



THE VAHHA VOICE

The Newsletter of the Vermont Assembly of Home Health Agencies

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Governor's Budget Would Cut Home Care by 4%

If passed as proposed by Governor James Douglas, the state budget for FY 2010 would cut home care rates by 4% from the current payments which is 4.8% lower than the rates paid last July. On the chopping block are all home care services except hospice. The rate reductions would start this fiscal year as the 4% across-the-board reductions would begin April 1st as part of the FY 2009 Budget Adjustment proposal and would run through June 30, 2010. This follows a 1% rate reduction from last August.

The revenues lost to the 11 VAHHA members agencies compared to the rates approved by the Legislature last session (before the August rescission of \$250,000) would be \$323,300 for April through June of this year and \$1,293,200 for FY 2010.

Connie Colman, New Chair of VPQHC

Connie Colman, RN, MEd, the Quality Improvement Director for the Central Vermont Home Health & Hospice, is the new Chair of the Vermont Program for Quality in Health Care, a private, independent, non-profit health care quality improvement organization located in Montpelier.

VPQHC focuses on improving the health status of all Vermonters by applying measurement, assessment, and analysis to Vermont's health care system and by providing quality improvement training across the state's health care continuum. VPQHC provides expert information and advice related to patient safety and health care quality to its diverse constituencies which include health care providers, hospitals, insurers, agencies of state government and the legislature, and employers.

Rob Hofmann, Secretary of the Agency of Human Services, who presented the FY 2010 budget to the House Appropriation's Committee, said times are tough and cuts have to be made. Concerning revenues and expenses, Hofmann said revenues are down \$150 million from budget and spending is up by \$50 million. He said unless changes are made, Medicaid would begin 2010 in a very deep hole.

Part of the reason home care and other long term care programs are being cut, Joan Senecal, Commissioner of the Department of Disabilities, Aging and Independent Living (DAIL) told the Committee, is due to the fact that nursing home beds days are up three percent more than budgeted. DAIL had predicted a 1.5% decline in nursing home bed use

(Continued on page 3, See 4% Cuts)

Colman has served for five years on this 21-member voluntary board designed to represent the spectrum of Vermont's health care voices. She is currently working with VAHHA and VPQHC to study Vermont's unique home care system and its possible effect on Medicare's Home Care Outcome measurement.

Proposed Cuts - \$100,000 Additional Loss to CVHHH

Dick Huskes, a member of the Board of Directors of the Central Vermont Home Health and Hospice, located in Berlin, presented the following testimony to the House Appropriations Committee during a recent public hearing on the 2009 Budget Adjustment.

Hello – my name is Dick Huskes and I am a Board member of the Central Vermont Home Health and Hospice serving 23 towns here in Central Vermont.

We have 310 employees and provide about 130,000 home health and hospice visits to the sick, the injured and the vulnerable in our community. In 2008, CVHHH lost

\$400,000 on services provided to Medicaid recipients. We had an overall operating loss of 1 million dollars. We were planning to come to the legislature this year to ask for Medicaid rate increases! Now we are facing a rate decrease!

The Governor's proposed 4% cut to Home Health rates will mean an additional \$100,000 loss for our agency. This is unsustainable. In order to control our losses in 2009, and now to compensate for this additional loss of \$100,000, CVHHH will have to make cuts in long term care services such as homemaker and respite services as well as some of our Maternal and Child Health programs.

Franklin Nurses and LNAs Certified in Hospice and Palliative Care

Franklin County Home Health Agency is pleased to announce that four employees have recently become certified by the National Board for Certification of Hospice and Palliative Care Nurses. Annette Blanchard, RN; Kimberley Volk, RN; Rhoda Gagne, LNA; and Lynne Marie Villareal, LNA underwent a rigorous examination to test their knowledge and expertise of end-stage disease processes in adult patients, pain management, symptom management, care of the patient and family, education and advocacy, interdisciplinary/collaborative practice, and professional issues.

The National Board for Certification of Hospice and Palliative Care Nurses was incorporated in 1993 to develop a program of certification for the specialty practice of hospice and palliative nursing. Hospice and Palliative nurse and LNA certification is recognized for a period of four years, at which time the candidate must retake and pass the current Certification Examination for Hospice and Palliative

Care Nurses.

This was the second time each of these women was certified as Hospice Nurses and Licensed Nursing Assistants. Annette Blanchard, RN, Hospice Manager, FCHHA said: "This was the first time the training included computer-based testing here in Vermont. This will make it easier for staff interested in Certification in the future as they will not have to travel to another state."

Hospice and palliative care are specialized areas of health care, devoted to the patients' and families' physical, emotional and spiritual needs at the end of life. A special interdisciplinary team of providers, including nurses, home health aides, social workers, volunteers, physicians and clergy members work together to ensure that those needs are met. Annette added, "The presence of Certified Hospice staff at our Agency contributes to improved quality of care for our patients."

Franklin County Home Health Celebrates Staff Accomplishments

The Franklin County Home Health Agency (FCHHA) recently recognized the following staff for attaining professional certifications and demonstrating experience, dedication and knowledge in their careers.

Gaye Soule, R.N., and Veronica Wright, R.N. have both successfully completed the exam for the Certificate for OASIS Specialist-Clinical and may now use the designation, COS-C. To achieve this designation (sponsored by the OASIS Certificate and Competency Board), an individual must successfully complete a 100 item, two-and-a-half hour exam. Initiated in 2004, over 1,400 home care clinicians from around the country have achieved this status and over 1,800 home care clinicians have taken the exam.

The OASIS Certificate and Competency Board, Inc. is a non-profit organization dedicated to promoting greater reliability in OASIS data, through consistent application of guidelines provided by the Centers for Medicare & Medicaid Services. The Outcome Assessment Information Set (OASIS) is a quality measure used in home health agencies across the county to enhance care for patients in the home.

Rebecca Bonnici, SLP, received the Certificate of Clinical Competence, a national certification from the American Speech-Language-Hearing Association, the professional organization for Speech Language Pathologists. After completion of a graduate program in Communication Sciences and a national examination, a clinical fellowship year consists of supervised professional experience. Rebecca was supervised by FCHHA SLP's Keith Franchetti and

Eugenia Corbett during her clinical fellowship year. Having demonstrated skills in direct patient contact, consultation and documentation, she has been awarded her "C's," meaning she is a fully qualified Speech Language Pathologist.

Sarah Sadowsky, MSW, has been certified as a Case Manager for the state's Choices for Care Medicaid waiver program. Preparation for this certification included attending trainings offered by the Department of Disabilities, Aging, and Independent Living over the past year and a half. The trainings covered the state assisted health care programs, eligibility, and understanding Long Term Care Medicaid. Through state funding, the Choices for Care program offers long term care services as an alternative to nursing homes.

The *VAHHA Voice* is published by the Vermont Assembly of Home Health Agencies, the professional association of the 11 not-for-profit home care agencies in Vermont. Questions: Call 802-229-0579. For back copies of the *Voice* check the VAHHA homepage at:

www.vnavt.com

New Board Members at the VNA of Chittenden Grand Isle

The Visiting Nurse Association of Chittenden and Grand Isle Counties (VNA) welcomed four community leaders to the VNA Board of Directors at their Annual Meeting in November.

Mary Botter of Shelburne is the Executive Director of the Vermont Board of Nursing. Her nursing career has spanned more than 30 years and has provided her with experience in clinical practice, teaching, administration and consulting.

Jim Madison, a Shelburne resident, is a senior

Project Manager at TestAmerica, a local environmental consulting firm that he joined in 1985.

Anne Doremus, a resident of Jericho Center, is the Vice President and Portfolio Manager and Research Analyst for Hanson Investment Management.

Melissa Dever, an Essex Junction resident, is a co-founder and Vice President of Engineering for Competitive Computing, bringing innovative business solutions to commercial and public sectors in the greater New England area.

For more information call (802)658-1900.

RAVNAH Honors Audrey Eary - Employee of the Year

The Rutland Area Visiting Nurse Association & Hospice (RAVNAH) recently recognized Audrey Eary, RN, COS-C as its 2008 Employee of the Year. Eary, a 5-year high-tech nurse at RAVNAH, was honored for her superior work ethic and commitment to the agency.

Also honored were recipients of RAVNAH's HEALTH Matters awards, an employee recognition program for service excellence. Employees are chosen and recognized by their peers for outstanding service to the organization and the patients served. Home healthcare aides Nanette Daly, LNA and Patricia Tripp,

LNA shared the Honesty award; home healthcare aide Roberta Williams, LNA, Excellence award; pediatric high-tech manager Mona Rickert, RN, Attitude award; quality improvement specialist Beth Wilson, BSN, COS-C, Leadership award; clinical support technician Marcia Feiereisen, Teamwork award; and homecare nurse Margaret Bersaw, LPN, the Helpfulness award.

Information systems specialist, Heather Bourque, received the agency's Special Recognition Award for her significant contributions to technologically advancing the agency.

4% Cuts Proposed *(from page 1)*

but just the opposite has happened, a 1.5% increase in bed days paid by Vermont Medicaid.

Home care and other long term care programs were cut last August during the first round of rescissions to the FY 2009 budget. Additional cuts are expected before the end of this fiscal year.

"Unfortunately, state payments for home care services simply do not cover costs," said VAHHA director Peter Cobb. "Losses have increased steadily over the past decade. I am afraid that several agencies are at a breaking point where they can longer sustain these losses and will have to cut costs somehow, either by limiting programs or cutting staff or both."

According to Cobb, in FY 2007, the eleven VAHHA member agencies lost \$6.9 million providing state programs. "Unless the state funding gap is closed, home health agencies will be forced to make difficult decisions regarding access to services or go out of business altogether. Without viable home health agencies operating at high levels of performance, there will be higher census levels in more expensive hospitals and nursing homes."

Among the programs that would be cut in either the

proposed Budget Adjustment or the FY 2010 budget are:

- Home Health 4% rate reduction starting April 1. (Combined with the \$250,000 cut in August, this is a 4.8% rate cut from the FY 2009 approved budget).
- Physician CPT codes reduced by 4%, with some hold harmless provisions to mitigate the impact on primary care practitioners.
- The physician monthly case management fee for 60,000 beneficiaries would be cut in half.
- Nursing homes would not receive an inflation increase.
- Premiums in VHAP would revert back to 2007 levels and range from \$7 to \$80 per month based on income. (Has since been rescinded.)
- Catamount Health would institute a deductible ranging from \$250 to \$1250 depending on income.
- Adult dental benefits would be cut in half.
- The VPHARM state pharmacy subsidy for 12,000 elders would be eliminated. (Has been rescinded.)
- Higher tax payments for hospitals. According to the Vermont Association of Hospital and Health Systems, the gap between the provider tax and the payment rates for hospitals is \$7.9 million.



VAHHA Position Paper - Home Health in Vermont

The Board of Directors of the Vermont Assembly of Home Health Agencies has developed several legislative position papers for the 2009 legislative session. Two of these position papers are reprinted in this issue of the VAHHA Voice including Home Health in Vermont and the position on Medicaid Payments. The other papers, on staffing, cost cutting, competition, and home care rules, are available on the VAHHA homepage at vnavt.com. Check the Legislative link on the Members page.

The 11 VAHHA member home health and Visiting Nurse Associations provide medically necessary home health services to all Vermonters, regardless of income or location of their home. To continue to do so, several issues must be addressed.

Reimbursements

- State Medicaid payments do not cover costs. In 2007, the cost to provide service to state programs was \$7 million more than payments. This payment gap must end.
- Federal Medicare payments are also problematic. The payment increases for 2009 are .5%, well below inflation. The rates for two agencies in Vermont – Chittenden and Franklin County – dropped 3%.
- Home care represents just 4% of state health care spending and is less costly than the hospital or nursing home care many of these Vermonters would receive without home care.

Staffing

- Providing all the nurses, home care aides and therapists needed is difficult, especially for the hard-to-fill hours such as evenings and weekends. The lack of physical therapists is especially troubling. Several home care agencies are using “traveler” staff for physical therapy at a cost of \$70/hr or more. Creative solutions are needed.
- Difficulties in staffing impact wages and benefits. Competing with other providers, especially hospitals, is challenging.

Rules

- The new state home care rules are complicated and costly to administer. These rules should

assure quality but eliminate unnecessary administration.

- The rules should allow an agency to determine what programs and services it can provide. Community control is essential.
- The rules must assure a level playing field for all home care providers.
- The Medicaid Advocacy Project is very expensive to operate. The cost of this project may exceed the revenues.

Community-based Care

- The not-for-profit home health care agencies provide all Vermonters with universal access to a full range of high quality, low cost home health services.
- Another important feature of the not-for-profit system is the effort to coordinate and collaborate in the organization and delivery of services.
- All 11 agencies have sliding scale fee schedules so that Vermonters pay only what they can afford.
- Local community governance assures accountability and demands high standards of quality performance and continuous quality improvement.
- Local governance assures that the needs of the community are met.
- Cost containment is an important element of local control.
- A testament to the high level of community support is the generous support from all the towns.

Competition

- Three years ago the Department of Banking, Insurance, Securities and Health Care Administration changed Vermont’s long-standing nonprofit, non-competitive home care system by opening home care to competition for Medicaid and Medicare services. Despite that decision, the members of the Vermont Assembly of Home Health Agencies believe that competition does not benefit Vermonters.

Questions?

Call VAHHA at 802-229-0579 or e-mail to: VAHHA@comcast.net



VAHHA Position Paper – Medicaid Payments

State Medicaid Payments - State payments for home care services do not cover costs. Losses have increased steadily over the past decade. Several agencies are at a breaking point where they can no longer sustain these losses.

- State support for home care programs is well below costs. In FY 2007, VAHHA agencies lost \$6.9 million providing state programs. These losses are often made up by community donations, which are not sustainable especially given the current economy.
- Medicaid and other state programs comprise nearly 30% of the total home care revenues of the VAHHA member agencies - more than twice the New England average. This reflects Vermont's longstanding reliance on home care to meet state goals.
- Assuming no further rescissions, the rate payments under the Governor's proposed budget would be 4.8% lower in FY 2010 than the July 2008 payments.
- Home care represents only 4% of the total health care spending in Vermont. It is a good investment since often Vermonters who cannot be served at home receive care in more expensive hospitals and nursing homes.
- Rate increases from Medicaid and other state payments have not matched inflation.

Cost Pressures - Every year all the bills go up. The electric bill is higher than last year, the phone bill is higher, wages and benefits are higher, the heating bill is higher and transportation costs are higher. Yet, while all these are higher, reimbursement for the past eight years is nearly flat.

- Travel costs are 55% more than 10 years ago.
- Wages also have increased dramatically over the past decade. The average starting hourly wage for a home care RN in Vermont in January 1999 was \$14.08. By January 2008 the average starting wage was \$19.76, a 40% increase.
- Cost increases for employee health, auto, and liabilities insurance have far outpaced inflation.
- Increased paperwork and greater regulatory burdens have also added to home care costs.
- Due to staffing shortages, especially for physical and speech therapy, several agencies are using

“traveler” staff. The cost to do so can exceed \$70/hr.

- Investments in technology, including computer hardware and programs and tele-health equipment, are costly.
- The dismal economic news has cost the 11 VAHHA members several million lost from decreased value in their investments.

Medicare - For the past eight years home care agencies in Vermont have used surplus revenues from Medicare to cover state losses. The Centers for Medicare and Medicaid Services (CMS) is doing its best to eliminate future Medicare profits by home care agencies.

- Medicare comprises 52% of the revenues for the 11 VAHHA member agencies.
- Near freeze in rates – the actual rate increase for FY 2009 is only .5%
- Rates were effectively the same from FY 01 to FY06.
- Chittenden, Grand Isle & Franklin County PPS rate will drop by 3% on January 1, 2009.
- Hospice rates are down 4% this year and will drop another 4% next year.

What is at stake? - Home care agencies cannot continue to subsidize state payments at the current level. Unless the state funding gap is closed, home health agencies will be forced to make difficult decisions regarding access to services or go out of business altogether. Without viable home health agencies operating at high levels of performance, there will be higher census levels in more expensive hospitals and nursing homes.

What is needed?

- Rate increases are required across the total spectrum of home care - from traditional Medicaid to Choices for Care.
- Annual inflationary adjustments are needed to assure the financial viability of the agencies.
- If reimbursement cannot be brought to these levels, then the home health provider tax (which in essence is a gross receipts tax that collects \$4 million a year from home health agencies to be matched with federal dollars) should be reduced so that the combined rate increases and tax reductions yield the needed net result for the agencies.

Simpson New Human Resources Director at VNAH of VT and NH

Jeanne McLaughlin, President and CEO of the Visiting Nurse Association & Hospice of VT and NH (VNAH), is pleased to announce the recent appointment of Michael Simpson as Director of Human Resources.

Simpson has 11 years in the field of Human Resources, with experience at the Vermont Lakemonsters professional baseball organization in Burlington, VT, at North-eastern Vermont Regional Hospital in St. Johnsbury, and also with North Country Health System in Newport, VT.

Mike is a native of North Haverhill, NH, and graduated with a B.S. from Lyndon State College in Lyndonville, VT. He also earned an M.S. from St. Michael's College in Colchester and professional HR certification.

"I am excited to come back home to serve an organization with a long and outstanding history like the VNA and Hospice of VT and NH," states Mike. "I am thrilled to use my skills to help recruit and retain valuable employees for the organization, while at the same time learning about a

crucial aspect of healthcare – home health care and hospice."

The Visiting Nurse Association & Hospice of VT and NH is a non-profit organization serving 86 communities in New Hampshire and Vermont. With offices in West Lebanon, NH, Springfield and Brattleboro, VT, the VNAH provides more than 150,000 home visits every year, caring for people of all ages and at all stages of life. For information about the agency, visit www.vnavnh.org.



Kaiser Commission Charts History of CFC Program

A recently released report entitled: *Vermont's Choices for Care Medicaid Long-Term Services Waiver: Progress and Challenges As the Program Concluded its Third Year* by the Kaiser Commission on Medicaid and the Uninsured, charts the history of the state's Choices for Care Program and neither praises, although it suggests that community-based care is the correct way to go, nor criticizes the program.

The report says: "Vermont is meeting its goal of serving more people in the community and is reducing the use of institutional services." On the negative side the report suggests that if the program were really working to its potential the

nursing home option would "function as a rarely exercised protection with little fiscal impact for the state."

The report also says Vermont's CFC program "is being watched by policymakers around the country who are interested in reforming their Medicaid long-term care systems."

The report does not consider providers payments which, for most home agencies, are below costs. In 2007 the 11 VAHHA members subsidized this program by more than \$3 million.

The CFC program is a Medicaid waiver project with a goal toward giving Vermonters who qualify for Medicaid nursing home payments, the option of living at home and receiving home care services beyond the traditional Medicaid benefit.

CVHHH MCH Nurses Receive Lactation and Hospice Certifications

Central Vermont Home Health and Hospice staff member Rhonda Desrosier, RN has received her International Board Certified Lactation Consultant (IBCLC) certification in October. Preparation to be eligible to take the IBCLC exam requires completion of six college classes, 1,000 hours of hands-on experience, and completion of 45 hours of lactation courses.

Dorla Leone, RN and Patti Brandt, RN passed the Hospice and Palliative Care Nurse recertification exam in November through the Hospice and Palliative Nurse Association. Certification is recognized as a voluntary process that publicly attests to a higher level of expertise, recognizing specialized knowledge, skills and experience that promote optimal provision of services.

CMS Rule Change for Hospice Delayed Until Oct.

According to the National Association for Home Care, the new Medicare hospice rule, which eliminated the budget neutrality adjustment factor to the hospice wage index, has been delayed until October 1, 2009, providing

time for the new administration at Centers for Medicaid and Medicare (CMS) to reconsider the rule under the planned federal stimulus package. The moratorium on the implementation of this rule would be retroactive to October 1, 2008.

More Vermonters Now Able to Buy Nutritious Foods

Many Vermonters are facing challenges these days, with the high costs of food, fuel and other necessities. While good nutrition is extremely important to prevent sickness, during tough times it is often the food budget that gets cut first.

Thanks to recent changes in the Food Stamp Program, newly renamed *3Squares VT*, more Vermonters may be able to keep healthy food on the table. On January 1, 2009 income limits were raised from 130% of the federal poverty level to 185% so that an individual with a gross monthly income of \$1,604 or a family of four earning up to \$3,269 a month may now qualify. Also, for anyone below these limits, there is no longer a limit on resources such as bank accounts. This means more nutritious foods accessible to thousands more Vermonters.

Another important change is that retirement savings no longer count as resources. If a senior (age 60 or older) or person with a disability has an income above 185% of the federal poverty level, the household faces a resource limit of \$3,000, but no retirement savings will count towards that limit. If you were denied in the past because you had too many resources, now is a good time to apply again.

You might also qualify for added benefits like assistance for your phone hookup and phone bill and free school meals for your children, which can save hundreds of dollars over the course of a year. These additional benefits mean more money freed up to buy food or pay other bills and less financial stress in your life.

The program is also becoming easier to use. The application can be sent to your home, and you can get help

filling it out by calling your local Community Action Agency or Area Agency on Aging. You can also ask that your interview be over the phone so you don't have to travel to the district office. Working families can now claim the full cost of their child care expenses which can mean a higher benefit. Seniors and those with disabilities that have medical expenses may be able to receive more as well. Families receive their benefits on an easy-to-use swipe card; if you are over 65 or have a disability, your benefits can be deposited as cash directly into your bank account, giving you more privacy and flexibility.

Everyone needs access to healthy food, and *3Squares VT* is here to help. As a program of the US Department of Agriculture, it was created to help people buy food and to support local businesses and farmers. Over 60,000 Vermonters use the program, the vast majority of which are households with children, a senior, or a person with a disability. Those who take part are not taking money away from others in need. Congress made it an entitlement program to assure there would be benefits for everyone. Just like Social Security and other benefits, *3Squares VT* is a benefit you are entitled to, and spending benefits in Vermont actually stimulates the local economy by bringing more federal money into the state to support Vermont's businesses and farmers. There is no reason not to apply.

For more information or to request an application, visit www.vermontfoodhelp.com or call Economic Services at 1-800-287-0589 or the statewide Vermont Senior Helpline at 1-800-642-5119.

VNA's Dezotell is Vermont Care Provider of the Year

Martha Dezotell of Burlington, a Licensed Nursing Assistant (LNA) at the Visiting Nurse Association of Chittenden and Grand Isle Counties (VNA), has been selected as the 2008 Outstanding Care Provider of the Year by the Vermont Association of Professional Care Providers. Dezotell received the honor at a reception at the Vermont State House on November 12, 2008.

Dezotell began working at the VNA in 1998 as a Personal Care Attendant (PCA). Her dedication to her VNA clients and excellent performance as a PCA was notable, and she was selected to participate in, and graduated from, the VNA's career-ladder LNA training program in 2007. Dezotell provides care for patients in the VNA Adult Home Care, South Burlington Community Housing, Private Care, Choices for Care, Hospice and Adult Day programs.

Lynne Robertson, VNA Director of Long-Term

Care, notes, "Martha is incredibly professional. She has excellent skills that help us provide the highest quality of care to our clients. Our clients trust the care that Martha gives them." Ms. Dezotell's nomination was one of 158 received from throughout the state and she won the award as a care provider nominated by either a supervisor or co-worker.



Vermont Home Health Calendar

Spring 2009

- March 21-25 **NAHC's Annual March on Washington & Law Symposium.** Omni Shoreham Hotel, Washington, DC.
- March 26 **VAHHA Teleconference, Legal Series "How to get referrals from assisted living facilities without violating the law."** 1pm to 3pm. For details check the VAHHA homepage.
- April 6 **VNA's Madison-Deane Initiative will be hosting a community presentation by Rachel Naomi Remen MD.** 7:00pm at the DoubleTree hotel in South Burlington. Dr. Remen is the author of the best-selling books *Kitchen Table Wisdom* and *My Grandfather's Blessings*. She will share reflections on her 30 years of experience working with people with cancer. Her stories will renew, inspire and strengthen our sense of aliveness, wonder and awe. There will be a book signing at the conclusion of the event. The presentation is free and open to the public. Please call 860-4419 or visit www.vnacares.org for more information.
- April 7 **Vermont Geriatrics Conference** - Montpelier. Details pending. Sponsored by the Vermont Area Health Education Centers (AHEC) Network.
- April 8 **VAHHA IV Course** - VNA of Chittenden and Grand Isle Counties. 8:30am to 4pm. Please register with VAHHA by April 1. Details on the VAHHA homepage.
- April 14 **Spring Blooms! Fashion Show and Luncheon** will take place from 11:30 to 1:30 on Tuesday, April 14 in the Emerald Ballroom at the Sheraton in South Burlington . This annual benefit supports the programs of the VNA Family Room. Tickets for the fundraiser are \$50.00 per person and may be purchased through the VNA Development Office at 802-860-4435. For more information on upcoming VNA fundraisers, please visit www.vnacares.org.
- April 16 **VAHHA Teleconference Series – The Clinical Advantage, Parkinson's Disease.** 3-4pm. For details and a registration form, check the VAHHA homepage.
- April 27 **Alzheimer's Association Education Conference for Family and Professional Caregivers.** 8am to 4pm. Sheraton Hotel and Conference Center, Burlington. For more information call 802-477-7000
- April 30 **VAHHA Teleconference Legal Series – "Agreements with Medical Directors,**

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making them legal.” 3-4pm. For details check the VAHHA homepage.

- April 30-May 1 **Northern New England Home Care Conference.** Sheraton Harborside Hotel, Portsmouth, NH. For more information check the VAHHA home page.
- May 28 **VAHHA Teleconference Series – The Clinical Advantage, Hypertension.** 3-4pm. For details and a registration form, check the VAHHA homepage
- June 10 **VAHHA IV Course.** VNA&H of VT/NH, West Lebanon. 8:30 to 4pm.
- June 25 **VAHHA Teleconference Series – The Clinical Advantage, Multiple Sclerosis.** 3-4pm. For details and a registration form, check the VAHHA homepage.
- July 23 **VAHHA Teleconference Series – The Clinical Advantage, Leukemias.** 3-4pm. For details and a registration form, check the VAHHA homepage.
- August 27 **VAHHA Teleconference Series – The Clinical Advantage, Diseases of the Bones.** 3-4pm. For details and a registration form, check the VAHHA homepage.
- September 24 **VAHHA Teleconference Series – The Clinical Advantage, Diseases of the Kidneys.** 3-4pm. For details and a registration form, check the VAHHA homepage.
- October 10-14 **NAHC Annual Meeting & Exposition.** Los Angeles, CA.

Assistive Technology Tools to Help People Stay Organized at Work and at Home - Organizing time and information can feel a bit like Mud Season – no firm foundation and easy to slip on. Come learn about tools that will enable your clients to demonstrate effective organizational skills at home and on the job. Some are light-tech – removable highlighter tape, a watch that beeps reminders, laminated check-off lists. Others utilize off-the-shelf computer programs. Learn how it doesn't have to be expensive to work.

- **Burlington** – April 20 (9:00 AM to noon) Conference Room 2B, State Office Bldg., 108 Cherry St - Presenter: David Punia
- **St. Johnsbury** - April 27 (9:00 AM to Noon) Room 127, Northeast Vermont Regional Hospital Presenter: Eileen Haddon
- **Rutland** – May 4 (9:00 AM to Noon) DCF Conference Rm, Asa Bloomer Bldg. Presenter: Dan Gilman & Chris Cichoskikelly
- **Brattleboro** – May 18 (1:00 PM – 4:00 PM) VR Conference Rm, Marlboro College Graduate Center Presenter: Dan Gilman

Please Register at the AHS Training Website:

<http://humanservices.vermont.gov/professional-development/VSAEAttendance>

For an up-to-date listing check the VAHHA homepage at www.vnavt.com

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