Michigan Area Agency on Aging Achieves CARF Accreditation as an Aging Services Network

Why would an Area Agency on Aging (AAA) pursue CARF accreditation? According to Tina Abbate Marzolf, CEO, and Becki Kugler, director of operations, of AAA 1-B in Southfield, Michigan, it was about “sharpening the pencil” in their agency. They began exploring accreditation in 2008-2009 mainly because they identified the need to be aligned with the direction of where healthcare is moving in serving a population in their state that is a very culturally diverse, majority dual eligible, and users of long-term care services. “As an Area Agency on Aging, we conduct network management and care management for individuals. Our primary purpose is to ensure that people get linked to needed resources that are available in the community. We know that competition is intensifying in our field, and we must continuously improve the way we work. In the midst of all of this change, we must focus on being person centered for all of the individuals we serve. CARF accreditation therefore links perfectly to our core competencies, because it emphasizes business parameters that the rest of the healthcare field is using, and it helps us to be marketable as part of the healthcare and long-term care fields.” In March 2012, AAA 1-B earned CARF accreditation as an Aging Services Network with Home and Community Services through March 2015. As part of its accreditation, the agency elected to also apply CARF’s governance standards.

To meet the diverse needs of seniors in the United States, President Lyndon Johnson on July
14, 1965, signed into law the Older Americans Act (OAA). The OAA set out specific objectives for maintaining the dignity and welfare of older individuals and created the primary vehicle for organizing, coordinating, and providing community-based services and opportunities for older Americans and their families. The Administration on Aging (AoA) awards funds for nutrition, supportive-home, and community-based services to 56 State Units on Aging (SUAs), 629 Area Agencies on Aging, 244 tribal organizations, and two Native Hawaiian organizations in the United States. Most states are divided into planning and service areas (PSAs), so that programs can be tailored to meet the needs of individuals residing in those areas. The SUA grants funds to the AAA designated for each PSA. The AAA determines the needs of individuals in the PSA and works to address those needs through the funding of local services and through advocacy.

While applying the Aging Services Network standards to its practices during the self-evaluation phase of accreditation, the AAA identified some areas for improvement that it is already addressing, but it also realized network-level operational and management benefits driven by the areas addressed in the CARF standards. In reference to these benefits, Tina and Becki observed, “We are doing many things, but some of them were not formalized, so the standards prompted us to do the footwork to formalize certain plans, procedures, and systems that will continue to position us for change in our AAA as well as in the field. We know these things are important throughout the healthcare field, so we want to have them in place to work effectively with both acute care and long term.” This footwork included revising policies for its vendors, enhancing risk management planning, formalizing methods for using feedback from various stakeholders to inform improvement efforts, refining ongoing communication methods with vendors, and generally ensuring that everyone in the AAA is aligned regarding goals and objectives. Even though the AAA was complying with regulatory requirements, there were some areas of the standards that surpassed regulatory requirements but addressed very necessary topics. One example is that of performance or outcomes measurement, which is becoming increasingly valuable to legislative efforts.

Between 2009 and 2011, Michigan cut a combined 28 percent of the funding for state community-based programs, and, in 2012, there was a possibility of an additional cut of 30 percent for a total of 58 percent in funding cuts to programs that the AAA knew were extremely valuable to a vulnerable population residing in the community. Through its research and policy development department, it was able to demonstrate to the state legislature the economic value of the meals delivered by the Meals on Wheels® program. Values such as food self-sufficiency, safety, and socialization were important, but the AAA was also able to point to fewer hospitalizations for individuals receiving meals and reduce the impacts of falls or other emergencies because meal deliverers may find an individual sooner and trigger immediate emergency response. The AAA successfully argued that, for every dollar spent on a meal, the state was receiving three dollars of value. Funding was therefore preserved for the program. This example of reliable data collection and use of data for improvement and public communication is directly aligned with CARF’s focus on outcomes.

Now AAA 1-B is sharing the information about its accreditation with its colleagues, its professional association, and the general public. Tina and Becki gave their “big-picture” view about CARF accreditation when they were asked the following question: “As healthcare delivery systems particularly in the U.S., but also in other countries, are evolving to maximize efficiency of services and improve access to care, what do you think accreditation offers network providers to be really well positioned for changes in their respective
healthcare delivery system?” Tina and Becki answered, “You are part of a network delivery system whether you are a rehabilitation provider, a long-term care home, or a community-based program. Our field is changing, and seniors are a huge segment of the population. Competition in our field will intensify to meet the demand for services to these seniors and individuals with disabilities; we, therefore, have to continuously improve what we do. CARF accreditation helps to position your organization for this change.”

For more information on AAA 1-B, please visit www.aaa1b.com.

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**The Margaret T. Morris Center Horticultural Therapy Program**

“I saw a miracle today!” is what Pam Catlin tells her husband every day when returning home from work. Catlin is a registered horticultural therapist at The Margaret T. Morris Center, a residential assisted living community located in Prescott, Arizona, that specializes solely in dementia care. It serves persons with a loss in cognitive ability due to Alzheimer’s disease, Parkinson’s, Lewy Body, and other types of dementia. They provide care for people at all stages of memory loss from early onset through end-of-life. In addition to the person-centered care and variety of activities one can find at many assisted living facilities across the U.S., The Margaret T. Morris Center also includes a unique horticultural therapy (HT) program and an award-winning garden, which is a nationally recognized example of a safe, therapeutic garden for people with memory loss.

Nine years ago, the HT program was created with Catlin leading the various plant and gardening activities to improve the physical and mental health of its residents. Horticultural therapy is “the engagement of a person in gardening activities, facilitated by a trained therapist to achieve specific therapeutic treatment goals,” as defined by the American Horticultural Therapy Association (AHTA). Today, the program with Catlin’s expertise continues, and individuals come from all over the country to visit the garden because of its reputation as a model therapeutic garden. Thanks to the dedication of Catlin and everyone involved, The Margaret T. Morris Center received an exemplary rating for its state-of-the-art outdoor garden area during its last CARF survey.

The Margaret T. Morris Center offers a year-round program in which residents are involved in a variety of activities. Usually, sessions will have up to 12 participants, but one-on-one sessions are also an option depending on the resident’s needs. A regular session will consist of soil mixing, transplanting, and watering plants or fresh flower projects and nature art projects made out of things grown in the garden. In the spring, summer, and fall, the garden is the hub of general activities where, weather permitting, residents engage in daily walks and purposeful activities such as planting projects and harvesting vegetables and herbs. The items harvested are used in additional activities such as making salsa for a “chips and salsa” party later in the day. In the winter, the residents focus on indoor activities such as propagating the seedlings and cuttings for the garden, flower arranging, and of course eating seasonal foods.

The Margaret T. Morris Center’s garden area features heirloom apple and plum trees; strolling paths; raised beds; pots and planters; and various gardens, including hummingbird,
butterfly, and culinary gardens. It also offers different types of water features, including a koi waterfall pond. Given the many features offered by the garden, residents are able to meet their sensory, motor, and cognitive needs through a variety of activities. Activities focus on residents’ specific needs, and, although some may focus on socialization, others may focus on a resident’s physical needs.

During one-on-one sessions, Catlin focuses heavily on the senses through activities such as a sensory tour of the garden, feeding the fish, cutting and collecting flowers, arranging flowers, and watering the plants.

“Sensorial stimulation is very important, and working with plants plays right into all of those senses. The residents get to explore how the plants feel, smell, look, and taste. For that reason, all of the plants selected for the garden are nontoxic,” said Catlin.

The physical and cognitive improvements in the residents are not the only accomplishment of the center’s HT program, but also the growing sense of purpose and belonging that comes from being part of the program. A research project conducted at The Margaret T. Morris Center a number of years ago showed that the residents who were participating in the program on a daily basis were observed to demonstrate more caring behaviors toward their neighbors.

Amy Geissler, general manager designee, shared that, in addition to the number of health benefits the program offers, it also provides a sense of accomplishment through its purposeful activities. “The program gives residents a sense of accomplishment and satisfaction as they watch things grow from a seedling to preparing pesto sauce with the harvested vegetables and herbs,” said Geissler.

Geissler also shared Mary’s story. Mary is a resident with advanced dementia who entered her flower in the county fair. Her flower won the Garden Flower Excellence award, and she got a big ribbon along with her picture in the local newspaper. Geissler recalled, “Mary was so proud of her accomplishment and was seen with a great smile on her face, which had not been observed in a long time.”

Below: Mary, a resident, holds her ribbon with horticultural therapist Pam Catlin.

The HT program is designed for its residents to achieve success. Skills residents learn in other aspects of their lives stay with them, providing a feeling of comfort that can help them succeed. A family member shared, “As my loved one was an avid gardener, you have rejuvenated his sense of fulfillment in the gardens.” Geissler stated that, although many of the residents enjoyed gardening in their previous years, there are also those who have never gardened before who enjoy it and benefit from it now.

The Margaret T. Morris Center accomplishes many things from giving a strong sense of self-esteem to its participants...
through its purposeful activities to making a difference through the support and engagement of its family members. As Catlin puts it, the program aims to “enhance the lives of participants by supporting them in their process; the process is the end product.”

Above: Raised garden beds at Margaret T. Morris Center.  
Below: Horticultural therapist Pam Catlin with Betty, a resident.

- To learn more about The Margaret T. Morris Center’s HT program contact Pam Catlin, horticultural therapist, at Pam@adultcareservices.org, or visit the organization’s website at: http://www.adultcareservices.org/mtmc_garden.html.

- For more information on HT, visit the AHTA’s website at: http://www.ahta.org/content.cfm?id=history.

- Pam Catlin is a registered horticultural therapist and faculty member at the Horticultural Therapy Institute in Denver, Colorado. She has been a chapter author...
FAP Member Highlight: Mike Kelly

Mike Kelly’s more than 35-year career in the healthcare and senior living finance sectors may bring a somewhat unique perspective to his service on CARF-CCAC’s Financial Advisory Panel (FAP) for the last six years. After a 14-year stint as a bond lawyer in healthcare and senior living finance, he completely changed professional roles to that of a developer of nonprofit continuing care retirement communities for nearly a decade before settling in as a managing director for Ziegler Investment Banking/Senior Living in 1999. Having thus sat in many different seats at the table, Kelly readily identifies three common shortcomings of nonprofit senior living organizations—characteristics that can often spell the difference between success and failure.

The first is the failure to expand and fully engage the talent and experience of board members—to educate them as to their roles and responsibilities; to challenge them to discern and direct the organization’s mission, vision, and strategic direction; and to draw upon them as important resources necessary to ensure the organization’s vitality and success. “It all begins with the board,” he notes, “Show me a talented board rigorously committed to quality, achievement, and self-improvement, and I’ll show you a highly successful senior living community.”

The second shortcoming relates directly to one of the FAP’s highly visible “pet projects”—the Financial Ratios and Trend Analysis of CARF-CCAC Accredited Organizations publication (a joint project of CARF-CCAC, ParenteBeard LLC, and Ziegler)—and the high value role of benchmarking an organization’s financial performance. “A direct outgrowth of a highly engaged board is the achievement of positive operating margins—not only to cover immediate operating and program requirements, but also to create surpluses for future resident needs, capital improvements, and unexpected events,” notes Kelly. “An organization should be open to comparing its performance to that of peer organizations in order to strive for continuous improvement in the delivery of services to residents.” He points to the five different margin, or profitability, ratios in the publication as offering differing yardsticks by which to manage the effectiveness of an organization’s execution of its mission.

Closely related to profitability—and reflecting a third common shortcoming of nonprofit senior living communities—is the need for constant maintenance, upgrading, and improvement of physical plants in order to remain a financially viable, marketable enterprise to an ever-changing market. Two of Kelly’s favorite measuring sticks in this regard are capital structure ratios for “Average Age of Facility” and “Capital Expenditures as a Percentage of Depreciation.” As he notes, “Depreciation, while a noncash expense, has real consequences and means that, each year, a community is ‘spending down’ its capital stock. Every year that passes in which reinvestment is ignored or minimized simply means that an organization is further along the path to irrelevance or, worse, extinction.” He strongly recommends the development and constant review and renewal of a strategic capital plan (as
part of a larger strategic planning framework) in which organizations map and prioritize the
renewal, renovation, and/or replacement of their physical plants.

As a member of the FAP, Kelly says he most enjoys the interaction and information sharing
with thought leaders—both providers and industry professionals—in the senior living field.
“Coming together with such an august group to share insights on best practices and trends
in the senior living sector is both invigorating and challenging. A lot of that energy is then
translated into recommendations for CARF-CCAC in the development and refinement of
industry standards that are used in accreditation review.”

“Organizations that achieve and/or aspire to accreditation have demonstrated their openness
and commitment to peer review and critical self-examination, to the pursuit of best
practices, and ultimately to the successful execution of their mission of service to seniors,”
notes Kelly. One of the intangible rewards of serving on the FAP, he observes, is in “knowing
that I’ve made an incremental contribution—along with that of the CARF-CCAC staff, field
reviewers, financial surveyors, and others—to the success of accredited providers.”

During his senior living investment banking career, Kelly completed dozens of financial
transactions for start ups, major repositionings, and refundings totaling billions of dollars in
par value. In addition, he has actively assisted organizations in considering and completing
affiliation opportunities and in developing long-term strategic plans. He has also presented
at senior living conferences around the country, including LeadingAge and multiple state
affiliates.

A native of Georgia, Kelly received a bachelor of arts degree from Davidson College
(Davidson, North Carolina) and a juris doctor degree from Vanderbilt University (Nashville,
Tennessee).

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2. Click on a category that best describes you/your business (you will be able to modify
or add additional categories later in the process).
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5. Fill out and submit the Claim Form.
6. SNAP will be back in touch with you within seven to ten business days.

Organizations Achieving Accreditation for the First Time

Congratulations to the following organizations that have achieved accreditation for the first time from July 1, 2011 – June 30, 2012:

- Algoma Manor, ON, Thessalon
- Casa Verde Health Centre, ON, Downsview
- Extendicare Peterborough, ON, Peterborough
- Extendicare Rouge Valley, ON, Toronto
- Fairview Nursing Home, ON, Toronto
- Foyer St. Jacques Nursing Home, ON, Embrun
- Grace Villa HamiltonSure, ON, Hamilton
- Helen Homes Corporation of Homestead, Inc. dba The Palace Gardens, FL, Homestead
- Kendall Health Care Properties dba The Palace Renaissance/Royale, FL, Miami
- La Siena, AZ, Phoenix
- La Vida Del Mar, CA, Solana Beach
- Mill Creek Care Centre, ON, Barrie
- Nipissing Manor Nursing Care Center, ON, Corbeil
- Perth Community Care Centre, ON, Perth
- Reliable Care Adult Day Care, Inc., IN, Evansville
- Riverwalk Communities, IN, Evansville
- Sanctuary at Bellbrook, MI, Rochester Hills
- Saugeen Valley Nursing Center, ON, Mount Forest
- Senior’s Health Centre, ON, Toronto
- St. Joseph’s Continuing Care Centre, ON, Cornwall
- St. Patrick's Home of Ottawa Inc., ON, Ottawa
- St. Peter’s Residence at Chedoke, ON, Hamilton
- The Glebe Centre, Inc., ON, Ottawa
- The O’Neill Centre, ON, Toronto
- The Park Lane, CA, Monterey
- The Village at NorthRidge, CA, Northridge
- The Wellington, ON, Hamilton
- Villa Hermosa, AZ, Tucson
- YMCA Bettye J. McCormick Senior Center, IN, Vincennes

Organizations with multiple locations accredited

- Active Day of Indiana, Inc., IN, Indianapolis
 Organizations with multiple programs accredited

- Armed Forces Retirement Home - Gulfport, MS, Gulfport
- Deupree House and Cottages, OH, Cincinnati
- Inverness Village, OK, Tulsa
- Marjorie Lee Retirement Homes, OH, Cincinnati
- The Manor of Wayne Continuing Care Center, MI, Wayne

 Organizations with multiple locations and multiple programs accredited

- Area Agency on Aging 1-B, MI, Southfield
- Downsview Services for Seniors, ON, Toronto
- Erie St. Clair Community Care Access Centre, ON, Chatham

2013 Surveyor Training

CARF surveyors directly affect organizations’ business practices, performance, and ultimately the quality of service persons receive. They are also instrumental in the ongoing development of the CARF standards and accreditation process.

CARF surveyors accumulate a number of significant and substantial benefits for themselves, their organizations, and the field.

Benefits for the surveyor:

- An opportunity to learn from other providers
- A chance to contribute to the quality of services in companies
- Recognition of personal achievement and excellence in the field
- A chance for professional networking
- Training that meets continuing education unit requirements for licensure
- Complimentary registration fees at most CARF-sponsored events
- Free CARF publications, including standards manuals
- An opportunity to travel both domestically and internationally

Benefits for the surveyor’s organization:

- New ideas gained from surveying
- An occasion for innovations to be shared with others
- Exposure to national and international trends in the field
A staff member who is up to date with changes in the field and the CARF standards.

Aging services surveyor training for 2013 will be held in Tucson, Arizona, February 27 – March 1. Those interested in becoming a surveyor are encouraged to submit an application. Applications can be found online at http://www.carf.org/About/CARF-surveyor-applicant-questionnaire/. The application deadline for the 2013 surveyor training is October 25, 2012, so don’t wait; there will not be another opportunity to attend training until 2014. Please contact Becky Best at rbest@carf.org or (866) 888-1122, extension 5004, for additional information.

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**Upcoming Events**

**2012 Financial Ratios and Trend Analysis webinar**, September 20, 2012, 1 p.m. EDT. This webinar, co-presented by CARF staff and FAP members Michael Kelly, managing director, Zeigler Capital Markets – Southeast; Mark Ross, partner and practice leader, ParenteBeard LLC; and Andrew Nesi, senior vice president, Herbert J. Sims & Co., Inc., will offer the first look at the findings in the 2012 Financial Ratio and Trend Analysis publication for continuing care retirement communities.

**NADSA 2012 Annual Meeting**, September 20–22, 2012, Pittsburgh, Pennsylvania. CARF–CCAC FAP member Jeffrey Boland, partner, Reinsel Kuntz Lesher, LLP, will be presenting a session called “Are We Measuring Up? Operational and Financial Benchmarks.” The exhibit booth will be staffed by Sue Matthiesen, managing director, Aging Services, CARF.

**AHCA/NCAL 63rd Annual Convention & Exposition**, October 7–10, 2012, Tampa, Florida. Exhibit booth # 1807 will be staffed by Sue Matthiesen, managing director, Aging Services, CARF.

**2012 LeadingAge Annual Meeting & Exposition**, October 21–24, 2012, Denver, Colorado. CARF–CCAC FAP member Jeffrey Boland, partner, Reinsel Kuntz Lesher, LLP, will be presenting the session “Financial Planning for Home and Community-Based Services.” CARF–CCAC FAP member Jeffrey Boland, partner, Reinsel Kuntz Lesher, LLP, will be presenting the session “Financial Indicators for Adult Day Services.” The “Financial Ratios for CCRCs: Using Data for Planning and Improvement” session will be co-presented by FAP members Michael Kelly, managing director, Ziegler, Capital Markets – Southeast; Timothy Myers, CFO, The Kendal Corporation; and Mark Ross, partner and practice leader, ParenteBeard LLC. The exhibit booth will be staffed by Sue Matthiesen, managing director, Aging Services, CARF.

**Current Research in Aging Services**, webinar, November 29, 2012, 1 p.m. EST. This webinar is co-presented by CARF staff and Robyn I. Stone, Dr.P.H., Executive Director at the Institute for Future of Aging Services. During this session, participants will hear about current research in the field of aging as well as information on trends and how comparative data is assisting organizations to focus on quality improvement.

2013 Transforming outcomes data into management information, January 31-February 2, 2013, Tucson, Arizona. This three-day training institute takes you through the steps required
to plan and conduct a program of outcomes management and quality improvement, including outcomes system design and data collection, data analysis, interpretation, and management reporting and identification of areas for quality improvement activities based on findings. Workshop faculty includes CARF staff and surveyors, representatives from Boston University, and other invited speakers.

CARF 101 for Aging Services, March 18-19, 2013, Phoenix, Arizona. This two-day workshop is designed for organizations that are seeking CARF or CARF-CCAC accreditation for the first time or preparing for reaccreditation.

Changes to CARF’s ASPIRE to Excellence® Standards webinar, March 5, 2013, 1 p.m. EDT. During this session, participants will hear about standards that received significant changes from the 2012 to the 2013 standards manual edition and how those changes will affect providers preparing for accreditation.

Changes to CARF’s ASPIRE to Excellence Standards webinar, July 11, 2013, 1 p.m. EDT. During this session, participants will hear about standards that received significant changes from the 2012 to the 2013 standards manual edition and how those changes will affect providers preparing for accreditation.

If you have suggestions for content to be included in a future issue of Continuing Communication, please email the editor, Rebecca Best, at rbest@carf.org. Please include the @carf.org domain on your safe-senders list to ensure Continuing Communication and other important emails from CARF-CCAC are not blocked by spam filters.