



Posted: 11-09-2009

Despite Jan. 1 Deadline, More Changes to Customized Living Tool May Be Coming

An EW work group on the customized living tool hosted last week by the Department of Human Services (DHS) focused on a couple of new developments being proposed for the tool -- even though the Jan. 1 deadline is fast approaching.

The additional changes include a single meal preparation rate that would apply to all providers no matter what size, and an "economies of scale" adjustment that would reduce rates for providers who serve resident with significant care needs.

On the issue of meal rates, DHS has looked at data submitted by providers and decided that due to the wide level of variation it will be necessary to establish set meal prices for use in the tool. While we do not object to the idea of using data to set rates, we are concerned that at last week's meeting, DHS indicated that they do not intend to establish a higher price for providers preparing fewer meals, even though the data shows higher per meal costs for smaller providers.

In addition, DHS has not yet settled on the amount per meal that they will include in the final tool, so at this point there is no way for providers to know whether the rates set by the tool will cover their meal preparation costs.

Just prior to last week's meeting attended by Aging Services, DHS raised the issue of using an "economies of scale" adjustment to reduce rates for clients using more than two hours per week of home care aide or home health aide service or more than one hour per week for medication set ups.

In addition to arguing that it is appropriate to adjust for economies of scale, DHS also indicated that the adjustments were necessary due to concerns about the budget neutrality of the tool. At the meeting, after several negative comments about the economies of scale adjustment from providers, DHS staff indicated that the economies of scale adjustment is "just an idea" at this point and that they had not settled on a way to adjust for it or whether there will ultimately be any additional reduction factor in the final tool.

The issue of the budget neutrality of the tool is a serious flaw in the entire process of establishing a new rate setting system. Because DHS has not collected a complete set of data that looks at what they are paying for EW services under the current system compared to what they would pay under any particular version of the tool, a systematic analysis of the budget impact of the tool is not possible.

As a result, DHS is using limited anecdotal evidence to argue for the need for reductions in the rates paid by the tool, even though no reductions may be necessary in order for the tool to be budget neutral. DHS did indicate that they will be collecting data in 2010 to evaluate how the tool is changing payment levels for individual EW recipients. So, while that information will be useful for judging the budget neutrality of the implementation of the tool, it will not make up for any losses experienced in the first few months of implementation nor will it provide a mechanism to adjust the rates in the tool if they are lower on average than the current payments.

On behalf of the Long-Term Care Imperative, Aging Services sent a follow up email on Friday to Jean Wood and Lisa Rotegard at the department, urging DHS to incorporate into the tool meal preparation rates that reflect

different sized programs and to eliminate any formula that would make arbitrary economies of scale reductions to clients' rates.

We expect that DHS will make final decisions on these issues and will have the final tool ready for implementation very soon. DHS will issue a bulletin when the final tool is ready, and lead agencies likely very anxious to have the final workbook available so that they can complete their staff training prior to Jan. 1.

For Further Information:

Contact Mary Youle at myoule@agingservicesmn.org or Jeff Bostic at jbostic@agingservicesmn.org.

White House Hosts Health Care Reform Conference Call for Seniors

During a White House conference for seniors in the House health care reform bill, Secretary of Health and Human Services Kathleen Sebelius emphasized the provisions that will improve care for seniors and "stabilize" the Medicare trust fund.

A summary of these provisions can be found at

<http://www.agingservicesmn.org/inc/data/SummaryHousebill11-3.pdf>. While the House health care reform bill does include improvements to Medicare, such as closing the so-called Part D "donut hole" and eliminating co-pays for preventative health visits, the bill also contains problematic payment changes for providers of older adult services.

The bill calls for a market basket freeze for the second, third and fourth quarters of fiscal 2010 for skilled nursing facilities. For home care providers, there is a market basket freeze for 2010 for home health care, and the bill accelerates regulatory changes that would further reduce Medicare home health reimbursement.

In addition, the bill calls for a MedPAC study on home health care provider margins and directs CMS to rebase home health prospective payment system in 2011.

Finally, the bill directs CMS to develop a plan within three years for bundling Medicare payments for post-acute care and converts an existing demonstration project to a pilot program and authorizes the program to include bundling of payments to hospitals and post-acute care providers as of Jan. 1, 2011.

One of the more controversial aspects of the Medicare payment proposals is a change in payment to Medicare Advantage health plans. Subsidies to Medicare Advantage programs which have been reimbursed at approximately 114 percent of the rates applicable to fee for service providers, will be phased out. Without the subsidies, there is concern these plans may cut back on goods or services they cover that are not covered by traditional Medicare, such as vision or dental care. However, Medicare Advantage plans still will have to compete with traditional Medicare, so it is possible that they will continue to cover the additional goods and services.

Additional information can be found at <http://www.healthreform.gov/> and <http://www.whitehouse.gov/>

For Further Information:

Contact Jen McNertney at jmcnertney@agingservicesmn.org or public@who.eop.gov.

CMS Posts MDS 3.0 Files

The Centers for Medicare & Medicaid Services has posted several files for the MDS 3.0. CMS will implement the new MDS 3.0 on Oct. 1, 2010.

The MDS 3.0 has been designed to improve the reliability, accuracy, and usefulness of the MDS, to include the resident in the assessment process, and to use standard protocols used in other settings.

The files are posted at:

http://www.cms.hhs.gov/NursingHomeQualityInits/25_NHQIMDS30.asp#TopOfPage.

Scroll down to the Downloads section to find these files:

- MDS 3.0 Item Subsets (V1.00) - This zip file contains printable documents with the required subset of data

items for each MDS 3.0 assessment and tracking document (e.g. admission, quarterly, annual, significant change, discharge, entry, etc...).

- MDS 3.0 Item Matrix (V1.00) - This document identifies the items required for each type of assessment along with how the item is used (e.g. QMs, QIs, CATs, RUG-IV, or RUG-III).

Please Note: Although this is the material that will be applicable with the Oct. 1, 2010 implementation, CMS strongly encourages that all parties refrain from or delay conducting training until after the "Train-the-Trainer" sessions have been completed (scheduled for the spring 2010).

However, you probably will want your MDS nurses to begin familiarizing themselves with the new MDS 3.0, identifying questions for which they will need answers, and considering whether your staff will need to make changes in their documentation to reflect changes in the MDS.

You should also note that CMS has delayed the publication of the MDS 3.0 RAI Manual. CMS expects that chapters 1, 2, 3, 5, and 6 will be published in November and that chapter 4 (Care Area Assessments (CAAs)) & Appendix C (CAA resources) will be posted in December.

Ultimately, the manual will include: Description and instructions for types of assessments and tracking documents, each MDS 3.0 item, the Care Area Assessment, submission and correction of MDS 3.0 records, Skilled Nursing Facility and Swing Bed Prospective Payment System (SNF PPS) policy for the MDS 3.0, and the RUG-IV classification system."

In the Downloads section you can also find Data Technical Files. The data specification file published on Oct. 29 contained an outdated file. An updated file labeled "Data Technical Files V1.01 November 2009" has been posted and contains the following MDS 3.0 technical specification information:

- **MDS 3.0 Data Submission Specifications (V1.00)** - Detailed data submission specifications for MDS 3.0
- **RUG-IV SAS Package (V.100)** - Thoroughly tested SAS code for RUG-IV classification with documentation and test data.
- **RUG-III MDS 3.0 Mapping Specifications (V1.00)** - This document presents logic that can be used to produce RUG-III classifications using assessment items contained on MDS 3.0.
- **MDS 3.0 CATs Specifications (V1.00)** - For each Care Area, this document provides Care Area Trigger (CAT) specifications for the MDS 3.0 items used in triggering the Care Area, the conditions for triggering, and Visual Basic code for triggering. The CATs are replacing the MDS 2.0 Resident Assessment Protocols RAPs.

If you talk with your vendor, you will want to make sure the vendor is aware of the posting and the updated file.

Questions regarding the data specifications should be directed to: MDS30Comments@cms.hhs.gov.

For Further Information:

Contact Darrell Shreve at dshreve@agingservicesmn.org or Liz Sether at lsether@agingservicesmn.org.

Materials Not Yet Available For MDH's Infection Control Training

Members who are planning on attending the Minnesota Department of Health's training on infection control should know that there has been a delay in the availability of training materials for the programs on Thursday and Friday of this week. (Nov. 12 and 13)

CMS has been finding errors in the slides they prepared for the training of survey agency trainers.

MDH staff has promised to put the training materials on its Clinical Web Window as quickly as possible. Members should check this site no later than Wednesday, Nov. 11, to download the materials:

<http://www.health.state.mn.us/divs/fpc/cww/cwwindex.html>.

Online registration is still available for many of the locations. Use this link to register:

<http://www.health.state.mn.us/divs/fpc/cww/cwwindex.html>.

For Further Information:

Contact Heidi Simpson at hsimpson@agingservicesmn.org.

FTC Delays Red Flag Rules Enforcement Again

Last week the Federal Trade Commission announced that it was delaying the enforcement of its "red flag" rules once more until June 1, 2010.

The enforcement had been scheduled for Nov. 1. The reason for the delay is that the House of Representatives is considering a bill that would exempt businesses with 20 or fewer employees from having to comply with the rule.

Members can read more about the "red flag" rules in Issues Update #129, which is available under the Regulations heading on our members-only website. Click on Regulations and then scroll down to the Federal section under All Providers. The "red flags rule" is the bottom entry.

For Further Information:

Contact Darrell Shreve at dshreve@agingservicesmn.org.

Second OASIS-C National Provider Call Set for Nov. 12

The Centers for Medicare & Medicaid Services' (CMS) Provider Communications Group will host the second in a three-part series of national provider toll-free conference calls from 11:30 a.m. to 1 p.m. Thursday, Nov. 12, on the Outcome and Assessment Information Set (OASIS-C).

OASIS-C is the first major update of the OASIS dataset since it was introduced in 1999. Changes include deletions, revisions and additions to the OASIS items, including the addition of items that measure agency implementation of best practices. Transition to OASIS-C is scheduled to occur Jan. 1, 2010.

This call will review the OASIS-C section by section, providing attendees with information on new data collection guidance for selected OASIS-C items. Following this presentation, the lines will be opened to allow participants to ask questions of CMS OASIS-C subject matter experts.

A PowerPoint slide presentation will be posted to the OASIS-C webpage at:

http://www.cms.hhs.gov/HomeHealthQualityInits/02_CMSSponsoredCalls.asp

Members are encouraged to download this prior to the call so that you can follow along with the presenter.

Attendees are also encouraged to download and familiarize themselves with the new OASIS instrument and other pertinent materials prior to the call, including:

- ***The "All Time Points" version of the OASIS-C available at:***

<http://www.cms.hhs.gov/HomeHealthQualityInits/Downloads/HHQIOASISCAIITimePoint.pdf>.

- An OASIS-C Guidance Manual Material (specifically Chapters 1, 2 and Chapter 3 Item by Item Guidance) available at:

http://www.cms.hhs.gov/HomeHealthQualityInits/14_HHQIOASISUserManual.asp.

- ***Frequently Asked Questions (FAQs) on OASIS is available at:***

http://www.oasisanswers.com/downloads/CMS_OCCB_3rd_Qtr_2009_QAs_10_20_09.pdf.

To register for the Nov. 12 conference call, visit:

<http://www.eventsvc.com/palmettogba/111209b>. Registration will close at 11:30 a.m. on Wednesday, Nov. 11, or when available space has been filled.

When you go to the registration site, fill in all required data and verify that your time zone is displayed correctly in the drop down box. Then click "register" Then you will be taken to the "Thank you for registering" page and

will receive a confirmation e-mail shortly thereafter.

Please print and save this page, in the event that your server blocks the confirmation e-mails. If you do not receive the confirmation e-mail, please check your spam/junk mail filter as it may have been directed there.

If you require services for the hearing impaired please send an email to: Medicare.TTT@PalmettoGBA.com.

What Health Care Reform Means for Seniors Video Conference is Dec. 3

The Department of Human Services will hold a Thursday, Dec. 3, video conference covering what health care reform at the state and federal levels means for seniors and those who care for them.

This video conference is part of a three-year series that has focused on "moving beyond a narrow, medical-centered view of frail seniors to one recognizing key roles for community partners in providing quality outcomes for seriously chronically ill and disabled seniors living in the community." The series has been presented in collaboration with the Minnesota Medical Association.

Cathleen Clouse, M.D., Family Physician and Robert Meiches, M.D., M.B.A., Geriatrician and CEO of the Minnesota Medical Association will be presenting at the video conference. John Selstad, Minnesota Board on Aging has served as Series Moderator.

Counties, health plans, and tribal agencies; block, parish and public health nurses; home and community based service staff; community health professionals; Area Agency on Aging staff; Eldercare Development Partnerships; and Alzheimer's Association members are all encouraged to attend.

Please register at <http://agingtraining.dhs.state.mn.us/>.

For Further Information:

Contact Jen McNertney at jmcnertney@agingervicesmn.org.

Registration Opens for Minnesota Leadership Council on Aging Summit

With registration limited to 300, members are encouraged to sign up as soon as possible for the Tuesday, Dec. 8, Minnesota Leadership Council on Aging Summit.

The summit will include presentations on a number of subjects affecting older adults. Among them is a presentation of current and future state policies in regard to the budget. There will also be a program on long-term care reform.

For Further Information:

Visit <http://www.mnlcoa.org/events/summit/summit-dec-09>.

Event at Minnesota Capitol set for Nov. 19-20

A two-day public policy internship program Nov. 19 & 20 at the Capitol in St. Paul for Minnesota nurses is accepting registrations.

Any licensed nurse interested in learning more about the legislative and public policy process is encouraged to attend the event, hosted by the St. Paul nonprofit Minnesota Organization of Leaders in Nursing.

The Minnesota Public Policy Internship is designed to show participants how nurses can influence policy at the local and national levels. It includes meetings with legislators, legislative research staff members and a nurse lobbyist. Attendees can also go to hearings and take a Capitol tour.

The \$100 member fee cost is for both MNDONA and MOLN. The cost for nonmembers is \$125.

For Further Information:

Contact Liz Sether at lsether@agingervicesmn.org.

House Committee Discusses Statewide Broadband Access

Minnesota needs to upgrade its broadband speed and access to stay economically competitive.

That was the message from a task force to a joint hearing of the House Telecommunications Regulation and Infrastructure Division and Senate Energy, Utilities, Technology and Communications Committee.

Created by the Legislature in April 2008, the Minnesota Ultra High-Speed Broadband Task Force was directed to create and implement a statewide high-speed Internet access goal by 2015.

Their report was released prior to the hearing. For a copy of the report click here:

http://www.ultra-high-speed-mn.org/CM/Custom/UHS%20Broadband%20Report_Full.pdf.

"We want to be in the top five states for overall speed and broadband access and top 15 percent globally for broadband penetration," said Rick King, task force chairman.

The goals include:

- High-speed broadband access to all Minnesotans by 2015
- Constant minimum Internet speeds of 10-20 megabits per second for downloads, which would be 15 times faster than the current federal broadband definition, and 5-10 Mbps for uploads.

Currently, 94 percent of Minnesotans have broadband access. The remaining six percent represents about 100,000 households and 300,000 residents. However, an estimated 83 percent of Minnesota does not meet the proposed standards, and only Washington County, in the Twin Cities metropolitan area, has achieved the recommended download speed. No counties reach the recommended upload speed. Conversely, just 37 percent of Cook County residents in northeast Minnesota now have broadband access, and 11 Greater Minnesota counties have available download speeds of 1.5 Mbps or less.

"There's no excuse to have two Minnesota's when it comes to technology," said Rep. Al Juhnke, (DFL-Willmar). He would also like to see the state look at cell phone service, which he said can be spotty throughout the state, especially in rural areas.

The goals are based on new and emerging applications that will enhance the lives of Minnesotans, such as telecommuting improvements; medical monitoring of patients in their home via two-way video; and delivering educational opportunities to all state residents.

In tough economic times, who will pay for this? Among its recommendations, the task force recommends the state "initiate a study to develop a wide-ranging collaborative funding strategy to support the recommendations" and "explore financial options such as tax incentives, including property and sales tax credits and exemptions to further incentivize private capital investment."

For Further Information:

Contact Lori Meyer at lmeyer@agingservicesmn.org.

OSHA to Look at Care Centers

According to AAHSA, the Occupational Safety and Health Administration (OSHA) has announced that nursing care facilities will be one workplace category included in the National Emphasis Program (NEP) to ensure appropriate enforcement of OSHA recordkeeping requirements.

The recordkeeping NEP comes in response to several academic studies that found varying degrees of under-recording of workplace injuries and illnesses on the OSHA Form 300.

OSHA postulates the most likely places where under-recorded injuries and illnesses may exist would be low rate establishments operating in historically high rate industries. The NEP will pilot test OSHA's ability to effectively target establishments to identify under-recording of occupational injuries and illnesses.

Although the OSHA hypothesis is not unreasonable, OSHA will need to distinguish between those care centers that accurately record low rate of injuries and illnesses and those with recordkeeping that does not support the actual experience. Members may want to ask their safety committee to review all relevant information to determine whether the OSHA Form 300 is accurate and, if it is not, to revise the policies and procedures to ensure accuracy.

For Further Information:

Contact Darrell Shreve at dshreve@agingservicesmn.org or AAHSA's Jennifer Hilliard, (202) 508-9444.

2010 Sponsorship Contributions Options Selling Fast

Attention Business Partners - Aging Services has a tool designed to customize your organization's marketing needs.

With Aging Services' 2010 Annual Sponsorship, you can set your sponsorship budget for the year and customize the benefits to suit your marketing goals. We offer a number of opportunities in the areas of education, networking, and print and web advertising that can help you increase your exposure and access to Aging Services provider members.

Aging Services will accept 2010 annual sponsorship commitments until Friday, Dec.18, however, sponsorships secured after this Friday (Nov. 13) will not be included in the Institute registration brochure.

Become an Annual Sponsor and you'll gain visibility across the aging services continuum and access to key decision-makers throughout the year. Don't miss out on these great opportunities to spread the word about your organization. Click here

<http://www.agingservicesmn.org/inc/data/2010SponsorshipPKGFORM.pdf>) to view the 2010 Annual Sponsorship Packages.

Special thanks to the following 2010 Annual Sponsors (as of Wednesday, Nov. 4):

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For Further Information:

Contact Jenny Prosser at jprosser@agingservicesmn.org or 651-603-3548 or 800-462-5368.

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