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AHCA Grassroots Keep Up Pressure

Fight Against Medicare Cuts In House, Senate Bills Continues In Trenches

AHCA members continue working hard to keep the message in front of lawmakers that nursing facilities could not withstand a second round of Medicare cuts, on top of the \$16 billion already implemented through regulation by the Centers for Medicare & Medicaid Services to finance the massive health reform plan under consideration on Capitol Hill.

In the two weeks following AHCA's annual meeting, which was held in Chicago Oct. 4 through 7, members from across the country flew to Washington to meet with nearly 50 senators. Meetings with many House members also continue.

Over the course of the campaign, the grassroots have flooded Capitol Hill with 160,000 letters urging lawmakers to reject the cuts. In addition, providers have conducted nearly 90 facility tours, held public rallies at their facilities, and generated widespread print and broadcast media coverage, including letters to the editor and op ed pieces. AHCA has tracked nearly 100 print articles and scores of radio and television news clips. Local papers

around the country have covered the issue with headlines such as: "Braced for Trauma" (*Albuquerque Journal*, Oct. 19); "Medicare Cuts Could Harm Senior Care" (*Dell Rapids Tribune*, Oct. 14); "State, National Nursing Home Caregivers: Medicare Funding Cuts to Long Term Care Will Jeopardize Vital Staff Positions, Compromise Care for Maine Seniors" (Reuters, Oct. 14);

"Nursing Homes Fear Future as Cuts Loom" (*Providence Business News*, Oct. 12); "Cuts Loom for Nursing Homes. Industry Says Lower Medicare Funding Will Cost State Jobs, Care" (*Indianapolis Star*, Oct. 8).

The Coalition to Protect Senior Care, led by long term care caregivers, has held events in at least five states and continues to plan additional rallies. ❁



In late October, AHCA organized a press conference on Capitol Hill to illustrate to Congress and the media the impact Medicare cuts will have on the entire long term care community. Rick Erb of the Maine Health Care Association spoke on behalf of providers, Lisa Cantrell of the National Association of Health Care Assistants spoke for direct caregivers, and Tom Norton of the Lee Insurance Agency of Muscatine, Iowa, detailed the ripple effect the cuts would have on business.

New AHCA Board Of Governors Takes Reins

At the AHCA convention, members elected Robert Van Dyk, president and chief executive officer (CEO) of Van Dyk Health Care in Hawthorne, N.J., as the new chair. Neil Pruitt Jr., CEO of UHS-Pruitt in Gainesville, Ga., was elected to the vice chair position, and Leonard Russ, owner/administrator of Bayberry Care Center in New Rochelle, N.Y., is the new secretary/treasurer.

In addition, four at-large members were elected:

Lane Bowen, executive vice president of Kindred Healthcare, Louisville, Ky.; Orlando Bisbano Jr., administrator of Orchard View Manor Nursing & Rehabilitation Center in Providence, R.I.; Fran Kirley, president and CEO of Nexion Health in Sykesville, Md.; and Ted LeNeave, president and CEO of American



Van Dyk

Healthcare, in Roanoke, Va. AHCA also welcomed three ex-officio board representatives: National Center for Assisted Living representative Nicolette Merino from Oregon; Affiliated State Health Care Association Executives representative Jim Carlson, from Oregon; and Associate Business Member representative Gail Rader, from New

Jersey.

Rick Miller will continue to serve on the board as immediate past chair. Wade Peterson will continue to represent the not-for-profit sector. At-large representatives Richard Mendlen, Gail Clarkson, Richard Kase, and William

Levering will also continue to serve. "These individuals will help AHCA continue to build a future focusing on the vitality of our long term care community and strengthen efforts to



The AHCA Council of States elects new officers, board members.

improve the quality of care for millions of elderly and disabled Americans nationwide," said Bruce Yarwood, AHCA president and CEO. ❁

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AHCA Message To Congress: 'Don't Upset Our Stability'

As lawmakers negotiate critical details of health reform, in preparation for floor votes in both the House and Senate, the intensive, multi-faceted grassroots initiative launched in August by AHCA and its membership has had a moderating effect on the level of cuts that nursing facilities will likely be asked to bear in the final bill, said Bruce Yarwood, president and CEO.

"Our message is simple: Don't upset our stability," Yarwood told nearly 3,000 members gathered for a general session at AHCA's annual convention in October. "Keep us stable because we have one huge Medicaid problem coming up."

The House of Representatives' reform plan includes a staggering \$44 billion in nursing facility Medicare cuts, with a lesser, but still devastating reduction in the two Senate bills. Unlike other providers, such as hospitals and physicians, nursing facilities gain no offsetting coverage enhancements in any of the health reform plans.

Yarwood said he expected the final bill to be less costly and have a reduced impact on nursing facilities' Medicare reimbursement than cuts proposed in legislation passed through the committees—thanks largely to AHCA members' extraordinary grassroots outreach.

The effectiveness of the campaign has been bolstered by compelling facts, Yarwood said. The government's own quality measures show quality has improved, consumer satisfaction has risen, and the magnitude of grassroots activities has demonstrated that long term care is a "huge profession, one that's labor intensive and is a very viable part of

the health care community," Yarwood said. "No one wants to upset that."

Nevertheless, he described this year as a "tsunami," the likes of which he hasn't seen in 30 years in long term



Top: AHCA manned a booth at convention set up to allow providers to easily access their members of Congress via computer and zip off letters protesting Medicare cuts. Shown l. to r. are MaryAnne Sapio, AHCA senior director, government relations, Martin Liebman, Grand Manor Nursing and Rehabilitation Center, Bronx, N.Y., and Matt Smyth, AHCA director of grassroots programs. Bottom: AHCA member facility Blair House in Rowley, Mass., features a Save Our Seniors display that includes stacks of letters customized to members of Congress from Massachusetts. Staff, residents, and visitors can just pick a letter addressed to their representatives, sign their names, fold, and mail, according to Frank Romano, president.

care. Furthermore, he warned of an impending Medicaid crisis that could eclipse this battle.

"Frankly, all of you in this room, and all across the country, are going to be part of that fight," he said. ❀

New Medicare Cuts To Finance Reform Will Jeopardize Care, AHCA Warns

Nursing facilities started the new federal fiscal year with a round of regulatory payment cuts that will take as much as \$16 billion from their Medicare revenue over 10 years.

As the cuts took effect on Oct. 1, AHCA urged lawmakers to take these dramatic reductions into account as they considered how to finance health care reform.

"By any standard, the \$16 billion 10-year cuts to Medicare-funded nursing home care going into effect today represents an enormous blow to the stability our sector requires to ensure the ongoing provision of quality nursing home care," said Bruce Yarwood, AHCA president and CEO, in a statement on the day the cuts were implemented. Any additional cuts to finance health care reform would come on top of this devastating reduction, and Yarwood warned of the impact on care for frail, elderly residents.

"Without a doubt, the care and well-being of the nation's most vulnerable seniors will clearly be at stake if any new cuts are excessive," he said. More than half (52 percent) of the nation's 1.6 million nursing facility residents are over age 85, 73 percent are women, and 54 percent have annual incomes of less than \$10,000 a year, Yarwood said. The average worker is a single, low-income mother, aged 25 to 54.

Further radical cuts to nursing facility reimbursement would force providers to cut staff, as labor accounts for 70 percent of facility costs, Yarwood said. Staff cuts have a "direct, immediate, negative impact on patients and their care—and that is what we fear most in terms of how the eventual final reform bill may be crafted," he said. ❀

Award Winners Honored At Convention

AHCA recognized nearly 500 facilities for their dedication to quality, at an award ceremony held at the organization's October convention in Chicago, which followed the theme "Quality Care Plus."

Bruce Yarwood, president and CEO of AHCA, said the "tremendous growth in participation" in the AHCA/NCAL National Quality Award Program shows that it has "gained wide acceptance as a useful pathway to achieving performance excellence over time." This year's award recipients "have enriched the lives of residents and staff through their dedication and hard work," he said.

A total of 468 recipients of Step I, II, and III Quality Awards were recognized at a ceremony during the Oct. 7 closing general session. The highest-level Step

III award, based on rigorous criteria and demanding review process, was given to: Madonna Living Community in Rochester, Minn.; St. Gertrude's



Health and Rehabilitation Center in Shakopee, Minn.; and ElderWood Health at Wedgewood in Amherst, N.Y.

In addition, Donna Marseco of Ocala, Fla., received the Young Adult

Volunteer of the Year Award, with Adult Volunteer of the Year going to Joan Suttel of Cheektowaga, N.Y. Gordon and Beverley Phillips of Norman, N.D., received the Group Volunteer Award, and Sandra Hoff of Wellington, Ohio, was honored with the AHCA Developmental Disabilities Hero of the Year Award.

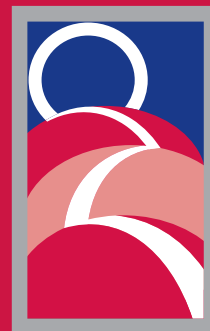
The Benedictine Health System received the AHCA Friend of Quality Award, which recognizes individuals and organizations that make a special contribution to AHCA's quality mission. Benedictine operates about 40 facilities in seven states, making it one of the largest Catholic long term care organizations in the country. Over the life of the AHCA/NCAL Quality Award program, Benedictine has earned six out of the total nine Step III awards, including two this year. ❁



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Quality-themed Convention Draws 3,000 Providers

The AHCA/NCAL Convention, held Oct. 4-7 in Chicago, was filled with general sessions (1.) featuring nationally noted key speakers, award ceremonies, elections, 70 educational sessions, and a bustling trade show floor. 2.) The Foundation for the Future of Aging (www.future-aging.org), who awarded a grant to develop a Web-based geriatric nursing knowledge assessment tool for long term care, makes its inaugural appearance in the Expo Hall at the convention.



The third annual NCAL Day (3. and 4.) invigorated attendees with discussions on driving census through sales management, comparing rural and urban facilities, and best practices from a CEO and senior executive viewpoint.



AHCA Launches Workforce Survey, Summarizes Senate Finance Bill

AHCA is asking members to complete a workforce survey posted on its Web site that will allow the organization to calculate 2008 vacancy, turnover, and retention rates for the profession.

The survey will also be distributed through state affiliates and multifacility organizations. This will be the first full-year survey in six years, and AHCA plans to make this an annual data-gathering and -reporting routine, says William Hartung, vice president of research.

The survey asks for data on 27 defined positions in the areas of administration and management, nursing, therapy, food services, housekeeping and maintenance, and activities/social services. The results, expected early next year, will show that

nursing facilities are vibrant employers in their communities, continuing to hire, even during difficult economic times, Hartung says. In addition, the report will show that while turnover may be high for some positions, nursing facilities have many long-term employees.

To locate the survey, click on the "Research and Data" tab on the main page at ahca.org, and go to "Staffing" from the pull-down menu.

An AHCA summary of the Senate Finance Committee's health reform bill includes long term care-related provisions and comments on the organization's position on each provision. The Oct. 22 document updates an earlier version and can be found at: <http://bit.ly/3B1rNB>. ❀

In His Own Words: An Interview With Robert Van Dyk

Robert Van Dyk is the newly elected chair of AHCA and President & CEO, Van Dyk Health Care

AHCA NOTES: Your election comes at a particularly crucial time, when major cuts to Medicare are being considered as part of the health care reform debate. What is at stake for AHCA members in the outcome of this debate?

Van Dyk: Our future. I'm personally very concerned about the direction that the health care reform debate is going. I'm very concerned that our congressional leadership, as well as the public, do not understand the value and nature of what we do in long term care. I'm very concerned that we have a lot of work ahead of us, and we're working at a disadvantage.

We're trying to hold on to the revenue we need to care for our seniors. You don't hear us mentioned as part of any debate. You don't hear us mentioned in the newspaper when Congress is talking about key stakeholders, which are listed as hospitals, doctors, pharmacists, and insurance companies. Yet they're expecting us to pay for certainly a disproportionate share compared to what we gain.

I look at the elderly and people that have fought in wars to give us freedoms, ladies whose husbands didn't come home from the war, sons and daughters who didn't come home, and some of these women fought in the war. These are people that we're somehow asking to pay for reform, and we're not respecting what their contribution has been and how it's going to affect them.

AHCA NOTES: How do you view AHCA's role in helping members

continued on page 6

Interview, continued from page 5

to ensure their voices are heard in this debate?

Van Dyk: We can't ensure. All we can do is work really, really hard at trying to make sure that the elected leadership understands the issues and concerns of our profession. It's not about me, it's about the people I care for. It's not about me, it's about the staff that I employ. We have a responsibility to communicate to our members that we are facing probably one of the biggest crises that I can remember in the 30 years that I've been in this profession. And we need members to be more active. They need to come out of their buildings and bring their staff with them. They need to bring residents if they can, and they need to bring residents' families. They don't even have to go to Washington. The legislators all come home. But [members] have to make that effort. This about PAC, this about advocacy, this is about voice.

The other thing that AHCA can do, what I'd like to focus on, is to eliminate

the Rodney Dangerfield complex. We need to be respected, we need to be understood for what we do and seen for who we are—a true health care provider. I want our elected officials to recognize our profession for what it is, which is probably the most effective, most efficient provider of health care in the continuum.

I guess every chair comes in with their passion, and this is mine.

AHCA NOTES: What additional priorities do you have for the organization?

Van Dyk: The other passion is my staff—

taking care of my employees. The quality programs are wonderful, and we certainly have to continue aggressively pursuing our quality agenda to get congressional leadership to see the connection between quality and appropriate resources. But it's those people getting paid \$7.00, \$8.00, \$10.00 an hour who are the backbone of who and what we are. The quality that we do enjoy is really a result of their work. I've always operated under the premise that you have to take care of the staff first, because if your staff is happy, the residents are happy. ❀

'The best advice to anyone is don't think that things aren't going to change. You can't go to work every day and think things aren't going to change. You have to be involved, you have to be engaged. AHCA has tools, information, literature, seminars, but they can't do it for you.'

—Robert Van Dyk, newly elected chair, AHCA, from an interview with AHCA NOTES

GAO's Expanded Special Focus List Released; AHCA Rebutts With Emphasis On Quality

The Government Accountability Office (GAO) has made public a list of 580 nursing facilities that it says should be designated as "the most poorly performing facilities" under the Centers for Medicare & Medicaid Services (CMS) Special Focus Facilities (SFF) program. This compares with the current SFF list, which contains 136 facilities.

GAO arrived at its expanded list by altering the methodology used by CMS to make SFF designations. Those changes include the use of a national rather than a state-based comparison and incorporating the Five Star Quality Rating system's scoring into the calculation. In response to the list's release, AHCA points to the recently released AHCA/Alliance "2009 Annual Quality Report," which relies on independent research and analysis to underscore the reality that quality is improving in nursing facilities.

In a statement on the matter, AHCA President and CEO Bruce Yarwood stressed the industry's commitment to "strengthening the support and resources necessary to improve those facilities that require the greatest assistance in fulfilling the highest-quality care and services for the nation's most vulnerable citizens."

AHCA has prepared a set of media talking points that focus on the fact that the vast majority of nursing facilities nationwide provide the type of high-quality, compassionate care that patients, residents, and their families want and deserve.

Included in the talking points document are quotes from a report released as a companion to AHCA's quality report, in which author Vincent Mor describes nursing facility quality as "multi-dimensional" and says it is "no more appropriate to compare all nursing homes with one another than

it would be appropriate to compare an obstetrics hospital with an oncology hospital." Mor is professor and chair of the Department of Community Health at the Brown University School of Medicine.

Although the list was made public, it does not change the current SFF list maintained by CMS, AHCA says.

According to AHCA's analysis, eight states had no facilities identified as "the most poorly performing" under the GAO methodology: Alaska, Hawaii, Montana, North Dakota, South Dakota, Utah, Nevada, and Rhode Island.

A group of 31 attorneys general, meanwhile, is calling for CMS to suspend its Five Star rating program until it makes needed revisions, underscoring its failure as an accurate quality rating program. In addition, the House Energy and Commerce Committee has called for a comprehensive review of Five Star. ❀

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LTC Medicaid Funds Added To House Reform Bill

The health reform legislation which, at press time, was expected to be put to a vote by the full House of Representatives, would provide \$6 billion in supplemental Medicaid payments to nursing facilities over four years, thanks to a provision drafted by Rep. Henry Waxman (D-Calif.), chairman of the House Energy and Commerce Committee, and Rep. Pete Stark (D-Calif.), chairman of the House Ways and Means health subcommittee.

The bill heading to the House floor would create the Nursing Facility Supplemental Payment Program (NFSPP) to acknowledge and compensate nursing facilities for severe underfunding in the current Medicaid program—a message that AHCA has

been repeating for years on Capitol Hill.

Under the NFSPP, supplemental payments would be made directly from the Centers for Medicare & Medicaid Services, with no matching funds from states, during the period 2010 through 2013. Eligible providers must have high percentages of Medicare and Medicaid residents, operate efficiently, and provide quality care.

The legislation also directs the newly created Medicaid and CHIP Payment and Access Commission to study the adequacy of Medicaid payments to nursing facilities and develop recommendations to Congress by the close of 2011.

In a memo about the NFSPP, Bruce

Yarwood, AHCA president and CEO, called the supplemental program a “significant step forward.” The NFSPP “represents an understanding by Congress of Medicaid’s issues, and we believe it will lead to serious discussions as to the future of Medicaid funding,” Yarwood said. The program would not, however, diminish AHCA’s efforts to reduce the deep Medicare cuts that are also part of the reform bill, he said.

“We will continue to aggressively pursue grassroots, media, and lobbying efforts to ensure that our member facilities have the funding necessary to provide high-quality care to our nation’s frail elderly and disabled,” Yarwood said. ❁