TIDINGS!

Newsletter of the Catholic Health Association of Minnesota May, 2012

Believing in the worth and dignity of the human person made in the image and likeness of God, the Catholic Health Association-Minnesota assists its members to fulfill the healing mission of the Church.

Mark Your Calendar

June 3-5, 2012
2012 Catholic Health Assembly
Philadelphia Downtown Marriott
FFI: www.chausa.org

June 14, 2012
CHA-MN Board Meeting
Carondelet Center, St. Paul
FFI: 651-503-2163

October 8, 2012
"The Future of Catholic Healthcare"
Sr. Carol Keehan and
Fr. Larry Snyder
St. Paul, MN
FFI: 651-503-2163

Summary of 2012 Legislative Season

Toby Pearson,
CHA-MN Executive Director

The State Legislature adjourned in recent days with most of the attention focused on a bonding bill and a stadium. However, for the first time in as far back as many can remember, the Health and Human Services Omnibus bill was not one of the last bills holding up the process. In fact, it drew almost universal bi-partisan support from both bodies. I was actually present at the official Bill signing with the Governor.

This nearly universal support was due in large part to the agreement to send all controversial items to the Governor on their own, rather than in the omnibus bill. Items that were sent on their own and vetoed included various bills concerning abortion, Health Care Compact, and a state level exchange.

The bill did include a number of provisions for **Nursing Home and Assisted Living** members, including:

- Delay of the 1.67% Contingent Cut for waiver providers;
- Investment of almost $1 million into the Essential Community Supports Program — if the level of care waiver is approved by the federal government, this program and funding will be very important for individuals that lose Medicaid eligibility;
- Funding of $1 million for the nursing home moratorium and the language that fixes the limits decrease for previously-approved projects;
- Nursing facilities and elderly waiver customized living providers were a priority for funding in the Department of Health loan fund for Health Information Technology purposes;
- Changes to the mandatory transitional consultation process to include provisions that require DHS to develop protocols for hospitals and health-care homes to identify at-risk older adults and determine when to refer them to mandatory consultation;
- Allows for the assessments completed by providers with the permission of the client to be shared with the county assessor or health plan assessor; allows a "critical access" designation for some nursing facilities;
- Allowances for new models of delivery of care where nursing facilities may opt-out of participation in Medicare;
- Requirements of disclosure if a resident may be moved when they can no longer afford the current rent;
- Language requiring the LTC Ombudsman to convene stakeholders to look into the issue of differential treatment based on source of payment in assisted living.

The impact within the bill for **Hospitals** included:

- $4.7 million allocated to the Emergency Medical Assistance program to restore funding for dialysis and cancer treatment services;
- A provision to allow Medical Assistance coverage for inpatient mental health services provided by a physician assis-

LEGISLATION *cont. on page 2*

GOVERNOR DAYTON SIGNING THE HHS BILL.

Looking Forward with a Vision

Catholic healthcare finds itself in an interesting position on the heels of the Supreme Court's hearings on the Affordable Care Act, faced with the many questions that remain as we all wait on how the Court will rule.

We are left with the reality that regardless of their decision, or when it arrives, as a ministry we must continue to look forward with a vision for Catholic Health Care. The Catholic Health Association, USA has put forward a vision for the move to 2020. It is a solid framework to reflect on, and we will continue to attempt to implement this vision on a local level in Minnesota.

VISION 2020

Inspired by the Gospel and grounded in our beliefs and values, the Catholic health ministry will serve as a compass to guide our nation through the complexities of an evolving health care system. Over the next decade, we will collaborate, promote innovation and generously share knowledge to improve the health of individuals and communities.

Together, we will:

- Continue to champion the sanctity of life from conception to death.
- Lead the development of sustainable, person-centered models of care across the continuum.
- Meet the current and emerging needs of vulnerable persons.
- Engage all who are called to serve through a ministry-wide commitment to formation.
- Broaden and deepen our relationships within the community of the Church.

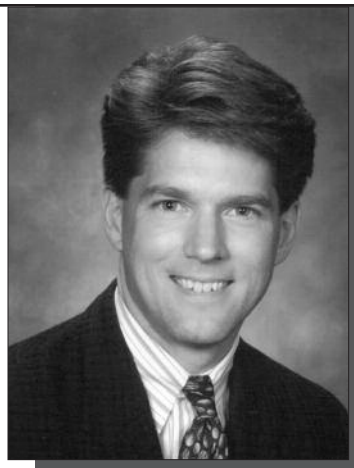
We are the people of Catholic health care, a ministry of the Church continuing Jesus' mission of love and healing today. As provider, employer, advocate, citizen—bringing together people of diverse faiths and backgrounds—our ministry is an enduring sign of health care rooted in our belief that every person is a treasure, every life a sacred gift, every human being a unity of body, mind, and spirit. We work to bring alive the Gospel vision of justice and peace. We answer God's call to foster healing, act with compassion, and promote wellness for all persons and communities, with special attention to our neighbors who are poor, underserved, and most vulnerable. By our service, we strive to transform hurt into hope.

As the church's ministry of health care, we commit to:

- Promote and Defend Human Dignity.
- Attend to the Whole Person.
- Care for Poor and Vulnerable Persons.
- Promote the Common Good.
- Act on Behalf of Justice.
- Steward Resources.
- Act in Communion with the Church.

(For a complete copy of the Vision 2020 from CHA-USA, visit http://www.chausa.org/vision2020/)

Continuing to take the Vision of Catholic Health Care to state lawmakers will continue over the interim. With administrative action on the establishment of a state level exchange, and the creation of the Governor's Budget, our voice at the table is vitally important to help serve as a compass to guide our state. ■



As I See It

Toby Pearson
CHA-MN Executive Director

LEGISLATION *cont. from page 1*

tant, reimbursed at 80 percent of the physician rate;

- Implementation of a study regarding Rule 101 for health plans;
- No inclusion of new reporting or other requirements pertaining to "futility" care policies;
- Minnesota Department of Health will conduct a study on the feasibility of alerting someone to unauthorized access of their medical records, among other items. The study must be delivered to the Legislature by Feb. 15, 2013;

Other issues that the Catholic Health Association tracked closely included the Constitutional Amendment on Voter ID. We expressed our concern that the requirement creates unnecessary barriers for the already vulnerable citizens in Nursing Homes and amongst the poor. Furthermore, it inhibits people's ability to fully participate in a society where voting is an important part of representation. Despite our urging of caution, a constitutional amendment ultimately passed and will be on the ballot in the fall. ■

The Role of Faith in the Public Debate

In the most recent public debate on the HHS mandate and the potential impact on religious freedom within our country, the role and voice of the Church has come under question. Fr. Tom Knoblach, pastor and ethicist from the Diocese of St. Cloud published the following public to address these concerns.

By Fr. Tom Knoblach, Diocese of St. Cloud

Some commentators in the debates over the HHS rule on preventive health services have questioned the right of people of faith to have a voice in matters of public interest. It seems important to reply for the sake of those who might wonder if religious voices can in fact be reduced to silence by such commentary.

First, recall that there are no "morally neutral" positions. Each person or group operates from a set of values believed to be necessary for human flourishing, and therefore proposes that such values be adopted by others to support good order in society. Churches and other religious bodies are evidently about this endeavor. However, civil and criminal laws, policies and budgets of governments and institutions, and the influence of advertising and media are also statements of value, proposals for what is important and to be pursued.

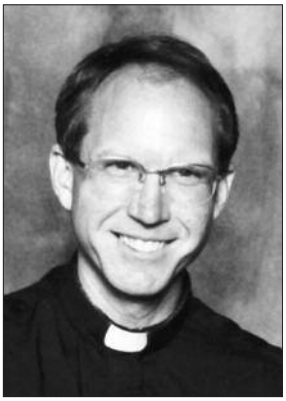
Because this is so, it is misleading to complain that people of faith are "attempting to impose their values" on others. The very objections raised to our perspective are themselves based in some moral vision – a contrary one, to be sure, but no less a statement of moral priorities. What is at stake is not some tyranny of Judeo-Christian ethics over moral freedom, but rather two competing visions of the right ordering of moral values. Our point is that individual freedom must concern itself not only with pursuing private ends at public expense, but must also consider the common good, the impact of personal choices on others, and the test of objective outcomes.

Some have argued that since churches benefit from public funds, they should not be able to question their allocation. Here, one might note that the tax exempt status of churches and faith-based charities, schools, and hospitals is granted by the IRS under strict rules related to public benefit, not for private gain. Public funds allotted to such institutions are administered on behalf of the public and do not enrich faith-based organizations. And even when the institutions are exempt from taxes, individual persons of faith and the businesses they operate are not.

Second, concern about the rights of conscience and protecting legitimate religious liberty are foundational in our nation's democratic history. Here, too, the very protests raised against faith-based voices confirm the point: no one ought to be coerced into acting against their deeply-held convictions. We are simply making the same claim.

Some have observed that members of a church may reject its teachings on moral matters in practice, with the implication that such teachings are not worthy of support. The same may be said, of course, about medical advice on diet, exercise, and tobacco, or legal advice about wills; but such counsel is not proved wrong because it is ignored, nor does this suggest that proponents of such positions ought to have no voice in public affairs.

Specifically, Catholic teaching on contraception, sterilization, and abortion-inducing chemicals – convictions shared by other religions – has been ridiculed. We are under no delusions about how widespread such practices are. These are demanding teachings, predictably difficult to follow, precisely because they touch the deepest truth of our identities as sexual persons, potential co-creators with God of the gift of life.



FR. KNOBLACH

The very existence of contraceptives and abortion is rooted in the realization that is at the heart of our teaching: that sexual activity is naturally linked to the possibility that a child will be conceived. If this were not so, there would be no reason for drugs, devices, and procedures whose sole practical purpose is to break that link.

Even those who do not share our faith in God's sovereignty over the sources of life can see clearly some of the natural consequences of ignoring natural law. Fewer children mean the need for fewer schools; shortages in the professions; and a growing imbalance between generations. More broadly, we experience the pervasive disassociation of sexual activity from the requirements of committed love and the responsibilities of parenthood, and the inevitable sense of alienation from God the Creator. The documented medical risks of common contraceptives are readily discovered, not through theological texts or conservative blogs, but in the warnings published by the pharmaceutical companies themselves.

Some will disagree, of course. But it bears repeating that our concerns are grounded, not in arcane sectarian beliefs, but in publicly accessible observations. ■

2012 Global Summit

Leadership for Healing in International Outreach – Ensuring Quality, Fulfilling our Mission

In response to the overwhelmingly positive feedback about its inaugural event, The Catholic Health Association is offering a second ministry-wide Global Summit to address Catholic health care's activities and opportunities in the developing world. It is a must-attend event for those who support the international activities of any health care organization, especially those persons with roles in surplus materials management, formative immersion trips, medical brigades and more.

The 2012 Global Summit is June 5, in Philadelphia, at the Philadelphia Downtown Marriott hotel. Tying into the 2012 Catholic Health Assembly theme of Leadership for Healing, the Summit, through a day-long event that will dovetail programming offered as part of the assembly, will engage leaders around topics including:

- The Theological Imperative of Quality in International Outreach.
- The U.S. Global Health Initiative.
- Medical Surplus Recovery and Redistribution – Leading Practices
- New Tools for Assessing Medical Surplus Recovery Organizations (MSROs).
- Current International Initiatives by CHA-Member Organizations.
- An Update on the Campaign for Rebirth and Renewal in Haiti.

Overall, this conference showcases opportunities to enhance the impact of international outreach and the innovative work of the Catholic health ministry to relieve human suffering worldwide — with an emphasis on increasing the quality of the surplus recovery process and our partners in this work. It also allows those leading this work ample opportunity to network and learn about what other Catholic health care organizations are doing. ■

Minnesota Connection:

Lois Quam, Executive Director, Global Health Initiative, Featured Speaker at the Upcoming 2012 CHA Global Summit

Ms. Lois Quam serves as the Executive Director of the Global Health Initiative (GHI) and is based at the U.S. Department of State, reporting to Secretary of State Hillary Rodham Clinton. President Obama created GHI to help countries save lives today, and strengthen health systems to build stronger nations tomorrow. Ms. Quam's commitment to public service and management background guides her as she works to oversee GHI's interagency efforts to advance President Obama's mission across the globe.

In 1989, the Governor of Minnesota asked Ms. Quam to chair the Minnesota Health Care Access Commission. As a result of the Commission's work, new state legislation was passed that brought health insurance to tens of thousands of Minnesotans, creating the lowest uninsured rate in the country at the time.

Joining UnitedHealth Group in 1989, Ms. Quam was responsible for forming a successful relationship with AARP, and overseeing the formation of Ovations, a business segment devoted to providing health and well-being products and service to Americans over 50. In 2007, Ms. Quam served as the president and CEO of the Public and Senior Markets segment at UnitedHealth Group, overseeing Medicare and Medicaid-based businesses with nearly ten million members and serving approximately one-out-of-five Medicare beneficiaries.


QUAM

In 2009, Ms. Quam launched and chaired Tysvar, LLC, a Minnesota-based New Green Economy (NGE) and health care reform incubator dedicated to universal health care and bringing scale to the NGE. She also served as a senior fellow at the Center for American Progress. Prior to founding Tysvar, Ms. Quam was Head of Strategic Investments, Green Economy & Health at Piper Jaffray, a leading international Minneapolis-based investment bank.

Named in 2006 by Fortune magazine as one of America's "50 Most Powerful Women," Ms. Quam attended Macalester College in St. Paul, Minnesota. She graduated magna cum laude and was a member of Phi Beta Kappa and the recipient of Macalester's Distinguished Alumni Award. As a Rhodes Scholar, Ms. Quam went on to earn a master's degree in philosophy, politics and economics at the University of Oxford in England. ■

Legislative Quick Facts: Overview of changes affecting human services

The 2012 Legislature approved a number of proposals affecting human services, including lessening the impacts from some of the most challenging reductions for critical services that were made in 2011. Funding to restore services and mitigate payment reductions came from proceeds from a 1 percent cap on health plan profits negotiated by the Dayton Administration ($11 million) and refinancing some expenditures with Temporary Assistance to Needy Families (TANF) funds ($7 million.) Other changes build on current efforts to strengthen fraud prevention.

CUTS IN CRITICAL SERVICES RESTORED

- Emergency Medical Assistance coverage is restored for dialysis as well as chemotherapy and related cancer treatments for qualifying noncitizens who face a medical emergency or suffer from a serious chronic health condition. (Effective May 1, 2012, to June 30, 2013.) $4.7 million
- A 20 percent rate reduction for personal care assistants who provide care to a relative is delayed until July 1, 2013. $5.9 million
- Eligibility for the Medical Assistance for Employed People with Disabilities program is modified so individuals can enroll at any age and retain assets after turning 65. Changes are retroactive to April 1, 2012. $437,000
- Closure of corporate adult foster care beds is delayed until FY 2014 and a statewide assessment will begin in FY 2013. A planned closure process will give providers an incentive for closing beds voluntarily. DHS has authority to close beds if this does not meet required savings. (Beds for people with mental illness are exempt from closure.) $1.2 million
- The 1.67 percent rate reduction for providers of certain long-term care services is delayed. Other reductions could be made pending a federal decision on a DHS request to increase the needs required for a person to be eligible for a nursing home level of care. $2.2 million
- Operation of the DHS intensive residential mental health treatment facility in Willmar will continue until June 30, 2013. $3.3 million paid for from a DHS State Operated Services special revenue account
- Family Assets for Independence in Minnesota, which helps low wage earners build assets to purchase a home, pursue their education or start a business, received one-time funding. $250,000 paid for with TANF funding

FRAUD PREVENTION AND PROGRAM INTEGRITY STRENGTHENED

- The Office of Inspector General (OIG) will have access to more data that will help detect and investigate potential fraud. Data from local law enforcement, the courts, and the Department of Public Safety will include information about drug convictions, facial recognition from driver's licenses, expired temporary driver's licenses and multiple electronic benefit transfer (EBT) cards.
- Attendance records will be required to ensure funds are spent appropriately in licensed facilities for people receiving public assistance. The records will be used to verify services and monitor service authorizations in licensed child care centers, family child care and adult day care providers.
- Anyone using cash benefits on their Minnesota Family Investment Program, General Assistance or Minnesota Supplemental Aid Electronic Benefits Transfer (EBT) card to purchase tobacco or alcoholic beverages will be disqualified from the program. These cash benefits will be restricted to Minnesota and its four surrounding states. $233,000
- The state legislative auditor will contract with an independent third-party audit firm to conduct biennial financial audits of managed care plans that provide health care services under Medicaid and for DHS to provide quality assurance protocols for data submitted by the plans. (Effective July 1, 2012.) Future cost of $1.2 million in FY 2014

OTHER CHANGES

- Changes were made to the consultation required before people commit to assisted living or similar arrangements. This includes exemptions for people who have a long-term care plan, making it easier for a representative to call on someone's behalf, and encouraging consultation well in advance. Saves $150,000
- The time period allowing mothers or their designees to relinquish their infants will be extended from three to seven days and extends drop off locations to other emergency services providers, in addition to hospitals. Mothers or designees may relinquish infants unharmed without disclosing their identity, or facing questioning or prosecution.
- DHS and other state agencies will study housing with support options for children with autism. DHS will also coordinate with counties to issue foster care licenses specifically for people with autism receiving home and community-based services waivers. A request for information will be

FACTS *cont. on page 6*

Catholic Health Association of Minnesota
P.O. Box 65217
St. Paul, MN 55165-0217

Updates from our membership...

...What's happening in your organization. Please send your news to Toby Pearson, CHA-MN executive director. Telephone: (651) 503-2163; e-mail: tpearson@chamn.org. Ask your public relations or communications director to put us on the news release list: CHA-MN, P.O. Box 65217, St. Paul, MN 55165. ■

FACTS *cont. from page 5*

issued to identify providers who have skills to meet the needs of children with autism in foster. $177,000

- The department's Health Services Advisory Council will review and make recommendations on the efficacy of treatments for autism spectrum disorders, including an evaluation of age-based variation in the appropriateness of existing medical and behavioral intervention. (Effective July 1, 2012.)
- Changes were made to align state licensing statutes with federal and other state requirements on crib safety (documentation of product information); child passenger restraints (height, weight and other standards); and pool safety (drain safety standards.)
- DHS licensed programs must report the death of an individual it serves to the DHS commissioner within 24 hours of finding out about the death. ■

Save The Date

"The Future of Catholic Healthcare"

SR. CAROL KEEHAN AND FR. LARRY SNYDER
ST. PAUL, MN
MONDAY, OCTOBER 8, 2012
FFI: 651-503-2163
MORE INFORMATION TO COME