

NaCCRA LIFE LINE

*The Resident's Watchdog...
The Industry's Friend*

National Continuing Care Residents Association

Vol 14 No. 2

Published Bimonthly

July / August 2009

President's Report

It has been generally recognized that CCRCs have largely met the needs of middle income folk whereas NaCCRA is giving new attention to the middle lower income. This calls for an increasing number of CCRs to offer studio apartments. This has been achieved by the Episcopalians when they launched Goodwin House at Baileys Corner in Falls Church, Virginia, by the United Methodist Church at Arbor Acres in Winston-Salem, North Carolina, as well as by Carol Woods at Chapel Hill, NC. There are also studio apartment opportunities in many CCRCs in Florida and Pennsylvania.

In Washington, D.C., The Residences at Thomas Circle (formerly Thomas House) offers studio apartments as does The Hallmark

in southwest Manhattan near Battery City Park in New York City. I have visited both of these facilities in recent months.



There is an opportunity for NaCCRA to cooperate with the marketing department of all CCRCs in reminding them of the importance of studio apartments in order to attract a broader socio-economic section of society. It is often said that the larger apartments are more profitable for the CCRC, but NaCCRA can well become the "crusader" for the studio apartment.

In Rockland County in Maryland a county law calls for a certain percentage of units to be available to middle lower income. Do we need to wait for county and state governments to act or can NaCCRA offer

some leadership in this area also? I invite all NaCCRA to join in this enterprise.

*Most sincerely,
John T. Mathison*

NaCCRA Officers . . .

President.....	John T. Mathison Washington DC • jmathison1@earthlink.net
VP for Legislation	Julia Hix State College, PA • juliahix1@yahoo.com
VP for Membership.....	Thomas H. Cuppett Leesburg, FL • landtcup@comcast.net
VP for Public Relations.....	Marleen A. Varner Sewanee, TN • NaCCRALifeline@aol.com
Secretary.....	Anne Winslow Jamaica Plain, MA • anwinslow@yahoo.com
Treasurer.....	Kermit Scheele Washington, DC • 202-244-0722
Executive Committee	Robert F. Negele Stamford CT • rnegele@optonline.net
Executive Director.....	Charles D. Paulk Lakeland, FL • cpaulk6@tampabay.rr.com

Check out our website at: www.NaCCRA.com

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Editorial

It is indeed both an honor and a challenge to follow Charles Paulk as Editor of Lifeline. For five years he has done this work almost single handedly and we are forever in his debt for extending the scope and content of our national newsletter. We are pleased to dedicate this issue to Charles! It is the residents newsletter and I encourage readers to share ideas, articles and especially suggestions as we begin this new era in our publication.

You will find in this issue the customary state and facility reports as well as reprints from other newsletters. We have begun inviting authors with special expertise to submit articles for our readers. I particularly commend to you the two part series beginning in this issue by Thomas W. Grant, senior vice president and legal counsel for the American Baptist Homes of the West, who gave an excellent presentation on social accountability at a recent annual convention of the American Association of Homes and Services for the Aging (AAHSA). As tax revenues remain in decline, both states and federal government are very likely to reexamine the tax exempt status of organizations like ours and the places where we live. More extensive documentation of public service can indeed be invaluable when such initiatives occur. You will note that his topic was

dealt with extensively in the Steve Maag presentation to ORANJ reported herein, as well. The second part of this series will appear in the issue of Lifeline and will provide information on the Social Accountability Program of ABHOW. We are indebted to David for agreeing to provide our readers with this helpful information.

It is especially noteworthy that this year for the first time, following a pilot project last year, the American Association of Homes and Services for the Aging is offering to NaCCRA resident members free registration at its annual meeting exposition in Chicago, November 8-11 in Chicago on the theme "Changing Lives". We encourage as many members as possible to attend all or at least part of this informative conference. There will also be a NaCCRA meeting during the Conference to be held Sunday, November 8 at 7 pm.

I also invite submissions by our readers so that we can share as widely as possible new trends, new ideas, new initiatives from CCRCs across our membership and beyond. Please also share with us honors and awards received by our members and our facilities. We hope that Lifeline will help tell our story and be a membership recruiting tool as well.

Marleen Allen Varner, Editor

July/August 2009

National Continuing Care
Residents Association
Headquarters:
1001 Carpenters Way,
Lakeland, FL 33809

LifeLine Editor
Marleen Allen Varner
NaCCRALifeline@aol.com

Membership Management
David Coburn
Lakeland, FL
coburn191@verizon.net

Web site
www.NaCCRA.org

Web Master
Stephen B. Smith
stephen@caduceuswebs.net

NaCCRA exists for the purpose of promoting, supporting and protecting the chosen life style of Continuing Care Retirement Community (CCRC) residents in the United States. NaCCRA is the only national organization for CCRC residents and is dedicated to the promotion of continuing care resident communities as a humane, cost-effective, long-term care model for elderly individuals. Its work is conducted solely by volunteers and support comes from dues and gifts.

The Association since October 2000 has been classified by the IRS as a tax exempt 501(c)(3) Corporation. Donors may deduct contributions as provided in section 170 for our use are deductible for Federal estate and gift tax purpose if they meet the applicable provisions of sections 2055, 2106 and 2522 of the Code.

Published bimonthly in
Sewanee, Tennessee.

Printed by The University of
the South Print Services,
735 University Avenue,
Sewanee TN 37383.

Address comments and article
submissions to the Editor at
257 Wiggins Creek Drive,
Sewanee, TN 37375.

The Clock of Life

The Clock of Life is wound but once,
And no man hath the power
To say just when the hands will stop
At late or early hours.

NOW is the only time you own;
Live, Love, Work. . . with a will.
Have no faith in tomorrow,
For then the hands may be still.

Anon

*Drive carefully. It's not only the cars
that can be recalled by their maker.*

No COLA for 2010 in Preliminary Report

In a report issued on May 12, the Social Security Board of Trustees estimated that no cost-of-living adjustment (COLA) would be made in Social Security benefits in 2010 because the economic downturn held down price increases in our nations economy. COLA is figured according to a statutory formula based on the increase in the consumer price index. If no COLA is paid, it will be the first time since 1975 that no inflation adjustments has been made in benefits.

It is also important to note that the same formula is used to determine Civil Service and Military pension adjustments.

The Importance of a Social Accountability Program for CCRCs

Part One of a Two Part Series

I. Introduction

I begin this article with an initial premise that all nonprofit tax-exempt CCRC providers have an obligation to engage in a vibrant Social Accountability Program. Such obligation arises in two primary contexts. First, the mission of each provider mandates such a program. Second, the tax-exempt status of each provider requires such a program.

My second premise is that such a program both engages residents in the enhancing the ministry of their CRCC while providing benefits to residents in need and the community in which they reside.

From the perspective of both provider and resident, a Social Accountability Program is beneficial to the life of the CCRC and the maintenance of the CCRC's exempt status.

II. Nonprofit versus For-Profit CCRC

What distinguishes a for-profit health care organization from a nonprofit provider? Many policy makers have complained, with some justification, that it is becoming increasingly difficult to distinguish between nonprofit and for-profit organizations. In the senior care industry, one might ask why nonprofit exempt organization receive benefits that are denied to for-profits when it seems that for-profits and nonprofits are indistinguishable. Organizations that have been granted exempt status are entitled to certain benefits denied to for-profit organizations including the following: no income tax on net income; donors get tax exemption; tax-exempt bonds have lower coupons; public trust and perception that nonprofits provide better care; in California and other states exempt organizations may pay no real estate tax.

If one compares a for-profit CCRC from a nonprofit CCRC what differences would you see: both provide continuing care; both charge entrance fees; both charge monthly fees; both have campuses, staff and services; both are typically incorporated; both have directors or trustees; both usually have a mission statement. From most perspectives, for-profit CCRCs and nonprofit CCRCs look exactly alike yet nonprofit get tax breaks, as set forth above, that are denied to for-profits.

Differences begin to emerge more clearly when it comes to ownership and tax-exempt status. For-profit corporations have owners (usually shareholders) while nonprofit organizations are not owned by anyone or any entity. Instead, nonprofit organizations are dedicated to a public purpose and thus have moral owners and stake holders including the residents they serve.

Both nonprofit organizations and for-profit corporations are entitled to earn profits. Absent a profit, either type of business entity would fail. A pivotal dividing line between for-profit corporations and nonprofit organizations focuses on the distribution of those profits. In a for-profit corporation, the profits are distributed to the persons who control the corporation (such as shareholders via dividends). For a nonprofit organization, the profits or net income may not be distributed to those who control the organization (such as officers and directors). A nonprofit organization utilizes any profits to fund the mission for which it was formed.

This distinction, in the eyes of certain legislators and regulators, may not suffice to justify the benefits that exempt organizations receive. Unless nonprofits can convince the public that they make unique contribution to society, contributions that for-profit corporations do not make, an increasing number of these organizations will be asked to explain why donors and government entities should regard them as charitable organizations.

As such, nonprofit tax-exempt organizations have an obligation to demonstrate their charitable natures to measure the community benefits that they provide.

III. Basis of Exempt Status

For over 30 years, the IRS has recognized that seniors have special needs due to their advancing years, concerns about post-retirement finances and increasing health needs. Organizations that deal with the special needs of seniors are permitted to qualify for tax-exempt status as charitable organizations. Revenue Ruling 72-124 held that an organization that cares for seniors may be exempt from tax as a charitable organization if it satisfied three primary special needs of seniors: (1) the need for housing; (2) the need for healthcare and (3) the need for financial security.

An organization can meet the need for "housing" if it provides residences for seniors that are designed to meet some combination of the physical, emotional, recreational, social, religious or similar needs of seniors. An organization can meet the need for "healthcare" if it either directly provides some form of healthcare or maintains a continuing relationship with

continued on page 4



Social Accountability *continued from page 3*

other healthcare organizations. An organization can meet the need for “financial security” if it is committed to maintaining in residence any persons who become unable to pay regular charges. This requirement exists on to the extent that the organization is able to do so without jeopardizing its own financial health. In addition, the organization must operate so that it provides its services at the lowest feasible cost, taking into account the payment of indebtedness, maintenance or reserves for residents in need and maintenance of reserves for capital expenses commensurate with the needs of the community.

Over the last several years, the Senate Finance Committee has increased the level of scrutiny of the business practices of a number of charitable organizations, including nonprofit hospitals. One of the most heavily focused areas has been the definition of charity care. For example, at the 2006 nomination hearing for Eric Solomon, nominee for Assistant Secretary for Tax Policy, Senator Grassley asked Mr. Solomon to commit to reexamine the Revenue Ruling 69-545, which established the community benefit standard for hospital exemption. Senator Grassley also asked for-profit hospitals to supply statistics regarding the amount of charity care and uncompensated care they provide as well as their bad debts, presumably for purposes of comparison with exempt hospitals activities.

The focus of Revenue Ruling 69-545 and Senator Grassley’s inquiries is on hospitals. We can assume that that same focus will be extended to other exempt health care providers such as long term care providers and continuing care providers. That is why tax-exempt CCRC providers must continue to stay ahead of the curve with conflict of interest policies and Social Accountability Programs which emphasize the charitable nature of their services as incorporated into their community benefit efforts.

IV. What is Social Accountability?

Social Accountability is a measure of an aging services organization’s commitment to its charitable mission. The goal of a Social Accountability Program is to build social capital while erecting a wall of insulation around it based on the charitable nature and community benefit activities of that organization. The data gathered from the Social Accountability Program forms the building block for that wall, and, in addition, strengthens the bonds in the community served by that organization. Focusing on Social Accountability evidences a natural extension of the values and mission of the organization in question into the broader community served.

Providers engaged in active Social Accountability Programs annual gather information in numerous areas including the following:

- Research with other organizations such as universities
- Educational activities for professionals such as training doctors and nurses
- Subsidized allowances to residents unable to pay fully established rates
- Payment for items for residents not reimbursed under MediCal
- Religious services for nonresidents
- Referral and outreach services to nonresidents
- Support groups for nonresidents
- Subsidized housing or other care
- Subsidized meals to nonresidents such as Meals-on-Wheels
- Use of community facilities by other nonprofit groups or organizations
- Subsidized adult day care services
- Financial assistance to nonresidents who are unable to pay for necessary living expenses, and
- Other community benefits.

Part II of this presentation in the next issue will describe the Social Accountability Program of the American Baptist Homes of the West, a nationally recognized model.

*David A. Grant, Senior Vice President and General Counsel,
American Baptist Homes of the West, Pleasanton, CA*

Membership Anyone?

If you haven't heard that question in your new (or old) life at your favorite place of abode – your CCRC – then your Membership Chair either is falling down on the job or hasn't been appointed yet!

Most of us “oldsters” don't want to hear that query. We have come to this stage of life where we've lived the good life, worked the good career, and now just want to retire from everything except doing nothing but whatever we feel like. Joining a national organization like NaCCRA sounds too much like work!

But suppose everyone felt that way? What would happen when Congress decides to pass Universal Health Care – or raises taxes on every citizen, but we can't afford higher health care costs or taxes? To whom can we turn for help? Check out the following and see what a bargain (\$15/year) this organization can be for you.

- NaCCRA is the only national organization dedicated to the residents of Life Care Retirement Communities.
- NaCCRA played a major role in defeating the federal tax on imputed interest, thus preventing major cost increases for CCRC residents.
- NaCCRA played a major role in delaying implementation of therapy caps which would have increased costs for many residents.
- NaCCRA is the only organization that actively and exclusively promotes the CCRC industry.
- NaCCRA is the only organization that promotes including residents as voting members of CCRC Boards of Directors.
- NaCCRA is the only national organization that provides a forum for residents to exchange ideas on best practices.
- The American Association of Homes and Services for the Aging (AAHSA) views NaCCRA as a strong voice for residents and has a NaCCRA member serving in its House of Delegates, its policy-making arm. A NaCCRA member also serves on the AAHSA Quality First Task Force.
- NaCCRA is an advocate for excellence in Nursing Homes and Assisted Living Care. NaCCRA is taking a lead role with AAHSA in developing and promoting a Residents' Bill of Rights. NaCCRA actively supports AAHSA's efforts to prevent the reduction of Medicare/Medicaid payments for the elderly. NaCCRA facilitates dialogue with management, serving as the residents' watchdog and the industry's friend.
- NaCCRA has been successful in securing 55% of CCRC's having residents on Boards of Directors.
- NaCCRA currently has four standing committees to facilitate widest possible membership participation: legislative, social action, PR, and member recruitment.
- NaCCRA holds its annual meetings concurrently with AAHSA, thus providing opportunities for attendees to participate in a large number of activities and idea exchanges.
- Through its regular publication of *Lifeline*, NaCCRA provides opportunities for idea exchanges on best practices and new initiatives, such as the nonsmoking efforts in all CCRC's.

Through the efforts of two FLiCRA chapters in Florida, one in Jacksonville in 2007 and another in Leesburg in 2008, both were able to increase their total membership by 200 and 190 residents, respectively. How did they do it? They did it simply by dividing the non-members among the 10 Board members and making sure that **every non-member was approached, in person, face-to-face** by one of the Board. Many of those, after listening to the reasons why they should join, said things like, “Gee. I never knew that before!” or “Nobody ever told me that before!” The secret: THEY WERE RIGHT! No one had ever spoken to them in person in such an organized fashion! All contacts prior to that, had been by letter, bulletin board notices, or notices on closed circuit TV. Certainly, there may be other ways to lure new members – BUT – this is one way that we know WILL WORK!

Why not give it a try when you agree to either become a NaCCRA Membership Chair or volunteer to help someone else who has agreed to be that Chair – IN YOUR COMMUNITY? You, your chapter, and NaCCRA will be glad you did!

Thomas Cuppert, Vice President, Membership



Members since April/May Life Line . . . Welcome and Farewell

Welcome to these new members:

Connecticut

Arbors Retirement Community
Rev. Connie Sternberg
Edgehill
George Harnik
Stone Ridge
Ruth Walsh

District of Columbia

Ingleside at Rock Creek
Ray Collman
Robert Keating
Rae D. Keough
Knollwood
John Cushman

Florida

Estates at Carpenters
Evelyn Archibald
Fleet Landing
Robert Eckert
Lake Port Square Community
Betty M. Junker
William G. Rokos
Charles B. Russell

Massachusetts

Reeds Landing
Jean Vivian

Mississippi

Traceway Retirement Community
Rev. Dr. Roy H. Ryan

New Jersey

Medford Leas Residents Association

North Carolina

Aldersgate Community
Jean Faris
Carol Woods
Fay H. Daniel
Ross and Margaret McKinney
Nancy Sitterson
Deerfield Episcopal Retirement Community Residents Association
Deerfield
Bob Clark
Ed DeBary
Alice Green
Bill Haggard
Bill Heiser
Elizabeth Hubbell
Dr. Jim Hull
Donna Jacobs
Don Spoule
Eric Wellisch
Sam Zurich
Givens Estates
Sandee Yost
Grace Ridge
Marcus Key
Daniel Looper

Pennsylvania

Bethany Village
George Tjiattas
Luther Ridge Community
Jean Klein (LIFE)
Masonic Village
Raymond Vaughan

Tennessee

Uplands Retirement Village
Jane Heald

We extend sympathy to the families and friends of these members who have died recently:

Florida

Estates at Carpenters
Elsie Jenkins

Washington DC

Ingleside
Claude E. Hobbs
Jane Phelps
Mary Lou Weiss

PARCR Report

The Pennsylvania Alliance of Retirement Community Residents, or PARCR as it is known, has a membership of 24 communities, 30 associate members, plus 48 delegates representing approximately 15,000 PA CCRC residents. Although there are over 200 CCRCs in Pennsylvania, PARCR members are clustered in the south central portion of the state, in the areas surrounding the state capital in Harrisburg. Our large state could be more completely served if it were divided and organized into smaller geographic areas similar to North Carolina and other large states. Time consuming travel is a real barrier.

We meet quarterly with between 40-60 attending. Our meetings include an informative speaker and a "best practice" sharing of a new or innovative ideas or areas of operation. The goal is for each community to take home information to share with their local community. We work closely with PANPHA, the large state advocacy organization for services for the aging. Their staff participate in our general and board

meetings, sharing current trends and legislative needs as they occur. We participate in their yearly conferences. We give them consumer support for and against legislation, and receive updates, current trends, and representation through them in state government.

This year we responded to NaCCRAs request to proposed a CCRC Bill of Rights. After requesting suggestions, we included everyone's ideas in a draft to be discussed/reduced/modified or amplified. The word came back from the members that we don't need a bill of rights or "more regulation", so the project was dropped. We will study the rights that are already on the books and attempt to utilize them more effectively.

PARCR publish a quarterly news letter. Current and past news letters along with meeting and other information are available on our website: WWW.PARCR.COM

Julia Hix reporting

**NATIONAL CONTINUING CARE RESIDENTS ASSOCIATION
ANNUAL MEETING
NOVEMBER 9, 2009
CHICAGO CONVENTION CENTER, CHICAGO, ILLINOIS**

CALL TO MEETING

In accordance with the provisions of Article VII, Sec. I of the Bylaws, the Annual Meeting will be held in the Chicago Convention Center, Monday, November 9, 2009 at 7:00PM

AGENDA

Call To Order	John T. Mathison	President
Welcome and Introduction of Guests		
Minutes of the October 12, 2008 Meeting	Anne Winslow	Secretary
Treasurer's Report	Kermit Scheele	Treasurer
Report From AAHSA	Doug Pace	National Commission For Long Term Care
NaCCRA Policy Report	Charles D.Paulk	Executive Director
NaCCRA Membership Report	Thomas T. Cuppett	Vice President of Membership
NaCCRA Legislation Report	Julia Hix	Vice President of Legislation
NaCCRA Public Relations	Marleen A. Varner	Vice President of Public Relations
NaCCRA Annual Report	John T. Mathison	President
Old Business	William Root	President, Maryland CCRA
State Association Reports:		
Connecticut	Ruth H. Walsh	
Florida	John Dalsimer	
Maryland	William Root	
Massachusetts	Anne Schwartz	
New Jersey	Gary Baldwin	
North Carolina	Robert Wyatt	
Pennsylvania	George Tjiattas	
Virginia	Barbara G. Trezona	
Community Association Reports: (Please advise President by October 15, 2009, if you will have a report)		
New Business		
Adjourn		

Congressional Call-In Day Activities

NACCRA members again joined with AAHSA members in participating in national call-in day on June 4 in our continuing effort to help make sure that long-term services and reports are part of health care reform. Upwards of 7,000 calls went to the Senate, continuing efforts of similar initiatives on March 3 and May 13.

AAHSA continues to partner with a 60+ member coalition that includes the Alzheimer's Association, the Association for Retarded Citizens (ARC), Easter Seals and the National Council on Aging. According to AAHSA spokesman, we are seeing some encouraging action on the part of Congress, as the Senate Committee on Health, Education, Labor and Pensions (HELP) has included language on long-term services and supports in a briefing paper focused on health care.

To learn more about this initiative, when there might be another call in day and keep abreast of current aging services news, see www.aahsa.org. This website allows you to contact Congress easily and quickly and all NaCCRA members are encouraged to make contact with this web site regularly.



AAHSA National Meeting Offers Free Registration for NaCCRA Resident Members

The American Association of Homes and Services for the Aging, following a successful pilot project last year, is offering free registration to all NaCCRA's resident members for its 2009 Annual Meeting and Exposition, November 8-11 at McCormick Place in Chicago. In keeping with the theme "Changing Lives", general sessions will feature some of the most transformational personalities in the country: people like Gail Sheehy Carol Bellamy, Garrison Keillor and inspiring young people committed to improving the lives of others. More than 500 companies will exhibit a huge array of products and services. There will be more than 200 educational programs featuring everything from the latest in culture change transformation to protecting your not-for-profit status. There will also be AAHSA House, a 2,600 square foot home of the future designed with the latest in universal and sustainable design, featuring both emerging and existing technologies that allow people to thrive in place from 25 to 95.

Of the over 200 educational sessions being offered, many will be of special interest to residents. Here is just a sample: The GREEN HOUSE™ Workforce Model; Building Con-

sumer Relationships; Emerging Dining Design Models; Ethics and Compliance in Long Term Care; A Program of Peer Support to Ease Adjustments; Implementing Environmentally Sustainable Practices; Establishing Hospice and Nursing Home Relationships; The Role of Faith in Aging Services Organizations; Embracing Diversity in Aging Services, and Creating Community Involvement Opportunities. Tours of nearby CCRCs are also offered.

For residents traditionally there is a special residents luncheon session on Sunday after an Interfaith Service. NaCCRA will hold its meeting Sunday evening at 7 pm. Newbies will find the availability of a first timers lounge complete with guides, computers and refreshments particularly welcoming and a great place to meet between sessions, find each other for meals, etc. And for your sheer enjoyment, there will be an Evening with Jim Belushi and the Sacred Heart Band. You will hear the original band from Chicago's House of Blues led by the legendary Blues Brother, Jim Belushi. All who can do so are strongly urged to attend this highly educational experience.

Effective State Legislation for CCRC Residents

North Carolina has been a leader in developing legislation for protection of CCRC residents. How did this happen? A small group in 1988 decided that Continuing Care Communities were a unique living arrangement that were not adequately protected by existing state law. The leader of this group was **Mr. Harry E. Groves**, a retired Dean of the University of North Carolina Law School and winner of a Ford Foundation Fellowship to Harvard University.

Mr. Groves, a native of Colorado and the holder of numerous awards for scholastic achievements, was the principal author of what is now Chapter 64 of the North Carolina General Statutes. The statute provides that each resident of a continuing care community shall be provided with a Disclosure Statement which has been approved by the Commissioner of Insurance together with a residency agreement describing the rights and privileges of the resident. The law also provides for operating reserves and methods by which the Commissioner can intercede in event of financial distress of any given community. This statute, which has been amended several times in the passing years, provides the basic protection of residents and supervision of administrative organizations which have been licensed by

the Commissioner of Insurance to operate continuing care facilities. There are now 55 Continuing Care facilities in the state.

The state organization of residents of continuing care communities has come a long way from its origins in 1988. The number of homes represented has grown from 8 to 38. The present membership exceeds 4000 and is growing each year. The CCCR of NC Annual meeting in October yearly draws 300 residents to Greensboro where it is held in the Christ United Methodist Church. It is held there due to its central location and because none of our facilities can provide a meeting room large enough to handle 300 or more people.

Due to the long East to West distance in North Carolina, the state has been divided up into three regions, Eastern, Central, and Western. Each region has their own officers, a Regional Representative who serves on the state Executive Committee, an Alternate, a Secretary and Treasurer. To date, this arrangement is working out well.

Reprinted by permission from Hotline of CCCR of NC

We could all learn a lot from crayons. Some are sharp, some are pretty, and some are dull. Some have weird names and all are different colors, but they all have to live in the same box.

Magnolia Trace – NaCCRA’s Role

It’s been just over a year since our Huntsville, AL, Life-Care community became Magnolia Trace; ACTS’ nineteenth community. NaCCRA played a somewhat significant role in making this happen; although small in the larger scheme, it was at least a catalyst to get things moving. Let me share how this all came about.

The community opened in early 2003 to great fanfare and expensive celebratory social events and Marilyn and I moved into one of what is now titled a “Carriage Home.” Some months before we moved in we noted some subtle but troublesome “*Value Engineering*” affecting what we signed up for. That was the beginning of a downward spiral in the community’s marketability – including a withdrawal of Medicare certification for a short period due to severe problems with our healthcare center. For many additional reasons, the community decided to seek reorganization protection under Chapter 11 in August of 2006.

I was serving as the elected President of the Residents’ Council – sometimes called a “Board” in other communities – for two years (2006-2008) and had been striving to find a way to get accurate information to the external governing Board of Directors. It was clear the Executive Director and the management company were glossing over all the problems we residents observed. My goal was to have a resident as a full voting member of the Board, as is common in many CCRCs and required in several states. The Board finally agreed – but add a resident **after** we emerged from bankruptcy!!

During my intensive search for help, I ran across a nationwide organization dedicated to concerns of CCRC residents – NaCCRA! So I became Alabama’s first NaCCRA member and immediately asked Charlie Paulk to send out an

“*All-Points-Bulletin*” to the membership seeking advice for me to resolve the issue of getting a resident on the Board as a full voting member. I received a lot of valuable tips, but one note was especially intriguing. A guy named Dick Spencer said he was well acquainted with my concerns; he had served on his local community residents’ board and was currently a member of the owner/management company’s Board – a company called ACTS. After a few more emails and phone calls with Dick and research concerning ACTS, I asked him if ACTS might want to expand into Alabama. Dick said he’d bring it up at the next ACTS’ Board meeting. Shortly after that I received an email from a gentleman named Jerry Grant, ACTS’ CFO, who asked if he could come chat with our court-appointed Official Residents’ Committee (dubbed the “ORC” by the attorney crowd), which started the ball rolling.

There were several other twists and turns in the adventure, concluding with a “363 Asset Purchase” instead of a Chapter 11 reorganization. It’s noteworthy that the Bid Procedures for the 363 purchase required coordination with the “ORC” throughout the process to determine the “Best Bid.” Our early contact with ACTS provided the standards for evaluating the various bidders.

It turns out the lender community had been talking with ACTS before my contact with Dick Spencer, but it’s important to credit NaCCRA with one more success story by serving as the catalyst to our community becoming Magnolia Trace.

Good Work, NaCCRA!! Thanks!!

*Andy Setlow, Past President,
Magnolia Trace Residents Association*

Knollwood Residents’ Association

Earlier this year, the 2009 Knollwood Residents’ Association Executive Board reviewed its goals for 2008 and agreed to work further and defined steps to take on each objective. It added these goals:

Updating Emergency and Disaster Plans: The Board asked the Administration to review and update various plans for actions to take in case of emergencies, such as fire, hurricanes or other weather related disasters, a bombing or nuclear attack on the Washington Metropolitan area, etc. The Board asked that particular emphasis be places on communications with residents and their training.

Making Knollwood Green: The residents of Knollwood passed a unanimous resolution at the February meeting supporting steps for the Administration and residents to take to make Knollwood “Green”. The Administrator has already asked PEPSO to make an energy audit of the facility, and it will investigate the feasibility of placing solar or wind equipment on the roof. In the meantime, a team of residents is compiling steps residents can take to reduce waste and energy consumption.

CCCR of NC Regions Elect New Chairpersons

Congratulations to the newly elected regional chairpersons in Continuing Care Communities Residents of North Carolina! They are: Eastern Region, Heather A. Rodin, Galloway Ridge, Pittsboro; Central Region, Kitty Barnes, Friends Home West, Greensboro, and Western Region, Marcus Key, Grace Ridge, Morganton.



ORANJ Report

The Plenary Meeting of the Organization of Residents Associations of New Jersey (ORANJ) was held at The Fountains at Cedar Parke on April 15, 2009. The primary speaker was Stephen Maag, JD, Director, Assisted Living and Continuing Care for the American Association of Homes and Services for the Aging (AAHSA). His presentation consisted of two parts: first, current issues relating to fair housing and transfers versus aging in place, and second social accountability among not-for-profit providers.

He made the point that "Fair Housing" provisions apply only to those in a protected class, i.e., according to race, color, disability, etc. Age is NOT disability per se. Discrimination may be permissible if not in a protected class, i.e. among smokers, persons with weapons. Recent amendments added a prohibition against discriminating against families, which includes an exception allowing senior communities to restrict residents to persons above a specified age. An important issue is older adults with disabled children who ask to keep their children with them.

In order to qualify for protected status as disabled, a person must have a physical or mental impairment that substantially limits one or more major life activity. If a disability exists, there is a duty by the provider of service to "reasonably accommodate" that disability. Grab bars, for instance, are a reasonable accommodation, but the provider does not need to accommodate if he can't afford the change or if it fundamentally alters the nature of his program.

Another significant controversy for CCRCs is a right to aging in place versus a CCRC's contractual right to transfer a resident to a higher level of care, such as Assisted Living. This is especially important in cases where the resident can afford to live safely in their dwelling, i.e. with a private duty aide, and the transfer is seen as discriminatory. Restrictions on private duty aides have been termed acceptable, e.g. appropriate certification, criminal background check and also when a CCRC required than an aide may not be an employee of the facility.

Regarding the use of mobility aides such as walkers, wheelchairs, motorized carts, the courts have generally considered restrictions discriminatory. For instance, they have disallowed competency testing, damage deposits, restricting or limited access to common areas. However, they have allowed limited mobility aids to those who have a medical need so that residents cannot use them simply for convenience. Finally, he pointed out that new rules were being considered regarding service animals. Seeing-eye dogs in the case of blind residents are clearly allowable the, the situation is more controversial for "emotional support" animals.

Mr. Maag's second topic, social accountability, is particularly important because of 21,850 CCRCs in the US, about 82% are not-for-profits. They receive tax exemptions on the assumption that they serve a community or govern-

ment need in return. These exemptions are increasingly being challenged in the courts especially as communities with budgets deficits look to increase their revenue streams. He emphasized that creating an internal climate of social accountability has to come from the top down and from the inside out. The Board, senior leadership, and residents, have to recognize the importance of this mission. It is helpful if the organization add up what they gain by tax exemption, e.g. sales tax on purchases of supplies, equipments, food, tax exempt bonds for financing, charitable deductions for donations or endowments. Against this sum, the board, leadership and residents have to calculate the cost of the "giving back". This would include any charity care given residents so that they could remain at the CCRC even after they had used up their funds. It also includes, for example, making space available for community organizations to meet at the facility, release time for staff to take part in community services, community work by residents, and after-school or day care programs for children. The CCRC needs to publicize the "give backs" as widely as possible including the results in annual reports, web sites, volunteer recognition events., etc. If possible, the total value of the contributions should come close to the value of the exemptions the CCRC has been granted.

In the afternoon, Charles Graziano, aid to Congressman Adler of the third Congressional District of Southern NJ, spoke briefly of items concerning seniors that are under discussion in the Financial Services and Veteran Affairs Committees. He emphasized the Congressman's concern that bailout funds go to the middle class and that they prevent government waste. He also hopes to find ways to reduce health care cost, to provide health services to the uninsured and to include preventative measures. He is also concerned that Medicare does not provide for long term care and for better managed care.

*Ellen Handler, Chair
ORANJ Communications Committee*

Help for Caregivers

Most of us who live in CCRCs have friends who are caring for a mate or friend who is suffering from some type of dementia, usually Alzheimer's Disease or Multi-infarct dementia. Many symptoms are similar as are needed coping strategies. Here are a number of resources many of us have found helpful.

The 36-Hour Day, revised edition, Nancy L. Mace and Peter V. Rabins, This is a family guide to caring for persons with Alzheimer's Disease, related dementing illnesses and memory loss in later life, published by the Johns Hopkins University Press, 1991.

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Summer Activities Reminder from Seabrook in NJ

Summer is approaching and with the summer months at the Jersey Shore we see an influx of families visiting their loved ones at Seabrook. In an effort to provide a family-friendly environment, there are many activities in which children can participate at Seabrook. These include swimming during guest hours at the indoor pool, playing on the playground located behind the Village Center patio area, mini golf on the putting green, shuffleboard, billiards, and table tennis. Don't let a rainy day spoil your day – take in a Wednesday matinee, Saturday night or Sunday matinee movie in the Auditorium, avail yourself of the computers

in the Resident Computer Lab or enjoy a book from the Seabrook Library.

We welcome you to share these activities with children, but also please be reminded that all children must be supervised on campus. We want to provide a safe, fun environment for all and do not want to limit the activities available due to the actions of few. Information regarding the recreational activities listed above can be obtained by contacting the Fitness Center at 732-643-2000 ext. 5700.

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from The Shore Lines, June 2009*

Attention All Green Teams – Great Resources Available

The following report has been received by *Lifeline* from our friend Bob Lane at Whitney Center in Hamden, Connecticut. “We have had good luck with Maag & AAHSA in getting the AAHSA list of state associations which, in turn, gives us access to individual CCRCs as well as to their educational and newsletter directors. But these addresses, of course, are all for management people and do not permit us to communicate directly to residents who may be interested in our Green Team approach. With our new Executive Director, Rosi Kerr, we have expanded the services we offer to CCRC Green Teams to include several instruments for assessing GHG emissions by each retirement home and in providing educational materials. All of these materials have been prepared for use by residents of CCRCs.”

For further information contact Robert Lane at robert.lane@yale.edu or rosikerr@grayisgreen.org These folks have truly prepared impressive materials that we know you will find helpful.

Medicare Directive to Make Nursing Homes More Like Home

A warm welcoming environment where residents are free to make choices regarding their care: That's the new vision of the ideal nursing home, according to a guidance issued recently by the US Centers for Medicare and Medicaid Services (CMS). The directives in the CMS guidance are to “transform nursing homes into environments that are more like the residents' homes through both environmental changes and resident-centered caregiving”, according to Acting CMS Administrator Charlene Frizzera in recent agency news release.

The guidance will serve as a kind of outline that CMS nursing home inspectors can use to make sure that a particular facility is reaching federal regulations on good quality are. The guidance which went into effect in June 12 includes the following new proposals:

- A call to de-institutionalize the nursing home's physical environment by doing way with

things such as meals served on institutional trays, blaring noise from overhead paging speakers, and large nursing stations

- Efforts to individualize and personalize care, stressing the importance of personal one-on-one relationships between residents and staff, and a warm, welcoming environment, giving residents real choice over daily routine, including the scheduling of walking, bathing, mealtimes and bedtime.

Almost 1.5 million Americans now live in an estimated 15,800 nursing homes across the country and more than three million will spend at least some time in a nursing home or skilled nursing care facility this year. The guidance acknowledges that many facilities cannot immediately make these types of changes but they must be a goal for all facilities should strive to reach.

Caregivers *continued from page 10*

The Caregiver Helpbook: Powerful Tools for Caregivers. Available from Legacy Caregiver Services caregiver@lhs.org. Topics include tools designed to help a caregiver reduce personal stress; communicate feelings and needs; use community services; deal with emotions such as anger, guilt and depression; make tough caregiving decisions.

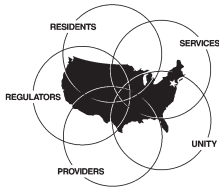
The Alzheimer's Store: products that make a difference. www.alzstore.com provides one-stop source providing products for people with Alzheimer's disease and related dementias. Any amazing array of products are now available to help assure safety and contentment for patients.

Editor

Marleen Varner, Editor
National Continuing Care Residents Association
257 Wiggins Creek Dr.
Sewanee, TN 37375



NATIONAL CONTINUING CARE RESIDENTS ASSOCIATION
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NaCCRA Membership Application

Date _____

Name of Individual: 1st Person _____
2nd Person _____

Address _____

Telephone _____

Email _____

Name of Community Resident's Association _____

Annual Dues per State Association \$ **400.00**
Annual Dues per Community Association..... \$ **150.00**
LIFETIME MEMBERSHIP \$ **150.00**
ANNUAL DUES PER (EACH) INDIVIDUAL.. \$ 15.00
Total Enclosed \$ _____

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