

Illinois Health Care
ASSOCIATION



1029 South Fourth Street
Springfield, IL 62703
www.ihca.com

Illinois Health Care Association



2007 Annual Report



Mission Statement

To lead in advocacy and education for our members.

Vision Statement

With one voice, we will:

- Secure a fully funded reimbursement system
- Create a common sense regulatory environment
- Provide valued services to our members

Philosophy and Code of Ethics

- A basic human right is to have accessible quality health care.
- Full members will provide care that will meet the physiological, psychological, environmental, and spiritual needs of the resident in licensed or certified facilities or programs.
- Full members will provide qualified staff in sufficient numbers to perform competent services to meet the resident's needs.
- Members will be fair and honest in all their transactions.
- Members are encouraged to engage in research and education, which will be done with the assurance that the interest and dignity of the individual is preserved and the conduct of the program is of professional quality.
- Members are encouraged to attend and participate in all appropriate Association meetings and activities.
- Members will clearly delineate their policies and will receive and act upon complaints and suggestions, utilizing established procedures of the state and national associations and related community resources.
- Members will be an integral part of the community's health program.

Lead by an 11-member Board of Directors, the Illinois Health Care Association is a non-profit organization comprised of approximately 500 licensed and certified long-term care facilities and programs throughout the state. Founded in 1950, IHCA is the largest long-term care association in Illinois.



A Letter from IHCA Board President Robert Hedges

One of the greatest honors in my life has been to serve as President of the Illinois Health Care Association. The work that this organization does on behalf of the state's elderly and disabled is without peer under the Capitol dome. As maligned as our profession is at times, we can hold our heads high in the knowledge that we are doing the work of the angels.

As we continue to move through the exploration of how best to serve our members in future years, we will do so in the spirit of cooperation with our partners in the Illinois Council on Long Term Care. It doesn't seem possible that we could be in a position to seriously believe that one single organization will come out of these discussions after years of working at cross purposes. At this point, we all realize how important our combined efforts have been to the progress we have made in securing additional funding for our facilities and those they serve.

A famous historian once said that "those who do not learn from history are condemned to repeat it." If we are to create a new world for ourselves or at least position ourselves for the world in which we live, we must look back and learn the folly of days gone by when we would fight among ourselves to no useful purpose. We must continue to learn the lesson from this history that only together can we effectively succeed in doing what is right for those in our care.

Through this process we have made believers out of many in the General Assembly who now champion our cause. This year we went through the most contentious legislative session in memory in an attempt to advance the funding of the MDS. We have not asked for more than what is owed to our profession and our residents. We still have met with resistance from those who wish us ill. The fight, as they say, goes on.

I am committed to pursue the dream of a unified industry that will reach the goals we have established in recent years: fair funding of the Medicaid program and a fair and equitable regulatory process. Thank you for giving me the opportunity to serve you for another two years.

A handwritten signature in black ink, appearing to read "Robert Hedges". The signature is fluid and cursive, with a large initial "R" and "H".

IHCA Board President
Robert Hedges

Education

Education is one of the main components of the Illinois Health Care Association's mission statement: "To lead in advocacy and education for our members." The Education, Convention and Trade Show Committee continues to work diligently and closely with IHCA staff to provide timely, quality, and informative educational programs for the long-term care profession.

Seminars

Seminars offered in 2007 included:

- The Administrator and the MDS Process
- The Generation Gap: Life Enrichment Activities for Boomers and Revenue Generation for your Facility
- Illinois MDS-Based Medicaid Payment System
- Medicare: Back to Basics

Seminars on the New Standards for F323 and What is Immediate Jeopardy were held in cooperation with Life Services Network, Illinois Council on Long Term Care, and Illinois Department of Public Health

The Review Course for the Illinois Licensure Exam for Nursing Home Administrators continues to be offered four times a year and attendance remains high with an average of 25-30 registrants at each site.

Symposiums

IHCA continues to meet the needs of specialized groups with symposiums that give attendees a full day of educational programming unique to the clients they serve. 2007 was the 3rd year for the Assisted Living Symposium and the 2nd year for the Technology Symposium. A DD symposium and Dietary symposium were added this year.

Resources for Success

Resources for Success celebrated its 10th year. The two-day conference and

trade show, co-sponsored by the Long Term Care Nurses Association, was held May 8-9 and hosted nearly 70 attendees.

Web seminars

One of the Education Committee's goals for 2007 was to implement web-based training. IHCA hosted a total of 10 web seminars throughout the year on various topics that ranged from personnel issues to MDS coding. Each session was attended by at least 30 people.

MDS Certification Program

2007 was the second year IHCA offered the AANAC MDS Certification Program. There were 14 participants.

Convention and Trade Show

The 2007 convention, attended by 3,136 people, showcased several changes and additions. This year's Preliminary Program was available online and it was the first year registrants had the opportunity to register online. The convention and trade show featured 736 exhibitors, 118 speakers, 2,282 providers and offered 107 concurrent sessions. Other changes included holding the IHCA PAC reception and dinner on Tuesday night, instead of after the golf outing on Monday, and holding the dinner in the new ballroom of the Peoria Civic Center. The PAC Reception changed its name to Legislative Reception and was open to all Decision Makers in the main hospitality area of the exhibit hall.

Looking Ahead

IHCA continues to strive to achieve even better results in 2008, including setting goals to extend online registration to all educational offerings, increase the number of web seminars per year, explore other web-based training options, and make attendance certificates available online.



Long Term Care Nurses Association

The Long Term Care Nurses Association placed a strong emphasis on education in 2007, while maintaining membership involvement and recruitment as priorities.

The LTCNA members serve on committees within IHCA, as well as the LTCNA governing council. LTCNA is represented at IHCA board meetings, and its members are active participants in state and local efforts to procure and maintain funding for long-term care.

The LTCNA continues its positive working relationship with AARP. Each November, AARP sponsors a very well-attended lobby day. For the past five years, LTCNA members have voluntarily staffed the first aid station at the Capitol. This helps emphasize the fact that long-term care nurses are professional and knowledgeable about gerontologic nursing practices. Members continue to donate their time for this event, with the LTCNA picking up costs for incidentals. In addition, LTCNA Council members solicited volunteers from their nursing staffs to work the first aid station at Rep. John Bradley's electric rate rally that many seniors attended.

The association continues to support fundraising efforts for the John W. Maitland Jr. – Joseph F. Warner Long Term Care Nurses Educational Trust. This not-for-profit trust provides scholarships to long-term care nurses. Many of us are experiencing first-hand the effects of the nursing shortage, and we feel that this is a very worthy cause for our tax-deductible dollars.

Resources for Success welcomed approximately 70 participants in 2007. Two days were spent in intensive educational sessions, networking, trade show participation, and relaxation. LTCNA Council members participated in a panel discussion about restorative programming as it relates to the MDS Reimbursement System. Attendees learned tips from those who have been in the trenches for many years.

LTCNA's advocacy efforts changed its focus from implementation to funding of the MDS Reimbursement

System. It has been a long and difficult journey and is far from complete. The association will continue to work with HFS to resolve issues that will inevitably surface, as well as continue to work with the legislature to assure adequate funding.

LTCNA also participated in the Mennonite College career fair in 2007 for the third year. This year, as in past years, it gave us an opportunity to recruit members, as well as educate and advocate for careers in long-term care.

John W. Maitland, Jr. - Joseph F. Warner Long Term Care Nurses Scholarship Fund

The John W. Maitland, Jr.-Joseph F. Warner Long Term Care Nurses Scholarship Fund is a not-for-profit entity created by the Illinois Health Care Association in honor of Senator John Maitland and Joe Warner.

The main objective of the fund is to raise money for scholarships to those individuals seeking to pursue nursing degrees and employment in the long-term care field. In 2007, Maitland Warner received 14 applicants for scholarships. After extensive interviews, four of those applicants became recipients of \$1,000 scholarships payable to their respective schools. Those chosen were: Linda Capek, Genoa; Jessi Kay, East Peoria; Lisa Stark, Normal; and Susan Wearsch, Rockford.

To make these scholarships possible, the board must undertake fundraising activities throughout the year. Thank you to all of those who participated in these activities – without you it would not have been possible to award these scholarships this year.

The fund's Board of Directors are:

JoAnn Maitland, Chair
Bill Kempiners
Rose Stadel, Heritage Enterprises
Tammy Wolsey, Heritage Enterprises
David Voepel, IHCA

For more information on the fund or to participate in fundraising or other activities, please contact the IHCA office.

Public Policy

The Illinois Health Care Association (IHCA) continues to place a high priority on legislative and regulatory activities. In 2007, that commitment was expanded by formally partnering with the Illinois Council on Long Term Care to create a jointly funded staff position to direct our joint Public Policy activities. This move created an even more coordinated effort between the two Associations.

Our accomplishments of 2007 were very much a result of a coordinated team effort. It took the efforts of IHCA and Illinois Council combined memberships, as well as the work of a dedicated professional staff and contract lobbyists, to accomplish our goals. IHCA and the Illinois Council also continue to work in coalition with Life Services Network and other critical organizations to achieve these results.

The following is simply a snapshot of the entirety of the 2007 joint Public Policy work. For a detailed report on our legislative efforts in this first year of the 95th General Assembly, visit the IHCA website at <http://www.ihca.com> and look for a full report at the Public Policy link.

The Public Policy accomplishments of this year would not have been possible without the determined assistance of IHCA/ICLTC Joint Public Policy Committee, co-chaired by Steve Wannemacher (IHCA) and Shael Bel-lows (Council), along with Bob Hedges, IHCA President, Louise Bergthold, Illinois Council Chairwoman and Barry Ray, a key Council Board Member. A complete list of the members of the Joint Public Policy Committee is available at the same website link noted above.

Public Policy Initiatives

Long-Term Care Legislation

As in the past, the long-term care profession is as heavily, if not more, involved in defensive work in the legislative arena as in championing our initiatives. IHCA was successful both with our legislative initiatives, and in working to amend or defeat legislation that impacts the profession negatively. To see the entire substantive legislative agenda of IHCA, go to www.ihca.com and click on public policy.

- Nearly 8,000 pieces of introduced legislation were read and analyzed.
- More than 600 bills were identified and tracked as being of concern to the profession.
- Initiatives critical to the profession were successfully passed.
- Dozens of bills potentially harmful to the profession were prevented from passing.

Secured Additional Funding in State Budget

Entering the second year of the phase-in of the MDS Reimbursement System, we faced an uphill battle to secure funding for both Geriatric and DD long-term care providers. In a year of very limited budget growth, with any increase or decrease facing strict scrutiny from the warring political factions, our joint efforts were successful on all budgetary fronts:

- \$50 million dollars annualized to increase MDS funding to about 28%.
- \$100 million annualized to update cost reports to the 2004 level.
- 2.5% COLA for all providers in the DD community.

Other Legislative Highlights

Though the state's budget is the primary focus of legislative effort, many issues of a substantive nature were successfully negotiated through the legislative process. Below is just a summary of a few of our successes as a result of our unified activities.

- Damaging legislation to re-impose treble damages, mandate \$1 million liability insurance, and impose staffing levels and salaries was sidetracked.

- Unfunded mandates like air-conditioning everywhere, carbon monoxide detectors in every room, and all inclusive fingerprinting were modified.

- The Health Facilities Planning Board regulations were modified to exempt nursing homes from the expensive and duplicative process for changes of ownership and facility closures.

- Certificate of Need extended to April 1, 2008.

- Our work on the Older Adult Services Advisory Council and many sub-committees continues to result in a reasoned and studied approach in the overall efforts to rebalance placement priorities.

- IDPH worked with us to establish and fund the first Quality Grants to long-term care providers.

- Olmstead Implementation /Community First legislation was successfully negotiated to the satisfaction of all interested parties. This legislation is now being implemented as part of the Money Follows the Person grant Illinois received from the federal government.

Regulatory Highlights

The regulatory environment significantly impacts the ability of our members to operate. For that reason, we increased the focus of our regulatory activities. In our joint efforts, we carry out our regulatory responsibilities through several regular activities such as advocacy, representing providers at numerous meetings and on task forces, acting as a liaison between providers and State agencies, researching regulatory issues, as well as monitoring and commenting on rulemaking that impacts long-term care.

2007 ended with several regulatory issues still in progress, such as IDPH imposed immediate jeopardy citations, fines that lead the nation, and the impact the entire profession may feel from the controversy over the Manor Care sale to the Caryle Group. In addition, we are working with HFS on the newly imposed rules governing the MDS reimbursement system and the corresponding audits.

A summary of our joint regulatory activities include:

- Established a small task force made up of representatives of DPH and the long-term care associations to begin the real "behind the scenes" work it takes to provide a more reasonable regulatory environment.

- Researched, studied and responded to over 50 rule filings including Health Facilities Planning Board, criminal background checks, assisted living changes and Office of State Fire Marshall rule revisions.

- Continued participation in geriatric quarterly meetings with Department of Public Health to stay informed of and provide input on new and/or revised regulatory/policy issues, address provider concerns and maintain an open line of communication with the State regulating agency.

- Worked persistently and successfully to convene quarterly DD provider meetings with the Department of Public Health to discuss and address provider concerns and regulatory issues specific to DD providers.

- Successfully eliminated the state mandate for requiring national accreditation for Community Integrated Living Arrangements and Day Training Program providers as a requirement for participation in the programs managed by Department of Human Services. Removal of the accreditation mandate now places the burden on the state to monitor its programs through a meaningful and consistent state based survey system for all programs serving individuals with developmental disabilities.

- Remained in communication with the Department of Public Health on assisted living issues and the Department of Healthcare and Family Services on supportive living facility issues, addressing specific issues as they arise.

Substantive Legislation

In the first year of the 95th General Assembly, the legislature introduced nearly 8,000 pieces of legislation, including substantive language, shell bills, and various resolutions. IHCA staff reads and analyzes each piece of legislation as it is introduced and amended to identify any legislation of concern to the profession. In 2007, more than 500 pieces of substantive legislation were identified to be monitored, amended, or prevented.

Association-Sponsored Legislation

SB 1349. Medicaid Eligibility Verification. In provisions concerning Medicaid recipient eligibility verification, it provides that all changes in the status of Medicaid recipients residing in Illinois nursing facilities after initial eligibility for Medicaid has been established can be reported by the facility to the Department of Healthcare and Family Services electronically. Signed into law. Sponsored by Sen. James Clayborne (D-Bellefonte).

HB 625. Ownership Process. Removes the obligations of a facility under the Health Facilities Planning Board as they relate to change of ownership. The facility remains obligated to follow that same process as required by the Department of Public Health. Signed into law. Sponsored by Rep. Lou Lang (D-Skokie).

HB 868. Carbon Monoxide Detectors. Represents the profession's clean-up language to remove long-term care facilities from the requirements of the Carbon Monoxide Detector Act. After talks with the interested parties, IHCA allowed this bill to be tabled in favor of a clarification from the Illinois Fire Marshalls Association that thoroughly detailed facilities' requirements under the act. Sponsored by Rep. Bob Molaro (D-Chicago).

HB 1775. Assisted Living. Represents the Association's Assisted Living legislation that altered the necessary qualification required of a director of an assisted living or shared housing establishment. Signed into law. Sponsored by Rep. John Bradley (D-Marion).

HB 3623. Nurse Shortage. As an attempt to address the nursing shortage, this bill would have redirected 20% of the nursing scholarships awarded under the Nursing Education Scholarship Law to be awarded to recipients who agree to work in facilities licensed under the Nursing Home Care Act. After harsh opposition, this initiative was abandoned for the year. Sponsored by Rep. Lou Lang (D-Skokie).

Legislation IHCA Successfully Opposed

HB 757. Union Organization. Represents the latest attempt to pass language providing that no Medicaid money be used for union organization. This version died after negotiations stalled. Sponsored by Rep. Connie Howard (D-Chicago).

HB 3397. Prompt Payment. Mandates that payments for medical care services should be made from appropriations for those purposes for a fiscal year if the services were rendered in that fiscal year. Because of the lapse period language contained in this bill, facilities would not be reimbursed for services provided after Oct. 31 if there are any problems in the reimbursement system. This bill died after failing to meet a legislative deadline. Sponsored by Rep. Will David (D-East Hazel Crest).

HB 3445. Liability Insurance. As introduced, this legislation provides that a nursing home cannot be established or operated in Illinois unless and until the Department of Public Health is



provided with proof of liability insurance coverage in an amount not less than \$1 million for the facility. The bill requires the Department to deny, suspend, revoke, or refuse to renew a license for failure to maintain liability insurance coverage. This introduced language does not represent what the final bill will look like. After extensive negotiations, this bill was allowed to be dropped. Sponsored by Rep. John Bradley (D-Marion).

HB 3508. Consumer Choice. An initiative of the Attorney General's office, it provides that the Office of the State's Long-Term Care Ombudsman shall operate a comprehensive Internet database to aid Illinoisans and their families in making informed choices about long-term care. The bill requires long-term care facilities to complete a Consumer Choice Information Report created by the Attorney General's office, among other provisions. Sponsored by Rep. Kevin Joyce (D-Chicago).

Legislation IHCA Amended

SB 765. Olmstead Implementation/Community First. As introduced, this bill was initially similar to previous 'money follows the client' language. Staff drafted six total amendments to this legislation that represented language agreed to by all interested parties. Signed into law. Sponsored by Sen. Maggie Crotty (D-Oak Forest).

SB 866. Background Checks. Requires facilities to conduct fingerprint checks of all new employees; all current employees are grandfathered. There will be a provision for a \$10 pass on reimbursement and the State is required to negotiate a contract with the qualified vendors to keep the costs down. Signed into law. Sponsored by Sen. Kimberly Lightford (D-Chicago).

HB 254. Elder Abuse. As introduced, it creates death review teams for home and community-based providers in cases of suspected elder abuse. The amendment added by the profession clarifies that the legislation does not apply to long-term care facilities. Sponsored by Rep. Patty Lindner (R-Aurora).

HB 892. Air-conditioning/heating. Requires all areas of a nursing home used by residents be air-conditioned and heated. The bill further mandated that no reimbursement by the State is required. After numerous discussions with the sponsor, the profession amended the bill to make the requirement an either/or for supplying air and heat to common areas or bedrooms. The non-reimbursement language has been removed. Sponsored by Rep. Jack Franks (D-Woodstock).

HB 1103. Medicaid Pilot Program. Directs the Department of Health-care and Family Services to establish a Medicaid pilot program under which prospective capitated payments are made to counties for medical assistance. The pilot would be in three single hospital counties. IHCA's amendment provided an exception to the capitated payment structure for long-term care facilities, removing our reimbursement from the purview of the county. Sponsored by Rep. Patty Linder (R-Aurora).

HB 1350. Older Services Act. Expands assisted living services under a waiver to include case management services, assisted living services, and incontinence supplies. The long-term care profession amended this bill in collaboration with AARP to address nursing home concerns. Sponsored by Rep. Ken Dunkin (D-Chicago).

HB 1436. Tax deduction. Amends the Illinois Income Tax Act to allow individual taxpayers, 65 years of age or older, a deduction for unreimbursed amounts spent on home health care services. The long-term care profession's amendment to this bill would include nursing homes under the provisions. Sponsored by Rep. Beth Coulson (R-Glenview).

SB 595. Medication Management. Adds medication management to the list of services IDoA shall establish to prevent unnecessary institutionalization of persons 60 and older in need of long-term care. IHCA's amendment would include nursing homes under those able to provide medication management services. Sponsored by Sen. Dave Koehler (D-Peoria).

SB 1664. Community Services Act. Provides that a shift from State-provided services to community services should be acknowledged by the State as a clear priority in policies and funding that values community services and supports for persons who choose to live and work in those settings, with the needed resources following the individual. IHCA staff worked closely with the interested parties to amend this bill to provide an amendment more amenable to the profession. Sponsored by Sen. Mattie Hunter (D-Chicago).



Looking Ahead to 2008

Our legislative and regulatory successes of 2007 reinforced the need for even greater unity in the Public Policy arena. As a result, IHCA and the Illinois Council have formed the Health Care Council of Illinois (HCCI) to carry the collective Public Policy banner in 2008. This organization will direct the legislative, regulatory and political activities for both organizations, thereby increasing the commitment to speak with one voice.

Priorities for the new organization in 2008 include:

- Securing the next installment of funds to reach 50% funding of the MDS system
- Working to update the support rate
- Establishing a predictable payment process for Medicaid
- IDPH regulatory reform
- If re-opened, a new Medical Malpractice Act that includes long-term care
- Unprecedented involvement in 2008 legislative elections
- Statewide Quality Assurance Program supported by all providers
- Continuing to work on educating legislators on long-term care issues and build the Long Term Care Champions Program

IHCA-PAC

In a frustrating and ever-changing legislative and regulatory environment, the IHCA-PAC impact has been immeasurable. The PAC permits our involvement in the political area, which sometimes can be the catalyst which gives us the time and opportunity to educate lawmakers on the issues that shape and affect long-term care.

In 2007, for the first time, Illinois Health Care Association and Illinois Council on Long Term Care embarked on a joint political and legislative plan. With this venture, our political influence grew to proportions never before seen. Where we were involved in political races, this collaborative effort saw an 80% success rate; and we achieved success in each major legislative initiative during the first year of the 95th General Assembly. And to complete the year, we successfully steered through the political minefield that characterized the State FY08 budget negotiations and secured additional funding for members.

IHCA-PAC successes which contributed greatly to all of the above victories are highlighted below:

- “Fun”draisers: Members participated in monthly “fun”draisers, such as singing Valentines in February.

- IHCA Convention and Trade Show Events: The cooperation of members and vendors for the PAC events at the IHCA Convention in September was outstanding. The golf outing at WeaverRidge Golf Club was a huge success, with 51 golfers and record-breaking sponsorships. Sponsorships were sold out for the PAC dinner and reception during convention, with more than 200 IHCA members and guests in attendance – our largest crowd ever! Legislator of the Year Awards were jointly presented by IHCA and Illinois

Council on Long Term Care, while a silent auction for St. Louis Ram football tickets brought in additional dollars to the PAC.

■ IHCA-PAC jointly sponsored the Spirit of Chicago cruise with HCR-ManorCare during a beautiful fall day in October, where 213 members and guests enjoyed lunch, socializing and the Chicago skyline.

The IHCA-PAC Committee and IHCA Board of Directors thank the sponsors of these events:

Hall of Fame (\$5,001+)

Alden Management Services, Inc.
HCR ManorCare Health Services, Inc.
Heritage Enterprises, Inc.
HI Care Management, Inc.
Medina Nursing Center
Petersen Health Care
RFMS, Inc.

President's Club (\$2,001-5,000)

Duane Morris LLP
Robert's Sysco
RSM MxGladrey Business Services

Leadership Club (\$1,001-2,000)

Assurance Agency, Ltd
Forum Extended Care Services
Lexington Group
NHRMA Mutual/Midwest Provider Insurance
Lester Robertson

Caucus Club (\$501-1,000+)

A-TEC Ambulance
eHealth Data Solutions
FR&R Healthcare Consulting, Inc
Healthone of Southern Illinois
Home Pharmacy
IHCA Staff
William Kempiners
Kensington Group
Legacy Healthcare Services

M.E.S./HPSI
ONR, Inc.
Professional Therapy Services, Inc.
Barry Ray
Select Rehabilitation
SilverChair Learning Systems
TMCS, Inc.

Member Club (\$150-500)

Dr. Roger Herrin
Integrated Inventory Technology
Kane O'Hara National Supply House
Management & Network Services
RCS Management

And, a huge "thank you" to dedicated and committed 2007 IHCA-PAC Committee members:

John Vrba, Chairman

ManorCare Hinsdale

Alan Gaffner

Fair Oaks

Ben Hart

Heritage Enterprises, Inc.

Linda Hartmann

Heritage Manor, Elgin

Robert Hedges

HI Care Management, Inc.

William Kempiners

Individual Member

Gary Miller

Healthone of Southern Illinois

Margery Oblinger

Heritage Manor, Mt. Zion

Holgeir Oksnevad

Medina Nursing Center

Nancy Pryor

Heritage Manor, Pana

Floyd Schlossberg

Alden Management Services, Inc.

Frank Shepke

St. Clara's Manor

Jack Walker

Assurance Agency Ltd.



Finance

The focus of the IHCA's Administration/Finance and Operations Committee during 2007 continued to be collecting delinquent dues and conforming to the bylaws in regard to billing procedures.

According to the IHCA bylaws: "Dues shall be payable on the first day of the month following the day invoices are mailed from the Association office." Beginning March 15, 2007, members received an invoice payable April 1, 2007 for April dues. In the past, IHCA sent out dues statements at the beginning of the month, payable at the end of the month. This change helped to result in the collection of dues in a timelier manner.

The committee continued to approve and change investment strategies to gain the most interest earned out of the certificate of deposit, as well as review the investments made to the IHCA Trust account.

In an effort to reduce costs and improve efficiency, we now have the ability to deposit checks electronically from the IHCA office using the remote deposit software and scanner systems, which is like having a bank teller right here in the office. In addition, convention registrations can now be done online with the use of a credit card with the monies being deposited directly to the bank. Some payments to vendors are being done electronically and we are now able to view and monitor various IHCA statements online.

January 1 - December 31, 2007

Income

Dues	1,114,289
Education	328,963
Convention	427,272
AHCA Dues	503,231
Magazine & Directory	7,826
Newsletter	3,753
Special Services	29,674
New Mbr Appl. Fee	500
Interest	41,283
Assoc. Membersps	55,275
Website Income	1,200
Income from Trust	39,001
Other	10
Total Income:	2,552,278

Expenses

Government Relations	393,296
Membership	386,016
Communications	85,095
Education	287,949
Convention	412,363
AHCA Dues	503,231
General & Admin.	415,916
Other	19,854
Total Expenses:	2,503,721

Net Income (Loss) 48,557

Communications

IHCA provides the public and its members the latest long-term care and association news through a variety of publications and communication avenues, including a weekly newsletter, quarterly magazine and membership brochures. In addition, a variety of programs and projects are aimed to promoting the profession, our residents and facilities.

LTC Heroes: In 2007, IHCA and the Illinois Council on Long Term Care worked in conjunction to sponsor the first “Hero” program, held in May during National Nursing Home Week. The program was a huge success, with more than 100 people nominated from across the state and designated as “heroes” of long-term care. They were honored with certificates, recognized by their facilities and peers, featured in IHCA publications and on its website, and received extensive media coverage. A similar program was held by IHCA in September to honor Heroes in assisted living facilities during National Assisted Living Week.

Members Only is an in-depth, weekly electronic newsletter for IHCA members. It covers state and national long-term care news, association news, regulatory issues, and clinical and legal updates. **Vendors Only** is an in-depth monthly electronic newsletter prepared for IHCA associate and professional members.

LTC Today, IHCA’s four-color, quarterly magazine, is a valuable source of information for IHCA members and others interested in the long-term care profession. Each issue covers a variety of topics, including the latest in technology and products, members’ accomplishments, future trends in long-term care, facility profiles and more.

Special Member Alerts and Legislative Alerts inform members of late-breaking developments and the need for a call to action. The association’s website, www.ihca.com, features member profiles and news about member facilities. The website offers necessary information on how to find a facility, contact IHCA staff, receive an update on a regulatory or legislative issue, or learn the latest long-term care profession news. The site contains an extensive consumer section with a searchable listing of member facilities and programs. Members can link their websites to www.ihca.com for a small fee.

IHCA also publishes a comprehensive membership directory that includes many resources, including IHCA, state, and national contacts.

Today’s long-term care facility is very different from the nursing homes of even 10 years ago. In many cases, nursing care is being provided in long-term care facilities that would have only been provided in hospitals a few years ago.





A Note from David Voepel, Executive Director

2007 was an exciting year for IHCA. From the hard work and dedication demonstrated by staff as they worked for increases in the state's Medicaid spending, to the continued relationship with our friends at the Illinois Council on Long Term Care, this has been an accomplished year. IHCA membership has grown from 410 to more than 490 in the past year. The continued support is greatly appreciated.

You might have noticed some exciting new changes this year at the 2007 convention and trade show in Peoria. For example, registration and the preliminary program were available online and the trade show area was utilized in many different ways, including a new cyber café. Some great things happened and we're looking forward to continuing to expand on this success. Peoria will be our home for the convention and trade show for the next two years.

In 2007, we continued to work with the Illinois Council to find ways to make our operations more efficient and effective. One day we may join together as one association, but that decision will have to be made by members of both groups before we can make it happen.

None of this could have been possible without planning. As you know, the IHCA Board of Directors established an online strategic plan at the end of 2006. The board and staff worked hard in 2007 to carry it out and make it a success. Because of that success, we will continue to use it as a planning and operational tool for the future.

In 2008, the IHCA agenda will continue to focus on legislative and regulatory issues, elections, continued MDS funding increases and continued educational programs and offerings. We are looking forward to your continued involvement and support – thank you!

A handwritten signature in cursive script that reads "David Voepel". The signature is written in black ink and is positioned above the printed name and title.

David A. Voepel
Executive Director

It's estimated that two out of five people over the age of 65 will need some type of long-term care services in their lifetime. That means that many of us will be faced with one of the most difficult decisions in life - choosing the right long-term care environment for ourselves or a loved one. As our population continues to age and live longer, the need for continuous health care for an extended period has risen dramatically.





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