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### Sen. Berglin Introduces Bill to Cut Care Center Rates and Increase Surcharge

Sen. Linda Berglin, DFL-Minneapolis, has introduced Senate File 2728, which makes cuts to the rates of some care centers and also provides for an increase in the care center bed surcharge.

Members can read the full text of the bill at:

<https://www.revisor.mn.gov/bin/bldbill.php?bill=S2728.0.html&session=ls86>.

The care center rate cuts are similar, but somewhat deeper, than cuts the senator proposed last year. Under this bill, care centers that have rates higher than the 60th percentile for their geographic peer group will have their rates reduced on a graduated basis, where the reductions are proportionally larger for care centers that exceed the 60th percentile by the greatest amounts.

Our preliminary analysis of the proposed cuts shows that they fall very heavily on a relatively small number of care centers. Overall, the bill would reduce care center rates by an average of 1.8 percent, or less than Gov. Tim Pawlenty's budget proposal. However, only 152 care centers would receive a rate cut under the bill, and of those only 52 would receive a cut that exceeds the 2.5 percent recommended by the governor. Twenty-six care centers receive a rate cut of more than 5 percent. These care centers account for more than half of the savings produced by the rate cut.

The bill includes a provision to identify care centers providing "specialized care." This allows those care centers to be exempted from a portion, or potentially all, of the proposed cuts. Because there is no definition of specialized care and the language is not clear about how much can be spent to assist the identified facilities, it is impossible to predict the impact of this aspect of the bill.

The rate cut language is different in some key ways from the proposal last year. In addition to having somewhat higher cuts, the language also bases the cuts only on geographic peer groups instead of peer group and facility type. The bill also does not exempt Rule 80 facilities from the cuts. These differences mean that the care centers with the highest cuts in this bill are disproportionately Rule 80 and hospital-attached facilities.

It is also worth noting that, unlike last year, this bill does not include an exemption from rate equalization for care centers experiencing a rate cut, which means that any cut will be compounded by requiring that it be extended to private pay residents as well.

The bill also increases the annual care center bed surcharge from \$2,815 to \$3,300 per bed. To offset that increased cost for care centers, the component of the payment rate that pays for the surcharge is increased from \$8.86 to \$10.52 per day. While an official fiscal note for the bill is not available, the surcharge increase proposal appears to contribute roughly \$11 million annually to the general fund, mostly in the form of additional federal funds.

While it is likely this proposal will be amended to clarify the specialized facility language and perhaps address other issues, Aging Services is taking this bill as a serious proposal that has a high degree of likelihood of being included in an omnibus budget bill.

As a result, we feel it is important that members that may be negatively impacted by the bill to contact their legislators soon to discuss this proposal. Later today, Aging Services will be sending a customized member message with information about how the bill would affect each care center that may experience a rate cut under this proposal along with talking points to use with legislators.

We encourage you to share this information with your legislators. If you do not receive a message later today, it is because we estimate that your care center will not be cut under this proposal.

***For Further Information:***

Contact Jeff Bostic at [jbostic@agingservicesmn.org](mailto:jbostic@agingservicesmn.org).

## **Aging Services Testifies Against Budget Cuts, for Equalization Repeal**

Aging Services testified on Gov. Tim Pawlenty's supplemental budget proposal in two legislative committee hearings last week.

Kari Thurlow, Aging Services Vice President of Advocacy testified in the Senate and House Health and Human Services Finance Committees to the impact the governor's proposed cuts to Elderly Waiver and care centers would have on providers of older adult services.

Particularly, the testimony focused on jobs and the economic impact older adult services bring to the state, and how important it is for Minnesota to keep these jobs in place.

In addition, Aging Services testified in support of the governor's proposed repeal of rate equalization and how it is the first step toward long-term care financing reform, as it encourages more personal responsibility for saving and planning for long-term care.

More details, including links to video of the hearings and handouts, can be found on our Aging Exchange blog (<http://agingexchange.wordpress.com/>).

Gov. Pawlenty has proposed to cut continuing care provider rates by 2.5 percent. This cut would include all providers of Elderly Waiver and the disability waivers, as well as care centers. Gov. Pawlenty has also proposed to permanently suspend care center rebasing, which is the equivalent of a permanent rate freeze.

Aging Services is opposed to these cuts, particularly when older adult services received cuts in the past legislative session.

More information on the governor's supplemental budget proposal can be found online at <http://www.mmb.state.mn.us/>.

***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).

## **Members Visit Capitol Hill to Push for Key Federal Legislation**

During AAHSA's Future of Aging Services Conference last week, 20 members and staff from Aging Services hit Capitol Hill to urge lawmakers to support programs and funding for older adult services.

The group included Aging Services Board Chair **Wayne Olson-Volunteers of America**; **Jon Riewer-Eventide**; **Dan Lindh** and **Greg Carlson-Presbyterian Homes and Services**; **John Korzendorfer** and **Kelly Hitchcock-Ecumen**; **Jon Lundberg-Ebenezer**; Jeff Thorne-Cerenity; **Shirley Barnes-Crestview**; **Michael Klatt-The Lutheran Home Association**; **David Nelson-St. Francis Home**; **Barb Rode, Michael Warden, Denise Juday Barnett, John LeBlanc** and **Stacy Lind** all from **St. Therese**; **Eric Lunde** and **Patrick O'Leary - Piper Jaffray**; and Gayle Kvenvold and Lori Meyer from Aging Services.



*Members of the Minnesota delegation visiting with Sen. Amy Klobuchar, center, are, left to right, Eric Lunde and Patrick O'Leary of Piper Jaffray; Jon Lundberg, Ebenezer; Jeff Thorne, Cerenity; Gayle Kvenvold, Aging Services; John Korzendorfer, Ecumen; Greg Carlson, Presbyterian Homes and Services and Kelly Hitchcock, Ecumen*

The groups met with the Minnesota congressional delegation, urging lawmakers to support key legislation to:

- Extend increased federal Medicaid funding through June 2011 to cover the \$387 million gap in Gov. Tim Pawlenty's budget that otherwise will be filled with additional cuts;
- Preserve the 2011 Medicare payment update for nursing homes and home health care providers;
- Extend the Medicare therapy caps exceptions process;
- Enact the Community Living Assistance Services and Supports (CLASS) Act; and
- Increase funding for the Section 202 senior housing program including capital advances.

Each group provided Minnesota specific information on the impact of rates that are not keeping up with costs and the number of jobs and economic activity that are at risk if additional cuts in funding are passed.

Both Senators Klobuchar and Franken are strongly supportive of CLASS, the FMAP extension and Medicare reimbursement. Sen. Klobuchar's office also indicated their willingness to work with AAHSA on their housing with services initiative aimed at HUD housing for seniors.

Rep. Peterson's office supports HUD funding, but expressed some concerns over the long-term solvency of the CLASS Act which AAHSA staff will address in a follow up meeting. The concern from Rep. Walz's office was what would happen if some of these funding items are not passed. Members discussed the closure of the Good Samaritan Home in Preston--and the loss of jobs in that community--as one of the consequences of inadequate funding.

With a couple exceptions, most of the delegation is supportive of measures to extend necessary funding and move ahead with payment reform via CLASS. Many went out of their way to thank providers for the work they do to take care of seniors every day. "These were some of the best hill visits ever" commented **Shirley Barnes**--a veteran of AAHSA's "Day on the Hill."

When all of the visits were completed, the group gathered together for dinner and to debrief on the day's conversations. Special thanks to **Eric Lunde** and **Patrick O'Leary** of **Piper Jaffray** for sponsoring the dinner, and to all the members who did an excellent job representing the aging services field in Minnesota.

***For Further Information:***

Contact Lori Meyer at [lmeyer@agingervicesmn.org](mailto:lmeyer@agingervicesmn.org).

## Return Care Center Financial Survey By March 5

The deadline for responding to the Long-Term Care Imperative Financial Survey is **Friday, March 5**.

This survey provides crucial information about the financial condition of care centers for our advocacy activities. We need as many care centers as possible to participate in the survey.

The survey ID for each care center is in the letter that that was sent out with the hard copy. Thanks to all the member care centers who have already submitted this important data.

**Care center members can enter their financial information online at:** <http://www.isgsurveys.com/ssiweb/MN3/MN3login.htm>.

### **For Further Information:**

Contact Jeff Bostic at [jbostic@agingervicesmn.org](mailto:jbostic@agingervicesmn.org).

## Get Involved in Advocacy

Please get involved and help us advocate in support of older adult services this year.

We have tried to make it easy for you with a number of resources that will assist in your efforts.

First, Aging Services through its Long-Term Care Imperative partnership has developed an online "rolling" advocacy toolkit, available at

[http://www.agingervicesmn.org/index/LTCL\\_Grassroots\\_Tool\\_Kit](http://www.agingervicesmn.org/index/LTCL_Grassroots_Tool_Kit).

Members will find template letters to legislators and our Fact Card series, which is being distributed to legislators and members alike. We will also be adding additional material, including a "presentation in a box" to use with local community groups, sample letters to the editor, and additional information as the session rolls along, so the information is timely and members have new advocacy messages to send.

Aging Services will send member messages when new advocacy tools are available. Make sure you check in on a regular basis.

We will also continue to use our Capwiz advocacy site at

[http://www.agingervicesmn.org/index/Become\\_Active](http://www.agingervicesmn.org/index/Become_Active), to give Aging Services members another way to quickly contact their legislators and Congress with important information. It is easy to use. Just insert your zip code and the program automatically connects you with your legislators. Right now, members can contact legislators about cuts to older adult services and repealing rate equalization and contact Congress about proposed Medicare cuts.

Visit the Advocacy tab on the Aging Services website for additional information about our issues, including the Long-Term Care Imperative's legislative agenda and our legislative bill tracker.

Our Aging Exchange blog is back and better than ever. Check it out at

<http://agingexchange.wordpress.com/>. You can also receive information and updates by following Vice President of Advocacy, Kari Thurlow on Twitter at: <http://twitter.com/KariThurlow>.

### **For Further Information:**

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

## Contacts for Questions Regarding Customized Living/HWS DHS Enrollment

The Department of Human Services states that providers who have questions on how to complete the DHS enrollment form 4015 or the other documents required in the recent Customized Living/housing-with-services update should contact Michael Budion, 651-431-2692 or [Michael.Budion@state.mn.us](mailto:Michael.Budion@state.mn.us).

Several members have asked what date should be inserted in item #14--Requested Enrollment Date. Budion has recommended that providers use the date April 1, 2010.

**The provider update is found at:**

[http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16\\_148092](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_148092). At this link, Class A and Class F home care providers will find links to form 4015 and the other forms that must be completed for their housing-with-services sites where Customized Living services are provided.

***For Further Information:***

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

### **DHS Schedules March 25 Videoconference on EW Customized Living Policy**

The Department of Human Services has scheduled a Thursday, March 25, videoconference on the Elderly Waiver Customized Living Policy.

The videoconference will be offered at 10 a.m. and again at 1:30 p.m. Topics to be covered include:

- Customized Living definitions and eligible component services
- Customized Living provider standards
- Lead agency roles and responsibilities in authorizing customized living and the role of the consumer and case manager in the development of the plan
- Service rate parameters

The philosophy of home and community based services will also be discussed. The videoconference presenters will be Michael Dercks, Program Administrator - Principal, and Darlene Schroeder, Agency Policy Specialist, both from the DHS Aging and Adult Services Division.

Aging Services expects that this videoconference will cover many of the topics identified in the policy handout from the Feb. 16 DHS videoconference. That policy document is available at

<http://www.agingservicesmn.org/inc/data/feb2010DHS-CLpolicyclarifications.pdf>.

The previous DHS Elderly Waiver Customized Living policy bulletin from 2007 has expired and DHS has not indicated when the new policy bulletin will be issued. DHS staff has told Aging Services that this is in the works.

Pre-registration for this videoconference is required and can be completed online at

<http://agingtraining.dhs.state.mn.us>. Registration closes at 5 p.m. on the Monday prior to the session.

***For Further Information:***

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

### **Adult Day Service Video Conference is March 11**

The Aging and Adult Services Division of the Minnesota Department of Human Services will offer a video conference on adult day services as a home and community-based service option for improving client outcomes Thursday, March 11.

A panel of presenters will discuss adult day models, potential benefits, research and best practices, and address questions about licensing and payment processes. Dr. Joe Gaugler, University of Minnesota will provide an update about a Fall 2010 ADS survey.

The video conference is geared toward lead agency staff (counties, health plans, and tribal agencies), care coordinators, adult day services and other home and community-based service providers, family caregiver support programs, Alzheimer's grantees, Alzheimer's Association Regional Centers, Area Agencies on Aging, Senior LinkAge Line staff, nursing homes, hospitals, and board and care homes.

***For Further Information and to Pre-Register:***

Visit: <http://agingtraining.dhs.state.mn.us>.

### **DHS Hosting Videoconferences on Return to Community Initiative**

On Thursday, March 18, DHS is hosting two informational videoconferences on the new Return to Community initiative.

The two-hour videoconferences are being held at 9 a.m. and 1:30 p.m., and will be available at more than 30 locations around the state. Registration is required for the videoconferences. Members can register to attend at a location and time of their choice by visiting <http://agingtraining.dhs.state.mn.us>.

The Return to Community initiative was created as a result of one of the budget savings proposals that passed during the 2009 legislative session. The initiative is targeted towards care center residents who have expressed a desire to return to the community and have the resources and supports to assist with the transition. The state believes they can identify and successfully intervene with enough of these residents to generate savings to the Medicaid program.

DHS is planning to begin implementation of Return to Community on Thursday, April 1. Their initial review has identified 2,100 care center residents who are the best candidates for a return to a community setting, although the expectation is far fewer will be successfully transitioned.

The program is designed to intervene with residents in the first 90 days of their care center stay because of the belief that it is difficult to transition people back to the community after that point.

The Return to Community service will be provided by MinnesotaHelp Network staff, known as Community Living Specialists, who will assist residents in person with the transition from the care center to the community.

***For Further Information:***

Contact Jeff Bostic at [jbostic@agingservicesmn.org](mailto:jbostic@agingservicesmn.org).

### **DHS Issues Instructions on the Transition of GAMC Enrollees to MinnesotaCare**

A new Department of Human Services (DHS) bulletin provides information and instructions for Transitional MinnesotaCare eligibility and coverage to current GAMC enrollees on and after Thursday, April 1, when the GAMC funding is estimated to run out.

According to Bulletin #10-21-03 on *Changes to General Assistance Medical Care (GAMC) Due to the Elimination of GAMC Funding*, DHS will move all eligible enrollees to Transitional MinnesotaCare on that date.

Enrollees will be converted automatically unless they have a renewal due for April. All GAMC enrollees with active eligibility that continues for April will have automatic eligibility for Transitional MinnesotaCare and they do not need to fill out a new application. Enrollees who are converted will receive Transitional MinnesotaCare for the remainder of their six-month budget period. They must then complete a renewal at the end of their six-month budget period.

GAMC enrollees with a renewal due for April will not be automatically converted to Transitional MinnesotaCare. If the enrollees do not return their renewal and verifications on time, they will be "autoclosed" in the MAXIS system.

If enrollees do submit their information on time, they will be manually converted to Transitional MinnesotaCare for six months - if they meet all renewal requirements. If enrollees get their information in after the deadline, they will be processed as new applicants.

General Assistance and Group Residential Housing (GRH) clients are exempt from completing the six-month income renewal form. These enrollees have a 12-month, rather than a six-month, certification period. They will be part of the group of GAMC cases automatically converted to Transitional MinnesotaCare effective April 1.

The bulletin contains a chart comparing the benefits for enrollees under GAMC and under Transitional MinnesotaCare. Those moving to Transitional MinnesotaCare will now have a monthly premium. This will be paid by the county until the end of the six-month eligibility period.

After the six-month period, enrollees must renew their health care coverage and begin paying monthly

premiums. Other changes include an annual limit on hospitalizations and new co-pays. Advocates for GAMC enrollees argue that the premiums and co-pays will be impossible for many GAMC enrollees to pay.

Transitional MinnesotaCare is available for only one six-month certification period at a time. Enrollees are expected to move to ongoing MinnesotaCare at renewal. Enrollees who are not eligible for ongoing MinnesotaCare may be eligible for another six months of Transitional MinnesotaCare without a gap if they complete their renewals on time.

A separate bulletin in March will provide information and instructions with regard to Transitional MinnesotaCare eligibility and coverage for new applicants on and after April 1. The March bulletin will also provide information and instructions for GAMC Hospital Only (GHO) enrollees who are hospitalized before April 1 and remain hospitalized on or after that date. These enrollees do not qualify for and will not be converted to Transitional MinnesotaCare.

DHS will issue further instructions if there is a legislative change to the GAMC program.

***The Feb. 25 bulletin is found at:***

[http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_FILE&RevisionSelectionMethod=LatestReleased&Rendition=Primary&allowInterrupt=1&noSaveAs=1&dDocName=dhs16\\_148316](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&Rendition=Primary&allowInterrupt=1&noSaveAs=1&dDocName=dhs16_148316).

***For Further Information:***

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

## **Remote Patient Monitoring Diffusion Grants Program Letters of Intent Due March 12**

A conference call for providers interested in applying for monitoring diffusion grant funds will be held tomorrow (Tuesday, March 2) at noon.

The Center for Technology and Aging is soliciting letters of intent from organizations that are interested in expanding the use of remote patient monitoring technologies that help improve the health and safety of older adults. Letters of intent are due Friday, March 12.

Total funding available for this grant program is \$500,000. Up to six grants will be awarded. Funded projects are expected to commence in July 2010.

Remote Patient Monitoring (RPM) refers to a wide variety of technologies designed to manage and monitor a range of health conditions that are particularly applicable for people with chronic illness or prone to falls or wandering.

For more information about these areas, please refer to the Center's newly released report at

<http://www.techandaging.org/RPMpositionpaperDraft.pdf>.

The grant program will encourage use of technologies that: 1) are used in the home and sub-acute care settings; 2) foster independent living and the ability to live in the setting of one's choice; 3) will lead to improvements in the cost and quality of care; and 4) help reduce the burden on formal and informal caregivers.

Given the emphasis on diffusion and adoption, programs seeking grants must propose a strategy for integrating their technology into the fabric of state and national health care delivery and reimbursement systems. Programs eligible for grants must use remote patient monitoring technologies already proven and ready to be used more broadly.

Grant applicants are expected to have prior experience with remote patient monitoring technologies and must be able to demonstrate a positive and measurable impact in the near term as well as projections for replication.

To participate, please call 1-866-551-1530 and use participant code: 1344595#.

Please consult the Grant Application Guidelines (found at <http://www.techandaging.org/rpmgrant.pdf>) and <http://www.techandaging.org/> for more information about the grant program and the Center's upcoming initiatives.

***For Further Information:***

Contact Jeff Bostic at [jbostic@agingservicesmn.org](mailto:jbostic@agingservicesmn.org).

## OSHA Form Feedback on Work-Related MSDs Will Be Accepted Until March 15

Comments on a proposed Occupational Safety and Health Administration (OSHA) rule that would require employers to report work-related musculoskeletal disorders (MSDs) are being accepted until Monday, March 15.

This proposed rule would add a separate column on the OSHA Form 300 log for the reporting of work-related MSDs. To view, the proposal, visit:

<http://www.oshalawblog.com/uploads/file/OSHA%20Proposal%20on%20MSD%20Column.pdf>

This MSD column was originally part of the 2001 recordkeeping rule, but was removed by the agency before the rule took effect. The rule also proposes the same definition of MSDs that OSHA had included in the initial 2001 final rule.

Specifically, under the proposed rule, employers would be required to check a box in a separate column on the OSHA 300 log for injuries and illnesses that fit within the agency's definition of MSD, which is disorders of the:

- Muscles
- Nerves
- Tendons
- Ligaments
- Joints
- Cartilage
- Spinal discs

### *MSDs DO NOT include disorders caused by:*

- Slips
- Trips
- Falls
- Motor vehicle accidents, or other similar accidents

### *Examples of MSDs include:*

- Carpal tunnel syndrome
- Rotator cuff syndrome
- De Quervain's disease
- Trigger finger
- Tarsal tunnel syndrome
- Sciatica
- Epicondylitis
- Tendinitis
- Raynaud's phenomenon
- Carpet layers knee
- Herniated spinal disc

- Low back pain

In addition, OSHA is proposing to remove confusing existing language from its recordkeeping compliance directive that "minor musculoskeletal discomfort" is not recordable as a restricted work case "if a health care professional determines that the employee is fully able to perform all of his or her routine job functions, and the employer assigns a work restriction for the purpose of preventing a more serious injury."

OSHA's proposal attempts to clarify that employers must record abnormal conditions resulting in minor musculoskeletal discomfort, regardless of whether the conditions include objective signs of an injury or illness--so long as all of the other criteria for recording are met.

OSHA describes this proposed rule as a non-significant regulatory action involving only two small costs for employers--five minutes of time for employers/human resource staff to become familiar with the rule and one additional minute to analyze an injury or illness to determine whether it should be classified as an MSD and put into the correct column on the new recordkeeping forms.

### MDH Warns of Threat of Flooding

The emergency preparedness staff at the Minnesota Department of Health has notified Aging Services on the threat of flooding this spring.

According to MDH, the threat of flooding in many areas of the state is very real and possibly at similar or worse levels as last year depending on the location of your facility. MDH has been working with various agencies and groups regarding this and they will continue to provide us information as the situation develops.

If you are in a potentially affected area, it is suggested to review your Emergency Operations Plan (EOP) regarding floods if you haven't already done so. If you are not in a potentially affected area, one thing that you could do to prepare to possibly assist affected facilities is determine an estimated number of residents you may be able to accept based on staffing levels, supplies and available space.

This may be a good opportunity to connect with the resources you intend to use, review your incident command system (ICS) structure/chain of command, as well as discuss with staff what these plans are, including the expected roles that may develop. Externally, groups to consider connecting with may be Compliance Monitoring, Local Public Health, Emergency Management, and others you may need to have contact with before, during, and after an event. One area that has been very helpful for facilities is to have a good handle on what they see as their "triggers" to evacuate and/or shelter in place.

If you know triggers ahead of time, you can identify who needs to be included during additional planning.

Use this link to get to MDH's resources on flooding:

<http://www.health.state.mn.us/oep/healthcare/index.html#2009>.

### Census Procedures For Group Quarters Outlined

With mail-out of the 2010 Census forms less than one month away, members need to be made aware on the process for "group quarters."

According to the Census Bureau Web site, classified living quarters for large numbers of unrelated individuals are defined as "group quarters." These include, among others, assisted living facilities, group homes for those with physical or mental disabilities, and nursing homes. These units offer special challenges for accurate enumeration.

Through the middle of March, a census taker will be visiting each group quarters' facility. The primary goal is to inform a contact person of the upcoming enumeration, address privacy and confidentiality concerns related to personal identifiable information, and identify security issues, such as restricted access.

Through this process, the Census Bureau staff will obtain an agreed-upon date and time to conduct the enumeration and an expected April 1 population count. The information collected during the interview is used to prepare the correct amount of materials needed to conduct the enumeration at the facility. The information helps

determine the size of teams that need to be created, the identification of necessary language abilities, and the identification of any safety and security concerns.

The Census Bureau Web site states "these visits permit the Census Bureau to judge whether the best data would be obtained through reports of the management personnel or through individual reports of the residents. For some settings (e.g., health care facilities) the residents may not be able to provide their own information, and administrative records can be used to enumerate the population. If the judgment is made that administrative records are best used, then the management personnel will take the same oath of confidentiality as the census taker. If individual reporting is chosen as the option, there is a special form for individual responses."

The Census Bureau staff will leave posters or educational materials at the facility that describe how the census will be taken in the facility. Based on this operation, the Census Bureau will prepare all the materials needed to do the enumeration of the facility in March.

Although demographic information is considered "protected health information" under HIPAA, the Census Bureau has the legal right to collect the information necessary to answer the questions on the Census forms, so there is no HIPAA violation.

There may be people posing as Census workers in order to obtain information illegally. Here are some recognition tips to assure the validity of the field representative. The person:

- Must present an ID Badge which contains: photograph of field representative, Department of Commerce watermark, and expiration date.
- Will provide you with supervisor contact information and/or the regional office phone number for verification, if asked.
- Will provide you with a letter from the director of the Census Bureau on U.S. Census Bureau letterhead.
- May be carrying a laptop and/or bag with a Census Bureau logo.

When in doubt, please call the Kansas City Regional Office for verification at 1-800-728-4748. Office hours are Monday through Friday, 7 a.m. - 4 p.m.

***For Further Information:***

Contact Darrell Shreve at [sshreve@agingservicesmn.org](mailto:sshreve@agingservicesmn.org).

### **OneTouch SureStep Test Strips (LifeScan): Recall**

LifeScan and FDA notified healthcare professionals of a voluntary recall of eight lots of OneTouch SureStep Test Strips, used by people with diabetes to measure their blood glucose levels at home.

The test strips are being recalled because they may provide falsely low glucose results when the glucose level is higher than 400 mg/dL.

If patients use the falsely low test results to determine their insulin dose, they may give themselves too little insulin, which could result in poor blood glucose control. High blood glucose must be recognized and treated promptly to avoid serious complications, such as coma and death.

The eight lots of consumer OneTouch SureStep Test Strips being recalled are identified in the firm's press release. Lot numbers are located on the outer carton and test strip vial. LifeScan estimates approximately fourteen thousand packages (50- and 100-count) of consumer OneTouch SureStep Test Strips were distributed nationwide between Aug. 1, 2009 and Jan. 28.

It is important that patients with recalled test strips continue to test their blood glucose. Patients with access to a meter that does not use OneTouch SureStep Test Strips should use this other meter to test their blood glucose until replacement product from LifeScan arrives.

If an alternate meter is not available, patients may continue to test using the recalled OneTouch SureStep Test Strips. However, if patients obtain results above 400 mg/dL, they should contact their healthcare professional for

further instructions because their glucose may be significantly higher.

Read the complete MedWatch 2010 Safety summary, including a link to the firm's press release, at:  
<http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm202254.htm>.

### Registration for LTC DON Series Opens This Week

Registration for the 15th annual "Preparing the New LTC DON for a Successful Future" Series will open later this week.

Announced at the recent 2010 Institute, this popular and one-of-a-kind series is specifically designed for those individuals new to the role of the long-term care director of nursing. It is designed to equip them with the skills and knowledge necessary for this demanding position.

Nursing leaders and DONs with some experience are welcome and encouraged to attend individual sessions or the whole series as a refresher course.

#### *The program is scheduled as follows:*

- Session #1, The Role of the Director of Nursing - April 5-7  
Location: St. Francis Retreat Center, Little Falls
- Session #2, Financial and Human Resource Management - May 11-13  
Location: St. Francis Retreat Center, Little Falls
- Session #3, External Requirements and Expectations - June 15-17  
Location: University of Minnesota Continuing Education and Conference Center, St. Paul
- Session #4, Management and Leadership Skills for Nursing Leadership - July 26-28  
Location: St. Francis Retreat Center, Little Falls
- Session #5, Adapting Today's Professional Practice and Organizational Structures for Tomorrow's Residents and Employees - August 18-20  
Location: St. Francis Retreat Center, Little Falls

The series is updated each year to keep it current and relevant and features a variety of expert faculty - many of whom have taught in the program since its inception because they are committed to assisting today's LTC DONs get a solid start in their jobs.

In addition, Aging Services' Nurse Consultant/Policy Analyst Liz Sether both teaches in and facilitates the program, helping to make it as rich a learning experience as possible.

Four of the five sessions are held in Little Falls because (1) it's not only centrally located for all parts of the state, but accommodations are reasonably priced as well; and (2) the metro location allows a number of staff from key state agencies to participate as faculty because no outstate travel is involved.

#### *Questions about the program content and speakers:*

Contact Heidi Simpson at [hsimpson@agingservicesmn.org](mailto:hsimpson@agingservicesmn.org).

#### *Registration questions:*

Contact Kellie Carlson at [kcarlson@agingservicesmn.org](mailto:kcarlson@agingservicesmn.org).

### Free Respite Care Working Summit is March 12

The Minnesota LifeSpan Respite Summit will be held Friday, March 12, from 9:30 a.m. to 4 p.m. at the Wilder Center in St. Paul.

Members who wish to attend are asked to RSVP by Friday, March 5. There is no registration fee, but seating is limited. The free event is sponsored by the Minnesota Department of Human Services, the Minnesota Board on Aging, the National Multiple Sclerosis Society, Minnesota Chapter and AARP.

Jill Kegan, the chair for ARCH National Respite Network and Resource Center in Washington D.C., will be the special guest. Participants in the session will learn about the Federal LifeSpan Respite Care Act and learn how they can develop a plan to prepare Minnesota and apply for federal funding.

***For Further Information:***

Contact Sue Wenberg, the Minnesota DHS Family Caregiver Support Program Administrator at 651-431-2587 or [sue.wenberg@state.mn.us](mailto:sue.wenberg@state.mn.us).

### Registration Now Open Minnesota HomeCare Webinar

Registration is now open for a Minnesota HomeCare Association's Webinar this Wednesday, March 3, specifically designed for Class A providers on the *"The Nuts and Bolts of the Home Care Service Agreement."*

As part of Aging Services partnership arrangement with the Minnesota HomeCare Association, members can participate in these educational offerings at MHCA's member rate. The program series kicked off on Tuesday, Feb. 16, with a well-received full day workshop *"Compliance for Class A Providers: Focusing on Continued Success."*

The featured faculty for the Wednesday Webinar that will be held from 10:30 - 11:45 a.m., is Lores Vlamincck of Lores Consulting in Rochester. To register, visit:

<http://m360.mnhomecare.org/event.aspx?eventID=15004>.

Members will want to note that the Webinar is one of a series of three webinars specifically designed for Class A providers and offered within the next year. *"Class A: Delegation of the Aide's Tasks"* will be held on Tuesday, June 15, from 11 a.m. - 12:15 p.m. and *"Class A: Abuse Prevention"* is scheduled for Monday, Nov. 15.

Members can register for any number of the webinars. There is a discounted rate for multiple session registration.

***For Further Information:***

Contact Heidi Simpson [hsimpson@agingservicesmn.org](mailto:hsimpson@agingservicesmn.org).

### Next HUD Brown Bag Meeting Is Tuesday, March 30

The next HUD brown bag meeting will be on Tuesday, March 30, from noon to 2 p.m. in Columbia Village at the Crest View Senior Community in Columbia Heights.

Bring your lunch and join us in the dining room for networking, discussion of HUD requirements, and sharing issues and concerns.

The meeting will be hosted by Lindsey Koch. Please RSVP by Friday, March 26, to Alecia at [acrumpler@agingservicesmn.org](mailto:acrumpler@agingservicesmn.org) so that we will know approximately how many plan to attend.

If you have suggestions for discussion topics at the meeting, you can send them in advance to Mary Youle at [myoule@agingservicesmn.org](mailto:myoule@agingservicesmn.org) or just bring them to the meeting.

A map to Columbia Village is found at

[http://maps.google.com/maps?f=q&source=s\\_q&hl=en&geocode=&q=1675+44th+Avenue+NW,+Columbia+Heights,+MN& sill=37.0625,-95.677068&sspn=40.137381,92.900391&ie=UTF8&](http://maps.google.com/maps?f=q&source=s_q&hl=en&geocode=&q=1675+44th+Avenue+NW,+Columbia+Heights,+MN& sill=37.0625,-95.677068&sspn=40.137381,92.900391&ie=UTF8&)

[hq=&hnear=1675+44th+Ave+NE,+Columbia+Heights,+Anoka,+Minnesota+55421&z=16](http://maps.google.com/maps?f=q&source=s_q&hl=en&geocode=&q=1675+44th+Avenue+NW,+Columbia+Heights,+MN& sill=37.0625,-95.677068&sspn=40.137381,92.900391&ie=UTF8& hq=&hnear=1675+44th+Ave+NE,+Columbia+Heights,+Anoka,+Minnesota+55421&z=16). Parking is available at Columbia Village in the lot to the left of the driveway shared by two buildings.

### First Deadline for Ordering Homes for the Aging Week Items is Friday, March 5



Members are reminded that the first of two deadlines for ordering shirts and posters with the theme Passion. People. Purpose - a celebration of age is **Friday, March 5**, with delivery approximately March 26.

The second deadline is to place your order by April 9 for delivery approximately April 30. All items will be delivered in time to help you celebrate Older Americans Month in May and Homes for the Aging Week which begins on Mother's Day, May 9.

Every day, staff that plan activities use their creativity and expertise to create fun, meaningful experiences for residents. Using the Passion. People. Purpose - a celebration of age theme enhances your special events, helps boost staff morale and works well for any celebration you are having throughout the year.

This year Aging Services is offering lively Kiwi Green T-shirts and Mosaic Blue Ladies Scoop Neck Shirts, or to enhance your festivities, lively posters all with the theme Passion. People. Purpose - a celebration of age.



We are only taking pre-orders for the printing of these shirts and posters. (Since shirts are being printed on a pre-order basis to eliminate extra inventory, returns/exchanges will be limited to damaged items only. Please post the manufacturer's sizing charts included with the order form and note that the blue shirt runs generous.)

Click on <http://www.agingervicesmn.org/inc/data/2010HFTAWPacket.pdf> to find an order form, photos and sizing chart for posting. Each organization should consolidate individual staff orders into one order. We can invoice your organization or prefer one credit card per organization order. We also accept checks. These items are not available on our Web site.

***For Further Information:***

Contact Jenny Mims at [jmims@agingervicesmn.org](mailto:jmims@agingervicesmn.org) or call 651-645-4545, 800-462-5368.

## **Aging Services Offers Updated Resources; Order Your Copy Today**

Aging Services members are reminded to place their orders for the following recent updates to some of our more popular resources:

- *The Really Big Book of Nursing Home Regulations, Eighth Edition*
- *HWS Technical Guide to State and Federal Payment Program, Second Edition*
- *Home Care Reference Guide, Second Edition*
- *Assisted Living: A Housing-with-Services Choice*

All of the above products can be ordered through the Aging Services Store at <http://www.agingervicesmn.org> or by contacting Alecia Crumpler at [acrumpler@agingervicesmn.org](mailto:acrumpler@agingervicesmn.org) or 651-645-4545 or 800-462.5368.

### ***For Further Information about Aging Services Products:***

Contact Jenny Mims at [jmims@agingervicesmn.org](mailto:jmims@agingervicesmn.org) or by calling 651-645-4545.

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