

The Washington Voice

An e-newsletter from



Adult Family Home Council

OF WASHINGTON STATE

Our Mission:

To improve the lives and well-being of vulnerable adults through support of adult family homes.

Serving Adult Family Homes for more than 20 years!

Advocates for Compassionate, Individualized Care

June 2017

Hello Adult Family Homes of Washington,

What a month it has been! We just completed our Spring Conference in six cities, with hundreds of providers, and a whole bunch of information about new services and reimbursements. While the pace of travel, coordination and preparation is exhausting, I come away feeling invigorated. The opportunity to spend time talking directly to Council members is a treat for me. The face to face time gives me a chance to hear about the individual needs of our membership and consider the various ways the Council can build supports and resources for our membership. Thank you to everyone who was able to attend.

While at the conferences, I was able to share with those in attendance how truly blessed I feel to be a part of the adult family home world. The commitment AFH's make to the care and services for their residents is inspiring. I appreciate the selfless sacrifice so many of you make in the delivery of individualized compassionate care. I am also proud to note, that in the almost four years I have been with the Council, we have been able to make an impact on the pay and regulatory environment. That said I am eager to continue providing on your behalf, the best representation, and advocacy possible!

One of the things that impresses me about the Council as an organization is how it grew out of truly grass roots efforts. The Council started with small groups of providers coming together in their communities to support one another, identify gaps in services, and grow the industry. As the organization grew and the various communities came together the main office here in Olympia became the hub of information. That is a good thing that provides consistency and form to our efforts across the state and with that said, I am interested in returning to some of those roots. We are currently working with members and chapters across the state to make sure that we not only provide a statewide strategy for the continued success of AFHs, but we also want to recognize and honor the needs of each community.

The Council will be looking to local communities to grow our chapters, improve local feedback, and identify gaps in services at a local and/or state level. If you are interested in being a part of the feedback loop and development of the resources, please feel free to contact us.

As always, if you have questions or want more information, please do not hesitate to contact us.

All the best,

A handwritten signature in black ink that reads "John Ficker".

John Ficker
Executive Director

2017 2nd Special Session Legislative Update

On Tuesday, May 23, 2017 at 10am, the Legislature convened to begin a 2nd 30 day special session. This time they seem to be waiting for the June revenue forecast due to be released on June 20. Currently, still there has been no real movement to agreements being made. As Governor Inslee called this 2nd special session, he stressed the need for both sides to figure out the “non-starter” issues, take them off the table and get to negotiating. Though once again, in order to avoid a government shut down, a balanced budget must be completed and signed by the Governor before July 1, 2017. At stake for Adult Family Home owners is the funding for the [2017-2019 negotiated rate increases](#). The two versions of the budget take dramatically different approaches. The Council is working with lawmakers to express the critical nature of these rate increases.

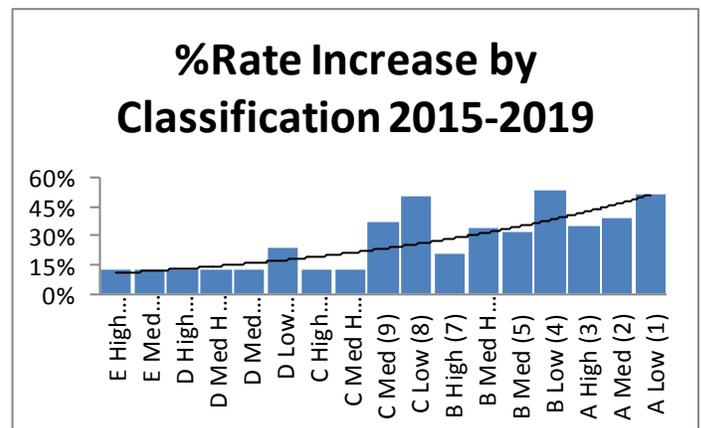


State Budget: Include funding for the Adult Family Home Council’s collectively bargained agreement that includes increases to the Medicaid daily rates paid to adult family homes. *The Senate rejected our agreement, provided a 2% increase for each year of the biennium and provides no specific funding related to I-1433. The House of Representatives provided full funding for our agreement, increased state B&O tax, creates a capital gains tax and provided limited funding related to I-1433.*

What action can providers take?

Please contact your legislators to ask them to include the funding for the Adult Family Home Council’s collectively bargained agreement.

[Talking Points](#) [Find Your Legislators](#)



What is at Stake in this Session?

Perhaps the most important impact of the this session will be the funding for the AFH Council’s collectively bargained agreement . This agreement funds the new Mileage and Community Integration benefits. The contract also includes increases to all specialty contracts.

The biggest impact of the contract will be the increases to the base daily rates. Through these negotiations we have fundamentally transformed the logic behind the building of AFH rates. The current low end of the rate scale, (around \$50 a day) will increase by as much as 39%. With a focus on the lowest rates, all daily rates will increase. The average increase will be around 16%. The new lowest rate will be around \$70 per day. Funding this contract will make it more realistic for our members to manage and admit Medicaid funded residents, Details of the proposed contract are available [here](#).



Adult Family Home Council

OF WASHINGTON STATE

Governor Inslee Proclaims September as Adult Family Homes Month!

The State of Washington



Proclamation

WHEREAS, adult family homes are an essential part of Washington's long-term care system, and provide an alternative to institutional care, while promoting a high degree of independent living for vulnerable adults and providing 24-hour care and services – including assistance with activities of daily living, preparing and serving meals, providing meaningful activities and medical transportation, and maintaining a secure and healthy environment; and

WHEREAS, different populations residing in adult family homes, such as persons with developmental disabilities and elderly persons, often have significantly different needs and capacities from one another, and adult family homes meet these needs by promoting the health, welfare, and safety of residents, and by providing quality personal care and specialty care services; and

WHEREAS, because many residents of community-based long-term care facilities are vulnerable and their health and well-being are dependent on their caregivers, the quality, skills, and knowledge of their caregivers are key to good care; and

WHEREAS, there are nearly 2,800 adult family home owners providing a community-based residential care option for nearly 16,000 vulnerable adults in Washington State; and

WHEREAS, these dedicated individuals deserve recognition and gratitude for the outstanding work they are doing for Washington State, their communities, and the vulnerable adults residing in their homes; and for the role they play as crucial partners with doctors, nurses, hospitals, skilled nursing facilities, social workers, and families;

NOW, THEREFORE, I, Jay Inslee, Governor of the state of Washington, do hereby proclaim September, 2017, as

Adult Family Homes Month

in Washington, and I encourage all people in our state to join me in this special observance.



Signed this 25th day of May, 2017

Governor Jay Inslee

Washington State is Top in the Nation!

OLYMPIA, WA -- AARP has named Washington the most successful state in the country when it comes to supporting seniors, adults with disabilities and their family caregivers. The third edition of the State Long-Term Services and Supports Scorecard, released today by the AARP, Commonwealth Fund and Scan Foundation, highlights the rapid changes states face in terms of aging and changing populations, as well as promising practices that allow programs to continue to provide excellent care and support. The Department of Social and Health Services' Aging and Long-Term Support Administration was judged on its affordability and access, choice of setting and provider, quality of life and quality of care, support for family caregivers and finding the right type of care for our clients.

"Washington state has always led the way on health care, and now AARP confirms that our state's long-term care policies foster individual dignity and choice so people can be cared for at home and in their communities," Gov. Jay Inslee said. "All of these important gains are now threatened because of actions in Congress to repeal and replace the Affordable Care Act with deep cuts to long-term care services and support. As Medicaid is the largest insurer of these services, many seniors will lose coverage. I will fight to make sure our seniors and others are getting the services they need so that Washington state can continue to be the best in the country."

Washington's ranking emphasizes decades of commitment to person-centered care for individuals and their caregivers through innovative service models. The state was also recognized for making improvements in the percent of Medicaid and state funding that goes to older people and adults with physical disabilities, subsidized housing opportunities and improving the quality of care in nursing homes. Washington ranked second overall in the 2014 and 2011 AARP Scorecard.

"We are proud to be recognized as a leader in the nation and look forward to continuing to innovate in order to serve our growing population of older Washingtonians, said Bill Moss, DSHS Acting Secretary.

"We are fortunate to have a strong network across the state of caregivers, providers, social workers, nurses, and many others who help Washingtonians continue to have a choice in how they live their lives."

Minnesota, Oregon, Vermont and Alaska rounded out the top five on AARP's Scorecard.



Spring Conference

Our 2017 Spring Conference has come to an end. The handouts and materials distributed at the conference will be available to members in our [document library](#). The conferences highlighted a number of changes for AFH providers that were negotiated by the Council.

Some of the major highlights include information about a new federal requirement known as Community Integration, changes to the ETR process, and mileage reimbursement. If you were unable to attend the Spring Conference, the AFH Council is currently working on summary information and webinar training to reach those members unable to attend. Please stay tuned for more info. In the meantime here are a few key points.



Community Integration (CI)

Federal regulation requires Washington State to ensure that all residents living in home and community based residential settings (AFHs and assisted living facilities) have access to the community. It is necessary for DSHS to demonstrate to the federal funders how they will meet this requirement in order to continue receiving federal Medicaid dollars. In order to demonstrate this, the state's CARE assessment (beginning after July 1, 2017) will ask residents if they have a desire to participate in any community events. If the resident says yes, they will ask if they need support to access the community. If the resident needs assistance, the AFH will receive an increased rate. The rate increase ranges from \$1.82 to \$1.71 depending on your county. The monies are intended to cover the equivalent of 4 hours of staff time to assist the resident in selecting, arranging, getting ready for, and participating in the community event selection. Additionally if the AFH provides transportation services, the home can be authorized for mileage reimbursement up to 100 miles per month.

While the assessment question and the reimbursement is new, the intent of the CI is not new. Under the [Quality of Life](#), [Resident Rights](#), and [Care and Services](#) WAC's, residents have always been able to expect AFH providers to assist in arranging a resident's need when accessing the community. Many providers are already supporting their residents in accessing the community.

Community integration should be resident centered and resident specific. It will require documentation of the activities by each provider. Adult family homes are the only home and community based providers receiving additional reimbursement for providing this service.

For more info, please review the spring conference documents in the AFH Council's document library and watch for scheduled [webinar's](#) or chapter meeting opportunities to learn more.

Mileage Reimbursement

Beginning in July, 1 2017 adult family home providers will be eligible to receive mileage reimbursement when transporting residents for community integration and/or medical appointments. In order to receive this benefit, the assessment must identify the need for transportation services and the care plan must outline how those services will be provided. At that point, a case manager will open an authorization for up to 100 miles for community integration, and 50 miles for medical transportation to be reimbursed at the [IRS mileage rate](#). Providers should document their mileage and can claim by date in ProviderOne.

ETR Request Process

In accordance with [WAC 388-440-0001](#), DSHS can provide increased rates for residents when their care needs have considerations not necessarily captured by the state's assessment. This process is known as an ETR or "exception to the rule." Adult Family Home Council members had concerns that DSHS case managers were not always willing to write these requests despite conditions the provider felt warranted the request. In our negotiations with the state, they agreed to allow providers to directly submit their own requests for an ETR. AFH Council staff will be available to members to support and assist them in considering, drafting, reviewing and submitting ETR requests.

For more information about these new benefits, please sign up for the [upcoming webinar](#), and watch for more information at chapter meetings.

Share Your Best Practices

Running a successful adult family home is an art form. You are the experts in your field and, as such, have a depth of knowledge and experience that could benefit the entire community. We would like to help you share your expertise with your fellow providers. What practices do you use that have helped you the most? Are you great at hiring, training and retaining staff? Have you been able to provide opportunities to your residents that greatly improve the quality of their lives? Are you obsessed with organization? Is your documentation admirable? We want to know what is working for you. This is an opportunity for you to share what you are passionate about. This is also a chance for your adult family home to be showcased and for all of us to gain unique insights from your experiences. If you would be willing and able to write a brief article describing your "best practice", we would like to share it. We will be reviewing submissions and highlighting you and your article in future newsletters. Please submit your Best Practice articles to

karen@adultfamilyhomecouncil.org.

We look forward to hearing from you.



Best Practices
Best Practices



SAVE THE DATE! AFH Council's Fall Conference - September 28 & 29



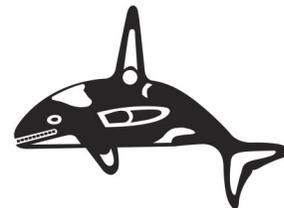
2017 Fall Conference

September 28-29, 2017

**Tulalip Resort
Marysville, WA**

Adult Family Home Council's Annual Fall Conference is scheduled for:
September 28-29, 2017 at the Tulalip Resort in Marysville, WA.

Registration will be opening up soon, so **SAVE THE DATE**, make sure your membership is up to date and watch your email for registration details coming.



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Affiliate Business Partner Profile - Kindred at Home - formerly Gentiva Health Services

Kindred at Home offers a multiple options of skilled health care services to support AFH residents who are living with a new, chronic or complex health issue. We help your residents remain safely and more independently in their comfortable and familiar AFH surroundings and provide training and support for your staff.

Our care leads to improved, sustained patient outcomes, reduced emergent care and hospitalizations and very high levels of patient and family satisfaction. We have been serving the Inland Northwest community for over 45 years and have been awarded HomeCare Elite 2016 Top Agency and 4 Stars for our Quality by the Centers for Medicare and Medicaid Services.

Kindred Home Health clinical services include skilled nursing visits and education to help manage chronic illnesses, including diabetes, COPD, and heart failure. We also offer wound care and rehabilitation for patients recovering from surgical procedures. Disciplines available through the home health benefit are nursing, physical therapy, occupational therapy, speech therapy, nutritionist, medical social worker and bath aide.

Home health services also play an important role in helping your residents avoid going to the hospital or being re-admitted after a recent hospitalization. Kindred clinicians produce results that beat the nationwide rehospitalization rates by 29% lower than the national average.

Kindred Home Health also offers specialty programs that include:

- **Safe Strides** for your residents who have experienced a fall or who are at risk to fall
- **Memory Care** for your residents with Alzheimer's or dementia
- **Low Vision** program for your residents with Glaucoma, Diabetic Retinopathy or Macular Degeneration
- **Neurorehabilitation** programs for your residents with Parkinson's and stroke
- **Orthopedic** programs for joint replacement surgeries

Kindred Hospice care is specialized care designed to meet the physical, emotional and spiritual needs of patients with terminal illnesses, and to provide support to loved ones. The goal of hospice care is to enhance the quality of life for the patient and to ease the physical and emotional burden experienced by those caring for them.

Medicare Part A benefits and most insurance plans offer coverage for most or all of the costs of home health and hospice care, including medical equipment, prescriptions and other supplies related to the hospice diagnosis.

Kindred House Calls brings primary care providers to your residents who have an injury or chronic illness that makes it difficult to attend doctors appointments outside of the AFH. House Calls is a great service for those who are not currently established with a primary care provider. Our solutions are patient and needs specific. Please contact us anytime you have questions about connecting your residents with the appropriate levels of care and support.



For Home Health and Hospice, more patients and families trust us

130,000 patients and families a day turn to us for their care. Shouldn't you? Our services include nursing, therapies, disease and pain management and hospice. All with leading clinical care. All in the comfort of home. No wonder so many families like yours trust their care to us every day.

For more information, please contact us at
509.473.4900

Kindred at Home
Formerly Gentiva Health Services

www.kindredathome.com

Aphasia Awareness Month - By Lincoln Pharmacy

June is National Aphasia Awareness Month, which is a national campaign to increase public education around the language disorder and to recognize the numerous people who are living with or caring for people with aphasia. Aphasia is a communication disorder that occurs when an individual experiences brain damage that impairs their ability to process language. 1 million Americans are affected by aphasia. The number one cause of this disorder is stroke, followed by head injuries, tumors, migraines, or other neurological issues.

Each individual affected by aphasia is different. The reason in which the person acquires the brain damage, how the brain responds to the injury, and how long one will endure these symptoms vary person to person. This disorder has a lot of variables making it hard to predict the severity and duration in which it may last. Each person with aphasia has a unique set of language disabilities.

Depending on the damage to the brain regions controlling language resulting in aphasia can be separated into four broad categories:

- Difficulty expressing thoughts through speech or writing.
- Difficulty understanding spoken or written language.
- Difficulty using correct names for objects, people, places, or events.
- Loss of almost all language function, with no ability to speak or understand speech.

About half of the individuals who are diagnosed with aphasia recover quickly within the first few days. If the symptoms persist for two to three months, a complete recovery is unlikely. Some individuals make improvements over a period of years and even decades. Best chances for recovery are to start language therapy immediately. Although the same therapies do not work for everyone, the two main therapies include:

Melodic intonation therapy - Use of melody and rhythm to help improve the ability to retrieve words.

Constraint-induced therapy - Forces people to use speech over other communication methods.

The American Speech-Language-Hearing Association has compiled a list of helpful tips that may be beneficial when communicating with residents that have aphasia. These tips include:

- Get the person's attention before you start speaking.
- Maintain eye contact and watch the person's body language and use of gesture.
- Minimize or eliminate background noise (TV, radio, other people).
- Keep your voice at a normal level. Do not speak loudly unless the person asks you to do so.
- Keep communication simple, but adult. Don't "talk down" to the person with aphasia.
- Simplify your sentence structure and emphasize key words.
- Reduce your rate of speech.
- Give the individual time to speak. Resist the urge to finish sentences or offer words.
- Communicate with drawings, gestures, writing, and facial expressions in addition to speech.
- Encourage the person to use drawings, gestures, and writing.
- Use "yes" and "no" questions rather than open-ended questions.
- Praise all attempts to speak and downplay any errors. Avoid insisting that each word be produced perfectly.
- Engage in normal activities whenever possible.
- Encourage independence and avoid being overprotective.

Aphasia Awareness Month - continued from page 10

Over the last few years, there have been many technological advances to aid in recovery of aphasia. For example, there are many new and more upcoming apps for smartphones and tablets to engage individuals suffering from aphasia.

Not only does aphasia present physical barriers to people living with aphasia, they may also experience psychological issues as there are several misconceptions when it comes to this disorder. Many people think that someone with aphasia is mentally unstable or under the influence of drugs and alcohol. As these individuals suffer with their communication they often begin to isolate themselves socially, and overtime results in depression.

Lincoln Pharmacy is dedicated to providing our AFH partners with superior customer service. Not only do we want to meet the needs of your residents, Lincoln Pharmacy wants to meet the needs of the providers and staff as well. If you are interested in more information about aphasia or receiving continuing education credits regarding this topic Lincoln Pharmacy offers a 3 hour continuing education course. Please feel free to contact Amanda from Lincoln Pharmacy at aellingson@lincolnrx.com for more information.

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FOOD, BEVERAGES AND FACEBOOK

Patti Gray, RN-D, Board Certified Gerontology, Provider & AFH Council Board Member

Several providers have expressed confusion about which foods and beverages require doctor's orders.

WAC 388-76-10420 Meals and Snacks – The adult family home must:

(4) Serve nutrient concentrates, supplements, and modified diets only with written approval of the resident's physician.

Common food and drink items used by people in their own homes and in Adult Family Homes include:

- Carnation Instant Breakfast Drink
- Ovaltine
- Hot Chocolate – High Protein
- Ensure
- Enlivant
- Boost
- Glucerna
- Protein Powders
- Protein Drinks



- The WAC's do not include definitions of nutrient concentrates or supplements. Various professionals, including licensors, have varied opinions about what is and is not a concentrate or supplement.
- Nutrition Facts labels are required by the Food and Drug Administration (FDA) for food items. All of the foods and beverages listed above are labeled with nutrition facts. They do not fit the FDA's definition of a supplement.
- The category of food items listed above do not have a statement on their labels saying "Use Under Medical Supervision".
- A physician's order is not required for these common foods and beverages.

The topic cropped up on FaceBook and spurred me to write this article. I get very inspired by the stories of other providers and their residents. I admire how generous everyone is to help each other. Having said that, I strongly encourage AFH Providers to be very cautious about using FaceBook information when it comes to regulation and inspections. The situations you read about may be very different from your situation, your home, your residents and your business decisions.

By utilizing the resources at the [AFH Council](#), you will have guidance specific to your situation. You have experts with access to the appropriate DSHS staff. The Council will have information about the challenges, trends and questions experience by the members.

The AFH Council is your member resource. AFH Council staff are experts in providing guidance and clarification. [Contact the office](#) if you are unsure or you are experiencing any difficulty with this issue during your inspection.

Affiliate Business Partner Profile - Savvy Senior Strategies

Savvy Senior Strategies, is a local Senior resource to help families, like yours.

So you just got word that Mom can't stay alone anymore. Overwhelm sets in and you don't even know where to start? What do I do now? How will we pay for this? Who do I call ?

Did Mom plan for this day? Does she have Long Term Care Insurance? Does she have her Power of Attorney in place? Her will? A health care directive? Does she have Life Insurance? Did she pre-pay for her Final Expenses? What about her income, savings, investments? It can all be overwhelming. Some families just find a place first, and then worry about the details and the finances later. But, then what?

Savvy Senior Strategies, is a local Senior resource to help families, like yours, with those challenges. **Savvy Senior Strategies is owned by Tammie Rutledge.** Tammie has been where you are. She recently took care of her own Grandmother full time for 3 years, in her home. But, it all started long before that.



Tammie understands the importance of planning and the items that need to be in place. She has dealt with dementia, full time caregiving, legal needs, hospice, death and even planning the Memorial Service for her own Grandmother.

Tammie has worked in the insurance industry for over 30 years and is a licensed insurance agent. She specializes in Medicare, Medicare/Medicaid, Long Term Care Funding Options, Final Expense Insurance and more. Tammie is well connected in the senior community and has trusted advisors she works with.

Tammie's passion is working with seniors and their families. Tammie is very active in the senior community and currently serves on the Board of the Senior Action Network. Tammie also works with low income senior families to help them receive extra help for reducing the cost of their prescription drugs. She also helps those on Medicare/Medicaid apply for additional insurance benefits through the Dual Special Needs Plan, for those who qualify.

Tammie is a life-long resident, born in Olympia. She has been married to her husband Philip for 36 years and they have a daughter, Victoria.

All consultations are complimentary and confidential. Tammie does not charge for her services, as she is compensated by the companies she represents.

Tammie is caring, compassionate, patient and she treats every client like family.

So, who are you going to call?

Call Tammie Rutledge : 360-791-1570

www.SavvySeniorStrategies.com

SavvySeniorStrategies@gmail.com

360-791-1570 - ok to leave a message, secure line.



Use your Life Insurance to Pay for Senior Care

By: Tammie Rutledge, Savvy Senior Strategies, LLC

The costs of long term care are increasing every year, but most families do not understand what they will be confronting when it is their time to start paying for care. Too many people wait until they are in the midst of a crisis situation before they start trying to figure out how the world of long term care works. Long term care is a very expensive proposition. Families can go broke trying to provide for a loved one.

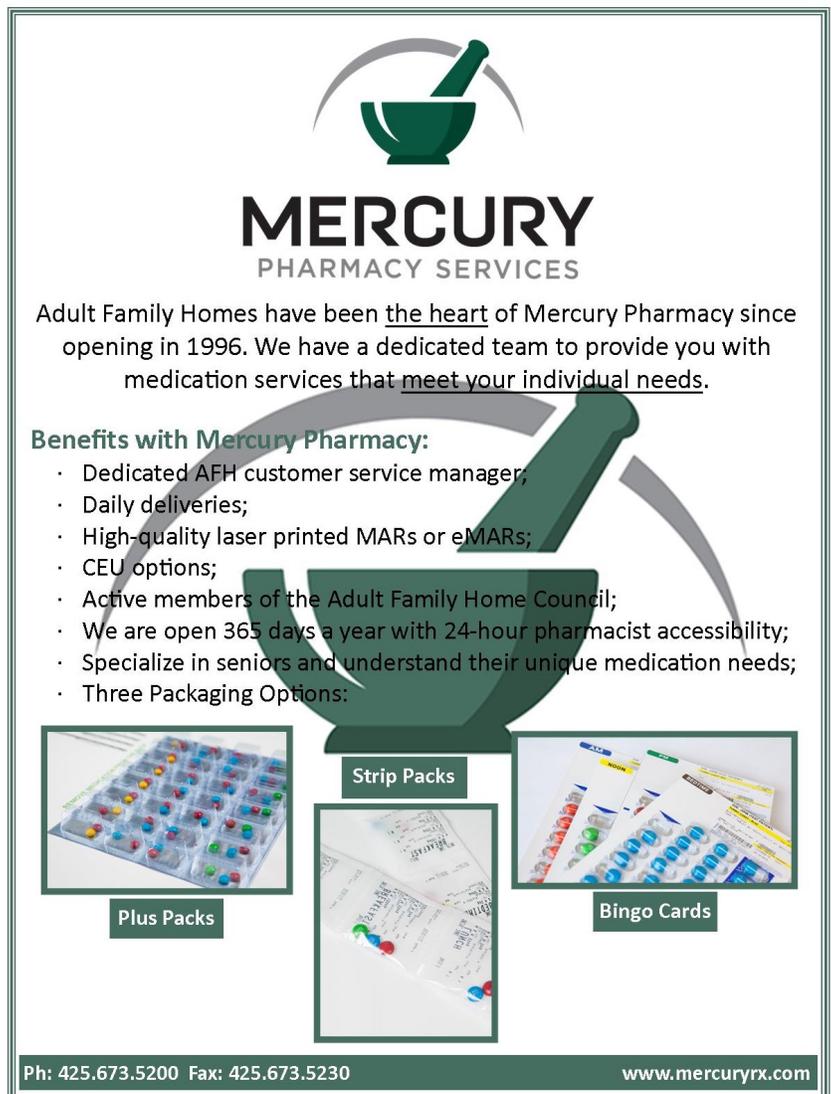
New approaches to fund long term care must be encouraged, and converting life insurance policies into a Long Term Care Benefit Plan is an option that has grown into a mainstream and accepted financial solution.

A life insurance policy can be used to pay for Long Term Care. How? Instead of allowing a policy to lapse or be surrendered; the owner of the policy can convert the policy into a Long Term Care Benefit Plan. This option extends the time a person would remain private pay and delays their entry onto Medicaid. This option is also a qualified spend down to bridge the time while waiting for Aide and Attendance approval or the monthly benefits from both can be combined.

For many seniors, they either cannot afford to pay the premiums, or they plan to lapse or surrender their policies to qualify for Medicaid. What they don't realize is that they have the legal right to convert their policies into a Long Term Care Benefit Plan and are able to immediately direct payments to cover their senior housing and long term care costs. Converting a policy allows the senior to remain private pay — meaning they are not reliant on public assistance and can choose the form of long-term care that they want: Homecare, Assisted Living and Skilled Nursing, Hospice or Memory Care.

The Long Term Care Benefit Plan is an accepted form of payment with any provider of Senior Care in the United States. This funding option has been covered in the New York Times, the Wall Street Journal, USA Today, Fox Business News, and on radio programs across the country. Because it is a consumer protection and saves tax payers' money, it has been endorsed by numerous consumer and advocacy groups as well as political leaders across the country.

At a time when seniors and their families are struggling with how to afford the high costs of senior care, and state budgets are looking for ways to save money, converting a life insurance policy to pay for long term care instead of abandoning it for nothing in return makes much more sense.



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Why I Can't Get the Supplies and Equipment For My Client Anymore?

By: Leigh McNellis, Peaks and Plains Medical, Inc. and PAMES Board Member

In 2006, CMS or Medicare made some strategic decisions that are having severe impacts on the continually growing senior citizen populations and their caregivers today. Medicare is getting approximately 10,000 new senior citizens aging into the Medicare system daily! The financial burden to CMS has been overwhelming. To counter this overload of expense, they have made some decisions that have impacted the seniors and their caregivers.

A provider now faces five various audits for any item, service or product sold under Medicare. In addition, the providers have been forced to competitive bidding, surety bonds and accreditation requirements to maintain their licensure and severe reimbursement reductions. Providers have not seen a price increase in over 10 years but have had impacts of tax increases, payroll hikes, forced insurance coverage and yes, we too get surprise visits from surveyors. It's hard for your provider to stay in business with these issues, so much so that the provider population has been reduced by 75% nationwide since these changes. Many providers while still present, have stopped taking certain insurances either because they were dropped by the insurance company or the provider could not accept the insurance reductions. One major managed care provider dropped their reimbursements by 80% in the state of Washington. Providers have also reduced inventories, or opted out of insurance programs altogether just to stay open. Many providers, including national providers, have followed suit in dropping product lines for products like hospital beds and walkers due to the cuts. Many suppliers have reduced the product quality they provide and manufacturers have been forced to reinvent their products that they have produced all to meet a reduced reimbursement market. Don't get me wrong, the need for these products and services is still there and growing, but doing the same with enormous reimbursement cuts and no relief in sight, has made for huge changes in how providers have been forced to operate, some have just decided to close.

Many seniors are being pushed to multiple provider locations to find what used to be found in a 1 stop shop. Imagine having received your oxygen and walker from the same location and now the senior is being told you can only get your oxygen here and your walker must be gotten over there, sometimes hundreds of miles apart! Do we really want our seniors on the road driving there? It doesn't matter if it is all paid for by Medicare as CMS now directs who can supply what and at what price! The client of course can opt to not use their Medicare coverage and opt out of this silliness and just pay cash. NOW Medicare has achieved what they set out to accomplish—no longer covering for equipment and supplies—less than 4% of their entire national budget! So, every opt out helps them! Now get ready the states are preparing to do the same thing; whether it is a new bidding format for supplies or a single source provider with the lowest cost and lowest quality product, your choice of provider, products and supplies could go away.

What can you do? Be Vocal! Tell your politicians what the impact of these decisions is having on you, an AFH provider, and your clients. Call them and let them know that the provider relationship and the AFH providers depend on local supplies, equipment, and talent. The Washington state providers have supported the AFH providers for years, but the group is dwindling, now you know why.



To B or Not to B - Vitamin B-12 Deficiency in Older Adults

Amy Pond, RPh, Clinical Pharmacist, Ready Meds Pharmacy

Vitamin B-12 or cobalamin is the largest and most complex vitamin known to man. Vitamin B-12 is water-soluble. After the body uses water-soluble vitamins, leftover amounts leave the body through the urine. But the body can store vitamin B-12 for years in the liver. Vitamin B-12, like the other B vitamins, is important for protein metabolism. It helps in the formation of red blood cells and in the maintenance of the central nervous system.

A slight deficiency of vitamin B-12 can lead to anemia, fatigue, mania, and depression, while a long term deficiency can cause permanent damage to the brain and central nervous system. Vitamin B-12 deficiency affects up to 20% of the population over the age of 50 and is more common as people get older. Vitamin B-12 deficiency is often overlooked until it causes serious health problems. It is often missed because the symptoms – fatigue, anemia, neuropathy, memory problems, or walking difficulties – are quite common in older adults, and can easily be caused by something else. Also, because vitamin B-12 is stored in the liver, the deficiency tends to come on very slowly.

Sources of vitamin B-12 include food from animal sources, fortified plant foods, and supplements. Foods high in Vitamin B-12 include shellfish, liver, fish, crab, fortified soy products (tofu, soymilk), fortified cereals, red meat, low fat dairy, cheese, and eggs. As we get older, our appetites sometimes diminish. This is due to a variety of reasons such as sensory changes, difficulty in chewing or swallowing, dry mouth, depression, and a feeling of fullness due to decreased transit time of food through the digestive system. But even when eating an adequate diet of foods high in vitamin B-12, older adults are not able to process it as well as they did when they were younger. A slower digestive system means that an older adult may produce less saliva and stomach acid. Because of decreased stomach acids and enzymes, vitamin B-12, which is bound to food proteins, is not released and therefore not well absorbed by the small intestine. Therefore, supplements and fortified foods are often taken by people diagnosed with a vitamin B-12 deficiency.

Vitamin B-12 comes in different forms. Because it is fairly inexpensive, cyanocobalamin is the most common form used. It is not naturally found in nature and contains a cyanide molecule. The body has to get rid of the cyanide through detoxification. In order to be used, cyanocobalamin must be converted in the body to methylcobalamin by getting rid of the cyanide molecule and seeking a methyl molecule to replace it. This process uses energy and robs the body of methyl molecules that are needed for stabilizing free radicals and for detoxification.



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To B or Not to B - Vitamin B-12 Deficiency in Older Adults - continued from page 17

Amy Pond, RPh, Clinical Pharmacist, Ready Meds Pharmacy

Methylcobalamin is the naturally occurring form of vitamin B-12 that is found in food and can be used by the body immediately without having to be converted. When vitamin B-12 is injected, taken sublingually, or applied topically, it can bypass the absorption process in the small intestine. Methylcobalamin, unlike cyanocobalamin, can be immediately used by the blood to make more cells or be carried to the nervous system where it plays an important role.

Cyanocobalamin can be effective for some people but it can cause problems for people with methylation issues. Methylation is the process of taking a single carbon and three hydrogen atoms, known as a methyl group, and applying it to countless critical functions in the body. Methylation defects are associated with a variety of conditions including, diabetes, fibromyalgia, chronic fatigue syndrome, cancer, pulmonary embolism, addictive behavior, alcoholism, insomnia, autism, Down syndrome, frequent miscarriages, bipolar or manic depression, allergies or multiple chemical sensitivities, atherosclerosis, spina bifida, cleft palate or neural tube defects, multiple sclerosis and other autoimmune disorders, Hashimoto's or hypothyroidism, ADD or ADHD, dementia, Alzheimer's, schizophrenia, anxiety, neuropathy, chronic viral infections, and inability to detoxify toxins built up in patients with Lyme disease. In residents with any conditions related to methylation defects, I would recommend methylcobalamin versus cyanocobalamin.

It is important to be aware of the deficiency symptoms of vitamin B-12 because simply supplementing with vitamin B-12 may help to improve the quality of life of our residents. When supplementing with vitamin B-12, choose the form that is most beneficial to the individual.



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Administrator Training Available

Highline College will be offering 2 of the AFH Administrator course on the dates below:

June 26 - August 2 - 6:00p-9:00p MTW

July 12 - August 16 - 6:00p - 9:00p Wednesdays & Saturdays 8:00a - 3:00p

Class is located at Highline College, Building 99/Room 132

Highline College Outreach Building 99
23835 Pacific Hwy S.
Kent, WA 98032

Students can register online at ce.highline.edu or call 206-870-3785

Thank you,

Vicky L. Montgomery

Program Assistant ~Continuing Education

vimontgomery@highline.edu



Clark College will be offering the AFH Administrator course on the dates below:

June 22 - July 7, 2017
August 3 - August 18, 2017

Classes are held on Thursdays and Fridays from 8:00A-5:30P.

Class is located at Clark College, Building CCE/Room 210

Students can register online at Clark College or call 360-992-2939

Contact: Kelli Gizzi
1933 Fort Vancouver Way
Vancouver, WA 98663

[Get directions](#)

Phone: (360) 992-2521

Email: kgizzi@clark.edu



North Seattle College will be offering the AFH Administrator course on the dates below:

July 1 - July 23, 2017

July 29 - August 20, 2017

Saturdays and Sundays 9:00am-3:30pm

Class is located at:



9600 College Way North
Seattle, WA 98103

<https://northseattle.edu/schedule/B781/course/NUR155>

Questions? - (206) 934-3705

South Puget Sound College will be offering the AFH Administrator course on the dates below:

Spring 2017

June 14 - July 31, 2017

Monday and Wednesday evenings 5:00 pm-8:30pm

Jennifer Carter

Director for Professional Development & Consulting
South Puget Sound Community College
Corporate & Continuing Education

4220 6th AVE SE

Lacey, WA 98503

360-709-2005

jcarter@spscc.edu



Follow this link to register:

<http://www.campusce.net/SPSCC/Course/Course.aspx?c=1019>

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PHSW Bridges Palliative Care

SW Elder Abuse Prevention



SW Life Transitions, End of Life Coalition of Southwest Washington
engages the public, healthcare professionals and community
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Find us on:



Open An Adult Family Home! - Free Workshops in Eastern Washington

Dates & Cities

Yakima	June 27, 2017 & September 20, 2017
Moses Lake	July 6, 2017 & September 28, 2017
Kennewick	July 26, 2017 & October 4, 2017
Walla Walla	July 28, 2017 & October 12, 2017
Clarkston	August 16, 2017 & October 1, 2017

For more information and registration contact:

Jessica Bowditch

PROGRAM MANAGER /Home and Community Services
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June 21, 2017 Seattle DDA

9:00– 11:30 am Assistive Technologies in the Community by Corky Lynn (2.5 CEs Pending)

June 22, 2017 Everett DDA

9:00– 11:30 am Assistive Technologies in the Community by Corky Lynn (2.5 CEs Pending)

Medical Equip & Supplies - Gently-used medical equipment and hospital supplies from former Adult Family Home business available for sale. Equipment includes shower chairs, adjustable wheelchairs, electric beds, and hoist lifts. Supplies include sanitizers, gloves, and wipes. Currently all held in storage and need to clear out. Willing to sell at an attractive discount. If interested, please email Matt at mjlp77@gmail.com or call 425-829-8608.





Adult Family Home Council

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Place an ad on this page in our next issue



Turn-Key Adult Family Home For Rent in Ridgefield, WA



Buy the Business and Rent the House!

The Adult Family Home has wood floors, granite counters and comes fully furnished and decorated. Located 5 minutes from Legacy Hospital and I-5/205, the house sits on 2 private acres surrounded by trees. Currently licensed for 4 residents but room for 6. Five bedrooms, 6 bathrooms, patio with furnishings, gardening area, manager office, sun room, 2 eating areas, living and family rooms, and more. Monthly rent is \$4000 and includes weekly landscaping. Business is: \$120,000. Business grossed \$275,000 in 2016. Open to reasonable offers. Call 360-448-0958 for more info.

Premium Private Pay AFH For Sale in Vancouver, WA

Very profitable AFH in Vancouver, WA on 4.7 acres in premier area. Ability to develop into more AFH's or Boarding Home. AFH has 4774 sq. ft. with 6 bedrooms, 8 bathrooms, one with roll in shower. Beautiful home with very large private rooms, high ceilings, wide hallways and extra wide doorways, 2016 gross annual income of \$527,839. AFH has excellent reputation.

Home price: \$670,000
AFH business: \$170,000
Land: \$700,000

Streamlined and ready for new owner. Includes all furnishings, electronics, equipment, & everything needed for business. Fully online for all resident documentation. Only qualified buyers with qualifications for ownership please. Contact: afhowner@icloud.com

AFH For Sale in Tacoma, WA



Nestled on over .87 acre, this one level floor plan presents stylish updates, 5 bdrms, updated baths, hardwoods, skylights, and more. Polished island kitchen offers granite countertops, handsome cbntry, eating bar. Covered patio, Japanese garden, meticulous grounds. Previously operated as Adult Family Home with handicap access, walk-in shower stall. Prime location minutes to schools, I-5 access, amenities.

Click [HERE](#) to check it out

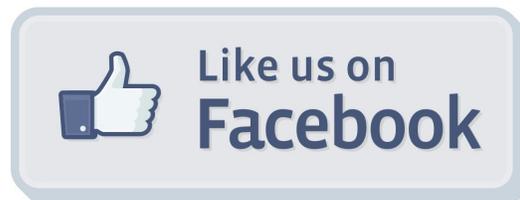
AFH For Sale in Lewis County, WA

AFH for sale in Lewis County (Centralia-Chehalis) licensed for 6 residents.

2,400 sq ft, 6 bedrooms, (Master bedroom licensed for 2) 2 full baths with roll in showers, Large deck, large yard.

Email afhprovider@yahoo.com for details

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**Adult Family Home For Sale
in Gorgeous Lynden, WA**



201 S Garden Dr. Lynden, WA 98264

This is a well-established adult family home since 2007 with great monthly income. We are licensed for 6 beds and are currently full. There are 2 semi-private rooms and 2 private rooms. Fully furnished. Conveniently located near bus route and shopping centers. Features: wheelchair access, door alarms, Nurse Call button, fenced backyard with a great layout. The home features: 4249 square feet, 2 car garage, laminate floors, vaulted ceilings, air condition, patio with BBQ area, flowered garden and a fully renovated huge basement with kitchen, living room, dining room, laundry room and 3 bedrooms and full bathroom (great living space for live-in or provider). Willing to assist with transition. Asking \$480K for home and \$75K for business. If interested, please contact Tania 360-927-7643.

**AFH For Sale
in University Place, WA**



AFH for sale in University Place. Beautiful property bordering a park near Chambers Bay. Large 3000 sq. ft. single story home on 2 parcels. Currently licensed for 4 residents but room to expand. 3 current residents all private pay. Asking \$495,000 for home and property, \$75,000 for business. Possible lease option to buy. More pictures at our website www.crestviewplace.com. Call (360) 239-9588.



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**AFH For Sale
in Tokeland, WA**



2591 Tokeland Rd, Tokeland 98590
List Price: \$479,900

Active Adult Family home located in Tokeland. Dolphin Cove Adult Home licensed for 6 client residents has been in business for 10yrs. Home & business sold together. Owner will assist in transition for new owners. 6 beds, 2.5 baths, large 2-car garage w/workshop. Newer roof, outside paint, vinyl windows & doors. Inside new vinyl floors, new carpet upstairs, new paint. 2 bdrms & bonus rm located upstairs for owner. Handicap accessible, outside decks. Quiet peaceful location. Deeded access to bay.

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Washington Coast Real Estate
(360) 268-0977

sandrashea@techline.com

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- Pierce County Chapter
- Sno-King Chapter
- So East Chapter - Tri-Cities
- South King County Chapter
- Spokane Regional Chapter



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Keeping together is progress;
Working together is success.”**
~Henry Ford

Your Adult Family Home Council Team

John Ficker ~ Executive Director

john@adulthoodfamilyhomecouncil.org - (360) 754-3329

Maria Chiechi ~ Executive Assistant & Legislative Coordinator

maria@adulthoodfamilyhomecouncil.org - (360) 754-3329

Bryon Dahl ~ Office Manager

bryon@adulthoodfamilyhomecouncil.org - (360) 754-3329

Karen Cordero ~ Member Services/Education Specialist

karen@adulthoodfamilyhomecouncil.org - (360) 754-3329

Adriana Hutchings ~ Membership Coordinator

adriana@adulthoodfamilyhomecouncil.org - (360) 754-3329

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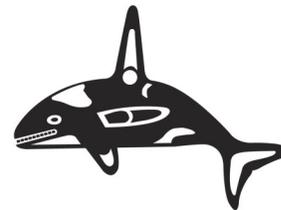
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Code of Ethics for Adult Family Home Providers

This Code of Ethics for Adult Family Home Providers has been developed as a guide for carrying out provider responsibilities in a manner consistent with professional values and moral standards which define the essentials of honorable behavior for the Adult Family Home Provider.

As Adult Family Home Providers we want the public to acknowledge us as professionals. Part of this process is to develop a system of ethical codes of conduct and standards of practice that incorporate our principles and values regarding quality care. Through their Associations and working with fellow members:

- An Adult Family Home Provider recognizes and respects the dignity of residents without consideration for race, religion, gender, sexual orientation, social or economic status.
- An Adult Family Home Provider, while honoring the residents' rights to self determination, will promote and protect the rights of all their residents.
- An Adult Family Home Provider is responsible and accountable for their individual practice and determining how they deliver optimum care to their residents.
- An Adult Family Home Provider acknowledges the responsibility to protect their own integrity, maintain competence in their field, and continue their personal and professional growth.
- An Adult Family Home Providers will promote their profession with continued education and political action in shaping the WACs and rules that govern their profession.