

**JOHN J. FOLEY SKILLED NURSING FACILITY**

**OVERSIGHT COMMITTEE**

**Verbatim Transcript**

A regular meeting of the John J. Foley Skilled Nursing Facility Oversight Committee was held in the Rose Y. Caracappa Auditorium of the William H. Rogers Legislative Building, 725 Veterans Memorial Highway, Smithtown, New York on Wednesday, February 29, 2012.

**MEMBERS PRESENT:**

Dr. James Tomarken - Commissioner of the Health Department  
Kathleen Reeves - John J. Foley Skilled Nursing Facility  
Terry Pearsall - Chief of Staff - Presiding Officer Lindsay's Office  
Fred Pollert - County Executive's Budget Office/Representing Kim Brandeau

**ALSO IN ATTENDANCE:**

Kate Browning - Legislator/Third Legislative District  
John M. Kennedy, Jr. - Legislator/Twelfth Legislative District  
Kevin Carey - Administrator of John J. Foley.  
Craig Freas - Budget Review Office  
Leslie Kennedy - Aide to Legislator Kennedy  
Mary J. Finnin - Advocate for Public Health Nursing

**TRANSCRIPT TAKEN BY:**

Lucia Braaten - Court Stenographer

**(\*THE MEETING WAS CALLED TO ORDER AT 10:10 A.M. \*)**

**CHAIRMAN TOMARKEN:**

Okay. We're going to begin the meeting.

**MR. PEARSALL:**

Legislator Kennedy, are you going to join us?

**CHAIRMAN TOMARKEN:**

Are you going to sit there?

**LEG. KENNEDY:**

Greetings and salutations.

**CHAIRMAN TOMARKEN:**

The minutes of October and November 2011 were sent to you by e-mail. They're very large so I didn't print them out, 30 and 40 pages long. So I'm asking if anybody has any comments or corrections?

**MR. CAREY:**

No.

**LEG. KENNEDY:**

No.

**MR. PEARSALL:**

No.

**CHAIRMAN TOMARKEN:**

I need a motion to accept the minutes.

**MR. PEARSALL:**

Motion.

**CHAIRMAN TOMARKEN:**

Second?

**LEG. BROWNING:**

Second.

**CHAIRMAN TOMARKEN:**

All in favor? Opposed? Abstentions? ***The minutes are accepted. (Vote: Approved 3-0-0-1 Not Present: Kathleen Reeves).*** Kevin will give us an update on the Nursing Home.

**MR. CAREY:**

Today's census is 202 residents, 11 in the hospital. For the month of January, we averaged 204. Adult day-care census is 48. The average attendance is, Monday to Friday, 23; Saturday, 10, and the average overall is 21.7. Staffing at John J, as of today is 210, with 202 assigned to the Nursing Home, eight assigned to day-care and one in I.T.

**CHAIRMAN TOMARKEN:**

Go back for a second. The adult day-care census was 48?

**MR. CAREY:**

The registrants --

**CHAIRMAN TOMARKEN:**

Yeah.

**MR. CAREY:**

There's 48 registered.

**CHAIRMAN TOMARKEN:**

But how many are --

**MR. CAREY:**

Monday to Friday, the average attendance is 23, the Saturday average attendance is 10, and the average overall from Monday to Saturday is 21.7.

And staff, I was just about to say Workers Comp, we have 15 out Workers Comp, two out light duty.

Updates: We have a second shipment of 30 rooms from the Marriott, which we're storing. We're in the process of putting them into our rooms and taking the old furniture out of the rooms. It's moving along. That's -- the second shipment pretty much fills our needs. In about a week-and-a-half, the Marriott will probably be sending us another floor, which will be for anybody else in Suffolk County that needs it.

**MR. FREAS:**

Have we accepted that furniture legislatively?

**CHAIRMAN TOMARKEN:**

Well, it didn't --

**MR. FREAS:**

Do we have to do that?

**CHAIRMAN TOMARKEN:**

Well, we -- because it was an unrestricted donation, it did not have to go to the Legislature. We were advised by the Legislative Counsel. So it -- we have a document in which we've accepted it, but not legislation, because, again, we were told that if it's unrestricted, in other words, it could be used anywhere and any --

**MR. CAREY:**

Anywhere, yeah.

**CHAIRMAN TOMARKEN:**

We didn't need to go the Legislative route.

**LEG. KENNEDY:**

What else do we do residents-wise?

**LEG. BROWNING:**

Well, I guess it depends on the kind of furniture. We could probably use it -- I know there's a lot of

County offices that --

**LEG. KENNEDY:**

But we're getting what? We're getting storage chests or chest of drawers, or what are we getting?

**MR. CAREY:**

It's 30 hotel rooms. It really comes out to about 60 nightstands, 30 dressers -- 60 nightstands, 30 dressers. They're giving us headboards, which we're actually using other places in the nursing home, and light fixtures, desk, and chairs.

**LEG. BROWNING:**

Well, we have a lot of offices that could use desks (laughter).

**MR. CAREY:**

They're not the --

**LEG. BROWNING:**

Even in my office. You want to see some of mine?

**MR. CAREY:**

They're not the traditional office desk. They are hotel desks with a single drawer in the middle, sort of like a kitchen table with a single drawer in the middle, with an office chair that slides under it.

**MR. FREAS:**

It's like a small writing desk; is that correct? And no common area furniture, nothing like that?

**MR. CAREY:**

There are couches. Each hotel room has a fold-out couch, so each delivery comes with 30 medium-sized couches that fold out into a bed. Each one comes with like an armchair and a coffee table. So each delivery is 30 fold-out couches, 30 armchairs, 30 coffee tables, 30 desks, 30 office chairs.

**CHAIRMAN TOMARKEN:**

We do have pictures of them, so if anybody needs them, we can -- or is interested, we can send you by e-mail the pictures.

**MR. CAREY:**

We also -- it was in the newspaper during the month, we also -- the 17-year-old girl who was nominated for the Intel, we furnished her house. We -- that's what we used the furniture from, to furnish her house. So things like that can come up.

**LEG. BROWNING:**

Actually, can I mention the -- I know the Lighthouse Mission in Bellport had mentioned the need of some furniture for some of their clients. Maybe we could reach out to them.

**LEG. KENNEDY:**

And we might try John Lynch, too, with the Veterans --

**LEG. BROWNING:**

Yeah, the Veterans Place is always in need of --

**LEG. KENNEDY:**

Out in Yaphank.

**LEG. BROWNING:**

Yeah.

**LEG. KENNEDY:**

One of us probably should reach out to him and find out whether or not they're -- because that would be ideal. And that's set up -- that's what, 15 or 20 residential units, and they're always scrounging for furniture for the vets.

**LEG. BROWNING:**

They are. The Boy Scouts have actually been making beds for them, so it might be nicer.

**LEG. KENNEDY:**

Yep.

**MR. CAREY:**

Okay. The last thing is an update on the EMR. The last time we spoke, I gave an estimate of about 70,000 I got from ADL, our software company, to start the training again on all the staff in-house. Since then, we've had a couple of meetings with Theresa Saunders in the I.S. Department. We've come up with an alternate plan where several staff members the I.S. Department and several staff members from John J will get trained using webinars from the ADL Company. That will cost about twelve hundred to update and create our own training team. We would then just use our training team to train the entire staff for approximately two-and-a-half months, and we would only bring ADL in to finish the job and to go live. We think we can do it for about 14,200. We're currently waiting for the quote from ADL for the webinar for twelve hundred and we were going to submit that, and that's the plan.

**CHAIRMAN TOMARKEN:**

As I understand it, you need a decision on the webinar pretty quick.

**MR. CAREY:**

Yes.

**CHAIRMAN TOMARKEN:**

That twelve hundred dollars.

**MR. CAREY:**

The sooner we get that twelve hundred, it will take about a week after we pay them the twelve hundred, we'll schedule the webinars and then we'll start training the team, which we'll train everybody in-house.

**MR. PEARSALL:**

What's it going to cost to reactivate?

**MR. CAREY:**

That 14,200, if -- barring any major problems along the way, yeah. Theresa Saunders in the I.S. Department is actually doing all the -- all the technical work on all the wall units and all the computers, and they're going to do --

**MR. PEARSALL:**

They'll take them out of the basement and reinstall?

**MR. CAREY:**

They're actually doing it this week.

**MR. PEARSALL:**

Okay, good.

**MR. CAREY:**

That's it.

**LEG. KENNEDY:**

So, what are we going to do, then, in order to go ahead and get the money, 1755? Are we -- should we look at a resolution to move that? How about the Chief Deputy County Executive for finance?

*(Laughter)*

Welcome, Freddy. Talk to us.

**MR. POLLERT:**

Well, I'm not the Chief Deputy for Finance, but the --

**LEG. KENNEDY:**

I'll give you any kind of handle you want, Freddy, whatever it is you want me to call you, just talk to us about money.

**MR. POLLERT:**

We do have the capability of doing a budgetary transfer. I'm not sure if ADL requires a separate contract, but that could be handled as well. The policy decision is -- the training time and effort is perhaps going to result in some overtime. You also have a corps of employees that, you know, would, A, need to be trained, and number two, we sometimes supplement them with per diem staff. The question is whether or not they would need to be trained as well and if that's even worthwhile. So I would defer to the Health Department whether or not they feel that it's worthwhile moving ahead with the training, and whether or not the loss in productivity is going to result in a large amount of overtime. If the decision of the Legislature is to move ahead, we will do a budget transfer.

**LEG. KENNEDY:**

Okay. So then we should have a conversation after this. All right. Thank you.

**LEG. BROWNING:**

Can I ask you a question? Just refresh my memory. The EMRs were purchased under a grant?

**CHAIRMAN TOMARKEN:**

(Nodded in the affirmative).

**MR. POLLERT:**

Yes, they were.

**LEG. BROWNING:**

From the State or the Federal Government.

**MR. POLLERT:**

They were purchased from a DASNY grant.

**LEG. BROWNING:**

Oh, it was a DASNY grant.

**MR. POLLERT:**

Yeah, it was a DASNY grant. DASNY has not paid for the full amount of the grant. They suspended a payment because of concerns that it was a misrepresentation on the use of the funds for -- at the time that the County was looking to sell the nursing home, they suspended payment. The County made up the difference. It's paid the vendor in large part. It resulted in a review from the Comptroller's Office, ongoing conversations between the Comptroller and DASNY, and the matter was turned over to the District Attorney. I don't know the status of it beyond that.

**LEG. BROWNING:**

Okay. So how much have we actually received? Have we received any money from DASNY for this grant?

**MR. POLLERT:**

Yes, we have.

**LEG. BROWNING:**

And how much was the total grant for this?

**MR. POLLERT:**

Hold on just a moment. Well, I had a conversation as recently as last evening with the Comptroller's Office, but I forgot to put it in my notes. My recollection is that we received about \$640,000. But I would have to confirm that with my notes, which I left across the street, unfortunately.

**LEG. BROWNING:**

That's what we have received so far?

**MR. POLLERT:**

That's my understanding, yes, and then the County has made up the difference.

**LEG. BROWNING:**

Okay. What was the difference? So what was the total amount of money for the EMRs?

**MR. POLLERT:**

I believe that we made up approximately a like amount, but I will be happy to confirm that with an e-mail.

**LEG. BROWNING:**

Okay, that would be great. And, I mean, have we reached out to DASNY? Because, obviously, the sale with Rozenberg is gone, it's not going through, it's done, to try and get them to submit the rest of the money?

**MR. POLLERT:**

When the Comptroller's Office turned it over to the District Attorney's Office, I believe that they've had no further communication with DASNY. DASNY was not communicating with them when they reached out to DASNY because it was apparently an ongoing investigation. We have not reached out to DASNY to pay for the remainder of the grant, nor have we at this point really fulfilled the requirements of the grant. We haven't gone live with the system.

**LEG. BROWNING:**

Yeah, but we're -- you're saying probably \$640,000. It would be nice if we could get that.

**MR. POLLERT:**

Absolutely.

**LEG. BROWNING:**

Okay. Thank you.

**LEG. KENNEDY:**

Can I just follow up on the EMR for a second and make sure that I understand? Besides just being best practice, when we deploy and implement and do the conversion to electronic, so we get an economic benefit? Is our daily rate of reimbursement increased through Medicaid or Medicare? How does it help us from an operations perspective besides just being a better a medical practice to have, you know, a single point where all our material is aggregated and is legible?

**MR. CAREY:**

The -- our reimbursement rate for Medicaid is based specifically on our documentation during the day of how much care we give each resident. Currently, we're doing it on paper, which means our staff members, our aides and our nurses at the end of the shift sit down and document on paper how much care they gave the resident. They traditionally miss, fail to document a lot of care that they gave -- given during the day. The electronic medical records system is designed so that the aides, during the day, as they exit each room, will log on to the screen and everything that they've done for the resident during the course of the day will be logged into the computer. That automatically gets downloaded into our MDS, which is basically our billing. So everything that they do for the resident during the day automatically downloads into our billing, which increases our Medicaid rate. If our Medicaid rate for each resident increases, our Medicaid rate average increases, which is more revenue for the building at the end of the year.

**LEG. KENNEDY:**

Okay. So the 14,200 that it's going to take to achieve training and conversion in the two to two-and-a-half months ultimately is going to be revenue positive.

**MR. CAREY:**

Within one year, yes, easy.

**LEG. KENNEDY:**

Okay. Just one other piece, I guess, that I've been trying to run down, and for whatever reason, I've just -- I have not seen it. What is our current base reimbursement rate for our basic care residents? I'm forgetting the acronym. What is it, PN -- in other words, a traditional, conventional, older individual who's become a resident who doesn't have, you know, a whole lot of separate medical idiosyncrasies, basic care.

**MR. CAREY:**

Our basic rate right now, I believe, is 296 for Medicaid, straight Medicaid, no insurance, no -- nothing else, 296 -- based on our score right now of 296 per resident per day for a Medicaid resident.

**LEG. KENNEDY:**

Okay. And the day-care program, Kevin, how are we doing there? I mean, I'm glad to hear that, you know, we've got an overall census of 48. That's as against an authorized of 60. Saturday, with only ten folks in, I'm scratching my head a little bit. But again, my thinking has always been a lot of this has to do with our marketing efforts, our sales efforts. And, quite frankly, every one of us

are in some respects, you know, ambassadors of the facility because we're always talking to hospitals in the area, parish outreaches in the area, you name it, the places that folks that need care come from. So how about the adult day-care rate, what are we at these days with them?

**MR. CAREY:**

I believe it's 157. Hold on one second, though.

**CHAIRMAN TOMARKEN:**

Yes.

**MR. FREAS:**

Yes.

**MR. CAREY:**

Yeah, 157 a day.

**LEG. KENNEDY:**

A hundred and fifty-seven a day. And that does include transportation for the attendee from their home to our facility, and that does include a couple of meals?

**MR. CAREY:**

Yes, yes.

**LEG. KENNEDY:**

Okay. All right. Again, I just think that, you know, that's something that's incumbent on all of us to make sure that we continue to get the message out there for, because it seems to be a volatile time. But, nevertheless, you know, the sandwich generation is struggling with how to go ahead and take care of mom or dad in someplace, you know, while they're out working. And it seems this is probably one of the best kept secrets out there as far as, you know, folks to be able to go to and have a good, valuable and rewarding day. All right. Thank you.

**CHAIRMAN TOMARKEN:**

Any further discussions on that issue? Okay. The -- No. 3, the RFP status. The RFP for the Legislature was rejected.

**MR. FREAS:**

"Not awarded," I believe, is the term of art. We met last week. The RFP was scored. The cost proposal was opened, and the score was not sufficient, even with a single proposer for an award.

**CHAIRMAN TOMARKEN:**

And the proposer did come and make a --

**MR. FREAS:**

Yes.

**CHAIRMAN TOMARKEN:**

-- presentation and answer questions?

**MR. FREAS:**

Yes.

**CHAIRMAN TOMARKEN:**

So now the only RFPs that are still out there are the ones from the County Exec's Office, I guess.

**MR. FREAS:**

Is the sale RFP still active or has it been closed down as well?

**MR. POLLERT:**

When I last spoke with Purchasing, I believe that no activity has taken place on that. I don't know if formally action has been taken not to proceed, or just that there hasn't currently been any action on the RFPs. So I'll be happy to confirm that.

**MR. FREAS:**

Yeah. Might they have been having similar problems with reappointments of the RFP Committee and things like that? But I know they had done an initial look at the proposals, but it hadn't gone any further than that.

**LEG. BROWNING:**

I wasn't at -- I wasn't able to be there on Friday at the RFP meeting, but I remember at the previous one the conversation came up about the other RFP, if I'm not mistaken, that the RFP for sale, that the offer was not sufficient, and so, therefore, it was rejected, and they were saying they were looking to reissue another RFP for the sale. I'm assuming that after Friday's meeting that we'll be reissuing another -- is it an RFEI this time?

**MR. FREAS:**

Well, last year, when we had originally looked at the Legislature's RFP, we -- our initial intent was to issue that as a Request for Expressions of Interest, because we wanted -- we wanted to maximize our information gathering. And because we wanted to get something out at the same time as the sale RFP, we -- the decision was made to issue it as an RFP. I would recommend that we would reissue -- if we were going to reissue the Legislature RFP as a separate RFP, versus having some sort of combined document, that we would certainly issue it as an RFEI to kind of see what we're most interested in, which I don't think necessarily is what happened in the -- during the process this previous time.

**LEG. BROWNING:**

I think maybe we should consider having a conversation with the County Executive and see if he would like to work with us, maybe do a joint RFEI.

**MR. POLLERT:**

That would probably need to include the Purchasing Department as well, because time becomes critically important. If you do an RFEI, you can't do an award on an RFEI. That then leads to an RFP, and under the best of circumstances, doing a new RFP is going to take months and months by the time you give vendors an opportunity to do due diligence, and then have a vendors' conference, do the advertising and everything else involved with an RFP. So, going the route of an RFEI would add that time to the process. It would make the RFP cleaner in the sense that you would understand what is out there. But probably at this point, you'll have gathered as much as, you know, like intelligence as possible to be able to move directly to whatever type of decision that you need to make, and without having to go through an RFEI. But, again, that's a policy call and that's something that needs to be discussed between the two branches of government.

**LEG. BROWNING:**

Yeah. I think we'll have a better cooperation this time around.

**LEG. KENNEDY:**

And just to follow up with that. And I appreciate that thought, Fred. And, as a matter of fact, I think a couple of us will probably reach out to the County Executive, then, to sit down and include

yourself, Dr. Tomarken, and, of course, Mr. Carey. But it's also incumbent on us to talk a little bit about, you know, operation in the near term, too, particularly in light of, you know, all of the decisions and assumptions that we had to make last Fall in the budget process. We're on, you know, February 29th, but for this being Leap Year, we'd be in the beginning of March. And June 30th is looming large already as a time that we looked at as possibly having some change in the configuration of the facility.

I recall the discussions vividly, and we talked at one point about a number of 150, I think, as far as the beds go. But, as most things, not being a medical person, 150 has absolutely no relevance to anything. It appears that 184 beds, if we have to shift our configuration, seems to be the better number to be at, both economically and operationally. Does that seem like our collective thinking at this point?

**MR. CAREY:**

Yes. Based on my opinion of it, yes.

**LEG. KENNEDY:**

Okay.

**MR. CAREY:**

We basically kicked around two numbers, 144 and 184.

**LEG. KENNEDY:**

Okay.

**MR. CAREY:**

One-eighty-four would be I use my current staffing and basically eliminate the overall majority of all the agency and all the overtime. We'll just use the current staffing I have right now and maintain 184. Going down to 144, which is closing one more unit, would be reducing the revenue from 40 residents, and our only savings would be the salaries for about 24, 25 people. That would result in going down to 144, about an 800,000 to one million loss by going down to 144, below 150.

**LEG. KENNEDY:**

Okay. All right. So that's an important piece of information for us to have, that it seems like, at least for now going forward, we can -- you know, at 208, we have a natural, I guess -- residents pass away or residents leave the facility, or whatever. We're not talking about that big a difference to move from where we're at now to the 184. And it allows -- again, I'll go back to my statement before -- us to be able to continue to talk about the viability and the ongoing function of the facility, and the importance to represent to the medical community out there, who's discharging to us on a regular basis, we're intact, we're operational, we're viable, and, in fact, we want to hear from our hospitals about folks that might be appropriate to be at John J.

**CHAIRMAN TOMARKEN:**

Just to advise you, if you reduce the number of beds, whether it be one or a hundred, you have to decertify them; it involves the State. In order to do what Kevin's talking about, even to get down to 184, we might have to close admissions for a period of time to get down to that level.

**LEG. KENNEDY:**

Tell me this, Doctor. We have a wing that's closed now. That was done basically with an application to the State? What, in fact, has happened? Did we just idle those beds? What did we do?

**CHAIRMAN TOMARKEN:**

That's a -- that was an internal organizational structure change.

**LEG. KENNEDY:**

Aha.

**CHAIRMAN TOMARKEN:**

So we didn't deliberately reduce patient numbers, it just occurred that we had this number. And as a way of being efficient, we just closed the physical structure, but those beds are still active beds.

**LEG. KENNEDY:**

I see. Okay.

**MR. FREAS:**

The beds have not been decertified.

**CHAIRMAN TOMARKEN:**

Correct.

**MR. FREAS:**

Okay.

**CHAIRMAN TOMARKEN:**

So, if we -- if you -- it would be very difficult to get -- to reduce beds and still have admissions, or reduce patients and still have admissions coming in. We may not be able to get down to 184.

**LEG. KENNEDY:**

Well, yes, but then, again, there are specialty areas that we may still be taking folks into. Our HIV/AIDS Unit, I believe we still have a couple of beds open there, right?

**MR. CAREY:**

Correct, we have six empty beds on the HIV Unit.

**LEG. KENNEDY:**

Okay. Up on -- is it still on five? Our 90-day, our short-term physical rehab and PT, there's a much higher turnover there. So, again, it might be appropriate for us to continue to take -- plus, which that's some of the highest reimbursement we receive, I believe, right?

**CHAIRMAN TOMARKEN:**

I'd have to clarify with -- we'll have to clarify with the State, if our goal is to get to 184, what that requires. Does that require decertifying beds, or is it just an internal organizational thing where we can close admissions for a while, or certain admissions, or do something along those lines without having to do a formal --

**LEG. KENNEDY:**

Based on what we talked about before, there's obviously another piece of the conversation that we have to have with the County Executive's Office and it's -- the most important thing I think is, is that we're all singing from the same sheet of music. I bring this up only because, as we've seen for the last three, four, five years, however long we've been going back and forth, nothing is supposed to, nor should, happen fast with the Nursing Home. No matter what we do in government, we're supposed to be able to plan and anticipate. We have to do it here because of the impact on the residents and the employees, and, you know, everybody else out there. So we'll add that to the list of the discussion topics with the County Executive. How's that, Fred?

**MR. POLLERT:**

Good.

**LEG. KENNEDY:**

All right.

**LEG. BROWNING:**

Well, could I ask -- I know -- I don't know that I want to say close off admissions. I know that there -- I believe we've been looking at some of the residents who could possibly be more of independent living than be full-time residents, maybe working with SILO, or some organization like that. Have we looked at how many of the residents that could actually qualify to move to an independent living?

**MR. CAREY:**

Yeah. There's currently -- we have a list in social work of about 10 to 15 residents that could use alternate means of living besides the skilled level nursing home, such as SILO Group Home.

**LEG. BROWNING:**

So there, you're only looking at maybe another six? You're just over six? That's not a lot. So I would be concerned about not taking people in, because you could wind up with that problem. I know there was something else I was going to ask, but I forgot what it was.

**LEG. KENNEDY:**

Exec's Office got a wave there.

**MR. POLLERT:**

Clearly, I think it's important that there be a dedicated discussion between the two branches of government, because one thing that you don't necessarily want to do is act precipitously and reduce your degrees of freedom. Once you shed -- you know, the nursing home beds, your fixed administrative cost remains relatively constant, so that continues on no matter how many beds you have. However, you are reducing the marketability because you're never getting back the beds. So it's part of a broader context. What is the overall philosophy with respect to trying to move ahead with a plan for the nursing home and not reduce your degrees of freedom, or do something that inadvertently would really restrain the options that you have with dealing with the nursing home.

**LEG. KENNEDY:**

Right, yeah. No, I agree with you, I agree with you 100%.

**CHAIRMAN TOMARKEN:**

Okay. So there's several issues we have to investigate. Any other old business? New business?

**LEG. BROWNING:**

Okay. Can I ask a question? Maybe, Fred, you might have an answer for this one. I know at one point in time the maintenance, like non-medical employees, were employed out of -- they were out of DPW. Why was that changed? Why were they moved over? And what would it take -- I'd like to kind of get a cost analysis of if it would benefit us to move the maintenance people back to DPW, because, obviously, DPW is very short also, and to consider -- consider doing that. And, obviously, I hate to say this word, but maybe bringing in at some point in time a private company to do maintenance, which may cost us less. But we certainly need more people in DPW, and until that time period, maybe having them moved over and having to charge back to us. Does that make sense, and do you know the history of that?

**MR. POLLERT:**

Well, I know the history, but I've been gone the last two years, so I don't know what actually transpired. Several years ago, when the Presiding Officer was chairing a group looking at the nursing home, there was a concern about the interfund chargeback from DPW for maintenance staff, and there was an extensive report that we had done with respect to how the chargeback took place based upon the square footage of the building. The complaint to the nursing home was, "Listen, we're getting these large charges, but we really don't have anyone under our control and we don't really feel that we're getting the level of service." That's when I left the County. And I believe, just from your comments, probably what happened is, to deal with that issue, the maintenance mechanic staff was put in the nursing home so that it was actually captive right there, and there was no question about the interfund chargebacks. It could be done either way and it's just as simple to flip it back. We would be happy to look at that as well.

**LEG. BROWNING:**

And I think it might be something worth looking at. I mean, obviously, we're trying to cut costs. And I know DPW is short; I've talked to them. I know they'd be happy to take them, if, in fact, we get to a point in time where we could bring in a different company to run the maintenance, but I think just to do it on paper. And, obviously, we're aware of what the problem is with the chargebacks, that surely we can stay on top of that. We have a great administrator here, so --

**MR. POLLERT:**

Well, actually, there's a number of different ways you could do it. You could leave them in. Perhaps a hybrid is to leave them in the nursing home and then do a chargeback back to the County. I mean, we have chargebacks going in both directions from the County to the nursing home and vice versa, so we can work it out. We'll be happy to meet with the nursing home administrator to find out how much of this time he's actually using the maintenance mechanics, and, more importantly, if he's got some incremental idle time, if it can't be used by DPW, I can't do a chargeback. It's only when the person, if he's got four or five hours and DPW could really use them on a schedule type of basis, then I could do the chargeback.

**CHAIRMAN TOMARKEN:**

Any further issues? Okay. Can I have a motion to adjourn?

**LEG. BROWNING:**

Motion.

**CHAIRMAN TOMARKEN:**

Second. All in favor? Opposed? Abstentions? *(Vote: 4-0-0-0)*

**LEG. BROWNING:**

Next meeting?

**CHAIRMAN TOMARKEN:**

Oh, we need to set our date.

**MR. PEARSALL:**

I'm sorry, Mary.

**MS. FINNIN:**

Is it possible to speak?

**MR. PEARSALL:**

Yeah. I'm sorry.

**LEG. KENNEDY:**

We'll make a motion to reopen. We'll make a motion for the purpose of public comment.

**LEG. BROWNING:**

I'll second that.

**CHAIRMAN TOMARKEN:**

All in favor? Opposed? Abstentions? Meeting's reopened. *(Vote: 4-0-0-0)*

**MS. FINNIN:**

Thank you very much. Mary Finnin. I just want to ask, what has been done about looking into the fact that we have an excellent rehab staff out at John J. Foley for taking in patients like knee surgery, things like that, short-term rehab? It's -- you know, it's a money-maker for all of these other hospitals. They're putting millions of dollars into expanding their orthopedic services. You've already got an excellent rehab staff there. It could be expanded if you brought in some of the short-term orthopedic patients that could be serviced there.

Also, the other thing is I thought that the County was going to look at having one or two of the units possibly contracted through the VA, where, again, you've got younger patients. They may be -- their family is on the East End, where you'd have the -- again, the insurance coverage through the Federal Government for VA. And as we have more and more young men and women returning from the wars with serious injuries, the John J. Foley Skilled Facility is probably more appropriate for some of the care that they're going to need, and especially if they live on the East End, because you've got a younger population in that facility; plus, it's one of the nicest facilities in the state.

So I would really like to see some exploration with the VA system for utilizing one or two of the units out there, and plan for taking back either in-patient or day-care services for the public -- the public and, you know, for returning veterans. Thank you.

**LEG. KENNEDY:**

Mary, thank you. Yeah, as a matter of fact, it makes sense. And I guess it's just one more element that we can add to the discussion we have to have with the County Executive. Because, you know, my first inclination, many of us have talked about this, obviously, the next thing we have to do is we have to correspond with the hospital administrators. And, you know, between Stony Brook and CHS, North Shore LIJ, and then, you know, the VA, we would be hitting many of the sources for, you know, the surgical work and the rehab that would be natural for us to translate to. So --

**LEG. BROWNING:**

John, I mean, that's what I'm trying to understand, because I know Congressman Bishop quite some time ago was able to get us the TRICARE, and that was something that we pushed for. And I don't know why -- you know, is it a lack of advertising? I mean, shouldn't we be reaching out to Walter Reed to -- you know, we have Long Island soldiers possibly in Walter Reed that are not coming home, because I know we have the young guy, Chris Levi who was led back to Walter Reed when we possibly could have had him here, right here at John J. Foley and had been closer to home.

**LEG. KENNEDY:**

Why don't -- Legislator Browning and I will talk a little bit after this. And, I guess, Fred, if you would just share with the Exec that we'll probably be in contact with them later on today or tomorrow, because we've already ticked off three or four items that are somewhat time sensitive

items. And sooner rather than later we all have to make sure we're all on the same sheet of music.

**CHAIRMAN TOMARKEN:**

Any further business or comments?

**LEG. KENNEDY:**

I just -- one other thing along with the other. We talked a lot -- Kathy is here, Kathy Reeve who's joined us, the Presiding Officer's representative. Along with the contact that we have to have with the facilities for rehab, there is a natural group of referral entities for HIV/AIDS care. And, actually, I shared some of that with Linda Chester not too long ago, LIAAC. And I had the ability to be able to get those natural referral entities, not only for Suffolk, but also Nassau County, because NCMC is, I guess, going through a lot of volatility, and they're the only other entity on Long Island with certified licensed HIV/AIDS beds. So I'm adding that to the list that I guess that we have to make sure that we have a conversation with the County Executive about. Okay. Thanks.

**CHAIRMAN TOMARKEN:**

Any further questions, comments? Okay. I need a motion to adjourn.

**LEG. BROWNING:**

Motion, again.

**CHAIRMAN TOMARKEN:**

Second?

**MR. CAREY:**

Second.

**CHAIRMAN TOMARKEN:**

All in favor? Opposed? Abstentions? Okay. Thank you. The meeting's adjourned. Oh, sorry. We need to accept -- set our next date. How about March 28th?

**MR. FREAS:**

Last week in March?

**CHAIRMAN TOMARKEN:**

The 28th at 10 a.m.?

**LEG. KENNEDY:**

Sure.

**CHAIRMAN TOMARKEN:**

Twenty-eighth at 10 a.m., is that --

**LEG. BROWNING:**

I have a meeting, but I think I can move it.

**CHAIRMAN TOMARKEN:**

Okay. So March 28th, 10 a.m., in this room. Okay. Thank you.

**(\*THE MEETING WAS ADJOURNED AT 10:53 P.M. \*)**