

MONDAY

ONLINE

MAILING

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Top Stories

Monday Mailing

Please note: due to the holidays, there will not be a Dec. 24th issue of *Monday Mailing*. Regular publication will resume Dec. 31.

MHHA Continues Work on Property Tax Case

Last week MHHA staff twice met with a coalition of nonprofits to analyze the *Under the Rainbow* case (described in the Dec. 10 *Monday Mailing*) and discuss strategy. The coalition is being organized by the Minnesota Council of Nonprofits. On Dec. 10, the coalition participants benefited from discussions with a number of attorneys with extensive experience with the *North Star* line of cases. Then on Dec. 14, MHHA was part of a smaller group charged with identifying the strategies most likely to succeed.

The general conclusion from the legal analysis was that the Minnesota Supreme Court would be unlikely to overturn the *Under the Rainbow* case in the near future, even though the case leaves open a number of questions. For example, if a nonprofit needs to provide some recipients a service or product for free or at substantially reduced rates in order to qualify for exemption from property taxes, how much charity is required and for how many recipients? As another example, if a nonprofit offers a variety of services, do all of them have to involve charity? There is a case involving a hospital and a clinic that was argued before the Supreme Court in November, and it may offer some further guidance on the issues unresolved by *Under the Rainbow*.

The legislative strategy meeting on Friday discussed various proposals, mostly related to contacting key leadership in the Senate, House, and their committees to sound them out on the Supreme Court case. The Council of Nonprofits shared information from a recent Department of Revenue bulletin that emphasized that if an organization loses its property tax exemption, it also loses its sales tax exemption.

The legislative strategy group will meet on Thursday, Dec. 20, and they expect to receive a report from a legal group that meets today. The legal group may have possible statutory language for two or three strategic directions in the legislature.

While it is possible that there will be a satisfactory legislative resolution this session, some members may receive notices from their county assessors placing them on the property tax roles for taxes payable in 2009. Although this may affect some nonprofit housing, MHHA expects that its greatest effect may be on nonprofit nursing homes. MHHA will be working diligently to craft a legislative solution to protect members' tax exemptions for property and sales taxes. Watch *Monday Mailing* for further information.

For further information, contact Darrell Shreve (dshreve@mhha.com), Kari Thurlow (kthurlow@mhha.com), or Dave Feinwachs (dfeinwachs@mnhospitals.org).

Imperative Legislative Agenda Roll Out Continues

The roll out of the Imperative's legislative agenda continued last week by going to the press with our legislative agenda. Gayle Kvenvold, MHHA president and CEO, and Patti Cullen, CEO of Care Providers of Minnesota, met with key members of the Capitol Press Corp on Tuesday, Dec. 11th, for a news briefing on the 2008 legislative agenda for the Long-Term Care Imperative.

Kvenvold and Cullen shared information regarding the transformation of older adult services in Minnesota, the economic impact of long-term care in local communities and the growing Medicaid gap in funding. Kvenvold and Cullen then shared the Imperative's 2008 legislative agenda and "ask" for this session.

The meeting proved immediately successful with the publication of an article in the Minneapolis *Star Tribune* the next day. The article highlighted the growing gap in Medicaid funding in Minnesota and the Imperative's request for additional funding in 2008. To read the article, click here: <http://www.startribune.com/local/12379006.html>.

On Wednesday, Dec. 12, the Imperative also released a statewide press release summarizing our legislative priorities. The story was immediately picked up by a few media outlets, and we hope to keep the momentum going through the month of

December.

For more information, please contact Kari Thurlow at 651-603-3512 or at kthurlow@mhha.com.

DHS Issues Bulletin on 24-Hour Customized Living Criteria

The long-awaited bulletin describing the final eligibility criteria for authorization of services under the Elderly Waiver (EW) 24-hour Customized Living (CL) service package was finally posted last week by the Department of Human Services (DHS). DHS Bulletin #07-25-07, "Update on Elderly Waiver Program Integrity Initiative: Criteria for Authorization of 24 Hour Customized Living," (found at <http://tinyurl.com/24z9hr>) spells out the four criteria that qualify an EW recipient for services under the 24-hour CL service package. The bulletin also reviews the MMIS edits related to these criteria and includes a revised question and answer chart that addresses a number of policy questions. The MMIS edits will apply to current EW clients the next time their screening documents or service agreements are opened by the lead agency on or after Jan. 1, 2008, so it is possible that clients in some counties may not be affected until their next annual review.

In addition to the three eligibility criteria passed by the 2007 legislature (intermittent assistance with toileting or transferring, cognitive or behavioral issues and a medical condition that requires clinical monitoring), now EW clients can also be authorized to receive 24-hour CL services if they have a dependency in medication management AND receive an average of at least 50 hours of direct staff services per month from the 24-hour CL service provider. "Medication management," as defined in Minnesota Statutes, second 144A.45, subd. 1, item (d) includes "the central storage, handling, distribution, and administration of medications." Time for medication set-ups and assistance or administration of medications as well as direct staff time for all of the client's other CL services can count toward the 50 hours.

The bulletin does not include any specific requirements for providers regarding how to document that the EW client receives an average of 50 hours of direct service per month but says the lead agency will document the hours of direct service from the 24-hour CL provider in the client's community support plan (using DHS form 4166 or 2925). The DHS community support plan forms identify the number of "units" of service the client will receive. The bulletin describes what is included in "direct service" and notes that services provided by one staff person to more than one consumer at a time (e.g., meal preparation), must be reasonable and allocated among **all** consumers serviced by the staff during that time period.

With regard to the criterion related to a medical condition requiring clinical monitoring at least every eight hours, the bulletin says the clinical monitoring must be "paired with a medical treatment and a formal plan for clinical monitoring must be in place." The bulletin goes on to say that the person **may or may not** require a medical treatment of the type specified on DHS' LTCC assessment form 3428B that results in a case mix classification of "Special Nursing." The bulletin provides no additional detail on what these medical conditions might be, but merely says that this criterion will be captured in the Service Plan Summary Section of the Long Term Care Screening Document. Pages 1-2 of the Q and A chart in Attachment B of the bulletin provides some additional information regarding clinical monitoring but no examples. MHHA asks its members to send in examples of needs and medical conditions of any EW clients authorized for 24-hour CL services under this criterion.

Consistent with statements at an earlier videoconference, DHS has not set up an "exceptions" process for clients that the lead agency believes need 24-hour supervision but who do not meet one of the four criteria. Clients will continue to be able to use their normal appeal process if their services are denied, terminated or reduced by a lead agency. The new bulletin says that one of the reasons that the need for medication management was selected as part of the fourth criterion is that "data about medication assistance needs is captured in the Long Term Care Screening Document subsystem in MMIS, allowing the department to implement these criteria without administrative review or approval on a case-by-case basis."

DHS staff had also indicated in an earlier videoconference that the geographic group rate limits for CL services were going to be simplified and limited to two limits: a) the statewide average rate limit for geographic groups one and two and b) the rate limit for group three. According to Attachment B, it appears that for at least the immediate future, lead agencies in groups one and two will continue to have the option of using either the CL rate limit for their geographic group or the statewide average rate limit.

Regarding rent limits, Attachment B reiterates earlier videoconference statements that "the only rental rates that can be negotiated [between the provider and the lead agency] are the number of GRH beds with a rate set as specified in provider GRH contracts. Lead agencies can require that providers indicate what their rental rates are in the lead agency contract. This is not to be interpreted that lead agencies can set those rental rates."

MHHA asks members to forward to Mary Youle at myoule@mhha.com any questions or issues that arise as you review the bulletin and discuss these changes with your lead agencies. MHHA will continue to advocate for providers and their EW clients on these issues with DHS and the Legislature, and MHHA encourages members to let your legislators know about any adverse impacts these changes will have on your residents or program. For more information, contact Youle.

At the State Capitol

Nursing Home Working Group Holds Final Hearing in Jackson

Last week the House Nursing Home Working Group traveled to the Good Samaritan Society of Jackson to listen and speak to a room full of caregivers, administrators and family members regarding funding for nursing homes. The elected officials in attendance were Rep. Bob Gunther (R-Fairmont), Rep. Larry Hosch (DFL-St. Joseph), Rep. Doug Magnus (R-Slayton), Rep. Rod Hamilton (R-Mountain Lake), Rep. Patti Fritz (DFL-Faribault), and Rep. Paul Thissen (DFL-Mpls.). Sen. Jim Vickerman

(DFL-Tracy) .

The meeting began with a brief overview of the nursing home payment system from Bob Held of the Department of Human Services, and a description of the financial results of that system from Steve Hunt of Seniors and Workers for Quality and Jon Lips and Kari Thurlow of Long Term Care Imperative. The Long Term Care Imperative took the opportunity to present its request for additional funding for cost of living adjustments for rate year 2008. The goal of the Imperative's request is to ensure that all long term care providers receive at least a 3.0 percent increase in the second year of the biennium.

After learning about the financial aspect of the crisis, concerned citizens began to speak.

It was significant that community leaders joined caregivers and family members in calling for increased funding to sustain the viability of local care centers. Jackson Mayor Mitch Jasper described how important he believes it is that nursing homes remain local, keeping seniors in a familiar, friendly environment where their families can visit regularly. Jackson Alderman Sandy Phillips agreed and emphasized the importance of offering nursing home employees a living wage.

All of the legislators said they were certain nursing homes needed help, though none offered specific solutions at the meeting. Rep. Hosch reminded everyone how urgent the problem is. Rep. Gunther said it was time to fund nursing homes at a higher level and supports a 5 percent COLA increase. Senator Vickerman stated that the Senate Majority Caucus also lists nursing home funding as a top priority for 2008 and called on the House to work together with the Senate on this issue.

For more information, please contact Kari Thurlow at 651-603-3512 or email at kthurlow@mhha.com.

House Republicans Unveil Health Care Reform Initiatives

With health care reform expected to be a major topic during the 2008 legislative session, the Minnesota House Republican Caucus unveiled their health care reform initiatives in a press conference last week. The core principles of their health care plan are freedom, choice, privacy, security and no government takeover of health care. There were no references to long-term care, but a subsequent package is expected before the start of session.

House Minority Leader Marty Seifert (R-Marshall) expressed concern over movement toward a government-run health care system. "Putting people into state and federal subsidized health care is not reform," Seifert said. "It is not the cure for the rising costs of health care, nor is it a guarantee that consumers will continue to have access to quality health care."

The Republican reform initiatives are aimed at identifying solutions that provide more choice and better health while making healthcare more affordable. Their plan includes a reduction in the growth rate of health and human services spending to the rate of inflation and a repeal of health taxes, including the provider tax. Other items include:

- Allowing patients to choose their own health plan and doctor;
- No mandates requiring everyone to have insurance;
- Providing individual tax credits/deductions to promote non-employer coverage;
- Expanding information on cost of services and quality of care to consumers; and
- Requiring patient consent to disseminate medical records.

Rep. Paul Thissen (DFL-Mpls), Chair of the House Health and Human Services Policy Committee, responded by focusing on what he considers to be the real issue--"making sure Minnesotans have affordable health care choices." He acknowledged that some of the Republican ideas make sense and are being considered as part of a bi-partisan reform package that has been developed over the interim. But he also stated that there is no evidence that most of the changes proposed in the GOP plan are either needed or effective.

At the press conference announcing the House Republican plan, the question was raised on how the caucus proposes to pay for MinnesotaCare if the provider tax were to be repealed. Rep. Jim Abeler (R-Anoka) replied that the provider tax is really a "sick tax" and that the human services budget is so large that he is sure it can be run more efficiently.

For a complete summary of the GOP health care reform package, click here, <http://www.mhha.com/inc/data/12-11-2007GOPHealthPressConference.pdf>. For further information, contact Lori Meyer at lmeyer@mhha.com or Kari Thurlow at kthurlow@mhha.com.

News Briefs

MDH Seeks QIS Test Sites; QIS Statewide Conference Call Set for Jan. 7

The Minnesota Department of Health (MDH) is looking for Minnesota skilled nursing facilities to participate in a mock Quality Indicator Survey (QIS) survey the week of Jan. 14, 2008. MDH seeks volunteer facilities that are in substantial compliance and prefers sites near the metro area. However, all interested SNF providers are welcome to volunteer. MDH staff will pick from those volunteers forwarded to MDH by the two trade associations and may save some for later opportunities for mock surveys. Any MHHA member who would like to volunteer to participate in the QIS mock survey the week of Jan. 14 is requested to indicate their interest by sending an e-mail to Darrell Shreve, MHHA's Vice President of Health Policy, by December 21. His e-mail address is: dshreve@mhha.com.

To help nursing homes learn more about QIS, MDH has released a new informational bulletin (# 07-08) announcing a statewide conference call to present an overview of the new Quality Indicator Survey. The conference call will be on Monday,

Jan. 7, from 10 a.m. to 11:30 a.m. There is no need to pre-register for the call, but there will be only 500 lines available, so MDH asks that each facility use only one line for the conference call.

The conference call will devote 45 minutes to an overview by Dr. Andrew Kramer and then 45 minutes for questions and answers. Dr. Kramer's organization, Nursing Home Quality LLC, is providing the training for the Minnesota surveyors in January as well as MHHA's more comprehensive educational programs on Jan. 9 and Feb. 5. The MDH bulletin, found at http://www.health.state.mn.us/divs/fpc/profinfo/ib07_8.html, contains the information necessary to participate in the conference call.

MHHA reminds members that the MHHA educational program, "The Basics of QIS," will provide much more in-depth information on QIS than the Jan. 7 conference call. The programs on Jan. 9 (in Bloomington) and Feb. 5 (in St. Paul) are all-day programs and cover the two stages of the QIS process, the forms involved, and the specific reviews required or triggered, as well as providing a general overview. This program is co-sponsored by Orbovich & Gartner Chartered.

MHHA encourages members to participate in the MDH conference call and to attend either of the MHHA programs. Members may register for the MHHA program online, by fax, or e-mail. Please consult the brochure mailed to your facility recently or find it at <http://tinyurl.com/yw43s9>.

For further information about the MHHA program, contact Heidi Simpson at hsimpson@mhha.com. If you have questions about the registration, please contact Beth Gabrysiak at bgabrysiak@mhha.com.

DHS To Expand Managed Care Program to Most of the State in 2008

In early 2008, DHS will be expanding the Minnesota Senior Care Plus (MSC+) program to most counties in the state. The MSC+ program is currently operating in the twenty-five counties that are part of county-based purchasing plans. By March 1, 2008, 55 additional counties will be offering MSC+ as the only Medical Assistance option for most seniors who do not enroll in Minnesota Senior Health Options (MSHO). At that point, the only counties without MSC+ will be the seven counties in the Twin Cities Metro Area. They will be transitioning to MSC+ on Jan. 1, 2009.

The MSC+ program replaces the MSC (formerly called PMAP) program in counties that are making the transition. Both MSC and MSC+ are mandatory programs for most Medical Assistance recipients 65 and over who do not enroll in MSHO. Under both MSC and MSC+, health plans are responsible for most of the MA benefits received by enrollees. However, MSC+ has two key differences from MSC:

- MSC+ includes Elderly Waiver (EW) benefits, which means that health plans instead of the county/state will be responsible for approving and paying for those benefits
- Under MSC+, the MA nursing facility benefit for enrollees entering the facility from the community is extended from 90 days to 180 days (which matches the MSHO benefit).

Fifty-one counties will be transitioning from MSC to MSC+ on Jan. 1, with four more (Betrami, Clearwater, Hubbard, and Lake of the Woods) starting MSC+ on March 1. In the transition, the EW benefits provided to MA recipients are supposed to be switched smoothly from the counties to health plans so that there is no interruption in services to clients. Providers will need to be in communication with their county and their residents' MSC+ health plan (which will be the same as their MSC health plan) during the transition to make sure that happens.

This transition should not have as much impact as the transition of most PMAP enrollees to MSHO a couple of years ago. At this point, most seniors who are eligible for MA are electing to enroll in MSHO (currently there are approximately 36,000 enrollees in that program statewide), rather than enrolling in an MSC program which requires them to sign up separately for Medicare benefits. Of the approximately 9,900 people currently enrolled in MSC, about 3,000 will be impacted by the upcoming transition to MSC+.

One question providers may have about MSC+ is how waiver obligations will be handled for EW recipients who are receiving their benefits through a health plan. In the recent bulletin about the MSC+ expansion, DHS indicates that the process will be similar to the process under fee-for-service. Enrollees with waiver obligations make those payments to the providers, and health plans will deduct the waiver obligation from the payment to the provider. Members will need to watch closely during the transition to be sure that the health plans are implementing this policy correctly.

In addition to information about the MSC+ expansion, DHS bulletin #07-24-01, available at <http://tinyurl.com/37rvoh>, includes additional information that might be of interest to all providers, including a comparison of all the state's managed care programs as well as contact information for all of the health plans participating in those programs.

Members with questions about the upcoming expansion of MSC+ or other managed care issues should contact Jeff Bostic at jbostic@mhha.com.

US House Set To Consider Omnibus Appropriations Bill Dec. 18

The U.S. House of Representatives is now expected to mark up an omnibus appropriations bill on Dec. 17, with floor consideration of the bill expected on Dec. 18. that will roll together 12 spending bills. The previous, costlier version of the House omnibus bill, which rolls together 12 spending bills, was abandoned after President Bush issued a veto threat.

According to staff at the *Congressional Quarterly* (CQ), subcommittees were to have reduced program appropriations by about 1.5 percent before the mark up. Democrats had originally wanted to appropriate \$23 billion more than President Bush

requested for the 12 spending bills now combined into the omnibus bill, and then reduced their demands to \$11 billion more than the administration's proposed budget. But they were forced to make additional cuts in the face of White House opposition and a lack of Republican support for a veto override.

Pending passage of an omnibus bill that would not be vetoed, Congress passed a one-week extension of the Continuing Resolution (CR) that expired on Dec. 14. The American Association of Homes and Services for the Aging (AAHSA) reports that the one-week CR may cause another round of gaps in payment and/or delays in processing for HUD contract renewals. AAHSA notes that unless payment gaps are more than a month, there is really very little AAHSA staff can do. (If there is more than one month missing payment, providers should call Colleen Bloom at 202-508-9483.)

The omnibus package is expected to roughly adhere to Bush's \$933 billion overall request for discretionary spending, according to CQ, with possible exceptions for veterans' funding and an EPA clean water program. Democrats are expected to provide an additional \$3.7 billion for veterans above Bush's budget request, funding that the White House has signaled is acceptable, though the president wants it to be offset by cuts to other programs. CQ says that Democrats also plan to provide emergency funding for items such as a border fence and State Department, spending that does not count against the budget caps or Bush's target. Although there is not yet any final agreement on the amount of additional emergency funding, House Speaker Nancy Pelosi (D-CA) said, "It would address some of the concerns the administration has called to our attention—the State Department, needs for the drought and fire."

CQ says that while most of the attention on the spending package has centered on the dollar amount, Republicans also will be keeping an eye out for policy riders. Attempts by Democrats to include language relating to abortion and Cuba could lead to additional veto threats.

For more information, contact Alayna Waldrum or Louise Maus at the American Association of Homes and Services for the Aging at 202-508-9487.

House Passes AAHSA's Housing Reform Legislation,

The U.S. House of Representatives passed H.R. 2930, the Section 202 Supportive Housing for the Elderly Act on Dec. 5. The American Association of Homes and Services for the Aging (AAHSA) believes that the final draft of the Senate bill is now ready though it had not yet been introduced as of last Thursday. The Senate bill will not be a mirror image of the House bill, but most of the key provisions will be the same. AAHSA is still seeking co-sponsors for the Senate version.

AAHSA initiated this legislation to preserve the current supply of affordable senior housing and encourage the development of more units. The bill would also allow owners to refinance for rehabilitation to improve current Section 202 housing and allow more flexibility when it comes to using savings to offer residents supportive services. For more information, contact Nancy Libson, at nlibson@aahsa.org or 202-508-9447.

Maintenance Training Program Qualifies for Scholarship Program Reimbursement

MHHA is co-sponsoring a seven-part series of online classes for facilities and supportive services professionals in partnership with AAHSA and the Building Owners and Managers Institute International (BOMI). The Retirement Facilities Technician I Certification series is designed to provide an opportunity for in-depth training and move toward a national certification.

Did you know that this training program for nursing facility maintenance staff can qualify for reimbursement under the Minnesota Nursing Facility Scholarship Program? All tuition and direct educational expenses qualify for reimbursement provided the following conditions are met:

- Eligible employees must work an average of at least 20 hours per week (administrators, department supervisors and registered nurses are not eligible);
- The training must lead to career advancement within the facility or within the field of long-term care as evidenced by:
 - a) a recognized certification, title, licensure or degree program;
 - b) an enhanced wage rate.

Registration information for this series is available on MHHA.com. The deadline for registration has also been extended to December 30, 2007. For further information, contact Heidi Simpson at hsimpson@mhha.com.

Scam E-mails Multiplying

Recently, some employees of care centers have received scam e-mails that on first glance appear to be legitimate. The e-mails purport to be from the U.S. Department of Justice, the U.S. Treasury Department, or the Internal Revenue Service. The e-mails describe some sort of complaint or problem, and they all have the same information about an arbitration process that the federal agency supposedly offers. The e-mails contain links or attachments that may contain Trojan horses that will allow someone else to take control of the employee's computer.

The federal agencies do not send unsolicited emails or ask taxpayers or citizens to provide any personal information, passwords, or PINs via e-mail. MHHA encourages members to alert employees to these scams and not to open any links or attachments, no matter how serious the subject appears to be. For an example of these phony emails, click on this link: <http://www.snopes.com/fraud/taxes/complaint.asp>.

Thanks to Tom Skorczewski of Orbovich & Gartner Chartered for alerting MHHA to the scam e-mails. For further information, contact Darrell Shreve at dshreve@mhha.com.

What If It's Not Alzheimer's? Learn More at MADSA's Annual Conference Jan. 26

Do you ever feel like Sherlock Holmes, attempting to use your "intellectual prowess, deductive reasoning and astute observation" to help solve everyday mysteries related to patients and program participants? Sometimes, Alzheimer's disease is behind the mysterious behavior, but sometimes...it's not.

You're invited to attend "What If It's Not Alzheimer's? Clues to Other Dementias" on Saturday, Jan. 26, at the Minnesota Adult Day Services Association (MADSA) Annual Education Conference, from 7:30 a.m. to 4 p.m. at the Embassy Suites-Airport in Bloomington.

Conference attendees will learn about diseases like Lewy Body and Pick's Disease/Frontotemporal Dementia and will review the differences between delirium, dementia and depression. The keynote presentation will provide the family's perspective and coping strategies for the ambiguity that occurs when no exact disease can be identified as the cause of the dementia symptoms. An Activity Exchange and Information Fair will round out the conference.

The Minnesota Adult Day Services Association is a nonprofit organization representing nearly 100 adult day service providers in Minnesota. MADSA supports adult day programs that help keep people in their communities without social isolation, while providing necessary support to their caregivers. MADSA members are administrators and employees of Minnesota's adult day centers. For more information on the conference visit <http://www.madsa.org>. A copy of the meeting brochure is found at <http://www.mhha.com/inc/data/MADSAFinalConferenceBrochure.pdf>.

Full NPI Implementation Effective March 1, 2008

Since the vast majority of Medicare claims now include a National Provider Identifier (NPI), and crosswalking NPIs to legacy numbers is succeeding for most claims, the Centers for Medicare and Medicaid Services is moving toward full implementation of the NPI in Medicare. Key NPI implementation dates for Medicare are:

- Jan. 1, 2008 -- As of this date, 837I electronic claims and UB04 paper claims without an NPI in fields identifying the primary provider (billing and pay-to) will be rejected. Legacy identifiers paired with NPIs in the primary provider fields on the claim will still be acceptable as will legacy-only numbers in secondary provider fields.
- March 3, 2008 -- Medicare fee-for-service 837P and CMS-1500 claims must include an NPI in the primary fields on the claim (i.e., the billing, pay-to, and rendering fields). You may continue to submit NPI/legacy pairs in these fields or submit only your NPI on the claim. You may not submit claims containing only a legacy identifier in the primary fields. Claims containing only a legacy identifier in the primary fields and/or failure to submit an NPI in the primary fields will result in your claim being rejected or returned as unable to be processed as of March 1, although you may continue to use legacy identifiers alone for the secondary fields.
- May 23, 2008 -- In keeping with the Contingency Guidance issued on April 3, 2007, CMS will lift its NPI contingency plan, meaning that only the NPI will be accepted on all HIPAA electronic transactions (837I, 837P, NCPDP, 276/277, 270/271 and 835), paper claims and SPR remittance advice. This also includes all secondary provider fields on the 837P and 837I. The reporting of legacy identifiers will result in the rejection of the transaction. CMS will also stop sending legacy identifiers on COB crossover claims at this time.

The NPI Registry enables you to search for a provider's National Plan & Provider Enumeration System information. You may run simple queries to retrieve this read-only data, for example, by using a provider's NPI or legal business name. There is no charge to use the NPI Registry. For more information, contact Iara Woody at iwoody@aaahsa.org or 202-508-9429. Search the NPI Registry at <https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do>. An overview on NPI is found at <http://www.cms.hhs.gov/NationalProvIdentStand/>.

OSHA Publishes Final Rule on Employer-Paid Personal Protective Equipment

The Occupational Safety and Health Administration (OSHA) has published a final rule that requires employers to pay for personal protective equipment for their employees with only a few exceptions. The exceptions are: safety-toed footwear, ordinary prescription safety eyewear as well as ordinary clothing and weather-related gear. Employers have six months to comply with the new rule before OSHA will enforce it. The rule is found at <http://tinyurl.com/2mhmo2>. For more information, contact Jennifer Hilliard at jhilliard@aaahsa.org or 202-508-9444.

Nursing Facility Occupancy Increases Slightly

Results from the latest MHHA occupancy survey show that occupancy in the third quarter of 2007 increased after a drop in the second quarter. The chart below shows the results by district for the 211 member homes that have submitted information for all three quarters.

Occupancy Percentages in MHHA Nursing Homes by Quarter for 2007

MHHA District	First Quarter	Second Quarter	Third Quarter
A	91.2	91.9	93.1
B	88.5	88.6	88.9
C	95.2	94.1	94.2
D	94.3	94.3	94.5
E	93.6	93.5	93.8
F	93.9	93.4	92.7
G	95.2	94.5	95.0
Statewide	93.9	93.5	93.7

As you can see from the table, district G had the highest third quarter occupancy percentage, with districts C and D not far behind. At the other end of the spectrum, homes in the northeastern part of the state appear to be struggling with occupancy as district B had by far the lowest occupancy for the third quarter in a row, and their third quarter average occupancy was nearly five percentage points below the statewide average for MHHA members. Every district other than district F showed an improvement from the second quarter to the third quarter. Occupancy has been dropping in district F all year, and its average occupancy is now second worst of all the regions and a full percentage point less than the state average. On the other hand, district A showed good occupancy improvement in the quarter, moving up more than a percentage point to be much closer to the state average.

One reason for the improvement in occupancy is the closure of beds. Between the first and third quarters of this year, 95 beds went out of service in the facilities in our survey due to closure or layaway. If those beds had still been in service in the third quarter, occupancy would have dropped slightly to 93.3 percent. With some additional closures likely in the near future due to the availability of state programs such as the planned closure rate adjustment (PCRA) and single bed incentive, occupancy may stay stable or improve even if the utilization of nursing homes declines.

Thanks to all those members who have participated in the survey this year. Members who have not yet sent in their occupancy information for the third quarter may still do so. A survey to collect information for the final quarter of 2007 will be mailed out in January. For further information on the occupancy survey, contact Jeff Bostic at jbostic@mhha.com.

MedPAC Draft Recommends Medicare Payment Freeze in 2009 for Nursing Facilities and Home Health Providers

The Medicare Payment Advisory Commission (MedPAC) released draft recommendations to Congress calling for a freeze on reimbursement rates for skilled nursing facilities and home health agencies in 2009. MedPAC cited estimates that nursing facility margins would average 11.4 percent in 2008 to justify its recommendation.

The draft also calls on Congress to establish strict new requirements for Medicare Advantage special needs plans (SNPs), which serve beneficiaries who are dual eligibles, institutionalized or have chronic conditions. MedPAC's discussion focused on some controversies around the SNPs, which are not required to coordinate their services with Medicaid and may obtain waivers from the requirement of enrolling a disproportionate share of beneficiaries with special needs.

The Commission will vote in January to finalize the recommendations and will present them to Congress in March, but the American Association of Homes and Services for the Aging (AAHSA) anticipates the freeze on reimbursements will appear in President Bush's Fiscal Year 2009 budget proposal in February. Congress would also have to pass the payment freeze. AAHSA promises to continue to advocate strongly in favor of a full market basket update for long-term care providers. For more information, contact Peter Notarstefano at pnotarstefano@aahsa.org or 202-508-9406. The draft is available at <http://tinyurl.com/2m5lo3>.

University of St. Thomas to Offer Mini MBA in Health Care Management

The Center for Business Excellence of the University of St. Thomas will be offering a Mini MBA in Health Care Management course that will run for three months beginning in January. The Mini MBA in Health Care Management is designed to provide anyone working in a hospital, clinic, or related organization, or running a small business serving the health care industry with the skills needed to address their organization's most challenging health care issues. From strategic planning to conflict resolution, the skills gained through this program will help participants in the workplace today and position them for advancement in the changing health care marketplace. Participants will meet on Thursday evenings, Jan. 17 to April 17, 2008, from 5:30 to 8:30 p.m. at the University's Minneapolis campus in Terrence Murphy Hall, 1000 LaSalle Avenue. For more information or to register, contact the Center for Business Excellence at (651) 962-4600 or visit

<http://www.stthomas.edu/cbe> (keyword: health care).

Changes to be Implemented in HUD Online Systems Security

In December, HUD is implementing a new Web Access Sub System (WASS) protocol that will not allow multiple concurrent sessions by the same user and any attempt by a second user or log-in to a second session using the same codes will immediately terminate the original session. According to the American Association of Homes and Services for the Aging (AAHSA), WASS is the "gatekeeper" that authenticates initial log-in and passwords given by owners/agents before they can access HUD's various secure systems. WASS users must apply for and be authorized for individual log-ins and passwords that are not to be shared, but AAHSA notes that concurrent sessions using a common access code apparently have been occurring. The new protocol should end that practice. Therefore, it is critical that all users obtain their own access codes and keep them confidential.

EIV Coordinators may now submit their Coordinator Access Authorization Form (CAAF) requesting re-certification of their contract(s) and/or property(ies) by either faxing the completed CAAF to the Multifamily Help Desk at (202) 401-7984 or by email to Mf_Eiv@hud.gov.

In an unexpected twist, AAHSA reports that some sites with lapsed Section 8 contracts may have lost access to the EIV system. A fix is expected by Dec. 8, which would prevent the termination of access for sites whose contracts are pending based on subsidy funding delays and gaps. Anyone who lost access will need to resubmit a CAAF and should do so as soon as possible. Providers with questions should contact the HUD Multifamily Help Desk.

Upcoming DHS Videoconferences Focus on Dementia, Communicating with Lead Agencies

DHS has scheduled two videoconferences in January that may be of interest to providers:

"Understanding Alzheimer's Disease and Related Dementias" is the topic for a Jan. 17 videoconference that will focus on Alzheimer's disease and the related dementias including definitions, signs, progress of disease, treatments and supports for individuals and families. There will be a special emphasis on frontotemporal dementia and the specific issues individuals and families face with this dementia. The presenters include: Marsha Berry, Education Manager, Alzheimer's Association Minnesota-North Dakota and Adine Stokes, Wayne Caron Family Caregiving Center, University of Minnesota.

On Jan. 24, DHS will offer a videoconference on "Effective Communication Between Workers and Lead Agency Case Managers: Navigating the Two-Step Process to Waiver Program Eligibility." This program is targeted to lead agency financial workers, case managers and health plan care coordinators, but may be useful to providers who work with these entities. The videoconference will:

- Provide background about Medical Assistance (MA) eligibility criteria for payment of LTC services
- Discuss the application process and ongoing eligibility for persons requesting services through a waiver program and how it relates to the communication form and process introduced in Bulletin #07-21-09, and
- Offer an opportunity for participants to ask questions and to provide feedback on the form and how the process is working.

DHS presenters for this videoconference are: Kim Carolan, Health Care Policy Analyst, Health Care Eligibility and Access; Sue Kvendru, Special Needs Purchasing for Seniors; Libby Rossett-Brown, Elderly Waiver Program Administrator; Thomas Skarohlid, Disability Services Division (DSD) Waiver Policy; and Paj Thao, Disability Services Division (DSD) Waiver Policy.

More information about these and other DHS videoconferences, including a 2008 training schedule, is found at <http://tinyurl.com/2ouph8>. Handouts and materials from previous videoconferences are archived on this site.

Pre-registration for any DHS videoconference is required, and the on-line registration form containing times and locations for videoconferences is found at <http://agingtraining.dhs.state.mn.us>. Any site for which there are no registrants one week prior to the event will be cancelled. Registration closes at 5 p.m. on the Monday prior to the session. Regrettably, no late registrations can be accepted. If you register for a program and then find you will be unable to attend, DHS requests that you cancel your reservation by using your confirmation number since others may be turned away if a site is full. For more information about DHS videoconferences, contact Mary Youle at myoule@mhha.com.

Contact Information for State Employees is Just a Mouse Click Away!

It's easy to find telephone numbers or e-mail addresses for state employees using the Minnesota White Pages, found at <http://www.mail.state.mn.us/>. Even if you're not sure of the spelling of the person's name, you can type in any part of the name (and the agency if possible) and you'll be able to locate the contact information quickly.

Association News

January District Meetings: Save the Date!

Mark your calendar today to join MHHA staff and your colleagues next month for our first district meeting of 2008. Our time will begin with a legislative town hall forum, where the MHHA advocacy team will sit down with you and a panel of legislators from your region to explain the environment facing providers, unveil our 2008 advocacy agenda and hear how this legislative

session is expected to unfold. Invited guests also include our partners from the Health Care Auxiliary of Minnesota (HCAM). Regional HCAM representatives will be invited to briefly share information on the future of their organization and their work to help bolster our call for legislative action.

Following this special town hall event, breakout programming for housing and care centers will provide an added value to your trip. Tap into the hallmark of these quarterly regional networking meetings by joining the discussion around the breaking trends with your colleagues.

Housing members will be discussing emerging legal issues in senior housing, ranging from financial implications of changes to Elderly Waiver customized living to information about tax-exempt status changes, service kitchens, and rent-related issues such as how people handle leave-days, security deposits and rent limits.

Care centers will be discussing ways to embolden advocacy efforts in each member facility, the latest technology trends emerging in both the region and around the state, lessons found implementing culture change best practices, and the latest design trends in remodeling and new project developments. Bring examples from your community and learn from colleagues in this leader-to-leader roundtable discussion.

Mark your calendar today and join us for this powerful day of advocacy and best practice discussions. Times may vary slightly given need to secure legislative guests. Watch your mail for locations and detailed agendas coming soon for the following meetings:

January 15, District C, 1-4 p.m.

January 16, District A, 12-3 p.m.

January 17, District B, 9-12 noon

January 22, District D, 9-12 noon

January 23, District E, 12-3 p.m.

January 24, District F, 9-12 noon

January 25, District G, 9-12 noon

For further information, contact Adam Suomala at 651-603-3530 or asuomala@mhha.com.

2008 Membership Dues

Invoices for 2008 membership dues were mailed last week. In most cases, invoices for members that are part of a multi-site organization were mailed to the corporate office. For members that also hold American Association of Homes for the Aging (AAHSA) membership, the invoice will also include your 2008 AAHSA dues.

MHHA remains mindful of the economically fragile condition of many of our care centers and of the investment membership dues represent for our housing and home and community-based services members. Should you have any questions about the invoice, MHHA's dues policy, the underlying method by which your 2008 were calculated, or the value proposition for your organization, please contact Adam Suomala at 651-603-3530 or asuomala@mhha.com.

2008 Member Directory Updates Due Now

A quick reminder to return your 2008 membership directory updates if you have not already done so. Updated forms were mailed in November with a requested return date of December 14. If you have any questions or need a new update form, contact Barbara Landeen at (651) 645-4545 or blandeen@mhha.com.

Space Reservation Deadline for the 2008 Member Directory and Buyer's Guide is Fast Approaching

The 2008 MHHA Member Directory & Buyer's Guide advertising deadline is fast approaching. MHHA Business Partners won't want to miss out on this great opportunity to get your name in front of MHHA members through your advertising support of this valuable member resource. MHHA members rely on this desktop directory and frequently use the publication as a networking, information and purchasing guide throughout the year.

If you have a product or service to advertise, check out MHHA's Media Kit at <http://www.mhha.com/inc/data/2008mediakit.pdf> for further information! MHHA's representative will be giving you a call (if she hasn't already) to talk with you about your advertising possibilities. But you don't need to wait until she calls--you can secure the best placement in the directory now by calling Megan Prosser at 651-815-0119 or mprosser@mhha.com.

Final advertising space reservation deadline is Jan. 11, with artwork due no later than Jan. 16, 2008. The directory will be published in March.

For best positioning, reserve your space now! Your contact at MHHA is Jenny Mims at 651-645-4545 or jmims@mhha.com.

Alliance Purchasing News

Hillyard Offers Solution to Help Reduce Staph Infections

Hillyard, an Alliance Purchasing vendor, offers products that can help providers reduce staph infections, such as MRSA, a type of staph infection that is resistant to many antibiotics and frequently causes skin infections. MRSA is spread by skin-to-skin contact and direct contact with drainage from an infected wound.

According to the Centers for Disease Control and Prevention (CDC), MRSA occurs most frequently among patients who undergo invasive medical procedures or who have weakened immune systems and are being treated in hospitals and healthcare facilities such as nursing homes and dialysis centers. MRSA in healthcare settings commonly causes serious and potentially life threatening infections, such as bloodstream infections, surgical site infections, or pneumonia. Things to look for are redness, warmth, swelling and tenderness. The appearance of MRSA can look like a spider bite, boil, abscess or turf burn.

CDC says the main mode of transmission of MRSA is through human hands, especially healthcare workers' hands. Hands may become contaminated with MRSA bacteria by contact with infected or colonized patients. If appropriate hand hygiene such as washing with soap and water or using an alcohol-based hand sanitizer is not performed, the bacteria can be spread when the healthcare worker touches other patients.

To reduce the possibility of spreading MRSA, Hillyard recommends that providers regularly sanitize their facility using a hospital-grade EPA registered disinfectant such as Hillyard's Re-Juv-Nal, Q.T., QT-TB, Vindicator+, Non Acid Restroom Disinfectant/Cleaner, QT Plus, Re-Juv-Nal HBV, Thickened Non Acid Bathroom Cleaner and Germicidal Foaming Cleaner.

More information on MRSA is found at http://www.cdc.gov/ncidod/dhqp/ar_MRSA_spotlight_2006.html. Please contact Scott Haag at 1-800-423-3550 or shaag@hillyard.com for information on purchasing Hillyard products.

AAHSA News

Photos of the People You Serve Now Serving Then

You know the valuable role older adults played in making our country what it is today. Now, we need your help to share that message nationwide. The American Association of Homes and Services for the Aging (AAHSA) is looking for photographs of today's residents and clients when they were "on the job." AAHSA will be using these photos to showcase the treasures these individuals gave us in the past and why we are obligated to celebrate their commitment today. Send your photos or questions to Keesha Atkins at katkins@aahsa.org or call her at 202-508-9440.

Earth-Friendly Designs are Elder-Friendly Designs

The AAHSA white paper, "Elder-Friendly, Earth-Friendly Design," discusses how "sustainable design," or "green building," is ideally suited in many respects to senior housing and care environments. The benefits are organized into four principal categories: air and climate, light and views, community and nature and cost control. The white paper, by Robert C. Pfauth, AIA, NCARB, is found at <http://tinyurl.com/24qz5w>. AAHSA has incorporated these design concepts into its Quality First checklist for providers, found at <http://tinyurl.com/22nvtm>. For more information, contact Bruce Rosenthal at brosenthal@aahsa.org or 202-508-9499.

MHHA thanks business partner UHF Purchasing Services and our other business partners for their support.

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