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### Care Center Rebasing Targeted in Governor Unallotment

The suspension of care center rebasing for fiscal year 2010, which results in a "hard freeze" in rates for the next four years, are included in Gov. Tim Pawlenty's unallotment plan released last Tuesday.

While the unallotment of rebasing, combined with cuts from the previous health and human services budget bill, will cause pain across the older adult services continuum, it is important to note that the governor's proposal did not include additional provider rate cuts. Aging Services advocacy staff and members lobbied hard to prevent additional rate cuts and those efforts paid off.

The governor used his unallotment power to help close a \$2.7 billion deficit that remains after the failure of the legislature and the governor to come to a budget agreement in the 2009 legislative session. The entire unallotment proposal can be found at

[http://www.mmb.state.mn.us/doc/budget/unallotment/unallotment\\_2009.pdf](http://www.mmb.state.mn.us/doc/budget/unallotment/unallotment_2009.pdf).

***The unallotment plan cuts \$236 million in total from health and human services. Additional cuts affecting older adult services include:***

- **Suspend Construction Projects Grant Reductions by 20 Percent** -- This temporarily eliminates Community Service and Community Service Development (CS/SD) funding to provide matching grants for new construction, renovation or remodeling of existing buildings used to provide affordable services for older adults. This action delays funding for future planned projects. The funding pool for competitive grants in support of community services is also reduced by 20 percent over the biennium.
- **Delay Continuing Care Grant Payments by One Month** -- This delays payment of all continuing care grants by one month. Grant contracts would be implemented Aug. 1.
- **Limit ICF/MR Variable Rates** -- Limits variable rate payment adjustments to ICF/MR facilities (residential facilities serving persons with developmental disabilities). Variable rate adjustments are provided to certain facilities caring for clients with special needs. Variable rate adjustments are not a permanent part of a facility's rate; they are typically time-limited. This freezes these adjustments for FY 2010, so that no new variable rates are provided but existing ones are continued until FY 2011. The variable rate adjustments are then suspended for FY 2011.
- **Reduce PCA Worker Hours to 275/Month** -- Reduces the funding level for Personal Care Attendant (PCA) services. This action will be implemented by lowering the cap on the number of hours one Personal Care Attendant (PCA) can work from the newly-enacted maximum of 310 hours per month to a maximum of 275 hours per month.
- **Eliminate MA Critical Access Dental Payments** -- Temporarily suspends the MA add-on payment for critical access dental (CAD) providers on April 1, 2010. Critical Access Dental add-on payments will continue to be paid in the MinnesotaCare program. CAD providers currently receive higher reimbursements than other dental providers; the CAD add-on in current law is 30 percent for MA and 50 percent for

MinnesotaCare.

- **Group Residential Housing (GRH)-5 Percent Supplemental Service Rate Reduction** --Effective Nov. 1, and through June 30, 2011, reduces the GRH supplementary service rate by 5 percent. This is a supplemental payment for services that is only paid in GRH specific settings, where it is added to the GRH base room and board rate. Providers receiving similar funding through MA are not eligible for this supplement. Providers affected by this reduction include homeless shelters, board and lodge homes with special services, and housing for long-term homeless individuals and families. This reduction does not affect the base GRH payment rate which will go up to \$846 on July 1.

In addition, the governor adjusts the renter's credit. The portion of rent used to calculate the refund would be reduced from 19 percent of rent paid to 15 percent to more accurately reflect actual property taxes paid. This would impact refunds received by 300,000 renters in 2010 calendar year only.

Gov. Pawlenty also plans to unallot \$300 million from local government aids; \$67 million in reductions of tax refunds, including eliminating the \$50 campaign contribution refund; \$100 million from higher education; and \$33 million from state agencies. In addition, the governor includes a \$1.7 billion shift in K-12 education funding.

Finally, the governor expects Wisconsin to speed up tax reimbursements to Minnesotans who work in that state. This brings in nearly \$106 million. However, Wisconsin is also facing an historic budget deficit, and it is unclear how quickly the state will be able to pay Minnesota.

The unallotment proposal, health and human services budget bill, and recent state budget deficits all lead to one conclusion: the need for long-term care financing reform. Aging Services and its Imperative partner will continue pushing the importance of this initiative, especially in light of expected state deficits in upcoming years.

#### ***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).

### **Audio Conference Provides Clarity on Elderly Waiver Rates**

The confusion about Elderly Waiver rates and how they are affected by care center rates was one of the main topics discussed at an audio conference with the Department of Human Services last Thursday.

The purpose of the call was to provide members with clarification on provider rate cuts in the Elderly Waiver and Alternative Care programs described in DHS Bulletin #09-69-02

([http://www.dhs.state.mn.us/main/groups/publications/documents/pub/dhs16\\_145129.pdf](http://www.dhs.state.mn.us/main/groups/publications/documents/pub/dhs16_145129.pdf)). The provider rate changes are effective July 1, 2009.

Elderly Waiver and Alternative Care service caps (also referred to as community caps) are adjusted annually based on the greater of the care center rate or the HCBS provider rate. This year, the care center rate will increase more than the HCBS provider rate. The #09-69-02 bulletin indicated that, because of an expected two percent increase in nursing home rates (due to property and other operating rates, not a COLA), the service case mix caps under AC and EW would decrease only by .58 percent. This .58 percent was the difference between the 2.58 percent cut and the two percent nursing facility operating payment rate increase.

However, because of the suspension of rebasing under the governor's unallotment plan, the care center operating rate will only increase by .35 percent, not two percent. The unallotment means that the service cap rate reduction will be 2.23 percent, instead of .58 percent. A revised bulletin will soon be released that includes the impact of unallotment on these rates.

The change in care center operating rates will not affect the 2.58 percent provider rate cut under EW 24-hour Customized Living. Limits for 24-hour Customized Living services are now based on authorized services rates effective March 31, 2009, not the community cap. The 95 percent cap on authorized service rates was also included in the 2009 health and human services budget bill. The #09-69-02 bulletin includes the new 24-hour CL limits by case mix (see Bulletin attachment), and the new rates limits reflect both the 2.58 percent cut along with the 95 percent cap.

A question remains about the gap between the new 24-hour CL rate cap and the new community cap. According to DHS staff, an individual will still have access to his/her community cap and will be able to use those funds for services if needed above and beyond the 24-hour authorized services rate. However, none of the services can be services which should be included in the "bundle" of services under CL.

Changes are also planned for managed care rates. The rate cuts are effective Oct. 1, 2009, for managed care organizations. According to DHS, MCOs will be paid at their current rates until 10/1/10, and reduced thereafter. If you have additional questions on this particular rate issue, DHS is advising providers to call the health plan directly for more information.

Finally, a bulletin on the EW and AC Case Mix A community cap changes should be released soon. On the audio conference, participants were informed that low-need Case Mix A recipients, with one or no ADLs, are those affected. AC recipients will have a \$600 monthly cap. EW rates will be the lower of the current case mix A community cap or the new July 1, 2009, rate. However, because of the other rate reductions which passed in legislation, the community budget cap will essentially remain the same as the current amount. Most of the individuals impacted are not on 24-hour customized living, but many are on regular customized living.

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

Contact Mary Youle at [myoule@agingservicesmn.org](mailto:myoule@agingservicesmn.org) or Jen McNertney at [jmcnertney@agingservicesmn.org](mailto:jmcnertney@agingservicesmn.org).

### **Registration For June 29 Public Policy Forum Now Open**

Reserve your spot today for the Monday, June 29, Aging Services Public Policy Forum Webinar from 10 a.m. - noon.

This live Webinar will examine the 2009 Legislative Session and last week's proposed unallotment plan by Gov. Tim Pawlenty. Aging Services staff will outline what these decisions mean to your organization and your bottom line. In addition, there will be a discussion of the broader public policy implications from staff at DHS and their vision for the future of older adult services.

#### ***This Webinar will examine:***

- How aging services was positioned to receive and maintain first-tier issue status with legislators.
- The future goals of the state with respect to older adult services and anticipate future public policy proposals.
- The cuts made to the older adult services continuum and the implementation of the cuts made by the state agency.
- Technical assistance as you manage the changes to your organization's budget due to the state budget decisions.

The forum will be held as a webinar to enable members to more easily access the information. Moreover, the program is priced per web connection which will allow all staff from all areas of member organizations to participate.

For complete details click <http://www.agingservicesmn.org/inc/data/2009PublicPolicyWebinar.pdf>.

Register online at [www.agingservicesmn.org](http://www.agingservicesmn.org).

### **Aging Services' 2009 Legislative Report Mailed to Members**

The 2009 Aging Service Legislative Report, our annual review of the session, has been completed and is in the mail.

This complimentary benefit of membership is designed as a reference tool for members to better understand the new provisions in Minnesota law that affect providers of older adult services.

In addition to details on legislation affecting housing, community-based services and care centers, we have once

again included a voter's guide to highlight key votes on aging services issues that occurred this session. We encourage you to use this information in your conversations with legislators.

While this Legislative Report covers the outcome of this session, we know that Gov Pawlenty's unallotment actions, and interpretation of new laws by state agencies over the next few weeks, will provide additional clarity and information on implementation that you need to know. Therefore, we will once again make available an expanded version of this report online with links to complete bill language, related state agency bulletins and other tools and resources for implementation. This members-only benefit will be available at [www.agingservicesmn.org](http://www.agingservicesmn.org) shortly.

Additional information on the recently completed legislative session was shared during the June District Meetings and a special teleconference last week on the Elderly Waiver and Customized Living rate reductions.

As always, Aging Services staff is available to assist you with any questions or technical assistance you may need, don't hesitate to give us a call.

***For Further Information:***

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

### **Five-Star Quality Rating System Updated**

The Centers for Medicare & Medicaid Services (CMS) has updated the Five-Star Quality Rating System and will put the data on its Web site Thursday, June 25.

The June reports are available for preview now. Providers can access the report from the QIES - the umbrella site that supports MDS information, including facility submission of MDS data. CMS populates facilities' "mailboxes" - operated via QIES - with the Five-Star preview.

- To view your report, go to the MDS state welcome page. (This is the system portal through which you submit your MDS assessments electronically. Your MDS nurse or whoever submits your MDSs to the Health Department can get you to this location.)
- Select the Certification and Survey Provider Enhanced Reports (CASPER) link located at the bottom of the login page.
- Click on the 'Folders' button and access the Five-Star Report in your 'st LTC facid' folder. Note that "st" is the two digit postal code for your state, and "facid" is the facility identification number assigned by the Health Department.

If you have concerns or questions about your data, contact [BetterCare@cms.hhs.gov](mailto:BetterCare@cms.hhs.gov). CMS's helpline will reopen in July to coincide with the quarterly Quality Measure (QM) data updates.

***For Further Information:***

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

### **AAHSA Believes Rating System Is Poorly Planned**

AAHSA states the CMS Five-Star Rating system is a "great idea prematurely implemented."

"We support a consumer-friendly nursing home rating system based on reliable quality information that the public can understand," said Larry Minnix, the AAHSA president and CEO. "But what is being launched is poorly planned, prematurely implemented and ham-handedly rolled out."

***Below are talking points that members are encouraged to use if they receive calls from the media.***

- There should be two types of nursing homes: the excellent and the non-existent. Quality should be an automatic public expectation.
- Together, government and providers must be responsible, transparent and accountable for taking care of vulnerable seniors. CMS has key responsibility for defining, measuring and overseeing quality. Data

provided by the government must be accurate, reliable, timely, and friendly.

- The rating system is based on three pillars: clinical measures, staffing levels and inspection reports. The staffing component is a snapshot and requires much immediate work because staffing is the best proxy for quality. Inspection data is inconsistent.

***Here are talking points about what needs to be improved when it comes to the Five-Star System:***

- Immediate development of a data collection tool around staffing.
- Coordination of the rating system with the Advancing Excellence in America's Nursing Homes campaign.
- Overhaul of the survey and certification system with funding provided for a new system.
- Medicaid and Medicare reimbursement that flow through directly for caregiving. The "dollars follow the caregiver" should be the mantra.
- CMS and providers need to provide guidance to consumers on other factors like using a five-sense test when visiting a nursing home, relying on community reputation, observation of staff-resident interactions and availability of senior management to address resident and family concerns.

**For Further Information:**

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

**Notices on GRH Rates Have Gone Out Via MAXIS**

A number of members have contacted Aging Services about the Group Residential Housing (GRH) base rate, which is \$846 effective Wednesday, July 1.

The Department of Human Services (DHS) says the rates were run in mid-June and that all clients and vendors should have received notices of the rates from the MAXIS system. Providers can also expect to see DHS issue a GRH bulletin soon.

Questions have also arisen because of the 2.58 percent reduction in the supplementary service rate, which is now capped at \$484.05 (also the cap for Difficulty of Care). The supplementary service rate or Difficulty of Care payments generally are not authorized for seniors and Aging Services members would not receive these payments. For those clients who are eligible for these payments in addition to the GRH base rate of \$846, the maximum rate allowed will now be \$1,330.05.

**For Further Information:**

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

**MDH to Begin Pre-licensing Surveys of New Class A and Class F Home Care Providers**

The Minnesota Department of Health (MDH) plans to begin pre-licensing pilot surveys of applicants for a non-Medicare Class A or Class F home care license in the next few weeks and implement the pre-licensing surveys by the end of July.

MDH has been working on plans for the pre-licensing surveys for several months. By assuring that new agencies have the necessary systems and policies in place before they begin serving the needs of home care clients, MDH expects that clients will be better protected and problems will be avoided down the road.

Once the pre-licensing survey is completed, the Case Mix Review section will send the survey results to the MDH licensing section. Some of the details of the process are not yet final -- for example, what standard will be used to determine if an applicant will receive a license? To be licensed, must an applicant meet all survey items satisfactorily or will a license be given even if an item or two is not satisfactorily met? If the applicant does not pass the pre-licensing survey, the applicant can re-apply by submitting a new application and application fee.

Concerns have been raised about the ability of the Case Mix Review staff to complete the pre-licensing surveys in a timely fashion in addition to their other survey and Case Mix responsibilities. MDH staff said that the law

requires MDH to determine whether or not to issue a license in 90 days after the completed application has been received. By day 65, Case Mix plans to get the results of the pre-licensing survey to the licensing section. If an applicant has not received a notification from MDH in 90 days, they can begin serving home care clients after notifying MDH that they are beginning operations.

The draft pre-licensing survey forms are available for review at

[http://www.agingservicesmn.org/inc/data/Pre-Licensing\\_Survey\\_Class\\_A.pdf](http://www.agingservicesmn.org/inc/data/Pre-Licensing_Survey_Class_A.pdf) and

[http://www.agingservicesmn.org/inc/data/Pre-Licensing\\_Survey\\_Class\\_F.pdf](http://www.agingservicesmn.org/inc/data/Pre-Licensing_Survey_Class_F.pdf) and MDH staff would appreciate feedback on

the issues that will be surveyed. In a meeting last week on this new survey process, representatives from the provider associations noted how complicated the various training options are and suggested that DHS staff develop a chart or other method for describing more clearly the acceptable training options for unlicensed staff under a Class A or Class F license. If you have feedback on the survey forms and content, please send your comments directly to Janet Nicol, MDH, at [Janet.Nicol@state.mn.us](mailto:Janet.Nicol@state.mn.us) and Aging Services would appreciate receiving a copy of your comments as well. Please send them to Mary Youle.

During the meeting about the launching of this new process, there was discussion about how to reach new providers and give them the tools they need to be successful. It was suggested that MDH use the DHS videoconference system to provide some basic training to those who are interested in obtaining a home care license. MDH will also look for helpful resources that can be linked to their web page for applicants. If you have ideas for helping new home care providers get started on the right foot, please forward them to Youle.

A link to a Power Point presentation on the pre-licensing survey process is found at

<http://www.agingservicesmn.org/inc/data/Planforpre-licensing-surveysPP.pdf>.

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

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

### **Online Training Developed to Assist With Vulnerable Adult Reporting**

A new online training module has been introduced by the Minnesota Department of Human Services (DHS) to help those required by law to report maltreatment of vulnerable adults.

The interactive training program helps the reporter learn how to report, whom to report to, and where to find information about reporting. The free training takes about an hour. It describes what maltreatment is, how a report should be made and what the timeliness of a report should be.

The program also offers additional resources for those who want to know more. In addition, the program offers an interactive "Test Your Knowledge" exam. The training provides a certificate upon successful completion of the test. The new program was developed by DHS' Aging and Adult Services, Disability Services and Licensing divisions.

***Below are two questions which appear in the online quiz. Members are encouraged to take the exam and test their knowledge of this issue:***

- A resident's care plan indicates that the resident is not to be left unsupervised on the side of the bed because of her poor sitting balance. The resident is left sitting on the side of the bed while the nursing assistant left the room quickly to get a clean towel and washcloth. The resident falls and sustains a fracture of her humerus.  
Is this incident reportable?  
Yes, the incident should be reported to the CEP.  
No, the incident does not need to be reported to the CEP
- A resident who has dementia and a history of aggressive behavior complains that the nursing assistant who put her to bed the night before slapped her.  
Is this incident reportable?  
Yes, the incident should be reported.

No, the incident does not need to be reported.

**The training is available at:** [www.dhs.state.mn.us/DSDTraining/WebManRpt/](http://www.dhs.state.mn.us/DSDTraining/WebManRpt/)

**For Further Information:**

Contact: [dhs.adultprotection@state.mn.us](mailto:dhs.adultprotection@state.mn.us).

## MDH Regulatory Conference Call Features No F309 Questions

The Minnesota Department of Health conducted its third of three planned statewide conference calls on regulatory issues on Monday, June 15, giving providers an opportunity to raise questions about survey experiences, regulatory topics or other concerns.

This conference call was expected to receive questions about the recent survey guidance on F309 (pain management and other topics). The absence of questions, however, suggests that the five programs conducted across the state on May 15-19 succeeded, at least with respect to giving providers and surveyors comprehensive information.

**MDH staff provided updates on several items:**

- The law regarding toileting and repositioning takes effect on Aug. 1. The law repeals state regulatory or statutory requirements of toileting or repositioning every two hours; it also repeals the requirement to get physician or family approval for a longer period of time. Effective Aug. 1, toileting and repositioning are subject only to the federal requirements--i.e., an individualized assessment and care plan.
- QIS surveys show an average of 10.1 deficiencies per survey, covering 181 QIS surveys conducted since February 2008. This is a reduction from the 10.9 average reported in March, covering 123 surveys. This means that the 58 recent QIS surveys had an average of 8.3 deficiencies.
- Minnesota facilities continue to make progress against the goals established by CMS for the nation and the region. The pressure ulcer rate for the last quarter of 2008 was 5.1 percent, down from 5.9 percent a year earlier. The national goal is 8.0 percent, and the regional goal is 7.4 percent. However, the number of individual facilities above the national and regional goals hardly changed.
- Minnesota facilities also continue to make progress against the goals for physical restraints. The rate now is 2.0 percent, compared to 2.3 percent a year ago. The national and regional goals for 5.9 percent and 4.5 percent, respectively. The number of facilities above the national goal dropped from 47 to 30 and the number above the regional goal declined from 83 to 58.

Special mention was made regarding the federal requirement that the facility must report all allegations of mistreatment, abuse, neglect, or misappropriation of resident property to the administrator of the facility immediately (i.e., within 24 hours). The facility's policies and procedures should specifically cover this requirement. If the survey team or OHFC staff investigate and substantiate the allegation, the scope of the deficiency will move to "widespread" if the policies and procedures do not include the immediate report to the administrator. (The same regulation requires a report of the results of the facility's investigation to the administrator within five days, so members should make sure their policies and procedures cover this requirement, too.)

MDH staff also shared that they are working with stakeholders on developing training for surveyors and providers on the new Quality of Life and Environment survey guidance. Members should note that the planning group has decided that because the changes in the survey guidance largely mirror what has become standard practice in Minnesota, the training will take the form of a statewide conference call preceded by an informational bulletin.

Aging Services will distribute the updates for our **State Operations Manual** on the revised survey guidance well in advance of the statewide conference call. Watch *Monday Mailing* for announcements on training.

**For Further Information:**

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

## DHS Continuing Care Staff Hosting Meetings around the State

In July, DHS continuing care staff is hosting a series of forums in ten locations throughout the state.

The forums will cover the impact of 2009 legislative actions on continuing care programs, as well as a discussion of the "demographic and economic forces that are driving system reform." Presenters include Jean Wood on issues affecting home and community-based services for the elderly and Bob Held on nursing facility issues.

Members who want to know more about these sessions can view a DHS flyer about them at

[http://www.dhs.state.mn.us/main/groups/county\\_access/documents/pub/dhs16\\_145138.pdf](http://www.dhs.state.mn.us/main/groups/county_access/documents/pub/dhs16_145138.pdf).

The flyer includes information about how to register online, which interested parties must do by two days prior to the meeting of their choice.

## Aging Services Named to 2009 Associations Advance America Honor Roll

Aging Services has been named to the 2009 Associations Advance America Honor Roll, a national awards competition sponsored by the American Society of Association Executives (ASAE) & The Center for Association Leadership, Washington, DC.

Aging Services received the award for its Health Support Specialist Registered Apprenticeship Program. As members know, each day thousands of dedicated caregivers across are called by missions of service to provide compassionate care for older adults. For these often overlooked everyday heroes -- and future generations of frontline caregivers to follow -- Aging Services is sponsoring the Health Support Specialist Registered Apprenticeship Program.

"Aging Services of Minnesota's program truly embodies the spirit of Associations Advance America Campaign. It is an honor and an inspiration to showcase this activity as an example of the many contributions associations is making to advance American society," remarked Associations Advance America Committee Chair Janet C. Gibbs, chief financial officer of Feeding America.

Now in its 19th year, the prestigious Associations Advance America (AAA) Awards program recognizes associations that propel America forward - with innovative projects in education, skills training, standard setting, business and social innovation, knowledge creation, citizenship, and community services. Although association activities have a powerful impact on everyday life, they often go unnoticed by the general public.

As the first registered apprenticeship program of its kind in the state, Aging Services is developing cutting-edge training curriculum in partnership with the Minnesota State Colleges and Universities system, and working with nine senior living communities across the state on innovative position descriptions, new salary incentives, full scholarships and other activities to recruit people into a transformed career of caregiving for older adults. HSS initiative is funded through a grant by HealthForce Minnesota.

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

Contact Anne Willaert, HSS project coordinator at [awillaert@agingservicesmn.org](mailto:awillaert@agingservicesmn.org).

## Nestle's Cookie Dough May Be Linked to E. Coli Bacteria Infection

State health officials are investigating six cases of E. coli O157:H7 infection in Minnesota residents associated with eating a popular brand of raw, commercially packaged cookie dough.

Routine monitoring by the Minnesota Department of Health (MDH) found that the cases of illness were all caused by E. coli O157:H7 with the same DNA fingerprint. The individuals became ill between May 3 and June 11. All six reported eating raw cookie dough of the Nestle's Toll House brand.

The FDA advises that if consumers have any prepackaged, refrigerated Nestle Toll House cookie dough products in their home that they throw them away. Cooking the dough is not recommended because consumers might get the bacteria on their hands and on other cooking surfaces.

Symptoms of E. coli O157:H7 illness include stomach cramps, and diarrhea, often bloody diarrhea, with little or no fever. Most people recover in approximately 5 to 10 days. E. coli O157:H7 infections sometimes lead to a serious complication called hemolytic uremic syndrome (HUS), which can cause kidney failure. People typically become ill two to five days after eating contaminated food.

Those who develop such symptoms after consuming this product should contact their health care provider immediately. E. coli disease should not be treated with antibiotics, which can cause additional complications.

More information on E. coli O157:H7 can be found at [www.health.state.mn.us](http://www.health.state.mn.us).

Consumers who have additional questions about these products should contact Nestle consumer services at 1-800-559-5025 and/or visit their Web site at [www.verybestbaking.com](http://www.verybestbaking.com).

For a complete listing of the recalled products go to:

<http://www.nestleusa.com/PubNews/PressReleaseLibraryDetails.aspx?id=133CC131-A79F-4E84-9C43-C9F99FE5BC99>.

## **Aging Services District Meetings Packed with Information**

The series of seven district meetings concluded last week, bringing to a close the June statewide tour of information sharing between the Aging Services staff, guest speakers from Health Dimensions Group, and members.

From a detailed review of the impacts housing and care centers face in the wake of the 2009 Legislative Session, to the two breakout programs designed to position organizations for success, members at each meeting had a packed agenda. While there was strong turnout at all meetings, members not able to attend can find links to the information presented below. Please take a moment to review the materials and let staff know if there is anything else that would be helpful.

### ***Housing Program:***

Creating Marketing and Customer Service Plans for Today's Consumer

[www.agingservicesmn.org/inc/data/JuneHousingHandout.pdf](http://www.agingservicesmn.org/inc/data/JuneHousingHandout.pdf)

### ***Care Center Program:***

Operational Excellence in Challenging Economic Times

[www.agingservicesmn.org/inc/data/JuneCareCenterHandout.pdf](http://www.agingservicesmn.org/inc/data/JuneCareCenterHandout.pdf)

- Therapy Audit Form

[www.mhha-apps.com/downloads/GDHTherapyAuditForm.pdf](http://www.mhha-apps.com/downloads/GDHTherapyAuditForm.pdf)

- DSO Example Form

[www.mhha-apps.com/downloads/HDGDSOexample.pdf](http://www.mhha-apps.com/downloads/HDGDSOexample.pdf)

- Sales/Outreach Form

[www.mhha-apps.com/downloads/HDGOutreachLog.pdf](http://www.mhha-apps.com/downloads/HDGOutreachLog.pdf)

### ***Legislative Dialogue:***

2009 Legislative Session Overview (joint program)

[www.agingservicesmn.org/inc/data/JuneLegJoint2.ppt](http://www.agingservicesmn.org/inc/data/JuneLegJoint2.ppt)

### ***Legislative Details - Care Centers***

[www.agingservicesmn.org/inc/data/JuneLegCareCenters.ppt](http://www.agingservicesmn.org/inc/data/JuneLegCareCenters.ppt)

### ***Legislative Details - Housing***

[www.agingservicesmn.org/inc/data/JuneLegHousing.ppt](http://www.agingservicesmn.org/inc/data/JuneLegHousing.ppt)

### ***Customized Living Tool Presentation***

[www.agingservicesmn.org/inc/data/JuneCustomizedLivingTool.ppt](http://www.agingservicesmn.org/inc/data/JuneCustomizedLivingTool.ppt)

- Customized Living Tool Questionnaire

[www.agingservicesmn.org/inc/data/EWQuestionnaire.pdf](http://www.agingservicesmn.org/inc/data/EWQuestionnaire.pdf)

- Payments for Supervision Grid

[www.mhha-apps.com/downloads/PaymentsforSupervision.pdf](http://www.mhha-apps.com/downloads/PaymentsforSupervision.pdf)

### ***Other Resources discussed:***

## EduCare

[www.mirabellemanagement.com/](http://www.mirabellemanagement.com/)

## Committee Page

[www.agingservicesmn.org/index/Committees](http://www.agingservicesmn.org/index/Committees)

(Note: members must log-in to the website before this link will work)

Also, please share your thoughts via the fast, four-question survey link below. Aging Services and your district chair will use this to evaluate the meeting and plan for our October meetings. You can share your thoughts on district meetings online at:

<http://survey.minnesotacca.com/TakeSurvey.aspx?SurveyID=740Jmm2>

Mark your calendar for your October district meetings:

District A, Wednesday, Oct. 21 (a.m.)

District B, Thursday, Oct. 22 (a.m.)

District C, Tuesday, Oct. 20 (p.m.)

District D, Friday, Oct. 30 (a.m.)

District E, Wednesday, Oct. 28 (a.m.)

District F, Thursday, Oct. 29 (a.m.)

District G, Tuesday, Oct. 27 (a.m.)

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

Contact Adam Suomala at [asuomala@agingservicesmn.org](mailto:asuomala@agingservicesmn.org).

## **Education Solutions At-A-Glance**

When you need up-to-the-minute training on topics important to you, look no further than Aging Services of Minnesota. Members receive exclusive low registration fees.

### ***REGISTRATION OPEN!***

#### **2009 Public Policy Forum - LIVE WEBINAR**

Reserve your spot now for the June 29 Live Webinar that will detail what happened in the 2009 Legislative Session, analysis of the Governor's unallotment plans and what it all will mean to your organization and your bottom line. You'll also hear about the broader public policy implications from staff at DHS and their vision for the future of older adult services.

#### **Wednesday, July 29, 10 a.m. - 12 Noon**

Click <http://www.agingservicesmn.org/inc/data/2009PublicPolicyWebinar.pdf> for more information

Member Types: Care Center, Housing, Home Care, Corporate Offices

Audience: All

Training Mode: Webinar

CEUs: Administrator, Nursing

#### **Nurse Managers in Home Care Settings Certificate Program**

Build the essential knowledge and skills needed to work effectively in the challenging field of home care services and home care assisted living programs in senior housing.

#### **July 21-22, Aug. 11-12, Sept. 1-2 (St. Paul)**

#### ***Sponsored by Thrifty White Pharmacy Services***

Member Types: Home Care, Housing

Audience: Nursing

Training Mode: Live Training - Series Event

CEUs: Nursing

Click <http://tinyurl.com/l7erdw> for more information

#### **Preparing the New LTC DON for a Successful Future**

Now in its 14th year, the most comprehensive training series to prepare the new Director of Nursing for a successful career.

#### **Remaining sessions: July 28-30, Aug. 26-28**

***Sponsored by Alliance Purchasing/Aging Services Group***

Click <http://tinyurl.com/qooqnd> for more information

Member Types: Care Center

Audience: Nursing Leadership

Training Mode: Live Training - Series Event

CEUs: Nursing

**Midsummer Senior Living Conference**

Our mid-year gathering for housing professionals! Timely topics, cutting-edge trends and best practices, and great networking.

**July 29 (St. Paul)**

***Sponsored by Alliance Purchasing/Aging Services Group and McKesson Medical Surgical***

Member Types: Housing, Home Care

Audience: All Housing professionals

Training Mode: Live Training - Conference

CEUs: to be determined

**Technology and Innovations Conference**

Showcasing the latest innovations and technology in our field.

**July 30 (St. Paul)**

***Sponsored by Alliance Purchasing/Aging Services Group and Professional Portable X-Ray Inc.***

Member Types: Care Center, Housing, Corporate, Business Partners

Audience: All

Training Mode: Live Training - Conference

CEUs: to be determined

**Aging Services of Minnesota Annual Meeting & Leadership Forum**

Our annual gathering in the north woods for leadership development, skill building and shared learning in September will focus on navigating your organization in this challenging economic environment. Keynote Speaker Bill George, author and former CEO of Medtronic kicks off the conference on Sept. 16 with *Leading Through Crisis*.

**Sept. 15-18 (Brainerd)**

Member Types: All

Audience: Administrators, Housing Managers, Directors of Nursing, Corporate Personnel, Business Partners

Training Mode: Live Training - Conference

CEUs: Administrator, Nursing

**Aging Services/MHCA Assisted Living Home Care Conference**

Like no other event in Minnesota - bringing together top faculty, vital topics and outstanding networking opportunities.

**Oct. 21 (St. Paul)**

***Co-Sponsored with Minnesota HomeCare Association******Sponsored by Alliance Purchasing/Aging Services Group***

Member Types: Home Care, Housing

Audience: Housing Managers, Administrators, Nursing, Social Services

Training Mode: Live Training - Conference

CEUs: Administrator, Nursing

**Marketing & Sales for Senior Living Communities Certificate Program**

Get the tools and training you need to help consumers make informed choices about where to live.

Coming in October (St. Paul)

***Sponsored by Health Dimensions Group***

Member Types: Housing

Audience: Marketing, Sales, Resident Services

Training Mode: Live Training - Series Event

CEUs: Administrator, Nursing

## Plan Ahead

### 2010 Institute

The premier event of its kind in the upper Midwest with hundreds of seminars and exhibits for older adult services professionals.

*Feb. 10-12, 2010 (Minneapolis)*

Member Types: All

Audience: All

Training Mode: Live Training - Conference & Expo

CEUs: All

**Questions or Comments?** Contact us at [education@agingservicesmn.org](mailto:education@agingservicesmn.org).

### Aging Services of Minnesota

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