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The Quarterly

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MEDICAID MANAGED LONG TERM CARE: A LOOK AROUND AND FORWARD

By Bruce G. Baron, Esquire

Amidst the recurring conversation about converting Medicaid to State Block Grants with growth linked to the expansion of the economy and the number of recipients and about containing the cost of Medicaid long term care, Pennsylvania nursing facility providers can look to an accelerating move to Medicaid Managed Long Term Care in the national landscape to assess their present and future strategic planning needs. The current Pennsylvania Secretary of Public Welfare worked on these issues while managing Rhode Island's Medicaid Program, see: http://www.galen.org/fileuploads/RIMedicaidReform.pdf; and, the resulting Rhode Island "Global Waiver" includes promoting managed long term care as one of its goals.

The move to Medicaid Managed Long Term Care goes beyond the expansion of the locally-based PACE/LTCCAP/LIFE programs available in many States, including Pennsylvania. The Kaiser Family Foundation's (KFF) "Examining Medicaid Managed Long -Term Service and Support Programs: Key Issues to Consider" (October 2011), available at: http://www.kff.org/medicaid/upload/8243.pdf, and, AARP's "On the Verge: The Transformation of Long Term Care Services and Supports," (February 2012) available at: www.nasuad.org/documentation/nasuad_materials/AARP732_OntheVerge_REPORTFeb1v33.pdf, provide useful background on the types of approaches currently in use. More recently, Kansas' KanCare 1115 Demonstration Waiver was approved by CMS on August 20, 2012; and, will provide all Medicaid funded services, including previously fee-for-service institutional services (except State-operated ICF/MR), through three managed care contracts. See: http://www.kdheks.gov/hcf/kancare/index.htm. KFF and AARP report States with Medicaid Managed Long Term Care State-wide programs also include: Arizona, Florida, Hawaii, Idaho, Massachusetts, Minnesota, New Mexico, New York, Tennessee, Texas, Vermont, Washington and Wisconsin, with California, Delaware, Illinois, Indiana, Maine, Michigan, Nevada, New Hampshire, New Jersey, North Carolina, Ohio, and Rhode Island either developing programs or expanding existing ones.

The Pennsylvania Medicaid Program is the largest payor for nursing facility days of care in Pennsylvania, paying for 18,887,428 of 29,092,964 (65%) 2011 days of care according to DOH Utilization Reports, including direct fee-for-service payments made to providers qualified by the Office of Long Term Living (OLTL) pursuant to 55 Pa. Code Chapter 1187 and 62 P.S. § 443.1. The Medicaid Program also funds long term care services for recipients through Medicaid Managed Care Capitation payments (HealthChoices, LIFE/LTCCAP); through fee-for-service payments to home- and community-based service providers; and, through payments to intermediate care and group home facilities qualified by the Office of Developmental Programs (ODP). Currently, Medicaid Managed Care Organizations (MMCO's/HealthChoices) are responsible to provide payment for up to thirty (30) days of long term care facility services (including hospital reserve bed days and therapeutic leave bed hold days) for their enrolled members, after which Medicaid recipients are transferred to the fee-for-service payment system for payment of any additional MA Days of Care. See: DPW Medicaid Long Term Care Policy Clarification PMN15762403 (May 25, 2011).

Pennsylvania's State Budget for 2012-2013 includes line items for "Long Term Care" fee-for-service payments to nursing facility providers ($2,855,992,000), as well as for the other forms of payment, including for "Long Term Care Managed Care" ($175,138,000), meaning the nineteen (19) existing PACE/LTCCAP/LIFE program providers and not a program to replace fee-for-service funding for institutional care. The most recent Governor's Regulatory Agenda, 42 Pa.B. 4262 (July 7, 2012) says nothing about further development of Medicaid Managed Long Term Care in Pennsylvania; although, HealthChoices Medicaid Managed Care service areas are going Statewide (New West Zone by September 1, 2012 and New East Zone by March 1, 2013) with notice that there may be benefit changes in 2013.

DPW is already authorized by the Public Welfare Code, 62 P.S. § 443.5, to contract out any services available under the State Plan, including long term care services, see: Brinson v. DPW, 641 A.2d 1246 (Pa. Cmwlth. 1994);

Continued on Page 2

MEDICAID MANAGED LTC CARE: A LOOK AROUND AND FORWARD... *Continued from Page 1*

and, therefore, an amendment to 62 P.S. § 443.1 (relating to payments for institutional care) would not be required, even if desirable to preclude litigation issues, for DPW to make the change. A State Plan Amendment would be required pursuant to Federal regulations in 42 CFR Part 438 (relating to managed care). The move to managed care would not require changes to the Nursing Facility Assessment Law (if it survives the next Federal review of these FFP enhancement programs), since payments made by Medicaid Managed Care Organizations to nursing facilities would still count under DPW's regulatory definition of "MA Day of Care"(55 Pa. Code § 1187.2). If, under Medicaid Managed LTC, provider rates are negotiated, any impact of the shift on the computation of the Budget Adjustment Factor (BAF) would be moot.

The resulting rates for nursing facility providers would still have to be consistent with efficiency, economy and quality of care pursuant to 42 U.S.C. § 1396a(a)(30)(A), see: Pa. Pharmacists' Assn. v. DPW, 733 A.2d 666, 671 (Pa. Cmwlth. 1999); although, how to enforce this requirement to protect providers is still being defined and limited in Federal litigation. See: Douglas v. Independent Living Center of Southern Cal., Inc., 132 S.Ct. 1204 (February 22, 2012) (remanding case to U.S. Court of Appeals for 9th Circuit (currently in mediation)) (requiring review under Administrative Procedures Act (APA) where possible); Arizona Hosp. & Healthcare Assn. v. Betlach, __F.Supp.2d __, 2012 WL 999066 (D. Ariz., March 23, 2012) (deferring to CMS under APA standards); Christ the King Manor, Inc. v. Sebelius, __ F.Supp.2d __, 2012 WL 3027543 (M.D. Pa., July 24, 2012) (currently on appeal to U.S. Court of Appeals for Third Circuit) (finding very little required for CMS compliance).

Where the Medicaid Managed LTC contractors negotiate rates with providers and DPW does not set the rates, any disputes about rates or payments would not be required to be submitted to DPW's Bureau of Hearings & Appeals (BHA) because no DPW adjudication would be involved; and, disputes could be submitted to the Courts of Common Pleas. See: Citizens' Ambulance Service, Inc. v. Gateway Health Plan, 806 A.2d 443 (Pa. Super. 2002) (declining to extend Pa. Pharmacists' Assn. v. DPW requirement for BHA appeals to such cases); 67 Pa. C.S.A. § 1101 (definition of right to hearing under the Medicaid Provider Appeal Law requires prior DPW adjudication); 55 Pa. Code § 41.3 (definition of "agency action" appealable by providers to BHA does not include actions by MCO's). In addition, the time limits and requirements for filing claims and payment disputes would be matters of the individual provider contracts with the Medicaid Managed LTC contractor and Pennsylvania contract law.

KFF, supra at page 11, notes the following provider concerns with implementation of expanded Medicaid Managed LTC systems (MLTSS):

> In advance of a shift to MLTSS, providers have questions about whether they will be included in networks, how much and how they will be reimbursed, and about the administrative ramifications of new arrangements including apprehension about possible new rules and procedures established by MCOs. If they participate in more than one MCO network, they may be subject to different sets of rules and procedures and may have to enter into contracts with multiple managed care organizations. Concerns about a potential loss of autonomy and about whether the new arrangements will be compatible with their established mission are also common. In response to both consumer and provider opinions about the desirability of maintaining established services and supports, states have taken steps to protect providers, at least initially. When Texas STAR+PLUS was established, the state mandated a three-year transition period when MCOs were required to contract with any willing provider that had been providing LTSS services in the Medicaid fee-for-service system. In Tennessee, CHOICES plans were required to offer contracts to all nursing facilities that were currently operating. In addition, the state set provider rates for long-term care services to give some reassurance that MCOs would not cut reimbursement rates.

As Pennsylvania moves into the "next four years" after the November 6, 2012 election and confronts its options to deal with the needs of its large aging population, Medicaid Managed LTC and the experience of other States with achieving cost control and predictability while maintaining access and quality of care through that option can be expected to receive more attention.

CAPOZZI & ASSOCIATES, P.C. WELCOMES ...

Marc A. Crum has joined our Firm as an associate attorney. Marc is a 2003 graduate of the Dickinson School of Law of the Pennsylvania State University and received his Bachelor of Science degree in Business Administration from the Pennsylvania State University in 1998. Marc is admitted to practice in Pennsylvania State Courts and the U.S. District Court and the U.S. Bankruptcy Court for the Middle District of Pennsylvania. In 2011 he was certified as a Mediator for the U.S. Bankruptcy Court for the Middle District of Pennsylvania. Prior to coming to Capozzi and Associates, Marc focused his practice on representing consumer debtors and small businesses in bankruptcy and creditor-debtor law, working as an associate attorney with the Law Office of Dorothy L. Mott, LLC. At Capozzi & Associates, Marc concentrates his practice on protecting the legal and financial interests of health care facilities throughout Pennsylvania in the areas of creditors' rights, liquidation of accounts receivables, and bankruptcy. Marc resides in Carlisle, PA with his wife and 9-month old daughter.

GETTING YOUR PRIORITIES STRAIGHT: RECENT PENNSYLVANIA CASE LAW CLARIFIES CONSTRUCTION LOAN LIEN SUPERIORITY

By: Craig I. Adler, Esq. and Paul R. Van Fleet, Esq.

In today's real estate market, lenders are approving loans at historically low interest rates. As a result, highly beneficial financing opportunities are currently available for builders, developers, purchasers and owners of real property. In the health care industry, nursing homes and assisted living facilities can save a substantial amount of money by refinancing their current loan; however, parties considering construction or other expansion projects must be aware of certain legal considerations in the planning of their projects.

Facilities looking to use mortgage financing for the construction of their project would be well advised to keep their priorities straight, not just from a business standpoint, but also a legal standpoint. A recent Pennsylvania Superior Court decision, Commerce Bank/Harrisburg, N.A. v. Kessler, 2012 Pa. Super 100, 2012 WL 1610139 (May 9, 2012), has made the already intricate world of loan priorities even more complex by redefining the priority given a mechanic's lien over an open-ended mortgage.

Kessler deals with two types of liens: an open-ended mortgage and a mechanic's lien. An open-ended mortgage is a mortgage wherein the borrower is allowed to receive future advances over the life of the loan given that certain conditions are met. For example, if a borrower obtains a mortgage for $200,000.00, a small sum may be advanced at closing with the balance to be advanced as construction proceeds, subject to financial requirements usually tied to verification of the completion of work at the property. A mechanic's lien is a security interest in the title to property for the benefit of those who have supplied labor or materials that improve the property. Builders and contractors have the legal right to file mechanic's liens to secure unpaid fees.

Open-ended mortgages and mechanic's liens frequently intersect in new residential and commercial construction. Open-ended mortgages are an attractive method of financing construction for borrowers. Borrowers enjoy flexible lending terms and lenders are intended to retain general superiority over other liens, including mechanic's liens. Should the borrower default on their open-ended mortgage and fail to pay their builder, the lender and the builder will soon find themselves in a conflict over who gets paid first if the property is foreclosed upon and sold.

Under the Pennsylvania Mechanic's Lien Law, 49 P.S. § 1101 et seq., mechanic's liens generally have priority over other mortgages. In the event of default and a sheriff's sale of the property, the builder will usually be paid before the lender. However, the Mechanic's Lien Law also lays out exceptions to this general rule, 49 P.S. § 1508(c)(2), including:

"(c) Any lien obtained under this act by a contractor or subcontractor shall be subordinate to the following: . . .

(2) An open-end mortgage . . . , the proceeds of which are used to pay all or part of the cost of completing erection, construction, alteration or repair of the mortgaged premises secured by the open-end mortgage."

The Pennsylvania Superior Court outlined a very explicit exception to 49 P.S. §1508(c)(2) in the Kessler case, finding that if a portion of the funds obtained pursuant to the open-ended mortgage are used to pay expenses unrelated to the cost of completing erection, construction, alteration, or repair of the mortgaged premises, a mechanic's lien will have legal priority over the open-ended mortgage. It is common to pay taxes and closing costs at a closing; and, therefore the Kessler decision has a tremendous impact on the practical application of the lien priority rules.

Kessler involved a couple constructing a luxury home in Harrisburg, Pennsylvania. To finance the construction, the Kesslers obtained an open-ended mortgage through Commerce Bank (now Metro Bank). Funds from the open-end mortgage were used to pay for construction costs, as well as "tax claims, closing costs, satisfaction of an existing mortgage on the property, and payment of other judgments and liens." Unfortunately, the Kesslers failed to make the required payments on the mortgage and Metro Bank foreclosed on the property. Metro Bank obtained a default judgment against the property in the amount of $403,994.84, and the builder later obtained a default judgment on its mechanic's lien against the property in the amount of $411,304.14. Metro Bank had the property listed for a sheriff's sale; and, the stage was set for a decisive showdown in court as to whether Metro Bank or the builder would be paid first.

On appeal from a trial court ruling that the mechanic's lien had priority over Metro Bank's open-ended mortgage, Metro Bank argued that it was entitled to priority based upon 49 P.S. § 1508(c)(2), but the Pennsylvania Superior Court disagreed. The court zeroed in upon the specific language of the statute stating that ". . . the proceeds of which are used to pay all or part of the cost of completing erection, construction, alteration or repair of the mortgaged premises." Metro Bank argued that the statute did not dictate that the proceeds be limited to construction fees, but the court held the plain language of the term "proceeds" meant all of the proceeds. Furthermore, the court held that Metro Bank's interpretation would allow for improper manipulation of the lien system because as long as a borrower obtained an open-ended mortgage instead of a standard mortgage, a mechanic's lien could theoretically always be defeated.

How does this analysis apply to the health care industry? First and foremost, it applies to any commercial lending, including lending for a nursing home. The decision has given pause to commercial lenders in the extension of construction financing. At a minimum, they are far more diligent in confirming that the mortgage is recorded prior to the commencement of construction. In cases where construction projects have commenced prior to the filing of the mortgage, the lender is likely to refuse to fund the project, effectively bringing a substantial project to an absolute standstill. Secondly, it provides warning to lenders that open-ended mortgages must be used to complete only what 49 P.S. §1508(c)(2) allows, and that a borrower using the open-ended mortgage to pay additional costs unrelated to construction results in added risk to the lender due to a lost priority position. Lastly, it provides notice to the nursing home borrower that complete candor should be shown to the lender. If a borrower uses loan funds to pay costs other than builder's costs and the bank loses lien position as a result, the borrower could find himself in a mortgage fraud suit, with potentially disastrous consequences.

If you would like more information on construction financing for expanding your nursing home facility, please contract Craig I. Adler, Esquire at Craiga@CapozziAssociates.com, or Paul R. Van Fleet, Esquire at Paulv@CapozziAssociates.com.

MANAGING AND COLLECTING YOUR RESIDENT ACCOUNTS RECEIVABLE

Andrew R. Eisemann, Esquire

This is the eighth installment of our firm's series known as "Managing and Collecting Your Resident Accounts Receivable". As you are already aware, the financial survival of most nursing facilities in Pennsylvania depend on how aggressively and effectively their business office managers administer their accounts receivable. This series is devoted solely to the design, management, and improvement of your accounts receivable program and collections efforts. Also, here we share with you tips, legal updates, personal observations, and "lessons learned" to help you improve the effectiveness of your Accounts Receivable Management Program.

I want to focus this installment on a critical step in implementing or improving your efforts to watch your bottom line: identifying your external and internal threats to your Resident Accounts Receivable. During the last five years I have observed and "attacked" the same threats that impact each and every facility for which I assist the Business Office Manager. I assembled a collection of those threats, which is organized as external or internal. Each facility has its own strengths and weaknesses in managing and eliminating the factors that degrade its Days Revenue Outstanding ("DRO"). Some may require an administrative solution, and others may demand legal attention. But all require strong leadership and professionalism from the Administrator or Executive Director.

Your "Fix It" Plan should include the training and orientation of your Business Office staff, Admissions Office, Social Worker, and Director of Nursing. Review the following lists and determine the best courses of action to minimize these "threats" or their impact on your DRO.

Your potential External "threats" include but are not limited to the following:

1. Medically incompetent Resident referred as a self-admit no Legal Representative.
2. Family member's inheritance expectations or resident's "gifting" of assets.
3. Family member's addiction to alcohol, drugs, and/or gambling.
4. Family cash-flow issues or spending income on non-allowable expenses or to quiet "louder" creditors.
5. Family dysfunction and abandonment of the Resident.
6. Family is blaming nursing care-related issues for non-payment.
7. Legal Representative or POA refusing to transfer the Resident's PPL.
8. Legal Representative or POA is not aware of the requirement to transfer Social Security or Pension income to pay PPL or Medicare co-pay.
9. Family not "Spending Down" or a transfer of property is resulting in a "Penalty Period".
10. Family refusing to cooperate with MA application process or Reconsideration.
11. Ineffective Guardian or POA as to the Resident's resources and/or financial information
12. Elder Law attorney or family not paying income while MA Pending.
13. Lengthy delays in processing of VA Benefits.
14. Lengthy delays to obtain the Options Assessment.
15. Resident dies and no Estate opened to pay an outstanding balance.
16. Former Resident dies and you neglect to file a claim against his/her Estate.
17. Delay in an Estate liquidating assets and paying your Claim.
18. Resident or Legal Representative files for bankruptcy protection.

Your potential Internal "threats" include but are not limited to the following:

1. Failure to review your Accounts Receivable Report regularly or adequately.
2. Poorly drafted or executed Admission Agreement.
3. Weak Admissions Office process or failure to screen finances and family member information.
4. Admission of an illegal or MA ineligible alien because of failure to screen properly.
5. Failure to follow up or take corrective actions to reduce MA Pendings.
6. Failure to bill MA timely or 3rd Party Payer timely
7. Failure to provide Invoices to Resident and Legal Representative while the Resident is MA Pending or for Medicare co-pay.
8. Lack of Social Security Representative Payee policy.
9. Failure to issue a demand letter when a balance is delinquent.
10. Failure to comply with requirement for written notice when insurance benefits expire.
11. New or untrained Business Office Manager or "bleeding heart" Social Worker.
12. Failure to discharge a Resident with a written payment plan.
13. Lack of Involuntary Discharge policy or the inability to discharge safely.

I will address these threats and possible solutions or actions during our next semi-annual Seminar at Hollywood Casinos on October 18, 2012.

If you would like more information on how we can provide further analysis and legal assistance to improve the management and liquidation of your Accounts Receivable, you may contact Andrew R. Eisemann at our Firm at Andrewe@CapozziAssociates.com.

EMPLOYER'S DECISION MAKERS CAN BE PERSONALLY LIABLE TO EMPLOYEES UNDER PENNSYLVANIA'S WAGE PAYMENT AND COLLECTION LAW

Brandon S. Williams, Esquire

At various times during an employment relationship when employment is terminated, or when an employer is experiencing cash flow issues, an employer may be tempted to withhold or delay an employee's pay check. If the wages are legitimately due to the employee, the employer could be liable for not only the wages, but also liquidated damages in the amount of 25% of the wages improperly withheld (or $500, whichever is greater), the employee's attorneys' fees, and even criminal penalties, under Pennsylvania's Wage Payment and Collection Law, 43 P.S. § 260.1, et. seq, ("PAWPCL"). The employer's decision makers could be personally liable for the amounts owed, or suffer criminal penalties, although recent court decisions have limited the broad language contained in the enacting legislation.

The PAWPCL requires that employees receive their pay on regular pay days designated in advance and that separated employees receive their final pay on the regular scheduled pay day on which it would otherwise have been paid. The requirement also applies to fringe benefits and wage supplements. If there is a dispute as to how much is owed, the employer is obligated to make payment of the amount that is admitted to be owed, and notify the employee in writing of the disputed amount.

As drafted, the PAWPCL could be and sometimes was read to impose liability on "any agent or officer" of an employer regardless of his or her role with the employer or in the decision to withhold pay. The idea behind personal liability was summarized in a 1981 Allegheny County Court of Common Pleas decision, Ward v. Whalen, 18 Pa.D.&C.3d 710:

> Decisions dealing with personnel matters and the expenditure of corporate funds are made by corporate officers and it is far more likely that the limited funds of an insolvent corporation will be used to pay wages and that a work force will be reduced while the corporation is still capable of meeting its obligations to its employee if personal liability is imposed on the person who make these decisions.

However, Pennsylvania Courts have limited the scope of those who can be personally liable and refused to impose personal liability on employees who are not directly related to the decision to withhold pay.

In a 1990 decision by the Pennsylvania Superior Court, Mohney v. McClure, 568 A.2d 682, affirmed 604 A.2d 1021 (Pa. 1992), the Court limited personal liability to individuals who had an "active role in decision making." Subsequently, in 2006, Hirsch v. EPL Technologies, Inc., 910 A.2d 84, the Superior Court refused to find personal liability for a Corporate Assistant Secretary/ Acting Secretary and Vice President, who had no policy-making authority, could not make policy decisions, and performed primarily managerial and ministerial duties. Most recently, in Molinaro v. Akrion, Inc., a 2010 Lehigh County Court of Common Pleas decision held that personal liability can only apply to the individuals whose decisions were the proximate, or direct, cause of the withholding.

The PAWPCL also has provisions for summary offense criminal penalties based on charges brought either by affected employees or State officials with fines up to $300 and/or 90 days imprisonment for each offense as to each employee not properly paid, but subject to any "good faith defense" involving a right of set-off or counterclaim. 42 P.S. § 260.11a(b). Where an employer is an individual, that individual would be subject to the criminal penalties. Where the employer is a corporation, the president, secretary, treasurer or other officers exercising corresponding functions shall each be guilty of such summary offense, but only if they actually exercise the functions of those offices. Com. v. Guigliano, 505 A.2d 317 (Pa. Super. 1986).

Employers should be aware of the requirements under the PAWPCL, and ensure that they are not withholding pay beyond the regular scheduled pay days without an appropriate reason. If you have questions about what to do at your facility, you can contact Brandon S. Williams, Esq. at our Firm (Email: Brandonw@CapozziAssociates.com).

NEW DPW INVESTICLAIM PRE-PAYMENT AUDITS MAY ADD TO PROVIDER PAYMENT DELAYS

By: Matthew A. Thomsen, Esquire

Pennsylvania's Department of Public Welfare (DPW) recently announced a new Medicaid pre-payment claims audit system that may result in some further delays in provider payments. While the new system, "InvestiClaim," contracted and licensed through HP Enterprise Services, may focus on outpatient provider claims, DPW advised that the new system would deal with all provider claims.

The new system will cost about $4.2 million, mostly in Federal funds, and is expected to save the Medicaid Program about $5 million/year. DPW expects that those savings will come via InvestiClaim's heightened ability to identify and stop incorrect provider types for the service, invalid provider and license numbers, procedure and diagnosis codes unsupported by documentation, and duplicate claims. The system edits focus on: (a) wrong provider types for services involved; (b) invalid provider or license numbers; (c) procedure or diagnosis codes not supported for required documentation; and (d) duplicate claims for the same procedures or dates of service.

Claims rejected or delayed due to these new system edits are subject to appeal under the expedited procedures in DPW's Medicaid Provider Appeal regulations, 55 Pa. Code § 41.92, but that still requires the timely filing of a formal appeal meeting DPW requirements if providers cannot resolve system errors (which happed) with DPW staff. If you encounter problems with this new DPW pre-payment audit system, you can contact Matthew A. Thomsen, Esq. at our Firm for assistance (Email: Matthewt@CapozziAssociates.com).

CAPOZZI & ASSOCIATES, P.C.

Presents its Semi-Annual Continuing Education Seminar

CURRENT ISSUES AFFECTING PENNSYLVANIA NURSING FACILITIES

Thursday, October 18, 2012 (8:30 a.m. – 5:30 p.m.)
HOLLYWOOD CASINO, JOHN HENRY ROOM
Grantville, PA (Exit 80, I-81)
Approved for 7 professional education credit hours for NHAs, Attorneys, and Accountants at no cost to you

■7:45 a.m. – 8:30 a.m. - Registration — Lobby in front of the John Henry Room

■8:30 a.m. – 8:40 a.m.
Administrative Remarks — Andrew R. Eisemann, Esq.
Welcome & Opening Comments: — Louis J. Capozzi, Jr., Esq.

■8:40 a.m. – 9:40 a.m. — Louis J. Capozzi, Jr., Esq. and Brandon S. Williams, Esq.
NLRB & UNION ACTIVITY UPDATE.

■9:40 a.m. – 10:40 p.m. — Donald R. Reavey, Esq.
VENDOR CONTRACT LAWSUITS: Avoiding Contract Disputes and Vendor Litigation; Case Studies of Pharmacy, Ambulance, and Food Service Litigation

■10:40 a.m. – 10:50 a.m. – Mid-morning Break

■10:50 a.m. – 12:20 p.m. — Andrew R. Eisemann, Esq.
MANAGING AND COLLECTING YOUR ACCOUNTS RECEIVABLE: Identify Threats & Reduce Problem Resident Accounts; Enforce your Admission Agreement; MA Eligibility

■12:20 p.m. – 1:00 p.m. – LUNCH BUFFET (provided)

■1:00 p.m.– 1:20 p.m. GUEST SPEAKER: Kim Coon, Blue Vase Global (Camp Hill, PA)
"Effective Leadership: Becoming a Change Agent in Your Organization"

■1:20 p.m. – 2:20 p.m. — Daniel K. Natirboff, Esq., Matthew A. Thomsen, Esq., and Timothy T. Ziegler, Senior Reimbursement Analyst
MEDICAID REIMBURSEMENT and APPEALS UPDATE: New Rates and What's Being Settled; New Bed Request and Bed Transfer Regulations.

■2:20 p.m. – 3:20 p.m. — Dawn L. Richards, Esq.
FAMILY & MEDICAL LEAVE ACT COMPLIANCE ISSUES AND UPDATE

■3:20 p.m. – 3:30 p.m. – Mid-afternoon Break

■3:30 p.m. – 4:30 p.m. — Bruce G. Baron, Esq.
HEALTH CARE REFORM IN PENNSYLVANIA: Issues in light of the U.S. Supreme Court Decision and Current State Initiatives.

■4:30 p.m. – 5:30 p.m. — Craig L. Adler, Esq. and Paul Van Fleet, Esq.
BUYING, SELLING & FINANCING UPDATE: Recent Lessons & Current Real Estate Market and Investment Issues

REGISTRATION INFORMATION

Credits: This program has been approved by the National Continuing Education Review Service (NCERS) of the National Association of Boards of Examiners for Nursing Home Administrators for 7 clock hours (Approval No. 18102012-7.00-9825-in) and has been approved by PACLE for 7 participant hours and 7 substantive credit hours of CLE for attorneys (Approved Course No. 151446); and by the Pennsylvania State Board of Accountancy (No. PX177781) for continuing education credits for CPAs.

Certificates of Attendance will be provided to Seminar participants. Participants must sign in and out in order to obtain Continuing Education Credits for Program Hours actually attended. Attorneys seeking PA CLE Credits must file Certificates of Attendance and pay the required fee directly to PACLE in order to obtain CLE credits.

Cost. None.

Directions to the John Henry Room-

1. Park at the top level of the free parking garage attached to the Casino.
2. Enter the building and take the elevator down one floor and exit elevator to the left.
3. Proceed down the ramp or stairs and turn left at the seats.
4. Walk in front of the betting counters and go left to the elevators. Take elevator up one floor to the 4th floor.
5. Follow the signs to the Banquet Rooms and the John Henry Room is at the end of the hall.

Registration Deadline: Submit the Registration information below no later than October 9, 2012 to:
ERIN E. MOTTER, Capozzi & Associates, P.C., P.O. BOX 5866, Harrisburg, PA 17110; or by email ErinM@CapozziAssociates.com; or by FAX to: (717) 233-4103:

1. NAME: POSITION:
2. EMPLOYER: ADDRESS:
3. TELEPHONE NUMBER:
4. EMAIL (for confirmation of your registration only):
5. NHA LICENSE NO. & STATE (if appl.): PA ATTORNEY I.D. NO. (if appl.):

____________________________________ ________________________

C&A

Capozzi & Associates, P.C.

Attorneys at Law

RECENT AND UPCOMING EVENTS:

June 11, 2012 – Capozzi & Associates, P.C. celebrated its 15th anniversary.

June 27-29, 2012 – Louis J. Capozzi, Jr., Esq. and Dawn L. Richards, Esq. spoke at the 2012 LeadingAge-PA Annual Conference & Exhibition in Hershey on "National Labor Relations Act: Proposed Changes."

September 12, 2012 – Andrew R. Eisemann, Esq. will conduct a Workshop and Seminar at John J. Kane Regional Center – Glen Hazel at 1:00 p.m., which is open to all nursing home administrators and business office staff. For additional information on this program, you can email Andy at: Andrewe@CapozziAssociates.com.

October 4, 2012 – Dawn L. Richards, Esq. will present a full-day seminar as part of Penn State Greater Allegheny's licensing program for nursing home administrators on "The Government's Role in Health Care Policy, Regulation and Reimbursement" at the campus in McKeesport (8:30 a.m. – 5:00 p.m.).

October 13, 2012 – Capozzi & Associates, P.C. Morning Adopt-A-Highway Cleanup on I-81 (N&S at Mile Marker 62.5) (Cumberland County between Enola and Wertzville Road Exits).

October 18, 2012 – Capozzi & Associates, P.C. Semi-Annual Continuing Education Seminar – "Current Issues Affecting Pennsylvania Nursing Facilities" – at the John Henry Room, Hollywood Casino, Grantville (8:00 a.m. – 5:30 p.m.). Admission is free along with 7 continuing education credits for NHA's, lawyers, and CPA's. For a brochure and registration information, email Erin Motter of our Firm at: ErinM@CapozziAssociates.com.

November 6, 2012 – NATIONAL, STATE AND LOCAL ELECTION/VOTING DAY

November 7, 2012 – Dawn L. Richards, Esq. will present the two-hour "Module 5" program of DPW's required training for personal care administrators on "Local, State and Federal Laws and Regulations Pertaining to the Operation of a Home," at the Penn State Greater Allegheny campus in McKeesport from 3-5 p.m.

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Return Service Requested