Legislative Update!
Both chambers of the Illinois General Assembly returned to Springfield on Tuesday and the final scheduled month of session is heating up!

The primary bills we want to keep members updated on are those which we have introduced that deal with delaying the granny tax, HB3207 and SB769. The bills say that the nursing home provider taxes are not due and payable until after the HFS notifies providers, in writing, that the new payment methodologies to long-term care providers have been approved by CMS and that federal waivers for the assessment have been granted by CMS.

HB3207 has passed out of the House (102-6-3) and is now in the Senate. The next action on it will be in the Senate Human Services Committee, with a hearing set on May 4 in the late afternoon. Kirk Riva of LSN will be testifying in Committee on the legislation. SB769, which passed out of the Senate 51-0 previously, is also in Committee. It is in the House Executive Committee and a hearing is also set for May 4 in the early afternoon on this bill. Kirk will also be testifying in this Committee.

LSN has been meeting with a number of legislators on these bills throughout the session and will continue to request their support. We will keep you updated on all movements of these bills as well as others that affect LSN member communities. Stay Tuned!

Final Month of State Budget Negotiations Set to Heat Up!
With the Illinois House returning to Springfield recently and the Senate returning on May 3, time is running out for the General Assembly in the spring legislative session. Lawmakers need to complete their work on several major issues, including the Fiscal Year 2012 state budget, Workers’ Compensation reform and legislative redistricting, prior to the scheduled May 31 adjournment. After May 31, any legislation that takes effect immediately would have to be passed by a three-fifths vote, which means majority Democrats would need some Republican support on the budget and other key issues.

The next several weeks are crucial, and now is the time for long term care and supportive living providers and their supporters to keep urging legislators to support health care, especially in the area of Medicaid funding.

With a proposal that would impose across-the-board 6% Medicaid rate cuts still under consideration, LSN continues to push for better alternatives through written testimony that we have provided that would not undermine the long term care continuum and health care. The proposed rate cuts would reduce Medicaid funding to long term care by more than $140 million on an annualized basis.

This week, LSN will send members an advocacy alert with talking points to use over the next few weeks, designed to make it easy for LSN members, staffs, Boards, family members and volunteers to engage in our advocacy campaign in contacting members of the Illinois General Assembly as they begin their final work to make decisions on Medicaid funding for the FY 2012 state budget. Stay tuned!

Prior Authorization for Antipsychotic Medication in Long-term Care
Recently, the Illinois Department of Healthcare and Human Services (HFS) issued a provider notice to long-term care facilities and pharmacy providers on a new prior authorization requirement for antipsychotic medications. Effective June 1, 2011, HFS will require prior authorization for all antipsychotic medications before they may be dispensed to LTC residents. Cathy Nelson obtained clarification from HFS staff who confirmed this requirement effects Medicaid-eligible residents not covered by Medicare. HFS will mitigate the initial impact of the prior authorization requirements by grandfathering LTC residents who have a diagnosis of serious mental illness on their current antipsychotics. HFS provided the advance notice to allow long term care facilities and prescribing practitioners sufficient time to review patient medication regimens and request prior approval where appropriate.
HFS has created a unique form when requesting prior authorization for antipsychotic medications for LTC residents. You may access this form by clicking here. If a provider believes that a patient needs to remain on an anti-psychotic medication, it is important that the provider request prior authorization prior to June 1, 2011. During non-business hours such as weekends, evenings, or holidays, pharmacies may dispense an emergency 72-hour supply of covered prescription drugs, and HFS will approve the limited drug quantities in these emergency situations. Pharmacies are required to subsequently submit prior approval requests that clearly document the need for the emergency 72-hour supplies. HFS will be considering additions of other drug classes and in particular they reference anxiolytics in their provider notice. Questions about this new requirement may be directed to the HFS Bureau of Pharmacy Services at 1-877-782-5565, Option 7.

**CMS Releases Proposed Rules on SNF Medicare Payments, Changes to MDS**

The Centers for Medicare & Medicaid Services issued a proposed rule that discusses options the agency is considering for purposes of setting the 2012 Medicare payment rates for skilled nursing facilities (SNFs). One option being considered reflects the standard rate update methodology which would provide an increase of $530 million, or 1.5 percentage points. The increase is derived from applying the 2012 market basket index of 2.7 percent reduced by 1.2 percentage points to account for greater efficiencies in the operation of nursing homes.

The other option CMS is considering adjusts for an unexpected spike in nursing home payments during FY 2011. Under this option, CMS would restore overall payments to their intended levels on a prospective basis which would require reducing FY 2012 payments to Medicare skilled nursing facilities by $3.94 billion, or 11.3 percent lower than payments for FY 2011.

**Proposed changes and clarification to the MDS include:**

- Group therapy be allocated the same way as concurrent therapy. CMS also proposes to keep the cap to 25%, but CMS is specifying that “group therapy” has to be of 4 people.
- Amend the MDS Assessment Schedule to eliminate a lot of the overlap between the different assessments. CMS would narrow the window on both setting up the ARD and the grace period days, so there is a smaller amount of overlap between the two.
- Clarification on how to set exiting End of Therapy (EOT) OMRA.
- CMS is proposing to introduce a new assessment type, End of Therapy (EOT) Resumption, which would allow the nursing home to resume therapy after a 3-day discontinuation in cases where therapy is usually not provided on weekends and resident refuses therapy.
- CMS is proposing another assessment type, called the Change of Therapy (COT) OMRA.
- The therapy student supervision is not consistent with the practice and policies in inpatient settings. CMS is proposing to clarify that a therapy student working in a SNF does NOT need to be under line-of-sight supervision.
- There has been no proposal to make any changes related to discharge assessments. CMS is still looking into this issue.

LSN will continue to keeps its members informed about this or any other issues affecting operations.

**New REAC Compilation Bulletin Released**

REAC released a change to the Compilation Bulletin that is effective May 1, 2011. The bulletin lists the rules governing how REAC Inspections are performed and interpretations to the UPCS Inspection protocol. There are a number of changes in this publication, as well as a few clarifications to existing practices and requirements. One of the more interesting changes was: **Part 1, Section P - Systems Designed for Off-Site Notification/Monitoring:**

1. If the property can provide current (within one year) documentation supporting the testing of a system designed for off-site notification/monitoring (call-for-aide, smoke detector, etc) the inspector does not need to inspect the individual components and all should be marked “No Observed Deficiencies”
This represents a significant change in policy and may alleviate a number of headaches for managers of properties with these sorts of systems.

*Source: The Score, Issue 10, Volume 1, U.S. Housing Consultants e-newsletter*

**Face-to-Face Requirement for Home Health and Hospice Now in Effect!**

CMS now expects home health agencies and hospices to have fully established internal processes to comply with the face-to-face encounter requirements mandated by the Affordable Care Act (ACA) to certify a person’s eligibility for Medicare home health services and of recertification for Medicare hospice services.

The law requires a certifying physician to document that he or she, or a non-physician practitioner working with the physician, has seen the patient. The encounter must happen 90 days prior to the start of care, or within the 30 days after the start of care. Documentation of such an encounter must be present on certifications people with starts of care on or after January 1, 2011.

Similarly, section 3131(b) of the ACA requires a hospice physician or nurse practitioner to have a face-to-face encounter with a hospice patient prior to the patient’s 180th-day recertification, and each subsequent recertification. The encounter must occur no more than 30 calendar days prior to the start of the hospice patient’s third benefit period. The provision applies to recertifications on and after January 1, 2011. **Note there is already discussion about changing this requirement – see the next article in this edition of WeeksNews.**

Due to concerns that some providers needed additional time to establish operational protocols necessary to comply with face-to-face encounter requirements, CMS announced that it will expect full compliance with the requirements beginning in the second quarter of 2011.

Throughout the first quarter of 2011, CMS continued outreach efforts to educate providers, physicians and other stakeholders affected by these requirements. CMS posted a variety of materials including a MLN Matters article, questions and answers documents, training slides and manual instructions on the CMS’ Home Health Agency Center and hospice webpages. CMS’ Office of External Affairs and Regional Offices contacted state and local associations for physicians and home health agencies and advocacy groups to ensure awareness about the face-to-face encounter laws, and to distribute the educational materials.

**Proposed Rule: Hospice Wage Index for Fiscal Year 2012**

On April 28, 2011 CMS released a proposed rule that would set forth the hospice wage index for fiscal year 2012 and continue the phase-out of the wage index budget neutrality adjustment factor (BNAF), with an additional 15 percent BNAF reduction, for a total BNAF reduction in FY 2012 of 40 percent. The BNAF phase-out will continue with successive 15 percent reductions from FY 2013 through FY 2016.

This proposed rule also would revise the hospice requirement for a face-to-face encounter for recertification of a patient’s terminal illness. Following review of stakeholder comments, CMS now proposes that any hospice physician can perform the face-to-face encounter regardless of whether that physician recertifies the patient’s terminal illness and composes the recertification narrative.

Finally, this proposed rule would begin implementation of a hospice quality reporting program similar to that already in place for skilled nursing facilities, hospitals and physicians. You may access the rule in its entirety by clicking here. The comment period for the rule ends on June 27, 2011.

**Resources for Identifying and Communicating Change of Condition in Residents**

Reducing the frequency of potentially avoidable hospitalizations is one of the most important aspects of health reform. Multiple transitions between care settings and providers expose older adults with chronic illness to lapses in quality and safety. Nurses working in settings caring for older adults have a duty and obligation to ensure resident transitions are both necessary and safe. To that end, many tools are being developed to assist the nurse with data collection, assessment and communication of information to the primary care practitioner. One such tool is the “Know-It-All Before you Call” Data Collection Cards developed by the American Medical Directors Association or AMDA. These cards are intended to help nursing staff evaluate residents and collect data before notifying the practitioner of changes in resident
condition. This allows the practitioner to receive more complete information in order to facilitate clinical decision-making. The set includes introductory cards and 78 change of condition cards. The cost is $65.00 for the set and they are available on the AMDA website and by clicking here.

INTERACT II or the Interventions to Reduce Acute Care Transfers includes clinical and educational tools designed to “improve the early identification, assessment, documentation, and communication about changes in the status of residents in skilled nursing facilities”. Many facilities are using the INTERACT II resources which include:

- Tools to facilitate communication
- Six Clinical Care Paths (Dehydration, Fever, Mental Status Change, Symptoms of CHF, Symptoms of Lower Respiratory Infection and Symptoms of Urinary Tract Infection.
- Advance Care Planning Tools, and
- Quality Improvement Tools

The INTERACT II tools were developed by a team in a project supported by the Commonwealth Fund based at Florida Atlantic University. Tools are free to use and can be retrieved by visiting the website.

**CMS Announces 10th Statement of Work for QIO’s**

On April 18th, the Centers for Medicare and Medicaid Services announced the 10th Statement of Work (SOW) for Quality Improvement Organizations (QIO’s). Focus for nursing facilities will include continued efforts at reducing rates of pressure ulcers and physical restraints. In February 2013, CMS will initiate a second phase likely to include falls and catheter associated urinary tract infections or CAUTI. QIO’s will begin to facilitate collaborative learning opportunities, addressing three broad aims including:

- Better healthcare
- Better health for people and communities, and
- Affordable care through lowering cost by improvement.

Look for additional information on Illinois QIO activities on their website.

**Pressure Ulcer DVD Available**

The Nebraska Advancing Excellence LANE (Local Area Network for Excellence) has created and produced a DVD focused on the prevention of pressure ulcers, and they have generously offered to make it available to nursing homes around the country for a nominal fee. The DVD is targeted towards all staff within a nursing home facility, including non-clinical members. This project was a joint partnership between the Nebraska LANE partners and the Southeast Community College in Lincoln, Nebraska. Copies of the DVD can be purchased, through the Nebraska LANE, for $7.50 which covers their production, printing and mailing costs. For more information or to purchase a DVD, contact Keri McDermott, CIMRO of Nebraska’s Communications Director.

**Free Webinar: Implication of Medicaid Block Grants and Spending Caps**

The Friday Morning Collaborative is a coalition of national aging and disability organizations that include LeadingAge that are working together to protect and strengthen Medicaid Home and Community Based Services. With support from The SCAN Foundation, the coalition is hosting a series of webinars to provide information and resources to state advocates. You are invited to join the following webinar:

**Implications of Medicaid Block Grants and Spending Caps for Seniors and People with Disabilities**

**Friday, May 6, 2:00 – 3:30PM EST**

John Holahan (Urban Institute)
Edwin Park (Center on Budget and Policy Priorities)
Patricia Nemore (Center for Medicare Advocacy)

Space is limited, so please register early and share lines when possible. The webinar will also be recorded and made available for viewing following the event. To register, please go to the ReadyTalk website.
Illinois Securities Department Launches Senior Investor Education Initiative

LSN has been contacted by the Illinois Securities Department, the state’s securities regulator, to spread the word on the potential for abuse and exploitation of seniors and their investments. The Securities Department has made investor education a top priority and is seeking to expand its outreach to include health and medical professionals working with seniors. This new, targeted program will help doctors and other professionals understand how to spot potential victims and to work with the Securities Department to stop the scams.

The Illinois Secretary of State Securities Department is interested in visiting senior housing sites, retirement communities, senior centers, etc. to provide educational presentations to your clients/residents. Investor educational materials are currently being developed for distribution to seniors by health and medical professionals.

If you are interested in planning an educational presentation for your site, or would like educational materials sent to you for distribution to your clients/residents contact Bette Morreale, Private Secretary, Illinois Securities Department at 312.793.3180.

ACC & AHA Release Consensus Document on Hypertension in the Elderly

The American College of Cardiology and the American Heart Association released the first expert consensus document to help clinicians manage or reduce the risk of hypertension in older adults. The document can be accessed online in its entirety by clicking here. It was written given the aging of our population and in light of findings from the Hypertension in the Very Elderly Trial (HYVET) which documented that antihypertensive therapy benefits persons ≥80 years of age.

General considerations and recommendations for management described in this document include the following:

- Identify and treat elevated blood pressure
- Evaluate for [related] organ damage
- Assess for other cardiovascular disease risk factors and comorbid conditions
- Identify barriers to treatment adherence
- The general recommended BP goal in uncomplicated hypertension is <140/90 mm Hg

The document offers information on lifestyle modifications and pharmacological approaches to managing hypertension in persons ≥80 years of age. For facilities providing nursing care that includes blood pressure monitoring, this document represents a possible recommendation for procedural practice on when facilities should notify the physician for an elevated blood pressure. In the absence of other physician directives, an individual’s blood pressure which exceeds the aforementioned goal should prompt physician or primary care practitioner notification.

What Your Customer Might be Reading

The Wall Street Journal recently featured an article about retirement communities in vacation destinations that are marketing “retirement getaways” - a few nights in a model home with access to all the luxury amenities. Their hope is that you never want to check out. It also mentions that retirement communities across the country are adding a new tactic to lure buyers in for a “test drive.” What are you doing to attract new customers? Read the full article.

Researchers to Study Aging Population to Improve Quality Of Life Among Elderly

The National Health and Aging Trends Study (NHATS), led by researchers at the Johns Hopkins Bloomberg School of Public Health, will begin enrolling study participants to examine how current and future aging populations can lead fuller, healthier lives. The study, which begins data collection on May 1, 2011, is supported by the National Institute on Aging and is designed to help researchers understand changes in health and functioning among seniors, as well as the social and economic consequences of health and aging for individuals, families and society.
"By 2030 the population of Americans age 65 and older is projected to reach well over 70 million," said Judith Kasper, PhD, principal investigator of the study and a professor with the Bloomberg School’s Department of Health Policy and Management. "The National Health and Aging Trends Study grew out of the need for a database to monitor the shifting landscape of late-life and support the scientific study of how daily life changes as we age. The study is intended as the primary platform for scientific inquiry to guide efforts to reduce disability, maximize functioning, and enhance the quality of life among older Americans."

Nearly 9,000 men and women ages 65 and older who are currently enrolled in Medicare will be invited to participate in the long-term study. Scientific sampling was used to determine a representative group of people throughout the U.S. Enrollment in the study is voluntary, and participants will be asked questions in person by trained and easily identified interviewers from Westat, a national research firm that conducts some of the most important health surveys in the U.S. Participants will be surveyed about their health, family, ability to accomplish tasks and their ability to get around their home and community. Data collectors will follow up with participants annually. More information about NHATS and its goals can be found at the study’s website www.nhats.org. National Health and Aging Trends Study participants will be paid $40 for their contributions.

"The recently observed trend toward decreasing rates of disability identified by the National Long Term Care Survey and other national surveys may have leveled off, and this has serious implications," said Richard Suzman, PhD, director of the National Institute of Aging's Division of Behavioral and Social Research. "Inability to live independently will add to costs for long-term care and nursing home stays, and reduce well-being among older people. This poses additional challenges for the aging of the baby boom. It's critical to track the trend and understand its dynamics."

**Study: More Older Americans Aware and Open to Caregiving Technology**

Older Americans and caregivers are increasingly aware of and willing to try new technology that makes it possible to stay independent at home according to a new study by AARP.

Older Americans and caregivers are increasingly aware of and willing to try new technology that makes it possible to stay independent at home according to a new study by AARP. The new study, "Healthy@Home 2.0," asked two groups, people age 65+ and caregivers age 45-75, about home safety, monitoring, communications and health technology and their willingness to use it. The results show a growing level awareness of some technology and an increased willingness to use safety devices among both populations.

"Home safety, monitoring, and communications technology are coming of age at a key time for a new generation caring for their loved ones," said Jody Holtzman, AARP Senior Vice President for Thought Leadership. "This could be the first generation of caregivers for whom technology could provide seamless access to communications and real time information about how well their loved ones are doing as they continue to live on their own. The data from "Healthy@Home 2.0" demonstrate that the needs, awareness, interest and ability to pay are substantial."

Today, most caregivers communicate with family and friends by email (81%) and use the internet to search for health information (71%). While fewer people age 65+ use these tools, a large majority would be willing to use them if they were available (85% would use email and 73% would search the internet for health information).

Interest in home health, safety and monitoring technology has gone up among both caregivers and older people from the first time this survey was conducted in 2007. Caregivers are more aware than they were in 2007 of fall sensors and devices that passively monitor whether a loved one is up and moving around. Around half of older people would welcome these devices and a quarter would like a device that wouldn’t let them forget where they were in the process of preparing a meal. Eight in ten (81%) even would even be willing to sacrifice some privacy to help family know they were safe, if it meant they could continue to stay in their own home.

As home health technology continues to improve, one-quarter of caregivers (24%) are aware of stand-alone personal health and wellness devices like an electronic pill box and half (48%) would use it. Although they are generally more aware of health devices that interact with health care providers, their enthusiasm for those devices lags.
Anticipated cost may be a factor, with about four in ten (37%) caregivers having $50 or less to spend on any combination of home safety or home health technology. They also are skeptical of an older person’s willingness to adopt technology; around half anticipate a great deal of difficulty persuading their loved one to adopt technology. For their part, many of the 65+ population say they would be willing to adopt some kind of technology that supports their ability to live independently. “Perhaps Boomer caregivers are concerned that today’s home health and monitoring technology subjects the user to too great a learning curve,” said Holtzman.

That sentiment was supported by a second report released in concert with “Healthy@Home 2.0.” The second report, “Connected Living for Social Aging,” analyzes the state of the home safety/home health tech sector and it recommends that the technology industry craft a total customer experience that seamlessly blends online and offline worlds and is designed to serve people of all ages and abilities. “Meanwhile, the best contribution to a future when homes and communications devices will interact seamlessly with caregivers is for today’s developers to design technology that is user-friendly for everyone,” said Holtzman. “Design-for-all technology should be the standard for all developers, large and small,” he said. “Industry has no more excuses; the market potential is significant, in the billions of dollars, and real needs are waiting to be met.”

Companion surveys were designed for “Healthy@Home 2.0,” one survey for adults age 65+ (n=940) and one for caregivers 45-75 years (n=1,152) who provide assistance with activities of daily living or instrumental activities of daily living. Data were collected between November 22 and November 29, 2010 by Knowledge Networks. New questions were added to questions from the first wave collected in the fall of 2007. Some questions were updated. Statistical significance is reported at the 95% level of confidence in the text and tables. “Connected Living for Social Aging” was written for AARP by industry analyst Laurie Orlov, founder of Aging in Place Technology Watch.

For a copy of the full “Healthy@Home 2.0” report, go to the AARP website.

**Live Webcast Launch of ICAA's “Rebranding Aging” Movement**

A ground-breaking movement aimed at shifting society’s perceptions of aging and countering aging stereotypes will launch on Monday, May 9 in the Washington, D.C. area. The “Rebranding Aging” initiative is spearheaded by ICAA, led by CEO Colin Milner with support from fitness expert Kathy Smith, who will serve as a spokesperson for the movement. “Rebranding Aging” will leverage the numbers, needs, desires and purchasing power of the 50+ market to win the attention of marketers and the media.

According to Milner, “The untapped human potential of this market is enormous. It simply does not make sense to ignore it because of aging stereotypes,” he asserts. “We chose the term ‘rebranding’ because it resonates with marketers and the media—key drivers of society’s perceptions about aging. Recent research shows they are off the mark: The majority of adults over age 55 feel today’s advertising does not reflect their current lifestyle, and they are turned off by marketing messages targeted to them. With the Rebranding Aging campaign, we’re launching a new movement across North America aimed at shifting those perceptions, and maximizing opportunities at every age. By changing these views and expectations,” Milner continues, “society will not only manage population aging better, but also promote a new way of aging. This is the overarching purpose of ICAA.”

Smith, who turns 60 this year, adds that “the concept of active aging is a major focus for me now, both personally and professionally. In this new era of my career and my life, I’m more passionate than ever about helping people of all ages experience life to the fullest.”

**Growing a movement**

In the coming months, as part of the Rebranding Aging movement, ICAA will create and share new communications guidelines; create a clearinghouse for best practices, guidelines, resources, images and references for use by the media and industry; and launch the ICAA Champions program. ICAA Champions are individuals who will visit schools and community-based organizations to demonstrate that rethinking the way we age will help everyone age better.

One of the ICAA Champions deliverables will be charging individuals to earn their Presidential Active Lifestyle Award (PALA). ICAA Champions will also participate in support of First Lady Michelle Obama’s “Let's Move! initiative,” which provides opportunities for intergenerational events that builds relationships
between youth and older people. For more information on the PALA please visit their [website](#). The ICAA group number is 99572.

**How you can help**

Engage your organization in the Rebranding Aging movement! Start thinking about enlisting Champions who can serve as educators and role models for their peers and for younger people. In the near future, you will be able to download resources and publicity materials from the ICAA website for use in your communities and in intergenerational programs in schools and other settings. Create a culture of optimism and opportunity among your constituencies that will help overturn negative stereotypes and encourage more positive, realistic views of aging. Participate in our webcast to show your support and learn how you can help create a society that recognizes, respects and responds to the rich potential of our older population.

The webcast will take place at 1 p.m. Eastern time at the Hyatt Regency in Bethesda, Maryland. To access this live webcast, [register here](#) ahead of time. An email with further details will be sent to you.

Speakers will include:

**Harry Lodge, MD**, assistant clinical professor of medicine, Columbia University, and co-author of *Younger Next Year* and *Younger Next Year for Women*. Lodge will present the science behind positive aging and the benefits of maximizing older adults' "untapped potential."

ICAA CEO **Colin Milner** will provide details on the Rebranding Aging movement and its implications for media, marketers, families and individuals throughout North America.

Fitness expert **Kathy Smith** will introduce the ICAA Champions program and explain how organizations and their older-adult customers can participate in the endeavor.

**Neil Knox** is a 90-year-old resident of Atria Darien in Darien, Connecticut. This ICAA Champion will talk about why he decided to get involved and his expectations of the program.

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**WEEKLY FEATURES**

**This Week at LSN**

**Include Confidence Satisfaction Surveys as Part of Your Quality Improvement Programs**

Using satisfaction survey results in your organization’s continuous improvement initiatives is only one step in that process. Make sure you continue the work necessary to close the feedback loop using the four-step process. **Survey → Learn → Improve → Share**

Once your satisfaction surveys have been completed, the next step is to analyze your data with your staff to see what you can learn from it. **Improve**, step three, involves making changes or enhancements to current programs and services, and possibly adding some new programs. **Share**, the final step, helps to add closure to the process before you begin the feedback loop again. Remember to convey the results, including the good and the bad, to your stakeholders by using seminars, conferences, email messages, and web postings.

For help with any part of the process of administering, learning, improving, and sharing satisfaction data and results, contact the [Confidence Satisfaction Survey team](#) or call 630-325-6170 and speak to one of our Confidence team members.
Supportive Living Success: Training for Providers and Reviewers
May 17, 2011
Crowne Plaza, Springfield, IL
9:00 am – 4:15 pm
Registration Deadline: May 13th

May 19, 2011
Bobak’s Signature Events, Woodridge, IL
9:00 am – 4:15 pm
Registration Deadline: May 17th

Supportive Living Success is a regularly scheduled training workshop for both providers and State Agency staff involved with the Supportive Living Program (SLP). These training workshops are intended not only to provide valuable information on relevant topics related to the SLP, but also to promote a consistency of program interpretation throughout the State.

Training is conducted by experts in their fields, including knowledgeable State staff and proven providers in the SLP industry who have successfully developed best practices. Topics presented contain information that can be used by operational and approved SLF providers. In addition to the training content, ample opportunity for questions and answers will be provided as well as discussion by and among participants.

These workshops are being sponsored by The Illinois Department of Healthcare and Family Services (HFS), Life Services Network (LSN) and the Affordable Assisted Living Coalition (AALC).

Who Should Attend
This program has been developed specifically for both operating and approved providers of supportive living in Illinois, as well as the Illinois Department of Healthcare and Family Services staff involved in the Supportive Living Program review process.

Online Registration Fees
LSN/LeadingAge/ALFA Member $105*
Non-Members $250*
*Faxed or mailed registration forms will incur a $10 processing fee.

Register today!

LSN and Rush Alzheimer’s Disease Center Present the Unit Director Course: Preparing Leaders for the Future of Dementia Care
A six day program for leaders and managers of special care units in residential care communities.

May 10-11, 2011
Rush University Medical Center, Chicago, IL

May 24-25 and June 7-8, 2011
Sisters of St. Joseph Motherhouse & Ministry Center, LaGrange Park, IL

A six day program for leaders and managers of special care units in residential care communities.

This course will walk you through the four core content areas of exceptional dementia care including:

- The person with dementia and the philosophy of person-centered, ability-focused care.
- Essential best practices for supporting the person with dementia, as well as their family.
- Organizational components of dementia special care program development and outcome measurement.

Register today!
Webinar Series on Union Organizing in 2011 and Beyond: A Rapidly Changing Landscape to be offered May 18th and 25th

As the pace of union organizing in the long-term care industry has evolved, Life Services Network (LSN) has responded by creating programs that support LSN members and their leadership teams in meeting each new challenge.

In 2011, unions like the Service Employees International Union (SEIU) and the American Federation of State, County and Municipal Workers (AFSCME) continued targeting the long-term care industry in Illinois. In fact this year several Life Services Network members have been targeted by union organizing efforts.

This increased union organizing activity targeting our members is occurring just as the National Labor Relations Board (NLRB) and Department of Labor (DOL) are issuing new rules that further support organized labor and facilitate/expedite the organizing process.

May 18th How Unions are Targeting the Long-Term Care Industry in Illinois
- A critical look at the unions who normally target healthcare employees in long-term care
- A critical look at union “advocacy,” organizing tactics and bargaining strategies
- Strategic recommendations for HR and RN Leaders

May 25th An Update on the Legal and Regulatory Landscape Impacting the Long-Term Care Industry
- Understanding how actions taken by the NLRB and DOL could impact your organization
- A review of recent NLRB decisions that may likely impact employee relations and union organizing in the long-term care industry.

Faculty
Chris Cimino of Chessboard Consulting, Inc.
Tom Mandler of Hinshaw and Culbertson, LLP

Who Should Attend?
Administrators, Assistant Administrators, CEOs, COOs and HR Professionals

Online Registration Fees
Webinars may be purchased as a series or individual sessions.
- Series - Members $149
- Series – Non-Members $199
- Individual Session - Member $ 79
- Individual Session – Non-Member $129

Register today!