

Healthcare Groups Join NCAL To Support Part D Co-Pay Bill

NCAL has obtained support from 36 national organizations to sign onto a letter thanking Sen. Gordon Smith (R-Ore.) for introducing the Home and Community Services Copayment Equity Act of 2007 (S 1107) and asking for its passage. The bill seeks to eliminate co-pays for dual eligibles in assisted living and other specific types of residential care settings.

The organizations represent a wide range of interests, including consumers, long term care providers, health professionals, pharmacy groups, and state officials.

“For some dual-eligible residents these prescription co-payments will exceed their monthly Medicaid personal allowances, which are as little as one dollar a day in some states.”

—David Kylo, NCAL executive director

“We appreciate Sen. Smith’s leadership and the growing list of co-sponsors. Passage of S 1107 would alleviate the financial pressure dual eligibles experience and ensure continued access to their medications,” said David Kylo, NCAL’s executive director.

NCAL and the American Health Care Association have worked continuously to educate federal representatives about this legislation. Their efforts include submitting public statements to congressional committees holding hearings on the Medicare Part D benefit. Recently, NCAL submitted a statement to the health subcommittee of the House Ways and Means Committee, which held a hearing on beneficiary protections in Medicare Part D.

Dual eligibles in assisted living are similar to those in nursing facilities. Both have limited incomes and use an average of eight

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Four States’ Regulatory Experience With Providing Assisted Living Services In Unlicensed Housing

While a recently released AARP policy brief about four states’ regulatory approaches to providing assisted living services to individuals with low incomes in their own homes offers the promise of expanding assisted living services, it also finds that ensuring quality in these home settings would be a challenge for states.

The report examined how Connecticut, Minnesota, New Jersey, and North Carolina licensed assisted living services that are delivered to individuals in unlicensed buildings such as their homes or subsidized housing. States typically regulate a single assisted living entity that provides both housing and services. The brief, “Assisted Living in Unlicensed Housing: The Regulatory Experience of Four States,” was written and researched by Bernadette Wright of AARP’s Public Policy Institute. It examines quality of care, quality-of-life issues, and accessibility of affordable assisted living services. The four states were chosen because of their diverse approaches.

“Potential benefits include improved access to assisted living for people with low incomes living in subsidized apartments, a home environment, and a range of housing options and, in some cases, the ability of residents to remain in assisted living when their needs increase,” according to the report. “Challenges for states include ensuring that consumers are well informed; protecting residents’ rights and ensuring quality of care, particularly regarding assessments, service terminations, and evictions; and providing adequate oversight and enforcement while maintaining the home environment that consumers prefer.”

Although the housing portion was not licensed under
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Resident-Family Customer Satisfaction Surveys Analyzed To Identify Concerns

An analysis of 175 assisted living resident and family member responses to satisfaction surveys revealed that the top concerns of both residents and their relatives are aides' ability to anticipate resident needs and management's responsiveness to suggestions and complaints.

The survey was conducted by Press Ganey Associates, a South Bend, Ind.-vendor of health care satisfaction measurement and improvement services.

Researchers used Press Ganey's national database of satisfaction measurement and improvement surveys for assisted living facilities (ALFs) to identify the service areas needing the greatest improvement and offered best practices for increasing service quality, according to a recently published article in the *Journal of Nursing Care Quality*.

Analyzing data from 175 resident surveys that were matched with their respective family member surveys,

researchers looked for common themes that both groups believed needed improvement. The surveys were selected from 20 facilities located in six states—Michigan, Missouri, New Jersey, New York, Ohio, and Pennsylvania. Press Ganey's assisted living satisfaction surveys measure global satisfaction as well as satisfaction with the central aspects of assisted living care and housing.

The surveys were self-administrated. Press Ganey identified 175 resident family dyads out of 751 completed resident surveys and 484 family surveys.

Both residents and family members indicated the following seven areas needed the most improvement:

1. Aides' ability to anticipate the resident's needs.
2. Responsiveness of management to resident or family ideas.
3. Emotional assistance offered by aides.

4. Value for the money.
5. Quality of food.
6. Extent to which management is accessible.
7. Handling complaints and grievances.

Lead author Nancy Gregory of Press Ganey's Public Policy Division wrote, "Our results converge with earlier studies that identified aides, meals, and activities as often unsatisfactory to residents [with] families and activities, meals, and managerial responsiveness as the highest priorities for quality improvement in ALFs.

"This convergence of evidence should not be interpreted as an industry wide failure to improve service delivery over the last five years: It is indeed possible that customer expectations have increased in these areas as service quality has increased, resulting in no relative change in service priori-

Residents, continued on next page

Health Groups

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to 10 medications, according to recent studies. Under Part D, co-payments for dual eligibles range from \$1 to \$5.35 per prescription.

S 1107 would eliminate Part D co-payments for dual eligibles in assisted living, residential care facilities, group homes for people with developmental disabilities, psychiatric health facilities, and mental health rehabilitation centers, and dual-eligibles receiving services under home- and community-based waivers in home settings.

"While these co-pays may not appear to be a financial burden, the typical assisted living resident needs eight to 10 medicines a month and the expense adds up quickly for people with extremely limited means," said Kylo. "For some dual-eligible residents these prescription co-payments will exceed their monthly Medicaid personal allowances, which are as little as one dollar a day in some states.NCAL's states."

States, continued from front page

assisted living regulations, the states used other forms of oversight to regulate the physical environment. Some states' housing regulations contained minimum standards for the buildings, such as requiring security systems, private rooms, transportation, meals, and housekeeping. In other states, these features and services were optional.

"A common theme, however, was that assisted living in unlicensed housing generally provides a home or homelike environment that supports residents' privacy and independence," according to the report.

Wright found that states varied greatly in requiring assessments of prospective residents. All four states reported problems related to consumer information, including the lack of consumer awareness about residents' rights, providers' discharge criteria, and where consumers can go to get their concerns addressed. To obtain the full report, visit www.aarp.org/ppi search for "Assisted Living In Unlicensed Housing: The Regulatory Experience Of Four States."



Resident-Family Customer Satisfaction Surveys

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ties from the customers' perspective," she wrote. The article also included practical solutions for these areas. (See box, "Practical Ways to Improve Services.")

Despite the lack of a standard national survey, Gregory wrote, ALFs using private vendor measurement surveys are advancing the quality movement.

"By developing, distributing, and evaluating satisfaction surveys, these firms provide patients, residents, and their families with the opportunity to appraise their personal experiences with their health care," wrote Gregory. "The subjective nature of satisfaction scores reflects how personalized the supportive services in ALFs in fact are and how well they meet individual needs."

"Identified aides, meals, and activities as often unsatisfactory to residents [with] families and activities, meals and managerial responsiveness as the highest priorities for quality improvement in ALFs."

While customer satisfaction surveys identify areas that need improvement, the study found, it is also a way to identify the facility's strengths.

By identifying those strengths, Gregory wrote, "The facility will then be in a position to distinguish itself in the marketplace by publicly providing this information—which is lacking—to consumers who are in the process of choosing the best facility for either themselves or their loved ones."

Practical Ways to Improve Services

Researchers of the Press Ganey study suggested that facilities address the service areas identified by the resident/family dyads as needing the greatest improvement. Following are several practical suggestions to address these areas:

Improving Caregiver Responsiveness

- To address aides' ability to anticipate the residents' needs: Facilities can encourage aides to identify and offer assistance before the resident has to ask for it. This motivates the aides to assess the resident's ability to perform tasks on a regular basis and communicate regularly with family members to identify specific ways in which they can take a proactive approach in providing assistance.

- To assist Caregivers in providing emotional support, facilities can create an environment that encourages all staff to develop relationships with the residents. Frontline caregivers are then more likely to express empathy and concern when discussing issues with the residents that validate rather than dismiss or challenge their emotions. Management should encourage aides to get to know residents on a personal level.

- Train employees to look for opportunities for service.
- Use staff members who exemplify high behavioral standards as trainers for new employees.

Improving Manager Responsiveness/Accessibility

Another major area identified by Press Ganey was management's perceived responsiveness to resident and family members' ideas or requests. A few recommendations to improve a resident's or family member's perceptions include:

- Managers should acknowledge the receipt of concerns and ideas by writing or verbally saying thank you to residents or family members and let them know how the community plans to implement their ideas or provide an explanation about why implementation is not feasible.

- Managers can inform residents and families about continuous quality improvement and provide explanations for fee increases in writing, being sure to highlight the long-term benefits of the residents living in the community.

- Managers can leave their office doors open as a way to invite people into the office. Communities could locate the manager's office in a place that is accessible to both residents and family members.

Handling Complaints and Grievances

- Managers could develop a formal process whereby a prompt response would be made to all complaints and grievances even if no action will be taken.

- Managers could establish service logs to demonstrate to residents and family members that their requests are being handled in a timely manner.

NCAL DAY & ASSISTED LIVING



AHCA•NCAL•MECF
58th Annual Convention & Exposition

Dear Colleague:

As the Chair of the National Center for Assisted Living (NCAL), I would like to take this opportunity to invite you to attend the 58th AHCA/NCAL/MECF Annual Convention on October 7-10, 2007 in Boston, Mass. NCAL is proud to present you with an expanded offering of thought provoking, innovative, and forward-thinking seminars that will assist you in providing high-quality service to your customers in a manner that is both efficient and profitable.

A new feature this year is NCAL Day, a full Sunday (October 7) of cutting-edge educational programming and networking opportunities, capped by our annual Town Hall meeting and reception. Matt Thornhill, the author of the soon to be released book, "Boomer Consumer: Ten New Rules for Marketing to America's Largest, Wealthiest, Most Influential Group," will kick the day off with a keynote address on "The New Rules of Marketing to Long Term Care Boomers." This will be followed by opportunities to learn from Kevin McConville, of The Gallup Organization, "How You Can Manage Your HumanSigma[®]," or perhaps listen to Anthony Cirillo, president of Fast Forward Consulting, as he details the process of turning your residents into your community's personal crusaders. If you are looking for ways to increase the efficiency of your operation, you will want to take advantage of NCAL Day's "Hands-on Software Showcase," where three of the industry's leading software providers will show you how their software can raise the quality of the services you provide.

As has occurred for the past two years, the American Assisted Living Nurses Association (AALNA) will conduct their annual meeting concurrently with NCAL, but this year's NCAL-AALNA meetings have added the dimension of a joint afternoon breakout session that covers malpractice issues as they may relate to assisted living nurses, a topic that members of both organizations would be well-advised to attend.

As the Chair of NCAL, I will open our annual Town Hall Meeting by introducing Howard Groff, the chair of NCAL's Policy and Finance Committee, who will then lead a discussion that reviews political and regulatory environments on both the federal and state levels. It is my observation that NCAL has clearly demonstrated it is the nations' voice for assisted living, and as such, our staff have access to federal policymakers that cannot be matched by any other long term care association. Clearly, you will not want to miss the opportunity to question them and to hear what they have to say as Howard Groff guides the discussion.

We have developed this easy-to-read "Schedule-at-a-Glance" so that you can plan your entire convention experience to maximize your learning opportunities. Join your colleagues, educate your staff, network with your peers, and enjoy the historic city of Boston. Register now at www.NCALconvention.org and I will look forward to seeing you at NCAL Day and the balance of the events in Boston.

Sincerely,

Van Moore, NCAL Chair

October 7-10, 2007
Boston, Massachusetts
Hynes Convention Center

**Quality Care, Knowledge,
and Practice Unfold.**

NCAL DAY
SUNDAY, OCTOBER 7, 2007
8:00 a.m. – 6:30 p.m.

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

8:30 a.m. - 9:45 a.m.
Keynote Address—The New Rules
for Marketing LTC to Boomers
Speaker: Matt Thornhill

9:45 a.m. – 10:00 a.m.
Break

10:00 a.m. – 11:00 a.m.
Turning Customers into Crusaders
Speaker: Anthony Cirillo

11:00 a.m. – 11:15 a.m.
Break

11:15 a.m. - 12:15 p.m.
Managing Your HumanSigma™
Speaker: Kevin McConville

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

2:15 p.m. – 4:15 p.m.
Breakout Sessions

- **Breakout Session #1**
Hands on Software Showcase
- **Breakout Session #2**
Effective Packaging of Personal Care
Services in Assisted Living
- **Breakout Session #3**
Malpractice Issues for Nurses
(in conjunction with AALNA)

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

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

The National Center for Assisted Living would like to thank the following sponsors:



Matt Thornhill

SCHEDULE AT A GLANCE

ncal
National Center for Assisted Living

MONDAY, OCTOBER 8, 2007

8:00 a.m. – 10:00 a.m.

- **AL-1:** Aging Safely with Alzheimer's and Dementia (**Assisted Living**)
- **B-1:** Mapping the Future: Planning for Changes in Older Adult Services (**Business**)
- **L-1:** 2007 Insurance & Risk Management 101 (**Legal**)
- **NP-2:** Managing Risk through Exemplary Governance (**Non-Profit**)
- **T-1:** The Business Case for Technology (**Technology**)
- **W-1:** Hire Like Your Business Depends on It (**Workforce**)

10:30 a.m. – 12:30 p.m.

- **AL-2:** Dealing with Difficult Families (**Assisted Living**)
- **B-2:** Quality of Care & the False Claims Act (**Business**)
- **C-2:** "I Already Told You... Don't You Remember?" (**Care Practice**)
- **L-2:** A Mediation and Arbitration Primer for Facility Managers (**Legal**)
- **NP-3:** Seizing Opportunities in Not-for-Profit Resource Development (**Legal**)
- **Q-2:** The Leadership Edge (**Quality**)
- **T-2:** Long Term Care Facility Achieves Significant Return on Investment from Electronic Health Records (**Technology**)
- **W-1:** Wage & Hour Compliance: What You Think You Know Can Hurt You (**Workforce**)

TUESDAY, OCTOBER 9, 2007

8:00 a.m. – 10:00 a.m.

- **AL-3:** Organizational Inertia (**Assisted Living**)
- **B-3:** Long Term Care Marketplace Dynamics (**Business**)
- **C-3:** Management of the Bariatric Population—A Person-Centered Care Approach (**Care Practice**)
- **F-4:** The Deficit Reduction Act and Minimizing Non-Payment—How to Make Admissions Agreements, Discharges, and Collections Processes Legal and Effective (**Finance**)
- **L-3:** New Government Source of Revenue: Fraud & Abuse Actions Expanded (**Legal**)
- **NP-4:** Protecting Your Tax Free and Ultimately Your Non Profit Status—Lessons Learned (**Non-Profit**)
- **Q-3:** Outcomes of Leadership Intervention in Long Term Care (**Quality**)
- **T-3:** Telehealthcare: Quality Care with a Competitive Edge (**Technology**)
- **W-3:** Act Now for Your Tomorrow: The Massachusetts Model for Building the LTC Nursing Workforce (**Workforce**)

WEDNESDAY, OCTOBER 10, 2007

8:00 a.m. – 9:00 a.m.

- **AL-4:** Helping Residents Stay Mentally Sharp (**Assisted Living**)
- **B-4:** Dealing with the Union Challenge—A New Era (**Business**)
- **F-5:** Accessing the Capital Markets: A Discussion on Mortgages, Working Capital, and Purchasing a Facility (**Finance**)
- **T-4:** Adopting a Mandatory, State-wide Universal Transfer Form—The New Jersey Experience (**Technology**)
- **W-4:** Workforce Update (**Workforce**)

9:30 a.m. – 11:30 a.m.

- **AL-5:** Evaluating and Improving the Safety of Medication Delivery in ALFs/RCFs (**Assisted Living**)
- **B-5:** From Hurricanes to Influenza Pandemic (And Everything in Between) (**Business**)
- **C-5:** The MDS Scales as a Risk Assessment Tool (**Care Practice**)
- **L-5:** Long Term Care Trials: Where Knowledge and Practice Meet Their Match (**Legal**)
- **Q-5:** The Seven Myths of Quality (**Quality**)
- **T-5:** Best Practices Approach to Technology Strategy & ROI Determination (**Technology**)
- **W-5:** Managing & Communicating Critical & Non-critical Incidents (**Workforce**)

3:00 p.m. – 5:00 p.m.

- **Q-6:** Quality Award "How To" Session (**Quality**)

GALA
DINNER &
SHOW
FEATURING



Mary Wilson



The Four Tops



Register online:
www.NCALconvention.org

ncal
National Center for Assisted Living

Co-Hosted by



Official Convention Sponsor:



Held in conjunction with the AALNA Annual Conference
Held in conjunction with the NASL Annual Convention



Expanding Admission Assessment Tools Criteria

Given their importance to resident well-being, admission assessments should be expanded to include a resident's personal goals, according to leaders in the field.

In an article about assessments and the role of registered nurses (RNs) recently published in *Geriatric Nursing*, Sandi Flores, RN, executive director of the American Assisted Living Nurses Association (AALNA) and Ethel Mitty, EdD, RN, an adjunct clinical professor at New York University's College of Nursing, contend that on pre-admission and admission assessments RN's must be able to predict the resident's projected course of well-being, the management of his or her chronic illnesses, ability to age in place, and end-of-life

"The challenge for the nurse is knowing about the reliability and accuracy of various assessment instruments and is particularly so with regard to a resident's decision-making capacity and ability to self-administer medications."

care needs. In addition, RNs need to know the state regulations determining the ALF's allowable services, retention, and discharge criteria. RNs must also assess if the resident's needs can be met by the staff's competencies, and decide if staff needs more training and education to meet resident needs. Another factor nurses must consider is determining the prospective resident's compatibility with other residents.

While Flores and Mitty recommend a standardized assessment, they also recommend going beyond collecting the basic information that is described

Resource Web Sites on Assessments

The authors recommend the following Web sites as resources of information on assessments:

- GeroNurseOnline at www.geronurseonline.org, look under "Resources" tab.
- Maryland Office of Health Care Quality. "Understanding and Using the Assisted Living Assessments and the Levels of Care Scoring Tool." Available at www.dhmq.state.md.us/ohcq/alforms/uau_final.pdf/htm.
- The John A. Hartford Foundation Institute for Geriatric Nursing Web Site, click on "Resources" tab, look for "Try This: Assessment Instrument senes." Available at www.hartfordign.org/resources/education/tryThis.htm.
- Visit the American Assisted Living Nurses Association Web site at www.aalna.org.

in AALNA's "Scope and Practice Standards of Assisted Living Nursing Practice for RNs."

The scope and standards state that the following categories should be included: functionality or activities of daily living (ADLs), instrumental activities, medication management, safety needs, comprehensive history, lifestyle, perceptions and beliefs, spirituality, cultural beliefs, interests, and social network.

For example, under the ADL category, RNs at a minimum should determine the resident's functionality, which includes determining a resident's self-care ability and support needs such as cueing, supervising, or reminding. Flores and Mitty recommend also adding the following information under functionality: "Determine what capabilities the resident would like to retain and what capability/tasks they would not mind relinquishing," such as medication self-administration.

The resident's comprehensive history should include medical and surgical history, oral surgeries, sleep patterns,

pain management, current medications, allergies, coping patterns and wellness activities, such as vaccines. Under this category, the authors write that ALF assessments should also inquire about who or what has assisted the resident in the past when they needed help in dealing with major issues or crises.

At a minimum, collect information about the resident's lifestyle, including what they did in the past, what they do now, and what they would like to do.

In addition, Flores and Mitty recommend that an assessment should inquire into what the resident regrets never having done or what they would like to do next.

"The AL nurse should provide input regarding the adequacy of the data collection system addressing health care delivery for AL residents," they wrote. "The challenge for the nurse is knowing about the reliability and accuracy of various assessment instruments and is particularly so with regard to a resident's decision-making capacity and ability to self-administer medications."



Simple Tips To Save Energy Costs And Go Green

With energy prices subject to considerable volatility, the Environmental Protection Agency's (EPA) Energy Star Program offers a wealth of resources to businesses, including health care facilities, looking to save money through energy conservation and efficiency.

Continuing from last month, here are a few more low-tech, low-cost ways to reduce energy costs.

The Energy Star symbol means products meet strict energy efficiency guidelines set by the EPA and the Department of Energy.

Office Equipment

Need to buy some new office equipment? Consider buying an Energy Star-qualified product. The Energy Star mark indicates the most efficient computers, printers, copiers, televisions, and other appliances and equipment. Occasionally special offers such as sales tax exemptions, credits, or rebates are offered. Ask the company you are purchasing the equipment from if they sell Energy Star products and what rebates or special offers are available.

Kitchen And Food Service Equipment

Are you redoing your facility's kitchen, or need to buy a new refrigerator or steam cooker? Purchasing an Energy Star-qualified refrigerator or freezer can save over 46 percent of the energy used by conventional models, which equals as much as \$140 annually; deep fryers can save between \$50 and \$330 per year; hot-food-holding cabinets can save up to \$475 per year; and steam cookers can save an average of \$980 per year.

If you do not need to purchase a

new refrigerator, consider having your refrigerator cleaned. Cleaning refrigerator coils twice a year and replacing door gaskets if a dollar bill can easily slip out when closed between the



door's seals are two additional ways to save energy.

EPA recommends that large, walk-in refrigeration systems be serviced at least annually. The annual servicing should include cleaning, topping off the refrigerant, lubricating moving parts, and adjusting belts. These actions will help ensure efficient operation and longer equipment life.

Providers can also consider retrofitting existing refrigerators and display cases with anti-sweat door heater controls and variable-speed evaporator fan motors and controls.

Vending Machines

Energy Star-qualified new and rebuilt refrigerated beverage vending machines can save business owners more than 1,600 kWh/year, or nearly \$130 annually on utility bills.

New and rebuilt refrigerated beverage vending machines that have earned the Energy Star are 40 percent more energy-efficient than standard machine models. How can your facility get one?

Most businesses have a contract spanning several years with a venter operator, who is responsible for providing drinks, snacks, and other vending services. Generally, the operator owns the vending machines. If your beverage contract will soon expire, request Energy Star machines in your next request for proposals. If you are currently in the middle of a vending contract, talk to your operator about either converting your current fleet of vending machines to more efficient Energy Star models or upgrading your existing machines to Energy Star levels.

Water—Hot And Cold

If you see a drip consider fixing even the smallest leaks, which can add up to many gallons of water and dollars wasted each month. Water conservation saves energy and money, especially when it is hot water.

Install and use water-saving faucets, showerheads, toilets, and urinals to save water. Install an insulation blanket on water heaters seven years of age or older, and insulate the first three feet of the heated water "out" pipe on both old and new units.

If buying a new water heater, always buy the most efficient model possible. In areas of infrequent water use, consider "tankless" water heaters to reduce "standby" storage costs and waste. Set water temperature only as hot as needed (110-120 degrees) to prevent scalds and save energy (check local codes for specific temperatures for your business type).

Inquire About Tax Incentives Or Rebate Opportunities

Check the various government entities

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in your area for tax incentives that may apply to energy-efficiency upgrades you perform in your facility.

Contact your local utilities to inquire about rebate programs that may apply to energy-efficiency upgrades.

A directory on the Energy Star Web site can help you identify organizations in your state that sponsor energy efficiency programs.

Program sponsor partners include regulated utilities, publicly owned utilities, and energy delivery companies; national, regional, state, or local government entities; and other organizations involved in coordinating or administering energy efficiency or environmental education programs that promote Energy Star.

Visit www.energystar.gov/index.cfm?fuseaction=DEEPS.show SponsorSearch.

NCAL Chairs CEAL Advisory Council

Shelley Sabo, NCAL's director of member services and quality improvement programs, was recently appointed as Chair of the Center for Excellence in Assisted Living's (CEAL) Advisory Council

CEAL is a nonprofit collaborative of 11 national organizations founded in 2004 that is dedicated to promoting excellence in the field of assisted living and fostering affordable options.

The Advisory Council is comprised of more than 27 organizations that represents a wider stakeholder community interested in assisted living. The Advisory Council provides a forum for different perspectives on assisted living issues, facilitates the exchange of information and assists CEAL in accomplishing its goals.

NCAL is the assisted living voice of the American Health Care Association. *NCAL Focus* (ISSN: 1095-5585) is published monthly by the American Health Care Association (AHCA), 1201 L Street, NW, Washington, DC 20005. Copyright © 2007 by AHCA. Reproduction in whole or in part is prohibited without written authorization from the copyright holder. NCAL or AHCA members' subscription fees are included in membership dues. AHCA is the nation's largest federation of assisted living, nursing facility, and subacute providers. AHCA has 48 affiliated organizations, together representing nearly 12,000 individual facility members.

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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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