

**HEALTH AND MENTAL HEALTH COMMITTEE  
MINUTES**

**TUESDAY, FEBRUARY 13, 2018  
3:45 P.M.**

PRESENT: Mike Anagnostakis, Chairman  
Michael Amo, James D. O'Donnell, Janet Sutherland, Laurie R. Tautel, Peter V. Tuohy

ALSO

PRESENT: L. Stephen Brescia, Chairman  
Katie Bonelli, Majority Leader  
Michael D. Paduch, Minority Leader  
Barry J. Cheney, Legislator  
Thomas J. Faggione, Legislator  
Antoinette Reed, Legislative Counsel  
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  
Darcie Miller, Commissioner of Social Services and Mental Health  
Colleen Grogan, Chief Budget Analyst  
Michael Ventre, Budget Analyst

Mr. Anagnostakis opened the committee meeting at 3:45 p.m. and asked everyone to stand for the Pledge of Allegiance. All committee members were present with the exception of Legislators Sierra and Stegenga who were absent.

Mr. Amo moved request to accept and appropriate New York State Office of Alcoholism and Substance Abuse Services funding for Independent Living, Inc. (ILI) for a Recovery Community and Outreach Center. ILI was awarded this funding in 2016 and as of January 2018, the funding is coming through the Local Government Unit (LGU) funding letter, \$350,000.00, seconded by Mr. O'Donnell.

Motion carried. All in favor.

Mr. O'Donnell moved request to accept and appropriate NYS Office of Mental Health (OMH) funding for: 24 Supported Housing beds received in 2017 annualized for 2018 and awarded to providers on RFP-OCDMH-SH-2017; one time funding for Vital Access Provider project awarded to Access Supports for Living by OMH; Supported Housing Bed Increase

in rate for 2018 for all providers of Supported Housing Beds; Workforce 3.25% Increase in Salary and Related Fringe Benefits for Direct Support and Direct Care staff for various programs; and Minimum Wage Increases, \$880,247.00, seconded by Ms. Tautel.

Ms. Miller explained that it is one of the largest allotments across the state primarily due to New York State closing twelve community residents beds in Chester. In addition, they have 385 people on a waitlist for supportive apartment beds.

Mr. Anagnostakis asked if that number has increased. Ms. Miller replied that it has remained consistent for the last decade.

Mr. Anagnostakis asked if these beds would put a small dent in that number. Ms. Miller replied yes, as it allows someone from the general community to access the bed because typically they would have to have a connection to a previous state bed.

Mr. Amo asked about turnover. Ms. Miller replied that they normally do not have turnover.

Mr. Amo commented that it must be very frustrating for the families that are waiting for a supportive bed.

Ms. Miller explained that the numbers are reported monthly to the state. Since she wears a dual hat she looks at the homeless population and their needs and the waitlist of mental health beds.

Mr. Amo remarked that it seems unfair to tell an individual they are on a waitlist but there is no chance they would see a bed.

Ms. Miller explained that they are always honest on placement as it is prioritized on a scale of 1 to 15 so if someone comes in at a 15 they would bump someone who may be a 10.

Ms. Tautel asked if there was an alternative to a supportive bed. Ms. Miller replied that typically the alternative would be homeless housing such as shelters and motel/hotels through the Department of Social Services.

Motion carried. All in favor.

Ms. Tautel moved request supplemental appropriation for the second year, given by the NYSDOH AIDS Institute, to fund Disease Intervention Services. The intent of this funding is to support Disease Intervention Staff to provide Partner Notification and referral services for Sexually Transmitted Diseases (STDs), \$225,000.0, seconded by Ms. Sutherland.

Mr. O'Donnell asked about the cost of health insurance. Ms. Gallagher replied that it was for more than one employee.

Mr. O'Donnell recommended they look closer at that cost and get the information to the committee.

Motion carried. All in favor.

On the agenda was an overview of the Department of Health and Divisions.

Mr. Ericson presented the committee with a handout on the Orange County Department of Health (see original minutes). The mission of the Health Department is to monitor and protect the health of Orange County residents, to prevent disease and disability, provide education regarding healthful living and assure healthy environmental conditions.

Mr. Anagnostakis asked if the Orange County Department of Health monitors the CPV Power Plant and what their role would be. Mr. Ericson replied that power plants are not regulated by local health departments but at the state level. The only input they had was with the water/sewer connection just as any other municipality would have had.

Mr. Ericson and Ms. Gallagher presented the committee with a brief overview of the department and highlighted the seven divisions within the department which consists of 127 staff members; however, that number will be increasing over the next few months: Nursing Division, handles communicable disease control, reportable diseases, syndromic surveillance, clinical services such as Tuberculosis monitoring and clinics, sexually transmitted disease clinics, Immunization Clinics, Rabies exposure and follow-up and WIC Program in Harriman and Middletown; Intervention Services, handles the Early Intervention Program (birth to 3), Preschool Special Education Program (3-5), child find, Children with special healthcare needs program, SIDS-Infant/Child deaths a committee with the Medical Examiner's Office and Newborn screening; Community Health Outreach, handles public health education, healthy orange, lead poison prevention, Health neighborhoods program, maternal infant community health collaborative, Adolescent Tobacco Use Prevention Act (ATUPA) and Health Disparities initiative in the City of Newburgh; Environmental Health, handles the regulatory agency for public water supply, plan review for water supplies and some sewage disposal, plan review for all new food services and swimming facilities, realty subdivision reviews and inspection and permitting programs; Medical Examiner's Office, investigates sudden, unexpected and unnatural fatalities, including cases of public health interest, provides important legal documents and closure for families, medical investigators providing 24 hour coverage, works in conjunction with the Sherriff's Office and District Attorneys Drug Task Force to provide real-time investigative information and coordinated the Child Fatality Review Team; Public Health Emergency Preparedness, plans and responds to health emergencies that are both naturally occurring and man-made, medical reserve corps., strategic national stockpile, mass vaccination, Indian Point KI Plan and works with the joint terrorism task force, law enforcement, hospitals and mutual aid coordinating entity; and the Fiscal Unit handles the oversight and management of the department's budget, critical Article 6 state aid reimbursements on mandated programs, Medicaid reimbursement. Submission of grant budgets and claims and STAC submissions and AVL claims for preschool special education program.

Mr. Anagnostakis asked if they have the appropriate staffing levels. Mr. Ericson replied yes, but they could not go any leaner.

Mr. Anagnostakis asked for the most recent numbers on the flu epidemic. Mr. Ericson replied that data shows that there have been 15,000 hospitalizations in New York State and 50,000 positive tests for Influenza A or Influenza B. Those are the highest numbers since they started keeping records in 2004.

Mr. Anagnostakis asked when the flu season ends. Dr. Roman replied in early May.

Mr. Paduch asked if reimbursements were being submitted on time. Ms. Gallagher replied yes.

Mr. Cheney asked about Tobacco 21 and compliance. Mr. Ericson replied that Mr. Dietrich has filed a report that shows a few "failures" and he would get that data to the legislature.

Mr. Cheney asked about the Sanitary Code. Mr. Ericson responded that they would be bringing one additional person to handle the program and conduct inspections for any complaints that come in. A policy was put into place to ensure that the person making the complaint has gone through the appropriate channels.

Mr. Cheney asked for the number of complaints since going into effect and has the county initiated any investigations without a complaint. Mr. Ericson replied that he does not have that number and the county would not initiate an investigation without a complaint.

Mr. Cheney asked if an employee was in an area and saw a violation, would they not investigate. Mr. Ericson replied that the staff is not looking for violations or policing.

Mr. O'Donnell asked about the New York State Clean Indoor Air Act. Mr. Ericson replied that it is a New York State regulation on smoking policies and handle complaints from the public with vaping recently being included.

Mr. Amo suggested Mr. Ericson look at the data, number of complaints received, and where they are coming from in order to determine if a policing function would be something they should explore and that a report be submitted to the legislature.

Mr. Paduch asked if establishments are examined more than once a year. Mr. Ericson replied that they are inspected at least once a year. Certain restaurants because of the type of food and its preparation are classified as high risk and are typically inspected twice a year. Per state regulations, children's overnight camps must be inspected twice during a season.

Mr. Paduch asked if a restaurant is found to have a violation are they fined. Mr. Ericson replied yes, with the fine set forth by public health law.

Mr. Anagnostakis asked who defines the fine. Mr. Ericson replied the hearing officer makes the recommendation with the Commissioner of Health having the overall authority on the fine.

Mr. Amo suggested they have a monthly report from the Health Department. In addition, have they explored the quality indicators within the health department that they would monitor for 2018 that would be important to them. Mr. Ericson replied that the department has a community health assessment that is published on the county website. The assessment is done every four years and is coming up. The assessment looks at the needs of the community and what they

do with respect to goals and improving it. The current health assessment does not include STD's and it could be something that they would include in the next community health assessment once the data is reviewed.

Mr. Tuohy asked if the recent opiate deaths were processed through the Medical Examiner's office. Dr. Roman replied yes.

On the agenda was a CHHA Presentation.

Mr. Ericson explained that the Nursing Division of the Orange County Department of Health has had the CHHA since approximately 1969 and/or 1970. When an individual is discharged from the hospital or facility and need additional care at home it would be contracted to have that service done in their home. When it was first implemented it was the only home health agency in orange county; however, as the market has changed over the years it became a very strong business model. This resulted in private companies in the business and doing well at it and competing against the county and eventually pushed aside. They have seen this trend throughout New York State with many counties selling their license to the private sector. At one point these licenses were worth quite a bit with some departments selling them for millions. An RFP was put out to determine any interest and what they received was nowhere near what they had expected.

Mr. Anagnostakis pointed out that the millions Mr. Ericson was referring to was years ago.

Mr. Ericson added that they are one of the few Health Departments in the state that still has a CHHA. It was important for them to hold onto the license as it gave them the ability to have clinics in the departments as they do other things under the CHHA. However, they now have a different home health care certificate which will replace the home health agency certificate and allow them to continue their various services such as clinics.

Mr. Anagnostakis pointed out that this had been costing the Health Department a lot of money.

Mr. Ericson agreed.

Ms. Gallagher clarified that in 2016, they took a loss of \$1.4 million and \$1 million in 2017. The difference between 2016 and 2017 was that they had staffing that was separated from service and the positions were not filled.

Mr. Anagnostakis noted that even with that savings they still had an asset that they were unable to utilize fully.

Ms. Grogan added that in 2015, New York State eliminated all state funding for CHHA but before that they were receiving the same reimbursement as if they were doing clinics. In addition, caseloads decreased and budgeting did not flow at the same rate so part of the loss was caseload.

Mr. Anagnostakis asked for the number of caseloads from years ago. Ms. Gallagher replied that in 2014 they had 620 patients and in 2008 they had 946 and in 2007 they had 1,063.

Mr. LaDue explained that they are interested in taking over the CHHA because on the nursing home side, the current medicaid model is changing to a value based payment system. Beginning in 2019, medicare will start an incentive pool for nursing homes by deducting 2% of their medicare part A payments. The incentive is for Skilled Nursing Home facilities to reduce rehospitalizations as hospitals are the most expensive settings in health care. They currently do not have a reliable system to track residents once they have been discharged from Valley View. By obtaining the CHA they would be able to monitor patients that have been discharged to home and enlarge their continuum of care and hopefully reduce Valley View's rehospitalization rate and enhance their recoupment of the 2% of medicare part A will begin holding back starting in 2019.

Mr. LaDue presented the committee with a business model (hand out) on the proposed Valley View Certified Home Health Agency (CHHA) (see original minutes). In 2015, 284 referrals were made to home health agencies, 299 in 2016 and 294 in 2017 with many referrals made to Good Samaritan Home Care, EverCare at Home, WellCare and the Orange County CHHA. The clientele for Valley View would have multiple diagnoses/comorbidities and a majority of the residents discharged use assistive devices for mobility and require physical assistance with one or more ADL's. The beneficiary source of payment/insurance would be 93% Medicare and 7% other (Medicaid, HMO, Workers Compensation and No-Fault). Clinical groups would be 36% Orthopedic, 19% Neurological deficits, 28% Cardiopulmonary disorders and 17% other. The projected reimbursement for 200 referrals would fall into one of three categories: Clinical (C1, C2 or C3) medical diagnosis, comorbidity and skin integrity issues; Functional (F2 or F3) residents discharged from Valley View requiring assistance to accomplish ADL's; and Service Utilization/Therapy Sessions (S1, S2, S3 = 9 PT sessions). The Medicare base rate in 2017 was \$2,989.97 and \$3,038.43 in 2018 with the Value Based Purchasing Pilot Program per episode. The approximate reimbursement for in-house referrals would be \$3,537.59 per episode and the approximate reimbursement for 200 referrals would be \$707,518.00.

Mr. Anagnostakis asked about the 200 projected referrals. Mr. LaDue replied that the model presented is based on the Valley View CHHA capturing 200 referrals of the 300 that were referred in 2017. They are confident that they could catch two out of three people.

Mr. Amo asked if the 300 are from Valley View's short term rehabilitation. Mr. LaDue replied yes.

Mr. Anagnostakis pointed out that in his dealings with the Valley View population over the last five years he has never had anyone tell him they received bad care, he has only heard praise for the care they have received.

Mr. LaDue agreed that the rehab department at Valley View has done a great job with many repeat patients.

Mr. Anagnostakis asked how they could market it to do even better.

Mr. LaDue explained that they never expect 100% occupancy in rehabilitation as patients are a constant ebb and flow.

Mr. Amo noted that the long term success of the CHHA would be linked to their short term rehabilitation.

Mr. LaDue agreed.

Mr. Amo asked for clarification on what an episode would be. Ms. Gallagher replied that it would be their "stay" or "stint" at the facility and that episode would be reviewed every two weeks.

Mr. LaDue added that there would be a cost associated with the 200 referrals which is estimated at about \$264,750.00.

Ms. Grogan added that for years the Health Department has contracted with Good Samaritan Home Care, EverCare and WellCare as there were not many employees within the CHHA.

Mr. Anagnostakis commented that as opposed to trying to capture the market they have been contracting with the competitors in order to provide services.

Mr. LaDue added that in the first scenario they would hire two new full-time employees for the Valley View CHHA for about \$173,578.00 and after using the expenses of the Orange County CHHA cost report of \$677,961.00 they believe that they could turn a profit of about \$30,000.00.

Mr. Anagnostakis asked for clarification that they would not be acquiring any of the current CHHA staff. Mr. LaDue replied no.

Ms. Gallagher added that remaining staff of the CHHA would now have the ability of reimbursement under Article 6 as they would be changing their scope and duties.

Ms. Strecker added that they anticipate the program growing over the next couple of years. The medicare population represents the highest reimbursement for home health care and Valley View has a leg up as those residents are under their care and they understand clinically where they are and the next step in the reimbursement model is to follow those residents out into the community and ensure that there are no rehospitalizations.

Mr. Anagnostakis asked if this would allow them to track their movement and recapture the 2% that they would lose. Have they factored that 2% into these calculations. Mr. LaDue replied no, as it would be 2% on the Valley View side and not on the CHHA side.

Mr. Anagnostakis agreed but it would be a large number.

Ms. Strecker replied yes, \$12 million in revenue for 2017 on the medicare side.

Mr. Anagnostakis commented that while breaking even they would still have the potential of recapturing the 2% that was not included.

Mr. LaDue added that the second scenario accounts for the employees currently in the CHHA if they were to inherit them at about \$477,588.00 and after using the expenses of the Orange County CHHA cost report of \$974,250.98 they would show a net loss of about \$266,732.98.

Mr. Anagnostakis added that a few of them have seen this and were pleased and enthused and, as a business person, if you have a startup business you would expect to lose money

for the first few years and hope to breakeven at some point and/or make a profit. Here they have a model that they are confident in and could breakeven from the start and help with the 2% loss that they will be occurring.

Mr. LaDue added that they believe the 200 referrals is conservative and, if this goes through, they would be focusing solely on our in-house referrals and as the program develops they would begin reaching out to the hospitals and community for additional referrals.

Ms. Grogan added that the second scenario that shows the loss is just the Valley View loss. If they take that staff from the health department, the health department cannot afford to lose all that staff as they conduct other functions and because of that loss they would have additional increased expenses at the health department because they would need to add positions. The health department anticipated this and have budgeted accordingly for 2018 so they would not be seeing a massive savings.

Mr. LaDue stated that this was brought to the union as the CHHA had three home health aides that they did not want to inherit with the CHHA. However, that has been addressed and no one will be laid-off and are being retrained accordingly.

Mr. Anagnostakis asked what the legislature roll would be in this process going forward. Legislative Counsel Reed replied that she was unsure as the transfer would need to be approved by the New York State Department of Health.

Mr. LaDue explained that they were currently working with the County Attorney's office on that piece.

Ms. Grogan commented that as of July 1, 2018 the Orange County Health Department will no longer have funds for CHHA and Valley View has nothing set up for CHHA. At some point the Legislature would have to be involved because some level of appropriation would have to occur for this to go through.

Mr. Paduch asked if IGT funding could be used for the CHHA. Ms. Grogan replied that they would look to use funds that Valley View has available and not county taxation.

Mr. Paduch expressed concerns with the grade of the Nursing Care Supervisor. Mr. LaDue replied that they met with Commissioner Gross last week and discussed the title and grade of the position but that has not been decided. Once it has been decided he would share that information with the legislature.

Mr. Anagnostakis commented that this is an ongoing process.

Mr. LaDue stated that if the position turns out to be higher than the grade 15 they would let them know but the position would have a pay range attached to it.

Ms. Grogan added that the recent director positions that came through are on a different level as they would be overseeing themselves; however, this director will be part of an organization and she would not expect them to come in at the same level as the two that were just done.



Mr. O'Donnell commented that he would have preferred to have been invited to the original meeting as opposed to having it presented now.

Mr. Anagnostakis responded that the original meeting was with select people.

Mr. O'Donnell asked what was budgeted for the CHHA for the first six months in the health department. Ms. Grogan replied that they budgeted a 100% loss for the first six months.

Ms. Gallagher added that it was approximately \$500,000.00.

Mr. O'Donnell asked if as of June 30<sup>th</sup> they are committed to discontinuing the CHHA in the health department. Ms. Gallagher replied that if the license is up and running she could not say but according to the budget it would be.

Mr. O'Donnell asked for a figure on the 2% recapture. Mr. LaDue replied approximately \$240,000.00.

Mr. O'Donnell asked if they had anyone lined up for the two positions. Mr. LaDue replied that the positions would be newly created.

Mr. Anagnostakis asked if they would be current Valley View employees or from the outside. Mr. LaDue replied that he would prefer people with home health care experience.

Ms. Grogan added that she would assume that the second position would be CSEA and a list associated with it.

Mr. O'Donnell noted that the health department would be getting two free bodies to do other work so what percentage of work did they do on CHHA.

Ms. Gallagher replied that they are not getting two free positions. There are four nurses currently doing CHHA work but would be dedicated to other areas within the division.

Mr. O'Donnell asked for the percentage they would be reimbursed for that staff. Ms. Gallagher replied 36.5% on salaries.

Mr. O'Donnell asked for the amount that would be placed back into the budget once the four positions are switched from CHHA to reimbursable work. Ms. Gallagher replied that she would have to get back to him with that information as it would be based on their time and effort.

Mr. LaDue explained that a lot of the staff in the CHHA program are very experienced resulting in a higher cost.

Mr. O'Donnell stated that he is looking for the full picture because if the state approves the transfer to Valley View they as a legislature would have to vote on it.

Mr. Anagnostakis commented that he was unsure if they as the legislature would vote, what they would be voting on or if this would be a policy issue. If approved by the state would the County Executive move it forward with the Legislature dealing with the budget aspect.

Legislative Counsel Reed added that they would also vote on the creation of positions and questions with respect to the Certificate of Need.

Mr. LaDue explained that they spoke to the New York State Department of Health of Friday and were informed that it would have to go through a Certificate of Need process and it could be a minimum of

six months. An application would have to be submitted as it would be a change of power within the CHHA.

Mr. Anagnostakis asked if they were working with the administration on this. Mr. LaDue replied yes, they have been involved in the whole process.

Mr. Anagnostakis pointed out that he would hope that the administration would come to the committee with Mr. LaDue and explain the process and how they are moving forward.

Ms. Tautel noted that the funding for the CHHA runs out in June; however, they have indicated that it could take up to six months for approval. Mr. LaDue replied that it is a work in progress as they are still waiting for an answer on the Certificate of Need.

Ms. Grogan added that from her standpoint it is not a crisis if it goes over. While the health department does not have the expense budgeted, they do have sufficient funds in their budget if they had to carry it for a couple of months.

Chairman Brescia responded to Mr. O'Donnell's statement about not being invited to the initial meeting. He explained that it was for party leaders and Mr. Anagnostakis was inadvertently left off the list. In addition, everything discussed at that meeting was discussed today.

Mr. Anagnostakis added that he had this information prior to that meeting.

Mr. O'Donnell pointed out that Valley View is in his district.

Mr. Amo moved request to approve and appropriate funds for a proposed 2018 capital expenditure for engineering and installation of carbon filtration system in the water treatment plant, \$38,000.00 (bonding), seconded by Ms. Tautel.

Motion carried. All in favor.

Ms. Tautel moved request to approve and appropriate funds for a proposed 2018 capital expenditure to continue upgrading the nursing call bell system. The existing system was installed in 1997, has reached economic life and replacement parts are no longer supported by the manufacturer. The call bell system supports critical communications/alerts between resident rooms and nursing stations, \$300,000.00 (bonding), seconded by Ms. Sutherland.

Motion carried. All in favor.

Mr. Amo moved request to approve and appropriate funds for a proposed 2018 capital expenditure to establish an emergency fund to finance unforeseen equipment failures and/or repairs. Situation such as lightning strikes, water main breaks, heating, air conditioning and storm related damages, \$125,000.00 (bonding), seconded by Mr. O'Donnell.

Mr. LaDue explained that this would be an emergency fund for large repairs that occur but are not in their capital project budget. In the past they have had to utilize funds from their operating budget for large repairs that were not accounted for. They may not need to utilize the funds but they would like to have it readily available, if needed.

Legislative Counsel Reed asked if they inquired with Bond Counsel to see if they could bond unanticipated emergencies. Ms. Strecker replied that it was sent to the Department of Finance and she does not think that it was an issue.

Ms. Grogan explained that when the legislative request was received and the source was serial bonds it was forwarded to the Finance Department but she has not heard from them.

Legislative Counsel Reed pointed out that normally a project has a period of probable usefulness based upon the nature of the project.

Mr. Anagnostakis asked if Legislative Counsel Reed was recommending they table until further clarification. Legislative Counsel Reed replied that she was not recommending anything but just asking for clarification.

Mr. Amo motioned to table the request for one month, seconded by Mr. O'Donnell.

Motion carried. All in favor.

Chairman Brescia pointed out that they were going to look at using Valley View's surplus as opposed to bonding.

Mr. Anagnostakis pointed out that this would be bonding within Valley View and not Orange County. Valley View has a line item that they are bonding costs on their bonding projects.

Ms. Grogan clarified that they are paying the Orange County Finance Department the interest.

Mr. Anagnostakis noted that Valley View is actually incurring the cost because they are paying the principal and interest.

Ms. Grogan stated that Valley View is one of the entities that does not pay the principal.

Mr. Anagnostakis asked for clarification that when there is interest and principal due Valley View only pays the interest and not the principal with the county paying the principal on the bond. Ms. Grogan replied that they would need to have the finance department explain but from a budget department standpoint Valley View only budgets the interest portion payments to the county.

Mr. Anagnostakis suggested they get clarification before the next meeting. Chairman Brescia is correct and they agreed that with the Valley View situation it would be a policy decision for the County Executive and the Commissioner of Valley View to make as to whether or not they would be bonding or taking from cash. However, he does not think that is their call as legislators and they only need to vote yes or no on whatever they decide. He does not tell the County Executive and Valley View how to make their decisions.

Ms. Grogan recommended someone from the Finance Department come in and explain.

Chairman Brescia asked if they could have the information for the Ways and Means committee meeting.

Mr. Cheney asked if the state reimbursement should be considered and could they receive the reimbursement without bonding. Ms. Strecker replied that they inquired on that and because of how Valley View self-funds the projects it would not affect the reimbursement of the capital component of the medicaid rate.

Ms. Tautel moved request to approve and appropriate funds for a proposed 2018 capital expenditure to begin roof replacement including support beams for the salt barn. Roofing structures have reached economic life and gradual replacement is necessary, \$28,000.00 (bonding), seconded by Mr. Amo.

Mr. Cheney asked for the location of the salt bar. Mr. LaDue replied that it is located near the sewer plant.

Motion carried. All in favor.

On the agenda was the monthly report on Valley View.

Mr. LaDue explained that at the last meeting they requested a comparison of the flu epidemics at Valley View. In 2014-2015, 68 residents were tested with 20 testing positive for influenza A and zero for Influenza B. In the 2015-2016 flu season 64 residents were tested with 1 testing positive for influenza A, in 2016-2017, 112 residents were tested with 16 positive for influenza A and in 2017-2018, 124 residents were tested with 17 positive with flu season being much higher than in previous years.

Ms. Strecker presented the committee with the updated December 2017 financials. They continue to wait for the accounting entry of \$776,000.00 to reduce county taxation. They received a small supplemental payment of IGT funding in the amount of 370,926.00 in February. On the personal service side, the facility was at \$20.9 million, equipment at \$317,590, contractual at \$10.9 million and employee benefits at \$16.5 million.

Ms. Strecker explained that for January 2018, IGT funding was budgeted for \$6 million, other revenues at \$46 million and \$3.6 million in additional revenues will be posted to the February general ledger. On the personal service side, personal services were at \$1.6 million, employee benefits at \$1.1 million and contractual at \$2.2 million.

Ms. Strecker added that the occupancy rate for January was at 91.82%. Medicaid utilization was at 39.98%, medicaid (HMO) at 29.88%, medicare at 16.95% and private pay at 12.57%.

The meeting adjourned at 5:27 p.m.