

CEAL Quality Summit: Focus On Future

More than 250 assisted living stakeholders recently participated in a two-day forum that focused on assisted living.

The Center for Excellence in Assisted Living (CEAL) held its second Quality Summit based on the theme, "Assisted Living: The Next Generation, Opportunities and Challenge."

The forum, held in Arlington, Va., provided consumers, state regulators, providers, researchers, and representatives from state and national organizations an opportunity to discuss, debate, and learn about the latest developments in the assisted living profession.

Elizabeth Bartlett, a senior living services consultant with KPMG in Harrisburg, Pa., delivered a provocative opening presentation that challenged assisted living providers to identify current market trends such as consumer preferences and technology and consider how they would affect delivery of services. She said the traditional business model of delivering care within the confines of a facility would change to a community-based model due to the advancements in biotechnology, consumers' preference to remain in their homes, and technology currently in the marketplace that gives consumers choice.

A session on technology allowed attendees to see how technology was being used to improve operational efficiencies and care giving services. NCAL board member Chris Mason, chief executive officer of Vigilant, a software company located in Woodburn, Ore., explained how his company uses technology to improve operational efficiencies. According to the company's Web site, the Administrator software program is found to increase revenue by \$150 per resident per month on average.

Mason also operates assisted living residences and home health services in Oregon, Washington, and Canada. He is actively incorporating the latest technology into his operations. His

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Construction Activity Flat In 2006

There has been no significant increase in seniors housing construction from last year, according to a new report from the National Investment Center for the Seniors Housing & Care Industry (NIC) and the American Seniors Housing Association (ASHA).

The report, "2006 NIC/ASHA Seniors Housing Construction Trends Report," includes data on seniors housing and care properties under construction in the 75 largest markets as of March 2006. NIC and ASHA have coproduced the report since 2003.

"This report is valuable to those wanting to assess the seniors housing construction activity now taking place in the nation's top metro areas, as well as operators and others needing to understand the pace of new construction relative to existing supply," said Robert Kramer, NIC president. "They will also be helped by our change in methodology, which was based on an actual count of units in each of the 75 largest markets. In contrast, data for our past reports were drawn from survey responses gathered from nationally recognized seniors housing developers, financiers, and construction and architectural firms."

Data for the 2006 report were drawn primarily from the NIC Market Area Profiles (NIC MAP)—a data and analysis service that provides details on construction starts on a quarterly basis—and McGraw-Hill Construction. The report covers seniors apartments, independent living, assisted living, dementia care, nursing care, and continuing care retirement communities.

ASHA President David Schless said that while the report shows that construction activity from last year has not changed significantly, "we believe the 2006 report accurately shows development now taking place in the professionally owned and managed seniors housing sector."

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home health care service companies use smart toilets and personal medication management machines for their at-home clients. The smart toilet tracks a person's body output for health purposes. A personal medication management machine delivers about a month's worth of solid oral medications. The machine can fit on a kitchen counter or bathroom vanity. If the person does not take the medicine, an alarm acts as a reminder. If the person does not respond to the alarm then the machine alerts the caregiver—a staffer, a relative, or a friend—electronically.

Another company uses technology to improve resident outcomes. Jack Lord, president of Englewood, Colo.-based It's Never 2 Late, showed how adapting technology to make it more senior-friendly, such as larger keyboards, touch screens, and desktop icons designed as photos of friends and family, encourage resident interaction with the computer.

An example, a digital movie about an individual with Alzheimer's disease, is used to instruct new caregivers on

how to bathe the individual.

At another forum, state regulators and state association representatives of provider and consumer organizations from Missouri, New Jersey, and Virginia discussed the power of collaborating, and the strategies involved in approaching legislators to obtain consensus-based assisted living regulation through state-level assisted living workgroups. Both Missouri and Virginia recently revised their assisted living regulations.

Paul Langevin, president of Health Care Association of New Jersey, and Beverly Soble, vice president of Regulatory Affairs for the Virginia Center for Assisted Living, were members of the panel that explained how their state's assisted living workgroups achieved reasonable regulation for

providers while protecting residents interests.

During the closing session, two administrators and a caregiver from two small residences told heart-warming stories of successful, person-centered care. Both residences—one in Seattle, and the other in Arlington, Va.—serve residents with Alzheimer's disease. Both administrators said their residents did not have agitation or attempt to elope because of the facilities' resident-centered approach.

CEAL Clearinghouse Launches ALF National Repository

The Center for Excellence in Assisted Living (CEAL) has added a new clearinghouse feature to its Web site.

The CEAL Clearinghouse is a free, national collection of information about all facets of assisted living.

Currently, the collection is small but CEAL will expand its data base greatly during 2007.

Submissions to the Clearinghouse are made online by completing the CEAL Clearinghouse submission form which can be found on the Web site. CEAL reserves the right to exclude any submission. Inclusion of materials on the Clearinghouse does not constitute an endorsement by CEAL. Visit www.theceal.org.

AHCA/NCAL Prepared For 110th Congress

When the 110th Congress convenes, NCAL and AHCA lobbyists anticipate Democrats introducing issues such as increasing the minimum wage, allowing the government to negotiate for prescription drugs under the Medicare Drug benefit program, and making it easier to unionize.

New Speaker of the House Rep. Nancy Pelosi (D-Calif.) and Senate Majority Leader Harry Reid (D-Nev.) have devised a 100-hour plan, to deal with spending bills and other initiatives

within the first 100 hours of Congress convening to demonstrate their commitment to getting things done.

Traditionally, Democrats are less inclined to cut entitlement programs such as Medicaid and Medicare however, Democrats are more in favor of increasing oversight and regulation in long term care.

Since the mid-term elections, NCAL staffers and lobbyists have been talking with new chairs of key congressional committees and will be

watching for any legislation that impacts assisted living and long term care.

Members can view a power point presentation of AHCA/NCAL's Webinar "Election Update: Outlook for the 110th Congress," hosted by AHCA/NCAL's Senior Vice President of Policy and Government Relations David Hebert on the "Members-only" AHCA/NCAL Web site at www.ahca.org, under the "What's Hot" section.



NCAL's Accomplishment Highlights From 2006

■ NCAL worked with the Centers for Medicare & Medicaid Services (CMS) and developed guidance to educate assisted living staff about the new Medicare Part D drug benefit and advocated for members during regular CMS Part D implementation conference calls and meetings.

■ NCAL developed and distributed a variety of materials and tools on the new Medicare prescription drug benefit.

■ NCAL spearheaded and organized the Medicare Part D Co-Pay Coalition to support legislation to eliminate co-pays for dual eligibles in assisted living/residential care. NCAL sent a letter signed by 34 organizations to Sen. Gordon Smith (R-Ore.) supporting his bill (S 2409). As a result of lobbying by NCAL and AHCA and state affiliates, a House companion bill was introduced by Rep. Jim Ramstad (R-Minn.).

■ NCAL participated in an AHCA Long Term Care Reform Work Group that developed principles to guide Medicaid reform and implement managed care in long term care settings.

■ NCAL is educating members and outside interests about the adequacy of Medicaid payment to ALFs and other related issues.

■ NCAL met with CMS about its Money Follows the Person (MFP) grant program. AHCA/NCAL sent a letter to CMS asking it to reconsider its interpretation and to support including assisted living in future MFP grants that offer Medicaid reimbursement to beneficiaries moving from nursing facilities to community settings.

■ NCAL and the Florida Health Care Association (FHCA) are participat-

ing in a Department of Homeland Security work group developing a list of capacities needed to better plan for and respond to emergency and disaster situations. NCAL and FHCA have been working to include long term care providers, including assisted living, in the national disaster planning and response systems.

■ NCAL expanded its professional library offerings by adding 25 educational product through a collaboration with Senior Living University.

■ NCAL is a participant in American Medical Directors Association's work group to develop clinical guidelines for medical directors.

■ NCAL staff has made presentations at more than 20 state affiliate meetings and national conferences, including the National Hospice & Palliative Care Organization and the Gerontological Society of America annual conference.

■ NCAL joined the National Fire Protection Association's (NFPA's) Safe Cigarette Coalition and recruited an NCAL member to represent assisted living on AHCA/NCAL's Life Safety Committee and provide liaison for NCAL to NFPA.

■ NCAL staff, on an ongoing basis, assists state affiliates in developing state-based regulations that provide flexibility to providers while protecting consumers.

■ NCAL produced the "2006 State Regulatory Review." Work has begun on the 2007 edition. The State Regulatory Review is used by state and federal policymakers, media, and providers.

■ NCAL worked in collaboration

with the Alzheimer's Association and the American Assisted Living Nurses Association on separate initiatives.

■ NCAL plays a leadership role in the Center for Excellence in Assisted Living (CEAL). Dave Kylo is treasurer on CEAL Board of Directors for the second year in a row. Shelley Sabo was on the 2006 CEAL Summit Planning Committee.

■ NCAL developed the "Hearts in Harmony" theme along with planning guide and product catalog for 12th Annual National Assisted Living Week celebrated during the Week of September 10 through 16, 2006.

■ The NCAL Awards Program expanded with two additional awards categories in 2006—Administrator of the Year Award and National Assisted Living Week Programming Award. These awards and the Noble Caregiver in Assisted Living were presented to the winners at the annual convention in San Antonio.

■ NCAL published "Moving Into An Assisted Living Residence: Making A Successful Transition." Posted on www.longtermcareliving.com. The brochure has been promoted in NCAL publications, trade, and consumer press.

■ An updated AHCA/NCAL's Consumer Guide series "Choosing An Assisted Living Residence," was published with updated graphics and inclusion of critical life safety issues.

■ NCAL worked with reporters from national media, such as, ABC, CBS, PBS, and the Wall Street Journal.



States Using Standardized Assessments For Assisted Living

While most states require assisted living to conduct assessments of residents, 17 states have standardized the tool, and half of those standardized assessment tools are based on some variation of the nursing facility minimum data set (MDS), according to researcher Joan Hyde, chief executive officer of Ivy Hall Senior Living, Boston.

Hyde was one of three panelists discussing how assisted living would affect the rest of the long term care continuum during the Center for Excellence in Assisted Living (CEAL) 2006 Quality Summit. Hyde conducted her research as a senior fellow at the University of Massachusetts' Gerontology Institute.

"Our analysis of assessments and service planning tools shared by leading assisted living providers [found] there were two primary types of assessments: a service plan driven by an assessment, completed by a health care professional and assisted living staff, and a service plan driven by the expressed wishes of the consumer—the resident, family, and payer source, in which the assessment arises as part of the discussion regarding need for services." Questions are asked, such as, "How are you today and how can we help you?"

"Assisted living does not need to fall victim of the 'or,'" she said, explaining that assessments can utilize both a med-

States With Standardized Assessment Tools

Delaware	Pennsylvania
District of Columbia	Rhode Island
Idaho	South Dakota
Kansas	Utah
Maine	Vermont
Maryland	Virginia
New Hampshire	Washington
New York	Wisconsin
North Carolina	

—Joan Hyde presentation at CEAL 2006 Quality Summit.

ical approach and service planning.

Hyde pointed out that the MDS in nursing facilities proves to be an unreliable tool for researchers. She examined hypothetically the impact of a widespread adoption of an MDS-like or medical model assessment tool. Hyde said states may use the tool to rate assisted living and that could cause some assisted living providers to attempt to select healthier residents to keep their scores as high as possible. If widespread adoption were to happen, Hyde believes assisted living's consumer-driven philosophy would be diminished. Costs to consumers would increase without offering increased value because staff would spend more time filling out forms. A positive impact of widespread adoption of an MDS

model would be that Medicaid and other third-party payers might be more willing to pay for assisted living, and states could obtain services for a higher acuity resident in a less costly setting.

If a majority of states were to adopt the "spa-like" resident-centered assessment tool, the industry's philosophy would continue to make inroads into other sectors of long term care, Hyde said. In addition, residents and their families would be able to determine what services are and are not of value to them based on their personal definition of good outcome, she said.

Larry Polivika, PhD with the University of South Florida's School of Aging, said, "The nursing home model of regulation would undermine assisted living's success."

Quality Award Applications Online

The AHCA/NCAL Quality Award applications for 2007 have been posted and can be downloaded from www.ahca.org/quality/awardapps.htm.

Applications will be accepted beginning Feb. 1, 2007. The deadline for application submission is March 31, 2007.

Instructions for application submission and payment are available on the NCAL and the AHCA Web sites. To download an application packet, visit www.NCAL.org or www.ahca.org/quality/awardinfo.htm. To receive an application packet by phone, call (202) 898-6332.

The Quality Award is public recognition of your facility's quality achievements. Facilities may apply for recognition and awards at three levels—level I, II and III—each requiring an increasingly more detailed and comprehensive demonstration of systematic quality.





Florida Issues New Elopement Rules For Assisted Living

The Florida Department of Elder Affairs and the Agency for Health Care Administration have published new elopement regulatory standards for the state's assisted living facilities (ALFs).

Florida now defines elopement as "an occurrence in which a resident leaves a facility without following facility policy and procedures." The Florida Center for Assisted Living (FCAL) participated in a workshop where the proposed standards were debated, and the new standards reflect FCAL's expressed concerns on behalf of ALFs.

Highlights of the new regulatory standard include:

- A copy of the facility's resident elopement response policies and procedures must be included in its admission packet.
- All residents assessed at risk for elopement shall be identified so staff can be alerted to their needs for support and supervision.
- As part of its resident elopement response policies, the facility shall make, at a minimum, a daily effort to determine that at-risk residents have identification on their person that includes their name, the facility's name, and address and telephone number.

- Staff attention shall be directed toward residents assessed at high risk for elopement, with special attention given to those with Alzheimer's disease and related disorders.

Florida now defines elopement as "an occurrence in which a resident leaves a facility without following facility policy and procedures."

- At a minimum, the facility shall have a photo identification of at-risk residents on file that is accessible to all facility staff and law enforcement as necessary; a photo shall be made available on file within 10 calendar days of admission.
 - The facility shall develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures shall mandate an immediate staff search of the facility and premises.
 - All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within 30 days of employment.
- FCAL, along with the Florida Health Care Association (FHCA)

Quality Credentialing Foundation, developed a sample assisted living resident elopement policy for its members.

FHCA and FCAL recommended that ALF resident elopement screening assessments should consider:

- Any history of wandering and or elopement.
 - Changes in mental status.
 - Cognitive impairments, including memory loss; decreased awareness; and disturbance in judgment, reasoning, and perception.
 - Premorbid lifestyle factors. There is evidence that an active interest in music and social and leisure activities may contribute to wandering. People who have experienced life-threatening or stressful events and people who respond to stressful situations with more physicality might be more likely to wander.
 - Causes for restlessness, including the effects of medication and clinical diagnoses.
 - Depression.
 - A functional assessment of communication ability, hearing, and gait.
- ALFs must also provide easy, safe, and secure access to the outdoors, while maintaining control over unauthorized exiting by at-risk residents.

Sixth Annual Independent Owner Conference In Lake Tahoe

Join your peers for the sixth annual leadership conference, with content customized for the independent owner. AHCA/NCAL has designed this conference to highlight the issues and challenges facing our constituency.

Educational opportunities provide the necessary tools to bring about positive results and support high levels of interaction and networking to enable us

to learn more from one another.

By attending this conference, you will ensure a continued focus on issues affecting the long term care community.

Two days of outstanding educational and networking programs designed by and for independent owners include:

- Alternative Profit Programs
- Adding Home Health Care to Your Business Model
- AHCA/NCAL Legislative Update
- Town Hall Meeting

The early-bird registration deadline is Jan. 24, 2007. To obtain more information or to register, visit www.ahca.org/events/io.html.



Strategic Planning: Consider The Influences

Do your units appeal to adult children? Are you integrating technology into your residences? Do you provide services outside the traditional “sticks and bricks” business model?

If the answers are “no” or “don’t know,” then Elizabeth Bartlett, director of KPMG’s Senior Living Services, respectfully says your business needs a strategic plan with a vision to deal with the changes in the marketplace.

“You can’t get to the future through your past,” Bartlett told more than 250 attendees at the Center for Excellence in Assisted Living 2006 Quality Summit held recently in Arlington, Va.

Bartlett’s presentation was about the importance of strategic planning, and how current market forces are shaping the future of assisted living services.

“The Age Wave is coming: Are you ready?” Bartlett asked, challenging providers to determine how they were going to adapt their current services to match these changes and attract a consumer group that increasingly “doesn’t want what long term care has to offer.”

The strategic challenge, says Bartlett, is adapting your business to current-day realities and anticipating the future. Yet, just creating a strategic plan is not enough, she said. The strategic plan has to be “owned” by the provider. “It has to become infused into everything you do.”

The strategic plan also forces the organization to create a vision of how it will evolve and operate in the near future, because “creating a vision forces us to take a stand for a preferred future,” she said.

Bartlett asked providers to determine what they were doing to implement community-based services or to broaden their continuum of services to appeal to

baby boomers who want to remain in their homes.

“They don’t want to age in place,” Bartlett says, “They are going to want to age with choice and that is going to drive their decision making.”

To a large extent, baby boomers, and the sandwich generation, are already influencing long term care services because they are making the decisions about long term care for their parents. Bartlett said if you were not marketing to the baby boomer perspective, then the adult children would not place their parents in your facility. For instance, she asked providers if their marketing or sales department was only open during weekday business hours. “No one is going to come visit you,” she said, explaining that most adult children often needed to visit facilities during weekends or during after-business hours because they themselves work or are taking care of their own children.

Beyond understanding the characteristics of the baby boomers, Bartlett said, providers need to understand the characteristics of all the generations involved or going to be involved in long term care. Providers need to understand the GI Generation, the Silent Generation, Baby Boomers, Generation X, and the Net Generation, who do everything on the Internet.

Facilities need to integrate technological developments into their own operations, according to her presentation. She offered a systematic plan for incorporating technology. First, facilities should develop a technology plan with a budget to support the plan. Then, facilities should measure how technology is going to reduce costs of operations or how it will improve resident

outcomes. Another consideration for facilities is leasing or renting equipment rather than purchasing.

“Assisted living, how are you going to evolve?” Bartlett asked the audience. One of her Power Point slides read, “A clear vision and strong leadership are imperative.”

“If you’re a bricks and sticks model, what are you doing to change that,” Bartlett asked, explaining that all these influences are changing the traditional model of assisted living from a facility-based model into a home-based or community-based model.

LTC Insurer Finds Most Claimants Under 65

Nearly 58 percent of submitted claims for UnumProvident group long term care insurance is for people under 65 years of age, the company reported.

The analysis of group long term claims submitted during 2006 reveals:

- The average age of the under-65 claimant is 53 years, with more than 15 percent being younger than 45.
- More than 66 percent of all claimants in this age group received care at home and 17 percent received nursing home care.
- The typical claim for policy holders under 65 years, lasted a year or longer.
- The top two causes of claims for people under 65 years old are cancer (more than 30 percent) and stroke (more than 10 percent). The other leading causes of claims were neurological disease, dementia, and multiple sclerosis.



Civic Ventures, a California-based think tank, awarded a Purpose Prize worth \$100,000 to **Conchy Bretos** of Miami. Bretos was one of five inaugural winners of the Purpose Prizes, which was established to recognize people for their innovative ideas. Bretos operates a consulting company that has helped 40 public housing projects in more than a dozen states bring assisted living services to residents with low income.

While she was Florida's secretary of aging, she is credited with being a major force behind, what is reportedly, the nation's first project to deliver assisted living services to seniors living in public housing projects.

Mountain West Retirement has appointed **Carol DeKriek** assistant administrator of Spring Creek Retirement and Assisted Living, located in Bellingham, Wash. DeKriek will assist in managing operations.

Clark Jeary Retirement Community in Lincoln, Neb., has announced that **Kathy Rowoldt** has been named the community's new administrator.

Stephen Rakoczy has joined Summerville at Venice Assisted Living Community, Venice, Fla., as executive chef.

Royal Gardens Senior Living of Boca Raton, Fla., has recently named **Barbara West** director of The Atrium at Boca Raton.

Jan Powell, a certified Lifetime Fitness instructor, has joined Woodland Retirement & Assisted Living Community in Lacey, Wash., as activity director. Powell has more than 20 years of experience in public relations and event planning.

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