Message From the President

Facility Members & Business Partners,

We've started the year at a fast and furious pace!! Just to name a few things currently in the works, the legislative session is underway, the American Health Care Association (AHCA) continues to fight the proposed minimum staffing standard and the Executive Committee is narrowing in on our recommendation for the next Executive Director.

The association staff and lobbyists have been busy working with the Governor's office, Legislators, and MO HealthNet leadership on ways to potentially provide additional reimbursement for us this year. This, along with several other key legislative priorities, has everyone hard at it. As you've probably heard, the state's budget is looking pretty tight as they anticipate seeing a decline in state general revenue for the coming year compared to the last couple of years. Also, the Federal Reimbursement Allowance (aka provider tax) has to be renewed this year. This accounts for a significant portion of the state's Medicaid budget. This has presented a challenge in the past and we anticipate it being a challenge again this year as legislators try to attach other, unrelated legislation to the FRA renewal. These obstacles, and many others, will make this legislative session one of the most challenging we've had in recent memory. Be ready if/when you're asked to host legislators and watch for any action alerts asking for assistance reaching out to your legislators. Your involvement plays a critical role in our successes, especially in years where the state budget is flat and at time underperforming. There is nothing more impactful than Legislators hearing from their constituents, which includes your staff, residents if able, and resident's families.

Despite the proposed federal minimum staffing standard not dominating the headlines it is still very much a threat to the industry. The AHCA recognizes this risk and has been working with legislators to push back on this initiative. They are also exploring legal options to push back. The AHCA orchestrated a very effective letter writing campaign and your participation was a key component to that initiative. While there are no current calls to action, please stay tuned to MHCA and AHCA correspondence on this topic as there may be additional requests to take action in the future.

Nikki continues to fill the role of Executive Director and will continue to do so until the new Director is hired and in place. I'm pleased to report that we had a great response to our job posting, and we have narrowed the list of candidates to just a few. Preliminary interviews have been conducted and we are in the process of taking the next steps with finalists. I anticipate having a recommendation for the full Board of Directors soon and hopefully an exciting announcement for the membership not long after. Stay tuned for some exciting news!!

I look forward to seeing everyone in Jefferson City March 4th and 5th for the mid-year convention. As always, your attendance and participation in our day at the Capitol is important, this year more than ever. If you haven't already, we highly encourage you to make plans to attend and make it a point to visit your legislator while in town. Please reach out to MHCA if you would like assistance scheduling a meeting. Thank you for doing your part to carry our message to our elected officials!!

Sincerely,

Eric Doerhoff
MHCA President 2023-2024

In This Issue. . .

CAREER OPPORTUNITIES

CALENDAR OF EVENTS
click here

Contact Us

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236 Metro Drive
Jefferson City, MO 65109
(P) 573.893.2060
(F) 573.893.5248
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MHCA
Missouri Health Care Association

Reimbursement Update

As previously reported, CMS has approved the State Plan Amendment (SPA) for the $10 PPD rate increase and the $.87 increase to the VBP incentive effective July 1, 2023. Mo Health Net Division (MHD) is working to get its emergency regulation filed and will begin going through its internal processes in order to timely institute the increases.

Please note, upon CMS approval of a SPA, it typically takes the state between 4-6 weeks to process the increase. An emergency regulation must be filed and approved. Once the emergency regulation takes effect, which is approximately 10 days after it is filed, MHD can begin working on rate letters and other processes it must follow before paying the new rates. We anticipate facilities will receive their rate letters and begin being paid their new rate soon. We believe this may be mid to late February.

Once facilities begin receiving their new rate, MHD will begin to work on the retro payment back to July 1, 2023. We anticipate facilities will see the retro payment within 2 – 4 weeks after the new rate is paid. Please note, and as further explained below, the state will utilize the retro payment for the 7/1/23 $10 PPD and VBP increase to offset any recoupments necessary as a result of decreases to rates for the semi-annual CMI/VBP adjustments on 1/1/23, 7/1/23 and 1/1/24.

As a reminder, MHD is waiting to release the January 1, 2024 rates for the semi-annual CMI/VBP adjustment and will combine the 1/1/24 rate adjustment notice in conjunction with the $10 PPD and VBP increase notice letter at the same time. This should result in a smoother process for not only the state, but also facilities.

Once the 1/1/24 rate letter is released it will be inclusive of the $10 PPD and VBP increase. Therefore, any adjustments upward or downward as a result of the 1/1/24 CMI/VBP will be part of the retro mass adjusted payment of the $10 and increase in VBP incentive payment. We will keep you updated as we learn more.

Legislative Update

January General Legislative Recap

Missouri GOP Clash: Senators Ousted Amid Filibuster Frenzy and Power Struggle:
An escalating war among Missouri Senate Republicans has seen the majority leader strip four conservative 'Freedom Caucus' lawmakers of leadership roles, accusing them of obstructionism. The affected senators fired back, alleging abuse of power and politically-motivated retaliation tied to looming statewide elections. The high-profile clash highlights growing tensions between the GOP establishment and an activist right flank vying for dominance. Senate President Pro-Tem Caleb Rowden (R-Columbia), in a press conference last Thursday, highlighted that the Senate has engaged in 17 hours and 52 minutes of floor debate this year. However, he expressed concern that a significant portion of this time, specifically 16 hours and 45 minutes, was consumed by a filibuster devoid of substantive content, with no bills progressing to the debate stage.

There was compromise made on the senate confirmation of gubernatorial appointments which includes the appointment of Acting DHSS Director Paula Nicholson and Acting DSS Director Robert Knodell. in addition, it included two appointments to the Board of Nursing Home Administrations. Both Libby Youse and Deanna Bokel were appointed and confirmed to this important board. These departments and board, as you know, are heavily involved in the regulation and reimbursement of the LTC industry. Having stability in these departments is a step in the right direction.

Governor's Final State of the State Address:
The Governor gave his annual State of the State address on Wednesday, January 24, before the House and Senate in the House chambers. This was Gov. Parson's final state of the state address. Much of the address focused on highlighting his accomplishments since becoming Governor. He also spent time discussing a few of his policy and budget priorities for the year. The Governor and Lawmakers are cautious about increasing ongoing expenses with flat revenue growth expected. As such, there were very few increases recommended to current spending. Unfortunately, his budget recommendation did not include any increase for the SNF Medicaid rates.

Legislative Issues Pertinent to MHCA

Below are updates on just a few issues your MHCA Lobby team is working on this session:

FY25 Budget Update - As stated above, the Governor released his budget recommendations for the FY25 fiscal year last Wednesday, January 24, in conjunction with the 2024 State of the State address. Despite our efforts, the Governor did not recommend additional funding to our SNF Medicaid Rate.

We, along with others close to the Governor, have met with the Governor and his staff, and explained the current underfunding situation and dire need to rebase the SNF Medicaid rate again in order to capture the significant increases in post-COVID costs. There is a large price tag associated with the rebase of our SNF Medicaid rate. With state revenues remaining flat, we were not surprised that the Governor did not make a recommendation to increase or rebase our SNF Medicaid rate. Unfortunately, this is familiar ground for us. We must, as we are almost always forced to do, shift our efforts to the General Assembly to attempt to secure this much-needed funding.

As noted above, we have an uphill battle ahead of us for two reasons (1) the record amount of funding we have secured over the past couple years (more than any other Medicaid provider); and (2) state revenues are not growing – without increased revenues, any increases to our funding will have to come at the detriment of another program being cut in the budget.

In preparation for this budget battle, our team has been working diligently during the interim with House and Senate leadership and the budget leaders to relay the importance of a rebase this year and how it is imperative that the reimbursement rate take into account our current, post-COVID costs. During the interim, we focused on giving legislators real world examples of the financial crisis facing the facilities in our industry. Our lobbyists travelled to legislators' districts to speak with them, and hosted facility visits in order to garner support and show legislators real life examples of how dire the financial crisis is**. Thank you to those who have opened up your facilities and taken time to host your elected official. It has made an enormous impact and encouraged legislators to talk with the administration and House and Senate budget leaders about the need to rebase our rate.**

Now that the Governor has released his budget, the House and Senate will begin modifying the budget to fit their priorities. As the budget progresses, **please watch for possible call to action alerts.** If you are not signed up for our advocacy alerts, please do so HERE: https://mobilize4change.org/6Wc46qo

FRA Renewal: The Federal Reimbursement Allowance ("FRA"), otherwise known as the "provider tax", will expire on September 30, 2024, if not renewed before. This program accounts for nearly $4 billion in funding for hospitals, nursing homes, pharmacies and ambulance/emergency services through the Medicaid program. The Nursing Facility Reimbursement Allowance (NFRA) accounts for over $60/ppd of our SNF Medicaid rate. This bill renewing this important program has already had a hearing in the Senate, was voted out of committee and now sits as the first bill for debate on the Senate Calendar. However, passage of the bill has a LONG road ahead of it and will likely take up the majority of floor debate in the coming weeks, possibly months. Please read below to understanding the

importance of getting this passed and the roadblocks before us.

The sunset (or expiration date) must be extended during this legislative session otherwise the program will end on September 30. Expiration of this program would be catastrophic to the overall budget and our SNF Medicaid rate. The program has been in effect for over 30 years. For much of its existence, there was never any discussion when renewing the state's self-imposed sunset on the program since it brings in so much federal money which funds the Medicaid program. However, in recent years, certain legislators have held the renewal of this program "hostage" in order to get their other non-related priorities across the finish line. As you may recall, the last time we renewed the program, the legislature was unable to get the renewal done during the regular legislative session due to the same issues it faces this session. As a result, in 2022 we were forced into a June special session where the renewal of the program finally passed on the last day of the fiscal year.

Our MHCA lobby team, along with other lobbyists who represent other Medicaid providers who will also be impacted, have put together an advocacy campaign to explain the severity of this situation and the extreme need for the passage of the FRA without any amendments. We will let you know in an action alert when the time is right to take action. We ask that you, your staff, residents and their families please be prepared to contact your elected officials. This issue has taken a significant amount of our time in the Capitol this year and will continue to do so until this bill is passed out of the legislature.

As a reminder of how important it is to renew the FRA before its sunset – the FRA accounts for over $60 PPD of our SNF Medicaid rate. SB748 was filed by Sen. Lincoln Hough would renew the program and is the #1 bill on the calendar awaiting debate.

<u>CON:</u> Each year legislation is filed to repeal the Certificate of Need in Missouri. This is typically filed by republicans in order to facilitate more of a free market industry in health care. We know that the free-market argument does not translate to the long-term care industry and will continue to have conversations with the legislators who file these bills. Representative Dean Van Schoiack has filed HB1605, a CON Reform bill that was heavily influenced by MHCA and addresses the underlying concerns about the current CON process. However, Senator Moon continues to file the full repeal of the CON process which is contained in SB1087.

<u>**Inspections of Assisted Living and Residential Care Facilities**</u>: Legislation was filed last year and again this year that states if an ALF or RCF receives an accreditation from a recognized accrediting entity, and submits the documentation to DHSS, so long as the facility is in good standing, the facility does not have to undergo its annual inspection. This does not apply to complaint and other surveys. It is our understanding this accreditation is a very difficult accreditation to get. Sen. Mary Elizabeth Coleman has filed SB813 and Rep. Travis Smith has filed HB1825 outlining this process.

MHCA Mid Year Lobby Day:

MHCA Mid-Year Conference & Lobby Day
March 4-5, 2024
Capitol Plaza Hotel
Jefferson City, MO

Join us at the 2024 MHCA Mid-Year Conference & Lobby Day! The MHCA staff and Education & Events Committee have created a schedule of important and hot-topic education sessions to meet your needs in the current long-term care climate, featuring 12 hours of continuing education credit.

It is important that you plan to attend the lobby day aspect to help us continue to build relationships between the LTC industry and our elected officials. Remember, you are the experts in LTC and your perspective is extremely valuable in shaping the opinions of our legislature.

Register here: https://forms.mohealthcare.com/event/MidYear2024

Infection Control and Prevention

Empowering LTC Providers in the Fight Against Respiratory Diseases with #GetVaccinated Resources

In the ever-evolving battle against respiratory diseases, LTC providers play a pivotal role in safeguarding the health of our most vulnerable populations. As rates of respiratory diseases remain high across the country, your ongoing efforts in encouraging vaccinations among residents and staff are more crucial than ever.

Residents in LTC communities are among those at the highest risk of severe disease and illness from common respiratory viruses, including the flu, RSV, and COVID-19. The good news is that safe, effective, and accessible vaccines are available to protect these individuals from serious illness or even death.

#GetVaccinated Resources
AHCA/NCAL has developed comprehensive resources to assist LTC providers in promoting vaccinations, educating and offering vaccines to staff and residents (also fulfilling a regulatory requirement), and navigating the complicated commercial market for COVID-19 vaccines.

We encourage you to download and share the latest information to foster vaccinations using AHCA/NCAL's #GetVaccinated toolkit available at getvaccinated.us. Featured resources include:

- Reimbursement Guide – A detailed FAQ on vaccine payment options.
- Template Letters – Customizable for the organization's Medical Director to communicate effectively with residents and staff.
- Talking Points – Designed to assist in facilitating vaccination conversations.

Flue or COVID-19 - Which is Worse?

A common misperception that exists is that COVID-19 is no longer a serious virus, and some may even believe that it's less serious than influenza. While the rates of serious illness, hospitalizations, and death from COVID-19 are significantly lower than during the height of the pandemic in early 2020 and 2021, recent data indicates that COVID-19 remains more serious than influenza.

Key highlights:
- Seniors who contract COVID-19 are much more likely to experience serious illness, hospitalizations, or death.
- The rates of hospitalizations for individuals over the age of 65 is nearly 10x greater than those with influenza (see figure 1).
- Among individuals over 65, they are 3-4x more likely to die from COVID-19 compared to influenza (see figure 2).

Because the vaccine reduces the risk of serious illness, hospitalization and death, this information can be helpful during discussions with residents and their representatives who have reluctance about getting vaccinated, particularly for those who are hesitant to receive the COVID-19 vaccine but got the influenza vaccine.

CDC NHSN Updates Several LTCF Resource Pages

The CDC has posted several new resources to the following resource pages for the NHSN:

- [MDRO & CDI](#)
- [UTI](#)
- [Prevention Process Measures](#)

Providers utilizing the above components should review the updated materials to avoid errors in reporting. In addition, the CDC/NHSN has also updated the [COVID-19 Vaccination Data FAQs](#) page.

For additional questions or concerns, please contact the [NHSN Help Desk](#) or email AHCA at covid19@ahca.org or regulatory@ahca.org.

Updates to Weekly COVID-19 Vaccination Healthcare Personnel Summary Reporting for January 2024: NHSN Long-Term Care Component

Beginning the week of January 1-7, 2024, the Weekly COVID-19 Vaccination Healthcare Personnel (HCP) form will no longer collect information on primary series vaccination. These changes include:

- Questions related to COVID-19 primary series vaccination being removed.
- Questions on reasons why an individual has not received vaccine (medical contraindication, declined, or other/unknown vaccination status) will relate to an individual's up-to-date vaccination status.
- The question asking "number of HCP who are up to date" being moved up on the form to Question #2.
- HCP **not** being considered up to date for COVID-19 vaccination unless they received the updated 2023-2024 COVID-19 vaccine.

For additional questions or concerns, please contact the [NHSN Help Desk](#) or email AHCA at covid19@ahca.org or regulatory@ahca.org.

Candida Auris Health Advisory and Informational Webinar

Please take the time to review this [Candida Auris Information Sheet](#) from DHSS. As a reminder, *Candida auris (C. auris)* is considered an urgent threat according to the CDC. Should you have any questions, please contact the DHSS Bureau of Communicable Disease Control and Prevention at 573-751-6113 or 800-392-0272 (24/7) or info@health.mo.gov.

The Healthcare-Associated Infections/ Antimicrobial Resistance (HAI/AR) Program at DHSS held a webinar on Wednesday, December 20 to outline recommended actions resulting from recent cases of *C. auris* detected in Missouri. The informational webinar on the emerging *C. auris* situation in MO has been posted along with the PowerPoint presentations. The recording and PowerPoints can be found here: https://health.mo.gov/data/hai/index.php under the heading **"*Candida auris* Informational Webinar".**

Certificate of Need

On January 8, 2024, 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 March 4, 2024, in Jefferson City, MO. To view the tentative agenda for the March 4 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 2024 Letter of Intent and Application Review Calendar, please click here.

AHCA/NCAL & National News

AHCA/NCAL 2023 Annual Report

The AHCA/NCAL 2023 Annual Report outlines the Association's overarching goals and strategies over the past 12 months, as well as their success and achievements in the areas of pandemic recovery, workforce, quality of care, and more.

AHCA/NCAL to Host LTC Workforce Webinar Series

This year, AHCA/NCAL will hold a webinar series focused on workforce-related matters impacting long term care (LTC) providers across the country. This series will focus on issues including:

- Career ladders,
- Getting more youth interested in the LTC field, and
- Hiring immigrants and refugees.

During this series, attendees will hear directly from provider members – including AHCA/NCAL workforce committee members – and other experts on these matters and best practices from their experiences. It will also be an opportunity to get pressing questions answered. The first webinar in this series will occur on **Friday, March 1 at 2 pm CST** and is entitled *"Building the Path: Creating Careers in Long Term Care"*. Please click here to register.

Information will be shared on the other webinars throughout the year. For questions about this webinar series, please contact AHCA's AVP of Workforce and Constituency Services, Dana Ritchie, and AHCA's Senior Director of Quality Improvement, Urvi Patel.

AHCA/NCAL 2024 Membership Brochure

Please click here to view the 2024 AHCA/NCAL Membership Brochure, which showcases the benefits we receive as members of AHCA/NCAL.

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

Top Deficiencies Report - 4th Quarter 2023

Please see the most frequently cited deficiencies report from the fourth quarter of 2023.

Upcoming COMRU Training and Items to Remember

The Central Office Medical Review Unit (COMRU) is hosting a **FREE** webinar concerning the online Level 1 Pre-Admission Screening and Resident Review (PASRR) application process via Webex on **February 8, 2024, from 10:00 - 11:00 AM**. This webinar will cover the following topics:
- common errors requiring applications to be returned,
- what triggers a Level 2 screening on the application, and
- how to check the status of an online application.

To register to attend, please click here. After you complete the registration, the week of the webinar, a meeting invitation will be forwarded to your email address.

IMPORTANT: The online application link (Level 1 form/Level of Care) for applications submitted prior to 07/16/2023 (green link) **will no longer be available after 02/01/2024.**

> Application started prior to 07-16-2023

SNFs will want to ensure they have printed or saved a copy of the processed Level 1 form/Level of Care form

and Level 2 screening (if applicable) for resident records as these are required per regulation and may be requested during the state survey process.

- Additionally, please remember that all processed applications are to be deleted from the COMRU online application system 60 days after completion.

Should you have any questions, please contact COMRU via email (COMRU@health.mo.gov).

Clarification Regarding NHSN 2023 Annual Survey Requirements

Nursing facilities may have received a recent email from the NHSN stating they are required to complete the 2023 annual facility survey **by March 1, 2024**, or they may see an interruption in their service in the NHSN.

The CDC clarified that the 2023 annual facility survey is only required for providers who are reporting into the HAI modules (UTI/MDRO/CDI/PPM). Therefore, providers who submit data outside of these modules (i.e., COVID-10, annual Health Care Provider Influenza Vaccination data) are NOT required to complete the survey.

The 2023 annual facility survey is available in the NHSN application on your NHSN home page under "Action Items" or by clicking the "Surveys" tab on the blue left navigation panel. Unless otherwise specified, items in the survey pertain to facility characteristics and practices during January 1, 2023, through December 31, 2023. Please keep in mind that only one survey is required to be submitted by the designee assigned with administrator rights. Additionally, the annual facility survey must be completed in one session as incomplete surveys cannot be saved. And surveys sent via email will not be accepted.

For questions regarding the Long-term Care Facility Component Annual Facility Survey, please use **NHSN-ServiceNow**. The 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. If you are unable to access ServiceNow, you can email the NHSN Help Desk at nhsn@cdc.gov and include "LTCF Annual Facility Survey" in the subject line.

For additional questions or concerns, please contact the NHSN Help Desk or the AHCA Regulatory Team.

HHS Office for Civil Rights Releases Visitation Guidance Resources

This week, the Health and Human Services (HHS) Office for Civil Rights (OCR) released the following materials pertaining to visitation guidance:

- Patient Visitation FAQ Dear Colleague Letter (Dated January 17, 2024)
- FAQ on Patient Visitation at Certain Federally Funded Entities and Facilities
- Press Release Regarding Obligations to Ensure Religious Non-Discrimination in Patient Visitation

The letter provides a reminder that CMS regulations, hospitals, and LTC facilities are subject to regulations that prohibit restricting, limiting, or otherwise denying visitation privileges based on race, color, national origin, religion, sex, gender identity, sexual orientation, or disability, and are required to have written visitation policies and procedures regarding such prohibitions.

CMS regulations, found in Appendix PP, outline visitation requirements in skilled nursing facilities. Those requirements are as follows:

1. The facility must provide immediate access to a resident by immediate family and other relatives of the resident, subject to the resident's right to deny or withdraw consent at any time; and

2. The facility must provide immediate access to a resident by others, subject to reasonable clinical and safety restrictions; and
3. The facility must provide reasonable access to a resident by any entity that provides health, social, legal, or other services to the resident; and
4. The facility must have written policies and procedures regarding the visitation rights of residents.

The FAQ was provided as a reference to ensure hospitals and LTC facilities, along with consumers and patients, understand the requirements. The FAQ notes that OCR received numerous complaints and questions during the COVID-19 pandemic regarding individuals' rights to visitors in hospitals and LTC facilities. The FAQ does state that LTC facilities can restrict visitation in certain scenarios, including during a public health emergency. However, it does explain how to do so without discrimination and by ensuring proper notification is in place.

The press release remind organizations of their obligation to ensure visitation policies do not discriminate but also effectively communicate visitation restrictions to patients and residents. Please send any questions to regulatory@ahca.org.

A Roadmap to OSHA Requirements = A Vital Guide for Long-Term Care Providers and an Upcoming Webinar

Understanding and adhering to Occupational Health and Safety Administration (OSHA) standards is a critical responsibility for long term care providers. To assist in this crucial task, AHCA/NCAL has released "A Roadmap to OSHA Requirements", a comprehensive resource designed to simplify OSHA regulations for providers.

This roadmap is a practical guide, offering detailed insights into relevant OSHA standards and how they intersect with CDC guidelines and CMS requirements. The roadmap doesn't just cover existing regulations; it also provides previews of upcoming OSHA changes that could impact long term care. This preview is essential for staying abreast of future regulatory requirements and maintaining a safe environment for your staff.

As a reminder, OSHA recently expanded its recordkeeping requirements. Nearly all providers are already required to maintain OSHA 300 Logs, Form 301, and Form 300A and submit 300A summary data before March 2 each year. The NEW requirement for employers with 100 or more employees adds additional information to be submitted: OSHA 300 logs and Form 301 (incident reports).

AHCA/NCAL is hosting an upcoming webinar with Brad Hunt, Chief Risk Officer at Leverity Insurance Group on **February 13 at 2 PM CST**. Hunt, who is an expert on OSHA standards, will explain the OSHA recordkeeping requirements and prepare members to meet the deadline and maintain compliance with the standard. He will also share best practices and how to avoid common mistakes when submitting this required information. Please click here to register.

Navigating "Safety" in Long-Term Care Facilities - Separating the Roles of OSHA and the Life Safety Code

OSHA's regulations overlap with many CMS and state requirements in various areas, but perhaps the most common crossover occurs between certain OSHA regulations and the Life Safety Code (LSC). A common area of overlap is Electrical Safety.

Electrical Safety – Overview:
- OSHA: OSHA's electrical safety standards (29 CFR 1910 Subpart S) apply to workplaces, including long term care facilities. OSHA provides guidelines for the safe use of electricity, proper wiring, and

equipment standards to protect employees from electrical hazards.

- LSC: The LSC also addresses electrical safety within the overall framework of building safety. It includes requirements for wiring, electrical equipment, and in some cases, emergency power systems, to ensure the safety of residents and staff during power outages or other emergencies.

Electrical Safety – Compare and Contrast:
- Life Safety Code – The LSC, often referred to as NFPA 101, is a comprehensive set of standards developed by the National Fire Protection Association. While its primary focus is on fire safety, the LSC also addresses other aspects related to the well-being of occupants in buildings, including electrical safety.

  Key Components of LSC for Electrical Safety:

  1. Wiring Requirements: The LSC outlines specific requirements for electrical wiring in buildings, including nursing homes. Properly installed and maintained wiring is crucial to prevent electrical hazards and ensure a reliable power supply.

  2. Equipment Standards: The code addresses the standards for electrical equipment within the facility. This includes guidelines for the use and maintenance of electrical devices to minimize the risk of malfunctions or failures that could pose a threat to residents and staff.

  3. Emergency Power Systems: Reliable emergency power systems are also outlined by the LSC. These systems are designed to supplement functions and systems during power outages, ensuring that critical functions such as lighting, medical equipment, and communication systems remain operational.

- OSHA Compliance – In parallel with the LSC, OSHA sets and enforces safety and health standards including electrical safety. In the context of nursing homes, staff members are integral to the daily operations and are often exposed to electrical applications that may present a hazard, such as PCREE (Patient Care Related Electrical Equipment).

  Key Components of OSHA's Electrical Safety Standards (29 CFR 1910 Subpart S):

  1. Electrical Installations: OSHA provides specific standards for electrical installations in the workplace. This includes guidelines for the design and installation of electrical systems to prevent shocks, fires, and other hazards.

  2. Equipment Guidelines: Similar to the LSC, OSHA addresses the safe use and maintenance of electrical equipment. This involves proper training for staff members in the correct handling of electrical devices to mitigate risks.

  3. Safe Work Practices: OSHA emphasizes the importance of safe work practices when it comes to electrical tasks. This includes protocols for de-energizing equipment before maintenance, using personal protective equipment, and implementing lockout/tagout procedures.

Differences and Synergies:
While both the LSC and OSHA regulations address electrical safety, they do so from different perspectives. The LSC takes a holistic approach, considering the safety of the overall facility, including all occupants. OSHA, on the other hand, specifically focuses on workplace safety and the well-being of employees.

In LTC, compliance with both sets of regulations is essential to create a comprehensive safety program. The LSC ensures that the facility is designed and maintained with the safety of residents in mind, while OSHA

safeguards the well-being of the workforce responsible for delivering care.

Conclusion:
In the intricate landscape of safety regulations, LTC facilities should consider both the Life Safety Code and OSHA regulations when implementing electrical safety systems and policies. By doing so, they create an environment that not only meets the standards for fire safety and overall life safety but also ensures that the electrical systems are designed, installed, and maintained in a manner that minimizes risks for employees.

For more information on CMS' Life Safety Code, visit AHCA's Fire and Life Safety website. For more information on OSHA requirements, visit AHCA/NCAL's OSHA website.

Tools and Training for Life Safety Code Compliance

The Life Safety Code is a complex document, and managing life safety compliance can be a complicated task for any provider. An effective compliance program requires personnel with specialized knowledge in numerous life safety concepts and components. Requirements around egress, fire alarm systems, fire sprinkler systems, smoke barrier wall assemblies, and fire doors are just a few of the many survey focus points. The challenges resulting from staff turnover can compound the difficulty of maintaining compliance and survey readiness. Fortunately, several resources are available to assist providers in obtaining the necessary knowledge to properly apply the Life Safety Code and be survey ready.

AHCA has developed two webinars focused on life safety, which are FREE for members. The first is an introduction for new Facility Directors while the second provides tips for navigating some of the most frequently cited life safety tags.

CMS has developed a Life Safety Code orientation program. While it was developed as a surveyor training tool, it is available to anyone free of charge. It is a self-paced program with six modules that includes approximately four hours of education.

The National Fire Protection Association (NFPA) offers a menu of healthcare specific on-line training programs. There are modules focused on the Life Safety Code, the Health Care Facilities Code, and Fire Door Inspections. These programs are available for a fee. And finally, don't forget to continually monitor the AHCA life safety web page for additional compliance resources and tools.

Preventing Frozen Sprinkler Pipes / Systems

Across the state, sprinkler pipes are freezing and breaking due to the extreme temperatures making it difficult to maintain building temperature. Below is a quick list of items you can use to help prevent sprinkler systems from freezing/breaking.
- Per NFPA 13, facilities must maintain a minimum of 40 degrees F in the spaces containing the systems
- Check attic insulation. Tradesmen may have moved the insulation and not replaced it.
- Add additional insulation.
- Install temperature sensors to check for cold spots.
- Possible heat tracing for branch lines per NFPA 13. Remember these are not allowed on valve bodies.
- Re- balance HVAC to ensure adequate coverage in all areas.
- Install additional permanent heaters (temporary heaters (such as space heaters) are not allowed)

NFPA 13, 2010 edition
- 8.16.4 Protection of Piping.

- 8.16.4.1 Protection of Piping Against Freezing.
- 8.16.4.1.1 Unless the requirements of 8.16.4.1.2 are met, where portions of systems are subject to freezing and temperatures cannot reliably be maintained at or above 40°F (4°C), sprinklers shall be installed as a dry pipe or preauction system.
- 8.16.4.1.2 Small unheated areas are permitted to be protected by antifreeze systems or by other systems specifically
- listed for this purpose, including but not limited to listed heat tracing systems.
- 8.16.4.1.3 Where aboveground water-filled supply pipes, risers, system risers, or feed mains pass through open areas, cold rooms, passageways, or other areas exposed to temperatures below 40°F (4°C), the pipe shall be protected against freezing by insulating coverings, frost proof casings, listed heat tracing systems, or other reliable means capable of maintaining a minimum temperature between 40°F (4°C) and 120°F (48.9°C).
- 8.16.4.1.4 Where listed heat tracing systems are used, they shall be supervised.
- 8.16.4.1.5 Where listed heat tracing is utilized for branch lines, it shall be specifically listed for use on branch lines.

CMS Posts Draft MDS 3.0 Item Sets Version 1.19.1

The draft MDS 3.0 Item Sets version (v)1.19.1 and Item Matrix are now available in the Downloads section on the [Minimum Data Set (MDS) 3.0 Resident Assessment Instrument (RAI) Manual](#) page. The MDS Item Sets v1.19.1 will be effective beginning October 1, 2024.

There are three changes noted:

1. Section GG: Removal of Column 1, Discharge Goal from the Section GG – Functional Abilities – Admission items under GG0130/GG0170
2. Section N: New item under N0415, High-Risk Drug Classes: Use and Indication, N0415K Anticonvulsant
3. Section O: New item O0350, Resident's COVID-19 Vaccination is Up to Date

For additional questions or concerns, please email regulatory@ahca.org.

Notice of Upcoming SNF QRP Measure Removals

CMS is alerting Skilled Nursing Facility (SNF) providers of upcoming measure removals from the SNF Quality Reporting Program (QRP). The following quality measures are planned for removal from the iQIES Review and Correct Reports, Facility-Level Quality Measure (QM) Reports, and Resident-Level QM Reports in January 2024:

- Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function
- Application of IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients
- Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients

Once removed from reports, users will no longer have access to any data or measure results for these measures.

These measures will last appear in the April 2024 Provider Preview Reports for the July 2024 Refresh of SNF

QRP data. Starting with the October 2024 Release, these measures will be removed from Care Compare and Provider Data Catalog. Once removed, the historic publicly reported measure data will continue to be available in the Nursing Homes Including Rehab Services Data Archive files on the Provider Data Catalog.

Please direct any questions on these measure removals or questions related to quality measures on the SNF QRP Reports to the SNF QRP Help Desk.

CMS Updates SNF Cost Report Use Files to Include 2020-2021 Data

CMS recently updated the SNF Cost report public use files (PUF) with refreshed 2011-2019 data and new data for 2020-2021. These files were developed using the Healthcare Cost Report Information System (HCRIS) to provide external and internal stakeholders with a curated set of variables in a user-friendly format (e.g., more descriptive variable names).

The data does not contain all measures reported in the HCRIS, but rather includes a subset of commonly used measures. Each PUF is organized at the facility level and includes select measures such as facility characteristics, utilization measures, cost and charges by cost center (in total and for Medicare), Medicare settlement data, and financial statement data.

SNF Consolidated Billing CY 2024 Code Updates

CMS recently posted the updated Skilled Nursing Facility (SNF) Consolidated Billing Calendar Year (CY) 2024 HCPCS codes on its website in the downloads section. Provider billers should review the updated January 2024 HCPCS codes (ZIP) file to accurately bill for Part A SNF stays. See the general explanation of the major categories (PDF), including additional exclusions. The related CMS instructions to the Medicare Administrative Contractors (MACs) with a January 1, 2024, effective date can be found here.

CMS Updates CLIA Waived Tests Effective January 1, 2024

CMS recently issued revised guidance to its Medicare Administrative Contractors (MACs) to inform them of new Clinical Laboratory Improvement Amendments of 1988 (CLIA) waived tests approved by the Food and Drug Administration. Since these tests are marketed immediately after approval, CMS must notify its contractors of the new tests so that the contractors can accurately process claims. There are 104 newly added waived complexity tests. This Recurring Update Notification applies to Chapter 16, section 70.8 of the Internet Only Manual (IOM).

While these tests are bundled into the SNF Part A payment rates, many SNF providers bill for certain CLIA waived tests under Medicare Part B for long stay residents. Billing staff of such providers are encouraged to review the NEW Waived Tests MLN Matters Article to learn more about:
- Clinical Laboratory Improvement Amendments (CLIA) Requirements
- New CLIA-waived tests approved by the FDA as of December 5, 2023
- Use of Modifier QW for CLIA-Waived Tests

CMS Promotes Free Health Information Handler Service to Help Providers Submit Medical Review Documentation Electronically

In a recent CMS MLN Connects newsletter, the Agency posted information for providers to learn about the CMS Health Information Handler (CMS HIH). This is a free service to help providers upload and submit medical documentation electronically to their respective Medicare Administrative Contractor (MAC) or other approved entity using the following formats:

- Portable document format (PDF)
- Extensible markup language (XML)
- JavaScript object notation (JSON)

With the CMS HIH, providers can respond electronically to prior authorization and additional document requests for an unlimited number of transactions. CMS promotes this as a fast, safe, and secure environment that is easily accessible.

The benefits of the CMS HIH include:

- Hosted on CMS Amazon Web Services cloud;
- Adheres to all CMS security and privacy standards; and
- Accommodates small or large users.

To learn more and get started, please contact cmshih@cms.hhs.gov. You can also subscribe to the MLN Connects newsletter and read past editions.

CMS Issues Proposed Rule on Beneficiary Appeal Process for Reclassified Hospital Stay

CMS issued a proposed rule on December 27, 2023, *Medicare Program: Appeal Rights for Certain Changes in Patient Status*, which establishes appeals processes for Medicare beneficiaries whose inpatient hospital stays were later reclassified to outpatient receiving observation services. Comments on the proposed rule are due **February 26, 2024**.

The proposed rule offers additional beneficiary protections to assure the 3-day qualifying hospital stay requirement to access the Medicare Part A skilled nursing facility (SNF) benefit has been met. This appeal process will help Medicare beneficiaries access the SNF benefit prospectively and retrospectively.

AHCA/NCAL has developed a summary of the proposed rule available to members (a log-in is required). Please contact Martin Allen with any questions.

AHCA/NCAL supports CMS' aim in the proposed rule. The Association has long advocated for counting observation stays towards the three-day stay requirement or waiving the three-day requirement altogether. One bill that AHCA/NCAL is endorsing – along with a coalition of 34 national provider and beneficiary advocate organizations – is the bipartisan H.R. 5138 *Improving Access to Medicare Coverage Act*. It would help Medicare beneficiaries who are hospitalized in observation by requiring that time spent in observation be counted towards meeting the three-day prior inpatient stay. Please contact Dana Ritchie to learn more about the observation stays coalition and advocacy efforts.

SNF Providers: Do You Need to Revalidate Your Enrollment Record Soon?

CMS recently posted an updated Medicare Revalidation List for providers to find out in advance of an official notice if you must revalidate your Medicare enrollment record. CMS usually posts revalidation due dates six to seven months in advance; but at a minimum, the Agency will establish your date at least 90 days in advance. A due date of "TBD" means that CMS hasn't set your due date, and you don't need to do anything now. Please see Revalidations (Renewing Your Enrollment) for more information.

What to Know About New Medicare Advantage Rules

As of January 1, 2024, Medicare Advantage (MA) plans are subject to new regulations governing prior authorizations and utilization management strategies. AHCA/NCAL, in partnership with Hooper, Lundy & Bookman, has developed a checklist to assist member providers in addressing MA denials to ensure that plans are in compliance with the new requirements. The checklist outlines items such as the appropriateness of the prior authorizations, medical necessity determinations, coverage criteria applied, denial process and provider recourse.

In addition, AHCA/NCAL will be hosting a webinar on Tuesday, February 27 at 12 pm CST on the topic. In the webinar, attorneys from Hooper, Lundy & Bookman will review regulatory limits on these activities, focusing on new and clarified requirements for 2024.

The Association continues to advocate for MA beneficiary access to timely and medically necessary care and provider sustainability. AHCA/NCAL, as part of a coalition of other long term and post-acute care associations and the Center for Medicare Advocacy, met with leadership from CMS on January 3 at the coalition's request to advocate for clarity on plan compliance with the CY 2024 Medicare Advantage Final Rule. During the call, leaders from CMS indicated they will be strongly enforcing compliance with the new regulations through routine and focused audits of plans serving approximately 90 percent of people with MA in year one. This is an enhancement from their typical three-year audit cycle. CMS also referenced the memos sent to plans regarding their oversight activities. CMS staff invited further communication from coalition members on instances of plan non-compliance with these regulations.

Please contact Nisha Hammel, Martin Allen, or Grant Beebe with any questions.

Joint Employer Rule Overview: What You Need to Know

Last year, the National Labor Relations Board (NLRB) issued the final joint employer rule that broadens the NLRB's definition of employer. It rescinds a 2020 final rule issued by the previous NLRB. **Employers should prepare to comply with the new rule effective February 26, 2024.**

As a provider, it could potentially increase liability and exposure for long term care facilities if they utilize staffing agency or contract workers. This rule could also impact employees of a staffing company and/or contractors who are either unionized, take steps to unionize, or who are non-supervisory employees (and nonetheless covered by Section 7 of the National Labor Relations Act even if not unionized).

AHCA/NCAL has provided a summary for its members with additional, vital information. Please note that an AHCA/NCAL member log-in is required to view the summary.

ONC to Host Webinar on Electronic Information Sharing Regulations for Long-Term and Post-Acute Care Providers

On Thursday, February 22, 2024, the Department of Health and Human Services (HHS) Office of the National Coordinator for Health Information Technology (ONC) will be providing a free webinar for long-term and post-acute care providers. Specifically, it will cover information sharing and how to navigate federal information blocking regulations.

Providers can register now for this timely webinar designed specifically for long-term and post-acute providers. The webinar is being hosted by the LTPAC HIT Collaborative, of which AHCA/NCAL is a member.

ONC speakers will provide both an overview of the regulations and address common questions and issues by identifying relevant parts of the regulations and highlight additional resources. By the end of this session, attendees will have a better understanding of the information blocking regulations, how the regulations affect the sharing of electronic health information, and why they are important to providers.

New Federal Report on Adoption of Health Information Technology Includes SNF and ALF Settings

On December 18, 2023, the Office of the Assistant Secretary for Planning and Evaluation (ASPE) at the U.S. Department of Health and Human Services (HHS) announced the publication of a report prepared by RTI International that provides an overview of Health Information Technology (HIT) adoption and utilization in long term and post-acute care (LTPAC) settings.

This 47-page report, titled *"Health Information Technology Adoption and Utilization in Long-Term and Post-Acute Care Settings"*, was based on an environmental scan of the literature as well as providers and subject matter experts (SMEs) and found that LTPAC providers have generally adopted electronic health records (HER) to support clinical and business needs. **Interoperable exchange of health information, however, is not routine or widely used.** LTPAC providers utilize their EHR, but modernization remains slow without focused policy levers. Despite barriers, there are opportunities for emerging policies to support interoperability in LTPAC.

Specific to LTC provider interests, the study reports EHR adoption rates as follows:

"Yet despite the lack of a federally funded program and policy requirements, estimates of EHR adoption rates among nursing home and SNF providers, as well as HHAs, were greater than 78% in 2018, which is on par with EHR adoption in office-based primary care settings. Residential care settings were estimated to be much lower overall, at 26% - higher than that for larger facilities and much lower for small facilities."

The six specific overall study findings are as follows:

- LTPAC providers are adopting EHRs to support their clinical and business needs (80% for nursing homes and home health), but interoperable exchange of health information is not routine or widely used.
- Data is needed from LTPAC organizations by others, but LTPAC providers lack monetary incentives, policy requirements, or a strong business case to increase interoperability.
- LTPAC use of interoperability features available in their EHRs lags without a driver or policy lever.
- Many LTPAC providers struggle to prioritize EHR optimization, and few have available resources for training and workflow changes.
- Innovators in LTPAC HIT are focusing on telehealth, remote patient monitoring, medication management, functional assessment and activity monitoring, shared care planning, social connectedness and engagement, safety, and data analytics.

- There are opportunities for emerging policies to support interoperability in LTPAC.

The report's findings are consistent with ongoing AHCA/NCAL efforts to advance policies and funding opportunities for the membership to increase the prevalence of interoperable health information exchange to improve care and reduce costs.

U.S. State Department to Process Domestic Visa Renewals in Limited Pilot Program

Last month, the U.S. State Department announced that for the first time in nearly two decades, it will process domestic visa renewals for certain H-1B visa applicants as part of a pilot program. Beginning the week of January 29, 2024, the Department will launch this voluntary program for approximately 20,000 eligible participants who meet the requirements listed in the Federal Register.

Currently, the program will only service H-1B holders (not their dependents) to limit the scope of applicants during this initial trial period. According to the announcement, in 2004, the Department discontinued domestic renewal of non-diplomatic nonimmigrant visas primarily because of requirements resulting from the passage of the Enhanced Border Security and Visa Entry Reform Act, including the requirement for biometric fingerprints. It also noted that "by designing and delivering services with a focus on both national security and user experience, the Department seeks to alleviate the uncertainty often experienced by U.S. companies that employ temporary workers requiring petition-based visas. The pilot program seeks to increase capacity in our more than 200 consular sections around the world to adjudicate other visa categories – specifically first-time travelers for business and tourism who require in-person interviews."

The aim with this pilot program is to alleviate some of the more routine visa processing and wait times at the consulates abroad. By reducing some of the consulate workload on these visa renewals, it can free up time for other cases at the consulates.

It is important to note that this does not pertain to a workers' "status" or "work authorization" but the "visa" (travel document) in their passport. This stateside processing is intended to reduce the number of cases the U.S. consulates outside the country have to process and make it more convenient for the beneficiaries who travel internationally as they can obtain the visa within the United States before they travel. The U.S. State Department used to process visa renewals stateside (by mailing passports and documents to D.C.) but discontinued that practice in 2004 when fingerprinting became a requirement. Now it is resuming this practice for those who have already completed fingerprints and meet other requirements.

The Department will accept applications the week of January 29, 2024. The application period will close when all application slots are filled or on April 1, 2024. After this initial tranche of applications, the Department will seek to expand the scope of this program to other temporary (nonimmigrant) visa categories, such as E-3, O-1, etc. For full details on the pilot program, please visit the Federal Register.

Long-Term Care Ombudsman Program Bed and Service Availability Portal

The Covid-19 Long-Term Care Bed Availability portal has been replaced with the Long-Term Care Ombudsman Program Bed and Service Availability portal. Long-Term Care Homes (all levels of care) have the option to fill out an electronic survey weekly to report how many beds they have available, and which residents they can serve (i.e. memory care, behavioral health, bariatric, etc.). This tool can be used by facilities, families, hospital discharge planners and the general public to determine bed availability and services throughout the state.

Please access this training video for instructions on how to complete the survey. The survey can be accessed from this link: survey. If you have any questions about the survey, please contact the Long-Term Care Ombudsman Program via email LTCOmbudsman@health.mo.gov or call 800-309-3282. More information will be coming soon about how to use the data created from the survey.

Health Education Unit Updates

The DHSS Health Education Unit does not have any Instructor Information Meet Ups scheduled at this time. They are currently revamping this with new times to help reach those who are teaching a class or working. Please check their [website](#) often for updates. If you have questions, please call the Health Education Unit directly at 573-526-5686.

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

CNA Testing Events

All regional dates are viewable on the online calendar at https://mo.tmutest.com/calendar. 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. **PLEASE NOTE:** There have been changes to scheduling tests through TMU and to the paperwork for RN Observers. Please reach out to Headmaster with questions. missouri@hdmaster.com.

Knowledge and Skill testing is available on January 22nd and February 12th at MHCA. Please contact shellie@mohealthcare.com to reserve a time slot.

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 January 2024. 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.

Quality, Programs and Resources

The Center of Excellence for Behavioral Health in Nursing Facilities

Beginning September 2023, the Center of Excellence for Behavioral Health in Nursing Facilities (COE-NF) has hosted six (6) one-hour monthly cohort sessions. These sessions are FREE to attend! Join them for the opportunity to learn industry best practices from other nursing facilities and behavioral health subject matter experts. With the support of COE-NF behavioral health specialists, you will be able to implement the learnings in your facility. The last cohort session is:

  February 15, 2024: De-escalating Behavior

Please see the flyer and register here.

The COE-NF also released new trainings for the month of January that offers Accreditation Council for Continuing Medical Education (ACCME) credits. In addition to the resources and January trainings listed below, the COE-NF continues to provide tailored technical assistance, such as an individualized plan to assist your facility with specific behavioral health needs to include training as needed.

The COE-NF continues to offer on-demand training videos, which includes bite-sized learnings and longer video modules with pre/posttests on topics such as Schizophrenia, Bipolar Disorder, Mental Health, Substance Use, Trauma Informed Care, and Alcohol Use Disorder. They also offer a wide array of resources on a multitude of mental health topics via the resource hub.

Other Links:
- The Center of Excellence Fact Sheet
- January 2024 Newsletter
- Sign up for the monthly newsletter

Save the Date for Careers in Aging Month

In the past, AHCA/NCAL and providers across the country have celebrated Careers in Aging Week to bring recognition to the numerous career opportunities available in long term care and aging services and to celebrate current caregivers in the industry. In 2024, they are extending the celebration, and the month of March will now be dedicated to Careers in Aging month! You can join AHCA/NCAL in promoting these rewarding careers for the month-long observation.

Working in long term care provides endless opportunities, including the chance to serve one of our nation's most vulnerable, special populations. The focus in these roles is on treating the whole person, not just a medical condition, and there is amazing potential for career advancement. Along with these benefits and more, working in the long term care community truly improves the lives of millions in positive and supportive work environments. A career in long term care brings a sense of purpose, turns residents and caregivers into family, and can be a great steppingstone to kickstart a successful career in health care.

During Careers in Aging Month, AHCA/NCAL will share stories, resources, and more. You can help them spread the word by retweeting on Twitter or sharing their posts on Facebook and using the hashtag #CareersinCaring. Learn more about how you can participate or visit www.careersinaging.com for more resources.

AHCA Unveils 'Radiant Memories - A Tribute to the Golden Age of Radio' as the 2024 Theme for National Skilled Nursing Care Week

AHCA has unveiled the theme for National Skilled Nursing Care Week (NSNCW), which will take place from Sunday, May 12 to Saturday, May 18, 2024. The annual, national observance celebrates the essential role that skilled nursing care facilities play in providing safe and effective 24-hour nursing care to millions of individuals each year.

The 2024 theme "Radiant Memories – A Tribute to the Golden Age of Radio" embraces a time when the airwaves resonated with captivating stories and melodies. More than nostalgia, "Radiant Memories" is a call to honor the enduring legacy of skilled nursing facilities. In these facilities, residents and staff contribute to the creation of radiant memories, akin to the cherished moments shared through music and stories over the radio waves.

Radio broadcasts have played a pivotal role in American life, from Presidential fireside chats and war updates to old-time radio dramas and American Top 40 hits. Families and friends gathered around the radio to hear the latest music and tune into their favorite shows.

Established by AHCA in 1967, NSNCW starts each year on Mother's Day and encourages skilled nursing facilities around the country to host a variety of events that shine a light on the individuals who reside, work, and volunteer in nursing facilities while adhering to infection control requirements.

The "Radiant Memories – A Tribute to the Golden Age of Radio" logo is now available for download on nsncw.org. In February 2024, AHCA will release a comprehensive planning guide and exclusive products to assist in creating a meaningful and unforgettable NSNCW experience. Participants are asked to share their radiant memories leading up toe NSNCW on social media with the hashtag #NSNCW.

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 winterbowert@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

Senate Aging Committee Hearing on Assisted Living: Information for Members

U.S. Senator Casey, chair of the Senate Aging Committee, held a hearing focused on assisted living on Thursday, January 25th. The hearing was spurred by recent investigative reports in the *Washington Post* and *New York Times*, regarding elopements in memory care and the cost of assisted living/long term care, respectively. The last hearing that focused on assisted living by the Senate Aging Committee was over 20 years ago in 2003.

NCAL has met with Senator Casey's office and members of the Senate Aging Committee and confirmed the hearing, titled "Assisted Living Facilities: Understanding Long-Term Care Options for Older Adults," will focus on fact finding and understanding "challenges faced by assisted living facility residents." NCAL has provided members of the committee with credible research that demonstrates our members' and the profession's commitment to quality care.

Additionally, the Senate Aging Committee has sent letters requesting information from the three largest assisted living providers. While the hearing is scheduled for January 25, the providers have been given until February 5 to respond to the request, which may indicate that there will be additional hearings or follow up once the responses are received. NCAL will continue monitoring information related to the upcoming hearing and keep the membership posted on the latest developments.

Prioritizing Infection Prevention and Control in a Post-COVID-19 World

Mark your calendars for this webinar on **March 20, 2024, from 1 – 2 pm CST** where practical strategies will be given to support the assisted living preventionist role and take infection control prevention practices to the next level. Please click here to register. The cost for AHCA/NCAL members is $25 and for non-members, it is $50.

Assisted Living Webinar Series - The New Generation and the Challenges They Face

Assisted Living is going through a period of change. Is your facility ready? This webinar series, led by Speaker Barbara Speedling, will discuss topics including caring for the new generation in assisted living, overcoming social isolation and loneliness, preventing resident-to-resident aggression, and leadership in a transformative culture. AHCA/NCAL members can purchase individual webinars for $25 each, or bundle and save by purchasing all four webinars now at the discounted rate of $90.

- **Wednesday, April 17 at 1 pm CST** – Caring for a New Generation in Assisted Living
- **Wednesday, June 12 at 1 pm CST** – All by Myself: Overcoming Social Isolation and Loneliness in Assisted Living
- **Wednesday, August 14 at 1 pm CST** – Love Your Neighbor: Preventing Resident-to-Resident Aggression
- **Wednesday, October 16 at 1 pm CST** – Metamorphosis: Leadership in a Transformative Culture

Membership Updates & Services

2023/2024 Expected Lobbying Expense Percentages

The Omnibus Budget Reconciliation Act of 1993 (OBRA '93) included changes in the tax code that affects you and the Missouri Health Care Association. The law requires all associations to estimate for the coming year the amount that will be spent on lobbying based on a very broad definition of the term. Associations are then to determine the percentage of dues attributable to lobbying. Please click here for the full memo providing the applicable percentages for both MHCA and AHCA dues.

February 2024 - Employee Recognition Program

In the month of February, MHCA will recognize **Food Service 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

Administrator - Copper Rock Village has an immediate opening for an Administrator at their location in Rogersville, MO. For full details, please click here.

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.

2024 MHCA SPONSORS!

Thank you to the following 2024 MHCA Sponsors! *Your continued support of MHCA helps ensure we are bringing the very best in education and annual events to the Membership.*

If you are interested in becoming an MHCA sponsor, please click here to view the 2024 Sponsorship and Marketing Guide.

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Education Sessions, Meetings & Events

Workshops & Seminars: In-Seat and Hybrid

[Clinical Supervisor Hybrid Workshop](#)
February 7 | 8:00 a.m.—12:00 p.m. | Jefferson City & Virtual

[CNA Instructor Hybrid Workshop](#)
February 7 | 12:15 p.m. - 4:00 p.m. | Jefferson City & Virtual

[CMT Instructor Hybrid Workshop](#)
February 8 | 8:00 a.m. - 12:00 p.m. | Jefferson City & Virtual

Virtual Workshops & Webinars

[Online Activity Director Workshop](#) & [Online Social Service Designee Workshop](#). *Both courses are held on a monthly basis. Next courses are February 6, 2024 - March 5, 2024*

[Behavioral Health: Care Process for Residents with Dementia Webinar Series](#)
February 8, 15, 22, 29 | Live Webinars

[Deconstructing IJ & High Risk Tags Webinar Series - "Immediate Jeopardy Risk: Falls & Accidents"](#)
February 13 | Live Webinar
To register for the full 2024 series, please [click](#) here.

[Documentation in Depth Webinar Series - "Documentation for Behavior Health & Mental Illness"](#)
February 20 | Live Webinar
To register for the full 2024 series, please [click](#) here.

[Deconstructing IJ & High Risk Tages Webinar Series - "Immediate Jeopardy Risk: Abuse & Neglect"](#)
March 12 | Live Webinar
To register for the full 2024 series, please [click](#) here.

[Documentation in Depth Webinar Series - "Documentation for Pain Management](#)
March 19 | Live Webinar
To register for the full 2024 series, please [click](#) here.

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 3   Post - Holiday Party | February 1 | St. Louis Wine Market, St. Louis

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