

Reception Room

- **Good morning!** The meeting will start shortly.
- **Participants are muted** on entry.
- **Check the chat box:** Information about the training, including information about how to access captions and view the slides, is available there.
- **To view captions for this event:** You can view captions in Teams by clicking the More (...) button in the Teams window, then “Language and Speech,” and choose “Turn on live captions.”
- **If you have any technical issues,** please visit the [Microsoft support page for Teams](#) or email Health.HRDCommunications@state.mn.us.





Nursing Home Regulatory Updates July 2025

Tennessen Warning

- **The Minnesota Department of Health is hosting this joint regulatory training for providers of long-term care and Health Regulation Division staff.**
- **Your comments, questions, and image, which may be private data, may be visible during this event.** You are not required to provide this data, and there are no consequences for declining to do so.
- **The virtual presentation may be accessible to anyone** who has a business or legal right to access it. By participating, you are authorizing the data collected during this presentation to be maintained by MDH.
- **To opt out of the presentation, please exit now.**

- Citations | Complaint Quarterly Review
- MDH Updates
- Locked Units
- Case Mix Updates
- Nurse Aide Registry In-Facility Testing
- Transition to iQIES and updates to ePOC
- LTC Tools and Training Overview for Emergency Preparedness and Response



Citations | Complaints

Sarah Grebenc | Federal Executive Operations Manager

F880
Infection Control

F684
Quality of Care

F812
Food Procurement

F689
Accidents/
Supervision

F656
Development of
Comprehensive Care
Plan

Top Tags Cited in 3rd Quarter FFY25

F641
Accuracy of
Assessments

F677
ADL Care for
Dependent Residents

F657
Care Plan Timing
and Revision

F686
Treatment/Services
to Prevent Pressure
Ulcers

F761
Label/Store Drugs
and Biologicals

Complaints 3rd Quarter FFY25

2014 Complaints & Facility Report Incidents (FRI's) received for all provider types.

1517 Nursing homes received **Complaints** and **FRI's**.

216 Triaged as an **Immediate Jeopardy (IJ)** complaints for all provider types.

166 Were triaged as **IJ for Nursing Homes**.

25 IJ's were identified in nursing homes.

5 identified on recertification surveys.

20 identified on complaint investigations.

IJs cited in 3rd Quarter FFY25

F800 Infection Control (L)

F610 Investigate Allegations of Abuse (L)

F578 Request/Refuse/Discontinue
Treatment/Formulate Adv Dir

F684 Quality of Care

F689 Free from Accidents/Supervision

F760 Significant Medication Errors

F600 Free from Abuse

F700 Bedrails

F686 Treatment/Services to Prevent
Pressure Ulcers

F760 Pain Management

F849 Hospice Services

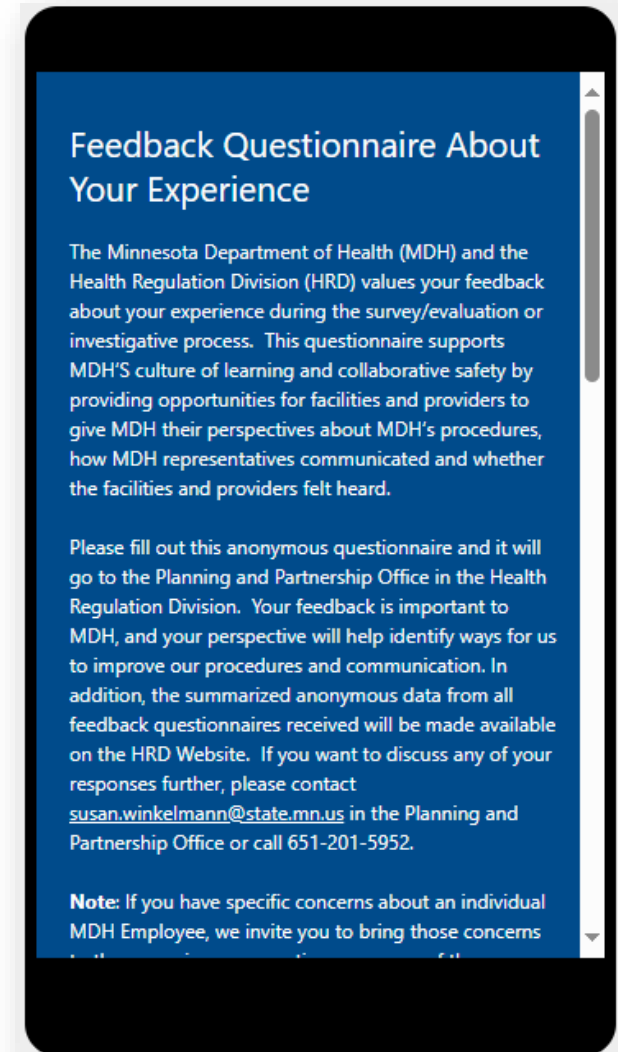


MDH Updates

Sarah Grebenc | Federal Executive Operations Manager

Provider Feedback Questionnaire

- Thank you for continuing to complete HRD's Feedback Questionnaire!
 - Provided during recertification and complaint surveys on the Federal and State side.
 - Goal is to expand to other federal provider types.
- MDH uses the information to make improvements to our processes.





Center for Clinical Standards and Quality

Ref: QSO-25-19-All

DATE: June 18, 2025

TO: State Survey Agency Directors

FROM: Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG)

SUBJECT: Release of CMS-2567: Statement of Deficiencies and Plan of Correction

Memorandum Summary

- CMS is committed to the **transparency of quality of care findings**, so that patients, residents, and their families can make informed health care decisions.
- The official *Form CMS-2567: Statement of Deficiencies and Plan of Correction* (CMS-2567) will be publicly releasable **within 14 days after receipt by the provider, supplier, or lab**. In other words, the CMS-2567 can be immediately released upon receipt by the provider/supplier.
- This update **aligns with the Nursing Home CMS-2567 process**, which per regulation, are releasable within 14 days of transmission to the facility (See 42 CFR 488.325).
- This guidance does not apply to Accrediting Organization (AO) survey findings, except those related to surveys of Hospice and Home Health Agencies.

Background:

In our continued **commitment to transparency**, CMS is updating the timeline for the public release of the *Form CMS-2567: Statement of Deficiencies and Plan of Correction*, herein referred to as the CMS-2567.

QSO Memo 25-19-ALL

[Release of CMS-2567: Statement of Deficiencies and Plan of Correction \(PDF\) \(https://www.cms.gov/files/document/qso-25-19-all.pdf\)](https://www.cms.gov/files/document/qso-25-19-all.pdf)



Center for Clinical Standards and Quality

Ref: QSO-25-20-NH

DATE: June 18, 2025

TO: State Survey Agency Directors

FROM: Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG)

SUBJECT: Updates to Nursing Home Care Compare

Memorandum Summary

- **Post Performance Data for Nursing Home Chains** – “Chains” refers to groups of Medicare-certified nursing homes that are connected through common owners, and operators (also called “affiliated entities”). CMS will begin posting aggregated performance information for these nursing homes on Nursing Home Care Compare in a consumer-friendly format.
- **Drop Third Cycle Standard Surveys from the Nursing Home Care Compare Health Inspection Rating** – To help ensure the Nursing Home Care Compare health inspection rating more accurately reflects current performance in nursing homes, CMS will be removing any inspection in the third cycle, meaning the oldest surveys, from the rating calculation.
- **Incorporate Updated Long-Stay Antipsychotic Measure on Nursing Home Care Compare** – To improve measure accuracy CMS will update the quality measure assessing the number of long-stay residents receiving antipsychotic medications to include Medicare and Medicaid claims and encounter data, in addition to Minimum Data Set (MDS) data currently used in the existing measure.
- **Removing COVID-19 Vaccination Measures** – CMS will be removing the resident and staff COVID-19 Vaccination measures from the main profile page of each nursing home.

QSO Memo 25-20-NH

[Updates to Nursing Home Care Compare \(PDF\)](https://www.cms.gov/files/document/qso-25-20-nh.pdf)
(<https://www.cms.gov/files/document/qso-25-20-nh.pdf>)

Change of Administrator or Director of Nursing

[Nursing Home Licensure and Certification](https://www.health.state.mn.us/facilities/regulation/nursinghomes/licnh.html)

<https://www.health.state.mn.us/facilities/regulation/nursinghomes/licnh.html>

License Application – Forms and documents

Forms and documents ^

- [Background studies for Controlling Persons and Managerial Officials \(PDF\)](#)
- [Change in Administrator \(PDF\)](#)
- [Change of Clinical Director \(PDF\)](#)
- [Change of Medical Director \(PDF\)](#)

Nursing Facility Provider Visit Licensure Requirements

CMS allows certain non-physician providers to perform the initial comprehensive visit, admission orders, and all required visits and orders for non-Medicare A patients ([SOM - Appendix PP F712](#)). Minnesota State rules are more restrictive [4658.0710 - MN Rules Part](#).

MDH is currently allowing facilities to request a waiver to the MN State Rule 4658.0710.

See the MAGIC Website and template to request a waiver and submit the waiver request to Health.CM-Cert@state.mn.us.

[MAGIC Nursing Facility Regulatory Provider Licensure Requirement Waiver \(https://www.minnesotageriatrics.org/Nursing-Facility-Regulatory-Provider-Licensure-Requirement-Waiver\)](https://www.minnesotageriatrics.org/Nursing-Facility-Regulatory-Provider-Licensure-Requirement-Waiver)

Tuberculosis (TB) Test Results

Your Tuberculosis (TB) Test Results Why are your test results important to keep?



Why do we screen new employees for TB?

Tuberculosis (TB) screening is required for facility licensing including home care. The employees of healthcare settings are screened for TB before they work with residents or clients. The goals of screening are to 1) rapidly identify and refer for treatment those with active TB (sick/may infect others) and 2) diagnose and prioritize for treatment those with latent TB infection (not sick/cannot infect others).

What does the screening include?

Your TB risk history: prior diagnosis of TB or latent TB infection (LTBI), presence of an immune-suppressing condition that could affect interpretation of test results, prior receipt of BCG vaccine

What happens if my test is positive?

Employers cover the costs of required work screenings (TB test, chest x-ray). Anyone with a positive TB test will need to receive a chest x-ray (CXR). If the CXR is negative, you may begin resident or client cares. Employers are not responsible for further costs. If you are symptomatic or have an abnormal chest x-ray, you will need to follow up with provider to rule out active TB. Remember, if you are diagnosed with latent TB infection, treatment can reduce the risk of future progression to active TB.

What if I tested positive in the past?



Locked Units

Shannon Gilb | Regional Operations Manager

Guidelines for Locked Nursing Home Units



- [Guidelines for Locked Nursing Home Units - MN Dept. of Health](#)
- Updated May 22, 2025



Case Mix Updates

Robin Lewis | Regional Operations Supervisor

Case Mix Updates

- Assessment Notice Changes
- MDS Requirement for October 1, 2025
- MDS Supporting Documentation
- IQIES Update effective October 1, 2025
- Training Opportunity
 - Webinar July 16, 1-1:30 p.m.
 - Register: [MN Case Mix Review Program](https://www.health.state.mn.us/facilities/regulation/casemix/index.html)
(<https://www.health.state.mn.us/facilities/regulation/casemix/index.html>)
 - Questions: Health.MDS@state.mn.us



Nurse Aide Registry In-Facility Testing

Brenda Fischer | Regional Operations Manager

Mission:

To increase the number of nurse aides in the state of Minnesota to address the acute shortage felt by many employers. Allow widespread testing site opportunities across the state.

Testing nurse aide candidates within the facility where the training occurs, candidates may experience:

- A reduction in the distance to travel to an off-site test center.
- An increased comfort level of testing at a familiar location.
- Secure a testing seat more quickly.
- Reduced wait time to test after completing a training program.
- Being placed on the registry and entering the workforce more quickly and effective.
- Recruitment tool to attract new employees.

Eligibility to Become a Test Site (1/2)

In-Facility testing will be considered for any approved MDH NATCEP Nurse Aide training program involving **federally-certified providers** that meet one of the following criteria:

- Nurse aide training program operated by a federally certified nursing home.
- Corporate nurse aide training program for multiple nursing homes of the same corporation.
- Nurse aide training program operated by an assisted living facility that is under the same umbrella ownership of a nursing home, usually on the same campus and provides supervised practical training in a federally certified nursing home.

Eligibility to Become a Test Site (2/2)

In-Facility testing **does not** include approved training programs operated by colleges within the facility or the following:

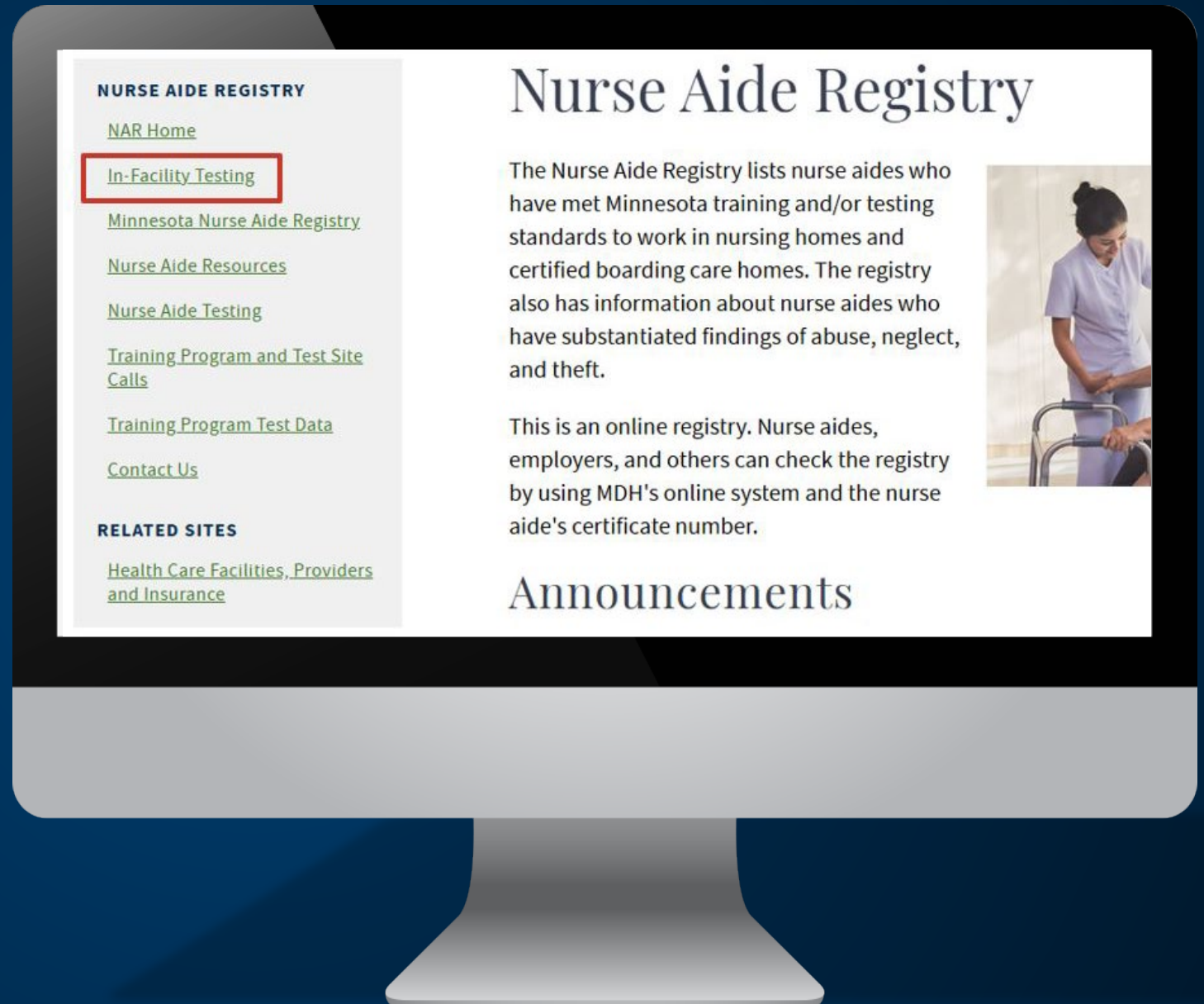
- Colleges.
- High schools.
- Independent free-standing programs.
- Assisted living facilities that train staff for their licensed-only facility.

Misconception vs. Reality

- Facilities with G or IJ citations **can still qualify** for in-facility test site status.
- Reality:
 - Leader or coordinator test site, sufficient time allotted.
 - Do have staff to complete the testing.
 - Support of the organization.
 - Timely establishment of a test site.

Nurse Aide Registry Webpage

[Nurse Aide Registry
\(https://www.health.state.mn.us/facilities/providers/nursingassistant/index.html\)](https://www.health.state.mn.us/facilities/providers/nursingassistant/index.html)



In Facility Test Sites 2025

- MDH accepting applications
- June 16 extended to July 31, 2025
 - Previous applicants must re-apply
- Review website for information:
 - [NAR In-Facility Testing Resources](https://www.health.state.mn.us/facilities/providers/nursingassistant/infacilityresources.html)
(<https://www.health.state.mn.us/facilities/providers/nursingassistant/infacilityresources.html>)
 - [In-Facility Information Call - June 12, 2025 \(PDF\)](https://www.health.state.mn.us/facilities/providers/nursingassistant/docs/narpres20250612.pdf)
(<https://www.health.state.mn.us/facilities/providers/nursingassistant/docs/narpres20250612.pdf>)
 - [Nurse Aide Registry In-Facility Testing - MN Dept. of Health](https://www.health.state.mn.us/facilities/providers/nursingassistant/infacility.html)
(<https://www.health.state.mn.us/facilities/providers/nursingassistant/infacility.html>)

Apply to Become an In-Facility Test Site

After reviewing this guide, facility-based NATCEPs that meet the requirements outlined above can complete the [In-Facility Nurse Aide Test Site Application](#). MDH will review completed applications and determine if a site can move forward with the Headmaster process to become an in-facility test site. Facilities will be informed of the decision within 30 days.

Please review the Power Point presentation for additional information:

[In-Facility Information Call - June 12, 2025 \(PDF\)](#)

[\(https://www.health.state.mn.us/facilities/providers/nursingassistant/docs/narpres20250612.pdf\)](https://www.health.state.mn.us/facilities/providers/nursingassistant/docs/narpres20250612.pdf)

In Facility Nurse Aide Test Site Application



In-Facility Nurse Aide Test Site Application

Asterisk (*) Indicates required field

All data submitted on this application shall be classified as public information once the approval is issued. Minnesota Statutes, section 13.04 (<https://www.revisor.mn.gov/statutes/cite/13.04>).

In-facility testing can be a convenient option for both nurse aide candidates and nursing home employers. By testing nurse aide candidates within the facility where training occurs, candidates may experience a reduction in the distance to travel to an off-site testing center, increase the comfort level of testing at a familiar location, and shorten the time to enter the workforce as qualified professionals.

If your facility is interested in in-facility testing, please review the details of the In-Facility Nurse Aide Testing Site Guide ([Nurse Aide Registry: In-Facility Testing - MN Dept. of Health](#)) before completing this form. If you meet all the requirements to become a test site, complete all fields listed below and submit it to MDH. MDH will review and notify interested facilities within 30 days via email if you have been approved to become a in-facility test site. For questions on this form and process, please contact MDH at health.nar.coord@state.mn.us.

Approved training programs offered by colleges within the facility or at: colleges, high schools, independent free-standing programs, or assisted living facilities that train staff for their licensed only facility are not eligible to be in-facility testing sites. Any NATCEP (Nurse Aide Training and Competency Evaluation Program) who has provisional approval will not qualify for an in-facility test site.

It is a requirement for in-facility test sites to be willing to test external nurse aide candidates from outside your NATCEP (Nurse Aide Training and Competency Evaluation Program). By submitting this application you are acknowledging external candidates will be tested at your site.

All fields below are required to be completed in order to submit this application.

Facility Name *

Facility Street Address *

Facility City/Town *

[MDH In-Facility Nurse
Aide Test Site
Application
\(https://forms.web.health.state.mn.us/form/
in-facility-nurse-aide-
test-site\)](https://forms.web.health.state.mn.us/form/in-facility-nurse-aide-test-site)



Transition to iQIES and ePOC

Karen Aldinger | Regional Operations Manager

IQIES Launch for nursing homes July 14, 2025

- Internet Quality Improvement & Evaluation System (IQIES)
- All functionality associated with ASPEN has ceased for nursing homes as of 7/10/25.
- IQIES live for NH 7/14/25
- Surveyors begin completing the LTCSP in IQIES

iQIES Resources

- [iQIES Help \(https://iqies.cms.gov/iqies/help\)](https://iqies.cms.gov/iqies/help)
- [iQIES Welcome and Quick FAQs Job Aid \(PDF\)
\(https://iqies.cms.gov/iqies/static/assets/Welcome-Letter.8c42a29693e3b9849910.pdf\)](https://iqies.cms.gov/iqies/static/assets/Welcome-Letter.8c42a29693e3b9849910.pdf)
- [iQIES User Roles Matrix \(PDF\)
\(https://iqies.cms.gov/iqies/static/assets/User-Roles-Matrix.9223937ab09dba138673.pdf\)](https://iqies.cms.gov/iqies/static/assets/User-Roles-Matrix.9223937ab09dba138673.pdf)
- [iQIES Training - You Tube \(https://go.cms.gov/iQIES_Training\)](https://go.cms.gov/iQIES_Training)

Additional IQIES Resources

- [QIES Technical Support Office \(https://qtso.cms.gov/\)](https://qtso.cms.gov/)
- [S&C User Manual: Electronic Plan of Correction](#)
- [QSEP Provider Training \(https://qsep.cms.gov/\)](https://qsep.cms.gov/)

How to gain access to IQIES



QIES Technical Support Office

Search

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[Software](#)

[Reference & Manuals](#)

[Training](#)

[Access Forms](#)

[CMSNet - Submission Access](#)

We are QTSO

I'm a **Provider**

- > Home Health Agency (HHA) Providers
- > Hospice Providers

I'm a **Vendor**

- > Hospice Vendors
- > Inpatient Rehabilitation Facility (IRF-PAI) Vendors

I'm an **Employee**

- > CMS (Regional/Central)
- > State Agency

Provider Security Official

Reference & Manuals

Software [Tools](#) [For Providers](#) [For Vendors](#) [For CMS Er](#)

ASPEN




[View Reference & Manuals ›](#)

iQIES

[View Reference & Manuals ›](#)

iQIES Security Official

Jan 22, 2024

-  [iQIES Onboarding Process - Provider Security Official \(PDF 211KB\)](#)
-  [iQIES Security Official - Manage Access and FAQs Job Aid v2.1 \(1.19 MB\) \[Posted 01/22/2024\]](#)
-  [SASO User Role Job Aid v1.1 \(464 KB\) \[Posted 01/22/2024\]](#)

Job Aide Manage Users

Job aide Manage User Information has instructions on how your facility users can obtain an account.

iQIES Managing User Information Guide and Quick Start Checklist

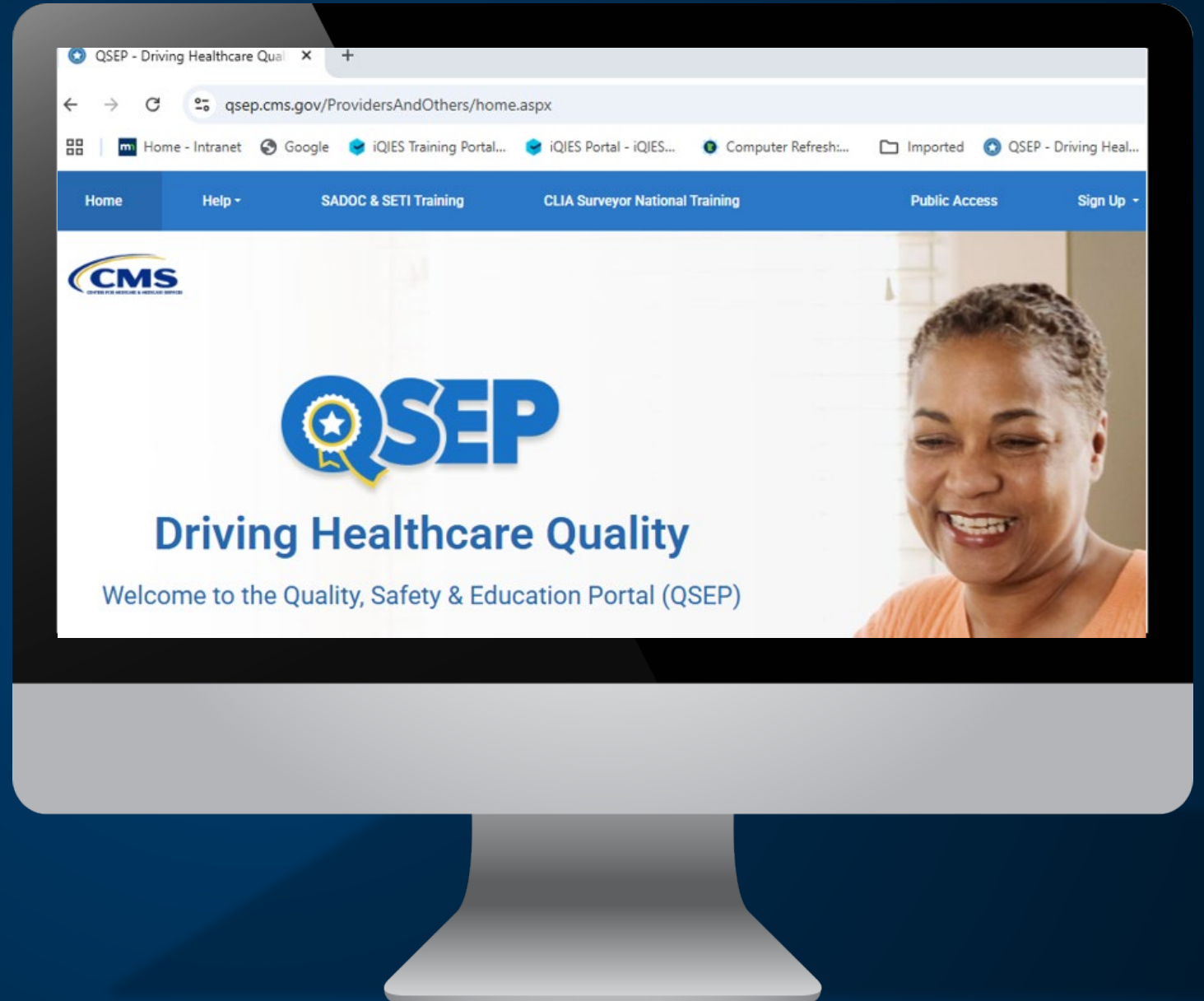
Feb 16, 2023

 iQIES Manage User Information and Quick Start Checklist Job Aid v2.1

Training

QSEP

(<https://qsep.cms.gov/>)



The provider receives email alerts when:

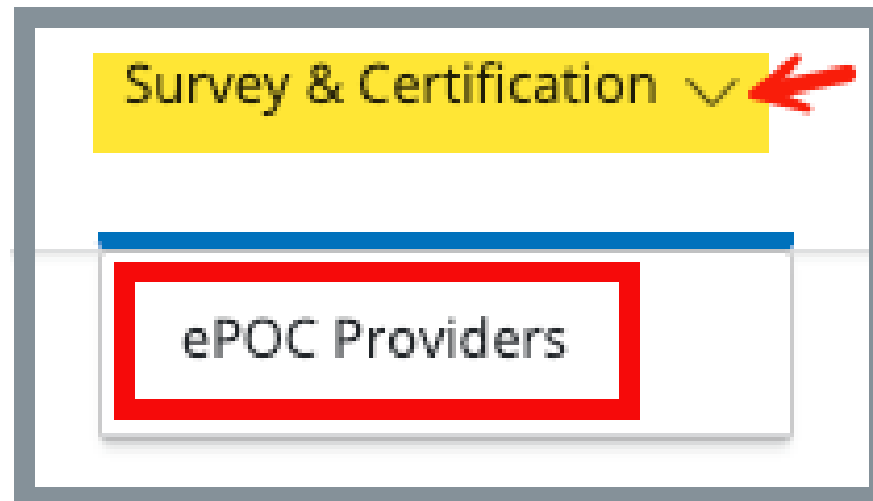
- ✓ Citations that need a plan of correction are posted.
- ✓ Citations that need acknowledgement are posted.
- ✓ Citation POC is rejected.
- ✓ Citation POC is accepted.

What you will be able to do in IQIES

- Transmit SODs directly to the provider, including real time user notifications.
- Document and acknowledge receipt of transmitted SODs.
- Use ePOC module to create and transmit all State and CMS notices related to the survey.
- Submit POCs electronically (eliminating the need for fax, mail or email).
- Attach supporting documentation in the various common formats (PDF, JPG, etc.).
- Date stamp each transaction to monitor timelines associated with POC due dates.
- Access reports to manage POC workload.

Logging into ePOC

[iQIES \(https://iqies.cms.gov/iqies\)](https://iqies.cms.gov/iqies)



Find your survey

Surveys

Sets & Survey ID	SOD Sent	Exit Date	Type	Status	Survey Category	#Def	Submitted	Approved / Unapproved	POC Due Date
1DF843-H1	11/07/2024	11/07/2024	Health	Statement of Deficiencies sent	Recertification, Complaint	3	1	2	11/17/2024

Statement of Deficiencies

Generate the statement of deficiencies and enter the date sent once the form has been sent to the provider.

Generate Form



Due to Provider	Date Sent	Due Back from Provider
11/22/2024	11/07/2024	11/17/2024

Survey 1DF843-H1

Marion Manor NH

CCN 015651

Nursing Home

SPECIAL FOCUS STATUS

Active



Statement of
Deficiencies

ePOC

Letters

Attachments

Choose your action

Electronic Plan of Correction Overview

Statuses and dates for the Plan of Correction (POC)

Event ID	Due Date	Provider Sign Off Date	Received Date	Status
1DF843-H1	11/17/2024			Open

ePOC Posting

Citations for ePOC display

Citation ID	Reg Set	Status	Tag Type	Description	S/S	Comp (X5)	Posted	Changed	Actions
F0551	F - 20.00	Posted	Requirement	Rights Exercised by Representative	A	-	11/11/2024	N	Actions
F0602	F - 20.00	Posted	Requirement	Free from Misappropriation/Exploitation	J-SQC	-	11/08/2024	N	Actions

Write Plan of Correction

Change the Completion Date (X5)

View History

Electronic Plan of Correction

Tag **F0602** Posted Free from Misappropriation/Exploitation

Due Date	S/S	Completion X5	Changed
11/17/2024	J-SQC	-	No

POC List

F0551
Rights Exercised by
Representative

F0602
Free from
Misappropriation/Exploitation

POC Information

History

Completion Date (X5)

PLAN OF CORRECTION (POC) RESPONSE

Submit as Final

Edit

Observation Text - Deficiency F0602 Detail

Free from Misappropriation/Exploitation

CFR(s): 483.12

§483.12

The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.

This STANDARD is NOT MET as evidenced by:

Resident was used in a photo that showed them in a position of vulnerability.

Facility Response

Write your Plan of Correction (POC) Response

Write an ePOC

Attachments

✓ Statement of Deficiencies

ePOC

Letters

Attachments

Attachments

Add and manage the attachments for this survey.

Add Attachment

1 Attachment

Plan of Correction Backup Information.docx

Edit

POC Backup Information


Date Uploaded	04/16/2025 2:29 PM
Date Published	No information
Uploaded By	testepoc, Pat
File Size	13 KB
Category	Survey
Source	Survey 1964099


Download

Acknowledge A or PNC citations


POC Information

History

 Completion Date (X5) *

 ACKNOWLEDGE TAGS

Incomplete

 [✓ Acknowledge](#)

Observation Text - Deficiency F0551 Detail

Rights Exercised by Representative

CFR(s): 483.10(b)(3)-(7)(i)-(iii)

Submit ePOC

ePOC Posting

Citations for ePOC display

Citation ID	Reg Set	Status ⓘ	Tag Type	Description	S/S	Comp (X5)	Posted	Changed	Actions
F0551	F - 20.00	Posted	Requirement	Rights Exercised by Representative	A	-	11/11/2024	N	Actions ▾
F0602	F - 20.00	Submitted	Requirement	Free from Misappropriation/Exploitation	J-SQC	-	11/08/2024	N	Actions ▾

ePOC Approval

ePOC Posting

Citations for ePOC display

Citation ID	Reg Set	Status ⓘ	Tag Type	Description	S/S	Comp (X5)	Posted	Changed	Actions
F0551	F - 20.00	✓ Approved	Requirement	Rights Exercised by Representative	A	-	11/11/2024	N	Actions ▾
F0602	F - 20.00	ⓘ Submitted	Requirement	Free from Misappropriation/Exploitation	J-SQC	-	11/08/2024	N	Actions ▾

ePOC Rejection

ePOC Posting

Citations for ePOC display

Citation ID	Reg Set	Status	Tag Type	Description	S/S	Comp (X5)	Posted	Changed	Actions
F0551	F - 20.00	✓ Approved	Requirement	Rights Exercised by Representative	A	-	11/11/2024	N	Actions
F0602	F - 20.00	✓ Approved	Requirement	Free from Misappropriation/Exploitation	J-SQC	-	11/08/2024	N	Actions
F0610	F - 20.00	✗ Rejected	Requirement	Investigate/Prevent/Correct Alleged Violation	J-SQC	-	11/12/2024	N	Actions

POC Information

History

✖ Your plan of correction has been rejected. Please review the rejection details and revise your POC below.



Letters

✓ Statement of Deficiencies

ePOC

Letters

Attachments

Letters

1 Letter

Letter Name	Date Created	Date Posted	Status
Important POC Letter with Important Details	04/16/2025 1:25 PM	04/16/2025 2:57 PM	Sent

- If ePOC was rejected the week of 7/8/25, you may have to resubmit your POC via iQIES the week of 7/14/25.
- Facility users must log in at least every 60 days to keep account active.
- Expected learning curve for surveyors in the coming weeks.
- Surveyors will need to keep phone on them for using hot spots and logging in.



LTC Tools and Training Overview for Emergency Preparedness and Response

Marlee Etchison | Emergency Preparedness and Response Division

EPR Website: Continuity of Operations (COOP) for Long Term Care

- Developed to support COOP for long-term care.
- COOP Toolkit Includes:
 - Completion guide
 - Plan template
 - Exercise in a box materials
- Webinars from in person sessions, to help teach organizations how to complete the COOP Toolkit
- Multiple trainings, and Health Care Coalition tools are also on the website.
- [Continuity of Operations Planning for Health Care & Long-Term Care - MN Dept. of Health](https://www.health.state.mn.us/communities/ep/coalitions/coop/index.html)
 [\(https://www.health.state.mn.us/communities/ep/coalitions/coop/index.html\)](https://www.health.state.mn.us/communities/ep/coalitions/coop/index.html).

EPR Website: Emergency Preparedness (EP) Basics

- Plan, Prepare, Act: The Practical Strategies for Emergency Preparedness and Response in Health Care and Long-Term Care Facilities workshop guides participants through the basics of Emergency Preparedness (EP).
- Workshop Materials include:
 - Videos from the workshops, broken down by modules
 - Participant guide
 - Resource Guide
 - Slides to follow along with the workshop materials.
 - Storytelling videos to help show what EP Basics looks like in practice.
 - Website is not complete yet – anticipated to be completed September of this year.

Long Term Care Resource Guide Background

- Created by members of the Minnesota Department of Health, Care Providers of Minnesota, LeadingAge of Minnesota, Minnesota Home Care Association, Minnesota Network of Hospice & Palliative Care, and regional representation from the Health Care Coalitions developed this tool to assist LTC facilities in emergency preparedness.
- Last major update was in 2016; did a large revision in 2022.
- Serves nursing homes, skilled nursing facilities (SNF), assisted living facilities (ALF), assisted living (AL) licensed group homes, intermediate care facility for individuals with intellectual disabilities (ICF/IID), home care agencies, and hospice.
- If you previously used the toolkit, the website is still in the same place on the MDH website and the same URL: [MDH Long-Term Care \(LTC\) Emergency Preparedness \(https://www.health.state.mn.us/communities/ep/ltc\)](https://www.health.state.mn.us/communities/ep/ltc)
- Many links to great resources.
- Base Plan has been updated and shortened.

Long Term Care Resource Features

- The new toolkit website is easier to use, searchable by page, and each page can be printed to help with planning purposes.
- Changed formatting of toolkit to make it easier to use and understand.
- Added new Appendixes and Annex's.
- Checklists to help facilities get prepared.
- Can be customized to each individual facility/agency.
- Getting updates finalized – should be done by September.

Appendix Z Help

- Appendix Z came out after the last toolkit update (2016), meaning the toolkit was outdated. It was added in during 2022 updates.
- Toolkit now has documents to help facilities/agencies understand and implement the CMS Appendix Z rules.
- Appendix A - Created a crosswalk to help facilities/agencies more easily identify information needed and where to find the information.
- Appendix B - Document and example on how to create a Hazard Vulnerability Analysis (HVA).

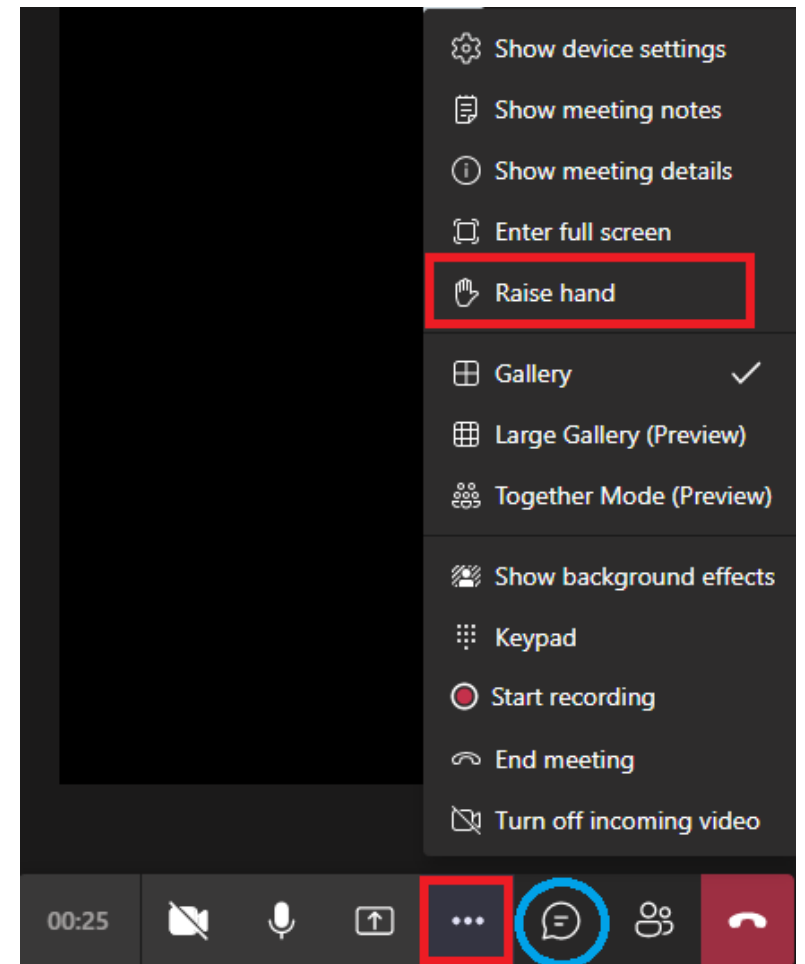
Base Plan Topics	Fed Tags	Skilled Nursing Facility / Assisted Living Facility / AL Lic Group Homes	ICF/IID & Non-AL Lic Group Homes	Home Care Agencies	Hospice
Plain language	No tag	Not applicable	Not applicable	Not applicable	Not applicable
Continuity of Operations Plan (COOP) & Succession Planning	E-0007	Required	Required	Required	Required
Hazard Vulnerability Analysis (HVA)	E-0004	Required	Required	Required	Required
	E-006	Required	Required	Required	Required
Communication	E-0029	Required	Required	Required	Required

Free Medical Clearance Evaluations

- The Minnesota Department of Health purchased medical clearance evaluations with leftover COVID-19 money.
- Offering to all types of long-term care facilities.
- Facilities can get any amount they want and can request more if needed.
- First come first serve basis; once the evaluations run out, there will not be any more.
- Fill out survey to get started: <https://redcap.health.state.mn.us/redcap/surveys/?s=JYW4ALT3WWADYY3W>.
- For questions email: Marlee.Etchison@state.mn.us.

How to Ask a Question for Q & A

- **Participants are muted.** We will answer as many questions as we can at the end of the presentation.
- **Two ways to ask a question** or provide a comment:
 1. Raise your hand (**outlined in red**).
 2. Click the Chat bubble (**circled in blue**) to open the chat.
- For phone attendees, press ***5** to raise your hand, and ***6** to unmute/mute yourself.
- **We will select speakers** in order and add questions from the chat at the end of the presentation.



Questions?



Thank You!!!

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