



Celebrating
45 *Years*
of
Mission



1960 - 2005

Wisconsin Association of Homes and Services for the Aging

President's Report

*A*s I complete my term as WAHSA board president, I reflect on what is happening in our "industry" and the way WAHSA and its members have responded. I personally have been involved in long term health care for twenty-one years, and never have seen the amount of serious issues we must address, just in order to maintain viability and mission.

The challenges we face as not-for-profit, long term health care professionals today are truly significant. A thumbnail list would include challenges with: State Medicaid reimbursement, increase in bed tax/assessments, state plans for resident "relocation," federal budget plans to reduce Medicaid support and to eliminate Medicare "add-on" support in therapies, new and onerous CMS/state resident abuse reporting documentation, possible municipal service fees or full property taxation on independent senior housing, possible lease-hold impact, and significant increases in acuity levels of nursing home residents without coinciding Medicaid reimbursement.

At an AAHSA presentation I attended last October in Nashville, a presenter used a phrase that I found poignant. He said, "Hope is not a strategy!" Certainly there is a need and benefit to be hopeful, but his point is that *hope*, by itself, is not a good business strategy. We must do more than hope our problems and challenges will somehow just go away! We must be bold, tenacious and think strategically if we are to continue our organiza-

tional mission and meet the needs for our society's most frail and elderly.

Fortunately for WAHSA members, we do have support from a bold, tenacious, and strategic alliance. WAHSA is a truly well managed and powerful organization which coordinates and combines the strengths of our individual members into a united voice for mission-based, not-for-profit long term care and senior service organizations that is heard throughout the state.

It is both a duty and an opportunity for the WAHSA board president to be involved in a variety of meetings and gatherings with state officials and legislators. I constantly am impressed with the respect these people show for WAHSA as an organization and, specifically, the esteem they hold for our WAHSA staff! John Sauer, Tom Ramsey, Brian Schoeneck, and Janice Mashak have garnered the confidence of these officials. These officials never question the sincerity, ability, insight, or determination of our WAHSA staff. Because of this, WAHSA enters each meeting with positive strength and stature. Our words are heard, our issues are considered, and we move forward in large or small increments and in total resolve to represent the needs of all WAHSA members.

While there are many major issues that we face today and will face in the foreseeable future, the WAHSA organization is committed to support-

ing our missions, communicating our needs, and providing pro-active advocacy for our organizations.

It is our responsibility, as long term health care professionals, to continue to communicate our needs with WAHSA staff. It is our responsibility to work side-by-side with WAHSA in addressing major issues. It is our responsibility to represent both our individual interests and the interests of our entire WAHSA association before our state and federal officials and legislators. It is together that we have

strength and a better chance for success.

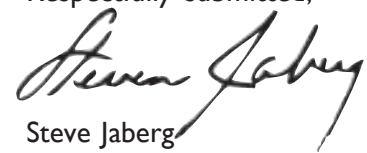
While there are many challenges ahead, let us never

lose sight of the joys of our ministries and our lives. I am reminded of the writing of Indian Poet Tagore who wrote:

*I slept and dreamt that life was joy.
I awoke and found that life was duty.
I acted, and behold, duty was joy.*

Please join me in thanking all of our WAHSA staffers, including vital support staff, Yvonne Mick and Jan Zimmerman, for their outstanding work and dedication to WAHSA and all of its members.

Respectfully submitted,



Steve Jaberg
WAHSA President

Executive Directors Report

*F*orty-five years ago, eleven not-for-profit long term care facilities banned together to form the organization that grew into the Wisconsin Association of Homes and Services for the Aging. These facilities were united under a mission that drove them to do the “right” thing. Doing the right thing not only was consistent with the mission of these facilities, it also was the surest way of warding off negative publicity, imposing regulations, and inadequate funding. Many long term care providers worked with the faith that, as long as they continued to do the right thing, somehow, somebody would watch out for them. Today, many people refer to that time period as “the good old days.”

It’s intriguing to take a more realistic look at long term care 45 years ago. In the association’s archives, we have yellowed photographs of residents restrained in their beds, resident rooms filled with rows and columns of beds, and other conditions of “caring” that, compared to our standards today, we find most disturbing. As people continue to refer to the past as “the good old days,” I frequently wonder what perspective they have.

Keeping our perspective is important as we look at the association’s growth from the past to present time and into the future. We have seen more than our share of challenges, but we also have been the force that has driven unparalleled strides in our quest for quality. We, like so many before us, are learning the invaluable lesson that nothing good has ever come easy. Undoubtedly, what we are doing today is incredibly good, and that implies that our work is not easy.

With so much at stake, would we want our work to be easy? Would we really want our practices to go unchallenged, our risks to go unchecked, and our funding mechanisms to be unquestioned? Could we ever bring ourselves to revert back to the pioneer days of long term care? I dare say, that is not what we would want for the profession we have chosen, the quality we represent, nor the residents for whom we care. All things considered, the struggles we face, although sometimes frustrating, in many ways are critically necessary to help us uphold the high standards we have achieved in today’s environment of long term care and senior housing.

Within the past 45 years, the rules driving long term care definitely have changed and exponentially increased in volume. Our mission, however, is unchanged. We still are called to do the right thing. Unlike our predecessors, we cannot sit back and wait for somebody somewhere to watch out for us. Today, doing the right thing not only means it is our duty to be the most vocal advocate for our residents, it also means it is our responsibility to watch out for ourselves. It is our responsibility to advocate for the reasonable and realistic regulations that we know are necessary to promote quality, to lobby for adequate funding mechanisms to cover the cost of quality, and to protect against threats to our mission that could jeopardize quality.

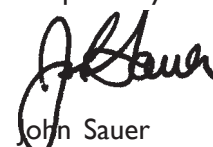
Speaking out on our own behalf is, perhaps, the most significant differentiation between the founders of WAHSA 45 years ago and the members who comprise WAHSA today. This association is fortunate to have

an impressive grass roots advocacy network, unparalleled education and member services offerings, and a membership focused on advancing the role of service-driven organizations. You have stepped up to help draft quality improvement regulations, to pilot new care programs, to write new codes for quality, to implement new funding options, to incorporate technological advancements, and to document the role of the tax-exempt providers in senior living environments. In short, whenever called upon to do the right thing, WAHSA members have been there in mass.

Your active support and participation in WAHSA is the underlying reason for the association’s political strength, educational leadership, technological advancements, and innovative developments. You are what makes this association everything that it is.

In the days, weeks, months, and years ahead, the challenges will continue. As we work together to turn these challenges into opportunities and successes, we must remember that nothing good ever comes easy. We will continue to work together toward something even better than what we have today. In the tomorrows ahead, when we come to a fork in the road and both options seem to be filled with dangerous routes, misdirected detours, and rocky footpaths, just remember, sometimes doing the right thing is the only thing left to do.

Respectfully submitted



John Sauer
Executive Director

If it is true that nothing good ever comes easy, then WAHSA's successes in the area of public policy over the past year must have been nothing short of phenomenal. In many respects, during the past twelve months, we saw many issues challenged -- issues that go to the very heart of our mission.

Stealing the spotlight early in the fiscal year was the *Columbus Park* decision which sparked controversy and discussion throughout the state as to whether not-for-profit residential housing facilities should retain their tax exempt status. WAHSA and its members successfully sought appointments to the Legislative Council Special Committee on Tax Exemptions for Residential Housing. The WAHSA contingent formed an aggressive team in advocating for not-for-profit housing members and, eventually, positioned WAHSA as the recognized voice of not-for-profit senior housing providers and, increasingly, of the individuals residing at these facilities.

Another area of advocacy that generated considerable recognition was the association's efforts to drive the way change impacts long term care in the future. WAHSA staff and members continue to be active participants in the DHFS Long Term Care Reform Council and other committees and task forces. The Residential Options Task Force completed its work and advanced a series of recommendations which were supported by the Long Term Care Reform Council. The recommendations included a call for waivers of redundant or unnecessary/costly regulations, regulatory flexibility, and improved reimbursement for facilities wishing to transition within the care and service continuum. The Committee on Comprehensive Systems Change advanced a call to DHFS to continue the "downsizing" options available to nursing facilities. WAHSA staff and members have urged DHFS officials to develop coherent nursing home policies and to avoid anti-nursing home rhetoric as a way to justify additional home and community-based funding. The WAHSA Board of Directors and Executive Committee, at the request of the DHFS Secretary, submitted an 18-page report, *Long Term Care Reform: WAHSA's Blueprint for Change*, recommending the following:

1. Retain Nursing Facility Medicaid Base Funding
2. Future Role of Nursing Facilities
3. Increase Nursing Facility Capital Rates

4. "Floating Licenses" & Continuing Care Organizations
5. Private Pay Incentives
6. Close Divestment Loopholes
7. Bed Buyout and Debt Buy-Down
8. Private Partnerships/Facility Closures
9. Allow Non-County Long Term Care Organizations to Manage Dollars
10. Pay for Quality
11. Eliminate CBRF Size Restrictions
12. Pass-Through for Educational Advancement
13. Regionalization and Augmentation of MA Rates (Supplementation)
14. Chapter 50 Revisions
15. Reorganize and Rename the Bureau of Quality Assurance (BQA)
16. Nursing Facility Respite Care and Crisis Intervention
17. Streamline Case Management
18. Integrate Acute/Primary and Long Term Care
19. Liability Insurance Issues
20. Regional Dental Centers
21. Specialized Equipment & Supplies Grants
22. Technology and Service Delivery Innovation
23. Medicaid RCAC Room and Board Funding
24. Funding Coordination

Acknowledging that regulatory advocacy is of primary importance to WAHSA members, the association maintained constant vigilance and an authoritative voice on behalf of not-for-profit long term care and senior housing providers. Working together, WAHSA members and staff were successful in many key areas:

- We built support for AB 852 to eliminate regulatory "double jeopardy," and we had very productive conversations with the BQA Director on ways to move BQA from a punitive agency to one that fosters innovation and quality improvement.
- We worked with the Department of Health and Family Services (DHFS) on its "Fit and Qualified" proposal to limit questionable out-of-state providers from being licensed in Wisconsin.
- We used a regulator/advocacy/provider consensus process to finalize agreed upon revisions to HFS 132, the Nursing Home Rule.

- WAHSA's Task Force on Reporting Injuries of Unknown Source worked cooperatively with several representatives of the DHFS Office of Legal Counsel and BQA on the requirements and expectations related to reporting incidents involving caregiver misconduct and injuries of an unknown source.
- We successfully requested that BQA rescind its requirement that nursing homes provide the Bureau with detailed financial projections, including cash flow and balance sheet analyses, as a condition of annual licensure renewal.
- We worked with BQA to ensure that the multiple feeding assistant training programs were available to WAHSA members as approved programs.
- WAHSA continues to work with BQA on a number of regulatory issues including the pending criminal background check pilot program, reporting allegations of abuse, maintaining the independence of the Informal Dispute Resolution (IDR) independent contractor, clarifying the use and destruction of unused medications, smoking policies in nursing homes, and level of care determinations.
- We requested BQA to review and modify its position of imposing Class B violations for federal deficiencies involving only the "potential" for actual resident harm.

While activities to serve as a watchdog over regulatory initiatives intensified throughout 2004-2005, WAHSA also assumed a leading role in representing members' interest in the funding arena. Throughout the year, WAHSA worked to promote an honest discussion of long term care funding and policy issues. We sought answers to very direct questions about Family Care operating deficits, resulting in county presentations before the Long Term Care Reform Council. We obtained a copy of the DHFS-financed but never publicly released study on acuity differences among waiver, nursing home, and Family Care participants conducted by the UW-Madison Center for Health Systems Research and Analysis (CHSRA). We shared this full study with the DHFS Secretary, key legislators, and the Legislative Audit Bureau staff in charge of overseeing the independent evaluation of Family Care. WAHSA expressed concern over apparent plans to use the Family Care functional screen to set nurs-

ing home levels of care, particularly in light of the CHSRA study, voiced opposition to proposals that would have allocated Medicaid nursing home funding to the counties in a manner similar to how ICF-MR funding is provided, and informed the DHFS Secretary of our opposition to onerous preadmission screening requirements, an initiative the Secretary later rescinded.

Other successful initiatives related to long term care funding include the following:

- WAHSA worked to minimize the overall financial impact on members resulting from the update of labor regions under the Medicaid reimbursement formula.
- The WAHSA-supported formula options were adopted by DHFS. WAHSA members and staff worked to improve provisions related to bed hold, fringe benefit ratios, private room incentives, occupancy phase-out and Exceptional Medicare/Medicaid Utilization Adjustment (EMMUA) increases.
- We worked with DHFS and the Wisconsin Housing and Economic Development Authority to support efforts to leverage state and federal funding for nursing homes wishing to convert their facilities to assisted living or other alternative uses.
- WAHSA worked with Medicaid officials to ensure that upper limit adjustments resulted in IGT payment increases to WAHSA county nursing home members.
- WAHSA remains an active member of the Save MA Coalition. The Coalition and the WAHSA Board of Directors have gone on record as opposing TABOR, the taxpayer bill of rights. The Governor recently announced that the \$230 million 2004-05 MA deficit will be covered by transferring general funds to the MA appropriation, not by requiring provider or eligibility cuts.

The legal environment impacting long term care and senior housing was yet another venue that sparked interest and activity throughout the fiscal year. In this regard, WAHSA worked in partnership with the association's legal counsel to keep members informed, updated, and prepared for the legal issues that surfaced.

WAHSA joined other health care providers in filing an *amicus* brief before the Wisconsin Supreme Court in the *Matter of Guardianship*

of *Agnes T*, to clarify the statutes regarding the establishment of protective placement petitions in "the county of residence of the person to be protected." The brief argued that non-residents have the same rights for protective placement and "a right to become residents and move into an appropriate facility to receive the nursing home care they require." Our goal was to assure that persons in need of nursing home care are able to access such care.

Working with legal counsel, WAHSA provided members with a Model Ancillary Services Agreement related to the Medicare consolidated billing provisions as well as instructional CBRF and RCAC agreements.

During the fiscal year, WAHSA introduced new legal services for members. This included a new Legal Corner on the member-restricted website featuring frequent updates, memos and legal alerts; a new link to downloadable Power Point presentations of recent educational presentations related to legal issues impacting long term care; and a section devoted to frequently asked questions (and the related responses) that come through the legal hotline.

The internal operations of the association also demonstrated an impetus toward future growth. WAHSA formed a task force to discuss options for the current office building. The association is working with Hoffman Corporation to consider the options and preferences related to renovating or rebuilding the office structure.

Staff worked with the WAHSA Dues Task Force on an extensive study of the merits and multiple options of a millage-based dues system. This task force conducted a thorough review of member organizations' beds and operating revenues and advanced a recommendation to the Board of Directors. As a result, staff and members, working with the American Association of Homes and Services for the Aging (AAHSA), prepared the association to move towards a millage dues system for both national and state dues assessments.

A record 128 members participated in this year's salary survey.

In the ongoing quest to ensure long term care and senior housing have caring, competent, and dedicated employees to carry into the

future our tradition of quality, WAHSA funded a grant to support students in the UW-Eau Claire Health Care Administration Program.

The association developed the End of Life Task Force to work on guidelines for the membership in the area of palliative care. This group will have a work product to distribute to the membership prior to the end of the fiscal year.

WAHSA's Board of Directors engaged in a planning retreat in January to discuss current and future trends. At the conclusion of the retreat, WAHSA's Board of Directors had identified the following as the association's priorities:

- (1) Continue assertive work in the areas where the association already is strong (regulations, reimbursement, and quality).
- (2) Develop a task force to look into redefining long term care and creating the replacement for the current "nursing home."
- (3) Develop a task force to investigate the ways we can incorporate technology in long term care and senior housing.
- (4) Aggressively work to enhance the image of long term care and to educate the consumer about the value and reality of long term care.
- (5) Activate the Research and Education Corporation to pursue alternate funding sources that would, in turn, fund new research and education opportunities for the association.
- (6) Bring back to the Board of Directors any specific and relevant ideas for fee-for-service initiatives that would be beneficial in better serving the members.

The Board retreat included a call for all Board members to sign the AAHSA *Quality First* pledge and noted that many of WAHSA's quality/public relations/future positioning goals are advanced or assisted by the *Quality First* initiative. Following the lead of the Board of Directors, the association increased efforts related to the *Quality First* initiative and, today, 35 percent of WAHSA members have signed the pledge.

Member Services

We pulled out all the stops in our educational programming for the year and hosted a series of conferences and seminars that exceeded even our own tradition of quality in education for long term care and senior housing providers. The year featured not only the largest conferences in WAHSA's history, but also unprecedented quality throughout the association's conferences and seminars. The senior housing seminars featured Kurt Medina, a nationally recognized expert in the area of marketing to seniors. Clint Maun addressed customer relations for line staff employees. Early in the new fiscal year, Kathryn Jeffers will present the five most requested issues in the area of developing supervisory skills. We also began hosting webinars as a new educational opportunity for members through which the association brings the educational program to the facility through telephone and Internet connections.

WAHSA's 2004-05 repertoire of educational offerings included the following:

- 2004 Reimbursement Seminar (277 Attendees)
- 2004 Fall Conference (433 Attendees) and the most successful tradeshow in the association's history
- 2004 Senior Housing Seminar Series (final two seminars in a four-part series)
 - Thinking Outside the Retention Box; Creatively Staffing for Quality (37 Attendees)
 - Technology in Senior Housing: The Possibilities, The Realities and Finding the Funding (41 Attendees)
- 2005 Public Policy Seminar (235 Attendees)
- The Essentials of Supervisory Leadership Webinar (50 Facilities Participated)
- Transmittal 4: The Reality of the Revisions Related to Pressure Sores (199 Attendees)
- Working Together to Create a Pain-Free Environment (149 Attendees)
- Beyond the Boundaries: Mastering the 50+ Marketplace (70 Attendees)
- 2005 Spring Conference (Over 400 Attendees Expected)
- P.O.W.E.R. Moments: Positive Outcomes with Essential Relationships (800 Attendees Expected)

WAHSA co-sponsored the *Almost Home* symposium at the UW-Milwaukee, featuring national culture change experts. This resulted in positive feedback with the recently appointed BQA Director.

WAHSA partnered with Wisconsin Public Television to provide every WAHSA member a video and program guidebook on *Wisconsin World War II: Home Front*, a ready-made activity intended to help seniors reminisce about life during this most challenging period.

WAHSA continues to work cooperatively with MetaStar on nursing home quality improvement projects. Members and staff serve on the MetaStar advisory committee and strive to promote positive efforts to increase quality in Wisconsin's long term care facilities.

The association further developed the structure for the Statewide Long Term Care and Senior Housing Roundtable Discussion Forum. Not only did the 2004 Forum attract over 250 participants who collectively gave the forum excellent reviews, but it also generated a discussion summary that shaped and guided the association's work plan for the next year and beyond.

WAHSA now hosts five Senior Housing Network Meetings each year, and this developing network continues to rank as the most beneficial new service offered to senior housing professionals. Attendance at these meetings ranges from 35 to 72, with an average attendance of about 40 individuals. To accommodate the growth and depth of this network, WAHSA began running two concurrent sessions for these meetings, one geared towards independent living providers and the other geared towards assisted living providers.

The Senior Housing Network culminated in the annual Senior Housing Retreat which generated new programs and services for the association to consider for independent living and assisted living members. A number of these initiatives already are underway.

A newly formed task force is preparing to recommend that WAHSA RCAC members develop some type of voluntary quality improvement system for member RCACs. It is the goal of the task force that three years from now, member RCACs will have agreed upon quality measures for key areas of operation for their RCACs. The program will

include the best practices in achieving quality in each of the categories and will incorporate forms, guidelines, policies, and other materials designed to help the RCACs achieve the standard of quality for which we strive. The program also could include a peer review system through which participants agree to serve on or be reviewed by a team of peers for affirmation, critique, sharing, improvement, commendation, and best practice collection.

WAHSA reactivated WAHSA's Sharing Program to collect, package and make available to senior housing providers information on admission/discharge criteria and agreements, marketing ideas and materials, training ideas, resident handbooks, wellness programs, emergency preparedness, rate structures, and concierge programs.

To further serve the interests of senior housing providers, WAHSA developed a networking forum for nurses working in assisted living settings. The first meeting attracted more than 50 participants who found the meeting to be extremely beneficial. This new networking forum for senior housing nurses now will be offered three times per year.

In the spring of 2004, WAHSA celebrated 253,522 Years of Caring at the annual awards banquet. Then, for 2005, the Awards Committee revamped the entire awards program to feature four new award categories: The Flying Colors Award presented to a relative newcomer to long term care and/or senior housing; The Ladder of Success Award presented to a person who has grown within long term care/senior housing; The Transformation Award presented to a person who had one or more careers totally separate from long term care/senior housing, gave up that career, and then successfully applied the experience from the former career(s) to enhance long term care and/or senior housing; and The Life Achievement Award presented to an individual who has dedicated most of his/her life to the mission of caring.

Within the past twelve months, WAHSA reformatted *Board Briefings* to feature articles designed to enhance the efforts and skills of member Boards of Directors. The association is working to complete *Celebrating Our Pride* and the second edition of *Gratitude Attitude* prior to the end of the fiscal year.

2005-06 Proposed Budget

Wisconsin Association of Homes and Services For The Aging
 Income Statement
 Seven Months Ending January 31, 2005
 Projections To June 30, 2005

	<u>1/31/2005</u>	<u>Budget</u>	<u>Variance</u>	<u>Projected 6/30/2005</u>	<u>2004/05 Budget</u>	<u>Variance</u>	<u>Proposed 2005/06 Budget</u>
Member Dues	\$ 318,850	\$ 321,000	\$ (2,150)	\$ 543,300	\$ 549,000	\$ (5,700)	\$ 564,300
Associate Dues	23,325	23,200	125	38,000	37,800	200	41,000
AAHSA Dues	21,800	21,000	800	36,700	34,900	1,800	36,800
Investment Income	16,584	21,000	(4,416)	30,100	40,000	(9,900)	40,000
Subscriptions	500	500	-	500	500	-	500
Conferences/Seminars	178,939	162,500	16,439	313,900	299,500	14,400	331,200
Nursing Home Week	-	-	-	37,900	55,000	(17,100)	38,000
Surveys/EO	1,785	1,500	285	2,500	1,500	1,000	2,500
Member Services	3,946	10,000	(6,054)	16,500	29,300	(12,800)	17,600
Miscellaneous	<u>2,180</u>	<u>1,000</u>	<u>1,180</u>	<u>2,500</u>	<u>1,000</u>	<u>1,500</u>	<u>2,000</u>
Total Revenue	\$ 567,909	\$ 561,700	\$ 6,209	\$ 1,021,900	\$ 1,048,500	\$ (26,600)	\$ 1,073,900
Salaries/Insurance/Temp.	\$ 306,804	\$ 307,000	\$ 196	\$ 522,300	\$ 524,300	\$ 2,000	\$ 547,300
Payroll Taxes	17,924	17,800	(124)	32,600	32,400	(200)	33,700
Employee Pension	14,193	14,100	(93)	23,700	23,600	(100)	24,400
Staff Travel	6,884	7,500	616	17,000	17,500	500	17,000
Professional Development	722	900	178	1,700	2,000	300	2,000
Board/Committee	8,836	10,000	1,164	20,300	22,000	1,700	20,000
Insurance/Taxes	3,393	3,800	407	5,900	6,500	600	6,200
Telephone	5,326	5,400	74	10,000	10,000	-	9,600
Copier	8,640	9,500	860	17,000	18,200	1,200	17,500
Postage	9,809	9,100	(709)	15,700	15,000	(700)	15,500
Computer Expense	636	700	64	2,500	2,500	-	2,500
Printing	-	-	-	9,000	9,000	-	8,000
Supplies/Sub./Memberships	4,637	4,400	(237)	7,500	7,100	(400)	6,200
Conferences/Seminars	101,312	96,500	(4,812)	214,800	209,400	(5,400)	233,300
Legal Counsel	12,950	13,600	650	22,200	23,400	1,200	23,400
Audit	4,400	4,300	(100)	4,400	4,300	(100)	4,500
Bank Expense/Misc.	1,144	1,200	56	2,100	2,100	-	2,100
Data Base	4,360	4,500	140	8,500	9,000	500	8,500
Member Services	2,926	3,000	74	15,600	15,600	-	9,200
Nursing Home Week	-	-	-	30,300	45,000	14,700	30,300
Depreciation	8,168	7,600	(568)	14,000	13,000	(1,000)	14,000
Office Building	20,232	11,700	(8,532)	30,000	20,000	(10,000)	21,000
Strategic Development	-	-	-	15,000	15,000	-	15,000
Total Operating Expenses	\$ 543,296	\$ 532,600	\$ (10,696)	\$ 1,042,100	\$ 1,046,900	\$ 4,800	\$ 1,071,200
Net Revenue/Expenses	\$ 24,613	\$ 29,100	\$ (4,487)	\$ (20,200)	\$ 1,600	\$ (21,800)	\$ 2,700
Gain(Loss) Investments-Mkt. Value	<u>(146)</u>	<u>-</u>	<u>(146)</u>	<u>18,800</u>	<u>-</u>	<u>18,800</u>	<u>-</u>
Net Income (Loss)	\$ 24,467	\$ 29,100	\$ (4,633)	\$ (1,400)	\$ 1,600	\$ (3,000)	\$ 2,700
Capital Improvements	\$ 3,280	\$ 3,280	\$ -	\$ 8,000	\$ 8,000	\$ 0	\$ 8,000

WAHSA *Leadership*

2004-2005 Executive Committee

* Denotes AAHSA Delegate

President
Steve Jaberg
Cedar Community
West Bend

V.P. of Operations
Craig Ubbelohde
Lutheran Homes of Oshkosh
Oshkosh

Secretary
Mike Basch*
Sheboygan Senior Community
Sheboygan

Immediate Past President
Fran Anderson
Meriter Health Center
Madison

V.P. of Member Services
Miriam Ownby
Markesan Resident Home
Markesan

Treasurer
Roger Goepfert*
New Glarus Home
New Glarus

**AAHSA Delegate Liaison
& President Elect**
Tim Steller*
North Central HC Facilities
Wausau

V.P. of Public Policy
David Rothmann
Brewster Village
Appleton

Senior Advisor
David Keller
Luther Manor
Wauwatosa

2004-2005 Board of Directors Directors at Large

Mike Basch*
Sheboygan Senior Community
Sheboygan

Roger Goepfert*
New Glarus Home
New Glarus

Fran Petrick
Ridgewood Care Center
Racine

Greg Roberts
Dunn Co. Health Care Center
Menomonie

Steve Seybold*
Homme Home
Wittenberg

Michael Christensen
Grace Lutheran Foundation
Eau Claire

Ralph Luedtke
Lasata Care Center
Cedarburg

Wanda Plachecki
PineView Care Center
Black River Falls

David Rothmann
Brewster Village
Appleton

Tim Steller*
North Central HC Facilities
Wausau

Mary Ann Drescher
Attic Angel Association
Madison

Miriam Ownby
Markesan Resident Home
Markesan

The Rev. Daniel Risch
Lincoln Lutheran of Racine
Racine

Robert Schaefer
Linden Grove
New Berlin

Todd Wilson
Bethany Lutheran Homes
La Crosse

2004-2005 Board of Directors Regional Directors

Region I
Lynn Binnie*
Fairhaven Corporation
Whitewater

Region IV
Gary Taxdahl
Golden Age Manor
Amery

Region II
Bill Bender
St. Mary's Care Center
Madison

Region V
Jim Fett*
St. Paul Elder Services
Kaukauna

Region III
Clark Nordberg*
Bethel Home and Services
Viroqua

Region VI
Craig Ubbelohde
Lutheran Homes of Oshkosh
Oshkosh

2004-2005 Immediate Past President

Fran Anderson
Meriter Health Center
Madison

WAHSA Staff

John Sauer
Executive Director

Brian Schoeneck
Director of Financial Services

Janice Mashak
Director of Member Services

Yvonne Mick
Executive Secretary

Tom Ramsey
Director of Government Relations

Jan Zimmerman
Project Assistant