferences, OSHA is not required to conduct the steps in any particular order. They might also conduct employee interviews and document review remotely, after they have left the facility.
- **Compliance Officer:** A compliance officer or “CSHO” is an individual responsible for ensuring that an organization adheres to OSHA regulations and standards. This role involves conducting inspections, assessing compliance levels, and guiding the organization in meeting all necessary safety requirements. The compliance officer is like a surveyor from the state survey agency.
- **Recordkeeping:** Recordkeeping refers to your OSHA 300 logs and recording of workplace injuries and illnesses. Compliance requires healthcare facilities to keep a detailed log of incidents, which, in theory, allows better hazard analysis and prevention (see OSHA Standard 29 CFR 1904).
- **Reporting:** OSHA reporting refers to the obligation of employers to report certain workplace incidents to OSHA within a specified timeframe. Employers are required to report to OSHA within specific timeframes for the following incidents:
 - **Fatalities:** Employers must report any work-related fatalities to OSHA within 8 hours of the incident.
 - **Hospitalizations:** Employers must report any work-related hospitalization, amputation, or loss of an eye to OSHA within 24 hours of the incident.
- Employers can report incidents to OSHA by phone or through the OSHA website. Of note, employers are required to report “work-related” COVID-19 fatalities and in-patient hospitalizations to OSHA.
- **Sharps:** These are defined as any object or device that has a sharp point or edge capable of puncturing, lacerating, or penetrating the skin. Sharps include items such as needles, syringes, scalpels, razor blades, lancets, and other medical devices used for patient care or medical procedures. Sharps will be addressed in more detail when discussing the Bloodborne Pathogen Standard (29 CFR 1910.1030).
- **Sharps Log:** The Sharps Injury Log is a record of percutaneous injuries from contaminated sharps suffered by employees. A percutaneous injury occurs when a sharp object punctures the skin, such as needlesticks, cuts, or abrasions. The Sharps Injury Log helps employers track and analyze sharps injuries in the workplace, enabling them to identify trends, evaluate the effectiveness of safety measures, and implement preventative measures to reduce the risk of such injuries.

Employers must record all work-related needlestick injuries and cuts from sharp objects that are contaminated with another person’s blood or other potentially infectious material.

This is not a complete list of commonly used OSHA terms, but it will hopefully provide some clarity when reviewing OSHA regulations or communicating directly with OSHA.

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 12/22/23. CMS will use this information to explore the reasons and possible solutions. The questionnaire can be found at [here](#).

DOL Releases Proposal on Overtime Pay

The U.S. Department of Labor recently released a [proposal for comment](#) that would increase the wage threshold for “white collar” employees to be exempt from time-and-a-half overtime pay.

Which employees would be impacted?

- To be exempt from overtime requirements, employees must be salaried and meet certain types of duties. For those who fall under [the exemption based on executive administrative or professional duties](#), the employee’s salary has to be over a certain threshold.
 - This rule increases that threshold to the 35th percentile of weekly earnings of full-time salaried workers in the lowest-wage Census Region (the South). *Currently, this equates to \$55,058 annually.*
- Under the proposal, employees who are salaried AND exempt based on their duties, making less than \$55,058 annually, would be paid time-and-a-half for hours worked over 40 per week.
- The proposal would also increase the amount to be exempt based on being considered [highly compensated](#). The proposal is to increase the total annual compensation threshold to the annualized weekly earnings of the 85th percentile of full-time salaried workers nationally (\$143,998).
- These changes apply only to employees who are exempt from overtime requirements based on the exemptions for executive administrative or professional duties (so-called “white collar” workers) or highly compensated employees.
- The proposed rule would not change any [current overtime requirements for nursing home staff](#).

The proposed rule would also establish a mechanism to update the amount every 3 years to keep up with these percentiles. [According to the Department of Labor](#), the proposal would make approximately 3.6 million more salaried workers eligible for overtime pay.

AHCA/NCAL will be submitting a comment letter to DOL. The deadline to submit comments is November 7, 2023. An FAQ with further details can be found on the [DOL website](#).

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 were 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 October 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

Only 3 Weeks Left to Submit a 2024 National Quality Award Intent to Apply

The deadline to submit an Intent to Apply (ITA) is fast approaching on November 16 at 7 pm CST. While submitting an ITA is voluntary, if you do, you will receive a discounted application fee and access to tips from the Quality Award team. New this year, those who submit a Silver or Gold ITA will receive exclusive access to ITA webinars, which provide tips to avoid dreaded pitfalls and best practices to make your application great!

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.

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

Artifacts of Culture Change 2.0

Providers can utilize the Artifacts tool to further advance resident-directed practices in their communities. The Artifacts of Culture Change 2.0 (ACC) tool and associated supporting materials can be found at <https://www.pioneernetwork.net/artifacts-culture-change/>.

Resident Advocate Newsletter – Fall 2023

The [Fall 2023 issue](#) of *The Resident Advocate* is now available. This newsletter provides information on residents' rights and care issues; news and updates on national policy; and self-advocacy tips for obtaining person-centered, quality care.

This issue includes information on:

- Tips for living with a roommate in a long-term care facility,
- Staffing issues in long-term care and how you can advocate for change,
- Steps to take when there is a problem in your nursing home,
- Reminders for visiting long-term care facilities during the holidays, and
- Participating in this year's Residents' Rights Month.

The Resident Advocate is a great resource to share with long-term care residents. Nursing home staff, long-term care Ombudsman programs, family members, and other advocates are encouraged to forward this newsletter to residents or print and share copies. Download this issue or past issues from [the website](#).

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 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.

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.hcsinc.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@hcsinc.com, (201) 405-0075, ext. 10.

Membership Updates & Services

November 2023 - Employee Recognition Program

In the month of November, MHCA will recognize **Maintenance Personnel**. To request certificates for your personnel, please click [here](#) or 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

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

[Bronze Quality Award Workshop](#)

November 8 | MHCA Office | Jefferson City

[Federal Review Course](#) - Hybrid Workshop

November 13-14 | MHCA Office | Jefferson City

[Train the Trainer: C.N.A Instructor](#) - Hybrid Workshop

November 21 Morning | MHCA Office | Jefferson City

[Train the Trainer: Clinical Supervisor](#) - Hybrid Workshop

November 21 Afternoon | MHCA Office | Jefferson City

Online and Virtual Workshops

[RAI Process from Start to Finish](#)

November 8 | Virtual Workshop

[Federal Review Course](#) - Hybrid Workshop

November 13-14 | Virtual

[Building Occupancy in Your Assisted Living Center](#)

November 15 | Webinar

[Train the Trainer: C.N.A Instructor](#) - Hybrid Workshop

November 21 Morning | Virtual

[Train the Trainer: Clinical Supervisor](#) - Hybrid Workshop

November 21 Afternoon | Virtual

[Online Activity Director Workshop](#) & [Online Social Service Designee Workshop](#). *Both courses are held on a monthly basis. Next courses are November 7 - December 5, 2023.*

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.

Education Sessions, Meetings & Events

District Events

- District 2: [Business Meeting](#) | November 1 | St. Joseph
District 3: [Business Meeting](#) | November 9 | St. Louis
District 4: [Business Meeting](#) | November 15 | Springfield
District 5: [Business Meeting](#) | November 10 | Cape Girardeau
District 6: [Business Meeting](#) | November 10 | Hannibal

AHCA/NCAL Webinars - 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