ACHCA
American College of Health Care Administrators
NEW YORK CHAPTER

Voices of Leadership — Fall 2025 Edition

In this Issue

Take It from the Top – A Message from National and Chapter Leadership

Advocacy: A Vital Responsibility for ACHCA Members

Submitted by Mark Prifogle, FACHCA, ACHCA Board Chair – VP of Operations, Indiana, BHI Senior Living

In today's rapidly evolving post-acute and aging services environment, advocacy is more critical than ever. Members of ACHCA have a unique and essential role in advocating for policies, and regulations, that benefit both our profession and the communities we serve. Advocacy is more than just participation; it is actively engaging with legislators, stakeholders, and community leaders to influence decisions impacting healthcare administration at every level.

What is Advocacy?

Advocacy involves actively promoting the interests and well-being of individuals, groups, or professions by influencing decision-makers and shaping public policy. It includes actions like meeting with legislators, educating the community, engaging in public campaigns, and participating in grassroots efforts to drive policy change.

Grassroots advocacy refers to the collective efforts of individuals at the local level who mobilize to influence policies through direct engagement with community leaders and policymakers. Examples of grassroots efforts in healthcare administration include organizing local community forums, writing letters or emails to elected officials, coordinating social media campaigns to raise awareness on specific issues, and encouraging public participation in legislative hearings.

Examples of grassroots advocacy in our industry include:

- Local community forums addressing staffing shortages in long-term care facilities, leading to increased public awareness and legislative attention.
- Campaigns to engage community members in contacting state legislators about the need for improved Medicaid reimbursement rates.
- Social media initiatives highlighting the daily challenges healthcare administrators face, which helps drive public and policymaker support for administrative resources and workforce development.

Why Advocacy Matters

Protecting our profession is crucial. According to the American Hospital Association, regulatory requirements alone cost the healthcare industry approximately $39 billion annually. Active advocacy can help manage these costs and improve efficiency, enabling administrators to focus on patient care and organizational sustainability (source: aha.org).

Quality of care is directly influenced by advocacy. When administrators engage in advocacy efforts, policies are more likely to reflect real-world operational needs, thereby enhancing care outcomes. For instance, the Kaiser Family Foundation notes that proactive advocacy can significantly impact policy outcomes related to Medicare and Medicaid funding, directly affecting the quality of care provided to millions of Americans.

Influencing positive change is another key outcome of effective advocacy. Administrators who proactively engage in legislative advocacy contribute to policies that promote improved reimbursement, stronger workforce development, and better patient and resident care outcomes. For example, the American Health Care Association highlights that advocacy efforts have contributed to increased awareness and solutions addressing the critical workforce shortage in post-acute and aging services.

How ACHCA Supports Advocacy

ACHCA understands the importance of advocacy and has established a structured approach through its Public Affairs Committee. This Committee closely monitors legislative and regulatory developments affecting healthcare administration. Members who participate will gain firsthand knowledge of current policy issues and have opportunities to interact directly with policymakers.

Committee involvement equips administrators with essential resources and platforms to voice their professional insights effectively. It provides structured opportunities to collaborate on strategic initiatives, enabling collective advocacy efforts that significantly enhance the profession's influence.

Getting Involved

Active participation in advocacy through ACHCA's Public Affairs Committee is highly encouraged. Regular committee meetings, training sessions, and coordinated advocacy campaigns offer practical avenues for meaningful engagement. Your involvement ensures that real-world experiences and expert insights guide the formation of impactful healthcare policies.

Joining the Public Affairs Committee not only strengthens ACHCA's collective voice but also empowers individual administrators to drive meaningful, lasting change in post-acute and aging services administration. Your advocacy directly influences policy decisions that shape the future of our industry: benefiting administrators, healthcare providers, and, most importantly, the patients and residents we serve.

Learn more and join us in advocacy today.

A Message From ACHCA New York Chapter President Mark Sanchez

I hope this message finds you well. I'm reaching out personally to encourage you to **renew your membership with the ACHCA New York Chapter**.

As a valued member of our professional community, your continued involvement is vital to the strength, innovation, and success of our chapter. The New York Chapter remains one of the most active and forward-thinking in the nation—setting the standard for leadership, education, and professional development across the ACHCA network.

Over the past year, we've expanded the value of your membership by:

- **Reimagining our Annual Convention** to increase its impact for members and vendor partners alike.
- **Now offering scholarships** through Teresian House, Brookmeade, and Norwegian Christian Home to help administrators attend the convention.
- **Providing full access to NYS-required CEU credits** through our chapter events.
- **Hosting one-day CEU events** at significantly discounted rates—bringing timely, high-quality continuing education directly to our local healthcare leaders.
- **Launching a chapter newsletter** to keep you informed and connected.
- **Featuring nationally recognized speakers** who share real-world strategies and innovative ideas tailored to today's healthcare leadership challenges.
- **Expanding peer recognition, mentorship opportunities, and AIT support**, helping candidates connect with facilities and qualified preceptors.
- **Championing diversity, equity, and inclusion** in long-term care leadership, continuing the legacy of Sister Joan.
- **Strengthening our Executive Board** with dedicated professionals committed to elevating long-term care administration in New York and beyond.

Your membership directly supports all of these initiatives—and more. By renewing today, you'll continue to benefit from these offerings while staying connected to a vibrant, mission-driven network of peers shaping the future of long-term care.

Let's keep building on this momentum—together.

Culture Is Everything: Why Positive Culture Defines Long-Term Care Success

Steven Smyth, LNHA, CNHA, HSE, FACHCA, Administrator, Expert Witness and Consultant

After more than 30 years in skilled nursing and post-acute care leadership, I can say without hesitation…culture is everything. Compliant policies, adequate staffing models, good star ratings, positive survey results, even dynamic clinical programs all matter, but without a strong, positive culture in the facility, none of them can sustain success.

In long-term care, culture is not a slogan on a wall or a mission statement in a handbook. It is the day-to-day lived experience of staff and residents. It is the behaviors, attitudes, and shared expectations that drive how care is delivered. A facility with a strong positive culture can weather staffing shortages, regulatory changes, and even crisis events. A facility without one can falter even when resources seem plentiful. Culture is not what is written in policies, it is how people actually treat each other when no one is watching.

Why Culture Matters Most

Culture essentially is the multiplier effect – it amplifies everything that happens inside the building, for better or for worse. This is seen particularly in staff engagement. Staff members who feel respected and valued tend to stay, reducing turnover and increasing consistency of care. It has positive effects on resident well-being because a positive facility culture translates directly to resident safety, trust and satisfaction. When morale is high, good resident outcomes follow. Positive culture affects survey and risk management as well. Facilities with engaged, visible leaders and a supportive environment often prevent issues before they escalate into citations or even lawsuits.

Tactics to build and maintain positive culture

Culture can feel intangible, but administrators have practical levers they can pull. Here are a few high-impact strategies I have seen work across settings:

Be Consistently Present – Walking the halls is not symbolic, it is essential. Staff see whether leadership is engaged, approachable and observant. Your presence communicates priorities more strongly than any memo.

Catch People Doing the Right Thing – Correction has its place, but recognition is more powerful in shaping behavior. Staff want to know their efforts are noticed and appreciated, especially in high stress environments.

Communicate Transparently – In the absence of information, staff create their own narratives, often negative ones. Leaders who share updates honestly, even when the news is difficult, earn trust and loyalty.

Involve Staff in Solutions – Nothing undermines culture more than staff feeling like problems are pushed down onto them without input. Involving frontline voices creates ownership and innovation.

Prioritize Well-Being, Not Just Productivity – Burnout erodes positive culture quickly. Administrators who protect staff well-being send a clear message – you matter, not just your output.

Lead By Example – Every action communicates culture, whether intended or not. Staff notice how leaders treat residents, handle stress, and respond under pressure.

Culture Requires Daily Investment

The challenge with culture is that it is never "finished". Just as a garden requires daily watering, pruning and weeding, culture requires ongoing care and attention. Left unattended, even the strongest culture will weaken, and negativity, turnover, disengagement and ultimately bad resident outcomes will quickly take root. Leaders who assume culture is something you "set and forget", often discover that the environment quickly shifts, sometimes without realizing it until morale has eroded or resident satisfaction has declined.

By contrast, leaders who intentionally invest in culture every day create organizations that are resilient and adaptable. These are the facilities where staff speak up, collaborate, and stay committed even when resources are thin or the challenges very high. They are the communities where residents feel known, respected, and safe because staff are motivated to go beyond minimum standards and provide genuine, person-centered care.

Daily investment does not necessarily mean large and costly initiatives. It is often the accumulation of small, consistent actions, such as walking the halls, recognizing staff by name, listening with patience, and addressing concerns before they grow. Over time, these practices compound, creating an environment of trust and accountability that no policy manual can replicate.

Conclusion

In long-term care, where staffing challenges, abundant regulatory demands, and incessant financial pressures are constant, culture is the one factor that multiplies the effectiveness of every other effort. A strong culture does not eliminate challenges, but it equips teams to meet them with confidence, commitment and positivity.

Culture is the shadow of leadership. It reflects what leaders model, tolerate and reinforce every day. As administrators, our most important responsibility is not only balancing budgets, monitoring compliance, or tracking census, it is cultivating a culture where staff feel respected, supported and empowered - where residents feel safe, valued and well- cared for.

Because in the end, culture is the legacy every administrator leaves behind. Policies change, and buildings fade, but culture endures. It isn't just part of the work – it is the work.

The Not-for-Profit Conundrum: Sustaining Mission in a Changing Health Care Landscape

John Hill DNP,MSN,RN,PMH-BC,DNS-CT
Knights Care COO

Across the United States, not-for-profit nursing homes are facing unprecedented challenges. Many stand-alone facilities are being forced to sell, merge, or close entirely as the health care landscape grows increasingly complex. Rising labor costs, shrinking reimbursement rates, and mounting regulatory demands have all contributed to this pressure. Between 2008 and 2018, the closure rate was striking: 38% of nursing homes in non-metropolitan areas and 62% of nursing homes in metropolitan areas shut their doors (Sharma et al., 2021). This trend threatens not only the survival of facilities but also the preservation of missions rooted in community service, compassion, and quality care.

Research demonstrates that the not-for-profit model produces consistently better outcomes. Comondore et al. (2009) found that not-for-profit facilities generally provide higher quality care and receive fewer citations compared to their for-profit counterparts. Staff in these organizations also report greater job satisfaction, which directly impacts resident outcomes. Similarly, Gandhi et al. (2021) linked high staff turnover to lower quality care, a phenomenon less pronounced in not-for-profit environments. Maintaining the not-for-profit mission is therefore not only an issue of values but also of measurable outcomes: better care, stronger staff morale, and improved quality of life for residents.

Economies of Scale: Leveling the Playing Field

Large corporate chains benefit from economies of scale, allowing them to cut costs and negotiate favorable service agreements. Stand-alone not-for-profits, however, rarely have the same leverage. To remain viable, these organizations must explore partnerships that replicate those benefits without sacrificing autonomy. Collaborations with organizations like Knights Care illustrate how not-for-profits can share services, reduce overhead, and streamline operations. By pooling resources, they can maintain financial stability while preserving their community-based mission.

Modeled Restructure: Embracing Change Without Losing Identity

Another strategy for survival lies in rethinking organizational structure. Facilities often cling to the phrase, “We’ve always done it this way,” which undermines adaptation. Restructuring departments, integrating research-based practices, and adopting innovative operational models are essential for long-term survival. Not-for-profits must align their missions with modern realities by embracing change while safeguarding their commitment to quality. Antiquated models risk eroding the very values that make these facilities indispensable.

Access to Capital and Affiliation Advantages

The only other thought worth considering is the issue of access to capital. Stand-alone not-for-profits often face significant challenges in raising funds for renovations, expansions, or service improvements. By contrast, for-profit operators typically have more direct access to capital markets, which allows them to reinvest and adapt more quickly.

Affiliation offers one solution for not-for-profits. Through partnerships, mergers, or system alignment, organizations can create efficiencies that improve financial stability. This collective strength not only enhances operational capacity but also opens doors to capital markets that would otherwise remain inaccessible to a single independent facility. In this way, affiliation can help level the playing field between not-for-profit and for-profit providers in a rapidly evolving healthcare environment.

Conclusion

The not-for-profit nursing home sector is at a crossroads. While closures and sales may seem inevitable, there are paths forward. By leveraging economies of scale through partnerships and pursuing thoughtful organizational restructuring, these facilities can continue to thrive. More importantly, sustaining the not-for-profit mission ensures residents receive the compassionate, high-quality care that research repeatedly affirms. The challenge now is not whether not-for-profits can survive, but how they can innovate while remaining true to their purpose.

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Qualifications & Experience:

- Licensed Nursing Facility Administrator in NY 04823 and Texas 9603
- Adjunct Faculty Tarrant County College Long Term Care Administrator's Program
- Experience in Risk Management for Senior Living and Care Home Operators Nationwide

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Invest in Your Future—Apply for a NY Chapter Scholarship by November 29!

There's still time to be part of something meaningful! The ACHCA NY Chapter is proud to support the next generation of long-term care leaders through our scholarship opportunities. If you or someone you know is pursuing growth in the field of nursing or health care administration, don't miss this chance to receive financial support, recognition, and connection to a professional community that invests in its future.

Whether you're a student, early-career professional, or mid-career leader looking to advance, we encourage you to apply. Let us help you take the next step in your leadership journey.

📅 **Application deadline: November 29, 2025**
📩 Apply today or share with someone who should!

Together, we're building the future of long-term care—one leader at a time.

- **The Brookmeade Scholarship for Nursing**
- **The Brookmeade Scholarship for Administration**
- **The Thersian House Scholarship for Administration**
- **The Norwegian Christian Home and Health Center Scholarship for Administration**

📧 *To submit a nomination, email **scholarships@nycachca.com**.*

OMIG Tightens the Lens on Medicaid Compliance: What New York Nursing Homes Need to Know

Keith Chambery, FACHCA, LNH, MBA
Crystal Vision Consulting, Inc.

If you've felt like Medicaid compliance has been steadily creeping closer to center stage in New York's long-term care landscape, you're not imagining it. At a well-attended session on October 23rd, the Office of the Medicaid Inspector General (OMIG) made it clear that Medicaid oversight in 2025—and beyond—is shifting into higher gear.

The presentation, which focused on OMIG's evolving audit protocols and compliance expectations, landed at a time when providers across the state are already navigating tight margins, regulatory pressure, and heightened scrutiny from both state and federal watchdogs. But there's more here than just another reminder about rules—OMIG offered insight into how it's trying to modernize, and in some ways, collaborate with the provider community. For ACHCA members and facility leaders, this presents both a challenge and an opportunity.

Understanding Where OMIG Is Headed

OMIG's mission has always centered on protecting the integrity of the Medicaid program. That means recovering overpayments, identifying fraud, and making sure providers are compliant with the complex mesh of state and federal Medicaid rules. But what's changing is *how* OMIG is doing that.

For starters, they've revamped their audit protocol library, making it more transparent and navigable. Providers can now see when a protocol was developed, which service dates it applies to, and what guidance was used to build it. The agency even launched a Protocol Change Log to document updates, giving facilities a better chance to stay ahead of moving targets. These protocols, OMIG reminded attendees, are not laws—but they are the working blueprints used by auditors to interpret the law when conducting retrospective reviews (which can span up to six years back).

Another notable shift? Provider feedback is now encouraged. During protocol development, OMIG reaches out to associations and stakeholders to gather comments, catch errors, and identify disconnects between policy and practice. While this may not seem groundbreaking, it signals a broader move toward shared responsibility in getting compliance right.

Why This Matters More Than Ever

This OMIG session didn't happen in a vacuum. Just weeks earlier, the federal Office of Inspector General (OIG) launched a multi-state audit—including New York—focused on how states have implemented nursing home minimum spending requirements, like our well-known (and widely debated) 70/40/5 rule.

That federal review isn't targeting individual providers per se, but New York's broader compliance framework: Are facilities meeting the thresholds? Are the state's enforcement systems fair, consistent, and evidence-based? What barriers exist for providers trying to comply?

For facility administrators, though, that higher-level review could trickle down quickly. OMIG is already laying the groundwork to respond to this kind of federal scrutiny—and it's not hard to imagine new protocols or targeted reviews emerging as a result. That's especially true for issues like related-party payments, capital cost adjustments, or how direct care spending is defined and reported.

Compliance Reviews Are No Longer Just Paperwork
OMIG also discussed its **Compliance Program Review (CPR) process**, which evaluates whether a provider's compliance infrastructure meets the state's legal and regulatory standards (specifically those under 18 NYCRR § 521). In 2024, OMIG initiated 86 CPRs and finalized 83.

If your compliance program hasn't been dusted off recently, now's the time. OMIG emphasized seven core elements that every provider must document, implement, and monitor: written policies, a designated compliance officer and committee, training programs, clear communication pathways, disciplinary standards, auditing and monitoring systems, and response mechanisms when issues arise.

Interestingly, OMIG also flagged common weaknesses: training that doesn't reach contractors or board members, no real audit trail on exclusion checks, and policies that sit on the shelf without active implementation. These aren't gotcha tactics—they're areas that facilities can shore up before they get flagged in a review.

Where to Go from Here
If you're reading this as an administrator or compliance lead and thinking, "We're doing most of this, but maybe not all," you're not alone. The reality is that New York's Medicaid compliance environment is becoming more technical, more data-driven, and more integrated with federal expectations. The good news? There's a roadmap now. OMIG has published a library of resources—including a self-assessment tool, training guidance, and audit FAQs—all available at omig.ny.gov.

And if you're one of the facilities selected for a federal OIG interview as part of the audit on minimum spending, these state-level protocols and documentation expectations are exactly what you'll want to have in hand.

The bottom line? This isn't just about compliance for its own sake. It's about protecting your facility's ability to care for residents, retain staff, and maintain operational stability in a Medicaid environment that's evolving faster than ever. Staying ahead of audit risk is no longer a defensive strategy—it's part of being a proactive, informed leader in long-term care.

As always, ACHCA is here to support our members in navigating these changes with clarity, collaboration, and confidence.

United Hebrew Announces Leadership Change: After Nearly 50 Years of Service, Rita C. Mabli to Become Senior Advisor as Mark J. Sanchez Appointed President & CEO

New Rochelle, NY — October 8, 2025 — United Hebrew of New Rochelle, a 106-year-old senior services campus dedicated to enriching the lives of older adults, announced today that President & CEO **Rita C. Mabli** will step down in at the end of 2025 after nearly five decades of service. She will assume the role of **Senior Advisor to the new CEO and to the Board of Directors** and continue to serve on the organization's board and executive committee. **Mark J. Sanchez**, current Administrator and Chief Operating Officer of United Hebrew's nursing home, will succeed her as President & CEO **effective January 5, 2026**.

Board Chair Rosemary McLaughlin shared the news, saying: "Rita has been the heart of United Hebrew for nearly 50 years. Her vision, compassion, and leadership have shaped our organization into a nationally recognized model of senior care. We are deeply grateful for her service and fortunate that she will continue to be part of our community. At the same time, we are excited to welcome Mark into this role. His leadership, experience, and commitment to our mission make him the right person to guide United Hebrew into the future."

A Legacy of Leadership

Rita Mabli joined United Hebrew in 1976 and has dedicated her entire career to the organization. She became CEO in 1994 and President in 2007, the first woman to hold either role. Under her leadership, United Hebrew grew from a modest home for the aged into a comprehensive campus of care, offering skilled nursing and rehabilitation, assisted living, memory care, affordable senior housing, and home health services. Today, the campus serves more than 1,000 residents and clients each day.

Mabli is widely regarded as a trailblazer in senior care. She championed a culture of kindness and respect that led to one of the lowest staff turnover rates in New York State and consistent national recognition for United Hebew, including U.S. News & World Report's "Best Nursing Homes," multiple Eli Pick Leadership Awards from the American College of Health Care Administrators, and five consecutive years of five-star ratings from the Centers for Medicare and Medicaid Services.

She has also been recognized nationally and regionally for her contributions, receiving the first McKnight's Pinnacle Award, and was named a Crain's Notable Healthcare Leader, Westchester Magazine Healthcare Hero, Westfair C-Suite Executive, Westchester County Association Healthcare Champion and a Westchester Public Private Partnership for Aging Services Impact Awardee, among many others.

Reflecting on her career, Mabli said: "I am proud of all we have accomplished together at United Hebrew. It has been the work of a lifetime, made possible by guidance from our dedicated board of directors and support from our staff who care so deeply for our beloved residents. I am confident that under Mark's leadership, our campus will continue to thrive. Our mission, vision, and values are in excellent hands."

From COO to CEO: Mark Sanchez Steps into Top Role

Mark Sanchez joined United Hebrew as Administrator of the nursing home in 2023, bringing more than a decade of healthcare leadership experience and a unique personal connection to senior care. His career began at age 14, working in his family's assisted living facility, and in 2012, he trained as an Administrator-in-Training at United Hebrew under Mabli's mentorship.

"This is not just a job for me; it's a homecoming," said Sanchez. "United Hebrew has been part of my professional journey from the start, and I am deeply honored to step into this role. Rita has built an incredible legacy of compassionate care, and my commitment is to listen, to learn, and to work alongside our staff to ensure that legacy continues as we grow into the future."

With a background in both healthcare and finance, Sanchez is a New York State licensed nursing home administrator and serves on the National Mentoring Committee of the American College of Health Care Administrators, where he is also President of the New York Chapter. He is known for his collaborative leadership style, operational expertise, and dedication to person-centered care.

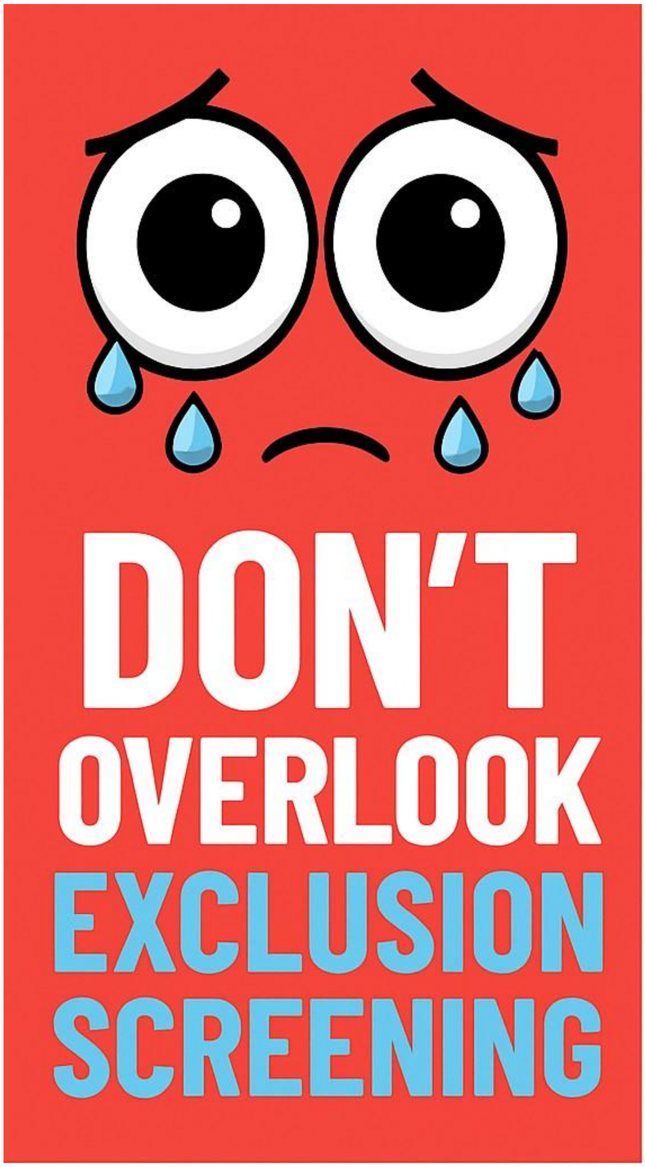
About United Hebrew

United Hebrew is a vibrant not-for-profit, non-sectarian, multiservice campus of comprehensive senior care, nestled on 7.5 acres in New Rochelle, NY. United Hebrew has served the Westchester metropolitan area since 1919 and today supports more than 700 residents and clients daily through long-term skilled nursing, short-term rehabilitation, assisted living, memory care, and independent senior housing. For more information, visit www.uhgc.org or call (914) 632-2804.

Participants engage in the **ACHCA NY Chapter's Certified Dementia Practitioner Training session** on October 29,2025 at Sarah Neuman - gaining practical strategies for enhancing person-centered care and improving quality of life for residents living with Alzheimer's and other dementias.

Thanks to our sponsors for the session: LI Scripts, Centers Labortory, Supplyline, MY IT, DocRite, Cordial Health, Documax, Renew, Shift Key, and H&R.

A packed room of long-term care professionals participates in the **Brookmeade "Regulatory Deep Dive"** on October 18, an interactive session exploring Medicare, quality measures, and compliance strategies for today's administrators. **Thanks to our sponsors: Atlantic, LI Scripts, Comprehensive Skilled Care Solutions, OneGroup and McKesson.**



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Cybersecurity Alert: Protecting Your Team from Email Spoofing & Gift Card Scams

By Justin Schwartz, IT Solutions Specialist

In recent weeks, we've seen a troubling rise in **email spoofing scams** targeting staff at long-term care facilities. These scams are not hypothetical — several employees recently received fake emails impersonating senior ACHCA members locally and nationally such as Mark Prifogle and Mark Sanchez, urgently requesting **gift card purchases**.

These attacks are designed to create a sense of urgency, bypass normal judgment, and exploit trust within teams. It's critical for administrators and staff to recognize the signs of spoofing and know how to respond.

What Is Email Spoofing?

Email spoofing occurs when attackers forge the sender's name, email address, or domain to make a message appear as if it came from someone trustworthy — like a colleague or vendor. This technique is commonly used in **Business Email Compromise (BEC)** schemes to trick recipients into sending money, sharing sensitive data, or — most commonly — purchasing and forwarding gift card numbers.

Why Gift Cards?

Scammers prefer gift cards because they're fast, difficult to trace, and easily redeemable. The **Federal Trade Commission (FTC)** warns:

"Only scammers tell you to buy a gift card to pay them."

If anyone demands payment by gift card or asks you to send gift card numbers — it's almost certainly a scam.

How to Protect Yourself and Your Facility

If You Receive a Suspicious Email:

- **Stop and assess** — Don't act on urgency alone.
- **Verify requests by phone or in person** — Use a known phone number (not one in the email).
- **Check the sender details** — Hover over the email address to reveal any unusual domains or misspellings.
- **Never purchase gift cards or send card numbers** based on an email or text message.

- **Report immediately** to IT or your internal security contact — including full email headers if possible.

Proactive Measures for Staff and IT Teams

For All Staff:

1. **Verify all urgent money requests** directly before acting.
2. **Inspect links before clicking** and avoid downloading unexpected attachments.
3. **Use strong, unique passwords** and enable multi-factor authentication (MFA).
4. **Treat pressure tactics** (urgency, threats, emotional appeals) as red flags.

For IT and Administrative Leadership:

1. **Implement SPF, DKIM, and DMARC** records for all sending domains.
2. **Monitor DMARC reports** regularly and ensure third-party email platforms are correctly configured.
3. **Use anti-phishing solutions** to flag spoofed display names and failed authentication.
4. **Conduct phishing drills** and give staff clear tools for reporting suspicious messages.

If a Spoofed Email Is Received or Acted On

- **If no money was sent**: Forward the email to IT, then delete it. Include headers.
- **If a link was clicked or attachment opened**: Disconnect the device, alert IT, and change passwords.
- **If payment was made**: Contact the card issuer immediately, file a report at ReportFraud.ftc.gov, and notify local law enforcement and internal IT.
- **Preserve all communications** for investigators — timing and context help in recovery.

What Leadership Should Know

Cybersecurity best practices — especially **email authentication protocols** like SPF, DKIM, and DMARC — are becoming essential. Without these protections, your facility's domain may be used in spoofed attacks or blacklisted by major mail providers. Work with your IT provider to ensure proper configuration and enforcement.

Stay vigilant. Talk with your teams. And remember — no one legitimate will ever ask for payment in gift cards.

Professional Liability Insurance Tailored for ACHCA Members - Because Peace of Mind Should Be Part of Your Practice

If you're a senior living administrator, you know that leadership often comes with more legal risk than people realize. One misstep—real or perceived—can land you in a complicated legal situation. That's why ACHCA is proud to introduce a new benefit for our members: **affordable, individual professional liability insurance**, built specifically for the unique needs of long-term care leaders.

Through a partnership with the **Lee Agency** and **Midwest Insurance Group**, ACHCA is offering a **portable, personal professional liability policy** available to ACHCA members at a discounted rate.

What's Covered?

ACHCA members can purchase a policy issued under a master policy held by ACHCA, with **individual limits of $1,000,000 per claim / $3,000,000 aggregate**. This is **secondary coverage**, designed to activate when your employer's policy denies a claim, lacks sufficient limits, or is otherwise unavailable.

Even more importantly, **the defense team provided by this policy is there to represent you—not your employer**. That means your interests come first, ensuring you're not left vulnerable or sidelined in a broader organizational response. Plus, **defense costs are paid outside the policy limits**, preserving your coverage to actually settle claims.

Why It Matters

In an increasingly complex regulatory and legal environment, having your own protection is more than smart—it's essential. Whether you're working full-time, between roles, consulting, or just want a safety net, this policy ensures you're not depending solely on employer coverage. This coverage is for you – it follows you, regardless if the claims are made from a current or former employer.

ACHCA Member Advantage

The annual premium is:

- **$2,000 for current ACHCA members**
- **$2,300 for non-members**, which includes your **first year of ACHCA membership**

That means new enrollees essentially receive a year of membership **at no additional cost**.

How to Learn More or Enroll

For details or to purchase coverage, contact:

Brandon Buster, CIC
Director of Sales, Lee Agency
bbuster@leeagencyinc.com
563-272-8556
leeagencyinc.com

New Partnership Offers Real Savings for ACHCA Members - Introducing the ACHCA Affinity Program with Samaritan Alliance

We're excited to share some great news with our fellow administrators and colleagues across New York: ACHCA has launched a new Affinity Program in partnership with **Samaritan Alliance**, a premier group purchasing organization (GPO) designed specifically for senior care providers like us.

For many of us working in long-term care, assisted living, or hospice, it's no secret that the rising costs of pharmacy services, therapy providers, medical supplies, and food services are putting a squeeze on our already tight budgets. ACHCA's partnership with Samaritan Alliance is a response to this challenge—and it couldn't come at a better time.

Samaritan Alliance isn't just any GPO. They've been serving aging services providers since 1998, and their mission is clear: **to put residents first** by helping providers like us get access to the best pricing, rebates, and service across hundreds of vendor contracts. What makes this partnership special is that it's tailored to the realities of our industry—no one-size-fits-all deals, just negotiated agreements that reflect the needs of skilled nursing, assisted living, and home health operations.

To participate, facilities only need to use **at least one of the "Core Four" vendor categories**: Pharmacy, Therapy, Dietary, or Medical Supplies. Based on how many of those you're using through Samaritan, you'll qualify for one of three membership levels—Limited, Associate, or Elite. And with each level comes more benefits, including **volume rebates** and **partial reimbursement for continuing education** through state associations (including 50% back for Associate and Elite members).

Do you have a favorite vendor that you would like to be part of the program? Put them in touch with Bryan Sutherlin. There ae no guarantees that they will be admitted, but the program is always looking for partners to provide value to all participants.

This program was thoroughly vetted by the ACHCA Board of Directors, including an RFP process and multiple rounds of discussion. Ultimately, the Board felt Samaritan Alliance was the right partner to help ACHCA members **save more while doing more**. And now, the program is up and running—with a full launch set for the upcoming ACHCA Convention.

So what does this mean for your facility? If you've ever wished you could tap into better pricing without sacrificing quality, or if you've wanted to make your dollars stretch further on staffing, supplies, or education, this is a great time to explore your options. There's even a **free cost comparison** available—just fill out the form online and Samaritan will walk you through what your savings could look like.

To learn more or get started, reach out to:

Bryan Sutherlin
Vice President of Sales and Marketing, Samaritan Alliance
📧 Bryan.sutherlin@samaritanalliance.com
📞 317-503-3873

Or visit www.samaritanalliance.com for more information.

ACHCA and Samaritan Alliance are working together to make sure your membership means more than just letters after your name—it means support, savings, and smarter ways to serve.

📅 Upcoming Events – Fall 2025 through Spring 2026

▶ Tuesday, November 18, 2025

NYSHFA – From Cause to Cure: QAPI & Root Cause Analysis
Webinar - 1.5 CEUs

▶ Thursday, November 20, 2025

NYSHFA – **Nutritional Directors Leadership Workshop**
Webinar – 4.0 CEUs

▶ **Thursday, November 20, 2025**

LeadingAgeNY - Small Acts, Big Impact: *Understanding and Addressing Microaggressions in Healthcare Environments*
Webinar – 1.5 CEUs

▶ **Tuesday, December 2, 2025**

Ethics and the ACHCA Mentor Program

📍 *Nyack Seaport, Nyack, NY*

🎓 6.0 CEUs | Exhibitor Participation Welcome

🔗 Registration opens November 6 via [nycachca.com]

▶ **Sunday–Wednesday, March 8–11, 2026**

ACHCA NY 56th Annual Convention

📍 *Resorts World Catskills, Monticello, NY*

🎓 Up to 16.5 CEUs | Vendor expo, awards, networking, and leadership development

🔗 Registration opens Fall 2025 via [nycachca.com]

▶ **Sunday–Wednesday, April 19–22, 2026**

ACHCA National NELS, Pre-Conference & Annual Convention

📍 *Renaissance Orlando at SeaWorld – Orlando, FL*

🎓 National CEUs | Pre-conference leadership education | Networking with peers nationwide

🔗 Details and registration

📧 Contact: achca@achca.org

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