

**HEALTH AND MENTAL HEALTH COMMITTEE  
MINUTES**

**TUESDAY, JANUARY 16, 2018  
4:00 P.M.**

PRESENT: Mike Anagnostakis, Chairman  
James D. O'Donnell, Joel Sierra, Kathy Stegenga, Janet Sutherland, Laurie R. Tautel,  
Peter V. Tuohy

ALSO

PRESENT: L. Stephen Brescia, Chairman  
Katie Bonelli, Majority Leader  
Michael D. Paduch, Minority Leader  
Leigh J. Benton, Legislator  
Thomas J. Faggione, Legislator  
Rob Sassi, Legislator  
Antoinette Reed, Legislative Counsel  
Wayne C. Booth, Deputy County Executive  
Jennifer L. Roman, D.O., Orange County Medical Examiner/  
Acting Commissioner of Health  
Christopher Ericson, Deputy Commissioner of Health  
Kerry Gallagher, Deputy Commissioner of Health  
Laurence LaDue, Commissioner, Valley View Center  
Donna Strecker, Director of Finance, Valley View Center  
Michael Ventre, Budget Analyst

Mr. Anagnostakis opened the committee meeting at 4:22 p.m. and asked everyone to stand for the Pledge of Allegiance. All committee members were present with the exception of Legislator Amo who was absent.

Mr. Anagnostakis addressed the committee and welcomed the new Legislators. He stated if any Legislator would like something pertaining to this committee brought before the committee it would be placed on the agenda.

On the agenda was the introduction of Jennifer Roman, D.O. as Acting Commissioner of Health.

Dr. Roman presented the committee with a brief overview of her time with Orange County. She came to the county in 2012 as the Deputy Medical Examiner and is now the current Chief Medical Examiner and Acting Commissioner of Health.

Mr. Anagnostakis recommended that the Health Department conduct a brief presentation on their department at the next meeting.

Mr. Booth explained that Dr. Roman accepted the position of Acting Health Commissioner after they received the resignation of former Health Commissioner Dr. Eli Avila on Friday.

Mr. O'Donnell asked for an update on the issue with the former Elant in Goshen as he understands the Health Department was there.

Mr. Ericson clarified that it was the New York State Department of Health as the county health department has no oversight on those facilities. An investigation could be going on based on the various complaints but they would not typically follow-up on those issues as it is run by the state. He did indicate to the County Executive that he would contact the regional state office and inquire if an investigation was being conducted.

Mr. O'Donnell asked if the Department of Consumer Affairs and Weights and Measures was there. Mr. Ericson replied that he was not aware.

Mr. Anagnostakis asked that any sharable information be forwarded to the legislative office.

In response to Mr. O'Donnell's questions, Mr. Booth replied that Commissioner Chuck Mitchell of the Department of Consumer Affairs and Weights and Measures is aware of the issue and has been in contact with the New York State Health Department.

Mr. Anagnostakis asked if the Department of Consumer Affairs and Weights and Measures would have any jurisdiction. Mr. Booth replied, probably not, but they have met with the Office for the Aging, Orange County Health Department and the Department of Consumer Affairs and Weights and Measures and asked that the departments look at any available avenue to determine what is happening at the facility.

Mr. Benton suggested the state also look at the former Elant in Newburgh that is the "sister" facility of Sapphire Nursing and Rehabilitation. He has a friend with a family member at the facility and they have complained about the severe decrease in staffing since this group took over this facility.

Mr. Ericson stated that he would raise Mr. Benton's concern with them. They have received numerous phone calls from the public expressing concern on various nursing homes and when that happens, they refer them to the 800 number to file an official complaint with the state, which is the normal protocol.

Mr. O'Donnell asked if they could get a comparison from the state on the staffing between Valley View and Sapphire Nursing and Rehabilitation. Mr. Ericson replied yes, if he can get the information.

Mr. O'Donnell commented that he would imagine the information would have to be supplied to the state.

Ms. Tautel added that it is a 120-bed facility.

Mr. O'Donnell reiterated that he was inquiring on staffing.

Mr. LaDue introduced himself to the committee and presented a handout and brief synopsis of the Valley View Center for Nursing and Rehabilitation (see original minutes). Valley View

is a 360-bed skilled nursing facility with 11 units. They have 300 beds for long term residents and 60 beds for short term rehabilitation residents; of the 300 long term beds 120 are designated for residents with Alzheimer's. In 2017, Valley View served 1,011 residents with 293 residents returning to the community after their short term rehabilitation care.

Mr. Anagnostakis asked if they still have between 350 and 360 full-time employees. Mr. LaDue replied yes, 358.

Mr. Anagnostakis asked if Mr. LaDue knew what the facilities that are experiencing trouble have cut their employee numbers too. Mr. LaDue replied that he does not; however, if the New York State Department of Health is investigating they would look at staffing levels and scope of practice as LPN's are not allowed to do everything that an RN can do such as the assessment of a resident.

Mr. LaDue added that while there is not a mandated level on staffing, he would consider normal day shift staffing to be: One Nurse Care Manager on every unit who oversees the LPN's and CNA's on a forty bed unit. On that forty bed unit they would have one RN, two LPN's or one LPN per twenty residents and four CNA's and/or one CNA per ten residents.

Mr. O'Donnell asked if Mr. LaDue could provide them with a one-page report in order to better understand the staffing levels.

Mr. Tuohy asked for the number of veterans at Valley View. Mr. LaDue replied that he does not have that number with him but would get the information to Mr. Tuohy.

Mr. LaDue commented that he would prepare a breakdown of staffing on all shifts for the committee at next month's meeting.

Mr. Anagnostakis stated that while they have no jurisdiction over the other facility, it would be good to have the comparison.

Mr. Paduch asked if there was also an RN on the night shift. Mr. LaDue replied yes, with day shift having an RN on each unit and two or three RN supervisors that cover the facility overnight.

Mr. O'Donnell asked if they could receive that information from Mr. LaDue as soon as possible. In his opinion, they would have something to say about the other facility whether it be through the Department of Consumer Affairs and Weights and Measures or public advocacy.

Mr. Anagnostakis agreed that public advocacy for nursing homes is what keeps them running the correct way.

Mr. LaDue continued stating the various services offered at Valley View: 24-hour, 7 day a week nursing care, clinic, medical records, referrals from hospitals and community, infection control, staffing and staff development, rehabilitation, physicians, dental, podiatry, specialty doctors, psycho-social wellbeing and discharge planning, dining and nutrition, resident banking and payments, purchasing, library, computer access, religious services, beauty salon, housekeeping, laundry and therapeutic and recreational activities. The facility currently employs 358 full-time nursing employees

and 95 per diem nursing employees. Revenues received for resident care are approximately 75% medicaid, 15% medicare, 9% private pay and 1% managed care/other insurance, and they do receive additional revenue from medicare part B (rehab), cafeteria and gift shop. The overall census for the facility in 2017 was 93.37%.

Mr. Anagnostakis recommended that all new legislators receive a copy of the last audited report from Horan, Martello, Morrone, P.C., the one-page summary sheet provided by Valley View that depicts the data over the last four to five years and the report provided by Karin Hablow, Commissioner of Finance that described the cash balance of Valley View's enterprise fund.

On the agenda was the monthly report on Valley View.

Mr. Ladue addressed the committee on new business.

Mr. LaDue explained that they currently have five confirmed cases of the flu which has resulted in seven of their eleven units being closed.

Mr. Anagnostakis asked about the facility's current census. Mr. LaDue replied that they were just under 91% for January and, in addition to the confirmed cases of the flu, they have had the norovirus hit the facility.

Mr. Anagnostakis asked if they had ever conducted a comparison from year-to-year as to what kind of hit they are taking and the impact it has on the facility's census. Mr. LaDue replied that they have not, but could.

Ms. Strecker addressed the committee stating that the results are through December 2017 and reconciled as of January 10, 2018. County taxation is at \$776,018.00; however, they are waiting on an accounting entry to return those funds due to several large payments from IGT funding. They received just under \$15 million in IGT funding which is a revenue stream for county nursing homes and is in recognition of the financial hardships they face in caring for the most infirmed which is higher than those in the private sector.

Mr. Anagnostakis explained that IGT funding comes from the federal government and through the state and to the county.

Ms. Tautel asked if IGT funding was up-to-date. Ms. Strecker replied that they are more up-to-date than in the past. Over the last few years they have been receiving payments on a regular basis and the payments received have been larger than historical payments.

Ms. Tautel asked about IGT not being billed properly. Mr. Anagnostakis replied that was never the case but there was a time when they were a couple of years behind. However, over the last few years they have attempted to make payments on a timelier basis resulting in multiple payments in one year.

Mr. Anagnostakis added that because there are fewer nursing homes taking advantage of it their "slice of the pie" is bigger.

Ms. Strecker continued stating that other revenues were at \$41 million and under the medicaid program they billed approximately \$17.7 million, medicaid (HMO) \$10 million, medicare

\$12 million and private pay just under \$4 million. They have seen an increase in revenues over last year of approximately \$2.5 million with \$400,000.00 being a result of one time revenues.

Ms. Stegenga asked about the IGT payments received that were for 2014 and 2015. Mr. LaDue replied that they were applied to the year they were received.

Ms. Stegenga commented that even though 2016 was a good year it was because of payments received that were owed and due for 2014 and 2015.

On the personal services side, expenses were at \$21 million with the average payroll at \$808,000.00. Equipment purchases were at just under \$301,000.00, contractual at \$10.3 million, employee benefits at \$16.5 million and serial bond interest at \$147,000.00.

Mr. Anagnostakis asked that Ms. Strecker explained Other Post-Employment Benefits (OPEB) to the new committee members.

Ms. Strecker replied that there is an accounting standard that requires all municipalities report the actuarial liability of what the expenses will be for providing health care costs for the retired population. However, when this new accounting standard was put into place no funding obligation was put into effect with these only being paper entries that are booked.

Mr. Anagnostakis asked for clarification that the 2016 employee benefits of \$27,459,334.00 included the book entry of \$10.4 million of OPEB that was not an actual expense. Ms. Strecker replied yes.

Mr. Anagnostakis pointed out that because of that it actually inflates that figure by \$10.4 million and is something they must remember.

Ms. Stegenga asked if they have a contingency line for unforeseen purchases. Ms. Strecker replied that as part of the budget process they work collectively within the facility and look at revenues, operations and evaluate equipment needs. They also have capital projects that are not included in this report. These are projects that can go over multiple years and are reviewed by the capital committee.

Mr. LaDue added that they have an operating budget and capital project budget with the capital project budget having a contingency line for purchases.

Mr. Anagnostakis asked that Mr. LaDue explain why medicaid was broken out to medicaid and medicaid (HMO). Mr. LaDue replied that due to a cost saving initiative in 2016, residents began the transfer from the traditional medicaid program to the medicaid (HMO) program. However, they are still guaranteed the benchmark rate.

Ms. Strecker added that the census as of today, was at 90.78% with December at 93.37%. Year-to-date medicaid utilization was at 47.66%, medicaid (HMO) at 27.46% and medicare at 14.89% and private was at 8.62%.

Mr. Anagnostakis asked that Mr. LaDue explain the different rate structures. Mr. LaDue replied that they lose money on every medicaid resident but make the money back on their medicare residents due to a higher reimbursement.

Ms. Strecker added that medicaid is tied to a rate sheet that is issued by the Department of Health and they are currently being paid just under \$300.00 per day for a medicaid bed. On the medicare side, they are being reimbursed approximately \$650.00 a day.

Mr. LaDue explained that a majority of their long-term residents are medicaid residents and a majority of the short-term residents are medicare residents.

The meeting adjourned at 5:05 p.m.