



MHCA Board Meeting

November 11, 2014

1:00 pm – 5:00 pm

Winuna Room, Mystic Lake

Prior Lake, MN

| Time | Item | Topic, Presenter | Type | Supporting Documents |
|---------|-------|---|---------------------------|--|
| 1:00 pm | I. | Call to Order <i>Jan Usset</i> | Action | |
| 1:05 pm | II. | Approval of Minutes <i>Jan Usset</i> | Action | Minutes |
| 1:05 pm | III. | Approval of Agenda <i>Jan Usset</i> | Action | |
| 1:15 pm | IV. | Treasurer Report <i>Austin Figge & Kathy Messerli</i> A. September Financial Report B. 2015 Budget | Action | September Financials 2015 Proposed Budget |
| 1:45 pm | V. | Vision and Mission review <i>Kathy Messerli</i> | Action | Retreat Summary Current statements Proposed statements |
| 2:15 pm | VI. | Strategic Plan Tactics & Timelines <i>Kathy Messerli</i> | Action | Strategic Plan Workplan |
| 3:00 pm | VII. | Proposed 2015 Legislative Agenda <i>Kevin Goodno, Jill Kaske</i> | Action | Legislative Agenda |
| 3:35 pm | IX. | Health Plan meetings <i>Kathy Messerli, Jill Kaske</i> A. MCHP B. Individual Plans: BCBS, UCare, Medica, VA, HealthPartners) | Action | |
| 4:00 pm | X. | Team Charters <i>Kathy Messerli</i> | Discussion | Current Team Structures |
| 4:15 Pm | XI. | ASM Office Sharing <i>Jan Usset, Austin Figge and Kathy Messerli</i> | Information | |
| 4:30 pm | XII. | Team Reports A. Clinical Quality – Linda Hespe B. Education – Lisa Fowler C. Hospice – Kathy Messerli D. MA/Managed Care – Jill Kaske E. Medicare Team- Denise Edgett F. Regulatory – Kim Olson G. Rehabilitation – Anne Major | Information Action | VA Draft Letter |
| 4:50 pm | XIII. | Executive Director Report | Information | |

MHCA Vision: To be the Voice of Home Care

MHCA Mission: To be the Voice of Home Care through advocacy, education and networking

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| | | | | |
|---------|------|---|--------|--|
| | | <i>Kathy Messerli</i> A. NAHC Update B. Staffing C. Stakeholders D. Other | | |
| 4:55 pm | XIV. | Other Business | | |
| 5:00 pm | XV. | Adjourn | Action | |

Dinner will be in Minnehaha Café at 5:30 pm

Next Meeting:

January 15, 2015
12:30 pm
MHCA Office



Meeting Minutes

Team: Board of Directors
Date: September 12, 2014
Time: 8:00 am to 11:15 am
Location: Arrowwood Resort

| ATTENDANCE | | | |
|----------------|--------------------|---------------|--------------|
| Kathy Messerli | Jay Jones | Jan Usset | Austin Figge |
| Anne Major | Linda Hesse | Lisa Fowler | |
| Kim Olson | Jill Knutson-Kaske | Nadine Patich | |

| TOPIC | DISCUSSION/FINDINGS | CONCLUSION/ACTION/FOLLOWUP |
|---------------------------|--|--|
| Call to Order – 8:11 am | Jan Usset | |
| Appoint Recorder | Jill Knutson-Kaske | Minutes Approved |
| Approve Minutes from July | Motion to approve by Kim Olson; Second by Jay Jones | Agenda Approved |
| Approve Agenda | Motion to approve Jill Knutson-Kaske; Second Austin Figge | Motion to approve ED Report – Anne Major; Second – Nadine Patich. Motion passed. |
| Executive Director Report | <p>Kathy Messerli:</p> <p>Education: Recent education events include Wound Care, Nurse Manager, Stratix HIT webinar and upcoming events include Oasis C-1, ICD-10, QI training at regions plus at the fall conference through DHS grant by our nurse consultants, Assisted Living and Homecare Conference, Comprehensive and Basis Licensure Boot Camp, How to start a home health agency, and the Fall Conference.</p> <p>Fall Conference: Some Fall Conference sessions include: MDH Commissioner Ellinger, Kevin Goodno Legislative Update, Jay Jones 5% campaign, Legislators of the Year (Eken and Newton), Josh Berg MHD Licensure, Legislative Panel and reception, Best Practices/QI, OIG Background Study changes, HIT, and WESA.</p> <p>Meetings: Recent meetings include Leadership Council on Aging, Alzheimer's, and Region Meetings, with NAHC in (Oct.). Also met with MDH re: Community Paramedic (what they can and cannot do without a homecare license and how that impacts MHCA members.)</p> <p>Misc: Nurse Consultants working on clarifying the bill of rights. KEPRO – QIO started Aug. 1 as the new medical record review and authorization group.</p> | <p>Add KEPRO announcement to Billers Listserv.</p> <p>Executive committee to study the dues structure.</p> |



Meeting Minutes

Team: Board of Directors
Date: September 12, 2014
Time: 8:00 am to 11:15 am
Location: Arrowwood Resort

| TOPIC | DISCUSSION/FINDINGS | CONCLUSION/ACTION/FOLLOWUP |
|----------------------|--|--|
| | interoperable | |
| Treasurer Report | Austin Figge reported on the MHCA financials. Due to staff turnover and unreliability of future investment income; the over budget amount should be closer to \$8,500. | Motion to approve – Jill Knutson-Kaske; Second – Kim Olson. Motion passed. |
| Star Tribune Meeting | Jay Jones reported on meetings with the Star Tribune reporter, Chris Serres. Two meetings were held with Chris, Neil, Jay and Jill. Our goal was to make sure Chris could use us as a resource for questions and begin relationship building. | |
| PHCC | Update since the last meeting: PHCC members are welcome to join MHCA. However, there will be no special BOD positions offered. In addition PHS is leaving PHCC and joining MHCA. There was some discussion on DME providers and if they should be allowed to be voting members instead of business partners; but given our mission and vision the BOD agreed that keeping them as business partners was a better fit for MHCA. | |
| ASM | The BOD discussed our options of proceeding or not proceeding with ASM regarding co-location. Pros and cons were discussed. ASM still has not provided any definite numbers regarding future rent costs or MCCA costs. | Motion was made to move forward “philosophically” with the co-location option contingent on financial sense and membership response by Jill Knutson-Kaske and amended by Austin Figge; Second by Anne Major. Motion passed. Austin will meet with ASM to discuss financials. Kathy will talk with Neil regarding membership comments. BOD members will talk to MHCA members as it comes up to gauge response. |
| Team Reports | Board Liaison’s gave reports on each of their teams’ initial meetings. Discussion was had around the legislative team’s proposal for priorities this session. The following items were decided upon to bring back to the legislative team and Kevin for feedback: <input type="checkbox"/> Rate Increase for Nursing and Therapy Visits <input type="checkbox"/> Rate Increase for homecare/PCA/PDN/etc. <input type="checkbox"/> Spenddown Collection <input type="checkbox"/> MCO Standard Processes | Motion to approve legislative team’s proposal for legislative priorities minus the EHR mandate (moved to monitoring) and adding licensure language clean up by Anne Major; Second by Jay Jones. Motions passed. Motion to approve other team reports by Nadine Paitich; Second by Kim Olson. Motion passed. |



Meeting Minutes

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Time: 8:00 am to 11:15 am
Location: Arrowwood Resort

| TOPIC | DISCUSSION/FINDINGS | CONCLUSION/ACTION/FOLLOWUP |
|--------------------------|---|--|
| | <input type="checkbox"/> Monitor: EHR, CFSS, Community Paramedic, MDH Licensing and 245D. Added to look into cleaning up some MDH language such as the 8 hrs/year training for all direct care staff with inadvertently included nurses and therapists. Other discussion was had about clarifying duplicative teams and what their "charge" should be going forward. A motion to adjourn the meeting was made by Jill Knutson-Kaske; second by Anne Major. | Staff will follow up with teams and begin looking at the "charge" for each team. Meeting Adjourned. |
| NEXT MEETING DATE | | |
| Date: | November 11, 2014 | |
| Time: | TBD | |
| Location: | Mystic Lake Hotel prior to Fall Conference | |

Minnesota HomeCare Association
Balance Sheet
 As of September 30, 2014

| | | Sep 30, 14 |
|---------------------------------|---|-------------------|
| ASSETS | | |
| Current Assets | | |
| | Total Checking/Savings | 157,790.07 |
| | Accounts Receivable | |
| | 2300 · Accounts Receivable | 13,948.27 |
| | 2301 · Allowance for doubtful Account | -10,000.00 |
| | 2302 · YM Accounts Receivable | 13,799.33 |
| | Total Accounts Receivable | 17,747.60 |
| | Other Current Assets | |
| | Total 1200 · Mutual Funds-Reserve Account | 311,499.31 |
| | 1499 · Undeposited Funds | 1,525.00 |
| | 2500 · Prepaid Expenses | 17,529.00 |
| | Total Other Current Assets | 330,553.31 |
| | Total Current Assets | 506,090.98 |
| | Fixed Assets | |
| | 1300 · Office Equipment & Furniture | 99,480.15 |
| | 1310 · Accumulated Depreciation | -90,225.56 |
| | Total Fixed Assets | 9,254.59 |
| | TOTAL ASSETS | 515,345.57 |
| LIABILITIES & EQUITY | | |
| Liabilities | | |
| | Current Liabilities | |
| | Total Accounts Payable | 3,254.19 |
| | Other Current Liabilities | |
| | 3500 · Accrued Vacation | 8,358.17 |
| | Total 3600 · Deferred Revenue - Member Dues | 100,990.91 |
| | 3801 · *Sales Tax Payable | 223.57 |
| | Total Other Current Liabilities | 109,572.65 |
| | Total Current Liabilities | 112,826.84 |
| | Total Liabilities | 112,826.84 |
| | Equity | |
| | 1600 · Retained Earnings | 311,309.49 |
| | Net Income | 91,209.24 |
| | Total Equity | 402,518.73 |
| | TOTAL LIABILITIES & EQUITY | 515,345.57 |

Minnesota HomeCare Association
Profit & Loss Budget Performance
 September 2014

| | | Sep 14 | Budget | \$ Over Budget |
|----------------------------|---|-----------|-----------|----------------|
| Income | | | | |
| | 2185 · Bad Debt Expense | | | |
| | Total 2200 · Investment Income | -5,857.54 | | -5,857.54 |
| | Total 4000 · Membership Dues | 33,663.25 | 31,250.00 | 2,413.25 |
| 4100 · Event Income | | | | |
| | Total 4110 · Annual Meeting | | | |
| | 4120 · Fall Conference | | | |
| | 4121 · Conference Registrations | | | |
| | 4122 · Exhibitor/Sponsor Registration | 450.00 | 3,125.00 | -2,675.00 |
| | Total 4120 · Fall Conference | 450.00 | 3,125.00 | -2,675.00 |
| | 4130 · Education Seminars/Webinars | 25,095.00 | 24,202.87 | 892.13 |
| | Total 4100 · Event Income | 25,545.00 | 27,327.87 | -1,782.87 |
| 4200 · Sales | | | | |
| | 4202 · Merchandise Sales | | | |
| | 4203 · Revenue Share | | | |
| | 4204 · Advertisement | | 125.00 | -125.00 |
| | 4205 · Non-Dues Revenue | | | |
| | Total 4200 · Sales | | 125.00 | -125.00 |
| | 4300 · Other (Misc) Income | | 500.00 | -500.00 |
| | Total Income | 53,350.71 | 59,202.87 | -5,852.16 |
| | Gross Profit | 53,350.71 | 59,202.87 | -5,852.16 |
| Expense | | | | |
| | 7000 · Other (Misc) Expenses | | 237.50 | -237.50 |
| | 7100 · Merchandise Expenses | | 83.33 | -83.33 |
| | 7200 · Event Expenses | | | |
| | 7210 · Annual Meeting Expenses | | | |
| | 7220 · Fall Conference Expenses | | | |
| | 7230 · Education Seminars/Webinars | 6,257.68 | 13,099.83 | -6,842.15 |
| | Total 7200 · Event Expenses | 6,257.68 | 13,099.83 | -6,842.15 |
| | Total 7300 · Operations Expenses | 45,686.09 | 40,736.94 | 4,949.15 |
| | Total Expense | 51,943.77 | 54,157.60 | -2,213.83 |
| | Net Income | 1,406.94 | 5,045.27 | -3,638.33 |

Minnesota HomeCare Association
Profit & Loss Budget Performance
 September 2014

| | | Jan - Sep 14 | YTD Budget | \$ Over Budget | Annual Budget |
|---------------|---|--------------|------------|----------------|---------------|
| Income | | | | | |
| | 2185 · Bad Debt Expense | 7,025.07 | | 7,025.07 | |
| | Total 2200 · Investment Income | 16,620.30 | | 16,620.30 | |
| | Total 4000 · Membership Dues | 299,844.69 | 281,250.00 | 18,594.69 | 375,000.00 |
| | 4100 · Event Income | | | | |
| | Total 4110 · Annual Meeting | 127,963.50 | 118,000.00 | 9,963.50 | 118,000.00 |
| | 4120 · Fall Conference | | | | |
| | 4121 · Conference Registrations | | | | 29,625.00 |
| | 4122 · Exhibitor/Sponsor Registration | 450.00 | 3,125.00 | -2,675.00 | 9,375.00 |
| | Total 4120 · Fall Conference | 450.00 | 3,125.00 | -2,675.00 | 39,000.00 |
| | 4130 · Education Seminars/Webinars | 63,721.42 | 84,188.33 | -20,466.91 | 109,814.50 |
| | Total 4100 · Event Income | 192,134.92 | 205,313.33 | -13,178.41 | 266,814.50 |
| | 4200 · Sales | | | | |
| | 4202 · Merchandise Sales | 225.00 | | | |
| | 4203 · Revenue Share | 4,410.90 | | | |
| | 4204 · Advertisement | 4,075.00 | 7,125.00 | -3,050.00 | 7,500.00 |
| | 4205 · Non-Dues Revenue | 5,424.12 | 6,750.00 | -1,325.88 | 9,000.00 |
| | Total 4200 · Sales | 14,135.02 | 13,875.00 | 260.02 | 16,500.00 |
| | 4300 · Other (Misc) Income | 1,046.36 | 4,500.00 | -3,453.64 | 4,500.00 |
| | Total Income | 530,806.36 | 504,938.33 | 25,868.03 | 662,814.50 |
| | Gross Profit | 530,806.36 | 504,938.33 | 25,868.03 | 662,814.50 |
| | Expense | | | | |
| | 7000 · Other (Misc) Expenses | 594.57 | 2,137.50 | -1,542.93 | 2,850.00 |
| | 7100 · Merchandise Expenses | | 750.01 | -750.01 | 1,000.00 |
| | 7200 · Event Expenses | | | | |
| | 7210 · Annual Meeting Expenses | 58,375.60 | 56,000.00 | 2,375.60 | 56,000.00 |
| | 7220 · Fall Conference Expenses | | | | 18,000.00 |
| | 7230 · Education Seminars/Webinars | 19,481.76 | 40,798.47 | -21,316.71 | 50,198.00 |
| | Total 7200 · Event Expenses | 77,857.36 | 96,798.47 | -18,941.11 | 124,198.00 |
| | Total 7300 · Operations Expenses | 361,145.19 | 400,785.51 | -39,640.32 | 527,205.00 |
| | Total Expense | 439,597.12 | 500,471.49 | -60,874.37 | 655,253.00 |
| | Net Income | 91,209.24 | 4,466.84 | 86,742.40 | 7,561.50 |

Minnesota HomeCare Association

Profit & Loss Prev Year Comparison

January through September 2014

| | | Jan - Sep 14 | Jan - Sep 13 | \$ Change | % Change |
|---------------|---|--------------|--------------|------------|----------|
| Income | | | | | |
| | 2185 · Bad Debt Expense | 7,025.07 | 0.00 | 7,025.07 | 100.0% |
| | Total 2200 · Investment Income | 16,620.30 | 8,541.32 | 8,078.98 | 94.59% |
| | Total 4000 · Membership Dues | 299,844.69 | 269,945.24 | 29,899.45 | 11.08% |
| | 4100 · Event Income | | | | |
| | Total 4110 · Annual Meeting | 127,963.50 | 117,936.26 | 10,027.24 | 8.5% |
| | 4120 · Fall Conference | | | | |
| | 4121 · Conference Registrations | 0.00 | 8,210.00 | -8,210.00 | -100.0% |
| | 4122 · Exhibitor/Sponsor Registration | 450.00 | 2,485.00 | -2,035.00 | -81.89% |
| | Total 4120 · Fall Conference | 450.00 | 10,695.00 | -10,245.00 | -95.79% |
| | 4130 · Education Seminars/Webinars | 63,721.42 | 70,151.23 | -6,429.81 | -9.17% |
| | Total 4100 · Event Income | 192,134.92 | 198,782.49 | -6,647.57 | -3.34% |
| | 4200 · Sales | | | | |
| | 4202 · Merchandise Sales | 225.00 | 2,303.00 | -2,078.00 | -90.23% |
| | 4203 · Revenue Share | 4,410.90 | 1,831.35 | 2,579.55 | 140.86% |
| | 4204 · Advertisement | 4,075.00 | 13,216.38 | -9,141.38 | -69.17% |
| | 4205 · Non-Dues Revenue | 5,424.12 | 0.00 | 5,424.12 | 100.0% |
| | Total 4200 · Sales | 14,135.02 | 17,350.73 | -3,215.71 | -18.53% |
| | 4300 · Other (Misc) Income | 1,046.36 | 5,424.25 | -4,377.89 | -80.71% |
| | Total Income | 530,806.36 | 500,044.03 | 30,762.33 | 6.15% |
| | Gross Profit | 530,806.36 | 500,044.03 | 30,762.33 | 6.15% |
| | Expense | | | | |
| | 7000 · Other (Misc) Expenses | 594.57 | 2,008.93 | -1,414.36 | -70.4% |
| | 7200 · Event Expenses | | | | |
| | 7210 · Annual Meeting Expenses | 58,375.60 | 54,069.50 | 4,306.10 | 7.96% |
| | 7230 · Education Seminars/Webinars | 19,481.76 | 35,312.73 | -15,830.97 | -44.83% |
| | Total 7200 · Event Expenses | 77,857.36 | 89,382.23 | -11,524.87 | -12.89% |
| | Total 7300 · Operations Expenses | 361,145.19 | 325,983.91 | 35,161.28 | 10.79% |
| | Total Expense | 439,597.12 | 417,375.07 | 22,222.05 | 5.32% |
| | Net Income | 91,209.24 | 82,668.96 | 8,540.28 | 10.33% |

Minnesota HomeCare Association
Profit Loss Budget vs. Actual
January through December 2014

| | | | | TOTAL | | |
|---------------|---------------------------------------|----------------------------------|--|-------------------|-------------------|--------------------|
| | | | | Jan - Sept 14 | 2014 | \$ Over Budget |
| | | | | | | 2015 |
| Income | | | | | | |
| | 2185 | · Bad Debt Expense | | 7,025.07 | | 7,025.07 |
| | 2200 | · Investment Income | | | | |
| | 2201 | · Realized Gain/Loss on Sale | | -16.10 | | -16.10 |
| | 2202 | · Dividend Income | | 2,275.33 | | 2,275.33 |
| | 2203 | · Unrealized Gain (Loss) | | 20,202.21 | | 20,202.21 |
| | 2204 | · Interest Income | | 15.29 | | 15.29 |
| | 2205 | · Capital Gain Distributions | | 1.11 | | 1.11 |
| | 2200 | · Investment Income - Other | | | | |
| | Total 2200 · Investment Income | | | 22,477.84 | | 22,477.84 |
| | 4000 | · Membership Dues | | | | |
| | 4001 | · Agencies - Max. Rate Dues | | 162,708.99 | | 162,708.99 |
| | 4002 | · Agencies - Variable Rate Dues | | 179,654.14 | | 179,654.14 |
| | 4003 | · Agencies - Min. Rate Dues | | 33,146.74 | | 33,146.74 |
| | 4006 | · Business Partner Dues | | 23,830.00 | | 23,830.00 |
| | 4000 | · Membership Dues - Other | | | 375,000.00 | -375,000.00 |
| | Total 4000 · Membership Dues | | | 399,339.87 | 375,000.00 | 24,339.87 |
| | 4100 | · Event Income | | | | |
| | 4110 | · Annual Meeting | | | | |
| | 4111 | · Conference Registrations | | 75,864.50 | 75,000.00 | 864.50 |
| | 4112 | · Exhibitor/Sponsor Registration | | 52,099.00 | 43,000.00 | 9,099.00 |
| | Total 4110 · Annual Meeting | | | 127,963.50 | 118,000.00 | 9,963.50 |
| | 4120 | · Fall Conference | | | | |
| | 4121 | · Conference Registrations | | | 29,625.00 | -29,625.00 |
| | 4122 | · Exhibitor/Sponsor Registration | | | 9,375.00 | -9,375.00 |
| | Total 4120 · Fall Conference | | | | 39,000.00 | -39,000.00 |
| | 4130 | · Education Seminars/Webinars | | 34,693.92 | 109,814.50 | -75,120.58 |
| | Total 4100 · Event Income | | | 162,657.42 | 266,814.50 | -104,157.08 |
| | 4200 | · Sales | | | | |
| | 4202 | · Merchandise Sales | | 225.00 | | 225.00 |
| | 4203 | · Revenue Share | | 4,410.90 | | 4,410.90 |
| | 4204 | · Advertisement | | 9,499.12 | 16,500.00 | -7,000.88 |
| | 4205 | · Non Dues Revenue | | | | 6,800.00 |
| | 4200 | · Sales - Other | | | | |
| | Total 4200 · Sales | | | 14,135.02 | 16,500.00 | -2,364.98 |
| | 4300 | · Other (Misc) Income | | 1,046.36 | 4,500.00 | -3,453.64 |
| | Total Income | | | 606,681.58 | 662,814.50 | -56,132.92 |
| | Gross Profit | | | 606,681.58 | 662,814.50 | -56,132.92 |

Minnesota HomeCare Association
Profit Loss Budget vs. Actual
January through December 2014

| | | | | TOTAL | | | |
|---------|------|---|-------------------|-------------------|--------------------|-------------------|------|
| | | | | Jan - Sept 14 | 2014 | \$ Over Budget | 2015 |
| Expense | | | | | | | |
| | 3260 | · Reserve Contribution | | | | | |
| | 7000 | · Other (Misc) Expenses | 594.57 | 2,850.00 | -2,255.43 | 1,000.00 | |
| | 7100 | · Merchandise Expenses | | 1,000.00 | -1,000.00 | 300.00 | |
| | 7200 | · Event Expenses | | | | | |
| | 7210 | · Annual Meeting Expenses | 58,375.60 | 56,000.00 | 2,375.60 | 61,058.00 | |
| | 7220 | · Fall Conference Expenses | | 18,000.00 | -18,000.00 | 18,725.00 | |
| | 7230 | · Education Seminars/Webinars | 19,481.76 | 50,198.00 | -30,716.24 | 69,641.00 | |
| | | Total 7200 · Event Expenses | 77,857.36 | 124,198.00 | -46,340.64 | 149,424.00 | |
| | 7300 | · Operations Expenses | | | | | |
| | 3480 | · Depreciation | | | | | |
| | 7301 | · Communications | 6,625.24 | 10,676.00 | -4,050.76 | 10,500.00 | |
| | 7302 | · Office Lease | 24,298.31 | 29,900.00 | -5,601.69 | 29,900.00 | |
| | 7303 | · Insurance | 3,499.81 | 4,042.00 | -542.19 | 4,000.00 | |
| | 7304 | · Bank & Credit Card Charges | 6,232.57 | 10,520.00 | -4,287.43 | 8,500.00 | |
| | 7305 | · Equipment Repairs/Maintenance | 4,972.00 | 6,614.00 | -1,642.00 | 7,000.00 | |
| | 7306 | · Web Based Training (RCTC) | 8,100.00 | 16,855.00 | -8,755.00 | 14,200.00 | |
| | 7307 | · Conference Reg / Staff Training | 3,812.49 | 15,650.00 | -11,837.51 | 15,600.00 | |
| | 7308 | · Office Equipment & Furniture | 1,036.84 | | 1,036.84 | 300.00 | |
| | 7309 | · Office Supplies | 2,315.19 | 2,670.00 | -354.81 | 3,665.00 | |
| | 7310 | · Professional Services | | | | | |
| | 7311 | · Marketing Contract | | | | | |
| | 7312 | · Nurse Consulting Fees | | | | 34,000.00 | |
| | 7313 | · Government Affairs Contract | 54,423.13 | 73,000.00 | -18,576.87 | 73,200.00 | |
| | 7314 | · Legal Fees | 5,385.00 | 8,000.00 | -2,615.00 | 5,040.00 | |
| | 7315 | · Outside Accounting | 6,675.00 | 8,000.00 | -1,325.00 | 6,240.00 | |
| | 7316 | · Contract - Misc | 24,555.40 | | 24,555.40 | 15,000.00 | |
| | 7310 | · Professional Services - Other | | | | | |
| | | Total 7310 · Professional Services | 91,038.53 | 89,000.00 | 2,038.53 | 133,480.00 | |
| | 7317 | · Printing | 9,054.50 | 12,040.00 | -2,985.50 | 12,550.00 | |
| | 7318 | · Meetings/Retreats | 7,891.06 | 11,300.00 | -3,408.94 | 14,650.00 | |
| | 7319 | · Employee Benefits | 13,048.77 | 22,526.00 | -9,477.23 | 36,500.00 | |
| | 7320 | · Payroll Expenses | | | | | |
| | 7322 | · Payroll Services | 2,020.76 | 2,500.00 | -479.24 | 3,000.00 | |
| | 7323 | · Employer Taxes | 10,983.71 | 24,500.00 | -13,516.29 | 18,575.00 | |
| | 7324 | · Employee Salary | 138,676.04 | 243,000.00 | -104,323.96 | 233,625.00 | |
| | 7320 | · Payroll Expenses - Other | | | | | |
| | | Total 7320 · Payroll Expenses | 151,680.51 | 270,000.00 | -118,319.49 | 255,200.00 | |
| | 7325 | · Postage/Delivery | 856.46 | 1,940.00 | -1,083.54 | 1,366.00 | |
| | 7326 | · Website Fee | 7,995.00 | 8,500.00 | -505.00 | 7,995.00 | |

Minnesota HomeCare Association
Profit Loss Budget vs. Actual
 January through December 2014

| | | | | TOTAL | | | |
|--|--|--|---|-------------------|-------------------|--------------------|-------------------|
| | | | | Jan - Sept 14 | 2014 | \$ Over Budget | 2015 |
| | | | 7327 · Sponsorships/Donations | | | | |
| | | | 7328 · Advertising Expenses | | | | |
| | | | 7329 · Recruitment Expenses | | | | 500.00 |
| | | | 7330 · Staff Travel Expenses | | | | |
| | | | 7331 · Dining | 720.57 | | 720.57 | 1,100.00 |
| | | | 7332 · Travel | 3,631.96 | | 3,631.96 | 5,800.00 |
| | | | 7333 · Lodging | 1,015.19 | | 1,015.19 | 1,000.00 |
| | | | 7330 · Staff Travel Expenses - Other | | 6,007.00 | -6,007.00 | |
| | | | Total 7330 · Staff Travel Expenses | 5,367.72 | 6,007.00 | -639.28 | 7,900.00 |
| | | | 7334 · Publications | | | | |
| | | | 7335 · Dues | 3,525.00 | 3,965.00 | -440.00 | 3,970.00 |
| | | | 9000 · Income Tax | 3,108.28 | 5,000.00 | -1,891.72 | 5,000.00 |
| | | | 7300 · Operations Expenses - Other | | | | |
| | | | Total 7300 · Operations Expenses | 354,458.28 | 527,205.00 | -172,746.72 | 572,776.00 |
| | | | Total Expense | 432,910.21 | 655,253.00 | -222,342.79 | 723,500.00 |
| | | | Net Income | 173,771.37 | 7,561.50 | 166,209.87 | 5,897.00 |

MINNESOTA HOME CARE ASSOCIATION
BOARD OF DIRECTORS: SEPTEMBER 11, 2014--RETREAT SUMMARY

RETREAT STRATEGIC PLANNING OBJECTIVES:

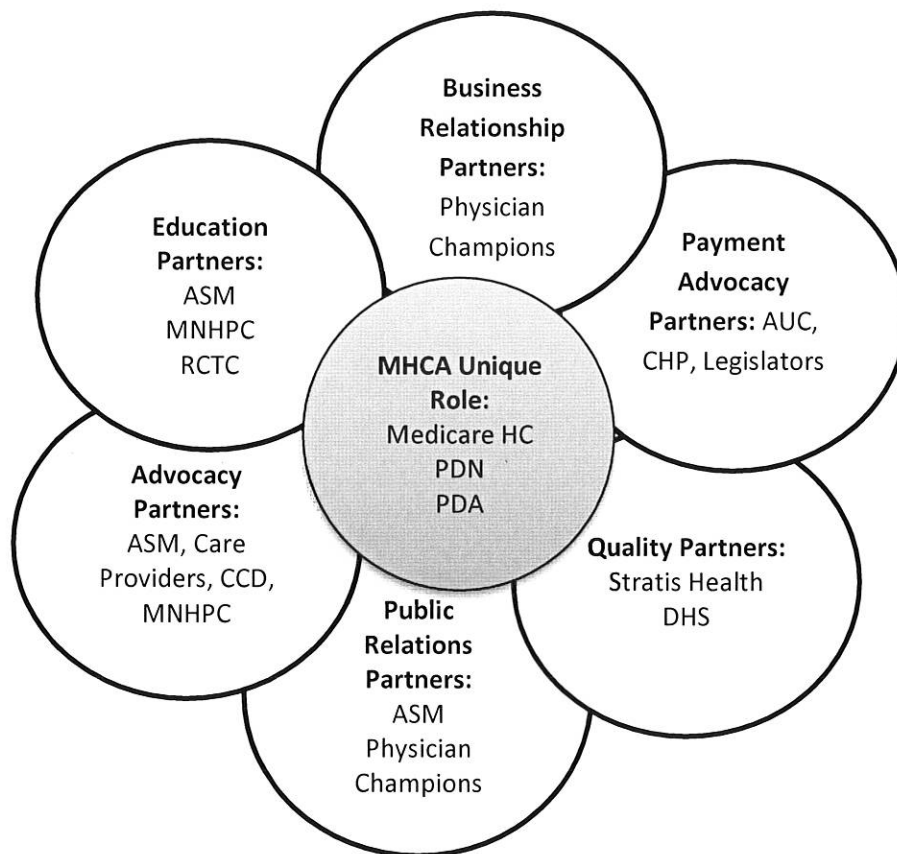
- In the context of the emerging environment, set a two-three year strategic direction and desired outcomes for MHCA.

RETREAT RESULTS:

- **ENVIRONMENTAL CONTEXT:** The Board reviewed the current environment including organizational strengths and opportunities for the future.
- **STRATEGY MOUNTAIN:** The Board reviewed the Strategy Mountain set in 2011 and rearticulated the mission, vision, strategies, and outcomes as follows (revised Mountain is provided under separate cover).
 - **Mission:** MHCA represents and supports Minnesota home care providers committed to high quality home care services
 - **Vision:** MHCA will shape the home care landscape to achieve meaningful change that ensures improved and sustainable quality home care services
 - **Strategies:** MHCA seeks to foster its vision by advocating, educating and partnering to:
 - Establish the value and impact of home care in the continuum of care; and
 - Influence change that enables members to deliver quality home care
 - **Outcomes and Suggested Success Markers:**

| Strategies | Establish Value and Impact in Care Continuum | Influence Change for Quality Home Care | Organizational Health and Sustainability |
|--|--|--|---|
| Outcomes/ Suggested Success Markers | 1. Achievement of priority quality measures <ul style="list-style-type: none"> a. Priority clinical quality measures (Clinical quality team) 2. Increased business relationships with other continuum providers <ul style="list-style-type: none"> a. Physician champions and/or physician champion advisory board b. Dissemination of physician champion case studies that reflect who physicians are and what they want 3. Improved image and public support of home care <ul style="list-style-type: none"> a. Positive coverage of home care in media outlets b. Public relations support and plan to shift image of MHCA members | 1. Improved reimbursement <ul style="list-style-type: none"> a. Achieve targeted increases b. Standardized billing and procedures 2. Providers equipped for compliance and self-advocacy <ul style="list-style-type: none"> a. Reinstated "101" orientation courses in compliance b. Development and use of advocacy prompts and templates for members c. Specialized programming in targeted member segments 3. Successful legislative advocacy agenda <ul style="list-style-type: none"> a. Successful adoption of 1-2 priority legislative issues (legislative team) b. Resources to help members support legislative priorities | 1. Satisfied, continuous staff <ul style="list-style-type: none"> a. Consistent staff at 2 and 3 year mark 2. Achievement of revenue and membership goals <ul style="list-style-type: none"> a. Achievement of budgeted revenue goals (and corresponding staff bonuses) b. Established revenue goals with corresponding member goals (satisfaction, recruitment, retention)—examine and propose membership goals |

- **ORGANIZATIONAL CAPACITY AND PARTNERSHIP NEEDS:** In light of the newly articulated strategies, outcomes and success markers, the Board identified the following resource needs that should either be budgeted or achieved through partnerships (as suggested in visual below).
 - Public relations resource support (via contract and/or partnership supplementation)
 - Advocacy resource support (via existing advocacy expertise and possible partnership supplementation)
 - Education resource support (content) via staffing and/or partner supplementation (including nurse consultants)
 - Strengthen committee resources to foster greater member engagement in committee work
 - Quality resource support to establish meaningful priority quality measures
- **PARTNERS:** The Board articulated key partners that could be helpful in carrying out MHCA strategy and supplement existing resources. Partner focus areas are reflected in the visual below and should guide MHCA staff in partnership time commitments over the next 1-2 years:



NEXT STEPS AND ACCOUNTABILITIES: The Board outlined the following next steps and accountabilities:

- Complete strategy documents developed at the retreat (this document)
- Review and “finalize” strategy documents at future Board meeting
- Review and approve 2015 budget at November Board meeting
- Establish/finalize success markers and develop work plans that will achieve success markers over next 2 years
- Execute work plans and provide progress updates to Board

MHCA Current Statements



Our Vision: To Be the Voice of Home Care.

Our Mission: MHCA is the voice of home care through advocacy, education and networking.

Our Purpose: To promote the delivery of quality home care services.

Minnesota Home Care Association
"The voice of home care"

Mission--(why we exist)

MHCA represents and supports Minnesota home care providers committed to high quality home care services

Vision--(where we are going)

MHCA will shape the home care landscape to achieve meaningful change that ensures improved and sustainable quality home care services

Strategy--(how we will get there)

MHCA seeks to foster our vision by advocating, educating and partnering to:

- Establish the value and impact of home care in the continuum of care; and
- Influence change that enables members to deliver quality home care

Outcomes-- (how we will know if we are making progress)

Establish Value and Impact in Care Continuum

Achievement of priority quality measures

Increased business relationships with other continuum providers

Improved image and public support of home care

Influence Change for Quality Home Care

Improved reimbursement

Providers equipped for compliance and self-advocacy

Successful legislative advocacy agenda

Organizational Health and Sustainability

Satisfied, continuous staff

Achievement of revenue and membership goals

2015 Strategic Plan

Establish Value and Impact in Care Continuum

| Outcome | Tactic (Action Steps) | Timeline | Responsible |
|--|--|--|--|
| <ol style="list-style-type: none"> Achievement of priority quality measures <ol style="list-style-type: none"> Priority clinical quality measures (Clinical Quality Team) | <ol style="list-style-type: none"> Develop a plan for sharing state by state comparison data with members. Develop a plan for quality improvement education. Develop 2 priority clinical quality measures | <p>1st Q 15</p> <p>2nd Q 15</p> <p>1st Q 15</p> | <p>Clinical Quality Team/Education Manager</p> |
| <ol style="list-style-type: none"> Increased business relationships with other continuum providers <ol style="list-style-type: none"> Physician champions and/or physician champion advisory board <ol style="list-style-type: none"> Dissemination of physician champion case studies that reflect who physicians are and what they want | <ol style="list-style-type: none"> Determine appropriate organizational structure for physician champions Recruit physicians that are engaged with home care to be MHCA Physician Champions Discuss collaboration with MNHPC Continue regular meetings with LeadingAge MN and CareProviders of MN | <p>1st Q 15</p> <p>2nd Q 15</p> <p>1st Q 15</p> <p>On-going</p> | <p>Hospice & PC Team/ Kathy Kathy/Staff</p> |
| <ol style="list-style-type: none"> Improved image and public support of home care <ol style="list-style-type: none"> Positive coverage of home care in media outlets <ol style="list-style-type: none"> Public relations support and plan to shift image of MHCA members | <ol style="list-style-type: none"> Develop MHCA public relations plan <ol style="list-style-type: none"> ASM collaboration Contract with public relations consultant Create & manage media list across regions Develop “Members Making a Difference” and share stories with media Offer Crisis Management webinar | <p>3rd Q 14</p> <p>4th Q 14 - 1st Q 15</p> <p>1st Q 15</p> <p>1st Q 15</p> <p>2nd Q 15</p> | <p>Kathy/Jason Kathy Jason Jason Education Manager</p> |

2015 Strategic Plan

Influence Change for Quality Home Care

| Outcome | Tactic (Action Steps) | Timeline | Responsible |
|--|---|---|---|
| 1. Improved reimbursement <ul style="list-style-type: none"> a. Achieve targeted increases/re-basing for nursing and therapies b. Standardized billing and procedures | a.1 Gather data for rate increases & develop messaging a.2 Develop and act on an advocacy plan b.2 Determine billing and procedures advocacy priorities b.2 Develop talking points for the health plan meetings b.3 Schedule regular health plan meetings – MCHP, BCBS, UCare, Medica, VA, HealthPartners (?) | 4 th Q 14 3 rd Q 14 – 1 st Q 15 1 st Q 15 1 st Q 15 1 st Q 15 | Legislative Team Jay Jones/ Kevin Goodno MA/MC and Medicare Teams/Kathy MA/MC and Medicare Teams/Kathy Kathy |
| 2. Providers equipped for compliance and self-advocacy <ul style="list-style-type: none"> a. Reinstated “101” orientation courses in compliance b. Development and use of advocacy prompts and templates for members c. Specialized programming in targeted member segments | a.1 Develop beginner (How to Start Home Care), intermediate and advanced level home care courses a.2 Update “How to Start Home Care” website b.1 Create Legislative Handbook and templates for members b.2 Develop specialized educational plan for member segments | 2016 2 nd Q 15 2016 3 rd – 4 th Q 15 | Education Team/ Education Manager Jason Jason Education Team/ Education Manager |

2015 Strategic Plan

| | | | |
|--|--|---|---|
| <p>3. Successful legislative advocacy agenda</p> <ul style="list-style-type: none"> a. Successful adoption of 1-2 priority legislative issues (legislative team) b. Resources to help members support legislative priorities | <ol style="list-style-type: none"> 1. Identify legislative agenda for each session. 2. Develop member talking points for each issue 3. Post "letter to your legislator" template for members on website 4. Educate members on how to successfully advocate for issues <ul style="list-style-type: none"> a. Educational Session at Fall Conference 2014 b. Webinars c. Invite legislators to provider sites for Home Care Month 5. Increase attendance MHCA Day at the Capital (Goal: 30 MHCA members) 6. Study financial feasibility of automated government relations messaging system 7. Develop patient awareness materials for members | <p>3rd Q - 4th Q every year</p> <p>4th Q 14</p> <p>1st Q 15</p> | <p>Legislative Team/ Kevin Goodno</p> <p>Jason</p> <p>Jason/Anni Simons</p> |
|--|--|---|---|

Organizational Health and Sustainability

| Outcome | Tactic (Action Steps) | Timeline | Responsible |
|--|---|---|--|
| <ol style="list-style-type: none"> 1. Satisfied, continuous staff <ul style="list-style-type: none"> a. Consistent staff at 2 and 3 year mark | <ol style="list-style-type: none"> 1. Re-institute Retirement Plan 2. Revisit compensation package 3. Revisit staff roles & clearly identify primary | <p>1st Q 15</p> <p>3rd – 4th Q 14</p> <p>4th Q 14</p> | <p>Kathy</p> <p>Kathy</p> <p>Kathy</p> |

2015 Strategic Plan

| | | | |
|--|---|---|---|
| | <p>responsibilities; update job descriptions</p> <p>4. Quarterly review of strategic work plans</p> <p>5. Staff Continuing Education</p> <ul style="list-style-type: none"> a. Home Care visits b. Staff attend Beginner Home Care Educational Course c. Association related courses d. Office/business courses | <p>4th Q 14</p> <p>4th Q 14 – 1st Q 15 TBD</p> <p>2015 as budgeted 2015 as budgeted</p> | <p>Kathy</p> <p>Kathy/Staff</p> |
| <p>2. Achievement of revenue and membership goals</p> <ul style="list-style-type: none"> a. Achievement of budgeted revenue goals (and corresponding staff bonuses) b. Established revenue goals with corresponding member goals (satisfaction, recruitment, retention)—examine and propose membership goals | <ul style="list-style-type: none"> a. Create membership recruitment & retention campaigns b. Develop membership and revenue goals c. Study dues model d. Create new membership materials e. Highlight member benefits in e-news f. Develop promotion plan for RCTC g. Review member benefits; enhance if feasible h. Develop plan for Region development i. Refine and strengthen team structure j. Enhance website functionality: communication, ease of use k. Enhance & distribute member survey l. Develop plan for Business Partner Member Spotlight in e-news m. Research various business partner categories & establish priorities based on member needs n. Review and enhance affinity programs o. Study non-dues revenue opportunities | <p>2nd Q 15</p> <p>3rd Q 15 1st -2nd Q 15 2nd Q 15 1st Q 15 2nd Q 15</p> <p>3rd Q 15 2nd Q 15 2nd Q 15</p> <p>2016</p> <p>3rd Q 15 1st Q 15</p> <p>3rd Q 15</p> <p>2016</p> <p>2016 - 2017</p> | <p>Jason/Kathy</p> <p>Jason Kathy Jason Jason Education Manager/ Jason All staff Jason Kathy Jason/Annie</p> <p>Jason Kathy/Jason Jason</p> <p>Jason</p> <p>All Staff Kathy</p> |

Minnesota HomeCare Association

2015 Legislative Agenda

(as approved by the MHCA Board of Directors on _____)

The MHCA believes that individuals should have access to necessary, cost effective, and evidenced-informed home care services and that the infrastructure for and access to such services be promoted in Minnesota. Accordingly the MHCA supports and will actively work for legislative, administrative, and other initiatives that promote the following policies:

1. Electronic Health Records (EHR). Minnesota law currently requires health care providers including home care providers to have an operational EHR in place by January 1, 2015. Unlike other providers, home care compliance is not mandated by the federal government, and therefore software options available to home care providers to meet this requirement are currently limited and cost prohibitive.

The MHCA supports a delay in the state home care EHR mandate until the federal requirement is expanded to include home care and funding is available to assist in the EHR implementation.

2. Increased Reimbursement for Nursing and Therapy Services. In-home skilled nursing and therapy visits are reimbursed under Medical Assistance at such low levels as compared to actual costs that maintaining the necessary quality infrastructure in Minnesota is becoming a significant challenge.

The MHCA supports increases in rates for these services in addition to any other increases provided to the overall system.

3. Medical Assistance Spenddown Reform (MA Spenddown). The MA Spenddown requires that providers collect payments from the client if the client's Medical Assistance eligibility requires it. This requirement adds an increased administrative burden to providers and increased costs related to uncollectible charges thus lowering the effective rate paid to providers for those services under Medical Assistance.

The MHCA supports initiatives to decrease the provider costs of collecting spenddowns and add transparency to the current Medical Assistance rate system. More specifically, the MHCA supports shifting the responsibility for collection of spenddowns to the State, as the entity that determines Medical Assistance eligibility, and supports efforts to reduce the spenddown amount.

4. Health Plan Administrative Standardization. With multiple health plans contracting with the state to provide services to individuals on Medical Assistance, providers have been faced with increased burdens of varied and inconsistent processes required by these health plans.

The MHCA supports processes and procedures identical to those used by the state in managing the Medical Assistance Fee for Service program that all health plans must follow in contracting with providers in furnishing services to individuals eligible for Medical Assistance.

5. Expansion of Home Health Services. With the introduction of Community Paramedics in the home care field, many questions have been raised about the proper licensure requirements for such services. Additionally, other professions are exploring opportunities to provide home care services as well.

The MHCA supports affordable, accessible and quality home care services for all Minnesotans. The MHCA will support the expansion of additional home care services only to the extent that the providers of such services comply with the licensure standards that are applied to providers of comparable home care services.

6. Medical Assistance Rate Increase. During the last number of years, the rate paid by Medical Assistance for home care services has not kept pace with the costs of providing those services. In 2014, the MHCA supported the “5% Campaign” in seeking an across-the-board rate increase of 5 percent.

The MHCA supports continued efforts to increase the rates paid for all home care and related services under Medical Assistance.

7. Other Home Care Issues. Many known and unknown issues will be of interest to MHCA members in 2015.

The MHCA will engage on issues as necessary to ensure a strong and viable home care system in Minnesota. This would include, but is not limited to, monitoring Minnesota Department of Health Licensing issues, the transition to the new CFSS by the Minnesota Department of Human Services, and the continued implementation of the new 245D Licensure requirements.

TEAMS

Clinical Quality Team

Team Definition: Reviews and recommends direction on issues relating to Outcome Based Quality Improvement (OBQI), adverse event reports, quality assurance and use of reports and data to improve quality.

Charges/Outcomes:

- Prepares and presents at conferences as needed (Annual and Fall Conference)
- Review of CASPER and CAHPS reports, identify training issues/provide aggregated reports of training needs to the Education Team.
- Develop or recommend appropriate education to address trend issues.
- Develops and implements a plan to assist members in collecting and using outcome information that relates to standards of care and home care statistics.

Other charges as requested by the MHCA Board of Directors.

Education Team

Team Definition: Focused on fostering solutions to some of the most pressing challenges facing our industry. Creating practical and useful high quality educational programs that meet the diverse needs of our members. Team works together to develop, implement and evaluate association educational programs.

Charges/Goals/Outcomes:

- Acts in an advisory capacity for the MHCA Education Manager for any and all components of MHCA Education.
- Assist on-site at Annual Meeting.

Hospice/Palliative Care Team

Team Definition: This team remains current on the Hospice/Palliative Care home health benefit set; remains current on reimbursement, policy and Federal regulatory issues; tracks problems and troubleshoots issues as patterns are identified.

Charges/Outcomes:

- Have a representative participate in the Hospice advisory committee meetings held by the Medicare fiscal intermediary and produce follow-up reports for members
- Develops white papers/comment letters, and articles on behalf of MHCA to address Hospice/Palliative Care related issues and proposed rule changes
- Prepares and presents at conferences as needed (Annual and Fall Conference)
- Identify ways to bridging the gap between traditional home care and hospice, encouraging providers to get clients into the right program.
- Keep up with hospice/palliative care changes and share with membership.
- Work on collaboration with Minnesota Network of Hospice and Palliative Care (MNHPC).
- Other charges as requested by the MHCA Board of Directors

TEAMS

Legislative Team

Team Definition: Reviews State and Federal legislative proposals related to home care and keep members informed.

Charges/Outcomes:

- Organize/host “Day at the Capitol”.
- Recommends annual Legislative Priorities to the MHCA Board - Identifies 4-6 legislative issues per year.
- Develops position papers and testimony, and work with MHCA Government Relations Director to draft appropriate legislation.
- Seeks ongoing contact with state legislators and solicits other MHCA members to make grassroots contacts.
- Provide input on the Fall Conference agenda/topics.
- Other charges as requested by the MHCA Board of Directors

MA/Managed Care Team

Team Definition: Stays current on all MA, managed care, commercial insurance and fee-for-service reimbursement and policy issues.

Charges/Goals/Outcomes:

- Provides timely updates to members through MHCA regarding Minnesota Council of Health Plans (MHCP) updates and MN Department of Human Services (DHS) policy changes/issues.
- Track issues that may require legislative action and forward to Legislative Team.
- Assists with legislative issues as defined through the Legislative Team.
- Prepares educational documents/templates for members related to MA changes/policies.
- Assists MHCA staff with answering MA/Managed Care questions.
- Build/maintain a relationship with DHS and health plans.
 - Meet with health plans on a regular basis as a small group with MHCA Executive Director?
 - Meet with DHS on a regular basis as a small group or as a large MA/Managed Care Team with MHCA Executive Director?
 - Gather input for health plan meetings from MHCA Regions.
- Track issues, updates, and information that need to be shared with members.
- Recommend educational topics to Education Team.
- Other charges as requested by the MHCA Board of Directors.

TEAMS

Medicare Team

Team Definition: This team remains current on the Medicare home health benefit set; remains current on reimbursement, policy and Federal regulatory issues; tracks problems and troubleshoots issues as patterns are identified.

Charges/Goals/Outcomes:

- Have a representative participate in advisory committee meetings held by the Medicare fiscal intermediary and produce follow-up reports for members.
- Focus on Medicare issues “hot topics” and prepare and present it at the Annual Meeting.
- Develops white papers/comment letters, and articles on behalf of MHCA to address Medicare related issues and proposed rule changes.
- Other charges as requested by the MHCA Board of Directors.

Regulatory Team

Team Definition: Educates members on, and develop tools for implementing state and federal rules and regulations, including state licensure and Medicare certification compliance.

Charges/Outcomes:

- Prepares and presents at conferences as needed (Annual and Fall Conference).
- State Survey review/identify trends and training needs.
- Annual Meeting presentation on current survey trends.
- Create tools/mock survey training.
- Surveys – track trends & help members with compliance.
- Other charges as requested by the MHCA Board of Directors.

Rehabilitation Team

Team Definition: The Rehab team supports best practices for speech, physical and occupational therapies in the home health setting.

Charges/Outcomes:

- Prepares and presents at conferences as needed (Annual and Fall Conference); topic related therapy trends, best practices and changes.
- Reviews updates in practice, standards and regulations, and shares information with members regarding assessments, interventions and processes.
- Other charges as requested by the MHCA Board of Directors

November 14, 2014

Douglas Hughes
Department of Veterans Affairs Medical Center
Home & Community Care
One Veterans Drive, Bldg. 77
Minneapolis, MN 55417

RE: Home Care Concerns from Providers

Dear Mr. Hughes:

This letter is in response to feedback that the Minnesota Home Care Association (MHCA) has received over the last year. As always, we have appreciated our working relationship with the Minneapolis VA and moving forward we would like to continue to have an open dialogue about provider concerns. Below is a list of topics that we would like you to address, so that we may better educate our membership on your expectations.

- A. Providers find the yearly agreement renewal to be inconsistent from one provider to the next specifically related to questions concerning the CASPER data.
 - Is there a set expectation for all providers? If so, what does this look like? If not, how should we educate providers so they are giving you consistent information?
- B. Providers have expressed that agencies have been put "on hold" without a written notification or appeal process.
 - Are there standard criteria or a policy that exists that we could give to providers so they know how, why and when they could be placed on hold?
 - Is there an appeal process? If yes, how can we educate providers on this process?
- C. Providers would like the opportunity to respond to veteran complaints when they occur.
 - Is there a formal process from the Minneapolis VA for providers to respond to veteran complaints in writing? If so, what does this look like?

We would appreciate an opportunity to have a face-to-face meeting with you and your team about our providers concerns. We would be happy to include, an MHCA board member and a provider to open the dialogue to future solutions. We would like to have this meeting prior to the holidays, if possible.

Thank you for your future time in this matter. Please feel free to call me at 651-635-0038 or email me at kmesserli@mnhomecare.org to coordinate a time.

Sincerely,

Kathy Messerli
Executive Director