# The hotline

## GETTING TO KNOW YOU

## President's Notes

### Communication

One of the advantages of being State President is the opportunity to meet and share the ideas of residents throughout the state. I have been receiving e-mails with numerous comments and questions from the regional chairs and residents from all the NC regions. I am listening and I am hearing your ideas.

Through NaCCRA I am able to connect with other state presidents across the country. Recently I have been in contact with other presidents, visiting their websites, reading their newsletters and teleconferencing with them on a bi-monthly basis.

Since 1987 I have personally visited CCRCs in IN, CA, OH, SC, PA, NJ, FL and NC. The residents I meet put me in touch with the pulse of the CCRC populace.

I followed a friend of my mother's who resided at Deerfield. In time, that friend advanced from independent to assisted to skilled care. In her experience I saw a continuum of care in action, with her seamless transitions as she received kind, individualized attention in each setting. She had the reassurance of knowing her needs would be met without her being a burden to her family.

New to the state in 2010 as WNC regional chair in 2013, I visited each one of the 23 CCRCs in western North Carolina. Usually for my visits, I accompanied a widowed relative who was searching for a CCRC. She was the "contact" while I, a nurse and social worker, was the supportive family member.

From what I saw and learned it was easy to picture the benefits of each community and see the diverse cultures of each place. I learned that my relative's choices were not necessarily mine. She found friends and fellow church members residing in several CCRCs. Accommodations for her dog were important.

BRENDA TREMOULET
President, NCCCRA

**Connectedness** I am planning to visit CCRCs in each region to get to know you, your interests and expertise. We NCCCRA members have a great deal of untapped experience and talent to share and to benefit from. My mission is to find individuals who are inspired to give of their time and talent in building the organization. The recommendations of the committees who prepared their action plans can be applied. I have shared in the protection and benefits of the legislation that Harry Groves' efforts achieved. The results of his dedication and reputation are an inspiration to other states. I hope to continue the progress of the experienced and knowledgeable former NCCCRA Presidents, Clint Willis and Walt Boyer. My predecessors have created stronger bylaws, standing orders and have created a comprehensive strategic plan. It's my privilege to stand on the shoulders of these officers and to move ahead in promoting our mission.

### NCCCRA Strategic Plan 2016

On January 29, 2013, during a strategic planning retreat at Salemtowne, Winston-Salem, NC, the NCCCRA Strategic Plan, a short term, 1-to-2-year plan was created. A pre-retreat survey (21 participants) provided areas of interest.

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At that retreat seven goals were identified:

1 Mission Statement
2 Hard Copy Communication
3 Electronic Communication
4 Leadership and Volunteerism
5 Membership Expansion
6 Legislative and Advocacy Role
7 Educational Programs

Goals 1,4 and 5 were assigned to committees who submitted reports. For Goal 1, the committee created the Mission, Purpose and Vision. They adopted these in order to unify and revitalize the Association. Goals 4 and 5 are reported in our strategic plan documents. The other Goals, 2, 3, 6 and 7 were not assigned to committees.

In preparation for updating our "Strategic Plan 2016" we will review once again the reports of the committees and include some suggestions the committees made for achieving Goals 4 and 5.

Then, we also will consider the responses from the surveys relating to unassigned Goals 2, 3 and 7.

Goal 2, **Hard Copy Communication** and Goal 3, **Electronic Communication** were combined and addressed by the Executive Committee.

The *Hotline* is currently transmitted electronically more widely to our members, requiring fewer hard copies to be mailed and delivered. We are addressing the comments we have received for more substantive articles and fewer pages. Our web site **NCCCRA.com** is prominently displayed twice in the new updated brochure. It appeals to our younger and more diverse future residents. Our Vice President, Margaret Zircher, is updating and expanding our website with the collaboration of experienced web master, Bill Gentry. In anticipation of the increased electronic skills of our future residents, more of our message will be conveyed on our website.

In Goal 3, **Electronic communication**, we found that representatives and residents throughout the state have differing capability to use technology. (Deerfield Communications Committee reported only 50% of independent residents have personal computers.) The Catie system in Southminster and Aldersgate (see Hotline March 2015) has been the solution to both in-house and external communication challenges. As our communities are welcoming new residents who are younger and more computer literate, there will be a decrease in demand for hard copy. Access to more NCCCRA information downloaded from the website will also improve our outreach to members, potential members, residents, families of residents and providers.

Goal 4, **Leadership and Volunteerism**, was addressed by a committee and the "interest group" started at Carol Woods is a role model for other CCRCs to follow. Shared offices have been tried as well and continue to be an option that may encourage more members to serve. It is important to inform residents of the activities and accomplishments of NCCCRA. We are trying different approaches to revitalize the organization from its roots.

For Goal 5, **Membership Expansion**, our efforts continue to be a priority. Recently, a committee of resident volunteers created a new updated brochure with adjusted membership fees to cover our increased costs and showing the diversity recommended by the members of the group brainstorming. The new brochures have been ordered and are to be distributed to the CCRCs this spring.

Goal 6 became a priority as the NC Legislature proposed several legislative bills adversely affecting the residents of NC CCRCs. The NCCCRA Board created an ad hoc Legislative and Advocacy committee, chaired by volunteer resident, Sindy Barker. With her lobbying experience and her leadership, enhanced by the efforts of Tom Akins, CEO of LeadingAge, NC, our appeals to the legislators were effective.

Please continue to share your interests and suggestions as we are in a growth spurt.

I am tuned in to station WIFY*…so, please, keep in touch.

*Brenda Tremoulet*

*WIFY= what's in it for **you**?

**Financial Status—A clarification**
Barbara Pray, NCCCRA Treasurer

The *Financial Status Report for Fiscal Year 2014-2015* distributed at the October annual meeting and published in the December, 2015, *Hotline* shows dollars in and dollars out.

Total membership dues income totaled $58,490. Because Life Memberships are amortized over 10 years not all the membership income is available for us in the current year. The amount available for the fiscal year totaled $23,750 for FY 2014-2015. This figure is the total dues income *minus* the dues that are deferred to future years *plus* the share of dues collected in prior years that is available for the current year. Hotline expense of $11,871.02 is therefore 50% of the net current membership income of $23,750. **Therefore it is more meaningful to say that 50% of last's years current net membership income was spent on printing and mailing the Hotline.**

There is another key figure on the report. On the second page the *unencumbered funds* figure for the end of year totaled $9,939.09 (Line 76). While the total funds end of year came to $81,158.09, $71,219 represents dues paid in advance for future years.

## THE 2015 WHITE HOUSE CONFERENCE ON AGING

*Executive Summary*

The White House has held a Conference on Aging every decade, beginning in 1961, to identify and advance actions to improve the quality of life of older Americans. In 2015, the United States marked the 50th anniversaries of Medicare, Medicaid, and the Older Americans Act, as well as the 80th anniversary of Social Security. The 2015 White House Conference on Aging (WHCOA) provided an opportunity to recognize the importance of these key programs as well as to look ahead to the next decade.

On July 13, 2015, President Obama hosted the sixth White House Conference on Aging, joining older Americans and their families, caregivers, and advocates at the White House and virtually through hundreds of watch parties across the country. The July event built on a year-long dialogue; the White House Conference on Aging launched a website to share regular updates on our work and solicit public input; engaged with stakeholders in Washington, D.C. and listening sessions throughout the country; developed policy briefs on the emerging themes for the conference and invited public comment and input on them; and hosted regional forums with community leaders and older Americans in Tampa, Florida; Phoenix, Arizona; Seattle, Washington; Cleveland, Ohio; and Boston, Massachusetts, not available for past conferences. Individuals and groups participated via live webcast in watch parties held in every state and were able to ask questions of panelists and others via Twitter and Facebook.

The conference was informed by a year of pre-conference activities and conversations that allowed a broad range of stakeholders to provide substantial input. Additional feedback from the general public and policy experts was received on the conference website. As input was gathered, four common themes emerged as particularly important to older Americans: Retirement Security, Healthy Aging, Long-Term Services and Supports, and Elder Justice. These themes provided the focus for discussions at the July conference.

These forums and engagements provided the opportunity for older Americans and their families to highlight the issues most important to them, in order to help inform the changing aging landscape in America for the coming decade. The 2015 White House Conference on Aging was truly a national conversation. In addition to the older adults, caregivers, and leaders in the aging field who were in attendance at the White House, this year's conference took advantage of communication channels that were at the conference, the Administration announced an extraordinary number of new public actions and initiatives across the government and across the country to help ensure that Americans have increased opportunity and ability to live in retirement with dignity; that older adults can enjoy full physical, mental, and social well-being; that older adults can maximize their independence and ability to age in place; and that elder abuse and financial exploitation are more fully recognized as a serious public health challenge and addressed accordingly and effectively. Key Federal announcements included the release of a new Centers for Medicare & Medicaid Services proposed rule to thoroughly update, for the first time in nearly 25 years, the quality and safety requirements for more than 15,000 nursing homes and skilled nursing facilities. These updates will improve quality of life, enhance person-centered care and services for residents in nursing homes, improve resident safety, and bring these regulatory requirements into closer alignment with current professional standards; the Department of Labor's initiative to facilitate State creation of retirement savings programs; a new proposed rule from the U.S. Department of Agriculture to increase accessibility to critical nutrition for homebound, older Americans and people with disabilities by enabling Supplemental Nutrition Assistance Program (SNAP) benefits to be used for services that purchase and deliver food to these households; and U.S. Department of Housing and Urban Development (HUD) guidance confirming that its Equal Access rule applies to all HUD- assisted and HUD-insured multifamily housing, including Section 202 Supportive Housing for the Elderly, and that such housing be made available without regard to actual or perceived sexual orientation, gender identity, or marital status.

In conjunction with the conference, a number of private-sector organizations announced similar commitments. For example, to help their employees enjoy a secure retirement, United Technologies Corporation has set a goal of $1 billion in lifetime income assets intended to provide employees a steady stream of income in retirement and protect against outliving their savings. Home Depot released a tip sheet and "how to" video highlighting simple home modification steps to help individuals age in place. The Dementia Friendly America Initiative, led by Collective Action Lab, in partnership with USAgainstAlzheimer's, the National Association of Area Agencies on Aging, and Blue Cross Blue Shield of Minnesota announced plans to support dementia-friendly communities across the country and to expand to 15 additional pilot sites.

The pre- and post-conference activities allowed a broad range of stakeholders to provide substantial input and feedback on the policy topics that served as the focus areas for the conference: Retirement Security, Healthy Aging, Long-Term Services and Supports, and Elder Justice. WHCOA released four policy briefs on each of these focus areas.

Beginning in February 2015, WHCOA held a series of regional forums to engage with older Americans, their families, caregivers, leaders in the aging field, and others on the key issues affecting older Americans. The forums were co-sponsored by AARP and planned in coordination with AARP and the Leadership Council of Aging Organizations, a coalition of more than 70 of the nation's leading organizations that serve older Americans. Each forum included 200 invited guests—older Americans, family and professional caregivers, aging experts—and featured lively breakout sessions; panels on the conference's four topic areas; and remarks and keynotes by White House Cabinet secretaries and other senior Administration officials, as well as elected officials. Each forum was webcast, so communities could host local viewing sessions, facilitate discussion, and submit feedback.

First, we must acknowledge our demographic reality. The United States continues to experience incredible demographic transformation. Over 10,000 baby boomers are turning 65 every day, and the fastest growing demographic in the U.S. is women over age 85. The proportion of older adults representing racial and ethnic minorities is also increasing rapidly.

The Conference also organized five high-profile forums at the White House on the following topics: healthy aging, elder justice, caregiving, older women, and retirement security. Comments were generated at listening sessions and presentations with aging groups to stakeholder organizations in Washington, D.C., and across the country, as well as from more than 700 watch parties held throughout the country on the day of the White House Conference

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on Aging. While the public submitted ideas and concerns on a variety of topics, some of the most common themes included the need to support caregivers; ways to increase healthy aging; and the importance of Social Security.

This age wave will continue into the next decade and beyond. To help every American enjoy a longer, better, more active and independent life, our society needs to be able to effectively engage the challenges and fully embrace the possibilities inherent in an aging population.

The second theme of topics to address over the next decade is support for caregivers, both paid and unpaid. The majority of assistance for older Americans is generally provided at home by informal caregivers, especially family and friends. Informal caregivers are the most familiar face of caregiving, and are often the primary lifeline, safety net, and support system for older adults. Although rewarding, caregiving can be demanding, and informal caregivers need to be supported and sustained with appropriate resources. With family structures changing as Americans are having fewer children and increasingly moving away from families of origin, the availability of family members to provide care is diminishing.

***Looking to the Future***

As most Americans continue to live longer, healthier lives, there needs to be greater collaboration between the public and private sectors, at the national, State, and local levels to ensure older Americans have the opportunity to live with dignity and participate fully in life. Key themes from the conference listening sessions and dialogue with older Americans and their caregivers across the country include the following:

Due to this and other factors, a growing demand for professional caregivers is expected, which raises issues of recruiting and retaining the direct-care workforce. Direct care is a demanding profession with low wages, long hours, and limited benefits. It is critical for there to be efforts to recruit and retain a sufficient number of direct-care workers to keep pace with the growing need.

We must also take advantage of technology. Since the last White House Conference on Aging, held 10 years ago, technology has transformed what it means to age in America. An increasing array of web-based technologies, robotics, and mobile devices help older adults access the services they need, stay connected to family and friends, and remain active and independent.

The third universal theme is the importance of collaboration across sectors. Participants at White House Conference on Aging events focused on the need to break down the silos between housing, transportation, health care, and long-term services and supports in order to support healthy aging.

Everywhere WHCOA traveled in 2015 and regardless of which group it engaged with, everyone agreed that it is time to shift the conversation about aging from one that assumes the coming age wave will overwhelm us, to one that recognizes that it can help lift everyone by tapping the power of experience to improve our families, our communities, and our society. Contributing to our society and communities in a meaningful way will be the new definition of aging in America as we go forward.

## ‘LIFE PLAN COMMUNITY’ vs. CCRC

Many of today’s older adults have less-than-positive associations with the term “Continuing Care Retirement Community (CCRC),” which is why Penick Village and St. Joseph of the Pines have joined a nationwide movement by adopting a new moniker: Life Plan Community.

“The new name really draws attention to our community being about life, not just care,” Penick CEO Jeff Hutchins said. “It will help more people understand just how beneficial moving to a community like Penick Village is.”

Hutchins said one of the most common refrains from new residents is, “I should have moved in two years ago.”

“I think this new name will help people decide to move earlier so they can take maximum advantage of all we have to offer,” he said. “While we are certainly proud of our health care services, we offer so much more, including wellness programs, fine dining, socializing opportunities and residential options with all the amenities.”

“For years, the name ‘Continuing Care Retirement Community’ has given people in our market – and markets everywhere – a misleading impression of what communities like Belle Meade and Pine Knoll are,” Kastner said. “They have looked at CCRCs and thought they were all about ‘care,’ whereas the people that actually move to communities like ours know we’re all about living a purposeful life.”

“Today’s seniors often don’t perceive themselves as ‘old folks,’ so the new name is more than semantics,” Kastner said. “It represents a crucial shift in our industry from passive care to more active living and planning. We are addressing the desires of a changing target market.”

Gone are the days of formal coat-and-tie dining, not to mention Bridge on Tuesdays. The next generation of older adults wants to dine casually on locally sourced food prepared by gourmet chefs, enjoy wine tastings, and learn salsa dancing.

CCRC was coined in 1980 to describe the growing number of communities that provide a continuum of living and care options for older adults. At the time, about 100,000 seniors lived in a CCRC-like community. Today, that number has grown to about 600,000.

The terms “continuing care” and “retirement” were perceived to have negative connotations among potential residents, leaving them with the impression that CCRCs were only for people that need care, and thus are for older, less healthy people.

When many communities and organizations stopped referring to themselves as CCRCs over the last decade, the industry took notice and launched the Project NameStorm task force to develop a new brand category name that all communities could consistently adopt.

The two-year initiative chose the term “Life Plan Community” because it resonates with the next generation of potential residents in a meaningful way, reflects their lifestyle and attitudes, and expands the market’s perception of the possibilities for a healthy and rewarding life in retirement.

The new name was unveiled last month at the LeadingAge national convention in Boston, which Hutchins and Kastner attended.

“Some may fear the name implies that the community is doing the planning for you,” Kastner said. “This, of course, is not the case. The Baby Boom generation has spoken loudly and clearly by doing things differently their entire lives, and that will carry over into their retirement years.

“They are planners who are self-directed and want a future filled with possibilities. They are planning for the life they want to lead. Fortunately, the industry has listened.”

# BILLING RULES FOR HOSPITAL 'OBSERVATION CARE'

Here is some Medicare bad news, disguised as good news. Congress has finally moved to change the laws about observation care, a problem that's been vexing seniors for years because the laws are unclear. This has forced millions of seniors to face huge unexpected medical bills when they get home from short hospital stays.

Congress has supposedly "fixed" the problem – with the House and Senate approving legislation, but the fix appears to be a step in the right direction, without fixing the actual problem.

Under legislation that passed the Senate recently and was approved earlier this year by the House of Representatives, hospitals would now be required to tell Medicare patients when they enter the hospital under "observation care" status, instead of being actually admitted to the hospital.

On the surface, this might not appear to be a big deal, but if you or a loved one get stuck after a brief hospital stay with giant medical bills, this law could make a big difference. Unfortunately, it may not go far enough.

In 2013, we wrote about Jean Arnau, who spent five days in the hospital with a fractured spine. She was then discharged and needed to transfer to a skilled nursing facility for rehabilitation. Only then did her family find out that she had never been formally admitted as an inpatient to the hospital.

While the care the 80-plus-year-old Rhode Island woman got was exactly the same as she would have had she been admitted, instead she had been classified as an outpatient under "observation" – a status that cost her family thousands of dollars in co-pays and other fees – more than she would have paid if she had been admitted as an inpatient.

For many years, seniors have gone to hospitals but instead of being admitted as normal patients, they have been classified, for billing purposes, under "observation care."

How widespread is this practice? According to the most recently available data from Medicare, total claims of observation patients increased 91 percent since 2006, to 1.9 million in 2013. Long observation stays, lasting 48 hours or more, rose by 450 percent to 170,219 during the same period, according to a Kaiser Health News analysis.

Most patients do get all the services of being admitted as a patient, but instead of actually being admitted, they are billed differently. Inevitably, they would get home from their brief stay and find out that the experience cost them a fortune, what Sen. Susan Collins, R-Maine, described at a congressional hearing as a "devastating" monetary effect on many seniors because, in most cases, these bills come as a total surprise. Most folks figure their Medicare would cover all of the costs of the hospital stay.

The problem with the new law, is that it doesn't go far enough. It doesn't get rid of observation care. Instead it requires patients be notified 24 hours after they have received observation care. For many patients, that will be too little, too late. In addition, the new law requires that patients get an explanation why they had not been admitted and what their financial responsibilities are.

While notification and an explanation are good steps forward, that still means many seniors are still getting billed for their hospital stay because they are observation care patients, not inpatients. Observation care hurts seniors in two ways: It keeps Medicare's more comprehensive hospitalization coverage from kicking in, and it means they may not get Medicare's limited nursing home benefit if they need care in a facility after being in a hospital.

To qualify for Medicare's nursing home coverage, beneficiaries must first spend three consecutive midnights as an admitted patient in a hospital, and observation days don't count. Several states already require observation care notices, including New York, Pennsylvania, Connecticut, Maryland, and Virginia, according to Rep. Lloyd Doggett, D-Tex, who sponsored changes in the new law. Medicare has been reluctant to take similar steps.

At a Senate Special Committee on Aging hearing a few months ago, lawmakers peppered Sean Cavanaugh, a deputy administrator at the Centers for Medicare & Medicaid Services, about how Medicare would handle the issue.

"There is an assumption if [patients] are being wheeled into a hospital bed," and they are getting treatment, then they have been admitted, Sen. Claire McCaskill, a Missouri Democrat, told Cavanaugh. In 2013, Medicare officials attempted to control the use of observation care by issuing the so-called "two-midnight rule," which would require hospitals to admit patients who doctors expect to stay at least two midnights. But Congress delayed its enforcement after hospitals said the rule was confusing and arbitrary.

The big problem that remains for seniors is that while it's better to know you are on observation status, there's really nothing you can do about it. Toby Edelman, a senior policy attorney at the Center for Medicare Advocacy, told Kaiser Health News recently that there is no set process for challenging observation care while in the hospital, unlike issues such as disputing a discharge order when admitted patients feel they are not ready to leave.

The only way to switch from observation to admitted status is to persuade a physician or the hospital to make the change, Edelman says. And that decision doesn't apply to the time the patient has already spent on observation. After leaving the hospital, challenging observation care is inevitably frustrating since Medicare appeals judges may decide that a patient's condition did not require inpatient-level care – even when they received care that could have been provided nowhere else but a hospital.

*Reprinted from Washington Watch, October 1, 2015*

## Market Needs and Economic Impact of Continuing Care Retirement Communities in North Carolina

Stephen J. Appold, Ph.D. James H. Johnson, Jr., Ph.D. Allan M. Parnell, Ph.D. Frank Hawkins Kenan Institute of Private Enterprise-University of North Carolina at Chapel Hill
November 2015

**Executive Summary** Over the next two decades, North Carolina's senior population is projected increase by 68 percent – from 1.5 million in 2014 to 2.5 million in 2034. Continuing Care Retirement Communities (CCRCs)—institutional entities that meet the health and lifestyle needs of older adults as they age—constitute important residential and care options for our state's rapidly growing population of seniors. CCRCs typically include independent living units, assisted living units, and skilled nursing care facilities. With this continuum of care, CCRC residents can avoid subsequent residential moves as their health and functional abilities decline. CCRCs therefore are a type of serviced real estate – that is, real estate bundled with a set of guaranteed services which are partially prepaid. However, given shifting economic and demographic trends in the marketplace, a number of CCRCs are beginning to expand services beyond their campuses. Licensed through the North Carolina Department of Insurance, there are 57 CCRCs in the state of North Carolina. All 57 provide independent living units, 51 offer assisted living units, 53 operate nursing facilities, and 36 have dementia care units. Overall occupancy rates are in the high 80 percent range with a degree of variation among the 57 communities. Driven primarily by the distribution of high wealth seniors—presently their main clientele, CCRCs are concentrated in or near major metropolitan areas and in selected resort retirement areas within the state. The annual cost of living/ care in a CCRC is determined in part by land costs. As a consequence, CCRCs may increasingly locate near the suburban frontier of the largest, rapidly-growing metropolitan areas over the next few decades.

In 2014, North Carolina's 57 CCRCs housed 18,961 residents and employed an estimated 14,906 workers across all skill levels. CCRC's total ongoing purchases ($979 million), including payroll ($499 million), generated an estimated total economic impact of $1.7 billion. This included $94 million in direct and indirect state and county taxes and $152 million in federal taxes. Two decades from now, in 2034, CCRCs are projected to house 35,381 residents and employ 29,752 workers. CCRC's total ongoing purchases ($1.8 billion), including payroll ($931 million), will generate an estimated total economic impact of $3.2 billion, including $174 million in direct and indirect state and county taxes and $283 million in federal taxes. Beyond our projection horizon, insufficient wealth accumulation may constrain or prevent subsequent cohorts of seniors from considering CCRCs as realistic residential and care options in their maturing years. Recently, in anticipation of this potentiality, CCRCs have extended their circles of care beyond their core, well-to-do clientele to include individuals with a net worth below their normal requirements and to seniors in the local community opting to age in place. As they continue to do so, they will increasingly need to deal with the effects of growing income inequality and with the impacts of rising health threats, such as obesity and its consequences, on aging cohorts.

## Eastern Region NCCCRA Annual Conference

### Carolina Meadows Retirement Community Chapel Hill North Carolina

### April 13, 2016, 9:00 am-2:00 pm

***Your Legacy:***
***How to Leave a Gift and Not a Mess***

***Aging in Place:***
***Promises and Challenges for CCRCs***

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### Information

**Program**: 10:00 am - followed by the Eastern Region business meeting, election of regional officers, and a networking lunch to share best practices.

**Welcoming:** 9:00 am - coffee, tea, juice, and pastries.

**Tours**: 9:00 am -10:00 am- Carolina Meadows *Ambassadors* will be available to show you our Library, Club Center, Fitness facilities, Activities building, and new dining venues. Bus tours of the community will be available at 1:45 pm.

**Registration:** deadline is **March 31, 2016.**
See your NCCCRA representative for a Registration Form.

**Cost:** to be determined (will include lunch)

**NCCCRA CENTRAL REGION**
**ANNUAL MEETING**

**Friends Homes West, Greensboro, NC**

**Thursday, April 21, 2016**

**Registration fee (includes lunch)**
$10 for members
$12 for nonmembers

Registration and social time with refreshments will start at 9:15 A.M.
The program will begin at 10:00 A.M. After the program there will be a brief business meeting followed by lunch.

**Our theme for the meeting will be**
**"Staying Prepared for the Next Legislative Challenge."**

More details regarding speakers and program format will be forthcoming through your local NCCCRA community representative. Join us for a day of learning and sharing.

**Registration Form**
**You must use this form to register – Please Print**

Name/Names___________________________________

Community____________________________________

Address______________________________________

_____________________________________________

Telephone_________________________

E-mail_______________________________________

I (we) have the following dietary restrictions

_____________________________________________

Please make check out to "NCCCRA-Central Region"
Registration Forms and checks should be sent to:
**Gordon Forester, Treasurer**
**4100 Well Spring Dr. Apt 2310**
**Greensboro, NC 27410**

Check with your local NCCCRA community representative to see if he/she prefers to send in the registrations in bulk or have you mail them individually. Letting him/her know of your plans to attend will help with coordination of transportation, if needed, and planning for meeting materials, etc.
**Please send in your registration by April 12 so we will have an accurate count for lunch and setup.

**Western Region NCCCRA Annual Meeting**
**Tuesday, April 19, 2016**

Deerfield Episcopal Retirement Community
1617 Hendersonville Road
Asheville, North Carolina 28803-3453
828-274-1531

Registration opens: 9:00 a.m.
Meeting begins: 10:00 a.m.
Registration Fee with lunch $12
without lunch $4
(if received by March 31)
$14 if received after March 31

Deerfield resident only: Meal exchange Y N

**Registration form-**
**You must use this form to register-Please print**

Name_________________________________________

Community____________________________________

Address______________________________________

_____________________________________________

Telephone____________________________________

E-mail_______________________________________

I will arrive by Community Bus (_) , by private car (_)

Please make out the check to: Western Region NCCCRA
Return Registration Form with your check to:
**Don Schlegel, Treasurer**
**621 Laurel Lake Drive, B-317**
**Columbus, NC 28722**

Please indicate your preference if you wish a tour of Deerfield
Between 9 a.m. and 10 a.m. ____or
Following Business meeting ____

The Western Region will pay for lunch for your community bus driver.

The *Hotline* is published quarterly, March, June, September and December by Bernard S. Coleman, Deerfield Episcopal Retirement Community, Asheville, NC,
for NCCCRA President Brenda Tremoulet,
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Submissions to the *Hotline* and other *Hotline*-related communications should be addressed to the editor,
Bernard S. Coleman (gothic63@charter.net).

**www.NCCCRA.org**

**The NCCCRA home page is your source for information.**

**Check it out!**

## Membership Application

One-year membership is $12 for an individual, $20 for a couple. Life membership is $80 for an individual. **Checks should be made payable to NCCCRA** and **given to your community's NCCCRA representative**, so he or she can keep an accurate tally of members. Please indicate whether you are a renewing or new member. If you are not sure who your community's NCCCRA representative is, you may find out by contacting NCCCRA President,
Brenda Tremoulet, 16 Salisbury Drive, #7116, Asheville, NC 28803; (828) 505-1719;
brenda.tremoulet@gmail.com.
If your community does not have a representative, mail checks to:
NCCCRA, c/o Susan Rhyne, 3913 Muhlenberg Court, Burlington, NC 27215.
The form below is provided for your convenience.

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APPLICATION FORM (please print or type) *For membership year* 2016

____________________________ ____________________________

(Your name) (Spouse's name, if applicable)

Community________________________________________

Address________________________________________

________________________________________________

Email__________________________________________

Status (please check one): ☐Renewal ☐New member

Enclosed is payment for (please check one):

**One year**: ☐$12 single ☐$20 couple **Life**: ☐$80 individual.