

JOHN J. FOLEY SKILLED NURSING FACILITY

OVERSIGHT COMMITTEE

A regular meeting of the John J. Foley Skilled Nursing Facility Oversight Committee was held in the Conference Room of the John J. Foley Skilled Nursing Facility, Yaphank Ave, Yaphank, New York, on Wednesday, September 15th, 2010 at 3:00 p.m.

Members Present:

Len Marchese - Chairman/Director of Management - Department of Health Services
Presiding Officer William Lindsay - Legislative District #8
Dot Kerrigan - John J. Foley Skilled Nursing Facility Representative/4th Vice-President

Members Not Present:

Kim Brandeau - County Executive's Budget Office

Also In Attendance:

Legislator Kate Browning - Legislative District #3
Terrence Pearsall - Chief-of-Staff/Presiding Officer Lindsay's Office
Robert Braun - Assistant County Attorney
Jessica Hogan - County Attorney's Office
Dr. James Tomarken - Commissioner/Department of Health Services
Dr. Eli Avila - Deputy Commissioner/Department of Health Services
Jeff Hoffman - Administrator/John J. Foley Skilled Nursing Facility
Christine Ebmeyer - Executive Secretary/John J. Foley SNF
Josephine Passantino - 1st Vice-President/AME
Dan Farrell - 2nd Vice-President/AME

Verbatim Minutes Taken By:

Alison Mahoney - Court Reporter

*(*The meeting was called to order at 3:15 P.M. *)*

CHAIRMAN MARCHESE:

Okay. Welcome, everybody. I think it's been, I don't know, since July? It was really hot. So we've unfortunately had to cancel for a lot of different reasons over the past couple of months. I felt it was important to make sure that we got this one in during September. So thanks, everybody, for coming.

Maybe we can take a second, there's a sign-in sheet going around. And there are some new faces around, so maybe everybody can kind of introduce themselves and their affiliation so that we can get a sense of who is here. I'm Len Marchese, I'm Director of Management at the Health Department.

DR. AVILA:

I'm Dr. Eli Avila, Chief Deputy Commissioner of Health.

LEG. BROWNING:

Legislator Kate Browning, 3rd Legislative District and Chair of Health & Human Services.

COMMISSIONER TOMARKEN:

Dr. Tomarken, Commissioner of Health Services.

MR. HOFFMAN:

Jeff Hoffman, Administrator of John J. Foley.

MS. EBMEYER:

Christine Ebmeyer, Executive Secretary.

MS. PASSANTINO:

Josephine Passantino, AME's 1st Vice-President.

MS. KERRIGAN:

Dot Kerrigan, AME's 4th Vice-President.

MR. FARRELL:

I'm Dan Farrell, AME Executive Vice-President.

MR. BRAUN:

Bob Braun, Assistant County Attorney.

MS. HOGAN:

Jessica Hogan, County Attorney's Office.

MR. PEARSALL:

Terry Pearsall, the County Legislature.

P.O. LINDSAY:

Bill Lindsay, Presiding Officer.

CHAIRMAN MARCHESE:

Okay, very good. All right, thanks. I guess we can get right into the agenda and we can go through these things. I just wanted to take a second. I know there's minutes going on here, I know -- I just wanted to -- I know that between the last meeting and this meeting there was an Open Meetings Law, a task force ruling that we had to have open -- with open meetings, we've got

to take minutes and stuff like that. So we -- I guess this is your stenographer.

P.O. LINDSAY:

Yes.

CHAIRMAN MARCHESE:

Okay. So we had arranged -- we have our own departmental things and that's how we usually do it, where we record it and then we summarize the notes and we make them like that. So I guess there will be two sets of whatever here. Were you're going to provide them from now on?

P.O. LINDSAY:

Either that or we can alternate.

CHAIRMAN MARCHESE:

Yeah. All right, I just didn't -- if we don't have to duplicate our efforts, then --

MR. FARRELL:

Can we get these in advance of the meeting instead of sitting down at the meeting and --

P.O. LINDSAY:

The agenda or the minutes?

MR. FARRELL:

The agenda or both.

P.O. LINDSAY:

How can you get the minutes in advance?

MR. FARRELL:

From the previous meeting?

P.O. LINDSAY:

You mean the minutes from the previous meeting.

MR. FARRELL:

Yeah.

CHAIRMAN MARCHESE:

Well, I think the minutes have to be provided within a couple of weeks or something like that.

MS. MAHONEY:

Within a month, usually.

CHAIRMAN MARCHESE:

Within a month? Okay. We have this meeting every month, so hopefully you can get it before then.

MS. MAHONEY:

I will.

MR. FARRELL:

No, just so we can review the agenda and the minutes ahead of time so we're not approving anything. You know, just sitting here getting down to approve the minutes I haven't even looked at is the point.

CHAIRMAN MARCHESE:

Fair enough. We haven't taken minutes up to this point. So I think after we start the process, we'll get them distributed to everybody.

MR. FARRELL:

Okay, thank you.

CHAIRMAN MARCHESE:

So with that, let's start with a general update. Jeff Hoffman, he's our facility administrator, he's been here now for about a month and a half. He's replaced Lowell Fine. He's a County employee, unlike Lowell who was a contracted employee. And Jeff has taken over and as far as we're concerned he's been doing a very good job and we welcome Jeff and hopefully he'll have much success here. Jeff, can you review some of the general items?

MR. HOFFMAN:

Sure. Hello, everyone. We'll start with census on the agenda. I was treading and tracking from basically July to current, this month, so the overall census is declined a little bit from a daily census of about 249 to about 242. However, to counter-act that, our Medicare census has gone up from an average daily census of about eight. We were up to -- hold on a second -- 16 a day over that time, two-and-a-half months. You know, and that's significant, I think every short-term rehab program, you know, post acute care out of the hospital. It could also reflect some positive community, you know, understanding and validation of some good work that rehab and nursing is doing.

P.O. LINDSAY:

Jeff, how many today; how many are in the house today?

MR. HOFFMAN:

At the moment, we started with, what was it, two --

MS. EBMEYER:

It's 246.

MR. HOFFMAN:

Two forty-six. That's actually up from where we are, I just took an average of where we are, so.

P.O. LINDSAY:

No, I just wanted to know today.

CHAIRMAN MARCHESE:

One of the sheets, just since we're talking about census, is a longer sheet, it's a historical perspective of census on a monthly and annual basis. You can see the average daily census for August, I'm looking up at the top in the center of the page for this year, it was 250.06. Does everybody see where I'm looking at? That's down from 253, 254, 256, so it's down by about three, four, five beds on average in August. And, you know, everybody's -- we had some issues in July with regard to -- and Jeff's going to talk about it, with regard to an IJ that was issued, so it stopped us from admitting patients in July and that was part of why our census declined. But Jeff, why don't you continue on with that.

MR. HOFFMAN:

Yeah, the regulations speak to denial of payment. So, you know, the strategy was for new admissions, you know, whether to take the resident and not get for paid for it or do you take them, you know, and -- or just not take them. However, the good news is the process goes you go into an IJ, we have to declare which kind of correction was written and we have to declare that we are in compliance, and then the Department of Health returns and does basically another survey to

validate our accusation that we're in compliance. That was done about a week and a half ago, I believe. We are back into compliance and the good news, it's retroactive back to July 24th, which is a date that we declared compliance.

MR. FARRELL:

Now, does that mean you've turned down people because they had no way of making payment or had no insurance?

MR. HOFFMAN:

Yeah. Well, you know, it's the Federal dollars in Medicare and Medicaid that we're doing. It also has a run-off on insurances because we have to provide a letter that says we're in compliance. Insurance companies will not admit, you know, if you're in a denial of payment, you know, like your HMO's, that type of thing. You know, Medicaid, you know, is questionable as far as some facilities you elect not to admit and some --

MR. FARRELL:

But this is something new as to in the past?

MR. HOFFMAN:

No, it's not.

MS. KERRIGAN:

It's related to the J tag.

COMMISSIONER TOMARKEN:

When you're under an IJ, you cannot get paid for new patients.

MS. MAHONEY:

I'm sorry. Can everyone just speak up? I'm having a little hard time hearing.

COMMISSIONER TOMARKEN:

So when we were under the IJ, and correct me if I'm wrong, we would not get payment for patients that were admitted; that's their penalty.

MR. FARRELL:

Right.

COMMISSIONER TOMARKEN:

So that's the issue that he's addressing.

MR. FARRELL:

Well, my point was, you know, has that changed? I mean --

MR. HOFFMAN:

Yes. Oh, yeah, we are -- yeah, it changes. We declared compliance. We have a letter that we had to put out to the insurance company saying that we are in compliance and it's, you know, retroactive to the 24th which is the date that we set, July 24th which is the date that we said we were going to comply.

MR. FARRELL:

Okay. Thank you.

MR. HOFFMAN:

That's all it is, it's just the process.

MR. PEARSALL:

That was the local IJ?

MR. HOFFMAN:

Yes. You know, moving on to the capital projects, the grant items. I have -- if anybody wants, I have an itemized list of what we have in-house received in terms of items. You can have -- the bulk of it is here, we've started to place the items up on the fifth floor, or wherever it was, there's some physical therapy or rehab items, that type of thing.

The most important pieces that we're working on now is the front lobby. We have gotten approval to do the fifth floor, I'm not sure what we call them, like the terraces so that the residents up there can go out in the air and it's safe and that type of thing, and the sidewalks. We are also going to try to move ahead with replacing the carpeting with tile and stuff through here.

MR. FARRELL:

And what's the total amount for that, those capital projects?

MR. HOFFMAN:

It's all combined into the one whole total sum. I don't know if we know --

CHAIRMAN MARCHESE:

It's \$2.2 million, part of a grant.

MR. HOFFMAN:

Yeah, the grant. The carpet itself is 18,000, but it's all tied into the grant. And where we're at, really it's a process in working with DPW what has to be done, there's a limited review application to be submitted to the Department of Health along with a site safety plan, and that's what we're working on now. Just to clean up the waivers from the 2007 -- are you familiar with those issues?

CHAIRMAN MARCHESE:

I don't know if they're familiar with that. You can --

MR. HOFFMAN:

Apparently in 2007 there was identified issues on the survey regarding the plant. One had to deal with electrical, emergency/electrical type of thing, it sounds like you're familiar with it, in the wall; it had to be -- that had to be a waiver. The intent is to repair it, but we had put in a request for continuation of a waiver so that they know that we're addressing it and the plan is to have everything done in the next three years.

The other thing was there was a dish washer that was replaced. Historically, you replace one for one. You know, no one ever said anything, but apparently the Department of Health said you had to have a limited review application on that. That goes back to earlier this year, so that was done and submitted, you know, so we should just wait for that.

MS. HOGAN:

May I ask a question? I just want to clarify. The waiver that was recently submitted, there was originally a waiver submitted to seek to do something different than the code; correct?

MR. HOFFMAN:

Yeah.

MS. HOGAN:

That's what I understand.

MS. HOGAN:

Okay.

MR. HOFFMAN:

But that's not acceptable.

MS. HOGAN:

They rejected the waiver.

MR. HOFFMAN:

There was basically --

MS. HOGAN:

Okay.

MR. HOFFMAN:

-- a war saying, look, it was built to code when this was opened in 1995 and it was passed.

MS. HOGAN:

But the State rejected the waiver recently and now we're fixing it.

MR. HOFFMAN:

Yeah.

MS. HOGAN:

Okay.

MS. KERRIGAN:

And we have three years.

P.O. LINDSAY:

But we have a timeframe of three years to do it.

MR. HOFFMAN:

Yeah, we have a three-year time frame where each year there will be a certain part done.

CHAIRMAN MARCHESE:

We're going to be submitting a Capital Budget request mid-cycle that will include requests for this funding. It's going to be 500,000, Jeff? I forgot the total estimate.

MR. HOFFMAN:

For -- well, there's two pieces here, the electrical piece and then the mineral wall, fire --

CHAIRMAN MARCHESE:

Yeah, we'll provide -- DPW gave us high level estimates, so by the time we get the budget prepared, but it's in the area of a half of million dollars.

MS. PASSANTINO:

So may I ask? I mean, this is a relatively new building, it wasn't built to fire code; is that what happened?

MR. HOFFMAN:

It was built to code in 1995.

MS. PASSANTINO:

Okay, so it doesn't pass today's code. So to put it, we have to make changes to it to make it pass code, so they're allowing us to run with it the way it is and giving us three years to do it.

MR. HOFFMAN:

Yeah.

CHAIRMAN MARCHESE:

Correct.

MR. HOFFMAN:

Yes, that's what we've requested. Verbally it's been -- they said that would be fine, but call me -- you know, until I see it in writing, then I'll be able to feel much better about it.

MS. PASSANTINO:

Uh-huh.

MR. HOFFMAN:

And that's just me, you know, I just want to see it in writing from them. I don't perceive a problem. You know, they're usually pretty cooperative and they know it's an expensive ticket. You know, like I said, in 1995 it had passed to open up, it was passed, that's what the code was.

P.O. LINDSAY:

And the total fix for both is half million dollars; about that, roughly?

MS. PASSANTINO:

That's not bad.

MR. HOFFMAN:

No, about that, roughly.

MR. HOFFMAN:

No, stretching it out, it's more -- stretching it out over the term of the three years between those two separate projects, about that.

P.O. LINDSAY:

Okay.

MR. HOFFMAN:

But, you know, by stretching it out, it's pretty reasonable to get it done. It's also disruptive, you know, to the population and --

P.O. LINDSAY:

Yeah, no, I understand that. But the total is half million plus range?

CHAIRMAN MARCHESE:

I think that's why we have the estimates. I mean, we'd have to get the estimates.

P.O. LINDSAY:

Yeah. See, why I'm raising the issue, I thought initially we were talking three or \$4 million.

CHAIRMAN MARCHESE:

DPW gave us an initial estimate of three million.

P.O. LINDSAY:

All right, so I'm not crazy.

CHAIRMAN MARCHESE:

You aren't crazy. They gave us an initial estimate of \$3 million. Then when we asked them, you know, we need to really know the number, they actually came in and counted ceiling tiles or whatever they have to do and then they said it was like 560,000.

P.O. LINDSAY:

Okay, wonderful.

MR. HOFFMAN:

Yeah, and we put in the proposal for the three year extenuation.

P.O. LINDSAY:

Okay.

MR. HOFFMAN:

And I'll cancel the site consult now for it.

CHAIRMAN MARCHESE:

Right.

MS. KERRIGAN:

Not to belabor this, but you said the original waiver was in 2007, was granted in 2007, or did I misunderstand that?

MR. HOFFMAN:

No, that's when the Department of Health cited it on a survey.

MS. KERRIGAN:

Okay, and there's never been an actual waiver.

MR. HOFFMAN:

I don't know that.

CHAIRMAN MARCHESE:

We requested waivers after we got the violations in a 2007 survey --

MS. KERRIGAN:

Okay.

CHAIRMAN MARCHESE:

-- to be exempt from the requirement, because we felt we built the building in compliance with code. After they denied those waivers, which took about a year and a half for the State to get back and around to answer us, then we internally had to figure out what was the right way to address those waivers, so we needed to get DPW to get us estimates and everything like that, so that's what's taken us time. Now the only thing that we really want to do is ask for additional time to complete the process.

MS. KERRIGAN:

Thank you.

MR. FARRELL:

And just, you know, to be up front, there's no imminent danger the way it is now. I mean, there's no problem carrying on business?

MR. HOFFMAN:

No, the electrical thing was just how everything was functioning and working. The code is just different, it has to be run to -- it's separate, it's just in the same bundle, if you will.

MR. FARRELL:

So it's new and bigger and better and improved and more standards.

MR. HOFFMAN:

I don't know, I can't --

CHAIRMAN MARCHESE:

No. We have --

P.O. LINDSAY:

Emergency circuits and regular circuits being in the same conduit.

CHAIRMAN MARCHESE:

Exactly.

COMMISSIONER TOMARKEN:

And we have to separate them out.

MR. FARRELL:

Okay.

CHAIRMAN MARCHESE:

And normally when you have a duplication like that, you don't need a hundred percent duplication. Their requirement is to have a complete separate panel box instead of what we have is one panel box that everything comes through and then that's the distribution point. They said if you have a problem with that panel, then you have a problem with the whole facility.

MS. PASSANTINO:

Yep.

CHAIRMAN MARCHESE:

But we have a hundred percent redundancy throughout the rest of the facility, so --

MR. HOFFMAN:

Right. And we do test that, you know, regularly, quarterly on each shift, you know, which we go on emergency power. And the one good thing about this facility, everything is on the emergency so, you know, we can be pretty self-sufficient here.

MR. FARRELL:

You don't have to worry about a hurricane, a noreaster.

MR. HOFFMAN:

Well --

MR. FARRELL:

Not the last one.

LEG. BROWNING:

It's a designated shelter for a hurricane.

MS. PASSANTINO:

Well, they have the same with the jail, also. The jail has the same type of backup plan.

MR. HOFFMAN:

No, it's -- I mean, what I'm saying is it's very well built. I mean, it's got the security, you know, that you would want. And we are -- we just had, you know, the emergency management meeting and, you know, they're -- we're in good shape here. I mean, we could stay out here. It's a good system, it really is.

MR. FARRELL:

Next time we have the big one, I'll come here.

MR. HOFFMAN:

Put your name in first.

LEG. BROWNING:

You and many other people.

CHAIRMAN MARCHESE:

Do we have other IJ issues or anything?

MR. HOFFMAN:

No, we're all cleared.

CHAIRMAN MARCHESE:

The survey issues are all cleared?

MR. HOFFMAN:

Yes, we're all clear. You know, there's nothing -- I mean, they've been -- there have been a couple of investigations going on. I don't have, you know, anything that I would be considered nervous or worried about. You know, it's sort of routine, we come in and ask for paperwork and documentation on our investigation and they move on.

CHAIRMAN MARCHESE:

Okay.

MR. HOFFMAN:

The electronic medical record, we're still in the phases of implementing it. We anticipate to be a hundred percent live. The education we're doing for today was with the supervisory staff notes, part of the notes, that type of thing. You know, we're looking to have a hundred percent somewhere in the middle of October that will be live. There are floors that are live now; is that right? I believe so.

MS. EBMEYER:

Yes.

MR. HOFFMAN:

And moving ahead. And you know, we've got some glitches in learning trends, but I think all in all the staff are catching on.

CHAIRMAN MARCHESE:

That EMR, by the way, is also part of that Community Enhancement Grant, that's probably half of the grant is EMR, just so everybody is aware of the funding; it's about half of the grant.

MR. HOFFMAN:

Yeah. And if I can, if you don't mind, for the EMR, just since we're talking about emergency management. When you come in, this program has like we can run a report and I can tell you where everybody is at; if they're in a hospital, whether they're in a bed, you know, if they're LOA, that type of thing, when everything is functioning. Which, you know, obviously is important, whether you're talking obviously any serious thing, a fire or like a hurricane, you know, what's open and what's available. And that's tied into we're all New York State emergency management plans, since we are site, you know, who can we accommodate. It's a very well -- very good program.

Just under miscellaneous, a couple of things, you know, that we've been working on. You know, we have a new medical team. Dr. Crowley is the Medical Director, very good -- very good hire. We're taking our show on the road, we have business plans at Stony Brook and Brookhaven. We've done some marketing with some other adult day-care type of programs out there. Again, the emphasis or the objective is to where we're at. We have had some issues in the last month or so with Mather and some misunderstandings that we need to smooth the waters out and make sure that they know who to contact when there's issues, so we're pursuing that.

We've also changed the status, there will be a physician in the house on Saturday. Not only is that for continuity of care, but that should help even on the census, post a phone call and the doctor is not sure, they'll be in, they'll be able to see the resident and ascertain whether or not it is a need or should we keep them home, keep them here. Is there any questions? No, okay.

CHAIRMAN MARCHESE:

All right, the next item is the financial results. I distributed a new set of financials. We're a little delayed when we get financial results; it's just takes us a while to close the books. So ideally, you know, we would close sooner, but it does take us some time to clean up the numbers. This was the June 30th numbers as we see it. It doesn't reflect some of our charges that we would write off for bad debt. We do that analysis once a year and those would impact revenue. You know, what we do is we do an analysis of everybody that we have in the house and we determine, you know, which Medicaid aps were probably bad, which ones didn't, who didn't pay their net available monthly income, which is NAMI, that's an important thing. Some people refuse to pay that, so then we do a charge-off at the end of the year.

So on a high level basis, basically what you're looking at on that first column is your actual results for the six months which shows 14,700,000 in operating revenues and 17 million in expenses, so it shows a net deficit of two million four seventy-two for the six months. There's no IDT revenue in here because we haven't gotten that in the past year-and-a-half. So basically those are the results.

What you have -- I just would like everybody to know a little bit about what we're working on. We've been able to carve out of our rate lab services, and what that means is we've just worked on it. We hired a new Comptroller for the facility about three months ago, four months ago, his name is Gary, he's very bright, he's worked in a lot of other facilities. He determined that our labs, although we were paying for labs ourselves, there's actually a provision that allows you to carve it out of your rate and have the lab bill Medicaid and Medicare directly for those service and, therefore, get us out of a risk of that billing process. So we've implemented that, so we're doing that right now.

And he also went through our transportation contract for our Adult Day-Care Program and kind of realized that we should probably rebid it so that we pay on a per-trip basis as opposed to our per-bus basis. So we're arranging to have that rebid as well going forward, so that RFP is in the process.

As you can see, our patient days, going down to the bottom of the chart, is 46,296 against a budget of 44,713, and of last year which was 44,644. So we're ahead a couple of thousand visits -- days, which is important; that's what translates into the revenue, the patient days. Even though -- you also can note our revenue with 302.79 per day, it was 315.10 per day, and what that reflects is the State ratcheting back on their reimbursements. They've cut our rates. All right?

I'm open for any questions. If anyone has any questions specifically about the financials, we can kind of go through them and I can get the answers if I don't have them.

MR. FARRELL:

Yeah, on the net inpatient service revenues, what do you attribute that number being a little higher than anticipated?

CHAIRMAN MARCHESE:

Which line is that, up at the top, the first line?

MR. FARRELL:

Yeah, the first line.

CHAIRMAN MARCHESE:

The patient days, probably, the most -- just like I said. You see I said there's --

MR. FARRELL:

Yeah, yeah, I got you.

CHAIRMAN MARCHESE:

That's a direct multiplication, between that and the revenue.

MR. FARRELL:

But is there any correlation with better billing or anything like that being done, or collecting more in from all patients?

CHAIRMAN MARCHESE:

Oh, yeah, absolutely. Yeah, that's a given.

MR. FARRELL:

A better accounting of, you know --

CHAIRMAN MARCHESE:

Absolutely.

MR. FARRELL:

Okay. Thank you.

LEG. BROWNING:

Now, that IDT money, that's something like \$128 million, right?

CHAIRMAN MARCHESE:

Yeah. It's on there, you can see it from the prior year.

LEG. BROWNING:

I don't have my glasses with me.

CHAIRMAN MARCHESE:

Oh, okay.

*(*Laughter*)*

LEG. BROWNING:

Where is it? That's bad.

MR. BRAUN:

Do you want to borrow these?

LEG. BROWNING:

No, I'm okay. If I hold it at arm's length.

MR. BRAUN:

I'll hold it for you.

LEG. BROWNING:

Now the IDT money, when are they -- I know we're due money for '09 and '10.

CHAIRMAN MARCHESE:

Yeah, we're due --

LEG. BROWNING:

But isn't there like two years?

CHAIRMAN MARCHESE:

Yeah, we're back for two years now, they haven't paid us. The money that you see on here for the '09, our '09, was actually for the '08 year, and you get it for the first quarter. That's for January, February and March, the Fiscal Year for the State is through March 31st, so that was through March 31st. For all the rest of '09, we didn't receive anything and we didn't receive anything for '10.

LEG. BROWNING:

What's the hold-up?

CHAIRMAN MARCHESE:

It's a State -- well, from my understanding -- I don't know if, Jeff, you have anything on this -- but it's a State level problem with all State-run -- all County-run nursing homes. Because the State has submitted a modification to CMS, which is the national agency that regulates this, and they're waiting for them to sign-off on a State waiver for their plan. And until they sign-off on this waiver, this moan is not available for us; that's my understanding.

P.O. LINDSAY:

We'll get it eventually.

LEG. BROWNING:

Sooner than later.

COMMISSIONER TOMARKEN:

Len, can you comment on the bad debt, what goes into that line?

CHAIRMAN MARCHESE:

Yeah. Like I started saying before, what we do for bad debt is we take a straight percentage of the receivables. We don't know exactly what's going to be bad or not, and what we do is we just take, I don't know what it is, but maybe 1% or something. We take a standard percentage, they do a percentage of whatever the sales are and they accrue that. And then what we do at the end of the year, we actually see here's what we've billed, here's what we've collected and here's what we really can't collect, and then that's an actual number and then we compare it to the estimate and then we make an adjusting entry for the difference.

COMMISSIONER TOMARKEN:

What is the bad debt, where does it come from? What's the source for that line?

CHAIRMAN MARCHESE:

It comes from a person that says they have community Medicaid and they come into our facility, and on the surface it looks like it's a good application, but when they get in here they've misrepresented their assets. So they have a house, they have something and they don't qualify for Medicaid, so -- or they transferred it to a child or something like that. So now we've seen that patient three months, six months, whatever it is, and they don't qualify for Medicaid, so now we have that patient in here and we don't get paid.

P.O. LINDSAY:

You can't get rid of them.

CHAIRMAN MARCHESE:

Unless you have a safe discharge. We have not to this day looked to discharge those patients. So we try, or we've been trying -- you hear us talk about it all the time, you have to have a clear payer source at the front end for us to get you in here. And that's pretty much been our policy, but every once in a while you -- and when you do get somebody in here and they wind up not qualifying for Medicaid, that could cost you \$100,000 because it's \$10,000, roughly, a month, \$120,000 a year for that patient, so it's a big hit for us.

P.O. LINDSAY:

And if Medicaid rejects the application, say, for example, that the house is -- if they have a house in their name or the house was transferred under the window period --

CHAIRMAN MARCHESE:

Right.

P.O. LINDSAY:

-- within the last two months; does that open us to sue the individual for that asset?

MS. PASSANTINO:

Uh-huh.

CHAIRMAN MARCHESE:

Yes. In fact, we have a collection agency and we go after that. But often it's a hard process, it's not so easy.

MR. FARRELL:

It's fun.

P.O. LINDSAY:

And it's something that I don't think any of us embrace. But the point of the matter is if you have 246 people there and 245 of them are either paying through Medicare or through their own revenue

source and one isn't, that isn't fair.

CHAIRMAN MARCHESE:

Right. And it's more -- unfortunately it's more than one.

MS. PASSANTINO:

Yeah, I --

CHAIRMAN MARCHESE:

That would be -- we would be doing really good if it was only one.

MS. PASSANTINO:

I used to work in the County Clerk's Office, and there's liens that you can put against people's homes when they go on Social Services because they do own a home. So if they wanted to get heating assistance programs and if they wanted to get on Medicaid, what they do is actually get a lien against the home, so that should be some easy thing to do so that when the home --

CHAIRMAN MARCHESE:

That assumes that they have the home in their name.

MS. PASSANTINO:

But if they do. I mean, it doesn't seem like that we've ever proceeded as a County on this. But when we have a young family, because I know of a woman who had a young family, her husband was gone and she owned a home and the lien went against the home, and it was that she'd have to pay it when she sold her home. So it would be the same thing with older individuals or sick individuals.

CHAIRMAN MARCHESE:

Usually Social Services does that now.

MR. BRAUN:

Yeah, the difference with Social Services is that they can do it prospectively, they can do it before they advance the money or as a condition of advancing it. But here you have somebody already in residence and you have to have a safe discharge plan for them or something else, and meanwhile the things are accruing while you're insisting that they sign papers that they're refusing to sign.

MS. PASSANTINO:

Well, I still think that you can do it afterwards.

COMMISSIONER TOMARKEN:

Can't you verify up-front much of this?

CHAIRMAN MARCHESE:

Yes and no. What happens is the process is that a person typically is in a hospital and there's a discharge that has to happen Friday afternoon at three o'clock. We have about a half an hour -- Jeff, correct me when I'm not -- we have about a half an hour, an hour to make a determination if we're going to take that patient. What do we do during that hour? We review the PRI, which is the patient review instrument, and we review their stated financial stuff; stated, that's the key term there. We don't know anything else about them. So we look on it and we say he's got community Medicaid, they're stating they have no assets, we haven't figured out -- we haven't filled out the whole ap yet. It looks good on paper, they said he has nothing, okay.

COMMISSIONER TOMARKEN:

But doesn't the hospital know whether they're --

CHAIRMAN MARCHESE:

No, because the hospital is covered under another whole set.

COMMISSIONER TOMARKEN:

Okay.

CHAIRMAN MARCHESE:

They get paid a hundred percent because they're getting paid under the community Medicaid portion, they have whole all the time. It's us that gets stuck with it.

MR. HOFFMAN:

And If I can just add. I mean, there's so many dynamics that we have where families that come in and, yes, I'll get the papers and there's like the kids -- it's terrible to say, but the kids get Mom placed here and then they don't come in. You know, you're done, and there's nobody around to even look for the appropriate documentation that we need.

CHAIRMAN MARCHESE:

That's right, that's another good point.

MR. HOFFMAN:

So, you know, I mean, it's just a plethora of -- and just when you think you've heard it all, the next day comes and you get another.

CHAIRMAN MARCHESE:

Yeah. The Medicaid application is a complicated -- like a tax return, and you have to supply all the documentation to Social Services. So while we're in here, we're filling it out and you have to provide three years of bank statements, three years of income, you know, everything that you have. And a lot of that stuff isn't readily available and it becomes a difficult chase to make sure -- that's one of the challenges that we face every day to try to convert everybody over to long-term care, and it's an issue with us every day. That's one aspect of the bad debt, Commissioner.

The second aspect for the bad debt is when you determine a budget for a patient, the patient comes in here and their monthly bill is \$10,000. Medicaid is the last payer, they're the payer after everything. So what you have first is you have any pensions, Social Security, any other income that they have coming in first, then that becomes their budget. What often happens is -- and then that's -- say they qualify for Medicaid, then we get that Medicaid check. What happens is the budget, I'll say that person's Social Security check and pension, often what they'll do is they'll start off by, "Yeah, you'll get it," but then they'll divert that check to their daughter or niece or somebody in the community and we won't get it, and now the facility is losing two or \$3,000 a month on that patient. That's what we call NAMI, Net Available Monthly Income, on that patient. So now you have that by 15 or 20 patients out there, and it's very hard then to get that money back.

MS. PASSANTINO:

But I would think that it's a County facility, we have County Social -- you know, Medicaid that handles that, Social Services. You should put, kick up a priority on it so we can take care of our own facility, that we make sure that it gets paid and done. Because that really shouldn't take more than a 15-day turnaround time, if someone gives in all their paper work to go and get Medicaid.

CHAIRMAN MARCHESE:

You mean the regular Medicaid ap.

MS. PASSANTINO:

Absolutely. I don't think it should --

CHAIRMAN MARCHESE:

Well, we actually had -- we had a meeting on that with the Commissioner of Social Services a few weeks ago and, you know, he had said, had indicated at that meeting that he was going to try to move our applications ahead of the line. You know, I don't know if there's issues with that, whether that's favoritism to us or not; I'm not quite sure, he has to deal with those regulations. Because I know all the nursing homes in the County I think have to be treated equally under State statute, but that's his issue. But yeah, we did request to get our applications processed as fast as possible; but again, that's one aspect of the problem.

The problem with the Social Security checks, we don't control the Federal Government. And when the patient tells Social Security Administration that they want their checks sent here, we don't have the right, legal right to override that unless we get legal guardianship.

MS. PASSANTINO:

Right.

CHAIRMAN MARCHESE:

Which requires us another whole level of, I guess, asserting our authority. You might want to --

MS. PASSANTINO:

In Family Court.

CHAIRMAN MARCHESE:

Yeah.

MR. HOFFMAN:

Well, you know, there's even another caveat on this thing, because if it gets sent here and it gets up to the resident, we may not ever see that again.

MS. PASSANTINO:

Or if it goes direct deposit and the family member could get it and there are other issues. However --

MR. HOFFMAN:

Yeah. Like I said, there's a lot of different variables, so we have to try to, you know, defend or prevent or get a system in place so that we get that, and we just had that experience.

LEG. BROWNING:

Let me ask -- I'm sorry.

MR. BRAUN:

No, go ahead.

LEG. BROWNING:

You were talking with Social Services and the Medicaid unit; do you have people that specifically just deal with nursing homes?

MS. PASSANTINO:

Absolutely. No, they actually deal with everyone. But as I understand, their turnaround time is relatively quick if someone brings their paperwork in. I mean, they have a lot of workload, but in the cases with Medicaid where in emergency situations, someone is sick, someone needs to get placed, they're very quick on that. And obviously, I mean, it's a win/win situation. If we could get -- even if we need more personnel there in the County, to fill those positions to handle it, we would get the money to be paid to and things would be done correctly.

MR. HOFFMAN:

I would just say comparatively speaking --

MS. PASSANTINO:

Yes.

MR. HOFFMAN:

-- you know, in terms of other nursing homes, it's not terrible, believe it or not.

MS. PASSANTINO:

Yeah, as far as I understood it's not.

MR. HOFFMAN:

It isn't terrible, the problem is getting it to that point, and that's where the issue is.

MS. PASSANTINO:

Well, getting the paperwork together. I had a family member that I had to do it for myself and the person died before it ended up happening. But I had no -- there was no pull for anything, and they were right on top of everything.

CHAIRMAN MARCHESE:

They, Social Services?

MS. PASSANTINO:

Social Services, as along as you had all the ducks in order.

CHAIRMAN MARCHESE:

Well, you have to have all the documentation, correct.

MS. PASSANTINO:

Yes.

CHAIRMAN MARCHESE:

But you were a willing participant.

MS. PASSANTINO:

Absolutely.

CHAIRMAN MARCHESE:

If you're not a willing participant and you're trying to hide assets, you're not going to be as cooperative as you have been. And now the person is in our facility because we thought that they would be willing, it sounded on paper that they would be okay, and now they're in our home. And now we're trying to get the information we need from unresponsive community family members and that's where our problem is, and now I have a patient in the house that we're trying to -- we're not discharging and we're trying to collect data from but we can't get cooperation. So now that's the genesis of where we wind up having problems.

MS. PASSANTINO:

What do private nursing homes do?

MR. HOFFMAN:

I can answer that.

CHAIRMAN MARCHESE:

Well, they're not as gentle as we are in collecting the data, I suppose.

MR. HOFFMAN:

Ironically, I just got a message and we just got a Medicaid-approved for a resident that's already been discharged, you know, and they approved it and we started in March 1st of this year. You know?

CHAIRMAN MARCHESE:

Yeah, we get it retroactive. We still continue to go after them, that's our battle, that's what we do.

MR. HOFFMAN:

To answer your question, in private sector, you know, there's companies out there that we get and sometimes -- you know, it's a process. You send a letter out from a collection agency, you know, that type of thing. It ends up being nasty, sometimes you can get really -- you know, you get really --

MS. PASSANTINO:

When you go into a hospital or a nursing facility, there's 20,000 papers to be filled out and there's someone who basically is taking that paperwork and then making sure everything is in and telling the people that they're going to be held responsible for.

CHAIRMAN MARCHESE:

We have that in our admissions document, tool.

MS. PASSANTINO:

My point is how do --

CHAIRMAN MARCHESE:

We have those same 20,000 papers.

MS. PASSANTINO:

I'm back to -- sorry. I'm back to how do the private nursing homes do it then?

MR. HOFFMAN:

They have the same problems. They hire attorneys, they have -- there's a couple of agencies like TransWorld and this and that go after.

MS. PASSANTINO:

Yeah.

MR. HOFFMAN:

It's the same deal. You know, it's just --

MS. PASSANTINO:

Do we hire TransWorld to come in?

CHAIRMAN MARCHESE:

We do have a collection agency. I'm not quite sure of the name of who we're using; do you remember? We do have a collection agency that we -- we do send out for collection. The issues that we deal with that is that we're basically directed by policy here not to discharge anybody if they ultimately don't comply. So our hammer, if you will, is very dull, and so that's kind of where we are with that.

And one of the two reasons you can legally discharge a patient from a facility is, one, you can't accurately, correctly take care of them; and the second one is if they don't pay and they have resources to pay. So --

MS. PASSANTINO:

And where do you put them, then? Where do they go?

CHAIRMAN MARCHESE:

Well, if they have resources to pay, they should be paying, they should be forwarding those resources. And if they don't --

MS. PASSANTINO:

And at that point we take legal action to get that, to recoup it.

CHAIRMAN MARCHESE:

And if they don't have resources, then they qualify for Medicaid. You have to have one or the other.

MS. PASSANTINO:

Right.

CHAIRMAN MARCHESE:

You're either hiding the money or you're --

MS. PASSANTINO:

Exactly.

MR. HOFFMAN:

And it would be the same thing in the private sector. They keep them in the house because it's much easier than to try to do anything when you're taking care of them, then you send them out and you have to track them down. It's bad debt.

MS. PASSANTINO:

Okay.

MR. FARRELL:

I have a couple of questions.

CHAIRMAN MARCHESE:

Okay, go ahead.

MR. FARRELL:

And I'm not going to assume anything, so I just want you to answer probably the way I think you're going to answer. But under salaries and wages --

CHAIRMAN MARCHESE:

Yeah.

MR. FARRELL:

-- you came in 731,000 under budget?

CHAIRMAN MARCHESE:

Yes.

MR. FARRELL:

And what would be the reason for that?

CHAIRMAN MARCHESE:

Less staff.

MR. FARRELL:

And can you quantify that?

CHAIRMAN MARCHESE:

In terms of?

MR. FARRELL:

How many positions.

CHAIRMAN MARCHESE:

I'm going to say 731,000 is probably 20 positions? But what we've done is we -- during that period they -- we utilized more agency staff as a result of -- so that that line was probably over budget, okay. And you know, I'm going to be perfectly frank here, this has to do with the uncertainty regarding the sale, and there was a difficult time in terms of staffing and acquiring staff, as well as operating this facility. And until the disposition of this place is put to rest one way or the other, and Legislator Browning is here, I know you've instructed us, and that's fine and that's how we've been going ahead. As this continues to run, it's going to be here, there's this turning out here. And in today's paper, you know, I'm not going to tell stories out of tune, today's paper has another article in it. So that's --

MR. FARRELL:

It seems like they're always in the paper.

CHAIRMAN MARCHESE:

I understand, but then that's also -- what happens is we have to now deal with the resident counsel. These are operating issues, we have to go to resident counsel, explain that to them, and it also now puts -- it hurts us a little bit now when we go out into the community to try to recruit patients. You know, it's a challenge, it's another challenge.

MR. FARRELL:

No, I understand. But the positions are down but you're using more agency staff.

CHAIRMAN MARCHESE:

Correct, because we require the staffing on the floors. Currently what we have is we have -- I think I have staff report somewhere. We have about a dozen SCINS signed that we're trying to recruit now, and we have another nine or ten pending approval. So together I think we have almost 20 jobs that we have submitted that we plan on filling over the next three weeks, four weeks.

MR. FARRELL:

Which would basically put you back to where you're budgeted.

CHAIRMAN MARCHESE:

Well, yes, exactly. I mean, that's our longer term plan, is to bring us back in line with what our budget was.

MR. FARRELL:

Okay. Fair enough.

CHAIRMAN MARCHESE:

So you have access to our staffing people, you can see -- you know that we're interviewing for jobs, we've promoted from within, and that process is taking place. So that's something that we're doing.

MR. FARRELL:

That's great.

P.O. LINDSAY:

The other thing, Dan, though, that you've got to keep in mind; if we're going to keep this place, we have to cut down on the expenses here.

MR. FARRELL:

Oh, no, I understand completely. But, you know, it's a tough balance. I mean, the equation is you still need staff in here to run the place. I mean, you can't do it without staffing, so.

P.O. LINDSAY:

If you sold it to Mr. Rozenberg, he admitted on the record he would do it with 50 less people right off the bat.

MS. KERRIGAN:

Fifty?

MS. PASSANTINO:

Uh-huh.

MR. FARRELL:

At the cost of what care? I mean, I don't even want to argue that.

P.O. LINDSAY:

No, I know, but there has to be some medium in the middle.

MR. FARRELL:

I understand.

P.O. LINDSAY:

We can't go back up to the staffing levels that were here at one time.

MR. FARRELL:

I understand.

CHAIRMAN MARCHESE:

We've looked at this facility. Now that Jeff is on board, we've come up with a new medical team, with a new medical model of treating the patients. We analyze what our current staffing needs are, Jeff has come up with a new model on how we're going to put charge nurses on each floor. And we feel confident, after we submit this next round of job requests, that with those positions filled, we should be able to cut down on overtime, cut down on agency nurses and staff the facility that we deem is appropriate for the people that are here, and that's with this next level which would probably bring us in line with what our budget is.

MR. FARRELL:

Okay. Thank you.

CHAIRMAN MARCHESE:

That's it. I don't think that it's our intention to go any more than that.

MR. FARRELL:

Okay. Fair enough.

MR. HOFFMAN:

If I can. I mean, the other thing that we need and that we're looking is just to -- and this will help even in Kenny's discussion with people is some of our systems are repetitive or redundant and overlapping. I think we start with what we want to do is take the control on the units by establishing a charge nurse, they're the person that typically in a nursing home runs the unit.

MS. KERRIGAN:

I love it.

MR. HOFFMAN:

So, and everything from house -- you know, it's dirty, we've got to get housekeeping there, whatever the issue. They're the ones that take care of -- even though they're only here five days a week, their assignment is they have -- it's like they're a fiefdom, if you will.

MS. KERRIGAN:

So I'm reading between the lines, but so the system -- so we're all being changed and put in place.

MR. HOFFMAN:

Yeah, you know, it starts there. Then like when does housekeeping come, you know, so that they're not waiting for a resident to do something and sitting. So, you know, from what I'm witnessing, it's not the fact that people don't want to work, it's the fact that, you know, we don't have a good system to allow it to work, that they're not waiting for someone else. And that's how you can get around these things to say -- and Kenny can say, "Well, we would do it, yeah." Nurse staffing on the floors, though, is a separate issue, that's where your care is being done. But new residents come in, cleanliness is the first thing that they look at, and we're trying to sell so that's what we want to do.

MS. KERRIGAN:

But just to follow-up on that, I think what I was getting to was with the charge nurses, would you be hiring RN's on the units?

CHAIRMAN MARCHESE:

Yes.

MR. HOFFMAN:

RN's, it has to be an RN. By standards of practice, it has to be an RN.

MS. KERRIGAN:

Thank you.

CHAIRMAN MARCHESE:

We have five SCINS for five RN's, in addition to the five that we have on staff.

MR. HOFFMAN:

Yeah, I think we've already hired one. You know, they're given due notice or something like that.

MS. KERRIGAN:

Okay.

MR. HOFFMAN:

I can't tell you exactly where all those are, but at the end of the day --

CHAIRMAN MARCHESE:

It takes us a while to fully staff up. What happens is when you -- well, you guys know what the process is. When you get a job offering, it goes to somebody in an existing position first, so you wind up having a lot of moving chairs and it takes a while to get down to a new job on the bottom where there's a new body because everybody is entitled to move up in their --

MS. KERRIGAN:

Transfer shifts.

CHAIRMAN MARCHESE:

Whatever. So even though you have a job at least say the first of the month, it might take you two months to get to a new body in this house because of all of the moves that happen in between. That's just the process and that's just what takes us time.

I just wanted to also mention that the results also show a decrease in our purchases and fixed assets because, you know, we've diverted a lot of our purchases into this Community Enhancement Grant. So a lot of the things that we normally would have requested, like a gazebo and like drapery, modifications to the fifth floor, a lot of those things would have been paid out of our operating. So we've diverted some costs, thank you to the State, so that it didn't have to necessarily show up in our income statements. So that's a good thing.

MR. HOFFMAN:

Len, you want to talk about the materials management and the changes made?

CHAIRMAN MARCHESE:

Yeah, absolutely, sure. Well, as you know, we hired a Materials Control Clerk about six months ago, three months ago; prior to that we were really staffing it with a hodge podge of maintenance workers. As a result, we unfortunately were not watching what we were ordering. Jeff, you want to go into some of those details?

MR. HOFFMAN:

Yeah. Again, I will just refer to the system, it's a par system. What we want is -- and this goes back to even staffing, the nurses and the units have to have what they need up on the units. You know, what we found is a lot of times, especially in the evenings, nurses were down here looking for supplies that should have been on the units. Well, that's a waste of time; a misallocation of resources, if you will. So we've been -- and there's still a little bit of work, but I think we're pretty good in terms of knowing what each unit, and each unit can be a little different because of composition of the residents, but we're pretty good at having the supplies up there in the units. Actually, it's nurses who are looking around, it's also decreased our overall inventory because we can have anything in here in 24-hours. So we don't have to have, you know, the materials in the warehouse absorbing resources or, you know, 20 boxes of whatever it might be, I can't remember the last time, but it's just more efficiency. Plus, the other thing is we're absorbing space, we don't need as much space because there's other things that we can eventually do with that.

MR. FARRELL:

One last question. On your actual subsidy from the County of Suffolk operations, there's no 3.9 million there.

CHAIRMAN MARCHESE:

Right.

MR. FARRELL:

Why is that not in the actual; did you not get that money from the County and why?

CHAIRMAN MARCHESE:

Well, no, that's just a budgeted number. That's still in the budget.

MR. FARRELL:

Right. But if you budgeted that money at 3.9, did you actually get that money from the County?

CHAIRMAN MARCHESE:

For '10?

MR. FARRELL:

Yeah.

CHAIRMAN MARCHESE:

Yeah.

MR. FARRELL:

Do you get it at the end of the year, do you get it quarterly, do you get it monthly?

CHAIRMAN MARCHESE:

It comes at the end of the year. When all the books are closed, that subsidy is basically transferred over, like a fund balance transfer or something.

MR. FARRELL:

But that would be a subsidy. So, I mean, you have a 2.4 deficit; I mean, in all actually, if you got that 3.9, you're not in a deficit anymore. But we're only six months through the year, I understand that.

CHAIRMAN MARCHESE:

Well, yeah, if you really wanted to look at this from a high level, you would double the two-and-a-half million --

MR. FARRELL:

Right.

CHAIRMAN MARCHESE:

-- and say we're at a \$5 million loss.

MR. FARRELL:

Yep.

CHAIRMAN MARCHESE:

There would be some year-end adjustments because it's not going to be five million --

MR. FARRELL:

Right.

CHAIRMAN MARCHESE:

-- so it might go to six million, and then you would have a subsidy from the County, in this case of four million.

MR. FARRELL:

So you're only two million --

CHAIRMAN MARCHESE:

That's cash from the General Fund, and then at the end we'd actually have our hand out for another two million to make us whole.

MR. FARRELL:

Right. So roughly we can say around two million might be the deficit by year-end.

CHAIRMAN MARCHESE:

Well, no, the deficit is the four million two, though, because they had to give us that as well. They have to give -- they're just budgeting giving that to us, that's all.

MR. FARRELL:

No, you're right. You're talking County and Foley building separately, but it's all one in the same.

CHAIRMAN MARCHESE:

Yeah, they still have to give us the four million, too.

MR. FARRELL:

Right.

CHAIRMAN MARCHESE:

So you have to give us the four plus another two.

MR. FARRELL:

You're right. Okay.

CHAIRMAN MARCHESE:

And that's basically what -- yeah, that's what this is, replace costs.

MR. FARRELL:

Okay.

MR. PEARSALL:

Just as we provide more money to the Parks Department than the revenue coming in to the Parks Department.

LEG. BROWNING:

Right.

MR. PEARSALL:

We provide about \$21 million a year to the Parks Department above their revenue stream. I'm sure the County Executive will write me a letter telling me I'm wrong.

*(*Laughter*)*

MR. FARRELL:

It will be in Newsday.

CHAIRMAN MARCHESE:

Okay. Is there any other questions on the financial statements?
other business?

All right. How about any

MR. PEARSALL:

What is the occupancy or the census in the Adult Day-Care Center?

MR. HOFFMAN:

Oh, yeah, I'm sorry, I'm a little bit -- I actually wrote that down, I didn't discuss that. It is picking up a little bit. We are coming into this month. In fact, the 21st we have an educational program going on, we've done some marketing in the pharmacies, we've also reached out to some other local physicians, you know, in their offices and we put together a brochure and sent that out. We have some open houses that are coming up through this month as well. You know, we've worked with Dr. Pigott who's -- I'm not sure of his title.

COMMISSIONER TOMARKEN:

Minority Affairs.

MR. HOFFMAN:

Yeah, and we have an African-American Day coming up on the 21st and he's going to be there to discuss -- you know, do some health screening, do some type of thing, but it's just working together for them.

The overall census, it's up a bit. I mean, obviously there was a history there, and I think it was 60 and it went down. So I think our average, Len, I believe it's 42 right now?

CHAIRMAN MARCHESI:

That's the entrance into the program.

MR. HOFFMAN:

Entrance into the program.

CHAIRMAN MARCHESI:

We never had 60 -- we have slots, we have 60 available slots. We have always had 40 to 50 entrants, and then we've had -- usually when we had our census strong we were like 33, 35 average daily; that's down. I think the average daily now is down to 30ish; Christine, do we have an average daily census?

MS. EBMEYER:

That sounds about right.

CHAIRMAN MARCHESI:

So what we need to do is increase the registrants and try to get that up to more like around 50 or 60 and then we'd get our average daily census up again. So that's a marketing tool and that's, again, what we need to get out there in the community.

LEG. BROWNING:

Do we use our rehab facilities on the weekends?

MR. HOFFMAN:

Yeah.

LEG. BROWNING:

We do?

MR. HOFFMAN:

Yeah, it's six days a week.

LEG. BROWNING:

Six days a week? Okay.

MR. HOFFMAN:

That's part of the grant, is we're doing the satellite rehab up on the fifth floor --

LEG. BROWNING:

Right.

MR. HOFFMAN:

-- which is short-term rehab. In fact, we started moving in the equipment and we're getting the room ready for that this week.

LEG. BROWNING:

Okay. And what time -- what's the hours during the day? I mean, is it like 9 to 5?

MR. HOFFMAN:

I don't know exactly, but I do rounds at around 8:30 and they usually start at nine.

LEG. BROWNING:

Okay.

MR. HOFFMAN:

There's some things that we want to do to sort of make that the place to be and see what we can do.

I just want -- Saturday the 25th we're having an open house as well, and it's Alzheimer's Awareness Day. You've probably seen all the advertisements for Central Park and all that kind of stuff, so.

MR. FARRELL:

I forgot about that. I'm only kidding.

*(*Laughter*)*

MR. HOFFMAN:

You know, again, we're working with the Director over there, making sure that our presence is felt and trying to tap into some areas of marketing that maybe are a little less traditional, but that's -- you know, you're standing at the pharmacy waiting for your prescription and you say, "Oh, day care." And we're emphasizing the day-care, you know, sometimes you see nursing home people and they say, "No, that's not for me," but it's day-care that we're doing.

CHAIRMAN MARCHESI:

Okay. Do we have anything else? Do you want to schedule the next meeting?

MR. HOFFMAN:

Can I just say --

CHAIRMAN MARCHESI:

Sure.

MR. HOFFMAN:

We've upped our Family Council meeting, actually one is Thursday. We're going to start doing that monthly, only because I think there's a need to communicate with families. You know, I've got a lot of concerns and questions coming, obviously from the history here to privatize and not to privatize,

however you want to put it. But I think the only way that we can successfully keep our eye on the ball is to take care of the residents, to communicate and lack of communication, so we want to make sure that they're getting the right information.

You know, we are -- since we have a significant dementia population. We have a couple of things that we got through the grant in terms of to create some -- identify specific programs for that population. We're also looking for what you would call a quiet room, the same principal if you have kids or however you want to put it, but it's the same thing, it's like they need a place that they can go and sort of cool down a little bit, you know, that has sounds. I mean, there's been a lot of work done on it and a lot of positive outcomes.

MS. KERRIGAN:

We have that in the Adult Day Health Care, a quiet room. There's a geri-chair or just a regular chair which we utilize regularly right by the nurses' station so it doesn't really require any additional personnel.

MR. HOFFMAN:

Right. There's a lot of work that's been done on the color of the room, you know, where the room is located, what's in the room. We did purchase, it's called Snozelin, it's actually a pediatric type of program, but it's a mobile cart that can provide central stimulation or senses or interaction with residents that have lost some of the other, you know, senses and that type of thing, so. And like I said, right now we are just -- you know, we're just working on developing that on the 4th floor.

And I'm sure that everybody knows about the bed hold changes.

CHAIRMAN MARCHESE:

I don't think so. You can brief everybody on that.

MR. HOFFMAN:

Okay. There's been one significant change in reimbursement whereas New York State specifically was allotted 14 bed-hold days. In other words, a resident goes out to the hospital, we're allowed to bill them if they're not in the -- 14 per year, that's a significant change from where --

MR. BRAUN:

Per resident?

MR. HOFFMAN:

Per resident per year. In other words, if Jeff went into the hospital and came back in five days and went out next week for whatever, came back in five days, now I only have four days left. And then, you know, it's going to be a political decision now. The associations are -- you know, they have mounted like somewhat of a request to try to have that overturned, obviously it -- because we'll have to make -- everyone is going to be making a decision, what do you do? You know, do you discharge them? You know. I mean, there's a lot of --

MR. BRAUN:

Is that on a calendar-year basis, Jeff, or is that --

MR. HOFFMAN:

Yes.

MR. BRAUN:

-- a rolling?

MR. HOFFMAN:

Yes, calendar year. Well, it would be -- my understanding, it's from their data admission.

MR. BRAUN:

Okay.

MR. HOFFMAN:

Okay? That's my understanding. I mean, it's still -- but it is a little bit hairy. So we've created a system here that we can calculate how many days they're gone. But also, more importantly, it comes back to my comment of trying to keep them here. Obviously, you know, there's needs that they have to go out, but, you know, to have their toe nails cut isn't one of them.

MR. PEARSALL:

You don't have a podiatrist that comes in and does their toes?

MR. HOFFMAN:

I'm sorry, that was a joke.

*(*Laughter*)*

MR. PEARSALL:

No, I don't know.

MR. HOFFMAN:

Yes, we do have a podiatrist that comes in. But, you know, there are sometimes, you know, when they get sent out for something.

MS. PASSANTINO:

That was sarcasm.

CHAIRMAN MARCHESI:

Without the presence of medical staff on-site, when there's a questionable case in the middle of the night or something, the nurse in charge, rather than erring on the side -- will err on the side of caution and discharge the patient to the hospital. If you have physicians on-site, they can immediately evaluate the patient and make a more accurate assessment and then we can hopefully keep more of these patients in-house. That's really the key to having the doctors here.

MR. HOFFMAN:

I'm really simplifying what we're doing. I mean, a physician will be assigned one specific -- I mean a specific unit and they will always be there. They will provide two visits per week, and then in between the nurse practitioner will be there as well, you know, to pick up on any -- so this is when, you know, a nurse -- the physician actually knows who they're talking about. And with EMR, they can tap in, you know, from home, there's going to be the ability, they can tap in from home. Because what happens, and this is industry-wide, you know, the nurse will call and the doctor will invariably say to the nurse, "Well, what did you think?" Anybody in their right mind is going to say, "Send them out." You know, so that's -- we want to make sure that -- and Maureen and I have worked on what exactly the doctor needs to have to make their assessment and what the nurse needs to have at the ready so we can make that happen, you know, pretty much in real time.

CHAIRMAN MARCHESI:

You have a question?

MS. HOGAN:

Question for you. The 95% -- and this might be to Jeff. Is the 95% now required for the bed-hold, has that taken effect yet?

CHAIRMAN MARCHESE:

Yeah, but that's not as significant as the 15-day annual limit.

MS. HOGAN:

No, okay.

MR. BRAUN:

Fourteen.

MS. HOGAN:

Fourteen, but combined it's --

MR. BRAUN:

But you have to be 95% full.

CHAIRMAN MARCHESE:

In order to qualify to begin with.

MR. HOFFMAN:

Yes.

MS. HOGAN:

So it's just another hurdle.

P.O. LINDSAY:

How many are we away from bed-hold now?

CHAIRMAN MARCHESE:

Four more beds.

MR. HOFFMAN:

I think four. And we just got -- while we were here we just got a return and a new admission, so it might be two if nobody went out.

CHAIRMAN MARCHESE:

Is everybody -- any other questions?

MS. KERRIGAN:

I just had one question about the Adult Day Health Care. In the revenue and expenses, is that included?

CHAIRMAN MARCHESE:

Yes.

MS. KERRIGAN:

That's all included. It's never been separated, okay.

CHAIRMAN MARCHESE:

We do internally but, you know, these schedules can get crazy if we start adding a million lines in it, so I try and just keep it on a high level basis. But yeah, we know what we bill for adult day-care

and expenses, yes. We have to actually report that to the State.

MS. KERRIGAN:

Right, I think we have that. So maybe like once a year or quarterly or semi-annually we'll get that?

CHAIRMAN MARCHESE:

Yeah.

MS. KERRIGAN:

Thank you.

CHAIRMAN MARCHESE:

Not a problem. Anything else? All right, the next meeting. How is everybody for October? I'm not sure when Legislative week is.

LEG. BROWNING:

I can tell you.

P.O. LINDSAY:

The 14th.

CHAIRMAN MARCHESE:

Is that a good day for everybody, the 14th?

P.O. LINDSAY:

Thursday.

LEG. BROWNING:

No, the 14th is a General Session.

P.O. LINDSAY:

No, Thursday.

LEG. BROWNING:

I have Tuesday.

MR. BRAUN:

That is a Thursday.

LEG. BROWNING:

Oh, sorry, wrong month. That's September, sorry.

P.O. LINDSAY:

The 12th we have a meeting, the 14th is good.

CHAIRMAN MARCHESE:

Okay. Is that okay with everybody, 10/14?

MR. BRAUN:

Yes.

CHAIRMAN MARCHESE:

Do you want to meet in Hauppauge this time? Hauppauge, we'll meet by you?

P.O. LINDSAY:

Okay.

MR. PEARSALL:

Three o'clock, right?

CHAIRMAN MARCHESE:

Unless you want to do it earlier in the day.

P.O. LINDSAY:

I'm open all day.

CHAIRMAN MARCHESE:

How about ten o'clock? We'll get it done earlier.

COMMISSIONER TOMARKEN:

There's a ten o'clock on QOC I have in Hauppauge.

CHAIRMAN MARCHESE:

That's one of those cursor things?

MR. BRAUN:

The date again?

P.O. LINDSAY:

The 14th, October.

CHAIRMAN MARCHESE:

October 14th.

COMMISSIONER TOMARKEN:

Oh, I'm sorry, I was looking at the wrong date.

LEG. BROWNING:

I know, I did the same thing.

CHAIRMAN MARCHESE:

October 14th at 10 AM, and we're going to have it at the Legislative -- there's a conference room in the basement. I don't know, what do you call that?

P.O. LINDSAY:

The basement.

MR. PEARSALL:

The lower level.

*(*Laughter*)*

CHAIRMAN MARCHESE:

All right, thank you, everybody, for coming. What we'll do is I guess when we get some minutes or something like this, I'll circulate it to those people that are on the sign-in sheet and then you'll have them. Okay, great. Thank you.

*(*The meeting was adjourned at 4:20 P.M. *)*