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### **Economic Forecast to be Released on Tuesday**

The February-now-March forecast will be released tomorrow and Governor Tim Pawlenty and other insiders expect the state's budget deficit to increase an additional \$1 billion to \$2 billion, due largely to mounting unemployment numbers and a retraction of the state and national economy.

That means that Minnesota could be facing a budget deficit as large as \$7 billion in fiscal years 2010-2011. In addition, the deficit for fiscal year 2009, our current budget year, is also anticipated to increase, meaning further cuts and unallotted funds in this biennium.

This forecast is especially significant, as it will be the forecast lawmakers use to finalize the budget for the next biennium. Legislators have been waiting for this economic news as well as details from the federal stimulus package before bringing forth their own budget proposals.

Aging Services of Minnesota will be covering the budget forecast as it unfolds tomorrow and will send a **Breaking News** alert covering all the details. Please stay tuned for talking points to use with your local media and lawmakers in response to the latest economic forecast.

#### ***For Further Information:***

Contact Kari Thurlow at [kthurlow@agingserivcesmn.org](mailto:kthurlow@agingserivcesmn.org) or Jen McNertney at [jmcnertney@agingervicesmn.org](mailto:jmcnertney@agingervicesmn.org).

### **Call Congress Tomorrow And Tell Them 'We Must Make it Affordable To Care'**

This is an important week for long-term care financing on the federal level and your participation is needed.

While Aging Services is working to advance the debate at the state level, we are also supporting efforts to advance the issue on the federal level. On Wednesday, the Senate Aging Committee will hold a hearing addressing the financing of long-term services and supports. This is a unique platform for Aging Services professionals to tell their congressional delegation that long-term services and supports must be included in health care reform legislation.

Before this happens, members need to pick up their phones. Aging Services has joined a coalition that is working to overwhelm the Capitol phone lines on Tuesday, March 3, to tell members of Congress that people must be supported in their needs regardless of whether their needs are acute or long-term.

Aging Services is calling on all of its members to activate their networks of clients, employees, volunteers and board members to dial toll-free, 1-800-958-5374 between 7 a.m. to 4 p.m. and be connected directly to their member of Congress.

After the call, you should also send an e-mail to your representatives using AAHSA's Contact Congress service. If you don't know who to contact, click <http://capwiz.com/aahsa/home/>.

Below is a sample phone script to help your call-in efforts. This call will only take minutes of your time, but can have a significant impact on our ability to advance long term care financing reform. Working together, Congress

will understand what they can do to make it affordable to care.

### Sample Phone Script

*"Hello. I'm calling to ask [insert name of Senator or Representative] to help make sure long-term services and supports are part of health care reform. We must make it affordable to care. We want to see all people with chronic illnesses and disabilities get the support they need. Including long-term services and supports in health care reform will achieve greater efficiency, promote personal responsibility and sustain our safety net programs like Medicaid. This problem is too big to ask individuals and families to solve on their own. We need a national solution for this national problem. I thank [insert name of Representative or Senator] in advance for demonstrating his leadership by ensuring that long-term services and supports are included in upcoming hearings and legislation. Thank you."*

#### **For Further Information:**

Contact Kari Thurlow at [kthurlow@agingservicesmn.org](mailto:kthurlow@agingservicesmn.org).

### Town Hall Meetings Had Incredible Turn Out - So What's Next?

Thank you again to all long-term care providers and supporters who turned out in large numbers to the legislative town hall meetings. It was crucial that voices for older adults were heard, and they were.

So what happens now? The leadership in both legislative bodies - Speaker of the House Margaret Anderson Kelliher and Senate Majority Leader Larry Pogemiller - will use the information gathered at these meetings as a guide for crafting their budget proposals.

The goal of the meetings was to get a sense of priorities and new budget ideas from Minnesotans. Although the various legislative budget proposals probably will not be released for a few weeks, the legislative response to the upcoming economic forecast and Governor Pawlenty's updated budget will give us an idea of their priorities.

#### **For Further Information:**

Contact Kari Thurlow at [kthurlow@agingservicesmn.org](mailto:kthurlow@agingservicesmn.org) or Jen McNertney at [jmcnertney@agingservicesmn.org](mailto:jmcnertney@agingservicesmn.org).

### Long-Term Care Imperative Bills Move Forward

The House of Representatives Health Care and Human Services Policy and Oversight Committee heard four bills related to older adult services last Tuesday.

The bills included:

HF936 (Thissen) Communities for a Lifetime

(<https://www.revisor.leg.state.mn.us/bin/bldbill.php?bill=H0936.1.html&session=1s86>)

HF826 (E. Murphy) Continuity of Care Act

<https://www.revisor.leg.state.mn.us/bin/bldbill.php?bill=H0826.0.html&session=1s86>)

HF666 (Norton) Regulatory Relief

HF657 (Thissen) Small assisted living provider exemption from on-site overnight staffing, added as an amendment to HF666

<http://www.agingservicesmn.org/inc/data/H0666DE2.pdf>

HF936, the proposal to establish a program Communities For a Lifetime, for sponsored by the Minnesota Leadership Council on Aging, passed to the State and Local Government Operations Reform, Technology, and Elections Committee, chaired by Rep. Gene Pelowski (DFL-Winona).

The other bills, all sponsored by the Long-Term Care Imperative, were laid over for possible inclusion in a long-term care omnibus bill. Additional hearings on older adult services bills are yet to be scheduled in this committee.

The Senate Health, Housing and Family Security Committee, chaired by Sen. John Marty (DFL-Roseville), have

tentatively scheduled hearings on older adult services bills for March 18.

***For Further Information:***

Contact Kari Thurlow at [kthurlow@agingservicesmn.org](mailto:kthurlow@agingservicesmn.org) or Jen McNertney at [jmcnertney@agingservicesmn.org](mailto:jmcnertney@agingservicesmn.org).

### **Older Adult Financing Hearing Leads to Financing Reform Discussion**

The House Health Care and Human Services Finance Committee, chaired by Rep. Tom Huntley (DFL-Duluth), heard testimony last week on the financing and delivery of older adult services in Minnesota.

Aging Services President and CEO Gayle Kvenvold was among those who testified. Also speaking were AARP MN State Director Michele Kimball, Steelworkers Local No. 9460 President Kevin Nendick, and Metro Area Agency on Aging Executive Director Dawn Simonson.

Kvenvold reminded the committee that funding for older adult services is as much about economic stability as it is about the seniors for which we care. She said, "It is crucial in these economic times to understand that older adult services play a vital role in our state's economy, while also meeting the needs of a growing population. The total economic impact of the states' care centers, assisted living and residential care facilities is more than \$9.8 billion. Our providers support more than 142,000 jobs."

Kvenvold said that Minnesota has been a leader in expanding options for older adult services, so that seniors may elect to remain as independent as possible. A key indicator of that success is the fact that the number of housing with services units now exceeds the number of care center beds in the state by more than double. Kvenvold stated, "Most would agree that this trend is a good thing. Not only is it a cost effective way of serving the needs of seniors, but it is what seniors want."

There will always be a role for the care center in the continuum of care, according to Kvenvold. "But, the role of the care center has changed dramatically," she said. "Today's care center resident has more complex needs and remains in the care center for a much shorter period of time."

"No matter which part of the older adult services continuum you speak of, adequate state funding is essential for maintaining the integrity of the older adult services infrastructure."

Kvenvold challenged the committee to use this economic downturn as an opportunity to move the discussion with respect to long-term care financing reform forward. Committee members seemed interested in the final point. There is clearly an interest in doing things differently, especially in light of the budget deficit. And it is also nice to note that interest is bipartisan.

***For Further Information:***

Contact Kari Thurlow at [kthurlow@agingservicesmn.org](mailto:kthurlow@agingservicesmn.org) or Jen McNertney at [jmcnertney@agingservicesmn.org](mailto:jmcnertney@agingservicesmn.org).

### **Vulnerable Adult Justice Project Bill Up and Running**

It was a noteworthy week for the Vulnerable Adult Justice Project as the bill passed the first of many hurdles in the house on Friday. Two days earlier, the project received state attention in a capitol press conference.

On Friday, chief author Representative Debra Hilstrom presented HF 818 to the Crime Victims/Criminal Records Division, and Kevin Hansen of the Elder Care Rights Alliance and Paul Carruthers, the director of the prosecutor division of the Ramsey County Attorneys Office, testified on its behalf.

In the House, HF 818 now goes to the full Public Safety Policy and Oversight Committee (which Rep. Hilstrom chairs), and from there it should go to the Civil Justice Committee, the Health Care and Human Services Policy and Oversight Committee, and possibly the Commerce and Labor Committee, as well as the Finance Committee.

HF 818 and its companion, SF 758 (Sen. Mee Muoa, chief author), contain the proposed fix for the dual reporting currently required of certified nursing facilities, boarding care homes, and hospital swing beds. The bills also include various provisions related to financial exploitation, a statewide common entry point, and improved standards and training for investigations and application of hardship criteria for Medical Assistance.

The companion bill, SF 758, is tentatively scheduled for hearing on Thursday of this week.

On Wednesday, the chief authors of the bill stood in front of the media and praised the efforts of associations and government agencies that have collaborated for two years on this initiative.

Participating in the press conference on behalf of Aging Services of Minnesota was Darrell Shreve, the association's vice president of health policy. Aging Services was one of 20 organizations who worked on the bill. The Vulnerable Adult Justice Project also includes the Long Term Care Imperative, Minnesota Office of Ombudsman for Long-Term Care and AARP.

The origins of the project date back to 1980 when Minnesota first created a response system for the maltreatment of individuals with disabilities. The Vulnerable Act was substantially revised in 1995.

"We are very honored and proud of this bill stands for," said Sen. Muoa. "This is truly a bi-partisan effort. This bill is desperately needed."

State Ombudsman for long-term care Deb Holtz said the bill addresses a large audience. "It speaks to a lot of people - to all of us," she said. "It is important to remember that vulnerable adults don't have a voice. The language in this bill is so needed and we all have to work as a group."

#### ***For Further Information:***

Contact Darrell Shreve at [dshreve@agingervicesmn.org](mailto:dshreve@agingervicesmn.org), Mary Youle at [myoule@agingervicesmn.org](mailto:myoule@agingervicesmn.org), Kari Thurlow at [ktthurlow@agingervicesmn.org](mailto:ktthurlow@agingervicesmn.org) or Jen McNertney or [jmncertney@agingervicesmn.org](mailto:jmncertney@agingervicesmn.org).

#### ***For Further Information about the project or to get copies of the flyer, card, or poster:***

Call the ElderCare Rights Alliance at 952-854-7304 or 800-893-4055.

### **Question of the Week**

**Q. Our certified care center is required to report possible abuse, neglect, or misappropriation of resident property to the Office of Health Facility Complaints electronically within 24 hours. What do we do if the OHFC system is down and won't accept our electronic report?**

We checked with OHFC, and they said you can fax your report to them and indicate that the system was down. The easiest procedure is to print out your electronic report and fax that. (Even if you do not need to fax the printed copy, you should keep it for your records.) The fax number for OHFC is 651-281-9796.

Incidentally, the Vulnerable Adult Justice Project's bill, SF 758 and HF 818, will permit you to fax the printed report to your common entry point, rather than calling them. Be sure to tell your legislators to support the bill.

#### ***For Further Information:***

Contact Darrell Shreve at [dshreve@agingervicesmn.org](mailto:dshreve@agingervicesmn.org).

### **TB Screening Changes Effective March 9; MDH Training Scheduled for April 1**

Home care providers, care centers and boarding care homes are reminded that the new Tuberculosis screening requirements are effective next Monday (March 9).

Although the new requirements are effective next week, MDH's webinar on the new requirements is not scheduled until Wednesday, April 1. (Details on the specific time for training will be announced in an upcoming *Monday Mailing*) Therefore, Class A-licensed only or Class F provider home care providers having difficulty interpreting the significant changes in the new requirements prior to this training are urged to contact Jean Johnston and request an extension as soon as possible.

Separate information bulletins outline the requirements for each type of provider, available at <http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm>.

At last week's quarterly home care meeting with staff from the Minnesota Department of Health (MDH) Case Mix section, it was reported that surveyors will begin citing Class A-licensed only and Class F home care providers

next Monday if they have not begun following the new waiver conditions found in MDH Bulletin 09-04, HC-26.

### ***The MDH bulletin for home care providers, which is found at***

[http://www.health.state.mn.us/divs/fpc/profinfo/ib09\\_4.html](http://www.health.state.mn.us/divs/fpc/profinfo/ib09_4.html), sets forth a blanket waiver to the out-of-date TB screening requirements for home care staff and identifies new screening requirements that all home care agencies must follow. The new requirements have been developed by MDH facility and provider compliance division staff, MDH TB staff and state OSHA staff.

### ***The new procedures that home care providers must follow are found at***

<http://www.health.state.mn.us/divs/fpc/profinfo/TBguideHC0309.pdf>. These requirements are consistent with the U. S. Centers for Disease Control and Prevention's "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005," Morbidity and Mortality Weekly Report (MMWR) 2005; 54 (No. RR-17), and as subsequently amended, for infection control procedures and requirements ("CDC Guidelines").

### ***Home care providers must now meet a number of new requirements, including:***

- TB screening for health care workers must include a written assessment of the individual worker's risk factors for TB and current symptoms of TB, and a two-step tuberculin skin test (TST) or single interferon gamma release assay (IGRA) for *M. tuberculosis* (e.g., **QuantiFERON TB Gold or TB Gold-InTube, TSPOT TB**). Be sure to review the chart on page 29 of the CDC manual on the indications for two-step TB skin test. This chart states that in some circumstances where there is documentation of a previous negative skin test, only an additional one-step test is necessary. And, MDH Case Mix staff reminds providers that in documenting a skin test, they must document the measurement of the induration. It is not adequate to merely document "negative" Mantoux.
- Providers must complete and periodically update a written TB risk assessment and written TB infection control plan. In the infection control plan, the person responsible must determine how often health care workers must be screened, based on the risk level of the provider: (1) low risk - not needed after the initial screening; (2) medium risk - yearly; (3) potential ongoing transmission - consult the Minnesota Department of Health's TB Prevention and Control Program at 651-201-5414.

To assist members, Aging Services has developed a draft sample form for the written assessment of the individual worker's risk factors for TB and current symptoms of TB. This sample form is found at <http://www.agingservicesmn.org/inc/data/TBindividualriskassessmentsampleform.doc>. Aging Services would welcome sample forms that providers may be using so that we can improve these samples. Additional changes may be made to this form following the April 1 training.

Appendix B of the CDC guidelines includes a form that can be used for the provider's risk assessment. More information on completing the provider's risk assessment is found beginning on page 2 of the MN OSHA document at [http://www.doli.state.mn.us/pdf/tuberculosis\\_cpl.pdf](http://www.doli.state.mn.us/pdf/tuberculosis_cpl.pdf). MDH statistics on TB to assist in completing the risk assessment are found on the MDH web site at <http://www.health.state.mn.us/tb>. More information is also found at <http://www.health.state.mn.us/divs/idepc/diseases/tb/rules.html>.

### ***To Request a Printed Copy of the CDC TB Guidelines:***

Visit [www.agingservicesmn.org](http://www.agingservicesmn.org) or contact Alecia Crumpler at [acrumpler@agingservicesmn.org](mailto:acrumpler@agingservicesmn.org). The publication number is REG5025 TB Guidelines, 2005. The cost is \$50.

### ***To Request An Extension If You Have A Class A (non-Medicare) or Class F Home Care License:***

Contact Jean Johnson at 651-201-4307 or [Jean.Johnston@state.mn.us](mailto:Jean.Johnston@state.mn.us)

### ***For Further Information:***

Contact Mary Youle at [myoule@agingservicesmn.org](mailto:myoule@agingservicesmn.org), Darrell Shreve at [dshreve@agingservicesmn.org](mailto:dshreve@agingservicesmn.org) or Liz Sether at [lsether@agingservicesmn.org](mailto:lsether@agingservicesmn.org).

## **Electronic Signatures Among Topics Discussed at Quarterly Home Care Meeting**

Electronic signatures, new TB requirements and other home care issues were reviewed at last week's quarterly

home care meeting with Jean Johnston and Janet Nicol, Case Mix Review section of the Minnesota Department of Health.

Two Aging Services members have reported that surveyors have told them that every client's file must "have on record a statement from every treating physician that it is acceptable to send and receive their electronic signatures; otherwise their electronic signature is not valid."

With the increasing use of electronic signatures and the expected difficulty home care providers will have in getting physicians to provide such a statement, Mary Youle urged MDH staff to provide some practical guidance for providers. Johnston agreed that this is an area that needs further work and indicated she and her staff will work on this issue.

In addition to much discussion on the new TB screening requirements that are effective March 9 (see separate story), the following topics were discussed:

- There was brief discussion of death of a home care client. MDH staff noted that the discharge summary should indicate disposition of the body. Providers should have emergency contact information as part of the client file, and where possible should also have information on preferred funeral home.
- The group discussed surveyor requests for incident reports, and MDH staff were asked whether a surveyor can ask for all incident reports or just a report on a specific client. MDH staff indicated that it may be appropriate for a surveyor to ask to see all incident reports. [During our January district meetings, attorney Susan Voigt, Voigt, Klegon & Rode, LLC, recommended that providers set up a process to periodically--for example every 60 days--review all incident reports as part of their quality assurance program and then destroy the reports. Any incident involving a home care client, such as a fall, medication error, etc., should be noted in the client's home care file.]
- MDH staff clarified that orders are needed only for medications and treatments. This is one area where state license requirements differ from Medicare requirements.
- MDH is working with the Department of Human Services on training on private duty nursing related to billing.
- Responding to a question, MDH staff indicated that any task associated with oxygen is a delegated task.
- MDH will be updating the "frequently asked questions" section on its web page. One new FAQ will address the visual verification of the dose a client dials on an insulin pen.
- MDH frequently is asked whether TMAs may set up medications. MDH clarified that in home care, TMAs may not set up medications that will be administered by another person. However, a TMA may take medications from a container that has been set up by a pharmacist, "set up" the medication by putting it into a paper cup or other container and then personally deliver the medication to the client.
- Another issue that seems to be coming up is issue that hospitalists--physicians whose primary professional focus is hospital medicine--will not write orders for follow-up care after a person leaves the hospital. Coordination and communication between the person's primary physician and the hospitalist is necessary, and home care RNs may face challenges getting the necessary orders when that communication does not occur.

The next meeting with MDH staff on home care issues is scheduled for May 6. If you have questions or issues about home care requirements that you would like to have clarified, please contact Mary Youle at [myoule@agingservicesmn.org](mailto:myoule@agingservicesmn.org)

***For further information:***

Contact Youle at [myoule@agingservicesmn.org](mailto:myoule@agingservicesmn.org).

## **Data Tool for Customized Living Providers May Be Ready for Testing Soon**

Last week the Customized Living stakeholder group met to discuss an additional tool designed by the

Department of Human Services to assist providers in developing data that they will need to give to their lead agencies to complete the CL Rate Input Form - one of the forms in the Customized Living Tool workbook.

This newest tool may be ready for testing in about two weeks. As soon as it is ready, Aging Services will notify members via *Monday Mailing* and will post it on its web site. At that time, we also plan to schedule a meeting for interested members to walk through this newest tool and to answer any questions about the Customized Living Tool.

Providers at the stakeholder meeting agreed that this new tool would be helpful to many providers, but reiterated our concerns that trying to determine how much of an unlicensed staff's time is spent performing home care aide tasks, as separate from home health aide tasks, will be extremely difficult and inaccurate.

We urge members to input their data into the Customized Living Tool to test how it will work. Thus far, members have reported that the tool appears to generate monthly Customized Living rates that are \$200 to \$800 below their current rates. Members are urged to provide feedback on the tool to DHS by March 31 via the online survey at

<http://survey.dhs.state.mn.us/surveylogin.asp?k=122997698092>.

At the stakeholder meeting, DHS staff voiced interest in trying to see why the tool is resulting in such dramatic rate reductions for some providers in their tests. To follow up, Mary Youle will be working with several members who have tested the tool to set up a meeting to review the inputs with DHS staff. At the meeting, providers also again voiced concern about the impact of the "multi-tasking factor" formula on provider rates.

DHS briefly discussed its ideas for a different tool that small customized living providers could use as an alternative to the Customized Living Tool workbook. There are no details yet, nor do we know how "small" will be defined, but DHS is looking at a per diem approach. DHS hopes to have a draft tool for small providers in a couple of weeks.

Members with questions about how to try out the Customized Living Tool are encouraged to contact Mary Youle at [myoule@agingservicesmn.org](mailto:myoule@agingservicesmn.org).

### **MDS 3.0 Training Still on Hold - So What Do We Do?**

Implementation of the MDS 3.0 is still set for Oct. 1 - even though the MDS Form is still in draft form and there is no published RAI Training Manual.

CMS has been hearing from many providers and recognizes implementation for the this timeline is ambitious due to the agency not having the MDS 3.0 ready and still in draft form. Therefore many providers are asking about education preparation and what should they do to get ready.

Aging Services is monitoring the progress of finalizing the MDS 3.0, offering informational updates in *Monday Mailing* and timely educational sessions such as the three breakout sessions on *Embracing the Change for Successful Implementation Strategies for MDS 3.0* at the February Institute and working with Marci Martinson, RAI Coordinator at the Minnesota Department of Health, to bring accurate and timely information to members.

Meanwhile providers should plan on participating in planned MDH multi-model education approach to provide the education necessary for providers to accurately implement the MDS 3.0 which includes: An MDS 3.0 web page on the MDH website, a Minnesota video conference and Internet streamlining for 4 days (3 hours each), followed by face-to-face seminars at multiple locations throughout the state, Internet streaming, satellite broadcasts, webinars and weekly telephone conference calls or web based conferences to respond to questions pre-implementation, post implementation weekly during October and every 2 weeks in November and December. Final dates are dependent on CMS release of final documents and national training.

In the meantime providers could initiate the following suggested self directed education of the MDS 3.0 draft and evaluate the Interdisciplinary Team member functions that will make the change easier and enhance one's learning while attending the MDH training educational opportunities.

The focus should be on familiarizing oneself with the new methods to complete the resident interviews, changes in coding guidelines, changes in how and when data is gathered and the new time frames for completion data.

It is also helpful to become more aware of the numerous changes in the MDS 3.0, which requires standardized assessment tools such as the BIMS (Brief Interview for Mental Status) for memory and cognitive issues or the CAM (Confusion Assessment Method) to determine delirium or the PHQ-9 (Patient Health Questionnaire) for mood and behavior or the PAT (Preference Assessment Tool) for daily and activity preferences and the targeted interviews for the cognitive status to name a few.

While the final decisions regarding section G -- Activities of Daily Living and the initial possibility of one column and the rating based on the single most dependent episode the verdict, is still out there if the change will occur due to the impact this section has on RUGs classification.

Amy Ruedinger, RN, RAC-CT, Pinnacle MDS Consultant who spoke at the Aging Services of Minnesota February Institute encouraged early planning to embrace the change for a smooth transition and get the members of the interdisciplinary team involved in reviewing what the possible changes for the team will involve.

#### ***For Further Information:***

Contact Liz Sether [esether@agingservicesmn.org](mailto:esether@agingservicesmn.org) or Heidi Simpson [hsimpson@agingservicesmn.org](mailto:hsimpson@agingservicesmn.org).

### **Free Program Offered on Emergency Preparedness 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.

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>.

### **What Does The Economic Stimulus Package Mean For Long-Term Care?**

Aging services providers who want to learn what the recently-passed economic stimulus plan means to long-term care are encouraged to sign up by Wednesday of this week for a 90-minute AASHA Audio Conference Wednesday, March 11.

Topics the broadcast will include:

- A brief overview of the legislation's provisions and timeframe.
- Specific information on funding for Medicaid, health information technology implementation, senior housing and home- and community-based services.
- How funds can travel from the White House to your organization.

According to AAHSA, participants may be eligible to receive one NAB Continuing Education (CE) credit for participating in this audio conference.

The faculty for the broadcast will include speakers who have worked closely with congressional staff and advocated for these funds as the legislation made its way around Capitol Hill.

*To learn more and register online:*

Visit [www.aahsa.org](http://www.aahsa.org).

### **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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