

February 29, 2024

# Message From the President



## Facility Members & Business Partners,

It may not look like it outside, and it most certainly does not feel like it, but spring is just a few weeks away. March 19th to be exact but who's counting!?! Despite the winter weather the MHCA staff and lobbyists have been busy working on your behalf. If you're reading the weekly member updates, monthly newsletters, etc. you understand we have a lot on our plate this legislative session. We're still early in the process but so far we've received positive feedback from key legislators regarding our legislative agenda. Nikki, the staff, and our lobbyists continue to impress with their ability to get in front of the right people in Jefferson City and deliver the right message. It is a testament to their standing in Jefferson City and the respect they've earned from our elected officials.

In addition to the important work that's being done in Jefferson City, the American Health Care Association (AHCA) is hard at work for us at the federal level. This is particularly important this year as we continue to fight the recommended minimum staffing standard. Their strategy around this initiative includes a specific lobbying plan carried out by the AHCA and ultimately a legal strategy should it be needed. The AHCA has and will continue to reach out to members for action and we need to be ready when we're asked to step forward.

MHCA staff is busy putting the final touches on the MHCA Mid-Year Conference and Lobby Day taking place on March 4th and 5th. If you haven't made plans to attend, there is still time! There is no better time than now to get additional CEUs and to visit with your legislators at the Capitol.

When you consider all the different, yet connected, moving parts of the MHCA I think of a well-run nursing facility. The MHCA has staff working to produce fantastic events like the Mid-Year Conference, association leadership determining strategy, lobbyists carrying our message to elected officials, member facilities testifying at committee hearings, industry leaders meeting with legislators, etc. Nursing facilities rely on dietary, housekeeping, laundry, maintenance, nursing, etc. to each do their part with the support of strong vendor partners to provide high quality care to residents. In a very similar way the association leadership, contracted lobbyists, business partners, and facility members each play a unique and important role in the MHCA's success and in turn the industry's success. Thank you for doing your part to achieve that success!!

Sincerely,

**Eric Doerhoff**  
MHCA President 2023-2024

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Missouri Health Care Association



## Reimbursement Update

The \$10 PPD rate increase and the \$.87 increase to the VBP incentive effective July 1, 2023, is finally moving forward. The log jam broke last week after the final approval was received and the Emergency Regulation for the increase was filed on Friday, February 23.

The state could not begin processing the final rate letters or pay the new rates until the Emergency Regulation was approved and filed with the Secretary of State's office. The Emergency Regulation will become effective March 6.

Now that the Emergency Regulation has been filed, there is a clearer timeline of when you will receive your new rates and retro payment. Here is the timeline:

- 1) Final rate letters should be released any time now – we were told earlier today, likely tomorrow - March 1. You should receive two letters, one referencing the 7/1/23 \$10 increase and \$.87 VBP increase and a second letter with your 1/1/24 CMI/VBP rate adjustments.
- 2) Your new 1/1/24 rate inclusive of the \$10 increase and \$.87 VBP increase should be reflected in your March 19 payment.
- 3) At this juncture, we do not have a date certain for the retro payment for any increases you received to your rate on 7/1/23 and 1/1/24. We are being told the retro payment should come in April. We hope to get an exact date for the retro payment in the next couple weeks.

Please remember, if you have a recoupment owed to the state due to rate reductions as a result of a decrease in your 1/1/23, 7/1/23 and/or 1/1/24 CMI/VBP incentive – that recoupment will be taken out of any retro payment due to you. In regard to the recoupments, I have been told there are a small number of facilities whose recoupments were larger than the amount owed to them for the \$10 retro pay. MO HealthNet will work with us on a fair recoupment process for any facilities in that situation.

We understand how frustrating this has been. We also understand how vital this increased funding is to every facility. Please know we have been working on this non-stop, speaking directly to the Medicaid Director weekly if not more, and engaged legislators to put additional pressure on the administration to get this rate increase processed and paid to the facilities. We know this is not over yet because you still have not received the increase; however, there is finally a clear path and timeline to getting this much needed relief.

## Legislative Update

### February General Legislative Recap

The end of February has brought us a somewhat functional Missouri General Assembly. After weeks of Senate in-fighting, mainly among two factions of Republican Senators, the disrupters in the Senate have finally stepped aside and allowed forward movement of a few bills.

One of the priorities of the group of disrupters in the Senate was Initiative Petition reform. SJR74, sponsored by Sen. Mary Elizabeth Coleman, which would change the initiative petition process, has passed the Senate. The Joint Resolution states that in order to approve a change to the constitution, both a statewide majority of voters would have to approve the measure, *and* it would also require a majority vote in 5 of the state's 8 congressional districts.

Democrats mounted a filibuster that lasted more than 20 hours, as they argued the initial proposal by

Coleman would have too much “ballot candy”, thus enticing voters to support the measure. The filibuster of the bill ended after Republican Senator Mike Cierpiot offered an amendment that would remove what was being referred to as “ballot candy”. After spending days debating, and a nearly 24-hour filibuster by the Senate Democrats, the Senate passed SJR74 which now heads to the House for consideration.

We look forward to seeing everyone next week (March 4 – 5) in Jefferson City at the MHCA Mid-Year Conference and Lobby Day. If you have not registered yet, it is not too late. You can register here: <https://forms.mohealthcare.com/event/MidYear2024>

## **Legislative Issues Pertinent to MHCA**

There are many pieces of legislation that impact long-term care. Below are updates on just a few issues your MHCA Lobby team is working on this session:

### **FY25 Budget Update:**

The House Budget Committee continued its work on the FY25 budget throughout the month of February. As of today, the House Budget Committee has not yet met to finalize its version of the budget. We have continued our conversations and meetings with budget leaders and other legislators advocating for a rebase based on 2022 cost reports to reflect our post-COVID cost increases.

The conversations are going well as many legislators continue to encourage and advocate to Rep. Cody Smith to include the much-needed funding we are requesting. The feedback is good, but we have no definitive answers as to where the House will land on additional funding of our SNF Medicaid rate. The timing of our Mid-Year Conference is perfect as we expect the House Budget Committee to begin putting final touches on the budget bills and vote them out in the next week or two. [READ MORE.](#)

### **FRA Renewal:**

As reported last month, the Federal Reimbursement Allowance (“FRA”), otherwise known as the “provider tax”, was heard and voted out of committee. It was in a place to be the first bill debated in the senate earlier this month. Unfortunately, due to the inability of the Senate to move any issue, that bill was moved to the informal calendar and will be debated at another time. As such, there was no movement in the Senate on SB748 this month.

On February 12, we presented to the House Republican Caucus along with Mo HealthNet Director Todd Richardson, to educate the House Republicans on the FRA and the importance of continuing this much-needed Medicaid funding mechanism. The meeting was good and well received. We don’t expect there to be significant issues in the House on this issue. The most controversy and largest hurdle toward passage of this legislation continues to be in the Senate. We will remind you that the issue there is not over the renewal of the FRA, rather the completely unrelated issue of defunding planned parenthood.

As a reminder and history on this issue, the FRA 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.

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.

### **Digital Surveillance in LTC Facilities:**

Unfortunately, we are seeing a resurgence of an issue that was addressed four years ago in the legislature. HB1709 would require all long-term care facilities to install and operate 24-hour digital surveillance systems in common areas and mandates that recordings be retained for a period determined by the Department of Health and Senior Services. Facilities must provide copies of recordings to residents or their representatives within five business days upon request, particularly for investigations into care concerns or allegations of abuse. The Department of Health and Senior Services would be responsible for creating rules to implement the provisions, ensuring compliance with the broader regulatory framework.

This bill is personal to the sponsor due to a situation he experienced in a facility with his mother. We have talked to the sponsor of the bill who has no intent to back down from his bill, even though cameras are allowed in residents rooms. The bill was referred to committee earlier in February but has not received a hearing yet. We continue to remind legislators, and the chair of the committee Rep. Hannah Kelley, that this was addressed in 2020 and residents are allowed to place cameras in their rooms under current law.

### **Modifies the Crime of Abuse of an Elderly or Vulnerable Person:**

HB1710 was filed which states that if any person knowingly acts or knowingly fails to act in a manner that results in a substantial risk to the life, body, or health of an elderly person, a person with a disability, or a vulnerable person, the offense of abuse of an elderly person, a person with a disability, or a vulnerable person is a class E felony.

The same representative that filed HB1709 dealing with cameras in facilities has filed this legislation. It was referred this week to the House Emerging Issues Committee.

### **Requires Long-Term Care Facilities to Obtain Liability Insurance or Reserve Accounts:**

HB2519 states that Long-Term Care Facilities must maintain liability insurance in the amount of at least \$2 million to insure against losses resulting from negligent or criminal acts in regard to abuse, neglect or wrongful death of a resident. In lieu of maintaining this insurance, a facility can instead maintain a reserve account separate from operating funds, in the amount of \$2 million to cover the aforementioned criminal acts. DHSS can revoke a license if the operator of a facility fails to maintain the liability insurance or reserve account.

The same representative that filed HB1709 and HB1710 filed this legislation. The bill has not yet been referred to committee.

### **Compassionate Care Visits in Health Care Facilities:**

HB2869 would add penalties to health care facilities who fail to allow compassionate care visits. This bill deals with the bill passed post-COVID entitled "Compassionate Care Visitation Act" and "No Patient Left Alone Act". The original bill creating these Acts passed during the 2022 legislative session as a result of the CMS mandate to shut down hospitals and nursing homes to visitation during COVID pandemic. This bill states that any facility violating the act could have its license revoked or suspended. In addition, a facility can be subject to a CMP of \$1,000/day for each day of the violation.

The sponsor of this bill had a personal story and was one of the sponsors of the original legislation passed in 2022. The bill was just filed this week and has not been referred to committee.

## **Inspections of Assisted Living and Residential Care Facilities:**

HB1825 and SB813 were both heard and voted out of their respective committees this month. The House bill has one more committee vote before heading to the House Calendar for floor debate. The Senate Bill should make its way to the Senate Calendar soon.

These bills state that 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.

## **Referrals to Assisted Living Facilities:**

HB1733 requires certain disclosures by referral agencies to prospective residents of assisted living facilities or their representatives. In addition, the bill places certain restrictions on Assisted Living facilities when paying fees to a referral agency for placement of residents. This bill is being pushed by several long-term care placement agencies as a result of deceptive practices by some on-line referral agencies.

The bill was heard in the House Health and Mental Health Policy Committee and has been voted out of committee. The bill was been expanded to include Skilled Nursing Facilities. The language was also added to SB813 voted out of the Senate Health and Welfare Committee.

## **CON:**

There has been no movement on any of the CON bills this session. We anticipate there will be a hearing on the Senate bill later this session. As a reminder, the Senate bill is a full repeal of CON. It is our understanding that the House bill likely will not move. The House bill would reform the CON process.

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.

## **Infection Control and Prevention**

### **Webinar: Learn About the Changes Coming to the Revamped CDC Website**

The CDC will soon launch an updated website as part of its Digital Communication Modernization and Clean Slate initiatives. These initiatives are a direct result of the agency-wide effort to modernize and transform digital communication at the CDC with a goal of improving communication to all audiences. The new site is set to go live Spring 2024, and while most of the CDC's new content will be available at launch, some content will return in phases as it is improved. Note that not all web pages will be affected when the new site officially launches. The new CDC.gov will be a streamlined site that provides the public and partners with clear, up-to-date information every day, and especially during emergencies.

Before the new website launches, the CDC is inviting partners to preview and provide feedback on a subset of test pages. **The beta pages will be available from February 28 through March 29, 2024.** This beta site will

feature selected topics, offering a sneak peak into what's coming once the website is officially launched in the coming months. User feedback is valuable in helping the CDC improve their website and successfully launch the new CDC.gov.

Mark your calendars to attend a [webinar](#) on **Friday, March 1 at 12 pm CST** to learn about the upcoming site changes, how these changes impact partners, the benefits of the new site, and how to share feedback or get technical assistance during the beta period. The CDC provided an [FAQ document](#), which has further information regarding the updated site and beta preview.

## **Bloodborne Pathogens Standard: Implementing Bloodborne Pathogen/Exposure Control Plan in LTC Facilities**

In health care settings, especially LTC facilities, the safety of residents and staff is connected. A clear example involves implementing a comprehensive OSHA-compliant Bloodborne Pathogen (BBP)/Exposure Control Plan (ECP). It's important to emphasize the importance of aligning the BBP ECP with existing infection control plans for resident care. This alignment provides an organized and integrated approach.

[Click here to view the items](#) that aim to identify and discuss the key requirements for establishing and implementing an effective ECP with LTC facilities, emphasizing the integration of other infectious disease plans for safeguarding both health care workers and residents.

## **NHSN Posts Upcoming Office Hours and Additional Reminders**

The CDC recently posted a [reminder](#) for facilities to log in to the NHSN and make sure that each facility has an active facility administrator. Additionally, the CDC posted a [document](#) with instructions for facilities that need to reassign the administrator role in the NHSN.

Please note only the facility administrator can enroll a facility in one or more components in the NHSN, reassign the role of facility administrator, and manage/negotiate locations that are used across components. It is important for the facility administrator to maintain access to the NHSN and report data. This will assist with submitting data in advance of reporting deadlines, such as the May 15, 2024, deadline to report annual health care personnel influenza vaccination summary data and the required weekly reporting for the COVID-19 module.

The CDC has scheduled upcoming open office hours for reporting the annual Healthcare Personnel Influenza Vaccination Data (registration is required). **REMINDER: Facilities are required to report this data by May 15, 2024, under the Skilled Nursing Facility Quality Reporting Program (SNF QRP) or may face a two percent reduction to their Medicare annual payment update for FY 2025.**

Provided below are the upcoming open office hours:

- [Thursday, March 28 at 1 pm CST](#)
- [Thursday, April 25 at 1 pm CST](#)

## New CPT Codes for RSV Vaccine Administration

Recently, CMS [updated](#) a prior announcement from December 3, 2023. The agency has retroactively added 2 new CPT codes for respiratory syncytial virus (RSV) vaccine administration to the Medicare Physician Fee Schedule files. This is effective for dates of service on and after October 6, 2023:

- 96380 – Short descriptor: Admn rsv monoc antb im cnsl
- 96381 – Short descriptor: Admn rsv monoc antb im njx

The announcement also provides information on [RSV shot](#) beneficiary education for resident and patients.

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

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.

## 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 compendium for the March 4 meeting, please click [here](#). To view the tentative agenda for the March 4 meeting, please click [here](#). To view the tentative agenda for the May 6 meeting, please click [here](#). MHCA encourages you to periodically review the agenda, the compendium, and the proposed applications **IN ADVANCE** of the scheduled CON meetings to determine if there is anything that may be of concern to you.

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 President and CEO Mark Parkinson to Retire in Early 2025

AHCA/NCAL has formally announced the upcoming retirement of its President and CEO Mark Parkinson, effective January 15, 2025. Parkinson has led the organization since 2011. Prior to his role at AHCA/NCAL, he served as the 45<sup>th</sup> Governor of Kansas and he and his wife, Stacy, previously owned and operated several long term care facilities in Kansas and Missouri.

Under Parkinson's leadership, AHCA/NCAL has focused on delivering policy solutions to Capitol Hill and the Administration, with a special emphasis on quality care. During his tenure, AHCA/NCAL achieved several notable successes, including the development and launch of the Quality Initiative, a multi-year national endeavor to improve quality outcomes in long term and post-acute care facilities, and a merger with the Alliance for Quality Nursing Home Care to unite the profession's advocacy efforts. Additionally, Parkinson led the profession through the most difficult period of its history – the COVID-19 pandemic and the resulting workforce crisis. Under his leadership and throughout the changes within the sector, AHCA/NCAL has remained the largest association in long term care and maintains record membership levels.

Parkinson's vision and leadership has brought him recognition from multiple leading publications and programs. He was named a top lobbyist for 11 consecutive years (2013-2023) by The Hill, a Capitol Hill newspaper. Parkinson also had the distinction of being selected as one of the "100 Most Influential People in Healthcare" by Modern Healthcare in 2015, 2020, 2021, 2022, and 2023. Parkinson was named Top CEO in the small-employer category by The Washington Post 2019 Top Workplace survey, and Top Association CEO by CEO Update in 2013. Washingtonian selected Parkinson as one of Washington, D.C.'s 500 Most Influential People in 2022 and 2023. At an upcoming ceremony in March, he will receive the Career Achievement Award as part of the McKnight's Pinnacle Awards.

In preparation for Parkinson's retirement in early 2025, the AHCA/NCAL Board of Directors has begun its search for the next President and CEO. Details surrounding the leadership transition, timing, and next steps are forthcoming.

### 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 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**

### **DHSS Antibiotic Stewardship Survey**

The Missouri Antimicrobial Stewardship Educational Collaborative is working with Washington University on an antibiotic stewardship project and are seeking input from long term care facilities and hospitals. The survey can be found at the attached link here: [Survey Link](#). It should take approximately 15 minutes to complete.

This survey is intended to evaluate the current state of antimicrobial stewardship activities at Missouri long-term care facilities. Please forward it to whomever at your facility is most involved with the antimicrobial stewardship and the management of antimicrobial use, or if no such person exists, your medical director or pharmacy leadership. **The deadline for completing the survey is March 1, 2024.**

For any questions regarding this facility antimicrobial stewardship survey, please submit an email to [mo.stewardship@wustl.edu](mailto:mo.stewardship@wustl.edu) and use "MO DHSS Antimicrobial Stewardship Survey" in the subject line.

### **Changes to the Adult Abuse & Neglect Online Reporting Application – Became Effective February 26**

Missouri's Adult Abuse and Neglect Hotline online reporting application was upgraded, and the link changed on Monday, February 26. If you have saved the old link, it no longer works; however, the online reporting application can still be accessed at [Health.Mo.Gov/abuse](https://health.mo.gov/abuse). If you have any questions or concerns, you may send them to [DSDSOofficeofconstituentservices@health.mo.gov](mailto:DSDSOofficeofconstituentservices@health.mo.gov).

### **Registration Open for the CMS Webinar on Achieving a Full APU**

CMS is hosting a webinar on **Monday, March 26 at 12:00 pm CST** to educate providers of current changes to the Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), and to help providers achieve a full Annual Payment Update (APU), and specifically to avoid the two percent reduction in the annual Medicare APU. This webinar will cover:

Updates to the SNF QRP, Minimum Data Set (MDS), and NHSN submission and reporting requirements  
Available Internet Quality Improvement and Evaluation System (iQIES) and NHSN reports  
The reconsideration process for providers identified as noncompliant  
Helpful resources

Registration is open and can be completed online through [Zoom](#). If you have questions regarding access to the resources or feedback related to the training, please email the CMS [PAC Training Mailbox](#). Content-related questions should be submitted to the CMS [SNF QRP Help Desk](#).

## Change Healthcare's Cybersecurity Incident and Its Potential Impact on SNF Billing and Claims Activities

On Wednesday, February 21, 2024, UnitedHealth Group Inc.'s technology subsidiary Change Healthcare announced that its systems were adversely affected by a security incident. Pharmacies across the United States and other downstream users of Change Healthcare's electronic platform continue to await a resolution to restore their ability to process claims and submit billing information electronically to health payers.

To protect client data and the integrity of their software platforms, some post-acute and long term care health information technology and electronic medical record system vendors disconnected their products from integrations to Change Healthcare's systems the previous week. Unfortunately, this could have an impact on SNF billing and claims processing activities that utilize the Change Healthcare platform until resolved, particularly for the upcoming February month-end.

While only a portion of the long-term and post-acute care community may utilize Change Healthcare services to process claims submissions and billing activities, [click here](#) for some recommended steps and more information should you be impacted.

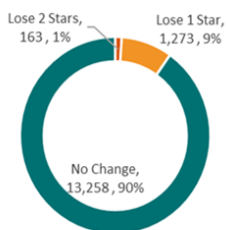
## April 2024 Staffing Five-Star Projections Added to LTC Trend Tracker

In April 2024, CMS will adjust the five-star staffing scoring methodology to penalize missing turnover data. Missing turnover rates will be scored at the lowest points possible (e.g. 5 out of 50 points) instead of rebasing the scoring to allow missing data to be neutral.

Other Payroll-Based Journal (PBJ)-related Five-Star penalties remain, such as an automatic 1-star staffing rating for not submitting PBJ data or having four or more days with no registered nurse hours. For more details, please see the [CMS Five-Star Technical Manual](#) and the [CMS Memo from September 2023](#).

**Most facilities are not projected to be impacted by this scoring change but 10 percent could see a decrease.** The three PBJ-based turnover measures (Total Nurse, RN, and Administrator) require six consecutive quarters of PBJ data to be calculated. Most facilities (68%) have non-missing rates for all three, while about 10% are missing all three in the January 31, 2024, release of CMS Care Compare.

Projected Impact of April 2024 Scoring Changes on Staffing Five Star Ratings (Nation)



The AHCA/NCAL Research Department modeled the April 2024 scoring changes on the latest available data and found that 90% of facilities had no change in their staffing star ratings, nine percent of ratings decreased by one star and one percent by two stars.

You can access the latest [Your Top-Line publication in LTC Trend Tracker](#) (2024-Q1 released on February 13) to see the projected impact of these changes for your facility.

## **CMS to Pause CBR and PEPPER Reports Through Fall 2024**

CMS will temporarily pause distributing Comparative Billing Reports (CBRs) and Program to Evaluate Payment Patterns Electronic Reports (PEPPERS). This pause will allow CMS to improve and update the program and reporting system and will remain in effect through the fall of 2024.

Due to the importance of these reports, CMS is dedicated to enhancing the quality and accessibility of the reports. CMS will release a Request for Information (RFI) to obtain information from providers about how the program can better serve the sector.

PEPPER provides provider-specific Medicare data for services vulnerable to improper payments. It can be used as a guide for auditing and monitoring efforts to help providers identify and prevent payment errors.

A CBR provides data on Medicare billing trends, allowing a health care provider to compare their billing practices to peers in the same state and across the nation. A CBR educates providers about Medicare's coverage, coding, and billing rules and acts as a self-audit tool for providers.

Please visit the CBR or PEPPER website for periodic updates. If you have any further questions, please send them to [Medicaremedicalreview@cms.hhs.gov](mailto:Medicaremedicalreview@cms.hhs.gov).

## **Reminders for Residents with Electronic Cigarettes**

Electronic cigarettes are being used more frequently by residents in SNFs. Below are some reminders on regulations and safety concerns related to e-cigarettes in facilities. [Appendix PP](#) states – e-cigarettes do not pose the same dangers of ignition as regular cigarettes. However, they are not without risk. Some risks associated with e-cigarettes include:

- Potential health risks to the smoker
- Second-hand aerosol exposure
- Nicotine overdose
- Explosion or fire caused by the battery

Facilities are responsible for overseeing the use and storage of these devices to maintain an accident-free environment. Some tips to keep your residents safe include:

- Assess residents for safety prior to allowing them to use the device.
- Consider keeping devices at the nurses' station, like securing residents' cigarettes.
- Keep loose batteries in a case to prevent contact with metal objects.
- Never charge a vape device with a phone or tablet charger, only use the appropriate charging equipment.
- Only charge devices during the daytime hours.
- Replace the batteries if they get damaged or wet.

For more information on e-cigarette safety, visit the [Food and Drug Administration website](#). Please send questions to [regulatory@ahca.org](mailto:regulatory@ahca.org).

## Director of Food and Nutrition Services Qualifications

The SLCR recently announced that they have received an influx of questions related to the qualifications for director of food and nutrition services in SNFs. In their listserv, they provided the following information. The federal regulation (F801) requires one of the following qualifications (if a qualified dietician or other clinically qualified nutrition professional is not employed full-time):

- a. A certified dietary manager; or
- b. A certified food service manager; or
- c. Has similar national certification for food service management and safety from a national certifying body; or
- d. Has an associate's or higher degree in food service management or in hospitality, if the course study includes food service or restaurant management, from an accredited institution of higher learning; or
- e. Has 2 or more years of experience in the position of director of food and nutrition services in a nursing facility setting and has completed a course of study in food safety and management, by no later than October 1, 2023, that includes topics integral to managing dietary operations including, but not limited to, foodborne illness, sanitation procedures, and food purchasing/receiving.

CMS has noted that the approved certifications and course requirements would be the equivalent of a ServSafe Food Manager certification. Additional food manager courses found to meet the requirements include the following:

- AAA Food Handler,
- Learn2Serve, and
- State Food Safety.

## Life Safety Update – K161/FSES

AHCA has been made aware that CMS has communicated with its regional offices and select state survey agencies that they are pursuing policy change to address the on-going K161/FSES issue. The change should benefit providers who have been cited for a K161 construction related issue, cannot pass the 2013 edition of 101A (FSES), but can pass the same FSES utilizing the mandatory values from the 2001 edition of 101A (FSES). CMS already permits the use of the 2001 mandatory values for providers that had an approved passing FSES prior to July 2016. This policy change would permit use of the 2001 mandatory values for organizations cited for K161 after July 2016. While AHCA is not aware of any formal proposed policy change, it does appear that CMS is open to permitting the use of the 2001 mandatory values in a 2013 FSES to off-set a K161 tag assuming the FSES indicates a passing score. It appears that situations are being reviewed and addressed on an individual basis. AHCA will keep members apprised as they learn more. Questions can be directed to [emergencyprep@ahca.org](mailto:emergencyprep@ahca.org).

## Why Sprinklers Keep Leading to Survey Tabs

Since August 2013, CMS has required all regulated nursing homes to be fully sprinklered. This has resulted in a decline in serious healthcare facility fires, along with the injuries and fatalities that can be associated with them. However, the increase in sprinkler systems has accompanied an increase in life safety deficiencies. CMS K-tags related to sprinkler system design, components, inspection, testing, and maintenance are consistently in the top five K-tag findings list nationally.

There are two commonly cited K-tags that address sprinkler systems. K351 addresses sprinkler system installation and K353 addresses sprinkler system maintenance. [Click here](#) to view the Common survey findings related to sprinkler system installation (K351) and sprinkler inspection, testing, and maintenance (K353).

## **Maintaining Your Respiratory Protection Program in LTC Facilities – Actions and Frequencies**

LTC facilities must adhere to specific requirements for compliance with the Occupational Health and Safety Administration (OSHA) [Respiratory Protection Standard \(29 CFR 1910.134\)](#). The nature of airborne hazards, the presence of respiratory threats, the specific respiratory protection program, and the resulting compliance requirements will vary between organizations. Employers must recognize that once a Respiratory Protection Program (RPP) is established, ongoing maintenance is necessary to ensure compliance with the OSHA standard.

[Click here](#) to view the following are areas of a Respiratory Protection Program that likely require regular action by the organization.

## **Navigating “Safety” in LTC Facilities: Separating the Roles of OSHA and the LSC for Fire Safety**

OSHA’s regulations overlap with CMS Federal and State requirements in many areas, most commonly with the Life Safety Code (LSC). [Click here](#) to view the areas of overlap for OSHA vs. LSC.

## **Managing Hazardous Area Compliance – Life Safety Code (LSC)**

The Life Safety Code has long required special protections for “hazardous areas”. Locations commonly considered under this designation include storage rooms, soiled utility rooms, boiler rooms, maintenance workshops, and bulk laundry areas. While the provisions for these areas have not greatly changed in the Life Safety Code over the years, compliance with the requirements specific to hazardous areas continues to be a top five finding nationally (K-321).

For existing hazardous areas (in place prior to July 2016), these spaces are required to be enclosed with smoke resisting construction (assuming the room is provided with sprinkler protection). This means no louvers, half-walls, open alcoves, or any type of unprotected opening to the corridor. Doors shall be self-closing and positive latching. However, doors are not required to be rated.

If the hazardous area was constructed after July 2016, or the space lacks sprinkler protection, a 1-hour fire resistance rated enclosure is required. This includes a ¾ hour rated door assembly that is self-closing and positive latching.

Like so many new focus areas and challenges brought on by the pandemic, the emphasis on PPE has created some unintended consequences regarding Life Safety Code compliance. With various states mandating significant PPE quantities to be on-hand, some organizations have been forced to create new storage locations. This sometimes involves the repurposing of existing spaces that were utilized differently in the past. In many cases, this essentially creates “new” hazardous areas.

Historically, if an organization looked to convert an existing space into a storage room, for PPE or any type of combustible storage, the conversion of the space triggered the provisions for “new” construction in the Life Safety Code. However, such rooms or spaces usually do not have 1-hour rated enclosures.

The 2012 edition of the Life Safety Code provides some potential relief to organizations who are converting existing spaces into storage areas. The 2012 edition includes a new chapter (Chapter 43 – Building Rehabilitation) that clarifies the requirements applicable when implementing repairs, renovations, changes of use, or even changes in occupancy type. In particular, Section 43.7.1.2(2) provides guidance on the requirements around converting existing spaces into newly designated hazardous areas. Essentially, a 1-hour enclosure of the newly created hazardous area is not necessary if the following criteria are met:

- The area is not greater than 250 square feet.
- The room is being converted to a location used for storage.
- The building is fully sprinklered.

This provision in Chapter 43 provides much more flexibility when reallocating space and developing additional storage locations, a common practice as organizations continue to maintain greater stocks of PPE. All door provisions for hazardous areas still apply.

As always, knowledge of the applicable codes and standards is your best tool for ensuring compliance. You can purchase a copy of the Life Safety Code (NFPA 101) online at [www.nfpa.org](http://www.nfpa.org). The [AHCA/NCAL website](#) is also a good source for on-going life safety education, tools, and resources.

## **Providers Required to Submit Managing Employee Information to Provider Enrollment Records Immediately**

On February 8, the [CMS MLN Connects newsletter](#) clarified for providers that "...hospice and skilled nursing facility medical directors and administrators are always considered managing employees for Medicare provider enrollment purposes. You must report all current managing employees. If you haven't reported a medical director or administrator, report them now."

Per an email to AHCA/NCAL from CMS, **the information referenced in the MLN notice can be furnished via a CMS-855A change of information (COI) submission.** SNFs can obtain information about the COI process for reporting SNF medical directors and administrators via the [CMS enrollment website](#) or by contacting their local MAC.

Prior to this notice, it was unclear whether recent regulatory changes explicitly required these individuals to be reported on SNF provider enrollment documentation submitted via a COI submission, or during the next revalidation period. **This notice provides clarification that providers should not wait for the revalidation and must submit any missing medical director or administrator via the COI submission as soon as possible.**

For additional questions or concerns, please email [regulatory@ahca.org](mailto:regulatory@ahca.org).

## **Skilled Nursing and Therapy Services Covered by Medicare to Maintain Function or Prevent/Slow Decline**

On February 8, CMS posted a reminder in the [MLN Connects newsletter](#) that Medicare covers skilled nursing care and skilled therapy services under skilled nursing facility, home health, and outpatient therapy benefits when a beneficiary needs skilled care **to maintain function or to prevent or slow decline**, as long as:

- The beneficiary requires skilled care for the services to be provided safely and effectively.
- An individualized assessment of the patient's condition demonstrates that the specialized judgment, knowledge, and skills of a qualified therapist are needed for a safe and effective maintenance program.

Providers are encouraged to visit the [CMS Jimmo Settlement Agreement webpage](#) for more information. This webpage was established as part of a 2013 Jimmo v. Sebelius class action lawsuit agreement on behalf of beneficiaries throughout the country who were denied Medicare coverage for skilled care because they were not improving. The settlement confirmed that access to Medicare coverage should be determined based on the beneficiary's need for skilled care, not potential for improvement. However, advocacy groups note that some

providers and claim auditors continue to apply a non-existent improvement standard. This notice is an attempt to address this ongoing issue.

## **CMS Releases FAQs Clarifying 2024 Medicare Advantage Final Rule**

Recently, CMS released [frequently asked questions](#) (FAQs) pertaining to coverage criteria and utilization management requirements in the 2024 Medicare Advantage (MA) final rule. The requirements in the final rule are intended to create parity between MA and Traditional Medicare, enhance beneficiary protections, and increase program oversight. There are 14 FAQs providing clarification on several areas, including interrupted stays, algorithms, and artificial intelligence (AI) use in determining length of stays and terminating care, post-payment audits and denials of payment for authorized services, use of prior authorizations, and enforcement. These topics were part of the ask by AHCA and the coalition of long-term and post-acute care associations and the Center for Medicare Advocacy in its letter submitted on November 29, 2023, and meeting with CMS on January 3, 2024.

To view the highlights included, [click here](#).

## **What to Know About the Independent Contractors Final Rule**

On January 10, 2024, the U.S. Department of Labor (DOL) published a final rule, entitled "[Employee or Independent Contractor Classification Under the Fair Labor Standards Act](#)", which **goes into effect on March 11, 2024**. This rule revises the Department's guidance on how the agency determines who is an employee or independent contractor under the Fair Labor Standards Act (FLSA). It specifically rescinds the Independent Contractor Status Under the Fair Labor Standards Act rule ([2021 IC Rule](#)), that was published on January 7, 2021, under the Trump Administration, and essentially reverts to the agency's earlier and broader multi-factor economic realities test.

The new standard will, in certain circumstances, make it more difficult for long term care providers to properly classify a worker as an independent contractor. Likewise, this final rule has the potential to place greater financial and legal burdens on long term care providers as existing contract workers may now need to be reclassified as employees under the new standards. More specifically, the rule includes that a worker is not an independent contractor if they are, as a matter of economic reality, economically dependent on an employer for work. 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. Please contact [Dana Ritchie](#) with any questions or comments.

## **Interoperability and Prior Authorization Rule Summary**

In December 2022, CMS finalized the Interoperability and Prior Authorization Rule ([CMS-0057-F](#)). The rule aims to enhance the efficiency and transparency of patient data exchange. It mandates that impacted payers – including Medicare Advantage organizations, state Medicaid FFS programs, state CHIPS FFS programs, Medicaid managed care plans, CHIP managed care entities, and QHP issuers on the FFEs – must implement standardized Application Programming Interfaces (APIs) by January 1, 2027. These APIs will revolutionize how patients, providers, and payers interact with health care data and are positioned to improve care coordination.

In addition, the rule addresses the prior authorization process. Establishing specific requirements for streamlining these procedures, the rule aims to reduce administrative burdens and improve the timeliness of care delivery. These efforts are particularly relevant for the sector, where timely access to services and interventions can significantly influence patient outcomes and operational efficiency. AHCA/NCAL has developed a [members-only summary](#) for reference.

## **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](mailto: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](#).

## **Administrator License Renewals**

**IMPORTANT:** Missouri licensed administrators (NHA or RCAL) expiring June 30, 2024, are due for license renewal. If you plan to renew, please visit the BNHA website at <https://health.mo.gov/bnha> for important information regarding continuing education and license renewal.

Once your renewal has been successfully processed, you will be issued a current license via email. Please note if you fail to renew by June 30, 2024, you cannot practice as a licensed administrator after that date.

## **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](mailto: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](mailto:missouri@hdmaster.com).

Knowledge and Skill testing is available on March 12, April 11 and 25 at MHCA. Please contact [shellie@mohealthcare.com](mailto: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 February 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

### National Skilled Nursing Care Week – Resources and Exclusive Products Now Available



AHCA has announced that resources for this year's National Skilled Nursing Care Week (NSNCW), including the Planning Guide, marketing tools, and special products, are now available at [NSNCW.org](https://nsncw.org). These materials are designed to assist you in planning, promoting, and celebrating NSNCW. Discover everything you need to make this week memorable for your residents, staff, and volunteers and to spread joy throughout the community.

### MC5 Webinar – The Validation Method: Connect and Communicate with Older Adults

Mark your calendars for this upcoming webinar from MC5! On March 6, [The Validation Method: Connect and Communicate with Older Adults](#) will be offered by Vicki deKlerk, Executive Director, The Validation Institute.

Over 37 years ago, when reality orientation was the norm, Naomi Feil, a woman with unique empathy and insight into the world of disoriented elders, created the Validation Method, motivating older adults with cognitive decline to communicate more, relieve stress, and enhance dignity and happiness in their final stage of life.

Today, the validation method is practiced around the world, and her daughter, Vicki deKlerk, continues her work through the Validation Training Institute, providing education, quality standards and easy pathways for learning this evidence-based method.

Through the magic of Zoom, Vicki will join us from the Netherlands, using interactive exercises, she will describe, demonstrate, and share 2 key prerequisite skills of the Validation Method. There will be an opportunity to share in conversation and engage in a Q & A with attendees. Please click [here](#) to register and learn more.

### 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](https://www.careersinaging.com) for more resources.

## **AHCA/NCAL's Quality Summit 2024 – Registration is Now Open**

Mark your calendars for three dynamic days at the AHCA/NCAL Quality Summit focused on effective leadership, strategic planning, customer engagement, data management, and workforce challenges. The AHCA/NCAL Quality Summit will be held **Monday, May 20 – Wednesday, May 22, 2024, in San Antonio, Texas**. Please click [here](#) for more information on the Summit and to register!

At this conference, you can customize your experience to meet your needs with educational programming based on the *Baldrige Criteria for Performance Excellence*. With session topics aligned with the seven Baldrige Criteria, you can select specific areas of focus that will elevate your skills and contribute to your facility's success!

## **HQIN Strategies to Use During Your Nursing Home Stand-Up Meetings**

HQIN is presenting an educational series tailored for nursing home stand-up meetings, aimed at decreasing preventable emergency room (ED) visits and hospital readmissions. HQIN is sending out talking points that can be included in daily stand-up meetings to increase staff knowledge on relevant topics like effective communication, adverse drug events and infection prevention. The program is designed to empower nursing home staff with practical knowledge to foster a safer environment.

This week's strategies include Adverse Drug Events – Anticoagulants. Below is an overview of information and resources.

- An adverse drug event (ADE) is harm that results from medication use. These events can be due to allergic reactions, side effects, overmedication and medication errors. Anticoagulant medications are necessary for the treatment of some conditions but are also a leading cause of ADEs resulting in ER visits or hospitalization. Review ADE risk factors and sign/symptoms on this [Anticoagulant Anti-thrombotic Tip Sheet](#).
- Also, review the Centers for Disease Control and Prevention's (CDC) [Adverse Drug Events in Adults](#) for more safety information.
- Review your policy for medication education. [Blood Thinner Pills: Your Guide to Using Them Safely](#) provides resources for educating residents and families.
- Evaluating your facility's anticoagulant program can assist you with identifying and addressing opportunities for improvement.
- This [Anticoagulant Adverse Drug Events Self-Assessment](#) provides a checklist for anticoagulant programs.

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](http://www.hqin.org) or contact Judy Carte, [jcarte@hqi.solutions](mailto:jcarte@hqi.solutions).

## **New QIPMO Newsletter – February 2024**

The Quality Improvement Program for Missouri (QIPMO) has published [MDS Tips and Clinical Pearls \(Volume 11, Issue 2\)](#).

In this issue:

- You Know What They Say About Assuming?!
- ICAR Corner
- Music Soothes the Savage Beast
- Tracheostomy 101

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

## **QIPMO**

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

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

## **The Center of Excellence for Behavioral Health in Nursing Facilities**

The COE-NF released new trainings for the month of February that offers Accreditation Council for Continuing Medical Education (ACCME) credits. The COE-NF also 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 also has [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](#)
- [Sign up for the monthly newsletter](#)

## **Enhanced Leadership Development Academy for LTC Leaders**

Do you.....

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

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

## **Assisted Living Update**

### **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.

### March 2024 - Employee Recognition Program

In the month of March, MHCA will recognize **Social Workers, Doctors, Administrators, and HR Professionals**. 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.

## Centenarian Club Members

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

**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

[Medicare From Start to Finish Workshop](#)

March 12 | MHCA Office | Jefferson City

[Federal Review Course for Nursing Home Administrators - Hybrid Workshop](#)

March 18-19 | MHCA Office | Jefferson City

[SNF ICD-10 CM Workshop](#)

April 17 - 18 | Capitol Plaza Hotel | Jefferson City

### Virtual Workshops & Webinars

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

[Deconstructing IJ & High Risk Tags Webinar Series - "Immediate Jeopardy Risk: Abuse & Neglect"](#)

March 12 | Live Webinar

To register for the full 2024 series, please [click](#) here.

[Don't Get Tagged: NHSN Reporting Essentials for Long-Term Care Facilities](#) - **FREE**

March 13 | Live Webinar

[Federal Review Course for Nursing Home Administrators - Hybrid Workshop](#)

March 18-19 | Live Webinar

[Documentation in Depth Webinar Series - "Documentation for Pain Management"](#)

March 19 | Live Webinar

To register for the full 2024 series, please [click](#) here.

[Deconstructing IJ & High Risk Tags Webinar Series - "Immediate Jeopardy Risk: Quality of Care"](#)

April 9 | 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 MHCA2024 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 and successfully passing the post-test. Each module is worth 1.25 NAB-Approved CEs.



## **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