



Association of Senior Referral  
Professionals of Washington

# Annual Report 2015

December 3, 2015



# **The Association of Senior Referral Professionals of Washington**

## **2015 Annual Report**

### **Executive Board**

#### **President 2015**

Abby Durr, Silver Age, LLC

#### **President Elect 2015**

Lisa Doyle, CayCare, Inc

#### **Past President 2015**

Stan McKenzie, A Change is Afoot, Inc

#### **Treasurer 2015**

Tracey Fitzgerald/Heidi Sheldon, Options for Seniors

#### **Secretary 2014 thru 2015**

Nancy Watkins, Assisted Living Options/Alice Kalso, Silver Age, LLC

### **Board of Directors:**

#### **Communications Chair**

Evan Perrollaz, Cornerstone Healthcare Consulting, Inc.

#### **Education Chair**

Lisa Doyle, CayCare, Inc

#### **Ethics and Best Practices**

Mike Davis, Always Best Care - Eastside

#### **Legislative Chair**

Heidi Sheldon, Options For Seniors, LLC

#### **Membership Chair**

Stan McKenzie, A Change is Afoot, Inc

### **Current Members**

A Caring Choice Placement Agency, LLC

A Caring Heart, LLC

A Change is Afoot, Inc.

A Place for Mom, Inc.

Adult Care Placements, Inc

Always Best Care - Eastside

Assisted Living Options

Care Patrol

CayCare, Inc

Cornerstone Senior Care Solutions, Inc

Graham & Graham

Options For Seniors, LLC

Seattle Senior Care Consultants

Serving Our Seniors, LLC

Silver Age, LLC

The Right Place Senior Options, LLC

## **Affiliate Members**

Legal Shield Services

Oregon Senior Referral Agency Association (OSRAA)

## **Mission Statement:**

**Association of Senior Referral Professionals of Washington** is committed to establishing and promoting professional and ethical standards within the senior housing and care referral industry; as well as to those who provide supportive and ancillary services for older and other frail adults within the state of Washington.

A common business interest of all members is to create a unified and consistent voice which promotes, develops and facilitates:

- 1) Ethical standards which create a quality experience for seniors, frail adults, and the people who support them.
- 2) Recommended best practices and the education of members, with a shared goal of improving consumer awareness of options and increasing the ability of consumers to make informed decisions.
- 3) Education to increase the knowledge and skills of members regarding aging, aging related products and services, communication, decision-making and conflict resolution.
- 4) Education to increase consumer awareness of aging, senior housing and care options, effective processes for making life transition decisions, and to improve communication amongst family members, and with health care professionals and insurance carriers.
- 5) A means for consumers, senior housing and care providers, health care professionals, other professionals or community members to provide feedback to the entire referral industry.
- 6) The use of referral professionals as a means of making effective use of time, energy and resources for consumers and senior housing and care providers.
- 7) Transparency, disclosure, accuracy of information, and effective, recommended business practices within the senior housing and care referral industry.
- 8) Protection of consumers by communicating residents' rights, current and future RCWs & WACs impacting consumers.
- 9) Collaborative opportunities for consumers and members of the association to have a voice in future legislation and regulation regarding senior housing and care services.
- 10) Protection of consumers by communicating the option to file complaints to the Ombudsman, The Department of Social & Health Services, Adult Protective Services, The Attorney General, and other regulatory or social service agencies.

# Message from the President 2015

*Abby Durr, Silver Age Housing and Care Referrals*

At the Association of Senior Referral Professionals our greatest assets is our committed Board of Directors. These volunteers give of their time and talent to further the mission and purpose of ASRP. It was an honor to serve by their side as president in 2015. I want to express my deepest gratitude to an exceptional board of directors.

In 2015 we focused on creating a Code of Ethics, providing relevant educational events for referral professionals and providers and building connections with other associations such as the WSRCC and WHCA. In addition we continued to get the word out on RCW 18.330 and we advocated with legislators and WHCA members on behalf of the Senior Referral industry during Senior Lobby Day in Olympia February 2015.

I am excited about next year as I know we will continue to promote a high standard for our industry, reach out to new referral agencies, collaborate with providers and provider associations and increase our membership. This is an organization that strives to improve our members, as iron sharpens iron, so we can all better serve seniors better. It is a worthy cause and we welcome you to join us.

## Committee Reports 2015

### Communication

*Evan Perrollaz, Cornerstone Healthcare Consulting, Inc.*

Focus for 2015 has continued to center on further enhancing the website ([www.asrpwa.org](http://www.asrpwa.org)) for additional content and functionality. This year we made it easier to maintain a member list, resources and speaker presentations. Additionally, we continued to look for ways to drive further awareness for the association across the industry. Communications also included a ASRP Face book page to keep you up to date on our resources and events; be sure to like us today!

### Education

*Lisa Doyle, CayCare, Inc*

Providing interesting and relevant education for our membership and the senior care industry continues to be a priority for ASRP. Our spring program at Life Care Center South Hill included Deborah Jameson on "When To Recommend a Guardian," Rebecca Rainsberger on "Reverse Mortgages: When to Use Them and How They Help," Keynote Scott Sonntag, "Behind the Curtain of APS," and Lisa Doyle and Kelly Bowman on "Understanding In-Patient Admission vs Observation." In June we had a Spring Social and Legislative update and in October we had an event at Sagebrook Bellevue where Heidi Sheldon taught us all how to get in front of our legislators and went over some important WACs regarding Medicaid Supplementation and Exceptions to the Rule (\*WACs from that meeting attached at the end of this report). We also had a couple dynamite motivational speakers including Jeanie McKay, Sr. Consultant in Learning and Development.

## **Ethics/Best Practices**

***Mike Davis, Always Best Care - Eastside***

In 2015, the Ethics and Best Practices committee created and the ASRP board approved a code of ethics for the organization. We borrowed organizational concepts and rules examples from the Oregon association of referral agencies (OSRAA) and, since the committee thought our ethical responsibilities are very similar to those of real estate agents we also borrowed from the National Association of Realtors (NAR). Since ASRP is still a relatively new organization trying to grow its membership we opted for a code of ethics that was more akin to guidelines rather than rules. We also adopted the Member Compliance Concern Policy as the enforcement process for violations of our code of ethics. This policy was created in 2014, but the Ethics committee adopted it for use as the process for addressing alleged ethical violations by ASRP members. Over the next few years we expect the code of ethics to be a slowly evolving document. 2016 may see a few new rules adopted and a few existing rules modified. It might be nice to see broader board and member buy-in for rules changes moving forward especially as some members have expressed interest in moving the code to a more rules oriented approach.

## **Legislative**

***Heidi Sheldon, Options For Seniors LLC***

We actively advocated with legislators and WHCA membership on behalf of the Senior Referral industry during Senior Lobby Day in Olympia February 2015. We provided the ASRP WA association brochures and Elder Referral Act RCW 18.330 Overview to the participants we met with. We conveyed to each contact; the message that we are working together as an industry to comply, holding each other accountable to serve seniors and consumers with the upmost integrity and transparency.

### **2015 The bills in Review**

SB 5028 – Assisted Living, expanded services and requirements the bill died over concerns centered mostly on the Medicaid spend down issue. What happens when a consumer runs out of funds and the Assisted Living does not take Medicaid? Senators tried to tie a number of Medicaid beds to the bill in order to get the license for expanded services and the bill died in committee.

SB 5152 – Nursing Home Value Base reimbursement increase of \$30 per day for nursing homes for Medicaid clients and 2.5% for Assisted Living. Washington Health Care Association worked diligently to accomplish the increase for providers. ASRP WA members advocated for the need to fund Medicaid. The result of not funding are fewer options for consumers due to the reimbursement rate for Medicaid not covering the cost of providing the services.

HB 1021 – Silver alert system Sherry Appleton D-23<sup>rd</sup>, Poulsbo worked diligently over a number of sessions to accomplish this law. The Silver Alert sets up an emergency

notification process with the use of the electronic signs stationed throughout the highway system to seek the public's help when seniors with Alzheimer's or other forms of dementia, as well as developmentally disabled persons over 60 go missing. ASRP WA provided support and education of this bill over the past three years and we are very excited to see the Silver Alert system is now a law in our state, the 42nd state in the union to do so. I would like to recognize Rep. Appleton's dedication, advocacy and tireless pursuit of the passage of this legislation.

Our goal for 2016 is to build closer working relationships with our local representatives, by scheduling local tours with them in the communities. I invite you to join the Legislative committee and help us with educating Legislators about our industry and the important issues on behalf of the clients we serve. Feel free to contact me with your interest to participate.

### **Membership**

***Stan McKenzie, A Change is Afoot, Inc***

This past year the board welcomed two new members, Graham & Graham and Care Patrol. We currently have 17 members including two affiliate members. This year we revamped our brochure listing all of our members, associate members, and giving a brief overview of our industry and the law that regulates us. We continue to invite other known referral professionals and providers to our conferences. We expanded the invite list this year to include quite a few potential affiliate members. The 2016 goal is to grow our membership and associate members, and continue to show the value of being a member of ASRP. Participation in membership is welcome and every member is encouraged to join in the efforts of the membership committee.

### **Financials for the year**

***Heidi Sheldon, Options for Seniors***

In 2015, ASRP generated funds through membership dues. Membership dues are \$200 per year for a referral company and \$100 per year for affiliates. Affiliate members offer supportive services and products to the senior housing and care industry and are non-voting members of ASRP. Expenses in 2015 increased slightly due to speaker fees and legal consultation services for ASRP written material.

Our fiscal year is January 1 - December 31. Our bank balance on Jan. 1, 2014 was \$1741.05. Membership dues in 2015 generated \$3100.00.

Notable operating expenses are as follows:

- Marketing for ASRP: \$1975.00
- Insurance: Approximately \$1,100 (to be paid by Dec 31, 2015 for 2016 coverage)
- Speaker Fees: \$650.00
- Legal Consultation/Writing Services: \$400.00
- Website Maintenance: \$143.88
- Misc. \$81.75

Current bank balance is \$1804.42 and is the only asset of the Association of Senior Referral Professionals of Washington.

**\*Education 2015 (continued from above)**

***Provided by Heidi Sheldon***

**WAC Review for Supplementation**

**WAC 388-440-0001**

**Exceptions to rule**

(1) The secretary of the department, or designee, authorizes department staff to request an exception to a rule in the Washington Administrative Code (WAC) for individual cases when:

(a) The exception would not contradict a specific provision of federal law or state statute; and

(b) The client's situation differs from the majority; and

(c) It is in the interest of overall economy and the client's welfare; and either

(d) It increases opportunities for the client to function effectively; or

(e) A client has an impairment or limitation that significantly interferes with the usual procedures required to determine eligibility and payment and/or the client is at serious risk of institutionalization.

(2) The secretary or the secretary's designee makes the final decision on all requests for exceptions to a rule.

(3) Clients have no fair hearing rights as defined under chapter 388-02 WAC regarding exception to rule decisions by department staff.

(4) Clients who do not agree with a decision on an exception to rule may file a complaint according to chapter 388-426 WAC.

**WAC 388-440-0005**

**How am I informed of the decision on my request to the department for an exception to rule?**

(1) You will receive the decision in writing within ten days when department staff:

(a) Decides not to file the exception to rule request; or

(b) Decides to approve or deny the exception to rule request.

(2) The notice includes information on how to file a complaint as specified in chapter 388-426 WAC

**WAC 182-501-0160**

**Exception to rule—Request for a noncovered health care service.**

A client or the client's provider may request that the medicaid agency or its designee pay for a noncovered health care service. This is called an exception to rule (ETR). The request for ETR must be made before the service is rendered.

(1) The agency's medical director or designee evaluates and considers requests on a case-by-case basis. The agency's medical director has final authority to approve or deny a request for ETR.

(2) The agency or its designee cannot approve an ETR if the requested service is excluded under state statute.

- (3) Any item or service for which an ETR is requested must:
  - (a) Fall within accepted standards and precepts of good medical practice;
  - (b) Represent cost-effective use of public funds; and
  - (c) Be submitted to the agency or its designee in writing within ninety days of the date of the written notification denying authorization for the noncovered service.
- (4) For the agency or its designee to consider the ETR request:
  - (a) The client or the client's health care provider must submit sufficient client-specific information and documentation to the agency's medical director or designee which demonstrate that the client's clinical condition is so different from the majority that there is no equally effective, less costly covered service or equipment that meets the client's need.
  - (b) The client's health care provider must certify that medical treatment or items of service which are covered under the client's Washington apple health program and which, under accepted standards of medical practice, are indicated as appropriate for the treatment of the illness or condition, have been found to be:
    - (i) Medically ineffective in the treatment of the client's condition; or
    - (ii) Inappropriate for that specific client.
- (5) Within fifteen business days of receiving the request, the agency or its designee must send written notification to the provider and the client:
  - (a) Approving the ETR request;
  - (b) Denying the ETR request; or
  - (c) Requesting additional information.
  - (i) The additional information must be received by the agency or its designee within thirty days of the date the information was requested.
  - (ii) The agency or its designee must approve or deny the ETR request within five business days of receiving the additional information.
  - (iii) If the requested information is insufficient or not provided within thirty days, the agency or its designee denies the ETR request.
- (6) A client does not have a right to a fair hearing on ETR decisions.

## **WAC 388-105-0050 – regarding supplementation to providers**

### **Supplementation—General requirements.**

- (1) Supplementation of the medicaid daily payment rate is an additional payment requested from a medicaid recipient or a third-party payer by an adult family home (AFH) contractor or a licensed boarding home contractor with a contract to provide adult residential care (ARC), enhanced adult residential care (EARC), or assisted living (AL) services.
- (2) The AFH, ARC, EARC, or AL contractor may not request supplemental payment of a medicaid recipient's daily rate for services or items that are covered in the daily rate, and the contractor is required to provide:
  - (a) Under licensing chapters [388-76](#) or [388-]78A WAC and chapter [388-110](#) WAC; and/or
  - (b) In accordance with his or her contract with the department.
- (3) Before a contractor may request supplemental payments, the contractor must have a supplemental payment policy that has been given to all applicants for admittance and current residents. In the policy, the contractor must inform the applicant for admittance or current resident that:



(a) The department medicaid payment plus any client participation assigned by the department is payment in full for the services, items, activities, room and board required by the resident's negotiated service plan per chapter [388-78A](#) WAC or the negotiated care plan per chapter [388-76](#) WAC and its contract with the department; and

(b) Additional payments requested by the contractor are for services, items, activities, room and board not covered by the medicaid per diem rate.

(4) For services, items and activities, the supplementation policy must comply with RCW [70.129.030](#)(4).

(5) For units or bedrooms for which the contractor may request supplemental payments, the contractor must include in the supplemental payment policy the:

(a) Units and/or bedrooms for which the contractor may request supplementation;

(b) Action the contractor will take when a private pay resident converts to medicaid and the resident or a third party is unwilling or unable to pay a supplemental payment in order for the resident to remain in his or her unit or bedroom. When the only units or bedrooms available are those for which the contractor charges a supplemental payment, the contractor's policy may require the medicaid resident to move from the facility. However, the contractor must give the medicaid resident thirty days notice before requiring the medicaid resident to move.

(6) For the medicaid resident for whom the contractor receives supplemental payments, the contractor must indicate in the resident's record the:

(a) Unit or bedroom for which the contractor is receiving a supplemental payment;

(b) Services, items, or activities for which the contractor is receiving supplemental payments;

(c) Who is making the supplemental payments;

(d) Amount of the supplemental payments; and

(e) Private pay charge for the unit or bedroom for which the contractor is receiving a supplemental payment.

(7) When the contractor receives supplemental payment for a unit or bedroom, the contractor must notify the Medicaid resident's case manager of the supplemental payment.

**Overview of Elder Referral Act RCW 18.330** -As of January1, 2012, referral agencies that provide referrals to consumers seeking senior care or senior living must comply with requirements of the Elder and Vulnerable Adult Placement Referral Agency Act (RCW 18.330), including those related to disclosures and acknowledgements, record keeping, refunds, referral intake forms, and the gathering and disclosing of certain information about the referred housing and care providers. A violation of the regulations is an unfair or deceptive act in trade or commerce and an unfair method of competition under the Consumer Protection Act. These regulations do not apply to providing general information about providers without giving the person the names of specific providers.



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