



NNEAHSA
NORTHERN NEW ENGLAND ASSOCIATION
OF HOMES & SERVICES FOR THE AGING

E-NEWS

Providing healthy, affordable and ethical long-term care to older citizens throughout Maine, New Hampshire & Vermont

Issue 2 - 2005

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CELEBRATE OLDER AMERICANS MONTH & HOMES FOR THE AGING WEEK IN MAY

- ☆Enhance your organization's image within your community!
- ☆Show respect for your residents and clients!
- ☆Promote a sense of community!
- ☆Recognize your frontline staff!



You can accomplish all of this and more by celebrating Older Americans Month and Homes for the Aging Week this May with promotional items and activity ideas from the Northern New England Association of Homes and Services for the Aging. With a fantastic new logo and color scheme, combined with fun new product offerings, NNEAHSA has everything you need to participate in this great celebration.

The theme for this year's celebration is *Connecting Heart, Mind, Spirit: A Celebration of Age*. The theme speaks to the passion and professionalism that caregivers bring to their work, as well as the continuing vitality of people who receive services and care in nursing homes, assisted living settings, independent living and adult day programs.

The theme is featured on all of the popular promotional items for the celebration, including t-shirts, sweatshirts, windbreaker jackets, buttons, balloons, water bottles and more. All NNEAHSA members should have received promotional kits including the activity guide and two posters along with ordering information.

The deadline for ordering promotional items to ensure delivery in advance of Older Americans Month is Friday, April 15, 2005. So be sure to get your order in soon.

If you did not receive a promotional kit or need additional information, email nneahsa@riverwoodsrc.org or call 603-658-1525.

JOB FILE

**Assisted Living
Director**

Bartlett House, a 34 apartment assisted living facility in Rockland, seeks a dynamic, experienced Director to provide day-to-day management, leadership and direction. Successful candidate must possess experience in assisted living, senior housing and/or care management, a minimum of 3 years of management experience, ability to relate well to a senior population, a bachelor's or nursing degree, excellent communication skills, computer proficiency, and the ability to work well as part of a team. Please send resume, cover letter, and salary requirements to:

Human Resources
Methodist Conference
Home, Inc.
46 Summer Street
Rockland, ME 04841

**Ageing Americans'
Use of Internet
to Increase**

Online resources for health and long-term care services may play a much larger role in the aging population in the coming years, according to researchers studying seniors' computer habits. One-third of seniors aged 65+ said they had never accessed online resources, but more than 70% of those aged 50 to 64 years old said they had, according to

results of a Kaiser Family Foundation survey.

Kaiser interviewed 1,450 randomly selected adults aged 50 and older, 583 of them 65 and older. Their responses showed a striking difference between seniors and next generation seniors when it comes to online use. While only 21% of seniors have gone online to look for health information, 53% of 50 to 64 years olds have. Additionally, seniors rank the Internet as #5 on a list of media sources of health care information compared to the #1 ranking given by those aged 50 to 64 years old.

The survey also discovered that seniors with an annual household income under \$20,000 a year are less likely to use the Internet (15%) than those with incomes between \$20,000 - 49,000 (40%) or higher (65%). Most seniors on Medicare fall into that lowest income, and less than 10% have an earned income of \$50,000 or more.

The survey, "E-health and the Elderly: How Seniors Use the Internet for Health," was conducted in March and April of 2004 and highlights the need for a national discussion on how to get seniors online. *Source: McKnight's LTC Daily News Update*

**Fall Prevention
Resources**

Nearly half of all residents in nursing homes fall each year, with many sustaining fractures. Each year, a typical 100-bed nursing home reports 100 to 200 falls. Organizations across the country are addressing the issue of fall risk and prevention. Resources include:

- Foundation of Nursing Studies has a fall reduction website at <http://www.fons.org/projects/falls/resources.html>
- Mayo Clinic offers general information on preventing falls and understanding risk at <http://www.mayoclinic.com>
- National Resource Center on Aging and Injury (NRCAI) provides comprehensive fall prevention resources at <http://www.safeaging.org>

Premier Safety Institute recently launched an exhaustive Internet-based clearinghouse of tools and resources designed to assess, reduce, and prevent patient falls. The website at <http://www.premierinc.com/safety> includes information designed to help health care facilities develop a comprehensive safety program. It offers providers a multifaceted approach to recognizing, evaluating and preventing patient or resident falls in a variety of settings.

CMS Survey and Certification Letters

Listed below are links to 3 new CMS Survey and Certification letters:

1. All Provider Types - Independent But Associated Deficiency Citations (3/10/05)

<http://www.cms.hhs.gov/medicaid/survey-cert/sc0520.pdf>

- This memo appears to be a response to provider concerns related to “cross-referencing” in citing deficiencies.
- “Independent but associated citations” refers to situations where a deficient practice creates or results in noncompliance with more than one requirement.
- CMS states this is a reiteration of existing policy as contained at Appendix P regarding multiple citations for a single type of noncompliance, e.g., an avoidable pressure ulcer where there is also failure to assess and/or implement a care plan.
- In these instances, noncompliance with each / all relevant requirements is to be cited.
- The Addendum includes excerpts from Tasks 5C, Investigative Protocol(s), Task 6- Determination of Compliance (Hydration is the example); and Task 6, Information Analysis for Deficiency Determination..
- This memo is effective 30 days from date of publication.

2. Nursing Homes — Notification of Imminent Issuance of Appendix PP Revisions, State Operations Manual (SOM), Surveyor Guidance for Incontinence and Catheters (3/10/05)

<http://www.cms.hhs.gov/medicaid/survey-cert/sc0521.pdf>

- This memo is related to the CMS contract with the American Institutes for Research (AIR) to revise surveyor guidance at key F Tags. It provides notice of the impending publication of revised surveyor guidance for F315 and F316, Incontinence and Catheters.
- The new guidance will collapse current tags F315 and F316 into one tag, F315. An investigative protocol and guidance for severity determination will be included.
- Publication is anticipated within the next several weeks.
- Revised guidance for F501-Medical Director; F248 / F249-Activities; and Psychosocial Outcome are anticipated, but no target dates are provided.

3. Nursing Homes and Home Health Agencies - Updated Facility Computer Specifications (3/10/05) <http://www.cms.hhs.gov/medicaid/survey-cert/sc0522.pdf>

- This memo advises of the new minimum system requirements that NHs and HHAs will be need by January, 2006, for facilities to access the Quality Improvement and Evaluation System (QIES) / QIES-to-Success Web Site.
- CMS is scheduled to transition to the new reporting software in January, 2006. Much of the software that supports submission of the RAI/MDS and facility reporting, e.g., the NH Quality Indicator and HHA outcome (OBQI) reports, will also be upgraded to the new software versions. Facilities/HHAs that do not meet the minimum system requirements will not be able to access the QI / OBQI and error and submission reports.
- Based on a recent survey, CMS estimates that approximately 1/3 of NH computers will not be able to support the new reporting software. CMS anticipates a similar situation.
- A chart is included that shows the minimum system requirements needed to support the reporting upgrades. Notices will also be posted on the QIES state system and on the QTSO website.

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AT-A-GLANCE

Nurses “Most Honest” Occupation

Nurses are America’s most honest and ethical professionals, while car salespersons are at the bottom of the barrel, according to a Gallup survey.

Seventy-nine percent of more than 1,000 adult participants in the telephone survey put nurses in the winner circle, ahead of druggists and pharmacists (72%), military officers (71%) and medical doctors (67%).

Nurses have finished in the top spot five of the last six years, missing it only in 2001 when they finished second to firefighters, according to Gallup.

In their first year in the survey, nursing home operators, at 24%, finished towards the middle of the pack of the 20 occupations listed, ranking 12th.

AT-A-GLANCE

2004-2005 CCRC & Nursing Home Salary & Benefits Reports are now available

Published in cooperation with the American Association of Homes Services for the Aging and supported by the American Health Care Association, the CCRC Report had 501 participants and the Nursing Home Report had 2,117 participants. The Reports are the definitive source for long-term care compensation.

Each Report is available for the price of \$295 or can be purchased together for \$495. In conjunction with the Reports, one can also purchase state or national data in Excel. The Excel database allows you to sort the raw salary data used to compile the Report. Sort by county, revenue size, and profit status by job. For more information or to place an order, go to <http://www.hhcsinc.com> or call HCS at (201) 405-0075.

Report Says Nursing Home Care Improving in Many Areas

Secretary Tommy G. Thompson, Department of Health and Human Services, announced recently that fewer nursing home residents are suffering from chronic pain and fewer physical restraints are being used, according to data collected by the Centers for Medicare & Medicaid Services (CMS) two years after the launch of the HHS Nursing Home Quality Initiative (NHQI). The new data indicates:

- One hundred percent of states report a decrease in the prevalence of chronic pain in nursing home patients since Secretary Thompson launched the NHQI in 11/ 2002.
- Ninety two percent of states show decline in the use of physical restraints, according to the CMS data.
- Nationally, the prevalence of long term pain decreased by 38 percent and the use of physical restraints declined by 23 percent.

In addition to tracking quality measures as a way to improve long term care, CMS is also beginning a new phase of initiatives to further improve care for seniors. As part of its aggressive action plan for nursing home improvements, CMS is undertaking the following initiatives:

- Expand the information on the Medicare website: <http://www.medicare.gov> to help families evaluate quality in nursing homes, including accurate information about staffing levels and a new quality measure related to weight loss in long term and chronic care nursing home residents;
- Strengthen the investigation of complaints from residents, family members, and others by requiring states to use a standard complaint tracking system that will help to better track and analyze complaints, building on increased complaint investigations conducted by CMS or states in nursing homes (from about 45,700 in FY 2000 to about 48,900 in FY 2003);
- Prevent neglect and abuse by implementing a pilot program with up to ten volunteer states to pilot expanded and more effective systems of background checks for individuals seeking employment in nursing homes and other long term care providers;
- Improve fire safety by increasing the number of comparative life-safety surveys and issuing a regulation requiring smoke detectors in areas of nursing homes that do not have automatic sprinklers;
- Conduct annual performance reviews of state survey agencies to assess whether complaints are investigated in a timely manner;
- Continue and expand partnership efforts with nursing home residents and their family members, the nursing homes themselves, unions representing nursing home staff, state survey agencies, and other local and national organizations working to improve the quality of care available in nursing homes;
- Improve the accuracy of the Medicare payment systems to improve access for those with the greatest care needs;
- Direct the appropriate level of resources to including performance incentives related to quality; and develop a more refined indicator and better tracking of the incidence of pressure sores to achieve greater nursing home progress in that area.

The updated information is available at Nursing Home Compare at <http://www.medicare.gov>

Problems with Mobility Make it Hard for People with Parkinson's Disease to Express their Personality

Parkinson's disease is a neurodegenerative movement disorder that causes tremor (often made worse by stress or strong emotions), muscle rigidity, inability to initiate movement, expressionless face (facial masking), involuntary uncoordinated movements, poor balance, shuffling gait, and other symptoms. These symptoms often lead to misunderstandings and limit the ability of people who have the disease to express their personality, which is a source of great frustration for them. For example, due to facial masking, others may think the person with Parkinson's disease is angry, or the other person may think the movement problems are due to intoxication.

For individuals in the early stages of Parkinson's disease, certain expressive behaviors may provide cues to a person's personality, according to a study supported in part by the Agency for Healthcare Research and Quality (HS13292). Simple clues such as eyebrow furrowing and casual dress may help interpret a person's interest in and motivation for social interaction, explains Kathleen Doyle Lyons, Sc.D., O.T.R., of Dartmouth Medical School. Dr. Lyons and her colleagues obtained personality measurements (neuroticism, extroversion, openness to experience, agreeableness, and conscientiousness) prior to conducting and videotaping simulated health care interviews with 12 people with mild to moderate Parkinson's disease.

The researchers analyzed the videotapes to correlate expressive behaviors of the participants (for example, eyebrow furrowing, slouching, formality of dress, voice inflection and loudness) with the personality measures. Participants who were neurotic (nervous or emotionally distressed) appeared more talkative, more formally dressed, and more inclined to move their bodies and furrow their brows during the interview. On the whole, participants' expressive behavior did not convey their levels of extroversion or significantly reflect agreeableness. Those more open to experience dressed less formally. For more information, see "Behavioral cues of personality in Parkinson's disease," by Dr. Lyons, Linda Tickle-Degnen, Alexis Henry, and Ellen S. Cohen, in *Disability and Rehabilitation* 26(8), pp. 463-470, 2004.

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Design for Aging 2004 Review

Filled with the latest innovations in senior living facilities, this book explores more than 70 projects that illustrate the future of design for the aging population. It also highlights 10 observations and trends encouraging further growth in the design and development of senior living communities. For more information or to order call 800-508-9442 and reference Item #DN012.

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AT-A-GLANCE

AAHSA's White Paper on the Not-For-Profit Difference

AAHSA's new publication, "The Not-for-Profit Responsibility: Changing Lives, Enlarging the Hearts of Communities," is now available online. The eight-page report developed by the AAHSA Leadership Circle points out the deep history of American organizations that have earned the trust of their local communities and the respect of the entire nation.

The publication is meant as a tool for members and their board leadership. To view the white paper go to: <http://www2.aahsa.org/>, click on the Provider link on the left, then click on Publications and Resources, and finally click on Leadership Resources. You can view the full report, *The Not-For-Profit Responsibility*



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Staff Turnover Has High Price for Long Term Care

Long term care facilities pay as much as \$3,500 to replace a frontline employee who leaves. With an average 45% annual turnover among long term care workers, the nationwide cost of high staff turnover is \$4.1 billion.

A newly released “*Better Jobs Better Care*” report shows that retention can save money and provide better outcomes for providers, consumers and payers. To learn more about the report go to <http://www.bjbc.org/news.asp?pgid=143>

Study Identifies Costs for In-Home Care, AL and Nursing Homes

New York City has highest assisted living costs; rural Florida the nation’s lowest. The average cost of long term care in the United States across all service categories was \$72,240 in 2004, according to research released by Genworth Financial. The company modified its annual Cost of Care Survey to provide the industry’s first single-study, comprehensive view of expenses with all three major

categories: nursing homes, assisted living facilities and home care. The research was conducted among 6,000 providers nationally.

According to the study, costs in urban areas were 20 percent higher than non-urban areas. In certain markets, such as urban areas of New York, California and Minnesota, the cost of care was more than 40 percent higher than non-urban areas in those states.

Nursing Homes: The average annual national cost of a private room in a nursing home is \$65,200 or \$179 per day. This remains the most costly care option. It also reflects a 13 percent increase over the 2003 daily rate of \$158 per day. The average annual cost of a semiprivate room within a nursing home is \$57,700 which translates to a \$158 daily rate. Alaska continues to have the highest average annual cost in the nation at \$191,400 for a private room

Assisted Living: A private room in an assisted living facility has an average annual cost of \$28,800; this includes room and board only and excludes entrance, community fees and additional health care services. New York City has the highest monthly cost for a single bedroom unit at \$5,000; non-urban areas of Florida check in with the lowest costs at \$1,587 per month.

Home Care: Across all three home care provider types, home health aide and homemaker services averaged \$18.65 and \$16.67 per hour, respectively. Providers were classified into three categories because of the significant variation in certification and licensing: certified home care providers, licensed home care providers, and non-licensed home care providers who are also not Medicare certified.

Genworth Financial commissioned CareScout to conduct its annual cost of care study. More than 2,000 participants were polled from each of the three categories of long term care providers. More information, including a comprehensive summary can be found at <http://www.Genworth.com>

CMS Proposes New Coverage for Wheelchairs and Scooters

The Centers for Medicare & Medicaid Services (CMS) recently released draft coverage criteria for wheelchairs and scooters and new codes to ensure proper payment and to better reflect the range of power mobility products now available on the market, Medicare will expand

the number of codes used for billing from five to 49. The more detailed coding will help facilitate getting the right products to patients and improve Medicare’s ability to pay suppliers appropriately.

Medicare’s proposed coverage criteria would rely on clinical guidance for evaluating whether a beneficiary needs a device to assist with mobility, and if so, what type of device is needed. This new approach would replace an older, more rigid standard that relied on whether a patient was “non-ambulatory” or “bed or chair confined.” The analysis begins with whether the beneficiary has a mobility limitation that prevents them from performing one or more mobility-related activity of daily living in the home. The criteria also take into account any conditions that would affect the beneficiary’s ability to use the mobility equipment effectively.

A description of the new billing codes for wheelchairs will be posted on the CMS website at <http://www.cms.hhs.gov/suppliers/dmepos/>

AT-A-GLANCE

**Fire Chiefs Offer
Guidance on Health
Care Facility Safety**

The International Association of Fire Chiefs recently released a report regarding fire safety in health care facilities that offers recommendations for safety improvements in the areas of education, training, and staffing, engineering and technology, legislation and codes, and emergency response. The report follows roundtable discussions held last April between experts in fire service and health care industries to address life safety concerns in nursing homes, assisted living residences, and retirement communities. The full report will be forwarded to the Department of Homeland Security for review. To view the report go to: <http://www.iafc.org/grants/documents/healthcare.pdf>

**Communication Problems
Often Contribute to Untimely
Care of Acute Infections in
Nursing Homes**

Quick diagnosis and management of acute infections among nursing home residents require successful communication at multiple levels. However, communication breakdowns are common, and they create barriers to timely care of acute infections in nursing home residents, according to a study supported in part by the

Agency for Healthcare Research and Quality (HS08551).

Researchers from the University of Missouri-Columbia analyzed discussions of focus groups of nursing home physicians and nurses and interviews with nursing home residents, nurses, and physicians involved in acute illness care. Their goal was to identify factors that promoted or delayed timely identification and treatment of residents' acute infections.

The interviews revealed 22 factors that influenced timeliness of effective care, with communication problems commanding the central focus. Six communication barriers stood out: failure of the physician to receive a message; evening or weekend illness onset, problems in contacting the on-call physician; reliance on an intermediary (for example, an office nurse) to convey orders from the physician; communication of inappropriate or inaccurate information; inadequate information transfer between nursing staff at shift changes; and a nurse's reluctance to talk with a physician perceived as difficult.

Focusing on these communication barriers may improve quality of care for acute infections in nursing home residents, suggest the researchers. More effective teamwork between physicians and nurses can improve care and avoid residents being unnecessarily transferred to the hospital for the treatment of acute illnesses. This approach could also save health care costs by intervening earlier in the casual chain that leads to hospitalization and poor outcomes in acute illness among nursing home residents.

See "Barriers to timely care of acute infections in nursing homes: A preliminary qualitative study," by Daniel R. Longo, Sc.D., Jake Young, M.A., David Mehr, M.D., M.S., and others, in the March 2004 *Journal of the American Medical Directors Association* 5, S5-S10.

**IRS Focus on
Executive
Compensation**

The IRS is continuing its scrutiny of executive compensation in exempt organizations. In August 2004, it launched a series of investigations focusing on over 2,000 charitable organizations. Targeted for reviews starting with their 990 filings are those paying in excess of \$200,000 compensation package to executives. One important risk management

practice, if the compensation package for any executive exceeded \$90,000 in 2004, is to follow the steps the IRS has outlined to establish that compensation was reasonable. Generally, protective steps include approval of the total compensation package in advance by an authorized body with no conflicts of interest, use of comparables, and adequate documentation addressing:

- Terms of the compensation package approved and date of approval;
- Members of the Board present during the debate of the compensation package and who voted on it;
- The comparability data obtained and relied upon by the Board and how the data was obtained,
- Any actions taken with respect to consideration of the compensation package by any Board member who had a conflict of interest with respect to the compensation package.

Source: TAHS Newsbriefs, January 2005

CMS To Require Certain Nursing Homes To Install Smoke Detectors

Nursing homes that do not have sprinkler systems or hard-wired smoke detectors will have to install battery-operated ones in patient rooms and public areas according to an announcement by the Centers for Medicare & Medicaid Services on March 24, 2005.

“This is an important rule that could save many lives by making real improvements in nursing home safety,” said CMS Administrator Mark B. McClellan, M.D., Ph.D. “Nursing home residents are an especially vulnerable population and we need to take every step possible to protect them.” CMS took this unprecedented action after two tragic nursing home fires in Connecticut and Tennessee in 2003. Neither home had smoke detectors in the patient rooms where the fires originated. The agency worked closely with the National Fire Protection Association to develop ways to get effective fire protection into all facilities.

A review of the two incidents by the Government Accountability Office (GAO) asserted that smoke detectors could have resulted in quicker staff response that may have led to a better outcome. Today’s action will considerably improve the safety of residents living in over 4,000 nursing homes that do not have sprinkler systems. Newly constructed nursing facilities are required to be fully covered by a sprinkler system, while older homes built of noncombustible materials like concrete block are not. Homes will be given a year in which to comply with the new requirement. The NFPA is the group that developed the 2000 edition of the Life Safety Code that CMS uses to set the standard in health care facilities.

Also in the interim final rule is a provision that will allow nursing homes, hospitals, ambulatory surgical centers and other health care facilities to install dispensers of alcohol-based hand sanitizers in exit corridors that meet certain conditions. This had not been allowed previously because of concerns that the alcohol rubs may serve as an accelerant in the event of a fire and block access to exits. Studies on this concern, however, have shown that if certain conditions are met, that fire hazard is greatly reduced while there can be a significant benefit in reducing hospital-acquired infections.

Alcohol-based hand rubs are more effective at destroying bacteria than ordinary soaps and water. This is critically important in a health care setting. The Centers for Disease Control estimates that two million patients a year get hospital-based infections and that 90,000 of those patients die. Hospital-based infections can often be traced to a lack of hand washing by health care personnel with direct patient contact. “As a physician, I am very familiar with the important role hand hygiene plays in stopping the spread of infections,” said Dr. McClellan. “Increasing the number of these dispensers in and near patient rooms has proven to significantly increase hand cleansing activities by health care professionals and even the patients themselves.”

Some precautions facilities must take include making sure the dispensers are not near a heat or ignition source, that they are at least four feet apart and that they are placed in corridors at least six feet wide. The full interim final rule appears in the March 25 *Federal Register*.

AT-A-GLANCE

RN’s Top Occupation Needed in Job Growth

According to the American Association of Colleges of Nursing (AACN), enrollment in entry-level baccalaureate programs in nursing has increased by 10.6 percent in 2004 over the previous year. Although this increase is rewarding, nursing colleges and universities denied 26,340 qualified application this year due primarily to a shortage of nurse educators. With a shortfall of 800,000 nurses expected by the year 2020, there is concern that too few nurses are entering the workforce given the growing demand for nursing care. The primary barriers to accepting all qualified students at nursing colleges and universities continue to be insufficient faculty, clinical placement sites, and classroom space.

HUD FY2005 SuperNOFA Funding Now Available

The FY2005 SuperNOFA has been posted. With a release date of March 21, but posting of supporting sections still not available, the FY2005 HUD SuperNOFA is now active at <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>. A summary including due dates, webcast training and amounts available, along with links to the

application centers and information on electronic submissions (a mandatory new element) are outlined below. For FY 2005 electronic submission is mandatory unless the applicant receives a waiver of this regulatory requirement. Procedures for obtaining a waiver are contained in Section IV, Application and Submission Information, of the General Section. Due to the mandatory online submission, each program contained on Grants.gov will have a zipped file containing the programs required forms, a pdf file of both the General Section and the Program NOFA. This zip file is part of the instructions you download from Grants.gov.

Assisted Living Conversion Program (ALCP)

\$35 million (including carry-over of previously unused funds) is now available, of which \$5 million is being reserved for conversion of one unused/under utilized commercial property. In a new development, the ALCP program NOFA declares that limited dividend partnerships are not eligible and, in the event of an eligibility status change (such as prepayment of mortgage), HUD reserves the right to terminate the grant and recover the funds made available under the NOFA.

Application due date: June 22, 2005 Webcast training: April 6: 3:00 - 4:30 p.m. eastern time

ALCP application: <http://www.hud.gov/offices/adm/grants/nofa05/grpalcp.cfm>

Section 202 Supportive Housing for the Elderly

Of the FY2005 appropriations figure of \$747 million for 202 program, approximately \$462.9 million is now available for capital advance and associated PRAC funds for 5 year contracts. The remainder includes \$3 million for one year renewals of expiring PRAC, \$50 million for service coordinators, \$25 million for ALCP and emergency repair, \$18 million for demonstration planning grants (though competition for demo planning grants will come at a future date).

Application due date: May 31, 2005 Webcast training: April 6: 1:00 - 2:30 p.m. eastern time

Section 202 application: <http://www.hud.gov/offices/adm/grants/nofa05/sec202sec.pdf>

Section 811

Approximately \$95.8 million for capital advance and associated PRAC payments for 5 years.

Application due date: May 24, 2005 Webcast training: April 6: 1:00 - 2:30 eastern time

Section 811 application: <http://www.hud.gov/offices/adm/grants/nofa05/grpsec811.cfm>

Service Coordinators

Of approximately \$49.6 million reserved, approx \$10 million will be available for new Service Coordinator programs. Remaining \$39.6 million will fund one-year extensions to expiring Service Coordinator and CHSP programs.

Application due date: June 24, 2005 Webcast training: April 6: 3:00 - 4:30 eastern time

<http://www.hud.gov/offices/adm/grants/nofa05/grpscsmh.cfm>

For more information, contact Colleen C. Bloom, AAHSA's Associate Director for Housing Operations, at 202- 508-9483; email cbloom@aaahsa.org

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