

December 29, 2023

2023 End of Year Recap and Weekly Update

As we exit 2023 and enter 2024, we lean heavily on the promise of hope that a new year brings. Nearly four years later, we continue to battle the effects and challenges COVID so unfairly caused our sector. Our battle has shifted to the new normal of mitigating COVID outbreaks and working through the continued staffing and financial crisis directly related to the aftermath of COVID.

The biggest challenges we heard in 2023 and continue to hear as we enter 2024 are the continued financial stresses facing our facilities and the difficulty this causes in providing quality of care to your residents when costs are far greater than the reimbursement rate you are paid. We entered COVID at a huge disadvantage with Medicaid reimbursement rates that were never fully rebased and only increased incrementally, in the form of across the board increases. However, we started moving in a positive direction in 2022 when the state appropriated over \$200 million toward the first ever full rebase of our Medicaid rates. Unfortunately, due to the timing of the appropriations process, that rebase was based on FY2019 costs as post-COVID cost reports were not available when the legislature was required to appropriate the necessary funding. We continued our advocacy efforts in 2023 asking for either a rebase or an increase that represented a sizable COLA until the next rebase could be approved. We were successful in 2023 and received nearly \$100 million appropriated toward a \$10/PPD across the board increase for all facilities. This increase was just recently approved by CMS and should be added to your rate very soon.

As we enter 2024, our number 1 goal will be to secure another rebase of our SNF Medicaid rate, which would capture today's post-COVID cost increases. This will be the hardest step yet and, as we have been doing all year, we ask for your help reaching out to your legislators to explain how critical this additional funding is to your ability to stay in operation and provide quality care for your residents. We have the data to prove this rebase is necessary; however, what makes this so challenging is that state revenues are not growing. This means the state does not have continued growth in its budget to find money to appropriate toward additional spending – which would include increases to our Medicaid rates. Your outreach was key to our successes last year and, if we are going to be successful in 2024, we are going to need your help reaching out to your legislators again. Please be looking for call-to-action alerts as the legislative session gets underway. In the meantime, please schedule a meeting with your legislators and explain how critical this next rebase is.

Also in 2023, your advocacy efforts were critical to AHCA's campaign against the proposed CMS rule that, if finalized, would institute a federal staffing mandate on all nursing homes in the country. While we don't know the outcome yet, when asked to help, you stepped up and submitted comments. While AHCA was shooting for several thousand comments, over 40,000 comments were submitted – not all from the long term care sector – but a good portion and far more than the goal set by AHCA. It will take CMS a while to sort through all those comments and as a result, we do not expect any answers as to what CMS will do with this proposed rule for some time. Regardless, AHCA has a strategy in place and will be ready to take action, if necessary. This is another example of how our member facilities have helped through advocacy efforts during these difficult times.

Staffing challenges continue to plague the sector. 2023 seemed to bring a plateau, if not slight improvements. We know we will continue to face unprecedented staffing challenges in 2024 and beyond. Unfortunately, there is not “one” solution to fix the staffing issue. As such, we must continually look for opportunities and create solutions when we can. The process of training and certifying CNAs and CMTs has created additional staffing challenges to our facilities across the state. In response, MHCA hired Shellie Goodin as the Director of Clinical and Quality Services. We are very excited for what Shellie has planned for 2024. Here is just a glimpse of what is on the horizon: 1) CNA Training – Developing Online Curriculum to assist in Nurse Assistant Training across the state. This new program will be accessible from all devices; provide reading assistance if needed; and provide in-depth training for the Missouri State Exam through the 3rd party vendor Headmaster. 2) CMT Training – Hybrid Course Offerings to students across the state. Students have a choice of attending online or in-person and working with a member facility. MHCA students will only come to Jefferson City to complete the clinical portion of the class; 3) Other Clinicals to be announced later in 2024. We are so excited to have Shellie part of the MHCA team!

Keeping on the topic of workforce, in September the regulations were finally approved creating the Supplemental Health Care Services within DHSS. As you will recall, MHCA passed the legislation creating this Division within DHSS to provide oversight to staffing agencies in 2022. It is our hope that the oversight this agency will have, combined with the data it will collect, will finally offer some relief from the challenges we face competing with the staffing agencies. While the legislation passed is not perfect, now that this oversight agency within DHSS is finally up and running, it should provide much needed oversight.

Other legislative policies that MHCA dealt with in 2023 were heavily focused on defeating legislation that would be detrimental to long term care. There were over 2,000 bills filed in 2023 and the number of bills your MHCA Government Affairs team worked to defeat to protect our sector from harm are too numerous to list. We anticipate that defending the industry will continue to be a heavy lift in 2024, but we are prepared. As we enter the 2024 legislative session and election year, we will again be facing some of the same issues, but there will be some new issues as well.

We want to thank you for your support and continued membership of the Association. MHCA remained a strong force in 2023 in our advocacy and regulatory efforts. This is a direct result of our unwavering membership. We could not have had the success we achieved without you and, more than ever before, we will need you again in 2024.

Thank you for trusting MHCA and allowing us to guide you through 2024 as we continue to navigate the significant challenges our sector faces. Thank you for letting us serve you and be there for you in your greatest time of need. We will continue to be here for you in 2024 – regardless of what is thrown our way - as we continue to fight for greater financial security through fair reimbursement rates and better regulatory outcomes for you and your residents. On behalf of the entire MHCA staff, we wish you the very best in the coming year! Thank you for being the heroes you have been caring for your residents through these challenging times. From all of us, we wish you a very happy new year!

Candida Auris Health Advisory and Information Webinar

Please see the DHSS Health Alert entitled, "[Emerging *Candida auris* Infection Cases in Missouri Health Care Facilities](#)." *Candida auris* (*C. auris*) is considered an urgent threat according to the Centers for Disease Control and Prevention. 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”.

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

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

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

Reimbursement Update

CMS APPROVES FY24 \$10 PPD and VBP Incentive Increases

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. The state 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, the state 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 around the first half of February.

Once facilities begin receiving their new rate, then state 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.

We have cleared the biggest hurdle of this process now that CMS has finally approved the plan amendment. The state has assured us they will get the rate processed as quickly as possible. We will keep you updated when we learn anything new regarding timing; however, do not expect to learn anything new until after the first of the year.

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

The December 22 Medicaid payment included the 7/1/23 retro payments due to the facilities whose rates increased due to CMI/VBP adjustments on both 1/1/23 and 7/1/23. However, please note, if your facility's rate increased 7/1/23 but decreased on 1/1/23 – you did not receive a retro payment because the state will use the 7/1/23 rate increase to offset the 1/1/23 decrease and associated recoupment. The state will make these recoupments in conjunction with the retro payment of the \$10 PPD and VBP incentive approved by CMS as it will utilize the retro payment of the \$10 increase and any increases to their Medicaid rated effective 7/1/23 and 1/1/24 to offset any recoupments necessary.

It is our hope that all the recoupments can be covered through this process; however, if there is a situation where the recoupment is more than the retro payment, we will work with MHD on developing the best plan possible for the facilities that may still be in a recoupment situation. We don't know if any facilities will be in a situation where further recoupment is necessary, but if they are, MHD has committed to working on a fair recoupment process.

Update on Status of January 1, 2024 Rate Letters Based on CMI/VBP Semi-Annual Adjustment

MHD has changed its plan regarding the timing of issuing the January 1, 2024 rate letters for the semi-annual CMI/VBP adjustment. Since CMS surprised them with the SPA approval for the \$10 PPD increase and \$.87 VBP incentive increase prior to January 1, MHD will wait to adjust the 1/1/24 rates and send rate letters in conjunction with the \$10 PPD and VBP increase which will include the 1/1/24 CMI/VBP adjustment at the same time. This should result in a smoother process for not only the state, but also facilities.

As a result of this decision, you will not receive your 1/1/24 rate letter or payment of the new rate until after the first of the year. Once the 1/1/24 rate letter is released it will be inclusive of the \$10 PPD and VBP increase. As stated above, the state believes it will be able to process the new rate around the first of February. 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. Again, we will keep you updated as we learn more.

Safe Resident Handling and Prevention of Musculoskeletal Injuries: Ergonomics in Long Term Care Communities

Musculoskeletal disorders (MSDs) are a significant concern in the health care industry, including long term care (LTC) facilities. Common MSDs associated with resident handling include strains, sprains, and other injuries resulting from overexertion, awkward postures, and repetitive movements. MSDs are addressed in OSHA terms, by implementing “ergonomic” practices and controls.

OSHA does not have a specific standard dedicated solely to ergonomics or MSDs. However, OSHA addresses ergonomic concerns through the General Duty Clause of the Occupational Safety and Health Act.

What is the General Duty Clause?

The [General Duty Clause](#) (Section 5(a)(1)) states that employers must provide a workplace free from recognized hazards that are causing or likely to cause death or serious physical harm to employees. As a result, if OSHA finds that an employer has failed to provide a safe workplace, it can issue a citation under the General Duty Clause even where no specific OSHA standard applies.

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Supplemental Health Care Services Agency (SHCSA) Regulation

You can view the status of a SHCSA application or registration because the [dashboard](#) shows in real time all SHCSA applications received to date and registrations issued. As a reminder, any agency that operates in Missouri and falls within statute 198.640(6): A supplemental health care services agency is defined as a person, firm, corporation, partnership or association engaged for hire in the business of providing or procuring temporary employment in health care facilities for health care personnel, including a temporary nursing staffing agency as defined in section 383.130, or that operates a digital website or digital smartphone application that facilitates the provision of the engagement of health care personnel and accepts requests for health care personnel through its digital website or digital smartphone application shall register with the department pursuant to statute 198.642.1.

Initial registration applications and fees should be received as soon as possible, but before **December 31, 2023**. Please email SHCSA@health.mo.gov with any questions or concerns.

The link can also be accessed on the DHSS main webpage

(<https://health.mo.gov/safety/shcsa/index.html>) under the Agency Registration Status bullet point:



Updates From the SLCR Regarding COVID, Influenza, and RSV

Below is important information regarding modifications to the Long-term Care Facility COVID-19/Respiratory Pathogens Module and the COVID-19/Respiratory Pathogens Vaccination Module. The changes described below are visible within the NHSN application and took effect the week of December 17, 2023. Resources on the [NHSN LTCF COVID-19/Respiratory Pathogens Module](#) webpage and the [COVID-19/Respiratory Pathogens Vaccination Modules](#) webpage are updated, where indicated, with revised forms, instructions, FAQs, and CSV templates.

Geolocation

The geolocation function is now available within the application. To complete this item, select the icon on the alerts page that is labeled “Facility Geolocation.”

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How to Get Reimbursed For Paxlovid

With the commercialization of Paxlovid, reimbursement for Paxlovid for Medicare beneficiaries is now covered under Part D. However, not all residents are covered by Part D because:

1. Approximately 20% of Medicare beneficiaries do not have part D coverage.
2. Part D coverage does not extend to Part A SNF stays.
3. The coverage by Medicare Managed Care plans varies, and how the MA plan treats “out of network” providers is unclear, which many nursing homes are considered if they don’t have a MA signed contract.

Through December 31, 2024, anyone uninsured or covered by federal programs, such as Medicare or Medicaid, can receive USG-procured, NDA-labeled Paxlovid at no cost through the USG PAP operated by Pfizer (see [COVID-19 Therapeutics Commercialization Transition Guide, October 20, 2023 \(hhs.gov\)](#)). HHS has confirmed that the USG PAP can be used for residents during their SNF Part A stay.

Through this program, participating PAP dispensing sites will be reimbursed for any product dispensed, along with a dispensing fee. Pharmacy enrollment in the Paxlovid USG PAP is managed by Pfizer and its partner, AssistRx. Pharmacies that would like to learn more about participating in the U.S. Government PAP should contact the program vendor at PharmacyNetworkContract102101@assistrx.com.

A patient needs to sign up to participate in this program and will receive a voucher that can then be provided to a participating pharmacy to receive Paxlovid at no cost.

They can visit [this website](#) or call 1-877-219-7225 (1-877-C19-PACK).

A challenge with the USG PAP program is that not all LTC Pharmacies are aware of the program or have completed the enrollment process. Providers are encouraged to talk to your LTC pharmacy if they plan to participate in the USG PAP program. If they are unaware of the program, please provide them with the information above or direct them to the [CDC site](#).

New CDC Report Highlights Vaccination Rates Among Adults and Nursing Home Residents

The CDC recently released two reports in Morbidity and Mortality Weekly Report (MMWR) on vaccination coverage and treatment for respiratory viruses in the United States. The reports examined vaccination coverage among [adults in the United States](#) and [nursing home residents](#). The CDC found significantly higher rates of vaccine coverage among nursing home residents than the general population, but vaccination rates among the general population over the age of 65 were slightly higher than in nursing homes.

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New Report From the CDC Addresses COVID-19 Rebound

The CDC recently released two reports in Morbidity and Mortality Weekly Report (MMWR) and the association between COVID-19 rebound and receiving antiviral treatment. These studies found that COVID-19 rebound can happen whether a patient receives antiviral treatment or not.

Rebound appears to reflect COVID-19 viral fluctuation that is part of the natural disease process early in the course of illness. A person's risk of experiencing rebound could be related to a range of factors, such as immunosuppression, delayed viral clearance, and overall immune response. Rebound was not associated with the use of the antiviral Paxlovid.

The CDC concludes that the benefits of COVID-19 antiviral treatment for reducing the risk of severe illness, hospitalization, and death outweighs any potential risk of viral rebound. The two studies can be found here:

- [SARS-CoV-2 Rebound with and without use of COVID-19 Oral Antivirals – MMWR \(cdc.gov\)](#)
 - [Evaluation of SARS-CoV-2 RNA Rebound after Nirmatrelvir/Ritonavir Treatment in Randomized, Double-Blind, Placebo-Controlled Trials – United States and International Sites, 2021-2022 – MMWR \(cdc.gov\)](#)
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Provider Relief Fund Reporting Period 6 Opens January 1

The Provider Relief Fund (PRF) Reporting Period 6 (RP6) opens January 1, 2024, and will remain open through March 31, 2024, at 11:50 pm EST.

Providers who received one of more PRF (general or targeted) and/or American Rescue Plan Rural payment(s) exceeding \$10,000 in the aggregate from July 1, 2022, to December 31, 2022, must report on their use of funds in RP6. The deadline to use funds from RP6 is December 31, 2023. The [Allowable Expenses webpage](#) provides more information on appropriate uses of the payments.

Additionally, details on reporting requirements are available in the [Post-Payment Notice of Reporting Requirements Notice](#).

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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.

Keep Working On Your Quality Award Applications

Completing a successful Quality Award application takes time to prepare. We encourage you over the next few weeks to keep working on your applications and submit them before the deadline on Thursday, January 25, 2024. If you have not already done so, take advantage of the free resources!

Bronze Quality Award Workshop

The National Quality Award team is hosting a virtual workshop for members interested in submitting a 2024 Bronze Quality Award on Wednesday, January 10, 2024, at 1 pm CST. Join hosts Pamela Truscott, Director of Quality Improvement at NCAL, and Tim Case, Administrator of the Quality Award Program, as they guide you through the nuances of the Bronze application process.

Please click [here](#) to register to secure your spot for this FREE event, which is open to everyone interested in elevating their commitment to quality. Whether you've submitted an intent to apply or not, you can attend the workshop and apply before the deadline on Thursday, January 25.

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Save The Date - Diversity Executive Leadership Program Nominations Opening Mid-January

AHCA/NCAL is gearing up to open nominations for the second class of its Diversity Executive Leadership Program (DELP) on January 14, 2024.

Fifteen exceptional individuals will be selected to participate in the program next year. DELP provides support and access to leadership opportunities for those traditionally underrepresented in long term care.

To qualify, applicants must:

- Be full-time employees of an AHCA/NCAL provider member in good standing.
- Belong to an underrepresented identity group and hold mid- to senior-level or C-suite positions.
- Demonstrate at least three years' experience in mid- to senior-level long-term care management or one year as a C-suite executive.
- Highlight leadership experience in professional, volunteer, or civic/community settings.

During the two-year program, DELP scholars will receive complimentary registration and travel to attend key events. For those ready to embrace this transformative journey, visit the [DELP website](#) for additional information and the application process.

The Center of Excellence for Behavior Health in Nursing Facilities

Beginning September 2023, the Center of Excellence for Behavioral Health in Nursing Facilities (COE-NF) will host 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 two cohort sessions are:

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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.

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