

Of Interest

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Presidential Advisors Long-Term Care Report

The President's Council on Bioethics released a report exploring how America will address the challenges of the aging baby boomer population, including living longer and the onset of chronic conditions. Commission members recommended that research and "creative thinking" are necessary to meet the growing need for long-term care services. To view the entire 333 page report, visit AAHSA's web site at: http://aahsa.org/advocacy/documents/WH_Bioethics_Report.pdf.

HHS Extends HIPAA Rule Expiration Date

The U.S. Department of Health and Human Services (HHS) extended the expiration date of an interim rule governing how HHS imposes civil monetary penalties on entities that violate the administrative simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The rule, originally set to expire on September 16, will now expire on March 16, 2006. HHS concluded that the change was necessary because HHS is still considering public comments on a proposed final rule from June.

New Grant Search Tool Coming

Grants.gov announced that on Monday, October 31, Grants.gov will release enhancements to make it easier to search for government grants. Check out the site at <http://www.grants.gov> to try out these new features.

AAHSA Issues Resolution to Expand Managed Care

The American Association of Homes and Services for the Aging issued a list of five resolutions to the White House Conference on Aging. Its recommendations include expanding managed care concepts, combining affordable housing with supportive services, embracing a more consumer-focused culture, creating a better transition between care settings, and developing new technologies to improve consumer choice.

AAHSA suggested that managed care programs, which include Evercare, continuing care retirement communities, hospice and social HMOs, should grow with specific attention to disease management for Alzheimer's, Parkinson's and other chronic diseases. The association also suggested combining affordable housing with supportive services, and that this concept should be the foundation for an integrated system of aging services in the coming decade.

CAHSA News

CAHSA Next Kicks Off

CAHSA's Executive Director **Laura Landwirth** kicked off the CAHSA Next initiative during a meet-and-greet breakfast on Wednesday, October 12, at Holly Creek Retirement Community. Twenty-six members turned up for the early morning event to learn more about CAHSA, CAHSA Next, and upcoming hot topics at the legislature that CAHSA will be supporting.

CAHSA board member and Christian Living Communities CEO **Russ DenBraber** spoke to the group, as did CAHSA Next planning committee members **Bethany Novak** and **Jen Naber**, both from Total Longterm Care. Afterward, members took a tour of the newly completed facility.

Special thanks to executive director **Camille Thompson** and all the staff at Holly Creek for hosting such a lovely event. The food was fabulous. Two weeks later, the planning committee met to debrief and begin planning activities in 2006.

CAHSA is the
Colorado affiliate of



American Association
of Homes and Services
for the Aging



Executive Update

By the time you read this we will know the outcome of the election and if Referenda C & D passed. I know that we have sent you numerous communications over the past few weeks and months to encourage your support. Thank you for your efforts. Regardless of the outcome, we have our work cut out for us!

In mid-October, I sent all members a letter advising everyone of our Board's decision with respect to our policy strategy as we look ahead to the 2006 Legislative Session. I would like to repeat myself in this column and ensure that all members are aware of the process we used to arrive at that position.

In August of this year, we held three membership meetings along the Front Range to seek your input on what our position should be with respect to the financing of long term care for the 2006 Legislative Session. Specifically, we asked you to tell us what we should do once we know the outcome of the election. If Referenda C passes, then long term care, including home- and community- based programs, are defined under the healthcare category to receive some of the new funds that would become available. If the referendum does not pass, then we believe the Legislature will look to the Medicaid program, among others, to identify reductions needed to balance the 2005-06 budget.


A cross-section of our membership attended the three meetings, including directors of Nursing Homes, Assisted Living, CCRCs, Housing and Adult Day programs. We heard a similar message at each meeting. Specifically, the Footnote 50a Task Force funding recommendations were suggested as a starting point for either an increase or a reduction in funding. We also heard about the importance of continuing appropriate funding for nursing homes while continuing our emphasis on the ever-increasing need to more adequately fund services not protected by statutory increases. The board met in late August and considered these recommendations. As a result of their discussion, they adopted the following position:

If Referendum C passes, we need to look at a "parity position" of the recommendations in 50a and move them forward as if they had been in statute since 2002. This would specifically call for increases in Alternative Care Facilities, Home Health Aides, Homemaker and Personal Care. The Footnote 50a report did not recommend any changes to the Nursing Home reimbursement and we would continue to support their reimbursement as it is currently written in statute.

If the Referendum does not pass, we will urge protection of current funding of the four programs identified above to preserve a framework from which to build on the recommendations of the SB 173 Advisory Committee, which was appointed to look at rebalancing the financing of Medicaid Long Term Care. With respect to nursing home reimbursement, we will defer to the Joint Budget Committee's (JBC) discretion. Should the JBC's recommendations deviate from our position to protect the programs targeted for increases in Footnote 50a, we will bring it back to the board for discussion.

Shortly, you will receive a specific call to action to contact your Legislators with the appropriate message as outlined above.

On a separate note, mark your calendars for our annual membership meeting on December 6th from 3:00 pm to 6:00 pm at Eaton Senior Programs in Lakewood. A flyer is enclosed with this issue of *CAHSA Connecting*. Have a Happy Thanksgiving!


Laura Landwirth, Executive Director

VOL. 8, NO. 9

NOVEMBER 2005

CAHSA Connecting is published monthly by the Colorado Association of Homes and Services for the Aging (CAHSA), 1888 Sherman St., Suite 610, Denver, Colorado 80203.

CAHSA is a membership organization committed to promoting quality and dignity in the continuum of care through education and advocacy.

For information on membership, advertising rates and deadlines, please contact CAHSA at 303-837-8834 or visit our website at www.cahsa.org. One subscription to *Connecting* is included in membership dues. Additional mailed subscriptions are available for \$75, and are for member organizations only.

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CMS Updates Survey Guidelines

CMS made a variety of technical corrections to sections of Appendix PP, the State Operations Manual (SOM) that provides surveyor guidance for long-term care facilities. These changes took effect October 14 and include adding new regulatory language, correcting errors such as missing text, and moving some sections within the manual. The total changes are approximately 352 pages and include sections such as unnecessary drugs, urinary incontinence, and abuse. To print out an updated copy of Appendix PP visit: http://www.cms.hhs.gov/manuals/pm_trans/R26SOM.pdf.

CMS Releases 2006 Medicare Premium and Deductible Rates

The Centers for Medicare & Medicaid Services (CMS) has released the Medicare premium and deductible rates for 2006. The coinsurance payment for skilled nursing facility services is estimated at \$119 for the 21st day through the 100th day. The amount represents 12.5 percent of the hospital deductible, which is a \$5 increase from 2005.

Report Suggests New Medicare Prescription Drug Plan to Challenge Nursing Homes

A recent report by Avalere Health, a strategic healthcare advisory firm, suggests that residents who are Medicare-eligible rely heavily on their nursing homes to manage their access to drugs and coordinate health care. This reliance is because residents tend to suffer disproportionately from physical and cognitive impairment and require multiple medications.

The introduction of the Medicare prescription drug plan will mean that the practice of one payer and one pharmacy may be over. As of January 1, nursing home residents will receive their drugs from private plans, forcing providers to deal with multiple formularies. Plus, nursing homes will have to make sure every resident can get drugs on an in-network basis from their pharmacy; if not, they may have to work with multiple pharmacies, a major departure from the current business model.

The report also suggests that the new Medicare drug plan will require nursing homes to make profound shifts in their administrative and operational protocols. Providers must develop systems to quickly assess residents' drug coverage needs, identify which residents require drugs not on their formulary and develop individualized transition plans for each resident.

The study's report, *The Medicare Drug Benefit's Impact on Drug Delivery in Nursing Facilities*, was released by the California HealthCare Foundation and can be accessed at: <http://www.avalerehealth.net/research/index.html>.

Housing News

HUD Releases Reports on Housing Discrimination Against Disabled

HUD released two reports on housing discrimination, including a study titled, *Discrimination Against Persons with Disabilities: Barriers at Every Step*, and a report, *Discrimination Against Persons with Disabilities: Guidance for Practitioners*. Both provide useful information on testing for housing discrimination. Order HUD publications at this link: <http://www.huduser.org/publications/hsgspec/dd.html>. The link to the second report is at: <http://www.hud.gov/offices/ftheo/library/dss-guidebook.pdf>.

Notify HUD Regarding Social Security Error Messages in TASS

After receiving many appeals from industry stakeholders to provide help in reducing the number of Social Security Error messages received from TASS, Elking Tarver at HUD volunteered to assist owners/agents in their efforts to correct the following MAT errors:

- SS001 SSA unable to verify SS/SSI income; SSN not on file
- SS002 SSA unable to verify SS/SSI income; birth date different
- SS003 SSA unable to verify SS/SSI income; member name is not in SSA database
- SS004 SSA unable to verify SS/SSI income; individual is a public figure
- SS010 SSA verified SS/SSI income. SSA has different birth date for the person
- SS011 SSA verified SS/SSI income. SSA has a different SSN for the person
- SS013 SSA verified SS/SSI income; has different birth date for S.S Claim
- SS015 SSA verified SS/SSI income; SSA has a different birth date for the SSI claim

The American Association of Homes and Services for the Aging recommends that providers first doublecheck their submitted information to ensure that it was entered correctly. If the information was entered with errors, correct the errors and submit those corrections to HUD or to the appropriate Contract Administrator. If the error appears to be with the Social Security Administration (TASS), submit error corrections using the Social Security Errors Cleanup form found at <http://www.hud.gov/offices/hsg/mfh/trx/trxdocs.cfm>. Submit one form per person/household and fax a copy of the form directly to Elking Tarver (his fax number is on the form). HUD is taking these reports directly to the Social Security Administration for correction. AAHSA requested that providers not include any errors other than the ones listed above.

A Business Partner

How long have you been a member of CAHSA?

I am a new member of CAHSA. I joined this year.

Why did you become a member?

After spending time in Washington D.C. at the AAHSA meeting with Laura Landwirth and other members of the CAHSA Board, I was intrigued by the activity of CAHSA and the commitment of its members. The level of awareness of issues concerning the senior services industry in Colorado is significant. I felt that I had a lot to gain and more importantly, a lot to give to the organization. It has only been a few months, and I am pleased I became a member.

What goods or services does your organization provide and what would you like members to know about this service/product?

I am an independent consultant in acute care and senior services. I work in business development, strategic planning, partnership building, program/portfolio assessment, quality assessment and continuum development between acute care and senior services. I specialize in innovative projects that focus on alternative revenue enhancement and partnering with vendors and hospitals. I have been very successful in developing strategies with senior service organizations that allow them to look at service delivery in a new light and with new sources of revenue.

What do you think is the biggest challenge for providers in relationship to your service/product?

Having the courage to build a strategic plan that may include services outside the provider's current service lines. Having the staff to implement these services is also a challenge.

Who's your hero/heroine?

My hero is my father. He was a renowned Olympic ski jumper and war hero from Norway who came to this country with nothing—not even recognition for his accomplishments. He never looked back and never allowed himself to be homesick. He drove a beer truck when he first came here and worked his way up to one of the top executives at Bethlehem Steel. He spoke seven languages, which he learned on his own, and he only missed one day of work his whole working career. He always encouraged me to be the best.

What do you do on your time away from work?

I am a competitive rower. I practice every morning at 5:30 a.m. on Cherry Creek Reservoir and compete around the country. I also like to bike, camp, hike, read and spend time with friends. My children are also my heroes! I love spending time with them.

Get out there!

Tips for Gaining Exposure

The Power of the Press Release

Do you have employees who have just completed specialized training? Has your facility received a special award, opened a new division, or completed a web site? Are you planning a special event, educational lecture series, or community film festival that you'd like to invite the public to attend? If so, one of the best methods for getting the word out in your community about your organization is to share the news with your local media via a press release.

While there is no single way to write a release, there are accepted general practices you should follow:

Content:

- First, make sure your information is newsworthy.
- Cover the major facts right away—answer *who, what, when, where, why* and *how* in the first paragraph.
- Information must be timely and accurate, including spelling, times, dates, facts, figures and grammar.
- Write active, short sentences. Avoid excessive use of adjectives, jargon or technical terms. This includes acronyms, which we all know overpopulate the LTC industry.

Length and format:

- Keep it short — usually no more than one 1.5- or double-spaced page.
- Write "more" at the bottom of each page if you exceed one page.
- Avoid fancy fonts and excessive sized type—stick with Times New Roman, 12 point type in the body. You can be a little more creative on the title and subheadings by using Arial Black with 14 point type.
- Add "—30—" or "# # #" at the bottom of the release to signify the end to a reporter.

Title:

- Include a title on the press release, knowing that many editors will probably adjust it. Focus on the key point in the release and be sure you include your organization's name in the title.

Release date:

- For most releases, write "For immediate release" at the top and include the date you will be distributing the release.

Contact information:

- At the top of the release, include also the name, title and accurate contact information, including phone, mobile, and email address for a person who is available to discuss the content of the press release. This is critical! Usually, this person is a leader in the organization.
- When the release is distributed to the media, provide a copy of the release to the contact person so they are aware they may get calls with questions.
- Always file a copy for your own records. Note when and where the release was sent.

Where to send the release:

- Check the section of the publication where your information belongs, or visit the web site to find out to whose attention you should send your release. While some papers prefer email, others prefer fax and more and more are accepting releases via online submission forms.

When to send the release:

- Generally, send releases one to two weeks prior to publication, but allow more time for a monthly publication.
- While you don't have to send a full-scale press release, don't forget to add cahsanews@comcast.net to your media distribution list, so we may include your news in an upcoming issue of *CAHSA Connecting*.

A well-written release with timely information can help to garner media attention for your event, expose your company to the masses, introduce new personnel and highlight their expertise, and enhance the image of your business, products or services in the community.

To see previous CAHSA press releases, go to www.cahsa.org and visit the Press Room.



Russ DenBraber
Chair, Quality First

CAHSA Says I Do, Renews Vows to Quality First

Each month, Russ DenBraber, chair of CAHSA's Quality First Task Force and Chief Executive Officer of Christian Living Communities, highlights examples of quality within CAHSA's membership. This month, Russ shares CAHSA's 2006 goals for Quality First.

As the "best man" or perhaps the "wedding coordinator," I'm proud to announce that CAHSA has renewed its vows with AAHSA and formally reaffirmed its endorsement and commitment to the Quality First initiative.

The union, which originally took place in 2003, has been renewed, in part, because several of CAHSA's 14-member board of directors, including CAHSA's newest board member, Julie Callender (welcome!), were elected to their positions after the original resolution was enacted.

The board has developed also a formal strategy for QF in 2006 that goes beyond merely signing the resolution. In fact, the board approved several initiatives to demonstrate its ongoing support of QF in 2006. These include:

- Continue to ensure that all current and future board members' provider organizations are committed to QF and have signed the Covenant.
- Continue to share members' QF stories in QF Corner.
- Develop a communication piece to be included with the new member packet explaining and encouraging participation in QF.
- Reprise CAHSA's Annual QF Awards Ceremony at the annual convention.
- Invite an AAHSA QF representative to participate in the awards ceremony and conduct an educational session on QF at the annual convention.
- Involve the entire membership in the QF initiative by presenting an additional award to a CAHSA business partner who exhibits best how their product or service supports QF.
- Formalize a process to require annual convention speaker proposals to demonstrate a link to the elements of QF in their submission application.
- Include information about the links to QF and understanding of QF in the post-convention surveys.

CAHSA has dropped to (gulp) second place in the number of members who've signed the QF Covenant. We currently hover around 80%, which is highly commendable and well above average, but Arizona has nudged ahead with 82%. While this must be a miscalculation, we want to ensure that all of our providers who are participating in QF are being formally recognized and are actively sharing their stories. We want to truly make QF our first priority.

Visit CAHSA's homepage (www.cahsa.org) to find out which CAHSA providers have endorsed the philosophy of QF. If your facility isn't listed and it should be, please contact Karen Simmering at Karen@cahsa.org or 303-837-8834. For those of you who haven't joined QF, I urge you to reconsider, especially those aligned with ALFA and our for-profit providers. It's a proposal well worth accepting.

Assisted Living/ALFA News

!! Time Sensitive Material !!

Assisted Living Salary and Benefits Survey

Hospital and Healthcare Compensation Service is conducting its eighth annual Assisted Living Salary and Benefits Report. The Report is published in cooperation with the American Association of Homes and Services for the Aging and supported by the National Center for Assisted Living and the Assisted Living Federation of America. The results provide assisted living facilities with the most reliable, comprehensive source of compensation information. Last year's Report contained data from 900+ facilities. Deadline for questionnaires is November 11. The Report will be available in January and participants can purchase the Report at a reduced rate. Visit: http://www.hcsinc.com/AL_Indi&Multi_.php to download a questionnaire, or call 201-405-0075.

Linda Johnston is program manager for the Seniors' Resource Center Adult Day and Respite Services. She manages the services and staff for SRC's three adult day services metro sites. Linda was originally a volunteer for SRC before becoming a part-time program assistant. This part-time position evolved to full time when she created a group specific to mid-stage Alzheimer's disease. As she became more immersed in SRC, she spearheaded two of SRC's satellite programs before returning to the central site in Wheat Ridge as program manager.



Linda Johnston

What would you consider important leadership qualities?

Collaboration and cooperation with other directors and managers, both in the internal job setting as well as with other agencies in the community, are fundamental to leadership. Listening, continuing to learn about the field, decisiveness, and a willingness to accept responsibility and encourage staff are all qualities that make someone a good leader.

What is one thing that you have changed in your leadership style over time?

I think my leadership improved when I began to prioritize and become more decisive. I've learned that it is important to get as much input as possible before making a decision, but that actually making a decision is ultimately the leader's responsibility.

What is the most difficult part of being a leader and how do you overcome that?

I'd say having to give people information they don't want to hear and striking a balance between respecting others' feelings and concerns with what I believe will be best for the program.

As a leader (co-chair) of the CAHSA Adult Day Coalition, you are immersed in adult day issues. Do you think the public and our state leaders better understand the value of adult day services now?

A true grasp of the benefits and value of adult day services is hard to acquire unless you have actually been touched by a family or friend that requires services or a new living arrangement. The nature of adult day services is so hands-on that most directors and managers are focused on internal issues rather than getting out into the community. There needs to be a "face" on how adult day services can provide dignity and respect to an aging or disabled person. It is wonderful to have CAHSA as our educational link to state leaders and the media. We all have a continued responsibility to educate the public about the benefits of our services.

You were recently highlighted in AAHSA's futureAge magazine as a resource on adult day. What would you tell those who contact you for information?

Adult day services are a wonderful opportunity to work with frail seniors or the disabled and their caregivers. You can provide help to family members by assisting them in keeping their loved one in a family situation for as long as possible. These programs provide stimulation and care to seniors and the disabled while allowing them to maintain dignity. Adult day services are very staff-intensive, so hiring the right staff is critical and balancing the budget is a constant challenge. You will not get rich in this field, but the rewards are immeasurable.

What do you do to sharpen your leadership skills?

I attend conferences and seminars, watch other leaders in action, and continue to educate myself about adult day services. I find the CAHSA Adult Day Coalition very beneficial to stay on top of developments in Colorado. It is also a wonderful place to problem-solve various issues that arise in our field.

How does a good leader prepare others to become future leaders?

I encourage others to further their education to make informed decisions and gradually allot more responsibility. Keeping staff informed of the step-by-step processes of decision making and conflict resolution offers the opportunity for others to see all the responsibilities of leaders.

Design Matters



by William Brummett
President, William Brummett Architects

Creating Home

This is the first in a two-part series, exploring ways to create a home.

The notion of creating a “home” in an environment serving seniors seems simple. Certainly, the word “home” conjures up imagery that is somewhat universal. But upon further reflection, and particularly when attempting to create a home in settings with a longstanding tradition or reputation of being institutional, what appeared clear at first is often difficult to grasp. Defining an idea as deeply rooted and emotionally-laden as “home” is similar to attempting to define beauty or love: “I don’t know how to define it, but I know it when I see it or feel it.”

Despite the challenge of creating an authentic home, the value of doing so is perhaps the highest of all design-directing goals we have in creating housing and care environments for seniors. Residents who leave their homes often mourn their loss in a very real and profound way. Over the years, I’ve learned through resident interviews that these seniors want a place that “feels like home.”

When I first attempted to clearly define home, as a way to help me create better environments for seniors and others with special needs 14 years ago, I quickly discovered how difficult it is. I came to realize that it is sometimes easier to define what something is *not* first. What I heard from residents led me to believe that not only is home not an institution or facility, but it is also not a prototype and not a hospitality setting. Many residents expressed negative comments such as “this place is just like the place down the street,” or “I feel like I’m in a hotel.”

I concluded that home is unique to its context, a natural outgrowth of the community of which it is a part, and this could not be success-

fully achieved from adapting a prototype. In addition, the “hospitality model” is not what fulfills the fundamental human need for home. Hospitality emerges from hotel and resort typology, representing a wonderful service model that is a treat for the short term. But in the long run, the hospitality approach is transient, lacks real meaning and authenticity, and perhaps is best as an added service amenity, not the conceptual foundation for design.

I realize that when I interview residents, I instinctively want to interview them in their own room. I learn a lot about who they are just by looking around the room at what they have chosen to keep, display, and put in special places.

What I have begun to understand about home is that it cannot be defined by a simple statement—that perhaps it is defined by the activities that take place within it, and the way home supports the ability for these simple, daily activities to resonate with feelings of intimacy, love, security, freedom and choice. Home is the place where memories are made and kept. Home is the place that we make the most personal physical expressions of who we are, what we value and who we want to be.

It’s obviously not an easy or direct leap from such a collection of concepts to a physical design. However, there are some guidelines and aspects that can get a design started in the right direction, which will be further discussed in the next issue.

In the meantime, it is possible to draw broad conclusions from this conceptual basis that inspire and direct design intended to embrace this essence of home: 1) The intimate, private and personal nature of this description of home makes clear the reality that these experiences cannot happen in any arrangement other than private rooms; and 2) A pivotal question to ask yourself is “How would this daily experience or activity happen at home?” and then design buildings, spaces and services to support the first.

Resources

JCAHO Guide for Emergency Planning

The Joint Commission on Accreditation of Healthcare Organizations published an 86-page guide entitled *Standing Together – An Emergency Guide for America’s Communities*. While the guide is general in nature, it contains helpful information that may add to the disaster planning efforts of your community. The Guide is available free and can be downloaded from the JCAHO website at: http://www.jcaho.org/about+us/public+policy+initiatives/planning_guide.pdf.

Free Arthritis Information for Hispanic Seniors

The National Institute on Aging offers a free fact sheet in Spanish about treatments for the most common forms of arthritis—osteoarthritis, rheumatoid arthritis, and gout. “Consejos Sobre la Artritis” includes information about the warning signs of arthritis, treatment methods, and up-to-date addresses and telephone numbers of resources for further help. To order copies of this and other Spanish publications on healthy aging, including how to take medications safely, how to recognize and protect against health scams and early tests to detect cancer, call 1-800-2222-2225 or visit www.niapublications.org.

Problems with Senses of Taste and Smell

Thirty percent of older adults between the ages of 70 and 80 and two out of three older adults age 80+ experience problems with their sense of smell. Problems with taste, although less common, also frequently occur in older adults. Information about the important senses of smell and taste is available in a senior-friendly format at www.Nihseniorhealth.gov. Visitors to the site can learn about how these senses work, how smell and taste decline with age or illness, and what older adults can do to cope with the loss of these senses.

Just a Reminder

Announcing the new Centers for Medicare and Medicaid Services web page dedicated to providing all the latest NPI news for Fee-For-Service (FFS) Medicare providers! Visit <http://www.cms.hhs.gov/providers/npi/default.asp> on the web. While this page is dedicated to the FFS community, it contains helpful information and links that may benefit all health care providers. Health care providers are required by law to apply for a National Provider Identifier (NPI). To apply online, visit: <https://nppes.cms.hhs.gov>.

People & Places

Submit Content to CAHSA Connecting

Send press releases, administrative changes, awards and event announcements to cahsanews@comcast.net or fax to 303-474-3025 ATTN: CAHSA Newsletter. Please include photographs (label) when possible. CAHSA reserves the right to edit all submissions for length and content.

CAHSA has named **Julie M. Callender** to its board of directors. Julie is senior vice president of **Bethesda Adult Communities**, which owns and operates 14 assisted and independent living communities across six states. An announcement about Julie's appointment was published in the "People On the Move" section of the *Denver Post*.

Polaris Group announced it has redesigned and improved its web site, www.polaris-group.com. The newly upgraded site offers visitors an online resource for learning about Polaris' consulting and educational services. It also includes detailed information about upcoming and past audio conferences trainings, as well as educational publications and reference manuals, which can be purchased or registered by visitors. For additional information on Polaris Group or its web site, call 800-275-6252.

Total Longterm Care's Cody Day Center was selected by a jury of senior housing/services providers and architects for inclusion in the 2006 AIA Design for Aging Review, held in partnership with AAHSA. Boulder Associates, Inc., the architecture and interior design firm that designed and built the Cody Center, will prepare display boards to be exhibited at the AAHSA and AIA conventions during the next two years. Review jurors will deliver a slide presentation at the AAHSA annual meeting on November 7 that will highlight key issues of emerging trends in the design of environments for the aging and discuss innovative design features of notable projects, including the Cody Center. Congratulations!

CAHSA welcomes **St. Andrews Village**, a continuing care retirement community in Aurora, to the association.

An article highlighting CAHSA members' participation in Day 11 of the "Walk for C and D" was featured in the October 6 weekly print edition of **YourHub.com**. Visit the CAHSA homepage (www.cahsa.org) to see photos from the walk. Click on the link below the photos to read the full article and find out which members were in attendance.

Several CAHSA members, including **Todd Christopher**, marketing director with **Covenant Village of Colorado**, **Lynn Wallace**, marketing director at **St. Andrew's Village**, and **Camille Thompson**, executive director of **Holly Creek Retirement Community**, were quoted in a recent *Denver Business Journal* article entitled, "Senior Housing Companies Building in Denver." The article discussed how CCRCs have grown rapidly in Colorado, especially in Denver, and compared CCRCs' entrance fees, policies and procedures. To read the article, visit the Members In the News section (<http://www.cahsa.org/displaycommon.cfm?an=6>) of the CAHSA Press Room.

Did You Know?

Fun facts about boomers

- 76.9—The estimated number of baby boomers, in millions, in the U.S.
- 26.8—The percentage of the nation's population made up of baby boomers
- 51—The percentage of boomers who are women
- 16.9—The percentage of boomers who are minorities
- 32—The number of boomers, in millions, who are already age 50+
- 20—The percentage of the population that boomers will make up in 25 years, when they will be ages 66 to 84
- 45,654—Average annual spending, in dollars, by boomer households
- 7.3—The poverty rate, in percent, for boomers in 2000, lower than for any other segment of the population
- 9—Number of states (California, Florida, Illinois, Michigan, New Jersey, New York, Ohio, Pennsylvania and Texas) where more than half of all boomers live
- 14.2—The divorce rate, in percent, for boomers
- 6.7—The divorce rate, in percent, for the pre-boomer generation, those 65 and older
- 12.6—The percentage of boomers who have never married
- 3.9—The percentage of those 65+ who have never married
- 59—Percentage of boomers who voted in the 2000 presidential election
- 88.8—Percentage of boomers who completed high school
- 28.5—Percentage of boomers who have a bachelor's degree or higher

-Source: *MetLife Mature Market Institute*

Classifieds

Development Coordinator, Marycrest Assisted Living - The Development Coordinator will assist in implementing all aspects of the fund development program so that the annual and long-term goals of Marycrest Assisted Living are met. S/he assists the Executive Administrator in cultivating and managing all components of a diversified development plan including individual donors, foundation relations, corporate relations, planned giving and fundraising events. The successful candidate will be creative and flexible, able to effectively manage his/her own time, meet deadlines, and prioritize responsibilities. S/he will have demonstrated success managing in a collaborative and supportive team environment. S/he will be self-motivated and able to work independently. Required knowledge and skills: Bachelor's degree or higher, CFRE certification desirable, at least five years experience working with nonprofits, at least three-five years experience and success in nonprofit fundraising, strong planning, writing and communication skills, deadline-driven, organized, detail-oriented, disciplined, dependable, and able to prioritize time and tasks effectively, experience with and commitment to human services and social justice issues desirable, willingness to attend occasional evening and weekend events, competent and comfortable with computer use, including familiarity with donor management software, internet use, and standard office software, and a commitment to the Sisters of St. Francis and Marycrest Assisted Living's values and mission. To apply, send letter and resume to: Amy Herrick; Human Resources Director at ahmarycrest@comcast.net. For more information about the Sisters of St. Francis Marycrest, visit www.marycrest.org.

Marketing Assistant/Move-in Coordinator - Heritage Club of Denver: Summary of Responsibilities: Assists Director of Marketing in the organization and management of the Marketing Department's day-to-day operation. Provides clerical support in an efficient manner in accordance with established procedures. Essential job responsibilities: 1. Understand all aspects of our operation and all sales materials, and be ready to fill in when sales person is not available; 2. Work closely with the Director of Marketing with regards to sales, waiting list, reports, computer data and other marketing requirements (monthly calendar, appointments, meeting, events); 3. Have proficient computer skills (Microsoft Office applications; Excel; PowerPoint) as it relates to marketing and communication with residents and prospective residents; 4. Answer telephone calls skillfully and professionally by demonstrating a genuine "I'm glad you called" attitude as well as being helpful to the customer in every way possible; 5. Assist Director of Marketing with move in/vacates as needed with phoning and necessary paperwork; 6. Assist Director of Marketing with bulk mailing, designing and ordering postcards, labeling postcards and invitations, and overseeing the details to the monthly spend down sheets (budget); 7. Assist in the setup and physical organization of seminars and other marketing events. Be responsible for function sheets, food, confirmation and invites, etc.; and 8. Perform all other duties as assigned. To apply, contact Kent O. at 303-756-0025.

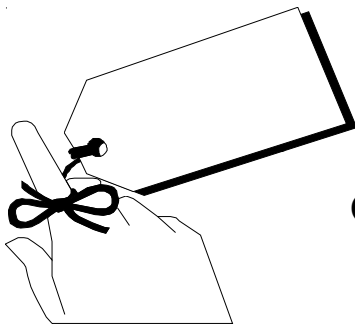
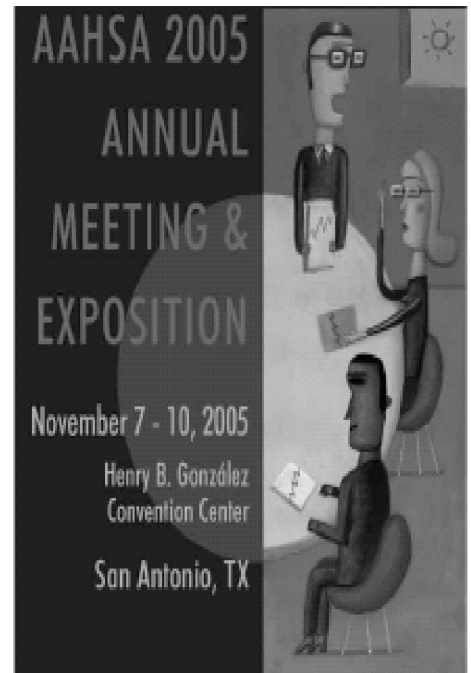
Staff Development Coordinator: Plan, implement, direct, and evaluate the education program based on identified resident needs, staff needs, and federal and state regulations. Provide department directors and managers with a comprehensive plan for meeting educational needs of personnel. Plan annual schedule of education programs. Plan, schedule, and post monthly educational programs for nurses, CNAs, and other departments in a timely manner. Maintain appropriate records of in-services and attendance. Supervise classroom and clinical activities of student nurse aides. Continually assess education programs to assure approved programs are followed. Implement educational programs on an ongoing basis. Assume responsibility for obtaining continuing education relating to nursing education and geriatrics. Responsible for initial facility orientation of all new staff. Coordinate and facilitate the CNA Advisory Committee. Coordinate and provide CPR instruction. Contact Sandi Capraro at 970-842-2861.

RN/LPN Charge Nurse: Participate actively in resident care planning, noting needed changes. Assume responsibility for accurate observation, recording and reporting to the appropriate persons the symptoms, reactions and progress of residents assigned to his/her care. Supervise and assist in the care given by auxiliary personnel. Promptly inform DON/nurse supervisor of any problems concerning the health or safety of residents or staff under his/her supervision. Make regular rounds on all residents under his/her care at the beginning and end of his/her shift and as needed. Administer prescribed medications and treatment in accordance with the Nurse Practice Act, with an understanding of the nursing implications in terms of patient diagnosis. Safeguard drugs in accordance with the law and with established policies. Assist with the orientation and training of new personnel. Assume responsibility for personal and professional growth. Assist with periodic evaluation of auxiliary personnel. See that equipment needed is available and in proper working order, and instruct auxiliary personnel in the proper use and care of equipment. Participate in assigned committee activity. Recognize legal implications and responsibilities in regard to the practice of nursing. Maintain a safe, comfortable, and pleasant environment within the department by encouraging adherence to established standards, policies and procedures, maintaining orderliness of the unit, and fostering cooperation with other departments. Delegate only the duties which can be legally or safely delegated to others. Accept responsibility for his/her own actions and determine his/her own actions and determines his/her competency for performing duties in the scope of his/her practice. Contact Sandi Capraro at 970-842-2861.

Activities Assistant/Transportation Coordinator - This part-time position requires a caring, upbeat, organized individual who enjoys working with older adults to assist in planning, leading & hosting activities for an assisted and independent senior housing complex. The chosen applicant would also drive a 24-passenger bus for shopping and group activity trips. A good driving record is a must. Class "C" Colorado Commercial Driver's License will be required (training may be provided). Knowledge of Denver Metro area helpful. Clerical and computer skills a plus. Please contact Eaton Senior Programs, Inc. Phone (303) 937-5074, Fax (303) 937-3090, E-mail: dforwood@eatonterrace.org.

The CAHSA Calendar

- Nov. 7-10** **AAHSA Annual Convention**
San Antonio, TX
- Nov. 16** **CAHSA Adult Day Coalition Meeting**
10:00 AM - 1:00 PM
The Senior Hub, Thornton
- Nov. 24-25** **HAPPY THANKSGIVING**
CAHSA office closed
- Dec. 1-2** **Assisted Living 30-Hour
Owner/Operator Training**
Covenant Village of Colorado
- Dec. 6** **CAHSA Annual Membership Meeting**
3:00 - 6:00 PM
Eaton Senior Programs



SAVE THE DATE!



Get more information on these events from our website - www.cahsa.org

CAHSA's 2006 Conference & Exhibition
May 11-12, 2006
at the Vail Marriott Resort & Spa
Vail, Colorado



CAHSA Next Meet-and-Greet Breakfast