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Providers Need To Make Voice Heard At Legislative Town Hall Meetings

Beginning Thursday, Feb. 19, the Minnesota State House of Representatives and the Senate will hold joint hearings around the state to focus on Gov. Tim Pawlenty's budget proposal.

Aging Services of Minnesota is strongly encouraging its members to attend and make clear what the proposed cuts mean to older adult service providers, caregivers and Minnesota's seniors.

The governor's budget proposal would directly impact Minnesota's economic stability, access to older adult services, and stifle long-term care reform by including:

- 3 percent provider cuts to providers of Elderly Waiver and Alternative Care services
- 5 percent cut to 24-hour customized living rate
- Repeal of rebasing for care centers
- Rate freezes for the next two years for care centers
- Cuts in eligibility for long-term care services
- Elimination of MA-covered services for adults without children, such as dental, rehabilitation, and podiatry care

We are just weeks away from the release of the February forecast, and most insiders predict that the budget deficit could grow by \$1-\$2 billion. As a result, we may already be at risk for proposals that include even deeper cuts to older adult services.

Legislators are gathering input from the public at these meetings before putting together their own budget proposals. Please do not allow legislators to form the impression that the governor's budget proposal does not impact older adult services.

For Further Information and to RSVP to a town hall meeting:

Contact Kari Thurlow at kthurlow@agingservicesmn.org or Jen McNertney at jmcnertney@agingservicesmn.org.

Here is the schedule of town hall meetings for Greater Minnesota:

Thursday, Feb. 19

Mankato, 6 p.m.

Mankato Intergovernmental Center-Mankato River Room

10 Civic Center Plaza

Rochester, 6 p.m.

Rochester Community and Technical College

Heintz Center Commons Area

1926 Collegeview Road SE

St Cloud, 6 p.m.

St. Cloud City Hall-Council Chambers
400-2nd Street South

Willmar, 6 p.m.

Kennedy Elementary School
824-7th Street W

Friday, Feb. 20

Albert Lea, 10 a.m.

Albert Lea City Hall Council Chambers
221 E. Clark Street

Winona, 3:30 p.m.

Winona City Hall-Council Chambers
207 Lafayette

Worthington, 10:30 a.m.

Worthington City Hall Council Chambers
303 Ninth Street

Marshall, 2:30 p.m.

Southwest State Lecture Hall
1501 State Street

Little Falls, 9:30 a.m.

Morrison County Government Center-Garden Level Meeting Room
213-1st Avenue SE

Alexandria, 2 p.m.

Alexandria City Hall
704 Broadway

Duluth, 9:30 a.m.

Duluth City Hall-Council Chambers
411 W 1st Street

Virginia, 1:30 p.m.

Mesabi Range Community and Technical College-small auditorium
1001 Chestnut Street W, Virginia

Brainerd, 10:30 a.m.

Washington Educational Services Building-Board Room
804 Oak Street

Bemidji, 3:30 p.m.

Bemidji State University-American Indian Resource Center Gathering Place
1620 Birchmont Drive

Moorhead, 12:30 p.m.

Senate Tax Committee
Minnesota State University Moorhead-Comstock Union
1104-7th Avenue South

Here is the schedule of meetings for the metro area:

Monday, Feb. 23

Woodbury, 6 p.m.

Central Park Amphitheater, 8595 Central Park Place

Tuesday, February 24

Bloomington, 7 p.m.

Bloomington City Hall, 1800 W Old Shakopee Rd

Minneapolis, 6 p.m.

Minneapolis Park Board, 2117 West River Road

Wednesday, Feb. 25

Burnsville, 7:30 p.m.

Fairview Ridges Hospital, 201 E. Nicollet Blvd

White Bear Lake, 6:30 p.m.

White Bear Lake High School-South Campus, 3551 McKnight Rd N

Thursday, Feb. 26

St. Paul, 6 p.m.

West Minnehaha Rec Center in Frogtown, 685 Minnehaha Ave W

Plymouth, 7 p.m.

Plymouth City Hall, 3400 Plymouth Blvd.

Coon Rapids, 7 p.m.

Coon Rapids City Hall, 11155 Robinson Drive

Details TBD

Forest Lake

Federal Stimulus Update: House Bill Has Good News for Older Adult Services

On Saturday, the U.S. Senate reached agreement on its version of the economic stimulus plan and a vote on the bill in that body is expected by tomorrow (Tuesday).

The Senate legislation varies quite a bit from the version that already passed the House. Whereas the House has more spending for states, such as increases for Medicaid and food stamps, the Senate puts a greater emphasis on tax cuts.

The House bill includes a number of provisions that would positively impact providers of older adult services. The AAHSA proposal for new technology grants for care centers to implement electronic medical records (health information technology) and a proposal for aging services technology were both included in the legislation.

Finally, the House includes a 4.9 percent increase in Medicaid matching funds, with an additional increase for states hit hard by unemployment. Even without the additional unemployment assistance money, Minnesota would receive over \$360 million for FY2009 and over \$380 million in FY2010.

Here is a side-by-side comparison of the House and Senate positions on topics that affect Aging Services of Minnesota members. (Thanks to National Council of State Legislatures for the analysis. Please see <http://www.ncsl.org/statefed/2009economicstimulus.htm> for more information.)

Topic	HR 1	Senate Agreement
Medicaid (increase to Medicaid Matching Funds, or FMAP)	Provides \$87 billion for an FMAP increase. Provides for a 4.9 percent FMAP increase, with additional relief tied to	Provides \$87 billion for an FMAP increase. Provides a 7.6 percent FMAP increase, with additional relief tied to rates of unemployment. The Senate version applies less emphasis on

	<p>rates of unemployment.</p> <p>Maintenance of Effort (MOE) required on eligibility or the process by which states determine eligibility, as of July 1, 2008. Prohibits funds from being diverted into a rainy day fund.</p> <p>\$8.6 billion to provide 100 percent Federal funding through 2010 for optional State Medicaid coverage of individuals (and their dependents) for unemployment relief. This is a state option and expires on Dec. 31, 2010.</p> <p>Extends the moratorium on select Medicaid regulations through June 20, 2009.</p>	<p>the unemployment factor.</p> <p>Maintenance of Effort (MOE) required on eligibility or the process by which states determine eligibility, as of July 1, 2008. For states that have a local match requirement, the MOE requirement for that is Sept. 30, 2008. Prohibits funds from being diverted into a rainy day fund.</p> <p>States must be compliant with the prompt pay provisions--clean claims paid in 30 days and all claims paid in 90 days--in the Medicaid program.</p>
Nutrition Assistance	<p>Provides \$20 billion to increase the food stamp benefit (Supplemental Nutrition Assistance Program (SNAP)) by over 13 percent. Also provides additional funds to states for administration of these benefits without a state match requirement.</p> <p>\$200 million - Senior Nutrition Programs</p> <p>\$726 million - Afterschool Meals</p> <p>\$100 million - Supplemental Nutrition Program Information Systems</p>	<p>\$16.5 billion - additional SNAP benefits</p> <p>\$500 million - special supplemental program for Women, Infants, and Children (WIC)</p>
Housing	<p>\$5 billion - Public Housing Capital Fund</p> <p>\$2.5 billion - Elderly, disabled, and Section 8 assisted housing energy retrofit</p>	<p>\$5 billion - Public Housing Capital Fund</p> <p>\$2.1 billion - Elderly, disabled, and Section 8 assisted housing energy retrofit</p>
Additional Human Services Appropriations of Interest	<p>\$1 billion - Low Income Home Energy Assistance Program (LIHEAP)</p> <p>\$100 million - Compassion Capital Fund</p> <p>\$1 billion - Community Services Block Grant</p> <p>Supplemental Security Income (SSI) - provide a one-time additional SSI Payment to Low-Income elderly and disabled recipients.</p>	<p>\$250 million - Community Development Financial Institutions</p> <p>\$400 million - Social Services Block Grant</p>

Important Bulletins on TB Screening for Health Care Providers Released

The Minnesota Department of Health has taken an important step to bring Tuberculosis screening requirements for various types of licensed health care providers up-to-date and into conformity with current guidelines from the Centers for Disease Control.

MDH has issued four separate information bulletins--for nursing homes, boarding care homes, home care and supervised living facilities--that grant "blanket" waivers to the specific TB screening requirements in rule for all of these providers.

This action was the result of work the MDH Compliance Monitoring Division initiated with the MDH TB Prevention and Control Program staff and OSHA staff to develop a more consistent approach to TB screening based on the most current evidence-based research from CDC. Aging Services of Minnesota and other provider groups have been urging MDH for several years to update the TB requirements, particularly as physicians have voiced more and more reluctance to order multiple x-rays for staff with positive Mantoux. Aging Services appreciates the efforts of MDH staff to resolve this long-standing issue.

The new MDH bulletins link to a detailed list of waiver conditions that has been developed for each type of licensed provider. As long as the provider follows the applicable waiver conditions, the provider does not need to submit to MDH an individual request to waive the obsolete TB screening requirements in the applicable licensing rules.

The waiver provisions will remain in effect indefinitely, although MDH staff has told Aging Services that MDH might be interested in working with provider groups sometime in the future to make statutory changes to permanently delete the obsolete rules.

The waiver conditions for all types of providers require that all paid and unpaid health care workers (HCW, as defined in the CDC Guidelines) must receive baseline TB screening. This screening must include a written assessment of the HCW's risk factors for TB and any current TB symptoms, and a two-step tuberculin skin test (TST) or single interferon gamma release assay (IGRA) for *M. tuberculosis* (e.g., QuantiFERON^R TB Gold or TB Gold- InTube, T-SPOT^R·TB). This may be a change for many home care agencies, as the home care rules do not require a two-step Mantoux.

Having an alternative screening method to the Mantoux will be helpful for workers who know they would have a positive Mantoux.

The bulletins and the waiver conditions are found at the following links:

- Nursing Homes, bulletin 09-02, NH-135,
http://www.health.state.mn.us/divs/fpc/profinfo/ib09_2.html
- Boarding Care Homes, bulletin 09-03, BC-45,
http://www.health.state.mn.us/divs/fpc/profinfo/ib09_3.html
- Home Care, bulletin 09-04, HC-26,
http://www.health.state.mn.us/divs/fpc/profinfo/ib09_4.html
- Supervised Living Facilities, bulletin 09-05, SLF-17,
http://www.health.state.mn.us/divs/fpc/profinfo/ib09_5.html

Aging Services will be evaluating the need for additional member training related to the waiver conditions.

Providers may purchase the 143-page 2005 CDC TB Guidelines in a handy binder format from Aging Services of Minnesota for \$50. (Item number REG5025; go to www.agingservicesmn.org and click on "store" or call Alecia Crumpler at 651-645-4545 or 800-462-5368.)

For Further Information:

Contact Mary Youle at myoule@agingservicesmn.org, Darrell Shreve at dshreve@agingservicesmn.org or Liz Sether at lsether@agingservicesmn.org.

DEA Seeks Information on Disposal of Controlled Substances

The Drug Enforcement Administration (DEA) is seeking feedback related to possible rule changes regarding disposal of controlled substances by persons not registered with DEA, including care centers, hospices and home care providers.

The Jan. 21 Advance Notice of Rulemaking, found at <http://edocket.access.gpo.gov/2009/pdf/E9-1056.pdf>, is designed to help the DEA obtain information on more options for safe and responsible disposal of dispensed controlled substances consistent with the Controlled Substances Act (CSA).

DEA seeks feedback by Monday, March 23, though the American Association of Homes and Services for the Aging would appreciate receiving provider feedback by Monday, March 16. Comments to AAHSA should be directed to Evvie F. Munley, senior health policy analyst at emunley@aahsa.org.

The DEA notice describes the "closed" system that DEA has in place to control transactions related to controlled substances. Federal regulations require that entities involved in manufacture, distribution, research and dispensing of controlled substances must register with DEA and maintain strict records of all transactions in controlled substances.

DEA also issues registrations to certain businesses called reverse distributors, which are authorized to take controlled substances that are expired or otherwise unwanted from other DEA registrants. Reverse distributors are not permitted to accept controlled substances from non-registered entities, such as care centers or home care providers.

Providers are finding their options for disposal of medications increasingly limited. Although most providers in Minnesota are still advised to flush controlled substances, the only options for non-registrants to dispose of controlled substances under the CSA currently are:

1. submission of a very detailed letter to the local DEA Special Agent in Charge, who can authorize transfer to a registrant;
2. delivery to the DEA;
3. destruction in the presence of an authorized person; or
4. take-back programs [organized collection events], under which law enforcement officials directly receive the controlled substances.

With increasing environmental concerns related to the disposal of all drugs as well as concerns that end users' unwanted controlled substances could fall into the wrong hands, there is now interest in developing a safer method for non-registered entities to dispose of controlled substances. Therefore, DEA is seeking responses to specific questions from various types of stakeholders. There are questions for individual patients as well as other groups.

Following are the questions asked of care centers, hospice and home care providers and their corresponding numbers in the proposed regulation:

Long Term Care Facilities

53. Is the issue of unwanted or unused pharmaceuticals, including controlled substances, a concern at your facility?

54. What are the reasons why your facility is in possession of unwanted or outdated pharmaceuticals, including controlled substances?

55. At the end of each month is your facility in possession of a significant amount of unwanted or outdated pharmaceuticals? How much? Of those pharmaceuticals, what would you estimate the percentage of controlled substances to be?

56. How do you normally dispose of these pharmaceuticals, including controlled substances?

57. Does law enforcement, or some other State agency, assist you in disposing of controlled substances?

58. Are you mandated by any local or State law or regulation to dispose of these medications, including controlled substances, in a specific manner? If so, how?

59. Does your facility take unwanted or outdated pharmaceuticals to local take-back programs?
60. Are you aware of automated dispensing systems? If so, does your facility use them? Have they reduced the amount of excess medications at the facility? [The American Association of Homes and Services for the Aging has commented on ADS, supporting it as one option, but no mandate]
61. Has the ability of a pharmacy to receive faxed schedule II prescriptions for patients in LTCFs helped to reduce the amount of excess medications at your facility?
62. How do you believe the accumulation of unwanted or outdated pharmaceuticals at LTCFs can be better addressed?
63. What do you believe is the best method for disposing of these pharmaceuticals?

Hospices and In-Home Care Groups

64. Is the accumulation of unwanted or outdated controlled substances a problem for your business?
65. If you dispose of unwanted or outdated pharmaceuticals, what methods do you currently use to dispose of such pharmaceuticals, including controlled substances?
66. If you dispose of pharmaceuticals, including controlled substances, what have been your successes?
67. If you dispose of pharmaceuticals, including controlled substances, what challenges or difficulties have you encountered?
68. What do you believe is the best method of disposing of these unwanted or outdated pharmaceuticals, including controlled substances?
69. Has the ability of a pharmacy to receive faxed schedule II prescriptions for patients enrolled in hospice programs helped to reduce the amount of excess medications?
70. How do you believe the accumulation of unwanted or outdated pharmaceuticals by patients enrolled in hospice programs can be better addressed?

The notice does not spell out the changes that DEA is considering, but the issue of disposal of controlled substances has been a subject of much discussion among both state and federal regulators and providers. Aging Services urges its members to send their feedback on these questions to AAHSA and to DEA, with a copy to Mary Youle or Darrell Shreve.

For Further Information:

Contact Mary Youle at myoule@agingservicesmn.org or Darrell Shreve at dshreve@agingservicesmn.org.

Early Bird Deadline For 2009 Dementia Conference Approaching

People are asked to register by Feb. 27 for Early Bird rates for the Dementia Conference 2009 at the St. Paul River Centre.

This year's conference, *A Meeting of the Minds* will be held Sunday, March 29, and is co-sponsored by the Alzheimer's Association Minnesota-North Dakota and Mayo Clinic.

As in past years, national, regional and local presenters come together to ensure an innovative and insightful conference for the 1,000 participants and over 70 sponsors and exhibits.

Early Bird registration is \$80 for families and persons with dementia or Mild Cognitive Impairment (MCI) and \$100 for professionals and Advanced Practice Medical Professionals (APMP).

Registration includes the keynote addresses, lunch, workshops and an exhibition/bookfair. Family scholarships are available.

For Further Information: Visit www.alz.org/mnnd.

Home Health Summit for Excellence Set for April 29

Registration materials will be available soon for the April 29 Summit for Excellence sponsored by the Minnesota HomeCare Association.

The event is targeted toward all Medicare-certified home health agencies. The meeting will be held at Schwann's Conference Center in Blaine from 8:30 am to 4 pm. and will drill down into Minnesota outcomes data to determine why the state's home health agency quality scores are one of the lowest in the country.

This is not a sit and listen presentation meeting. This will be a highly dynamic, highly interactive Summit that will result in the development of strategies and a series of action orientated outcomes.

Most importantly, it will be a process where the entire industry will take control of the problem and will send a clear message to the public, legislators, staff, patients and family members that the Minnesota home care community takes any issue related to quality very seriously.

For Further Information:

Contact Minnesota HomeCare Association at (651) 635-0607.

Provider Feedback on the CL Tool is Needed

Following the brief tutorial on the Elderly Waiver Customized Living tool at Aging Services' January district meetings, we hope that many Aging Services members are now testing the tool with their actual EW client information.

Both Aging Services and the Department of Human Services are seeking feedback on the tool. At a meeting last Friday, Jean Wood, DHS director of aging and adult services, and her staff urged providers to send their feedback and comments to DHS using the on-line SNAP survey tool found at <http://survey.dhs.state.mn.us/surveylogin.asp?k=122997698092>. DHS is seeking information on problems you encountered when filling out the tool, instructions that are unclear and specific recommendations for changes to improve the tool.

Aging Services would also like to hear how the tool is working for you. We are continuing to urge DHS to make changes in the tool such as:

- Eliminate the home care aide rate category
- Eliminate the 10 percent cut on home health aide rate limits compared to the comparable limit for fee-for-service providers
- Streamline the tool whenever possible.

At last Friday's meeting, DHS staff indicated that they are considering developing a very streamlined version of the tool for very small EW Customized Living providers. DHS staff listened to the issues raised by Aging Services members, including concerns that in several tests using current client data, the tool has generated rates that may be \$600-800 below current rates.

DHS offered to set up a few individual meetings with providers to review the tool outputs using specific client data to determine where there may be a problem.

Providers trying to test the tool should sign up for the Feb. 19 DHS videoconference, which will review how providers need to develop the data on staff hours, clients served, etc. that is required for the "CL Rate Input Form." To register for the videoconference, go to <http://tinyurl.com/co4wmm>. Mary Youle will also be happy to answer questions and to work with members who are testing the tool.

We also encourage members to attend Institute session #309, Capturing Appropriate Rates Under Minnesota's EW Customized Living Tool, which will be offered on Friday, Feb. 13, at 11 a.m. at the Hyatt Regency Minneapolis.

For Further Information:

Contact Mary Youle at myoule@agingervicesmn.org.

Stakeholders Comment on Draft Wilder/DHS Report on Consumer LTC Decisions

A draft of the report by Wilder Research, How the State of Minnesota can most effectively assist older adults with selecting and purchasing long-term care, was discussed last week at a meeting between Wilder representatives, Department of Human Services staff and the study's stakeholder group.

At the meeting, provider representatives raised a number of concerns with statements and recommendations in the report. Although the 2007 statutory language set a Dec. 15, 2008, deadline for this report, it is expected to be issued later this month.

Watch *Monday Mailing* for an analysis of the final report and its recommendations. When the report is finally sent to the legislature, housing and home care providers should be sure to study the recommendations and to discuss their implications with their legislators.

Some of the issues providers noted about the draft report include:

- Recommends that the state ensure that consumers receive information about long-term care service options and price information "using standard definitions and units" and presented in "standardized formats" to promote an "apples to apples" comparison.
- The draft also suggests that the assisted living Uniform Consumer Information Guide "could be expanded to apply to all housing with services establishments and also to all licensed and registered service providers" and goes on to reiterate, "...the State should also consider ways to ensure that accurate and standardized pricing information for specific service providers is made available in accessible formats." Providers suggested that any changes to the UCIG be worked out in the same stakeholder process through which it was initially developed.
- Recommends that the state should consider developing a "quality report card" for housing with services, assisted living and in-home long term care services. While DHS has long planned to develop some sort of quality report for community-based providers receiving MA funds, currently the only available data is from MDH home care survey reports. To implement a quality report, the state would probably have to mandate that providers submit additional data (such as an OASIS-type report).
- Notes that consumers and their representatives and professional advisers surveyed during the course of the study did not think the information about costs that providers now provide to consumers was adequate, saying that although most providers seem to offer base rate information to consumers on request, "it is likely that exact pricing won't be provided to consumers of assisted living until they have actually moved into the facility and have received a full assessment (or even received their first bill)." This perception on the part of consumers and those who work with them doesn't reflect the reality that a home care service plan cannot be developed until after the RN completes an assessment, that an assessment can't be required until after move in, and even then that additional service needs may become evident in the first few weeks of residency that an initial assessment did not identify.
- Notes that consumers and their representatives surveyed for the study "reported having the most difficulty getting information about price, criteria under which services might be discontinued, and coordination of care across providers." The report noted that "a delineation of rent and services" was "a critical factor for consumers and their proxy decision makers to understand in order to make decisions that will help to maintain their financial self-sufficiency and stability."
- Recommends that "additional reporting regulations should be considered for providers of assisted living, housing with services, and in-home services, so that the State can obtain better information about the financial status of consumers of these services..." in other words, require providers to collect financial data on consumers who are not yet using financial assistance programs. During the meeting, provider representatives objected strongly to any requirement that housing and other community-based providers

would have to collect financial data on consumers, suggesting that there were other better methods to collect such information for the state.

- Suggests that the Uniform Consumer Information Guide be modified, the draft goes on to recommend "increasing consumer protections," which could "include administrative appeal rights when either tenancy or services are being discontinued by the provider." Attorney Barbara Blumer, Aging Services' representative on the stakeholder group, noted that existing landlord-tenant statutory requirements provide more powerful and speedier protections to tenants, and that other protections are in place for consumers using home care services.

This is an issue that was discussed at length as the assisted living law was being crafted and provider groups would strongly object to any new initiatives along these lines. Further, adding an administrative appeal right would require modifications to the landlord-tenant law, which would be a significant change. This recommendation was also noted as not appearing relevant to the purpose of the study, and Ms. Blumer suggested that it be eliminated.

For Further Information:

Contact Mary Youle at myoule@agingservicesmn.org.

Pre-Institute Intensive Sessions, Bad Weather Conditions and You

If the weather prognosticators are correct, parts of Minnesota may be in for some interesting road conditions 'just in time' to interfere with travel to the Hyatt on Tuesday for the pre-Institute intensive sessions.

Our members' safety is our utmost concern. If roads are not safe for you to travel tomorrow in time to attend the afternoon sessions tomorrow, please leave a voice mail with Aging Services of Minnesota at (651) 603-3506 or send an e-mail to hsimpson@agingservicesmn.org letting us know on Tuesday if you cannot attend due to poor road conditions.

Be sure to include your name, facility, city, phone number of a contact person, and who won't be able to attend what session(s), to ensure a refund. Because Minnesota is such a large state to monitor for weather conditions, it's best to let us know what's going on in your back yard preventing you from traveling.

For Further Information:

Contact Heidi Simpson at hsimpson@agingservicesmn.org.

Forecast Looks Great for Institute

Beyond the weather, the 2009 Aging Services of Minnesota Institute calls for sunny disposition, warm camaraderie and a breeze of optimism.

Almost 4,000 members have recognized the great value of attending this annual event. If your plans have changed and you find you can make it after all, we will be happy to accommodate your onsite registration.

The fun kicks off at 8:30 Wednesday morning with the first day of annual award presentations, a knock-your-socks-off keynote and a few surprises. We'll see you there.

AMR Reaches Out in State of the Art Fashion

Arrowhead Medical Resources offers "State of the Art" wellness, fitness and therapeutic equipment along with clinically designed active aging classes to provide a safe and efficient environment to improve range of motion, core balance, and strength within the senior population.

AMR also offers comprehensive product lines for use within the Physical and Occupational Therapy Departments. They partner with senior care, wellness and rehabilitative networks to bring professional, detailed training and in-services designed to help your staff and residents or patients optimize equipment use and fitness programs.

Using best practices along with advanced programming they help facilities achieve measurably improved resident

and patient outcomes while ensuring successful rehabilitative and well business operations.

For Further Information:

Contact: David Lutz, Arrowhead Medical Resources, 888 932 0016 or arrowheadmedical@mchsi.com.

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