

Countryside COMMITTEE

June 23, 2011

Action Agenda

1. **Request:** Permission to transfer \$64,000.00 from regular salary to part time salary.

Rationale: We have spent more than 75% of our part time salary line, this should get us through the remainder of the year.

2. **Request:** Permission to renew contract with Mahoney Alarm.

Rationale: This is a requirement through NYS Department of Health. It is budgeted.

Old business/Pending Items

- 1) Mr. Dusek to research the invoices from Technical Building Services, as well as maintaining glycol relative to the boilers. (5.26.11)
- 2) Julie Pacyna, Purchasing Agent, to work in conjunction with the County Attorney's Office to research the possibility of consolidating contracts for employee physicals and clinician coverage for Westmount Health Facility and Countryside Adult Home by reviewing the contracts and bid specifications for these services to determine the feasibility and potential cost savings. (03.30.11)
- 3) Mr. Dusek to present a financial review of the Countryside Adult Home at the next Committee meeting. (05.26.11)

Topics for Discussion

1. Overtime – 98.5 hours for the past 2 pay cycles (including Memorial Day), ↓287.9 hours overall from last year's figures.
2. Current Census: 39 Residents
 - a. 15 Men, 24 Women
3. Monthly Statistics:
 - a. Referrals: (2), 1 did not return phone calls, 1 we are still collecting information on, 1 of our residents who was discharged for rehab should be returning this week
 - b. Admissions/Discharges: (0) admission, (0) discharges
4. VA Applications – all of our applications for the VA Aide & Attendance benefit were completed and sent in a few months ago. There is still some documentation that we do not have, but we did not want to wait any longer on submitting the applications. We had one new application this month that we submitted for a new resident. Of the original 21 applications:

- a. Denied – 11 [spouse was divorced (5), dishonorable discharge (1), did not have any war time service (2), discharged to nursing home prior to application being sent in (3)]
- b. Pending – 5
- c. Approved – 5 [The additional total monthly awards we are receiving for these ones is \$5,181.00.]
- d. We also received a check for one of the resident's back payments last week in the amount of \$16,440.00. We are awaiting the back payments for the remainder of the approved residents.
- e. For two of the residents, we may be able to collect the monthly payments going back 1 year from the date of their original application. We have submitted the additional paperwork on one of them, and are in the process of completing the paperwork on the second.

5. Fiscal Analysis of Countryside

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

FROM: COUNTRYSIDE ADULT HOME
Name of Department

SIGNED: **DATE:** 6/16/11

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.6030 110	SALARIES-REG	A.6030 130	SALARIES-PART TIME	\$64,000

Please state reason for transfers requested:

*Please note: All amounts must be in whole dollars -- no cents.

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
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Please state reason for transfer request: **BUDGET SHORTFALL**

Please file original request with Clerk of the Board and retain copy for your records.

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Countryside Adult Home

DATE: 6/23/11

- (a) Purpose of Contract Change: Extend Contract

- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract:

- (c) Name of Contractor: Mahoney Notify

- (d) Address of Contractor: 15 Cooper Street Glens Falls, NY 12801

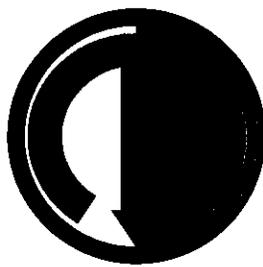
- (e) Contractor's Contact Person and Telephone Number: Kevin Mahoney
PH#793-7788

- (f) Commencement Date of Extension: August 1, 2011

- (g) Termination Date of Extension: July 31, 2012

- (h) Payment Provisions:
 - i) lump sum amount \$790.00/annually
 - ii) hourly rate amount \$95.00/hour for the hours of Monday-Friday 8AM-4:30PM, \$142.50/hour after hours, Holidays and weekends, \$82.50/hour for travel charges & service calls.
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Quarterly

- (i) Where are the Funds for this Contract? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: A.6030.470 Countryside Adult Home Contract



Mahoney
Notify-Plus Inc.
Alarms

P.O. Box 767 - 15 Cooper St.
Glens Falls, NY 12801
518/793-7788
Fax 518/793-0602
www.mahoneyalarms.com

Lake Placid, NY 12946
518/523-1600
Fax 518/793-0602

Plattsburgh, NY 12901
518/566-9147
Fax 518/793-0602

June 20, 2011

Ms. Deanna Park
Director
Countryside Adult Home
353 Schroon River Road
Warrensburg, NY 12885

Effective **August 1, 2011 Fire and Security alarm system inspections** will be conducted **Semi-Annually** with 100% device inspection each semi-annual period and will include the following devices when applicable for the period August 1, 2011 thru July 31, 2012:

CONTROL PANEL
SMOKE & HEAT DETECTORS
MANUAL PULL STATIONS
HORN STROBE UNITS
POWER SUPPLY/BATTERIES
SIREN/BELLS
PANIC/HOLDUP
DOOR PROTECTION
MOTION DETECTORS
ANNUNCIATOR PANEL
TRANSMISSION TO AUTHORITIES
SPRINKLER MONITORING DEVICES
KITCHEN K TYPE FIRE EXTINGUISHER

This quotation is based on Countryside Adult Home providing experienced personnel to assist with the inspection. The inspection will include the kitchen "K" type fire extinguisher visual inspection. In the event the "K" extinguisher requires a six year inspection or recharge Countryside Adult Home will be invoiced at an additional fee of **\$137.50**.

This inspection contract will be billed at a rate of **\$790.00 PER YEAR**. Technical service shall be invoiced at the prevailing wage rate of **\$95.00 per man hour** between the hours of 8:00am and 4:30pm, Monday thru Friday. After hours, weekends and holiday service will be provided at the prevailing wage rate of **\$142.50 per man hour**.

Travel charges and services provided which do not fall within the prevailing wage rates will be invoiced at \$82.50 per man hour, portal to portal for the first hour and \$75.00 per man hour thereafter between the hours of 8:00am and 4:30pm, Monday thru Friday. After hours, weekends and holiday non prevail wage services will be provided at the rate of **\$123.75 per man hour, portal to portal, for the first hour and \$112.50 per man hour, portal to portal thereafter.**

Charges for additional work over and above the semi-annual inspection will be in accordance with the labor rates as specified above plus any material which is necessary. A copy of the work order will be left at the premise following each inspection stating the results of same. The original work order will be returned to Mahoney Notify-Plus Inc and kept in the customers files.

This Inspection Agreement is also subject to the following conditions:

- A. All agreements are made contingent upon strikes, fires accidents or causes beyond our control.
- B. This proposal shall be valid if acceptance is made within 30 days from the date written and upon our receipt of your Purchase Order.
- C. It is further agreed that this contract shall be in effect for a minimum period of one year.
- D. Mahoney Notify-Plus Inc. shall be deemed the exclusive authorized service company and will not be responsible for any repairs or tampering made by third parties.
- E. Mahoney Notify-Plus Inc., will not be held responsible for any damages that occur to the system as a result of fires, strikes, floods, lightning or other acts of God.

The undersigned parties have read and understand the terms referred to in this contract and are in complete agreement with same.

AGREED & UNDERSTOOD: COUNTRYSIDE ADULT HOME

Accepted by: _____
Date: _____

AGREED AND UNDERSTOOD: MAHONEY NOTIFY-PLUS INC.

Accepted by Kevin Mahoney
Date:.....6/20/11.....

**Medical Contract Consolidation
Purchasing Department Analysis**

**DRUG TESTING/PHYSICAL EXAMS
(Glens Falls Hospital Center for Occupational Health)**

Civil Service for Sheriff Deputy Candidates: No current contract. Proposed contract has been provided.

Services/Cost:	Complete Physical Exam including urine dip	\$70.00
	Vision Testing	\$8.00
	Hearing Evaluation	\$15.00
	EKG	\$35.00
	TB/TST	\$10.00
	10 Panel Urine Drug Screen (includes collection, lab & MRO)	\$35.00
	Chest X-Ray (2-view)(if medically indicated)	\$75.00
	X-Ray Interpretation	\$25.00
Proposed Term:	Through December 31, 2011	
Early Termination:	Upon 45 days written notice	

Note: 2008 was the last time Civil Service required the services of the Center for Occupational Health at a rate of \$164.00/exam. This contract is basically on an as needed basis when the Sheriff's Office is hiring. The exams are ordered only after the candidates have passed the written and fitness exams but before they are hired. Civil Service spent a total of \$1,312.00 in 2008.

Sheriff's Office - Drug Testing Only:

Services/Cost:	Expanded Urine Drug Screen, non-DOT - includes collection (all split samples), lab services, MRO review	\$35.00
	Hair collection and analysis (all split samples)	\$63.00
	Randomization of drug/alcohol program	NC
	On-call after hours/holiday - min of 2 hours	\$75/hr
Term:	Automatically renews every year on December 31st	
Early Termination:	Upon 45 days written notice	
Annual Expenditure:	\$100 in 2009, \$450 in 2010	

**Medical Contract Consolidation
Purchasing Department Analysis**

**PHYSICAL EXAMS FOR EMPLOYEES
Hudson Headwaters Health Network**

Westmount Health Facility:

Services: Exam shall include assessment of the employee's general medical condition and determination as to whether he/she has any significant chronic illness which would hinder employee's ability to perform his/her job requirements.
Review of employee's medical history and additional testing if necessary to determine fitness for employment

Proposed Term: January 1, 2011 through December 31, 2011

Early Termination: Upon 30 days written notice

Cost: \$90.00 per examination

Annual Expenditure: \$1,275 for 17 physicals (2010)

Countryside Adult Home:

Service: Exam shall include assessment of the employee's general medical condition and determination as to whether he/she has any significant chronic illness which would hinder employee's ability to perform his/her job requirements.
Review of employee's medical history and additional testing if necessary to determine fitness for employment
PPD Shot

Term: January 1, 2011 through December 31, 2013

Early Termination: **NO EARLY TERMINATION IN CONTRACT**

Cost: \$90.00 per examination & \$15.00 per shot

Annual Expenditure: Approx. \$2,610 for physicals + \$435 every 2 years for shots

ANNUAL TOTAL: \$4,320.00

**Medical Contract Consolidation
Purchasing Department Analysis**

**DRUG TESTING/PHYSICAL EXAMS
(Convenient Medical Care/Standard Medical Services)**

Office of Emergency Services - Hazmat Team Physical Exams:

Services: Examination of vital systems, ears, eyes, nose, mouth & throat
Cardiovascular system
Respiratory system
Gastrointestinal system
Genitourinary system
Endocrine and Metabolic system
Musculoskeletal system
Audiometric screening
Visual acuity and peripheral vision testing
Pulmonary function test
Complete blood count, chemistry, urinalysis
Tetanus shot and diphtheria shot
Electrocardiogram
Written opinion relating to the results of each medical exam performed

Proposed Term: Terminating upon 60 days written notice
Cost: \$160.00/exam
Annual Expenditure: \$6,000

Department of Public Works - Physical Exams/Drug Testing:

Services/Cost:	Urine Drug Screens	\$35.00
	Alcohol Breath Testing	\$21.00
	DOT/19A Physicals	\$75.00
	Non-DOT Physicals	\$40.00
	(See additional attachment for more detailed description of exams)	
Term:	January 1, 2011 through December 31, 2011	
Early Termination:	Upon 30 days written notice	
Annual Expenditure:	\$1,700 avg.	

ANNUAL TOTAL: \$7,700.00

**Medical Contract Consolidation
Purchasing Department Analysis**

**CLINICIAN SERVICES
Hudson Headwater Health Network**

Westmount Health Facility:

Services: Bi-weekly clinical night call coverage to include from Schedule "A" of the contract: Performs admission, re-admission and annual physical exams. Examines and recommends treatment for patients; provides professional medical care for patients; authorizes hospitalization, consultation with specialists, laboratory work, nursing care and other specialized treatment; diagnoses and treats patients; takes specimens for necessary tests; performs or recommends surgical operations when necessary; prepares reports of examinations made.

Term: January 1, 2011 - December 31, 2011

Early Termination: Upon 30 days written notice

Payment: \$29.00 per night

Annual Expenditures: \$5,073.79 for weekend on-call phone doctor
\$21,164.00 for Dr. Socolof as part-time Physician
\$6,000 for Medical Director

Countryside Adult Home:

Services: From Schedule "A" of the contract: Performs admission, re-admission and annual physical exams. Examines and recommends treatment for patients; provides professional medical care for patients; authorizes hospitalization, consultation with specialists, laboratory work, nursing care and other specialized treatment; diagnoses and treats patients; takes specimens for necessary tests; performs or recommends surgical operations when necessary; prepares reports of examinations made.

Dr. Smead visits the facility every Thursday to provide these services.

Term: January 1, 2011 - December 31, 2011

Early Termination: Upon 30 days written notice

Payment: \$11,872.44 (annual expenditure)

ANNUAL TOTAL: \$44,110.00

**Medical Contract Consolidation
Purchasing Department Analysis**

**MEDICAL & NURSING SERVICES
Hudson Headwater Health Network**

Sheriff's Office:

Services: See Attached Schedule "A".
Term: January 1, 2011 - December 31, 2011
Early Termination: Upon 30 days written notice
Annual Expenditures: \$503,000.00

SCHEDULE "A"

SCOPE OF SERVICES

The Hudson Headwaters Health Network ("HHHN") will conform to all standards for medical services provided in Warren County Correctional Facility as established by New York State Commission of Correction, New York State Department of Health and any other appropriate agency. HHHN agrees to act upon and implement applicable policies and procedures, training, and other pertinent issues necessary for compliance with NCCHC standards.

Services

1. **Compliance/New York State Commission of Correction Minimum Standards:**
2. **Medical Staff Management:** HHHN routinely recruits, interviews, hires, trains and supervises a complex medical staff organization, one that presently numbers approximately 80. As part of that process, HHHN has recruited and identified members of the medical staff specifically interested in and trained for provision of services in correctional institutions. Daniel Larson, M.D. provides general oversight management and clinical direction for services associated with the Warren County Jail.
3. **Comprehensive Assessments:** HHHN presently provides comprehensive health assessments for all inmates within 14 calendar days of their arrival at the facility. With this coverage provided 3 days per week, HHHN routinely assesses new arrivals within 3 - 5 days. HHHN medical staff member provides all such assessments.
4. **Coordination/Facility Care:** HHHN proposes to provide total coordination for all non-emergency medical care inside the facility. Such care will include, but is not necessarily limited to, all primary care assessment and primary care services, coordination for ancillary testing, coordination for specialty services, and coordination for pharmaceutical services.
5. **Coordination/Non-Facility Services:** HHHN proposes to provide full coordination for all services delivered outside the facility including urgent/emergent visits at the Health Center on Broad Street, visits to the emergency room at Glens Falls Hospital, visits for outside specialty services, and inpatient admissions to Glens Falls Hospital.

HHHN is uniquely organized to provide such services as the Health Center on Broad Street operates 7 days per week. HHHN has on-call ambulatory support 7 days per week, 24 hours per day and similar on-call support for inpatient and emergency room coverage 7 days per week, 24 hours per day.

6. **Liaison/Outside Physicians/Other Providers:** HHHN proposes to oversee and coordinate all liaisons and referrals for outside physicians and specialists. With its reputation and strength, HHHN routinely organizes and facilitates the needs of its patients within the complex web of specialty physicians and services. Such referrals are based upon comprehensive review of the needs of the individual patient.
7. **Coordination/Diagnostic Examinations:** HHHN proposes to coordinate and facilitate the need for all diagnostic examinations and services, whether outside or inside the facility.
8. **Coordination/Testing/Medication/Consultations:** HHHN shall identify the need and provide coordination for all follow up testing, medications and consultations.

As previously noted, HHHN proposes the mutual establishment of a pharmaceutical formulary that will be utilized in meeting the pharmaceutical needs of the inmates.

9. **Nutritional Consults/Diet Requests:** In its role as the primary care physician responsible for the overall coordination and facilitation of care, HHHN medical staff member will verify all requests for special diets based on medical need. Such coordination and facilitation will include an outside consultant when applicable.
10. **Medications/Outside Physicians:** HHHN medical staff member shall verify all medications with any outside treating physician based on the most recent evaluation and the medical needs of the patient. The prescribed medications will conform to the proposed pharmaceutical formulary when such formulary does not conflict with the best medical needs of the patient.
11. **Sick Call Room:** HHHN will supply, at its cost, all medical supplies required to equip a sick call room within the jail.
12. **Segregated Inmates:** HHHN medical staff members will examine and treat any inmate in their cell that is in segregation or otherwise unable to attend sick call.
13. **Sick Call Schedule:** HHHN will provide scheduled sick call coverage 3 days per week at such times and days as mutually agreed upon with jail administration.
14. **Requisition/Payment for Supplies:** HHHN will supply, at its cost, all medical supplies used in the health care delivery system within the jail.
15. **Medical Staff:** HHHN agrees to provide registered nurses sixteen (16) hours per day, Monday through Friday, and twelve (12) hours per day on holidays and weekends. HHHN shall assume full management responsibilities for the indicated staff and will designate a Lead Registered Nurse and a Medical Director for such purposes. The agreed

upon contracted rate for this portion of the Agreement is Four Hundred Seventy-Nine Thousand Dollars (\$479,000).

16. **24-Hour Emergency Telephone Services:** There is a member of the medical staff of HHHN available 7 days per week, 24 hours per day for emergency telephone consults. Such number and pagers are made available to the County staff. Off-hour coverage includes Health Center on Broad Street (direct visit and via telephone), the emergency room at Glens Falls Hospital, and inpatient services at Glens Falls Hospital.
17. **Comprehensive Manual of Policy & Procedures:** HHHN shall provide and implement a comprehensive manual of policy & procedures that are in full compliance with the New York State Commission of Corrections minimum standards as it relates to the provision of medical services. Such policy & procedures manual will be reviewed on an annual basis and/or at other times as warranted.
18. **Medical Records:** HHHN medical staff member will maintain a complete and accurate medical record for all inmates at the Warren County Jail. Such record will be separate and distinct from County records as utilized for other inmate purposes.
19. **Inclusive Services Provided at the Facility:** Services to be provided by HHHN on-site at the Warren County Correctional Facility shall be include Phlebotomy Services at a mutually agreed upon schedule. Also included is the administration and serum for PPD tests. The agreed upon contracted rate for this portion of the Agreement is Twelve Thousand Dollars (\$12,000).
20. **Inclusive Services Provided at any HHHN Health Facility:** Any services provided off-site from Warren County Correctional Facility at a HHHN location which could include, but not limited to such items as x-rays. The agreed upon contracted rate for this portion of the Agreement is Twelve Thousand Dollars (\$12,000).
21. **Statement of Services:** HHHN shall provide a monthly statement of services provided under this contract for tracking and accounting reasons.

Countryside Adult Home

Financial Analysis

2011

Prepared by:

Paul Dusek, County Administrator

JoAnn McKinstry, Assistant to the County Administrator

Rob Lynch, Fiscal Assistant to the County Administrator

Sheila Weaver, Commissioner of Social Services

June 23, 2011

Introduction

Countryside Adult Home is a 48 bed home for adults located in Warrensburg, NY. The home provides long-term residential care and respite care to adult residents. There are currently 39 residents in the facility. Countryside has the capacity for a 60 bed home, but licensed for 48 beds.

In preparation for the 2012 County Budget, Countryside Adult Home was considered for this study. The State and Federal Government does not mandate Warren County to have an adult home. Currently, to cover the cost of operating the home, revenues are obtained from residents, the State of New York, and County property taxes.

In light of increasing costs to the County and the pending legislation for a property tax cap, we have analyzed the financial condition of Countryside Adult Home as well as the implication of closing the facility.

First we provided a financial analysis of current operations. Five year histories as well as the 2011 budget are provided for comparative purposes. The financial condition provides an analysis of current revenue and expenses and suggests ideas that may be considered as well as a cost analysis of these options.

Second we provide projections of costs to close the facility and show recurring costs that are expected to continue after closing.

This report is based on current staffing and the current resident population.

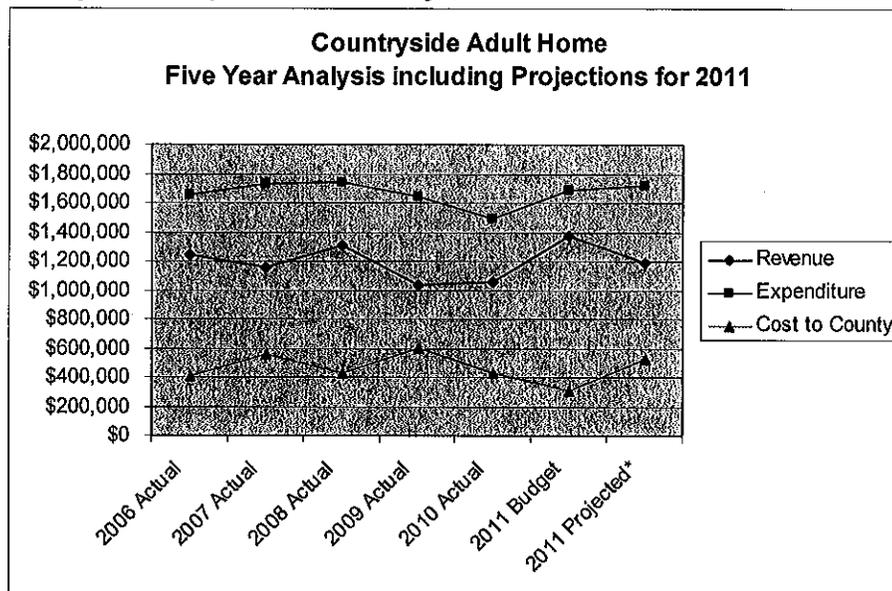
Five (5) Year Fiscal Analysis of Countryside Adult Home with Projection for 2011

A) Budget History with 2011 Projection

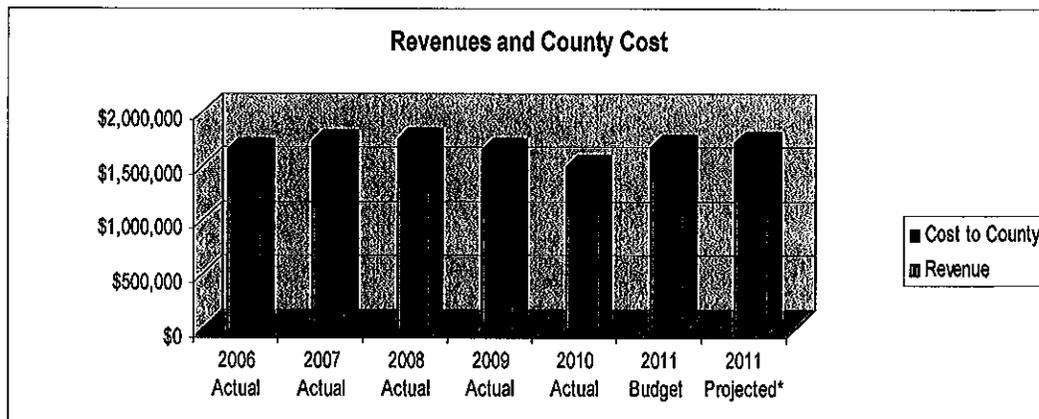
	2006 Actual	2007 Actual	2008 Actual	2009 Actual	2010 Actual	2011 Budget	2011 Projected*
Revenue	\$1,244,784	\$1,161,605	\$1,310,045	\$1,038,907	\$1,062,418	\$1,376,053	\$1,192,903
Expenditure	\$1,652,230	\$1,727,353	\$1,741,817	\$1,648,372	\$1,496,824	\$1,687,452	\$1,719,452
Cost to County	\$407,446	\$565,748	\$431,772	\$609,465	\$434,407	\$311,399	\$526,549

*2011 Budgeted Revenue was reduced by \$199,150 to reflect an adjustment in projected revenue for Veterans benefits. Projected expenditures were increased \$32,000 to record an allowance for uncollectible accounts and projected revenues were increased \$16,000 to record State aid for the uncollectible amount. The allowance for uncollectible accounts was never recorded in the past.

B) Graph of Budget History with 2011 Projection



C) Another way to view revenue and County cost (notice the increasing size of County cost in 2011 Projection).



Details of 2011 Financial Condition of Countryside Adult Home

2011 Adopted Budget

Budgeted Appropriations	\$1,687,452
Budgeted Revenues	<u>\$1,376,053</u>
Budgeted cost to operate facility	\$311,399

Adjustments to the 2011 Adopted Budget:

Veterans' benefits were included in revenue projection for 2011. Projection included 12 veterans in which five are currently eligible for the benefit and five (5) are pending. A reduction of revenue for \$199,150 should be considered and is reflected in the chart on the previous page.

Projected expenditures were increased \$32,000 to record an allowance for uncollectible accounts and projected revenues were increased \$16,000 to record State aid for the uncollectible amount. The allowance for uncollectible accounts was never recorded in the past.

Based on aforementioned adjustments, the amended cost to operate facility for 2011 due to revenue adjustments:

Appropriations:	1,719,452
Revenues:	<u>1,192,903</u>
Amended cost to operate facility (annually)	\$526,549

Future Anticipated major costs/expenditures (2-3 years)

Vehicle	\$15,000
Boiler	\$6,000
Total Future Anticipated major costs	\$21,000

Ideas we considered to close the fiscal gap:

- Cut expenses – No significant cuts found – Facility is at minimum staffing.
- Adult Day Care – Significant revenue is not anticipated (maximum \$62,200 per year, less State recoupment of 50%). See attachment #1.
- Recruit out of county residents.¹ Based on the current size and design of the facility, the maximum number of additional residents is twenty. With the addition of 20 residents, four (4) more employees will have to be hired. In addition, food, supplies and transportation expenses will increase. Significant revenue is not anticipated. (See attachment #2).
- Meal site – Current OFA Cost for Warrensburg Meal site is approximately \$13,744. If the meal site is relocated to Countryside, it would provide a slight increase in revenue (less State recoupment of 50%).

Options not available to increase revenues or cut expenses:

- Private pay rate is set by the State.
- Staffing is at a minimum per regulations. Reducing staff is not an option.

¹ Countryside has not actively tried to recruit out of county residents. However, a current advertisement has been placed in Glens Falls Hospital's Patient Guide.

Summary of costs to close Countryside Adult Home and relocate residents; assuming a close date of December 31, 2011

Relocate residents:

- Total current residents – 39 (The facility is licensed for a maximum of 48 residents)
- Options for relocation include:
 - Family type boarding home
 - Alternate options within the community. County will pay the daily rate to the alternate facility (Safety Net).
 - Nursing home - no cost to the County due to MMIS cap (based on current State regulations)

Probable costs associated with closing:

- Unemployment for 26 weeks approximately \$151,413.
- Assuming some retirements, the payout for sick and vacation will be approximately \$40,171. Also must carry health insurance for additional retirees.
- Assuming an exposure or \$184,325 for relocation of residents.
- Costs carried whether facility is left open or closed:
 - Debt Service for Siemen's will have to be paid. Current debt is \$259,891 to be paid in installments until 2022. Installments range from \$27,545 - \$30,739 annually.
 - Health Insurance for retirees – approximately \$86,952.

Summary of probable cost for first year²:

• Unemployment	\$151,413	
• Health Ins. Cost ³	\$86,952	(current and potential retirees)
• Payout for potential Retirees	\$40,171	(sick & vacation)
• Assumed alternate housing costs	\$92,163	(based on Warren County's daily rate less State reimbursement at 50%)
• Siemen's Contract	\$27,545	(annual payment for 2012) ⁴
• Utility and Insurance Costs	45,000	(Estimate of 50% of current cost)
Total probable cost for the first year:	\$443,244⁵	

Summary of probable cost for subsequent years (annually)²:

• Health Ins. Cost ³	\$86,952	(current and potential retirees)
• Assumed alternate housing costs	\$92,163	(based on Warren County's daily rate less State reimbursement at 50%)
• Siemen's Contract	\$28,445	(annual payment for 2013) ⁴
• Utility and Insurance Costs	45,000	(Estimate of 50% of current cost)
Total probable cost for subsequent years:	\$252,560⁵	

² Revenue cannot be claimed for costs such as unemployment, retirement, health care premiums, and Siemen's contract if facility is closed.

³ Current cost for Health Ins. Does not include annual escalation rate.

⁴ Current total debt for Siemen's is \$259,891 to be paid in installments through 2022.

⁵ Does not include loss of revenue to Westmount for Co-gen laundry contract. Approximately \$19,578.

Options for other uses if facility is closed:

Sell Countryside Adult Home:

- Sell building and equipment.

Advantage:

- Selling will provide more taxable properties.

Boarding house for the homeless:

- Boarding house for the homeless. Approximately 22 people per week. Revenue will be claimed by Social Services.
 - Further research needed
 - ~ Remodel building to State code and regulations
 - ~ Summary of costs to run as a boarding house

Countryside Adult Home Out of County Recruitment

Assume addition of 20 out of County residents¹

	Current (40 Residents)	Assume 60 Residents¹
Daily Rate Per Resident ²	\$ 101	\$ 101
Annual Cost Per Resident	\$ 36,865	\$ 36,865
Appropriations	\$ 1,719,452	\$ 2,043,550
Less Revenue (not including State)	\$ 666,354	\$ 1,034,854
Total Costs to County before State Reimbursement	<u>\$ 1,053,098</u>	<u>\$ 1,008,696</u>
Less State Reimbursement (50%) for out of county residents	\$ -	\$ 368,500
	\$ 1,053,098	\$ 640,196
Less State Reimbursement (50%) for Warren County residents	\$ 526,549	\$ 320,098
Total Cost to County	<u>\$ 526,549</u>	<u>\$ 320,098</u> ³

¹ Historically, Countryside was unable to recruit enough residents to fill to capacity. Realistically, we believe it will be difficult to recruit additional residents.

² Daily rate may vary.

³ We are waiting for a reply from the State to determine how to calculate State revenue for out of county residents. Depending on how the revenue is recorded, there is an outside possibility that a loss of over \$500,000 still exists. However, the County Administrator does not think this is likely.

Thoughts of Consideration When Deciding Future of Countryside Adult Home

Yes, the cost to operate Countryside Adult Home will be approximately, an additional \$354,364.38 this year. I would ask that before making any decision on the future of Countryside, that you look at all the facts, to see what kind of an impact it will have on our residents, our staff, our community, and the tax payers of Warren County. It is also important to look at the additional cost it will be to taxpayers overall if our residents are placed elsewhere.

- 1) NYS Department of Health (DOH) Closure Plan Guidelines [a copy is attached].
 - a. Verbal and Written notice to the DOH before any notification to the public, residents or staff.
 - b. 120 days notice
 - c. Written closure plan to be submitted to DOH.
 - d. Written approval from the DOH prior to implementation of closure plan.
 - e. Notification to all residents, next of kin, physicians, vendors, staff.
- 2) Siemens Project
 - a. How much of the Siemens project would Warren County still be responsible for?
 - b. If the County were to sell Countryside, would this fee be passed along to the new owners?
- 3) Empty Building
 - a. What would the County utilize this building for?
- 4) Facility Efforts to Minimize Operating Costs
 - a. Minimizing Staffing
 - This past year, we eliminated one position, and did not fill another, when an employee was out on medical leave.
 - b. Growing Own Produce
 - The staff and residents grew their own produce this past year and are doing the same this year.
 - c. Assisting with Snow Removal at Cornell Cooperative Extension and Soil & Water
 - Countryside is responsible for snow removal at both the new Soil & Water building, and the Cornell Cooperative Extension building. We do not currently charge Soil & Water for this, but we did have an agreement with Cornell to charge \$10.00/hour. For the 2010/2011 season, the total bill for Cornell was \$130.00.
 - d. Applying to Operate a Social Adult Day Care
 - We are very close to having approval from the DOH to operate an adult day care program which at this time will not be any additional cost to the facility (except for meals), and will bring in revenue to the facility.
 - e. Senior Whole Health
 - We currently receive a monthly check ranging between \$800-\$1,100 a month from Senior Whole Health for transportation services for our residents that are eligible for their program.
 - f. Veteran's Aid & Attendance Benefit
 - We have been diligently collecting documents and completing applications for any of our residents who may be eligible for this benefit from the VA.

- We currently receive additional monies from our residents who have been approved for this benefit in the amount of \$5,181.00/month.
- Of the 5 approved residents so far, one of the residents received a check in the amount of \$16,440.00 for back payments from the date of his application. We can expect at least 3 more of these (approximately \$19,756.00), as well as an additional years worth of payments for two of our residents (if approved approximately \$38,268.00).

g. Meal Site

- Efforts are being made into relocating on of the Office for the Aging meal sites to our facility. This would not only save money for the County out of their budget, but would also keep money within the County for this service (approximately \$25,000.00).

h. Tourism

- Currently our residents assist the Tourism department with stuffing brochures, etc., for their mailings.

i. Youth Workers/Community Service Workers/Warrensburg School Students

- We have several individuals that volunteer at our facility throughout the year. We typically have at least one student from Warrensburg High School who works with our staff to gain “work experience” for when they graduate from high school and are preparing to go into the work force. We have several non-violent offenders who perform community service hours at our facility throughout the year. We also have youth who come to the facility during the summer to gain “work experience” as well.

j. Savings Last Year

- Last year, through the hard work of all of the staff and various suggestions that were followed up on, Countryside saved a significant amount of money, over \$150,000.00, from it’s projected budget.

5) Baby Boomers

- There is going to be a growing need for nursing homes, adult homes, public health assistance, within the next few years due to the aging population. Where are these individuals going to go if adult homes and nursing homes keep closing their doors?

6) Resident Contributions - \$55,428.77

- a. We currently have six private pay residents, which brings in \$20,291.40 for a 30 day month.
- b. The remainder of our residents contribute a combined monthly income of \$35,137.37

7) Cost to House Our Residents Elsewhere

- a. Nursing Homes – The typical nursing home stay costs double, if not triple what the cost is to house the residents in our facility. [see attached spreadsheet]. The average cost for a semi-private room in a nursing home is \$275.96/day. This is \$163.23 more a day than for them to stay with us.
- b. At least 16 of our current residents would need placement in a nursing home due to their current needs. These individuals would not qualify for another adult home due to medical needs (diabetics, oxygen, or incontinence issues). Many adult homes are not willing to take individuals with these medical needs.

8) Other Adult Homes – If our residents were placed in other adult homes, most of them

would be entitled to SSI payments, which is additional money from the taxpayers. If they are placed at Pleasant Valley, then Warren County would still be responsible to pay their stay out of Temporary Assistance funds.

9) Placement in the Community

- a. Some of our residents may choose to return to the community to live alone or with a loved one. Would these individuals then qualify for Food Stamps, HEAP, etc.?
- b. Almost all of these individuals will need some assistance from Public Health, home health aides, etc., which would still come out of the tax payers pockets.
- c. Due to a number of variables (type of insurance, medical needs, etc.), there was no way that Public Health could determine what the average cost is per day to provide home care to an individual. With these residents, there would still be a cost to the tax payers to provide for them at home.
- d. Public Health did voice the concern that for those residents that are placed back into the community, how long would it be before they had a fall or significant medical condition that resulted in nursing home placement?
- e. Several of our residents are there because they need someone there 24 hours a day to give them reassurances. When they were living in the community, they were calling 911, going to the hospital frequently. This as well, would be an cost to the taxpayers.
- f. Maybe 5 of our residents could live in the community, but I would be concerned about how long they would be able to safely live in the community, as well as whether or not a family member would take them in.

10) Placement Out of County/Possibly Out of State

- a. If Countryside were to close and there were not enough beds available in local facilities, some of our residents may be placed in Albany, Buffalo, or even out of state, depending on where there is a bed available. This would be a hardship not only to our residents, but to their families as well.
- b. Unfortunately, once notice has been given to the DOH, residents are placed where ever a bed is available, and DOH would want this done within a specified time frame.

11) Loss of Their Home

- a. Currently we house 40 residents. These individuals would be displaced and would lose the place they call home. Some residents have been here for over 10 years. It is difficult for individuals to have to move into an adult home or nursing home in the first place, but to make them have to move again, is unfortunate.

12) Loss of Jobs

- a. Currently, 26 individuals, tax payers of Warren County, would lose their jobs, their health insurance, their income.
- b. All of us have bills to pay and families to support. In a time when jobs are scarce and costs are rising, this is of great concern.
- c. Of our employees, the majority are from Warrensburg, but several of us are from your towns/wards, as well.

Warrensburg - 18

Glens Falls - 1

Bolton Landing - 1

Athol/Thurman - 1

Brant Lake -3

Adirondack - 1

12) County of Residence for Those Referred for Placement and Our Current Residents

a. Many of you are under the impression that this will only effect the residents of Warren County that live in the North Country. This is not true. Most of our current residents originally lived in the Glens Falls, Queensbury area.

Athol/Thurman - 1

Johnsburg - 1

Queensbury - 12

Glens Falls - 13

Lake George - 2

Warrensburg - 7

Chestertown - 1

Lake Luzerne - 1

North Creek - 1

Minerva - 1

b. In 2010, we had individuals referred for placement from all over Warren County, but the majority of our referrals were for residents living in Glens Falls, Queensbury Warrensburg and Lake George.

Queensbury - 9

Glens Falls -11

Lake George - 6

Warrensburg - 7

Chestertown - 1

Lake Luzerne - 1

North Creek -1

Bolton Landing - 2

FACILITY NAME	TYPE	SEMI PRIVATE RATE(daily)	PRIVATE ROOM RATE (daily)	BEDS
Adirondack Manor 653 Bay Road Queensbury, NY 12804 PH#(518)761-0176	Adult Home	\$1190.00/month	\$2125.00/month	Yes
Adirondack Tri County 112 Ski Bowl Road North Creek, NY 12853 PH#(518)251-2447	Nursing Home	\$282.77	\$293.00	5 as of 4/6/11
Fort Hudson Health Services 319 Broadway Fort Edward, NY 12828 PH#(518)747-2811	Nursing Home	\$284.08	\$294.68	1 as of 4/6/11
Indian River 17 Madison Street Granville, NY 12832 PH#(518)642-2710	Nursing Home	\$231.00	\$250.00	
The Landing 27 Woodvale Road Queensbury, NY 12804 PH#(518)793-5556	Assisted Living *Private Pay Only*		\$3650.00/month Base Rate	Yes
Maplewood Manor Ballston Avenue Ballston Spa, NY 12020 PH#(518)885-2288	Nursing Home	\$270.30	\$270.30	
The Orchard 10421 State Route 40 Granville, NY 12832 PH#(518)642-2346	Nursing Home	\$252.00	\$268.00	6 as of 4/6/11

FACILITY NAME	TYPE	RATE	BEDS	
The Pines 170 Warren Street Glens Falls, NY 12801 PH#(793-5163	Nursing Home	\$282.00	\$300.00	0 as of 4/6/11
Pleasant Valley Infirmary 4573 State Route 40 Argyle, NY 12809 PH#(518)638-8274	Nursing Home Adult Home	\$307.40	\$307.40	
The Stanton 174 Sherman Avenue Queensbury, NY 12804 PH#(518)793-2575	Nursing Home	\$262.00	\$283.00	0 as of 6/13/11
Wesley Health Care Center 131 Lawrence Street Saratoga Springs, NY 12866 PH#(518)587-3600	Nursing Home	\$300.00	\$320.00	
Westmount Health Facility 42 Gurney Lane Queensbury, NY 12804 PH#(518)761-6540	Nursing Home	\$288.00	\$288.00	0 as of 6/18/11

**NEW YORK STATE DEPARTMENT OF HEALTH
OFFICE OF HEALTH SYSTEMS MANAGEMENT FACILITY
CLOSURE PLAN GUIDELINES**

GENERAL INFORMATION:

This information has been prepared for all providers who are seeking approval to close a facility or discontinue services or programs that provide medical care and/or services to individuals in a community-based, residential or acute care (hospice, adult care facilities, nursing homes or hospitals) setting.

Verbal notification must be provided to the Department of Health's (DOH) Regional Program Manager or Program Director as soon as any provider contemplates closure/service discontinuance (closure). [Written notification of the possibility of closure must be provided to the regional office no later than 48 hours following the verbal notification.] Information on a potential closure may not be disclosed to the public, patients/residents or staff prior to notifying the DOH, submission of a closure plan to the DOH, and approval of such plan by the DOH.

The New York State Commissioner of Health must approve all closure plans in writing prior to issuing any public announcements related to a closure.

Pursuant to Department regulations, the following requirements regarding closures must be met:

- 120 days prior notice of the intent to close must be provided to the DOH;
- prior written approval of the closure and the operator's plan must be obtained from the Commissioner of Health;
- each patient, resident, next of kin, physician and sponsor must be notified immediately upon receipt of the Commissioner's approval in accordance with the Plan approved by the Commissioner;
- the operator's closure plan must include, among other things, provision for the maintenance, storage and safekeeping of patient/resident records;
- the provider's operating certificate must be promptly surrendered to DOH upon discontinuance of operation with a list of residents and the location to which facility.

Providers may utilize their own format for the written closure plan, but the information submitted to the DOH must clearly and succinctly include all the attached information, in the order listed. Please note that a full range of appropriate services for all patients/residents must be provided throughout the entire closure process.

**YOU MUST HAVE WRITTEN APPROVAL FROM THE DEPARTMENT OF HEALTH
PRIOR TO IMPLEMENTATION OF A CLOSURE PLAN.**

Questions about this procedure may be addressed to your regional Program Director.

NEW YORK STATE DEPARTMENT OF HEALTH
OFFICE OF HEALTH SYSTEMS MANAGEMENT

FACILITY/OPERATOR CLOSURE PLAN GUIDELINES

The following information must be included (in order) in the facility closure plan submitted for approval by the NYS Department of Health (DOH):

*Please include the date, name, address and telephone number of the facility/operator on all pages of the closure plan.

1. Evidence of verbal and written notification to the Regional Program Director or Manager at the time closure was contemplated.
2. Target closure date, facility capacity, current census
3. Name, title, telephone # and email address of the individual designated as the operator's contact person throughout the closure process.
4. Name, title, telephone # and email address of the individual responsible for coordinating closure, if different from the individual identified in #3. If more than one individual has been assigned to separate closure duties (e.g., resident assessment, discharge coordination, directing care, media contacts, equipment disposal, record disposition etc.) all names and contact information must be included.
5. A narrative description of the proposed plan to notify residents, patients, next of kin, sponsors, staff and physicians of the closure plan. This should include written notification and meetings. Include dates and times of meetings, if available at the time of submission of the proposed plan, so that DOH staff may attend if desired.
6. A roster of all residents with a general profile of the resident population.
7. A description of the plan to manage media contacts initially and throughout the process. Media releases should be coordinated with the DOH prior to release.
8. A description of a plan to involve the other agency staff and providers serving the residents, if applicable.
9. The plan to discontinue admissions.
10. A summary of the facility's current financial condition and description of the assets available to the operator to maintain appropriate services during the closure period.

11. The process to identify appropriate placement for current patients/residents. The process should include assessing the needs of the patients/residents, making determinations regarding bed availability at other area facilities, providing information about other facilities to patients/residents/families, insuring that the wishes of current patients/residents/families are respected when placement decisions are made; and insuring that concerns such as geographic location, public transportation, type of facility/provider, medical care etc. are addressed in identifying future placement options for residents/patients.
12. The plan to insure that records including current assessments and medical evaluations, care plans, medication and treatment records, histories, discharge summaries, identifying information etc. are transferred in a secure manner with residents/patients who are being relocated. Resident records shall be retained for three years and facility records shall be retained for seven years. Include in the closure plans how and where these records will be maintained.
13. The plan to ensure that resident/patient belongings will be secured and transferred.
14. The plan to determine the appropriate method of transport to be utilized for patients/residents.
15. Include the process that insures the residents' prorated rent and if appropriate the personal allowance monies are provided as required.
16. A roster of resident final placement is required. Submission of the ACF Annual Statistical Form will also be required at this time. Submit with Operating Certificate.
17. The plan should include very specific reference to how the facility will establish and maintain ongoing communication with DOH throughout each milestone of the closure process.
18. The plan to ensure adequate staffing throughout the closure process, and to ensure that staff have information regarding other employment opportunities.