

# Living life to its fullest

Why we do what we do



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Mission Statement

*To create the future of aging and continuing care services in New York State.*

Our national partner, LeadingAge, is an association of 6,000 not-for-profit organizations dedicated to expanding the world of possibilities for aging. Together, we advance policies, promote practices and conduct research that supports, enables and empowers people to live fully as they age.

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Founded in 1961, LeadingAge New York represents more than 500 not-for-profit, public and mission-driven senior care providers, including nursing homes, senior housing, adult care facilities, continuing care retirement communities, assisted living, home care and community services providers which serve approximately 500,000 people across New York each year.

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## The Why Matters

“People don’t buy *what* you do, they buy *why* you do it,” says Simon Sinek in his video [The Power of Why](#).

He also explains that while businesses typically know the product they offer and how their value propositions may differentiate them from their competition, they seldom focus on why they do it, and even less often market from that perspective.

For the mission-driven members of LeadingAge New York, the *why* is the “whole enchilada.” Our members offer products and services to make people’s lives better, also known as the *what*. You strive for a high quality, person-centered approach, which is the *how*. You exist to make people’s lives better, which is the all-important *why*. The *why* matters and it is clearly what makes you stand out from your for-profit competition.

In this issue of *Adviser*, we explore why mission-driven providers want people to live life to its fullest, no matter what age or stage. *Why* does Jewish Home Lifecare

use Telehealth technology to send people home? *Why* does Episcopal SeniorLife Communities seek to redefine community outreach? *Why* is the common bond provided by the Veteran’s Club at M.M. Ewing so important?

*Why* does Episcopal Church Home & Affiliates of Western New York seek to build community vision with individual focus? *Why* does the Wesley Community think that one-stop solutions are important as we age? *Why* does

the Waitlist Advantage program at Peconic Landing matter to potential residents? *Why* does getting healthy at St. Mary’s mean more than medical support? Finally, *why* does ArchCare at Ferncliff invest so heavily in its promise to send short-term rehabilitation patients home quickly and safely?

Also in this issue, you can learn about creating your niche through specialized therapy programs; about trends and influences on the senior market; how Senior Care Organizations are adapting their networks to create a new continuum of care through the creation of their own PACE and MLTC plans; how managed care affects organizational liability; and, the importance of understanding the value of your current vendor relationships.

Finally, in *One Voice* Ami Schnauber reminds us that with the start of this season begins the flurry of preparations for our 2014 advocacy agenda. Learn what it means to you.

Remember this magazine is produced to spotlight your innovative, quality and efficient practices (the *why*). So send in your stories. Be recognized!

Enjoy!

Jim Clyne

A handwritten signature in black ink that reads "James W. Clyne Jr." in a cursive, flowing style.

James W. Clyne Jr.  
President and CEO

“The *why* matters and it IS what makes them (the mission-driven members of LeadingAge New York) stand out from their for-profit competition.”

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## What's Your Niche? Specialized Clinical Therapy Programs

By Michele Saunders, RPT, VP Marketing with Hilary Forman, RPT, VP New York Operations; HealthPRO® Rehabilitation

LeadingAge New York members understand the reality of today's highly competitive marketplace. For example, with more patients receiving post-acute care at home, skilled nursing facilities are faced with dwindling census numbers; in fact, many are responding to this increased pressure by focusing resources on innovation, growth and differentiation. To that end, meaningful opportunities exist for post-acute care (PAC) providers to specialize rehabilitation programs.

Expanding therapy services to create truly specialized niche clinical programs is an ideal approach to (1) build “win-win” partnerships with referring hospitals/physician groups; (2) provide clinical care that addresses an unmet need; (3) ensure a steady stream of referrals. However, the challenge exists for many providers in exactly how to identify and execute on building an appropriate clinical niche that will successfully meet the aforementioned objectives.

Based on more than a decade of therapy development and management experience in both upstate and downstate New York, HealthPRO® Rehabilitation is a full service therapy management and reimbursement firm and offers the following fundamental points for developing a robust clinical niche:

- 1) **Leverage internal and external resources to identify an “unmet need” within the continuum of care;**
- 2) **Engage clinical expertise early in the development/planning process;**
- 3) **Secure a physician champion;**
- 4) **Ensure access to clinical outcome data to evaluate and quantify program efficacy.**

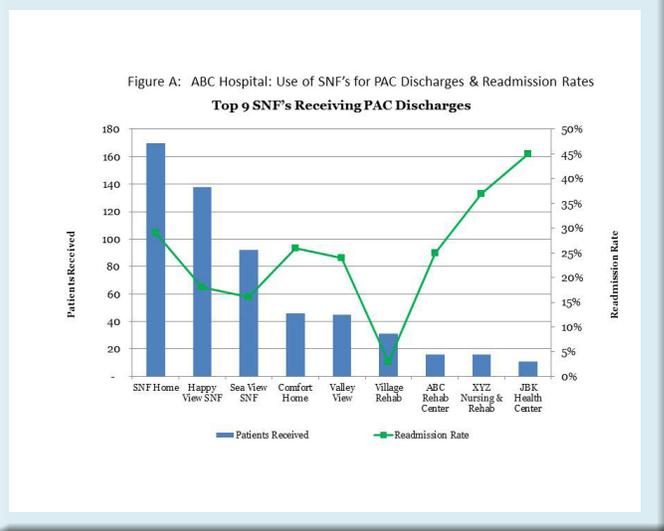
Consider the irrefutable fact that unmet patient needs exist in almost every healthcare continuum – by having a finger on the pulse of current local market trends in both hospital and large physician practices, a PAC provider is better positioned to successfully identify what type of niche clinical program will succeed.

Likewise, tap into a broad spectrum of resources to help identify unique trends in the marketplace. Rehab directors and therapy/nursing staff are a wealth of information because of their strong network with counterparts at other facilities within the community. Beyond that, consider the importance of aligning with industry professionals from consulting firms and therapy management companies to physicians who will also offer a broad perspective on the competitive landscape, marketplace alliances and patient flow. LeadingAge New York is also an exceptional resource, providing education, networking opportunities and an open forum for sharing best practices among their membership.

A thorough and realistic understanding of the marketplace, as well as an honest perspective of strengths and weakness of the current program is

(See *What's Your Niche* on page 6)

**Figure A**



## What's Your Niche?... (continued from page 5)

required. Strategic development efforts must be based on up-to-date marketplace research that evaluates trends in the PAC environment (such as the information depicted in Figure A). This perhaps is the most critical step in the strategic planning process, because it is also often the number one pitfall. If market research is inaccurate, or not specific enough, even the best laid strategic plan may not work because of unforeseen obstacles.

With a plan in place, SNFs looking to pull the trigger on new therapy services must foster robust communication among medical and therapy staff to prepare for what could be a dramatic change in clinical operations.

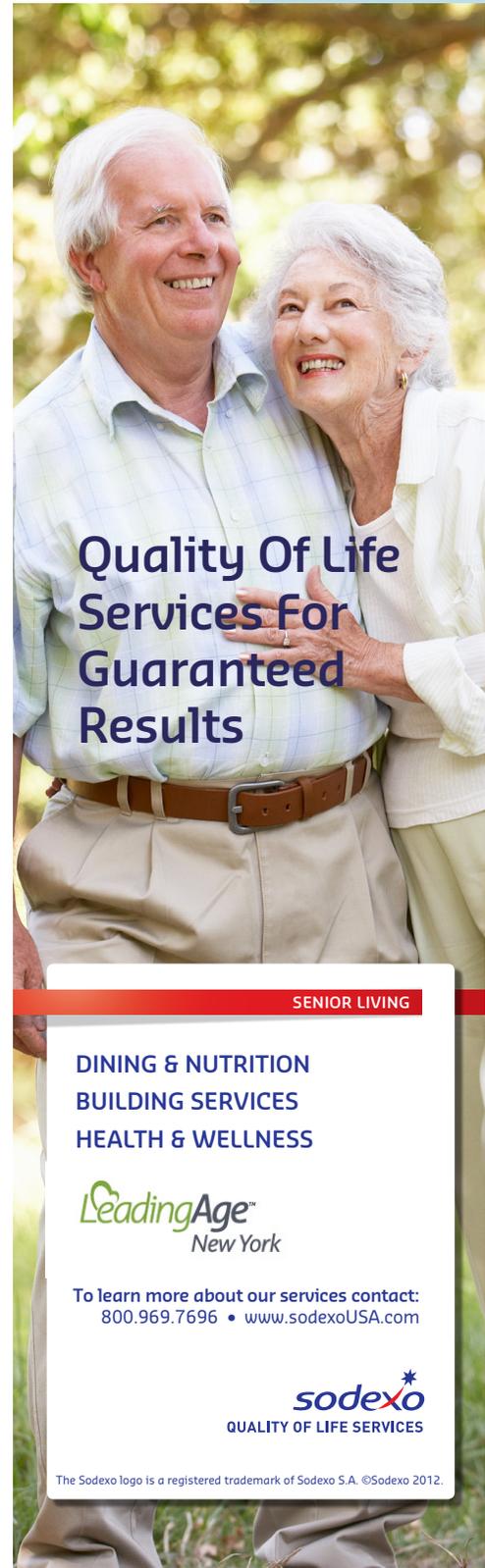
Several questions should be asked of the rehab team, such as:

- What training is needed to bring therapy staff up to speed on the patient population and associated treatment approach?
- Who will conduct the training? At what cost? How will training competencies be checked?
- Is it beneficial to enlist the help of a therapy management company to enhance access to clinical programming, recruitment of specialized staff, outcomes tracking, and program management? If so, would a fully outsourced model or an “in house management” program be preferable?
- If a therapy management firm is in place, are their employees/staff on board? If so, at what cost? Will the therapy company be involved in the strategic planning process and/or implementation of the program?
- What therapy protocols should be put into place?
- Who is responsible for ordering new equipment? What are the projected costs?
- How will outcomes be tracked and managed?
- How will quality measures be tracked and managed?
- How will feedback be provided to referring physicians/hospitals?

Likewise, physicians and hospital/SNF leadership team must have clearly defined expectations and goals that are openly communicated with the therapy team. In fact, it is ideal if the therapy team is involved in strategic planning initiatives early in the process. This is critical to ensure that appropriately skilled therapists are competent to provide care specific to what may be a very different population of patients. Even senior clinicians and rehab directors may need additional resources to ensure that proper procedures and protocols are put in place to accommodate the changes. In addition, securing

*LeadingAge New York is also an exceptional resource, providing education, networking opportunities and an open forum for sharing best practices among their membership.*

(See *What's Your Niche* on page 7)



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## What's Your Niche?... (continued from page 6)

a physician champion who can help outline a clinical pathway in concert with the PAC interdisciplinary team may encourage a higher volume of admissions.

There are several examples where SNFs offering specialized clinical services have successfully created a niche; those offering post-joint replacement and cardiac rehab services are common examples. However, depending upon several variables related to the local market dynamics (e.g.: patient population fluctuations, rural vs. urban setting, closed ACO affiliations, etc.) establishing orthopedic or general cardiac rehab services may not be the best option. Instead SNFs may also consider developing therapy programs serving more specialized patient populations. One such program was developed by a skilled nursing facility in conjunction with a local hospital. Instead of simply offering a cardiac rehab program, this PAC provider identified – by engaging with physician groups and hospital leadership – the need for rehab services exclusively for patients undergoing

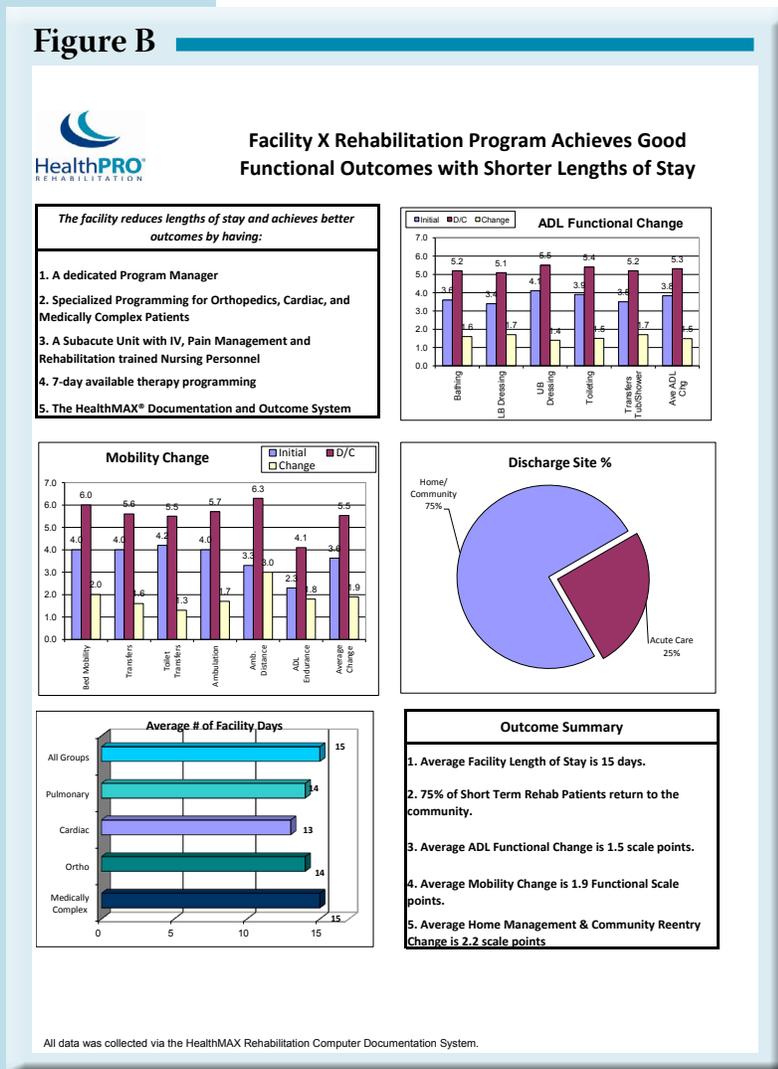
LVAD (left ventricular assistive device) placement. In other words, consider perhaps less obvious, niche clinical programs that will also differentiate your therapy services. Some options include incorporating wound care services, CHF therapy programming, as well as programs related to swallowing pathologies and recovery from neuro-related injury or surgery.

While it is important to always track therapy outcomes, it is particularly critical to the success of a specialized niche program. By monitoring outcomes and measuring results, we can assess opportunities for improvement as well as celebrate successfully implemented programs. Please refer to Figure B for example of a useful outcome report.) Unless there is a documentation system that efficiently captures outcome reporting, specific clinical therapeutic programs are at risk for not optimizing services to patients.

By establishing a network inclusive of both internal and external resources, PAC providers will be better able to recognize opportunities to address unmet clinical needs. Close collaboration with physicians, hospital groups and those decision-makers on the front lines of providing patient care is imperative. Identifying these key opportunities is essentially how a niche clinical program is born. Finally, consider enlisting the operational and compliance expertise of a therapy management company

with a track record in building specialized clinical services on behalf of their clients. Investing in the necessary resources, planning and financing to develop a niche clinical therapy program will ensure a competitive advantage. 🌱

**Figure B**



## Telehealth Technology Means Going Home

Jewish Home Lifecare (JHL) is helping seniors with chronic conditions manage their health care in the comfort of their own homes.

Telehealth, the interactive electronic monitoring device, sends updates and real-time alerts to JHL care providers when changes are spotted in a patient's normal patterns.

This technology allows a patient to receive prompt intervention and address smaller problems in the home rather than having them become bigger ones in a hospital.

Leonard M.'s story below is an example of how the technology works to restore quality of life to an elder person who is in his or her own home.

Kira Capowski, nurse manager at Sarah Neuman Center, beams when she talks about her recently discharged patient, 87-year-old NYC resident Leonard M. "To see the smile on his face when he left to go home was worth millions."

Leonard's care team at Sarah Neuman was determined to work out the laborious details to make sure all measures were in place for him to live safely and comfortably upon returning to his own apartment after eight arduous months of numerous hospitalizations and rehabilitation stays.

Leonard has multiple myeloma with a secondary diagnosis of congestive heart failure (CHF). He's been out of his home since last October, bouncing from one hospital to another, including an admission to hospice care at Calvary Hospital in the Bronx. The end-of-life care specialists realized Leonard actually was well enough to go to rehabilitation.

Upon Leonard's arrival at Sarah Neuman Center, the staff observed that he didn't smile much, if ever. Despite his depressed state, he was making good progress physically, walking with more strength and meeting his rehabilitation goals. Because of the CHF condition, Sarah Neuman's Telehealth Kiosk program became an important part of his health care monitoring. Using the electronic monitoring device, Leonard answered questions about his health three times a week by pressing the appropriate button on the unit's digital display. The easy-to-use device allowed him to feel in control of his chronic issue while alerting the nursing staff when any of the responses detected changes in his condition.

The Sarah Neuman team of case managers, social workers and medical staff knew of his unwavering desire to return to his own home. They team wanted to give him a fighting chance to achieve that goal and after many meetings with him and his family, Leonard was told he'd be able to celebrate his May birthday in his own apartment.

Upon getting the good news, Leonard's demeanor brightened and his engagement with life was nothing short of remarkable. "You would have never guessed it was the same man from the time he came in here," reports his nurse.

Leonard is managing well in his own environment. He was sent home with all the supportive services in place including a visiting nurse, a compact Telehealth in-home unit, which enables him to chat electronically with nurses on a daily basis to share his diagnostic information, along with other private help.

Kiera recognizes that a heightened quality of life has been restored to this gentle man. She remarks, "Working with Leonard is one of those cases that really moves you. You can't imagine the difference it has made for him to go home." She adds, "I think he's going to do just fine." 🌱



## Trends & Influences Impacting the Senior Market

*By Joe Cuticelli, regional vice president, Sodexo Senior Living*

Today's consumers expect to maximize their full potential as they grow older. They want to live their lives to the fullest, enjoying the most comfortable living environments with all the technology and amenities available.

Sodexo Senior Living recently published a research report addressing these trends and influences in the seniors market. Here are some highlights from that report, along with insights you can use to help make strategic business decisions in your senior community.

- ♦ **Leveraging technology to lower costs, enhance care and increase staff efficiency.** Technology will continue to play a huge role in sustaining the independent lifestyle of today's seniors, promoting higher levels of self-sufficiency while reducing the burden on staff. The growing use of social media among residents will drive the necessity for Wi-Fi access and ongoing computer training in senior living communities.
- ♦ **Services and amenities to meet the expectations of seniors including health spas, theaters, entertainment venues and restaurant-style dining.** Activities that contribute to life-long learning, like courses through local colleges and universities, will be highly valued by seniors. In addition, the creation of family-friendly environments that accommodate guests (especially visiting grandchildren) will be a "must have" for senior living communities.
- ♦ **Full body wellness through innovative programming that focuses on complete physical and cognitive fitness.** Products and services that extend longevity and enhance seniors' overall quality of life will be in high demand. Healing gardens, therapy pools and aquatic centers are just a few of the features that will be important to future generations of residents.
- ♦ **Promoting resident independence through innovative solutions that foster connectivity and socialization.** Aging in place will continue to be a priority for seniors, as will those services that facilitate independence. While the healthcare services they need will remain critical to residents, so too will be the availability of such "essentials" as transportation, technology, lifelong learning and opportunities to get involved in their surrounding community.
- ♦ **Organic innovation fueled by staff and associates generating new ideas.** Both management and employees will be challenged to find ways to enhance performance, increase resident satisfaction and promote overall community appeal. Organic innovation, fueled by those who have day to day interaction with residents, will be essential. Capitalizing on the inventiveness of other industries and applying those innovations to the senior living environment will also be critical to future success.
- ♦ **Services beyond your four walls including adult day care, home health and continuing education.** The demand for services designed specifically for those seniors who live in their own homes or with family members will continue to grow. Services that encourage social engagement, education and a connection to

*(See Trends and Influences on page 10)*

## Trends and Influences... (continued from page 9)

the local community will become vital, as will partnerships with community-affiliated organizations which can help address seniors' desire for independence.

- **Economic realities facing seniors including reduced personal savings, depressed home values and declining overall net worth.** The lackluster performance of the economy has placed a severe burden on seniors. Senior living communities will need to look for ways to reduce costs while remaining a viable choice for prospective residents. Deeply discounted entrance fees, more affordable housing options and a growing portfolio of in-home services are just a few of the ways communities will address this issue.
- **Choice and value will remain critical, dictating more options like “niche communities” and adding value in terms of money and convenience.** Today's seniors want to select from a variety of options, many of which are customized especially for them. Communities that specialize in providing a residential experience based upon ethnicity, sexuality, religion, education or even hobbies will continue to grow. Senior communities must anticipate the interests and preferences of future residents, providing value-added options that exceed their expectations.
- **Delivering quality care and service requires the recruitment and retention of staff with the needed skills to succeed.** To address seniors' increasingly high expectations regarding the quality of care and service they receive, technology will be employed with greater frequency. This will require staff members with a higher level of education and/or a willingness to receive ongoing training and development. In addition, the continued refinement and enforcement of senior care protocols will be necessary to ensure consistent delivery of quality care and overall resident satisfaction.
- **Growing competition among senior communities driving aggressive marketing via the Internet and social media.** Seniors will continue to have greater access to information via the Internet, allowing them to conduct a more thorough evaluation of their available community choices. It will be imperative for senior communities to expand the breadth and depth of their Internet presence to maximize and personalize their “connection” with potential residents.

Sodexo is a leader in the senior living market and has a proven record of providing quality of life services to organizations and individuals around the globe, including over 600 senior communities throughout the United States. The company is proud to be the only LeadingAge™ Gold Partner in the resident and client services category, and is thoroughly dedicated to helping LeadingAge realize its mission of “Expanding the World of Possibilities for Aging.”

*For more information on how Sodexo can help your senior community maintain its competitive advantage, please contact Daniel Lucey at 413.222.6488, or you may contact Joe Cuticelli by e-mail at [joe.cuticelli@sodexo.com](mailto:joe.cuticelli@sodexo.com).* 



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## Veterans' Club Honors Service, Celebrates Common Bond

As Veterans' Day 2011 approached, recreation therapy manager Wendy Ubbink and social worker Kaci Klein decided to collaborate on a special bulletin board at the M.M. Ewing Continuing Care Center in Canandaigua.

Adorned in red, white and blue, it featured the names and service branches of all the veterans living in the skilled-nursing facility, along with as many black and white photos as Ubbink and Klein could gather from families.

"It turned out really well and we got a lot of great feedback," says Ubbink, "but we wanted to do something more for our veterans who have done so much for us."

Special outings were scheduled for residents who are veterans, including visits to the nearby VA Medical Center for a Pearl Harbor ceremony and for a model airplane show.

Ubbink and Anitra Kelly of Recreation Therapy then started a Veterans' Club within M.M. Ewing, scheduling monthly meetings so the residents who are veterans could spend more time together.

"It's meaningful to them because they share similar experiences, and they all have a lot of fun," Klein says.

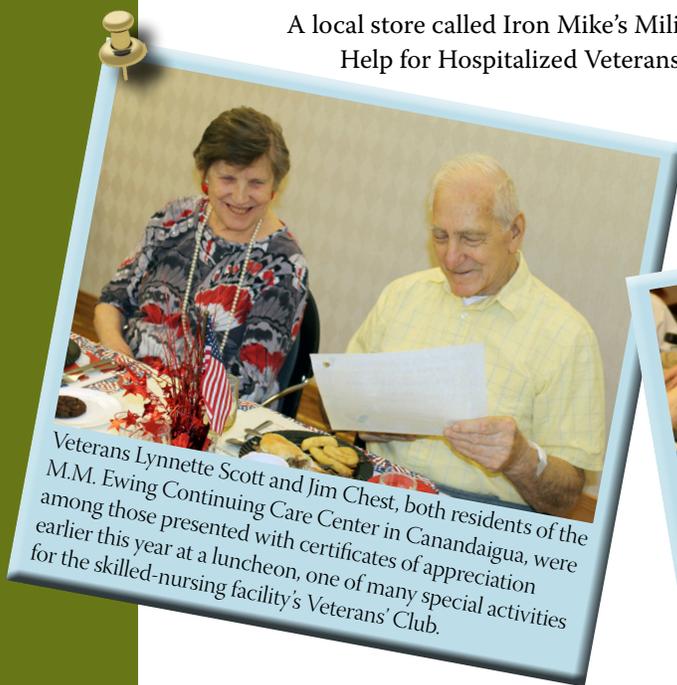
To make the get-togethers even more meaningful, Ubbink reached out to local veterans' organizations in the community.

Canandaigua American Legion Post No. 256 sent representatives to visit M.M. Ewing for Veterans' Day 2012, honoring each resident individually during a special ceremony. The Legion also began sending birthday cards to residents who are veterans and supplied M.M. Ewing's Palliative Care Committee with a large American flag to drape over veterans who pass away.

A local store called Iron Mike's Military Exchange donated items for a reminiscing kit.

Help for Hospitalized Veterans, a non-profit organization, has supplied therapeutic

(See *Veterans' Club* on page 12)



Veterans Lynnette Scott and Jim Chest, both residents of the M.M. Ewing Continuing Care Center in Canandaigua, were among those presented with certificates of appreciation earlier this year at a luncheon, one of many special activities for the skilled-nursing facility's Veterans' Club.



M.M. Ewing Continuing Care Center resident Ed Hoskins and recreation therapist Anitra Kelly look at a photo of Hoskins when he was in the service. Kelly helps lead the Veterans' Club at the skilled-nursing facility in Canandaigua.

## Veterans' Club... (continued from page 11)

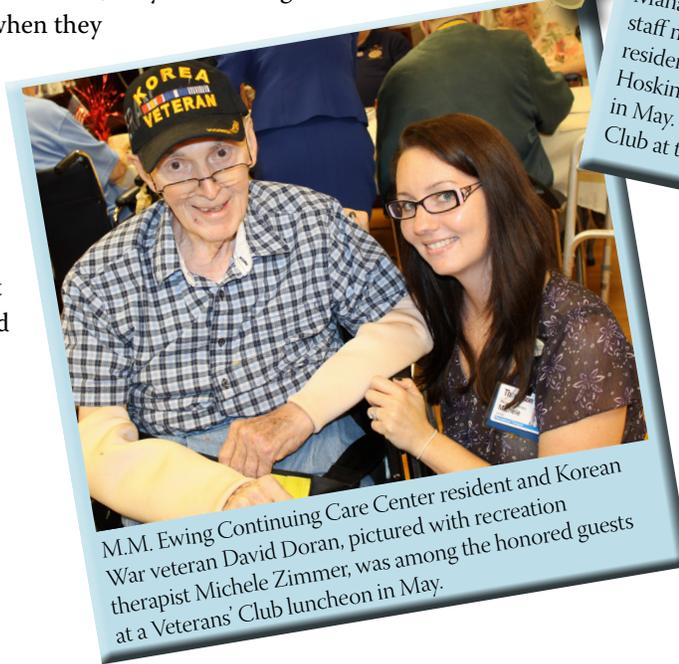
arts and crafts kits as well as ornaments that were presented at a special luncheon attended by many of M.M. Ewing's nearly 30 veterans shortly before Memorial Day 2013.

The veterans chose the menu for the luncheon – Philly cheesesteak sandwiches, steak fries, fresh fruit and double chocolate cookies with a choice of soda, beer or wine. Representatives of the American Legion as well as other veterans from the community and from within Thompson Health – of which M.M. Ewing is an affiliate – were on hand to dine and chat with the residents.

Richard Tucker, son of World War II Navy veteran and M.M. Ewing resident Tom McShane, was there for the luncheon too. "I thought it was really nice," he says.

Tucker notes that even though many of the men and women in the Veterans' Club have dementia, they often recognize one another, especially when they hear certain words related to their experiences and realize they share a bond.

"You can see it in their faces, like a spark in their eyes, and they start communicating back and forth," he says. "It always amazes me." 🍀



M.M. Ewing Continuing Care Center resident and Korean War veteran David Doran, pictured with recreation therapist Michele Zimmer, was among the honored guests at a Veterans' Club luncheon in May.



M.M. Ewing Continuing Care Center Nurse Manager Ann Costello was among the many staff members who stopped by to honor residents who are veterans – including Ed Hoskins, seated – during a special luncheon in May. Hoskins is a member of the Veterans' Club at the skilled-nursing facility.



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*All of the work we do is to advance the missions of our members, who strive every day to provide the best quality aging services for New York's seniors and frail elderly.*

## Fall Into the New Year

*Ami Schnauber, director of government relations, LeadingAge New York*

The temperatures are getting cooler and the days are getting shorter. Summer is over and kids and teachers have returned to school. It always amazes me how the school calendar sets the rhythm of the business and legislative world as well. As summer comes to a close, legislators gear up for September primaries and November elections and the Governor and state agencies begin planning for the Executive Budget proposal that will be released in January. Congress is actively debating spending plans and there is already talk of cuts to many important entitlement programs.

At LeadingAge New York, we've been busy soliciting member input for our legislative, regulatory and budgetary agenda for 2014. We are analyzing all the information we've received from members and beginning to formulate our Cabinets' action plans for the year ahead.

All of the work we do is to advance the missions of our members, who strive every day to provide the best quality aging services for New York's seniors and frail elderly. We all know that this is becoming harder and

harder with each passing year as the state continues to rein in spending on Medicaid and other community services programs.

The initiative to move all Medicaid populations into managed care has complicated the picture even further.

As difficult as the managed care

transition is, however, it has unified our vast, and sometimes disparate, membership like never before. There are certainly consistent themes that the majority of members want to see addressed:

- Rate adequacy, both for managed long term care plans as well as the providers with whom they will contract for services;
- Streamlining practices and procedures, including assessments, billing and case management; and,
- Funding for technology including electronic health records and telehealth.

LeadingAge NY and many of our members are actively working on these issues. We have been vigilant in our efforts with the Department of Health (DOH), participating in DOH workgroups and holding numerous meetings with DOH staff to ensure that any Medicaid redesign efforts do not hurt – and ideally help – aging services providers through this transition.

*When the Legislature returns in January, we will have an opportunity to further increase our advocacy for the preservation of quality aging services.*

When the Legislature returns in January, we will have an opportunity to further increase our advocacy for the preservation of quality aging services.

(See *Fall into* on page 14)

## Fall Into... (continued from page 13)

With the added strength of a unified message, we will demand that our legislative representatives provide adequate funding for Medicaid so that plans will get adequate rates and providers will get adequate reimbursement for services. Next year is an election year for all state legislators and we plan to hold their collective feet to the fire.

The budget battle begins in mid-January with the release of the Governor's proposal. The Legislature will then have until March 31 to negotiate changes to the Governor's proposal.

LeadingAge NY has scheduled an Advocacy Day for Tuesday, February 4 in Albany. Please put that day on your calendar and plan to come to Albany to meet with your representatives. We need as big a turnout as possible. We hope that members will continue to educate their legislators about the good work they are doing and push them to provide additional funding to ensure access to quality aging services.

As the budget deliberations heat up in February and March, we will be turning to you for additional advocacy efforts through our letter writing campaigns on February Fridays and phone calls and Virtual Lobby Days on March Mondays.

LeadingAge New York has a number of resources on our Legislative Action Center that provides easy access to advocacy tools, including issue briefs, memos of support or opposition and draft letters. You can also keep up to date on legislative developments on our political blog and through our Legislative Bulletin. With these advocacy tools, you can be a strong advocate for your organization and the folks you care for in just a few short minutes.

I hope you will utilize our advocacy resources to connect with your legislative representatives on a regular basis – both in Albany and back at home. As we approach the fall and winter holiday seasons, I encourage you to reach out to all your elected officials and invite them into your organization to celebrate the holidays and the New Year with your residents, families and staff. These social venues will allow you an opportunity to develop personal relationships with your elected officials and get them intimately familiar with your organization. Your advocacy efforts next year will be a lot less challenging and intimidating if you know your elected officials well. 🍷



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## Community Senior Centers – A Key Component

*By John W. Baumgarten, architect, RA, AIA, NCARB, LEED AP*



This is the third installment in a series on how Managed Long Term Care (MLTC) is impacting senior care organizations. Our first installment discussed the role of Accountable Care Organizations (ACOs) in creating heavier case mixes for nursing facilities, making them “more sub-acute”. We followed that with an article on how MLTC and its shifting care levels are creating a need for assisted living and supportive housing.

This month, we focus on how senior care organizations are adapting their networks to create a new continuum of care through the creation of their own PACE and MLTC plans/centers.

PACE stands for Program of All-Inclusive Care for the Elderly. PACE provides a comprehensive system of health care services for members age 55 and older who are otherwise eligible for nursing home admission. Both Medicare and Medicaid pay for PACE services on a capitated basis. PACE members are required to use PACE physicians who along with an interdisciplinary team develop care plans that include primary hospital and long-term care services. PACE is approved by the U.S. Centers for Medicare and Medicaid Services<sup>1</sup>,



“Managed long term care plans provide long-term care services (like home health and nursing care) and ancillary and ambulatory services (including dentistry and medical equipment) and receive Medicaid payment. Members get services from primary care physicians and inpatient hospital services using their Medicaid and/or Medicare cards<sup>2</sup>. MLTC members must be nursing home eligible.



Although PACE and MLTC plan services can be rendered in a physician’s office, a hospital or even one’s home, the physical nexus for these plans in a given community is the senior day center.

A community senior center should appear open and welcoming while “fitting” seamlessly into the fabric of its neighborhood. The design should seek to create the proper functional program wrapped in an inviting and bright aesthetic.

As senior center architects, we are constantly challenged to design within severe budgetary constraints. It is necessary to use simple, readily available materials in new and interesting ways to contain cost without compromising aesthetics. Designing flexible spaces that can be adapted to changing programs will meet both present and future needs. A community senior center is built around a core of multi-function spaces that are used for dining and activities. Usually located near the center’s main entry, this cadre of amenity spaces are typically designed to accommodate 50 to 80 attendees in the PACE model and 100 to 200 attendees in the MLTC “social adult day care” model.



In both the PACE and social adult day care models there are administrative, dietary, storage and staff support spaces. The dietary space is almost always a pantry to support the staging and serving of meals prepared off-site. This is where the similarity between the PACE and social adult day care models ends.

The PACE model includes a discrete primary care Diagnostic and Treatment Center (D&TC) which usually has three to six exam rooms. The D&TC also includes a gym-like exercise space of

(See *Community Senior Centers* on page 17)

## Virtual Becomes Reality

Imagine being a stroke rehabilitation patient and being able to once again do familiar things that had become difficult, if not impossible, because of the stroke; simple tasks such as being able to cut flowers in a garden or driving down a highway. For the patients at ArchCare at Ferncliff Nursing Home these tasks are becoming a reality; a virtual reality that is.

The Omni Virtual Reality Therapy System, or OmniVR, Omni Cycle, and Light Gate Machine, all made by the company Accelerated Care Plus, are three machines that can make these virtual realities possible for the rehab patients at Ferncliff. We spoke with the director of rehabilitation, Christopher Grant, to find out just how these machines are changing the way rehabilitation works. The first machine, the Omni Virtual Reality Therapy System, provides the patients with an avatar, or a digital substitute for themselves within the machine's reality. The machine will then put them into a realistic situation in which they are required to do minor tasks corresponding to movements in real life.



“For example, the patient’s avatar is walking around and one of the activities will be cutting flowers. There is a pair of shears and the patient will walk around the space and cut flowers as he or she goes along. There’s a lot of positive feedback for the patients, plus we are able to measure a how well and how quickly they’re doing things,” Grant explained.

He said that one of his favorite activities performed by patients on the OmniVR involves, of all things, chickens. “That’s one of my favorite things. You hold your hands out and your hands are basically a pillow. There are chickens laying eggs so you catch the eggs as they come from the chicken. It gives patients a really good understanding of where their body is in space, plus it gives them that immediate feedback of doing something successfully.”

The second machine, the Omni Cycle, is unique because it has an assisted drive feature, it knows whether a patient is working or not and it will put in enough input to keep the movement going. “It works very well with stroke patients in cases where they’re able to perform the activity using their non-affected side to help their weaker side compensate and if very they’re weak it will help them push along.” Grant added.

The Omni Cycle has a screen to provide patients with information about how fast they’re going, their heart rate, and how much effort they themselves are putting in versus how much effort the machine is putting in for them. The Omni Cycle can also virtually allow patients to experience driving down a highway while still requiring input through movement.

“For example,” said Grant, “a road block will gradually come up on the left side and the machine encourages the patient to only use their right leg to pedal and as a result the arrow, representing the path, will go into the right lane dismissing the obstacle in the left lane. It’s a bio feedback style treatment where you’re watching something occur and you make a reasonable accommodation to it.”

The third and final piece of equipment, the Light Gate Machine, provides weight assistance through the use of a harness to patients that have difficulty with or are unable to stand.. Patients that cannot stand at all will be placed in the harness, which

(See *Virtual Becomes Reality* on page 19)

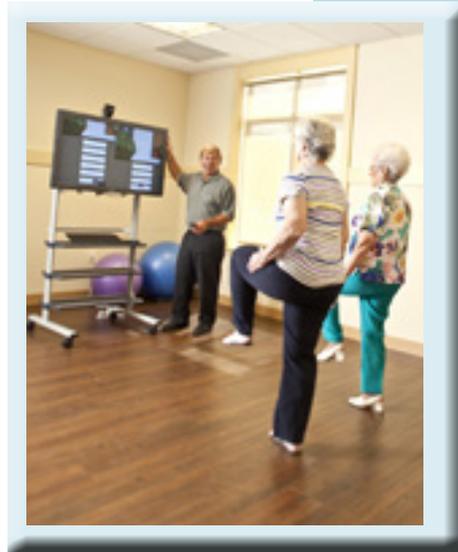
## Virtual Becomes Reality... (continued from page 16)

will help hold them up. The patient is then able to be turned around, walk sideways, and other ways that allow them to put full weight throughout their body.

“This increases the likelihood of patients recovering faster because the best way to exercise is standing and moving,” Grant said. The Light Gate Machine also increases strength more quickly and treats patients suffering with pelvic obliquity, wounds such as bed sores, pain, strengthening and urinary incontinence.

One of the most important reasons for investing in these machines is the patient. ArchCare at Ferncliff Nursing Home uses a Functional Assessment Measure (FAM) score to gauge how effective the machines are in helping patients to heal. This is a quick feedback score that is therapy driven and, according to Grant, they consistently see high scores. Ferncliff is also proud that they have a low re-hospitalization rate along with a strong discharge to home rate.

Ferncliff doesn't focus on the cost of the machines, rather on the quality experience they provide. On cost versus quality, Grant explains, “it's a quality machine. What we're doing here is getting the best equipment to provide the best possible care for our patients. We strive to find the best ways to get patients home as soon as possible and for them to be successful when they get home. The cost is absolutely worth it because of the excellent outcomes we achieve.” 🌱



## Community Senior Centers... (continued from page 16)



approximately 400 square feet where physical therapy is provided.

The typical PACE center also has a larger office suite than the social adult day care model. This suite, typically around 1,500 square feet, has both supervisory offices and a bullpen of workstations for nurses and social workers who visit plan participants

in their homes and help to create and implement participant care plans. In the PACE model, the D&TC is subject to both pre-construction plan review and post-construction inspection by the state Department of Health (DOH). The balance of the PACE Center is subject to a post-construction inspection by CMS.

Of course, in both the PACE and social adult day care models, approvals and inspections by the local building department are required and a valid Certificate of Occupancy is a pre-requisite for a DOH and CMS inspection. 🌱

*For more information about senior care renovations and what we can do for you, contact John W. Baumgarten of John W. Baumgarten Architect, P.C. at 516-939-2333.*

Footnotes 1 & 2: New York State Department of Health Website



## Redefining Senior Communities

**B**ig changes are underway in how care and services to seniors are being delivered and reimbursed. Those changes will continue as the system shifts to accommodate a new, larger generation of consumers. These seniors will have far different needs and desires, with fitness, nutrition, wellness and choice emerging as personal priorities.

Furthermore, advances in medicine have increased life expectancy, technology has enhanced all aspects of daily living and the traditional family structure has changed considerably. Population data tell us that larger numbers of seniors will have to remain in the community as they age, with appropriate care and services delivered to them in the place they call home.

As Episcopal SeniorLife Communities (ESLC) in Rochester looks to the future, they are preparing to serve the changing profiles of the senior population. Chief Executive Officer Loren Ranaletta sees a vision of the future where providers of care, services and housing are active community partners, bringing their expertise and resources out to the community to help seniors stay healthy and active in their own community as they age.

Since 1868, ESLC has responded as community needs have changed. Now, ESLC is determined to solve a significant problem facing low- and middle-income seniors in the community by helping them age in their place of choice. For generations, ESLC has been creating residential communities that inspire active, purposeful and fulfilled lives. The newest concept is a slant on the definition of community that recognizes that this new generation's desire to age in their place of choice – often not a congregate residential community – is hampered by the lack of moderately priced, neighborhood services and affordable housing for seniors.

ESLC's Neighborhood Outreach Program redefines the term outreach through a noticeably different mindset. That new mindset recognizes that institutions possess the resources and talent to serve this new generation and should bring them out to the community.

That's exactly what the program delivers. Conceptually, it's a series of unique individual programs located in neighborhoods and designed to support seniors to age-in-place safely. The overarching goal is to assist seniors in maintaining independence by increasing knowledge, activity levels and overall health by offering fun, social programs specifically intended for older adults.

Community services, offered only in pockets throughout Monroe County now, will need to be more widespread to satisfy this need going forward. Services to support seniors in their neighborhoods with relationships, companionship, programs and services that will sustain their independence will be offered. At the core of ESLC's innovative approach is a shift from a medical model of care to a social model of care by placing greater emphasis on providing people with services in the home, developing connections in neighborhoods and providing supportive housing for seniors. Programming reflects the best practices in independent senior living by offering a variety of opportunities to enrich lives and enhance a sense of community.

Avoiding duplicative efforts and wasted resources and recognizing the community affiliations and relationships seniors may have already established are key elements of success. A variety of existing classes offered in ESLC senior communities – such as balance class, art classes, and knit and stitch club – are offered in the community. Additionally, luncheons are occasionally offered for community members – with guest speakers presenting on health and nutrition. Additional classes such as yoga and a walking club have been added to programming.

(See *Redefining Senior Communities* on page 20)



## Redefining Senior Communities (continued from page 19)

This model has been successfully launched in the Town of Henrietta. Similar programs are offered in the South Wedge area of Rochester and the Town of Greece, with a few alterations at each site recognizing unique existing cultures. There are also future plans for expansion into the Town of Gates.

Another important barrier to reaching the overarching goal is recognizing that with fixed and limited income, a large cross-section of seniors and their families in the greater Rochester area struggle to find safe and affordable housing. Community-based apartment complexes for those with low to moderate incomes frequently don't offer the necessary amenities for transportation, meals and activities that seniors rely on to remain active in their community. Complexes that do offer a great array of services, support and programs are simply too expensive for many.

As a result, seniors may deplete their resources as they live in a community with more amenities than they need. When funds dwindle, they may be forced into a nursing home – with an even greater level of care – simply because that is what's covered by Medicaid. Simply put, senior facilities without the appropriate level of care are not only extremely costly to the system – and to taxpayers – but they also fail to support the welfare of seniors who have the desire and ability to live with a greater level of independence and sense of dignity. As a second pillar of the program, in addition to outreach, ESLC is also committed to providing **moderately** priced, independent senior housing options for seniors.

Partnerships are an important aspect of this model. ESLC has developed relationships with community partners in the neighborhoods where ESLC residential communities are located such as senior centers, churches and local parks. These partners are critical in the overall success of the outreach program. ESLC staff is used to lead the programs and are able to do so with very strong volunteer support. In some instances contracts with professionals are established for service delivery, for example a certified instructor to teach a Senior Yoga class.

Initial funding for the pilot program in Henrietta was provided by The Daisy Marquis Jones Foundation who has since also provided funding for the Greece Neighborhood Outreach Program. Additional grants are being submitted to other foundations to help support the South Wedge initiative. In addition, community memberships will be available for a nominal fee in the future for those interested in becoming a “member” of the program. ESLC's commitment to this model is so strong that necessary costs are incorporated into the annual operating budget.

The Neighborhood Outreach Program is an innovative, new approach to reaching today's seniors and will be replicable in other communities in the future. This is not, however, a cookie cutter approach. Each program must be customized to meet the needs of that particular neighborhood. The stages involved in the development of all programs are as follows: research; planning; implementation; evaluation and improvement. ESLC anticipates that in the years to come, this program will be replicable in other communities with sound research to support the outreach effort.

ESLC is changing the overall culture of our senior living communities. In exchange for isolated senior communities – where programming is typically done within the confines of the building – they are utilizing community resources and integrating into neighborhoods and as a result becoming more inclusive. 🌱



*Simply put, senior facilities without the appropriate level of care are not only extremely costly to the system – and to taxpayers – but they also fail to support the welfare of seniors who have the desire and ability to live with a greater level of independence and sense of dignity.*

## Building Community Vision With an Individual Focus

*By Rob Wallace, President & CEO, Episcopal Church Home & Affiliates*

Change is a constant within the senior care and housing fields. Like all providers, Episcopal Church Home & Affiliates works to navigate that change on a daily basis. Despite ongoing changes, the organization's focus has remained the same – whether at Canterbury Woods, a Continuing Care Retirement Community in Williamsville, or at one of the several affordable housing complexes it operates across Western New York.

Our organization has a 150-year history of helping our neighbors to shoulder their burdens. While our vision has evolved over the years, we continue to focus on the needs of the individual.

Canterbury Woods, the first senior living community in Western New York to offer a life care continuum, opened in 1999. The community provides life care to seniors age 62 and older with assured access to needed services. It also features a mix of patio homes, independent living and assisted living apartments and skilled nursing and rehabilitative services, all located on a 62-acre, park-like campus.

As Canterbury Woods enters its 15<sup>th</sup> year, we have seen a generational shift among residents and that has created key challenge for our team.

We have seen our population evolve from the so-called 'silent generation' of World War II-era individuals to the Baby Boomer generation. Along with that have come changes in service and lifestyle expectations, and the need to satisfy two distinct populations as one community.

Some of the changes have been cultural. Whereas pre-Baby Boomer residents would tend to dress more formally for dinner and prefer a more scheduled dining schedule, newer residents gravitate toward a more relaxed environment in both apparel and schedule. Canterbury Woods created a completely new dining experience, completing an extensive overhaul of its dining area to include a bistro and café in order to complement its expanded formal dining room.

Similarly, technology and wellness have come to play a more central role both in the lives of residents and in the community they call home.

Our entire community is completely wireless, with residents and guests alike working on their laptops in the community areas and Skyping with their grandchildren over lunch in the café. Wellness has changed from the provision of a small workout area and a pool to the addition of yoga, tai chi and Zumba services. Our beauty shop is being transformed into a spa, with all the services and amenities of a typical five-star resort.

Canterbury Woods has taken an aggressive, proactive approach to these changes. The evolution of the community is an ongoing process.

*(See Building Community Vision into on page 22)*



# Building Community Vision...

(continued from page 21)

We have taken a strategic approach to investing in Canterbury Woods before the changes have passed us by and forced us to react. Meeting the needs and expectations of current residents while simultaneously attracting new residents with different priorities is a delicate, yet important, balance that needs to be constantly managed.

Episcopal Church Home & Affiliates takes that same innovative approach in the area of affordable housing.

Established in 1984, Episcopal Community Housing provides affordable housing and senior apartment rentals to those living on a budget with low or limited incomes. The properties included in the Episcopal Community Housing portfolio include Canterbury Gardens in Wheatfield, Shaarey Zedek Apartments in Amherst, Saint Paul's Place in Angola, Christine Apartments and Saint Mark's Apartments in the City of Buffalo. While each property and neighborhood is unique, the caring environment remains constant across the spectrum.

"The economic climate continues to create certain pressures for seniors and others who depend on low and fixed incomes," said Paul R. Campise, director, Episcopal Community Housing. "We serve a diverse population of residents, from Niagara County and suburban locations in the "northtowns" to the heart of Buffalo's inner-city to the more rural locales in the "southtowns" along the shores of Lake Erie. You can't take a one-size-fits-all approach."

Each complex offers on-site management, housekeeping and maintenance, along with other amenities. However, each complex is designed to fit naturally within the surrounding community.

"The needs and priorities of a person on the West Side of Buffalo can be completely different from those of someone in Angola," Campise explained. "We take a host of factors – from proximity to public transportation to services and design aesthetics – into account to ensure that our residents have a place they can truly connect with and call home inside and out." 🌱



## Changing Needs - Wesley Has it Covered!

**W**e all know that as people age, their needs can change. The Wesley Community, a 36-acre, not-for-profit organization in Saratoga Springs works to solve this challenge with its continuum of care model, which serves the diverse and increasing needs of more than 675 seniors, from active to frail and ill elderly.

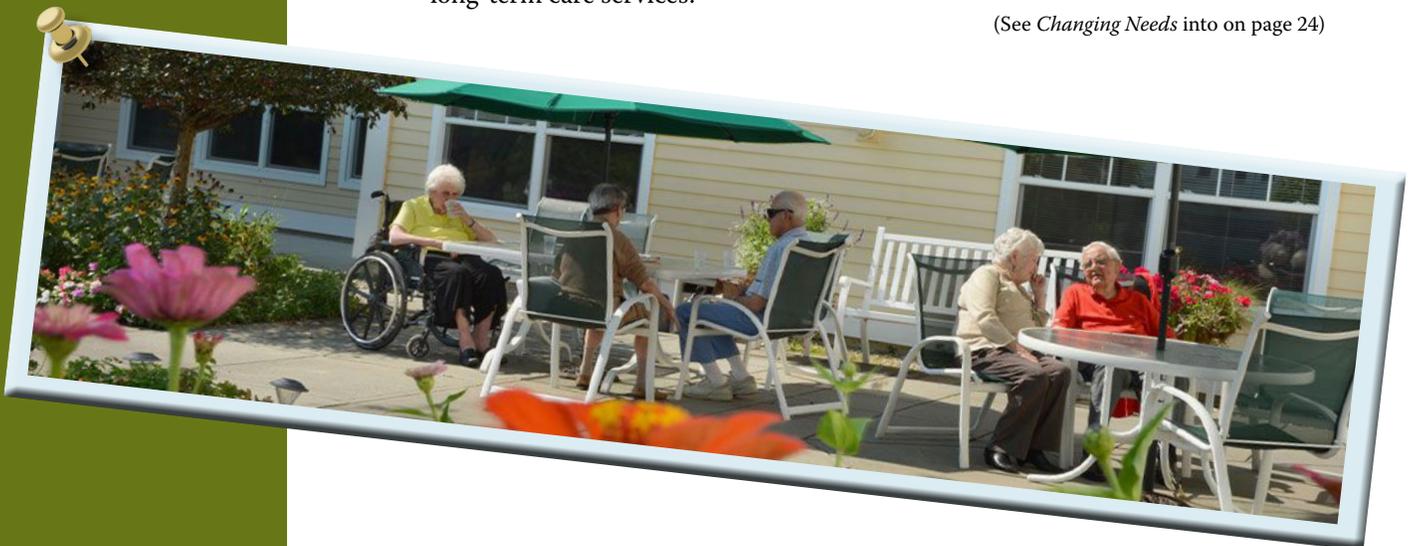
The idea for The Wesley Community originated 45 years ago, when the former Troy Conference of the United Methodist Church committed its time and resources to a mission to serve the needs of older adults. Conceived and built as elder housing and medical care in one convenient location, The Wesley Community has expanded over time to become today's multiplex, which offers housing and services to people with a variety of needs and incomes.

The Wesley Community's major services are independent and enriched housing and long term care. Independent living at The Wesley Community is available for seniors in all income brackets. Woodlawn Commons has well-appointed, market-rate apartments with a formal restaurant for optional meals, an available housekeeping package, and other amenities. Embury Apartments offers recently renovated low and middle income affordable units for income-eligible applicants with a café for optional meals at breakfast and noontime.

The Wesley Community's enriched living program at Woodlawn Commons provides a supportive environment that can be tailored to meet the needs of each individual. Forty apartments offer residents the comforts of home combined with support and services including three prepared meals a day, housekeeping and laundry services, scheduled transportation and enhanced security.

Wesley Health Care Center has earned its reputation for excellence by providing superior long term skilled nursing care with a personal touch for aging adults with significant chronic medical needs. Wesley also offers a hard-to-find residential setting that can meet the light care needs of less seriously ill geriatric residents. A specialized program for residents with Alzheimer's disease and dementia completes Wesley Health Care Center's full spectrum of long-term care services.

(See *Changing Needs* into on page 24)



## Changing Needs . . . (continued from page 23)

The Wesley Community also provides auxiliary services that meet other needs of the aging resident, such as outpatient therapies, short-term rehabilitation and adult day services.

Wesley Health Care Center's in-patient short-term rehabilitation program is designed to support, encourage and give confidence to patients undergoing physical, occupational and speech therapies as they work toward returning home after a debilitating medical event.

Wesley Health Care Center's outpatient rehabilitation programs provide residents of The Wesley Community and the surrounding area with exceptional treatment resources staffed by skilled, caring professionals in physical, occupational and speech therapies. In addition to providing state-of-the-art treatment modalities, including a therapeutic pool, Wesley's outpatient staff offers hands-on therapy and individual instruction.

Wesley Evergreen Adult Day Services is a program designed to give more purpose and meaning to the daily lives of adults who are partly dependent on others for assistance with tasks of daily living. While their usual caregivers rest, go to work or fulfill other obligations, Evergreen provides a friendly and supervised setting that includes planned activities, medication supervision and personal care assistance, as well as a balanced lunch.

Older adults and their families looking for housing and services find that the offerings of The Wesley Community's continuum of care work very well for them. Co-locating housing and services in one place provides continuity and less disruption for the aging persons who live on campus. There are many examples of the benefits of living within a continuum.

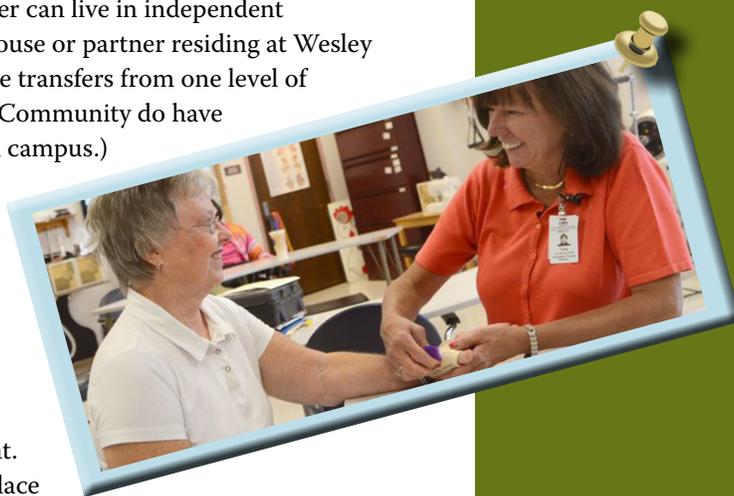
An independent Woodlawn resident who fractures a hip can be admitted to short-term rehabilitation at Wesley Health Care Center to regain his or her strength and learn safe ways to walk and perform personal care. Friends from Woodlawn can visit, making the resident's stay less stressful.

When one of the partners in a couple residing in independent housing is caregiver to the other, Wesley Evergreen Adult Day Services can offer respite to the caregiver. The caregiver can rest or attend to his or her own needs and appointments two or three days a week while his or her partner is supervised.

When a couple's individual needs change at a different pace, both can stay on one campus instead of ending up in facilities miles apart. A spouse or partner can live in independent housing at Embury Apartments and have daily access to the spouse or partner residing at Wesley Health Care Center without the need for transportation. (While transfers from one level of care to another are not automatic, the residents of The Wesley Community do have preferred consideration for admission to other levels of care on campus.)

Health and other issues may drain financial resources for older adults. Rents at Embury Apartments are based on income and are adjusted annually, making it possible for residents to stay in the home to which they have become accustomed as their finances change.

This model offers a unique blend of community living and care-giving that can ensure that every stage of life for the older adult is spent in a caring, familiar and comfortable environment. It enables residents to stay near loved ones and friends in the place they have come to call home. Addressing the future needs of the next generation of seniors will require even more of these types of "one-stop" models offering both convenience and choice. 🌱



## The Peconic Landing Waitlist Advantage Program

*By Laurelle Cassone – Director of Sales, Peconic Landing*

At any age, moving can be extremely stressful. And when you have lived in the same home for decades, moving can feel downright impossible.

For many of our earlier members, sorting through a lifetime of treasures and preparing for their move to Peconic Landing was almost enough to make them change their mind from moving at all. Add to that, joining a brand new community where you become the “new kid on the block,” and you have a recipe for stress.

Moving to a LifeCare community like Peconic Landing should be a pleasure, not a burden.

After our initial members moved in and shared their experiences, we realized we needed to develop a program to help future members navigate the process and become a part of the community before they actually called it “home.” Enter our Waitlist Advantage Program.

The Waitlist Advantage program benefits both our prospective members and the community. It includes up to three overnight stays per year in our guest accommodations, as well as breakfast, lunch and dinner during each visit. If the prospective member is local, he or she can arrange to dine on campus three times a year. Staying on campus while waiting for a preferred floor plan allows the prospective member to experience life at Peconic Landing without their sales counselor.

Prospects’ stay includes participation in fitness classes, guest seating in lifetime learning classes, participation in cultural events and a meeting with their sales counselor. Before their visit, the counselor learns about their interests and then pairs them for a meal with existing members who share similar backgrounds and/or interests. This usually creates the opportunity for new friendships and our members and prospective members typically keep in touch while the prospective member is preparing to move. After the move, existing members introduce the new members to their friends. This dramatically decreases the anxiety of moving to a new community.

In addition to staying on campus, we also send monthly mailings which include an event specifically for depositors. Events vary each month and include “Meet & Greet” luncheons that allow “waitlisters” to enjoy each other’s company on campus and make friends before they even move in. They share the common bond of not being a full part of the community and are going through the process at the same time. After they move in, their friendship continues and strengthens.

Other events specifically for our depositors include informational luncheons designed to help them through the moving process. The topics include “The Upside of Downsizing,” a three-part real estate series, and sessions titled “Your Guide to a Smooth Move” and “Meet the Directors.”

The “Upside of Downsizing” addresses the process of going through years of accumulation and helps create a plan of action for our depositors that isn’t overwhelming. It is presented by a professional organizer who was referred to us by an existing member. Each depositor attending the luncheon discussion receives material to take home and use as a “cheat sheet.”

The real estate series is presented by one of our Sponsor board trustees and is broken into three parts: “Preparing Your House for Sale,” “Putting Together Your Sales Team” and “How to Price Your House to Sell.” Each of these luncheons is presented with up-to-date real estate statistics based on the individuals attending the event.

“Your Guide to a Smooth Move” is a presentation on how to time each of the specific tasks one must accomplish while waiting for a floor plan to become available. Attendees receive

*(See Peconic Landing Waitlist on page 26)*



## Peconic Landing Waitlist... (continued from page 25)

a “Smooth Move Guide,” which is a step-by-step plan with a timeline allowing prospects to plan for what to do after accepting an offer, completing the application process and completing the move. We also include recommendations from current members regarding attorneys, movers, antique dealers, professional organizers and others who provide helpful services. And we provide handy checklists for furniture placement and moving day.

“Meet the Directors” is an opportunity for the depositors to meet the individuals who will be providing the services the depositors have discussed with their sales counselor. Most depositors’ only connection to a community is their sales counselor. After they move in, the sales counselor is then responsible for another potential member, and the directors of the community are responsible for providing the service.

The bond between a sales counselor and a depositor is very strong, and that bond needs to be transformed slowly. Meeting the team and becoming familiar with them eases the transition from depositor to members of the community and allows for new relationships to develop.

Depositors also receive our cultural and educational calendar in monthly mailings and have an opportunity to participate in many of our member-only events. This creates the possibility of our depositors becoming a part of the community before they call it “home.”

The Waitlist Advantage program has grown immensely since we launched it more than seven years ago. It has been a huge success in helping seniors make the transition to our community by easing the challenges they face acclimating to our community.

From the community’s prospective, it assists with retention and ongoing high-occupancy rates. If depositors are constantly engaged in a community, they will move in when the apartment or cottage of their choice is available. We look forward to adding to this program in the future. 🌱



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## Treating the Whole Person

*By Hasan Tariq, director of therapeutic recreation, St. Mary's Center, Inc.*

At St. Mary's, getting healthy isn't just about taking your medicine. It's about the whole person and empowering people to participate in self-care. A holistic approach recognizes that there are many dimensions to health and healing and, in addition to cutting-edge medical care, St. Mary's offers a host of therapies such as acupuncture, aromatherapy, yoga and massage to give people the tools to take control of their own health and wellness.

Consisting of a Five Star skilled nursing Facility and an adult day health care program, St. Mary's aim is to help clients and residents take control of their health through the continuum of services provided including medical and nursing care, social and psychosocial support, substance abuse and nutrition counseling, pastoral counseling, physical therapy and therapeutic recreation. St. Mary's specializes in providing for the chronic care needs of the growing community of adults who have AIDS, are infected with the Human Immunodeficiency Virus (HIV) and are symptomatic. The goal is always to help clients achieve their highest level of social functioning in part by facilitating family cohesion. Beyond being a health care facility, St. Mary's is a community.

### Success with Mr. S

In August 2003, Mr. S, a patient with a long history of mental illness, was referred to the St. Mary's SNE. Mr. S was being referred after being hospitalized for one year for treatment of schizophrenia. Mr. S was also HIV positive. The admissions committee had a lengthy discussion about whether St. Mary's was equipped to deal with his combination of HIV and severe mental illness and he was subsequently admitted.

Once Mr. S was admitted, the clinical team immediately met to create a comprehensive care plan that was designed to be both goals-directed and patient-centered. The staff of HIV specialist physicians simplified his HIV regimen to improved adherence. Our psychiatrist and psychologist met frequently with Mr. S for psychological assessment and to recommend interventions for his schizophrenia. Care plans specifically geared to enhance his social interaction and stabilize his mood were created.

Ten years later Mr. S has not had a single psychotic break. His HIV is in excellent control with undetectable viral load and T Cells above five hundred. The patient once described as "isolated and withdrawn" has been the president of the resident council for the past two years having recently been re-elected to a second term.

*(See Treating the Whole Person on page 28)*



# Treating the Whole Person

(continued from page 27)

## Non-Traditional Therapies

A host of therapies are offered to treat the whole person; these include:

### Acupuncture

One-on-one sessions address a variety of issues including joint and muscular pain, neuropathy, immune support, stress, insomnia, weight management and smoking cessation. Ear detox treatments are also provided for drug and alcohol addiction. Magnets, ear beads and liniments are available for the needle shy!

### Aromatherapy

Participants experience the power of 100% natural essential oils and learn how to address an array of issues including pain, cold and flu and emotional issues. Beauty/spa formulas are also available such as all natural shampoos, skin rejuvenation blends, massage oils and body lotions.

### Tea Time

This group affords participants the opportunity to learn about and experience the many benefits of herbal teas. Each week we discuss a different type of herbal tea and its benefits and follow with everyone making their own hot cup of tea. We offer organic honey or agave as sweeteners and a healthy snack is also provided. Organic ingredients are always emphasized.

### Massage

Massage is available to help relieve muscle tension, ease stress and just feel pampered! It's a wonderful way to take care of your health: research has shown that even a single massage can boost immune system activity.

### Yoga

Weekly yoga sessions are offered as a gentle and safe form of exercise. According to the Mayo Clinic, the benefits of yoga include improved fitness, stress reduction and even the reduction of risk factors for chronic diseases, such as heart disease and high blood pressure. Yoga may also help alleviate chronic conditions, such as depression, pain, anxiety and insomnia.

## Quality of Life

Maximizing the quality of life for those we serve is a vital component of our work. Therapeutic Recreation is a way to present our residents with life affirming leisure activities that help them heal. Our location in Upper Manhattan allows us to offer our residents and clients outings to Broadway plays and sporting events. In addition to positive socialization outside of the facility, we offer the perennial favorites such as bingo, dance/movement, community band, songwriting and drama therapy. The creative arts therapies

(See *Treating the Whole Person* on page 30)



# VALUE FIRST

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## Treating the Whole Person (continued from page 28)

both compliment and provide an alternative to traditional talk therapy. They are often effective with clients who may have difficulty with words, such as with those with dementia, or ambivalence about traditional talk-based therapies. Some of the specific groups we offer are:

### Bingo and other Table Games

Games are used as another way of improving frustration and tolerance and promoting friendly competition. Hand-eye coordination and motor skills can be maintained through the dexterity that these activities require.

### Together in Music

This group is designed for clients who suffer from isolation, with the goal of improving emotional expression, identifying feelings, improving interpersonal communication skills and increasing awareness of self.

### Art Exploration

This is a group for clients who are interested in exploring their personal histories through image making. The process of making art is employed as a way for participants to express and label their emotions.

### Community Band

This group is available for clients who are interested in more seriously learning ways of playing music as part of an ensemble. Through this activity individuals develop skills to manage anxiety, tolerate frustration and work through conflict.

### Movement Therapy

This group is designed to improve the client's body awareness to promote relaxation through the release of physical and emotional tension.

### Drama Therapy

In this group clients are encouraged to work through emotional and psychological problems through metaphors. By identifying with another character or distancing one's self from negative experiences through play acting, unhealthy personal patterns of behavior and interpersonal interactions can be identified, understood and potentially transcended.

The creative arts therapies can also provide a more direct channel to accessing feelings and emotions, especially when used with patients with histories of trauma or abuse. Verbal descriptions and explorations may often retrigger trauma, whereas creative arts therapies provide potential to work with the feeling without requiring painful verbal disclosures.

Medicine can save lives but treating the whole person will save the spirit and give the hope and coping skills necessary for leading the best life possible in spite of medical ailments. At St. Mary's the definition of person-centered care is expanded to whole person-centered care. 🌱



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## Managed Care and Organizational Liability

*By John Snow, COOL SeniorCare Insurance Program*

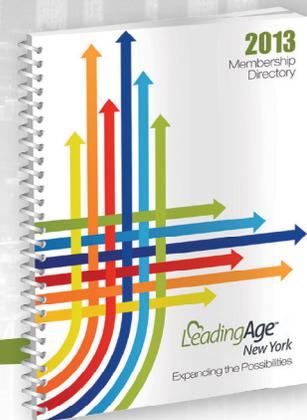
With the advent and proliferation of Managed Long Term Care Companies (MLTCs) in New York, the healthcare industry has new exposures to both primary and vicarious liability. The newsletter provided by Washington Healthcare news does a good job of addressing managed care issues and we encourage you to read this document. These new exposures are not contemplated or properly covered by traditional Professional/General Liability or D&O insurance policies. The attached link (<http://www.wahcnews.com/newsletters/couch0909.pdf>) gives a comprehensive review of these new managed care issues and we strongly encourage you to review them. We can assist you in addressing your Managed Care Errors and Omissions exposure and the possible need for a separate liability policy to provide you with the necessary coverage you need for the services afforded by your organization. 

For more information about managed care and organizational liability contact John Snow at Cool Insuring Agency, 784 Troy-Schenectady Road, Latham, NY 12110, 800-233-0115 or email John at: [jfsnow@coolins.com](mailto:jfsnow@coolins.com).

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## Information is Power - The Value of a Cost Study

Understanding the value of your current vendor relationships is critical. Given the uncertainty in the reimbursement system for senior living providers, organizations must be sure they are accessing competitive prices for quality goods and services. Even if you are currently purchasing through a group purchasing organization, you may be able to save additional money. Value First can help you find savings through free cost studies in major spending categories like outsourced dining and rehabilitation services, food products, office supplies, medical supplies and janitorial and sanitation supplies.

Finding your savings is really easy. First, let us know that you want to participate in a cost study and for what spending category. We will send you information detailing the specific data you will need to provide. Gather the data from recent invoices or directly from your distributor.

You might think this is going to be hours of work and you just don't have the time. Well, it's actually not that complicated or time consuming. Here are a few examples of how you can save money on your bottom line.

Value First is the long term care division of MedAssets, representing more than 9,000 vendor contracts that can help you save significant money. When purchasing products your final cost includes the amount charged by the manufacturer in addition to the mark-up from the distributor. So, if the cost from the manufacturer is \$100 for a case of product and the distributor markup is 20%, you're paying \$120. Purchasing 500 cases annually would cost you \$60,000. Locating the cost savings involves examining and negotiating prices with both the distributor AND the manufacturers.

First, let's look at the middle man. If you negotiate the markup down to 15% per case, then your total cost will be \$115 and for 500 cases annually you will pay \$57,500, saving \$2,500 or 4.2%.

If we negotiate with the manufacturer to bring the cost down to \$80 per case PLUS the lower 15% markup then your total cost per case is \$92 for a total annual cost of \$46,000 and a negotiated savings of \$14,000 or 23.3%.

So, how do you access manufacturer discounts? If you are a small provider or a very large multi-site provider you can attempt to negotiate directly with manufacturers. However, the process is labor intensive and leverage is limited to your annual spending in that specific category. Instead, you can access manufacturers through a GPO, leverage the spending of thousands of providers and off-load the negotiations to the GPO.

Remember that Value First can often beat any price you can negotiate directly with the vendor. Even if you belong to another GPO, unless it is an exclusive arrangement, give Value First a chance to save you money. Even if it is an exclusive arrangement, it never hurts to have information as leverage to use in your current arrangement.

Okay, you've got the facts, you know how much you can save and what's needed to get started. So, what are you waiting for? Start your savings today! 📄

*For more information about Value First, contact Leigh Ann Keefer at 518.867.8383 | [lkeefer@leadingageny.org](mailto:lkeefer@leadingageny.org).*



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## Member News

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### Awards & Achievements



#### **New Homecare Administrator Appointed as Community-Based Services Grow**

Mary Queally, RN, was appointed to the position of homecare administrator. Ms. Queally comes to Wartburg from Isabella Visiting Care, Inc. in Manhattan where she worked as director since early 2010.

In the role of administrator, Ms. Queally will manage Wartburg's licensed home health Agency, the evolving long term home health program, and its certified home health Agency. They collectively serve approximately 350 patients in the region. She will also be part of Wartburg's managed care initiatives.

Ms. Queally earned her MBA from Fordham and BSN from Hunter College Bellevue School of Nursing. Mary brings over 30 years of nursing experience in a community setting and is also a certified professional geriatric care manager.

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#### **Joanne Smith Appointed Director of Risk Management, Quality Improvement and Corporate Responsibility**



Joanne Smith, MS, RN, CPHRM, HEM was appointed director of risk management, quality improvement and corporate responsibility at Schervier Nursing Care Center, located in the Riverdale section of The Bronx. Smith will be responsible for developing and executing the facility's performance improvement plans, and monitoring compliance with licensing and regulatory agencies. She will also be responsible for directing the risk management program, and will play a key role in ensuring quality care is provided to each resident and patient.

Smith joins the BSNY team with more than 38 years of experience in the health care landscape. Her past positions have included nursing, risk management, patient safety and administrative work. Prior to her new position at BSNY, Smith served as senior risk manager/patient safety officer for Good Samaritan Regional Medical Center and New York Health System in Suffern and the Bronx, N.Y.

Smith, who holds a master's degree of Science in Health Services Administration from Iona College in New Rochelle, is a registered nurse, and has completed a number of certification programs. She currently resides in Stamford, Conn.

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#### **St. Ann's Community Announces Two New Hires**

Jeffrey W. Howard of Canandaigua was recently hired as an annual giving associate in the foundation department of St. Ann's Community in Rochester. Howard is responsible for managing the annual fund, coordinating events and obtaining corporate sponsors. Previously, Howard was a data development coordinator at WJCT in Jacksonville, Florida. He received his Bachelor's Degree in Communications from Flagler College in St. Augustine, Florida.

Donna Thomas of Rochester was recently hired as the nurse manager for the third floor of St. Ann's Home. In her new role, she is responsible for the staff and the residents' day-to-day care and activities. Thomas is attending Roberts Wesleyan College for her Bachelor's Degree in Nursing.

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#### **Gregory Garrett Receives Facility Leadership Award**

Gregory Garrett, CNHA, vice president/administrator health services of Peconic Landing, a not-for-profit continuing care retirement community in Greenport, has been honored by

(See Noteworthy on page 36)

The American College of Health Care Administrators (ACHCA) with the 2013 ACHCA Facility Leadership Award. The award recognizes organizational leadership provided in the achievement of designated dimensions of quality. ACHCA believes that facility excellence is a reflection of leadership excellence. Garrett was one of 205 recipients nationwide who received the Facility Leadership Award.

Garrett joined Peconic Landing in 2006 and has held his current position since 2009. He is a licensed New York State Nursing Home administrator, Certified Aging Services professional, Certified Nursing Home administrator and a member of the American College of Health Care Administrators. He holds a master's degree in Health Services Administration from University of Massachusetts – Lowell and a bachelor's degree in Economics from University at Albany. He received the Thomas Clarke Award (Young Administrator of the Year) from LeadingAge New York.




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### **St. Johnland Nursing Director**

St. Johnland Nursing Center is pleased to announce the appointment of Michele Randazzo RN, BS, MBA, as director of nursing. She is responsible for the supervision of the nursing staff of 300 in the 250-bed facility in Kings Park. A resident of Medford, Ms. Randazzo most recently served as nurse educator for Shore Pharmaceutical Providers and was previously director of nursing at Westhampton Care Center. She is secretary of the NY Chapter of the National Association of Directors of Nursing Administration (NADONA) and taught the LPN course at Eastern Suffolk BOCES for 16 years.

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## **Happenings**

### **An Afternoon of Jewish Song at Daughters of Sarah Auxiliary Donor Luncheon**

Elisa Harrington-Verb will sing a variety of Jewish and Jewish-themed songs and songs by Jewish songwriters at the Daughters of Sarah Auxiliary's Donor Luncheon, Wednesday, October 30, at noon, at Daughters of Sarah Nursing Center, 180 Washington Avenue Extension, Albany. The public is invited.

Elisa is a cantorial vocalist at Congregation Gates of Heaven. She was classically trained for opera and lieder at Dartmouth College and the University of Washington. She has performed with nearly every professional and community theater group in the Capital Region including Park Playhouse, Cohoes Music Hall, Schenectady Light Opera, Not So Common Players, Spotlight Players, Class Act Productions and Steamer 10 Theater.

The Daughters of Sarah Auxiliary is a fund-raising and service organization which supports the efforts of Daughters of Sarah Senior Community to enrich the lives of its residents. It operates under the aegis of the Daughters of Sarah Jewish Foundation. Membership is open to both men and women.




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### **Beverwyck Retirement Community Celebrates 20 Years of Service to Seniors**

Beverwyck – The Eddy's retirement community located in Slingerlands and the first full-service retirement community in Albany County – recently marked 20 years of service to area seniors.

Home to nearly 300 independent, enriched housing and nursing home seniors, Beverwyck celebrated the anniversary in September with a week of events for residents, families and staff, from ice cream socials, to "around the world" themed dinners, plus a variety of fun games and activities.

Opened in September 1993, Beverwyck is located on 80 scenic acres off Krumkill Road. Phase one of the community launched 85 independent apartments and 15 cottages. Two years later, they completed phase two construction with the expansion of 85 additional apartments and an auditorium.

(See Noteworthy on page 37)

In 1999, Beverwyck launched its phase three expansion adding another level of care to the campus with The Terrace at Beverwyck which offers 41 enriched housing units for seniors who may require minor assistance. In 2007, Beverwyck completed its phase four of construction, a \$5.3 million expansion that added 14 new deluxe cottages.

More recently, in 2011, Beverwyck introduced yet another unique level of care for seniors called Eddy Village Green at Beverwyck. The \$6 million expansion raised two 10,000 square-foot “small houses,” each accommodating 12 seniors who need skilled nursing care. The addition of skilled nursing home care also helped bridge the gap for seniors as they aged and their health needs changed.

Beverwyck has been setting the standard for premier senior living and enriched housing in the Capital Region since 1993. Today, Beverwyck offers the full continuum of housing and residential care to seniors.

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### **Sunnyview Rehabilitation Hospital to Launch 10<sup>th</sup> International Exhibition Highlighting Art, Music & Dance**

Sunnyview Rehabilitation Hospital, an affiliate of St. Peter’s Health Partners – the Capital Region’s largest, most comprehensive health system – will launch its 10<sup>th</sup> “Art for the View,” a one-of-a-kind celebration of visual and performing artists from around the world who live with physical or mental disabilities.

Sunnyview Rehabilitation Hospital first launched the “Acquisitions Exhibition for Artists with Disabilities” in 1999 as a way to celebrate the creativity, vision and expression of unique artworks by individuals nationwide who live with disabilities. In 2011, the hospital expanded the exhibition to include works by artists worldwide.

Today, known as “Art for the View,” the international event inspires, encourages and celebrates artists from around the world who were born with or who have developed physical and mental disabilities, such as brain and spinal cord injuries, autism, cerebral palsy, multiple sclerosis, amputation or blindness.

This year, Sunnyview is further opening up the stage by transforming the “Art for the View” exhibition into a celebratory experience that not only showcases contemporary visual arts, but the performing arts of dance and music as well – all created, envisioned and performed by individuals with disabilities.

#### **Art for the View: An International Visual Exhibition of Art**

Art for the View 2013 will feature an art exhibition of 55 selected works created by 32 winning artists. More than 600 entries were submitted for consideration from around the world, as far as Singapore and Austria. The exhibition was juried by two professional Capital Region artists – J. Ginger Ertz and Charles Steckler. Ertz is award-winning sculptor and the interim assistant director for engagement at the Frances Young Tang Teaching Museum and Art Gallery at Skidmore College. Steckler, a bricoleur assemblage artist and stage designer, is professor of theater and designer-in-residence at Union College. This year’s winning collection will be on display for public viewing from October 1-26, at the Fenimore Gallery at Proctors. The exhibition will also be on display for public viewing at Sunnyview, free of charge, during business hours from Nov. 1 – Dec. 8. Prizes will be awarded to the top winning entries in various categories. Artwork chosen for exhibition will be made available for sale. Patrons will have the opportunity to purchase the pieces to own, or to donate to Sunnyview’s Viewpoint Gallery, home to one of the largest art collections – featuring more than 100 works on permanent display throughout the hospital – by artists with disabilities.

(See Noteworthy on page 38)

**An International Celebration of Physically Integrated Dance & Music**

For the first time since the inception of Art for the View, this year’s event will also highlight the performing arts, including both music and dance. Sponsored through a grant from area philanthropists Jack and Connie Hume, Sunnyview will bring to the Capital Region the award-winning and nationally recognized Axis Dance Company. The Oakland, California based contemporary dance group integrates dancers with and without physical disabilities in their intimate and inspiring performances. Axis Dance will present a 40-minute public performance, Saturday, Oct. 26, 2-3 p.m., at the GE Theatre at Proctors. Tickets are \$20 each, available through the Proctors website, [www.proctors.org](http://www.proctors.org). Proceeds will support the Neuro-Rehab Institute at Sunnyview. Additionally, this year’s Art for the View will highlight musical arts through the performance of David Whalen, a Glenville attorney and quadriplegic who will perform with his jazz band. Whalen, who has been working on musical instruments for people with disabilities for nearly 10 years, developed Jamboxx™, a harmonica-like device that attaches to a computer enabling individuals with limited motion or disabilities to create music on a variety of digital instruments simply through the breath of air motions.

**A Gala Opening Reception & Fundraiser**

Sunnyview Rehabilitation Hospital will hold an “Art for the View” Gala Opening Reception and Fundraiser, Friday, Oct. 25, 6-9 p.m., at Proctors. Guests will enjoy a private showing of the international art exhibition, as well as a live performance from the Axis Dance Company and live musical entertainment by David Whalen and Friends. The event will feature scrumptious food stations, hors d’oeuvres and dessert stations. Cocktail attire. Tickets are \$100 each. Proceeds will support the purchase of state-of-the-art equipment for the Neuro-Rehab Institute at Sunnyview.

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**LeadingAge New York News**

**Transformational Leadership Program at LeadingAge New York**

The LeadingAge New York IGNITE Leadership Academy held the second in-person session in mid-September at St. John’s Home in Rochester. The session was titled, Leading Change and Innovation and the goal was for Fellows to explore their potential as change agents in Senior Living and to understand the benefits of innovation and how it works. Fellows participated in a variety of learning activities designed to increase their comfort level with change and to understand how to create a culture of innovation. IGNITE 2013-2014 has two more sessions in November and January and Fellows will graduate at the LeadingAge Annual Conference and Exposition in June.

Applications for IGNITE Leadership Academy 2014-2015 will open in January 2014. If you are interested in submitting an application, you can email Kristen Myers at [kmyers@leadingageny.org](mailto:kmyers@leadingageny.org) to be put on a mailing list to receive notification as soon as the application process opens or to talk more about this transformational program.

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**Welcome New Primary Members**

- |  |                             |
|--|-----------------------------|
| AgeWell                                  | Senior Services of Albany   |
| Avila Retirement Community               | Terrace View Long Term Care |
| Our Lady of Peace Nursing Care Residence |                             |

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**Welcome New Associate Members**

- Linda Kleinfeld, Health Care Software, Inc. (HCS)
- MaryAnn Benzola, Custom Computer Specialists, Inc.
- Mary Lynn Bradley, M&T Bank
- Philip Goldsmith Dor-Val Manufacturing

(See Noteworthy on page 39)

## Noteworthy

(continued from  
page 38)

### Upcoming Conferences and Educational Events

#### Nov. 13-15, 2013

Directors of Nursing Services/Directors of Social Work  
Annual Conferences & Exposition

The Sagamore Resort, Bolton Landing, NY

[Register now!](#)

#### March 26-28, 2014

Housing Professionals Annual Conference

DoubleTree Hotel by Hilton Syracuse, Syracuse, NY

#### June 16-18, 2014

Annual Conference and Exposition

Saratoga Hilton Hotel and Conference Center, Saratoga Springs

#### September 16-18, 2014

Financial Managers Annual Conference

Saratoga Hilton Hotel and Conference Center, Saratoga Springs

Leading-U is offering many audio conferences and seminars this fall. Check out our fall line-up by [clicking here](#). 

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