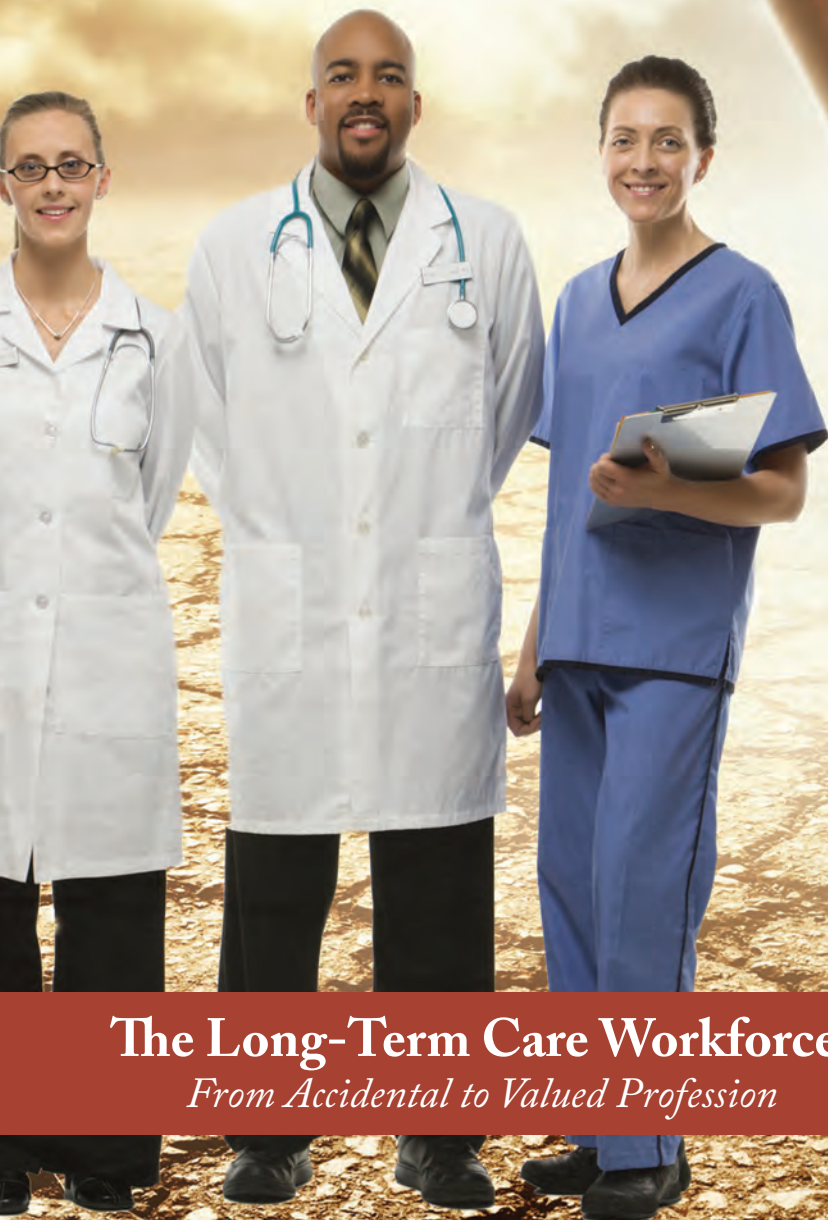


August 2013

agenda™

LeadingAge California



The Long-Term Care Workforce:
From Accidental to Valued Profession

This Month...

Handy Topics.....	2
Feature: The Long-Term Care Workforce.....	3,10-12
Policy Matters.....	4-7
Resident Profile.....	8
Membership Matters.....	9
AgeTech.....	13
Education Matters.....	14-15

Copyright © 2013 by LeadingAge California. All rights reserved. The *Agenda* logotype is a trademark of LeadingAge California.

Byline articles express the opinions of the authors and do not necessarily reflect those of LeadingAge California and its members. Advertisements within *Agenda* do not imply LeadingAge California endorsement of the product or service.

Permission is granted to reprint articles written by LeadingAge California staff and to reproduce pages (in same, unaltered format) for educational, noncommercial purposes only. A copy of any publication including a reprinted *Agenda* article should be forwarded to LeadingAge California.

The *Agenda* Editorial Board encourages submission of original articles for consideration.

Subscription to *Agenda* is paid through LeadingAge California membership dues. Third-class postage paid at Sacramento, Calif.

ISSN 2159-3515 (online)

Editor: Eric Dowdy

Art Director: Darren Lindsey

Contributing Writers: Claudia Anderson, Jack Christy, Lori Costa, Eric Dowdy, Stephanie Doute, Jan Guiliano, Susan Holt



Formerly Aging Services of California

agenda is the monthly newsjournal of

LeadingAge California

1315 I Street, Suite 100, Sacramento, CA 95814
tel. 916-392-5111 • fax 916-428-4250 • www.aging.org

LeadingAge California represents more than 400 nonprofit providers of senior living services – including affordable housing, continuing care retirement communities, assisted living, skilled nursing, and home and community-based care. LeadingAge California's advocacy, educational programs, communications and other resources help its members best serve the needs of more than 100,000 seniors. Founded in 1961, LeadingAge California is celebrating its 50th year of public service.

Innovation

By Joanne Handy

The notion of being innovative – of doing things that have never been done before – is a theme that's starting to get more attention among folks in our field. Whether it's Randy Stoll and his team at Mt. San Antonio Gardens and their brand new GREEN HOUSE® or Ben Geske and the staff at Wesley Palms and their new approach to memory care, our members are constantly looking for ways to stay ahead of the curve (read more about the GREEN HOUSE® model in the Skilled Nursing section of this issue).

But what does it mean to be innovative or better yet how does it come about? Innovation is the only authentic competitive advantage. Innovation is responsible for more than one-third of this country's gross domestic product – and is the key driving force in creating new jobs, new markets and new value. Unfortunately, not everyone is investing in innovation.

In our own field, the overall investment in innovation is sporadic and often unequal to the challenges providers face. Despite the barriers, we need this investment more today than ever before. We need it to serve our missions, provide stability and jobs and, most importantly, transform our field. Our changing landscape demands it.

LeadingAge national has doubled this year's Innovations Fund, which was designed for this purpose. Launched in 2012, the Fund hopes to spur members to develop programs that positively impact residents, family members, employees or the community. Call it bragging rights, but it sure would be nice if we could add one of these grants to California's portfolio. Watch for award announcements in early October. •••

Joanne Handy is president & CEO of LeadingAge California.



The Long-Term Care Workforce:

From Accidental to Valued Profession

By Robyn Stone

As millions of baby boomers march inexorably toward older ages, there are increasing concerns about the capacity of the caregiving workforce to meet the demand for long-term care. Much long-term care, in contrast to more medically oriented services, is unpaid assistance provided by family and friends. There are uncertainties, however, about the extent to which family members will be willing and available to continue to play their pivotal role in caring for disabled older adults in the future. In addition, many long-term care policy officials, providers, worker and consumer organizations and researchers agree that the formal long-term care workforce is already in crisis. The crisis is reflected in labor shortages, rapid staff turnover among administrators, clinicians and direct care workers, the inability of many consumers to find willing providers outside their families, and grave concerns about the quality of the workforce and how that translates into quality of care. Many people enter the field “accidentally,” often moving into long-term care positions from other parts of the health care sector or other fields. They lack the understanding, education

and training that is needed to work in this complex and rapidly changing environment.

The paid (“formal”) long-term care workforce serving America’s elderly population is made up of licensed professionals and unlicensed direct care workers who manage and deliver services in nursing homes, assisted living facilities, other residential and community-based care settings and private residences.

The Workforce

Direct care workers are the core of the long-term care system, responsible for helping frail and disabled older adults carry out the most intimate and basic activities of daily life such as eating, bathing, dressing and toileting. They represent the largest component of the long-term care workforce, have the most frequent contact with care recipients and are most likely to directly influence the quality of care and quality of life provided to elderly consumers. In 2006 an estimated 2.3 million direct care workers – certified nursing assistants, home health care aides, and home care/personal care workers – were providing care to older adults in the United States.

This figure greatly underestimates the actual size of the direct care worker population because it does not capture many workers hired privately by elderly consumers and their families.

Registered nurses are responsible for ensuring the quality of clinical care, developing clients’ treatment plans, delivering certain types of care, supervising licensed practical nurses in various settings and direct care workers in the home health sector, and instructing patients and their families in self-care. Federal law requires that the director of nursing in a skilled nursing facility be a registered nurse; there are no federal requirements for other settings. In 2006 approximately 312,000 registered nurses were employed in long-term care settings serving elderly populations. By 2020, an estimated 287,300 registered nurses will be needed to work in nursing homes, an increase of 66 percent from 2000. The comparable estimate for home health nurses is 275,600, an increase of 109 percent from 2000.

Licensed practical/vocational nurses provide direct patient care, including the taking of vital signs and administering medications. Approximately 26 percent of all LPNs work in nursing homes; there are no comparable estimates for the percentage

continued on page 10

Housing

SJR 11 Housing with Services Moves through Legislature

The LeadingAge California sponsored resolution, SJR 11 (DeSaulnier, D-Contra Costa) on Housing with Services continues to move through the legislature. SJR 11 was last heard on the Senate Floor and was approved with a 34-0 vote. The resolution was referred to the Assembly Committee on Aging & Long-Term Care to be heard on August 6th. Click [here](#) to write in support.

The resolution calls on the President and Congress to support Housing with Services models that use affordable housing as a platform for service delivery. Services offered on a voluntary basis can include robust care coordination, health or wellness nurses, chronic disease management or co-location of health services.

Secretary Donovan: House Budget Hurts Families

Both the Senate and the House have worked up their Transportation and Housing and Urban Development (THUD) appropriations bills for FY 2014. Funding in the House THUD subcommittee bill decreased to \$44.1 billion from \$51.6 billion in FY 2013, resulting in severe spending cuts to nearly all affordable housing and community development programs. Under the House appropriations bill, Section 8 Project-Based Rental Assistance is underfunded by \$2 billion, \$800 million below the president's request.

Speaking on the House HUD appropriations bill, Secretary Shaun Donovan said that "it would undermine HUD's efforts to serve families and communities that have been recovering from the recession." The bill would cut nearly \$3 billion from the president's request for core low-income rental assistance programs. It would mean 125,000 fewer housing vouchers for low-income families and short-funded contracts with private housing owners and public housing authorities.

The Senate's THUD bill is considerably more favorable compared to the House bill. Overall, the Senate bill allocates \$54 billion to HUD programs, 4.5 percent higher than FY13 funding. The Senate bill provides \$10.7 billion for the Section 8 Project-Based Rental Assistance program for the renewal of project-based contracts, \$500 million above the administration's request but still insufficient to fund all contract renewals for the full 12 months.

Grassroots

Housing Advocates Take Message to the Capitol

Early summer is one of the most beautiful times of the year at the California State Capitol with blossoming flowers under our infamous clear skies. Families gather to enjoy the pre-summer heat in the park just outside the building. Inside the Capitol however, the building

Neither bill has been set for floor action.

California Homes and Jobs Act set for Policy Committees

The California Homes and Jobs Act, SB 391 (DeSaulnier, D-Contra Costa) is set to be heard in two policy committees in early August. The bill will be heard in the Assembly Committee on Housing and Community Development, under the newly appointed chair, Assemblymember Ed Chau (D-Monterey Park), as well as in the Assembly Committee on Labor and Employment. The Homes and Jobs Act would create nearly 29,000 jobs annually, generate an estimated \$500 million in state investment, and leverage an additional \$2.78 billion in federal, local, and private investment.

Prepared by Carrie Paine, Director of Policy – Housing and HCBS, for LeadingAge California. Paine can be reached at cpaine@aging.org or 916-469-3372.

is bustling as legislators and staff work to meet various legislative deadlines. It is an opportune time to remind our policymakers about the needs of older Californians – just as legislators are deliberating on which programs to fund, expand, or eliminate during the 2013-2014 fiscal year.

On June 12, 2013, LeadingAge



California welcomed affordable housing residents to the Capitol for “A Day of Advocacy.” Residents met with 38 legislative offices to express concerns over the increasing need for affordable housing and senior support programs. The annual affordable housing advocacy event had record participation, including over eighty resident advocates from Christian Church Homes, Satellite Affordable Housing Associates, PEP Housing, American Baptist Homes of the West, Eden Housing, Retirement Housing Foundation, and Mercy Housing.

Participants focused on sharing their real-life experiences with housing and senior services in California. These stories are significant to legislators as they help to elucidate issues as debate occurs on the legislative floor. Residents also encouraged legislators to support a permanent source of funds to construct and

maintain affordable housing, including SB391 (DeSaulnier, D-Contra Costa) California Homes and Jobs Act of 2013. Also discussed was LeadingAge California’s sponsored resolution, SJR11 (DeSaulnier) to promote Housing with Services in California. LeadingAge California appreciates the effort of Geoffrey Morgan, chair of the Affordable

Housing Lobby Day Planning Committee and Vice President of Real Estate Development at Christian Church Homes and the other members of the committee that made the day a success.

Prepared by Susan Holt, public policy and grassroots coordinator for LeadingAge California. Holt can be reached at sholt@aging.org or 916-469-3383.

CCRCs & Assisted Living

Prevailing Wage Bill Approved by Labor Committee

SB 615 (Galgiani, D-Stockton) was approved by the Assembly Labor and Employment Committee on a 6-1 vote on June 27th. This bill would classify any health facility project that uses conduit bond financing as a “public work” making it subject to the prevailing wage requirement. Contractors that work with nonprofit developers have estimated this requirement would add as much as 25 percent to construction costs. The bill also affects loan insurance agencies, such as Cal-Mortgage, which help nonprofits access capital by using the state’s credit rating to bolster their own. Scot Sinclair of O’Connor Woods, LeadingAge California’s chair of the Public Policy Committee, testified in opposition to the bill on behalf of the association. Sinclair cited the increased costs of construction would be borne by those he serves. In the case of the memory care building he recently financed, it would have added an additional \$250 per month to the cost of the program

for each senior served. The bill now moves to the Assembly Appropriations Committee and has not been scheduled to be heard. LeadingAge California members are encouraged to write to their Senators to voice their opposition to the measure. Contact Eric Dowdy, Vice President of Policy for more information.

CPR Legislation Advances in Senate

Two measures were introduced in the state legislature in the wake of an incident at an unlicensed senior apartment complex where staff was instructed to perform CPR on a resident by a 9-1-1 operator. The caller was later identified as a director of resident services who indicated that she could not comply with the 9-1-1 operator’s instructions due to company policy. It was determined that the caller acted within the law. However, both AB 259 (Logue, R-Marysville) and AB 633 (Salas, D-Bakersfield) were introduced in an effort to prohibit the practice for all



California employers. Several issues arise with the way the legislation was crafted. Specifically, the Good Samaritan laws that protect individuals that intervene with resuscitative measures do not protect employees that are compensated to provide care. A significant grey area exists for those who are not directly providing care but are employed by healthcare organizations. LeadingAge California and other stakeholders sought amendments that would address this issue, which were incorporated into AB 633.

However, when the bill was heard in the Assembly Judiciary Committee, those provisions were removed. AB 259, the measure authored by Assemblyman Logue has been dropped and Logue has signed on as a co-author to AB 633. LeadingAge California public policy staff will continue to work with the author's office to address the concerns of senior living providers. AB 633 is currently scheduled to be heard on the Senate Floor.

Prepared by Eric Dowdy, vice president of policy for LeadingAge California. Dowdy can be reached at edowdy@aging.org or 916-469-3376.

Skilled Nursing

The GREEN HOUSE® Model for SNF Care Comes to California

On May 29, 2013, Mt. San Antonio Gardens, on the Pomona and Claremont border, celebrated the opening of the first GREEN HOUSE® model for delivering skilled nursing care in California. The GREEN HOUSE® model focuses on providing “person centered care” to no more than 10-12 residents in a home-like setting. The model has been successful in many states east of the Mississippi River for years. It took the vision, wisdom, and leadership of the Gardens’ Board of Directors and its President and Chief Executive Officer Randy Stoll to overcome the complex regulatory maze to bring the model to California. On hand to celebrate this important milestone was the founder of the GREEN HOUSE® model, William Thomas, M.D. Dr. Thomas described the experiences that led him to develop the new model for delivering long term care supports and services. Visit the [GREEN HOUSE® website](#) to learn more.

LTC Ombudsman Program to Get Medicaid Financing

The Centers for Medicare and Medicaid Services (CMS) has agreed to allow Long-Term Care Ombudsman programs to tap Medicaid funds to help finance the ombudsman programs around the country. Historically, the LTC Ombudsman programs have been funded through the Older Americans Act. CMS has been resistant to allowing Medicaid dollars for such purposes because it is not health care per se. Working with the Health and Human Services Administration for Community Living, CMS identified some ombudsman services that will qualify for Medicaid matching funds, such as: activities related to transitioning institutional-based residents into community living, activities that benefit the Medicaid program, and activities that identify and report suspected fraud. To learn more, view the CMCS Informational Bulletin, click [here](#).

CMS Rolls-Out QAPI Website

The long-awaited Quality Assurance and Performance Improvement (QAPI) materials for nursing homes are now published on the [CMS QAPI Website](#). The purpose of the materials is to help nursing homes establish a foundation to implement and sustain the QAPI program. QAPI is a data-driven, proactive approach to improving the quality of life, care, and services in nursing homes. QAPI involves all levels of the organization to identify opportunities for improvement, address gaps in systems or processes, develop and implement an improvement or corrective plan, and continuously monitor the effectiveness of interventions. Health Services Advisory Group (HSAG), the CMS Quality Improvement Organization for California, has enrolled 250 nursing homes in California’s QAPI initiative. The Affordable Care Act (ObamaCare) significantly expands the breadth and scope of required QAPI activities to ensure that facilities continuously identify and correct quality deficiencies and sustain performance improvement. To learn more about HSAG’s QAPI initiative, click [here](#).

Prepared by Jack Christy, senior policy advisor for LeadingAge California. Christy can be reached at jchristy@aging.org or 916-469-3366.

Community-Based Services

Legislative Update

Several measures considered by California lawmakers would impact the provision of services to older adults in California. The key bills are listed below:

Home Care Licensing - Two competing measures were introduced this year that would license home care services in the state. The measures are similar in many respects, however notable differences exist between the two. Assemblywoman Mariko Yamada's (D-Davis) AB 322 would provide the framework for licensing home care agencies while not creating onerous provisions that would require the state Department of Social Services to maintain an internet listing of agencies. AB 322 is sponsored by the California Association for Health Services at Home (CAHSAH). The competing measure is authored by Assemblywoman Bonnie Lowenthal (D-Long Beach) and would provide extensive training requirements and increased responsibilities for state oversight. This measure, AB 1217, is sponsored by the Congress of California Seniors, an advocacy group supported by unions, service providers, and other interests. AB 322 was held in the Assembly Appropriations Committee and AB 1217 will be heard the Senate Appropriations Committee on August 12, 2013.

Community-Based Adult Services - A measure that would extend the authorization of Community-Based Adult Services (formerly known as Adult Day Health Centers) met an odd end

in the Senate Health Committee on June 10th. AB 518 (Yamada, D-Davis) would have made CBAS centers a permanent Medicaid benefit and authorize the program after the settlement agreement issued by the U.S. District Court expires in August 2014. The association that represents CBAS, the California Association for Adult Day Services (CAADS) took a position of "oppose unless amended." The amendments they were seeking were to eliminate the requirement that all CBAS centers convert to nonprofit status arguing that converting is costly and that nonprofit providers were not plentiful enough to meet the need. Assemblywoman Yamada, declined the amendment arguing that she had a philosophical disagreement with creating profit from public dollars. Members of the Committee urged consideration of the amendment, however Yamada held steadfast and warned that if such a provision were incorporated it would likely cause the bill to be vetoed. Failing to receive a motion for a vote, the bill remains in the Senate Health Committee. Yamada reiterated that the end of AB 518 does not put CBAS in jeopardy and there is still time to work on the issue.

Bridge to Reform Amended to Include Coordinated Care Initiative

The Department of Health Care Services has submitted [proposed amendments to the Section 1115 Bridge to Reform waiver](#) to

include the Coordinated Care Initiative (CCI). DHCS received federal approval of the five year, "Bridge to Reform" waiver proposal in 2010.

The amendments would waive federal requirements of the Medicaid program to allow DHCS to carry out the CCI, which has three major components: Cal MediConnect, mandatory enrollment of Dual Eligibles into Medi-Cal Managed Care, and the inclusion of Long Term Services and Supports in Managed Care. Changes to the waiver would allow the state to implement a Medi-Cal and Medicare combined product, capitated reimbursement rate, and passively enroll duals in a participating Cal MediConnect plan for the Medicare and Medi-Cal benefits. Changes to the Bridge to Reform would also allow the state to expand mandatory Medi-Cal managed care enrollment to Duals in the eight CCI counties, and require Duals and Medi-Cal only beneficiaries receiving long term services and supports to receive those benefits through Medi-Cal managed care health plans. The proposed amendments would be effective January 1, 2014, pending approval from Center of Medicare and Medicaid Services. • • •

Prepared by Eric Dowdy, vice president of policy and Carrie Paine, director of policy – housing and HCBS, for LeadingAge California. Paine can be reached at cpaine@aging.org or 916-469-3372 and Dowdy can be reached at edowdy@aging.org or 916-469-3376.

Helen Borchard Webber

From a Bank Teller to a Pink Lady...And Everything in Between

She was held up while working as a teller, logged 10,000 volunteer hours as a Pink Lady and came in second at a golf tournament when she was 90. But that was 10 years ago, she's now 100.

Born April 12, 1913, Helen Borchard Webber says she's had a good life and recommends everyone "just be happy in what they're doing."

That could be the secret to living to 100, along with good genes. Helen was born in Conejo, CA (now Thousand Oaks) where her grandparents were among the early settlers. Her grandfather bought thousands of acres of land in the Conejo Valley long before she arrived on the Borchard Ranch. She attended Timber Grammer School in Newberry Park, Oxnard Union High School and Woodbury Business College. She became a teller at Bank of America in Camarillo where she worked for 10 years. During that tenure she was held at gun point by a robber.

"Not too many people have looked down the barrel of a gun," she said. "I had a bank dinner meeting that night and I still went to it. Everyone asked me what I was doing at the meeting."

Facing life head on and holding no grudges paid off again. Helen's career took her on to be the personal secretary to Mr. Adolpho Camarillo (the city of Camarillo was named for him). Her office

was in his home, which is now a museum.

During WWII Helen remembers her family watching for planes through the night and reporting sightings to the government. Soon after the war she married Frank G. Webber. She had met him at a dance for military men. They had two sons: James Webber and Nicholas Webber. She and Frank moved to Woodland in 1960 after Helen's father sold the Conejo Ranch and purchased property in Yolo County. Frank got a job as an accountant and Helen learned to play golf. She played with the 18ers and the 9ers until she was 95.

In addition to golfing, Helen volunteered as a Pink Lady at Woodland Healthcare and she crocheted more than 2,500 baby caps for newborns. She has been a member of the American Legion Auxiliary for 65 years.

In 2010 Helen moved to St. John's Retirement Village for peace of mind.

She has made friends with other residents and enjoys reminiscing life's memories. Though she says "my hands are getting tired" she loves to do needlework and other crafts – and those hands are steady making even loops that turn into beautiful creations. She also enjoys visits from her family including her two sons, their wives, three grandchildren and five great grandchildren. •••

Adapted with permission from St. John's Living, a newsletter for residents and staff of St. John's Retirement Village in Woodland, CA.



MEMBERSHIP MATTERS

Affordable Care Act Update: Administration Delays Enforcement of Employer Mandate

Recently, the Obama Administration announced that it would delay enforcement of the employer mandate under the Affordable Care Act (ACA) until 2015. The employer mandate requires employers with 50 or more full-time employees to offer health insurance to their employees or pay a penalty (shared responsibility). The employer mandate also imposes extensive reporting requirements on businesses. The employer mandate was meant to discourage employers from dropping employee coverage and leaving employees to buy subsidized insurance on the ACA exchanges at greater expense.

What does this really mean? The delay is aimed at providing employers with more time to understand and comply with complicated regulations issued by the Internal Revenue Service (IRS) and the Department of Health and Human Services (HHS). One particular area of concern has been the rules determining which employers are subject to the mandate.

The Impact: Here's what we know about the effects of the announcement:

- It does not cancel or delay all of the health care provisions. Most provisions of the ACA are moving forward.
- It has no real impact on smaller employers (less than 50 full-time equivalent employees). For example, the announcement

does not affect the provisions of the ACA that requires small employers to offer essential health benefits.

- It delayed one of the more controversial parts of the ACA – the employer shared responsibility payments that were scheduled to begin in 2014 – until 2015. These potential payments were the penalties that “large employers” (defined as those employers with 50+ full-time equivalent employees) would pay if the employer did not offer coverage to its full time employees OR offered coverage that was not “affordable” or did not provide “minimum value”.
- The Administration is asking employers to continue to maintain/expand health coverage to employees and to establish the reporting system in preparation for 2015.

- The IRS and HHS will be forthcoming with formal guidance describing the transition.

The announcement did not address the implementation of the health insurance exchanges for 2014 to allow small business and individuals to purchase health insurance directly from the exchanges (“marketplaces”).

The announcement also did not address whether the individual mandate (the requirement that individuals have health insurance or pay a penalty) would apply in 2014.

Reprinted with permission of ThinkHR. For additional information, contact Joe Williams with Ascension Benefits, at jwilliams@ascensionins.com or (925) 577-7611. Ascension Benefits is a LeadingAge California Premier Partner Associate Member and Approved Vendor. •••

LeadingAge California would like to recognize and thank these Premier Partner Associate members for renewing their membership for the 2013/2014 year. The support of these experts provides the LeadingAge California community with tremendous depth of knowledge, consultation, education, and financial support.

- Agape Healthcare Staffing, Inc.
- Ascension Benefits & Insurance Solutions
- Cain Brothers
- Gerontological Services, Inc.
- Hanson Bridgett LLP
- Lewis and Associates Insurance Brokers
- Morrison
- Moss Adams LLP
- Salient Networks
- Sodexo Senior Living
- Value First
- Ziegler

Thank you to the following Enhanced Associate Members for renewing your membership for the 2013/2014 year.

- Accurate Business Results, a health care division of Mueller Prost PC
- Aegis Therapies
- AOD Software
- Barney & Barney
- Beach Cowdry Owen LLP
- Collaborative Consulting
- Compliant

- Douglas Pancake Architects, Inc.
- Druthers Agency
- Ecologically Sound Medical Services
- Hallmark Rehabilitation
- HPSI Group Purchasing
- Interface rehab, inc.
- Interior Images, Inc.
- LCS
- Martino & Binzer
- Morris Polich & Purdy LLP
- National Research Corporation / My Innerview
- New Life Management & Development, Inc.
- Omnicare, Inc.
- Perkins Eastman
- RehabCare
- Sanders, Collins, Rehaste, LLP
- Seniority, Inc.
- Status Solutions
- Therapy Specialists
- Vicenti Lloyd & Stutzman, LLP
- Wroten & Associates

The Long-Term Care Workforce:

From Accidental to Valued Profession

continued from page 3

employed in other long-term care settings. Although their scope of practice is more limited than that of registered nurses, a survey conducted by the National Council of State Boards of Nursing indicates that more than 60 percent act as charge nurses or team leaders with responsibility for supervising and directing the care provided by nursing assistants and other direct care workers. In 2006, an estimated 297,000 licensed practical nurses were employed in a range of long-term care settings. Anecdotal evidence suggests that because of the difficulty in recruiting RNs in many states, it is not unusual for LPNs to be the only category of nursing professional – other than the director of nursing who is required, by regulation, to be an RN – employed by the nursing home.

Mental health professionals in long-term care settings include social workers and clinicians trained in psychiatry, psychology and nursing. Several studies show there is a severe shortage of practitioners in the mental health workforce who can provide mental health services to older adults regardless of setting. A majority of older adults in residential care are reported to have a significant mental health disorder and are in need of mental health services. A review of medical records by the Office of the Inspector General in a sample of skilled nursing facilities showed that 95 percent of the residents who received a

psychosocial assessment had at least one psychosocial service need. However, 39 percent did not have a care plan indicating how these services were to be delivered.

Physical therapists provide services that help restore functioning and improve mobility for people who need rehabilitation following a hospital discharge. These services also help maintain functioning or prevent further deterioration for those with chronic physical and cognitive disabilities. Occupational therapists also help residents/clients to improve or restore functions related to activities of daily living such as dressing, bathing and eating. Approximately 40 percent of the 173,000 physical therapists in 2006 were employed in some type of long-term care setting.

A physician medical director, responsible for overseeing residents' medical care and participating in care planning, is required at each nursing home reimbursed by Medicare or Medicaid. In 2004, over two thirds of all nursing homes had a medical director who spent four or fewer days per month in the facility; only 14 percent had a medical director who spent 11 or more days in the facility. Assisted living and home health agencies are not required to have a medical director, but home health agency care plans must be approved by a physician. Coordination and communication between physicians and home health agencies has long been regarded as inadequate.

The role of the pharmacist in

the interdisciplinary care of older adults was reinforced in 1974 when Medicare first mandated drug regimen reviews in nursing homes by consultant pharmacists. The consultant pharmacist's role includes the provision of information and recommendations to physicians regarding medications, identification of improper use of medications or the prescription of incompatible medications, and collaboration with the medical director and other staff to develop proper protocols for response to adverse events.

This role has become more important as the number of medications administered to chronically ill and disabled elderly patients/residents has increased.

Nursing home, assisted living and home health administrators are responsible for staff supervision and management and for compliance with federal and state regulations. The federal government requires states to license nursing home administrators, although there are no national standards. The credentialing of administrators of other settings is at the state's discretion. States' nursing home administrator licensing requirements vary greatly; some require only a high school diploma and passing an exam. The number of people who take such exams has declined by 40 percent since 1998, and pass rates have fallen.

The Challenges

Numerous federal agencies, more than 35 state commissions and task forces, and many privately sponsored employer, union and consumer groups have identified the development and sustainability of a quality long-term care

workforce as a serious challenge in the 21st century. There is a widespread consensus that there are insufficient numbers of competent licensed and direct care staff to manage, supervise and deliver services to the elderly population and younger people with disabilities. Long-term care providers and consumers face a double-edged sword. It is difficult to recruit staff - from physicians and nurses to direct care workers. Once hired, staff turnover is rapid, leaving large numbers of positions vacant, putting heavy burdens on the remaining workforce and creating further barriers to attracting and retaining a quality workforce. The most recent national data on turnover and vacancies showed an annual turnover rate among certified nurse aides of 66 percent and a vacancy rate of 9.5 percent, a shortfall of about 60,300 workers. In 29 states, the average turnover was above the 66 percent figure. Freestanding rural facilities had the highest turnover rates for direct care workers. In 2007, furthermore, the perceived difficulty in recruiting nursing assistants was greater than the perceptions about problems with recruitment of RNs and LPNs.

A confluence of factors - including a negative industry image, noncompetitive wages and benefits, a challenging work environment and inadequate education and training - makes it very difficult to recruit professional clinical and administrative staff and direct care workers.

The Solutions

To meet the current and future long-term care demands of an

aging society, policymakers, providers, educators and other stakeholders must take action in a number of key areas.

Explicit policies must be developed to expand the supply of personnel entering the field. Today's developers of advanced training programs in geriatrics for professionals other than physicians must look to private foundations for support, or else it falls on the individual students to pay for the programs. For example, in 2007 the John A. Hartford Foundation awarded a \$5 million grant to the Gerontological Society of America for the purpose of preparing doctoral students in geriatric social work. This program and others funded by the private sector, however, do not focus specifically on building the long-term care workforce.

A number of public policy strategies have been identified to help attract individuals into administrative and clinical professions in the long-term care sector. These include the creation of financial incentives such as grant programs to foster greater interest among people considering the long-term care field; scholarships, federal traineeships and residency programs for people preparing for advanced degrees in long-term care; matching grants to fund administrator-in-training programs for people interested in management positions; and loan forgiveness programs for people who commit to long-term care careers.

A high quality workforce depends, in large part, on the investments that society makes in education and ongoing training of new and experienced personnel.

The formal system of education, both initial and continuing, of long-term care managers, licensed professionals and direct care staff must undergo significant reform. Policymakers at the state and federal levels, educators, employers, workforce developers and organizations representing the various occupational categories should jointly assess the adequacy of current educational efforts, including the extent to which these efforts specifically address the developmental needs of the long-term care workforce.

Policymakers and other stakeholders should also evaluate the effectiveness of professional schools, community colleges and other vendors in providing the education. Based on these assessments, they should determine the curricula and the competencies that are necessary to strengthen and expand the long-term care workforce - with a particular focus on how care should be delivered in emerging home and community-based care settings and through new service delivery approaches (e.g., transitional care, integrated care, consumer direction). Financial incentives should be made available to recruit and develop qualified faculty who have the skills and knowledge and are committed to educating and preparing long-term care managers and clinicians for work in the long-term care sector.

Federal, state and local workforce policymakers should use multiple policy levers to make the long-term care professional and direct care jobs competitive in the broader

continued on next page

Mission POSSIBLE
ZIEGLER INVESTMENT BANKING
SENIOR LIVING

Providing Innovative and Comprehensive Financial Services*

- > Investment Banking
- > Financial Risk Management
- > Affiliations, Mergers & Acquisitions
- > Sponsorship Transitions
- > Post-Acute Consulting & Advisory
- > Investment Management
- > Seed Capital
- > FHA/HUD Approved Mortgage Lender
- > Capital & Strategic Planning
- > Research, Education & Communication

PRESIDIO GATE APARTMENTS San Francisco, CA FHA Financing JUNE 2013 \$5,680,000	 ABHOW Pleasanton, CA Obligated Group FEBRUARY 2013 \$71,250,000	EPISCOPAL SENIOR COMMUNITIES Walnut Creek, CA CA Obligated Group DECEMBER 2012 OCTOBER 2011 \$127,480,000 \$62,200,000	 Emotional Connections & Services Pasadena, CA DECEMBER 2012 DECEMBER 2009 \$64,160,000 \$26,150,000
 THE TERRACES SF with JOSEPH SOMARIVA Fresno, CA SEPTEMBER 2012 \$71,035,000	ocadian FIVE CENTERS Five Centers in CA FHA Financing FEBRUARY 2012 \$30,102,600	 ABHOW Pleasanton, CA Obligated Group JANUARY 2012 SEPTEMBER 2011 \$20,000,000 \$15,000,000	 BRIDGE Housing San Francisco, CA Valuation/Strategy JANUARY 2012 ADVISOR
 RHF National Obligated Group & CA Obligated Group FEBRUARY 2010 JUNE 2008 \$117,615,000 \$126,840,000	OAKDALE HEIGHTS OF LA MESA La Mesa, CA FHA Financing JUNE 2011 \$14,934,000	 Lytton Gardens Palo Alto, CA Bank Placement MARCH 2011 \$11,885,000	 ABHOW Pleasanton, CA Obligated Group FEBRUARY 2010 SEPTEMBER 2006 \$106,580,000 \$50,000,000
 Beverly Court Castro Valley, CA JUNE 2010 \$18,940,000	 Cottonwood Court A Senior Living Community Fresno, CA FHA Financing OCTOBER 2009 \$11,038,000	 bc.group Glendale, CA Obligated Group AUGUST 2009 DECEMBER 2006 \$77,805,000 \$62,185,000	
 ELDERCARE ALLIANCE Alma Via of San Francisco San Francisco, CA NOVEMBER 2008 \$33,895,000	 front porch Burbank, CA Obligated Group MAY 2007 \$110,000,000		

For more information on the structure and use of these issues, please visit emma.msrb.org

MARY K. MUÑOZ
 Managing Director
 Senior Living Finance
mmunoz@ziegler.com

SARKIS GARABEDIAN
 Senior Vice President
 Senior Living Finance
sgarabedian@ziegler.com

REBECCA NETH TOWNSEND
 Senior Vice President
 Post-Acute/Sponsorship Transitions
rntownsend@ziegler.com

800 327 3666 | www.Ziegler.com


 CAPITAL • INVESTMENTS • ADVICE

* Investment banking services offered through B.C. Ziegler and Company. Investment management services offered through Ziegler Lotsoff Capital Management, LLC (ZLCM). The Ziegler Companies, Inc. is a minority owner of ZLCM, a registered investment advisor with the Securities Exchange Commission. FHA mortgage banking services are provided through Ziegler Financing Corporation which is not registered broker/dealer. Ziegler Financing Corporation and B.C. Ziegler and Company are affiliated and referral fees may be paid by either entity for services provided.

©2013 B.C. Ziegler and Company | Member SIPC & FINRA

The Long-Term Care Workforce

continued from previous page

health care market as well as with other sectors. Potential approaches include raising the wages for long-term care workers so that they are at least in line with their peers in hospitals. A number of states have used Medicaid “wage pass through” strategies, in which states allocate extra funds to nursing home or home health agency reimbursement rates with the proviso that these dollars will be used specifically by the providers to increase the wages of the direct care work force. This approach has had limited success, has been difficult to enforce, and is not likely to be considered when states are experiencing significant budgetary problems. Given the major role that Medicaid plays in paying for long-term care, such a strategy needs to be improved and reconsidered in the future.

After 20 years of debate about how to reform long-term care, the development of its workforce is finally beginning to receive attention from policymakers, providers, professional and worker associations, consumers and researchers. Several trends underscore the immediacy of this issue and the need to address the workforce challenge sooner than later. The oft-cited aging of the baby boomers ensures that there will be an increased demand for a trained, competent workforce to deliver and manage the services. At the same time that demand is increasing, the labor pool that has historically provided caregiving services to the long-term care population is shrinking.

The development of this workforce needs to be viewed as an opportunity as well as a challenge. The long-term care sector - and home care in particular - is one of the fastest growing occupational areas in the country today. So it is important that we recognize the pivotal role that investment in this workforce can play in driving economic development as well as achieving better quality of care and quality of life for those receiving the services. To achieve this goal, we must shift the perception of work in long-term care as an accidental occupation to one which is attractive, rewarding and valued by society. • • •

From “The Long-Term Care Workforce: From Accidental to Valued Professional” by Robyn Stone in Universal Coverage of Long-Term Care in the United States, edited by Nancy Folbre and Douglas Wolf © 2012 Russell Sage Foundation, 112 East 64th Street, New York, NY 10065. Reprinted with permission.



IDEO Launches Global Healthy Aging Design Challenge

In the lead up to the Mayo Clinic's Center for Innovation Transform 2013 Symposium, San Francisco smart design company IDEO launched a global challenge with "[OpenIDEO](#)," its open innovation platform for social good to ask the question: "[How might we all maintain wellbeing and thrive as we age?](#)" and "What does healthy aging mean to you?"

This challenge takes a unique approach by bringing a global, diverse community together to broaden our collective understanding of the topic and collaboratively design new solutions to support healthy aging. The most promising winning ideas that emerge from the challenge will be presented and further developed during Transform 2013.

[Join the conversation](#) to share your insights and ideas with OpenIDEO's community. For more information on how OpenIDEO works, check out [this video](#).

Easing End-of-Life Decisions: Startups that Help

A small but growing group of startups sees it as their mission to use technology to help people make and document some of the most difficult decisions regarding the end of life. [TrueNorth](#) provides a free online service for patients to record their legal healthcare proxy (or power of attorney) and then share it with loved ones and care providers. The goal, according to its founders, is for TrueNorth to encourage patients to tackle difficult end-of-life decisions and ultimately integrate with electronic medical record systems to make these forms available

in the health and emergency contexts in which they are needed.

Startup [MyDirectives](#) exclusively offers support around health-related decisions, while startups [Everplans](#) and [AfterSteps](#) focus on medical planning services, along with a wider range of financial and legacy planning options.

HITECH Act Spurs 'Unprecedented' IT Growth

The HITECH Act has had its desired effect so far, according to a recent report from the Robert Wood Johnson Foundation, which points to encouraging adoption levels of health IT from small physician practices to academic medical centers over the past three years.

The study, "[Health Information Technology in The United States: Driving Toward Delivery System Change, 2013](#)," shows that in 2012, 44 percent of hospitals reported having a basic electronic health record system – up 17 percentage points from 2011. Since 2010 – when providers started getting federal stimulus funds – the proportion of hospitals with at least a basic EHR system has nearly tripled. More than 38 percent of physician practices reported the adoption of basic EHR functionalities in 2012.

The study suggests that with EHRs now in place, more providers are using them as building blocks for bigger IT initiatives and broader partnerships across their communities. More than 1/4 (27 percent) of hospitals are now participating in health information exchange initiatives – up from 14 percent in 2010. Moreover, 33 percent of HIEs are supporting accountable care organizations and 45 percent are supporting patient-centered medical homes.

Don't Miss Out on AgeTech's Silicon Valley Tech Campus Tour!

Visit the Silicon Valley corporate headquarters of tech rivals Google and Yahoo! on November 14th before the start of the 2013 AgeTech Conference, including lunch in the Google café! Space is limited to 56 people and spots are filling quickly. Tour participation is for full conference registrants only. Click [here](#) to register. •••

Prepared by Scott Peifer, Executive Director AgeTech West. Peifer can be reached at speifer@aging.org.

HR's Role in Building, Defining and Leading Professionals Conference

Human resources professionals will gather on August 13, 2013 at the Marriott Burbank Airport Hotel to obtain a wealth of knowledge on human resource's role in building, defining and leading organizational culture from technology and innovation to employee wellness programs. Caroline Fisher, Ph.D, president and consultant of Fisher Consulting Group, LLC, will be the keynote presenter and will focus on organizational culture and its importance for business performance. Join your peers in various breakout sessions that address timely issues that human resource professionals deal with on a daily basis.

For registration information, go to the LeadingAge California website, www.aging.org or call Margaret Morneau at 916-469-3371.



AgeTech West Technology Conference & Exposition "Aging Services Meets Silicon Valley: Creating the Future of Care"

Registration is now open for AgeTech West's November 14-15 Conference and Exposition in

San Jose, Calif. entitled "Aging Services Meets Silicon Valley: Creating the Future of Care." In addition to a new 1.5-day format, this year's conference will feature a new "Pitch for Pilots" competition in partnership with Aging 2.0 to directly engage attendees in pilot opportunities with new tech startups in the aging field.

The conference begins with optional Silicon Valley technology campus tours from 11:30 a.m. to 2:30 p.m. on Thursday November 14.

Doors open at 2:30 p.m. for time to mingle with technology exhibitors until the opening general session kicks off at 3:30 p.m., followed by a networking reception and wine tasting with exhibitors.

The opening session features a keynote by 'rock star' Eric Dishman, Intel Fellow and General Manager, Health & Life Sciences Group of Intel Corporation, entitled "Inventing the End of Long Term Care: The Move to Personal Health."

The Pitch-for-Pilots competition comes next, where start-up companies selected in partnership with Aging 2.0 will pitch their technology solution to the audience with the goal of attracting pilot partners. After the pitches, attendees will have the opportunity to visit with the contestants at the exhibit tables, cast votes for their favorites and indicate their interest in piloting specific solutions and even hosting an "Entrepreneur in Residence" at their senior living community. Cash awards will be given for the crowd favorite

and the startup with the most interested pilot partners.

The conference continues on Friday, November 15 from 8:15 a.m. to 4:00 p.m. and features two stimulating general sessions, three sets of breakout sessions and a networking lunch.

More information will be available in the coming weeks, but earlybird registration is now open on the AgeTech website.

Navigating Health Care Reform Webinar Series

The Patient Protection and Affordable Care Act (ACA) and the Health Care and Education Act of 2010 – commonly referred to as Health Care Reform – is now a definitive reality, bringing with it perhaps the most complex compliance challenge for businesses in U.S. history. The two-part series will discuss the plan design requirements and select provisions, understanding the employer's obligations, premium tax credits and cost sharing subsidies. Joe Williams, Ascension Benefits will also discuss health insurance exchanges and emerging healthcare models for employers and employees.

Part I

September 11, 2013, Part I

Part II

September 18, 2013, Part II

For registration information, go to the LeadingAge California website www.aging.org, or call Margaret Morneau at 916-469-3371.

Dates to Remember

Save the Date

**Human Resources Conference:
The Role in Building, Defining and
Leading Professionals** – August 13,
2013, Marriott Burbank Airport Hotel,
Burbank, Calif.

**AgeTech West Conference & Expo:
Aging Services Meets Silicon Valley:
Creating the Future of Caring** –
November 14-15, 2013, San Jose
Marriott, San Jose, Calif.

Web Seminars

For more information and to register,
visit the LeadingAge California [website](#).

Care2Learn – Online courses that help
care professionals build leadership skills
and meet licensing requirements.

Navigating Health Care Reform Webinar Series

Part I – September 11, 2013

Part II – September 18, 2013

Visit our [website](#) or contact Margaret
Morneau at mmorneau@aging.org or
916-469-3371.

Region Meetings

South Coast Region August 2, 2013

11:30 a.m.–1:30 p.m.
Topic: Normal Aging to
Alzheimer's Disease
Speaker: Dr. Cordula Dick-Muehlke
presenting on Alzheimer's
& Dementia Care
Location: Regents Point
19191 Harvard Avenue
Irvine, Calif., 92612

Los Padres Region August 8, 2013

Noon–1:30 p.m.
Topic: End of Life Care
Speaker: Lynda Tanner,
Visiting Nurse & Hospice Care
Location: The Samarkand
2550 Treasure Drive
Santa Barbara, Calif., 93105



Choices ■ Solutions ■ Savings

VALUE FIRST: A MEMBER-DRIVEN SOLUTION TO GROUP PURCHASING

*Unifying Efforts & Energies of LeadingAge and 25 State Affiliates
Taps the Power of Community*

Collaborative Power: Our collective buying voice is 7,000 aging services providers strong! And, LeadingAge members benefit from sharing best practices and education on procurement practices that streamline purchasing.

Service Power: A new synergy of service among three teams delivers increased technical assistance and service to members' needs across the continuum.

Buying Power: The contracting leverage gained by an annual spend of \$8 billion on products and services by members helps put more money back into the mission.

Contracting Power: Members have access to more than 400 actively utilized contracts negotiated by MedAssets. With Broadlane, they bring together some of the best pricing and contract depth in the field.

visit: www.valuefirstonline.com

LeadingAge[™]
California

Formerly Aging Services of California

For more information contact:

Courtney Weidmann, Purchasing Specialist
(916) 469-3392 (cweidmann@aging.org)