

VALLEY VIEW ADVISORY COMMITTEE MINUTES
TUESDAY, JULY 16, 2019
2:30 P.M.

PRESENT: James D. O'Donnell, Chairman
Michael Amo, Michael D. Paduch, Dan Bloomer, Laurence LaDue, John McCarey

ALSO

PRESENT: Katie Bonelli, Majority Leader
Laurie R. Tautel, Legislator
Antoinette Reed, Legislative Counsel
James P. Burpoe, Commissioner of General Services
Christian Farrell, Director of Veterans' Services
Colleen Grogan, Chief Budget Analyst

Mr. O'Donnell opened the meeting at 2:33 p.m. and requested everyone stand for the Pledge of Allegiance to the Flag. All members were present with the exception of Ms. Kukys who was absent.

On the agenda was a discussion on health services at Valley View.

Mr. LaDue presented the committee with a handout titled: Valley View Center for Nursing and Rehabilitation Overview (see original minutes). The facility provides nursing 24 hours a day, 7 days a week, rehabilitation services (physical, occupational and speech therapy), medical services, residential banking, financial counseling, assistance with medicaid applications, referrals from hospitals and the community, social services, discharge planning, nutritional services, therapeutic and recreational activities, religious services, beauty salon, mail service, library with computer access, housekeeping, laundry service and room cleaning.

Valley View is a 360 bed facility and divided into 11 separate residential units. There are 300 beds for long-term residents, 60 beds for short-term rehabilitation residents and of the 300 beds 120 are designated for Alzheimer's and Dementia residents. Valley View employs 358 full-time employees and 95 per diem employees in nursing, food service and laundry. In 2018, Valley View served 769 residents with 317 residents returned back to the community after a short-term rehabilitation stay. Payor sources include medicaid, medicare private pay and private insurance.

The Valley View Certified Home Health Agency (CHHA) provides part-time, intermittent health care and support including: nursing services, home health aide services, medical supplies, equipment and appliances for the home, and one additional services of physical therapy, occupational therapy, speech pathology, nutritional services and medical social services. Referrals for the CHHA will come from Valley View's Skilled Nursing Facility, other skilled nursing homes, hospitals and physicians. The focus will be on the senior citizen/geriatric populations with a goal to begin accepting patients before the end of 2019.

Valley View's outpatient rehabilitation provides an integrated, multidisciplinary program designed to upgrade the physical functions of handicapped and disabled individuals with specialized rehabilitation personnel. Their services include physical, occupational and speech therapy with referrals coming from Valley View's skilled nursing facility, other skilled nursing homes, Valley View CHHA, other CHHAs, hospitals and physicians with the focus on senior citizen/geriatric rehab.

Mr. O'Donnell asked if there were any new programs they could add. Mr. LaDue replied that today's healthcare is all about continuum of care so they could investigate an Adult Day Care model; however, he was unsure of the current number in Orange County.

Mr. Amo inquired as to what skilled nursing homes would be like 25 years from now and asked Mr. LaDue to confer with other healthcare providers and report back to the committee on that projection. He is interested in knowing about types of admissions, Continuing Care Retirement Community's (CCRC) versus Skilled Nursing Homes versus Assisted Living, support for home healthcare, possible medical changes, demographics, levels of care and reimbursement projections.

Mr. LaDue agreed that it was an excellent point as the push from medicaid and medicare has been to move patients/residents from high cost centers. While they want to move people toward community resources there is no infrastructure to support it. They also cannot move everyone from a nursing home and into a homecare setting based on their needs.

Mr. Amo noted that when he researched Continuing Care Retirement Communities (CCRC) he was intrigued as covered admissions for skilled care; however, across the country they have cut back on the skilled portion due to cost.

Mr. LaDue responded that Continuing Care Retirement Communities (CCRC) are a wonderful idea, if they have the money to buy into it because they are very expensive.

Mr. Bloomer commented that he has friends who have gone into a Continuing Care Retirement Communities (CCRC) at a cost of approximately \$750,000.00; however, he was unsure if that would actually be their target demographic.

Mr. Amo clarified that he was looking at the long-range picture which should be part of their planning.

Discussion ensued on short-term respite care, how Valley View is paid for respite care, patient assessments and qualifications for the CHHA, delay in CHHA license, average length of stay for medicare patients of 30 days in short-term rehabilitation, skilled nursing home average of 20 days, insurance companies drive for shorter stays, and long-term bed waitlist of two to three months for males and six months for females, license for outpatient rehabilitation and that inpatient and outpatient therapy cannot be comingled.

Mr. McCarey asked about the condition of the Parry building and could they expand programs into it without any major costs. Mr. LaDue replied that the biggest cost would be in updating the fire and sprinkler system, but resident bathrooms and other upgrades would need to be done.

Mr. McCarey asked if the facility could support the Parry building expansion. Mr. LaDue replied that it would depend on what it would be used for.

Legislative Counsel Reed asked if the Berger Commission Report indicated what the Parry building could be used for. Mr. LaDue replied that while it was before his time, he understands they talked about a geriatric mental health unit and/or assisted living facility.

Legislative Counsel Reed asked if it also included adult daycare. Mr. LaDue replied that he was unsure.

On the agenda was a discussion on pharmaceuticals.

Mr. Burpoe addressed the committee stating that he would need an additional 40 days as he is currently compiling the information on how the county may be able to save money on their pharmaceutical usage. During his time with a human services agency their group homes were spending a tremendous amount of money for pharmaceutical services and they were not happy with the service. They eventually created their own pharmacy and directed their group homes to utilize the pharmacy and ultimately extended it to their other human services agencies and staff. Through this they were able to save conservatively 30% to 40% on pharmaceuticals. They were also able to offer clients employment in these pharmacies after hiring a company to manage it and while it was not meant for profit the agencies were seeing revenues from the endeavor. Since they were purchasing the pharmaceuticals directly and in higher volume their costs continued to decrease.

Chairman Brescia asked if it could be extended to all county employees. Mr. Burpoe replied that he was still conducting research and once the information was compiled, he would come to the committee with a formal presentation for them to consider. He is working on Valley View, Orange County Jail, county staff, shared services with municipalities and possibly county residents. Because they are self-insured they could drive the staff to utilize the pharmacy resulting in better pricing for the county, lower co-pays, better service and revenue source. The pharmacy they constructed for the human services agency was between 10,000 and 12,000 square feet with pick-up and delivery service but it did not have retail sales.

The committee discussed concerns on competing with local pharmacies, mom and pop pharmacies versus name brand pharmacies, opportunity for county staff to utilize the pharmacy and/or keep it for the residents of Valley View, jail and county employees, buying directly from the manufacturer and sole sourced procurement piece and not going out to bid, Omnicare, CVS Long-Term Care Pharmacy with all medications delivered to Valley View, distribution of medication, electronic ordering of medication and how it is received, periodically or episodically distributed medication, Pyxis automated medication **dispensing** system, compound prescriptions, government not taking the place of private industry, risk management factor and concerns with economy of scale.

Ms. Tautel asked for the percentage of residents without a prescription drug plan. Mr. LaDue replied not many as most have a Medicare Part D plan.

Ms. Tautel asked if what they are spending in pharmaceuticals is reimbursed through the prescription drug plans. Mr. LaDue replied that it is one of their highest cost as Valley View must pay for all medications for all residents on a medicare stay.

Ms. Tautel asked if it was not reimbursed through medicaid. Mr. LaDue replied no, it is part of their medicare rate. If a long-term resident is hospitalized and returns as a medicare stay they must pay for the medication.

Ms. Tautel asked if it was state or federal legislation. Mr. LaDue replied federal Medicare Part A and a common practice in nursing homes. He will also provide the committee with Valley View's pharmacy bill average at the next meeting, but it normally runs about \$40,000.00 a month.

Mr. Burpoe added that he will provide the committee with the jail's average next month.

Ms. Bonelli asked if they would have the ability to handle compound prescriptions. Mr. Burpoe replied that he would research it and report back to the committee.

On the agenda was a discussion on Veteran Services.

Mr. O'Donnell commented that they are all concerned with taking care of their veterans and there are approximately 50 that currently reside at Valley View. He asked for any ideas that Mr. Farrell may have on helping their veterans.

Mr. Farrell addressed the committee and suggested they bring what they do at their office to Valley View in relation to pension and compensation. The backbone of their agency is to assist veterans and advocate for them when filing claims at the U.S. Department of Veteran Affairs (VA). They could bring representatives from the Veterans Service Agency to Valley View once a month to file claims or to discuss any eligible benefits including burial benefits. Pension benefits are income based and even the widow of a veteran may be eligible. With regard to health services he could act as a liaison and to potentially bring someone from the VA to Valley View. Under the Mission Act, veterans will have more ways to access health care either through the VA's health network or approved non-VA medical providers in their community. In two weeks, the VA will be conducting a Town Hall meeting at the Orange County Emergency Services Center to discuss how things are being done, how they can be improved and what may need to be added. An area to look at would be transportation as the VA provides little to none. They currently pick up veterans from twelve different spots throughout the county and take them to Castle Point VA Medical Center, but they could consider Valley View as an additional stop. They could also work in conjunction with their local American Legions and VFW's to assist veterans at Valley View whether it be a social function or Veteran's Day. While in the military soldiers are assigned a battle buddy who assists his and/or her partner both in and out of combat and something they could consider for those veterans living at Valley View.

Mr. Amo asked about skilled nursing care at Castle Point, how it is paid, and could someone go to Valley View instead and receive the same benefit or are they restricted to Castle Point. Mr. Farrell replied that if they are going to Castle Point, they have VA health care because not all veterans are eligible. However, he would have to inquire as to whether that veteran could receive the same care at Valley View.

Mr. Amo asked about serving the veterans of Orange County in ways that they are not being served now but not how they are integrated with the VA. In addition, he would like to see if in the future that the VA support Valley View by being a referral source. Mr. Farrell replied that veterans eligible for VA health care are having issues with home health care aides. They have been receiving calls about home health care aides not reporting to work due to a severe shortage. He would recommend a better service for those veterans that have earned the right for care.

Mr. Amo asked about a possible veteran's service center in which all the appropriate agencies could work together so veterans can have a place to go and connect with people. They are talking about a great deal of land and what they could do with it and is there something they could do with some of that acreage. Mr. Farrell replied that they are working on a possible Veterans

Victory Center in the city of Newburgh that would provide veterans with a place to congregate and gather information.

Mr. O'Donnell asked that Mr. Farrell report back to the committee on the Town Hall meeting and that he advise the supervisor of the VA that they have space available at Valley View and what programs could be available.

Mr. Bloomer asked if there was a point system giving veterans a leg up on being admitted to Valley View. Mr. LaDue replied no, but it could be something to look into.

Mr. LaDue commented that he was unaware of the difference between the skilled nursing home residents at Castle Point and the residents of Valley View and how many are from Orange County, but he would research it.

Mr. Bloomer commented that if they use the Parry building for occupational physical therapy it could also be used to service veterans who are currently going to Montrose or Beacon. Mr. Farrell agreed as the waitlist to see a specialist is long and they often must travel to other areas to see a specialist.

Mr. O'Donnell suggested Mr. Farrell meet with the County Executive and discuss having a "Veterans Day" at Valley View in order to bring those veterans and a representative from his office together and discuss claims and benefits.

Mr. O'Donnell asked what services the Goshen clinic provides. Mr. Farrell replied general medicine, prescriptions and bloodwork.

Mr. O'Donnell asked if Mr. LaDue was aware of the clinic. Mr. LaDue replied that he would have to research it as he was unsure if their veterans can go to Crystal Run or do they have to go to the VA.

Mr. Farrell added that there are two Community-Based **Outpatient Clinics (CBOC)**; one in Goshen and in Port Jervis with the nearest VA hospital in Dutchess County.

Legislative Counsel Reed asked about mental health services for veterans at Valley View. Mr. LaDue replied that every resident has access to a psychologist and/or psychiatrist, and they have social workers on staff.

Mr. Farrell added that they also have the Middletown Vet Center across from Orange Regional Medical Center (ORMC) but for a mental health issue they would see someone at Castle Point.

Mr. O'Donnell stated that the next meeting will be held on Tuesday, August 20, 2019 at 2:30 p.m.

The meeting adjourned at 3:31 p.m.