

Minutes of Family Council Meeting – 5/23/06- 2:00 and 7:00

Staff attending: Michele Blair, Social Work, Margaret T. Haroff, Administrator, Sarah Tomlinson, OT, Rehab Director, Brian Chamberlin, Deputy Commissioner of Social Services, Francine Bremer, Compliance Officer, and Kyra Smith, Social Work.

Meeting began at 2:05 and 7:00 respectively.

Kyra welcomed everyone and thanked all for coming and introduced Margaret Haroff, Administrator.

Marge informed the family members that the Board of Supervisors has a goal of increasing the revenue of the nursing home 1.7 Million dollars from September 1, 2006 – August 31, 2007. To accomplish that goal, the number of rehab beds will increase from the initial number of 8 to 24 beds. This will happen over time. There is a 12-16 week period to develop and implement the plan to accomplish this goal. There is an Oversight Committee and 4 teams already set up to accomplish this goal. The Teams are: **PRI** which looks at the financial areas, **Marketing** which will promote the facility as well as keeping everyone informed of the goals and our progress toward meeting these goals, **Rehab** which is looking at the process of moving residents and **Admissions** which will establish clear criteria for admission.

The meeting was then opened up for questions.

Q. Will the residents have a choice in moving?

A. The main objective is to satisfy the resident's needs and desires. Michele is keeping a list of these preferences and will use this list to find a comparable room/mate.

Q. Are you saying you expect the 1.7 million to be generated from these 24 beds? I don't see how that can happen.

A. The increase in revenue is due to Medicare dollars that are higher based on rehab category. The reimbursement rate for Medicaid is based on the PRI category. Rehab rates are higher than other categories and therefore generate more income.

Q. How can you depend on 24 beds being full all the time?

A. We can't. The figures presented by Rehab Resource reflected that if the 24 rehab beds only had a 60% occupancy and nothing was done we would maintain our current revenue level.

Q. I am concerned that staff will be cut to meet the goal. I just don't want to see the care of Long term care residents jeopardized due to rehab residents. Is this a possibility?

A. There are no plans to cut staff. PRI's are completed 2 times a year for all residents. PRI's determine the reimbursement rate for Medicaid. Rehabs increase this rate. The case mix index has a guideline for staffing needs.

Q. PT and OT are now subcontracted. Didn't you get rid of county employees to bring in these rehab people?

A. PT and OT have always been contract staff. Instead of several independent contractors we now have a contract with Rehab Resources. Rehab Resources provides rehab in many facilities. In addition, there still are our 3 county employees in the rehab department, the secretary, the rehab CNA and Physical Therapy Assistant.

Q. What if goal of 1.7 million is not met?

A. The Board of Supervisors has stated that it is a goal. They will be monitoring progress would reassess later. The Board does not want to sell the facility.

Q. The goal of 1.7 million dollars is for one year. Will you plan on increasing rehab beds to keep up with inflation?

A. In 2005, the County Board of Supervisors authorized the transfer to the nursing home of 6.5 million dollars. The budget for 2006 has that figure reduced to 3.2 million dollars. An increase in rehab beds is not anticipated.

Q. Will the increase in the rehab beds increase the waiting list for long-term care residents?

A. Yes, and there is currently a waiting list. It is anticipated that it would be temporary condition.

Q. I seem to remember from a previous meeting something about some rate that is based on 1983 costs. Will or can that be updated?

A. Yes, our Medicaid reimbursement rate is based on 1983 costs. The 1983 base year can change only upon approval of the Department of Health and usually for a major change to the nursing home like construction of a new facility or change in ownership. That is in part why our new facility was built. Now that the first year of occupancy in our new building is completed we will be filing an appeal to the Department of Health to change that base year from 1983 to 2005/6. A cost report will be prepared and submitted to the Dept. of Health which, after their review a new rate will be established for the nursing home. It will be retroactive to our move in of 5/14/05. This is additional revenue and is not included in the 1.7 million dollar goal.

Q. How did the nursing home get in such financial problems?

A. We are not any different than most health facilities. The Medicaid rate is not sufficient to meet expenses, especially being based on 1983 costs. The shortfall began during 2000 with the County subsidizing the home beginning in 2003. The cost of retirement and health insurance had huge increases. The plan was developed to address the financial viability, which included building a new facility and increase rehab services.

Q. Has the building been fixed?

A. The contractors are working on the building as we speak.

Q. Are contractors absorbing the costs?

A. There have been meetings with the Board of Supervisors and attorneys and the Nursing Home is being held "harmless" and will not have to pay for any of the repairs being made.

Q. Will the Nursing Home and County be reimbursed for the increased costs incurred?

A. That is being pursued. There were several days/weeks when we could not fill vacancies due to the temperatures in many rooms.

Q. Who was the main contactor for the building?

A. LaBella Associates was the Project Manager
Pike Construction was the Construction Manager
La Chase Construction was the General Contractor

Q. Has the County hired private engineers and attorneys?

A. Yes to both. Sage engineering inspected the entire building earlier this year and has made its report to the Board of Supervisors.

Q. Will costs be reimbursed by the contractors?

A. Yes, according to the Project Manager they will be reimbursing the County.

Q. With the law change making Medicaid more difficult to obtain, will that help with finances?

A. We have a larger percentage of private pay residents than our counterparts. Yes it does help with finances.

Q. How many consultants are on staff to oversee goals?

A. Historically, the Nursing Home has been under the Department of Social Services but when the current Commissioner was hired, the nursing home was not included in his responsibilities. In August 2005, the County Commissioner of Social Services was given this responsibility. In October, the Deputy Commissioner of Social Services position was created and Brian Chamberlin hired by the Board of Supervisors to assist the Commissioner in his oversight and communication responsibilities. Brian was instrumental in the consultant changes in Pharmacy services, Medical Director and Rehab. Brian tendered his resignation and his last day is Friday.

Q. How much has the nursing home saved with outsourcing the pharmacy?

A. The nursing home projects a \$500,000 savings this year. Due to Medicare Part D starting on January 1st, our counterparts with in-house pharmacies also switched to outsourcing their pharmacies.

Q. Is there anything else that you are considering to sub-contract such as food service or laundry?

A. The food service management and clinical staff have always been contracted service. Sodexo has this contract. The other food and nutrition staff are county

employees. Linen service has also always been contracted. The personal laundry is done in-house in the living communities.

Q. The new Physician group, we are thrilled with them. Are the other physicians still here? Nagpaul, Hong?

A. Yes, they are still here along with Dr. Nickell and Dr. Morrow as Medical Director.

Q. Have you ever thought about having a craft sale? Some of us ladies are willing to sell crafts or antiques to help the facility make money. Daughter responded that it would make the residents feel a part of the fundraising.

A. I will pass the suggestion on to the Foundation. The Foundation raised several thousand dollars recently at the Ziti Dinner and raffles. Donations to the nursing home are not tax deductible. Donations to the Nursing Home Foundation are deductible.

Q. What is the time frame to put the 24 beds in to place?

A. We have a 12-16 week period to develop plans. We are 2-3 weeks into this period. The Team will establish this time frame.

Q. Will Canal Side staffing change? Will staff on the other half of Canal Side change?

A. There are no plans to change staff.

Q. Will CNA staffing increase on the rehab unit?

A. The thought is CNA's spend less time with residents due to the residents spending more time in therapies this would enable CNA's to spend more time with long-term care residents. So it is initially thought staffing would not need to change. There will be an affect in social work. Michele will take the 24 rehab beds and that will consume her time.

Q. How are residents who moved making out?

A. A resident who moved was at the meeting with her family and spoke up; "fine, I like my new room." Mrs. Haroff stated that it was hard on staff as well as residents to say goodbye. To address this concern we are trying to say "goodbye" and also celebrate the resident's arrival at their "New Home". We had balloons and a song to welcome the resident. Resident responded: "you did a good job".

Q. Do you foresee a change in services provided by this facility?

A. We are increasing our exposure to the community so all are aware of the services we do provide. Community organizations/ groups are using the facility to have meetings.

Q. Will outpatient rehab increase? Will it increase the 1.7 million?

A. It will increase and have the capacity to do more. It is small piece that is included in the 1.7 million.

Q. What is the current occupancy rate?

A. Just less than 99%.

Q. To accommodate rehab, will there be any physical changes to the building?

A. No, I hope you have been able to see our rehab facility. A family member spoke up: "I am a PT and that area downstairs is the best in Wayne, Ontario and Monroe County. The walking track is great."

Q. What changed with rehab? Is speech therapy still the same?

A. Rehab has always been contracted services. PTA, CNA and clerk are Wayne County employees. Rehab resources are now under one contract. We have a new Rehab Director and new OT's and PT's. You may see some familiar faces as some of our former therapists are also employed as per diem staff. We have the same speech therapist.

Meeting adjourned at 3:20 and 8:15 respectively.

Respectfully submitted,
Kyra Smith
Social work