

LeadingAge Wisconsin -- Your association has a new, bold name with an exciting and aggressive purpose -- expanding the world of possibilities for aging. This certainly leads us to thinking beyond challenges to opportunities.

Surveys always show that people want to remain in their own house as long as possible. That remains true even when people move into one of our communities -- they want to stay in their apartment, or at least as independent a setting as possible. Technological advances are enhancing what we can do to help people achieve that goal. This is not to deny that there are situations where it simply is impossible to keep the client reasonably safe and well cared for in their current environment and, in fact, in many instances there is nothing better than a change of venue to enhance their physical well-being -- not to mention those times when we see someone blossom socially after years of relative isolation. Nonetheless, as families have become smaller and scattered, and as our potential workforce is expected to shrink even as the senior population grows, technology certainly can be more of a friend to us, allowing us to serve people in new settings more effectively.

Even our current economic situation, much as we wish to get beyond it, can



present opportunities. Many of us probably have had to make decisions about staffing and other efficiencies that we had long known might need to be made but had been on the back burner. One of those areas is health insurance. The cost has gotten so outrageous for some of our members that they have dropped their health insurance, helped their staff to sign on to individual plans and, where necessary, the state pool. In the process, some have saved significant dollars not only for the organization, but for their employees as well. Difficult times might force us to take steps that we never would have envisioned, and yet those steps very well might leave us healthier when the economy returns to normal, whatever the new normal is.

The current situation also might give us a rare opportunity to make substantial renovations to large numbers of apartments that are vacant. It seems risky to move forward with projects in the current environment, but many members are doing remodeling and rebuilding in phases. The goal is to leave the organization in a better position financially once the repositioning is complete.

The advent of Accountable Care Organizations, and variations thereof, will bring both new opportunities (and threats), as will the penalty that hospitals will incur for re-admissions.

This is just a taste of the challenges and opportunities that we face. Today, however, our state association has repositioned itself and energized its commitment to serve the membership through these interesting times. LeadingAge Wisconsin has promised to work in conjunction with Leading Age to expand the world of possibilities for aging. What role does LeadingAge Wisconsin play in helping your organization to succeed?

For many years our goal has been to enhance the lives of the seniors and persons with disabilities that our member organizations serve. The association always has been dedicated to our core services -- advocacy, education, and



member services and support. It is safe to assume that these will continue to be our primary goals for decades to come.

This past year, however, is great evidence that LeadingAge Wisconsin never settles for good services. We strive to be great. Our vision is to be the one and only leader for long-term care, assisted living, independent housing, and community support programs serving seniors and individuals with a disability. We aim to provide better services for better aging, and we aggressively have embarked on this brave, bold new journey.

While it is exciting to set our sites on the next goal, to begin the next journey, to plan the next project, and to shape the future, it is equally important that we take time to reflect back, to celebrate our successes, and to realize how far we have come. Please take a moment to celebrate the our milestones of 2011-2012. This Annual Report, the first for LeadingAge Wisconsin, depicts our 30 "biggest hits" of the last year.

Together, we have come far; together we have far to go. Never allow today's hurdles to stand in your way of achieving tomorrow's goals. Strive to expand your own world of possibilities for aging. We have been called to do our part to enable thousands of people to do the same. What good fortune we have to be taking that very challenging journey with the dedicated people that comprise the membership of LeadingAge Wisconsin.

Inspire.

1 We have transitioned to LeadingAge Wisconsin. After working for 50+ years under different variations of the previous names of the association, we are excited about the many opportunities and possibilities we can pursue as LeadingAge Wisconsin, and we have developed letterhead, photo displays, conference banners, and office signs to proudly proclaim our new identity.

2 Have you visited our brand new website? It has a fresh look and, while it still is under development, it promises to be a better resource than ever before. Soon, you will be able to update your own contact information directly on the website and, through the soon-to-be-unveiled e-commerce section, you will be able to register for educational offerings, purchase products, and sign up for network meetings directly from the LeadingAge Wisconsin website.

3 The Wisconsin Clinical Resource Center provides members access to the updated American Medical Directors Association (AMDA) guidelines and more.

4 Fast becoming a member favorite, LeadingAge Wisconsin hosts 25 listservs through which members are able to network with their peers for advice, best practices, and resources.

5 Our conferences and other educational programs continue to enjoy outstanding participation. Both nationally and in our state, many types of associations have experienced drops of 10 to 40 percent in their conference registrations in recent years. In fact, some long-standing conferences have been canceled. Our fall conference and tradeshow in Green Bay last year attracted



well over 800 individuals, one of the highest turnouts in our history. Like the fall conference, the LeadingAge Spring Conference, Winter Symposium, Reimbursement Seminar, and all other educational programs continue to realize historically high attendance levels.

6 The first program approved for the Wisconsin Coalition for Collaborative Excellence in Assisted Living (WCCEAL), our RCAC and CBRF Quality Improvement Networks each have memberships of more than 80 facilities. These networks provide members resources, tools, networking, sharing, peer-support, and facilitated discussions to guide them on a continuous journey of quality improvement. One year after being approved by WCCEAL, the state now has provided us data showing that facilities participating in these network initiatives consistently show higher levels of quality than facilities that are not participating in a WCCEAL approved program.

7 With the success of the CBRF and RCAC Networks leading the way, LeadingAge Wisconsin is growing other networks to serve the interests and needs of member organizations. Through the CEO Network, Campus Administrator Network, MDS Innovation Team, Assisted Living Nurse Network, Independent Living Facility Network, and Trends & Technology Network, the association is on an exciting journey to realize new levels of success as we partner, collaborate, and share through these facilitated discussions. LeadingAge Wisconsin hosts nearly 50 network meetings per year, and meetings range in size from 10 to 70. The topics differ, but the outcomes are similar -- participants continuously rave about the value of the information they garner from each and every network meeting. They return to their facilities not only with practical information and ideas, but also with the sense of renewal and support that comes from spending time with LeadingAge Wisconsin peers. Join us on this journey as we work to expand these networking groups into home and community-based services.

8 Through our educational programs, committee meetings, and network meetings, LeadingAge



Wisconsin served more than 7,000 individuals in just the past year. We've had a goal of reaching deeper into the staff of our member organizations with education and networking, and we obviously are succeeding. Please continue to support and encourage your staff's participation -- it will prove worthwhile.

9 With the overwhelming success of our video titled *Somebody Special* fresh on our minds, we were anxious to set our sights on yet another video project. This new project became a reality with the release of our new DVD, *Real People Really Care*. This eight-minute video tells the real story of the value of long-term care from the perspective of those most impacted -- residents, family members, and employees. Through generous sponsor support, LeadingAge Wisconsin was able to provide every member/subscriber organization with a free copy of this simple, powerful, real message so that, together, the association and its members will continue to acknowledge the valuable role of our member organizations throughout the state of Wisconsin.

10 As we work tirelessly to tell our story, we also work aggressively to help member and subscriber organizations to position themselves for the future. Towards this end, LeadingAge Wisconsin frequently facilitates generative discussions among members at Board meetings as well as through committee, network, regional, and annual planning meetings.

204 S. Hamilton Street
Madison WI 53703

Serve.

11 On the regulatory and reimbursement fronts, we have enjoyed recent successes. Through the association's advocacy efforts, Governor Walker signed the "Dual Enforcement" legislation into law as 2011 Wisconsin Act 70, and skilled nursing facilities finally have been relieved of the double jeopardy burden.

12 LeadingAge Wisconsin put on a full-court press with the Wisconsin Congressional delegation, urging them to oppose the draconian cuts being proposed to the Medicaid and Medicare programs. Those advocacy efforts focused specifically on the 11 percent Medicare skilled nursing facility (SNF) rate cut that the federal Centers for Medicare and Medicaid Services (CMS) put into effect on October 1, 2011.

13 For skilled nursing facilities, it is difficult to see a one percent increase as a success, but we are one of the few provider groups in the state that has made it through the budget crisis largely unscathed. When we have been demonstrated to have the second widest gap between cost and reimbursement of all states, it is hard to imagine things getting worse. Were it not for the case we have built with the legislature and the Governor's office over the years, and the continued advocacy in this biennium, things would have gotten worse.

14 LeadingAge Wisconsin is advancing a legislative agenda for the 2013-15 session which includes a return of the nursing home bed tax "skim," support for legislation authorizing the creation of a nursing home formulary, and support for changes in how "restricted use" nursing home beds can be used. We continue to make a case to the Department of Health Services



(DHS) for a fully-integrated long-term care delivery system and have provided input to the Department on the proposed Virtual PACE pilot project for "dual eligibles."

15 We have been on record since 1996 as supporting integrated care. Admittedly, there have been successes with the Partnership program, but the more we experience managed care, the more concerns we have. LeadingAge Wisconsin realized successes in this area in the past year. DHS abandoned its proposed Family Care residential-rate setting methodology after the association challenged the feasibility of the proposal. We successfully led efforts requiring managed care organizations (MCOs) to share with providers proposed contract changes at least 30 days in advance of implementation, to facilitate disclosure of specific changes proposed in provider contracts, to make timely payments to providers, and to explore opportunities across MCOs to standardize protocols, claims processing, and data reporting for providers. We recommended that MCOs streamline their care management system for persons in nursing homes and assisted living facilities to reduce duplication and enhance care management by reducing the frequency of oversight in facilities that have consistently met DQA licensure and quality assurance standards. We revised the long-term care functional screen to better reflect the needs of Family Care enrollees, including determinations related to the assessment of acuity and challenging behaviors.

16 LeadingAge Wisconsin and other long-term care provider groups successfully amended the concealed carry legislation to permit nursing home, CBRF, RCAC, adult family home, and hospice operators to either permit or prohibit the carrying of concealed weapons in their buildings.

17 Members of LeadingAge Wisconsin successfully advocated for an extension of the Medicare therapy caps exceptions process and the Medicare "doc" fix, which negated a proposed 27 percent decrease in Medicare physician reimbursement rates and SNF Medicare Part B claims.



18 LeadingAge Wisconsin joined other groups in filing an *amicus curiae* brief with the District IV Court of Appeals in the *Beaver Dam Community Hospitals, Inc. v. City of Beaver Dam* case, where the city of Beaver Dam has challenged a Dodge County Circuit Court decision which directed the city to repay property taxes it assessed against a LeadingAge Wisconsin-member CBRF.

19 Your association provided DHS with recommendations for property/capital incentives as facilities decrease or restrict use beds. We also advocated for incentives to pay for facility renovations or replacements so that members are better able to build and maintain the environments where seniors want to live.

20 LeadingAge Wisconsin provided comments to CMS which were critical of its proposed rule to revise the 1915(c) Home and Community-Based Waiver program, arguing that the rule as proposed, if implemented, would deny Medicaid waiver funding to a significant proportion of Wisconsin's current assisted living population.

21 We worked closely with Senator Herb Kohl to modify a year-old ban on 16- and 17-year old workers from being able to operate patient lifts in nursing homes and other long-term care facilities.

608-255-7060
www.LeadingAgeWI.org

Advocate.

22 LeadingAge Wisconsin successfully lobbied for provisions in Act 32 which funded 400 Family Care “emergency slots” outside the Family Care enrollment caps and extended to RCACs the ability to shield their health care services/peer review activities from being used in any criminal or civil court action against the RCAC.

23 Health care reform at both the state and federal levels has given birth to new initiatives, terminology, and interests. ACOs, Virtual PACE, bundled payments, and value-based purchasing proposals have created quite a stir within the long-term services and supports provider community. LeadingAge Wisconsin is helping members navigate these changing times by providing insightful analysis of many of the proposals, conducting educational and training sessions, and representing members on various state task forces and collaboratives intended to address the often complex challenges surrounding health care reform.

24 Members need quality services that address their issues and concerns so that they are better able to serve their residents, tenants, and customers. Towards this end, LeadingAge Wisconsin continues to develop *Echelon -- Leading the Way* as the association’s training and leadership institute. Throughout the past year, this new institute has offered intense training on issues such as the Lean process and dementia care. The institute currently is developing a DVD featuring 22 modules related to electronic charting.

25 Partnering with Reinhart Boerner Van Deuren, the association offered four Legal Chats and, partnering with Specialized Medical Services, we hosted four Business Office Chats, all of which were very successful and reached yet another dimension within the member organizations.

26 Acknowledging that LeadingAge Wisconsin members are among the most knowledgeable experts in this profession, the association set out to sponsor

a series of services that successfully encouraged members to share knowledge, resources, data, facts, and information with one another. This effort resulted in new services such as our first RCAC and CBRF Benchmark Reports, the report of the new Independent Living Economic Downturn Survey, the report of the new survey on Electronic Charting, and a new web-based clearinghouse for Electronic Charting Policies and Procedures and for Plans of Correction. In addition, the association introduced Quick Question as a new means of getting member feedback on issues of interest to independent living facility members, such as activities, referrals, rate increases, concealed carry, referral programs, fund raising, community outreach, and resident councils.

27 We continued the effort to provide quality tools to serve the interests and needs of members. Prime examples include new CBRF Quality Initiatives relating to Assessments & Individual Service Plans, Medication Management, Resident Satisfaction/Grievance Procedures, and Falls/Falls Management/Injury Prevention. Further, the association is working to update the existing RCAC Quality Initiatives (QIs) and to develop new QIs in areas of interest to network members. The association now is working with American Data to incorporate these tools into the ECS software for network members who use this software for charting.

28 LeadingAge Wisconsin led efforts to partner with the Wisconsin Hospital Association and other providers to work on improved care transitions. This newly formed alliance also is working on joint educational programs and local collaboratives.

29 Funded in part with money from a civil monetary penalty (CMP) grant, LeadingAge Wisconsin hosted Wound Care Certification Training in four sites across the state.

30 LeadingAge Wisconsin began marketing ValueFirst to the membership as a group purchasing option for members interested in realizing new cost efficiencies.



This Annual Report summarizes the association’s 30 “biggest hits” of the past year. The biggest hit of all, however, is, was, and always will be the membership. Your role is crucial in expanding the world of possibilities for aging. Your dedicated efforts on your home-front obviously are the starting point, but we will accomplish far more as we join our efforts – as we have over the past 50 years. You have the real-life experience, and LeadingAge Wisconsin needs you to be actively involved. The more we know each other, the more effective we can be in working together. Visit other members’ facilities. Participate in listservs. Join networks. Volunteer to serve on our committees or on the board.

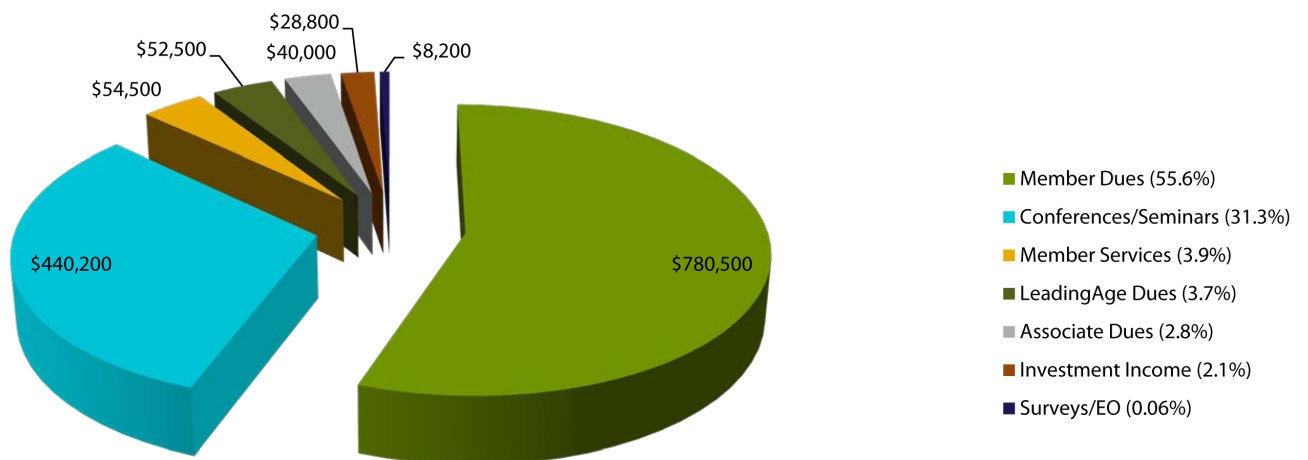
Our situation is challenging, but that will not stop us from achieving our goals. We have been called to serve, to inspire, and to advocate. Repositioned as LeadingAge Wisconsin, we are re-energized, and we will expand the world of possibilities for aging.

info@LeadingAgeWI.org

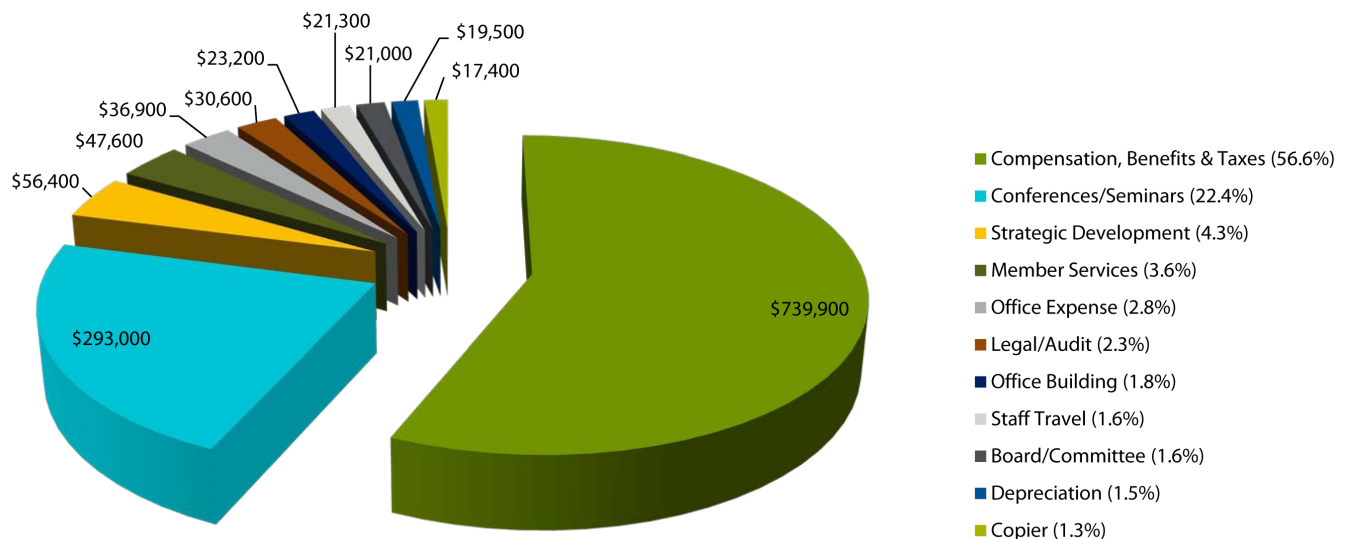
Financials.



Projected Revenues June 30, 2012 -- \$1,404,700



Projected Expenses June 30, 2012 -- \$1,306,800



LeadingAge Wisconsin

<p>2011-12 Executive Committee</p>	<p>Chair Lynn Binnie Fairhaven Retirement Community Whitewater</p> <p>Vice Chair/Operations Sue Prostko Village at Manor Park West Allis</p> <p>Secretary Sherry Gunderson Rock Haven Janesville</p>	<p>Chair Elect* Mike Christensen Grace Lutheran Foundation Eau Claire</p> <p>Vice Chair/ Member Services Mike Basch Sheboygan Senior Community Sheboygan</p> <p>Treasurer Mike Christensen Grace Lutheran Foundation Eau Claire</p>	<p>Immediate Past Chair Craig Ubbelohde Lutheran Homes of Oshkosh Bethany-St. Joseph, La Crosse</p> <p>Vice Chair/Public Policy Dan Meyer St. Joseph's Rehabilitation La Crosse</p> <p>Senior Advisor David Keller Luther Manor Wauwatosa</p>
<p>2011-12 Board of Directors Directors at Large</p>	<p>Mike Christensen Grace Lutheran Foundation Eau Claire</p> <p>Laurie Kreul Good Samaritan Society Fennimore</p> <p>Charlie Nelson Congregational Home Brookfield</p> <p>Scott Ross Woodside Lutheran Home Green Bay</p> <p>Doug Trost St. Francis Home Fond du Lac</p>	<p>Matt Furno Eastcastle Place Mequon</p> <p>Vern Larson LindenGrove Mukwonago</p> <p>Clark Nordberg Bethel Home & Services Viroqua</p> <p>David Rothmann Brewster Village Appleton</p> <p>Jim Williams Cedar Community West Bend</p>	<p>Eileen LaFavor Baldwin Care Center Baldwin</p> <p>Dan Meyer St. Joseph's Rehabilitation La Crosse</p> <p>Margie Rankin Park View Health Center Oshkosh</p> <p>Ron Schaeztl St. Clare Meadows Baraboo</p> <p>Joe Xanthopoulos Oakwood Lutheran Homes Madison</p>
<p>2011-12 Board of Directors Regional Directors</p>	<p>Region I Sue Prostko Village at Manor Park West Allis</p> <p>Region IV Tony Manzella Dunn County Health Care Center Menomonie</p>	<p>Region II Sherry Gunderson Rock Haven Janesville</p> <p>Region V Trudey Peterson Odd Fellow Rebekah Homes Green Bay</p>	<p>Region III Pete Eide Hillview Health Care Center La Crosse</p> <p>Region VI Mike Basch Sheboygan Senior Community Sheboygan</p>
	<p>Immediate Past Chair Craig Ubbelohde Lutheran Homes of Oshkosh Bethany-St. Joseph, La Crosse</p>	<p>Senior Advisor David Keller Luther Manor Wauwatosa</p>	<p>LeadingAge Board Member Steve Jaberg Cedar Community West Bend</p>
	<p><i>*Bonnie Zabel from Marquardt Village in Watertown served as Chair Elect until she resigned from the Board of Directors in September of 2011.</i></p>		
<p>Staff</p>	<p>John Sauer President/CEO</p> <p>Tom Ramsey VP Government Relations/Advocacy</p>	<p>Janice Mashak VP Member Services/Innovation</p> <p>Sarah Paterson Member Services Assistant</p>	<p>Brian Schoeneck VP Financial/Regulatory Services</p> <p>Pam Walker Executive Secretary</p>