

**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, April 25, 2012.

MEMBERS PRESENT:

Dr. James Tomarken, Chairman, Commissioner of Department of Health
Terry Pearsall, Presiding Officer Lindsay's Representative
Kathleen Reeves, John J. Foley Skilled Nursing Facility Representative
Kim Brandeau, County Executive's Representative

ALSO IN ATTENDANCE:

Legislator Kate M. Browning, Third Legislative District
Legislator John M. Kennedy, Jr., Twelfth Legislative District
Leslie Kennedy, Aide to Legislator Kennedy
Craig Freas, Budget Review Office/SC Legislature
Kevin Carey, Administrator of John J. Foley Skilled Nursing Facility
Leslie Kennedy, Aide to Legislator Kennedy
Fred Pollert, Deputy County Executive of Finance
Nanci Dallaire, John J. Foley Skilled Nursing Facility
Grace Kelly McGovern, Department of Health Services
Paul LaRocco, Newsday

MINUTES TAKEN BY:

Alison Mahoney, Court Stenographer

MINUTES TRANSCRIBED BY:

Kim Castiglione, Legislative Secretary

(The meeting was called to order at 10:08 A.M.)

COMMISSIONER TOMARKEN:

I think we'll get started. Good morning, and thank you for coming. We'll open to public portion, public speakers. Is there anyone in the audience that would like to address us? Just state your name.

MS. DALLAIRE:

Thank you. My name is Nancy Dallaire. Hopefully I can represent the public concerns for this County facility, and I'm here to represent those who cannot so easily come up to this podium and press this button. I speak for many who cannot be here as well. We appreciate all that this committee has done on behalf of John J. Foley, and I can hopefully shine some light from my perspective in regard to this facility and to save these County services.

I'm not educated in the medical profession, I did not have a medical degree, but I major in humanity. My mission has been to understand the operations at this County facility and the functions providing these essential services to meet those in need. After five and a half years I'm still -- it still amazes me that I run into Suffolk County residents who have no idea who John J. Foley is, what it is or where it is. I've always considered this to be a major problem. I wonder how residents are to know about this facility and the services available.

This is why at last month's meeting I had mentioned the electronic medical records. I thought that system, besides operating more efficiently and recovering reimbursements, I thought it would allow other facilities access to information, that they would know John J. Foley had beds available, that they could notify them that the occupational therapy and rehabilitation had room, or the day-care program has openings. This type of exposure is important for John J. Foley. Even with John J. Foley being utilized during the hurricane I did not see John J. Foley on any lists for emergency services or as an evacuation center. We must make sure John J. Foley receives the disaster funds that it is entitled. Governor Cuomo released those funds, so I just don't want the facility to be forgotten.

Operating this facility at its full potential will reduce the cost to our County. Yesterday's legislative meeting had a smoking cessation program that could use help. Maybe we could combine forces. We provide these health care services for the safety of every Suffolk County citizen. This is the mission of our Suffolk County home.

COMMISSIONER TOMARKEN:

Thank you. Okay. The minutes were distributed previously and, again, because of the length we didn't print them out. Any comments, additions, corrections? Can I have a motion to accept the minutes of March 28th?

LEG. BROWNING:

I'll make that motion.

COMMISSIONER TOMARKEN:

Legislator Browning, second Kim Brandeau. All in favor? Opposed? Abstentions? Minutes are accepted. Thank you.

We'll move on to our update of the facility and its function with Kevin Carey.

MR. CAREY:

Currently today our census is 204 residents in-house, 11 in the hospital. Adult day-care census is 49; the daily average is 22.3, Monday to Friday average is 24, and the Saturday average is 12.

Recent changes. We've actually had meetings with adult day-care and our Admissions Office and our LPN's assigned to marketing for the long-term care side are now going to market for the adult day-care too at the same time.

Staffing. Two-hundred and one nursing home staff; eight day-care employees; one information technology employee; total of 209 employees in the long-term care; 22 per diem employees; currently using 64 agencies, part-time and full-time. We have 16 employees out on medical leave, Workers Comp, one employee on light duty. We are still currently utilizing an RN Supervisor as the Acting Director of Nursing and one RN as the Acting Assistant Director of Nursing; currently using four RN Supervisors from agency to cover for RN Supervisors and staff that are missing; and one Food Service Supervisor is the Acting Food Service Director. And two agency Social Workers. One of them just recently resigned. We are currently interviewing for another one through the agency again.

COMMISSIONER TOMARKEN:

Can you just go back again, Kevin, to agency and the part-time pool? How many are you using?

MR. CAREY:

Total agency employees that we have registered in the building are 64. That's a combination of full-time and part-time.

COMMISSIONER TOMARKEN:

What about the -- I'll call them part-time non-agency.

MR. CAREY:

On the per diem pool we have 22 per diem employees; seven LPN's, one RN and 14 CNAs.

COMMISSIONER TOMARKEN:

When you say you have 22, are you using 22 every day, or is this just a pool?

MR. CAREY:

Twenty-two, some are once a week, some are twice a week, but yeah, these are the 22 that we're actively using right now.

COMMISSIONER TOMARKEN:

Do we have any idea of how many sessions or hours that the agency people are using compared to this pool?

MR. CAREY:

It varies. I'm using seven different agencies right now in all different levels. I don't have that broken down.

MS. KENNEDY:

Can we get a list of the seven?

MR. CAREY:

The seven agencies? Yes, I can.

COMMISSIONER TOMARKEN:

What would be interesting is say on a weekly basis the number of hours agency staff are providing service and the number of hours the per diem -- by category, you know, RN, LPN, whatever.

MR. CAREY:

Okay. I'll e-mail that out. The current business. The Marriott Courtyard Hotel donated furniture

to us. We took our last shipment. We're currently in the process of swapping that out, old furniture for new furniture throughout the nursing home, and reaching out to any other County agency, Social Services, Medical Examiner's Office, things like that, that need furniture. We'll be doing it out.

COMMISSIONER TOMARKEN:

You have been inventorying that?

MR. CAREY:

Yes. That's it for the current.

COMMISSIONER TOMARKEN:

How about the New York State required upgrades which DPW was going to be involved in. What is the status on that?

MR. CAREY:

I spoke to Craig Rhodes about two weeks ago. He tells me it's on hold, waiting for approval from the County Executive's Office to move ahead with the scheduling.

MS. BRANDEAU:

At the last meeting you had asked that I follow-up and find out what was going on with that, and I needed some more details from your office in terms of specific projects, vouchers, where they were. I didn't get any, but I did go over with our capital team today, they said that we're not holding up any requisitions or anything for the nursing home projects, so I'm not exactly sure what the hold up is. But I need -- if you can give me more specifics, exactly what Craig is saying.

COMMISSIONER TOMARKEN:

It's the electrical upgrades and the, I'm not sure I'm using the right words, but the insulation in the ceiling --

LEG. KENNEDY:

Fire wall. On the first and second floor which we need in order to maintain licensure compliance by a date certain this year by December 31st, is that it?

COMMISSIONER TOMARKEN:

Yes.

LEG. KENNEDY:

So we have to be able to actually solicit for the contractor and allow them sufficient time to actually come and perform the work and be operational within seven months and in both cases. Correct?

COMMISSIONER TOMARKEN:

Correct, and I talked to Commissioner Anderson about it and he was having a meeting with the Administration and I haven't had a follow-up on that.

MS. BRANDEAU:

I can inquire on the Administrative level if there's anything. In terms of processing vouchers nothing is being held up, and I'd be happy to call Craig Rhodes, if Craig Rhodes was your contact and saying that we were holding it up, I can call him and find out what's going on and get back to you.

MR. CAREY:

Thank you.

LEG. KENNEDY:

Kim, can you also please with those contacts either get it to the point where it's operational, or let Legislator Browning and I know within the next week. I always like to operate under the no news is good news philosophy, but that never really works in this case, does it? So I'm going to ask you specifically to within the next week either have this to the point where Public Works is soliciting the electrical contractor and the fire wall installer, or if you hit some impediment, any impediment, I'm going to ask you to let the both of us know, please. Just send us an e-mail.

MS. BRANDEAU:

No problem. I will look into it and I will get back to you. I will send you an e-mail and let you know what's going on with it.

LEG. KENNEDY:

That would be great. Thank you.

COMMISSIONER TOMARKEN:

Any other issues, Kevin?

MR. CAREY:

No, that's it.

LEG. KENNEDY:

As a follow-up there, too, specifically from our last meeting, the electronic medical records training. Last month, Kim, you were going to inquire to go ahead and get that \$14,000 check cut so that we could commence the train the trainer process; is that what we had discussed?

COMMISSIONER TOMARKEN:

I think it was more of a webinar training for \$1,400.

MR. CAREY:

Yeah. Well, the first check, the first part of the 14,000 was a \$1,200 check to start the webinar training followed by two months later the rest of the 14,000 would then be needed.

LEG. KENNEDY:

Okay. Where are you at?

MS. BRANDEAU:

I did attempt to follow-up on that, but I need specifics from the department. I mean, it's vague to say we're waiting for a check to be cut. I need a voucher, I need something that I can check. I mean, we did a search on the vendor, I asked the department analyst in the Budget Office to see if there was anything that we were holding up. She said there was nothing that we were holding up. There were no vouchers or anything like that that weren't processed. If there's a check that's being held up in the Comptroller's Office, if that's the issue, if it's time for --

COMMISSIONER TOMARKEN:

No, I think it's --

MS. BRANDEAU:

-- cut a check, then I need the department to give me whatever their last information was on it, because we've looked. And just saying I'm looking for whatever is holding up ADL, I've asked everyone that, you know, in our sphere, and they said we don't have anything.

COMMISSIONER TOMARKEN:

It's an approval to then submit the voucher.

MS. BRANDEAU:

Approval from who?

COMMISSIONER TOMARKEN:

Twelfth floor.

MS. BRANDEAU:

Okay. Well, Fred Pollert, who is Deputy County Executive for Finance, is on his way to the meeting. Perhaps he knows something additional.

LEG. KENNEDY:

That's what I'm not sure. In other words, what you're saying is the twelfth floor has to direct the department that it's okay to prepare a voucher and submit it?

COMMISSIONER TOMARKEN:

Well, it's six of one, half a dozen of the other. The idea is can we go forward with implementing EMR and the first step is this webinar \$1,200 training session. We need approval so that we don't waste people's time.

LEG. KENNEDY:

Trust me. You know, after what we went through yesterday, it becomes more paramount than ever. Who in your office needs to hear from who in the 12th floor?

COMMISSIONER TOMARKEN:

It goes through IT, doesn't it?

MR. CAREY:

I believe so, yeah.

COMMISSIONER TOMARKEN:

Our IT people are coordinating the implementation of EMR.

LEG. KENNEDY:

Okay. Who is your Director of IT?

COMMISSIONER TOMARKEN:

Theresa Saunders.

LEG. KENNEDY:

Okay. So Theresa Saunders needs to hear from, Kim, somebody I guess, whether it's Fred or one of Fred's designees, that the webinar is okay to commence and then your --

COMMISSIONER TOMARKEN:

We will --

LEG. KENNEDY:

-- finance people will prepare the voucher that will work its way to you to get signed so we can get the webinar; is that it?

COMMISSIONER TOMARKEN:

Yes.

LEG. KENNEDY:

Okay.

MS. BRANDEAU:

I will be happy to contact Theresa Saunders today to find out specifically what she has, what she submitted, where it is and what we can do to get it moved along. I'll follow-up with an e-mail to you.

LEG. KENNEDY:

Thank you. I'd appreciate that. So within the next week, then, we'll be able to hear about three items, I would presume, right? The electrical work, the fireproofing and the approval or wherever we're at in order to go ahead to make this webinar happen.

MS. BRANDEAU:

Yes.

LEG. BROWNING:

On another note, are the EMRs on the walls, are they up and ready for training?

MR. CAREY:

Yes. The last conversation I had with Theresa Saunders and her staff was yes, the tablets are ready to go.

LEG. BROWNING:

Okay.

LEG. KENNEDY:

Thank you.

COMMISSIONER TOMARKEN:

Any discussion on the budget issues? We're still -- it was mentioned in the Leg meeting yesterday that we're funded through the end of the year. Craig, can you comment on our current census if it stays as it is and current staffing, how far along the road we can go, any changes that were made?

MR. FREAS:

The issue with Foley, I think, based on some correspondence I had almost immediately after the last meeting with Barbara Russo, was that there will be, like other places in the County, cash flow issues with respect to Foley, much of it having to do with the fact that, you know, we structured the budget for the facility contingent upon certain -- receiving cash from the execution of the public/private partnership. Obviously since that did not materialize that cash is not available to help operate the facility through the rest of the year. Now, the facility is making more money, it's generating more revenue than we expected it to in the budget. But as you know, there's delays built into Medicaid billing, especially as we reduce staff County-wide. I think that at least in the short and medium term the budget's sustainable. I would not care to speculate on whether we're going to have to do amendments in the fall at this point. I'm concerned that we will, but I don't know for sure.

COMMISSIONER TOMARKEN:

When you say short-term --

MR. FREAS:

I'd say through second quarter we're okay, through the third quarter we're okay. I think it's the fourth quarter where it's going to get complicated. And, again, we have the cash flow issue so that really, you know, is going to be dependent on how the facility managed and as long as, you know, we have funds coming in. I think there's probably going to be a point where we're going to have to reduce staff, but again, if the census can stay at a certain point we will have to reduce less staff.

COMMISSIONER TOMARKEN:

And have you calculated what the ideal census is?

MR. FREAS:

I had some conversations with Kevin, but we didn't finalize anything on what the perfect staff for the perfect number of patients for us to get to get through the year is, we haven't finalized anything yet. I have a calculator I use, but, you know, there are some other variables I think we should really consider before I put anything out.

COMMISSIONER TOMARKEN:

Will you be able to give us that at some point in the near future?

MR. FREAS:

I think at some point, and I think we need to -- like you and me and Gary, the cash flow things, but I had some questions about that and I would like to talk to Gary some more about it. There was some -- there was some question as to whether we would receive a UPL payment for -- that had not already been booked, that we would receive one fall. The Nursing Home Association put out a paper that says yes, there's going to be something in the -- there was something in the State budget so we can assume that we're going to get it, you know, at least in the fall. There was some question, Mr. Pollert at the previous meeting seemed to have some concerns about it, and when I checked, you know, through you guys, Gary Vonatski, who's the Financial Officer at the facility, sent me the report from the State Nursing Home Association and this was immediately after the budget -- the State budget had been passed and there's funding in there for the upper payment when it -- payment, so we should expect it and probably at the level of the previous year. Now, that's not 9.2 million, that's four and a half million, three and a half, four and a half million.

The nine and a half million remember was -- we had a backup and as it turns out we -- we -- Kim, do you know? I thought the intention was to book all of it into '11 if possible, that we weren't going to book that second -- even though we booked a second payment -- we received the second payment, excuse me, in '12. That we were going to attempt to book it into '11. It doesn't matter that much except that it probably mitigates some of the deficit for '11, but it doesn't matter on the facility basis. It's still a problem, but I think it -- for budgeting purposes it would be helpful to know.

MS. BRANDEAU:

I don't know if it did get accrued back to '11, but I can find out.

LEG. BROWNING:

Craig, maybe you can answer a question. You talked about, you know, the Medicaid billing and the delays on sometimes getting the payments. Just out of curiosity, I don't know if it's Kevin or Dr. Tomarken or yourself, how does billing work? I mean, who does the billing, how often do we bill? I mean, do we bill on a weekly basis, a monthly basis, quarterly, and when was the last time that we did billing? That bills went out.

MR. FREAS:

I know we don't wait on bills to go out. I can find that out for you from Gary, it's really a Gary Vonatski question. But they bill -- I'd be very surprised if it was longer than a week once the service is provided as to whether we did the billing. What happens, and this actually came up in another context over the last week with other revenues, occasionally -- depending on how the bill was submitted. The -- well, let's say two things. One, the nursing home typically runs 90 days behind in its reception of this payment for services that it does. That's actually true, I would say -- I would go so far as to say that's true in the Health Department as a whole, because our major payer is Medicaid and typically if I bill in this quarter I get the money in that quarter. That's why when we structure the budget we expected some lagging revenues even though we would have,

but have not yet, stopped providing the service. The second thing -- so there's a lag between the billing and the payment.

The other thing that can happen both at the health centers in the -- the health centers at the nursing home, in Public Health Nursing, is that I believe what the IT guys say is the charge fails at interface. We have to talk to the State's Medicaid computers in order to bill for a patient. We have the number wrong, something's in the wrong -- we have the patient's Medicaid number wrong for some reason or it ended up in the wrong field, and these bills fail at interface. And even though we -- as far as we're concerned we billed for them. It's an AR that we have accrued in our system that we expect to get paid -- and we count Medicaid, correct me if I'm wrong anybody, we count on Medicaid billing pretty much as cash, on a modified accrual system. That's if we billed it we expect to get paid for it. It's not like the sliding fee scale at the health center where we only book that cash when somebody gives us a check or a credit card payment or 35 bucks. Medicaid's different. We did the service, we send the bill out, we book it. But some of these charges occasionally don't go through.

Now, that work for those charges has to -- those bills eventually have to be resubmitted, and we get paid for them eventually, but what can appear to happen is that to folks who think oh, we have \$300,000 in charge corrections or we have \$500,000 in charge corrections, that's other -- that's more -- that's \$500,000 more that's going to show up. That's not true. We already billed for that, it's just \$500,000 that we have to submit so that we get paid for it, not so -- you know, if we don't get paid for it we'll have to back out some of those accruals or adjust them. Does that -- is that helpful? A little long, but helpful.

LEG. BROWNING:

I think so, but I think what would be nice to know is, like I said, I don't know how we bill and, you know, whether we bill it on a weekly basis, monthly basis or quarterly, and I think from hereon in it would be nice for us, for this committee, to receive some kind of report on what bills were sent out, you know, whether it be weekly, monthly or however we do it, so at least we have some idea. You know, is that one person enough people to do all the billing, you know? And I believe our new Commissioner in IT has a very strong background, I believe, in DSS.

LEG. KENNEDY:

Yes.

LEG. BROWNING:

And Medicaid issues and I think it might not be a bad idea to reach out to him to see, you know, are we doing it efficiently enough. I just -- I just want to make sure that we're getting out the bills and we are billing correctly, are we billing for everything we should be billing for.

LEG. KENNEDY:

There's one other area that I wanted to bring up, too, in the area of billing. I believe I know the answer to it, but then I have a suggestion after we go forward with this. Do we capture -- Kevin, you might know it, Doctor, you might know it, or Craig, you might even know it. Do we capture any reimbursement for any of our residents out there at Foley through the Veterans Administration who may, in fact, actually be veterans. Do we file for or collect or receive aid and attendance for them.

MR. CAREY:

Yes, we get a small stipend each day for the veteran being in the house. I don't know the exact amount though, but I can find that out.

LEG. KENNEDY:

Yeah, the max, I think, you know, for those veterans that are in Fred Sganga's places, the Long Island Veterans Nursing Home, it's as high as 600 bucks a month, I believe, but for veterans who

are residents in other -- there's a sliding scale that goes between State veterans nursing homes, public nursing homes and then proprietaries, with the proprietaries being the least. So I would like to make sure that all of our residents and/or widows or widowers of residents -- of veterans, are, in fact, applied for and we are receiving that monthly reimbursement by virtue of the fact that they are within a facility. Our recollection is that it's called -- I believe it's aid and attendance. I can double check.

That is something that I believe that our Social Workers should be making the application for if, in fact, we don't -- haven't applied for. It is something that's available for the veteran, for the widow or widower and/or even the adult child in the cases where there may be some type of disability. Last time we had a count I think we had what, 30 or 40 residents that fell into that broad category. So even if it was only a hundred bucks a head, that may be 4,000, 5,000, 6,000 revenue that is available for provision of the service that I want to make sure that we're capturing for all of them. So if we can canvas all that fall in those categories and then make sure that there's an application for all and if not, whoever is going to be tasked to do the application and if they need any assistance, I'll be happy to assist them because I'm admitted to the Court of Appeals for Veterans Claims. I do this work. For what it's worth.

MR. CAREY:

Okay. I'll have a report next month. It's also the New York State Department of Health regulation that the Social Service Department maintain a list of every vet and vet's family in the house.

LEG. KENNEDY:

Okay.

MR. CAREY:

They're supposed to coordinate with fiscal to make sure we getting all the proper billing, but I'll report for the next month on how many are in-house and if we're billing properly or not.

LEG. KENNEDY:

Okay, good.

LEG. BROWNING:

Can I go off topic a little bit? Kevin, you mentioned about the Social Workers and that one resigned. How many Social Workers do we currently have, and is there like a State requirement as to how many Social Workers you need in a nursing home per so many residents? Because if we have one that just left because of our financial situation I want to know do we really need it?

MR. CAREY:

Well, the actual State requirement is the max, I believe, of 120 residents per Social Worker. So based on that we would only need two in-house. We actually -- currently right now I have a provisional Social Worker II as a department head, two agency Social Workers and one Social Worker Assistant. One of the agency Social Workers resigned. Today is her last day. Do we need them right now? Yes. The total of 120, the State reg, we couldn't possibly go with that, with just two Social Workers in the house because we also have a short-term rehab unit on the fifth floor. That basically almost requires a Social Worker unto itself. Our short-term rehab unit is constant meetings and constant turnover on planning for residents from the day they come into the house. We need three Social Workers, yes, and if we had a totally stable department we could possibly get by with three, but currently right now I'm utilizing agency, which is a constant turnover, and it's challenging operating it under these conditions. But to stabilize that entire department would be releasing SCINs, which would be another issue.

(*Laughter*)

LEG. BROWNING:

I was just hoping that we could just live with what we got do. Do you want to say something?

MR. PEARSALL:

Yeah. I see we have 64 agency person, two agency Social Workers. We are laying off a Social Worker in the Health Department. Why couldn't that person be picked up instead of we hiring another agency person?

MR. CAREY:

That's a possibility, yes, I would love to --

MR. PEARSALL:

And it would be a possibility for all the Public Health Nurses that we're laying off, because you gave us a number of nurses.

MR. CAREY:

Well, I'm -- I would love to have the Social Worker instead of hiring an agency one. If I don't need to generate a new SCIN to get that I would love it.

LEG. BROWNING:

But we have two agency Social Workers, so why not bring back that one full-time Social Worker and replace the agency ones. I'm sure that that one person would be more than happy and capable of doing the work of the two agency people.

MR. PEARSALL:

And the fact that we wouldn't be paying unemployment insurance to that person would offset any savings alleged from an agency person in my mind.

I also want to ask another question while we're on agency person -- people. In looking at the contracts that I have looked at for agency persons, there is no mention of how their time is being recorded. Could you tell me, are they on a time clock?

MR. CAREY:

Yes.

MR. PEARSALL:

They are.

MR. CAREY:

Yes, the agency people we put into the time clock and Chronos generates a report on them.

MR. PEARSALL:

Fine.

MS. KENNEDY:

I heard something yesterday that I just want to clarify. At one point we contracted with an agency that did billing for our physicians and our physical therapy at a percentage rate. Is it true we have not signed with that contract agency and that for greater than six months we have not billed out for physician visits or physical therapy visits that we are entitled to?

COMMISSIONER TOMARKEN:

My understanding is it's been three months. The contract is waiting to be signed. We are allowed to go back two years, I'm advised, once the contract is signed.

MS. KENNEDY:

Two years.

COMMISSIONER TOMARKEN:

Yeah, but right now the contract is in -- has not yet been signed.

MS. KENNEDY:

Do we have an intent to sign?

COMMISSIONER TOMARKEN:

The contract, in my understanding, is on the -- with the Administration.

MS. KENNEDY:

Okay.

COMMISSIONER TOMARKEN:

Fred, did you want to say anything? I know you were --

MR. POLLERT:

I could use the name of the contract vendor and I will be more than happy to try to follow-up and track it down.

COMMISSIONER TOMARKEN:

I think ACS. Does that sound right? Something like that.

MR. POLLERT:

Okay.

LEG. KENNEDY:

How about the EMS stuff? You want to talk about that now, or do you want to wait now and have a conversation with Fred.

COMMISSIONER TOMARKEN:

EMS?

LEG. KENNEDY:

The medical records, the electronic medical records.

COMMISSIONER TOMARKEN:

Oh, right. Fred, the question has come up, in order to implement the EMR, we need to go through a webinar training which costs \$1,200, so we need to get approval to put forward a voucher for that.

MR. POLLERT:

You put through the voucher.

COMMISSIONER TOMARKEN:

Great. Thank you.

LEG. KENNEDY:

Thanks, Fred.

(*Laughter*)

MS. BRANDEAU:

When you put it through would you send me the details and I'll make sure that the Budget Office expedites it.

COMMISSIONER TOMARKEN:

Any other business, issues?

LEG. KENNEDY:

Doctor, listen, if I can just pick up on what Terry had spoken about and make the suggestion while Fred is here, too, because I don't know if you heard some of that conversation. There is a vacancy with a Social Worker, you heard about that.

MR. POLLERT:

Uh-huh.

LEG. KENNEDY:

Same category with the RNs. Quite frankly, anybody that we have on that layoff list at this point, the CN from yesterday, where we may have agency people in the facility, we should be looking to migrate any of those individuals that we're able over and across.

MR. POLLERT:

We will be happy to look at it. Just wanted to reinforce that the nursing home is not intact budgetarily through the end of the year. We have not progressed with the layoffs as proposed in the budget as we're attempting to reach an agreement with the Legislators. Part of the request was to keep the nursing home intact and not ratchet down the staff. So if your interest is, because we're supposed to -- a reduction in force through the budgetary process, finding out if we can hire people we will do so as long as it's not inconsistent.

However, I just want to reiterate one more time the 2012 Operating Budget was premised on there being in excess of seven million dollars worth of revenues from a public/private partnership that is not going to be forthcoming. Some time during the year there will need to be a resolution transferring revenues from the General Fund, which is already under a very difficult situation, to the nursing home. So, you know, clearly we will see what we can do with respect to porting over people. We're also cognizant that the adopted budget said that we should be having a reduction in force, but it's a type of thing that I think that we need to discuss at the Executive and the Legislative level exactly what is going on with the outlook on the nursing home, because time is running before we have to put in a resolution to make them whole so they can continue to operate.

LEG. KENNEDY:

No doubt about it, Fred. I agree with that. And as a matter of fact, we've had those conversations going on even looking for guidance from outside agencies and things such as that.

MR. POLLERT:

Right.

LEG. KENNEDY:

But we also know, I don't know if you want to call it on the plus side, but on revenue that had not necessarily been projected but nevertheless is being received, we're in a time period now where we are continuing to function, furnish service and bill despite the fact that the budget -- when was that -- what do we project in 2012 here, was it June? Was it April? When were we supposed to look at the bed adjustment or the bed accommodation? I don't remember, Craig.

MR. FREAS:

The change -- the budget expected it to happen more or less with either the other layoffs, so like

one July time frame, no later than, no later than.

LEG. KENNEDY:

Okay.

MR. FREAS:

You know, we expected to reduce staff by that point.

LEG. KENNEDY:

To your point, yes, we all have to be on the same sheet of music, singing the same song, soon. I agree. Okay, that's all I have. Thank you, Doctor.

COMMISSIONER TOMARKEN:

Any additional business?

MR. PEARSALL:

I have one more question.

COMMISSIONER TOMARKEN:

Okay.

MR. PEARSALL:

Do we have an infectious disease physician on staff or on call?

COMMISSIONER TOMARKEN:

We have one in the department, and we have a whole group of Public Health Nurses who monitor communicable diseases.

MR. PEARSALL:

Okay. So we're not at IJ risk.

COMMISSIONER TOMARKEN:

Oh, you mean for the nursing home.

MR. PEARSALL:

For the nursing home, yes.

COMMISSIONER TOMARKEN:

Do we -- are we required to have?

MR. CAREY:

Doctor specific it's not my understanding that we're required to have a doctor specifically. The Medical Director is our Infection Control Officer and she interfaces or consults with Dr. Iftikhar, I believe, from the Department of Health.

MR. PEARSALL:

She can write prescriptions and medications?

MR. CAREY:

Yeah. On top of being the Medical Director, she also has -- she's a regular doctor in the building, too, with residents under her.

COMMISSIONER TOMARKEN:

She's the Medical Director.

MR. PEARSALL:

I'll talk to you. I received two calls regarding one patient.

MR. CAREY:

Okay.

COMMISSIONER TOMARKEN:

Any other issues, questions, business? Okay, we'll schedule the next meeting. There's May 23rd, but I won't be available for that. There's a May 30th, does that work? May 30th, 10:00, here? Oh, committee meeting. We can go back and see about the 16th.

LEG. BROWNING:

If we want to have it on the -- you said you're not free on the 23rd.

COMMISSIONER TOMARKEN:

Well, you could have it without me if someone would chair it.

MR. FREAS:

I'm sorry. The committees are all moved around a little bit, so the schedule is not exactly -- it looks like Monday committees are on Thursday, the 24th. But there is nothing the 21st, 22nd or 23rd, and there is nothing the 25th.

COMMISSIONER TOMARKEN:

So those are free days, is that what you are saying?

MR. FREAS:

That's what it looks like on my calendar.

COMMISSIONER TOMARKEN:

And your calendar is committee?

LEG. BROWNING:

What's Memorial Day weekend?

MR. FREAS:

Hold on. It is the weekend of the -- it's 25, 26, 27, 28. Or 26th, 27th, 28th. Twenty-second -- that -- like I said, committee week is spread out all over the place. I don't have anything, but I only track my committees, the two committees I go to.

LEG. BROWNING:

Human Services, normally that would be a Monday.

MR. FREAS:

So maybe the 22nd would be good. Let me look, because we have two General Meetings -- well, one General Meeting is in May.

COMMISSIONER TOMARKEN:

There's two in June.

MR. FREAS:

Yeah, they're spread all over the place. Now it's on Thursday, so it look like the 22nd is free.

COMMISSIONER TOMARKEN:

The 22nd at what time?

LEG. BROWNING:

I'm free all day. I have nothing on my calendar that day.

MR. FREAS:

The Tuesday committees aren't going on that week on the 22nd.

COMMISSIONER TOMARKEN:

All right. So are we saying Tuesday the 22nd at ten o'clock? Can people check and see if that -- John and Fred, Tuesday the 22nd at ten?

LEG. BROWNING:

Works for me.

LEG. KENNEDY:

Does that work for us?

MS. KENNEDY:

I don't know. That's your anniversary.

(*Laughter*)

LEG. BROWNING:

How many years have you been married?

COMMISSIONER TOMARKEN:

Is it just his anniversary?

MS. REEVES:

Now you have no excuse to forget it, John.

COMMISSIONER TOMARKEN:

All right. Tuesday, May 22nd, 10 o'clock, here.

LEG. BROWNING:

I'm going to make a note of that. Okay.

COMMISSIONER TOMARKEN:

Okay. Can I get a motion to adjourn?

LEG. BROWNING:

Motion.

COMMISSIONER TOMARKEN:

Legislator Browning. Second, Kim Brandeau. All in favor? Opposed? Abstentions? Thank you. We're adjourned.

(The meeting was adjourned at 10:54 A.M.)