

VALLEY VIEW ADVISORY COMMITTEE MINUTES
WEDNESDAY, FEBRUARY 5, 2020
2:45 P.M.

PRESENT: James D. O'Donnell, Chairman
Michael D. Paduch, Dan Bloomer, Laurence LaDue, Eric Ruscher, Rosemary Kukys

ALSO

PRESENT: Danielle Diana-Smith, Assistant Director, Office for the Aging

Mr. O'Donnell opened the meeting at 2:50 p.m. and requested everyone stand for the Pledge of Allegiance to the Flag. All members were present with the exception of Legislator Amo who was absent.

On the agenda was an update on Valley View Real Estate.

Mr. Ruscher presented the committee with a handout on the Valley View property (see original minutes). He offered a brief overview of the property including Pad Site 1 consisting of 2.9 acres with an existing dwelling that would need to be removed; Pad Site 2 consisting of 6 acres and Pad Site 3 consisting of 71.5 acres, zoning maps, zoning codes, tax map, establishment of districts, general provisions, Overlay District Regulations, photographs and active real estate listings. He broached the committee on solar panels for a portion of Pad Site 3 as it would allow them to generate revenue and provide electricity to Valley View.

Mr. O'Donnell asked about the acreage across from the Sewer Plant. Mr. Ruscher replied that the old railroad bed is owned by the Heaven's View Farm, LLC.

Mr. O'Donnell asked that Mr. Ruscher get confirmation on who owns the property that crosses over the railroad tracks.

Mr. O'Donnell asked that Mr. Ruscher create a segment on solar for the final report.

On the agenda was an audio/visual presentation by LeadingAge entitled, Valley View Advisory Committee Strategic Considerations.

The presentation was conducted by Diane Darbyshire, LCSW, Senior Policy Analyst, Sara Neitsel, Esq., Senior Policy Analyst and Ken Allison, Policy Analyst/Data Specialist (see original minutes). They provided a brief overview of LeadingAge New York and emphasized the following: examining opportunities presented by having a vacant former nursing home that would build upon your experience and services currently provided, examine data regarding projected needs for services, existing resources and facilities in the area, any population and demographic considerations for Orange County, consideration and overview of independent living, adult care facilities and assisted living in New York, identifying key questions and steps, admissions and retention standards, differences between Assisted Living and Senior Housing and payment sources for services.

Ms. Darbyshire and Ms. Neitsel and Mr. Allison highlighted occupancy and available bed counts in Orange County adult care facilities from October 2016 through September 2019, Orange County nursing home occupancy and available bed counts from July 2016 through June 2019, Orange County adult day health care occupancy and available bed counts on census date of November 20, 2019, medicare advantage penetration as of January 2020 in Orange, Chenango,

Delaware, Otsego, Sullivan and Ulster counties, medicare advantage enrollment as of January 2020 in Orange County, the percentage change in Orange County population by age group, number of residents age 81 and older as of the 3rd quarter 2019 in Orange County, senior poverty and household characteristics in Orange, Ulster, Sullivan, Otsego, Delaware and Chenango counties and county median household income age 65 and older from 2013 to 2017 in Orange, Sullivan and Ulster counties.

They went on to state that Independent Living is not licensed or regulated by the New York State Department of Health and is generally defined as: "a housing setting serving seniors in which no individual or entity provides, arranges for or coordinates (either directly or indirectly), on-site monitoring or personal or home care services." However, they may provide a range of planned activities and stimulation to promote active and healthy lifestyles for seniors in their communities. Also, within independent senior housing, residents may arrange their own services and the housing provider may make available a list of agencies providing such services, but a housing provider cannot "provide, arrange for, or coordinate" housing, on-site monitoring, personal care or home care services without "triggering" assisted living licensure requirement services within independent senior housing; how to get funded as Homes and Community Renewal (HCR) Projects MUST meet a "State Housing Goal." There are several potential sources of funding which are from Federal Low-Income Housing Tax Credit (9% LIHTC) which provides a dollar-for-dollar reduction in federal tax liability to investors partnering with project sponsors, Federal Housing Trust Fund (FHTF) which uses new construction, adaptive reuse, or preservation, Low-Income Housing Trust Fund (LIHTF) which uses new construction, rehabilitation and conversion and State Low-Income Housing Tax Credit Program (SLIHC) which provides a dollar-for-dollar reduction in certain New York State taxes to investors in qualified low-income housing that meets certain criteria but it cannot be used to finance senior units serving households above 60% of AMI. To start a development project, they must contact an affordable housing development consultant as projects require many layers of funding in New York State, and navigating the system can be challenging and they would also need to consider if rehabilitation or new construction would be the best choice.

Ms. Darbyshire added that Adult Care Facility (ACF) is an umbrella term that encompasses both adult homes and enriched housing programs with both being regulated and surveyed by the New York State Department of Health, and they offer: a residential unit (which may be private or shared); meals and snacks; personal care/assistance with daily living; assistance with medications; monitoring and supervision, case management and activities. The differences between the two are as follows: Enriched Housing consists of apartments with kitchens; may be housed in larger apartment buildings; may have 24/7 staff and may not offer three meals and Adult Homes do not have a kitchen within the resident's unit; all units are licensed as "adult homes" with no independent units; and they must offer three meals and have 24/7 staff. In addition, the Assisted Living Program (ALP) is the only medicaid-funded assisted living option in New York. Federal medicaid requirements prohibit publicly operated ALP's from receiving medicaid reimbursements which effectively prevent counties from operating an Assisted Living Program (ALPs). All Assisted Living Program's (ALPs) are licensed as either an adult home or enriched housing program. Assisted Living Residence's (ALRs) build upon the adult home or enriched housing model and they can have additional certificates to provide additional and specialized services. A Special Needs Assisted Living Residence (SNALR) offers: specialized services and support for people with dementia or other cognitive impairments; specific architectural requirements; specialized trained staff; programs and environment tailored to unique needs and population and a delayed egress system can be used, but locked units are not permissible. An Enhanced Assisted Living Residence (EALR) is an "aging in place" model. The EALR could potentially admit or retain someone who would otherwise need nursing

home care if service providers feel a plan can be developed to meet the resident's needs. The Enhanced Assisted Living Residence (EALR) has specialized architectural standards in addition to the Adult Care Facility (ACF)/Assisted Living Residence (ALR) standards and an Assisted Living Residence (ALR) can license some or all beds as an Enhanced Assisted Living Residence (EALR). The beds can also be dually-licensed as a Special Needs Assisted Living Residence (SNALR)/Enhanced Assisted Living Residence (EALR) and Enhanced Assisted Living Residence (EALR) beds can "float" throughout a facility to support "aging in place." Adult Care Facility's (ACFs) generally cannot provide the following: nursing services (with the exception of the Enhanced Assisted Living Residence (EALR), therapies and other skilled services, are limited by admissions and retention standards and do not receive reimbursement from medicaid or medicaid. Only Assisted Living Programs (ALPs) can receive medicaid and Medicare reimbursement and residents are considered to be living in the community and retain their community-based physicians and pharmacists. New York State has Adult Care Facility (ACF) and Assisted Living (AL) options for those with significant resources but some limited options (Assisted Living Program (ALP) for those who are medicaid eligible. There is a lack of options for the middle market and for low-to mid-income seniors with dementia.

Ms. Darbyshire explained the payment sources for services. Medicare does not pay for Assisted Living (AL) but medicaid will pay for services in an Assisted Living (AL) program only. Supplemental Security Income (SSI) Congregate Care Level 3 pays a little over \$41.00 per day for Adult Care Facility's (ACFs) services but county Adult Care Facility's (ACFs) do not receive Supplemental Security Income (SSI). However, New York State provides more cost-based reimbursement at approximately \$60.00 per day for Chenango and Warren Counties Adult Care Facility's (ACFs). Some long-term insurance will pay and if qualified Veteran's benefits and private pay.

Ms. Darbyshire suggested the committee consider the following questions: Is the rehabilitation of the building cost-effective, age of the building (built in the 1970's), built to nursing home standards, what population do they seek to serve, what model of care or housing are they leaning toward, are there other home and community-based services worth exploring, partnerships that seek to serve the same population (senior centers, physicians, ect.) and could the space be used to enhance workforce initiatives.

In closing, they referred the committee to the New York State Department of Health website for general information about assisted living and adult care facilities, including searchable map and resident resources at http://www.health.ny.gov/facilities/adult_care/index.htm.

Mr. LaDue commented that this provides them with some background on the different adult care facilities and who they may consider partnering with. In his opinion, an Assisted Living Program (ALP) or Independent Housing would be appropriate for the building as Valley View could provide the services these individuals would need; however, that would require additional information as this is also a learning process for him.

Mr. Paduch agreed that it was a lot of information and he would defer to Mr. LaDue's experience as the Commissioner of Valley View.

Mr. LaDue replied that he is also learning about these other entities.

Ms. Kukys added that if the county owns the building, they cannot be reimbursed for the services which would be a problem.

Mr. O'Donnell added that Legislator Amo has an individual he would like to bring before the committee with different ideas, but he would like to ensure that the individual will be coming before setting the date for their next meeting. He recommended that the committee review the power point presentation and that any questions be submitted to Mr. LaDue who will contact Ms. Darbyshire and her associates.

Mr. Ruscher asked that Mr. LaDue provide him with a breakdown of the electrical demand for Valley View so that he can explore the possibility of solar panels.

The meeting adjourned at 3:38 p.m.