

President's Message



FLiCRA was prepared for the 2016 State Legislative Session that convened from mid-January to mid-March this year. To help our members more fully appreciate the invaluable service of FLiCRA's Tallahassee staff, the

role regarding the legislative process may be considered paramount, considering FLiCRA's purpose to enhance and protect the rights and financial security of residents of continuing care retirement communities (CCRCs).

While FLiCRA sponsored no bills this year, our Tallahassee staff identified over 59 bills (of around 1690 bills filed) as key issues to watch throughout the legislative committee process as well as during the Session. This means the staff monitors, reviews and advocates on those proposed bills and regulatory proposals. Acting as our "eyes and ears" FLiCRA staff:

- 1) Checks the bill sponsor information;
- 2) Determines what committees the bills were referred to for consideration;
- 3) Obtains any legislative staff analyses that have been done on the bills; and
- 4) Contacts the FLiCRA Board during the process, as necessary, to advise of possible amendments under discussion that could alter our position of either support or opposition.

The information that our FLiCRA Executive Director forwards to us on the status of the

bills monitored during the legislative process is not readily available on the radio, television, or newspapers. We are kept advised by phone and emails at important stages of the process, before the bills FLiCRA is tracking even get to the point of consideration or adoption by the full House or Senate. This also provides us with the opportunity to act to influence our elected officials at critical points.

There's no denying that information technology has increased our ability to stay abreast of important developments. We have all become surrounded by information technology and its rise. One expert on information theory contends that the capacity to understand its role in our lives has aided and abetted a new view of life. A French Nobel Prize-winning biologist proposed an analogy for the transfer of genetic information to the spreading power of ideas. Neurophysiologist Roger Sperry puts forward a similar notion that ideas are "just as real" as the neurons they inhabit in our brains. This replicator is called a "meme", and is transmitted through language from the spawning ground in the brain; the "meme" propagates itself as it "leaps from brain to brain."

We want to spread our FLiCRA meme to where it counts most and especially where it competes with many others for attention.

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*"A Resident-Led
Association to
Ensure Quality of
Life in
Retirement
Communities"*

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I am convinced of the importance and effectiveness of legislative advocacy from my personal experience of participation with several other non-partisan, nonprofit organizations such as the League of Women Voters and in serving as Chairman of the Advisory Board to the Institute of Government at Manatee Community College. As with those organizations or institutions, FLiCRA and its purposes cross all party lines and are known and respected in the state capital. This can be considered of utmost significance in FLiCRA's ongoing legislative successes for the benefit of residents of CCRCs. Now in effect are our amendments to Chapter 651, Florida Statutes, passed in 2015.

FLiCRA's success, in even getting our bills heard, is all the more remarkable, and gratifying, considering the undeniable weight placed on legislators from a

competing, large number of lobbyists who show up to be heard in Tallahassee to represent the legislative interests of political campaign contributors.

We know FLiCRA must work within the framework and daunting political atmosphere to accomplish our goals. This language is not to be interpreted as disparaging of the system. I can't help but bring to mind the comparisons of other of my experiences in efforts to improve the quality of life through assisting with restructuring of certain standards and operations, under the constraints of vastly different, challenging conditions, to at least make some inroads, over the past two decades of my participation in similar projects, for varying lengths of time, in other countries.

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2015 - 2016 FLiCRA State Board of Directors

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Advocacy, Aging and the NaCCRA Example

In 2010, I spent several months of my sabbatical in Northern Ireland. I soon learned that older people there are highly organized and very visible, working together on issues such as protection from abuse, housing, utility costs, elder care options, access to benefits and more.

They knew that their best chances for success were to band together to tackle problems. They knew that they could not depend on a few to keep the work going, and they consciously brought “younger” seniors into leadership positions to keep the advocacy teams well staffed and to provide continuity of effort. Plus, they were not shy about presenting a unified national platform of concerns and recommended solutions -- as suggested by that year’s “Pensioners’ Manifesto,” promoted at parades and public gatherings. The advocacy plan was supported by AgeNI, Age Sector Platform, Changing Aging Partnership and other “separate” organizations. In the US, seniors’ concerns often cross jurisdictional boundaries, including state boundaries. The distances are farther apart in the U.S. than in Northern Ireland, but again there can be power in organizing. As part of my research, I’ve been watching several groups across the country using the power of the internet to share information and “gather” in order to advocate for solutions to common problems. A key to success seems to be advocating from a position of strength in numbers and shared concerns.

One of the U.S. organizations I’ve watched closely has been the National Continuing Care Residents Association or NaCCRA, a national body that grew out of early advocacy on behalf of residents in life care and continuing care residences in Florida. Residents came to recognize that as much as they appreciate and even love their individual communities, there are often common concerns about matters such as provider accountability for entrance fees and service fees paid by residents, understanding Fair Housing and ADA rules for residents with disabilities, residents’ rights during changes of “ownership,” resident rights during

provider insolvency, reorganizations or bankruptcy, transparency of management decision-making and more.

NaCCRA has both individual members and state chapters, and recently, resident-members in the State of Washington recognized that stronger funding of the national organization through the state chapters is needed to support effective advocacy at every level. By comparison, the senior housing providers certainly share information (and money) on a national basis – such as LeadingAge and the American Seniors Housing Association -- especially when addressing their advocacy positions with regulators and government leaders.

It will be interesting to see whether residents in CCRCs and Life Care communities in other states join Washington residents in supporting a strong national team through NaCCRA.

By Katherine C. Pearson, Dickinson Law, Penn State

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These too have been carried out under nonpartisan, apolitical auspices in Russia (1993 Tver Global Volunteers); Croatia (1994 Croatian Democracy Project of USAID) as a facilitator for two Croatian women public officials; the Yucatan, Mexico (2001 UNIFEM Mayan Audit, United Nations), and in Cuba (2013 Florida League of Women Voters).

Through these experiences I find I have acquired a greater capacity for tolerance of and increased appreciation of how fortunate Americans are to have a government that supports the basic rights of free speech, as exercised through our voice in speech and press freedoms. With your membership support FLiCRA will continue to be your strong legislative voice, a voice that is heard – the Voice of Florida CCRC residents.

Pat Arends, FLiCRA President

Florida Department of Elder Affairs State Plan on Aging

The Florida Department of Elder Affairs (DOEA) prepares a State Plan on Aging every three or four years as required by the Administration on Aging (AoA), which is now a part of the newly created Administration for Community Living under the U.S. Department of Health and Human Services. The Florida State Plan on Aging 2013 – 2016 provides strategic direction to the Florida elder services network and complies with instructions provided by AoA. A new plan is being developed this spring. A number of organizations are participating in a work group with the Department to develop the new plan. The Florida Life Care Residents Association is participating in the Work Group.

Florida continues to show leadership and innovation in aging services. All of Florida's Area Agencies on Aging (AAAs) were transitioned to Aging Resource Centers (ARCs) before the end of 2009. All the ARCs have now completed the further transition to Aging and Disability Resource Centers (ADRCs). The Department is completing the final year of a three-year AoA grant which supported the expansion of ADRCs statewide. The transition from an ARC to an ADRC requires each AAA to expand services to at least one disability population. The addition of the disability component moves the state's home and community-based service system another step closer to facilitating access for all populations seeking long-term care information, supports, and options and allowing them to live as independently as possible in their setting of choice.

Florida has the highest proportion of residents age 60 and older in the nation, comprising 23.6 percent of the state population. Florida is also the state with the highest median age (40.7) and the highest old-age dependency ratio, which measures the number of elderly as a share of those of working age. Growth among elder Floridians is expected to continue, with those age 60 and older comprising 41 percent of the state population by 2030.

People age 60 and older are a significant positive factor in the state's economy. The average Florida retiree contributes \$2,000 more in revenues than he or she consumes in public services.

Despite the significant benefit of having elder residents, approximately one in ten (9.9 percent) of those 60 and older in the state live in poverty and over 800,000 are medically underserved. DOEA targets services to those who most need them. Greater than 950,000 Floridians age 60 and older received services from the Department in fiscal year 2010-2011 and over 95 percent of the Department's \$756 million budget is spent providing direct services to elders.

Of the clients served by the Department, 45 percent are below the poverty level. Forty-three percent of the service population lives alone, compared to only 23 percent in the general 60-and-older population. The service population is 29 percent low-income minority, compared to 5 percent in the general population of people age 60 and older. Those who live in rural areas may experience greater challenges when accessing services. Twenty percent of Department clients live in rural areas, compared to 10 percent in the general older population.

Provision of home and community-based services helps frail elders stay in their homes and saves the state resources. Department-funded services resulted in a cost avoidance of more than \$1 billion for nursing home care. Department programs save the state an average of \$1.69 in nursing home care for every dollar spent on home and community-based services. The average annual cost to Medicaid per client in a nursing home in state fiscal year 2010-2011 was \$61,360.

The average annual cost in the same year for the Department to serve a client in home and community-based services ranged from \$3,984 in the Home Care for the Elderly program to \$23,214 in the Program for All-Inclusive Care for the Elderly (PACE).

Florida has the highest proportion of residents age 60 and older compared to other states, comprising 23.6 percent of the state's population. In several counties the proportion of elders is over 30 percent. Three of the top five counties in the U.S. with the greatest percentage of the population age 65 and older are in Florida: Sumter County (43.4 percent), Charlotte County (34.1 percent), and Highlands County (32.2 percent). The percentage of those 85 and older grew from 2.1 percent to 2.3 percent of state

residents over the last decade, a 31 percent change from 2000 to 2010. This is particularly significant considering the oldest are most likely to need long-term care services. In line with these rates, Florida is also the state with the highest median age (40.7) and the highest old-age dependency ratio. Growth among elder Floridians is expected to continue, with those age 60 and older comprising 41 percent of the state by 2030.

FLiCRA Survey of Most Recent CCRC Maintenance Fee Increases

<u>FACILITY</u>	<u>INCREASE</u>	<u>INDEPENDENT OR MULTI FACILITY</u>
For Profit	2.3	Multi
Non Profit	2.25	Multi
Non Profit	2.6	Independent
Non Profit	3.5	Multi
Non Profit	1.94	Independent
For Profit	4	Multi
Non Profit	2.25	Multi
For Profit	3.75	Independent
Non Profit	2.8	Independent
Non Profit	1	Multi
Non Profit	2.5	Multi
Non Profit	2.203	Multi
Non Profit	3	Independent
Non Profit	3	Independent
Non Profit	3	Independent
For Profit	3	Multi
Non Profit	3	Multi
For Profit	2.26	Multi
Non Profit	2.25	Multi
Non Profit	3.5	Multi
Non Profit	3.5	Multi
Non Profit	3.5	Multi
Non Profit	3.5 (2nd Person 3.4)	Multi
Non Profit	3	Multi
Non Profit	1	Independent
For Profit	4	Multi
For Profit	2.2	Independent
For Profit	2.7	Multi
Non Profit	3.5	Multi
Non Profit	1	Multi

2016 Florida Legislative Session - Bills of Importance



The regular legislative session in Florida convened in Tallahassee on January 12, 2016. The session is set to adjourn March 11th.

FLiCRA is monitoring sixty five different bills. These bills relate to a variety of subjects including but not limited to: prescription drugs; Medicaid reimbursement; managed care; hospital staffing ratios and powers of attorney.

Sampling of Bills of FLiCRA Interest

House Bill 127/Senate Bill 542 – Gold Seal Nursing Homes

FLiCRA supports these bills. The bills propose to modify the financial soundness requirements for nursing homes to apply for and qualify for the Gold Seal Designation. The bills would permit a nursing home that is part of a CCRC to submit information to the Agency for Health Care Administration that demonstrates it meets ACHA financial standards. The bills also allow a nursing home that is part of a corporate entity that operates nursing homes, assisted living facilities, or independent living facilities to satisfy financial requirements by submitting a corporate financial statement and demonstrating to ACHA that the corporate entity meets financial standards established by the Agency.

As of the printing of this issue, of the Resident Connection, this legislation has passed both the House and Senate and will be reviewed by the Governor for adoption.

House Bill 763/No Senate Companion Bill – Alzheimer’s Disease

This bill would address the Baker Act, which relates to examination for mental illness. It would create a different process for medical providers in terms of Baker Act proceedings, if the patient exhibits signs of Alzheimer’s disease or a dementia-related disorder.

Neither bill will likely pass this year.

House Bill 325/Senate Bill 572 - Baker Act Examinations

The Baker Act relates to examinations for mental illness. These bills would authorize a Physician Assistant (PA) or Advanced Registered Nurse Practitioner (ARNP) to initiate an involuntary examination under the Baker Act by executing a certificate stating that a person he or she examined within the preceding 48 hours appears to meet the criteria for an involuntary examination for mental illness.

Under current law, only a physician, clinical psychologist, psychiatric nurse, mental health counselor, marriage and family therapist or clinical social worker may initiate an involuntary examination.

As of the printing of this issue of the Resident Connection, the House bill has already passed the House of Representatives and the Senate bill has passed several committees.

House Bill 957/Senate Bill 664 – End of Life Care

These bills would create an additional process beyond “Do Not Resuscitate Orders”. The new and additional process that could be used would be called the Physician Order for Life Sustaining Treatment (POLST). This new process if passed into law would allow health care personnel to withhold or withdraw cardiopulmonary resuscitation if presented with either a “DNRO” or a “POLST”. There is little chance these bills will pass this year.

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Guns in Florida CCRC's

At the two most recent FLiCRA state board meetings, the issue of guns in continuing care retirement communities has been on the agenda.

This issue was placed on the agenda after inquiries from FLiCRA members in different parts of the state.

At this time, the FLiCRA state board of directors has proposed the association should not take any public policy action on this issue.

However, as part of its discussions, it did receive information through LeadingAge Florida, relative to how CCRC's generally address this important topic.

In most CCRC's there is a policy outlining expectations.

The majority of communities allow a resident to have a gun. In those cases, residents who own or keep a firearm must register the firearm with Administration. The firearm may not be discharged on campus. All ammunition must be stored separately from the firearm, so that the firearm is not loaded at any time.

Further, firearms are prohibited in all public areas of the campus. Firearms that are being transported must be unloaded and transported in a secured firearms case. Residents are required to comply with all applicable laws for owning and keeping a firearm in their possession.



Rev. Bob Nicholson, NaCCRA President, Aljoya Thornton Place, Seattle, WA, left, with Pat Arends, President of FLiCRA, Freedom Village, Bradenton, FL and Leon Golden, President of Village on the Green's FLiCRA Chapter, Longwood, FL (greater Orlando) that hosted the February 18th meeting of the FLiCRA board. Nicholson brought a message of gratitude for the pioneering work FLiCRA has accomplished in the creation of the largest and most effective state affiliate and the vision and the impetus that created NaCCRA itself. He saluted FLiCRA as a model as NaCCRA opens up new start up state NaCCRA affiliates.

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2016 Florida Legislative Session - Bills of Importance

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Office of Insurance Regulation Commissioner

In January, Commissioner of Insurance Kevin McCarty turned in his resignation. He has been in the post since 2003. His tenure will end May 2016.

Continuing Care Retirement Communities are regulated by the Office of Insurance Regulation. The Commissioner is an appointed position and The Governor, Chief Financial Officer and the rest of the Cabinet appoint the Commissioner. A national search for his replacement will likely occur.

The FLiCRA board of directors met February 18th at Village on the Green in Longwood Florida and this was one of the key topics discussed by the board. FLiCRA hopes that it can secure a strong working relationship with the new Commissioner when they are appointed as well as any new Deputy Commissioners that are hired to work along side the new Commissioner.



Mark your Calendar

2016 FLiCRA Annual Conference
November 2-3, 2016
Sandhill Cove

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