

MONDAY

ONLINE

MAILING

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Top Stories

Budget Deficit Grows, But Leaders Say Long-Term Care Will Remain

In the wake of last week's announcement from the Minnesota Department of Finance on Minnesota's nearly \$1 billion deficit, funding for older adult services is receiving plenty of attention from state leaders.

When it comes to state support, the Speaker of the House is on the same page as Gov. Tim Pawlenty. Margaret Anderson Kelliher of Minneapolis told the Star Tribune on Friday that DFLers want to use "a scissors not an ax, so we're not axing Grandma out of the nursing home or axing students and teachers out of classrooms."

In our meeting with the governor, he expressed hope that long-term care providers could receive a COLA, even midst of preparing cuts elsewhere in the budget.

Across the airwaves, the state media is continuing to report that older adult services and education are the two areas that will not be cut.

Jon Riewer, a director on the MHHA board and chair of the MHHA Public Policy Steering Committee, said the budget numbers are concerning, but he still expects long-term care to be "front and center" as the legislative session agenda moves forward. "We're encouraged that we stand on common ground with the governor in our commitment and responsibility to aging services in Minnesota."

Nursing Homes alone provide 120,000 jobs in the state and bring in \$2.6 billion annually to the state's economy. Riewer said these are the numbers that every state official needs to know.

On the horizon

Today, the Long Term Care Imperative's bill requesting new funding for older adult service providers was introduced in both the House and the Senate. The bill numbers are Senate File 3367 (Sen. Prettner Solon) and House File 3635 (Rep. Larry Hosch.) MHHA urges you to contact your legislators and continue asking them to make funding for older adult services a top priority this session and to support our Imperative's funding proposals.

For further formation:

Contact Kari Thurlow at kthurlow@mhha.com.

New Survey and Cert Letter on Use of Interpretive Guidance

In January, the Centers for Medicare & Medicaid Services issued a new program letter, Use of Interpretive Guidance by Surveyors for Long Term Care Facilities (S&C-08-10).

The program letter was in response to requests for clarification on the use of the State Operations Manual (SOM) guidance to surveyors to determine compliance with the long term care requirements of participation.

The key features of the program letter include the following:

- Surveyors must cite all deficiencies based on violations of statutory and/or regulatory requirements, not on the interpretive guidelines.
- CMS notes its ongoing efforts to improve quality of care via the survey system and cites updating interpretive guidance as "...one method used to improve the survey process..." stating that the guidelines facilitate consistency in interpretation and approach to the assessment of compliance and the "...regulatory determination of the gravity and pervasiveness of identified deficiencies..."
- The memo clarifies the distinction in the guidelines between "permissive duties and requirements" with one indication being the use of "should" or "may" vs. "shall" or "must." The use of terms like "may" indicates a permissive action, not a required action.
- The memo refers surveyors to SOM Section 2712, "Use of Survey Protocols in the Survey Process" and Principle #5 in the Principles of Documentation for clarification in use of information contained in the Interpretive Guidance: "Both sources make it clear that surveyors must base all cited deficiencies on a violation of statutory and/or regulatory requirements, rather than sections of the interpretive guidelines. The deficiency citation must be written to explain how

the entity fails to comply with the regulatory requirements, not how the facility fails to comply with the guidelines for the interpretation of those requirements."

Members who wish to read the entire program letter should click

<http://www.mhha.com/inc/data/InterpretiveGuidelinesJan2008SC-08-10.pdf>

For further information:

Contact Darrell Shreve at dshreve@mhha.com.

CMS News on revised ABN and Survey Guidance

Last Wednesday during the SNF Open Door Forum, the Centers for Medicare & Medicaid Services made two announcements of interest to SNFs.

The first concerned the general advance beneficiary notice (ABN-G) that SNFs use to notify residents of the termination of Part B services. The second concerned the likely schedule for publication of revised survey guidance on F309 and F371.

CMS is revising the ABN-G form, and the new form should be posted on the CMS website today, March 3. CMS will require providers to use the revised ABN-G form on Sept. 1. Members should note, however, that the ABN-G form is not used for residents who are in a Part A stay; it is only used for Part B services unrelated to a Part A stay. In general, the ABN-G is used to notify a resident that the Part B therapies will be ending.

Members may download the revised ABN-G form at: <http://www.cms.hhs.gov/BNI/>. In the box on the left side of the page, scroll down to FFS ABN-G and ABN-L.

CMS staff indicated on the national conference call that the ABN-G will replace the Notice of Exclusion from Medicare Benefits, or NEMB. An alert listener suggested that CMS reconsider this plan because the NEMB is not based on the statutory provisions applicable to the ABN (section 1879 of the Social Security Act). The ABN is used when limitation on liability provisions apply, and use of the ABN is mandatory. By contrast, the NEMB is used to tell a beneficiary that a service is not covered or is not a Medicare benefit, and the use of the NEMB is voluntary--providers are free to use other means to inform the beneficiary. Presumably, CMS will address this issue before its Sept.1 implementation date.

In response to a question, CMS staff gave an indication of when to expect revised surveyor guidance. The revised guidance for F371 (sanitary handling of food) should be available by the end of summer. On the other hand, the revisions for F309 (pain management) will not be available until the end of 2008.

MHHA will announce the revised guidance in *Monday Mailing* when it is available and will send updates to subscribers of MHHA's State Operations Manual.

For further information:

Contact Darrell Shreve at dshreve@mhha.com.

Moratorium to Protect Nonprofit Property Tax Exemptions in the Works

In December, the Minnesota Supreme Court handed down a decision in *Under the Rainbow Child Care Center, Inc. v. County of Goodhue* that we believe narrows the definition used to determine property tax exemptions for nonprofit organizations.

Since December, MHHA has been in communication with our members, other nonprofit organizations, nonprofit leaders, and the Department of Revenue to find a remedy to this problem. In general, lawmakers and agency personnel alike are supportive of preserving property tax exemptions for charitable organizations.

In January, we met with the Department of Revenue to discuss the impacts of *Under the Rainbow* on non profit care centers and housing providers. As a result of those discussions, the Department of Revenue issued a letter to all county tax assessors urging them not to change their current practices with regard to property tax exemption determinations.

We have been told that another memo from the Department will be forthcoming that will specifically discuss nonprofit care centers.

In addition, MHHA has been working with a broader coalition of nonprofit organizations through the Minnesota Council of Nonprofits (MNCN). Last week, MNCN announced that the Department of Revenue has agreed to work with us to establish a moratorium to protect nonprofits' existing property tax exemptions until new laws are in place and to establish clear guidelines for how new applications for property tax will be evaluated in the interim. This is good news for Minnesota's nonprofit older adult service providers. This will provide needed clarity and predictability for nonprofit organizations as they make plans and budgets for the future. Moratorium language is being drafted and we will make it available as soon as possible.

Meanwhile, MHHA will continue to advocate for more specific exemptions for nonprofit providers, educate policymakers, and to work with the Department of Revenue in the stakeholder process.

At the State Capitol

Senate Health Committee Passes Health Care Reform Bill; LTC Employee Health Insurance Study Included in Package

The Senate Health and Family Security Committee worked late into the night last Wednesday hearing public testimony on a comprehensive health care reform package.

The bill, Senate File 3099, is authored by Senator Linda Berglin (DFL-Minneapolis), and includes many of the recommendations that surfaced through the discussions of the Legislative Commission on Health Care Access and the Governor's Transformation Task Force.

One of those recommendations came out of the Health Care for Long-Term Care Employees Work Group. While the original goal of the Work Group was to identify a mechanism to provide health insurance to all long-term care employees (nursing facilities, senior housing, home and community-based services, group homes, etc.), the effort was derailed by a lack of data upon which financial models of various proposals could be developed.

SF3099 requires the Commissioner of Human Services to collect the necessary actuarial data, employment data, current coverage data and other needed information in order to study and report to the Legislature by Dec. 15., with recommendations for a rate increase to long-term care employers that would be dedicated to purchase employee health care coverage in the private market.

The commissioner is required to develop cost estimates for three levels of coverage: 1) coverage provided to the state employees; 2) coverage provided to MinnesotaCare enrollees; and 3) benefits provided under an "average" private market product with a deductible limited to \$100 per individual.

The bill also requires the Commissioner of Human Services to establish a subsidy program for eligible employees and dependents with access to employer-subsidized coverage--defined as the employer pays at least 50 percent of the cost of coverage for the employee or dependent.

While primarily focused on health care, the bill contains other provisions that could be beneficial to long-term care providers and employees:

- Increases the income limit under MinnesotaCare from 275 to 300 percent of the federal poverty guidelines (FPG) for families with children and from 200 to 300 percent of FPG for adults with no children.
- Eliminates the requirement that MinnesotaCare applicants and enrollees have no health coverage for at least four months prior to application and renewal.
- Requires that MinnesotaCare enrollees pay premiums based on an affordability scale which establishes a maximum enrollee contribution of six percent of income.
- Requires hospitals and health care providers, when implementing an interoperable health records system, to use an electronic health record that is certified by the Certification Commission for Healthcare Information Technology.
- Establishes an electronic prescription drug program.

The bill was referred to the Senate Commerce Committee. A similar bill awaits action in the House of Representatives.

For further information:

Contact Lori Meyer at lmeyer@mhha.com.

Senate Tax Committee Passes 4d Property Tax Provision

The Senate Tax Committee passed a comprehensive tax bill last week that includes improvements to the 4d property tax classification.

The changes were included in a bill (House File 3201) that is considered to include all of the non-controversial provisions of the omnibus tax bill that was vetoed by the Governor last session. If enacted, the new 4d provisions could expand access for senior housing providers to the 4d property tax class rate of 0.75 percent as compared to the regular apartment class rate of 1.25 percent of market value.

Specifically, the bill reduces the percentage of units needed for a property to qualify for the 4d (low-income apartment) classification from 75 percent to 20 percent. It also allows low-income rental property receiving financial assistance from a local government, and whose units are subject to rent and income restrictions under the terms of those agreements, to qualify for the 4d classification. Under current law, properties must receive assistance from either the state of Minnesota or the federal government to qualify.

The bill awaits action on the floor of both the House and Senate.

For further information:

Contact Lori Meyer at lmeyer@mhha.com.

Veterans Home Bills Advance in Senate

Last Tuesday, the Senate Agriculture and Veterans Budget and Policy Division reviewed the requests of the Department of Veterans Affairs.

Commissioner Clark Dyrud covered the shift in responsibility over veterans homes from the Veterans Homes Board--which has been abolished--to the Department of Veterans Affairs.

The department's requests in priority order are: \$7 million for department-wide asset preservation, \$1 million to demolish a severely deteriorated structure at the Minneapolis home, \$25.999 million for a new nursing building at the Minneapolis Veterans Home, \$227,000 to satisfy the required state match for federal funding to renovate and expand the nursing care facility in Silver Bay and \$7.835 million to upgrade the HVAC system for one building on the Minneapolis campus.

The committee also heard three bills relating to new or expanded veterans homes. "I'm all for building new homes, but we need to move slowly and deliberately, said Chair Jim Vickerman (DFL-Tracy). It is easy to build a home, he said, "but the hard part is funding its future operations."

Vickerman urged members to allow the department to get its feet under it in managing the veterans homes and then offer guidance to legislators in expanding the veterans homes system.

S.F. 2745, authored by Sen. Joe Gimse (R-Willmar), provides \$7.905 million for a new 90-bed veterans home in Kandiyohi County. The request was forwarded to the Capital Investment Committee, to be prioritized after the departmental requests. S.F. 2407, sponsored by Sen. Gary Kubly (DFL-Granite Falls), requires the Department of Veterans Affairs to establish and operate a new veterans home in Montevideo. The bill prohibits state funding for design and construction and authorizes the department to accept contributions from private individuals, businesses and other non-state sources.

S.F. 2803, carried by Sen. Dan Skogen (DFL-Hewitt), provides \$9.97 million for a new special care unit and additional clinical space at the Fergus Falls Veterans Home. Both S.F. 2407 and S.F. 2803 were advanced to the Finance Committee.

Senate Committee Reviews Broadband Internet Access Bills

On Thursday, the Senate Energy, Utilities, Technology and Communications Committee discussed two bills relating to broadband Internet access.

Committee Chair Yvonne Prettner Solon (DFL-Duluth) authored a bill, S.F. 1918, creating the Ultra High-Speed Broadband Task Force. Prettner said the bill is designed to bring Minnesota into the 21st century by requiring the task force to make recommendations regarding the creation of a state ultra high-speed broadband goal and a plan to implement that goal. "Access to high speed Internet is important to education, business and the overall economy," she said.

Ed Garvey, from the Department of Commerce, said aggressive development of high-speed Internet and accessibility are important for the state. He said the department is available to provide technical and administrative support. The MHHA technology committee has also identified statewide access to high-speed Internet as an essential element to expanding technology in long-term care. The bill was approved and advanced to the State and Local Government Operations and Oversight Committee.

Prettner Solon also sponsored a bill requiring the commissioner of commerce to contract for a statewide inventory and mapping of existing broadband service.

Senate Committee Passes Absentee Ballot Bill

The Senate State and Local Government Operations and Oversight Committee met on Monday to approve Senate File 208 sponsored by Sen. Kathy Sheran (DFL-Mankato).

The bill provides for the delivery of absentee ballots to an agent who has been designated to bring the ballots to a voter who would have difficulty getting to the polls because of health reasons or who is disabled or who is a resident of a facility providing assisted living services. The bill also increases from four to seven the number of days before an election that a voter may designate an agent to deliver ballots to the voter. The bill was approved and sent to the full Senate.

Legislative Subcommittee Fails to Choose Nursing Facility Payment System Geographic Groups for Audit Study

Last week, the Legislative Audit Commission's topic selection subcommittee met to review a list of topics for possible legislative audit studies.

The Long-Term Care Imperative had four senators recommend a study of the geographic groups used in the nursing facility rate rebasing system taking effect later this year. Geographic adjustments to nursing home rates have been controversial for many years, and the goal was to have an impartial study using a variety of data sources to establish the fairest system of adjusting rates based on geographic differences in costs.

The subcommittee reviewed a list of more than sixty topics, which they had to narrow to twelve. Unfortunately, the issue of nursing facility geographic groups was not chosen for the list. The subcommittee did select a couple of topics related to long-term care, however. Those possible studies are:

- **Personal Care Attendant (PCA) Program** - Is the program subject to adequate financial controls and accountability? Has DHS taken adequate steps to ensure that PCAs are qualified?
- **Adult Protective Services** - Do Minnesota counties adequately protect vulnerable adults from harm? Do DHS and MDH adequately supervise counties' delivery of adult protective services? Does MDH adequately investigate maltreatment in facilities such as nursing homes and group homes?

In about two weeks, the subcommittee will meet again to select a list of six or seven final study topics for approval by the

Legislative Audit Commission. The Long-Term Care Imperative remains hopeful that the nursing facility geographic groups study will be added to the final list. If that effort does not succeed, we will be looking at options for accomplishing this important study through another approach.

For further information:

Contact Jeff Bostic jbostic@mhha.com.

News Briefs

DHS Receives Grant to Study Minnesota's HCBS System

Minnesota recently received a State Profile Tool Grant from the Centers for Medicare and Medicaid Services (CMS) that gives the state a unique opportunity to examine, describe and improve Minnesota's home and community based service system.

To assist in this effort, DHS has invited MHHA to participate in an "expert panel" that will look at critical issues that cross all populations and ages in the broader HCBS system.

The panel will assist in developing a profile of Minnesota's home and community based system. The profile will cover seven target populations: older adults, adults with physical disabilities, adults with MR/RD, children and adults with mental illness, adults with HIV/AIDS, adults with TBI and children with special needs.

For each target population, the profile will cover four key elements:

1. Demographic indicators of demand including current, projected and historical trends
2. Utilization data including relative spending, and current and historical utilization of institutional and HCBS care
3. An inventory of publicly funded HCBS programs
4. An inventory of other non-HCBS, publicly funded programs serving each population.

Once the profile is complete, the panel will identify and discuss strategies for simplifying and otherwise improving Minnesota's HCBS system. Minnesota is one of ten states to receive this grant. The other states are: Michigan, Massachusetts, Iowa, Virginia, Florida, Nevada, Kentucky, Arkansas, and Maine.

It is estimated that the project will take three years to complete.

For further information:

Members with comments or ideas on improving Minnesota's HCBS system can contact Youle at myoule@mhha.com or Lori Meyer at lmeyer@mhha.com.

MHHA Sponsors "Care Center of the Future" Initiative

The Minnesota Health & Housing Alliance is one of four co-sponsors in a new initiative to design the care center of the future. The other co-sponsors are the Minnesota Department of Human Services (DHS), the Minnesota Department of Health (MDH) and Care Providers.

The co-sponsors recognize that the structure and delivery of skilled nursing care in Minnesota has undergone significant change and will need to evolve further to meet the needs and expectations of future consumers. Changing demographics, workforce challenges, consumer demands, limited resources and changes to the broader health care system are just some of the forces that will shape the role and design of the care center in the future.

The initiative seeks to gather input from a wide range of stakeholders to develop a consensus around the following key questions:

- What will be the role of care centers in the next 20-25 years?
- What groups of people will be served and how will they be served?
- What is the future role of care centers in the health care system?
- What do we want care centers to do?
- What should be rebuilt and how?
- Where should they be located?
- How does this vision fit in with Transform 2010?
- How do care centers fit with other provider types?
- What role will technology play in the future care centers?

A survey is being prepared for distribution to stakeholders to identify potential data resources, to gather opinions on transformation and generate interest in participating in the process through large and small workgroup activities.

Members interested in sharing thoughts or participating in this initiative are encouraged to contact Gayle Kvenvold at gkvenvold@mhha.com.

Supreme Court Makes Discrimination Lawsuits a Little Easier for Employees

The United States Supreme Court decided two cases last week that may make it easier for employees to pursue discrimination claims against their employers.

Although each of these cases decided a very specific question, what may be important for all employers is that in both cases the Supreme Court refused to allow lower courts to apply a broad rule to dispose of the employees' claims. Instead, the Court insisted on a review of the specific facts of each case, which may mean that more employees in discrimination cases get to have their day in federal court.

In *Federal Express v. Holowecki*, decided Feb. 27, the employer tried to get a case dismissed by arguing that the employee did not file an official EEOC "charge" before heading to court, as required by federal law. The Supreme Court reasoned that EEOC's system must be accessible to ordinary people and reviewed the information the employee gave EEOC to conclude it was good enough to constitute a charge, so her lawsuit could proceed.

The previous day, the Supreme Court returned *Sprint v. Mendelsohn* to the district court to review the circumstances of the case and decide whether an employee could admit evidence that other employees had suffered discrimination by other supervisors to support her claim of discrimination.

MHHA thanks Tom Skorczeski of **Orbovich & Gartner** for his analysis of these two cases. For further information, contact Skorczeski at ts@orbolaw.com.

MHHA to Hold Free March 7 Webinar on AL Manager Credentialing

MHHA will hold a webinar for members on Friday, March 7, from 3-4 p.m., to review information about the ElderCare Rights Alliance proposal.

This proposal would require licensing of managers of buildings with assisted living programs. Building on the information presented by MHHA staff during the webinar, the upcoming district meetings will provide an opportunity for members to discuss the issue in much more depth.

During a webinar, participants will join a telephone conference call similar to MHHA's audio seminars. However, participants can also simultaneously log into the Internet and view a PowerPoint or other documents that the presenters are using. The internet site also permits participants to post questions and has other interactive features.

Details on how to register and participate in this webinar will be sent via e-mail to all housing members very soon.

For further information:

Contact Mary Youle at myoule@mhha.com or Kari Thurlow at kthurlow@mhha.com.

"Progress In Service Development" Will Be Theme of DHS Program

Enhancing Home and Community Living Options for Seniors: Building EW and AC Program Capacity will be the topic of a program Thursday, March 27.

The training will be held via video conference from Aging and Adult Services Division, Minnesota Department of Human Services in partnership with the Minnesota Board on Aging. This program will highlight progress in service development and will also identify gaps. Strategies for development will be discussed.

Lead agencies and providers are encouraged to attend this session to evaluate local and regional progress and to discuss next steps in service development. Area Agencies on Aging and Eldercare Development Partnerships are urged to attend as community development resources.

Pre-registration is required

Each person needs to register through the link provided below. Registration closes at 5 p.m. on the Monday prior to the session. <http://agingtraining.dhs.state.mn.us>.

DHS Develops Next Version of Customized Living Planning Worksheet

Darlene Schroeder, Department of Human Services (DHS) met last week with providers, counties and health plans to get comments on the planning worksheet designed for providers to use to identify the eligible Elderly Waiver (EW) Customized Living services that they offer.

Based on feedback from this group, Schroeder was revising the planning worksheet. The revised worksheet will be available on the MHHA Web site as soon as it is available. Meanwhile, the draft discussed at the meeting is found at <http://tinyurl.com/2svvm1>. The worksheet will feature drop-down menus to give providers choices to describe when each service is available. It also features additional space where providers can include more details about the services they offer or any limitations on these services. Although this version is considered a "workable" draft that counties and health plans can begin using, DHS staff will continue to take comments for future revisions.

MHHA members attending this meeting were: **Bobbie Guidry, Benedictine Senior Living at Steeple Pointe, Jocelyn**

Schwalter, Amherst H. Wilder Foundation Supportive Housing Management, Mary Jo Thorne, Northfield Retirement Community and Sarah VanWinkle, Sholom Community Alliance.

In addition, Mary Youle, MHHA staff, and representatives from the Minnesota HomeCare Association, Care Providers of Minnesota, PrimeWest, First Plan, Blue Cross, Health Partners and several counties participated.

MHHA members should note that this worksheet will be described in more detail via a phone conference at a program Monday, March 24 from 1:30 to 3:30 p.m., part of MHHA's "virtual learning boot camp" focusing on the Minnesota's Elderly Waiver Program. See story in this week's *Monday Mailing*. As background, the planning worksheet is designed to be part of a tool for counties and health plans to use when negotiating for EW Customized Living services from providers.

The planning worksheet identifies services that are eligible for funding through one of the EW Customized Living service packages and providers would fill out the worksheet, indicating which Customized Living service the provider can provide. The information from the worksheet can then be used by case managers to identify which providers offer the services that individual EW clients need.

The second part of the tool will provide a worksheet for lead agencies and providers to negotiate rates for each Customized Living service that the provider offers and, based on these negotiated rates, the final worksheet would calculate the monthly rate for a given Customized Living client based on their needs as identified by the county or health plan.

The rate-setting parts of the tool have been drafted, but it is not yet known when they will be put into final form and widely released.

Members who want to see this draft rate tool should contact Mary Youle at myoule@mhha.com.

During last week's meeting, much of the discussion focused on the concern that the lead agency case managers may not know when providers have changed their service offerings making the worksheet outdated. It also may not be able to accurately reflect special circumstances in which the provider may be able to accommodate an individual's needs. Finally, providers were very concerned that they would be held to the specific information they put on the worksheet. For example, if they identify on the worksheet that breakfast is available from 7 to 8:30 a.m. but later change the time to 7:30 to 9 a.m., would the worksheet be treated as "false advertising?" Because of these concerns, there was general agreement that a disclaimer should be added to the document to explain that it should be considered to be a guide to a provider's services but should not be incorporated into a formal contract for Customized Living services.

There was also lengthy discussion about how to describe specific provider services that can address the needs of clients with cognitive impairments, behavior challenges and mental health issues.

Schroeder planned to consult with mental health and other experts at DHS to develop more clear language addressing these kinds of services. This may be one of the areas where additional revisions will be needed.

Providers also raised concerns about trying to specify the hours on which various services are offered--since that may vary from day to day and depend on resident needs and staffing--and about identifying "anticipated response time" to unscheduled requests for assistance.

MHHA cautions that providers intending to serve clients on the 24-hour Customized Living package should always indicate that their anticipated response time complies with the requirement in DHS Bulletin #07-25-01C, which says that those providing supervision must "be able to respond in-person to a consumer within a time frame that meets the person's needs and in no event exceeds ten minutes."

Although an earlier version of this first worksheet was distributed widely (and posted on www.mhha.com for MHHA members), it remains uncertain how many counties and health plans will choose to ask providers in their areas to complete and submit this document. One county told MHHA that they already have this information about the providers serving their EW clients, but DHS says health plans are expected to use this tool extensively.

For more information:

Contact Mary Youle at myoule@mhha.com.

Question of the Week

Question of the Week

Q. My SNF will be admitting a Medicare beneficiary from a hospital, and she will need some drug treatments at a specialized clinic. Although the drug is usually used to treat cancer, she does not have cancer, and the drug will be used in her treatment for multiple sclerosis. Are we responsible for the drug treatment at the specialized clinic and the transportation costs?

MHHA checked with the central office of CMS in Baltimore regarding the "off-label" use of this cancer drug, and you will be responsible for the drug treatment under the Consolidated Billing requirements for SNFs. Chemotherapy services are excluded if their particular HCPC is listed by CMS, and the drug treatment would be excluded if it were chemotherapy. However, the drug itself will not be used in chemotherapy, so it is not excluded. The statutory exclusion applies to the chemotherapy service, not the drug per se.

You will be responsible for the transportation service only if it meets the Medicare coverage requirements--i.e., it must be an ambulance service, and it must be medically necessary. If the transportation is by van, family, or volunteer, it is not covered by Medicare and therefore not subject to Consolidated Billing. The Medicare beneficiary would be responsible for the payment

if she does not have other insurance coverage.

For further information:

Contact Darrell Shreve at dshreve@mhha.com.

Association News

MHHA Announces Upcoming EW and GRH Training Series

As part of its strategy to help members serving EW clients manage their operations and control losses, MHHA has put together a series of educational programs **Minnesota's EW and GRH Program 'Boot Camps': What Housing and Home Care Providers Need to Know to Operate Successfully and Legally**.

On Monday, March 24, from 1:30 to 3:30 p.m., MHHA will offer Part I, a "virtual learning boot camp" via phone conference focusing on the Minnesota's Elderly Waiver Program.

Three staff from DHS along with **Barbara Blumer** will discuss what EW does and does not cover, provider requirements for EW fee-for-service and EW customized living, general program eligibility requirements for clients, requirements regarding family contributions and more. A registration brochure has been sent out to all MHHA members, is posted on the web site and can be accessed via this <http://www.mhha.com/inc/data/OnTarget-EWProgram-Part1.pdf>.

Part II of this series will be a second telephone seminar on the Group Residential Housing program on April 8, from 9:30 to 10:45 a.m.

In addition to covering the basics of the GRH program, what it does and does not cover, eligibility requirements and provider requirements, the session will also cover provider issues such as leave days and security deposits. More details on this program and registration information will be sent to you soon.

Part III of the series, Successfully and Legally Operationalizing the EW and GRH Programs, will be a live, hands-on workshop to be held in various locations around the state in the spring and early summer.

Building on the information from the first two telephone seminars, this program will focus on practical information for successfully managing your programs while staying within EW and GRH requirements as well as within the requirements of the Minnesota Human Rights Act, federal Fair Housing law and other pertinent laws. Dates and locations for these programs will be announced in a separate flyer.

Parts I and II of the series will enable you to train all the staff you want via the convenience of a phone seminar and Part III will give the staff that need to know an opportunity to explore the operational implications of the EW and GRH programs more in-depth.

For further information:

Contact Heidi Simpson at hsimpsom@mhha.com.

MHHA's Annual Preparing the New LTC DON for a Successful Future Series Enters Its Teen Years

It seems hard to believe, but it's true -- this year is the 13th annual offering of this series and it is as fresh and relevant as it was when it was first offered in 1995.

The success is due to Liz Sether, MHHA's nurse consultant/policy analyst who developed the content and has worked with enthusiastic faculty who teach in it (many of whom have been with it from the start), a wealth of information and valuable resources to take home and use. This year's event is scheduled for:

- April 15-17, St. Francis Retreat Center, Little Falls
- May 20-22, St. Francis Retreat Center, Little Falls

AAHSA News

Capitol Hill Visits during AAHSA

As is customary, AAHSA is reserving one afternoon during its spring conference for AAHSA members to meet with their Congressional delegation, and once again MHHA is organizing the events for MHHA members. The Congressional visits will be on the afternoon of Tuesday, April 1. MHHA has contacted all of the delegation and begun the process of scheduling meetings.

Members who will be attending the AAHSA spring conference and wish to participate in the Congressional visits are asked to send an email indicating their interest in the Hill visits to Darrell Shreve at dshreve@mhha.com. Shreve will confirm receipt of your interest and make sure you receive all of the preliminary information for the visit. Kari Thurlow will be the staff organizer at the AAHSA conference and the Hill visits.

For further information:

Contact Darrell Shreve at dshreve@mhha.com.

MHHA thanks business partner **Marcus & Millichap National Seniors Housing Group** and our other business partners for their support.

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