

**VALLEY VIEW ADVISORY COMMITTEE  
AGENDA  
TUESDAY, AUGUST 20, 2019  
2:30 P.M.**

**VALLEY VIEW ADVISORY COMMITTEE MEMBERS:** James D. O'Donnell, Chair  
Michael Amo, Michael D. Paduch, D. Bloomer, Laurence LaDue, Real Property Tax Director, / Designee, Rosemary Kukys

**I. CHRISTIAN FARRELL, DIRECTOR, VETERANS' SERVICE AGENCY**

**UPDATE: Veterans Programs**

**II. JOHN MCCAREY**

**DISCUSSION: Real Estate**

**III. DISCUSSION: BERGER COMMISSION REPORT**



# County Legislature

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Michael R. Pillmeier, Chairman  
Laurie M. Whightsil, Clerk

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III.

**TO: All Legislators**  
**FROM: Michael R. Pillmeier** *MRP*  
**DATE: October 19, 2010**  
**RE: Valley View Berger Commission Project**

**All Legislators are invited to attend a meeting regarding the Valley View Berger Commission Project on Tuesday, October 26<sup>th</sup> at 4:00 p.m. in the Legislative Chambers.**

**The County Executive will be speaking along with presenters, Edward Casper of Wiedersum Associates Architects, Anthony Morrone and Gregory Graff of Horan Martello and Morrone CPA, the Valley View Health Care auditing firm.**

## PROLOGUE

The Commission on Health Care Facilities in the 21<sup>st</sup> Century was created to review and strengthen New York State's acute and long term care delivery systems. Systems, by definition, are comprised of multiple parts that form a unified whole. Such definition does not apply to New York's health care industry where we confront a fragmented patchwork of health care resources. Some areas of our state have excess health care resources while others have shortages. We have widespread and unnecessary duplication of services. We have too much institution-focused care and not enough home and community based options. We have too few primary care resources to keep people well and out of the hospital. We spend extravagantly on health care and yet still leave too many without adequate access to the health care they need. We have yet to come to grips with changes in medicine that render parts of a massive bricks-and-mortar infrastructure obsolete.

Our hospitals and nursing homes, as described in this report, are in dangerously unstable condition. Years of chronic losses and growing numbers of empty beds have led some hospitals to close their doors and others are on the brink of collapse. Even the relatively "successful" hospitals that manage to break-even or eke out a modestly positive margin do not have sufficient resources to reinvest and maintain the high-quality, modern health care that New Yorkers deserve. A growing percentage of nursing homes are losing money from operations. It is not in the best interests of patients to rely on health care providers in such financial straits, and closures due to market forces alone threaten ongoing access to quality care, especially for the State's most vulnerable residents.

Hovering over the instability of our hospital and nursing home providers is a growing problem of affordability. New York should be proud of having one of the largest and most generous Medicaid programs in the nation. It is a very costly program to maintain, however, and its costs are rising at an unsustainable rate. The total cost of the Medicaid program has nearly doubled over the last decade to approximately \$45 billion per year. Medicaid is a crippling budget item for the state and many counties. Upstate counties, which lack broad tax bases but have growing Medicaid populations, are particularly struggling under these cost burdens. We must regain control over Medicaid costs and spend more wisely to maintain health care services without crowding out our ability to finance other important social needs.

# **A Plan to Stabilize and Strengthen New York's Health Care System**



## **FINAL REPORT *of the* COMMISSION ON HEALTH CARE FACILITIES IN THE 21ST CENTURY**

December 2006

**Commission on Health Care Facilities  
in the 21st Century**

90 Church Street • New York, New York 10007

[www.nyhealthcarecommission.org](http://www.nyhealthcarecommission.org)

## HUDSON VALLEY REGION

### LONG-TERM CARE RECOMMENDATIONS

#### *Recommendation 1*

##### Facility (ies)

The Valley View Center for Nursing Care and Rehab (Orange)

##### Recommended Action

It is recommended that Valley View Center for Nursing Care and Rehab downsize by approximately 160 RHCf beds to approximately 360 RHCf beds and add an 80-bed ALP, a 30-slot ADHCP and possibly other non-institutional services in the vacated building. In the remaining buildings, it is recommended that the facility convert 50 RHCf beds to a 20-bed ventilator-dependent unit and a 30-bed behavioral step-down unit.

##### Facility Description(s)

The Valley View is a 520-bed residential health care facility, owned and operated by Orange County. The facility provides baseline services, locked dementia care, an expanding and successful short-term rehabilitation program, and an 8-bed AIDS care center that has been entirely unoccupied since 2003. It coordinates closely with the county's long-term home health care program.

With a new administrator in place, Valley View has over 95% occupancy of its staffed beds, and it has a high case mix index (1.16). It had 17 deficiencies compared to a regional average of 5, but no immediate jeopardies. Valley View's faces significant financial problems. It has lost over

\$1 million per year in operations, and had a loss of \$2.6 million in 2002. The facility's labor contract requires greater than 50% benefits and includes staff maintenance restrictions.

Valley View operates two buildings, including the Perry building that houses 160 beds with shared bathrooms. Valley View has eliminated beds from the Perry building and intends to close it as soon as feasible.

### **Assessment**

Orange County's population has grown significantly. While the county has a documented bed need of 388 additional nursing home beds, the existing providers are only 92% occupied. Moreover, the county has large unmet need for non-institutional services, particularly ALP beds and ADHCP slots. With more non-institutional options available in the county, the long-term care system will be better balanced for the future population growth.

The Perry building should be closed and converted to accommodate an ALP and ADHCP.

### ***Recommendation 2***

#### **Facility (ies)**

Andrus-on-Hudson (Westchester)

#### **Recommended Action**

It is recommended that Andrus-on-Hudson downsize all 247 RHCF beds and add 140 ALP beds and possibly other non-institutional services.