

Bill Targets Part D Co-Pay Gap For HCBS, Assisted Living

Sen. Gordon Smith (R-Ore.) and several co-sponsors have introduced the Home and Community Services Copayment Equity Act of 2007 (S. 1107), which would provide dual eligibles—those eligible for both Medicare and Medicaid—living in the nation’s assisted living residences and other home- and community-based settings (HCBS) the same co-pay coverage under Medicare Part D as those individuals residing in nursing facilities.

“We applaud Sen. Smith’s leadership and steadfast support on an issue that is critically important to assisted living’s low-income and frail elderly beneficiaries,” said NCAL Executive Director David Kylo. “Our residents require the same number of medications as nursing facility residents, yet this group of low-income assisted living residents is unable to afford their co-payments and, therefore, is denied access to their life-saving medicines.”

NCAL and the American Health Care Association also praised the bill’s bipartisan co-sponsors, which include Sens. Jeff Bingaman (D-N.M.), Barbara Boxer (D-Calif.), Hillary Clinton (D-N.Y.), Susan Collins (R-Me.), John Kerry (D-Mass.), Blanche Lincoln (D-Ark.), and Bill Nelson (D-Fla.). During the last congress, two bills seeking to eliminate Part D co-pays were introduced, one by Smith and Bingaman and one by Clinton and Nelson.

Research shows that a dual-eligible assisted living resident typically takes eight to 10 medications daily. With Part D co-pays ranging from \$1 to \$5 per prescription, it is easy to see how expenditures can quickly add up and exceed the resident’s monthly personal allowance under Medicaid.

This is particularly problematic in the state of Maine, whose Medicaid program supports 78 percent of the state’s assisted living population, according to the Maine Health Care Association (MHCA). Maine also leads the nation in the number of assisted

Copay Bill, continued on page 2

Senators Request GAO Investigation Into LTC Insurance

Three U.S. senators have requested federal investigations, following a recent report in *The New York Times* of alleged wrongful denial of long term care insurance claims.

Sens. Hillary Clinton (D-N.Y.) and Barack Obama (D-Ill.) have called on the General Accountability Office (GAO) to investigate the apparent arbitrary denial of insurance benefits, including the impact on Medicaid, sharp premium increases, and whether the companies in question are in compliance with minimum federal protections. Sen. Amy Klobuchar (D-Minn.) also called for an investigation in a letter sent to Sen. Edward Kennedy (D-Mass.), chairman of the Senate Committee on Health, Education, Labor, and Pensions.

“The Health Insurance Portability and Accountability Act of 1996 put in place consumer protection standards for private long term care insurance in exchange for favorable tax treatment. Companies must report annually on the number of claims they deny as well as information on policy terminations,” Clinton wrote in a letter to GAO acknowledging certain exceptions such as policies that limit or exclude coverage by type of treatment.

In addition to investigating the denials, Obama asked GAO to determine whether current state and federal regulations were adequate to protect consumers.

“According to the [*Times*] article, nearly one in four long term care claims in California were denied in 2005,” said Obama in a statement. “I have a number of serious concerns about the long term care insurance market and its ability to fulfill its promise to its policy holders.”

Citing California’s largest fine of \$2.5 million against

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Virginia Assisted Living Facilities Preparing For Medication Aide Registration

Final regulations governing the use of medication aides in assisted living facilities are awaiting the signature of Virginia Gov. Tim Kaine. The regulations, scheduled to become effective July 1, 2007, will require nonlicensed personnel who administer medications to residents in assisted living facilities (ALFs) to undergo expanded training, pass an examination, and be enrolled on a statewide Medication Aide Registry that will be administered by the Virginia Board of Nursing (BON).

The new regulations for medication aides were a major component of a law passed in 2005, which overhauled the regulatory structure of Virginia's assisted living facilities. The Virginia Center for Assisted Living, an NCAL state affiliate, played an integral role in the drafting of the law and the regulations.

ALFs will have until July 2008 to make sure that all medication aides are registered with the BON.

In overhauling the state's assisted living regulations, the Virginia General

Assembly gave the BON the authority to create and operate the registry as well as to develop curriculum and requirements for nonlicensed medication personnel in ALFs.

In order to be designated as a medication aide, the new rules stipulate that a nonlicensed individual administering medications in an ALF must:

- Complete a board-approved medication training course;
- Complete and submit an application, including designated fees;
- Score at least 80 percent on a standardized exam; and
- Be placed on the Medication Aide Registry.

These regulations will not affect individuals who administer medications in child day care centers, adult day care centers, mental health facilities, or juvenile justice/corrections facilities in Virginia.

The BON is proposing that applicants for the registry must either complete an approved direct-care training

program administered by the state's Department of Social Services or complete an approved nurse aide education program.

Medication aides are not required to be certified nurse assistants (CNAs). However, CNAs who wish to keep their certifications current and also want to be medication aides will have to register and pay for both the CNA and the medication aide certifications, each of which require different preparation and job requirements.

The BON will create and approve a curriculum for medication aides in assisted living facilities. The board is also stipulating that those providers interested in teaching a refresher class must first obtain board approval. The refresher course module will be issued with the curriculum after the provider has obtained program approval from the BON.

There are currently 578 licensed ALFs in Virginia, with a licensed capacity of 32,013 beds.

Bill Targets Part D Co-Pay Gap For HCBS

Copay Bill, continued from front page
living beds per elderly resident, and a conservative estimate by MHCA indicates that some 4,000 assisted living residents who are eligible for Medicare and Medicaid would benefit from this legislation.

"Our providers thank Sen. Collins for her leadership on this bill," said Richard Erb, MHCA's chief executive officer. "Our membership includes over 125 assisted living providers, and it's disconcerting to me that some of our most frail and poor residents can't afford the co-payments under Part D. This program was supposed to make

prescription drugs more accessible to seniors. An oversight in the original legislation caused this gap, and this legislation would correct the mistake."

"Remedying this gap in prescription coverage is based upon simple common sense, and is supported by a coalition of more than 35 national organizations representing consumers, geriatric care professionals, health care and long term care providers, pharmacists, and state officials," said Kylo. NCAL led the coalition to garner support on behalf of assisted living residents.

As more states opt to use Medicaid to cover assisted living services, this

population of beneficiaries is expected to increase. Analysis prepared for AHCA/NCAL by the Lewin Group revealed that by 2008 the number of dual eligibles in HCBS programs will be larger than the dual-eligible population living in nursing facilities and other institutions.

"Assisted living providers are concerned about the quality of life of their dual-eligible residents," said Kylo.

"The passage of the Home and Community Services Copayment Equity Act of 2007 would ensure that residents receive their needed medications."



AdCare Health Systems Engages Developer To Promote Church-Based Assisted Living Facilities

AdCare Health Systems has formed a unique partnership with the McKnight Group, Columbus, Ohio, to build assisted living facilities on church grounds throughout the Midwest.

Under the agreement, McKnight will assist AdCare in marketing its long term care management and operational services to churches that are seeking to establish assisted living facilities on church property.

Springfield, Ohio-based AdCare Health Systems is a developer, owner, and manager of nursing facilities, assisted living facilities, and retirement communities. The company currently manages 15 facilities—six skilled nursing, seven assisted living, and two independent living/seniors housing—with more than 800 total beds. Company-

owned assisted living facilities operate under the name Hearth & Home. AdCare, a publicly traded company with some 850 employees, also operates a home health care business.

The McKnight Group is a design, architectural, and construction firm that has built over 500 churches throughout the Midwest during the past 30 years. Company founder Homer McKnight agreed to market to his church clients because he believes assisted living fits

both the needs and ministries of Christian-based lifestyles.

The McKnight Group has agreed to incorporate into the plans for its church clients the design or layout of an assisted living facility for future development. When a church agrees to move forward with an assisted living project, AdCare will provide the development and management services and McKnight will provide the architectural, engineering, and construction services.

Investigation, continued from front page

insurer Consecro for deceptive marketing, Klobuchar said, "If these reports are true. . . then these insurance companies have committed the very worst kind of fraud against our seniors, against their families, and against the American taxpayers. After aggressively courting seniors to sign up for their long term care insurance plans, and happily accepting timely payments from these seniors over a period of years, these companies apparently are making up their own rules and breaking their promises."

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Seniors Housing And Care Loan Volume Exceeds \$2B For First Time

Loan volume for seniors housing and care facilities continued its strong performance in the fourth quarter of 2006, according to a report recently released by the National Investment Center for the Seniors Housing & Care Industry (NIC), Annapolis, Md.

Fourth-quarter loan volume reached \$2.2 billion, up from \$1.64 billion in the third quarter.

“Once again, this was the highest amount ever placed in our industry by the major national lenders, including Fannie Mae and Freddie Mac, whose lending data we have tracked since 1999,” said NIC President Robert Kramer. “It represents a 50 percent year-over-year increase from the fourth quarter of 2005 and a 37 percent increase from the previous quarter.”

Of particular note, Kramer added, “was the amount placed in assisted living, which went from about \$432 million in 2005 to about \$875 million in 2006, an increase of more than 100 percent. So both the loan volume and loan amount placed continued to set record levels.”

Capitalization rates for the fourth quarter continued to be at historic lows. “We’ve seen a stable plateau now for mean cap rates, with percentages in the high sevens for independent living (IL), high eights for assisted living (AL), low eights for continuing care retirement communities (CCRCs), and high 12s for skilled nursing,” said Anthony Mullen, NIC research director.

“What’s interesting is that you see quite a compression among independent living, assisted living, and CCRCs in terms of their differentials, both in the mean and also now in the low rates reported,” Mullen said. “In this fourth quarter, mean rates were again at 7.7 percent for independent living, 8.7 per-

cent for assisted living, and 8.3 percent for CCRCs. The lowest reported cap rates were for independent living, at 5.9 percent, for assisted living at 6.5 percent, and for CCRCs at 6.5 percent. But these are for the best-performing portfolios with outstanding properties in key locations and not what the average seller is able to attract.”

Mullen also noted that the very best properties in assisted living today could actually trade below the median or average in independent living. “It really depends on where the property is located, how new it is, who’s managing

The very best properties in assisted living today could actually trade below the median or average in independent living.

—Anthony Mullen

it, and how many properties are being sold at a time,” he said. “All of these factors impact what the ultimate cap rate will be.”

NIC officials compared the seniors housing capitalization rates to those in office, industrial, retail, and multifamily properties.

“In analyzing data over the last six years, there is pretty strong evidence that we’re now pushing down toward the cap rates seen in the other institutional real estate asset classes,” said Mullen. “We are not pushing down to be equal with them, but we are certainly getting closer.

“I do think that phenomenon will continue as our performance and risk-reward ratio are recognized as being equivalent, or in some cases even superior, depending upon how one looks at risk,” Mullen continued. “Is that perma-

nent? We don’t know. But in my opinion, we are now starting to see the risk versus reward being re-evaluated by many investors for stabilized properties, especially the best ones, and we are starting to see that gap narrow. I believe that was what a lot of people were hoping would happen. Now we’ll have to see whether it continues to be the case.”

Kramer explained that transparency and improved levels of industry data available on national and by major metropolitan markets help investors understand their risk versus reward. “This, in turn, has led to a narrowing of the cap rate spread with office properties and the other institutional real estate classes,” Kramer said.

“Several knowledgeable institutional commentators believe that seniors housing and care has better data on supply and demand than the other real estate asset classes,” said Raymond Braun, president of Health Care REIT, and NIC board chair.

In related matters, NIC reported that loan performance also continued to be strong across all sectors. During the last quarter of 2006, the percentage of performing loans remained at 99.4 percent.

Median occupancy rates stayed fairly stable during the fourth quarter for skilled nursing and CCRCs, with just a slight drop from the third quarter in independent living (from 93 percent to 92 percent) and assisted living (from 89 percent to 88.5 percent). NIC draws its occupancy rate data from market-rate properties open at least 24 months. More than 3,300 properties and 393,000 units were reflected in this quarter’s data summary.

For more information, visit www.NIC.org or call (410) 267-0504.



2007 Cost Of Care Survey Shows Rates For Assisted Living Increases Slightly

The national average monthly cost of a one-bedroom unit in an assisted living facility (ALF) is \$2,714, or an annual rate of \$32,573, according to Genworth Financial's recently released 2007 cost of care report.

The report's findings reveal that assisted living average rates increased 1 percent when compared with 2006 levels. Between 2004 and 2007, the same unit in an ALF has increased steadily each year by a 4.2 percent compound annual inflation rate, according to the report.

The 2007 report surveyed more than 10,000 nursing facilities, ALFs, and home care providers. The survey was conducted in January and February 2007.

Genworth found rates for ALFs located in urban areas to be 14.7 percent greater than in nonurban areas. Boston ranked the highest with annual costs of

\$57,042 per year, while North Dakota and Arkansas registered the lowest annual costs of about \$20,000 for a one-bedroom private unit. The areas with the greatest disparity between urban and nonurban areas are New York, N.Y. (53 percent), Austin, Texas (43 percent), and Philadelphia (42 percent).

The national average monthly cost of a one-bedroom unit in an assisted living is \$2,714, or an annual rate of \$32,573.

Thirty-five percent of the ALFs responding to the survey reported charging a one-time community or entrance fee. These fees ranged from \$25 to \$120,000, with a national aver-

age one-time fee of \$1,621.08. In addition to its survey on the cost of long term care, Genworth released results of a national poll that found that 59 percent of Americans are worried about being able to pay for long term care, yet 75 percent have made no preparation for their or a loved one's long term care needs.

Forty-four percent of Americans incorrectly believe that Medicare or their private health insurance will pay for their long term care needs.

When given a choice between facility-based long term care and home health, 75 percent of Americans preferred to remain in their own homes. Forty-three percent of respondents also believed that Medicare or their health insurance would pay for home health care.

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Iowa Administrator Is First Graduate Of South Dakota Online LTC Management

Kellie Jimerson, administrator of the Avoca Nursing and Rehab Center and Avoca Lodge Assisted Living Center in Avoca, Iowa, is the first graduate of the University of South Dakota's (USD's) online long term care management certificate program.

"The ability to take classes without ever having to leave your home allows you the opportunity to gain that dream of education," said Jimerson, who is the mother of four children.

USD's long term care management certificate program includes a 12 credit-hour curriculum that's designed for individuals whose goal is to become credentialed in long term care management. The program was designed in conjunction with USD's continuing education program, its health services administration, and business school.

As administrator, Jimerson manages both the 46-bed Avoca Nursing and Rehab Center and the attached lodge, which includes 20 private assisted living units. The facility is owned by Care Initiatives, Iowa's largest senior care provider with a total of 53 nursing and

assisted living facilities throughout the state. The company is a member of the Iowa Health Care Association/Iowa Center for Assisted Living (IHCA/ICAL), an affiliate of AHCA/NCAL. "We support this type of quality online program that makes education available to people who don't live close to a college or university," said Cindy Baddelee, deputy director of IHCA/ICAL.

By offering the certificate online, Jimerson avoided a weekly or twice-weekly drive of almost 300 miles round trip between Avoca, Iowa, and the USD campus in Vermillion, S.D.

"The certificate program allows professionals and graduates to improve their skills through education and to become future leaders in long term care management," said Debra Menke Nixon, the director of the online program.

"The knowledge and education I have gained from taking this online program has assisted me in the task of working with a brand new administrator and helping to train her to her new position and facilities," Jimerson said.

Emeritus To Acquire Summerville

Seattle-based Emeritus Corp. has announced it will acquire Summerville Senior Living, a San Ramon Calif.-based operator of 81 independent and assisted living communities in 18 states.

Emeritus will issue 8.5 million of its shares to Summerville shareholders. On March 29, when Emeritus issued the announcement, the deal was worth about \$255.5 million, based on Emeritus's closing stock price of \$30.06 per share.

Company officials revealed the deal is set to close in July 2007 subject to approval of Emeritus' shareholders. A majority of shareholders in each company has already approved the acquisition. The Apollo Funds, a major shareholder of Summerville, has approved the sale. Dan Baty, chief executive officer of Emeritus, and officials of Saratoga Partners IV, which combined hold 65 percent of the voting stock in Emeritus, have also approved the deal.

Merrill Gardens Sells 26 Communities

For a sum of \$346 million, Seattle-based Merrill Gardens is selling off 26 retirement communities to Chartwell Seniors Housing Real Estate Investment Trust, Ontario, Canada, thus consolidating its operations on the West Coast.

The Merrill Gardens communities involved in the sale are located in Alabama, Arizona, Florida, Georgia, Louisiana, Oklahoma, Tennessee, and Texas.

According to a company statement, Merrill Gardens plans to "continue its growth" as a regional operator, with new communities planned for Washington state and California and further expansion into Nevada.

The transaction, which at press time was expected to close by the end of April, will fund the company's extension into these states, said Bill Pettit, Merrill Gardens' president. "The sale of these communities in the Eastern regions is in line with our desire to focus on our growth opportunities in the Western United States," he said.

Following the close of the sale, Merrill Gardens' remaining portfolio will consist of 49 existing and developing communities, the bulk of which are located on the West Coast.

"We are extremely pleased to be acquiring this well-positioned and high-quality group of communities," said Stephen Suske, Chartwell vice chair and co-chief executive officer. "Merrill Gardens' strong reputation has been built on delivering superior care and service to residents. Their vision and operating culture mirrors the values adopted by everyone at Chartwell, and we look forward to continuing this tradition of excellence."

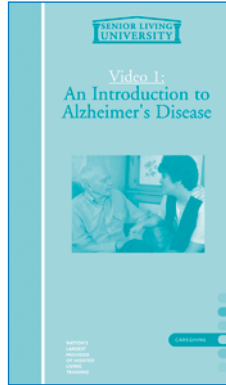


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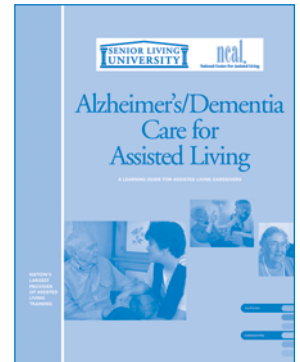
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The Joint Commission has announced the appointment of **Dale Johnson** as executive director for the Long Term Care Accreditation Program. In this position, Johnson is responsible for the promotion of Joint Commission accreditation as an effective and valuable approach to improving quality and safety. Johnson most recently was chief executive officer and chief financial officer for Kindred Healthcare, Ocala, Fla.

Minnesota Gov. Tim Pawlenty appointed two members of Care Providers of Minnesota to a newly created Veterans Long Term Care Advisory Commission, which was created in response to ongoing patient problems at the Minneapolis Veterans Home. The governor appointed **Dale Thompson** chair of the commission. Thompson, of Blaine, Minn., is president and chief executive officer of the Benedictine Health System, based in Duluth, which

owns and/or manages 10 acute-care hospitals and more than 50 long term care facilities, including nursing homes, assisted living residences, and independent senior housing options in eight states. Also appointed was **Jim Birchem** of Little Falls, Minn., a member of the American Legion and president and chief executive officer of Eldercare of Minnesota, which owns four nursing homes and eight assisted living facilities. Birchem also serves as a member of the NCAL board.

Scott Fox of The Pepperberry Suites, an assisted living community located in Chester, W.Va., has been appointed vice president of the West Virginia Health Care Association. **Mary Ferrell** of Genesis Health Care was appointed as the board's secretary, and **Bill Mason**, also of Genesis, was appointed to the board. Genesis Health Care operates four assisted living communities in West Virginia.

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Editor: Lisa Gelhaus
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