

HCANJ welcomes new President & CEO

Former Missouri Health Care Association Executive Director takes the helm

Following a six-month nationwide search, the HCANJ Executive Committee was pleased to announce the selection of Jonathan (Jon) P. Dolan as the Association's new President & CEO, replacing Paul R. Langevin, Jr. who retired in December. Ratification of Jon's selection took place at the February 12 monthly business meeting.

A former Missouri legislator and experienced association executive, Jon previously served as the Executive Director of the Missouri Health Care Association (MHCA) for eight years. Like HCANJ, MHCA is an affiliate of the American Health Care Association (AHCA) and National Center for Assisted Living (NCAL) representing long term care facilities throughout the state. Over his tenure, the association maintained and improved its affiliation with AHCA/NCAL, increased membership, expanded contract programs and secured eight Medicaid rate increases for skilled nursing facilities as well as other successful budget, policy and regulatory initiatives.

Prior to MHCA, Jon was elected to the Missouri House of Representatives in 1996, 1998 & 2000, serving three two-year terms. In 2002 he was elected to the Senate and served three years, from 2003-2005. He served as the Majority Caucus Chairman and was Chairman of the Senate Transportation Committee where he led the effort to improve the safety and accountability of Missouri's statewide transportation system. He was involved in a variety of issues including veteran's affairs,

health care, criminal law and the Nursing Home Reform Act (2003).

From 1986 until 2004, Jon served with the Missouri National Guard and in 2003 was on active duty support of Operation Enduring Freedom as Commander of the 70th Mobile Public Affairs Detachment assigned Joint Task Force GTMO, Guantanamo Bay Cuba.



His early career comprises nine years in the security management field, first in retail security management, then as a Special Agent in the Office of Security at the Central Intelligence Agency. He later worked in the private sector as a security systems sales and design consultant.

Jon has a Bachelor of Arts in Political Science with a Minor in Military Science from the University of Missouri (Columbia, MO) and a Master of Arts in Security Management from Webster University (St. Louis, MO).

A native of Pearl River, NY, who also spent some time in New Jersey, he returns to New Jersey from Jefferson City, MO, where he has lived with his wife, Leanne, daughter Hannah and son Jonathan.

Jon officially began his tenure with HCANJ on Friday, February 14, 2014.

Paul Langevin will continue to serve HCANJ over the next three years in a contracted capacity as Policy Advisor. We are grateful for his 13 years of service and dedication to HCANJ as President.

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4 AAA Drive, Suite 203
Hamilton, New Jersey 08691
Telephone: (609) 890-8700
Fax: (609) 584-1047
www.hcanj.org

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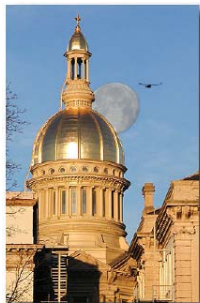
PRESIDENT

Jon Dolan

Camera-ready advertising is accepted for Health Care Update. Deadline for submission is the 15th of the month prior to publication. Rates: Full Page \$500, Half Page (horizontal or vertical) \$300, Quarter Page \$175.

As a Membership service, classified advertisements of 75 words or less for positions available can be placed without charge by HCANJ members for two consecutive months.

For further information contact Pattie Tucker by phone at 609-890-8700 or via e-mail at pattie@hcanj.org.



News from the State House

FY 2015 State Budget proposal eyes July 1 start for MLTSS

Governor Chris Christie unveiled his proposed FY 2015 State Budget to a joint session of the Legislature on February 25. His plan calls for \$34.4 billion in spending, a four percent increase over the current State budget. Central to his proposal is a record \$2.25 billion payment into the underfunded public employee pension system.

Prior to the Governor's budget address, HCANJ participated in a briefing by Department of Human Services Commissioner Jennifer Velez who explained what the budget means for long term care providers. First and foremost, the Commissioner said that it includes a new line-item for Managed Long Term Supports and Services (MLTSS), reaffirming plans to shift long term care into managed care effective July 1.

A significant development was her announcement that Medicaid beneficiaries already in nursing facilities prior to July 1 will remain in the fee-for-service program for the duration of their stay. They will therefore not have to join a managed care plan. Only new beneficiaries coming into facilities after July 1 will have to choose a managed care plan, the

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Who's Who in New Jersey Long Term Care Facilities

JEAN BEATLE

Spent 45 years working for the Salvation Army

Jean Beatle, a resident of the Wynwood at Forsgate assisted living residence in Monroe Township, is a wonderful caring human being who has made a difference in many lives. She and her husband met in church and joined the Salvation Army when they were very young. She has lived in England, Argentina, Japan, Pennsylvania, Ohio, Connecticut, Maine, New York and New Jersey. She speaks Japanese and French.

Jean lived in London during WWII and at that time she was put in the position of transporting children during the bombings. She had to remove the children and take them from their parents for their safety.

She went to college in the Salvation Army and became an Officer and Teaching Minister. She was also asked to speak at a Salvation Army gathering at the Royal Albert Hall. This was a very large honor.

To this day Jean is kind and aware of anyone's good doings and will always say, "You're so kind in all that you do for others." She can see kindness in people because she has it in her. We are proud to know such a kind person.

- Shain Levy

Executive Director, Wynwood at Forsgate



Upcoming Recognition Dates

MARCH

- National Colorectal Cancer Awareness Month
- National Social Work Month
- National Women's History Month
- Brain Injury Awareness Month
- Natl. Developmental Disabilities Awareness Mo.
- Save Your Vision Month
2 - 9
- National Sleep Awareness Week
2 - 8
- National Patient Safety Awareness Week
9 - 14
- Long Term Care Administrators Week
9 - 15
- National Pulmonary Rehabilitation Week
20
- World Oral Health Day
25
- American Diabetes Alert Day
30
- National Doctor's Day

APRIL

- National Parkinson's Awareness Month
- National Occupational Therapy Month
- National Cancer Control Month
- Stress Awareness Month
1 - 7
- National Public Health Week
6 - 12
- National Volunteer Week
20 - 26
- Administrative Professionals Week
13 - 19
- National Minority Cancer Awareness Week
7
- World Health Day
16
- National Healthcare Decisions Day
22
- Earth Day
24
- Take Our Daughters and Sons to Work Day

START YOUR PLANNING...
National Nursing Home Week ~ May 11 - 17
Celebrate a Hawaiian Theme



In Hawaii, the word "aloha" has a deeper cultural significance than a simple greeting or farewell. In Hawaiian culture it is important to treat yourself and others with aloha, to interact with love and respect and joyfully share life. By applying this spirit of aloha to daily life, the people of Hawaii are encouraged to treat others with deep care, respect and humility, leading to individuals creating a better world. Key concepts of aloha spirit include unity (lokahe), kindness (akahai), truthfulness (oia'i'o), humility (ha'aha'a) and patience (ahonui).

This year, AHCA will adopt "Living the Aloha Spirit" as its National Nursing Home Week theme to reflect how the profession and every skilled care center honors and practices the aloha spirit in order to sustain a quality and harmonious environment for residents, patients, families, staff and individuals who interact with the long term and post-acute care community in any capacity. Further information can be found at:

http://www.ahcanca.org/events/national_nursing_home_week/Pages/default.aspx

HCANJ CLASSIFIEDS

HEALTH AND WELLNESS DIRECTOR (HWD), Registered Nurse for the **Wynwood of Florham Park** - 8 James Street, Florham Park, NJ 07932. The HWD will manage the day-to-day healthcare operations of this assisted living community to ensure residents' healthcare needs are met. Our HWD ensures quality care as residents' healthcare needs change. Responsible for the direct supervision of care giving and coordination of health care needs within the community. Please email Sandy Pierceall at spierceall@brookdaleliving.com.

HCANJ Member named to 2014 Best 50 Women in Business by NJBIZ

Congratulations to Amy Mansue, President and CEO of Children's Specialized Hospital, on her selection as one of the 50 Best Women in Business by NJBIZ.

Amy is one of 50 women selected for demonstrating leadership and for having a profound impact on business in New Jersey.

News from the State House

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Commissioner said. Still to be decided, however, is whether or not persons already in a facility on July 1 who do not convert to Medicaid until later will have to select a managed care plan or remain in fee-for-service.

Commissioner Velez did make it clear that persons served by Special Care Nursing Facilities will remain in fee for service until an undetermined date. As for Medicaid beneficiaries in assisted living facilities, HCANJ later learned that they will NOT be grandfathered into fee-for-service. It was noted that assisted living is part of the Global Options Home and Community Based waiver and that these residents are already enrolled in a managed care plan for their medical care needs. Therefore, come July 1, each Medicaid beneficiary in an assisted living facility will have all of their acute and behavioral care as well as long term supports and services managed by a managed care organization.

Under the Governor's budget proposal, the Commissioner said that reimbursement rates for facilities will remain the same as in FY 2014. She did note that the budget line-item for nursing facilities will be lower, but that is due to fewer projected bed days, a trend that the Commissioner expects to continue.

Moving into MLTSS, flat funding does present a significant problem for nursing and assisted living facilities. Both suffer inadequate Medicaid reimbursement already. Moreover, as the Governor said when explaining the planned shift to managed care, "My philosophy is to allow older New Jerseyans to maintain their independence and receive care in the community in their homes for as long as possible."

HCANJ fully supports people remaining in their homes for as long as possible. But managing their care in home for as long as possible means that by the time they require care in an assisted living or nursing facility, they will be even sicker than the people cared for in these facilities now. And simply put, it costs more to provide an appropriate level of care to sicker people. That will be a daunting task at reimbursement levels that are several years old at best.

The average nursing facility rate is now less than it was six years ago. Nursing facilities now spend, on average, \$43.67 more per day than what they are reimbursed by Medicaid to care for each Medicaid beneficiary. Likewise, assisted living Medicaid reimbursement has not been increased since 2007, and that was after nine years at the prior rate.

Keeping Medicaid beneficiaries at home for as long as possible under MLTSS means caring for sicker Medicaid beneficiaries for both nursing and assisted living facilities. The FY 2015 State budget must recognize this and make more adequate reimbursement available.

And just because special care nursing facilities will remain fee-for-service, at least for a while, it does not mean that their rates are any more adequate. Current reimbursement—also several years without an increase—has failed to keep pace with the highly complex medical needs of the individuals under their care.

With the FY 2015 State budget debate now upon us, rest assured that HCANJ will be fighting for much needed reimbursement increases for our member long term care facilities.

Clinical Corner

The Case for the Elimination of the Use of Sliding Scale Insulin

Please share this information with nursing staff, medical director, physicians, and nurse practitioners.

The American Geriatric Society has updated (2012) the Beers Criteria List (Medication) based on evidenced-based recommendations. Regarding Sliding Scale insulin, it is strongly recommended to avoid the practice because of "higher risk of hypoglycemia without improvement in hyperglycemia management regardless of care setting."

Hypoglycemia is an immediate emergency condition which may lead to serious health consequences including death. Hyperglycemia is detrimental over time.

Sliding scale insulin is a reactive way of treating hyperglycemia after it has occurred rather than preventing it. Evidence exists that the use of sliding scale insulin is neither effective in meeting the body's insulin needs nor is it efficient in the long term care setting.

Use of sliding scale insulin leads to greater patient discomfort and increased nursing time because patients' blood glucose levels are usually monitored more frequently than may be necessary and more insulin injections may be given as a result.

With the use of sliding scale insulin regimens, patients may be at prolonged periods of hyperglycemia. In addition, the risk of hypoglycemia is a significant concern because insulin may be administered without regard to meal intake. Hypoglycemia is a common cause of hospital admission and re-admission of geriatric diabetics.

Basal insulin, or basal plus rapid-acting insulin with one or more meals (often called basal/bolus insulin therapy) most closely mimics normal physiologic insulin production and controls blood glucose more effectively.

The American Medical Directors Association (AMDA) has long supported the lack of efficacy of the sliding scale insulin regimen.

For further information call Robert Baron, Sonofi Education, 215-593-5374.