
SECTION FOR LONG-TERM CARE REGULATION

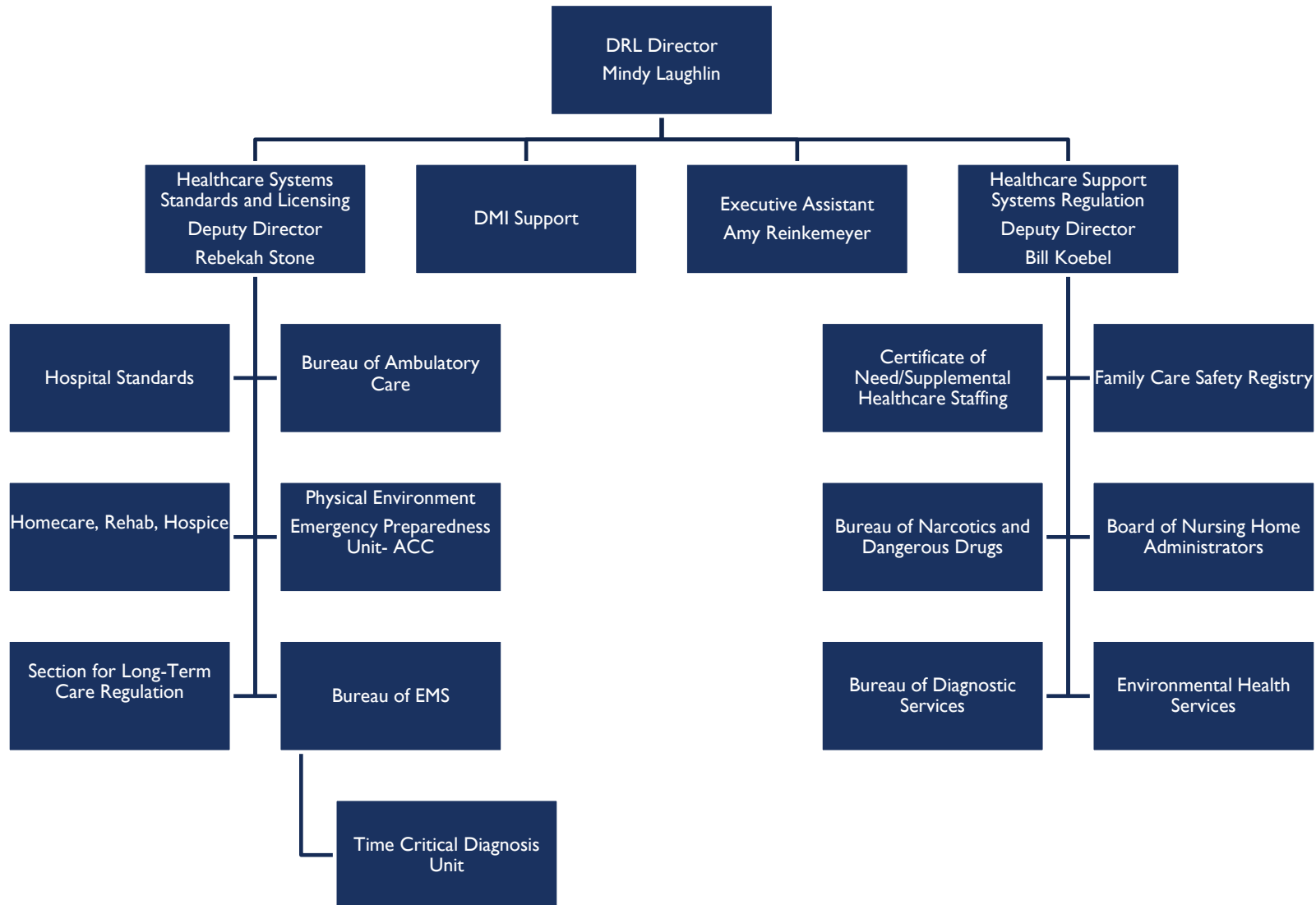
REGULATORY UPDATES

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MISSOURI DEPARTMENT OF
**HEALTH &
SENIOR SERVICES**

DIVISION OF REGULATION AND LICENSURE



SECTION CHANGES

Boundary Changes for St. Charles

- RCF/ALF/ADC and Complaints to Region 7- effective 7/1/26
- SNF recertification surveys transition through next state fiscal year

Engineering Consultation Unit (ECU)

- Consultative plan review for Skilled Nursing Facilities, Intermediate Care Facilities, Residential Care Facilities and Assisted Living Facilities will be limited to new construction and/or major renovations that require Certificate of Need (CON) approval through the Health Facilities Review Committee.
- Architect: Carrie.Schaumburg@health.mo.gov
- For all other facility types and projects, including adult day care programs, hospitals, in-patient hospice, and ambulatory surgery centers, DRL life safety code staff will provide technical assistance regarding regulatory requirements as they relate to life safety code, if requested.

STATE FISCAL YEAR OVERVIEW

- 99% of Residential Care Facility, and Assisted Living Facility inspections completed
- 98% of Adult Day Care Program inspections completed
- 70% of Skilled and Intermediate Care facility annual licensure inspection completed.
 - As of 9/8/26, MO has 99 facilities over 15.9 months out of 480 facilities.
- Average # of health deficiencies cited during annual health survey: 8.38
- Complaints received: 11,707
 - RCF/ALF and state licensed SNF/ICF complaints- 2,233
 - SNF/ICF complaints- 9,474
 - 97% IJ intakes investigated within required timeframes

APPROVED STATE PLAN FOR CIVIL MONEY PENALTY FUNDS

For FY27, MO legislature provided spending authority of CMP funds for a total of \$6.7 million.

- Emergency Use: \$3.0 million (receiverships, natural disasters, and resident relocations resulting from involuntary terminations from Medicare and Medicaid programs)
- Facility specific project approvals with funds obligated for FY27: \$344,010
- Nurse staffing campaign: \$2.7 million (CMS has committed \$2.9 million to MO)

CMS Nursing Home Nurse Staffing Campaign- Recruitment and Financial Timeline

- Cooperative Agreements with FIA, Summer 2026: Colorado Center for Nursing Excellence
- Recruitment Period (1.5 yrs) Fall 2026 – Spring 2028
- Work Completion Period (3 years from end of Program) Estimate 2031

NURSING HOME NURSE STAFFING CAMPAIGN INCENTIVES

Financial Incentives

- Prioritizes Tuition Reimbursement. Incentives include **up to** \$40,000 in tuition reimbursement and a \$10,000 stipend. The amount per nurse will vary, based on their tuition debt.
 - LPN program: ~\$8,000.
 - 2-year RN program: ~\$25,000.
 - 4-year RN program: ~\$50,000. (\$40K tuition and \$10K stipend)
- “Pay only if they stay” - Funds are only spent when an RN/LPN is working in a qualified nursing home. If a nurse leaves prior the end of their 3 year work commitment, they no longer receive any payments.
- Recipients will receive payments at the end of each quarter for the term of their work commitment (3 years = 12 quarterly payments). CMS contractor’s track employees to make sure they are fulfilling their work commitment as per their incentive.
- Enables RNs/LPNs to start virtually immediately (vs. providing a scholarship for someone that still needs to complete 2+ years of schooling).

CERTIFIED NURSE AIDE PROGRAM

CNA Test Statistics- January-August, 2026

- 5,786 Knowledge Exams given
- 4,535 Skills Exams given

Most missed vocabulary words are:

- Physical needs-78%
- Reposition-63%
- Stroke or TIA-56%
- Body Mechanics-52%

CERTIFIED NURSE AIDE RENEWALS

CNAs are required to renew their certification every 24 months.

- Required to work for at least 8 hours every 24 months.
- Provide proof of work in nursing services to keep their certification active. They can use a W2, paystub, or a letter from their employer on company letter head with duties and dates of employment.
- If within 24 months of becoming inactive they can renew with the instructions attached above. If the inactive date is passed 24 months, they can provide their proof of work through the applications icon on the landing page of TMU and fill out the Inactive/Expired CNA Form.
- Please see the following link for the form: <https://mo.tmutest.com/apply/20> .This information will be reviewed by the Health Education Staff, and a response will be sent for further instructions.

NURSE AIDE TRAINING PROGRAMS- PROHIBITION OF CHARGES

Recent Trend: Nursing homes are charging nurse aides for the nurse aide training program.

Concern: Prohibited by Federal Law

§ 483.152 Requirements for approval of a nurse aide training and competency evaluation program.

(c) Prohibition of charges.

(1) No nurse aide who is employed by, or who has received an offer of employment from, a facility on the date on which the aide begins a nurse aide training and competency evaluation program may be charged for any portion of the program (including any fees for textbooks or other required course materials).

(2) If an individual who is not employed, or does not have an offer to be employed, as a nurse aide becomes employed by, or receives an offer of employment from, a facility not later than 12 months after completing a nurse aide training and competency evaluation program, the State must provide for the reimbursement of costs incurred in completing the program on a pro rata basis during the period in which the individual is employed as a nurse aide.

NURSE AIDE TRAINING PROGRAMS STUDENT RESOURCES

Looking for resources to further support nurse aide students prepare for the test?

- Missouri's candidate handbook, mock skills, knowledge and skill test instructions are available on the Headmaster website [D&S – Missouri Nurse Aide](#).
- Also available, a FREE ten-question practice test and “Question of the Day” available on the [D&S Headmaster homepage](#). Although the questions are not taken directly from the exam, they provide helpful insight into the format and expectations for the test.

F728- Individuals working in the facility as a nurse aide must successfully complete the training and pass the competency evaluation program (become certified) within 4 months of hire. No extensions or waivers. Practices such as terminating a nurse aide and rehiring them to “restart the clock” are NOT permitted.

STATE REGULATORY UPDATES

Regulation change: DHSS proposed changes to RCF/ALF regulations eliminating a requirement for written statement from a physician for employees to work in those settings.

19 CSR 30-86.047

- April 30, 2026- The amended regulation was published in the Missouri Code of State Regulations.
- May 30, 2026 - The amendment made to 19 CSR 30-86.047 will become effective.

19 CSR 30-86.042

- June 30, 2026 The amended regulation was published in the Missouri Code of State Regulations.
- July 30, 2026 the proposed amendment became effective

LEVEL ONE MEDICATION AIDE

Current Challenges

- Two Departments
- Differing Regulations
- Two separate LIMA registries
- Outdated curriculum and testing platforms
- Inefficient for providers and nurse aides

Vision

- Single registry for providers to check LIMA status
- Improved curriculum and testing
- Better trained workforce=less medication errors

SUBCUTANEOUS INJECTIONS AND EPINEPHRINE- H.B. 2372 AND S.B. 1233

- **335.081.** (2) The services rendered by technicians, nurses' aides or their equivalent trained and employed in public or private hospitals and licensed long-term care facilities except the services rendered in licensed long-term care facilities shall be limited to administering medication, excluding the administration of medications by an injectable route and injectable medications other than:
 - (a) Insulin; and
 - (b) Subcutaneous injectable medications to treat diabetes as ordered by an individual legally authorized to prescribe such medications; and
 - (c) Subcutaneous injectable medications, provided that any such medication was prescribed by the physician for the long-term care facility resident who receives the medication; and
 - (d) Epinephrine delivery systems ordered for stock supply in accordance with section [196.990](#) or prescribed for a resident's individual use by an individual legally authorized to prescribe such epinephrine delivery systems. Expected epinephrine delivery system users shall receive training set forth in section [196.990](#). As used in this paragraph, the term "**epinephrine delivery system**" means a single-use device or system used for the delivery of a premeasured dose of epinephrine into the human body;
- **Next Steps:** DHSS is working on emergency rules and a process for implementation of the legislation.

RISK BASED SURVEY (RBS) PROCESS

QSO-26-14-NH Nursing Home Risk-Based Survey National Implementation

- Effective: September 8, 2026
- Missouri has 22 facilities on the list provided by CMS.
 - List will be made publicly available on Nursing Home Care Compare website September 30, 2026.
 - CMS will place an icon on Nursing Home Care Compare website identifying facilities that qualify for the RBS which indicates a higher level of performance.
 - Facilities can qualify for more than one RBS, as long as they continue to meet the criteria
- Streamlined review of all the required areas and fewer activities. Conducted in roughly half the time with fewer total surveyors as the standard survey.

RBS CANDIDATE CRITERIA

- 5-Star Overall Rating
- 3-star Staffing Rating or greater
- No citation(s) of Actual Harm, Immediate Jeopardy (IJ) or Substandard Quality of Care (SQC) in the last survey cycle
- No more than 18 months without a standard survey
- May not have a staffing waivers in effect
- No failed Payroll-Based Journal (PBJ) staffing data audit
- No failed resident assessment Minimum Data Set audit (MDS) audit
- Health Inspection Score higher than the 50th percentile in the state
- May not have two or more residents aged 65 or older that are coded with diagnosis of schizophrenia after being admitted without this diagnosis.
- No change in ownership since the last standard survey
- May not be a Special Focused Facility Candidate

RBS FACILITY DISQUALIFYING CRITERIA

A facility listed as qualifying for the RBS on the Quarterly Qualified List (see Appendix A) will be disqualified if any of the following occur before the RBS survey is started:

- Citation(s) at Actual Harm, Immediate Jeopardy, abuse (at any level), or Substandard Quality of Care that occurred on an intake investigation while the facility was listed as qualified for the RBS
- Pending Intake Investigations triaged at Immediate Jeopardy
- More than three (3) pending non-IJ active intakes (Complaints/Facility Reported Incidents) triaged as non-IJ medium or higher
- CMS-approved Nursing waivers
- Change in ownership since the last standard survey

If the facility meets any of the above exclusions, the State Agency **MUST** convert the RBS to Long Term Care Survey Process standard survey.

HIGH IMPACT CHANGES FOR IMPROVEMENT

- Strong grievance process
- Declutter and get organized
- Engaged resident council
- Customer service- every interaction matters
- Interdisciplinary discussions
- Key leadership effectiveness
- Admission practices
- Staff training
- Robust QAPI (quality assurance and performance improvement)

TRENDS

- Artificial Intelligence (AI)
 - Care Plans
 - Plans of Correction
 - Activity calendars
 - Menus
 - Forms, agreements
- Potential Employees- certifications, licensing, transcripts

Be aware: accuracy, privacy, over reliance, and human element.

LOOKING AHEAD

State licensed only providers transitioning to iQIES system

- Anticipated roll out 11/2026
- May experience some delays in statement of deficiencies during transition

electronic Plans of Correction (ePOC)

- Anticipated roll out 01/01/2027.
- Watch for instructions on the listserv and via email.

Rural Health Transformation Program is landmark investment in rural healthcare

What is the intention of the RHT Program?



Rural communities have long struggled with **healthcare challenges** leading to poor health outcomes. The RHTP was established to directly tackle these issues



The program signifies a **major change in federal policy**, supporting states to implement **systemic, long-term changes** rather than providing temporary financial aid



The aim is to **transition** to a healthcare system that is **financially secure** and fosters innovation

MISSOURI'S INVESTMENT: TRANSFORMATION OF RURAL COMMUNITY HEALTH (TORCH) CARE

ToRCH Care Goals



Access to Care
Care coordination and expansion



Health Outcomes
Evidence-based care improvements



Sustainability
Targeted investments and innovative payment models

Source: MO RHTP Project Narrative

Model

1. Regional Coordinating Networks and Hub Activation

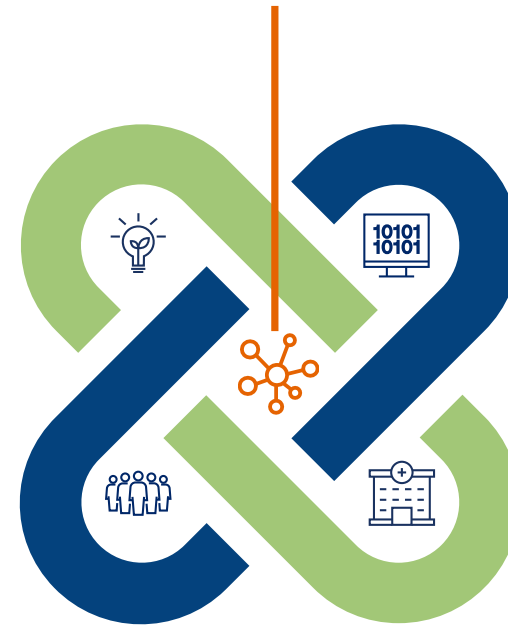
Create local and regional groups that help providers **coordinate care** and focus on critical needs, spanning 104 counties

2. Provider Transformation

Help rural hospitals and clinics **modernize how they operate**, including strategic renovations

4. Rural Health Workforce

Train, recruit, and keep health care workers in rural areas



3. Digital Backbone

Build **shared technology systems** so providers can communicate and **share information easily**

5. Alternative Payment Models

Use new payment approaches that **reward teamwork and better health outcomes**

REGIONAL COORDINATING NETWORKS AND HUBS

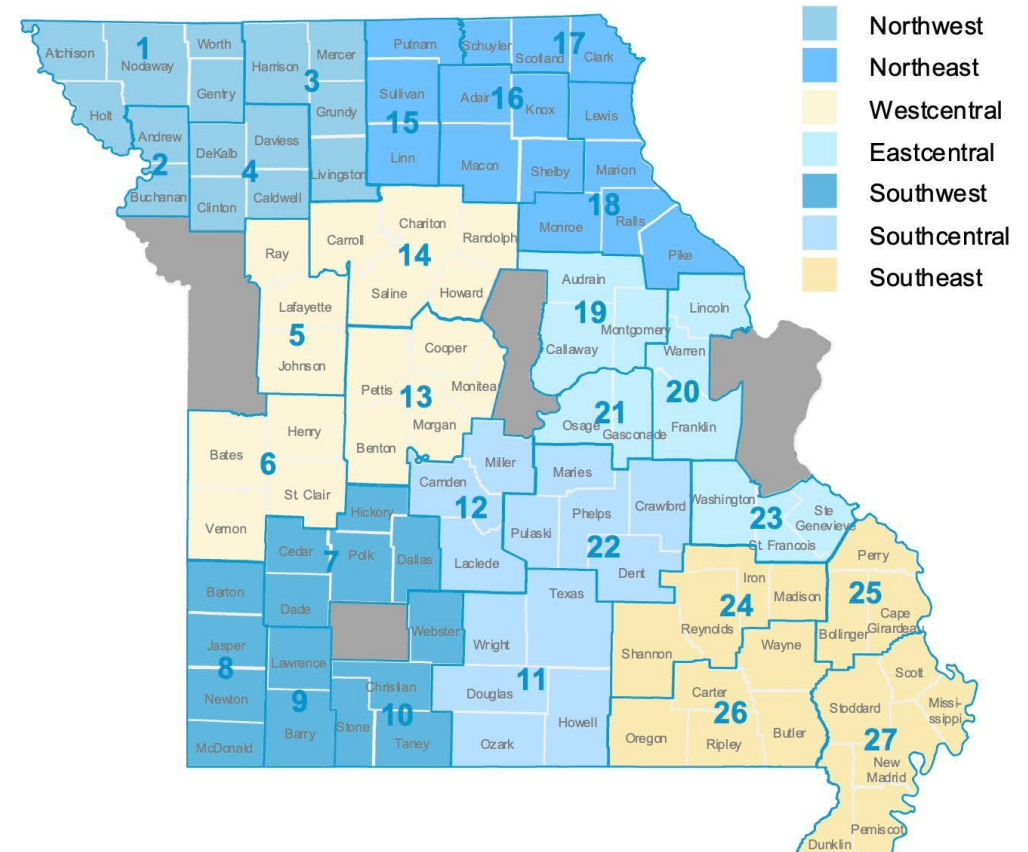
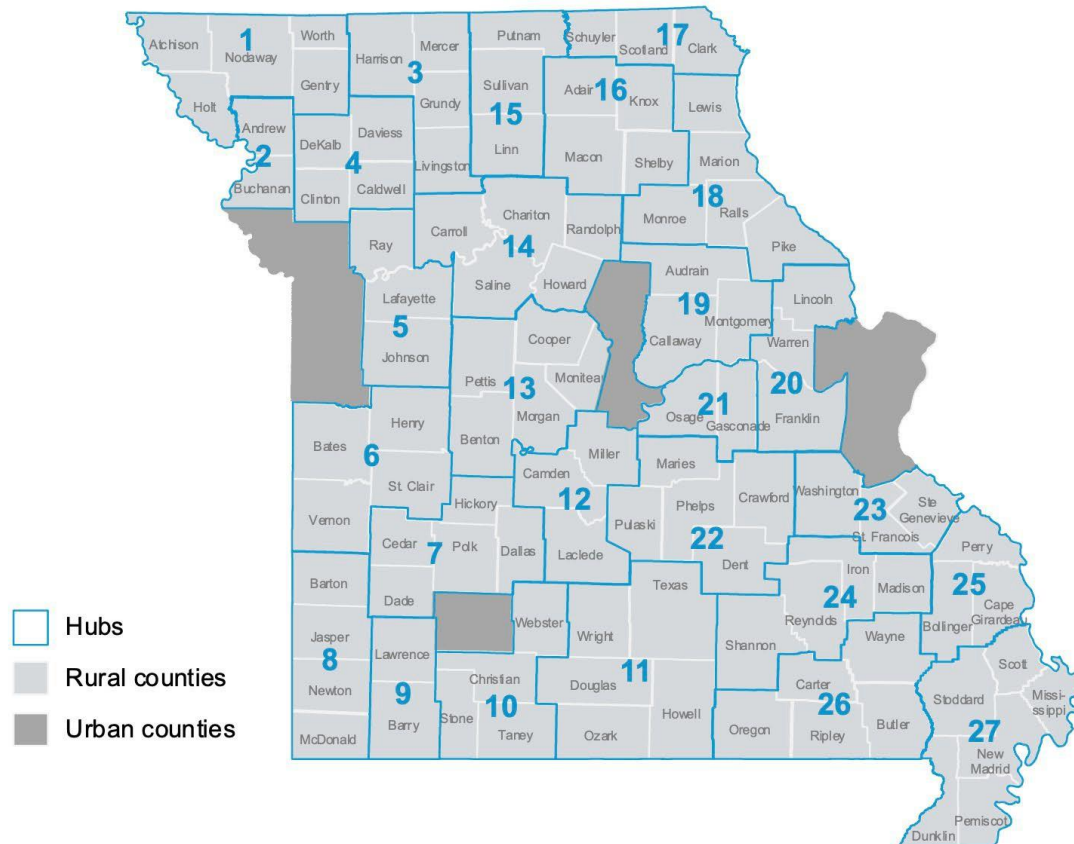
Official Hub & RCN boundaries

27 official Hubs

Convene and coordinate at local level across partner types

7 official RCNs

Drive regional strategy and provide Hubs with implementation support



HUB ANCHORS

Serve as the **local coordinator**, aligning providers and community partners around shared priorities and coordinated action

Bring local data and **community knowledge into decision-making** and work with a Leadership Board to identify priorities and guide local investment

Build and **lead the local Hub infrastructure**, maintaining the partner network, governance processes, and accountability needed to keep collective efforts moving

Hub #	Hub Anchor
1	Mosaic Medical Center - Maryville
2	Heartland Regional Medical Center (dba Mosaic Life Care - St. Joseph)
3	Harrison County Community Hospital
4	Cameron Regional Medical Center
5	HCC Network
6	Golden Valley Memorial Healthcare
7	Citizens Memorial Hospital
8	Freeman Health System
9	Mercy Hospital Aurora
10	Taney County Health Department
11	Ozarks Healthcare
12	Lake Regional Health System
13	Bothwell Regional Health Center
14	Randolph County Caring Community Partnership
15	Pershing Memorial Hospital
16	A.T. Still University of Health Sciences - Kirksville
17	Scotland County Hospital
18	Hannibal Regional Health Center
19	Arthur Center Community Health
20	Mercy Hospital Washington
21	Hermann Area District Hospital
22	Phelps County Regional Medical Center (dba Phelps Health)
23	Parkland Health Center
24	Missouri Highlands Health Care
25	Community Counseling Center
26	Family Counseling Center, Inc. (dba FCC Behavioral Health)
27	Missouri Delta Medical Center



THANK YOU

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