



# The Resident CONNECTION

1st Quarter 2021



## President's Message

As I write this letter, we are well into the new year of 2021. The COVID-19 pandemic still rages and many of us continue to live in isolation. I hope that by now most of you, if not all, have been able to obtain both shots

of the vaccine and are feeling somewhat protected.

The CCRC population of Florida has generally been well-protected by management providers, however, as a vulnerable population we must continue to take protective precautions. As we have adjusted to this change in our social lives, many of us have adapted. Men as well as women have made wearing a mask a fashion statement, so we are coordinated from head to toe.

FLiCRA thanks LeadingAge Florida and other cooperating organizations for their diligence in working with the key policy leaders at the state executive level. Their work has helped to mitigate confusion on when all residents in a CCRC setting would be in line for vaccinations and where such vaccines could be administered.

Looking forward, we will continue to expand not only our FLiCRA membership, but the number of FLiCRA chapters in Florida. We currently have active chapters in 55 of the 70 Continuing Care Retirement Homes. Although FLiCRA represents the interests of all residents of CCRCs, we can be more effective in our communications with our legislators when we can cite high membership numbers. Currently, there are 14,000 of you who are paid members. Thank you. We can increase our numbers if you encourage your friends to sustain or begin

their FLiCRA membership. If you know people in CCRCs where there is not a chapter currently, encourage them to form one. A new chapter can be chartered with 25 members.

We currently have available a new video that explains the structure, the purpose and the successes of FLiCRA. You can view it yourself on your internet device at FLiCRA.com website under the Hot news section or membership page on the association's website. FLiCRA headquarters will ship one complimentary DVD copy to each chapter president in February. If a chapter needs additional copies, they can be purchased at cost.

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It is a well-done animated presentation designed to be relevant for many years, thus making the most of the investment.

Our Florida state legislature began meeting in committees on January 11. The regular session begins on March 2 and ends on April 30. During this brief time, and working within the constraints of the pandemic, our representatives are monitoring over 120 House and Senate bills. Several of them are of particular interest to residents of CCRCs, and we are following their development.

Businesses, including health care providers, are a casualty of the COVID-19 virus. This is the message many advocates were trying to get across to lawmakers at Florida's Capitol during the first committee week. Senate and House Leadership have committed to addressing liability protections for COVID-19 related lawsuits through a two-part process. The first step will address protections for businesses, schools, and religious institutions and the second step will address health care providers, including nursing homes and assisted living facilities. The idea is to provide complete immunity in the instance of good-faith compliance with government orders and guidelines.

Consumer groups and trial attorneys are concerned that the bills will prevent access to courts and will remove the right to a jury trial. These groups contend that the current negligence standards provide adequate protection from frivolous suits. FLiCRA will be watching the development of these bills.

***Diane Dalsimer, FLiCRA State Board President***

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## **Three Florida CCRCs Win ICAA NuStep Beacon Award**

COVID-19's emergence in 2020 upended daily life in senior living communities across North America and made it more vital than ever to nurture wellness for residents and staff. Many communities have embraced wellness as a culture shift in the last decade, prioritizing wellness, and its pursuit, as an essential way of life. Recently, the International Council on Active Aging® (ICAA) and NuStep, LLC, honored 25 communities and recognize their "Best in Wellness" achievements with the 2020 ICAA NuStep Beacon Award.

ICAA, a professional association that leads, connects and defines the active-aging industry, supports organizations and professionals that develop wellness environments and services for adults over 50.

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## Florida Department of Elder Affairs Applauds Governor's Florida Leads 2021-2022 Budget for Keeping Seniors First

Under the leadership of Governor Ron DeSantis, the Florida Leads budget for the Department of Elder Affairs (DOEA) includes significant investments that allow seniors to live and age well in their own communities.

“Governor DeSantis continues to put Florida’s seniors first,” said DOEA Secretary Richard Prudom. “He is helping us improve the lives of over 5.5 million adults over the age of 60 in our state by focusing on programs that are innovative and increase access to care for older Floridians. I applaud the Governor for taking steps to keep Florida seniors a top priority and making Florida a place where all people may look forward to living well and aging well.”

The Florida Leads budget again places seniors first by demonstrating a continued commitment to care for Alzheimer’s disease and related dementias (ADRD).

“The Governor has maintained an infrastructure that continues to care for the estimated 580,000 Floridians living with Alzheimer’s disease,” said Florida Alzheimer’s Association Vice President of Public Policy Michelle Branham. “Services such as Memory Disorder Clinics, home and community-

based care, adult day care, and care for family caregivers are all vitally important to assisting families living with any form of dementia.”

Additionally, the budget continues strengthening programs to promote the well-being, safety, and independence of Florida’s older adults through the Aging Network, which involves 11 Area Agencies on Aging (AAAs) throughout the state.

The continued investments in the Governor’s Florida Leads 2021-2022 budget advance the mission and the vision of DOEA—to help all Floridians live well and remain independent—and ensure Floridians in all communities and life stages have opportunities to achieve healthier outcomes and societal contributions.

The Florida Department of Elder Affairs, the State Unit on Aging, helps Florida’s elders to remain healthy, safe, and independent. The Department provides most direct services through its Division of Statewide Community-Based Services, which works through the state’s 11 Area Agencies on Aging and local service providers to deliver essential services to a vital segment of the population.

For more information, please visit [elderaffairs.org](http://elderaffairs.org).

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## Nearly Two-thirds of Florida Nursing Home Staffers Decline Coronavirus Vaccine in First Round

About two-thirds of Florida’s nursing home workers chose not to get vaccinated for the coronavirus in their facilities’ first round of shots, according to the Florida Division of Emergency Management.

As of February 2nd, all of Florida’s nursing homes have offered the vaccine to their residents and staff, according to Samantha Bequer, spokeswoman for the agency. Nearly 68 percent of residents and nearly 36 percent of staffers chose to receive the vaccine, Bequer said. The state is not requiring the vaccinations, which are administered by Walgreens and CVS pharmacies through a federal program.

So far, almost 80 percent of residents and more than 34 percent of staff in Florida’s assisted-living facilities received the shots on their facilities’ first visit, Bequer said. However, not all of those facilities have received shots yet.

The state had said it would administer vaccinations in all assisted-living facilities by the end of January, but CVS was unable to keep its vaccine appointments on January 23 and after, Bequer said. As of early February, 84 percent of assisted-living facilities reported receiving first-round vaccinations, she said.

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## FLiCRA Legislative Success - A Look Back on Managed Care

Increasingly, Florida seniors may participate in a Medicare HMO plan. On two different occasions, in the early 2000's, FLiCRA worked with LeadingAge Florida to secure changes to Florida law to provide some protection for CCRC residents that participate in an HMO plan.

The legal reference provided in this article is shown in italics to indicate the reference important to CCRC residents:

### **Florida Statutes 641.31 Health maintenance contracts.**

*(25) If a subscriber is a resident of a continuing care facility certified under chapter 651 or a retirement facility consisting of a nursing home or assisted living facility and residential apartments, the subscriber's primary care physician must refer the subscriber to that facility's skilled nursing unit or assisted living facility if requested by the subscriber and agreed to by the facility; if the primary care physician finds that such care is medically necessary; if the facility agrees to be reimbursed at the health maintenance organization's contract rate negotiated with similar providers for the same services and supplies; and if the facility meets all guidelines established by the health maintenance organization related to quality of care, utilization, referral authorization, risk assumption, use of the health maintenance organization's network, and other criteria applicable to providers under contract for the same services and supplies. If a health maintenance organization enrolls a new subscriber who already resides in a continuing care facility or a retirement facility as described in this subsection, the health maintenance organization must provide in writing a disclosure of the subscriber's rights under this subsection. If a subscriber's request to be referred to the skilled nursing unit or assisted living facility that is part of the subscriber's place of residence is not honored, the subscriber may use the grievance process provided in s. 641.511.*

If a resident is not able to achieve appropriate coverage due to their HMO's unwillingness to work with a CCRC provide on reimbursement rates, there

is also a separate process in Florida law to file a grievance.

### **Florida Statutes 641.511 Subscriber grievance reporting and resolution requirements.**

(1) Every organization must have a grievance procedure available to its subscribers for the purpose of addressing complaints and grievances. Every organization must notify its subscribers that a subscriber must submit a grievance within 1 year after the date of occurrence of the action that initiated the grievance. An organization shall maintain records of all grievances and shall report annually to the agency the total number of grievances handled, a categorization of the cases underlying the grievances, and the final disposition of the grievances.

(2) When an organization receives an initial complaint from a subscriber, the organization must respond to the complaint within a reasonable time after its submission. At the time of receipt of the initial complaint, the organization shall inform the subscriber that the subscriber has a right to file a written grievance at any time and that assistance in preparing the written grievance shall be provided by the organization.

(3) Each organization's grievance procedure, as required under subsection (1), must include, at a minimum:

(a) An explanation of how to pursue redress of a grievance.

(b) The names of the appropriate employees or a list of grievance departments that are responsible for implementing the organization's grievance procedure. The list must include the address and the toll-free telephone number of each grievance department and the address of the agency and its toll-free telephone hotline number.

(c) The description of the process through which a subscriber may, at any time, contact the toll-free telephone hotline of the agency to inform it of the unresolved grievance.

(d) A procedure for establishing methods for classifying grievances as urgent and for establishing time limits for an expedited review within which such grievances must be resolved.

(e) A notice that a subscriber may voluntarily pursue binding arbitration in accordance with the terms of the contract if offered by the organization, after completing the organization's grievance procedure. Such notice shall include an explanation that the subscriber may incur some costs if the subscriber pursues binding arbitration, depending upon the terms of the subscriber's contract.

(f) A process whereby the grievance manager acknowledges the grievance and investigates the grievance in order to notify the subscriber of a final decision in writing.

(g) A procedure for providing individuals who are unable to submit a written grievance with access to the grievance process, which shall include assistance by the organization in preparing the grievance and communicating back to the subscriber.

(4)(a) With respect to a grievance concerning an adverse determination, an organization shall make available to the subscriber a review of the grievance by an internal review panel; such review must be requested within 30 days after the organization's transmittal of the final determination notice of an adverse determination. A majority of the panel shall be persons who previously were not involved in the initial adverse determination. A person who previously was involved in the adverse determination may appear before the panel to present information or answer questions. The panel shall have the authority to bind the organization to the panel's decision.

(b) An organization shall ensure that a majority of the persons reviewing a grievance involving an adverse determination are providers who have appropriate expertise. An organization shall issue a copy of the written decision of the review panel to the subscriber and to the provider, if any, who submits a grievance on behalf of a subscriber. In cases where there has been a denial of coverage of service, the reviewing provider shall not be a provider previously involved with the adverse determination.

(c) An organization shall establish written procedures for a review of an adverse determination. Review procedures shall be available to the subscriber and to a provider acting on behalf of a subscriber.

(5) Except as provided in subsection (6), the organization shall resolve a grievance within 60 days after receipt of the grievance, or within a maximum of 90 days if the grievance involves the collection of information outside the service area. These time limitations are tolled if the organization has notified the subscriber, in writing, that additional information is required for proper review of the grievance and that such time limitations are tolled until such information is provided. After the organization receives the requested information, the time allowed for completion of the grievance process resumes. The Employee Retirement Income Security Act of 1974, as implemented by 29 C.F.R. s. 2560.503-1, is adopted and incorporated by reference as applicable to all organizations that administer small and large group health plans that are subject to 29 C.F.R. s. 2560.503-1. The claims procedures of the regulations of the Employee Retirement Income Security Act of 1974, as implemented by 29 C.F.R. s. 2560.503-1, shall be the minimum standards for grievance processes for claims for benefits for small and large group health plans that are subject to 29 C.F.R. s. 2560.503-1.

(6)(a) An organization shall establish written procedures for the expedited review of an urgent grievance. A request for an expedited review may be submitted orally or in writing and shall be subject to the review procedures of this section, if it meets the criteria of this section. Unless it is submitted in writing, for purposes of the grievance reporting requirements in subsection (1), the request shall be considered an appeal of a utilization review decision and not a grievance. Expedited review procedures shall be available to a subscriber and to the provider acting on behalf of a subscriber. For purposes of this subsection, "subscriber" includes the legal representative of a subscriber.

(b) Expedited reviews shall be evaluated by an appropriate clinical peer or peers. The clinical peer or peers shall not have been involved in the initial adverse determination.

(c) In an expedited review, all necessary information, including the organization's decision, shall be transmitted between the organization and the subscriber, or the provider acting on behalf of the subscriber, by telephone, facsimile, or the most expeditious method available.

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# Prepare Now for the Coming Shift in Resident Engagement

If offering an extensive variety of activities to residents on your life plan community (formerly known as continuing care retirement community) campus is your idea of resident engagement, think again.

Notions around what resident engagement looks like these days varies widely.

New findings, however, just released from Holleran, a research and consulting firm serving the senior living field, identifies four key dimensions of engagement:

1. having a voice,
2. well-being and security,
3. purpose and fulfillment and
4. inclusion and acceptance.

These four dimensions have been uncovered over the past two years by Holleran qualitative and quantitative research experts.

Governance is a way that residents have a voice. Sometimes, however, resident councils aren't viewed as being very effective. Resident ratings of their own resident councils on campus are mixed.

According to the Holleran resident satisfaction benchmark, the largest of its kind in the field, resident councils (also called "associations" on some campuses) score a 79.9 on a 100-point scale for their effectiveness. This is one of the lower-scoring items on the Holleran resident surveys.

Beyond improving resident councils, a movement is afoot to get more resident representatives on corporate boards that govern campuses.

In fact, the National Continuing Care Residents Association, in its Resident Bill of Rights, recommends that three spots on the corporate board of directors be selected and appointed by residents, and it holds that these three board members should have rights and duties commensurate with the rest of the board members.

The idea that residents want a say, seek well-being and security, crave purpose and fulfillment, and desire inclusion and acceptance is not revolutionary per se, but combining all these dimensions under the banner of resident engagement is an important paradigm that senior living providers ought to consider embracing. Engagement is not one or another of these elements; rather, it embodies all of them, according to Holleran's research findings.

Providers can create a culture of engagement that allows resident populations to flourish by adopting a dozen practices:

1. Include residents in decisions that affect their lives early in the process.
2. Create a variety of channels for resident feedback to be heard.
3. Strengthen the role and responsibilities of the resident council/association.
4. Add resident representation with voting rights to the corporate board.
5. Adopt a formal well-being program such as Masterpiece Living or Vitality360.
6. Recognize that well-being is multidimensional and includes good mental health. Support the mental health of residents through counseling, stress management, spiritual offerings and other resources.
7. Don't overlook the obvious. Make sure your residents feel safe and secure on campus.
8. Develop an inventory of resident talents, skills, interests and gifts, and put that inventory to use.
9. Invite residents to create and manage their own life plans that outline goals, aspirations, bucket lists and activities that are fulfilling to them individually.
10. Encourage and organize volunteering efforts both inside and beyond the campus walls.
11. Assess how inclusive your campus is perceived to be by residents and family members.
12. Encourage full acceptance of all residents through policies, practices and behaviors.

***Michele Holleran, Ph.D., MBA, CEO, Holleran  
[www.holleranconsult.com](http://www.holleranconsult.com)***

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## FLiCRA Legislative Success - A Look Back on Managed Care Cont.

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(d) In an expedited review, an organization shall make a decision and notify the subscriber, or the provider acting on behalf of the subscriber, as expeditiously as the subscriber's medical condition requires, but in no event more than 72 hours after receipt of the request for review. If the expedited review is a concurrent review determination, the service shall be continued without liability to the subscriber until the subscriber has been notified of the determination.

(e) An organization shall provide written confirmation of its decision concerning an expedited review within 2 working days after providing notification of that decision, if the initial notification was not in writing.

(f) An organization shall provide reasonable access, not to exceed 24 hours after receiving a request for an expedited review, to a clinical peer who can perform the expedited review.

(g) An organization shall not provide an

expedited retrospective review of an adverse determination.

(7) The agency shall investigate all reports of unresolved quality of care grievances received from annual and quarterly grievance reports submitted by the organization to the office.

(8) Each organization, as part of its contract with any provider, must require the provider to post a consumer assistance notice prominently displayed in the reception area of the provider and clearly noticeable by all patients. The consumer assistance notice must state the addresses and toll-free telephone numbers of the Agency for Health Care Administration and the Department of Financial Services. The consumer assistance notice must also clearly state that the address and toll-free telephone number of the organization's grievance department shall be provided upon request. The agency may adopt rules to implement this section.

(9) The agency may impose administrative sanction, in accordance with s. 641.52, against an organization for noncompliance with this section.

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## Nearly Two-thirds of Florida Nursing Home Staffers Decline Coronavirus Vaccine in First Round Cont.

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"To address this critical situation, the (Division of Emergency Management) will be scheduling visits with any assisted-living facility that was not visited by CVS or Walgreens," she wrote.

The Service Employees International Union is advocating for vaccine distribution to long-term care residents and workers, but does not want vaccination to be mandatory, wrote Bob Gibson, vice president of 1199SEIU United Healthcare Workers East, which represents workers in Florida. The organization is sharing information about the vaccine with workers.

**Source:** *tampabay.com*

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## Three Florida CCRCs Win ICAA NuStep Beacon Award Cont.

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NuStep is a leading manufacturer of recumbent cross-trainers used in healthcare, senior living and fitness settings worldwide. The longtime champions of active-aging and wellness launched their joint annual awards program in 2019 to spotlight “Best in Wellness” achievements in North America’s senior living communities. A culture of wellness permeates community life, supporting residents and staff in engaging as fully as possible in all of life’s dimensions.

ICAA defines wellness as “derived from our ability to understand, accept and act upon our capacity to lead a purpose-filled and engaged life.” When we do, “we can embrace our potential...to pursue and optimize possibilities” in life’s key dimensions: emotional, physical, intellectual, social, spiritual, vocational and environmental. These dimensions improve quality of life when they are nurtured and prioritized as a whole.

The 2020 “Best in Wellness” ICAA NuStep Beacon Award winners from Florida are:

- **John Knox Village of Florida (Pompano Beach)**
- **Westminster Palms (St. Petersburg)**
- **Fleet Landing (Atlantic Beach)**

In addition, John Knox Village, Pompano Beach received the ICAA NuStep Pinnacle Award for their particularly exceptional contributions, carrying on NuStep’s vision in a reenvisioned joint program.

To help other organizations learn from Beacon Award winners and improve their own operations, ICAA and NuStep will catalogue and publicize the best practices of these award-winners on the award program’s dedicated website at **[beaconaward.icaa.cc](http://beaconaward.icaa.cc)**.

**Source: [www.prweb.com/releases/best\\_in\\_wellness\\_senior\\_living\\_communities\\_win\\_icaa\\_nustep\\_beacon\\_award/prweb17658379.htm](http://www.prweb.com/releases/best_in_wellness_senior_living_communities_win_icaa_nustep_beacon_award/prweb17658379.htm)**