



FOCUS

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NCAL Continues Push For Part D CoPay Bill

NCAL recently submitted statements to several congressional committees that held hearings in May on the Medicare Part D drug benefit asking that Congress pass legislation that eliminates co-pays for dual eligibles—people eligible for Medicare and Medicaid.

At Senate Finance Committee hearings held on May 2 and May 8, the committee explored the problems and oversight of the Medicare prescription drug benefit. In statements submitted to the Senate Finance Committee, NCAL recognized Sen. Gordon Smith (R-Ore.) and several co-sponsors for introducing the Home and Community-based Services Copayment Equity Act of 2007 (S 1107), which would eliminate Medicare Part D co-payments for dual-eligible assisted living residents and others under home- and community-based programs.

On May 10, dozens of NCAL members came to Washington, D.C. to meet with their senators and representatives urging them to support legislation that fixes the copay issue.

Since S 1107's introduction in April, Sens. Sherrod Brown (D-Ohio) and Maria Cantwell (D-Wash.) joined the list of co-sponsors. Other co-sponsors of the bill include Sens. Jeff Bingaman (D-N.M.), Barbara Boxer (D-Calif.), Hillary Clinton (D-N.Y.), Susan Collins (R-Maine), Blanche Lincoln (D-Ark), Bill Nelson (D-Fla.), and Sen. John Kerry (D-Mass.).

With the bill introduced in the Senate, NCAL urged the House of Representatives to introduce companion legislation in the statement submitted to the House Ways & Means subcommittee on health during its May 3 hearing on Medicare low-income beneficiaries. During the hearing, Rep. Jim Ramstad (R-Minn.) asked a senior Centers for Medicare & Medicaid Services official why these co-payments were not being covered for dual eligibles residing in assisted living facilities while dual eligibles in

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Provider Finds Benefits of Helping Residents Apply For VA Aid

The Department of Veterans Affairs (VA) recently publicized a little known supplemental benefit called Aid and Attendance (A&A) that could help veterans, and their surviving spouses receive extra monies for assisted living care. Aid and Attendance is paid in addition to a VA monthly pension or compensation.

The A&A benefit may not be paid without the individual's eligibility to either the VA pension or death pension benefit. (see Pension or Death Pension Eligibility sidebar, page 2).

NCAL recently met with VA officials, who encourage assisted living providers to help residents apply for the benefit. While there are many financial and eligibility requirements, providers' familiar with the VA process say, it is easy to fill out the forms once a provider understands the process.

Georgiann Deist, executive director for Brandywine Assisted Living at Seaside Pointe in Rehobeth Beach, Del., taught herself with some assistance from the regional VA office in Wilmington, Del. She can fill out a form in a short period, if the resident and family have all the required documents and financial information. There are benefits for the resident and the provider, she says.

"We're providing a service to residents by informing them of the pension benefit that may give them additional income to meet their needs," Deist says. "With additional income, the resident may not have to spend down on their assets as quickly."

Providing the service generates good will between the resident, family, and staff. When a resident receives the benefit, the resident is able to pay privately for a longer

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Inside Focus

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3. Research: Study Shows Residents Benefit from Good Relationships

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6. Simple Steps To Cut Energy Costs



Provider Finds Benefits of Helping Residents Apply For VA Aid And Attendance

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period and avoids the Delaware Assisted Living Waiver program.

She believes administrators should understand the entire process first in order to make it easier to direct a resident or family member.

Brandywine identifies potential applicants when a resident moves in by asking financial questions during the initial inquiry visit and then through the admission process. The facility also sent a memo publicizing the benefit to existing residents to determine if the benefit could help them.

Providers should obtain the following four forms from the VA Web site, www.va.gov/vaforms/ and use the form that applies to the applicant.

- Use VA Form 21-526 if the individual is a veteran, a veteran with a spouse, or dependent child.
- Use VA Form 21-534 if the individual is a veteran’s surviving spouse, with or without dependent child, or a surviving dependent child.
- Use VA Form 21-535 if the individual applicant is a parent of a military service member or veteran who dies from a disease or injury incurred or aggravated while on active duty, active duty for training, incurred or aggravated in line of duty while on inactive duty for training, or who suffers from a service-connected disability.

Two other forms may be used in the following situations:

- Use VA Form 21-527 for a veteran filing a new pension claim and if the veteran has previously filed for a VA disability benefit.
- Use VA Form 21-4138 if the applicant is already receiving a VA benefit and needs to request an increase to that benefit based on the need for

Pension or Death Pension Eligibility

For a wartime veteran or surviving spouse to qualify for the monthly pension or death pension benefit with the supplemental of Aid and Attendance, the veteran must have served at least 90 days of active military service, at least one of those days during a period of war. The veteran must be discharged under conditions other than dishonorable.

For individuals who entered active military on or after Sept. 8, 1980 (Oct. 16, 1981, for officers, they must have completed at least 24 months of military service or the full period for which they were ordered to active duty.

While this benefit applies to all wars including the Civil War and World War I, a majority of the veterans have served during the following periods of war.

World War II: From Dec. 7, 1941 through Dec. 31, 1946

Korean War: From June 27, 1950 through Jan. 31, 1955

Vietnam War: From Aug. 5, 1974 through May 7, 1965 (Feb. 28, 1961 for veterans who served “in country” before Aug. 5, 1974.”

Gulf War: From Aug. 2, 1990 through a date to be set by Presidential Proclamation.

Source: Veterans Affairs

assisted living care.

Deist has copies of these forms in her office and uses the appropriate VA form to explain the benefit to the resident or family member and that it often takes several months to obtain the VA’s approval once the application is submitted. She encourages the applicants to read the forms carefully and only fill out those sections that apply to specific benefit the applicant is requesting. The forms have instructions on what sections need to be filled out.

Deist offers to help residents and families fill out the form, but first she suggests that they collect as much of the following documentation as possible: social security number; military separation papers, or DD214; marriage or death certificates; medical insurance; banking and asset information; and the applicant’s physician and contact information. (The VA will contact the physician to verify that the applicant requires

assisted living. The physician should be given VA Form 21-4142 to fill out.)

The VA also wants documentation from the assisted living residence. Deist developed a form letter that can be personalized for the applicant. The facility’s letterhead must be used. The letter must include the following information, the monthly costs for room and board, any additional care services, and the date the resident entered the facility.

After the family or resident compiles the paperwork, Deist guides them through the process of filling out the application.

The VA wants applications to be fully filled out. For those questions that do not apply there is no value or is unknown enter the following “N/A”, the number “0”, “unknown” respectively in the sections.

The VA application must be signed

VA Aid, continued on next page



Provider Finds Benefits of Helping Residents Apply For VA Aid

VA Aid, continued from page 2

by the resident. For residents with dementia or if a resident is incapable of writing his or her signature, the resident can mark the application with an "X," along with two witnesses' signatures. Or a VA appointed fiduciary could sign the form.

Deist makes copies of all the forms and documents so that she can contact the VA to determine the status of the resident's application. Deist also has made a few contacts in the regional VA office.

"I also contact the regional VA Wilmington Regional Office and speak with the person who processes the applications," she says. "This contact helps me to get answers more quickly when a special circumstance arises, such as, when a surviving spouse was married twice and each was a veteran."

Free assistance is available through the VA county, state and regional offices. To find the local VA Regional office call 1 (800) 827-1000. When you reach the VA Regional office, ask for the outreach coordinator. Phone numbers for state and county VA departments are listed in telephone directories or visit www.va.gov/partners.

The VA warns providers not to pay any organization for filling or submitting the applications. It is illegal for any organization to charge a fee to fill out an application for any VA benefit. Providers have been approached by organizations offering to help file VA benefit claims for a fee. The VA has a list of approved veterans' organizations; providers can check the list by visiting the VA General Counsel's Web page: www1.va.gov/ogc/docs/bulletin23s.doc

The VA currently recognizes 87 veterans' service organizations, including

Helpful Tips For Providers

- Fill in all the spaces of the pertinent sections with data, "N/A," number "0," or "unknown."
- File the application even if some information is missing. Use Form 21-4138 as an informal application. The benefit is retroactive to the date the VA receives the application.
- Inform residents and families that applications can take several months to process.
- Aid & Attendance can be used for residents on Medicaid Waiver Programs as it provides additional personal spending money.

Source: Georgiann Deist, executive director Brandywine Assisted Living at Seaside Pointe.

37 national organizations and 50 state and regional organizations for purposes of representing veterans before the VA.

"It's great public relations to be able to offer a program to be able to offer a

program that could potentially provide additional income," Deist says. Plus she adds, "It's easier to direct and assist them, than to leave them on their own."

ALF Residents Thrive On Social Situations, Study Finds

Positive social interactions appear to be the greatest indicator of an assisted living resident's well-being, life satisfaction, and quality of life, according to a new study examining the effects of transitions, facility characteristics, and the perception that assisted living feels like home.

"Internal social relationships, as measured by friendships within the facility and positive feelings toward staff, were the most consistently important predictor of resident well-being," according to the authors of "The Salience of Social Relationships for Resident Well-Being in Assisted Living," published in the *Gerontological Society of America's Journal of Gerontology: Series B: Psychological Sciences and Social Sciences*.

"Socially integrated residents were significantly more likely than residents with fewer internal social relationships to report life satisfaction, stable or improved quality of life, and a sense of feeling at home in [assisted living]," wrote Debra Street, from the University of Buffalo; Stephanie Burge, from the University of Oklahoma; and Jill Quadagno and Anne Barrett of the Pepper Institute on Aging and Public Policy at Florida State University in Tallahassee.

Researchers interviewed residents over the age of 65 in Florida assisted living facilities and used data from 384 residents who were found to be cognitively intact. They examined how a facility's characteristics and residents' transition experiences and social relationships affected three subjective measures of well-being: life satisfaction, quality of life, and perception that assisted living feels like home.



Maine's Historic Assisted Living Residence and University Hold End-Of-Life Care Fair For Seniors

Residents at 75 State Street now understand the advance directive they signed before they began living in a Portland, Maine-based assisted living facility located in the city's historic west end.

State Street's Director of Health Services Joanne Morin organized an End of Life Care Health Fair with the University of Southern Maine to explain and provide information about a variety of topics on end-of-life care.

The genesis for the event came from residents who had wanted more information about the topic.

"They all had signed advance directives in their lawyer's office, but they couldn't converse about it," says Morin. For many residents, the advance directive was one of several legal documents the residents had signed sometime before being admitted to State Street.

"The most common comment I heard was, 'Oh yeah I have an advance directive but I don't know what it means or what it says,'" Morin said.

The two-hour-long health fair was part of Morin's monthly "wellness" lecture series. Tables with tabletop poster boards and literature were set up in the facility's main corridor.

Each table had information on a specific topic. The topics included advance directives, antibiotics, cremation, communication in decision-making, do-not-resuscitate orders, ethics, grief, symptom management, tube feeding, pain management, and ventilators.

Posters within the facility promoted the event to residents. Family members received invitations to the event along with their monthly bills. The fair was publicized in the local newspaper and was open to the public.

Graduate-level nurse practitioner stu-

dents from the University of Southern Maine were available at each table ready to discuss the table's particular topic with residents and their families. In Maine, nurse practitioners are highly trained and under state law can administer medication and even perform suturing. Morin is a licensed nurse practitioner.

"My residents are active consumers of current health information," Morin says. "They want to be informed about current research that they have learned about either through watching cable television, such as The Discovery Channel, or hearing about health research from their families. They want to be able to make the most informed decisions."

The state of Maine also recognizes nurse practitioners as primary care providers under Medicare and most insurance companies. The University of Southern Maine has a graduate level program for student nurse practitioners.

However, State Street is the clinical site for the University's nurse practitioner program providing a real life clinical setting for these students. As part of this semester's class, Morin suggested the end-of-life care fair as a potential event that the nurse practitioners could participate in to the nurse practitioner professor at the University, and the idea was accepted.

Residents and families traveled from table to table and listened as nurse practitioners explained the various issues surrounding end-of-life care. Morin said the fair was well received by both residents and family members.

She is already developing a series of lectures that will present more in-depth information on a single topic related to end-of-life care. Morin says her residents are well informed about health information so her lectures include the latest research.

"My residents are active consumers of current health information," Morin says. "They want to be informed about current research that they have learned about either through watching cable television, such as The Discovery Channel, or hearing about health research from their families.

They want to be able to make the most informed decisions. Providers and family members should respect them for that."

NCAL's Push For Part D Copay Bill

Part D Bill, continued from front page

nursing facilities pay no co-payments under Part D. Ramstad also questioned whether this disparity makes sense as a matter of public policy, saying it creates an incentive for low-income beneficiaries to live in nursing facilities instead of community settings, which he contended can be less expensive and timely considering many states' tight budgets.

"For a small investment in covering Part D co-pays, Congress would remove an impediment preventing some from living at home or in an assisted living facility, and thereby save state and federal dollars, since these care settings may be less expensive than nursing homes," said Dave Kylo, NCAL's executive director in the statement submitted to the committees.

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Sure Energy Savers Cut Costs, EPA Says

Administrators and operators looking to manage spiraling energy costs do not need to undertake a wholesale upgrading to increase energy efficiency and reduce costs, says the U.S. Environmental Protection Agency (EPA).

Under their Energy Star program, facilities can implement a few simple low-cost, low-tech steps that can save money such as changing a light bulb in fixtures or exit signs. Calculators on their Web site can determine the savings and inform you about product specifications, product manufacturers, or retailers.

While achieving maximum efficiencies typically requires a comprehensive and sometimes complicated plan, assisted living facilities can implement many reliable, low-risk, high-return upgrades that require limited or no technical support. By implementing just a few of the following solutions, EPA says facilities would see cost savings in their energy bills.

Lighting

- Turn off lights (and other equipment) when not in use. High utility costs often include paying for energy that is completely wasted by equipment left “on” for long periods while not in use.
- Replace incandescent light bulbs with ENERGY STAR-qualified compact fluorescent lamps (CFLs), wherever appropriate. CFLs cost about 75 percent less to operate and last about 10 times longer. Installing one CFL can save a facility \$19 in annual operating costs—\$12 in energy costs, and \$7 in maintenance costs during one year. Over the life cycle, CFLs save an average of \$65. The initial cost is estimated



at \$3.50 for a CFL bulb and the simple payback is 2.4 months. Visit http://www.energystar.gov/index.cfm?c=cfls.pr_cfls to learn more and find the calculator.

- Install switch plate occupancy sensors in proper locations to automatically turn lighting off when no one is present, and back on when people return. Even good equipment can be installed wrong, so don't install the sensor behind a bookcase, coat rack, or door. It must be able to “see” an approaching person's motion to turn on the light before, or as they enter, an unlit area.

- Adjust lighting to your actual needs; use free “day lighting.”

- To prevent glare, eyestrain, and headaches, do not “over-light.” Too much light can be as bad for visual quality as too little light—and it costs a lot more.

- Install ENERGY STAR-qualified exit signs. These exit signs can dramatically reduce maintenance by eliminating lamp replacement and can save up to \$25 to \$50 per sign annually in electricity costs while preventing greenhouse gas emissions. To learn more, visit: www.energystar.gov/index.cfm?c=exit_signs.pr_exit_signs.

- Consider upgrading from older

T12 (1.5” diameter) tubes with magnetic ballasts to more efficient T8 (1” diameter) fluorescent lamp tubes with solid-state electronic ballasts.

Heating And Air Conditioning

- “Tune-up” your heating, ventilating, and air-conditioning (HVAC) system with an annual maintenance contract. Have your HVAC serviced prior to both heating and cooling seasons. Even a new ENERGY STAR-qualified HVAC system, like a new car, will decline in performance without regular maintenance. A contract automatically ensures that your HVAC contractor will provide “pre-season” tune-ups before each cooling and heating season. You save energy and money, and your system may last years longer with reasonably priced yearly maintenance fees. Your chances of an emergency HVAC breakdown also become very remote with regular maintenance.

- Regularly change (or clean if reusable) HVAC filters every month during peak cooling or heating season. New filters usually cost only a few dollars. Dirty filters cost more to use, overwork the equipment, and result in lower indoor air quality.

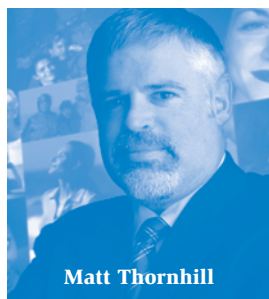
- Install an ENERGY STAR qualified programmable thermostat to automate your HVAC system. This solid-state, electronic device optimizes HVAC operation “24/7” based on your schedule and can be “overridden” as needed for unscheduled events. Therefore, consumers and staff always enter a comfortable facility. This “smart thermostat” can turn on the HVAC one hour before arrival instead of heating or cooling unoccupied space.

- Control direct sun through win-

Energy Savers, continued on page 8

Join Us For NCAL Day!

INAUGURAL EVENT, SUNDAY, OCTOBER 7, 2007



Matt Thornhill

The National Center for Assisted Living (NCAL) will host NCAL Day, Sunday October 7, as part of the AHCA/NCAL/MECF 58th Annual Convention and Expo. This bonus day consists of cutting edge education programs along with opportunities for networking, and an evening reception.

Keynote speaker, Matt Thornhill will kick the day off with "The New Rules of Marketing to Long Term Care Boomers." Attendees will gain valuable insight from Thornhill's sharing of tactics, strategies, and techniques to better connect and motivate the Boomer market. Thornhill is the author of the upcoming book, *Boomer Consumer: How to Profit from the Aging of America's Largest, Most Important Demographic*.

Kevin McConville of the DC-based Gallop Organization will present "Managing Your HumanSigma™". In today's competitive marketplace, businesses must be concerned not just with price, but with the people who are critical

to the organization's success. McConville will discuss the importance of engaging employees and their customers: two variables that drive the value in most businesses.

Other sessions include:

- Turning Customers Into Crusaders by Anthony Cirillo
- A Hands-On Software Showcase featuring A.L. Wizard, ElderMark, and Vigilant Corp.
- Assisted Living Town Hall Meeting
- And much more!

Thank you to our sponsors for NCAL Day: A.L. Wizard, Eldermark, and Vigilant.

For more detailed information on NCAL Day at the AHCA/NCAL/MECF 58th Annual Convention and Expo in Boston, MA, go to www.NCALconvention.org.

NCAL Day is a separate ticketed event. An additional fee of \$100 is required to register.

NCAL DAY Sunday, October 7, 2007

8:00 a.m.–8:30 a.m.
Welcome & Introductions

8:30a.m.–9:45a.m.
Keynote Address—The New Rules for Marketing LTC to Boomers
Speaker: Matt Thornhill, President, The Boomer Project, Richmond, VA

Matt Thornhill will share strategies, tactics and techniques to better connect and motivate Boomers. In addition, he will share findings from the Boomer Project's own proprietary panel of Boomers, with new findings for assisted living and residential care.

9:45a.m.–10:00a.m. (Break)

10:00a.m.–11:00a.m.
Turning Customers into Crusaders
Speaker: Anthony Cirillo, CHE, ABC, President, Fast Forward Consulting, LLC, Huntersville, NC

Profitable revenue and staff retention are two of the biggest issues confronting the

industry, and word of mouth marketing can be monitored and leveraged to help achieve both. This session will cover word of mouth marketing and how staff can be empowered to deliver a great experience to residents and their families.

11:00a.m.–11:15a.m. (Break)

11:15a.m.–12:15p.m.
Managing Your HumanSigma®
Speaker: Kevin McConville, The Gallup Organization, Washington, DC

This session focuses on the degree to which local workgroups engage their employees and their customers—the two variables that drive value in most businesses.

12:30p.m.–2:00p.m.
Joint Luncheon with American Assisted Living Nurses Association (AALNA)

2:15p.m.–4:15p.m. Breakout Sessions

Breakout Session #1
Hands on Software Showcase
Confirmed participants include A.L. Wizard, Vigilant, and Eldermark Software.

Breakout Session #2 Effective Packaging of Personal Care Services in Assisted Living

Speakers: Dennis Acrea, Senior Vice President of Planning & Systems Development, Benedictine Health System, Cambridge, MN; Tom Melchior, Manager, LarsonAllen, Minneapolis, MN; Susan Taylor, Vice President, Health Service Innovations, St. Paul, MN; Rosemary Brandt, RN, Assisted Living Nurse Consultant, Tealwood Care Centers, Bloomington, MN

The effective delivery of services in assisted living needs to satisfy a number of constituent groups and be effective from an operating standpoint. This seminar will provide an overview of the different ways to package services including pricing and will examine how various organizations developed their service plan.

Breakout Session #3 Malpractice Issues for Nurses (in conjunction with AALNA)

Speakers: Barbara Resnick, PhD, CRNP, FAAN, FAANP, Professor, University of Maryland, Baltimore, MD During this session Professor Resnick will focus on

actions, documentation techniques and nursing interventions to decrease the risk of malpractice litigation.

4:15p.m.–5:15p.m.
Assisted Living Town Hall Meeting (TH-1)

Moderator: Van Moore, Senior Vice President of Operations, Westcare Management, Inc, NCAL Chair; AHCA Board of Governors Assisted Living Representative; Salem, OR

- Review the political and regulatory landscape of the federal and state level.
- Provide an update on the activities of the Center for Excellence in Assisted Living.
- Detail NCAL's accomplishments in 2007.
- Discuss the challenges that lie ahead for the assisted living profession.

5:30 p.m.–6:30 p.m.
NCAL/AALNA Welcome Reception



dows depending on the season and local climate. During hot weather, block direct heat gain from the sun shining through glass on the east and especially west sides of the facility. Depending on your facility, options such as “solar screens,” “solar films,” awnings, and vegetation can help. Over time, trees can attractively shade the facility and help clean the air. Interior curtains or drapes can help, but it’s best to prevent the summer heat from getting past the glass and inside. During cold weather, with the sun low in the south, unobstructed southern windows can contribute to solar heat gain during the day.

- Keep exterior doors closed while running your HVAC. It sounds simple, but it will help to avoid wasteful loss of heated or cooled air.

- Use fans. Comfort is a function of temperature, humidity, and air movement. Moving air can make a somewhat higher temperature and/or humidity feel

comfortable. Fans can help delay or reduce the need for air conditioning, a temperature setting of as much as three to five degrees higher can feel just as comfortable with fans, and each degree of higher temperature can save about 3 percent on cooling costs. When the temperature outside is more comfortable than inside, a “box fan” in the window, or large “whole facility” fan in the attic, can push air out of the facility and pull in comfortable outside air. Fans can improve comfort and save energy year round.

- Plug leaks with weather stripping and caulking. This will help prevent the escape of heated or cooled air from your facility. Caulking and weather stripping also let you manage your ventilation, which is the deliberate controlled exchange of stuffy inside air for fresher outdoor air. To learn more about indoor air quality in your facility, visit EPA’s “Indoor Air Quality” Web page. ■

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Your suggestions and feedback about NCAL FOCUS are welcome. Contact Lisa Gelhaus by e-mail (lgelhaus@ncal.org), by phone (202-898-2825), or by writing to the address above.

A Covenant For Affordable
And Ethical Long Term Care



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