

DHSS UPDATE



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Missouri Department of Health and Senior Services
www.health.mo.gov

MISSOURI DEPARTMENT OF
**HEALTH &
SENIOR SERVICES**

WELCOME AND SECTION UPDATE

- Division Leadership
- Regional Office
- Missouri Assisted Living Association
- Missouri Health Care Association
- Health Quality Innovators (HQI)
- Central Office
- Ombudsman Program
- Missouri Association of Nursing Home Administrators
- Leading Age Missouri
- QIPMO

Section Update

- Tracy Niekamp accepted the Section Administrator position.
- Shelly's last day in the office will be December 22nd.

STATE AND FEDERAL WORKLOAD ACCOMPLISHMENTS

Overdue Certification surveys (15.9 months)	July 2021	July 2022	Sept. 25, 2023	# of SLO locations with no inspection in over 12 months	August 2022	December 2022	Sept. 25, 2023
Total overdue surveys (SNF/NF-506)	404	297	133	(~778 total required)	498	354	210

- Contract surveys being performed by CertiSurv, HMS, and Ascellon
- Focused Infection Control Surveys (Required in 20% of certified homes= 103) Completed 108
 - 20% requirement will end this federal fiscal year

COMPLAINTS

Fiscal Year 2023: 12,206
 Calendar Year 2022: 11,659
 Calendar Year 2021: 10,577
 Calendar Year 2019: 9,147

Total # of complaints pending onsite investigation:

- February 2023 - 1,276
- September 18, 2023 - 514

Roadblocks to returning to “normal”:

- IJ complaints- 194% increase (585 to 1,722) in 2022 from pre-pandemic (2019); FY2023 1,630
- Non IJ High complaints - 20% increase (6,532 to 7,849) from pre-pandemic (2019); FY2023 8,194
- Increase in volume of complaints received- 14% increase in 2021 and an additional 10% increase in 2022; additional 4.7% increase in FY2023

FACILITY REPORTED INCIDENTS

Requirements for Certified Homes (but can be used by all homes)

- Revised FRI reporting requirements sent out on the listserv on October 21, 2022 and forms for reporting sent out on December 16, 2022.
 - Forms are not required, but content in forms is required.
 - Please be as specific as you can and update as often as needed.
- The [FRI Initial Reporting Form](#) can be sent to the Adult Abuse and Neglect Hotline fax number (listed on the form) or to the regional office.
- The [FRI Follow-Up Investigation Form](#) should be sent directly to the regional office. **Please do not send the follow-up investigation to the Adult Abuse and Neglect Hotline.**
- Forms and information can be found on LTC blog at <https://ltc.health.mo.gov/> by typing Facility Reported Incidents in search bar.

COMPLAINT AND FRI INVESTIGATION TIMEFRAMES – BEGINNING 10/1/23

	IJ	Non-IJ High	Non-IJ Medium	Non-IJ Low
Complaints	SA must initiate an onsite survey within 3 business days of receipt of the initial report	SA must initiate an onsite survey within an annual average of 15 business days of receipt of the initial report, not to exceed 18 business days	SA must initiate an onsite survey within 45 calendar days of receipt of the initial report.	SA must track/trend for potential focus areas during the next onsite survey, or initiate a new complaint survey.
FRI	With inadequate resident protection, SA must initiate an onsite survey within 3 business days of receipt of the initial report. With potentially adequate resident protection, SA must initiate an onsite survey within 7 business days of receipt of the initial report.	SA must initiate an onsite survey within an annual average of 15 business days of receipt of the initial report, not to exceed 18 business days.	With an inadequate facility response, SA must initiate an onsite survey within 45 calendar days of receipt of the initial report.	With a potentially adequate facility response, SA must track/trend for potential focus areas during the next onsite survey, or initiate a new complaint survey

The above are federal requirements for certified homes – Complaint and Facility Reported Incidents information found in the State Operations Manual Chapter 5 - <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/som107c05pdf.pdf>

REGULATION AND COMPLIANCE UNIT

2023

- Immediate Jeopardy/Class I- 129
- Past Non Compliance/IJ- 20
- Uncorrected Class II Notice of Noncompliance- 99

CPR – Certified Homes

- CPR is performed when required, unless obvious clinical signs of irreversible death (e.g., rigor mortis, dependent lividity, decapitation, transection, or decomposition) are present; or initiating CPR could cause injury or peril to the rescuer
- CPR certified staff on duty on all shifts – have tracking system in place
- Consistent orders in medical record & staff are aware where to find code status
- All staff have appropriate certification, including agency staff. Certification must be for Healthcare Providers and include a hands-on practice and in-person skills assessment. Online-only certifications do not meet the requirement.

CLASS I/IMMEDIATE JEOPARDY

- **Quality of Care**
 - Continuity of care between care settings
 - Changes in condition
 - Implementing physician orders
- **Abuse**
 - Staff to resident
 - Resident to resident

Immediate Jeopardy Language in SOD

The administrator was notified on 5/9/19 at 3:45 P.M. of an Immediate Jeopardy (IJ) which began on 5/8/19. The IJ was removed on 5/9/19, as confirmed by surveyor onsite verification.

COVID- SNF, ICF, ALF AND RCF

- Homes with outbreaks increasing in last few weeks
 - July 31 – 17
 - August 7 – 32
 - August 21 – 66
 - August 28 – 85
 - September 11- 125
 - September 18 - 146
- Homes should continue to follow CDC Guidance - https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Flong-term-care.html
 - Place a patient with suspected or confirmed SARS-CoV-2 infection in a single-person room. The door should be kept closed (if safe to do so). Ideally, the patient should have a dedicated bathroom. **If cohorting, only patients with the same respiratory pathogen should be housed in the same room.**
- Residential Care and Assisted Living may follow community guidance - https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html?CDC_AA_refVal=h

COVID- SNF, ICF, ALF AND RCF

Report Positive Cases

- Facilities performing their own COVID-19 testing (antigen testing) must report positive results through one of the following portals:
 - Missouri Disease Reporting Online Portal (MODROP)
 - In bulk via HL7 or CSV file using the DHSS- Electronic Lab Reporting process
 - National Healthcare Safety Network (NHSN) or the Association of Public Health Laboratories (APHL) Informatics Messaging Services (AIMS) Platform.
- Facilities using an external laboratory (PCR testing) must enter positive case information into MODROP.
- The Missouri Disease Reporting Online Portal (MODROP) can be accessed directly from <https://modrop.health.mo.gov/> or by using the existing ECD-1 link at <https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/case-reporting.php> and selecting the MODROP button.

The ICAR Team Can Help!

- QIPMO has formed an Infection Control and Assessment and Response (ICAR) team with a primary goal to assist Missouri Long-Term Care Facilities navigate the challenges of the COVID-19 pandemic and other infectious diseases.
- **Members of the ICAR Team are available for voluntary, no cost visits (virtual and/or in-person) to any residential care, assisted living, and skilled nursing facility in Missouri.** These visits are intended to be consultative and collaborative in nature with a non-regulatory focus to evaluate infection control practices. Visits will consist of: completion of a standardized assessment of infection control processes, focusing on highly-transmittable infectious diseases, observations of infection control practices, preliminary feedback with supplemental educational resources

FREE INFECTION PREVENTION TOOLKIT- SNF, ICF, ALF AND RCF

Coming This Fall!

- Infection Prevention Toolkit - Basic Infection & Control Resources to be used throughout your facility
- Respiratory Fit Testing Kit
- Items will be delivered to your facility (SNF, ICF, ALF and RCF) at No Cost

- Additional resources: Developing an ordering system for needed infection prevention and control supplies to be shipped to your facility
- More information will be coming via the List Serve

COMPASSIONATE CARE VISITATION ACT (191.1400, RSMO.)

“Compassionate Care Visitation Act” and “No Patient Left Alone Act” became law on August 28, 2022.

- Allows a resident or guardian of such, to permit in-person contact with a compassionate care visitor during visiting hours.
- Compassionate care visitation is a visit necessary to meet the physical or mental needs of the resident, including end-of-life care, assistance with hearing and speaking, emotional support, assistance with eating or drinking, or social support.

Action Item: Facilities (SNF, ICF, ALF and RCF) are required by statute to make informational material accessible upon admission or registration and on the primary website of the facility. DHSS developed Compassionate Care Visitation Guidance to meet the required informational material requirement.

The handout is posted to the following webpages for LTCF:

- <https://health.mo.gov/seniors/nursinghomes/providerinfo.php>
- <https://health.mo.gov/seniors/nursinghomes/appsforms.php> (Under “Other Long Term Care Resources”)

Compassionate Care Visitation Act statute 191.1400,
RSMo <https://revisor.mo.gov/main/OneSection.aspx?section=191.1400&bid=51115&hl>.

PAYROLL BASED JOURNAL- CERTIFIED NURSING HOMES

- **F851 – Payroll Based Journal**
 - Surveyors obtain PBJ data from the Certification And Survey Provider Enhanced Reports (CASPER) report to determine if the facility submitted the required staffing information based on payroll data in a uniform format.

- Reports include information regarding:
 - Excessively low weekend staffing
 - 4 or more days with no RN
 - 4 or more days with less than 24 hours of licensed nursing staff
 - 1 star staffing rating
 - No data submitted for the last quarter

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

QSO 23-06-ALL: Provider and Supplier Compliance Education Through Quality in Focus (QIF) Trainings

CMS developed a series of short (10–15 minutes), Quality in Focus interactive videos tailored for specific provider types. The series aims to increase the quality of care for people with Medicare and Medicaid by reducing the deficiencies most commonly cited during the CMS survey process.

- o Treatment and Prevention of Pressure Ulcer Citations
- o Free of Accident Citations
- o Medication Error Citations

See the full memo for complete details at <https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertificationgeninfo/policy-and-memos-states/provider-and-supplier-compliance-education-through-quality-focus-qif-trainings>

QIF trainings are available for everyone on the QSEP site for FREE!

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

- QSO Memo 23-21 NH- Updates to Nursing Home Care Compare Staffing and Quality Measures
 - Changes to NH Compare Staffing and Quality Measures due to changed in MDS
 - Discontinuation of CMS-672 form (sections of form will be moved to CMS 671 effective 10/22/23)
 - Nursing homes that fail to submit staffing data or submit erroneous data will receive a one star staffing rating for that reporting quarter

CMS ANNOUNCEMENT- MINIMUM STAFFING REQUIREMENTS

- On September 1, 2023, the Centers for Medicare & Medicaid Services (CMS) published a draft rule regarding Minimum Staffing Standards for Long-Term Care (LTC) Facilities. Scheduled to be published in the Federal Register on 9/6/2023. Comment period of 60 days.
- Three core staffing proposals:
 - Enhanced Facility Assessment requirements- moving the provisions to a standalone section and modifying the requirements to ensure facilities have an efficient process for consistently assessing and documenting the necessary resources and staff that the facility requires to provide ongoing care for its population that is based on the specific needs of its residents. (effective 60 days after publication)
 - 24/7 on-site RN staffing (effective 2 years after publication for non-rural and 3 years for rural)
 - Minimum staffing requirement of 0.55 RN hours per resident day and 2.45 Nurse Aide per resident day. (effective 3 years after publication for non-rural and 5 years for rural.)

CMS ANNOUNCEMENT- MINIMUM STAFFING REQUIREMENTS

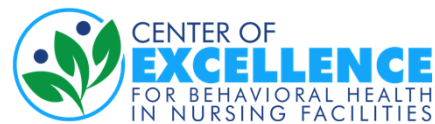
- Exemption from the proposed minimum standards of 0.55 hours per resident day (HPRD) for RNs and 2.45 HPRD for NAs would be available only in limited circumstances, where all four of the following criteria are met.
 - (1) Location where workforce is unavailable as determined by CMS using Bureau of Labor Statistics and Census Bureau data, or the facility is at least 20 miles from another long-term care facility;
 - (2) the facility is making a good faith effort to hire and retain staff;
 - (3) the facility provides documentation of its financial commitment to staffing; and
 - (4) the facility has not failed to submit PBJ data in accordance with re-designated 483.70(p), is not a Special Focus Facility (SFF); has not been cited for widespread insufficient staffing with resultant resident actual harm or a pattern of insufficient staffing with resultant resident actual harm, as determined by CMS; and has not been cited at the “immediate jeopardy” level of severity with respect to insufficient staffing within the 12 months preceding the survey during which the facility’s non-compliance is identified.

- RN waiver process will still be in place for the 24/7 requirement and is separate from RN/NA requirement.

CENTER OF EXCELLENCE FOR BEHAVIORAL HEALTH IN NURSING FACILITIES

The Center of Excellence focuses on increasing the knowledge, competency and confidence of nursing facility staff to care for residents with behavioral health conditions.

- Provides mental health and substance use trainings, customized technical assistance and resources at no cost
- Services are available to all CMS certified nursing facilities throughout United States
- Established by the Substance Abuse and Mental Health Services Administration (SAMHSA) in collaboration with the Centers for Medicare and Medicaid Services



For assistance, submit a request at
nursinghomebehavioralhealth.org

Contact us:
 National Call Center: **1-844-314-1433**

Email: coeinfo@allianthealth.org

CENTER OF EXCELLENCE FOR BEHAVIORAL HEALTH IN NURSING FACILITIES



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Contact us:

For more information or to request assistance, we can be reached by phone at **1-844-314-1433** or by email at coeinfo@allianthealth.org.

Visit the website:

nursinghomebehavioralhealth.org

LTCF RESOURCES

- For Long-Term Care updates, subscribe to our weekly listserv at <https://cntysvr1.lphamo.org/subscribe/ltc.html>
- LTC Blog: <https://ltc.health.mo.gov/>
- Rules, Statutes, Provider Information and Directories: <https://health.mo.gov/safety/nursinghomesinspected/index.php>



THANK YOU

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