



## Spring 2025 Conference!

The Long Term Care Social Workers of Iowa is pleased to provide CEUs and training that are relevant to those who work in social services in long term care

LTCSWI  
SPRING  
CONFERENCE

April 3-4, 2025

Cornerstone  
Church~Ames

### **Thursday, April 3, 2025 (5.5 CEUs)**

#### ***A Changing Landscape at HHS***

Cynthia Letsch, Attorney, Letsch Law Firm

#### ***Helping Patients Die with Dignity and Emotional Support***

Kelly Pettit, PsyD, Licensed Clinical Psychologist, Deer Oaks

#### ***Veterans Benefits Overview***

Erin Rewerts, CVSO, Director, Story County General Assistance & Veterans Affairs

#### ***The Importance of Grievance Procedures in Long Term Care***

Christopher Dunn, RN, LTC Unit II Manager, DIAL

#### ***Demystifying the Funeral Experience:***

#### ***The Role of the Funeral in The Grief Process***

Tiffany Taylor & Cheryl TanCreti, McLaren's Chapel-Resthaven Cemetery

### **Friday, April 4, 2025 (5.5 CEUs)**

#### ***Trauma Informed Care***

Margaret Cowles, PhD, Clinical Psychologist, Deer Oaks

#### ***Understanding the Power of Music Therapy***

Rachael Willeke, MT-BC, Director of Music Therapy at West Music Company

#### ***IPOST: Honoring Treatment Preferences***

Christine Harlander, MSN, ARNP, Nurse Practitioner, St. Croix Hospice

#### ***Dissecting Anxiety***

Kirby Rowl, LISW, Therapist, Southern Iowa Mental Health Center

#### ***Tai Chi for Arthritis and Fall Prevention Basics***

Stephanie Labenz, MS, RD, LD, Nutrition & Wellness Specialist, Aging Resources

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Two Ways to  
Register & Pay

Register and Pay Online with Credit Card: [www.ltcswi.com/events](http://www.ltcswi.com/events)

If you prefer to pay by check, download the conference brochure, complete the registration form and send it to:  
LTCSWI, 1040 Market Street, Carlisle, IA 50047

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## Long Term Care Social Workers of Iowa Business Minutes for 2024

The Long Term Care Social Workers of Iowa educated members with four newsletters, a member directory, a discussion forum, and two conferences.

The Spring Conference was held on Thursday, April 4, and Friday, April 5, at the Gateway Conference Center in Ames. Donna Van Peurse, LISW and Associate Professor at Northwestern College, provided a presentation on Ethical Self-Care and Cultural Competence for Professionals which met the requirements for 3.0 hours of Ethics. Communication Between Families and Caregivers was covered by Aimee Spores, LMSW and Director of Social Services at WesleyLife at Home. Becky Montgomery, owner of Senior Home Finder of Iowa, presented Understanding Alzheimer's and Dementia. We ended the day with a discussion on Unpacking Post Traumatic Stress Disorder, given by Rochean Cofield, LMSW, from Broadlawns Medical Center and Urban Dreams. Friday morning Claire Shaw, PhD, RN, Assistant Professor, School of Nursing, University of Iowa, led us in a session on Advocating for Family Members Concerned about Loved One's Pain. Mercedes Bern-Klug, PhD, MSW, professor at the School of Social Work at the University of Iowa, covered Dementia-Specific Advanced Directives: Confusion or Clarity. Supporting Those Who are Grieving, was discussed by Chris Klug, MA, CT, and Grief Counselor. Randy Beckett, Adult Psychiatric Mental Health Nurse Practitioner from Encounter Telehealth, provided the concluding presentation on Schizophrenia: Introduction to Behavioral Health via Telehealth. Total of 3.0 Ethics CEUs and 3.0 General Education CEUs for Thursday and 5.0 CEUs for Friday. The total number attending was 61 (61 on Thursday and 56 on Friday). We also had eleven exhibitors in attendance.

The Fall Conference was held on Friday, November 8, at Northcrest Community in Ames. Dr. Tom Mouser, MD, Chief Medical Officer for EveryStep, presented Hospice or Palliative Care? Understanding the Unique Power of a Multidisciplinary Approach. Deb Scharper, ambassador and support group leader for the AFTD, presented on Frontotemporal Degeneration (FTD): Misdiagnosed and Misunderstood. Cynthia Letsch, JD and attorney at Letsch Law Firm, gave a Medicare Update for Social Workers. We ended the day with a presentation on Financial Elder Exploitation, by Crystal Doig, BSW, Director of Lifelong Links at the Aging Resources of Iowa. Total of 6.0 General Education Contact Hours. Six exhibitors shared their services and products at the conference. The total number attending was 43.

LTCSWI Membership for 2024 was 70 Members.

The organization continues to maintain a website with information about our organization, conference announcements, and newsletters. This spring we added online membership renewal and conference registration. Members, attendees, and exhibitors now have the option of paying online or by check. The quarterly newsletter and membership directory are emailed to members. We also offer a discussion forum for members.

Board members for 2024: LeeAnn Braga, Denise Carle (Resigned April), Mary Beth Delaney, Evonne Fitzgerald (Resigned May), Luanne Kustra, Kiley Logan, Elaine Malek, Lori Miller, Brittany Reiter, Morgan Saunders, Taryn Smith, and Lorene Austin-Bennett (Treasurer – Resigned as Treasurer in May; Continuing as Board Member).

Respectfully Submitted,

Ceci Johnson  
Executive Director



## Thursday, April 3

### **A Changing Landscape at HHS**

**Cynthia Letsch, JD, Attorney at Letsch Law Firm**



Medicaid is in transition, from the state to the federal level. The Iowa Dept. of Health and Human Services has re-vamped the intake process, and service delivery models still in development are expected to roll out July 1, 2025. Meanwhile federal budgetary and personnel changes may affect access to funding. This seminar will explore the IHSS new intake process, expected status of the Elderly Waiver Program under the new delivery model, case studies of irregularities already occurring, and include a discussion of how to be best prepared for the unexpected.

### **Helping Patients Die with Dignity and Emotional Support**

**Kelly Pettit, PsyD, Licensed Clinical Psychologist, Deer Oaks**



Understand the stages of grief and loss and provide compassionate care to patients at their end of life. Explore the A, B, C, D model of Dignity Conserving Care. Identify considerations and techniques when providing end of life care assistance to patients with dementia. Recognize the impact of personal grief as a LTC provider and identify self-care strategies.

### **Veterans Benefits Overview**

**Erin Rewerts, CVSO, General Assistance Dir, Story Co General Assistance & Veterans Affairs**



This presentation will give a brief overview of a multitude of benefits that Veterans are eligible to receive. It is intended to give a high-level review of what is out there for Veterans and their spouses. It will touch on eligibility to VA Health Care, Compensation and Pension benefits. Special attention will be given to the Veteran's benefits that Social Workers in your field of expertise are more likely to encounter.

### **The Importance of Grievance Procedures in Long Term Care**

**Christopher M. Dunn, RN, LTC Unit II Manager, Dept of Inspections, Appeals, & Licensing**



The audience will gain a greater understanding of the regulatory expectations for the grievance process and how the grievance process can prevent complaints. The audience will: understand the regulatory requirements for the grievance process, expected steps in the grievance process, and how a strong grievance process can help prevent complaints coming to DIAL.

### **Demystifying the Funeral Experience: The Role of the Funeral in the Grief Process**

**Tiffany Taylor and Cheryl TanCreti, McLaren's Chapel-Resthaven Cemetery**

Recognize the benefits of funeral rituals and their importance to survivors. Discuss the function of the funeral within the grieving process. Describe the steps in the funeral process, including timeframes for each step. Identify the Funeral Director's role and the resources a Funeral Director can provide. Communicate to family's basic information on funeral options and costs. Offer families conjunctive information to assist them in the funeral preparation and planning.

## Friday, April 4

### **Trauma Informed Care**

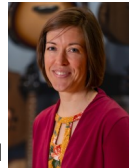
**Margaret Cowles, Ph.D., Licensed Psychologist, Deer Oaks**



Provide a brief overview of Trauma-Informed Care (TIC) as it relates to long-term care (LTC). Review F tags and Surveyor Guidance related to TIC. Identify suggested strategies for working with residents with trauma histories.

### **Understanding the Power of Music Therapy**

**Rachael Willeke, MT-BC, Music Therapist-Board Certified, Director of Music Therapy Services at West Music Company**



In this session you'll learn about the field of music therapy! We'll discuss the benefits of music that make it such a great tool for therapy and specifically focus on the impact of this service for folks in long term care settings. You'll come away with knowledge about how to find a local music therapist as well as the ability to differentiate between music therapy and recreational music activities.

### **IPOST: Iowa Physician Order for Scope of Treatment: Honoring Treatment Preferences**

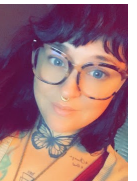
**Christine Harlander, MSN, ARNP, Nurse Practitioner, St. Croix Hospice**



Describe the purpose of the IPOST paradigm program. Identify skills to initiate IPOST-type conversations with persons with serious life-limiting illness, designated healthcare agents, and their loved ones. Learn skills to assist in making informed end-of-life treatment preferences, to include CPR, limitations on treatment, time-limited trials, and comfort care.

### **Dissecting Anxiety**

**Kirby Rowl, LISW, Therapist, Southern Iowa Mental Health Center**



This session will clearly outline the varying components of anxiety, then break down strategies for mitigating both chronic and acute symptoms. We will define anxiety and discuss strategies for coping with it proactively, in the moment, and retroactively.

### **Tai Chi for Arthritis and Fall Prevention Basics**

**Stephanie Labenz, MS, RD, LD, Nutrition and Wellness Specialist, Aging Resources of Central IA**

Ever wonder what the ancient Chinese exercise, Tai Chi, is all about? Join this interactive session to warm up with balance and fall prevention movements. Learn the principles of Tai Chi. Discover warm up movements that help with balance and fall prevention.



## Brain Health: Brain Care for All

By Krystal L. Culler, DBH, MA; LeAnne Stuver, MEd, BSN; and Kali A. Sarver, MS  
Today's Geriatric Medicine Vol. 16 No. 5 P. 8

### *Science Update: Why Investing in Brain Health Matters*

Brain health is top of mind for many patients and health care providers. A recent report from the DANA Foundation highlights that more than eight in 10 Americans are directly affected by issues related to brain health, including depression, anxiety, seizures, learning disabilities, substance use/addiction, neurodegenerative diseases, and more. Public attention to brain health has dramatically increased in recent years in parallel to the appearance of the concept of brain health within the scientific literature.<sup>1</sup>

Across international and national surveys, adults consistently rank brain health as a top health concern. A growing number of adults report fearing a future decline in their brain health. Additionally, seven of 10 respondents from an international survey on brain health expressed motivation to change their lifestyles if they noticed concerns with their brain health, such as memory performance.<sup>2</sup> However, few respondents report prioritizing their own brain health and are unsure how to maintain optimal brain wellness.<sup>2</sup> There's a great interest in patients receiving reliable research-informed information about brain health from trusted resources, including their health care providers.

Brain health is conceptualized as 90% lifestyle and 10% genetics, and fostering better brain health is of keen interest to patients, providers, health care systems, and societies. The research that is mounting across different areas of brain health science highlights how various aspects of our day-to-day life are interconnected and have a direct influence on our health. Investing in our most valuable asset—the brain—is imperative for all.

#### **Defining Brain Health**

Brain health is the key to optimal overall health. Similar to the World Health Organization's definition of health, brain health encompasses physical, mental, and social well-being through continuous brain engagement and development.<sup>3</sup> Yet, there's no widely agreed upon or universal definition or conceptualization of brain health.

Most definitions lead back to the basic concepts of “thinking, feeling, and doing.” Many definitions focus on the performance of the brain when it's challenged and functioning well. There are multiple definitions of brain health that encompass high-order cognitive processes such as the ability to learn, remember, plan, concentrate, solve problems, make decisions, and maintain a clear mind.

The World Health Organization embraces a holistic approach to brain health, defining it as “the state of brain functioning across cognitive, sensory, social-emotional, behavioral, and motor domains, allowing a person to realize their full potential.” Here brain health is defined as

how we can optimize our brains to thrive at any age since we are constantly shaping our brains through our lifestyle, behavior, habits, and lived experiences. This broader view of brain health accounts for our environment and behaviors that directly influence our lifestyles and lifelong brain development.

Health still exists without the mere absence of disease or infirmity. The antiquated notion that brain health was only for healthy people excluded individuals living with neurodegenerative diseases or chronic/acute health conditions. By advocating, educating, and developing new ways to support brain care for all, every single person can live well with a brain-related diagnosis or health condition. Ultimately, brain health is for everyone, and investing in lifelong brain health matters.

#### **Brain Health Risks**

Brain health is commonly quantified by lifestyle risk factors or preventative factors that may delay cognitive decline and the onset of symptoms related to dementia and Alzheimer's disease. Dementia is a term for declining cognitive ability that commonly affects complex tasks, memory, and behavior. While age, biological sex, and genetics are significant risk factors for neurodegeneration, there's ample evidence that many other risk factors can be modified to reduce the risk of dementia later in life.<sup>4</sup>

Our brains undergo development until our early 20s, after which brain aging begins. Consequently, it's crucial to engage in mental stimulation and intellectual challenges from a young age, such as seeking more education.<sup>5</sup> Cultivating such habits throughout life enhances cognitive reserve in later years.

The recent Lancet Commission report outlines midlife risk factors, including hypertension and obesity. These become increasingly concerning due to their association

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with lower overall health outcomes and a heightened risk of late-life dementia. Traumatic brain injuries and excessive alcohol consumption are also significant risk factors, as they can lead to brain changes and cognitive impairment. Additionally, hearing loss plays a pivotal role in increasing the risk of dementia due to reduced social interaction and mental stimulation.<sup>5</sup>

In late life, attention shifts to factors such as harmful chemicals in air pollutants and smoking, which can expedite neurodegenerative processes, but quitting smoking has been shown to reduce dementia risk, even in older adults.<sup>5</sup> Depression, social isolation, and physical inactivity also contribute to cognitive decline by depriving the brain of necessary mental and physical stimulation. Furthermore, there's a positive correlation between dementia risk and diabetes, with an increase in risk corresponding to the duration and severity of diabetes.

Irrespective of the life stage, certain modifiable risk factors can influence dementia risk. Inadequate sleep and heightened stress levels have detrimental effects on brain health, with these factors having particularly harmful health consequences.<sup>5</sup> A diet rich in micronutrients and vitamins, such as the Mediterranean lifestyle or Mediterranean-DASH Intervention for Neurodegenerative Delay (MIND diet), has been correlated with a decreased risk of neurodegenerative diseases in later life. Finally, practicing mindfulness and behavior change skills can promote sustained lifestyle changes for those with mild cognitive impairment.<sup>6</sup>

Fortunately, many risk factors for dementia can be modified through lifestyle changes. Engaging in regular exercise, adopting a healthful diet, eliminating unhealthy behaviors (eg, smoking and excessive alcohol consumption), and actively participating in social interactions can significantly reduce the likelihood of developing dementia. By making positive lifestyle changes, it is possible to decrease the risk of dementia by up to 40% and maintain a healthy brain for years to come.<sup>5</sup>

### Putting It All Together

We are learning more about the importance of brain health in other disease states and health conditions, but the current leading reports tend to focus on dementia prevention. Modifiable risk factors have a cumulative effect across the lifespan related to differences in cognitive performance. A greater number of risk factors leads to poorer cognitive outcomes, and more protective risk factors boast better cogni-

tive outcomes. The scientific evidence is mounting that highlights the importance of a brain-healthy lifestyle for individuals of all ages across the world.

A study that looked at the cumulative impact of a healthful lifestyle considered the following risk factors: nonsmoking, physical activity, limited alcohol consumption, diet (DASH), and cognitive

engagement.<sup>7</sup> Older adults who adhered to four to five healthful behaviors had a 60% lower risk of developing Alzheimer's disease com-



pared with individuals with zero to one such behaviors. Another study examined these five lifestyle factors plus social contact and genetic risk of APOE  $\epsilon 4$ , an established strong risk factor for Alzheimer's disease. The study found that each healthful behavior was associated with a slower-than-average decline in memory over a decade, even for carriers of APOE  $\epsilon 4$ .<sup>8</sup> Brain health science is revealing just how interconnected the components of brain health and genetics are today and in the future.

### A Virtual Model of Brain Wellness

Worldwide technology is an underutilized solution that can promote brain health equity and community engagement.<sup>9</sup> A Virtual Brain Health Center was created as an educational resource and health-fostering community for individuals and organizations seeking ways to understand the importance of brain health and to encourage brain health equity. The center serves as a connection to brain health educational services and curates reliable resources related to various aspects of science communication. It provides easy-to-understand brain health science information, including holistic brain health educational programs, topical infographics and blogs, and podcast interviews with leading experts.

While brain health research identifies risks, it involves personal choices for individuals.<sup>10</sup> Everyone has a right to better brain health, and individual, modifiable risk factors are critical. The center has supported thousands of unique individuals and group members in the past 18 months spanning more than 70 different countries and growing.

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Individuals and groups have joined the center from across the world (Europe, Asia, Australia, South America, and Africa) and from low- and middle-income countries, including Malaysia, Indonesia, Philippines, and more, to take up the charge of better brain health. The majority of students join from across the United States, Canada, the United Kingdom, Australia, Israel, India, France, and Italy. The interest in brain health is global, and individuals are actively seeking ways to support their personal brain care.

### Summary

The mounting scientific evidence highlights the importance of a brain-healthy lifestyle for individuals of all ages across the world. Understanding the role of lifestyle in disease maintenance and management is crucial for patients. In an international survey that represented 81 countries, respondents indicated that people trust brain health specialists (health care providers and experts) most, and only one-half trust their general practitioners.<sup>2</sup> The necessity for health care providers to translate emerging brain health science for their patients into practical steps they can take in their daily lives is needed, and a virtual brain health center can be a valuable resource and support.

Based on the current research, providers can encourage patients to invest in their brain health in as little as 30 minutes a day with the following:

- five minutes for meditation/breathwork (start with short intervals—a few minutes per day);
- 10 minutes for brain fitness (create and maintain a mental fitness routine);
- 10 minutes for movement (five minutes of physical movement offers health benefits);
- five-minute brain breaks (take time to unwind throughout the day); and
- one minute for gratitude (take time to notice the positive and express gratitude).

While some brain-based conditions or diseases may still occur, individuals can continue to lead

a brain-healthy lifestyle. Reframing how brain health is defined allows individuals to make the most of their capacity to thrive in life. Empowering patients with the straightforward knowledge and skills to build better brain health can influence individuals, families, and communities.<sup>9,10</sup> Investing in brain health education matters for all, and health care providers have an influential role in providing brain care and resources for their patients. This encourages individuals and their communities to live brain-healthy lives today and in the future.

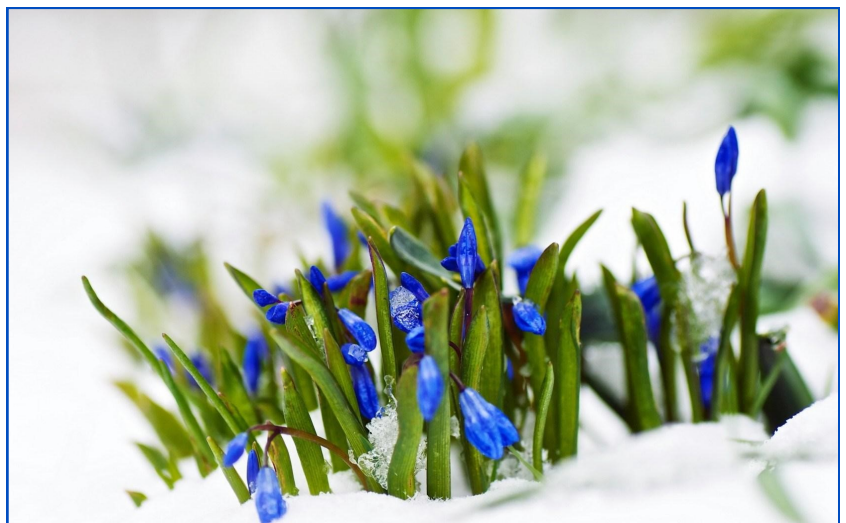
— Krystal L. Culler, DBH, MA, the founder of the Virtual Brain Health Center, is on a mission to revolutionize brain care for everyone. As a doctor of behavioral health and a holistic brain health expert, she brings nearly two decades of unparalleled expertise in working with individuals, families, providers, and advocacy organizations, specializing in brain-related diagnoses. With her groundbreaking work in translational and applied brain health science, she has garnered a collection of prestigious international and national awards.

— LeAnne Stuver, MEd, BSN, is the director of Lifelong Learning at the Virtual Brain Health Center. A registered nurse with a decade of hospital and homecare experience, she's also an experienced health educator dedicated to revolutionizing the way we approach health education. With more than 25 years of expertise in the planning and implementation of adult education curriculum, she's enlightened countless individuals through her diverse range of educational programs. Passionate about empowering individuals and communities, she strives to teach practical methods for supporting brain health and overall wellness.

— Kali Sarver, MS, is a doctoral student in the cognition and cognitive neuroscience area of psychology at the University of Michigan. She was a former intern at the Virtual Brain Health Center and is actively conducting research in the Cognitive and Affective Neuropsychology Laboratory. She studies brain aging, cognitive resilience and cognitive decline in older adulthood, and memory changes across the lifespan.

For references, see website: [todaysgeriatricmedicine.com/archive/SO23p8.shtml](https://todaysgeriatricmedicine.com/archive/SO23p8.shtml)

~ Submitted by Lorene Austin-Bennett



## *March is Social Worker Appreciation Month*

The theme for Social Work Month 2025 is Social Work: Compassion + Action.

### **Social Workers deserve better compensation for the important work they do**

Social workers care about people. That is why so many people enter social work each year, making it one of the fastest growing professions in the United States.

However, social workers go through years of education and training so they can help individuals, families, communities and our society reach their full potential.

That is why the theme for Social Work Month 2025 is Social Work: Compassion + Action.

In the weeks and months ahead, social workers will be called to turn their compassion into action to help our nation address a variety of societal challenges, including the prospect there could be mass deportations of migrants and continued attacks on the people who are LGBTQIA2+, reproductive rights, and diversity, equity, and inclusion programs.

Social workers are also on the forefront of helping our nation address a mental health and substance use disorder crisis and chronic income inequality that has led to rising homelessness.

The theme also focuses on the need for social housing orders to take care of ourselves. Just as airlines instruct passengers to put on their own oxygen masks before helping others in an emergency, social workers must prioritize compassion for themselves to effectively support those in need.

#### ABOUT SOCIAL WORKERS

Social workers are everywhere—in our communities, in hospitals, the halls of Congress and in local governments, corporations, social service agencies, veterans’ centers, as well as schools, sporting institutions, and more. They’re also in demand. According to the U.S. Bureau of Labor Statistics, the social work profession is projected to grow 7 percent between now and 2033—faster than the average for all occupations. By then, more than 836,000 social workers will be employed here in the United States. Social workers undergo years of schooling and training, gaining the expertise needed to support communities and individuals. They excel at meeting people where they are and provide compassionate guidance and help.

*Celebrated each March, National Professional Social Work Month is an opportunity for social workers across the country to turn the spotlight on the profession and highlight the important contributions they make to society.*



S O C I A L   W O R K  
**COMPASSION**  
 + **ACTION**

**NATIONAL ASSOCIATION OF SOCIAL WORKERS**

For more information:

[www.socialworkers.org/News/Social-Work-Month](http://www.socialworkers.org/News/Social-Work-Month)

~ Submitted by Ceci Johnson

## Pre-admission Screening and Resident Review (PASRR)

For a state to have its Medicaid plan approved by the Centers for Medicare and Medicaid Services (CMS), it must maintain a Preadmission Screening and Resident Review (PASRR) program that complies with the relevant federal laws and regulations.

Everyone who may admit to a Medicaid certified nursing facility (NF), regardless of funding, must be "screened" for evidence of serious mental illness (MI) and/or intellectual disability, developmental disabilities, or related conditions (collectively abbreviated as "ID").

A NF must not admit an applicant who has MI and/or ID unless the appropriate state agency has determined whether:

1. The individual meets the level of care that a NF provides
2. Whether individuals who meet NF level of care also need specialized services, rehabilitative services, or community placement supports.

The intent of PASRR is to ensure that all NF applicants are thoroughly evaluated, that they are placed in nursing facilities only when appropriate, diverted when possible, that they receive all necessary services while in a NF, including any supports that might assist them in transitioning to a lower level of care.

There are two levels of the PASRR process: Level I and Level II. The Level I screen is to determine whether an individual might have MI and/or ID, also known as PASRR conditions. If an individual has a positive finding for possible PASRR condition at Level I, the subsequent Level II evaluation will:

1. Confirm or disconfirm the results of the Level I screen, and
2. For individuals who have MI or ID, determine where they may be placed - whether in a NF or in the community, and
3. Identify the services they require to optimize the potential for recovery, facilitate return to lower level of care when consistent with needs and choices, and enhance quality of life.

Iowa's PASRR website provides: How to register for an account on the Iowa PASRR system, Announcements, A PASRR Tip of the Month, Provider and Supervisor Tools, and many resources which are available to the public. PASRR related webinars are available on a frequent basis and face-to-face full day training events are offered in multiple Iowa locations annually. Registration links are available for all upcoming free training events on the website, which are posted under "announcements."

### Contact

Lila P.M. Starr, PASRR Program Manager  
[lstarr@dhs.state.ia.us](mailto:lstarr@dhs.state.ia.us) | 515-281-5318







For More Information and to Register:  
<https://cme.dmu.edu/IVH-2025>

*The Long Term Care Social Workers of Iowa is a promotional partner for this conference*

## PURPOSE

As America ages, there will be a greater demand to address the mental health needs of seniors, especially those who reside in long-term care facilities. This conference will provide useful information to clinicians, caregivers, and administrators who work with this population to strengthen their behavioral health management skills.

## TARGET AUDIENCE

Any clinician, caregiver, or administrator involved in providing care to adults with disabilities or chronic illnesses.

## ATTENDANCE & TOPICS

Thursday, May 1st (\$50) 1:00-4:00 p.m. Offered in-person only

- *Team-Based Behavioral Interventions for Dementia* - Kyle Page, PhD, ABPP Geriatric Psychologist at Edward Hines Jr. VA Hospital

Friday, April 21 (\$100) 8:00 a.m.-5:00 p.m. Offered in-person or Virtual

- *Hoarding in Seniors* - Douglas Steenblock, MD Chief of Mental Health Services, Iowa Veterans Home
- *Calming the Storm: Addressing Personality Disorders in Long-Term Care* - Nate Wolken, MA, LMHC Psychologist, Iowa Veterans Home
- *Interventional Psychiatry for Geriatric Patients* - Lori Suvalsky, MD Medical Director, Mental Health, VA Central Iowa Healthcare System
- *Dignity, Desire, and Decorum: Supporting Healthy Sexual Expression in Older Adults* - Derek Hess, JD, PhD Clinical Director and Licensed Psychologist, Iowa Department of Health and Human Services & Kristin Roof, MA, PhD Candidate in Clinical Psychology, Fielding University Psychologist 3, Independence Mental Health Institute
- *Finding Meaning and Purpose Later in Life* - Christopher Sparks, LISW Psychologist, Iowa Veterans Home

## *Nursing Home Social Work Network Listserv - Univ of Iowa*

Our email listserv provides an opportunity for nursing home social workers and social service staff to network and discuss issues related to nursing home social work. This listserv is sponsored by the University of Iowa School of Social Work, under the supervision of Associate Professor Mercedes Bern-Klug, with assistance from social work students, and **typically generates 3-4 daily emails** among nursing home social workers in our network.

To join the Nursing Home Social Work Network listserv, send an e-mail to [nh-sw-network@uiowa.edu](mailto:nh-sw-network@uiowa.edu), including your first and last name.

## Long Term Care Social Workers of Iowa

Long Term Care Social Workers of Iowa  
1040 Market Street  
Carlisle, IA 50047

Phone: 515-682-7907 ..... **New Phone Number**  
E-mail: Director@LTCSWI.com ..... **New Email Address**

Ceci Johnson  
Executive Director

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[www.ltcswi.com](http://www.ltcswi.com)

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*The Long Term Care Social Workers of Iowa is a statewide organization, promoting the professional status of social work in long term care facilities. Our purpose is to facilitate your professional growth in long term care, offer continuing education opportunities for you, and provide the means with which you can enrich the lives of long term care residents and their families. Anyone who works in social services in long term care is welcome to join!*

## Member Benefits

### Conferences

- Two offered each year
- CEUs
- Discounted registration fees

### Quarterly Newsletter

Timely articles pertaining to social work in long term care

### Membership Directory

Locate social workers in your area

### Discussion Forum

Practical advice from your peers

Membership Application Forms: [www.ltcswi.com](http://www.ltcswi.com)

## Social Work CEUs

- Minimum of 27 hours of continuing education required every two years.
- The two year period begins January 1 of each odd-numbered year and ends December 31 of the next even-numbered year. (Current Period: January 1, 2025-December 31, 2026)
- A minimum of three hours in social work ethics which must meet the *Rules of Conduct* which includes such things as *informed consent, competence, privacy and confidentiality, access to records, dual relationships and conflicts of interest, and sexual relationships*.
- Those who regularly examine, attend, counsel, or treat dependent adults must complete 2 hours of training within six months of employment or self-employment, unless otherwise specified by federal regulations, and requires one hour of additional training every 3 years.
- Those who serve in a supervisory role must complete 3 hours of continuing education in supervision.
- The licensee should maintain a personal file with all documentation of the continuing credits obtained.

For more information visit:

<https://dial.iowa.gov/licenses/other-professional-licensure/social-work-licensure#promo-title--2121232279>

