This has been one of the most challenging periods the long term and post-acute care profession has ever faced. With the worst economic recession since the Great Depression and a government climate focused on overhauling health care programs, we are facing a new paradigm.

This has not been easy on facilities that strive to provide exceptional care to the nation’s frail, elderly, and disabled citizens. From halting development on future facilities to reducing staff, too many facilities already have been forced to make difficult decisions.

More challenges lie ahead. Congress is debating changes to Medicaid and Medicare. We still face our perennial issues with the regulatory process. All the while, the largest demographic of Americans is retiring and many will soon need our help.

I am honored to lead this organization at this time — a time when leadership matters and is tested.

In my first year as President and CEO, I have made personal visits to as many AHCA/NCAL state affiliates, committees, partners and potential members as possible. Nearly everywhere I’ve been, I have talked about how this combination of issues has created the “perfect storm.” Despite these challenges, I know our profession can find a way to not just make it through these difficult times, but to prosper.

We have an opportunity to show we are the cost and quality solution to providing long term and post-acute care. We have the opportunity to be a strong voice on Capitol Hill and with federal agencies.

But this message is only as strong as the people who deliver it. That’s where AHCA/NCAL members come in. You know exactly what your facilities have been facing and how you’re pushing forward. Your employees know what it’s like to care for patients each day. And your patients’ family members know why they trust you to take care of their loved ones. These are the messengers we need on the issues that decide the future of our profession.

Meanwhile, AHCA/NCAL continues its mission of serving our members. We have assisted states coping with drastic Medicaid cuts. We have strengthened our relationships on the Hill and with CMS. We continue to offer exclusive resources to our members such as LTC Trend TrackerSM. In everything we do, we aim to educate policymakers on the importance of our sector.

It’s important to do things that are difficult, but not out of reach. Our challenges are daunting, but they are not impossible. By working together we can overcome these difficulties and prepare for a brighter future. AHCA/NCAL is focused and determined to lead this effort and continue to be a resource for its members as we move forward.

Let’s seize this moment.

Sincerely,

Mark Parkinson
President & CEO, AHCA/NCAL
During his term in the Kansas Senate, Mark Parkinson toured an assisted living facility in Olathe, Kansas. After that day, the Kansas lawmaker and attorney began charting a new course for his life. Leaving politics behind and suspending his law practice with his partner and wife, Stacy, the two began a new partnership developing and operating nursing and assisted living facilities.

Over the next 15 years, Mark and Stacy built 10 different facilities across Kansas and became intertwined with their daily operations and the lives of their residents. “A lot of people think that we were just passive investors in nursing homes, but that’s not it at all,” said Parkinson. “Stacy and I worked out of our facilities for 10 years. We did everything.”

Their children — Alex, Sam and Kit — grew up in their facilities. Many of the family’s holidays were shared with residents taking part in the meals prepared by staff. “Our children were blessed with many grandparents a hundred times over,” said Stacy.

Mark returned to Kansas politics when Governor Kathleen Sebelius selected him to serve as her Lieutenant Governor. In late April 2009, Sebelius was chosen to serve in President Obama’s cabinet as Secretary of Health and Human Services, and Mark took the helm of the Kansas Governor’s Office. With a year and a half to complete Sebelius’ term, Governor Parkinson and Stacy had every intention to return to their passion of developing long term and post-acute care facilities. But then opportunity came knocking again.

In January 2011, Governor Parkinson became the new President & CEO of AHCA/NCAL. “This position allows Stacy and I to fulfill our mission of improving the lives of older people and also have an impact that is probably a thousand fold what we could achieve by building one facility at a time.”

Doing the right thing has become the mantra of AHCA/NCAL under Governor Parkinson’s leadership. The governor aims to strengthen the organization by demonstrating to policymakers and the public how nursing and assisted living facilities are dedicated to becoming the cost and quality solution to America’s long term and post-acute care needs.

And he’s just getting started.

Paving a New Path

AHCA’S STRATEGIC PLAN

1. Strengthen political affairs
2. Enhance lobbying and advocacy presence
3. Lead the national quality effort and change AHCA’s relationship with CMS
4. Improve the image of the profession
5. Strengthen public affairs
6. Conduct comprehensive research to support advocacy efforts
7. Offer high-value member services
8. Become an effective and cutting edge organization

No organization can succeed unless it knows what success looks like. After developing parameters and selecting issues to focus on for the coming year, AHCA’s Board of Governors charged incoming President & CEO Mark Parkinson and the AHCA staff with the duty of executing a strategic plan. The plan contains three important themes to ensure AHCA achieves its goals:

1. **We must focus our audience.** AHCA has narrowed its focus and its resources to the 150 Members of Congress that specifically play a role in the success of the profession, whether they are in leadership positions or sit on the select committees that address long term care issues. The association is also working nationwide with governors, who have an enormous impact on state affiliates, as well as improving its relationship with the right people at CMS to produce a valuable regulatory process.

2. **We must focus our message.** For long term care facilities to resonate with policymakers and the public, they must demonstrate their focus on high quality care for seniors and individuals with disabilities. Long term care facilities provide an enormous economic benefit - an important message to convey during the sluggish economic recovery.

3. **We must utilize our most effective messengers.** AHCA’s best messengers are its members, their employees, family members and others who are part of the delivery of care day in and day out. AHCA must increasingly partner with these individuals to deliver the message that we provide quality care for seniors and we create jobs nationwide.
INTRODUCING DR. QUALITY

Former Director of the Rhode Island Department of Health
- Refocused the nursing home survey process to promote person-centered care
- Rhode Island's Health Information Technology (HIT) Coordinator

Former Chief Medical Director, Quality Partners of Rhode Island
- Directed CMS' National Nursing Home Quality Initiative
- Co-Chair of the Advancing Excellence Campaign
- Council Chair for the National Quality Forum’s Public & Community Health Council

Enhancing Quality Care

As part of the 2011 Strategic Plan, AHCA created a new Department of Quality & Regulatory Affairs, led by former Rhode Island Director of Health, Dr. David Gifford. This new department brings together quality and regulatory programs to pursue a customer-focused long term and post-acute care system that values both excellence and efficiency. To pinpoint areas of focus and strengthen the association’s relationship with the Centers for Medicare and Medicaid Services (CMS), the department is developing key quality measures. Quality & Regulatory Affairs also measures the quality of care in the sector, provides support for AHCA members to improve their own quality measures and works with federal agencies to ensure facilities can deliver high-quality care.

Public Education and Communications Campaign

Changing deeply-rooted perceptions of the long term care profession is a tall order, but it is precisely the objective of AHCA’s Public Education and Communications Campaign (PECC), which sprang into full effect earlier this year. After concluding that the wide range of medical services AHCA members offer was being overlooked and unrecognized by policymakers and the general public, AHCA decided to pursue a large-scale movement to change the negative impression of the profession. Through research and public outreach, AHCA is working to improve perceptions and, therefore, advance the long term and post-acute care profession’s role in the overall health care continuum.

Starting at the national level and eventually reaching each and every state affiliate, the PECC aims to provide the support and tools needed to ensure this effort is affordable, measurable and replicable. Messages will be tested in select markets in 2012.

We’re no longer the nursing homes of the 1950’s. We’re providers of excellent care that help people get better and get home. And we need to have our story told.”

Bob Van Dyk, AHCA Chair

The Gold Standard

Since 2006, the number of facilities vying for an AHCA/NCAL Quality Award has nearly tripled, and the number of award recipients continues to grow. This progressive, three-step program encourages the continuous learning and development of long term and post-acute care facilities to achieve performance excellence. This year, more than 1,100 applications were received from facilities spanning 46 different states. Award recipients fall into three categories – Bronze, Silver and Gold. In 2011, more than 440 facilities received Bronze awards, more than 30 received Silver and one facility was recognized with a Gold award.

David Gifford, MD, MPH

Publications

AHCA/NCAL 2011 Annual Report

AHCA/NCAL 2011 Annual Report
QUALITY BY NUMBERS

AHCA Annual Quality Report – With updates on current quality trends and key factors impacting the sector, the 3rd Annual Quality Report demonstrates the strong commitment long term and post-acute care facilities have to providing and improving the utmost care to America’s seniors and individuals with disabilities.

In partnership with the Alliance for Quality Nursing Home Care, this year’s report found significant improvements in both clinical measures for long stay and short stay residents, as well as improvements in resident/family and staff satisfaction. For example, between 2009 and 2010, nine out of the 10 Quality Measures collected by CMS showed improvement. Since 2008, long stay measures for pain, high-risk pressure ulcers, and indwelling catheters showed the most improvement, while delirium and pressures ulcers were the most improved in short stay measures.

The 3rd Annual Quality Report also contains substantive articles contributed by experts in the field on improving quality care, including Dr. Andy Kramer and Dr. Mary Naylor. The report is a valuable source of information as AHCA continues its advocacy efforts and improves the public’s opinion of the profession.

QUALITY SYMPOSIUM

This past February, more than 300 long term care providers came together for the third annual AHCA/NCAL Quality Symposium in San Antonio, Texas. With pulsing energy and productive idea exchanges, the Quality Symposium continues to receive high ratings for its programming and networking opportunities. Anchored in the Baldrige Performance Excellence Program criteria, the conference aims to provide education targeted at improving outcomes for residents and provide the knowledge and skills to support members in their quality journey.

It’s very exciting that we have a profession that, unlike many others, is taking responsibility for its own quality levels. There’s a commitment to quality because it’s the right thing to do.
REGULATORY
In 2011, AHCA focused on 10 proposed regulations and worked with federal agencies to incorporate some of the association’s comments into final CMS regulations.

In Spring 2011, AHCA/NCAL negotiated an important agreement with the Motion Picture Licensing Corporation that exempts free-standing nursing and assisted living facilities from licensing fees for showing video/DVDs in common areas. This agreement also addresses licensing fees in independent living units, provides discounts to AHCA/NCAL members, and most importantly, clarifies a long and outstanding issue for providers.

CLINICAL
This year marked an enormous victory for nursing facilities with the repeal of the requirement for a physician signature on clinical lab service requisitions. AHCA succeeded in persuading CMS that the policy was not feasible in many long term care settings. Without this requirement, providers can focus less on paperwork and more on providing quality, person-centered care.

WORKFORCE
The workforce is the backbone of the long term and post-acute care profession. Overall, the profession employs 3.1 million Americans, but AHCA/NCAL knows that working in our nation’s nursing homes is more than a job — it’s a calling. AHCA/NCAL continues to focus on issues pertaining to frontline care givers and provide opportunities for its member facilities to recruit, train and maintain a stable workforce.

Through career ladder programs and resources such as Caring for Caregivers, AHCA is working to improve the overall turnover and retention of its members’ employees. To help understand how to improve the long term care workforce, in 2011 AHCA released the 2009 and 2010 Nursing Facility Retention & Turnover studies and workplace satisfaction surveys. These reports revealed a steady increase in nursing and nurse assistant satisfaction.

SAFETY AND DISASTER PREPAREDNESS
From tornadoes throughout the South and in Joplin, Missouri, to severe flooding in North Dakota, to wildfires in southern Texas; member facilities have been tested by the wrath of Mother Nature this year. Fortunately, more and more facilities are better preparing for possible tragedies, and AHCA’s Disaster Planning Committee is assisting members with the tools they need.

This year, the committee revised and merged the Nursing Home Incident Command System (NHICS) from the Florida Health Care Association and the California Association of Health Facilities to create a nationwide tool for members to better plan and coordinate response in the event of a disaster. The tool is posted on AHCA’s website, along with training resources from volunteer committee members.

LEGAL
AHCA continues to be actively involved in litigation to support and advance particular policy matters important to long term care providers. In 2011, AHCA participated in five cases dealing with issues ranging from reopening Medicare claims, to enforcing Medicaid statutes and regulations, to the composition of bargaining units in nursing facilities. All of these legal matters are currently pending final decisions.

ONE CASE ON THE DOCKET
Douglas v. Independent Living Center

Issue: Whether Medicaid providers and beneficaries may utilize the Supremacy Clause to privately enforce violations of the Medicaid statute and regulations

AHCA’s Role: Filed an amicus brief where it will be named as a group participant with multiple provider groups. AHCA argues the long-established understanding that the Supremacy Clause provides an implied private right of action to enjoin state regulation that is invalid due to conflict with federal law.

Case Status: It will be first on the Supreme Court’s docket in October 2011.
One of AHCA/NCAL’s most important tasks is to ensure that our nation’s leaders understand the complex issues facing the association’s members and set federal policy that is aligned with the needs of providers. 2011 marked a tumultuous year for not just long term and post-acute care, but all health care sectors, as the federal government began to focus extensively on how to reduce expenditures. AHCA launched a massive advocacy campaign in hopes of preventing additional, drastic cuts to nursing facilities by stressing the impact these cuts could have on Americans’ access to quality care.

MEDICARE

SNF PPS – Each year, CMS issues a proposed rule on Medicare payment rates for nursing facilities in late April, allowing several weeks for outside stakeholders to provide input, then issues the final rule no later than August 1.

This year, CMS first proposed two different payment scenarios in reaction to a large variation between what the agency expected to pay and what they actually paid with the implementation of RUG-IV and MDS 3.0. The scenarios were either a market basket update or an immediate, drastic reduction to SNFs in the next fiscal year.

AHCA mobilized its members and staff to convey the profession’s concerns against the proposal of an immediate reduction. Working with Capitol Hill, 152 Members of Congress signed a bipartisan letter urging CMS to take more time to review the issue and ultimately phase in any reductions. AHCA members used the CapWiz database to send over 100,000 letters to Congress, the White House and CMS regarding the issue.

Despite the comprehensive effort by AHCA and its membership, CMS disregarded the Association’s more balanced approach to return the payment system to budget neutrality. The agency issued a final rule that will cut Medicare payments to SNFs by 11.1 percent starting October 1, totaling $3.87 billion. AHCA continues to combat this final rule and mitigate its impact on members.

Observation Stays – AHCA has long advocated that all days spent in a hospital should be counted for purposes of the three-day hospital stay requirement for Medicare SNF post-acute coverage. This year, AARP, the Alzheimer’s Association and the Center for Medicare Advocacy joined AHCA in its efforts. In addition, for the first time, both Chambers of Congress introduced bipartisan legislation – the Improving Access to Medicare Coverage Act of 2011 (S.818) – to incorporate observation stays into the three-day stay rule. AHCA fully supports this vital legislation and continues to monitor its movement in Congress.

Therapy Caps – When CMS issued the 2011 Medicare Physician Fee Schedule final rule for Part B services, it contained significant cuts to outpatient therapy services. Extending therapy exceptions for skilled nursing facilities has become almost an annual battle for Congress, with discussions typically taking place at the end of the year. AHCA continues to work with dozens of key Members of Congress to discuss the consequences of the rule.

MEDICAID

In 2011, there was strong Congressional interest—notably in the House of Representatives—for transforming Medicaid into a block grant program. Another proposed change - a single, blended federal Medicaid match rate – also threatened to have a significant impact on the profession.

AHCA/NCAL has held countless meetings with lawmakers on Capitol Hill to express its strong opposition to these proposals. The association made Medicaid a featured talking point at fly-in campaigns and at this year’s Congressional Briefing. In addition, AHCA reached out to its state affiliates and members to incorporate its message regarding Medicaid into the tens of thousands of letters sent to lawmakers and other federal policymakers. The association also engaged on a daily basis with other Medicaid providers to maximize the communities’ impact on key decision makers through coalition letters, cosponsored advertising campaigns, coordinated meetings on the Hill, co-hosted Hill Briefings and high level strategy sessions.

On Capitol Hill

This has been one of the most challenging periods the long term and post-acute care profession has ever faced. With a government climate focused on overhauling health care programs, we are facing a new paradigm.
Provider Tax – Another Medicaid proposal introduced this year would reduce the provider tax. Because more than 35 states have provider taxes in excess of 3.5 percent, reducing the provider tax would have a significant impact on AHCA members and leave a gaping hole in Medicaid funding for quality long term care.

Once again, AHCA activated its network of members and stakeholders through rolling fly-ins and district events to carry this message to the Hill. AHCA has been fighting proposals to reduce the provider tax threshold since it first appeared in the President’s budget proposal in January and as it continues to be debated in possible deficit reduction proposals.

State Medicaid Assistance – To help fight Medicaid cuts in the states, AHCA’s Board of Governors authorized the creation of a Medicaid assistance program for state affiliates. This voluntary program provided matching funds to state affiliates interested in conducting state polling to measure public support for Medicaid in nursing homes. The program also supported efforts to assist with strategies to fight payment cuts, rate adjustments or other proposals impacting long term care provider rates. In addition, AHCA’s research department assisted states with demonstrating the economic impact of specific Medicaid cuts.

TORT REFORM

This year, Representative Lamar Smith (R-TX), Chairman of the House Judiciary Committee, and Representative Phil Gingrey (R-GA) proposed the Help Accessible, Efficient, Low-cost, Timely Healthcare (HEALTH) Act. AHCA hailed these Representatives for their leadership and provided input on the legislation.

Comprehensive tort reform will help reduce health care costs and enhance the quality of care in long term care facilities. Every dollar that does not go toward medical liability costs is used for the health care of patients and residents.

AHCA will continue to work on Capitol Hill and at the state level to support tort reform.

HEALTH CARE REFORM IMPLEMENTATION

Employer Mandate – Beginning in 2014, the Affordable Care Act will require employers with 50 or more full-time employees to offer affordable health insurance coverage or risk paying a government penalty. For some long term care facilities, this provision of health care reform will have a significant financial impact.

AHCA is working within the regulatory process with the Administration to explain the potential economic impact of this new requirement on its members. Already, nine out of 10 nursing homes offer employer-sponsored health insurance for their employees and 75 percent of nursing home employees have insurance coverage.

1099 Repeal – AHCA was a vocal opponent of a particularly onerous provision of the new health reform law. The Small Business Paperwork Mandate Elimination Act, H.R. 4, repealed Section 9006 of the Affordable Care Act, also known as the “1099 provision.”

Section 9006 would have extended the scope of Form 1099 to require small businesses, including long term facilities, to file with the IRS if the total amount of payments made to most businesses in exchange for goods or services is $600 or more in one year.

AHCA/NCAL raised concerns about the expansion of the 1099 form for well over a year, working with a coalition of businesses, including the U.S. Chamber of Commerce. The repeal not only eliminated this provision, but marked the first significant change to the health care law.
AHCA/NCAL PAC

PAC in Action – AHCA/NCAL first launched its political action committee (PAC) in 1980 to boost the association’s advocacy efforts on Capitol Hill. Over the last three decades, the PAC has worked with individuals from across the political spectrum — Democrats and Republicans, from leadership to freshmen — to fight for improvement in America’s long term and post-acute care profession. Today, the PAC raises funds that support candidates who seek to preserve access to long term care for America’s seniors and people with disabilities.

Fundraising – The PAC is proud to be the second largest political action committee in the Hospital/Nursing Home Sector with 2010 being the most successful year to date. Raising a record-breaking $919,690 and with more support than ever, the PAC was able to pool the resources of more than 1,300 donors to disburse funds to 349 candidate committees, leadership PACs, and party committees.

AHCA/NCAL PAC set its sights even higher in 2011 with a goal of $1 million for the year and $2 million for the 2012 election cycle. At the time of this year’s convention, over $650,000 had been raised, well on track to meet 2011 fundraising goals.

Special Events – In a constant effort to connect with members through grassroots efforts, both in Washington and at home in key Congressional Districts, the PAC hosted more than 115 events this year. In June 2011, AHCA/NCAL PAC had the honor of hosting Speaker of the House John Boehner (R-OH) at its downtown Washington, D.C. office. Other events included the 2010 PAC Dinner in Long Beach, California, which more than 1,000 guests attended.

Our message is only as strong as the people who deliver it. That’s where AHCA/NCAL members come in.
GRASSROOTS

Though legislative action occurs in Washington, the PAC and AHCA/NCAL members make waves of change by reaching out to Congressional Districts through its grassroots efforts. The grassroots network helps empower officeholders and their staff by providing the information necessary to make well-informed decisions on key legislation that impacts the long term care profession.

Washington, DC Fly-ins – In an effort to enhance direct communication between AHCA/NCAL members and Members of Congress, the association continued its fly-in series throughout 2011. The fly-in events bring a variety of important AHCA/NCAL members and professionals, including leaders on Developmental Disabilities, CNAs, Future Leader participants, NCAL state leaders, and other key members, to Washington to advocate on behalf of their facilities, employees, and residents.

Congressional Briefing – The 2011 Congressional Briefing in mid-July was a huge success, with one of the largest crowds ever – over 400 AHCA/NCAL members – and more than 300 meetings on Capitol Hill. Members urged Congress to approve funding for Medicare and Medicaid and oppose House efforts for block grants to the states. The attendees heard from several Members of Congress, including Congressman Tom Price, M.D. (R-GA), Congresswoman Diane Black (R-TN) and Congressman James Renacci (R-OH), who addressed the Medicare debate and budget stalemate in Congress.

Facility Tours – To ensure our nation’s leaders thoroughly understand the current circumstances of nursing homes and assisted living facilities, AHCA/NCAL sponsored tours and meetings for Members of Congress in facilities back in their districts. These events provided Members of Congress with the opportunity to learn about funding, workforce, and regulatory issues that impact facilities on a daily basis. This year’s 50 facility tours humanized these often technical issues and showed legislators and staff the significant economic impact that these facilities play in each Congressional District.
Future Leaders— Since 2004, AHCA/NCAL has invested in the professional development of the next generation of long term care leaders through its Future Leaders program. In mid-June 2011, the yearlong program kicked off with a two-day symposium in Washington, D.C. Thirty participants demonstrated leadership potential and an interest in representing the interests of long term care providers at the state and national levels. The program covers the latest theories and practical applications in quality management, customer satisfaction, and leadership.

By honing their knowledge and leadership skills, these future leaders will help to advance quality and promote the profession’s mission of providing the highest quality, resident-centered care for frail, elderly, and disabled Americans.

RESEARCH

To effectively advocate for issues and their impacts on members, AHCA/NCAL devotes time and energy into performing and collecting reliable, thorough research on topics pivotal to the long term and post-acute care sector.

Essential AHCA/NCAL Reports— In 2011, AHCA/NCAL produced four reports critical to the future of the profession, focusing on staff retention, economic impact of the sector, Medicaid financial shortfalls, and the annual AHCA/NCAL Quality Report which is detailed in the Quality Care section (page 8). All full reports can be found at www.ahcancal.org.

• Lands’ End: Help your staff make a confident first impression with attractive, customized apparel from Lands’ End. Members receive 10% off on Lands’ End products and another 10% off embroidery fees, with no minimum purchase.
• TSYS: TSYS Merchant Solutions offers discounts on credit card payment processing tailored to business needs. TSYS has more than 55 years’ experience delivering unparalleled customer service and end-to-end payment solutions to businesses.
• Everbridge: Everbridge is the world-recognized leader in incident notification technology designed to help you keep people safe, minimize the financial impact of business interruptions, keep your organization running, and protect your reputation.

How To Be a Nurse Assistant— By Jeanne Boshert, RN of Signature HealthCARE

In June, AHCA released the fifth edition of How To Be a Nurse Assistant: Integrating Excellence in Training with Quality Care. The fifth edition curriculum includes current federal regulations for nurse assistant training, new chapters on customer service, understanding the survey process (QIS vs. traditional) and revised CPR guidelines.
• The AHCA Economic Impact Report compiles data that underscores the important role America’s nursing facilities play in the national economy. This report was used to urge lawmakers to protect the funding streams that ensure these facilities can continue to provide critical jobs and economic activity.

• Medicaid Shortfall Report: In partnership with Eljay, LLC, AHCA worked with state affiliates to compile information on the shortfall between Medicaid reimbursement and allowable Medicaid costs. The report confirmed the long-held notion that Medicaid underpays nursing homes, and it assisted AHCA/NCAL in pushing for stable Medicaid funding.

2012 Conferences
Members can look forward to these conferences next year

MARCH
• NCAL’s Inaugural Spring Conference
  March 13-14, New Orleans, LA

• Independent Owner Leadership Conference
  March 14-16, New Orleans, LA

MAY
• Multifacility Conference for CEOs & Senior Executive Leaders
  Spring: May 2-4, Palm Beach, FL

NOVEMBER
• Multifacility Conference for CEOs & Senior Executive Leaders
  Fall: November 14-16, Scottsdale, AZ

OCTOBER
• AHCA/NCAL 63rd Annual Convention and Expo
  October 7-10, Tampa, Florida.
  Including:
  – Not for Profit Leadership Training Seminar
  – Developmental Disabilities (DD) Day

COMING SOON!
The new ahcanecal.org
NCAL’s 2011 advocacy and professional development efforts continued to set firsts for the profession and accomplished its mission to represent its members.

In March 2011, the U.S. Senate Special Committee on Aging’s assisted living roundtable was a major event for the profession. NCAL was well-represented by its Immediate Past-Chair Howie Groff of Minnesota. Groff asked federal agencies to examine existing programs and consider options for covering the housing portion of assisted living so that affordable assisted living could be significantly expanded.

A few weeks before the roundtable, the committee issued a 40-question survey to participants asking about assisted living practices. NCAL submitted a comprehensive package of answers addressing the topic areas: Quality and Oversight, Affordability, and Access and Discharge and a public statement.

REGULATORY

On the regulatory front, NCAL rallied its state affiliates, members and fellow stakeholders about a pair of Centers for Medicare & Medicaid Services (CMS) proposed rules that would eliminate most assisted living providers from participating in state Medicaid programs. NCAL’s education efforts produced comment letters being filed by many members, state affiliates, and stakeholder groups - including Kansas’ entire Congressional delegation. Most notably, the two national organizations representing state Medicaid directors and state aging and disability offices filed a joint letter that was closely aligned with NCAL’s position. In addition, NCAL State Leaders who had lobbied their representatives produced Tennessee’s Senators Bob Corker and Lamar Alexander’s sign-on letter, which seven senators endorsed. In the House, Maryland Rep. Andy Harris initiated a similar letter.

The last step in assuring that dual eligible individuals in residential settings gain financial relief from Medicare Part D co-pays was achieved. CMS’ decided to eliminate Medicare Part D co-pays for an estimated 600,000 dual eligibles on Jan. 1, 2012, the earliest date possible under the Affordable Care Act. This decision capped NCAL’s five-year advocacy campaign, which began shortly after the Medicare Prescription Drug program was established in 2006.

“Assisted living is destined to have a much larger role in caring for our nation’s seniors in the coming years. NCAL stands ready to assist and advocate for its members to prepare for this exciting future.”

Dave Kyllo, Executive Director of NCAL
NCAL’s grassroots programs continue to grow. This year, 20 NCAL State Leaders conducted more than 60 meetings on Capitol Hill during two days in May. In addition, members invited more Congressional representatives to tour assisted living communities, met with more representatives and staff, and hosted more fundraisers than ever before.

PROFESSIONAL DEVELOPMENT

NCAL’s ground-breaking Performance Measurement Initiative entered its second year with increased involvement. Almost 600 providers nationwide participated in the Employee Vacancy, Retention, and Turnover Survey which measures workforce stability.

Twenty-five percent of NCAL’s members completed the Performance Measures surveys, an increase of nine percentage points above 2010. Data from these surveys, which became published reports, demonstrate to lawmakers, regulators, media, and consumers the profession’s commitment to delivering high-quality care to residents.

This year, NCAL published a newly designed and updated “The Power of Ethical Marketing” training brochure. The brochure features new sections on social media, the power of information, and expanded sections of the Fair Housing Act and the Americans with Disabilities Act.
“Becoming a world-class organization means thinking outside of the box. It means approaching age-old problems with new and innovative ideas. It means bringing staff, residents and families together not just to say we are for quality care, but show we are quality care. Only then can we hope to move to the forefront and change the perceptions of the past.”

Mark Parkinson, AHCA/NCAL President & CEO