
SECTION FOR LONG-TERM CARE REGULATION

REGULATORY UPDATES

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MISSOURI DEPARTMENT OF
**HEALTH &
SENIOR SERVICES**

SECTION UPDATE

- Retirements!
 - Danette Beeson, RAI/MDS Unit
 - Amy Rehard, Regional Manager-Region 5
- Section for Long-Term Care Regulation-Region 5, Macon
 - Shanna Ferguson, Regional Manager

SECTION UPDATE

- Supervisory Changes
 - Regional Managers report directly to Laura Smith
 - Central Office Managers report directly to Tracy Niekamp
- 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

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

- May 11, 2026- DHSS filed the final order of rulemaking with the secretary of state's office
- June 15, 2026 the final order of rulemaking will be published in the Missouri Register
- June 30, 2026 the proposed amendment will appear in the code of state regulations
- July 30, 2026 the proposed amendment will become effective

NURSE AIDE TRAINING PROGRAMS

Prohibition of Charges to Nurse Aides

§ 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

Skilled nursing facilities **may not** charge nurse aides for the costs associated with nurse aide training and testing, including up to three examination attempts. Skilled nursing facilities may be eligible for reimbursement of these expenses. Additionally, nurse aides who received training outside a nursing facility, but are employed by a SNF within one year, may be reimbursed for costs associated with their certification. A [CNA Training Reimbursement](#) webinar was presented by MO HealthNet that explains the process.

If you have questions or need assistance, please contact the Health Education Unit at CNARegistry@health.mo.gov or 573-526-5686.

NURSE AIDE TRAINING PROGRAMS

Missouri state regulations 19 CSR 30-84.010 for Certified Nurse Aide (CNA) testing require an 80% pass rate for the knowledge test and 100% of the key steps from the skills portion of the test to become certified.

In the past 12 months, the average pass rate for nurse aides taking the knowledge test (for the first time) has been 63.45%.

- Students score lower in infection control, personal care and basic nursing skills.
- The most missed vocabulary words are *dizziness*, *physical needs*, and *afebrile*.

In the past 12 months, the average pass rate for nurse aides taking the skills test (for the first time) has been 76.3%.

- Students scored lower in skills for perineal care for a male resident, handwashing, mouth care for a comatose resident, and positioning residents in bed on their side.

NURSE AIDE TRAINING PROGRAMS

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.

Missouri State Legislature did not include separate funding for free nurse aide training programs in technical schools and non-facility based programs for FY2027.

F728 requires individuals working in the facility as a nurse aide to successfully complete the training and passed the competency evaluation program (are certified as a nurse aide) 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 OPERATIONS MANUAL- CHAPTER 7 REVISIONS

Chapter 7 - Survey and Enforcement Process for Skilled Nursing Facilities and Nursing Facilities

- Survey teams are expected to remain in the facility after entrance for a minimum of five consecutive hours. This applies to all standard and complaint surveys.
 - For example, a survey team should not enter a facility, conduct a brief entrance conference, then leave the facility only to return the next day.
- Surveys must be conducted on consecutive days.

CHAPTER 7 REVISIONS- VARIANCE IN TIMING

- When facilities are surveyed, the day of the week and time of month should be varied from the time of the previous standard survey. **The month in which a survey begins should not, if possible, coincide with the month in which the previous standard survey was conducted.**
- At least 10 percent of standard health surveys must **be conducted as off-hour surveys. These off-hour surveys are aimed at providing better insight into how a facility is staffed and operates outside of business hours, as well as reducing the predictability of when a survey will occur. Off-hour surveys begin either on the weekend or before 6:00 a.m. or after 5:00 p.m. on weekdays. (was 8:00 am and 6:00PM).**
- A minimum of 50 percent of the 10 percent of off-hour standard health surveys must begin on a weekend day (Saturday or Sunday).

CHAPTER 7 REVISIONS- VERIFYING FACILITY COMPLIANCE

- The date of substantial compliance is determined first by evaluating whether the credible written evidence provided by the facility supports the date it alleges that all deficiencies have been corrected and that it is capable of remaining in substantial compliance.
- The facility is responsible for ensuring credible evidence provided to surveyors (for either onsite revisit, or offsite review) clearly establishes the date the facility returned to substantial compliance.
- If the facility does not provide documentation, or evidence that supports an earlier date, surveyors will consider the alleged date of compliance in the POC, or a later date supported by evidence found during a revisit, in determining the date of substantial compliance

CHAPTER 7 REVISIONS- ONSITE VERSUS OFFSITE REVISITS

Mandatory onsite revisits. An onsite revisit is only required when a facility's beginning survey finds deficiencies that constitute substandard quality of care, harm, or immediate jeopardy. **If the onsite revisit determines the original noncompliance remains, but at a lowered scope and severity that no longer meets the criteria for an onsite revisit, States may use their discretion to either conduct an onsite or offsite revisit.**

Discretionary onsite revisits. States may use their discretion to conduct an onsite revisit at any time. This may be done to assess the nature of the corrections and the extent to which they address and correct the deficiencies. For deficiencies involving Quality of Care, Quality of Life, Abuse or Neglect, or repeat deficiencies, which may be indicative of systemic problems, it may be necessary to observe staff practices and interview residents before determining a facility has returned to substantial compliance.

Offsite revisits. When onsite revisits are not required, or when CMS or States have determined an onsite revisit is not warranted, credible evidence is used to conduct an offsite revisit.

REVISITS AND NEW NONCOMPLIANCE- KEY POINTS

- It is the provider's responsibility to establish the date on which it returned to substantial compliance. Surveyors should attempt to establish the earliest date of noncompliance. If the survey team cannot determine a date before the alleged date of compliance on the approved POC, that is the date that will be used.
- Determination of a period of substantial compliance can only be made after any new allegations have been appropriately investigated.
- Surveyors would generally consider noncompliance to be different if they were cited at different F-tags or regulatory groupings. In some cases, citations at the same F-tag can also be different and would require a different POC.
- If newly identified noncompliance which occurs on or after the alleged date of compliance is the same or similar to the noncompliance cited on the original survey, and the facility has not been returned to substantial compliance, it is reasonable to assume the provider did not correct the original deficient practice.

CHAPTER 7- CIVIL MONEY PENALTIES

- Updated Sections related to CMPs and per instance and per day use as outlined in the CMP tool.
- Clarified the total dollar amount of the civil money penalties for noncompliance on any single day may not exceed the statutory and regulatory maximum amount and may not be less than the statutory and regulatory minimum amount for each day.
- Outlines the % of CMP funds returned to the state Medicaid agency for activities to protect or improve quality of care or life of residents.
- Outlines the use of CMP funds and state CMP reinvestment plans

APPROVED STATE PLAN FOR CMP FUNDS

In FY26, MO legislature provided spending authority of \$5.0 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

Proposed budget for FY27

- Reduced spending authority to \$4.0 million.
- Separate approval for nurse staffing campaign: \$2.7 million (CMS has committed \$2.9 million to MO)

NURSING HOME NURSE STAFFING CAMPAIGN

Nurse Staffing Campaign Objective: Recruit more nurses to work in nursing homes.

Funding:

1. Over \$75 million in federal CMP funds. Estimated CMS Allocated Funds for MO is \$2,948,913.
2. Ability for states to contribute CMP funds to bolster the campaign in their state (Missouri funds go towards Missouri).

Key Components:

1. Awareness Campaign: To motivate and drive people to work in nursing homes or state survey agencies and take advantage of the available financial assistance.
2. Creating a, “call to action,” and directing individuals to a CMS landing page where they can find their path.
3. Financial incentives for RNs and LPNs, such as tuition reimbursement and stipends.
4. Enabling more CNAs by making it easy for individuals to find state approved nurse aide training programs.
5. Highlighting career pathways for nurse aides, LPNs, and RNs.

NURSING HOME NURSE STAFFING CAMPAIGN

Focus on Financial Incentives

- 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)
- Recipients will need to work in a qualifying nursing home (e.g., high labor-shortage area) for three years to receive their full incentive.
- 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.

NURSING HOME NURSE STAFFING CAMPAIGN

Role of the FIA's

- Coordinate with nursing schools & associations
- Develop system for nurse applicants
- Verify licensure, student loan debt, track work commitment and incentives
- Collaborate with nursing homes and states to understand staffing needs
- Report to CMS program results
- Share best practices with stakeholders

NURSING HOME NURSE STAFFING CAMPAIGN

State Participation

- States were asked to contribute state-based CMPs to the program to bolster the campaign in their state, such as:
 - Increasing the number of financial incentives (tuition reimbursement and stipends) available to recruit more nurses.
- To increase the number of financial incentives available or expand marketing.
- CMS has calculated Missouri's Minimum State Commitment in order to receive the full allotment of federal funding as: \$2,649,459

NURSING HOME NURSE STAFFING CAMPAIGN

Recruitment and Financial Timeline

- Cooperative Agreements with FIAs Begin: Summer 2026
- Recruitment Period (1.5 yrs) Fall 2026 – Spring 2028
- Work Completion Period (3 years from end of Program) Estimate 2031

Prioritizing Tuition Reimbursement:

- Enables RNs/LPNs to start virtually immediately (vs. providing a scholarship for someone that still needs to complete 2+ years of schooling).
 - “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 work commitment, they no longer receive any payments.
 - Allows states to ensure their incentive funds are only used to recruit nurses in your state.

SURVEYOR AND PROVIDER JOINT TRAINING

9/9/26 – Region 5 – Moberly Municipal Auditorium, Moberly

9/10/26 – Region 4 – Stoney Creek, St. Joseph

9/16/26 – Region 3 – Adams Pointe, Blue Springs

9/22/26 – Region 2 – Drury Plaza, Cape Girardeau

9/23/26 – Region 7 – Crowne Plaza, Bridgeton

9/28/26 – Region 6 – Capitol Plaza, Jefferson City

9/30/26 – Region 1 – Oasis, Springfield

Topics: Emergency Preparedness and Life Safety Code, Abuse and Neglect Reporting, Person Centered Care and Top Deficiencies, and Dr. Nash returns to talk about Infection Control.



THANK YOU

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