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Demographics, Reimbursement, Declining Census Force Lake View to Close

Administrator Brian Carlson said the next two months will be an emotional rollercoaster for the entire long-term care family at Lake View Memorial Home in Two Harbors.

It will only add to the emotions that Carlson was feeling prior to last Wednesday's public announcement that Lake View Memorial Home was closing its doors no sooner than April 22. Demographics, consumer choice and rising costs all contributed to the inevitable announcement that the senior community had to make.

State law requires that a care center give residents, family members and other representatives a 60-day notice, but in a letter to residents and families, Carlson said he recognizes that the closing process will roll out as long as it takes for "all of our residents to secure alternative housing options and the care center recognizes that the closure could take several months to complete." Lake View is assisting residents in making site visits to other care centers within a 50-mile radius and is also paying relocation fees within this range.

Last year, according to Carlson, Lake View experienced an average loss in excess of \$185 per day, per resident. In '07 that loss was at \$134 per day, per resident. Over the last five years, records show Lake View's average increase in reimbursement has been between zero and two percent, while the average expense increase has been between five and six percent. The losses are impacting the entire Lake View operation which includes a hospital, cottage and clinic which will remain open. "We can no longer support the care center without risk of losing the entire organization," said Carlson.

Å The closure will impact 43 full-time employees with 29 being completely laid off and another 14 being partially laid off. Lake View is working with the state's dislocated worker program which includes career planning, training and retraining, placement services and job-seeking workshops.

Currently, Lake View has 20 residents. Carlson said the average daily census had been declining since 1999. In October of '07, the care center made a decision to no longer accept new admissions. In January of '07, the care center laid away 16 beds and the licensed capacity in February of '08 was 34 beds.

"As residents begin to leave and we have fewer staff, it will be very difficult," said Carlson, who has scheduled a series of meetings with residents, families and staff this week to answer questions about the closure. "The staff is asking how they can help and if there is anything that they could've done differently to prevent this. We've told them there is nothing that can be done. This closure has been a topic of discussion the last four-to-five years and something that we've agonized over."

For Further Information:

Contact Jeff Bostic at jbostic@agingservicesmn.org.

Aging Services Members Turn Out for Legislative Town Hall Meetings

Despite overflow capacity at the legislative Town Hall Meetings in Greater Minnesota last week, voices for older adult services were heard loud and clear and now it's time for long-term care providers in the Twin Cities to step

up to the microphone and testify.

We look forward to seeing more of you this week at the metro area meetings. Please let us know as soon as possible if you plan on attending and testifying, so that we can register you. Please also plan on arriving early.

Last week proved that there is indeed a lot of interest in legislative issues, and many people found themselves standing and/or unable to speak because the meeting ended. When you give your testimony, please be aware of the two-minute time limit. Legislators at these meetings are sticking to this rule so make sure you say your message in a clear, concise manner.

Metro Area Meetings

Monday, February 23

Woodbury, 6 p.m.

Central Park Amphitheater, 8595 Central Park Place

Tuesday, Feb. 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 NÂ

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

Forest Lake, 6:30 p.m.

Forest Lake City Hall

220 N. Lake St

For Further Information and to RSVP to testify:

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

Talking points for the town hall meetings can be found here.

Additional information and updates about the hearings can be found at <http://www.house.leg.state.mn.us/budgettownhallmeetings.asp>.

Additional Stimulus Package Details Emerge

Through conversations with our national affiliate AAHSA, the Minnesota Department of Human Services and others, Aging Services of Minnesota has gathered additional detail on the impact of the American Recovery and Reinvestment Act (H.R.1) on aging services.

Senior Housing

The stimulus package provides \$2.25 billion for the Stabilization and Energy Retrofit program. This includes \$2 billion for twelve month funding of project based Section 8 and \$250 million for energy retrofit funds. Energy

retrofit funds must be spent within two years and the owner must agree to operate as affordable housing for another fifteen years. The package also includes:

- \$2.25 billion for the tax credit funds (via the HOME) program. Funds are not subject to HOME program restrictions, but state LIHTC requirements apply. Recipients must spend 75% of funds in two years and 100 percent in three years.
- \$1 billion for Community Development Block Grants. Priority given to projects that can award contracts within 120 days.
- Low-Income Housing Tax Credit: federal exchange provision allowing states to exchange the credits for a grant. States can exchange 40 percent of 2009 credits and 100 percent of prior year credits at a rate of 85 cents per dollar. Grant funds must be awarded by January 1, 2011.

Medicaid

The package includes \$87 billion in additional Medicaid funding for states, including approximately \$2 billion for Minnesota. The relief is payable over a 27-month period beginning retroactively on Oct. 1, 2008. Every state receives a base increase of 6.2 percentage points in its federal Medicaid match. States may receive additional funding above the base increase depending on their unemployment rates.

For states to qualify for the enhanced Medicaid funding, they have to comply with prompt-pay requirements. Ninety percent of health care providers' reimbursement claims must be paid within 30 days of the state agency's receipt of the claim and 99 percent of claims must be paid within 90 days of receipt. Nursing homes' reimbursement claims are subject to this prompt pay requirement for the period covered by the temporary increase in the federal match. DHS indicates they have reviewed the prompt payment requirements and do not anticipate that Minnesota will have any trouble complying.

States are also subject to other requirements in order to receive the enhanced Medicaid funding. None of the increase in federal funding can be placed in a state's reserve account.

Also, while states are not required to maintain provider rates or to continue covering all of the services they currently cover under Medicaid, they are required to maintain current eligibility standards, methodologies, and procedures. In Minnesota, the administration is currently reviewing the Governor's budget proposals to determine which will have to be rescinded in order to receive the federal funding increase.

A moratorium is extended through July 1, 2009, on CMS regulations that could have cost states up to \$18 billion in lost federal Medicaid funding. Regulations subject to the extended moratorium are related to targeted case management, provider taxes, rehabilitation services, and intergovernmental transfers.

Medicare

The package contains a moratorium through Oct. 1, on hospice payment cuts due to the budget neutrality adjustment factor. This prevents a 4 percent payment cut to providers.

Health Information Technology

The administration's goal is for each individual to have an electronic health record by 2014. The purpose of the health technology provisions (known as the HITECH Act) in the stimulus package is to put in place the governmental and private structure needed to achieve that goal.

Acute care hospitals and physicians receive incentive payments under Medicare totaling \$15 billion to invest in electronic health record technology (hard and software). The package includes a study to determine whether payment incentives should be made available to skilled nursing facilities, home health agencies, hospices, and other health care providers not receiving incentives under this bill to adopt health information technology.

An earlier House provision for \$600 million in grants to nursing facilities to encourage electronic medical records was dropped from the final version of the bill. However, \$2 billion will be available for states in the form of matching grants to encourage development and use of HIT. These grants are directed at health care providers that are not covered by the incentive payments, so LTC providers would be eligible for these grants. Specific

grants and requirements are to be developed by states. There are extensive requirements to involve providers as state plans are developed and implemented.

The final bill also contains the study on aging services technology proposed by CAST--AAHSA's Center for Aging Services Technology--and included in one of the two House IT bills introduced last Congress. This study by HHS will examine "matters relating to the potential use of new aging services technology to assist seniors, individuals with disabilities, and their caregivers throughout the aging process."

The bill creates regional centers to facilitate HIT in rural and other underserved areas, and to address the needs of providers in those areas. The provisions allow any US-based not-for-profit or consortium to apply to be a regional center.

Workforce

The package includes \$500 million for health professions training under the National Health Service Corps and Title VII and Title VIII of the Public Health Service Act.

HCBS

Included in the stimulus package is \$100 million for senior meal programs, including \$65 million for congregate nutrition services and \$32 million for home-delivered nutrition services. The bill did not contain additional money for Social Services Block Grants or for low-income energy assistance.

Bonds

The rules for "bank qualified bonds" issued by banks to 501(c)(3) non-profit organizations at lower interest rates have been changed. Currently, a governmental entity can issue only \$10 million in bonds for itself and non-profit organizations. Under the new law, in 2009 and 2010, the amount of bonds available to each non-profit is \$30 million. The governmental entity still issues the bond, but the cap on total bonds of \$10 million has been eliminated. This change should greatly increase the availability of low interest rate financing for non-profit organizations in the next couple of years.

HIPAA

The use of resident data remains permissible for fundraising purposes, as long as written solicitations allow recipients to opt out.

For Further Information:

Contact Jeff Bostic at jbostic@agingservicesmn.org.

Vulnerable Adult Justice Project Bill Introduced

Last Monday, the Vulnerable Adult Justice Project's bill, which is a consensus bill developed by consumer advocates, the provider associations, legal aid clinics and other interested parties, with valuable input from several state agencies was introduced in both the Senate and the House.

Aging Services has been an active participant in this effort, which began in November 2007, and has included more than 20 organizations.

Our principal interests in the bill concern financial exploitation, particularly of vulnerable adults in the community, and the dual reporting requirements under the federal certification regulations and the Vulnerable Adults Act. All of the involved parties agreed that the VAA needs to be updated to provide more protection for vulnerable adults living in the community.

The bill addresses financial exploitation in several ways:

- It strengthens the definition of "financial exploitation."
- It gives county attorneys administrative subpoena authority for banking and financial records of a vulnerable adult.
- It seeks to standardize the counties' approaches to hardship waivers when the vulnerable adult has been financially exploited.

- It creates a private right of action for vulnerable adult victims against the perpetrator.

The fix for the dual reporting requirements is simple. CMS currently requires facilities to report abuse, neglect, and misappropriation of resident property electronically to the Office of Health Facilities Complaints.

The VAA requires the facility to report abuse, neglect, maltreatment, and financial exploitation orally to the county's common entry point. The bill would permit certified nursing facilities to fax a printout of the electronic report to the common entry point. This would cut down on pointless duplicative staff work for facilities, counties, and OHFC.

The bill also seeks to standardize the components of VAA investigations throughout the state, develop new educational curricula using emerging technologies, and create a single statewide reporting point to replace the county-based system now. Because of the cost of this last item, however, the bill will probably be changed to require a study or report.

The chief author for SF 758 is Senator Mee Moua (DFL-St. Paul), the chair of the Senate Judiciary Committee. Additional Senate authors include Warren Limmer (R-Maple Grove), Linda Berglin (DFL-Minneapolis), Mary Olson (DFL-Bemidji), and Linda Scheid (DFL-Brooklyn Park).

The chief author for HF 818 is Representative Debra Hilstrom (DFL-Brooklyn Center), who is the chair of the Public Safety Committee. Additional House authors include Cy Thao (DFL-St. Paul), Paul Kohls (R-Victoria), Joe Mullery (DFL-Minneapolis), Mary Liz Holberg (R-Lakeville), Karla Bigham (DFL-Cottage Grove), Larry Haws (DFL-St. Cloud), Michael Nelson (DFL-Brooklyn Park), John Lesch (DFL-St. Paul), Paul Thissen (DFL-Minneapolis), Margaret Anderson Kelliher (DFL-Minneapolis), Al Doty (DFL-Royalton), and Steve Simon (DFL-St. Louis Park). Representative Thissen is chair of the House Health & Human Services Policy and Oversight Committee, and Representative Margaret Anderson Kelliher is Speaker of the House.

For Further Information:

Contact Darrell Shreve at dshreve@agingservicesmn.org Mary Youle at myoule@agingservicesmn.org Kari Thurlow at ktthurlow@agingservicesmn.org or Jen McNertney or jmcnertney@agingservicesmn.org.

US House Passes Silver Alert Bill

By a voice vote, the U.S. House of Representatives has passed legislation authored by Congressman Lloyd Doggett (D-TX), the National Silver Alert Act (H.R. 632), to help law enforcement quickly locate missing seniors.

The Assisted Living Federation of America is one of the original organizations to endorse the National Silver Alert Act. The legislation creates a voluntary national system as well as a position for a national Silver Alert Coordinator within the U.S. Department of Justice.

Under the bill, the Silver Alert Coordinator will consult with such agencies as the Federal Communications Commission, the Department of Transportation, and the Administration on Aging within the Department of Health and Human Services to develop best practices for Silver Alert programs. The bill will authorize up to \$10 million in state grants to develop and maintain Silver Alert programs.

Although the Minnesota Vulnerable Adult Act stakeholder group considered including a similar proposal in the 2009 VAA amendments, the group determined that state legislation was unnecessary because the Bureau of Criminal Apprehension already had administrative procedures in place that would accomplish the same purpose.

For more information about the federal legislation:

Contact Paul Williams, ALFA, 703-562-1183 or pwilliams@alfa.org.

House HHS Policy Committee Will Hear Long-Term Care Imperative Bills Tomorrow

The Health Care and Human Services Oversight and Policy Committee, chaired by Rep. Paul Thissen (DFL-Minneapolis) will hear four long-term care bills this Tuesday, Feb. 24:

HF936 (Thissen) Communities for a Lifetime

HF826 (E. Murphy) Continuity of Care Act

HF666 (Norton) Regulatory Relief

HF657 (Thissen) Small Provider Exemption, to be added as an amendment to HF666

Rep. Thissen will be putting together a long-term care omnibus policy bill in his committee. HF826 and HF666, with HF657 added as an amendment, will be laid-over for possible inclusion in the omnibus bill. HF936 will be separate, because of the number of additional committees to which the bill must travel.

Aging Services members are encouraged to attend the hearing to show support of our initiatives. The hearing will be held from 3:15-4:15 p.m. in Room 200 of the State Office Building.

The committee will hold another long-term care hearing soon, at which time the committee will hear the Long-Term Care Imperative's long-term care financing reform bill.

For Further Information:

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

House HHS Finance Committee holding LTC Budget Hearing

The Health Care and Human Services Finance Division, chaired by Rep. Tom Huntley (DFL-Duluth) will take testimony on long-term care financing issues on Thursday, Feb. 26.

The committee will hear from the Long-Term Care Imperative and others about how long-term care is currently funded, and how the governor's budget impacts long-term care. Come support long-term care and attend the committee hearing. The hearing will be from 1-2:30 PM in Room 5 of the State Office Building.

For Further Information:

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

Aging Services Voices Disapproval of DHS Message

Last week, Aging Services of Minnesota began receiving reports and objections from providers in the Twin Cities area who had received copies of the flyer on Senior LinkAge Line^R/transitional consultation along with a cover memo from the Department of Human Services.

Assisted living providers are reminded that the law does not require them to use the Department of Human Services (DHS) flyer--they merely have to notify prospective residents of the availability of information on options from Senior LinkAge Line^R. The statutory language in MN Statute 256B.0911, Subd. 3c, (a), is found at <https://www.revisor.leg.state.mn.us/statutes/?id=256B.0911>.

Aging Services staff and members have significant objections to the "key messages" included in the DHS cover memo for providers to share with consumers. In the memo, DHS states that these messages were developed "per the recommendation of your member organizations," implying erroneously that Aging Services and other associations were involved in the development of these messages.

Aging Services wants members to know that we did not recommend that this type of message be sent to providers to share with prospective residents, nor were we involved in the development of these statements. We had no knowledge of the content of the DHS cover memo until a member sent us a copy.

We agree with many of our members that some of the key messages for consumers would be inappropriate for assisted living providers as they are marketing their building and services to prospective residents.

Aging Services has asked the Minnesota Department of Health--the state agency responsible for enforcement of disclosure and other requirements for assisted living providers under MN Statutes 144D and 144G--for guidance on this question: Does the assisted living Uniform Consumer Information Guide meet providers' obligation to tell prospective consumers about transitional consultation, since the first page of the Guide includes the Senior LinkAge Line^R 800 number and a brief statement about assistance from Senior LinkAge.

Members seeking background information on transitional consultation may want to review the Q and A document found at

<http://www.agingervicesmn.org/inc/data/QATransitionalConsultation.pdf>. The responses were prepared by staff at the Metropolitan Area Agency on Aging to questions developed by Aging Services and Care Providers following a meeting with representatives from the area agencies.

For Further Information:

Contact Mary Youle at myoule@agingervicesmn.org.

Free Program on Emergency Preparedness Planned For Care Centers

Aging Services of Minnesota, Care Providers of Minnesota, and the Office of Emergency Preparedness of the Minnesota Department of Health are sponsoring six day-long programs around the state on emergency preparedness.

It's easy to assume that emergencies won't happen to you--but if they do, you will be really grateful that you were prepared.

The preparation that is needed goes well beyond that required in the federal interpretive guidelines in the requirements of participation. This program is designed to assist key staff in care centers to plan for potential emergency situations. Participants will receive a toolkit and templates to bring back to their facilities to begin developing and customizing their emergency plans--plans dealing with all hazard planning, incident command systems, hazard vulnerability analysis, emergency operations plans, tracking costs to obtain reimbursement, and similar needs and responsibilities.

The program is free, but it is restricted to care centers (nursing homes) because it is funded by the Minnesota Department of Human Services' civil monetary penalties. The state is restricted in using these CMPs to activities that benefit nursing facility residents.

Space is limited, so there is a restriction of two attendees from each nursing home. Pre-registration is required and must be done online. All registrations will receive an email confirmation.

To register for your preferred location, go to: <http://tinyurl.com/NH-Emerg-Prep>.

Click <http://www.agingervicesmn.org/inc/data/EmergencyPreparednessBrochure.pdf> to view and download the brochure and meeting locations for this important program!

Here are the locations, meeting times, and hotel reservation information:

March 11 - Alexandria

Meeting and hotel: Holiday Inn, 5637 Highway 29 South, Alexandria. Phone: 320.763.6577. \$70 for rooms - held under Emergency Preparedness

March 17 - Bemidji

Meeting and hotel: Hampton Inn & Suites, 1019 Paul Bunyan Drive South, Bemidji, Phone: 218.751.3600. \$89 for rooms - held under Emergency Preparedness

March 23 - Rochester

Meeting and hotel: Ramada Hotel & Conference Center, 1517 16th St SW, Rochester Phone: 507.529.7330. \$83.70 for rooms - held under Emergency Preparedness

March 26 - Metro East

Meeting: University of Minnesota Continuing Education Center & Conference Center, 1890 Buford Avenue, St. Paul, MN 55108.

Hotel: Radisson Hotel Roseville, 2540 North Cleveland Avenue, Roseville Phone: 651-636-4567. \$101 for rooms - held under Emergency Preparedness

March 31 - Metro West

Meeting: Minnesota Landscape Arboretum, Oswald Visitor Center, 3675 Arboretum Drive, Chaska
Hotel: Holiday Inn Express in Chanhassen, 7855 Century Blvd., Chanhassen Phone: 952.401.8850. \$95 for rooms - held under Emergency Preparedness

April 23 - Duluth

Meeting and hotel: Radisson Hotel Duluth - Harborview. 505 West Superior Street, Duluth. Phone: 218.727.8981. \$69 for rooms - held under Emergency Preparedness

Please contact the hotel directly for reservations.

For Further Information:

Contact Darrell Shreve at dshreve@agingervicesmn.org.

DHS Video Conference on Preadmission Screening and NH Admission Is March 5

On March 5 at 9 a.m. and again at 1:30 p.m., the Department of Human Services will offer a video conference on preadmission screening policy and processes for care center admissions.

The program will be presented by Jolene Kohn, Strategic Planner, Aging and Adult Services Division, DHS. Kohn will review policy, processes, and tools related to preadmission screening (PAS) requirements for nursing facility admission and Medical Assistance payment.

Pre-registration is required, and registration information, including available locations, is found at <http://agingtraining.dhs.state.mn.us>. Registration closes at 5 p.m. on the Monday prior to the session.

DHS Discusses Implementation of MDS 3.0

Last week, the DHS Nursing Facility Rates and Policy Advisory Group held a meeting which was attended by Aging Services Staff and other long-term care stakeholders.

At the meeting, DHS discussed several recent developments, including various studies they are working on and the implementation of the MDS 3.0.

Highlights from the discussion include:

Defining Direct Care Worker Study

DHS is close to releasing a legislatively required study of direct care worker definitions.

The purpose of the study is to make sure that in the information reported to the public through the nursing home report card, and in the cost information used under rebasing, that definitions of direct care workers are consistent across facilities.

The biggest challenge to that is determining how to treat new job classes such as "universal workers" who perform some direct care duties, as well as other non-direct care tasks such as dietary and housekeeping.

The report is going to recommend, and the cost report instructions next year will include, a requirement for twice yearly week-long time studies to allocate the time of universal workers between direct care and other duties. DHS believes this approach, while putting a data collection burden on providers with these new work models, will lead to results that are fair and equitable for all providers.

LTC Worker Health Insurance Study

DHS is also legislatively required to complete a study of health insurance coverage of long-term care workers.

The state has hired The Lewin Group to perform the study, which will involve data collection from long-term care providers as well as additional data collection from employees.

The study is being launched in March, so providers and employees will be contacted about it in the next few weeks. Members should watch *Monday Mailing* for an announcement that the survey is available to fill out. We hope that members will participate so that the study captures thorough information on the health insurance needs of long-term care workers.

Implementation of MDS 3.0

In a recent conversation with CMS, DHS was informed that the new version of the MDS, version 3.0, is still due to be implemented nationwide on Oct. 1. However, it now appears that the implementation of the new MDS will not cause significant issues for the Medicaid RUGs system used in Minnesota and many other states. After hearing concerns from states, CMS plans to adjust the MDS 3.0 so that it will collect all of the items needed to calculate a classification under the current RUGs system.

To do so, they are changing the collection of ADL information under 3.0 so that it is consistent with the current MDS. It is still anticipated that CMS will release a new Medicaid RUGs system along with the MDS 3.0, and DHS will work with stakeholders to determine when and how to implement the updated RUGs system in Minnesota, but it appears virtually certain now that the Minnesota RUGs system will not change on October 1, even if MDS 3.0 is implemented on schedule.

For Further Information:

Contact Jeff Bostic at jbostic@agingservicesmn.org.

Low Income Rental Classification Deadline Approaching

Under the state's Low Income Rental Classification (LIRC) program, qualifying properties can access a significantly reduced property tax rate.

Commonly referred to as the 4d rate, the LIRC program provides a .75 percent tax rate for rental properties subsidized under a federal or state government program or meeting certain rent and income restrictions. The regular rental class rate is 1.25 percent.

Properties must apply to the Minnesota Housing Finance Agency for certification to the local assessor that the property qualifies for the reduced rate. The application deadline is March 31 each year for taxes payable the following calendar year. There is a \$10 application fee per qualifying unit not to exceed \$150.

To qualify, at least 20 percent of total units in the rental property must meet one or more of the following criteria:

- Project-Based Section 8,
- Low Income Housing Tax Credits,
- Rental Assistance units financed through Rural Housing Service of USDA,
- Rent and income restrictions at or below 60% Area Median Income placed on units by state, federal, or local unit of government as evidenced by a document recorded against the property.

The lower tax rate applies only to that portion of the rental property meeting all eligibility criteria. The regular rental class rate of 1.25 percent will apply to the remainder of the property. Market value determined by the assessor must be based on the standard approach to valuation using unrestricted market rents.

Click http://www.mnhousing.gov/idc/groups/public/documents/document/mhfa_006249.pdf to download the application form and instructions. Properties that are currently enrolled will receive their 2009 "reapplication" forms in the mail.

For further information click http://www.mnhousing.gov/idc/groups/public/documents/document/mhfa_006237.pdf. If you have additional questions, contact Steve O'Brien, Minnesota Housing Finance Agency, at 651-297-4065 or toll free 1-800-657-3647.

For Further Information:

Contact Lori Meyer at lmeyer@agingservicesmn.org.

Federal Court Decides CCRCs May Transfer Residents to Higher Level of Care

The U.S. District Court for the Northern District of California has ruled that the federal Fair Housing Amendments Act and the Americans with Disabilities Act do not prevent a continuing care retirement community (CCRC) from

transferring a resident from independent living to a higher level of care.

In its Jan. 29 order, found at

<http://www.aahsa.org/assets/0/96/676/744/63d8ff12-f261-4dce-adb5-1069f69bbaca.pdf>, order, the court discussed the CCRC model of care and noted that allowing the resident to stay in independent living would fundamentally alter the care and services provided by the CCRC. The court therefore determined that the CCRC is not obligated to accommodate the resident by allowing private aides to provide all of the 24-hour care she required in independent living.

The case, Sally Harriot v. Channing House, began in 2006 after Harriot was hospitalized and Channing House determined that because of her need for round-the-clock assistance, she should relocate out of her independent apartment into the assisted living or skilled nursing setting.

For Further Information:

Contact Cory Kalheim at the American Association of Homes and Services for the Aging at ckallheim@aahsa.org or 202-558-5691.

ALFA Offers Tool Kit on Employee Free Choice Act

Anticipating that the Employee Free Choice Act (EFCA) may pass this year, the Assisted Living Federation of America in conjunction with Jackson Lewis LLP, has developed a resource for senior living providers to help protect employees from potentially coercive or intimidating situations. ALFA members may order the tool kit for no charge at

<https://www.alfa.org/i4a/forms/form.cfm?id=26&pageid=3301&showTitle=0#EFCA>. Non-members may purchase it for \$249.

Under the proposed EFCA legislation, employees would potentially be denied a private ballot process to determine whether they choose to be represented by a union. Instead, private ballots would be superseded by a "card check" process, which allows unions to organize if a majority of employees simply sign card.

Under this system, the employees' votes would be made public to the employer, the union organizers, and co-workers. ALFA and many other organizations nationwide oppose this bill, saying that substituting a card check process for a private ballot tramples the right to privacy for employees and is an invitation to intimidation.

The new EFCA 2009 Inoculation Took Kit includes an easy to use guide to the proposed legislation so that providers can start preparing now to protect their communities, residents and employees from the negative consequences of EFCA. The kit includes a summary of EFCA and how it changes union organizing, training materials for team members, vulnerability checklists, tip sheets and much more.

Question of the Week

Q. Where can I get the QIS manual?

The entire manual is available from the Division of Health Care Policy and Research of the University of Colorado's Health Sciences Center. You can download the entire manual at this link: http://www.uchsc.edu/hcpr/qis_manual.php. You will need to click on each of the tabs on the left side of the web page. You will then get a number of links to specific items in the particular topic, and you will need to click on each of these links.

The entire manual is approximately 1200 pages, so it will take quite a bit of time to download and print the entire manual.

If you simply want the forms and worksheets, you can download them at this link:

http://www.uchsc.edu/hcpr/qis_forms.php. This link provides the forms or worksheets for:

- 18 critical element pathways (e.g., activities, pressure ulcers)
- 7 mandatory facility-level tasks (e.g., liability notices, dining observation)
- 5 triggered facility-level tasks (e.g., abuse prohibition review)

- 9 other electronic forms and worksheets (e.g., cognitive performance scale calculator)
- 9 example QIS data collection tool reports (e.g., census sample).

This web page also tells you the date of the version that is available, so you can easily check this web page to see if there have been any revisions.

If you attended Aging Services of Minnesota's "Basic QIS course" on Jan. 9 or Feb. 5 your booklet contained a CD that contains the forms listed above. However, you should check the link to see if any of the forms have been revised. (For example, the form on liability notices and demand bills was revised in January 2009.)

For Further Information:

Contact Darrell Shreve at dshreve@agingservicesmn.org or Liz Sether at lsether@agingservicesmn.org.

Additional Funding Provided for Digital TV Conversion

Earlier this month Congress approved, and the President signed into law, a delay in the shift from analog to digital television signals.

While some broadcasters went ahead and made the switch on Feb. 17, the original date of transition most will wait until the new deadline--June 12.

A TV Converter Box Coupon Program had been established to assist those who would otherwise lose their TV signal upon transition to digital without a converter box. The program, however, had run out of funds until an additional \$650 million was included in the economic stimulus bill signed by the President last week.

Residents of nursing homes, intermediate care facilities, and assisted living settings are eligible for the coupon program and can access the application at

https://www.dtv2009.gov/docs/NursingHomeCouponApplication_en.pdf. Additional information on this program is available on their web site at <https://www.dtv2009.gov/>

For Further Information:

Contact Darrell Shreve at dshreve@agingservicesmn.org.

MinnEESI Launch is Great Success

Organizers of the The MinnEESI launch on Tuesday, Feb. 10 call it a great success.

At the state capitol, Representative Paul Thissen and Senator Julie Rosen joined national and local aging experts for a press conference to discuss the importance of using the Elder Index as a new measuring tool, protecting legislation for elders and affordable living, as well as what the Elder Index means for Minnesotans.

The afternoon of Feb. 10 consisted of a video conference presenting the findings of the Elder Index, policy recommendations, and a fruitful exchange of ideas among presenters and attendees. The video conference featured 21 locations throughout Minnesota and in Chicago.

Copies of the Elder Index are available at the Wider Opportunities for Women website at <http://wowonline.org/ourprograms/eesi/state-resources/minnesota.asp>.

The Elder Index attracted an impressive amount of media attention over the last week. Check out the Minnesota Women's Consortium blog at <http://equalityquilt.typepad.com/> for a complete list of links to all media coverage, including MPR, USA Today, and a multitude of Minnesota newspapers.

Last week, Rep. Thissen Earlier wrote a commentary on legislation he created that would allow Minnesotans to create tax-advantaged personal savings accounts to pay for future long-term care and service needs, ranging from home health aides to assistive technology to nursing care. To read this article, click

<http://www.agingservicesmn.org/inc/data/ThissenCommentary.pdf>.

For more information on the Initiative or the Elder Index:

Contact Marie Nelson, project coordinator, at eesi@mnwomen.org or 651-228-0338.

Deadline for Care Center Diversity Mini Grants is March 20

Over the past few years, the Minnesota Department of Human Services (DHS) has been working on issues related to diversity and cultural competency in older adult services--enhancing the ability of providers to recognize differences in cultural values, beliefs and practices under the premise that an understanding of these differences contributes to higher quality of life and quality of care.

To help providers with organization-specific projects, DHS is currently offering a mini-grant program allowing providers to develop diversity and/or cultural competency programs specifically targeting issues in your facility, and may be related to your staff and/or resident diversity and/or cultural competency issues.

Funding for the program is provided by use of the Civil Monetary Penalty funds and is limited to a range of \$200 - \$3,000 per organization. Questions on this program must be submitted in writing prior to 4 p.m. on March 6 to Munna Yasiri in the DHS Nursing Facility Rates and Policy Division at munna.yasiri@state.mn.us.

A full copy of the Request for Proposal can be obtained online at <http://www.agingservicesmn.org/inc/data/dhsDiversityRFP.pdf> or by contacting Audrey Riddle at Audrey.riddle@state.mn.us or 651.431.4981.

Proposals must be submitted by 4 p.m. on March 20.

For Further Information:

Contact Adam Suomala at asuomala@agingservicesmn.org.

CLASS A Training Announced for March 4

Back by popular request, this information packed hands-on workshop is being co-sponsored with the Minnesota HomeCare Association at the Holiday Inn St. Paul East.

The program is specifically designed for Class "A" licensed-only home care agencies who either have or want to obtain a Class "A" license to bring them up to date on licensure requirements.

The Minnesota Department of Health has added several staff to concentrate specifically on surveying Class "A" providers. This program will assist members with such licenses to remain in compliance, prepare for their survey and help avoid survey deficiencies.

It will also provide practical information that can be taken back to the agency and used right away. The program features expert faculty Janet Nicol who works in Class "A" surveys for the Minnesota Department of Health; Jeanette Mefford of Mefford, Knutson and Associates; and Lores Vlaminck, of Lores Consulting. They will not only share critical information, but will be available as resources for your most pressing questions. The registration fee for Aging Services of Minnesota members is \$110 and includes course materials.

For Further Information:

Contact Heidi Simpson at hsimpson@agingservicesmn.org.

National Small House Webinar Series Registration Now Open

For organizations considering renovating into or building households, Green Houses or other small house models, our partners at the Pioneer Network have created a series of three webinars designed specifically for you to learn more about these options in March.

Sponsored by the Robert Wood Johnson Foundation and designed as a virtual meeting with some of the leading experts in the field, "Creating Home" is a series of three different webinars to answer questions on the financing and delivery of care found in these emerging models. Sessions include:

Session 1 - "The Essential Elements of Small Houses" on March 5 beginning at 12 p.m. with Robert Jenkins, Director, The Green House Project and LaVrene Norton, Executive Leader at Action Pact, Inc.

Session 2 - "Lessons Learned from Small House Models" on March 12 beginning at 12 p.m. with Ruta Kadonoff, Deputy Director, The Green House Project and Megan Hannan, Senior Consultant at Action Pact, Inc.

Session 3 - "Policy, Regulations and Reimbursement Issues" on March 19 beginning at 12 p.m. with CMS contacts Karen Schoeneman, Deputy Director, Division of Nursing Homes, Sheila Lambowitz, Director, Division of Institutional Post Acute Care, and Jim Merrill, Life Safety Specialist.

Nursing Facility Diversity Mini-Grant Program Re-Opens for Proposals

The Nursing Facility Rates and Policy (NFRP) Division of the Department of Human Services (DHS) is seeking proposals from nursing facilities who wish to develop programs related to diversity and/or cultural competency issues in staffing and/or resident care within their respective facility.

Some examples of projects funded in the past include: Communication and accent reduction workshops, diversity awareness training, staff diversity appreciation celebrations, cultural competency training for management, generational differences and other diversity workshops. Funding requests must fall within the \$200 to \$3,000 range.

A request for proposal (RFP) can be obtained from Audrey Riddle of the Department of Human Services via email at audrey.riddle@state.mn.us or by phone at 651-431-4981. Proposals are due no later than 4 p.m. on Friday, March 20.

2010 Institute Booths are Selling at Record Pace: More than 20 Percent are Sold

Reserve your 2010 Institute booth today while prime booths are still available.

To date, 39 booths have already been sold and 135 booths are remaining. Aging Services of Minnesota's 2010 expo, scheduled Feb. 10 and 11, offers your organization the opportunity to showcase your company's product or service and the chance to interact with more than 3,500 of Minnesota's older adult services providers.

For Further Information:

Contact Jenny Prosser at jprosser@agingservicesmn.org.

2009 Sponsorship Opportunities Still Available

Attention Business Partners. Aging Services of Minnesota still has a few sponsorship opportunities available in 2009.

The majority of our year's activities have already been funded by our 2009 Annual Sponsors; however, some opportunities still remain for the 2009 Annual Meeting, HWS Management Certificate Program, freestanding education programs and Minnesota Night at AAHSA in Chicago. If you are interested in sponsoring any of these events please contact Jenny Prosser, jprosser@agingservicesmn.org.

Special thanks to our 2009 Annual Sponsors for their generous support. They are as follows:

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Reminder to Return Directory Updates

This Friday is the deadline to return your updates for the 2009 Membership Directory & Buyers' Guide. Forms were mailed on February 13 and can be faxed to 651-645-0002. To update your Senior Care Connections information for the consumer area of the Aging Services' web site, go to <http://www.mhha-apps.com/scc/genericlogin.asp>.

For Further Information:

Contact Barbara Landeen at blandeen@agingservicesmn.org.

MHHA.Com Will No Longer Be Available April 1

Effective April 1, Aging Services will be disabling email addressed to mhha.com. To ensure delivery, please change the email addresses in your Aging Services contacts from www.mhha.com to www.agingservicesmn.org.

Our goal is to reduce the amount of spam entering our email addresses and this action will help us reach this objective.

If you have questions, you are encouraged to work with your IT person because they are familiar with your system.

Aging Services of Minnesota

2550 University Avenue West, Suite 350S, St. Paul, MN 55114-1900
Phone: 651.645.4545 Toll Free: 800.462.5368 Fax: 651.645.0002

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