

**MINUTES
SPECIAL MEETING
COMMITTEE OF THE WHOLE
FRIDAY, MARCH 20, 2009, 6:00 PM
160 GENESEE ST., 6TH FLOOR, CHAMBERS**

CALLED TO ORDER: By Chairman Peter Tortorici at 6:00PM.

IN CASE OF EMERGENCY: Evacuation statement read by Clerk of the Legislature, Mary Jones

ROLL CALL: Clerk of the Legislature, Mary Jones, All Legislator's present, except Lockwood arrived at 6:50PM, excused at 7:27PM.

PLEDGE OF ALLEGIANCE:

MOMENT OF PRAYER:

Chairman Peter Tortorici, this is a work session for the Legislator's, more session will be scheduled, this meeting will not take any questions from the public.

CHAIR APPOINTMENT OF CHAIRMAN TO PRESIDE (Rule #29 Cayuga County Rules of Order)
Chairman Peter Tortorici appoints Legislator Ann Petrus, Chair and Legislator Francis Mitchell, Co. Chair.

TOPIC: Workshop Cayuga County Home Health Care Agency

Legislator Mitchell's Statement:

CAYUGA COUNTY LEGISLATURE COMMITTEE OF THE WHOLE MEETING
CAYUGA COUNTY CERTIFIED HOME HEALTH AGENCY REVIEW
MARCH 20, 2009

Purpose:

To review the facts surrounding the current fiscal situation of the Cayuga County Certified Home Health Agency and to also explore financial questions that may arise during that review. To accomplish this objective, we need to also review patient delivery services in the context of volume, direct costs and quality thereof.

History:

Our County Manager, Wayne Allen, was approached in late 2008 by a party interested in making a purchase offer on our CHHA. His response was that after we were past our year-end closing, there could be a meeting to discuss the possible consideration of such an offer. That meeting took place in January 2009.

Subsequent to that meeting and in acknowledgement of the fact that financially our CHHA's situation appeared to be worsening, it was decided to look into the possibility of major modification or sale of the CHHA.

Mr. Allen on behalf of the Legislature, asked the Cayuga County Health & Human Services Administrative Office which oversees the CHHA to provide data on revenues, expenditures, County share (or CHHA contribution), productivity, care quality, etc. related to our CHHA. He also requested comparative data from other county CHHA'S and has assembled that data to date.

The chairs of the Committees of Health & Human Services and Ways & Means together with the County Chairman and Mr. Allen decided in parallel with the above effort to issue a Request For Proposal on the CHHA to have a way of assessing outside interest. The Request was passed by the full Legislature on January 27th, 2009 as resolution 1-9-HH34. The terms of the resultant RFP called for any proposals to be received by Tuesday March 24th to be opened @ 2:00 PM.

To supplement your ability to make a future decision, an administrative analysis was assembled in the booklet sent you and that analysis and its implications will be the subject of tonight's meeting. Attached to original minutes.

OUTLINE:

I PRODUCTIVITY

- A) Population served
- B) Visits per day, etc. by full-time and part-time CHHA nurses
- C) Appendix A reference to above
- D) Appendix B informal survey of other CHHA's results

II PERFORMANCE

- A) Financial results year to year illustrated by bar graphs.
- B) Financial results year to year illustrated by line graphs.
- C) Combined revenue, expenditure and contribution combined by line graph.
- D) Data are also shown in columnar format.

III QUALITY OF SERVICE

- A) Recertification Survey (appendix B)
- B) "Home Health Compare" to State & National Averages (appendix B)**

Questions:

Fearon, Part Time, do they work a full day?

Elane Daly, Director of H&HS, prorated for 7hrs, weighted basis, PT do revisits, FT to new visits.

Aikman, how does time to reach patients way in?

Elane Daly, Director of H&HS, we look at performance and other variables.

Petrus, need history, numbers for North and South of County.

Aikman, also geographical layout.

Chapman, do other Counties do value system, we need to compare apples to apples.

Wayne Allen, Co. Manager, I did not ask.

Schuster, appendix B, productivity private sector, how is it calculated.

Mitchell, we deal with Civil Service, retirement to fund, build ourselves into a wall.

Petrus, CHHA 5.5 to 7 case load per nurse, how do we maintain.

Wayne Allen, Co. Manager, based on performance, do x amount of visits per day.

Mills, when was the upgrades in computers done?

Elane Daly, Director of H&HS, training in June of 08, up and running October of 08.

Mills, should have improved efficiency.

Aikman, learning experience, productivity and performance will probably improve.

Lynn Marinelli, Budget Director for H&HS, biggest efficiency is in billing, now data is only entered once.

Mills, can nurses log in at home and get cases to go to homes and eliminate travel time.

Lynn Marinelli, Budget Director for H&HS, we're not there yet.

Mahunik, would the private sector have a problem with serving the outlining areas?

Mitchell, we need to look at the State Operating Certificate to see who can do what.

Elane Daly, Director of H&HS, State has very strict regulations for CHHA, entity would have to serve the whole County.

Schuster, would they have to serve all people, regardless of how they pay?

Mitchell, there are codes and regulations, criteria must go back to codes.

Fearon, costs more per geographic location.

Lynn Marinelli, Budget Director for H&HS, Medicare reimbursement are different for different parts of New York State, we are rural we get paid less.

Aikman, are we required to have charity care?

Mitchell, Medicaid takes up most of that.

Aikman, are we meeting the Charity Care guidelines?

Mitchell, 6/10 of 1% must be Charity Care.

Lynn Marinelli, Budget Director for H&HS, State would say we do not have enough Charity Care.

Mills, compare our CHHA with other Counties, other providers are coming in

Lynn Marinelli, Budget Director for H&HS, no you have to be certified by the State, there are only 2 in Cayuga County, CHHA and Gentina.

Fearon, are there other Counties that have more providers?

Elane Daly, Director of H&HS, yes, most have at least 2.

Aikman, Cayuga County CHHA contract with other agencies for Home Health Aids, nurses, can we get data for the contract agencies.

Lynn Marinelli, Budget Director for H&HS, we only pay for the time there.

Aikman, can we define dollar amount?

Lynn Marinelli, Budget Director for H&HS, it would be very hard to do.

Elane Daly, Director of H&HS, we try to get 5 visits a day, staff must meet patient volume.

Aikman, dollar per visit verses our aids and other agencies?

Lynn Marinelli, Budget Director for H&HS, difficult, we pay per visit not hour.

Petrus, general idea of what other Counties are doing.

Lynn Marinelli, Budget Director for H&HS, yes.

Sincebaugh, if we sell the certificate and quality goes down, can we take over?

Mitchell, I'm not sure, it would be up to the State of New York to see if they would issue another certificate.

Petrus, if complaints, could go to State and go through the process.

Lockwood arrived at 6:50PM.

Fred Westphal County Attorney, Audit or Survey process, review from State, they would need to come up with "corrective plan of action"

Tortorici, same as the Nursing Home, we got out, then we had to get back in.

Wayne Allen County Manager, Health Dept. is the overseer, they would step in.

Axton, we need to look at the entities that would come in, and their History.

Fearon, licenses can be pulled.

Wayne Allen County Manager, small Counties that couldn't provide care, Health Dept. was involved because care was not being met.

Aikman, if we're not happy with bidders can we restructure?

Petrus, yes.

Mitchell, Performance, next on chart.

Lynn Marinelli, Budget Director for H&HS, these costs will go up, salaries, health insurance, retirement, environment.

Health care keeps getting cut, efficiency is important.

Tortorici, what is the split, Medicaid/Medicare?

Elane Daly, Director of H&HS, 25% comes from Medicaid, 6% private, the rest from Medicare.

Mills, wide variations years 2004-2005.

Lynn Marinelli, Budget Director for H&HS, old points system, lag payments, billing not on a full accrual system.

Mitchell, also there was significant factors for purchase of cars one year.

Elane Daly, Director of H&HS, in 2006 we were changed to rural area, it was felt in 2007, even though we had increase in our census, it was a big hit.

Tortorici, revenues consistent, but expenditures are going up. How do we address this, with retirees, in couple of years could go up 10%, need to restructure.

Mitchell, CHHA performance chart, shrinking contributions, not a money maker anymore.

Mills, numbers are conservative.

Mitchell, yes.

Mills, RFP, exhibit #B, numbers don't add up.

Mitchell, the numbers have changed for 2007-08.

Lynn Marinelli, Budget Director for H&HS, the numbers are from cost reports, goal, every dollar possible direct cost closet picture. I don't always do a journal entry with Treasurer to move money over.

Mills, \$610,000.00 indirect costs for CHHA, if we sell CHHA what do we do with that cost.

Mitchell, if CHHA revenue goes down, it won't offset anyway.

Palermo, visits per day, 2x equals full time visit?

Lynn Marinelli, Budget Director for H&HS, a new admit counts as 2 visits.

Palermo, how long have we been using that.

Lynn Marinelli, Budget Director for H&HS, a couple of years.

Palermo, 2008 productivity chart, March 3.93 visits, is this before or after 2x's factor?

Petrus, nursing is nursing, admission nurse will need more time.

Palermo, I don't think PT is more effective.

Elane Daly, Director of H&HS, they can do it quicker,

Palermo, based on visits per day?

Andrea Anderson Director of Patient Services, full time nurses do new admits 1 1/2 to 2hrs.

Palermo, visits per day, verses productivity, don't think numbers work well.

Andrea Anderson Director of Patient Services, very complex, codependent with disciplines and documentation (admits take more time). 4 to 5 visits per day, work a 7 hour day, and County travel can be up to 2hours.

Elane Daly, Director of H&HS, 3 to 6 admissions everyday, full time establish care and does admit, Part Time does revisits. We have 24 hours from referral to admit that patient, per the State, we need the Part Time help to supplement the staff.

Lockwood leaves at 7:27PM.

Tortorici, do we still do OASIS training?

Elane Daly, Director of H&HS, yes, and we are getting better with the diagnostic codes.

Palermo, OASIS intake training, have we had consultant training?

Elane Daly, Director of H&HS, yes, OASIS and coding training, biggest problem is staff turnover.

Mahunik, need to consider aging population in the County.

Wayne Allen County Manager, no, based on revenue and expenditures.

Mahunik, older population should bring revenue in.

Wayne Allen County Manager, expenditures are increasing and will out way revenue, need structural changes.

Petrus, how many clients are elderly?

Andrea Anderson Director of Patient Services, 95% over 65 years of age.

Tortorici, 2006-2007 we were up 200 clients, revenue should have gone up, but expenditures made it go down.

Lynn Marinelli, Budget Director for H&HS, more patients, more staff, we respond to referrals, they come to us.

Petrus, 2002-2004 health insurance costs went up dramatically, retirement costs went up.

Tortorici, need to make enough of a percentage profit.

Schuster, how far back can we check?

Elane Daly, Director of H&HS, 2001, before that paid by Medicaid.

Schuster, long term, percent of over 65, project revenue. Beginning when CHHA started and number of aging, expect to see more patients, would like to see chart with numbers, verses Gentiva.

Cuddeback, State governs that, can they give us the numbers.

Mills, what percentage of visits do we get.

Elane Daly, Director of H&HS, 260 patients we have, they had 140, we had 60%.

Axton, why would patient chose private entity today over CHHA.

Elane Daly, Director of H&HS, Empire choose Gentiva (preferred provider), legally every patient gets to choose.

Andrea Anderson Director of Patient Services, some agencies refuse patients, we get them.

Elane Daly, Director of H&HS, we have good relationships with discharge planners at different hospitals.

Axton, do you do exit interview if a patient leaves CHHA?

Andrea Anderson Director of Patient Services, I've never heard of a exit, we do a discharge interview when the patient meets their goals.

Sincebaugh, do you do a survey?

Andrea Anderson Director of Patient Services, yes, we do a phone survey.

Chapman, scheduling, geographically, is it automated?

Andrea Anderson Director of Patient Services, scheduling is done manually, geographically yes.

Chapman, new computers, don't they do this for you?

Lynn Marinelli, Budget Director for H&HS, we have a new module, haven't used it yet maybe in the next 2 months.

Chapman, re-certification surveys, have you had an outside company come in?

Elane Daly, Director of H&HS, consultant a couple of years ago, on the plan of correction, she worked with us on repeat deficiencies. We now have a plan of correction in place and approved.

Aikman, why do people leave the agency?

Elane Daly, Director of H&HS, money, hard to drive house to house, learn Medicaid/Medicare rules, very different from hospital care, and the nursing shortage.

Petrus, if you work in a hospital and you need help, it's there, not the same with home care, tough job.

Sincebaugh, re-structuring, question to Wayne Allen, have you gone to employees to see how we can lower expenses?

Petrus, taking that into consideration.

Tortorici, employees can put in a proposal.

Motion to adjourn, 2nd by Cuddeback at 8:00PM, all in favor.

Motion by Petrus, 2nd by Lockwood to approve minutes of 3-20-09, on 5-26-09, all in favor.