



LeadingAge®
Washington

2020/2021

ANNUAL REPORT

forward



FORWARD

Join our community of aging professionals as we come together around our common goal - expanding the possibilities for Washington seniors. Let's make progress together by exchanging ideas and experiences with colleagues, while exploring bold new approaches. Let's continue working together - innovating, serving, and elevating our field.

Together, we can!

forward 

MESSAGE FROM THE BOARD CHAIR



Did you ever take a chemistry class in school? If so, you may have some experience with crucibles. A crucible is a special container that allows you to subject a substance to intense heat. How that substance responds to the heat reveals truths that only emerge through a literal trial by fire.

Some years ago I was privileged to serve as a coach with LeadingAge Washington's Leadership Institute. Our teams did lots of reading, and one article from the Harvard Business Review strikes me as particularly relevant as I reflect on the trials we have all endured in this global pandemic that has defined life for nearly a year and a half.

The HBR article was drawn from the book *Crucibles of Leadership* by Robert Thomas. A crucible can be defined as "a situation of severe trial, leading to the creation of something new." The article delved into the positive power of crucible moments, those "intense, often traumatic, always unplanned experiences" that transform us as people and as leaders.

Intense, traumatic, unplanned – those words certainly describe the first 18 months of this decade. We've all dealt with crises before, but in my 33 years in long term care I've never witnessed anything this disruptive to every facet of our organizations and our daily lives. Sometimes it felt like it would never end. Frankly, it's been dreadful.

That's characteristic of a crucible experience. It is stressful and dangerous. It has the potential to be devastating. And yet examples abound in which a crucible experience becomes the catalyst for dramatic positive change. The article relates the stories of persons and organizations who emerged from the crucible "stronger and more sure of themselves and their purpose – changed in some fundamental way." These folks are not just survivors, they are overcomers. They find meaning in negative events, and they learn from even the most trying circumstances.

The article describes a crucible experience as "a trial and a test, a point of deep self-reflection that forces us to question who we are and what matters to us." Those are good questions to ask ourselves as members of LeadingAge Washington. Who are we as we emerge from the pandemic? We are the protectors of some of the most vulnerable members of society. We are the ones who went face-to-face with a deadly virus while the world around us retreated from it. We are stronger and more sure of ourselves than ever before. And as society has increasingly acknowledged during the past year, we are the heroes.

What matters to us as we move forward from this trial by fire? People matter. The people we care for matter. The people who provide that care matter. The families of residents, clients and staff matter. You – the individual people who make up LeadingAge Washington – you matter. You've overcome a fiery trial, a crucible experience that has revealed the enduring strength and surpassing beauty of the values that are at the core of our mission-driven organizations. You are more than mere survivors, you are overcomers. God bless you!

A handwritten signature in black ink that reads "Glen Melin". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Glen Melin

Health Services Director, Skyline

LeadingAge Washington Board Chair 2018-2021

MESSAGE FROM OUR PRESIDENT/CEO



Forward. I've thought a lot about this as our theme for this year's annual conference. It reveals an intention to look ahead, not behind. So let me begin by fully embracing this intention and look Forward. Not to ignore the past and the adversity you rose up against, not to ignore the resilience of your organizations, the brilliance of your leadership, your commitment to protecting the health and well-being of staff and seniors entrusted to your care, not to ignore the tears and the emotional trauma you suffered, but nothing will grow in this darkness.

Forward, this is where light will shine and new and innovative ideas will be born. The brokenness of the past will be committed to history books and never forgotten but it will no longer hold us in its grasp. The value in looking back will be the ways in which it informs our future. We can now more clearly see old and dying systems as well as exciting new opportunities, "wet clay" moments, as we reshape our federal and state policies and our member organizations meet expanding needs in different ways.

LeadingAge Washington recently convened a Futures Conversation with member leaders to begin this necessary and important work of looking Forward. As a foundation for this work, we examined the attributes of resilient organizations and recognized that COVID has been the single most disruptive agent in our field probably since the advent of Medicare and Medicaid in 1965. The pandemic confronted us with new challenges and exacerbated other threats but it has also sped up the possibility for positive change. It is up to us to now engage in strategic foresight to pursue our "wet clay" opportunities and redefine aging services. To be successful, we must engage with the broader community differently and explore serving non-traditional societal needs, create a robust and sustained campaign to spotlight the bright-side of our values driven purpose, use technology to expand remote access to care and automate low-to-no-touch services, reshape relationships with government partners and secure stable and adequate funding for innovative, person-centered services.

Out of darkness comes light. Let our past carry us Forward to a brighter tomorrow.

A handwritten signature in blue ink that reads "Deb Murphy". The signature is fluid and cursive.

Deb Murphy
LeadingAge Washington,
President/Chief Executive Officer

MESSAGE FROM THE CHIEF FINANCIAL OFFICER



Dear LeadingAge Washington Members,

It gives me great pleasure to present the Treasurer's annual report for the financial year of 2020. Foremost, I would like to extend my gratitude to the Finance/Audit committee for their work this past year and every year in support of LeadingAge Washington. I would be remiss if I did not also recognize the staff for their time and efforts to retain a solid financial position in the most difficult of times.

Despite the challenges 2020 presented, the association remains strong, meeting their mission in providing support, education and advocacy to the members and seniors in Washington State.

I am pleased to report that our Independent Accountant's Review Report conducted by Brantley Janson resulted in a clean report with no material modifications needed to the consolidated financial statements and they are presented in accordance with accounting principles.

For the fiscal year 2020, the association was able to realize a positive change in net cash of \$258,158 which includes the receipt and forgiveness of \$123,946 in Payroll Protection Program (PPP) funds. The association also realized an increase in net assets of \$135,499 with the previously mentioned PPP funding playing a material role.

Thank you for the privilege to serve as your Treasurer, it is a continuing honor and I am very grateful.

A handwritten signature in black ink that reads "David Hoffman".

David Hoffman

CFO, eliseo

Treasurer, Board of Directors

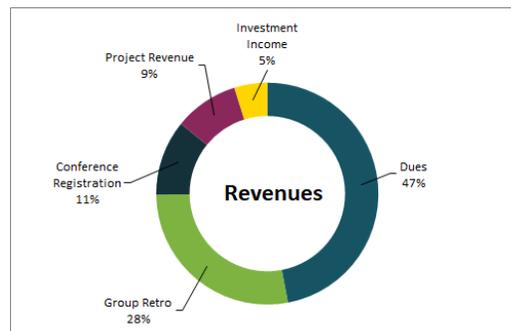
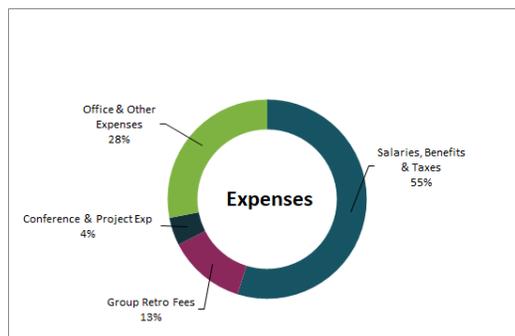
FINANCIAL

Statement of Financial Position

Statement of Activities

	2020	2019		2020	2019
ASSETS			REVENUES		
CURRENT ASSETS					
Cash and cash equivalents	\$835,208	\$688,319	Dues	\$914,987	\$903,026
Marketable Securities	992,548	902,876	Administrative income - Group Retro Plan	541,513	559,371
Accounts Receivable	10,375	85,942	Conference Revenues	213,065	382,794
Prepaid Expense	44,226	25,742	Other*	182,675	1,045,005
Group Retro - assets restricted as to use	3,488,358	5,224,362	Interest and Dividend Income	30,654	30,374
Total Current Assets	5,370,715	6,927,241	Gain (loss) on Investments	62,639	81,595
			Total Revenues	1,945,533	3,002,165
Furniture and Equipment, net	152,959	187,642	EXPENSES		
Other Assets	119,463	8,194	Salaries, Payroll Taxes and Benefits	991,927	832,707
Total Assets	5,643,137	7,123,077	Group Retro, Directory and Consulting Fees	229,180	223,887
			Conference Expense	81,732	435,636
LIABILITIES AND NET ASSETS			Services and Professional Fees	281,009	310,784
CURRENT LIABILITIES			Office and Other Expense *	112,154	1,092,646
Accounts Payable	20,829	42,729	Office Rent	79,349	78,692
Accrued Salaries, Payroll Taxes and Benefits	172,706	113,184	Depreciation	34,683	32,372
Deferred Revenue	355,881	268,879	Total Expenses	1,810,034	3,011,688
Due to Members - Group Retro Plan	3,488,184	5,214,831			
Total Current Liabilities	4,037,600	5,639,623	CHANGE IN NET ASSETS	135,499	(9,523)
Deferred Rent	135,753	149,169	Net Assets at Beginning of Year	1,334,285	1,343,808
NET ASSETS					
Unrestricted Net Assets	1,469,784	1,334,285	Net Assets at End of YEAR	1,469,784	1,334,285
Total Liabilities and Net Assets	5,643,137	7,123,077			

*Please note that the changes between years on the Other Revenues and the Office and Other Expense reflects moving the Grant Revenue and Expenses to a wash account.



2020 - 2021 POLICY HIGHLIGHTS

FUNDING

SESSION BUDGET

This past legislative session saw both good and bad news. For skilled nursing facilities there is good news! SNFs will finally see a little relief with the inclusion of annual rebasing for July 1, 2021 as well as an inflation rate add-on that will be continued for the foreseeable future. For July 1, 2022, SNFs will see an increase to the direct care median as well as an increase to the direct care growth cap. The legislature also continued funding to allow rates to be rebased July 1, 2022 consistent with the methodology set in law. In total, SNFs will see a funding increase of \$54 million over the 21/23 biennium.

For assisted living the news is mixed. The legislature restored the specialized dementia care rate increase that was vetoed last year due to the pandemic. The legislature also increased the funding of the model from 58% to 60%. This small increase still leaves nearly 40% of the caseload without an increase in their Medicaid rates for the past 4 years. In total, AL will see an increase of \$4.3 million over the 21/23 biennium.

COVID-19 rate add-ons have been extended for SNF at \$8.33 and AL at \$4.79 ppd until until December 31, 2021.

MOVING FORWARD

We are already meeting with DSHS as well as communicating with the Governor's office in preparation for the 2022 Supplemental Legislative Session. We have requested that DSHS make assisted living a priority by including funding the rate methodology at 85% in their decision package that lays out their priorities to the legislature. This would ensure that all levels of the caseload would receive an increase.

For nursing homes we are requesting that, due to reduced occupancy from the COVID-19 pandemic, the occupancy penalty applied to the indirect care median be suspended until nursing home occupancy returns to a more normal level. This would provide a boost to the indirect care component of the nursing home Medicaid rate that could be as high as \$6/ppd.

Extra funding to help long-term care ensure that they are able to provide staff with a livable wage, plus is also a request we have made. Long-term care providers, in many cases, are unable to compete to recruit and retain staff. The state has acknowledged this problem and have shown an interest in helping to increase the long-term care workforce.

2020 - 2021 POLICY HIGHLIGHTS (CONTINUED)

FEDERAL PAYMENTS UPDATE: PDPM, QM

With PDPM having been around for over a year, CMS has realized they may need to adjust the model to reduce expenditures. A proposed rule has been published and is available for review. LeadingAge Washington is working to ensure that any adjustments made are equitable and fair. In addition to an adjustment of PDPM reimbursement, the State of Washington is also looking at whether it will be able to implement PDPM in place of the RUGS-IV system and what changes may be necessary in order to do so. LeadingAge Washington is working with the state agency, as well as other stakeholders, to determine if this is feasible and to protect against causing harm based on RUGS-IV driven rates. CMS has also released proposed new quality measures. LeadingAge Washington is working with CMS to determine which quality measures should be implemented to drive improvement and reward quality achievement.

FEDERAL COVID MONEY

With the passage of the American Rescue Plan Act, the State of Washington will be receiving large sums of federal assistance over the next few years. Included in the federal assistance is an increase to the federal match for HCBS Medicaid programs. Shortly after the 2021 legislative session, the state requested proposals for ways to spend these funds that would best serve providers and their clients. LeadingAge Washington submitted a number of ideas that would support many providers including enhanced adult day rates, workforce grants, increased COVID-19 rate add-ons, funding for service coordinators in affordable housing, and grants for capital improvements among other items. Unfortunately, once CMS guidance was released and the timelines were extended for utilizing these funds, the Governor vetoed the section of the budget that directed the dispersal of the funds this year. The Legislature will revisit ways to spend these funds as part of their 2022 legislative session work.

STRATEGIC INITIATIVES

LEADINGCARE NETWORK

LeadingAge Washington's specialized network, LeadingCare Network NW, is now entering their third year of operations with 20 participating members. LeadingCare Network NW is focused on the development and support of a clinically and financially integrated network of participants who work together to maximize the health and well-being of senior citizens in participants' communities through innovative, cost-effective care management practices and quality improvement activities with entities involved in managed care through health plans.

LeadingCare Network NW offers a cost-effective method to access experienced staff for credentialing, contracting, and quality monitoring services. The services include:

- New credentialing and recredentialing for network priority payors
- Troubleshoot provider load and provider setup issues
- New contracting and renegotiation for network priority payors
- Evaluation of critical contract terms and alternative payment initiatives
- Develop and maintain operational relationships with managed care payors
- Quality monitoring and reporting using Ability Carewatch software
- Monthly quality meetings for best practice and intervention model discussion

LeadingCare Network NW continues to pursue the network defined goals.

Successes include:

- Negotiated and secured over 25 individual contracts
- Actively negotiating three network contracts in accordance with network parameters
- Renegotiated existing contracts to improve arrangements
- Provided support to members with contract related billing issues
- Fully implemented the quality monitoring program with peer mentoring
- Maintained credentialing compliance

STRATEGIC INITIATIVES (CONTINUED)

FUTURES CONVERSATION

LeadingAge Washington held a virtual summit with industry leaders to discuss organizational resiliency and examine influencing factors that may point to the future of our field. Many leaders in aging services attended the conversation and identified potential opportunities to advance critically needed solutions for both their organizations and LeadingAge Washington. Along with the board, the association will look at new ways to support members with workforce recruitment and retention through partnerships or public awareness campaigns to praise the talent, professionalism and heart-led work that draws people to serve seniors. We will also focus on assisting members to expand Home and Community Based Services and telehealth services while exploring new opportunities to rethink care in skilled nursing settings as we look to new ways to design services and supports to aging Washingtonians. Another common theme throughout the conversation was how to better serve the greater community by offering child care resources or intergenerational programming on senior living campuses. LeadingAge Washington will continue to delve deeper into the guidance provided by members to identify ways to best support members in this time of transition to our “new normal”.

WORKFORCE

LeadingAge Washington continues to participate in the Long-Term Care Workforce Workgroup, convened by the Legislature in 2018. The priorities include improving the availability and use of workforce-related data; developing a common curriculum for nursing assistant training; revising testing for nursing assistants; and recommending systemic approaches to growing interest in aging services as a great career choice, as we simultaneously examine improvements to the skilled nursing facility staffing model and address any deficiencies in resident care. The COVID-19 pandemic has had a devastating impact on LTC and has escalated the urgency of tackling long-standing workforce shortages. An interim report on the work of the LTC Workforce Workgroup has been submitted to the Legislature and a final report will be presented by June 2021. LeadingAge WA continues to participate in development of a common curriculum for nursing assistant training, the development of an LPN to BSN pathway, while advocating for expansion of the available nursing program slots for students in order to grow the workforce overall. We continue to advocate for improved LTC funding so providers can offer a living wage PLUS to better compete for nurses and caregivers. We simply can't hire that which doesn't exist or that which we can't afford. We will continue to advocate for the adoption of the Nurse Licensure Compact Act to ensure nurses are able to go right to work when moving from another compact state instead of having to wait weeks for licensure.

LEGISLATIVE, REGULATORY & COMPLIANCE

The ongoing COVID 19 pandemic has continued to focus on long-term care bringing ongoing policy changes to our settings. The 2021 legislative session was no different and brought new regulations and workforce requirements. We were successful in minimizing provider burden and implementing workgroups that will bring welcome change to our emergency response system through a coordinated and effective approach to future outbreaks of coronavirus or other viruses by incorporating much of what we've learned. Throughout the remainder of the year, LeadingAge Washington will be actively involved in the rule-writing process to implement these new regulations. We will also have continued involvement in ensuring a smooth path forward is created to address the testing, training, and fingerprint background check backlog created by the COVID-19 waivers. We will work to ensure there are no disruptions to staffing while we begin to transition out of the emergency proclamations.

LeadingAge Washington will advocate on both the state and federal level for permanent changes to telehealth and CMS waivers that have allowed providers to offer innovative remote services and reach clients in new ways. The silver lining of the pandemic has been establishing these alternative ways to serve our clients and residents. We will ensure they remain intact to support our members as they change the future of aging services.

We continue to work with Home and Community Services and the Area Agencies on Aging to educate case managers on the benefits of adult day programs. The need to increase referrals has become more important than ever throughout the pandemic. We've seen a slow decrease in clients yet the services being offered are perfect for helping clients overcome isolation and helping them remain healthy and safe while at home. It's time to reimagine what adult day programs look like and find ways to market them to the greater public so we can regrow this important setting.

Increasing the supply of senior affordable housing remains our top priority. Federally, we continue to engage in conversations around HUD 202 funding, LIHTC expansion, and changes to the bond caps to increase affordable housing stock. We continue to search for ways to fund Resident Services Coordinators outside of the HUD 202 program and a funding mechanism for providing support and services in affordable housing communities to help residents safely age in place. These types of programs have proved to be critical during times like a pandemic and we need to move towards funding these service delivery models.

MEMBER ADVOCACY AND ENGAGEMENT

During the past legislative session member involvement was key to any legislative victories we experienced. LeadingAge Washington began using an advocacy platform this past year called Salsa Engagement. Through this platform, it has become much easier for members to message their legislators on key issues. Over the course of this past legislative session members submitted nearly 500 messages to the legislatures on many topics including Medicaid rates for many care settings and the Nurse Licensure Compact Act among others.

LeadingAge Washington also coordinated with other groups as part of the Washington Health Action Network. This network engages the general public to advocate the legislature for long-term care. Through this network, nearly 55,000 messages were sent in support of long-term care funding.

LEGISLATIVE, REGULATORY & COMPLIANCE

In January 2020, LeadingAge Washington held a Survey Summit, to discuss the current negative culture of nursing home surveys and assisted living inspections in WA State. Unfortunately, COVID-19 cut short any momentum we gained that day. In early 2021, we picked back up with provider members and developed a guiding document, titled *Four Pillars - Bold Leadership*, to drive the needed change at Residential Care Services (RCS). The Four Pillars include: Transform Culture - Mutual Trust & Respect, Surveyor Competencies & Qualifications, Accountability, and Communication - Timely, Clear, Consistent. We met with Residential Care Services (RCS), Provider members, and other stakeholders to review the Four Pillars document. During the round table discussion, providers were able to state the common themes between field offices and regions, such as a heaviness of survey in SNF & AL, inconsistent interpretation and enforcement of regulations across unit/regions/state, surveys becoming too punitive and no longer collaborative, and fear of retaliation from surveyors.

Some of the solutions offered to RCS were:

- Improve communication
- Online real time feedback tool
- Change biannual RCS and Provider meetings to quarterly
- Reset the culture from the top down
- “Failed Practice” and what a citation looks like needs to stand alone, not copied and pasted into multiple citations. Each citation needs to stand alone
- Create a Charter for this group-manage regular meetings within charter format
- Training
 - Culture change
 - Looking at regulation and intent of regulation in relation to citations
 - RCS Internal self-assessment
 - Suggest Providers need to alert Field Manager with concerns, then Regional Administrator if concerns with survey/surveyor in timely manner instead of going directly to Associations. Follow a formalized complaint process

Based on our recommendations, RCS is now creating a work plan that will incorporate most, if not all, of our suggestions. In July, we will meet with RCS to discuss the status of their work plan and we will continue to press for needed changes in processes, practices and professionalism. Without change, more nurses, caregivers and administrators will be driven-out of the field of aging services at a time we need to grow to meet the needs of a graying demographic.

LeadingAge Washington continues to work with RCS and other stakeholders on other regulatory issues, including;

- TB rules
- APS and RCS investigations
- Disclosure of Services
- Memory Care Standards
- NAC training requirements
- Assisted Living quality metrics

CONTINUED CORONAVIRUS RESPONSE

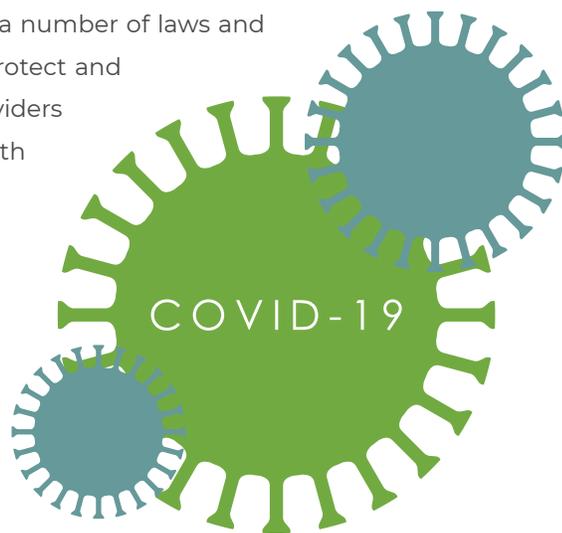
LeadingAge Washington started our response to the coronavirus January 21st, 2020, when the first case was reported in the United States. We urged members to review pandemic plans, elevated the pending PPE shortage to state leaders, and communicated important CDC updates. When the first nursing home case was announced, LeadingAge Washington was one of the first to urge state leaders to discontinue annual recertification and complaint surveys unless of heightened concern, to reduce outside persons from entering, to allow facility staff to focus on infection control measures and mitigation response. In the last year, we have worked with other stakeholders to elevate LTC in priority for PPE, testing and vaccinations, as well as taking the lead in the development of the Rapid Response Staffing Teams.

As the virus and new variants emerge, we remain at the front of these conversations. Our work is ongoing with state leaders and emergency management, including weekly updates with Department of Health, Residential Care Services, as well as reporting updates on LTC issues to Northwest Healthcare Response Network and REDi Healthcare Coalition. We continue to host weekly clinical update calls to provide a wrap up of weekly information and answer your most important questions.

During the COVID 19 pandemic, we've seen a significant number of policy changes that impact long term care. It will take years to come back into compliance with a number of laws and regulations that were waived during the pandemic. We worked to protect and strengthen our LTC workforce and allow necessary flexibilities for providers to successfully respond to contagious diseases. The use of telehealth and the waiver of 3-day hospital stay significantly streamlined and expanded access to medical and nursing care. We will continue to advocate for ongoing access to telehealth after the pandemic has ended, these are important system changes, expanding access to care in all reaches of our state that must be made permanent.

The pandemic exposed many cracks in our system and our preparedness to respond to catastrophic events such as this virus.

We will work to strengthen our state's response to future pandemics and push for flexibility in care delivery and training, so our system does not have to fight for everything it needs to function and implement infection control protocols swiftly. The stress and burden to organizational leaders and front-line staff should never come to pass again, we can and must do better mounting a coordinated and comprehensive plan forward.



MEMBER BENEFITS

GROUP RETROSPECTIVE RATING PROGRAM

LeadingAge Washington has sponsored a retrospective rating program since 1983. Our program includes professional experienced claims administration, litigation support, return-to-work support, an onsite annual safety inspection, and safety rebates. This program provides cost-effective group coverage that offers financial incentives to increase safety awareness, reduce workplace accidents and aggressively engages in minimizing the costs of claims that do occur. Importantly, our claims administrator helps you understand the benefit and implementation strategies regarding effective return to work programs, including light duty and kept on salary (KOS) programs. Return to work and KOS are proven methods to reduce your L&I rates and improve retro return on premium refunds. KOS involves paying 100% of an injured worker's wages when unable to work due to injury. KOS allows you, the employer, to maintain more control over the claim while keeping costs down while the injured worker focuses on recovery. In most cases, KOS is recommended when return to work is expected to be less than 30 days. There are always exceptions and your assigned claims examiner can assist you with making the right choice for your organization and the injured worker. By avoiding time loss you can obtain a medical only discount of \$3,340 per claim, and if all of your claims are medical only, you can obtain a claim free discount of 10-40% off the base rate that L&I charges.

GROUP PURCHASING

We are excited to announce Premier as LeadingAge Washington's preferred Group Purchasing Partner.

Premier is a leading force in healthcare supply chain and operations. With nearly 30 years of experience, Premier has the leadership, expertise, and resources to help our members succeed. And with a contract portfolio built on over \$61 billion in group purchasing volume, members get access to the buying power needed to thrive in today's increasingly competitive healthcare environment.

Through Premier's Continuum of Care purchasing portfolio, members will gain access to over 2,000 contracts with national suppliers that senior living providers know and trust. Additionally, their portfolio affords members access to their food service program with US Foods, one of the largest food distributors in the nation. By taking advantage of their US Foods contract, members can see immediate cost savings on food service purchases.

Premier provides strategic purchasing solutions and operational support to help senior living providers thrive. For more information, please visit our Savings and Solutions Center.

EDUCATION AND INNOVATION

LEADERSHIP INSTITUTE

OUR MISSION

Since 2010, the **LeadingAge Washington Leadership Institute (LI)** program has provided meaningful self-awareness and growth opportunities to over 200 rising member leaders and their coaches. For the past 11 years, the LI program has emphasized the vital importance of relationship building, emotional intelligence and transformational leadership skills and we are grateful to Consonus' Tracy Fritts and Karmen Hudson, Judson Park, for their continuing commitment to advancing new leaders in the aging services field.

OUR VALUES

- Integrity and Honesty
- Collaboration and Commitment
- Responsiveness and Open Communication
- Respect and Generous Listening
- Trust Building
- Innovation

THE BENEFITS

- Learn how leaders become more authentic through clarification of personal values and their own leadership philosophy.
- Understand the concepts behind distributed leadership and empowerment.
- Explore how paradigm shifts occur, supporting environments of creativity and innovation.
- Become aware of how a leader's emotions influence the workplace and everyone in it.
- Discover the secret of building trust at multiple levels-with others, within organizations, and communities at large.

THE VISION

LeadingAge Washington's Leadership Institute was created to develop leaders who will serve their organizations and the field of aging services in an exemplary, dynamic and innovative fashion. This new class of leaders will be the pioneers bringing innovative solutions to meeting the needs and preferences of the next generation of older Americans.

Fellows will engage in four "face-to-face" learning experiences (themes) that typically include visits to member communities, intimate conversations with aging services leaders and self-exploration of leadership styles through exercises and readings.

Themes: Values Based Leadership; Innovation; Relationship Management and Self- Management.
2021-22 Facilitators: Tracy Fritts, Vice President of Leadership Development, Consonus Healthcare; Karmen Hudson, Director of Sales, Judson Park, Des Moines

TOGETHER

together
CONFERENCE REGISTRATION

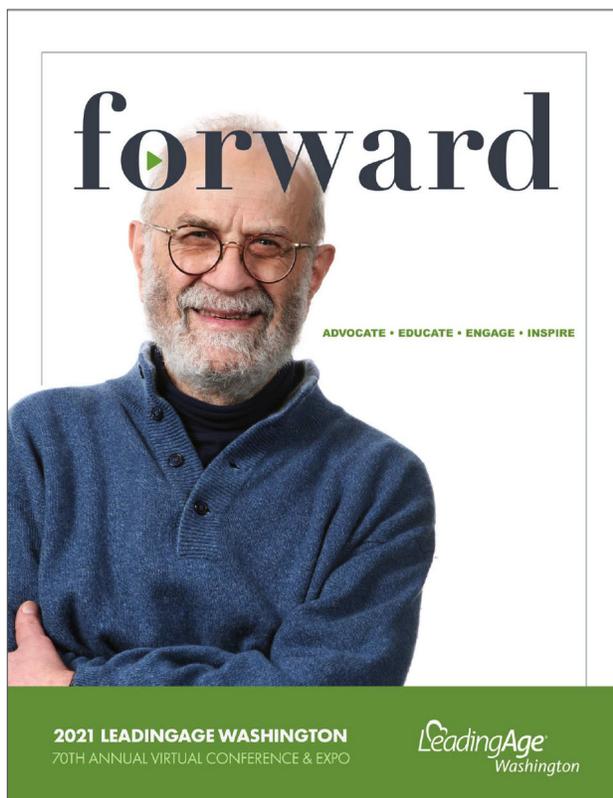
69TH ANNUAL VIRTUAL CONFERENCE & EXPO

HIGHLIGHTS:

- **We successfully partnered with LeadingAge**, our national partner, to create our first Virtual Conference through the EngageZ platform
- **Over 500 participants**, including our amazing Business and Sponsorship supporters
- **60 Virtual EXPO Booths**
- **55 Outstanding** Live and Semi-Live Breakout Sessions
- **Keynote Guests:** Larry Minnix, Author, Past President & CEO, LeadingAge and Jack York, Co-Founder and President, iN2L
- **Sessions were available** On-Demand for 90 days following the conference
- **Swag Experience Boxes** delivered to the first 250 registrations
- **Dueling Piano's** with Jeff & Rhiannon closed our Virtual Conference



Was floored by the tech, and the commitment from the LA staff to make it a memorable experience."



The fact that there was easy opportunity for many staff members to attend, no travel! It could fit into our normal day. And there was a wide variety of class offerings."



Job well done! This was the 2nd virtual conference I attended and it was amazing! Thank you for all your work in making it happen!"

forward

CIVIL MONETARY PENALTY (CMP) FUND GRANT PROGRAM

Civil monetary penalties (CMPs) are fines imposed on nursing facilities that are found out of compliance with federal health and safety standards. Washington State receives a portion of the total fines collected to be reinvested in support of projects that improve the overall quality of life and/or care of nursing facility residents.

Nursing facility providers and organizations are encouraged to submit CMP fund grant applications to the state for the development and implementation of quality improvement initiatives that directly or indirectly benefit nursing facility residents.

On behalf of our 46 skilled nursing facility members, we successfully completed four Civil Monetary Penalty Reinvestment Program (CMRP) projects and we currently have five projects active and ongoing. These five programs are:



Technology ~ \$1,179,584



Gardens ~ \$840,261



\$124,486

TOTAL: \$2,277,881

TESTIMONIALS

Eldergrow:

What a phenomenal program, representatives and product! Thank you LeadingAge WA for promoting this excellent, valuable life enrichment for our Residents. We are impressed, blessed and thankful for this opportunity to give residents access to more than life previously freely afforded them! Memories and expression of surprise and delight abounded”

-Doug Bault, Administrator of Garden Village,

Yakima

Our residents love the interactive Eldergrow carts, from watering and taking care of “their” garden, to enjoying the beauty and fragrance of the flowers. These lovely carts stimulate all five senses and brings our residents back to a time when they had their own gardens. Plus, they are beautiful to look at! It is so nice to bring the outdoors in for all our residents to enjoy.” Errin Humphrey

- Associate Executive Director, Timber Ridge at Talus, Issaquah

iN2L:

We have been using the in2l for many activities. Recently we had a resident who has very high anxiety and we used the sensory fireplace with background music and this was one of the only things that would calm her down. She is able to relax in a recliner by the “fireplace” and get some sleep. We have another resident who is fighting depression and we bring her out to watch old movies and the history and she gets happy and is able to engage with staff about the history of what she is watching.”

- Heron’s Key (Theresa Broxton)

We continue to use the tablets for 1:1 interactions and they have been beneficial, especially for redirecting agitated residents and providing laughter to residents who are feeling down. We have a resident who frequently calls out due to anxiety and we have been able to use the tablet as an intervention in this scenario. Each time we offer relaxing videos she is able to be redirected and becomes calmer.”

- Christian Health Care Center (Olivia Olson)

We found the casino games! We had a resident who can get restless wanting to go home, he loved the slots! He would play a bit here and there when agitated and go about his day just fine. We also found the Spanish music helps for several people to help change their mood. I have another resident who really took to the people dancing, she loved watching them, she would often comment on their cloths and dance moves. Still love the printable puzzles, I don’t know what I would do without them this past year.”

- Josephine Caring Community (Shannon Terpak)

SPARK BOXES FROM SILVERKITE:

One resident said it felt like Christmas. Another said she loved it, while taking everything out and laying on bed. 2 residents started coloring their boxes right away. They are receiving them well. We do not leave with residents that are unable or do not want one. We are giving them out as new people come in or someone looks like they would participate with it.”

BUSINESS MEMBERS

DIAMOND \$10,000

Consonus Healthcare Services
Health Resources Services LLC
Morrison Living
Ziegler

RUBY \$7,500

Infinity Rehab
McKesson Medical-Surgical
Mercury Pharmacy Services
Washington State Housing Finance Commission

SAPPHIRE \$5,000

The Compliance Store
Lane Powell
NRC Health
USI Insurance Services

EMERALD \$2,500

BlackPoint IT Services
Cain Brothers
Comprehensive Risk Management (CRM)/Risk Finance
HPSI Purchasing Services
Moss Adams
OPTUM, Care Delivery & Management
Propel Insurance
Sodexo Senior Living
Unidine

PEARL \$1,000

Culinary Coach Consulting
Encore Rehabilitation Services
GLY Construction
Hanson Bridgett
iN2L
Ryan, Swanson & Cleveland

OPAL \$500

3M HealthCare Medical Solutions Division	Harbor Healthcare Consulting	Reliant Rehabilitation
3rdThird Marketing	Healthcare AR Experts	Relias
A/R SNF Solutions	Healthcare Services Group	Rice Fergus Miller, Architects, Interiors, & Master Planning
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Basic American Medical Products	HUB International Northwest	Sechrist Design Associates
BKD CPAs & Advisors	Interactive Medical Systems	Select Rehabilitation
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Clark Nuber PS	Kutoff Consulting	Shoemith Cox Architects
CliftonLarsonAllen	Legacy Power Systems	Stanley Healthcare Solutions
Comagine Health	LRS Architects	SYSCO Food Services of Seattle
Comfort Matters	Lument (formerly Lancaster Pollard & Co.)	SYSCO Food Services of Spokane
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Bethany at Silver Crest, **Everett**
Bethany at Silver Lake, **Everett**
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