

Missouri Association of Nursing Home Administrators



Board Elects 2021-22 Executive Committee

Joseph Shafer Elected President

Joseph Shafer with Prime Healthcare Management was elected president of the MANHA Board of Director at the first meeting of the new Board.

The remainder of the newly elected Executive Committee is:

- Vice President - Jordan Wagner
*Meyer Care Center
Knob Noster, MO*
- Secretary - Penny Worthley
*Hillcrest Residential Care
Hallsville, MO*
- Treasurer - Andrew Pileggi
*Barnes Healthcare
Kansas City, MO*
- Member-at-Large - Don Yost
Moberly, MO



One Member Elected to the Board of Directors

One new member was elected to the Board of directors at the Annual meeting in June at the Lake of the Ozarks. The new member, Tim Nye will serve a three-year term.

Committee Chairs Appointed

President Shafer appointed the following committee chairs. If you would like to serve on a committee, contact Cindy Wrigley at cindyw@mlnha.org.

- Education Committee - Penny Worthley
- Convention Committee - Tim Nye
- Legislative Committee - Chris Dehn
- Membership Committee - Toni Travis
- Nominating Committee - Jordan Wagner



**Missouri Association of
Nursing Home Administrators**

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Help Promote MO VIP – Missouri’s Statewide Vaccine Incentive Program

Governor Mike Parson has announced the launch of a statewide COVID-19 vaccination incentive program, MO VIP, to encourage vaccination among all Missourians age 12 and up.

Over the next three months, 900 Missourians who have or will choose to be vaccinated could win cash or education savings account prizes in the amount of \$10,000.

The MO VIP incentivizes vaccination for those who have not yet been vaccinated, as well as provides an opportunity for rewards for the 2.8 million Missourians who have already made the decision to be protected through vaccination.

Missourians who have received at least one dose of a COVID-19 vaccine are now able to enter to win one of the 900 prizes. The first drawing will be on August 13; drawings will occur every two weeks with the final drawing scheduled for October 8. Once Missouri residents receive a dose, they become eligible to enter the sweepstakes at [MOSTopsCovid.com/win](https://mostopsCovid.com/win). Once entered, their entry will be carried over through all the subsequent drawings. There is no need to enter more than once. The entry list will be reviewed, and duplicate entries will be removed prior to each drawing.

A winner must meet all of the following eligibility requirements:

- Must be a living citizen of the United States and a permanent resident of the State of Missouri.
- Must be age 12 or older.
- Must have received at least the first COVID-19 vaccination if receiving the Pfizer or Moderna vaccine or one dose if receiving the Johnson & Johnson vaccine, prior to the drawing date (records will be verified).

Those ineligible include the Governor and First Lady, individuals currently incarcerated on the basis of a felony conviction, statewide elected officials, members of the U.S. Congress and Missouri General Assembly, appointees of Governor Mike Parson, employees of the

Office of Governor Mike Parson, the Office of the Treasurer Scott Fitzpatrick, the Missouri Department of Health and Senior Services, the Missouri Lottery, and the Office of Administration (and members of ineligible individuals’ households).

Entries will be divided into three categories:

- Red: Missourians age 18 and up receiving at least one dose of vaccine on or after July 21.
- White: Missourians age 18 and up receiving at least one dose of vaccine before July 21.
- Blue: Missourians ages 12 to 17 receiving at least one dose of vaccine at any time.

Eighty winners will be randomly selected during each drawing from the Red and White categories (10 from each congressional district). These individuals will each receive a cash prize of \$10,000. During each drawing, 20 adolescents from the Blue category will be randomly selected to receive a \$10,000 education savings account through the Missouri State Treasurer’s MOST 529 program.

This means every two weeks of the program, 180 Missourians will be winners for a total of 900 individuals. These preliminary winners will all have their vaccination status verified. To allow time for records and eligibility to be verified, confirmed winners will be announced two weeks following each drawing. Entries will be accepted online until 11:59 p.m. two days prior to each drawing.

Official rules, frequently asked questions, and a program timeline are available at [MOSTopsCovid.com/win](https://mostopsCovid.com/win). The Missouri Department of Health and Senior Services (DHSS) is partnering with Missouri Lottery to conduct a fair and secure program with a randomized selection process. DHSS is using federally funded Coronavirus Relief Funds to fund this campaign. This funding was approved under previous and current federal administrations for broad COVID-19 response purposes to include efforts to boost vaccine uptake.

Help Promote MO VIP *(from page 2)*

Those without the ability to enter the sweepstakes online can get assistance by calling the COVID-19 hotline Monday-Friday from 7:30 a.m.-7:30 p.m. at 877-435-8411. Please help us promote this incentive by posting flyers or social media messages. A toolkit of materials is available for your download at <https://covidvaccine.mo.gov/toolkit/>.

Additionally, local public health agencies that administer COVID-19 vaccines will soon be eligible to provide a financial incentive of up to \$25 for each vaccine recipient, up to a total of \$11 million. This

program would provide incentives for administrators to pass along to recipients for 440,000 vaccines administered across Missouri and would sunset on December 31, 2021. Local public health agencies are able to partner with enrolled COVID-19 vaccinators within the State of Missouri to be part of this program. This portion of incentives is being funded by CDC Immunizations grant funding. More information about this application process for health departments is forthcoming.



Educational Training

Medicare from Start to Finish – Virtual Workshop

September 9-10, 2021
November 9 -10, 2021

RAI Process from Start to Finish – Virtual Workshop

October 5-7, 2021
December 7-9, 2021

Trauma-Informed Care

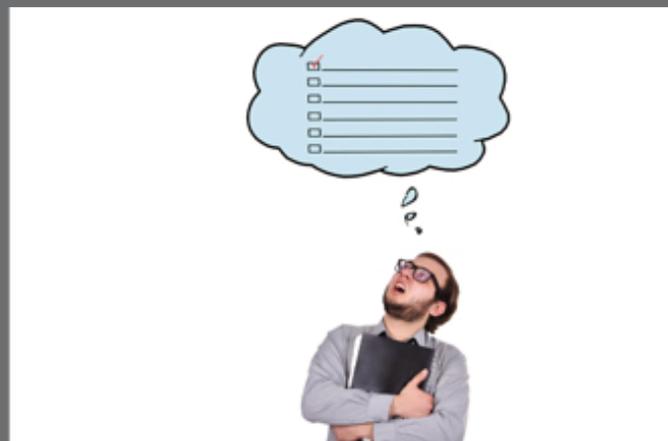
October 5, 2021 <i>Oasis Hotel Springfield, MO</i>	October 7, 2021 <i>Ameristar Hotel St. Charles</i>
October 6, 2021 <i>Comfort Inn Macon, MO</i>	October 12, 2021 <i>Stoney Creek Hotel Independence, MO</i>



2 Part Seminar CNA Training Update & Staffing Series 2: Take off on the Journey to Improve Staffing

September 14, 2021 <i>Ameristar Hotel St. Charles, MO</i>	September 28, 2021 <i>Stoney Creek Hotel Independence, MO</i>
September 15, 2021 <i>Oasis Hotel Springfield, MO</i>	September 29, 2021 <i>Comfort Inn Macon, MO</i>

How Can We Know If Our HIPAA Compliance Program Addresses ALL of Our PHI?



HIPAA-Covered Entity Decision Tool

Did you know that HIPAA (Health Insurance Portability and Accountability Act)-covered entities must also comply with standards for electronic transactions – not just privacy and security provisions? The Centers for Medicare & Medicaid Services (CMS) offers a tool to help health care providers and organizations check whether or not they are considered HIPAA-covered entities.

Visit the CMS Administrative Simplification website to learn about the standards and operating rules that are required for electronic health care transactions conducted by HIPAA-covered entities.

Patient specimens thrown out with the trash

Recently, a dermatology provider discovered that it was inappropriately discarding empty specimen bottles (which list patient name, DOB, specimen date, provider, and part of the body where the specimen was taken). How were the specimen bottles disposed? In the trash – for ten years.

When the organization realized this practice was improper, it self-reported the potential HIPAA breach to the OCR, and revisited its practices.

Hospital employee puts patient meal tickets in the garbage

For more than four months, a hospital employee put patient meal tray tickets in the trash – rather than shredding them. As a result, more than 1,000 patients' personal information was potentially breached. The meal tickets listed patient names, day and month of birth, hospital unit and bed number, and diet and menu information.

Are You Overlooking PHI?

Protected health information (PHI) exists beyond the medical record. It includes patient names written on a rounding whiteboard. It includes data surrounding your medical devices. It includes specimen bottles with labels containing patient information. And yes, it can include meal tickets.

How can we know if our HIPAA compliance program addresses ALL of our PHI?

Create a PHI inventory.

This process fits naturally with your HIPAA Security Risk Analysis. A PHI inventory is simply a list of every kind of PHI in your organization: electronic and paper, stored, transmitted, received, and created. The PHI inventory will include obvious sources like the EHR, computers, networks, and flash drives. The PHI inventory should include less obvious sources, too, like PHI handled by a business associate – and meal tickets.

When it comes to the PHI inventory, more heads are better than one. You might think of something I missed. Get your Compliance Committee together for a brainstorming session. Every time the Committee meets, ask again: do we have any new sources of PHI? Are we sharing or using PHI in a new way?

Like the HIPAA Security Risk Analysis, the PHI inventory should be updated regularly (and whenever you add a new form of PHI!). Likewise, HIPAA training should extend beyond clinical staff so that all employees are able to identify PHI, so it is not overlooked. Margaret Scavotto, MPA.



Visitation Guidance



We have received several calls regarding whom and if the facility can or must allow visitors in certain circumstances. As a reminder we are including CMS guidance on visitation.

CMS Updates Nursing Home Guidance with Revised Visitation Recommendations

Nursing homes have been severely impacted by COVID-19, with outbreaks causing high rates of infection, morbidity, and mortality. The vulnerable nature of the nursing home population, combined with the inherent risks of congregate living in a healthcare setting, have required aggressive efforts to limit COVID-19 exposure and to prevent the spread of COVID-19 within these facilities.

Since the beginning of the pandemic, the Centers for Medicare & Medicaid Services (CMS) has recognized that physical separation from family and other loved ones has taken a physical and emotional toll on residents and their families. CMS has announced guidance on expanding indoor visitation in nursing homes, in response to significant reductions in COVID-19 infections and transmission resulting from ongoing infection control practices, and high vaccination rates in the nursing home population following the authorization of COVID-19 vaccines by the U.S. Food and Drug Administration (FDA's) authorization of COVID-19 vaccines for emergency use.

Visitation can be conducted through various means based on a facility's structure and residents' needs, including in resident rooms, visitation spaces, and outdoors. Given the ongoing risk of COVID-19 transmission, CMS continues to recommend facilities, residents, and families adhere to the core principles of COVID-19 infection control, including maintaining physical distancing and conducting visits outdoors

whenever possible. This continues to be the safest way to prevent the spread of COVID-19, particularly if either party has not been fully vaccinated.

Starting March 10, 2021, the following visitation guidance recommends:

Indoor Visitation

- Facilities should allow responsible indoor visitation at all times and for all residents, regardless of vaccination status of the resident, or visitor, unless certain scenarios arise that would limit visitation for:
 - Unvaccinated residents if; 1) the COVID-19 county positivity rate is greater than 10 percent; and 2) less than 70 percent of residents in the facility are fully vaccinated;
 - Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated until they have met the criteria to discontinue transmission-based precautions; or
 - Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine.

Indoor Visitation During an Outbreak

- While outbreaks increase the risk of COVID-19 transmission, a facility should not restrict visitation for all residents as long as there is evidence that the transmission of COVID-19 is contained to a single area (e.g., unit) of the facility. Facilities should continue to adhere to

Visitation Guidance *(from page 5)*

CMS regulations and guidance for COVID-19 testing, including routine staff testing, testing of individuals with symptoms, and outbreak testing.

- When a new case of COVID-19 among residents or staff is identified, a facility should immediately begin outbreak testing and suspend all visitation until at least one round of facility-wide testing is completed. Visitation can resume based on the following criteria:
 - If the first round of outbreak testing reveals no additional COVID-19 cases in other areas (e.g., units) of the facility, then visitation can resume for residents in areas/units with no COVID-19 cases. However, the facility should suspend visitation on the affected unit until the facility meets the criteria to discontinue outbreak testing.
 - If the first round of outbreak testing reveals one or more additional COVID-19 cases in other areas/units of the facility (e.g., new cases in two or more units), then facilities should suspend visitations for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.

Compassionate Care Visits

Visits for compassionate care, such as an end-of-life situation or a resident in decline or distress should be allowed at all times for any resident (vaccinated or unvaccinated), regardless of the above scenarios. In addition, facilities and visitors should continue all infection prevention and control practices.

Ombudsman

As always, federal regulations require that a Medicare and Medicaid certified nursing home provide representatives of the Office of the State Long-Term Care Ombudsman with immediate access to any resident.

Vaccination for Visitors and Surveyors

- We encourage visitors to facilities to become vaccinated when they have the opportunity. While visitor testing and vaccination can help prevent the spread of COVID-19, visitors should not be required to be tested or vaccinated (or show proof of such) as a condition of visitation.
- Federal and state surveyors are not required to be vaccinated and must be permitted entry into facilities unless signs or symptoms of COVID-19 are present. Surveyors should also adhere to infection prevention and control practices.

NOTE: *CMS and CDC continue to recommend facilities, residents, and families adhere to the core principles of COVID-19 infection, including physical distancing (maintaining at least 6 feet between people). This continues to be the safest way to prevent the spread of COVID-19, particularly if either party has not been fully vaccinated. However, we acknowledge the toll that separation and isolation has taken. We also acknowledge that there is no substitute for physical contact, such as the warm embrace between a resident and their loved one. Therefore, if the resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor while wearing a well-fitting facemask. Regardless, visitors should physically distance from other residents and staff in the facility.*

