WISHING YOU A HAPPY AND PROSPEROUS NEW YEAR

Annual Chapter Meeting and Education Session

The chapter held its annual meeting on Friday, November 2\textsuperscript{nd} at Saint Joseph’s College in Standish. The meeting was combined with an all-day education session, which was well-attended and highly successful. The education session included five presentations, all focusing on health reform and its impact (see session brochure). Attendees received 5.5 CEUs. The session was free to members with others paying a modest fee. Several vendors, including Waltz Pharmacy, Pharmerica, Joerns, Novo Novodisk and Geriatric Medical also exhibited at the session. Current Business Affiliates exhibited without charge, while others contributed to supporting the program.

During the Annual Meeting, officers were elected for 2013. They will be sworn in at the January chapter meeting. Officers elected were: Mark Jacobs, President; Greg Urban, President-Elect; Matt Lessard, Vice President; Carol Timberlake, Treasurer, and Sara Sherwood, Secretary.

Chapter Represented at Maine Health Care Association Fall Conference

The chapter participated in the Maine Health Care Association (MHCA) Fall Conference & Expo October 16-18, 2011 at the Samoset Resort in Rockport, Maine. The chapter hosted a table in the exhibit section of the conference.

The exhibit featured the seven ACHCA Chapter Achievement Awards received by the chapter over the past four years.

Membership materials and other ACHCA information were distributed to potential members. The table attracted a considerable amount of attention and it is hoped it will generate new chapter members. At a minimum, the participation in the MHCA event provided an opportunity for positive exposure for the chapter.
Member News

Winter Marketplace Presenters:
Three chapter members were speakers at the 2012 Winter Marketplace in Las Vegas, NV:

- **Phil Jean** presented “Next Generation Orthopedic Rehab Unit”
- **Phil Dubois** presented “Ethical Decision Making in the LTC Environment” and had a table at the Idea Exchange (formerly the Tables of Excellence) on the OSHA SHARP program - Safety and Health Achievement Recognition Program.
- **Matt Lessard** presented “Using Community Gardening to Maximize Resident Outcomes”

New Members:
Congratulations to the chapter’s newest members:

- Tammy Rolfe
- Juanita Taylor
- MaryLou Ciolfi
- Silvana Cantarini

Juanita and Sylvana are also newly licensed administrators

New Positions:
Megan Stiles who has accepted the position of Director of Transitional Rehab Services at St. Mary's d'Youville Pavilion in Lewiston

Holly Harmon will be joining the Maine Health Care Association as Director of Quality Improvement and Regulatory Affairs.

Bob Armstrong is now the Administrator of the Sunnybrook Village Retirement Community in Brunswick.

Degree Completion:
Congratulations to Sara Sherwood who has completed the requirements for her Master of Health Administration degree from Saint Joseph’s College.

NAB Mid-Year Meeting
Phil Jean and Phil Dubois attended NAB’s 2012 Mid-Year meeting in San Diego, CA on November 9, 2012. Phil Jean served as an NHA item writer while Phil Jean represented Saint Joseph’s College (see related item on p. 4).

Next Meeting
Our next meeting is scheduled for 9 a.m. on Friday, January 11 at Waltz Pharmacy, 3 Business Parkway Suite 2, Brunswick, Maine 04011. Steve Greeley and Dave Wacker from ME DOL SafetyWorks! will discuss OSHA’s new regulation on preventing workplace violence in health care organizations. Waltz will provide lunch and tours of their new location for all who are interested.
Update on the ACHCA National Mentoring Program:

In 2011 ACHCA identified the need for a national mentoring program that supports the development of emerging long term care leaders. This program incorporates a combination of face-to-face meetings and distance communication including an e-mentoring platform, telephone communications and video-conferencing to match experienced and emerging administrators in the leadership development journey. This premier mentoring program includes education, resources and tools to help these relationships form successful partnerships using an evidence-based approach to development and support.

Rationale:
The quality of health and aging services, supports, and the LTC organization rests on the ability to develop the very finest administrators and leadership professionals. As the only professional membership association for long term care leaders, ACHCA is in a unique position to offer a leadership mentoring program for a LTC organization. This program leverages and enhances the professional growth and stability of emerging, already licensed, administrators to position them for success. The ACHCA mentoring program provides organizations the opportunity to partner with ACHCA to nurture and develop emerging and future talent, beyond the pre-licensure/AIT preceptor ship programs.

Approach and Benefits:
Program highlights include:

- Protégés are matched using a seasoned mentor from ACHCA. The selected mentors are embedded in the annual cohort assembled by the ACHCA project staff.
- The mentoring program is officially kicked off during the annual ACHCA spring Convocation. The formal program runs for one year.
- Resources are used to insure a good mentor/protégé match, and to ensure the establishment of an agreed upon set of relationship goals between the mentor and protégé.
- There is an emphasis on education of the mentors, including the availability of annual continuing education that focuses on mentoring.
- Mentoring education is offered at ACHCA national conferences and via other approved educational approaches, such as web based training with partners.
- On a quarterly basis, the mentor and protégé pairs participate in an educational webinar, which also provides an informal mechanism for communication with the rest of the mentoring cohort.
- An annual mentoring program evaluation looks at mentor/protégé relationship success through confidential evaluations of the performance of the mentor and protégé. ACHCA also conducts a mid-year review of the mentoring relationship.
- A Mentoring e-newsletter and e-portal facilitate ongoing communication and dissemination of information.

Opportunity: The decision to have ACHCA serve as the organization’s emerging leadership development partner creates a neutral mentoring platform while leveraging the best practice experience of ACHCA and its seasoned members.

Investment:
The mentoring initiative has some grant support but mentors and protégés must be ACHCA members and attend the ACHCA Annual Convocation to both engage the mentoring pairs as well as to offset the costs associated with the program. The expenses related to operationalizing the mentoring program are included in the annual ACHCA membership fee ($295) and the annual ACHCA Convocation registration fee. ($695) (Costs to the organization include the customary costs associated with travel). The benefits of ACHCA membership include all education and resources available to participants during this early adopter phase of the program (2012).

Contact Information:
Questions related to the management of the ACHCA mentoring program within your organization can be directed to Michelle Berry by email at mberry@achca.org or by phone at (202) 536-7807. More information about the mentoring program can be found at http://www.achca.org/index.php/mentoring.
Live Your Dreams

In the last issue of this newsletter we reported on a resident’s experience with the “Live Your Dreams” program. We have been asked for more information on that program. The following was provided by the Maine Health Care Association (MHCA):

MHCA’s Live Your Dreams program is based on the premise that it is never too late to reach for goals and realize hopes and dreams - even if you live in a long term care facility in Maine. It was developed to assist Maine’s nursing home and assisted living facility residents in reaching goals they may have thought were no longer possible due to age, infirmity and illness. MHCA represents 300 long term care providers and homes statewide who submit requests to the program on behalf of their residents. However, the ideas and wishes must be meaningful to the resident and come specifically from them. After a screening process, dream fulfillment is then made possible through a combination of volunteer support, corporate sponsorships, and individual donations of time and resources.

For more information, please contact MHCA at 207-623-1146.

SJC Program Reaccredited

Congratulations to Business Affiliate Saint Joseph’s College of Maine on the reaccreditation by the National Association of Boards of Examiners of Long-Term Care Administrators (NAB). The accreditation was approved at NAB’s 2012 Mid-Year meeting in San Diego, CA on November 9, 2012. This is the college’s fourth five-year accreditation by NAB since 1997. It is the only college with Nab approval of both its undergraduate (Long-Term Care Administration) and graduate (Master of Health Administration) programs, and the only one completely online. Phil Dubois was at the NAB meeting to accept the certificate of accreditation (shown with NAB Chair Randy Snyder (L) and NAB Education Committee Chair Jennifer Johs-Artenssi).

New Business Affiliates

Welcome to the chapter’s newest Business Affiliates:

**PhaarMerica:** With more than 20 years in institutional pharmacy services, PharMerica knows long-term care and alternative care better than any other long term care pharmacy. From industry leading consultant pharmacist services, streamlined billing options, or maintaining regulatory compliance, our services enable you to increase efficiency, save money and optimize resident care. PharMerica customers have access to our wealth of information and resources, including specialized education programs, trained pharmacists and business experts. Our clients and customers rely on us to ensure superior pharmacy services.

**Alliance Rehab:** We provide customized senior rehabilitation and wellness programs, turnkey convenience, and competitive advantage to our partner networks of communities in several regions of the U.S. Our premier programs, SeniorFITness and Senior LIFEsteps, set us apart as the leader in senior rehabilitation, offering new opportunities for ongoing physical health for seniors and fiscal health for communities.
Leading Age Meeting

Here is another benefit of chapter membership in ACHCHA – Leading Age has invited us to attend this meeting which impacts all of us with PNMI beds. Please RSVP to her by December 19. See below for more information.

TO: Maine Members

Please join your LeadingAge Maine & New Hampshire colleagues for a meeting on Tuesday, January 8, at 10:00am, at MaineGeneral Rehab & Nursing Center at Gray Birch, 37 Gray Birch Drive in Augusta. Patty Dushuttle, Strategic Initiatives Coordinator from the DHHS Commissioner's Office, will discuss and answer your questions about the department’s “Personal Care Services Proposal” to CMS. This, as you know, is the Department’s proposed solution to the changes being requested by CMS to the PNMI program, and is a product of the work being done by the PNMI Advisory Council. Here is the link to the “Proposed Changes to MaineCare Personal Care Services” and the “Concept Paper--A New Model for MaineCare Personal Care Services” -- http://www.maine.gov/dhhs/oms/provider/pnmi.html which you may wish to review prior to the meeting.

The concept paper, “delineates a MaineCare Personal Care Services (PCS) model that consolidates all MaineCare State Plan covered personal care services in community-based and residential settings such as Private Non-Medical Institutions (PNMI) and Adult Family Care Homes (AFCHs). This proposed model addresses the Centers for Medicare and Medicaid Services (CMS) concerns regarding PNMI reimbursement. In addition, this model achieves long term care services consolidation directed by the Maine Legislative. This proposed plan must be approved by CMS prior to implementation and would require several MaineCare and licensing rulemakings and claims system reconfiguration.”

We are very grateful to Patty for accepting our invitation to talk with our members about this important initiative and its impact on providers. Please let me know by Wednesday, December 19, whether your and/or others from your organization will be attending so that we may plan properly for the number of attendees. (I will send out a reminder on January 2.) Our sincere thanks also to Connie McDonald and the staff of Gray Birch for graciously offering to host this meeting for us!

Rosemary (Rosie) Goedtel, CASP
Executive Director
LeadingAge Maine & New Hampshire

ACHCA Webinars

ACHCA has a partnership with Redilearning to provide excellent educational webinars on topics pertinent to long term care administrators.

Click here to visit our all new CE Store! Developed with our partner Redilearning, yourCEstore.com is designed so our members can easily earn your CE credits while learning from your favorite experts! Featuring Leah Klusch, Traci Bild, and others, yourCEstore.com has both Live and On Demand webcasts to provide the most current critical operation topics in Long Term Care. Visit the store now at www.yourCEstore.com and see how easy it is to join today! ACHCA Members Receive a Discount at yourCEstore.com, use the discount code in the latest issue of eNews or contact customer service at (561) 235-5623 or yourcestore@redilearning.com
Personal Care Service Homes – A Replacement for Residential Care Facilities in Maine?

Brett C. Seekins, Senior Manager, Baker, Newman & Noyes

History:
Residential Care Facilities (RCFs) in the State of Maine (the State) have recently come under close scrutiny by the Centers for Medicare and Medicaid Services (CMS), the federal agency responsible for administering health care policy and monitoring State activity in the deliverance of health care services by certified and licensed medical providers and professionals. CMS is charged with the authority to disseminate Medicare policy and to approve and monitor individualized State health plans that provide Medicaid services for people that fall under certain federal poverty levels.

RCFs have been in existence in the State for quite some time. During the mid-1990s the Maine legislature approved a program that attempted to place low acuity nursing facility (NF) residents in a setting that was more appropriate to their staffing level and care needs. At that time, NF eligibility criteria was set low and was relatively easy to qualify for services. With an abundance of NF eligible residents and waiting lists for beds, the State made the move to raise the NF eligibility criteria while creating an RCF benefit for those that no longer would qualify at the new NF level under the revised guidelines. And so, the industry was born. While this adjustment was lauded as an efficient model that placed residents that required fewer resources to manage their care in a more appropriate setting, it also saved the State quite a bit of money. RCF payments for MaineCare (Medicaid) patients was about half that of an NF payment. Presently, there are 128 RCFs in Maine serving over 3,100 residents. State regulations for RCFs are found under Private Non-Medical Institutions Appendix C in the MaineCare Benefits Manual (DHHS 10-144 Chapter 101) and the Principles of Reimbursement for Residential Care Facilities – Room and Board Costs (DHHS 10-144 Chapter 115). During a routine audit of the program in the State during 2007 and 2008, CMS began to question the merits of RCFs and expanded the scope of their review.

Problem:
The RCF program was popular with seniors because it provided a home-based setting option for their long-term care needs. Prior to the advent of this service, there were limited options. Usually, seniors only had one choice - the nursing home, which is considered to be institutionalized care by CMS. The RCF design was so simple but, in the end, it became very complex to administer and support. As the program became exposed and changes in federal acts were promulgated, challenges to the integrity of RCFs became a deep concern to the federal agency. As the CMS focused review continued through 2011, legal questions surfaced and programmatic challenges were formed as to whether RCFs were constructed, operated and reimbursed in accordance with the Social Security Act, the Americans with Disability Act and the Olmstead Act. Any potential violation of any of these acts can jeopardize the existence of any federal or state program.

At the center of the CMS argument is the design structure of NFs verses RCFs. NFs are considered "medical" models, or "institutionalized" care. State and Federal regulations governing the licensing and functioning of NFs are intense given that the patient population usually requires a number of different resources to assist with one's activities of daily living, medication management, and nutrition and hydration management.

RCFs by design are "home-based" nonmedical models. This patient population has fewer care needs than NFs and residents are free to leave the facility with proper notice. As popularity in the RCF program grew, many NFs converted a portion of their licensed nursing home beds to RCF. Facilities with both NF and RCF beds became known as Multi-Level Facilities because they provided both levels of care in the same building or campus. The appeal of this model provided comfort to RCF residents that, should their care needs increasingly change, they would not have to move because a NF bed would be available within the facility. However, as the popularity of the program grew, CMS took notice and discomfort developed at the expense of the Multi-Level Facilities model and RCFs, in general. Their concern with Multi-Level Facilities was that the model included both RCF residents that are supposed to be treated in a home-based non-institutional, nonmedical model, residing in the same building or campus as NF residents that require an "institutionalized" medical level plan of care. The message from CMS to the State was that they were not comfortable with commingling home based residents with others residing in an institutionalized setting.
The Acts mentioned above speak to congregating, segregating and isolating members from a home-based setting with institutionalized residents as a violation of the law. Multi-Level Facilities were not limited in the criticism by CMS. There were also problems with the design and reimbursement features of freestanding, or standalone, RCFs.

**Possible Solutions:**

The Maine Department of Health and Human Services (DHHS) took direction from CMS quite seriously. In the fall of 2011, DHHS began a series of meetings with stakeholders to discuss CMS concerns, the problems associated with change and to invoke their assistance in developing solutions that would continue to provide services for Maine seniors. Stakeholder meetings continued over the next several months sponsored by DHHS that began to research how other states were providing services for the seniors that fit Maine’s RCF admission profile. It was equally important to understand how those programs were funded. After an exhaustive search and several recommendations, the State may be moving forward with a new program called Personal Care Service Agencies (PCSAs) that will provide coverage to many people now considered RCF eligible. This is good news for Maine, and its seniors. While funding may not be at the levels RCFs are used to, PCSAs will help ensure programming options for Multi-Level Facilities, provide another option for senior health care choices and, more importantly, allow them to reside in a home-based setting to receive care. The PCSA model does not completely replace the RCF design, but it does support essential services such as nursing care and medication management. The State is continuing to work with the provider community to look for ways to provide equal services, prevent the disruption of services to any current resident and to provide adequate funding for potential replacement programs. Several years ago a moratorium was put in place to control costs and the expansion of institutionalized care while promoting the development of less costly consumer demanded home-based care. As the PCSA model is being considered, the State is also looking at lifting its ban on new NF beds.

Today, most states opted for lower NF eligibility criteria that opened the door to provide other Home-based care services that receive matching funds for creation of those programs from CMS. The State is looking to move in this direction and long-term care reform suggests this is a national trend. In federal year 2000, 57% of long-term care expenditures were dedicated to NFs, while today only 43% is spent for NFs. In federal year 2000, only 18% of long-term care expenditures were spent on home and community based programs, while today 33% of the dollars are allocated to non-institutional programs (CMS, Medicaid Statement of Expansion, 2011). As the RCF program changes, it may be necessary for the State to re-examine the NF bed moratorium to take advantage of new programming and funding. As times have changed and seniors have demanded more care options, states have been looking to move from traditional long-term care options to follow consumer demand.

Maine is presently exploring with CMS the possibility of bringing a PACE program to the State. PACE is the Program for All Inclusive Care for the Elderly. It’s a capitated comprehensive benefits program for persons that are at least 55 years or older and NF eligible. Under this model, the PACE member actually resides in their home. An individual centered care plan is developed to provide case managed coordinated medical services in the home or at the PACE Center. If services need to be provided at the PACE Center, transportation is provided to the member as part of their benefits package. Services provided are exhaustive including personal care support, home health agency coverage, all therapy disciplines, social services, activities, mental health, adult day health care, podiatry, dentistry, acute care and physician services to name a few.

Members can be Medicare or Medicaid eligible, dually eligible or private pay. Nationally, 90% of members are dually eligible. Under this scenario, the State pays a Medicaid negotiated per member capitated rate based upon a discounted upper payment limit that estimates the cost of a person’s health care needs as if they were not a PACE member. Medicare would pay a sliding rate that moves up and down the payment scale in accordance with the needs of the patient.

**Conclusion:**

DHHS and stakeholders will continue to meet over the next several months to ensure any program change provides an adequate transition for seniors to a new system. And, while there will be some changes that we all need to get used to, Maine will now be set up for the future that will ensure a stable long-term care plan that will provide more seniors with the option to remain in their home to receive services.
**BAKER NEWMAN NOYES**
Certified Public Accountants

Professional services firm with offices in Portland, Maine, and Manchester and Portsmouth, New Hampshire.

We offer Audit and Tax services as well as consulting services to enhance operational efficiencies and improve profitability - including healthcare and IT consulting.

Contact Brett C. Seekins  
[bskekins@bnncpa.com](mailto:bskekins@bnncpa.com)  
Ph. 207.879.21200  
[www.bnncpa.com](http://www.bnncpa.com)

---

**Hi-Tech SOLUTIONS**

**Uniquely Focused on Long Term Care**

Clinical and Financial Software Solutions for:  
- Nursing Care  
- Residential Care  
- Assisted Living  
- Rehab

Contact Lynne Hammond  
[Lynne@Hi-TechSoftware.com](mailto:Lynne@Hi-TechSoftware.com)  
(207) 474-7122  
[www.Hi-TechSoftware.com](http://www.Hi-TechSoftware.com)

---

**Mobilex USA**

**FAST. ACCURATE. RESULTS.**

Computed Radiography (CR)  
Digital Ultrasound  
EKG  
Digital Holter Monitor  
Cardiac Arrhythmia Monitoring  
Pacemaker Checks

Find out more today.  
Call 508-583-2000 x534 or visit [www.mobilexusa.com](http://www.mobilexusa.com)

---

**SAINT JOSEPH’S COLLEGE ONLINE**

- Online Degrees, Certificates and Courses:  
  - Long-Term Care Administration Bachelor’s Degree and Certificate  
  - Master of Health Administration Degree  

- NAB Accredited  
- ACHCA member discounts

**Contact:**  
Ph. 1-207-893-7841 or 1-800-752-4723  
email: [info@sjcme.edu](mailto:info@sjcme.edu)  
Website: [http://online.sjcme.edu](http://online.sjcme.edu)
Harmony Healthcare International is a premier Nursing Home Consulting and Long Term Care Consulting firm specializing in Reimbursement, Compliance as well as MDS 3.0 and RUG's IV. Harmony educates, trains and advises to ensure accurate and optimal reimbursement while maintaining a compliance landscape.

Corporate Headquarters:
430 Boston Street
Suite 104 Topsfield, MA 01983 USA
800.530.4413
www.harmony-healthcare.com

Beacon Hospice, Inc. is a community of caregivers dedicated to excellence in end-of-life care for the patient and their families. This is accomplished by respecting patient choice, providing comfort and promoting dignity.

Maine Office:
45 Commerce Drive suite 12 Augusta, ME 04330
Phone: (207) 621-1212  Toll Free: (877) 621-1217
Fax: (207) 621-1215
www.beaconhospice.com
**Novo Nordisk** is a focused healthcare company and a world leader in diabetes care. Novo Nordisk has an 87-year history of innovation and achievement in diabetes care.

For More Information: [www.novonordisk-us.com](http://www.novonordisk-us.com)

Contact:

Jason Spearin  
Diabetes Care Specialist  
jspi@novonordisk.com

---

**Waltz Pharmacy**  
Long Term Care

Waltz Pharmacy-Long Term Care in Topsham, ME is a private company AFFILIATED with Guardian Pharmacy, providing pharmaceuticals and pharmaceutical services to assisted living, skilled nursing and correctional facilities.

For more information, contact Tracey Taylor at tracey.taylor@waltzltc.co.

---

**Joerns Healthcare** will work with your facility to design and implement a safe patient handling program to help optimize and improve the environment of care, and to provide benefits for staff, residents and facility management.

Contact: Ellen Hollis, Senior Account Executive

Telephone: 800.826.0270 x 5574  
FAX 715.342.7351  
E MAIL: ellen.hollis@joerns.com

---

For information:  
[www.capozzaflooring.com](http://www.capozzaflooring.com)

Contact:  
Linda Lowell,  
Business Development Coordinator  
207-797-7635  
linda@capozzaflooring.com
**Maine Chapter Newsletter   Page 11**

---

**Strategic Talent Management**

STM works with people at every level in organizations to show them how their beliefs, attitudes, energy, motivators, behavior, communication and leadership impact the bottom line and how to achieve their full potential.

Contact: Lori Boulay, MBA
Phone: 207-798-1732
Fax: 207-373-9333
Website: [www.strategictalentmanagement.com](http://www.strategictalentmanagement.com)

---

**Leading Age** represents many of the non-profit long-term care facilities in Maine and New Hampshire.

Contact:
Rosie Goedtel
Phone: 603-391-9881
Email: [RGoedtel@LeadingAgeMENH.org](mailto:RGoedtel@LeadingAgeMENH.org)

---

**Select Rehabilitation**

We are Select Rehabilitation, the leader of rehabilitation professionals. Employing more than 6,000 employees and providing services to approximately 500 facilities throughout 32 states, our company has become one of the nation's premier leaders in contract rehabilitation services.

Contact: Joshua Royston
Director of Business Development
847-441-5593
[selectrehab@selectrehab.com](mailto:selectrehab@selectrehab.com)

---

**PharMerica**

Meet your next pharmacy.

Through our innovative solutions and professional support team, PharMerica:

- Provides assistance in controlling your pharmacy related costs
- Ensures ease of access to medications
- Assists to ensure your facility remains in compliance with state and federal regulations

---

**Maine Chapter of the American College of Health Care Administrators**
Our Mission: To develop and deliver innovative products, programs, and services designed to optimize the effectiveness of organizations serving seniors.

Contact:

Robert Stevenson
Regional Director of Operations
rstevenson@hranet.org
203-915-8637

http://www.hranet.org