



MISSOURI DEPARTMENT OF  
**HEALTH &  
SENIOR SERVICES**

## Section Update

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Tracy Niekamp, Section Administrator  
Laura Smith, Assistant Administrator

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## Licensure and Certification

- Processed applications for license to operate a long-term care facility, including relicensure every two years (576 in FY25) and change of operator/owner applications (36 in FY25).
- They also process bed changes, facility administrator changes, and other information changes
- Records Custodian for the Section pulls documents as requested through Sunshine Requests, Freedom of Information Act (FOIA) requests, and requests from other state agencies
- **Coming Soon:** Online Application Submission!
- **Contact:** LTCAPPLICATION@DHSS.MO.GOV

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## Facility Data and Trends

DHSS Licensure Unit Data- Notable findings from 2015 to 2025:

- Total # of facilities has decreased, however, # of licensed beds is relatively the same.
- Facility/bed growth is in ALF level of care.
- Decline in overall census.

April 2015	# fac	# beds	census	August 2025	# fac	# beds	census
Total	1151	79,719	55,552	Total	1101	79,625	52,495 (66%) CON data: RCF/ALF: 71% SNF: 72%

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## Licensure and Certification



**Closures Since 2020**

- SNF/ICF PERMANENT closures: 37 (34 SNF and 3 ICF) (One merged with another facility on the same premises)
- RCF: 64 (3 merged with another level of care on the premises or merged into one facility)
- ALF: 25 (3 merged with another facility on the premises)

**Total: 125** permanently closed facilities

**New Facilities since 2020: 57**

- 10- RCF (5 newly licensed since October 2023)
- 42- ALF (9 newly licensed since October 2023)
- 5- SNF (1 newly licensed since October 2023)

**Total: 57** new facilities

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## Engineering & Consultation Unit

- Architect, Carrie Schaumburg, and Engineer, David East and two part-time staff;
- Reviews all construction projects for Long-Term Care, Hospitals, and Ambulatory Surgical Centers. In FY '25, ECU conducted approximately 250 video conferences for construction project reviews.
- Conduct site inspections for new and large renovation construction projects at 50% and 80% completion to verify compliance with regulations and codes;
- Conducts reviews for remodeling, renovations, and system upgrades/installation.
- So far this fiscal year, ECU has completed 81 reviews for LTC, approximately 40 reviews for hospitals, 6 reviews of ambulatory surgical centers, and 7 reviews of psychiatric hospitals.
- **Contact:** [ECU@health.mo.gov](mailto:ECU@health.mo.gov)

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## Central Office Medical Review Unit (COMRU)

- Responsible for coordination of PASRR Level I screenings, as well as referring Level I screenings to the Department of Mental Health if suspected of a qualifying condition (sever MI, IDD, or a related condition);
- Determines if residents in Medicaid certified beds in SNFs meet nursing facility level of care (18 points).
- From January to June 2025, COMRU processed approximately 11,882 applications (CY'24: 26,801 applications)
- **Current processing time:** 3 work days or less
- **Coming Soon:** Level II and LOC screenings will be conducted at the same time for persons who qualify for Level II assessment
- **Contact:** [COMRU@health.mo.gov](mailto:COMRU@health.mo.gov)

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## Quality Assurance & Education

Quality Review Unit	MDS/RAI Unit	Training Unit	Health Education Unit
<ul style="list-style-type: none"> <li>Reviewed and processed 147 EDL referrals in FY25</li> <li>Track complaint workload and section's ability to perform work in required time frames</li> <li>Review inspections, surveys, investigations, federal monitoring surveys to identify training needs</li> <li>Monitor State Performance Standards</li> <li>Provider Meeting</li> <li>Policy review and revision</li> <li>Assist with health and LSC surveys</li> <li>Coordinate IDR</li> </ul>	<ul style="list-style-type: none"> <li>Present/train on MDS, IQIES, and SNF QRP</li> <li>Answer provider questions related to MDS/RAI process</li> <li>Process manual deletion requests from providers</li> <li>Answer questions related to TB testing</li> <li>Contact: <a href="mailto:stacey.bryan@health.mo.gov">stacey.bryan@health.mo.gov</a> <a href="mailto:donette.beeson@health.mo.gov">donette.beeson@health.mo.gov</a></li> </ul>	<ul style="list-style-type: none"> <li>2 State Training Coordinators</li> <li>Provide training to all surveyors and auditors</li> <li>3 weeks of federal training</li> <li>Provided IQIES training along with Quality Review Unit</li> <li>Attend surveys to provide onsite training</li> <li>Quarterly calls</li> <li>New statewide trainer: Mary Ehrenreich</li> </ul>	<ul style="list-style-type: none"> <li>Maintain registries</li> <li>52,291 CNAs</li> <li>7,638 CMTs</li> <li>9,847 L1MAs</li> <li>Pass rate for CNA tests -67% Knowledge -79.2 Skills</li> <li>Candidate Handbook updated 9/1/25</li> <li>July 2025- First Educator Summit</li> <li>Contact: <a href="mailto:cnaregistry@health.mo.gov">cnaregistry@health.mo.gov</a></li> </ul>

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## State and Federal Annual Inspections/Surveys

Overdue Medicare/Medicaid surveys as of 9/2/25: 63

- Surveys are no longer being performed by CertiSurv, HMS, and Ascellon as funding ended.
- Average number of health deficiencies per recertification survey: 10.0 citations (2024: 10.4 citations)

# of SLO locations with no inspection in FY25: 7 (Great progress from FY24: 122)

The total number of complaints per state fiscal year (7/1-6/30) has remained relatively the same in past three years:

- FY23: 12,290
- FY24: 11,868
- FY25: 12,282

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## Compliance Unit

- Manages all enforcement actions throughout the state, including communication with Centers for Medicare and Medicaid and MO HealthNet Division.
- Reviews Immediate Jeopardy, Class I, and Uncorrected Class II Statements of Deficiencies and Notices of Noncompliance.
- Recommends and imposes state and federal remedies.
- Purpose: Consistency of ALL enforcement action applied.
- Contact: [Laura.Morts@health.mo.gov](mailto:Laura.Morts@health.mo.gov)

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## Compliance Unit Notices



### Calendar Year 2023

- 111- Class I/Immediate Jeopardy (all levels of care)
- 22- Past Noncompliance Immediate Jeopardy (certified SNF)
- 88- Uncorrected Class II (all level of care)

### Calendar Year 2024

- 106- Class I/Immediate Jeopardy (all levels of care)
- 22- Past Noncompliance Immediate Jeopardy (certified SNF)
- 100- Uncorrected Class II (all levels of care)

### Calendar Year 2025 \* as of 6/30/25

- 60- Class I/Immediate Jeopardy (all levels of care)
- 12- Past Noncompliance Immediate Jeopardy (certified SNF)
- 44- Uncorrected Class II (all levels of care)

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## Compliance Unit



### Immediate Jeopardy/Class I

- Abuse (staff to resident, resident to resident)- ALF and SNF
- CPR – failure to perform on full code residents- ALF and SNF
- Not following physician orders for critical medications- seizures, diabetes, dialysis- resulting in hospitalization and death- ALF and SNF
- Recognizing changes in condition and seeking medical assistance- ALF and SNF
- Bedrail entrapment- ALF and SNF
- Pressure ulcers
- Emergency Preparedness- A/C, heat, staffing- ALF and SNF
- Elopement of cognitively impaired residents- ALF and SNF

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## Regulation Unit Responsibilities



- Oversees the rule promulgation process regarding 19 CSR 30 regulations. This includes reviewing, updating, and drafting state regulations because of legislative changes or the SLCR determines revisions are needed.
- Oversees the Exceptions and Additional Business (*a.k.a.* "second business") Process regarding written requests received from long-term care providers.
- Maintains and updates the SLCR Licensure Regulations Manual.

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### Regulation Unit Responsibilities

- Maintains and updates the SLCR Adult Day Care Program Manual.
- Compiles data for the quarterly Top Deficiency reports affecting all LTC facilities and Adult Day Care Programs which is published to the ListServ.

Send all Exceptions and Second Business requests to:

[RegulationUnit@health.mo.gov](mailto:RegulationUnit@health.mo.gov)

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### Regulation Unit Responsibilities

- Regulatory changes currently under review by the SLCR include:
  - **19 CSR 30-84.010** (Certified Nursing Assistant Training Program) – removal of outdated requirements (*old paper tests & 2001 manual*); reduce passing score percentage for written test; reduce age for student enrollment; extend time frame to retake the test.
  - **19 CSR 30-90 Adult Day Care Program** – revisions to the regulatory requirements based on legislative changes.
  - **19 CSR 30-84.020** (Certified Medication Technician) – allow for LTC facilities to train CMTs; allow for online class training.
  - **19 CSR 30-86.042 & 86.047** – remove the requirement for a written statement signed by a licensed physician or physician's designee indicating the person can work in a long-term care facility and indicating any limitations.

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### Regulation Unit Responsibilities

- The rule promulgation process will consist of the following steps:
  - 1<sup>st</sup> step: Informal review – The SLCR will notify industry stakeholders in order to solicit their comments on the proposed rule revisions. The SLCR will address comments.
  - 2<sup>nd</sup> step: Formal review – After informal period, the SLCR submits proposed rule to the Secretary of State (SOS) for a 30-day public comment period. The SLCR will address comments.
  - 3<sup>rd</sup> step: Formal review – After public comment period is addressed, the SLCR submits the proposed rule to JCAR for their 30-day review (known as "Final Orders of Rulemaking").
  - 4<sup>th</sup> step: Formal review – If the Final Orders of Rulemaking is approved, the SLCR will submit the Final Orders to the SOS to publish and the rule goes into effect 30 days after the publish date.

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PNC

### Past Noncompliance (PNC)

#### What is it?

- Correcting a deficient practice BEFORE the State Survey Agency enters for a standard, complaint, or revisit survey.
- Is achieved by an effective and detailed internal Plan of Correction (POC).
- Can prevent or limit civil monetary penalties (CMP).
- Does not require the facility to submit a Plan of Correction to the State.

**Did you know?** If a State licensed only facility can show Past Noncompliance, state law allows for no citation to be issued.

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PNC

### Past Noncompliance

#### How to Achieve It?

- May be identified during any survey and not just for Immediate Jeopardy.  
To cite PNC, ALL three of the following must be met:
  - The facility was not in compliance with the specific regulatory requirements(s) at the time the situation occurred;
  - The noncompliance occurred after the exit date of the last standard (recertification) survey and before the survey (standard, complaint, or revisit) currently being conducted; and
  - Sufficient evidence the facility corrected the noncompliance and is in substantial compliance at the time of the current survey for the specific regulatory requirement(s)

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CMP

### Past Noncompliance

#### Civil Monetary Penalties

- 42 CFR 488.430(b) provides that a civil monetary penalty may be imposed for past noncompliance since the last standard survey.
- CMS typically imposes a CMP for past noncompliance cited at the level of Immediate Jeopardy.

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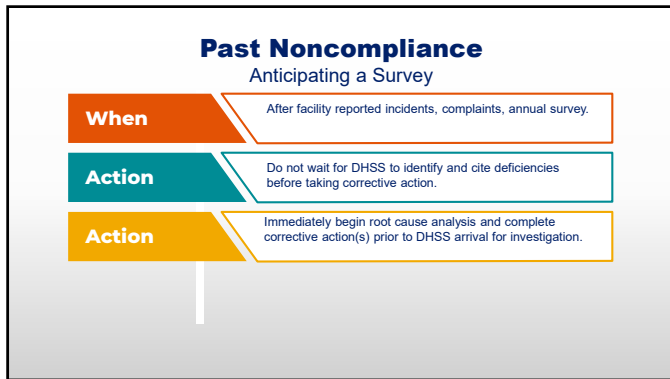
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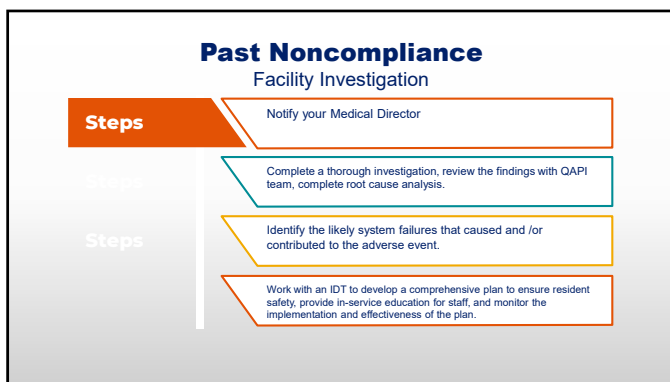
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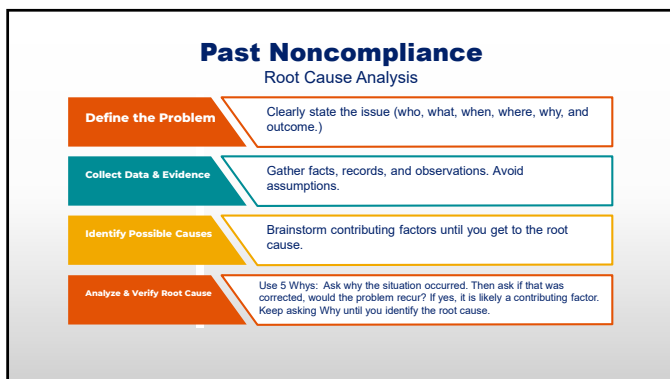
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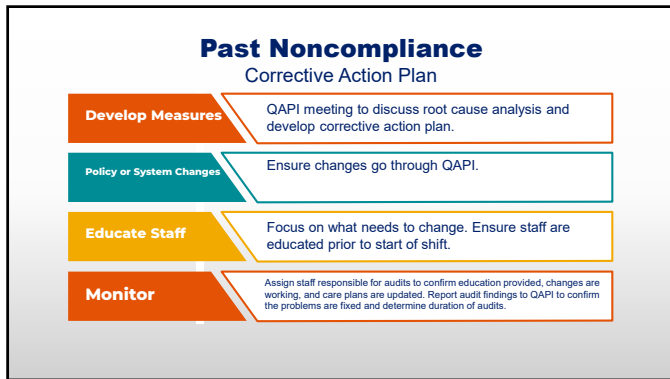
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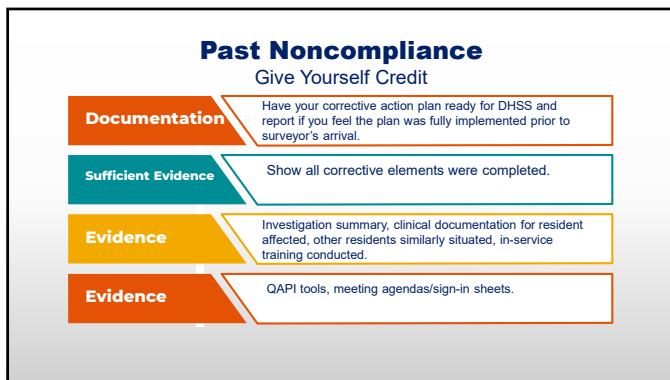
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**Surveyor Investigation to Determine PNC**

Surveyors will use a variety of methods to determine whether correction of the past noncompliance occurred and continues.

- Interviews with facility staff, such as the administrator, nursing staff, social services staff, medical director, quality assessment and assurance committee members, and/or other facility staff, as indicated, to determine what procedures, systems, structures, and processes have been changed.
- Evaluating whether the facility has a functioning quality assessment and assurance committee, whose responsibilities include the identification of quality issues; providing timely response to ascertain the cause; implementing corrective action; implementing monitoring mechanisms in place to assure continued correction and revision of approaches as necessary to eliminate the potential risk of occurrence to other residents and to assure continued compliance.

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### Surveyor Investigation to Determine PNC

Reviewing through observation, interview and record review, how the facility identified and implemented interventions to address the noncompliance.

- Examples of interventions may include, but are not limited to:
  - The facility's review, revision, or development of policies and/or procedures to address the areas of concerns;
  - The provision and use of new equipment, as necessary;
  - The provision of staff training required to assure ongoing compliance for the implementation and use of new and/or revised policies, procedures, and/or equipment, especially with new and/or temporary staff;
  - The provision of additional staffing, changes in assignments or deployment of staff, as needed; and
  - The provision of a monitoring mechanism to assure that the changes made are being supervised, evaluated, and reinforced by responsible facility staff.

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### Splitting Federal Enforcement Cases

Facility must be able to show period of compliance, prior to the new non-compliance occurring. Noncompliance cannot be at the same regulatory citations (F-tag, K-tag, or E-tag)

Example: Abuse citation issued on 1/1/2025. Facility plan of correction showed substantial compliance date of 2/2/25. Revisit and complaint investigation began on 2/10/25. Corrective action verified for abuse citation as of 2/2/25.

-Complaint investigation shows facility not in compliance with medication administration due to medication error that began on 1/25/25.

-Complaint investigation shows facility not in compliance with medication administration due to medication error that began on 2/9/25.

**Surveyors onsite will not make the determination to "split" an enforcement case.** Compliance Unit will make determination and consult CMS as needed.

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### Nursing Home Reimbursement: Beginning to End

Family Support Division (FSD), DHSS-COMRU, and MO HealthNet Division (MHD) have collaborated to create a new resource for nursing facility providers:

[Nursing Home Reimbursement: Beginning to End](#)

This resource walks a provider through the process of nursing home reimbursement from the very beginning of an individual applying for coverage, through the Preadmission Screening and Resident Review (PASRR) process, to billing and receiving payment for services.

The resource includes step-by-step instructions for each process, definitions, contact information, and more.

For more information, email [MHD.Education@dss.mo.gov](mailto:MHD.Education@dss.mo.gov).

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NOTIFICATION TO DEPARTMENT OF HEALTH AND SENIOR SERVICES

Are you required to notify DHSS of an emergency in the facility? Yes, state and federal regulations require notification to the Department.

- Streamline communication of facility status with local office
- Local office communicates with central office who coordinates offsite with DHSS emergency response center, Centers for Medicare and Medicaid Services (CMS), and MO HealthNet Division
- Complaints received via hotline, ombudsman awareness, media

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SLCR EMERGENCY PROTOCOL

Each SLCR regional office has designated a cellular phone number for facilities to call in case of a disaster that results in loss of a necessary service (electricity, water, gas, phone, etc.) This phone number will be answered twenty-four hours a day, seven days a week. The regional office main phone number should be used during normal business hours.

	Main Office Phone Number	Emergency Cell Phone Number
Region 1 (Springfield)	417-895-6435	417-425-8780
Region 2 (Poplar Bluff)	573-840-9580	573-778-6495
Region 3 (Kansas City)	816-889-2818	816-719-0089
Region 4 (Cameron)	816-632-6541	816-632-9371
Region 5 (Macon)	660-385-5763	660-621-2326
Region 6 (Jefferson City)	573-751-2270	573-619-3338
Region 7 (St. Louis)	314-340-7360	314-623-2852

\*\*\*\*\*THIS PROTOCOL IS NOT TO BE USED TO SELF REPORT INCIDENTS NORMALLY REPORTED TO THE ELDERLY ABUSE AND NEGLECT HOTLINE\*\*\*\*\*

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SLCR EMERGENCY PROTOCOL

If, for some reason, the facility cannot contact SLCR staff through the regional office phone number, you should contact the hotline.  
(800-392-0210)

When you call, be prepared to answer to the following:

- Facility name, Census, including staff assessment of current needs of the residents and monitoring of the ill.
- Contact person and emergency contact number that is not the facility main line.

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## Introducing the Midwest QIN-QIO

In 2025, CMS awarded five-year regional contracts to serve as Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs). Telligen was awarded Region 6, the Midwest Region.

**Midwest CMS QIN-QIO**  
Telligen, MPQH & Partners



The Quality Improvement Organization (QIO) Program, one of the largest federal programs dedicated to improving health quality for Medicare beneficiaries, is an integral part of the U.S. Department of Health and Human Services' National Quality Strategy for providing better care and better health at lower cost.

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## Midwest QIN-QIO Priority Areas

**FOUNDATIONAL**

- QUALITY MANAGEMENT SYSTEMS
- WORKFORCE PLANNING
- SUPPLY CHAIN
- DRUG SHORTAGES
- CYBER SECURITY

**FOCUS AREAS**

<b>Prevention &amp; Chronic Disease Management</b> <ul style="list-style-type: none"> <li>Vaccinations</li> <li>Type 2 Diabetes</li> <li>Hypertension</li> <li>Chronic Kidney Disease</li> </ul>	<b>Behavioral Health</b> <ul style="list-style-type: none"> <li>Depression and Suicide Prevention</li> <li>Substance Use Disorders</li> <li>Chronic Pain</li> </ul>
<b>Patient Safety</b> <ul style="list-style-type: none"> <li>Infection Prevention and Control</li> <li>Adverse Drug Events</li> <li>Safety Events</li> </ul>	<b>Care Coordination</b> <ul style="list-style-type: none"> <li>Hospital 30-day Readmissions</li> <li>Readmissions to Hospitals from Skilled Nursing Facilities</li> <li>Community-based Emergency Department Utilization</li> </ul>

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## Contact Us!



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Visit our website: [www.midwestcmsqinqio.com](http://www.midwestcmsqinqio.com)



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LTCF Resources

- For Long-Term Care updates, subscribe to our weekly listserv at:  
<https://public.govdelivery.com/accounts/MODHSS/subscriber/new?preferences=true>  
and select "LTCR: Long-Term Care Regulation" under the Subscription Topics.
- LTC Blog: <https://ltc.health.mo.gov/>
- CMS QSO Memos - <https://www.cms.gov/medicare/regulations-guidance/advisory-committees/executive-order-guidance/policy-memos-states-and-regions>
- CMS QSEP - <https://qsep.cms.gov/welcome.aspx>
- Rules, Statutes, Provider Information and Directories:  
<https://health.mo.gov/safety/nursinghomesinspected/index.php>

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THANK YOU

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