Top Stories
Legislative Update

Last Friday marked the Legislature's first committee deadline, when all bills have to pass in all the policy committees in at least one of the legislative bodies. This week is scheduled to be the second committee deadline, when all bills need to pass policy committees in both legislative bodies.

To date, all of the bills supported by Aging Services of Minnesota and the Long-Term Care Imperative have met these procedural deadlines.

While the Legislature still has the schedule set to adjourn by April 30, there are rumors that the Legislature could adjourn earlier. Adding to that speculation is news that the Legislature could be moving up its final deadline, in order to process budget bills earlier than expected.

The following is a summary of some of the key issues we tracked last week:

Mandatory Consultation

Negotiations continued this week with stakeholders and the Department on changes to mandatory consultation. Senator Hoffman (R-Vergas) and Senator Lourey (DFL-Kerrick) hosted a meeting of interested parties including Aging Services, Care Providers, AARP and the Department of Human Services (DHS). Agreement was reached on several points including: moving information upstream by developing protocols for Medical Homes and Hospitals to give individuals information about their housing options; allowing greater flexibility for one's designated or legal representative to participate in the options counseling; and creating some exemptions for individuals seeking a lease-only arrangement in a subsidized setting and for individuals who had already received a long-term care consultation.

Agreement was also reached with AARP over a written opt-out option. However, DHS continues to oppose efforts to provide an easier "opt out," saying that such a change would reduce the projected savings and, therefore, would result in a fiscal note. While legislators have questioned the validity of the fiscal analysis from DHS, in a session where there is going to be very little new spending on anything, any fiscal note could prevent these changes from moving forward.

On Friday, the Senate Health and Human Services Committee took SF 1704 off the table and passed the agreed upon language, including the written opt-out, and sent the bill to the Finance Committee. Aging Services of Minnesota, Care Providers of Minnesota, AARP Minnesota and a representative from the Senior Linkage line all supported the amendment. DHS testified that it did not have a position at this time because they have not been able to prepare a fiscal note for the exact language in the amendment. We will continue to work with the Department and legislators to work out solutions that will allow progress on the issue this year.

Background Studies

The House Health and Human Services Finance Committee heard legislation, HF 1985 authored by Rep. Joe Schomacker (R-Luverne), that changes the requirement that a license holder initiate a new background study on
an individual who returns to a position after an absence from 45 days to 180 days. This would reduce the need for providers to conduct a new background check for certain circumstances when a caregiver is away for a short period of time such as for maternity or medical leave or when an individual goes away for school. The bill was passed and referred to the House Ways and Means Committee.

**Moratorium Exceptions Funding and Health Information Technology Funding**

On Thursday, March 15, the House Health and Human Services Finance Committee heard two bills sponsored by the Long-Term Care Imperative. The bills heard were: HF2716 (nursing home moratorium exceptions); and HF2525 (health information technology). Both bills are authored by Rep. Joe Schomacker (R-Luverne). Jeff Bostic, Director of Data and Financial Policy, testified on behalf of Aging Services of Minnesota.

**HF2716** would fund the Moratorium Exception Process with $1.5 million each year on an ongoing basis. The Long-Term Care Imperative has characterized this as a jobs bill, as we estimate that the funding would create 2,487 new jobs and $311 million in total economic activity.

**HF2525** provides funding for health information technology grants for nursing facilities and assisted living establishments. Darrell Shreve, Vice President for Health Policy, testified on behalf of Aging Services of Minnesota.

The committee laid the bills over for possible inclusion in a budget bill. At this point, it’s not clear if they are going to do a budget bill in this session or not, but we are still hopeful that they will free up some funds to address key needs such as these.

**Other Legislation**

Additional bills moving through the committee process included **HF2738**, a constitutional amendment to require a photo ID to vote (Kiffmeyer, R-Big Lake), which passed out of the House Ways and Means Committee and the Rules Committee and has been sent to the floor. According to some reports, the bill may be taken up by the full bodies this week. Aging Services of Minnesota still has concerns about this proposal, as it could impact the voting rights of seniors. While the bill authors have repeatedly testified on the record that they will pass statutory fixes to our concerns in the 2013 legislative session, we are concerned that the proposed constitutional amendment may not provide the flexibility to allow those statutory adjustments.

The proposal for Minnesota to approve the Interstate Nurse Licensure Compact, **Senate File 230** (Gerlach, R-Apple Valley), has also cleared all committees in the Senate, and has been sent to the Senate Floor. Aging Services of Minnesota supports this legislation.

Finally, **Senate File 2173** (Kruse, R-Brooklyn Park), which authorizes automated pharmacy dispensing systems for nursing homes and certain housing with services establishments that have the ability to centralize storage of medications passed out of the Senate Health and Human Services Committee and was sent to the Senate Floor. The House Companion file, HF2626 (Lohmer, R-Lake Elmo) has not yet been heard. Aging Services of Minnesota supports this legislation.

**For further information:**
Contact Kari Thurlow at kthurlow@agingservicesmn.org.

**Just 12 Days before MDS 3.0 Changes Become Effective -- April 1**

You’ve read about it in *Monday Mailing* articles, heard about it at Aging Services education sessions, received notifications of updates for your RAI 3.0 manuals from the Minnesota Department of Health or participated in CMS’ Open Door Forum webinar regarding the latest RAI changes for MDS 3.0 that are rapidly approaching.

MS has made a series of additions, deletions and changes to some of the 3.0 assessment item sets, with significant changes in the areas of resident interviews for unplanned discharges and asking residents about returning to the community.

mong the modifications are new definitions for planned and unplanned discharges, changes to Section Q that
reduce the frequency of questions about a resident's preference to return to community, and less frequent edits to the RAI. The changes reduce the size of the current discharge assessment from 111 questions to 89 questions for planned discharges and 77 questions for unplanned discharges. Providers can now carry forward resident interview coding from scheduled PPS assessments to standalone unscheduled assessments (COT, SOT, and EOT), provided that the most recent scheduled assessment interviews were performed no more than 14 days prior. A new item is Q0490, Resident's Preference to Avoid Being Asked Question Q050B regarding returning to the community.

While most of the changes will take little effort to implement, it is important for providers to read through the changes and know what they mean, and how they impact resident care processes. A quick reference check list tool regarding the changes and what nursing facility providers need to do in response to each change has been developed by Aging Services Nurse Consultant Liz Sether and Vice President of Health Policy Darrell Shreve and will be sent electronically to Aging Services members on Wednesday (3/21).

Allure to upgrade your software with the April 1 changes will result in errors. Because MDS 3.0 requires new items on assessments you should contact your software vendor for a software upgrade prior to encoding assessments with a Target Date of 04/01/2012 and later. The enhanced software should incorporate the changes contained in the MDS 3.0 Submission Specs V1.10.1, which can be found at: http://www.cms.gov/NursingHomeQualityInits/30_NHQIMDS30TechnicalInformation.asp. jRAVEN users will find jRAVEN 1.1.4 available for download after 03/27/2012 at https://www.qtso.com/ravendownload.html. This upgrade incorporates the changes beginning 04/01/2012.

CMS has also given notice that MDS changes will take place less frequently in the future and they plan to release errata documents on only those pages where changes and modifications are made, making it easier for providers to maintain the RAI manual. After the next release in October of 2012, the future plans are to issue updates only once per year, making it easier for providers to remain current on changes in policy and instructions.

For further information:
Contact Darrell Shreve at dshreve@agingservicesmn.org or Liz Sether at esether@agingservicesmn.org.

District Days at the Capitol Are This Week!

"As we head into the upcoming election year, face time and advocacy this session is as much about passing laws in the next few months as it is about laying the groundwork for the campaign/election season." That was part of the framing from Aging Services Board Chair, Bob Dahl as he issued a challenge to all Aging Services members last week to attend a District Day at the Capitol scheduled for later this week.

"I assume, like many members, you may wonder whether it really matters to take time out of your busy schedule to participate in our District Days at the Capitol," offered Dahl. "What I can share from my perspective - having attended each of our Association's events the past few years - is that our presence is felt on these days and the face-to-face opportunities with elected officials do matter, possibly more than we can first appreciate. While our individual conversations with legislators may each make only small impacts, by working together during these days our power becomes a force fully capable of changing the course of the session."

District meetings begin this Wednesday -- and appointments with legislators are being made by Vice President of Advocacy, Kari Thurlow, who will conduct a training session for members each day starting at 10 a.m. at the Wilder Center in St. Paul. Aging Services strongly suggests members consider bringing trustees, staff and community leaders to join in this effort. "I want legislators to look you in the eye and tell you what they are going to do for you this session," said Dahl. "Don't give upâ€¦ that makes it too easy on them!"

Mark Your Calendar:
District A, Friday, March 23, 10-3
District B, Friday, March 23, 10-3
HUD Issues NOFAs for 2012 Funding for Service Coordinators and AL Conversion Program

HUD has now released the FY 2012 Notice of Funding Availability for the Service Coordinator and Assisted Living Conversion Program.

The Service Coordinators in Multifamily Housing Grant has $15 million available and applications are due May 14. Find out more on the HUD grants/NOFA pages (including general section info) at [http://portal.hud.gov/hudportal/HUD?src=/program_offices/administration/grants/fundsavail/nofa12/alcp](http://portal.hud.gov/hudportal/HUD?src=/program_offices/administration/grants/fundsavail/nofa12/alcp) and on Grants.gov (to register for updates and access electronic documents, etc) at [http://www07.grants.gov/search/search.do?&mode=VIEW&oppId=152674](http://www07.grants.gov/search/search.do?&mode=VIEW&oppId=152674).

The Assisted Living Conversion Program (ALCP) for Eligible Multifamily Projects Grant has $25 million available and applications are due May 15. More information on applying for this grant is found on the HUD grants/NOFA pages (including general section info) [http://portal.hud.gov/hudportal/HUD?src=/program_offices/administration/grants/fundsavail/nofa12/scmf](http://portal.hud.gov/hudportal/HUD?src=/program_offices/administration/grants/fundsavail/nofa12/scmf) and on Grants.gov (to register for updates and access electronic documents, etc) at [http://www07.grants.gov/search/search.do?&mode=VIEW&oppId=152693](http://www07.grants.gov/search/search.do?&mode=VIEW&oppId=152693).

LeadingAge says that webcasts are usually conducted for the various NOFA categories, but that HUD has not yet announced any. Providers interested in applying for these grants should check periodically at [http://portal.hud.gov/hudportal/HUD?src=/press/multimedia/videos](http://portal.hud.gov/hudportal/HUD?src=/press/multimedia/videos) for updates.

For further information:
Contact Mary Youle at myoule@agingservicesmn.org.

Infographic: Is Minnesota Ready for the Age Wave?

For a long time, senior care advocates, lawmakers and the media talked about the Age Wave as something that was "on the horizon" -- somewhere out in the future.

Today, that wave of growing demand is on our front door step, and it's time to ask a key question: Is Minnesota ready?

The second (here is the first) in a series of infographics from the Long-Term Care Imperative focuses on the demographic and economic realities we face, and how Minnesotans feel about specific proposals to help the state -- and individuals -- prepare for the future.

Click here to see the latest infographic on the AgingExchange blog.

State News
Emergency Medical Assistance Issues Still Unresolved

More than two months after the implementation of legislative changes limiting the services covered by the
Emergency Medical Assistance (EMA) program, a number of issues about the future of the program remain unresolved. As a result of the changes, EMA now covers only specific emergency medical services, which does not include most nursing home and home care. Many of the individuals denied coverage under the new policy have appealed that determination, and DHS has not acted on most of those appeals yet. In the meantime, coverage is continuing for those clients who have appealed, but the expectation is that coverage will end for many clients once those appeals are decided.

Aging Services has been participating in meetings of the EMA alliance which is seeking some combination of administrative or legislative solutions to address the needs of the clients served by the program. This past week the Governor's supplemental budget proposed an expansion of benefits under EMA, to include cancer treatment and dialysis. Even if the Legislature approves the $5 million in annual funding for those services, there remains no way to cover LTC needs for this population. We will continue working with DHS and the Legislature over the next few weeks to try and craft a lasting solution.

Members who are currently serving EMA clients may want to connect that client with the Immigrant Law Center of Minnesota to see if they can be of assistance. In some cases, EMA clients have had their immigration status changed so that they can be covered by the traditional Medical Assistance program. The contact with the Immigrant Law Center of Minnesota is Micaela Schuneman who can be reached at micaela.schuneman@gmail.com or 651.641.1011.

For further information:
Contact Jeff Bostic at jbostic@agingservicesmn.org.

DHS Asking for Public Comment on Proposed Demonstration of New Care Model for Dual Eligibles

The Minnesota Department of Human Services (DHS) is currently working under a federal demonstration program to build on current state initiatives to improve care coordination for individuals who are eligible for both Medicare and Medicaid. Today, DHS is posting their proposal for a demonstration project, which if approved by CMS will become the successor to the longstanding MSHO program for dual eligibles.

Members who are interested in reviewing the proposal, and other materials related to state activities under the federal demonstration program, can go to http://www.dhs.state.mn.us/dualdemo. Members who want to comment on the state's proposal should be aware that comments are due by April 19 and should be sent to dual.demo@state.mn.us.

DHS has hosted several work group meetings as they have developed the dual eligibles demonstration proposal, and Aging Services has been involved in that process and will be submitting comments on the proposed demonstration.

According to DHS, the changes in the demonstration are designed to align incentives between primary, acute and long-term care, promote accountability for total costs of care across both Medicare and Medicaid, improve health outcomes, implement provider payment reforms, and focus on person-centered care coordination to achieve a seamless experience for dually eligible members.

It is not clear yet how different this demonstration, if approved, will be from the current MSHO program. However, it does appear that the state intends to take a stronger role in the process under the demonstration, including benefitting directly from any savings that are created. In addition, the demonstration is designed to build on many of the existing health care reform efforts, such as Accountable Care Organizations and Health Care Homes, and to the extent that those efforts reduce costs providers will also potentially be able to receive financial rewards under the demonstration proposal.

For further information:
Contact Jeff Bostic at jbostic@agingservicesmn.org.
Save the Date: 2012 PIPP Conference Scheduled for May 17

The Minnesota Department of Human Services (DHS) has announced the date for the annual Performance-based Incentive Payment Program (PIPP) conference which will be held on May 17, 2012. The location for this year's conference will be announced at a later date.

The theme for the 2012 conference will be organizational change. An exciting line-up of inspiring speakers as well as presentations by facilities that have enjoyed successful projects is being planned. Flyers and registration information will be available later this spring.

The poster sessions will be back by popular demand. In the near future all facilities that have completed a PIPP Project will receive an invitation to participate. A poster session is a great opportunity to present your project, highlight your facility and inspire other facilities to make change. DHS will be providing easy instructions and suggestions for providers to use to develop a poster that will encourage the audience to stop by and discuss your project with you.

If you have any questions about the conference or the poster sessions, please contact Jan Garard at jan.garard@state.mn.us or 651.431.2274.

Quarterly Meeting of Provider Associations and MDH

Last Wednesday Aging Services of Minnesota hosted the year's first quarterly meeting with Minnesota Department of Health (MDH) staff and provider LTC associations. The discussions covered issues for care centers and home care/assisted living.

For care centers, most of the discussion concerned various issues around the reporting requirements under federal regulations. These included the definition of "immediately" reporting, reporting to the administrator or the person in charge in the administrator's absence, policies and procedures that incorporate federal requirements, and definitions of what is reportable. These and similar issues should be addressed by the stakeholders group that the Legislature directed MDH to form to create reproducible documents for the benefit of providers, surveyors, and OHFC inspectors. MDH expects to start this process within a month or so.

Other topics of interest to care center members included:

- MDH will resume identifying QIS survey data by survey team, once they resolve some definitional issues. For example, if a survey team has two surveyors from Bemidji and two from Duluth, which team would be credited with the survey? Aging Services recommended that MDH simply finalize its definitions and tell providers what they are.

- CMS has approved a request for MDH to provide and receive the statement of deficiencies (the 2567 form) electronically, but MDH doesn't have the funding or the IT commitment to accomplish this now. MDH will explore possible intermediate approaches to try to alleviate the "cut and paste" aspect to filing plans of correction.

- MDH has not been able to determine why the statements of deficiencies that are posted on the MDH website are such large files. Aging Services had alerted MDH to the issue--for example, one recent survey (about 80 pages) requires 26 MB of memory, where it would have been perhaps 4 MB previously. The larger size greatly increases the download time, which clearly will make it more difficult for consumers, providers, or anyone else to utilize these documents.

For home care and assisted living, there was considerable discussion about changes in surveyor expectations. In some cases, it appears that the decision to remove home care surveys from the case mix review teams has resulted in surveyors implicitly or explicitly applying nursing facility standards to home care. In other cases, surveyors are citing under the Bill of Rights a provider's failure to follow accepted standards of practice--but
without any clear statement as to what those standards are.

Additional items of interest for home care members included:

- Resumption of posting of survey results on MDH's website (it's been over a year since MDH stopped posting them). MDH will have discussion with their IT people to get this started again.
- Inclusion of the provider's right to request an informal meeting with MDH to clarify issues or exchange information. There have been instances where a simple exchange of information would have prevented the issuance of unwarranted citations.

For further information:
Contact Darrell Shreve at dshreve@agingservicesmn.org, Mary Youle at myoule@agingservicesmn.org, or Liz Sether at lsether@agingservicesmn.org.

Update on the Family Deductible for Waiver Clients
Aging Services and providers were surprised that the new family deductible, passed during the 2011 special session, applied to waiver clients. In late January, the Department of Human Services (DHS) added information about this new client charge to its website.

The website says that the monthly family deductible of $2.55 is deducted from the first claim DHS receives in a month that is processed for payment. The deductible amounts appear on provider RAs with adjustment reason code PR1. Providers may then collect the deductible from the adult recipient after the amount has appeared on your RA.

More details on the family deductible are found at: http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_146878#P20_1122.

Federal News
CMS Announces New Initiative to Reduce Costly and Avoidable Hospitalizations
Last week, the Centers for Medicare & Medicaid Services (CMS) Innovation Center issued a request for applications to participate in the Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents. This new effort aims to improve the quality of care for people residing in nursing facilities. The total funding available is $128 million with awards ranging from $5 million to $30 million.

CMS will support organizations that will partner with nursing facilities to implement evidence-based interventions to improve the quality and costs of care. The initiative is focused on long-stay nursing facility residents who are enrolled in the Medicare and Medicaid programs, with the goal of reducing avoidable inpatient hospitalizations.

CMS states that too often nursing facility residents experience potentially avoidable inpatient hospitalizations. These hospitalizations are expensive, disruptive and disorienting for frail elders and people with disabilities. Nursing facility residents are especially vulnerable to the risks that accompany hospital stays and transitions between nursing facilities and hospitals, including medication errors and hospital-acquired infections.

Many nursing facility residents are enrolled in both the Medicare and Medicaid programs (Medicare-Medicaid enrollees). CMS research on Medicare-Medicaid enrollees in nursing facilities found that approximately 45% of hospital admissions among those receiving either Medicare skilled nursing facility services or Medicaid nursing facility services could have been avoided, accounting for 314,000 potentially avoidable hospitalizations and $2.6 billion in Medicare expenditures in 2005.

Through this initiative, CMS will partner with eligible, independent, non-nursing facility organizations (referred to as "enhanced care & coordination providers") to implement evidence-based interventions that reduce avoidable hospitalizations. Eligible organizations can include physician practices, care management organizations, and
other public and not-for-profit entities.

The enhanced care & coordination providers will collaborate with states and nursing facilities, with each enhanced care & coordination provider implementing its intervention in at least 15 partnering nursing facilities.

Applicants will propose an intervention that meets the objectives of the initiative, which those selected will then implement. All enhanced care & coordination providers in this initiative must:

- Hire staff who maintain a physical presence at nursing facilities and partner with nursing facility staff to implement preventive services;
- Work in cooperation with existing providers;
- Facilitate residents' transitions to and from inpatient hospitals and nursing facilities;
- Provide support for improved communication and coordination among existing providers; and
- Coordinate and improve management and monitoring of prescription drugs, including psychotropic drugs.

For example, past demonstrations have reduced avoidable hospitalizations by deploying nurse practitioners in nursing facilities to manage residents' medical needs on the spot, when possible. Others have implemented quality improvement and communications tools to identify, assess, communicate, and document changes in resident status.

Interventions will be evaluated for their effectiveness in improving health outcomes and providing residents with a better care experience. This initiative is expected to last for four years from August 2012 to August 2016.

Organizations interested in applying to participate in this initiative must submit a proposal by June 14, 2012. Applicants must include letters of support from the relevant State Medicaid Director and State Survey & Certification Director and letters of intent from at least 15 nursing facility partners in the same state. Notices of Intent to Apply are due April 30, 2012.

CMS will give preference to applications for initiatives in geographic locations where there are high Medicare costs, high hospital readmission rates, and where Medicare-Medicaid enrollees account for a high percentage of nursing facility residents.

Aging Services of Minnesota is a partner in the Reducing Avoidable Readmission Effectively (RARE) Campaign which is a collaborative Minnesota effort to prevent 4,000 avoidable readmissions by Dec. 31, 2012 by engaging hospitals and providers across the continuum of care. We have reached out to the three lead organizations involved with RARE--the Minnesota Hospital Association, Stratis Health and the Institute for Clinical Systems Improvement (ICSI)--to explore options for a grant application that will bring some of these federal resources to Minnesota.


**For further information:**
Contact Lori Meyer at lmeyer@agingservicesmn.org.

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**Federal District Court Upholds NLRB Poster Requirement**

On March 2, the Federal District Court in the District of Columbia issued an opinion that the National Labor Relations Board (NLRB) lawfully promulgated a rule requiring employers to place an 11" x 17" poster in the workplace informing employees of their rights under the National Labor Relations Act. The **poster requirement is to be effective on April 30.**

Providers can find the poster, a Frequently Asked Questions document and other information on this NLRB requirement at [https://www.nlrb.gov/poster](https://www.nlrb.gov/poster). The district court opinion is found at [http://www.agingservicesmn.org/inc/data/Link_NLRB_Poster_Decision.pdf](http://www.agingservicesmn.org/inc/data/Link_NLRB_Poster_Decision.pdf).

The district court, however, struck down a provision of the rule that made the employer's failure to post the
notice a per se unfair labor practice. The court said that its decision does not prevent NLRB from finding that a
failure to post constitutes an unfair labor practice in a specific case, but that to do so, the NLRB would have to
make a specific finding based on the facts and circumstances in the individual case that the failure to post
interfered with the employee's exercise of his or her rights. The court said, "this memorandum opinion simply
holds that the Board cannot make a blanket advance determination that a failure to post will always constitute an
unfair labor practice."

In addition, the court also ruled that the NLRB cannot use the employer's failure to post the notice as a basis to
toll [or extend] the 6-month statute of limitations that employees/unions have to file and unfair labor practice
charges. The court found that the NLRB rule "substantially amends the statute of limitations that Congress
expressly set out in the statute. And because Congress left no ambiguity as to the appropriate statute of
limitations under section 160(b), the Board's promulgation of this provision exceeds its statutory authority..."

LeadingAge reports that the National Association of Manufacturers, which brought the suit, plans to file an appeal
to the Federal Court of Appeals for the District of Columbia. Another challenge to the rule by the U.S. Chamber of
Commerce is awaiting a decision by a Federal District Court in South Carolina. Despite the March 2 district court
ruling and the planned appeals, the NLRB rule is expected to go into effect on April 30.

For further information:
Contact Jennifer Hilliard, LeadingAge Public Policy Attorney, at jhilliard@LeadingAge.org or 202.508.9444.

New DOL Rule Would Increase Pay and Benefits for Some Home Care Workers

The U.S Department of Labor (DOL) is expected to finalize a rule that modifies a current exemption that excludes
some home care workers from federal wage and overtime requirements. Although Minnesota state law already
requires that these workers be paid minimum wage for all hours worked, this proposed rule has been very
controversial in states without this protection.

According to ALFA, the Fair Labor Standards Act currently exempts "companionship services" from federal wage
and overtime laws. The new rule would limit this exemption by more clearly defining the tasks that could be
performed by an exempt companion and no longer allowing third party employers, such as home health
agencies, to claim the exemption. More about the proposed rule is found at http://www.dol.gov/whd/flsa
/companionNPRM.htm.

A detailed discussion of the history of the companionship exemption is found in Section 10 of the December 2011
PHI report, Caring in America, A Comprehensive Analysis of the Nation's Fastest-Growing Jobs: Home Health
and Personal Care Aides, by Dorie Seavey, Ph.D., Director of Policy Research, with Abby Marquand, M.PH., Policy
Research Associate. The Caring in America report is available at http://www.agingservicesmn.org/inc/data
/caringinamerica-20111212.pdf.

This report found that 21 states, including Minnesota, and the District of Columbia already require that home
care workers be paid the state minimum wage for all hours worked. Moreover, 16 of those states also provide for
overtime pay at time and a half to some or all home care and personal assistance workers who work over 40
hours in a workweek. The report references Minnesota's law (MN Statute Â§177.23, subd. 11) that allows
minimum wage and overtime laws to exclude nighttime hours worked by companions if the employee is available
to provide services but does not actually do so and Â“is free to sleep and otherwise engage in normal private
pursuits" in the client's home.

ALFA says that supporters of the rule argue that the current exemption for companions has been exploited,
causing economic hardship for home health workers. Opponents argue that an increase in workers’ overtime will
require employers to cut staff hours and raise consumers' costs, which will cause more consumers to look for
services from unqualified providers and potentially lead to more abuse. There are also objections to some
aspects of the rule seen as overly prescriptive.
Another Federal Perspective on Provider Taxes

Sometimes the federal government puts information where it's not expected. In this case, LeadingAge found that the new Medicaid and CHIP Payment and Access Commission included conclusions about provider taxes in its second report to Congress, which mostly deals with Medicaid issues and the population below the age of 65.

The report ("MACPAC March 2012 Report to the Congress on Medicaid and CHIP") describes several situations involving provider taxes, illustrating how the different variations work. Interestingly, the report concludes that federal officials don't have sufficient data to make valid comparisons on state expenditures, given the variability of these provider taxes (and the fact that some states do not use them at all). LeadingAge speculates that the report may stimulate CMS to collect more or better data.

Members can Download the report.

For further information:
Contact Darrell Shreve at dshreve@agingservicesmn.org.
Quality Indicator Survey (QIS) is meeting CMS objectives to improve the efficiency, accuracy, and consistency of the long-term care facility survey process.

Specifically, GAO recommends that CMS:

- Develop a means--such as performance goals and measures--to routinely monitor the extent to which CMS is making progress in meeting the objectives established for the QIS.
- Develop and implement a systematic methodology to track state survey agencies' progress with implementation activities.
- Develop and implement a systematic method for obtaining, compiling, and sharing information from state survey agencies about their implementation experiences.

On behalf of CMS, the federal Health and Human Services Department indicated that it would work to implement the recommendations.

For further information:
Contact Darrell Shreve at dshreve@agingservicesmn.org.

Medicare Claims in Version 5010 Format April 1st

Aging Services reminds members that Medicare claims must be submitted in Version 5010 format, effective April 1. If they are not, they will be rejected or denied. Check with your vendor, if you haven't already.

For further information:
Contact Darrell Shreve at dshreve@agingservicesmn.org.

Question of the Week

Q. In our care center, we have a resident who wants us to remove the bed. She wants to sleep in her recliner instead. Can we do this?

Yes. There is no regulation that requires the resident to sleep in the bed. The resident can sleep in the recliner or on the floor or wherever else they choose that is safe. However, the resident's room must have a single station smoke detector or the facility must have a fire sprinkler system that covers that room. Otherwise, the recliner must meet an obscure test specified in the 2000 Life Safety Code (NFPA 101), section 10.3.2. (2) or (3).

You must verify that the recliner is in good working order. Here are some guidelines to follow:

1. You have to document the request in the resident's record and put it in the care plan.
2. The resident can request the bed back at any time.
3. You have to make sure that the arrangement in the room does not pose any threat to health or safety to the resident or staff.
4. You have to assess the resident's ability to use the recliner safely and determine what assistance the resident needs.
5. You need to check the resident for any problems (e.g., pressure ulcers) that may develop.

When the survey team shows up, you will want to let them know about this resident's situation, just so they aren't surprised.

For further information:
Contact Darrell Shreve at dshreve@agingservicesmn.org.

News Briefs

Report Shows Alzheimer's to Increase 30% by 2025; Registration Opens for Aging Services' Dementia Certificate Training Program
ALFA recently highlighted a new report that measures the cost of Alzheimer's on the person with the disease, on caregivers, and on the economy. The report also covers the prevalence of Alzheimer’s and projects that the number of people with Alzheimer’s disease will grow exponentially over the coming years.

*2012 Alzheimer's Disease Facts and Figures*, an annual report released by the Alzheimer's Association, finds that the costs associated with the disease, both human and fiscal, are growing at a disturbing rate. In 2012, the annual direct care costs for those with Alzheimer's disease are estimated to be $200 billion. By 2050, the annual direct care costs, in today's dollars, are projected to balloon to $1.1 trillion dollars. Most of these costs are paid for through Medicare and Medicaid, with less than one forth paid privately.

Currently, 5.4 million Americans have Alzheimer's disease. 5.2 million are aged 65 and over, meaning that one in eight seniors has Alzheimer's disease. This number is expected to increase 30 percent by 2025 and triple by 2050. Of those with Alzheimer's, 800,000 live alone and half of these individuals do not have an identifiable caregiver. These individuals who are living alone are at increased risk for inadequate self-care, malnutrition, untreated medical conditions, falls, wandering from home, and accidental deaths. Most individuals, however, receive care either in a skilled nursing facility, assisted living community, or by a family caregiver.

The need for caregivers skilled in addressing the needs of individuals with Alzheimer’s disease or related dementias has never been greater.

Last year, Aging Services of Minnesota pioneered a Dementia Certificate Program in partnership with the Alzheimer's Association. This first-of-its-kind training series earned rave reviews from those who participated and is once again being offered to individuals and providers who seek to increase their skills in serving older adults with dementia. For further information about the program or to register, click [here](http://www.agingservicesmn.org/index/viewnewsletter?filter=Monday Ma...).

**OIG Establishes Compliance 101 Web Page**

The Office of Inspector General (OIG) has developed "Compliance 101" an online educational resource to help health care providers, practitioners, and suppliers understand the health care fraud and abuse laws and the consequences of violating them.

These compliance education materials can also provide ideas for ways to cultivate a culture of compliance within a health care organization. The web page includes compliance guidance, webcasts and other training materials, as well as resources for boards.

To access this resource click [here](http://www.agingservicesmn.org/index/viewnewsletter?filter=Monday Ma...):

**2012 Meeting of the Minds Dementia Conference a Success**

Aging Services was proud to be a dedication sponsor of the 2012 Alzheimer's Association *Meeting of the Minds* Dementia Conference held last Saturday, March 17 at St. Paul's RiverCentre. Drawing over 1,200 professional caregivers, family members, researchers and individuals away from the festivities of the St. Paul St. Patrick's Day parade held outside, it proved to again be a powerful day designed to inform, equip and support persons with dementia, family caregivers and professionals in the aging services field.

From Dick Wagner kicking off the event with a first person account of living with Alzheimer's to addresses by both of Minnesota's US Senators, Amy Klobuchar and Al Franken, to closing the conference with a laugh from comedian Suan Vass, the day was packed with passion, information and resources.

Dozens of Aging Services members were on hand to learn as well as to share information about their housing and services with families. *Aging Services* staff could also be found in the Expo hall sharing brochures for our *2012 Dementia Care Certificate Program* -- a first of its kind in the nation educational partnership with the Alzheimer's Association. Learn more at [http://www.agingservicesmn.org/index/data/2012DementiaCertificateProgramBro.pdf](http://www.agingservicesmn.org/index/data/2012DementiaCertificateProgramBro.pdf).
Aging Services also discussed the *Confident Choices for Senior Living* program with family members. Learn more how your community can get involved at [http://www.agingservicesmn.org/index/Q...](http://www.agingservicesmn.org/index/Quality_Initiatives).

For more information on this annual event or other initiatives of the Minnesota-North Dakota Chapter of the Alzheimer's Association, visit [http://www.alz.org/mnnd/](http://www.alz.org/mnnd/).

**For further information:**
Contact Adam Suomala at [asuomala@agingservicesmn.org](mailto:asuomala@agingservicesmn.org).

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**Association News**

**Welcome New Business Partner Members**

We encourage you to look to our Business Partners when you are researching products or services. A complete listing of all our Business Partners can be found online in our Vendor Directory at [http://www.agingservicesmn.org/index/VGDirectory](http://www.agingservicesmn.org/index/VGDirectory). Our Business Partners offer a wealth of expertise and look forward to the chance to work with and support your organization.

Aging Services of Minnesota welcomes the following three new Business Partners:

**Big Stone Therapies, Ortonville**
Kristen Pearson Ash, Regional LTC Manager
Product/Service Category: Rehabilitation Services

**CFS Interiors, Eagan**
Andy Marden, Sales Associate
Product/Service Category: Furnishings/Interiors

**Lancaster Pollard, Lawrence, KS**
Quintin Harris, Vice President
Product/Service Category: Financial/Investment Services

Do you work with a company that would benefit from Business Partner membership? Please send contact information to Jenny Prosser, [jprosser@agingservicesmn.org](mailto:jprosser@agingservicesmn.org) and she'll forward them all the information they need to become members.

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**Deadline Less than Three Weeks Away for Ordering Stars Among Us: Inspire.Serve.Advocate Themed Products for Homes for the Aging**

This year Aging Services is offering purple T-shirts and posters with the theme *Stars Among Us: Inspire. Serve. Advocate*, and 16 oz. tumblers and note cards with Stars Among Us designed in bright lively colors and original artwork.

We are only taking pre-orders for the printing of the T-shirts and posters. Since only one print run is scheduled, be sure to plan for other recognition events you hold during the year where this theme could enhance your festivities.
Order schedule
(in time for Homes for the Aging Week)
Place order by April 6 for delivery by May 3

Click on Order Now for an order form and photos/descriptions of the products. Each organization should consolidate individual staff orders into one order. We can invoice your organization or prefer only one credit card per organization order. Photos of the products and the order form can also be found on our website at www.agingservicesmn.org. Look for the Stars Among Us icon on the home page.

For further information:
Contact Jenny Mims at jmims@agingservicesmn.org or call 651.659.1407.

Aging Services of Minnesota Education and Resources
Three Popular Certificate Programs Now Open for Registration

With the onset of spring, Aging Services' educational programming is in full swing. Three popular and highly regarded certificate programs have been updated for 2012 and are now open for registration. These multi-day programs are held over the course of several months and provide in-depth training on specific focus areas.

Class sizes are kept small to maximize interaction and shared learning. Historically these courses sell out with waiting lists, so we encourage members to register early to ensure a spot.

Dementia Care Certificate Program - begins April 19
The popular program returns for the second year after a highly successful debut in 2011. It begins on April 19 with Module #1 - Overview and Early Dementia (Webinar 1:30 - 2:30 p.m.) This first-of-its-kind program in the nation was developed in partnership with the Alzheimer's Association Minnesota-North Dakota. The full course takes place over six months and includes twelve modules on specific topics. Get in on this amazing training series from the beginning and register today. View the series brochure here: http://www.agingservicesmn.org/inc/data/2012DementiaCertificateProgramBro.pdf.
Registration is open for all modules at www.agingservicesmn.org. (click on Events).

Nursing Leadership Symposium - begins April 2
In its 15th year, this comprehensive training series spans five months and fifteen classroom days to develop the essential skills that make a great leader of clinical services in care settings. It was designed for newly appointed directors of nursing, assistant/associate directors, nurse managers, and any nursing professionals on a leadership track in long-term care. Read the full course brochure at http://www.agingservicesmn.org/inc/data/2012NursingLeadershipSymposium2.pdf and register at www.agingservicesmn.org.

10th Annual Housing-with-Services Management Certificate Program - begins April 17
Aging Services' Housing-with-Services Management Certificate Program is the premier training ground for senior housing professionals in the state. Professionals attending this six-part course will gain the tools you need to successfully meet the increasingly complex requirements of managing a housing-with-services building. With the ever-changing landscape of older adult services comes increased scrutiny by the media, lawmakers, regulatory agencies and public. This certificate program was designed to be a rigorous training course that not only prepares professionals for the demands of the job, but also upholds credibility to these key stakeholders. View the course brochure at http://www.agingservicesmn.org/inc/data/2012HWSManagement.pdf and register online at www.agingservicesmn.org (click on Events).

For further information:
Contact Heidi Simpson at hsimpson@agingservicesmn.org for program content information, and Kellie Carlson at kcarlson@agingservicesmn.org with any questions about registration.

Member News
Stars Among Us Spotlight: Katie Kopher, Jones-Harrison in Minneapolis

The Stars Among Us campaign is an initiative of Aging Services of Minnesota. Our goal is to recognize and celebrate the individual caregivers and aging services professionals who dedicate their lives and careers to serving older adults. They are the backbone of our senior care system. Their stories don't often make headlines, but they are changing lives every day.

This week, we're shining a light on Katie Kopher, Assisted Living Program Coordinator at Jones-Harrison in Minneapolis:

What inspires you to serve older adults? Is there a mentor or fellow caregiver who motivates or helps you? What keeps you going on tough days?
The stories I've have heard, the lessons I've learned, the tears I've shared and the happiness brought to my heart to know such a wonderful generation! I wake up every morning excited to go to what some may call work, I call an energizing community. I can thank my mother for being an activities director at a nursing home when I was born. She continues to work in therapeutic recreation.

My mom taught me that it isn't about "me." I plan to pass the same passion and spirit on to my daughter as my mother did with me. It's being supportive and having compassion no matter who you work with. There are tough days. I keep a picture of my papa on my desk and when it is tough I look at it and say "What next papa?" I then remember that there is a reason for life's events and to keep painting the fence or the paint will dry!

Click here to read the rest of Katie's story at the AgingExchange blog.

Sue Wiesner to Retire After 29 Years at Samaritan Bethany in Rochester

Congratulations to Sue Wiesner, administrator of Samaritan Bethany Home on Eighth. Sue will retire this week after 29 years of service and leadership at Samaritan Bethany.

All are invited to a public open house celebration to honor Sue's accomplishments:

When: Wednesday, March 28, 1 - 4 p.m. There will be a short program in the Chapel at 2 p.m.
Where: Samaritan Bethany Home on Eighth, 24 8th Street NW, Rochester, MN 55901
Not one to back away from any challenges or changes over the years, Sue is known both in her organization and within the Aging Services membership as a leader that couldn't be slowed down when there was good work that needed doing. She has always been one to roll up her sleeves to get things done, whether that meant scrubbing down the walls herself to save money on opening a new construction project or redesigning operations and budgets to be more person-directed.

As an ardent champion of Samaritan Bethany's culture change journey and recent campus relocation, Sue leaves a legacy of results that can be felt each time you walk into a Samaritan Bethany community.

Congratulations, Sue and thank you for your many contributions!

**Dream a Little Dream - in Paynesville**

The Paynesville Area Health Care System is making dreams come true for its long-term care residents. The social work department at PAHCS recently launched a new program the health care organization is calling "Dream a Little Dream." The new program is collecting dreams - big and small - from its long-term care residents and making them come true with the help of donations and volunteer support.

A resident enjoys a golf trip which was a miracle! Pictured with the resident is Scott Libel, physical therapist.

With funding from the PAHCS foundation and in partnership with a non-profit organization called Second Wind Dreams, the social work department embarked on the new adventure of collecting and fulfilling dreams for its senior residents this month. The program, expected to run indefinitely, is currently collecting dream requests from its 52 residents at Koronis Manor. The program will eventually collect and fulfill dream requests from residents at all three long-term care facilities: Koronis Manor, 700 Stearns Place, and Washburne Court.

Social workers April Stadtler and Trish Barten are serving as the program's "dream-weavers." The "Dream a Little Dream" program is a model program of Second Wind Dreams, an international organization that grants dreams for seniors in an effort to change the perception and experience of aging and to empower elders to age with hope, dignity, and joy. "The program is not only empowering to our seniors but also to our staff and community in the work we will do together to make dreams become reality," said Stadtler.

Dream requests can be as simple as a new dress, all the way to a hot air balloon ride, according to Stadtler. "The sky is the limit for our dreaming seniors. We really can do anything," she said. According to information from the Second Wind Dreams website, elders' dreams typically fall into these categories: relationship-based dreams (i.e. reuniting with family and old friends); need-based dreams (a cupholder for a wheelchair); life-long dreams...
(learning to play piano or graduating from high school); dreams for fun (a trip to the zoo or meeting a celebrity); reliving past experiences (a trip to a favorite restaurant); and "wake up sleeping dreamers" (dreams for residents with dementia or Alzheimer's).

Partner News
LeadingAge Researchers Win $698,000 Grant to Study Housing-With-Services

The LeadingAge Center for Applied Research has received a grant from the John D. and Catherine T. MacArthur Foundation to conduct the first national effort to assess whether affordable housing settings can serve as effective platforms for meeting the health and long-term care needs of low-income older residents while helping to reduce care costs.

With the $698,000 grant, the Center will study the role that publicly assisted (i.e., subsidized) service-enriched housing for older adults can play in helping residents "age in place." Coupled with another ongoing Center study, the MacArthur grant will help researchers build the first national dataset on the health and functional characteristics of older people living in subsidized housing with different levels of service enrichment. LeadingAge researchers will also assess whether linking services with congregate housing settings makes a difference in residents' health service utilization patterns.

The study results will provide federal, state and local policy makers, housing providers and aging services agencies with a better understanding of whether to invest in publicly assisted service-enriched housing models and what to expect from that investment, according to Robyn Stone, Dr.P.H., executive director of the Center for Applied Research. The data, case studies and benefit-cost analyses developed during the study could also offer providers of long-term services and supports helpful insight and guidance as they develop and implement effective housing-with-services programs and strategies, she says.

"The MacArthur grant opportunity comes at an extremely opportune time," says Stone. "Over the next several years, policy makers will aggressively debate how to reconcile the economic, health and long-term care desires of an aging society with demands for deficit reduction and putting our fiscal house in order. A number of developments, including the need to implement the Affordable Care Act, will converge to create a more receptive policy audience than in the past."

The LeadingAge Center for Applied Research has been studying housing-with-services models since 2006. In addition to the new MacArthur-supported research, the Center is participating in an ongoing study, supported by the U.S. Departments of Health and Human Services (HHS) and Housing and Urban Development (HUD), to develop the first dataset ever to link demographic, health status and health service utilization data for elderly residents of publicly assisted housing. The MacArthur-supported project will build on the HUD/HHS study and will include these activities:

1. Surveying a sample of housing properties drawn from the HHS/HUD dataset to ascertain the range of services available at selected properties in ten jurisdictions.
2. Comparing the health care utilization of residents living in publicly assisted service-enriched housing with the health care utilization of older adults living in non-service-enriched housing and non-publicly assisted housing environments in the same community.
3. Developing case studies of service-enriched housing properties.
4. Conducting benefit-cost studies of the service programs offered by case study sites.
5. Interviewing state and local officials responsible for developing policies that impact the provision of housing and services.

The LeadingAge Center for Applied Research received its MacArthur grant through an annual funding competition conducted through the Foundation's $25 million research initiative on How Housing Matters to Families and Communities. The initiative is exploring if and how quality, stable, affordable housing promotes positive outcomes in education, employment, and physical health, among other areas. It is specifically seeking to determine how investments in housing may help realize a greater return from other social and public investments.

More information about the MacArthur Foundation is available at www.macfound.org. Additional information about
the House Housing Matters initiative can be found at www.macfound.org/housingmatters. Additional information about the Center for Applied Research can be found at http://www.leadingage.org/Research.aspx.

**Other Education and Resources**

**March 29 VAN FORUM**

The Van Forum - *You've Earned a Say: Make Your Voice Heard on Medicare and Social Security*, co-sponsored by AARP, will be held on **Thursday, March 29**. Registration begins at 12:30 p.m., with the program from 1 - 3 p.m. at the Wilder Center in St. Paul.

We are at a crossroads for the future of Medicare and Social Security. After a year of non-stop deficit talks, it is clear that Congress will seriously address changes in Medicare and Social Security in 2013. This forum, led by AARP, gives you an opportunity to add your voice to the discussion. Register for the forum and then make a pledge to get informed.


Register now - [http://events.constantcontact.com/register/event?llr=sorbjocab&oeidk=a07e5npyfcxa7365ef2](http://events.constantcontact.com/register/event?llr=sorbjocab&oeidk=a07e5npyfcxa7365ef2).

The forum is free and open to the public.

**Education and Event Calendar**

**Housing-with-Services Management Certificate Program**

April 17-18, May 9-10, June 13-14  
[http://eservices.agingservicesmn.org/iMISpublic_AS/Core/Events/Events.aspx](http://eservices.agingservicesmn.org/iMISpublic_AS/Core/Events/Events.aspx)

**Module #1 - Overview and Early Dementia Webinar, Dementia Care Certificate Program**

April 19  
[http://eservices.agingservicesmn.org/iMISpublic_AS/Core/Events/Events.aspx](http://eservices.agingservicesmn.org/iMISpublic_AS/Core/Events/Events.aspx)

**Integrated Care & Payment Executive Series: A Roadmap for Success in the Bundled Payment/ACO World**

May 2 and June 5  
[http://eservices.agingservicesmn.org/iMISpublic_AS/Core/Events/Events.aspx](http://eservices.agingservicesmn.org/iMISpublic_AS/Core/Events/Events.aspx)

Registration Deadline: Tuesday, Feb. 28

**District Days at the Capitol**

Districts C and D Day at the Capitol - March 21  
Districts E and F Day at the Capitol - March 22  
Districts A, B and G Day at the Capitol - March 23

**2012 Nursing Leadership Symposium**

April 2 - 4; May 8 - 10; June 26-28; July 24-26; August 28-30

**2012 Dementia Care Certificate Full Program**

[http://eservices.agingservicesmn.org/iMISpublic_AS/Core/Events/Events.aspx](http://eservices.agingservicesmn.org/iMISpublic_AS/Core/Events/Events.aspx)

*For further information about Aging Services educational programs:*  
Program content: Contact Heidi Simpson at hsimpson@agingservicesmn.org.  
Registration questions: Contact Kellie Carlson at kcarlson@agingservicesmn.org.

**Visit our library of Archived Audio and Webinar Recordings** - [http://www.agingservicesmn.org/index/Webinars](http://www.agingservicesmn.org/index/Webinars)

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