

September 2013

agenda™

LeadingAge California

The 36-Hour Day

By Nancy Mace and Peter Rabins

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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 52nd year of public service.

The Cost of Long-Term Care

By Joanne Handy

One advantage to traveling (if you can call it that) is the chance to get caught up on all the reading that collects in your inbox over the course of a couple of weeks. On my most recent trip, I came across something interesting from Nationwide Insurance. They conducted a survey looking at boomers' beliefs on the cost of long-term care and the amount of time they will spend in retirement. And while the findings were not unexpected – we tend to underestimate the annual costs of long-term care – the degree to which we do was surprising.

When asked what their long-term care costs would be if and when they were needed (more on that later), boomers settled on just over \$110,000 annually. It is worth pointing out that as far as boomers are concerned, the term “long-term care” is synonymous with nursing homes. By 2030 – when the last of the boomers will officially retire – the annual cost of nursing home care is expected to be right around \$265,000. That's a pretty significant gap – more than I would have expected.

And not only do we boomers underestimate the costs of long-term care, we don't believe that we'll need it. This sense of independence (or false bravado), probably helps to explain the gap - but flies in the face of reality. By most accounts, it is expected that 70 percent of Americans over the age of 65 will need some form of long-term care during their lifetime.

How do we – as advocates and providers – help consumers of all ages better understand the options that exist for long-term care and their corresponding costs? Perhaps an even better question is how we – as a society – make aging an experience to look forward to rather than dread?

Joanne Handy is president & CEO of LeadingAge California.



The 36-Hour Day

By Nancy Mace and Peter Rabins

For two or three years Mary had known that her memory was slipping. First she had trouble remembering the names of her friends' children, and one year she completely forgot the strawberry preserves she had put up. She compensated by writing things down. After all, she told herself, she was getting older. But then she would find herself groping for a word she had always known, and she worried that she was getting senile.

Recently, when she was talking with a group of friends, Mary would realize that she had forgotten more than just an occasional name – she lost the thread of conversation altogether. She compensated for this, too: she always gave an appropriate answer, even if she secretly felt confused. No one noticed,

except perhaps her daughter-in-law, who said to her best friend, “I think mother is slipping.” It worried Mary – sometimes depressed her – but she always denied that anything was wrong. There was no one to whom she could say, “I am losing my mind. It is slipping away as I watch.” Besides, she didn’t want to think about it, didn’t want to think about getting old, and, most important, didn’t want to be treated as if she were senile. She was still enjoying life and was able to manage.

Then in the winter Mary got sick. At first she thought it was only a cold. She saw a doctor, who gave her some pills and asked what she expected at her age, which annoyed her. She rapidly got much worse. She went to bed, afraid, weak, and very tired. Mary’s daughter-in-law got a telephone call from Mary’s neighbor. Together they found the old woman semiconscious, feverish, and mumbling incoherently.

During the first few days in the hospital, Mary had only an intermittent foggy notion of what was happening. The doctors told her family that she had pneumonia and that her kidneys were working poorly. All the resources of a modern hospital were mobilized to fight the infection.

Mary was in a strange place, and nothing was familiar. People, all strangers, came and went. They told her where she was, but she forgot. In strange surroundings she could no longer compensate for her forgetfulness, and the delirium caused by the acute illness aggravated her confusion. She thought her husband came to see her – a handsome young man in his war uniform. Then when her son came, she was surprised that they would come together. Her son kept saying, “But Mom, Dad has been dead for twenty years.” But she knew he wasn’t, because he had just been there. Then when she complained to her daughter-in-law that she never came, she thought the woman lied when she said, “But Mother, I was just here this morning.” In truth, she could not remember the morning.

People came and poked and pushed, and shoved things in and out and over her. They stuck her with needles, and they wanted her to blow into their bottles. She did not understand and they could not explain that blowing in the bottles forced her to breathe deeply to strengthen her lungs and improve her circulation. The bottles became part of her

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CCRCs & Assisted Living

Proposal to Add 5th Level of Care to Assisted Living Waiver

The Department of Health Care Services has announced its intent to amend the Assisted Living Waiver (ALW) to include a new “Tier 5 level of care. The current ALW provides a Medi-Cal benefit for residents of Residential Care Facilities for the Elderly in ten counties: Sacramento, San Joaquin, Los Angeles, Sonoma, Fresno, San Bernardino, Contra Costa, Alameda, San Diego and Riverside. The current system includes four tiers ranging in a daily reimbursement of \$52 to \$82/per patient/per day.

The new Tier 5, as proposed, would provide “for the maximum amount of waiver and protective supervision services. Tier five is designed to provide a community residential alternative for beneficiaries whose physical, mental and cognitive disabilities make placement inappropriate or unmanageable in other facilities, such as skilled nursing facilities, Institutions for Mental Diseases, Intermediate Care Facilities for persons with intellectual disabilities, or in tiers one through four of the ALW. Beneficiaries eligible for tier five will need to have demonstrated one or more failed placements in the past, but has demonstrated that they can successfully reside in a supervised community setting. Tier five is being designed to provide extensive physical, behavioral, cognitive, communicative, social and psychosocial treatments and supervision for those ALW-eligible

beneficiaries such as those with severe traumatic brain injury.”

A public review and comment period via teleconference will be scheduled for later this summer. To download the Fact Sheet, click [here](#). For more information on the Assisted Living Waiver, visit the [DHCS website](#).

CCLD Deputy Director Jeff Hiratsuka Leaves Post

The Department of Social Services, Community Care Licensing Division has announced the departure of long-time Deputy Director, Jeffrey Hiratsuka. In a statement released by Mary Jolls, the Adult and Senior Care Program Administrator, the department announced Hiratsuka’s retirement “after serving the citizens of California for over 40 years including the last 12 years with the Community Care Licensing

Division.” The statement went on to read, “Jeff was appointed as the Deputy Director in May 2009 and successfully guided the program through some of the worst economic and budget times ever experienced in the State. Jeff’s last day [was on] July 30, 2013. Former Deputy Director Dave Dodds will fill in as the interim Deputy Director.”

LeadingAge California would like to extend its best wishes for the leadership Mr. Hiratsuka, has provided over the years. His collaborative approach to working with all stakeholders provided for a positive environment for grappling with the serious issues faced by the regulatory agency.

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

Grassroots

Donna Griggs Murphy Making a Difference for Affordable Housing and Senior Services

Donna Griggs Murphy is a committed activist working to secure affordable housing and senior services in the Oakland area and beyond. She is making a difference as the “feet on the street” for Oakland area seniors.

Her career advocating for senior services began over twelve years ago, when Donna began to see firsthand the personal impact on residents whose benefits were being taken away. She “dropped anchor”

and started to build relationships with residents, senior service advocacy organizations, and state and local legislative bodies.

In addition to her work as Social Service Coordinator at ABHOW’s Allen Temple Arms, she serves as chair of the Golden Gate Region, and is a member of both the Housing, and Home and Community Based Services Subcommittees at LeadingAge California. In Oakland, she is the co-chair for the City of Oakland Community Development Block Grant (CDBG) and works with the East Bay Housing Organizations

(EBHO). She is also a Steering Committee member at the Alameda County Senior Services Coalition, a commissioner with the District 5 Alameda County Advisory Commission on Aging, and the Chairperson for the City of Oakland Mayor's Commission on Aging.

This year, Donna has been especially active in advocacy efforts in Oakland. With the CDBG, she assists with funding allocation and monitoring for non-profit organizations. Together with members of the Advisory Commission on Aging, Donna helps develop and track legislation and then reports and advises actions to the county Board of Supervisors. After a three month campaign with EBHO, she helped secure \$1.8 million in city funds, protecting core local affordable housing programs through FY 2013-2014, and partial funds will be set aside through FY 2015-2016.

Working closely with Oakland Mayor Jean Quan, Donna is helping to improve access to affordable housing for area seniors by coordinating "house parties" at local affordable senior housing communities. Mayor Quan will meet with residents to better understand their needs and concerns. Increasing resident participation in advocating for their needs is a main goal for Donna, and she has secured twelve of these affordable housing town hall meetings so far.

Her greatest professional goal is to help ensure "seniors have every service and resource possible to be able to age in place with dignity and respect," and providing affordable housing is an important first piece of the puzzle.

Housing

Baby Boomers Hardest Hit by "Great Recession"

In what likely comes as no surprise to affordable senior housing providers, two recent studies confirm an alarming reality for baby boomers: that middle-aged Californians have borne the greatest burden of the "Great Recession" and have little resources saved for retirement.

UCLA's Center for Health Policy Research released a policy brief on *The Effects of the Great Recession on Health Insurance*. The study created a recession index for the state of California, measuring increases in unemployment, decreases in household income, and loss of insurance coverage at a county level. The recession index was broken down into four categories, from low-impact to high-impact. The report found that of the roughly 700,000 Californians to lose health insurance during this time, the greatest increase was among residents ages 45 to 64.

Lead author of the UCLA study, Shana Alex Lavarreda, explained, "whether because mid-career workers are viewed as too expensive or because there is a deeper bias against older workers, the data suggests the axe is first to fall on the baby-boom generation. This might open the door for policymakers to question the fairness of hiring and firing in the next economic cycle."

In an unrelated study, the National Institute on Retirement Security published

The Retirement Savings Crisis, finding that boomers are ill prepared for retirement. The report found that the average working household has virtually no retirement savings. Two-thirds of working households age 55-64 with at least one earner, have retirement savings less than one times their annual income. The median retirement account balance for near-retirement workers was \$12,000, an amount inadequate to maintain their standard of living.

Both reports look to public policy to play a critical role in finding a path towards financial security for baby boomers to strengthen social security and health care coverage options. What was not mentioned is the lack of affordable housing options needed for retiring workers. With little time to rebuild the loss of retirement savings accounts, adequate supply of affordable housing will be even more critical for the security of the boomer population.

The Future of Housing with Services in California

The future of Housing with Services options in the state is a little brighter. LeadingAge California's sponsored resolution, SJR 11 (DeSaulnier, D-Concord), passed out of the Assembly Committee on Aging and Long Term-Care with a unanimous vote of 6-0. The resolution calls on congress to support models that utilize affordable housing

continued on next page

as a platform for service delivery. Two LeadingAge CA members addressed the committee in support of SJR 11. Executive Director of Bethany Center in San Francisco, Jerry Brown, CASPF, spoke of the community's diversity that has been reflected in their robust service programs, including Ruth's Table. Sylvia Karl, Senior Director of Affordable Housing at Episcopal Senior Communities talked of the importance of the service coordinator program, providing over 3,000 contacts of assistance in 2013. Representatives of the Congress of California Seniors and the California Senior Legislature also voiced their support.

Going forward, LeadingAge CA is planning to bring together stakeholders, legislators, and regulators to explore the future of Housing with Services models at a summit. The summit will provide an opportunity to identify barriers and explore opportunities among a diverse set of stakeholders including housing, health and long-term care experts.

Community-Based Services

California Seniors to see Reduction in Food Assistance

Beginning November 1, seniors that participate in the Supplemental Nutrition Assistance Program (SNAP), will see a reduction of benefits. The reduction comes from the 2009 Recovery Act's temporary boost which is scheduled to end. In California, the program known as CalFresh, provides assistance to close to 100,000 seniors. Seniors that receive Supplemental Security Income/State Supplementary Payments (SSI/SSP) are ineligible to receive CalFresh benefits. Households with a beneficiary over the age of 60 who receives an average monthly benefit of \$176 will see a reduction of \$11 to \$36 depending on household size. Food insecurity for seniors is especially serious as "food insecure" seniors have a significantly lower intake of vital nutrients and are more likely to be of fair or poor health compared to their "food secure" counterparts.

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.

Skilled Nursing

Slow Progress on Addressing Medicare Observation Days at Federal Level

Medicare "Observation Status" refers to the classification of a hospital patient as an outpatient, even though the patient is placed in a hospital bed, stays multiple nights, and receives nursing and medical care, tests, treatment, therapy, prescription medications and food. Yet, the hospital stay is classified as an outpatient stay, thus the patient has a 20 percent copay on the hospital stay and does not meet the three-day hospital stay rule to qualify for the Medicare post-acute, skilled nursing home benefit (which results in significant out-of-pocket costs to the beneficiary). Unfortunately, the Medicare appeals system seems not to recognize challenges to the hospital patient classification status.

Complaints about this "extra-legal" shifting of Medicare costs to beneficiaries and hospitals have been growing as the number of such observation days have been growing over the past few years. In July 2013, the Office of the Inspector General (OIG) of the Department of Health and Human Services (DHHS) issued a report on [Medicare Observation Status](#) suggesting that legislation may be necessary "to ensure that beneficiaries with similar post-hospital care needs have the same access to and cost-sharing for SNF services."

There are bills in the Congress (H.R. 1179 and S. 569) to fix this problem by counting the time in "observation status" towards meeting the requirement of a three-day qualifying inpatient hospital stay for Medicare skilled nursing coverage. But, despite bipartisan support for these bills, given the gridlock in Congress they may not move through the legislative process anytime soon. There is a lawsuit pending (*Bagnall v. Sebelius*) to clarify the use of Observational Status in Medicare. Until the use of Observational Status is resolved, by legislation or litigation or executive action, both providers and beneficiaries must be mindful of the consequences of this reimbursement trap. • • •

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

Fred & Fritzie Culick

Finding a Home in Pasadena

These two New Englanders moved with their three children to Pasadena in 1961, after Fred received his Ph.D. in aero-nautical engineering from M. I. T. He taught the subject at Caltech, from which he retired in 2004. He is now Professor Emeritus at the University.

Fritzie has a B. A. from Wellesley and a Master's Degree from Brandeis University in musicology. She started with the piano and gradually mastered the oboe, organ, violin, viola, the guitar and the recorder. As the children grew up, she taught instrumental music at various private schools in the Pasadena area. She also played the organ at All Saints Episcopal Church,

Pasadena. Eventually, Fritzie opened The Old Town Music Company at 42 E. Colorado Blvd. "It's just an old-fashioned music store," she said, "which sells sheet music and various instruments." Clients can also rent instruments there, she added.

In addition to playing instruments, Fritzie also sings alto with a group of eight friends called Vox Feminae. They sing medieval and renaissance music. "Our mission is to provide an introduction to the history of music, primarily for students, but we also perform at retirement communities," she said. Fritzie is also a member of the Advisory Board of the Pasadena Conservatory of Music, as well

as the Board of the Pasadena Community Orchestra.

Fred, in addition to teaching mechanical engineering, including the study of aeronautics, has written textbooks and technological books on the subject. During this time, Fred learned to fly and established the flying club at Cal-tech. With a group of like-minded friends, Fred has built two full-scale models of the Wright Brothers' 1903 Flyer. One is in the FAA building in Los Angeles, and the other is at Flabob Airport, in Riverside. His book about the Wrights, *On Great White Wings*, was published in 2001. He and his colleagues on the Wright Flyer project continue to work on the plane located in Riverside every Saturday morning, an activity that has been going on for more than 25 years. To see the Wright Flyer project, [click here](#).

The Culicks have traveled often and once spent six months in Paris.

When Fred and Fritzie attended their first meeting of the Pasadena Village last year, they liked what they saw and heard. They plan to stay in their home rather than go into assisted living when the time comes. The Village is keeping track of its members' health and welfare. Everyone in the Village is in the same situation and the Culicks know they can call for help when needed. • • •

Adapted with permission from the Pasadena Village Newsletter.



Casa de las Campanas Celebrates 25th Anniversary

In July, Casa de las Campanas celebrated its 25th year as San Diego's only not-for-profit Type "A" continuing care retirement community (CCRC). A 23-acre community originally founded with a bequest to the California Retired Teachers Association, Casa's mission is to provide seniors with the highest quality of care and services, while honoring their dignity and promoting their independence. Casa de las Campanas offers their residents a range of care levels including Independent Living, Assisted Living, Memory Care, In Home Care, and Skilled Nursing. Casa residents participate in over 40 different in-house clubs and committees, including

reaching out to the surrounding community.



According to Marge Pronovost, Director of Marketing "Casa's on-going success is a true testament to our organizational model, integrating resident perspectives with the vision of the Board of Directors and the industry-specific expertise of our management company." The community currently has a master plan under development. "This expansion will carry us to 2025," said Steve Riddle, Casa

de las Campanas President/Chairman of the Board. "What we're trying to do is to keep Casa de las Campanas competitive into the future – making certain that we are offering the amenities and providing the lifestyle environment which the new generation of retiring 'baby boomers' will be looking for, while continuing to address the evolving needs of current residents."

Front Porch Center for Innovation and Wellbeing Receives LTC & Senior Living LINK Spirit of Innovation Award

The Front Porch Center for Innovation and Wellbeing, founded on the belief that technology innovation plays a vital role in enhancing wellbeing, has earned a Spirit of Innovation Award for the Center's eHealth



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initiative that uses broadband-enabled technologies to create an ecosystem of care for an underserved population of diverse and linguistically-isolated seniors through digital health literacy, remote patient monitoring, tele-consultations, and medication monitoring.

The Spirit of Innovation Award, which the Front Porch Center received in the Assistive and Predictive Technology Category, recognizes companies for their innovation, dedication to continuous improvement, development of best practices and commitment to the success of the long-term care and senior living industry. The Front Porch Center will be honored during a luncheon during the LTC & Senior Living LINK Conference in Chicago.

“We are thrilled and humbled to receive the LTC & Senior Living LINK Spirit of Innovation Award,” said Kari Olson, president of the Front Porch Center. “We strive to close the gap by bringing innovative technological solutions to older adults that can assist them in proactively managing their own health and wellbeing.”

The Front Porch Center has been at the forefront of using technology to help older adults live healthier – and active – lifestyles. In May, the Front Porch Center announced successful results from its “Minding Our Meds: Demonstrating Senior Medication Adherence with Cell Phone Texting Reminders” pilot project, which featured customized texting services for medication alerts, diabetes and other chronic disease medication reminders, and medication tracking programs for seniors at Front Porch communities and neighboring senior centers.

Earlier this year, The Front Porch Center piloted a CyberCycle fitness program which included two teams of 10-12 residents from a pair of Southern California Front Porch communities. CyberCycles are specially-designed bikes equipped with virtual-reality screens to simulate outdoor biking and racing.

“At a time when people are looking to technology to serve older adults and transform aging in place, it’s important not to lose sight of what is currently available with technology,” Park said. “Using that technology more efficiently and coordinating efforts across organizations can really change and impact lives.”

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The 36-Hour Day

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nightmare. She could not remember where she was. When she had to go to the bathroom, they put rails on her bed and refused to let her go, so she cried and wet herself.

Gradually, Mary got better. The infection cleared and the dizziness passed. Only during the acute phase of her illness did she imagine things, but after the fever and infection had passed, the confusion and forgetfulness seemed more severe than before. Although the illness had probably not affected the gradual course of her memory loss, it had weakened her considerably and taken her out of the familiar setting in which she had been able to function. Most significantly, the illness had focused attention on the

seriousness of her situation. Now her family realized she could no longer live alone.

The people around Mary talked and talked. No doubt they explained their plans, but she forgot. When she was finally released from the hospital, they took her to her daughter-in-law's house. They were happy about something that day, and they led her into a room. Here at last were some of her things, but not all. She thought perhaps the rest of her things had been stolen while she was sick. They kept saying they had told her where her things were, but she couldn't remember what they said.

This is where they said she lived now, in her daughter-in-law's house – except that long ago she had made up her mind that she would never live with her children. She wanted to live at home. At home she could find things. At home she could manage – she believed – as she always had. At home, perhaps, she could discover what had become of a lifetime of possessions. This was not her home: her independence was gone, her things were gone, and Mary felt an enormous sense of loss. Mary could not remember her son's loving explanation – that she couldn't manage alone and that bringing her to live in his home was the best arrangement he could work out for her.

Often, Mary was afraid, with a nameless, shapeless fear. Her impaired mind could not put a name or an explanation to her fear. People came, memories came, and then they slipped away. She could not tell what was reality and what was memory of people past. The bathroom was not where it was yesterday. Dressing became an insurmountable ordeal. Her hands forgot how to button buttons. Sashes hung inexplicably about her, and she could not think how to manage them or why they hung there.

Mary gradually lost the ability to make sense out of what her eyes and ears told her. Noises and confusion made her feel panicky. She couldn't understand, they couldn't explain, and often panic overwhelmed her. She worried about her things: a chair and the china that had belonged to her mother. They said they had told her over and over, but she could not remember where her things had gone. Perhaps someone had stolen them. She had lost so much. What things she still had, she hid, but then she forgot where she hid them.

"I cannot get her to take a bath," her daughter-in-law said in despair. "She smells. How can I send her

to the adult day care center if she won't take a bath?" For Mary the bath became an experience of terror. The tub was a mystery. From day to day she could not remember how to manage the water: sometimes it all ran away; sometimes it kept rising and rising, and she could not stop it. The bath involved remembering so many things. It meant remembering how to undress, how to find the bathroom, how to wash. Mary's fingers had forgotten how to unzip zippers; her feet had forgotten how to step into the tub. There were so many things for an injured mind to think about that panic overwhelmed her.

How do any of us react to trouble? We might try to get away from the situation for a while, and think it out. One person may go out for a beer; another may weed the garden or go for a walk. Sometimes we react with anger. We fight back against those who cause, or at least participate in, our situation. Or we become discouraged for a while, until nature heals us or the trouble goes away.

Mary's old ways of coping with trouble remained. Often when she felt nervous, she thought of going for a walk. She would pause on the porch, look out, drift out, and walk away – away from the trouble. Yet the trouble remained and now it was worse, for Mary would be lost, nothing would be familiar: the house had disappeared, the street was not the one she knew – or was it one from her childhood, or where they lived when the boys were growing up? The terror would wash over her, clutching at her heart. Mary would walk faster.

Sometimes, Mary would react with anger. It was an anger she herself did not understand. But her things were gone; her life seemed gone. The closets of her mind sprang open and fell shut, or vanished altogether. Who would not be angry? Someone had taken her things, the treasures of a lifetime. Was it her daughter-in-law, or her own mother-in-law, or a sister resented in childhood? She accused her daughter-in-law but quickly forgot the suspicion. Her daughter-in-law, coping with an overwhelming situation, was unable to forget.

Many of us remember the day we began high school. We lay awake the night before, afraid of getting lost and not finding the classrooms the next day in a strange building. Every day was like that for Mary. Her family began sending her to an adult day care center. Every day a bus driver came to pick her up in the morning, and every day her daughter-in-law came to get her in the afternoon, but from day to day Mary could not remember that she would be taken home. The rooms were not dependable. Sometimes Mary could not find them. Sometimes she went into the men's bathroom.

Mary loved music; music seemed to be embedded in a part of her mind that she retained long after much else was lost. She loved to sing old, familiar songs. She loved to sing at the day care center. Even though her daughter-in-law could not sing well, Mary did not remember that, and the two women discovered that they enjoyed singing together.

The time finally came when the physical and emotional burden of caring for Mary became too much for her family, and she went to live in a nursing home. After the initial days of confusion and panic passed, Mary felt secure in her small, sunny bedroom. She could not remember the schedule for the day, but the reliability of the routine comforted her. Some days it seemed as if she were still at the day care center; sometimes she was not sure. She was glad the toilet was close by, where she could see it and did not have to remember where it was.

Mary was glad when her family came to visit. Sometimes she remembered their names; more often she did not. She never remembered that they had come last week, so she regularly scolded them for abandoning her. They could never think of much to say, but they put their arms around her frail body, held her hand, and sat silently or sang old songs. She was glad when they didn't try to remind her of what she had just said or that they had come last week, or ask her if she remembered this person or that one. She liked it best when they just held her and loved her. • • •

From THE 36 HOUR DAY: A FAMILY GUIDE TO CARING FOR PEOPLE WHO HAVE ALZHEIMER DISEASE, RELATED DEMENTIAS, AND MEMORY LOSS by Nancy L. Mace and Peter V. Rabins. © 2001 Reprinted by permission of Johns Hopkins University Press. All rights reserved.



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Membership Matters

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Value First Delivers in California

In 2011, LeadingAge California and 23 other state LeadingAge affiliates joined forces with LeadingAge national to form Value First, a group purchasing organization designed specifically for aging services providers. Value First works in partnership with MedAssets to leverage the national buying power and pricing of their contracts.

As an owner of Value First committed to delivering value and savings to members, LeadingAge CA has worked to bring savings opportunities to members. In March of 2013, LeadingAge CA hired a part time Purchasing Specialist, Courtney Weidmann. Weidmann's background in needs assessment and price negotiation make her an excellent resource for members in learning how to participate in Value First and how to find savings in their current purchasing processes and procedures. Weidmann has been working to schedule meetings with members to bring the savings that Value First offers to reality in communities across California.

Through Weidmann's efforts, Value First has been able to begin delivering completed cost studies to members throughout the state in areas such as food, medical supplies, janitorial/sanitation, office supplies, and more. Cost studies do not obligate members to participate, but do allow them to ensure they are receiving best in class pricing. According to Weidmann, "This is the way we can demonstrate the savings Value First can bring to members. Through cost studies, we can provide a real apples to apples comparison so members can be certain that they have the best pricing in the market. We have been able to deliver several favorable cost studies in the past 2 months, and we are very excited about the nutritional pre-commit program that was launched in May. We'll be announcing the results of that process in the near future."

LeadingAge CA is more committed than ever to increasing member's purchasing power through Value First. As a benefit of membership, LeadingAge CA would encourage all members to run a complimentary, no obligation cost study to find out if there are savings available to you through Value First. Contact Courtney Weidmann at cweidmann@aging.org for more information. •••



Google X and other Tech Giants Coming to AgeTech

This year's AgeTech West conference to be held in the Silicon Valley (San Jose Marriot, November 14-15), will feature speakers from major technology corporations, including Google, Intel, Qualcomm, Philips and Yahoo! Combined with dozens of other technology companies exhibiting or presenting along with aging service provider organizations during the 9 different value-packed educational sessions, this year's event has been taken to "the next level."

Eric Dishman, Intel, will kick off the conference with a provocative keynote entitled "Inventing the End of Long Term Care: The Move to Personal Health." Charles Lagor, Philips Healthcare will speak during the general session entitled "Cracking the Code for Managing the Health & Wellness of an Aging Population." The closing general session will feature a panel presentation by Clint McClellan, Qualcomm Life, Alan Brightman, Yahoo! along with Bill Stensrud, Interactive Fitness Holdings entitled "Leveraging the Power of Technology Innovation for Healthy Aging."

Friday's luncheon will feature a keynote by Thad Starner, Technical Lead developer of Google Glass at Google X entitled "Lowering Barriers with Google Glass." Google X is Google's secret no-holds-barred laboratory that has produced world-changing innovations such as the driverless car and Google Glass. Google X is reportedly working on bringing to reality the proclamation that Google Chairman Eric Schmidt made in April that "by the end of the decade, everyone on earth will be connected to the Internet." All three of these things would profoundly mitigate social isolation and increase independence of older adults.

Starner is also a wearable computing pioneer and a Professor in the School of Interactive Computing at

the Georgia Institute of Technology. He will speak to Google Glass' potential to significantly improve interactivity, reducing the amount of time between a user's intention to do a task and the action to complete that task, such as accessing turn-by-turn navigation directions, etc. Reducing the time between intention and action can be critical for assistive interfaces. Glass's early adopter "explorers" have designed several such interfaces, including a means for assisting people with low vision in daily chores and a way to help users learn American Sign Language during everyday life. Starner will share some of the more exciting interfaces, particularly those which enable users to maintain their independence. To register, click [here](#).

AgeTech Enters Liaison Agreement with Continua Health Alliance

AgeTech West has partnered with the Continua Health Alliance to refine use cases and standards-based guidelines for technologies that support aging with independence and chronic disease management. The agreement will entail focused collaborative work over the coming year with an ongoing relationship to ensure such technologies are most useful and enable aging service providers to have greater access to relevant data for supporting the health and wellness of older adults.

In the coming weeks, AgeTech will form an Advisory Group to identify gaps in existing Continua standards-based guidelines relevant to aging service providers, identify essential use cases for relevant technologies that enable vital service delivery modalities, examine technical (i.e., communication protocols), workflow (to integrate with provider practice), and business rules (decision logic) for the essential use cases for guidelines, and inform development of a subsequent whitepaper to be published in 2014.

AgeTech is pleased to welcome Clint McClellan, Senior Director of Strategic Marketing at Qualcomm Life, a Qualcomm Company, to its Advisory Council as its Continua Liaison. Clint is President and Chairman of Continua. Visit Continua's [website](#) for more information. • • •

Prepared by Scott Peifer, executive director of AgeTech West. Peifer can be reached at speifer@aging.org.



Aging Services Meets Silicon Valley: Creating the Future of Care November 14-15, 2013 Marriott Hotel – San Jose, California

Call for Presentations - Submission Guidelines 2014 LeadingAge California Annual Conference and Exhibition

May 5-7, 2014, Renaissance Palm Springs Hotel and Conference Center

Submission Deadline: September 20, 2013

The 2014 Annual Conference will be built around LeadingAge California's strategic initiatives of developing "out of the box" innovative programs that will enrich the care and services of California's growing aging population. The primary areas of programming will include workforce development (specifically how to cultivate leadership and attract new talent to the field of aging), increasing and expanding the use of technology in all care settings and stimulating innovation in the aging field and advancing new models of service delivery.

The application is available at the [LeadingAge California website](http://LeadingAgeCalifornia.com). If you have questions or need assistance, call Jan Guiliano, 916-469-3367 or email jguilian@aging.org.

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.

September 11, 2013, Part I

September 18, 2013, Part II

For registration information, go to the [LeadingAge California website](http://LeadingAgeCalifornia.com), or call Margaret Morneau at 916-469-3371.

Leadership Webinar Series: A Four Part Series Which Will Help You Become a Better Leader

Change has affected every aspect of our work: changing customer needs and desires, employee

expectations, the availability of money to meet these needs, and the looming shortage of caregivers to care for the Boomers. The new world of eldercare calls for new leadership and requires different management skills.

In this series Mary Tellis-Nayak, RN, MSN, MPH, VP Quality Initiatives, My InnerView by National Research Corporation will explore the qualities of a good leader and look at leadership styles and help the participant to identify their own style of leadership/management. The presenter will investigate the different characteristics needed to be successful in long-term care in various settings where we could be working. Each participant will identify how they spend their time and how better it could be spent if they are to achieve the pinnacle of leadership. This session will help participants develop their own plan for leadership development using the theory of transformational leadership.

October 2, 2013, Part I

October 17, 2013, Part II

October 22, 2013, Part III

October 31, 2013, Part IV

For registration information, go to the [LeadingAge California website](http://LeadingAgeCalifornia.com), or call Margaret Morneau at 916-469-3371.

Dates to Remember

Save the Date

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

Leadership Webinar Series: A Four Part Series which Will Help You Become a Better Leader

Part I – October 2, 2013

Part II – October 17, 2013

Part III – October 22, 2013

Part IV – October 31, 2013

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

Region Meetings

Sequoia Region September 4, 2013

Noon–2:00 p.m.

Topic: Lunch & Learn: Health Insurance
Counseling and Advocacy Program (HICAP)

Speaker: Orte Melgoza, HICAP Counselor,
Valley Caregiver Resource Center

Location: Palm Village Retirement Community
703 W. Herbert Ave., Reedley, CA 93654

L.A. Valleys Region September 26, 2013

Noon–2:00 p.m.

Topic: Five Reasons Your Community Needs
a Strategic Technology Plan and 5 steps to
Building Yours

Speaker: Cindy McCreary

Location: Park Paseo (be.group)
123 S. Isabel St., Glendale, CA, 91205

LeadingAge Southern CA Region October 2, 2013

7:30 a.m.–2:00 p.m.

Topic: Health Care Reform Summit

Speaker: Doug Mueller, Jennifer Stemshein,
Lori Peterson, Katherine Kirchoff, Jamie
Muligan, John Sheridan

Location: Best Western Golden Sails Hotel
6285 East Pacific Coast Highway, Long Beach,
CA, 90803

Delta Region October 9, 2013

10:00 a.m.–Noon

Topic: Navigating Health Care Reform

Speaker: Joe Williams, Ascension Benefits

Location: O'Connor Woods
3400 Wagner Heights Road,
Stockton, CA, 95209





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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.

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For more information contact:

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(916) 469-3392 (cweidmann@aging.org)