CAHSAH’s 2005 Annual Report

Celebrating 40 Years of Success....Providing a Vision for the Future
California Association for Health Services at Home
CAHSAAH...
the premier voice for home care....
MESSAGE FROM THE PRESIDENT AND THE CHAIR

To the Members of CAHSAH:

We are very pleased to present to you CAHSAH’s 2005 Annual Report.

This is a special report because 2005-2006 is a special year for CAHSAH. We celebrate CAHSAH’s 40th Anniversary in 2006. We will celebrate this very special occasion throughout our 2006 Annual Conference and Home Care Expo May 17-19 in San Jose.

Over the course of CAHSAH’s first forty years, CASHAH has remained focused on its mission of promoting quality home care and enhancing the effectiveness of its members. Some of the highlights include establishment of the first fiscal intermediary committee in the nation in 1978, the debut of the CAHSAH Bulletin in 1984, sponsorship of AB 2266 in 1989 to require licensure of all organizations providing skilled nursing services, establishment of the Home Care Managers Certificate Program in 1992, the award of grants from the Robert Wood Johnson Foundation and the Pew Charitable Trusts in 1993 to conduct the Uniform Home Health Database and Patient Classification Project, participation in the National PPS Work Group which developed a Unified PPS Plan in the mid 1990’s, sponsorship of legislation in 1995 to allow Medicare Certified hospices to serve terminally ill residents in Residential Care Facilities for the Elderly and a multi-year campaign to end arbitrary survey and certification interpretations during Operation Restore Trust. We invite you to visit the CAHSAH Timeline to see other notable achievements.

While we celebrate CAHSAH’s past, we also look to the future. CAHSAH is currently working on a wide variety of fronts to create a better future for home care. Some of these efforts include the development of minimum standards for home care aide organizations, our Medi-Cal lawsuit to achieve equitable rates and regular updates for home health visits and shift nursing, the development of per diem reimbursement for Medi-Cal home infusion pharmacy, research and development of quality measures for hospice, and advocacy for reimbursement of telehomecare visits under Medicare and Medi-Cal.

We take this opportunity to recognize and thank our Board of Directors, committee members, members, and our outstanding staff for their diligent efforts in support of California home care and hospice.

Carolyn Bonner
Chairperson

Joseph H. Hafkenschiel
President
CAHSAH 2005
Board of Directors and Staff

Board Officers
Chairperson
Carolyn Bonner
Kaiser San Diego Home Health & Hospice

Chair-Elect
Sharon Niederhaus
South Coast Medical Center Home Care

Secretary
Brittnei Salerno
La Jolla Nurses Home Care

Treasurer
Ramona Rausch-Moenter
Chartwell UC Davis HomeCare

Immediate Past Chair
Pat West
Pioneer Home Health Care

Board Members
Lucy Andrews
At Your Service Home Care

Marjorie Bauman
Sutter VNA & Hospice

Barry Berger
Accredited Home Health Services

Terry Daggi
Kaiser Permanente Granada Hills

Dave Dial
Pro-Care Home Health Services

Eric Eberle
Geriatric Home Care Specialists

Kay Kallas
Mercy Home Health/Mercy Hospice

Monica Seay
Self Help Home Care and Hospice

Kathleen Morrissey
Mercy and St. Elizabeth Home Health

Sara Kawaguchi
Home Care Network, Inc.
DBA Long Beach Health Care

Rosalie Rowe
VNA of the Inland Counties

Bill Wiedemann, CPA
Adventist Health

CAHSAH Staff
Joseph Hafkenschiel
President

Michele Lander
Senior Executive Assistant

Vicki King
Administrative Assistant

Finance & Membership Services
Sandy Bertoux
Director

Ryan Moore
Director MIS

Greg Wilson
Controller

Education
Soua Vang
Director of Education

Richard Starks
Education Specialist

Patty Martinez
Education Coordinator

Kim Fields
Education Registrar

Policy, Advocacy & Public Affairs
Barbara Biglieri
Director of Policy

Tom Vu
Legislative Specialist

Nathan Carlson
Communication Specialist

COMMITTEE CHAIRS

Section Steering Committee Chairs

Home Care Aide
Eric Eberle
Geriatric Home Care Specialists

Hospice
Monica Seay
Self Help HomeCare & Hospice

Licensed Home Health Agency
Brittnei Salerno
La Jolla Nurses Home Care

Medicare-Certified
Pat West
Pioneer Home Health Care

Home Infusion Pharmacy/Home Medical Equipment
Ramona Rausch-Moenter (Co-Chair)
Chartwell UC Davis HomeCare

Bill Wiedemann (Co-Chair)
Adventist Health

Committee Chairs

Education & Conference Planning
Kay Kallas
Mercy Home Health/Mercy Hospice

Finance
Ramona Rausch-Moenter
Chartwell UC Davis HomeCare

Membership
Cindy Hatton
Central Coast VNA

Nominating
Belinda Condit
BestCare

Policy, Advocacy and Public Affairs
Marjorie Bauman
Sutter VNA & Hospice

Medi-Cal
Sharon Turner
Sierra Nevada Memorial Home Care
## CAHSAH’s 40 Year Timeline of Significant Events

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tbody>
<tr>
<td>1965</td>
<td>Medicare begins to reimburse for home health services. The State of California is one of the first states to institute licensing; the term “home health agency” is created and sixteen agencies become licensed. Dr. Lester Breslow, Director of the California Department of Health Services, urges California’s Visiting Nurse Associations to establish an association. He appoints Dr. Lois C. Lillick, a member of his staff, to facilitate the effort.</td>
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<tr>
<td>1966</td>
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- Audrey Yore is hired as CAHHA’s first Executive Director and the Association establishes an office in Pasadena.  
- CAHSAH begins holding statewide meetings. Dr. Lois C. Lillick also begins an important, pioneering series of workshops on home health, directed toward satisfying Medicare requirements and furthering sound practice. CAHHA co-sponsors these workshops.  
- Medicare begins to reimburse for home health services. The State of California is one of the first  
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| 1967 |  
- Lillian O’Brien, President of The Visiting Nurse Association of Los Angeles, Inc., institutes a uniform accounting system which is later adopted statewide and made available to other states.  
- CAHHA desires national representation and begins a movement to establish a national association. Out of that movement grows the National Association of Home Health Agencies (NAHHA).  
- Lillian O’Brien, President of The Visiting Nurse Association of Los Angeles, Inc., institutes a uniform accounting system which is later adopted statewide and made available to other states.  |
| 1968 |  
- CAHHA approaches Cubit, a computer firm, to develop a computer program for home health agencies billing and other applications.  
- The Association forms a committee to gather data and develop cost figures to respond to the state’s Schedule of Maximum Allowances for the reimbursement of home health services under the Medi-Cal program and develops social work standards and responds to Blue Cross of Southern California’s allegations of fraud and excessive billing by forming a committee to develop a plan of treatment form, resulting in the implementation of the original 3370 form.  
- Lillian O’Brien, President of The Visiting Nurse Association of Los Angeles, Inc., institutes a uniform accounting system which is later adopted statewide and made available to other states.  |
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- CAHHA co-sponsors these workshops.  
- Dorothy Kleffel, Director of Education with The Visiting Nurse Association of Los Angeles, approaches the Association to conduct a utilization review project. CAHHA obtains a grant and manages the project, working with Dorothy. Out of this project grow statewide workshops, the content of which is eventually published by the federal government.  
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*Photo courtesy of Hospital Home Health care Agency of California*

*Photo courtesy of Humboldt Home Health Services*
CAHSAH’s 40 Year Timeline of Significant Events

1975

- CAHSAH sponsors regional meetings in connection with Board meetings, which rotate geographically. These serve as the forerunner of formal regional council meetings.
- Kaye Daniels is the first person from a for-profit organization elected to the CAHHA Board of Directors. At that time, Kaye was Chief Executive Officer of Hospital Home Health Care Agency of California. In 1978, the company became a non-profit organization.

1976

- Lois C. Lillick, M.D. Award is created.
- CAHHA works with HCFA and fiscal intermediaries on the issue of tape-to-tape billing, which proves to be a great enhancement.

1977

- CAHHA establishes fiscal intermediary committee which meets quarterly and becomes a model for other states.
- State association directors’ meetings are instituted which offer an excellent networking forum, where directors can air issues and work on solutions to problems.
- The year of the "Jansak" audits. California providers survive relatively unscathed.

1978

- CAHHA becomes involved in the process that leads to the renaming of NAHHA to NAHC. Several representatives from California participate and support the merger between NAHC and The National HomeCaring Council.

1979

- CAHSAH relocates office to Sacramento

1980

- CAHSAH Bulletin debuts
- Hospice certification is established

1981

- Total number of licensed agencies reaches 443, up from 262 just two years previously.

1982

- CAHSAH welcomes vendors to its Spring Conference for the first time as part of an organized event.
### CAHSAH’s 40 Year Timeline of Significant Events

|------|------|------|------|------|------|------|------|------|------|
| ♦ Medicare “denial crisis” occurs | ♦ Joseph Hafkenschiel becomes Executive Director of CAHSAH | ♦ Quality Assurance Guidelines are published | ♦ Duggan v. Bowen lawsuit settlement clarifies Medicare coverage | ♦ CAHSAH membership approves plan to include all direct providers of home care as members | ♦ AB2266 is signed into law requiring all organizations, which provide skilled nursing services, to be licensed | ♦ Pepper Commission report is released | ♦ CAHSAH Membership sections are created | ♦ Five year strategic plan approved | ♦ Sponsored SB1892 (Maddy) enabling accredited home care organizations to receive deemed status for Medicare Certification | ♦ Grants approved from Robert Wood Johnson Foundation and Pew Charitable Trusts to fund Uniform Home Health Database and Patient Classification Project | ♦ Home Care Nursing Scholarship established

- **1985**: Medicare “denial crisis” occurs
- **1986**: Joseph Hafkenschiel becomes Executive Director of CAHSAH
- **1987**: Quality Assurance Guidelines are published
- **1988**: Duggan v. Bowen lawsuit settlement clarifies Medicare coverage
- **1989**: CAHSAH membership approves plan to include all direct providers of home care as members
- **1990**: AB2266 is signed into law requiring all organizations, which provide skilled nursing services, to be licensed
- **1991**: Pepper Commission report is released
- **1992**: CAHSAH Membership sections are created
- **1993**: Five year strategic plan approved
- **1994**: Sponsored SB1892 (Maddy) enabling accredited home care organizations to receive deemed status for Medicare Certification
- **1995**: Grants approved from Robert Wood Johnson Foundation and Pew Charitable Trusts to fund Uniform Home Health Database and Patient Classification Project
- **1996**: Home Care Nursing Scholarship established
CAHSAH takes active role in national PPS Work Group, which develops Unified PPS Plan

Develops action plan and position paper to combat HCFA’s abuse of the Medicare Certification process in Operation Restore Trust

Sponsored legislation AB 857 to allow recipients of personal care services to obtain a criminal background check on their personal caregivers

CAHSAH President testifies before House Ways and Means Health Subcommittee in favor of industry’s PPS plan

CAHSAH presents workshops on Balanced Budget Act of 1997

Final home health agency licensing regulations published October 8, 1997

EPSDT rate increase achieved

CAHSAH sponsors legislation increasing coordination of care in RCFE’s and eliminating duplicate fingerprinting requirements

Hospice Administrator Certificate Program created

Telephone Seminars introduced

Achieved increase in shift nursing rates

10 percent Medi-Cal rate increase

Alignment of Regional Center rates and policies with Medi-Cal

CAHSAH urges DHS to provide flexibility for one year’s nursing experience

U.S. Department of Labor publishes notice withdrawing their proposal to deny the federal companion exemption to third party employers

CAHSAH successfully lobbies for shift nursing and home health to be exempted from Medi-Cal cuts

CAHSAH works with Employment Development Department on Underground Economy

CAHSAH holds first Legislative Mixer

AB 68 signed creating a new licensure category for Private Duty Nursing Agencies

CAHSAH participates in conference call with Chief of the CMS Central Office of Survey and Certification, Steve Pelovitz. Unfair and excessive Medicare survey deficiencies, subsequently, decline

CAHSAH sponsors legislation, AB 1404 (Cox), to allow home care and hospice nurses to work up to twelve hours a day without overtime; labor kills the bill

CAHSAH organizes task force to work with DHS on revamping of the way Medi-Cal pays for home infusion pharmacy

CAHSAH files NQF appeal on consensus for home health care

DHS approves drop sites

CAHSAH introduces AB 2704 (Berg)

CAHSAH introduces AB 2704 (Berg)

CAHSAH produces home care brochure

CAHSAH files Medi-Cal lawsuit to achieve equitable rates and regular updates
In 2005, CAHSAH was very active in state and federal legislation and regulation and saw a strengthening of the home care industry. Of the 29 bills that CAHSAH followed, 14 made it to the Governor’s desk. Seven of the ten bills CAHSAH supported were signed and the three bills we strongly opposed were all vetoed.

In response to member outrage over unlicensed agencies performing licensed services at great public risk, CAHSAH sponsored AB 1434 (S. Horton) to require DHS to enforce, document, report, and investigate all reported incidents of unlicensed facilities providing skilled nursing services in the home to facilitate statewide consistency in documenting and investigating such entities. SB 666 (Anestead) allowed Congregate Health Living Facilities (CHLF) in counties with less than 500,000 people to increase beds from 6 to 12; AB 702 (Koretz) created incentives to give loans to student’s seeking master’s degrees in nursing to help with the nursing shortage; AB 1735 (De La Torre) and SB 912 (Duchaney) repealed the five percent provider rate decrease for Fee-For-Service Medi-Cal Providers for years 2004-2006.

CAHSAH strongly lobbied against AB 652 and AB 477, which would have expanded the In-Home Supportive Services program into the private sector for persons making up to $58,000 for a family of four. AB 477, which made it to the Governor’s desk, was vetoed. CAHSAH also opposed AB 651 (Berg), the physician assisted suicide bill, which would require a physician’s authorization to provide medication to end of the life of an adult with a terminal diagnosis.

CAHSAH has aggressively been working on home infusion pharmacy issues and sponsored SB 676 (Ashburn) in 2005 to require DHS to create a per diem system for Medi-Cal home infusion pharmacy providers.

CAHSAH sought reforms for Medicare home health agencies with our April 2005 March on Washington to lobby our Congressional members. Senator Barbara Boxer’s signing-on to support the inclusion of the five percent rural add-on in the Budget CAHSAH held discussions with Lumetra and CMS regarding the new expedited determination process for our August 31 Virtual Lobby Day resulting in over 210 letters faxed to Congress to maintain the market basket, extend the five percent rural add-on, and oppose co-payments.

CAHSAH successfully worked with the California Labor Commissioner to address the need for clarification of the personal attendant exemption under Wage Order 15 resulting in a November 23, 2006 opinion letter which clarified the personal attendant exemption.

CAHSAH analyzed and submitted an eleven page review of the nine core comments and key concerns on the July 26, 2005 proposed changes to the Hospice Medicare Conditions of Participation (CoPs).

CAHSAH worked with Department of Health Services to speed up members licensing and certification survey delays across the state, which resulted in hiring an additional 50 surveyors in 2005 and budget requests in 2006 for 151 surveyor positions.

CAHSAH served on the public policy committee of the Children’s Hospice and Palliative Care Coalition to address the problems faced by home health and hospice agencies providing palliative care services to children through the California Children’s Services (CCS) program.
CAHSAH aggressively advocated for increased Medi-Cal rates for home health providers in the Legislature and in court. While our initial lawsuit was successful in obtaining an order for DHS to set new rates. We appealed the decision to obtain strong criteria and retroactivity for the new rates. Our lawsuit is expected to settle in 2006.

CAHSAH successfully educated and worked with the state regarding the Underground Economy and incorrect use of independent contractors in home care which resulted in increased audits.

CAHSAH opposed the Governor’s mandatory enrollment of seniors and person with disabilities into Medi-Cal managed care to cut costs. The state postponed expansion until rate studies and health plan readiness evaluation by DHS are completed.

CAHSAH held its 3rd Annual Legislative Mixer on March 9 at the Capitol after a day of lobbying on our top home care priorities.

CAHSAH Board of Directors voted in October to donate $25,000 to the Hurricane Katrina/Rita Homecare Recovery Fund to assist home care employees and their families in the affected areas of Alabama, Mississippi, Texas and Louisiana.

CAHSAH successfully appealed the National Qualify Forum’s recommended requirements to CMS requirements for all home care providers that were unnecessarily burdensome and contradictory to how care is provided.

CAHSAH was appointed on the Olmstead Advisory Committee to ensure that persons receive services in home and community based locations.

CAHSAH objected to more than 1,300 denials by UGS targeting unknowing home health providers with Medicare beneficiaries that had earlier been involved in fraudulent activities resulting in UGS correcting 346 of the denials affecting 119 providers.

CAHSAH Members at our Annual Conference

EDUCATION PROGRAMS

As providers continued adjusting to ever-changing regulations and new operation practices, education training programs and resource products remained of utmost importance. CAHSAH offered a total of 31 educational programs in 2005. This included 9 workshops, 10 certificate programs and 12 telephone seminars.

In the beginning of the year, CAHSAH rolled out two full days of intensive OASIS training in January as the first program. There were over 199 participants and approximately one-third of those participants took the exam to be awarded the Certificate for OASIS Specialist – Clinical (COS-C) designation. Participants in the training walked away with the knowledge of achieving comprehension and accuracy in OASIS data collection using guidelines established by the Centers for Medicare & Medicaid Services (CMS).

The following month, CAHSAH offered the Hospice Administrator Certificate Program, one of eight Administrator Certificate Programs presented through a partnership with The Corridor Group, Inc. It was well attended and presented speakers with a wealth of knowledge. The program boasted over 88 graduates, who took the post exam to get their Certified Hospice Administrator Certificate.
As the first quarter wound down, the workshop offerings intensified with workshops on HIPAA Security. Since April 21 was the deadline for agencies to comply with the HIPAA Security Rule, this workshop was most critical. Due to a separate set of regulations addressing the security of patient data stored in computer systems, it would require more time and effort in achieving compliance than privacy. Although many agency executives didn’t realize this and assumed they had done everything needed to comply, this was the wrong assumption. Attendees of the HIPAA workshop, which was offered in four different locations, learned this valuable information.

In an effort to meet the evolving needs of industry leaders, CAHSAH continued to offer various management trainings, including the Leadership Academy. In March, Stephen Tweed taught over 38 high-level executives how to become a highly effective home care leader by seeing the big picture and growing their business by producing more ODI – “Owner’s Discretionary Income”.

In April and November, CAHSAH offered its flagship certificate program for home care managers. The Home Care Manager Certificate Program was revamped to bring together leadership staff from home care aide, licensed, and Medicare-certified providers to Los Angeles and Burlingame, California for a three-day training.

Over 387 industry professionals convened in Garden Grove on May 23-25 at the Hyatt Hotel for the Annual Conference & Home Care Expo. The conference’s intimate environment and timely curriculum maximized attendees learning experiences. The conference started out with a full day of pre-conference workshops followed by one and half days of concurrent sessions. The highlight of the conference included keynote speakers Bill Dombi with National Association of Home Care and Hospice and Lisa Remington with The Remington Report. The overall conference received rave reviews, with 94 percent of attendees rating the overall conference as “excellent” to “very good”.

As the need for higher education and training continued, CAHSAH in partnership with The Corridor Group and NAHC, offered 4 basic and 3 advanced Home Care and Hospice Administrator Certificate programs in June, October and November. The programs were once again successfully offered on a national level.

In the last quarter of the year, CAHSAH continued to offer educational programs on core topics such as Survey, PPS, Medicare Documentation and OASIS.

Supplementing face-to-face workshops offered both in Northern and Southern California, distance learning continued to grow in popularity. CAHSAH responded by increasing the number of telephone seminars from three to twelve. On average, 18 sites registered for the distance learning programs with approximately six participants per site.

With over 2047 participants in education programs, it was evident that producing high quality educational programs and resources continues to be a high priority for CAHSAH.
MEMBERSHIP

CAHSAH concluded 2005 having met the overall dues goal, a three percent dues increase compared to 2004, with 41 new affiliate members and 58 new provider members. The chart below displays the section representation of members as of the end of 2005:

- Medicare Certified 57%
- Licensed Home Health 19%
- Home Care Aide 16%
- Hospice 3%
- Home Infusion Pharmacy 2%
- Home Medical Equipment 1%
- Interdisciplinary Professional Services 1%
- Provider 1%

Recruiting included the target marketing of large private duty organizations, a joint project with the newly formed Greater Sacramento Regional Home Care Council and the implementation of a Trial Membership Campaign which resulted in 76 trial members. Additionally, we increased our prospect database by approximately 600.

Retention efforts included recognition of providers for milestones and special achievements with congratulatory letters, certificates of commendation, and articles in CAHSAH’s monthly Bulletin.

The Membership Committee was revitalized, and a membership benefits flyer was developed, providing an overview of benefits and services available to CAHSAH members. The flyer serves as both a recruiting and retention tool.

CAHSAH is authorized to serve as a Group Purchasing Organization to negotiate contracts, often coupled with discounts, for goods and services that will increase the efficiency and effectiveness of the home care industry. During 2005, we began a systematic review of the existing programs. Master templates for our GPO agreements, addendums and amendments were designed. A new private duty program with OCS was launched, and the process was initiated to explore a potential small group health insurance plan for our members.
CAHSAH’s 2005 expo was an overwhelming success. All available booths (90) were sold, exceeding our revenue goal. We not only achieved our conference sponsorship goals, but the overall CAHSAH sponsorship goal was exceeded by eight percent as a result of the creation of a promotional matrix and the development of a sponsorship strategy.

For the first time, online update capability was available to members for the 2006 Resource Guide; the Resource Guide was completed and distributed on schedule. Having laid a good foundation in 2005, the Membership Department is anticipating great things for 2006.

**MISSION AND VALUES STATEMENT**

CAHSAH’s Mission is “to promote quality home care and enhance the effectiveness of its members.” All CAHSAH Staff are dedicated to providing the highest quality of service to our members. CAHSAH is dedicated to providing staff with the means and opportunity to achieve the highest standards in professionalism and development.

**CONSOLIDATED STATEMENT OF ACTIVITIES**

**FOR THE YEAR ENDED DECEMBER 31, 2005**

**Revenues:**
- Member dues and assessments $949,633
- Medi-Cal legal defense fund 29,441
- Conference and workshops 688,188
- Royalties and sponsorships 210,234
- Product sales 13,921
- Interest and investment income 36,431
- Advertising 15,700
- PAC contributions and fundraising income 19,204
- Other 15,667

Total revenues $1,978,419

**Expenses:**

**Program services:**
- Educational programs 797,788
- Policy, Advocacy, & Public Affairs 440,021
- Member services 225,058

Total program services 1,462,867

**Management and general** 580,012

Total expenses 2,042,879

**Increase in Members’ Equity**

(64,460)

**CONSOLIDATED STATEMENT OF FINANCIAL POSITION**

**FOR THE YEAR ENDED DECEMBER 31, 2005**

**Assets**

**Current Assets:**
- Cash and equivalents $393,945
- Certificates of deposit 307,457
- Dues and other accounts receivable 34,126
- Other assets 37,410

Total current assets 772,938

**Investments** 267,888

**Deposits** 20,193

**Property and Equip** 70,561

Total Assets $1,131,580

**Liabilities and Members’ Equity**

**Current Liabilities:**
- Accounts payable and accrued expenses $63,809
- Deferred revenues 15,102

Total current Liabilities 222,911

**Deferred Rent** 31,551

Deferred Compensation Liability 15,563

Total Liabilities 270,025

**Members’ Equity - Unrestricted** 861,555

Total Liabilities and Members’ Equity $1,131,580