President’s Message

Progress is underway with the FLiCRA board’s continuing work that saw no hiatus following the end of the state legislative session this year. A definition of progress includes: “to move toward attainment of objectives.” Important work took place all summer in preparation for the 2018 Legislative Session.

The FLiCRA board was in no way static in ways that mean the most. FLiCRA made headway in moving forward even when circumstances made this slow or difficult to get closer to achieving progress. Remaining in the nautical sense comparatively, note that a ship doesn’t always experience smooth sailing; just as we encounter in navigating the process in legislative matters. We do maintain a clear understanding of both what we are and what we are not for a compass, as a truing factor, directed toward the FLiCRA mission, goals, and purpose.

The totality of back-up information in this message is provided to reinforce why confidence can be placed in your state FLiCRA board’s leadership role in supporting our objectives, while representing residents in continuing care retirement communities (CCRCs) with state regulatory agencies and state legislators.

Throughout its actions and operations, reliance on the board is warranted as it remains focused to “ensure the quality of life” in our communities.

Resident-led representation is achieved through processes set forth in FLiCRA bylaws, policies, and a strategic plan. These processes provide guidance for the major issues and matters that affect FLiCRA and are brought before the board, and for the determinations made from among the myriad of things we do as to what adds the most value and/or has the most impact for our members and, ultimately, in how we tie it to our goals and metrics.

Factors in the processes named are monitored regularly to stay current with the times, and are updated accordingly for maximum effectiveness. This is particularly important regarding FLiCRA’s strategic plan in meeting the challenges presented in our goals as a support to the mission. The strategic plan, as the name indicates, documents a strategic organizational and work plan, spells out specific goals and the action required, and in most instances shows where the responsibilities for action are placed, such as with: the board, region directors, chapter presidents, chapters, or executive director.

Continued on Page 2
Throughout most of FLiCRA’s long successful history of service to CCRC residents, the board has had valuable professional assistance through the contract for executive management and administrative services with Partners in Association Management (PIAM) headed by our exceptional Executive Director Bennett Napier, a Certified Association Executive, recognized by the American Society of Association Executives for excellence in his field.

Significant resident input is demonstrated in the 12-member board makeup and is shown through election of the eight region directors by the region each represents, and election of four at-large directors by chapter-named delegates at the annual meeting. In compliance with the bylaws, from within the board there is a five-member executive committee for certain designated review and decisions that, after careful consideration, are brought before the full board for adoption and, when required, brought before the delegates for approval at the annual meeting. FLiCRA’s legislative priorities and positions are determined through this comprehensive representation.

Over the years FLiCRA has experienced successive legislative gains in benefits for and protection of CCRC residents. Communication with FLiCRA membership is provided on a regular basis in coverage documenting the status of the efforts made well before, during and after the close of each year’s legislative session.

Continued on Page 5
American Medical Association considers advocating that CCRCs be part of ACOs

Earlier this summer, three AMDA resolutions were presented by Eric Tangalos, MD, CMD, and Rajeev Kumar, MD, CMD, a delegate and alternate delegate, respectively, to the AMA House of Delegates, according to AMDA.

The American Medical Association will lobby the Centers for Medicare & Medicaid Services to allow continuing care retirement communities to initiate investment models of accountable care organizations (ACO’s) if its board of trustees approves a resolution from the AMA’s House of Delegates.

Under the ACO Investment Model, designed for ACOs that are part of the Medicare Shared Savings Program, according to CMS, pre-paid shared savings are used to encourage new ACOs in rural and underserved areas and to encourage current Shared Savings Program ACOs to transition to arrangements with greater financial risk.

In addition to CCRCs, the AMA resolution includes other long-term care facilities and physicians who work in such settings.

House of Delegates members’ reaction to the resolution, which AMDA–The Society for Post-Acute and Long-Term Care Medicine said was proposed by AMDA members, were “mixed,” according to an account of the body’s meeting posted on the AMA website.

“Numerous speakers raised concerns that the action called for in the resolution may result in the potential for abuse and that more information is needed on this issue,” according to the account. Such advocacy could “increase the availability of alternative payment models available to physicians,” said members of the committee that recommended that the House of Delegates refer the issue to the board to decide, although they said that the issue warranted more analysis by the board.

AMDA’s own House of Delegates, at the organization’s annual conference earlier this year, had passed a resolution calling for AMDA to work with the AMA as well as LeadingAge, the American Health Care Association and other interested parties to enable CCRCs and other long-term care facilities to participate in the ACO Investment Model.

“Long-term care and continuing care retirement centers are ideal candidates for patient-centered medical homes and ACOs due to the congregate living arrangement for frail elderly residents and the presence of medical directors and practitioners on site,” the AMDA-passed resolution stated, “but they lack the financial wherewithal to successfully create and implement such programs.”

The prepayment of shared savings under the ACO Investment Model, according to AMDA, alleviates the financial burden of creating new ACOs. “Any such financial support from the federal government in the form of advance payment of shared savings is impactful in allowing LTC, CCRC and practitioners in such settings to successfully implement electronic health records and data analytics programs that are essential for participation in population health programs,” the AMDA-passed resolution stated.

Medicaid, pressure ulcers and SNFs

The AMA House of Delegates also voted to adopt a policy that the association oppose caps on federal Medicaid funding. The board may take additional action after studying an internal report on mechanisms for Medicaid funding.

AMA delegates also passed a resolution, proposed by AMDA members, that the AMA formally oppose a change in the nomenclature from “pressure ulcer” to “pressure injury” in the ICD-10 and other diagnostic catalogues and classification systems.

Continued on Page 5
Bankruptcy Update on University Village, Tampa

Judge Williamson, the bankruptcy judge, ordered a mediation hearing which took place on July 24th and 25th in Tampa.

Appointed as mediator, Examiner Jeff Warren conducted “shuttle diplomacy” between eight conference rooms containing the parties to the Westport bankruptcy plus the state Office of Insurance Regulation (OIR).

While mediation confidentiality rules prohibit discussion of the proceedings, Jeff Warren presented a summary of the mediation to Judge Williamson in open court. This is a summary of Warren’s presentation.

Although the mediation meetings have ended, the mediation process continues with the drafting of documents and agreements.

The drafting of a new Mediation Plan has been sufficiently favorable to University Village Residents and our Resident Creditors’ Committee will now appear with the debtors as “plan proponents.”

Nothing will be agreed upon until the documents are finished, reviewed by our Residents Committee, our Residents Outside Legal Counsel, Dave Jennis and our CR3 (Boston) financial advisors, but the outline shows:

1. SouthPoint Global Investments, LLC now is the successful buyer.
   a. A new Asset Purchase Agreement (APA) and Operations Transfer Agreement (OTA) will be drawn up by the buyer, Westport Holdings I & II (debtors) and Westport Nursing (non-debtor).
   b. A formula of required payments will total to the new purchase price, rather than an arbitrary bid that might allow excess cash to flow to debtors.
   c. New financing from US Ameribank will allow a rapid closing after the confirmation hearing which protects resident interests and is compliant with state Office of Insurance (OIR) regulations.
   d. Bond financing will replace part of the USAB loan in 2018.

2. Current and former resident claims will be covered in full.
   a. Details and timing of payments of IED and Health Center allowance/free days are being finalized.
   b. PIP\(^*\) claims
      1) 50% of PIP claim amounts will be paid at closing.
      2) Remaining 50% of PIP claim amounts will be paid in 2018 after USAB financing is replaced by bond financing.

3. SouthPoint will not continue University Village as a CCRC or offer Life Care contracts but transition must be state Office of Insurance Regulation (OIR) compliant.
   a. Current Life Care Residents will be offered an opportunity to enter a new “Founders” contract with SouthPoint that will offer benefits and incentives not available to new residents or current non-life care residents.
      1) Founders will receive 50% of their IED claim amounts at closing.
      2) Remaining 50% of Founders’ IED claim amounts will be paid in 2018 after USAB financing is replaced by bond financing.
   b. Details of Founder contract benefits, protections and incentives are being finalized to be similar to Life Care but without insurance provisions.
   c. The intent is for all current Life Care contract holders to become Founders.
   d. The expected few non-Founder (Holdover) Life Care contracts will be assumed and the current terms and provisions (IED payment at departure or to estate at death) will be honored with OIR oversight.
Committee members were concerned that the term “injury” could have legal ramifications.

AMDA members also proposed a resolution to advocate for the removal of three-star minimum requirements for skilled nursing facilities to participate in next-generation ACOs and bundled payments for care improvement programs and care for patients with waiver of the three-night hospital stay requirement. That resolution, as was the CCRC/ACO one, was referred to the AMA board for a decision.

---

**President’s Message - Continued from Page 2**

Our meetings, workshops and contacts with the Office of Insurance Regulation and LeadingAge take place as we strive for important legislation along with the other stakeholders: those who must enforce the law, those who must comply with the law, and as residents who must depend on and live with the effects of the law.

On the persistence demonstrated by FLiCRA, the following probably can be considered an anachronism and, while of unknown origin, comes up in variations in older songs and older movies (maybe by a coach in exhortations to a sports team), but however corny it may be judged, I feel compelled to contend that it applies to FLiCRA:

WE don’t give in, WE don’t give up, WE give it all we’ve got.

Pat Arends, FLiCRA State President

---

**AMA Advocating - Continued from Page 3**

Committee members were concerned that the term “injury” could have legal ramifications.

AMDA members also proposed a resolution to advocate for the removal of three-star minimum requirements for skilled nursing facilities to participate in next-generation ACOs and bundled payments for care improvement programs and care for patients with waiver of the three-night hospital stay requirement. That resolution, as was the CCRC/ACO one, was referred to the AMA board for a decision.

---

*PIP equates to refundable entrance fee refunds in other CCRC’s.*

**Prepared by Mel Tockman, M.D., Resident Board, President**

*July 26, 2017*

---

Sign up to receive FLiCRA Alerts and Updates by email at www.flicra.com
LeadingAge Florida held its 54th Annual Convention in Orlando on July 16 - 19, 2017. While this convention is primarily for the providers/owners of Continuing Care Retirement Communities (CCRCs) in Florida, I attended the convention, along with my wife Judy. I am a resident member of LeadingAge Florida as well as a member of FLiCRA.

The highlight of the convention was to hear Dr. Ben Carson, Secretary, Housing and Urban Development deliver the keynote address. Dr. Carson stated preventing falls, maintaining health, and finding new ways to ensure availability of affordable housing for seniors are the three focus areas of his department. Dr. Carson stated he wants “. . . to give seniors more opportunities, more alternatives, more choices, and, if desired, to help more people age in place.”

This convention had many seminars/training sessions to pick and choose from in the areas of assisted living facilities, executive leadership, healthcare/nursing, housing, and leadership growth and development.

Judy and I attended such seminars as: “Everything Matters: Maximizing the Resident Experience,”


We also listened to Mr. Roger Stevens, CEO, Westminster Communities of Florida, the newly elected Chairman of LeadingAge Florida, thank FLiCRA for its continued support and solicited FLiCRA’s support during the 2018 legislative session.

During the CCRC Roundtable session, I discussed the importance of passing a CCRC reform bill during the 2018 legislative session to prevent a “rogue” provider like the one that existed at University Village who stole millions of dollars from their residents. I shared the importance of all parties working together, as they have done in the past, to pass a CCRC reform bill in this upcoming legislative session.

By Jim Jandreau, FLiCRA State Treasurer, Resident, Cypress Village, Jacksonville, FL

Continued on Page 8
Thursday, November 9, 2017

8:15 a.m. – 9:00 a.m.
Registration & Continental Breakfast

9:00 a.m. – 10:00 a.m.
Keynote Presentation, Speaker TBA

10:00 a.m. – 10:15 a.m.
Break

10:15 a.m. – 12:00 p.m.
Board, Membership & Chapter Delegates Meeting

TOPICS: Membership Update; FLiCRA State Board Elections; FLiCRA State Budget Adoption

12:00 p.m. – 12:20 p.m.
Break

12:20 p.m. – 1:45 p.m.
Membership Luncheon
“2018 CCRC Reform”
Speaker: Bennett Napier, CAE

Location
The Estates at Carpenters
1001 Carpenters Way
Lakeland, FL 33809
(863) 858-3847

All meetings will be held at The Estates at Carpenters.

Driving Directions

From Tampa: East on I-4. Exit 32 for U.S. 98 North. Turn Left on U.S. 98 North. Turn Right on to Carpenter’s Way. The community is past Corporate Avenue on the Left.

From South Florida: West on I-4. Exit 32 for U.S. 98 North. Turn Right on U.S. 98 North. Turn Right on to Carpenter’s Way. The community is past Corporate Avenue on the Left.

Hotel Information for Lodging

There is no formal FLiCRA room block at a hotel. Prices are subject to change.

Comfort Inn & Suites Lakeland
3520 North Highway 98
Lakeland, FL 33809
(863) 859-0100
Rate: $109.00 per night

La Quinta Inn & Suites Lakeland West
1024 Lakeland Park Center Dr
Lakeland, FL 33809
(863) 859-2866
Rate: $69.00 per night

Both hotels are approximately 5 minutes from The Estates at Carpenters.

FLiCRA 2017 Annual Conference & Chapter Delegates Meeting Registration Form

Please Duplicate for Multiple Registrants

☐ $10.00 per person (includes AM refreshments and lunch on Thursday)
☐ $0.00 per person (includes AM refreshments on Thursday ONLY – Lunch is NOT included)

THROUGH the generosity OF THE ESTATES AT CARPENTERS, the Community is covering hard food costs for attendees. The $10.00 fee payable to FLiCRA covers expenses for delegate handouts, speaker expenses if applicable and other meeting related operational expenses.

Name(s):

________________________
Community Name:

________________________
Address:

________________________
Apt. No.:

________________________
City: ______________ State: FL Zip: __________

Phone: __________________ Email: __________________

Total Amount Enclosed: $ __________

Please mail registration forms by October 30, 2017 to:
FLiCRA, 325 John Knox Road, L103, Tallahassee, FL 32303

Please call the FLiCRA office at (850) 906-9314 if you require any special needs due to a disability.
Legislative Update - Continued from Page 6

FLiCRA would like to thank Council Chair Joel Anderson for the opportunity for FLiCRA to address the Council at the August 1st meeting relative to updates regarding University Village.

The Council was apprised of current developments at University Village stemming from the bankruptcy proceedings. Mel Tockman, M.D., Resident Council president at University Village, provided an executive summary to FLiCRA on July 26th which helped to frame FLiCRA’s presentation to the Council.

In short, there is potential buyer for University Village, if the buyer and the accompanying plan are approved, resident refunds that are pending would be made whole by close of 2018 which is positive news. However, as part of the proposal, residents will be asked to consider to transition to a different type of contract arrangement, which over time would result in University Village no longer being a licensed CCRC. On August 14th, the Office of Insurance Regulation released version #3 of a proposed bill in advance of another meeting of the Governors Continuing Care Advisory Council. That meeting was held on August 17th.

The 2018 legislative session starts in January and concludes in March. State Senator Tom Lee has committed to sponsor the CCRC Reform bill again for the next session. FLiCRA staff has already begun meeting with staff of various House and Senate committees where the proposed legislation will likely be heard.

<table>
<thead>
<tr>
<th>2018 Florida Legislative Session Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>January 9, 2018</strong></td>
</tr>
<tr>
<td>Regular Session convenes (Article III, section 3(b), Constitution)</td>
</tr>
<tr>
<td>12:00 noon, deadline for filing bills for introduction (Rule 3.7(1))</td>
</tr>
<tr>
<td><strong>February 27, 2018</strong></td>
</tr>
<tr>
<td>50th day—last day for regularly scheduled committee meetings (Rule 2.9(2))</td>
</tr>
<tr>
<td><strong>March 9, 2018</strong></td>
</tr>
<tr>
<td>60th day—last day of Regular Session (Article III, section 3(d), Constitution)</td>
</tr>
</tbody>
</table>