

MONDAY

ONLINE

MAILING

Posted:03-24-2008

Top Stories

4d Provision Signed Into Law

Gov. Tim Pawlenty has signed into law Chapter 154, the Omnibus Technical Corrections Tax Bill, which contains a provision that modifies the requirements for rental housing properties to qualify for the 4d, low income apartment, tax classification.

Chapter 154 reduces the percentage of units needed for a property to qualify for the 4d classification from 75 percent to 20 percent. It also allows low-income rental property that is 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 class rate for 4d property is 0.75 percent as compared to the regular apartment class rate of 1.25 percent of market value. As under current law, however, only the proportion of qualifying units to the total number of units in the building qualify as class 4d. The new law is effective for taxes payable in 2009 and thereafter.

For further information:

Contact Lori Meyer at lmeyer@mhha.com.

At the State Capitol

Long-Term Care COLA Bill Meets Second Deadline

A bill providing a five percent cost of living adjustment (COLA) for all long-term care and community-based services providers has met the second committee deadline.

The bill (SF3353/HF3400), sponsored by the Seniors & Workers Coalition, has been laid over for possible inclusion in the Omnibus Health and Human Services Finance Bill in both the House and Senate.

The bill includes a number of provisions in addition to the COLA:

- Authorizes an unspecified rate increase to nursing facilities and ICFs/MR to cover health insurance costs
- Suspends the implementation of rebasing until hearings can be conducted on ways to address new methodologies and objectives of various stakeholders
- Modifies the language barring eligibility to MinnesotaCare for persons with access to employer-subsidized health insurance during the prior 18 months by exempting long-term care employees
- Requires a study of nursing facility staffing patterns and definitions
- Requires DHS to determine the cost of a rate increase to long-term care and community-based services employers to be used to purchase health insurance

Many of the provisions in the bill are supported by the Long-Term Care Imperative. MHHA Vice President of Advocacy Kari Thurlow testified before the House Health and Human Services Committee in support of the long-term care COLA. Thurlow cited dedicated caregivers, aging demographics, economic development and insufficient rates as rationale for the 5 percent COLA contained in the bill.

MHHA Senior Vice President Lori Meyer testified last week before the Senate Health and Family Security Committee on the rate adjustment for health insurance contained in the bill. "Our members are spending more money to provide worse coverage to fewer employees," Meyer said. "We must reverse this trend if we hope to attract and retain the caregivers we need now and in the coming years."

MHHA and the Imperative did register concerns with provisions in the bill to delay the implementation of rebasing and to divert funding to staffing studies at a time when resources are scarce.

Senator Betsy Wergin (R-Princeton) commented that long-term care is a "grave situation" in rural communities. "To freeze nursing home rates is not part of the budget solution that I want to see happen," Wergin said.

Senator Ann Lynch (DFL-Rochester) questioned why there weren't more people in the hearing room. She said that long-term

care had received over 50 percent of the funding in last year's budget bill and wondered if the empty room gave some indication of the importance of the topic. Senator John Doll (DFL-Burnsville) replied that the caregivers that would primarily benefit from the provisions in the bill are likely working and could not be at the capitol.

For further information:

Contact Kari Thurlow at kthurlow@mhha.com.

Department of Health Policy Bill Advances

A bill that modifies the Minnesota Department of Health's regulatory authority over several aspects of nursing facility operation is advancing in both the House and Senate. SF3227/HF3648 most notably contains a provision developed in partnership with MHHA that extends the timeframe for nursing facilities to submit moratorium applications. Several MHHA members raised concerns during the last moratorium round about completing the lengthy application process in 90 days. That timeframe is extended to 150 days under this bill.

The bill also establishes a new category of moratorium project--a "phased project." This type of project has more than one distinct completion date and allows a provider to receive reimbursement for the first phase prior to the completion of any subsequent phases.

Two amendments were added onto the bills by MDH in both the House and Senate. The first requires MDH to transmit resident case mix classification notices by electronic means, rather than by first-class mail. The option for facilities to elect to have MDH print and mail the notices would be eliminated upon passage of the bill. In 2006, approximately 150,000 notices were generated and mailed by MDH, with the average facility requiring approximately 20 notices every two weeks.

The second MDH amendment gives the department the latitude not to sanction a nursing facility license if violations are satisfactorily corrected. Current statutes require the commissioner to suspend or revoke a nursing home's license when there are four penalty assessments or two repeat violations in the four highest fine categories within a two-year period. The current law does not allow the commissioner to only assess a monetary penalty, even when the facility has corrected the violations.

The Seniors and Workers Coalition also successfully amended the bill as well. Their amendment clarified two provisions relating to the dementia training statute for nursing facilities. First it clarifies that MDH has the authority to monitor compliance with the dementia training statute. Second, it modifies the statute to apply to nursing facilities that "serve" persons with Alzheimer's disease or related disorders. Under current law, the provision only applies to nursing facilities that "market or otherwise promote services" for persons with dementia.

While the dementia training requirement also applies to adult day and home- and community-based providers, this change would only apply to nursing facilities. The rationale for this change is that facilities already have to meet similar training requirements under federal law. MHHA is continues to work with the author of this provision, Rep. Erin Murphy, to further refine this change to avoid any unintended consequences. For further information, contact Kari Thurlow at kthurlow@mhha.com.

Status of Key Bills

While MHHA is tracking hundreds of bills this session that impact long-term care, there are a few key bills that have generated the most interest among the membership. Please refer to the following chart for an updated status of key long-term care bills. This grid is also located on the MHHA website at <http://www.mhha.com/index/advocacy> (in the right sidebar) and is updated daily. lmeyer@mhha.com.

Bill Topic	Bill Numbers	Description	Status
Imperative COLA Bill	HF3635 SF3367	Increases the HCBS COLA effective 7/1/08 from 2% to 3%. Provides a nursing facility COLA effective 10/1/08 of 2%. (When added to the 1% rebasing floor, all nursing facilities would receive at least a 3% rate increase.)	The bill awaits action in both the House and Senate HHS Finance Committees.
Imperative Rebasing Bill	HF3636 SF3366	Provides a 5% COLA in 2008, suspends rebasing and calls for legislative hearings to address areas of concern. Creates a floor and ceiling under rebasing to guarantee all nursing facilities receive at least a 1% rate increase under rebasing.	The bill met first committee deadline (3/14) and was laid over for possible inclusion in the Omnibus HHS Finance Bill in the House HHS Finance Committee on 3/19. The bill awaits action in the Senate HHS Budget Division.
Imperative Reform Bill	HF3955 SF3673	Establishes an older adult services community consortium demonstration project.	The bill passed the HHS Policy Committee in both the House and Senate. The bill passed the House HHS Finance Committee on 3/19 and

			was sent to the House floor.
LTC Rates and Rebasing	HF3400 SF3353	Provides a 5% COLA in 2008, suspends rebasing and calls for legislative hearings to address areas of concern.	The bill passed the HHS Policy Committee in both the House and Senate. The bill was laid over for possible inclusion in the Omnibus HHS Finance Bill in the Senate HHS Budget Division on 3/19.
Assisted Living Licensure	HF3803 SF3283	Requires the licensure of assisted living administrators through the Board of Examiners for Nursing Home Administrators (BENHA).	The bill did not receive a hearing in either the House or Senate before the first committee deadline (3/14). The bill is technically "dead" for the session but could surface as an amendment to another bill.
Property Taxes for Nonprofit Charitable Organizations	HF3386 SF2841	Establishes a one-year moratorium on changes to the property tax status of charitable organizations. Establishes a process to develop recommendations on criteria for determining nonprofit tax status for charitable organizations.	The bill has been heard in both the House and Senate Tax Committees where it has been laid over for possible inclusion in the Omnibus Tax Bill.
4d Tax Classification	HF3201 SF2935	Reduces the percentage of units needed for a property to qualify for the 4d (low income) classification from 75% to 20%. Also allows rental property receiving assistance from a local government to qualify as 4d. (The 4d tax rate is 0.75% compared to regular apartment rate of 1.25%.)	This provision was included in the Omnibus Technical Tax Bill which was signed into law by the Governor on 2/28/08. It is effective for taxes payable in 2009 and thereafter.
Health Care Reform	HF3391 SF3099	Requires DHS to study and recommend a rate increase to long-term care employers (nursing facilities and HCBS) that would be dedicated to purchase employee health coverage in the private market. Includes additional changes to eliminate barriers to MinnesotaCare coverage.	The study is currently included in both the House and Senate versions of the bill. Both bills have met first committee deadline and the Senate bill awaits action on the floor.
Facility Specific Bills	Over 40 bills have been introduced in the House and Senate	The bills provide for facility or region specific rate adjustments primarily to bring rates to the metro median or to cover property tax obligations.	A number of these bills have been scheduled for hearings, but it is unlikely that facility or region specific bills will pass this session.

For further information contact Lori Meyer at lmeyer@mhha.com.

Reform Bill Still Advancing

Last Wednesday, the Long-Term Care Imperative's Reform bill, HF3955, advanced through the Health and Human Services Budget Division in the House. It now has only to get through the full finance committee before being considered on the floor. It is a very positive sign that this initiative is moving as a separate bill, which means that it will not be included in a budget bill that may be subject to a veto because of content not related to this initiative.

The bill has received unanimous support in every legislative committee where it has been heard so far.

During the hearing last week, Representative Steve Gottwalt (R-St. Cloud) indicated his support for the bill and stated that, "We need this approach to help our rural areas."

Some of the language of the bill was changed in committee on Wednesday, but the substance of the plan remains the same.

It still provides for two to three community consortium pilot projects, which will receive grants to help them improve the way older adults are served in their region.

The community consortium pilot project grants are primarily funded by a transfer of 10 percent of the funds from Community Services/Services Development Grants and Nursing Facility Performance Incentive Payments, providing about \$1.4 million per year.

Community consortiums will also be eligible for funding of moratorium exceptions project through this process, instead of the usual process, and would have priority for any technology grants, affordable housing assistance, or transportation funding

aimed at older adults.

The amendment on home care policies, supported by the Minnesota HomeCare Association, would expand services that can be provided by Class B home care agencies and significantly streamline the Class B supervision requirements. Under the amendment, home care aide tasks (found in MN Rules, part 4668.0110, subpart 1) would be expanded to include "assisting toileting, transfers and ambulation if the client is ambulatory and if the client has no serious acute illness or infectious disease."

The amendment would also modify Minnesota rules, part 4668.0110, subpart 5, item B to permit the frequency of supervision of home care aide tasks by a Class B agency to be extended to no less often than every 180 days, or more frequently if indicated by a clinical assessment. Currently, the rule requires Class B agencies to supervise these tasks within 14 days after initiation of home care aide tasks and at least every 60 days thereafter, so this amendment would result in a significant reduction in Class B supervision visits.

The proposed expansion of services considered to be "home care aide tasks" in Minnesota Rules, part 4668.0110, subp. 1 may have some potential implications for Class F providers since the amended list of tasks would no longer exactly match the parallel section of rule for Class F providers (found in MN Rules, part 4668.0830, subp. 2).

Whether or not this amendment succeeds this session, these and other changes will undoubtedly be discussed in more detail by the Minnesota Department of Health (MDH) Home Care Regulatory Framework Planning Group.

The MDH Planning Group is exploring needed changes to Minnesota's home care regulatory system and MDH expects that this stakeholder group will identify needed home care modifications for the 2009 session.

For further information about the reform initiative:

Contact Jeff Bostic at jbostic@mhha.com.

For further information about the home care changes:

Contact Mary Youle at myoule@mhha.com.

Rebasing Bill Heard

Last Wednesday, the Long-Term Care Imperative's bill to adjust the nursing facility rate rebasing system, HF3636, was heard in the Health and Human Services Budget Division in the House.

The rebasing bill would adjust nursing facility rates for the year beginning Oct. 1 so that no facility would receive an operating rate increase of less than 1 percent, paid for by placing a ceiling on nursing facility rate increases for that year. The level of the ceiling would be determined based on the cost of the floor, using the 2007 cost reports.

During the hearing, an amendment supported by the Long-Term Care Imperative was added to the bill. That amendment would guarantee that no provider would lose any of part of a performance incentive payment during the phase-in of rebasing, and it would also guarantee that no facility rates would go down in 2009 by keeping the 2008 rate year floor in place into the future.

Most of the committee discussion of the bill involved a couple of amendments that failed on split votes. The two amendments would have raised Olmsted county facilities to the geographic group three median rates, and the other would have provided an increase of more than \$24 per resident day to the nursing facility in Le Sueur.

In rejecting the bills, legislators argued that a statewide, rather than facility-specific or regional, solution to the nursing home funding problem is needed. In introducing the Olmsted County amendment, Rep. Tina Liebling (DFL-Rochester) said, "This amendment raises nursing home rates, which we know we all want to do."

While members of the committee were sympathetic to the need, most of them opposed acting to assist a limited number of facilities. Rep. Steve Gottwalt (R- St. Cloud) said, "We need to be fair across the board. [Inadequate rates] is a statewide issue and rebasing is critical to getting it [higher funding] done."

The Imperative's rebasing bill was "laid over for possible inclusion" in the House health and human services budget bill. The Imperative remains hopeful that the adjustment to provide a minimum increase will be in the final bill, as well as some much needed funding for an additional COLA for nursing facilities.

For further information:

Contact Jeff Bostic at jbostic@mhha.com.

News Briefs

New Limit on Charges for Resident Records

The Minnesota Department of Health has released the annual update for the maximum amounts that health care providers may charge residents or patients for copies of their records. Pursuant to statutory requirements, MDH updates the amounts by the increase in the regional CPI.

The new limit on the cost of copies is \$1.18 per page, an increase of three cents. The maximum charge for the time spent retrieving and copying the records is \$15.44, an increase of 39 cents.

Members should note that the statute prohibits charges for records requested for the purpose of reviewing current medical

care. The statute does not define "current" medical care, so members can set their own policies, but they should be reasonable.

The statute also prohibits charges for records purchased for the purpose of appealing a denial of disability income or benefits under Titles II or XVI of the Social Security Act. For purposes of further appeals, the resident or patient may receive up to two medical record updates, but only for medical information not previously provided.

For further information:

Contact Darrell Shreve at deshreve@mhha.com.

Information on MDH/DHS Training on Abuse and Neglect

The Minnesota Departments of Health and Human Services are jointly offering two three-hour educational programs, "Educate to Protect," on the assessment, investigation, and prevention of abuse and neglect in care centers.

The first program (Part 1) will be the morning of Tuesday, April 15, with a repeat in the afternoon. The second program (Part 2) will be offered the morning of Tuesday, April 29, with a repeat in the afternoon.

The programs will be offered at the DHS videoconferencing sites around the state. Pre-registration is required for these free programs.

For a complete description of the April 15 program, registration materials, site locations, and other essential information, click here <http://www.mhha.com/inc/data/AbuseNeglectPart1.pdf>. For the information on the April 29 program, click here <http://www.mhha.com/inc/data/AbuseNeglectPart2.pdf>. For additional information, use the registration link in either of these documents.

Survey Tip from MDH

The Minnesota Department of Health notified MHHA on Friday that a recent federal look-behind survey had a citation for a situation not cited previously. The citation was F371, and it concerned two pieces of facility equipment that were not cleaned appropriately – the juice machine and a microwave.

The new situation involved the juice machine. The manufacturer's recommendations were for the juice machine's daily cleaning of the dispense lines, the nozzles and mixers, the drip tray, and the interior and exterior surfaces of the cabinet. The facility did clean the cabinet surfaces and drip tray daily, but they only did the lines, nozzles, and mixers weekly.

As for the microwave, the facility did not clean the microwave daily, although it was on the daily cleaning schedule, and the inside surface had dried food spattered on all surfaces.

Members should make sure that the appropriate department staff cleans the juice machines according to the manufacturer's recommendations and cleans the microwave according to the facility schedule or manufacturer's recommendation.

MHHA wishes to thank Mary Absolon of the Compliance Monitoring Division at MDH for the information about the federal look-behind.

For further information:

Contact Darrell Shreve at dshreve@mhha.com.

State Planning for Implementation of MDS 3.0

Recently, the DHS Rates and Policy Advisory Group held a meeting which was attended by MHHA representatives Jeff Bostic and **Jeff Amann of American Baptist Homes of the Midwest**.

At the meeting, staff from both DHS and MDH indicated that the upcoming implementation of the MDS 3.0, which is scheduled to occur on Oct. 1, 2009, is likely to have significant implications for the Medicaid RUGs case mix system used in Minnesota.

At this point, the federal government is working on new versions of the Medicare and Medicaid RUGs systems based on the new MDS, and those new systems are likely to include changes in the numbers of groups and how residents are assigned to groups.

Once the new Medicaid system is available, the state will need to figure out how to implement it in a way that creates the least disruption for Minnesota nursing homes. The state agencies indicated that they would work with the provider community on a plan to accomplish that goal in the time that is available to do so.

Below is a timeline of key dates related to the implementation of the MDS 3.0:

April 2008 - CMS releases transition plan from MDS 2.0 to MDS 3.0

April 2008 through November 2008 - Develop Minnesota options for RUGs transition and draft legislation needed to implement the new MDS and Medicaid RUGs

November 2008 - Preliminary RUGs system changes available

February 2009 - Final RUGs system changes released by CMS

July 31, 2009 - Annual Medicare RUGs rate update published

October 1, 2009 - MDS 3.0 Implemented

For further information:

Contact Jeff Bostic at jbostic@mhha.com.

Question of the Week

Question of the Week

Q. One of our Medical Assistance nursing facility residents has been denied coverage because of an illegal transfer of assets, and the assets are no longer available to pay for their care. Is there anything we can do?

A. Denials of coverage because of illegal asset transfers have become a common issue since the passage of the federal Deficit Reduction Act in 2005.

In many cases, Medical Assistance coverage is denied, but the assets that were transferred have already been spent or are impossible to recover. One strategy that facilities might want to employ in these situations, to avoid a bad debt or the need to discharge a resident, is applying for an "undue hardship" waiver.

MN Statutes 256B.0595, subdivision 4, <https://www.revisor.leg.state.mn.us/statutes/?id=256B.0595> provides for hardship waivers for residents who would otherwise be ineligible for Medical Assistance. The hardship waiver request is made to the county, which is to grant them based on "an imminent threat to the individual's health and well-being." The county is also to look at factors such as whether the individual was the victim of financial exploitation and what efforts they have made to recover the transferred assets.

The long-term care facility where the person resides may file the hardship waiver request, as long as the individual or their representative gives written consent. If a waiver request is granted, the individual will be immediately eligible for Medical Assistance, instead of having to wait for the penalty period to end.

A bill moving through the Legislature this year, SF 3168, would make one change to the policy on hardship waivers. This bill would require the county to make a determination within thirty days of receiving a complete waiver request, which will limit the period of time that facilities will not know if a resident will be covered by Medical Assistance.

For further information:

Contact Jeff Bostic at jbostic@mhha.com.

Association News

In Search of a Few Good Clock Hours?

'Tis the time of year when licensed Minnesota long-term care administrators' thoughts turn to spring -- after they have figured out they need to earn extra clock hours before Wednesday, April 30.

If you're in need of a few good clock hours, you need to look no further than MHHA to earn them. Here are some convenient ways you can earn CEUs and still have time to file your taxes or plan your next vacation:

24-7 in the comfort of your home or office

Videocasts or DVDs of Educational Programs from the 2008 MHHA Institute

- Session #105 - "Culture Change: Do More Than Look at Me—Involve Me." - 1.5 hours
- Session #133 - "Motorized Assistive Devices: Balancing Individual Rights and Safety." - 1.0 hour
- Session #206 - "Creating Relationship-Centered Environment Living." - 1.5 hours
- Session #222 - Ethical Dilemmas in Refusal of Care: The Challenge and Solution - 1.5 hours

TOTAL VIDEOCAST CEUS - 5.5 hours. Go to the [MHHA Store](#) to order.

Upcoming Phone Conferences in the Comfort of My Own Office or Conference Room (alone or with other staff)

- April 24 from 1:30 - 3:30 p.m. - "Elderly Waiver Boot Camp" - 2.0 hours
- April 8 from 9:30 - 11:00 a.m. - Minnesota's Group Residential Housing Boot Camp" - 1.5 hours

TOTAL PHONE CONFERENCE CEUS - 3.5 hours

These will also be available after the event for purchase via audio broadcast or CD. Go to the MHHA Store to order.

Live and In-Person Options

- March District Meeting Program for Care Centers (variety of locations)
"Elevating Our Future Workforce" - 1.0 hour

- Housing-with-Services Management Certificate Program
Day 1 - April 22 (MHHA Offices) "Understanding Housing-with-Services" (hours being applied for) - 6.0 hours
Day 2 - April 23 (MHHA Offices) "The Legal Framework of Relationships in Senior Housing" - 6.0 hours

TOTAL LIVE PROGRAM CEUS - 13 hours

Register online at <http://www.mhha.com> - click on events.

GRAND TOTAL NUMBER OF CLOCK HOURS MN LTC

ADMINISTRATORS COULD EARN - 22 hours

(2 hours more than the minimum you need to meet your licensure renewal requirements)

For further information:

Contact Heidi Simpson at hsimpson@mhha.com.

Celebrating National Older Americans Month and Homes for the Aging Week

The month of May is full of opportunities to celebrate your residents and what you do for them. May is National Older American's Month; May 11-17 is Homes for the Aging Week; and May 26-30 marks the first year of AAHSA's Homecoming Week (*see next article*).

In past years MHHA has developed a product and clothing line supporting your celebrations for Homes for the Aging Week/Older Americans Month; however as was announced in November last year, it was discontinued.

Resources exist to help you celebrate. Two resources that offer themes and/or promotional products around Older Americans Month or other themed events:

<http://www.aoa.gov/press/oam/oam.asp>

<http://www.positivepromotions.com/nursing-home-week/c/3041/>

For further information: Contact Jenny Mims at jmims@mhha.com.

AAHSA News

May 26 - 30: AAHSA's Homecoming Week is Your Chance to Celebrate What Makes Your Organization Special

Join thousands of your peers May 26-30 by opening your doors and inviting your neighbors and your elected officials to learn about your work and meet your community's treasures: the people you serve.

Host an open house, introduce them to your residents over a meal, organize a film festival or coordinate a staff community service project -- the possibilities are endless. Whatever you do, this is your chance to showcase how you make your community a better place to live.

Download the Homecoming Week Toolkit (below) for program ideas, media outreach tips and sample materials.

Access these resources to get started at <http://www.aahsa.org/newsroom/member/homecoming/default.asp>

- Download the toolkit.
- Read member FAQs(pdf) to learn more about the background of AAHSA Homecoming Week.
- Find Event Ideas.
- Read about a member's early Homecoming celebration on the AAHSA blog.

Let us know how you are celebrating AAHSA Homecoming Week.

HUD Updates Operating Cost Adjustment Factor (OCAF) Rent Adjustment Worksheet (HUD-9625)

HUD reports that there was a minor technical glitch in the Excel version of the OCAF Rent Adjustment Worksheet (form HUD-9625) that was recently posted on HUD's web site.

HUD has fixed this problem and the corrected form has been posted at

<http://www.hud.gov/offices/adm/hudclips/forms/hud9a.cfm#group4>. The updated Worksheet is dated 10/2007.

Kohl and Schumer Introduce 202 Supportive Housing Bill

Senators Herb Kohl (D-WI), Chairman of the Senate Special Committee on Aging, and Charles Schumer (D-NY), Chairman of the Banking Subcommittee on Housing, Transportation and Community Development, introduced the Section 202 Supportive Housing for the Elderly Act (S. 2736).

This legislation was initiated by the American Association of Homes and Services for the Aging (AAHSA) to promote new construction and preservation of affordable housing for seniors and facilitate the conversion of existing 202 facilities into assisted-living facilities.

"Access to supportive services reduces the occurrence of costly nursing home stays and helps save both seniors and the federal government money," said Kohl. "This legislation provides low-income seniors with safe, affordable housing and also with the additional care they need, allowing them to age in place."

"There are plenty of challenges that accompany growing older. Safe and affordable housing should never be one of them," Schumer said. "As baby boomers age, they will place new stress on current elderly housing options and require new solutions. This bill will ensure that we can provide both them and generations to come with safe, efficient and affordable housing options as they age."

According to a senate press release, there are over 300,000 seniors living in 6,000 Section 202 developments across the country. In its current state, the program is far from meeting the growing demand. Approximately 730,000 additional senior housing units will be needed by 2020 to address the future housing needs of low-income seniors.

Currently, there are ten seniors vying for each unit that becomes available, resulting in a number of seniors waiting years before finding a home. Another complication is that many older section 202 properties are being replaced by high-priced condominiums and apartments.

As a result, many seniors currently participating in the program could end up homeless.

The senate bill is similar to legislation already passed by the House (H.R. 2930), but several provisions have been strengthened in the Senate version. Now, the legislation needs as many cosponsors as possible in order to get it to the Senate floor for a vote. AAHSA asks providers to contact Senators Coleman and Klobuchar and ask them to sign onto this vital legislation.

For more information:

contact Alayna Waldrum at awaldrum@aahsa.org, 202-508-9476, or Nancy Libson at nlibson@aahsa.org, 202-508-9447.

To send a letter in support of this bill, go to <http://capwiz.com/aahsa/home/>.

U.S. House Subcommittee Holds Hearing on "Slash and Burn" Approach to Special Needs Housing

The House Appropriations Subcommittee on Transportation, Housing and Urban Development and Related Agencies recently held a hearing on the president's FY09 HUD budget request for the Section 202 Supportive Housing for the Elderly, Section 811 Housing for Persons with Disabilities, Housing Opportunities for Persons with AIDS (HOPWA) and the homeless assistance grants program.

During the hearing, Subcommittee Ranking Member Joe Knollenberg (R-MI) characterized HUD's budget as a "slash and burn approach to elderly, disabled and special needs housing" and described it as very troubling.

According to the American Association of Homes and Services for the Aging (AAHSA), subcommittee Chairman Olver (D-MA) cited the Senior's Commission estimate of at least 730,000 additional affordable senior units that would be needed by 2020, stating that at the rate HUD's budget request for seniors housing would produce such units, it would take 300 years to meet the need.

Olver also criticized HUD's FY09 request for the 811 program, which represents more than a 30 percent cut to the program and does not provide sufficient funds to renew the new non-elderly disabled vouchers Congress funded in FY08.

While acknowledging the inadequate funding request, HUD Deputy Assistant Secretary for Multifamily Housing Programs John Garvin advocated for combining the low income housing tax credit with the Sections 202 and 811 programs. The HUD budget once again requests funding for such a demonstration as the solution for constructing new housing for seniors and for persons with disabilities. Garvin also suggested the 202 and 811 programs could someday be used to provide the operating subsidy for Low-Income Housing Tax Credit (LIHTC)-constructed units.

However, Garvin said he has no criticisms of the 202 or 811 programs and acknowledged in so many words that Section 202 housing is the platform for the delivery of supportive services to permit seniors to age in place. "If we don't have places in safe, decent and affordable housing, people get prematurely institutionalized into nursing homes," Garvin said, noting that the one-time cost of constructing a 202 unit is about \$110,000 versus the annual \$75,000 cost of a nursing home bed.

HUD Reports Progress in Making Rental Subsidy Payments

The American Association of Homes and Services for the Aging (AAHSA) reports that HUD is making progress toward catching up on rental subsidy payments under some of its programs:

PRAC Funding:

Funds have now been assigned to cover all known renewal and amendment needs. HUD says that \$45 million in PRAC reservations were successfully processed on Feb.26 through the PAS accounting system.

Contracts renewals still need to be executed for expired contracts, and field offices still need to process the actual obligation phase through the system in order to payments to flow, but at least funding is in place to cover all existing needs through the end of September.

HUD hopes to be able to make March payments when due and expects to make payment for projects where voucher submissions indicated "insufficient funds." However, for projects that are also awaiting a contract renewal, contracts must actually be sent, signed and executed before funding can flow.

In the meantime, AAHSA tells providers to keep drawing on reserves and, if your contract has expired, to watch for renewal documents.

Rent Supplement/RAP:

Special procedures have been approved to handle the really old Rent Supplement & Rental Assistance Payment (RAP) vouchers (those submitted prior to FY 2006) that are still unpaid.

HUD has determined to process overdue funding payments as a claim, rather than through the normal TRACS voucher process. Details are not yet available on how to submit the claim, but AAHSA expects word from HUD shortly.

According to HUD sources, the bulk of the rest of the more recent Rent Supplement and RAP cases have been addressed, though HUD is still working on payments for about 30 Rent Supplements and a dozen RAPs with vouchers rejected due to insufficient funds.

Section 8:

There are still approximately 400 contracts that have now been funded, but not yet renewed, with some 37 Section 8 contracts still pending due to insufficient funds. HUD directors have been asked to focus on getting the renewals completed as quickly as possible.

For more information:

Contact Colleen Bloom at cbloom@aaahsa.org.

Delays Continue for HUD Service Coordinator Funds

Though funding to cover rental subsidy payments and contract renewals is moving through the HUD financial management and administrative systems things have not progressed as far for Service Coordinator contracts that may have already technically expired or are soon due for renewal.

HUD sources tell staff at the American Association of Homes and Services for the Aging (AAHSA) that HUD will still take several weeks, perhaps a month, before Service Coordinator grantees receive extension funds.

And when renewals are processed, amounts may not be as much as provided in prior years, suggesting that full 12-month service coordinator funding may no longer be possible. A new notice on service coordinator contract renewals is expected out shortly which will detail funding expectations and service coordinator grant extensions/renewals will not be issued until the FY08 extension notice is completed.

In the meantime, HUD sources say, "Field staff should help grantees find monies to tide them over until they get grant funds. (Using Section 8 funds or funds from residual receipts or reserve for replacement) Most field staff know to do this...."

For more information or assistance:

Contact Colleen Bloom at cbloom@aaahsa.org.

Medicare Part D Home and Community Services Copayment Equity Act is Introduced

An Assisted Living Federation of America (ALFA) initiative to eliminate the prescription drug expense paid by poor seniors who live in assisted living communities was introduced March 13 in the U.S. House. Reps. Lloyd Doggett (D- Texas) and Lincoln Diaz-Balart (R-FL) and twelve other House members are sponsoring H.R. 5604, the Medicare Part D Home and Community Services Copayment Equity Act of 2008.

This bipartisan measure corrects an apparent oversight in the Medicare Part D Prescription Drug Program by exempting drug co-payments for residents in assisted living and other home and community-based settings who qualify for both Medicare and Medicaid. The measure treats these so-called dual-eligible recipients the same as Medicaid recipients in nursing homes.

"Seniors should not be punished for living independently," said Rep. Doggett. "The high cost of medicine should not force seniors into expensive institutional care. This bill treats all seniors equally, regardless of where they live."

The Assisted Living Federation of America (ALFA) has been working on this legislation for several years. The legislation will provide financial relief to one million seniors, including 125,000 residents of assisted living communities, and cost an estimated \$171 million annually.

According to ALFA, prescription drug co-payments range from \$1 to \$5 for each prescription. The typical assisted living resident takes eight to 10 different prescription drugs per month, the same as residents of nursing homes.

This legal oversight created hardship for Medicaid recipients whose personal needs allowance is strictly limited and must cover items such as clothing, shoes and personal hygiene items.

In some cases, ALFA says that some assisted living providers have been using their own funds to subsidize these affected residents for more than two years.

HUD Postpones its SuperNOFA Webcast until March 26

HUD's webcast on SuperNOFA--Adobe Forms Update was previously scheduled for March 18, but has been postponed until Thursday, March. 26, at 10 a.m.

Live links for the webcast and training materials will appear in a box on the webcast page approximately 30 minutes before the broadcast, which will take you to the video. Archived webcasts are usually available in the HUD video library the day after their initial broadcast.

The webcasts can be viewed at <http://www.hud.gov/webcasts/index.cfm>, but providers are encouraged to go to this web link prior to the webcast to download the free video player, test the links, and get technical tips on accessing this webcast and more.

The schedule for future webcasts is found at <http://www.hud.gov/webcasts/schedule/>.

DHS Videoconferences To Focus on Landlord-Tenant and Fair Housing Laws and Adult Protection

On April 3, the Department of Human Services will offer a free videoconference on "Landlord Tenant and Fair Housing Laws and their Impact on seniors in Minnesota." The program will be offered at 10 a.m. and 1:30 p.m. on Thursday, April 3, and will last two hours.

Topics to be discussed include:

- What constitutes legal grounds for eviction?
- What might constitute illegal discriminatory practices?
- Where can seniors get assistance if they think their rights have been violated?
- What accommodations must be made for seniors with disabilities?
- The requirements of Minnesota Statutes, Chapter 144D Housing with Services Establishments and Chapter 144G Assisted Living will also be discussed
- The differences between laws pertaining to housing and services, such as home care services

Presenters for this program are Aisha Anderson Bierma, Attorney, Borchard Foundation Law and Aging Fellow, Legal Aid Society of Minneapolis; Barb Blumer, Attorney, Orbovich and Gartner, Chartered; and Gary Gorman, Enforcement Supervisor, Minnesota Department of Human Rights.

On Thursday, April 10, DHS will offer a 9 a.m. videoconference on "Multidisciplinary County Adult Protection Teams," presented by representatives from the Washington County adult protection services (APS) team, which includes police investigators, county attorneys, physicians, county public health staff, and county and private agency social service staff.

Washington County Adult Protection created an interdisciplinary team designed to obtain input/consultation on vulnerable adult cases, provide education to team members and to develop best practices and cooperative working relationships among the disciplines.

In this session, participants will learn more about the logistics of getting support for such a team, getting it started and maintaining the viability and long term stability of the team. The target audience is county adult protection, law enforcement, domestic violence advocates, county attorneys, public health nursing, and medical/psychological professionals.

Pre-registration for all DHS videoconferences is required and can be completed online at <http://agingtraining.dhs.state.mn.us>.

Locations for accessing the videoconference can be found at the registration site. Registration closes at 5 p.m. on the Monday prior to the session.

"Caring for Your Parents" Premieres on PBS on April 2

Public Television will premiere a two-hour special, "Caring for Your Parents," on April 2 at 8 p.m. The program may be viewed online beginning April 3 at <http://www.pbs.org/wgbh/caringforyourparents/>.

The first 90-minutes of this special program underscore today's struggle to keep parents at home, tensions between siblings, and the complexity of shifting caregiver roles through an intimate look at five American families.

Immediately after the 90-minute broadcast, former NBC medical correspondent Dr. Art Ulene leads "A Conversation about Caring." This half-hour panel discussion offers concrete advice and guidance on how to start the conversation--often the most difficult step in caregiving.

Ziegler-AAHSA National CFO Workshop will be April 23-25

Chief financial officers (CFO) will get the most up-to-date information and expert advice on financial matters and issues like aging in place, social accountability, and equity CCRC models at the Ziegler-AAHSA National CFO Workshop, scheduled April 23-25 at the Hotel Monteleone in New Orleans.

The workshop begins with a networking reception/dinner at 6:30 p.m. on Wednesday April 23, and ends with a workshop wrap-up lunch Friday. The agenda has been designed by CFOs, for CFOs, and will combine timely topics, experienced and knowledgeable faculty, and an opportunity to network with and learn from your colleagues across the nation.

The workshop agenda is available at: <http://tinyurl.com/376msd>.

To register, go to: <http://tinyurl.com/ytsvou>. For more information, contact Steve Maag at smaag@aaahsa.org or 202-508-9498.

AAHSA Offers Audio Conference on Section 8 Contract Renewals: Insights and Options for AAHSA Senior Housing Providers

Need help exploring your options when renewing your Section 8 contract?

AAHSA's audio conference, "Section 8 Contract Renewals: Insights and Options for AAHSA Senior Housing Providers," on Thursday, April 10, from 1 to 2:30 p.m., will give HUD providers a better understanding of the updated policies in the Section 8 Renewal Guidebook issued by HUD in February.

The audio conference will provide a comprehensive review of providers' options and alternatives as well as the implications of the choices that are now available to senior housing providers.

HUD issued minor revisions to its Section 8 Renewal Guidebook in February in order to update policy and other changes related to renewing expiring Section 8 contracts. While most providers have already gone through at least one renewal of their Section 8 rental subsidy contract, some of the rules have changed.

This program will not cover PRAC renewals, as they fall under a different set of renewal requirements, but presenters will:

- Review six options and alternatives available when renewing your Section 8 contract
- Discuss the complex range of issues to consider when selecting the most appropriate option for your project
- Explore the implications of and strategies for dealing with recent changes in the Section 8 guidebook, including understanding the change regarding the "lesser of" test for renewal rents

Faculty for this program will be:

- Colleen Bloom, Associate Director for Housing Operations, AAHSA (Moderator)
- David Buchwalter, President, AdCar Associates
- Marc Harris, President, Marc Harris & Associates

Register online for the Section 8 Contract Renewal audio conference by April 4 at <http://tinyurl.com/36p3dt>.

Please Note: Confirmations and audio conference call materials are sent via e-mail from ngoodall@aaahsa.org. Please ensure this e-mail address is on your safe list.

For more information, contact Natak Goodall at ngoodall@aaahsa.org or 202-508-9471.

Apply Now for a 2008 AAHSA Award

Do you know someone whose outstanding leadership deserves recognition?

Does your organization have a program that merits national honors for excellence? Now's the time to tell the story. Nominate a deserving person or organization, including your own, for an AAHSA award by April 30.

The AAHSA awards honor AAHSA member organizations and individuals in nine categories. This year, AAHSA is accepting online nominations for the first time. Applications can be mailed as well. Please pass this information along to your staff and board members too.

For information:

Contact Deborah Cloud at dcloud@aaahsa.org or 202-508-9458.

For more details and to submit an award nomination, visit <http://www.aaahsa.org/award/>.

NIC Compendium on Future Long-Term Care Financing Now Available

Those working to solve how to pay for Boomers' care needs in the next 20+ years now have a valuable reference piece at their disposal: The NIC Compendium Project: A Guide to Long-Term Care Projection and Simulation Models. It is the first comprehensive review and analysis of major research done to date on the need, demand and projected costs of future long-term care services.

This major undertaking, conducted for NIC by RTI International, will help policymakers, seniors housing and care industry leaders, researchers and others as they consider the best combination of public- and private-sector funding that will be needed to pay for the nation's growing care needs.

"Starting in 2030 when Baby Boomers enter their 70s and 80s, our nation's economy will face an enormous challenge," said Robert G. Kramer, President of NIC. "That is, how are we going to pay for the massive numbers of older adults who will move through the long-term care system?"

How much will this care cost? And how can decision-makers agree on the best plan to meet those needs? This Compendium will focus attention on the need for long-term care research and, hopefully, help stimulate a policy debate at the national

level."

The Compendium is available for purchase for \$75.

For more information:

Visit www.NIC.org or call 410-267-0504.

MHHA thanks business partner Wiebusch Healthcare Consulting, Inc. and our other business partners for their support.

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