1. **Meeting Agenda - April 6**

   Documents:

   MEETING AGENDA - BET NATHANIEL WITHERELL STRATEGIC PLANNING COMMITTEE MEETING - 04 06 16.PDF

2. **Revised Minutes Subject To Approval - April 6**

   Documents:

   MINUTES SUBJECT TO APPROVAL - NATHANIEL WITHERELL STRATEGIC PLANNING COMMITTEE - 04 06 16.PDF

3. **Approved Minutes - April 6**

   Documents:

   APPROVED MINUTES - NATHANIEL WITHERELL STRATEGIC PLANNING COMMITTEE - 04 06 16.PDF
AGENDA

1. Approval of the March 29, 2016 minutes

2. Nathaniel Witherell Admissions Process Review Presentation
   – George Cossifos, Director of Admissions & Lynn Bausch, Deputy and Director of Nursing

3. Financial Issues Discussion

4. Future Meeting Schedule

5. Adjournment
TOWN OF GREENWICH
BOARD OF ESTIMATE AND TAXATION
NATHANIEL WITHERELL STRATEGIC PLANNING COMMITTEE
MINUTES – Mazza Room, 1st Floor, Town Hall

Wednesday, April 6, 2016

Committee: Arthur Norton, Elizabeth K. Krumeich, Jill Oberlander, Nancy Weissler

Board: John Blankley, Marylee Kiernan, Leslie Tarkington

Others: Peter Mynarski, Comptroller, Larry Simon, Nathaniel Witherell Chairman, Allen Brown, Nathaniel Witherell Executive Director, Nathaniel Witherell, Director of Financial Operation, Lynn Bausch, Deputy and Director of Nursing, George Cossifos, Director of Admissions

The meeting was called to order at 8:35 A.M.

1. Approval of the March 29, 2016 minutes

On a motion by Ms. Weissler, seconded by Ms. Oberlander, the Committee voted 4 to 0 to approve the March 29, 2016 minutes.

2. Nathaniel Witherell Admissions Process Review presentation - George Cossifos, Director of Admissions & Lynn Bausch, Deputy and Director of Nursing

Mr. Brown introduced two of his staff members, Mr. George Cossifos and Ms. Lynn Bausch, who were prepared to present the Nathaniel Witherell admission process and other related matters to the Committee members.

Mr. Brown distributed an April 5, 2016 midnight census report showing that 191 of the 197 available beds at TNW were occupied, representing a high occupancy rate. Mr. Brown responded to a question about the occupancy rate by stating that there are 230 nursing homes in the State of Connecticut with an average occupancy rate of 88%. The report showed that there are currently 42 rehabilitation units and 155 other units for a total of 197 available beds.

Mr. Simon asked for the Committee’s assistance in responding to a questionnaire sent out by the Representative Town Meeting’s Budget Oversight Committee (BOC) regarding the operations of Nathaniel Witherell. Basically, Mr. Simon asked the Committee to review his answers to the BOC’s questions from an objective perspective.

At this point, Nathaniel Witherell members, led by Mr. Cossifos, gave an overall description of the admissions process at Nathaniel Witherell. The presentation centered on the following areas:

- How does one get into Nathaniel Witherell? Mr. Cossifos explained that there are a variety of sources from which patients are referred to Nathaniel Witherell.
He said they could be from 1) self-referrals, 2) referrals from Hospital Discharge Planners, 3) bed reservations or community referrals. Regarding the hospital referrals, Mr. Cossifos stated that the majority of new patients are Medicare primary cases and approximately 70% of all new admissions come from Greenwich Hospital.

- What is the difference between a long-term versus short-term admission? Mr. Cossifos stated that the long-term admission process is lengthier. He offered that there are about 20 participating physicians in the process. However, he also stated that TNW has a Medical Director, Dr. Francis X. Walsh, who is a consultant that participates in the admissions process. Ms. Bausch added that all Medicare admissions must be three-day hospital qualifying to get into TNW.

Mr. Cossifos informed the Committee that there are also a variety of waiting lists that may restrict access to TNW due to a lack of availability of a bed. He said examples are a Medicaid versus Medicare waiting list. In addition, there are male versus female waiting lists among others.

- Admission Trends/Patterns. Mr. Brown told the Committee that prior to Project Renew that the most admissions TNW had in one year, July 1st to June 30th, was 574. He added that with the completion of Project Renew, the weekly average for last year was 10 admissions per week. Mr. Brown then told the Committee that currently TNW is averaging 12 admissions per week.

- Admission eligibility. Mr. Brown made it clear that there is no Greenwich residency requirement to get into TNW. He added that about 90% of the admissions are Greenwich related; either residents or family connections. Mr. Brown also said that Greenwich residents can jump the waiting list, as allowed by a State of Connecticut waiver.

Mr. Norton asked Mr. Brown to explain the Connecticut Statutes that impact admissions listed in the handouts. Mr. Brown told the Committee about the implications of Connecticut State Statute 19a-533 whereas TNW is not required by law to accept indigent admissions and State Statute 17b-347, and its potential impact of terminating Medicaid provider agreements.

3. Financial Issues Discussion

A “2016 Medicare Billing Analysis” prepared by TNW personnel was distributed. Mr. Brown cautioned its value saying it was too complicated to understand without a thorough explanation of the multiple and various codes. Mr. Brown and Ms. Bausch explained the meaning of the report and the various codes in an attempt to clarify the contents of the report. Ms. Bausch cautioned the Committee that the billing rates change every year, so it is hard to gain a comparative of the reported figures in the report.

There was a general discussion about other nursing homes and their respective profitability’s. Mr. Brown wanted to make it clear, regarding TNW, that TNW makes money on rehabilitation patients and private payers. He stated that everything else loses money.
Mr. Norton informed the Committee members and TNW personnel that he would be entertaining adding an audit of TNW as a possible agenda item for the BET Audit Committee. Ms. Tarkington asked if TNW still utilizes the audit expertise of outside accounting firms. Mr. Brown responded that they still use the services of Mr. Vincent Ruocco, however he left his former firm and now works for O’Connor Davies as an accounting consultant to TNW.

Ms. Krumeich suggested that the Committee schedule a representative from the Town’s Law Department to attend a meeting to discuss various legal issues relative to TNW.

4. Future Meeting Schedule

The Committee requested that TNW officials provide the Committee members with a tour of the facilities at TNW. Mr. Brown agreed and the next meeting on April 12, 2016 will be held at TNW and a tour of the facilities will be provided.

5. Adjournment

On a motion by Ms. Weissler, seconded by Ms. Oberlander, the Committee voted 4 to 0 to adjourn the meeting at 10:40 A.M.
TOWN OF GREENWICH
BOARD OF ESTIMATE AND TAXATION
NATHANIEL WITHERELL STRATEGIC PLANNING COMMITTEE

MINUTES – Mazza Room, 1st Floor, Town Hall

Wednesday, April 6, 2016

Committee: Arthur Norton, Elizabeth K. Krumreich, Jill Oberlander, Nancy Weissler

Board: John Blankley, Mary Lee Kiernan, Leslie Tarkington

Others: Peter Mynarski, Comptroller; Larry Simon, Nathaniel Witherell Chairman; Allen Brown, Nathaniel Witherell Executive Director; Chris Alexander, Nathaniel Witherell, Director of Financial Operation; Lynn Bausch, Deputy Administrator and Director of Nursing; George Cossifos, Director of Admissions

The meeting was called to order at 8:35 A.M.

1. Approval of the March 29, 2016 minutes

On a motion by Ms. Weissler, seconded by Ms. Oberlander, the Committee voted 4 to 0 to approve the March 29, 2016 minutes, as amended.

2. Nathaniel Witherell Admissions Process Review presentation - George Cossifos, Director of Admissions & Lynn Bausch, Deputy Administrator and Director of Nursing

Mr. Brown presented an April 5, 2016 midnight census report showing that 191 of the 197 available beds (41 short-term/rehabilitation and 156 long-term) at TNW were occupied. Mr. Brown stated that there are 230 nursing homes in the State of Connecticut with an average occupancy rate of 88%.

Mr. Brown, and two Nathaniel Witherell staff members, George Cossifos and Lynn Bausch, discussed the admission process and other related matters.

- **Referrals**: Mr. Cossifos explained that patients are referred to Nathaniel Witherell through a variety of sources, including: 1) family/self-referrals; 2) Hospital Discharge Planners; and 3) community referrals (assisted living, home-care agencies).

Regarding hospital referrals, Mr. Cossifos stated that approximately 70% of all new admissions (long and short-term) come from Greenwich Hospital and that the majority of new patients are Medicare primary cases. Stamford Hospital uses the E-discharge computerized system and most of these discharges are not targeted to the Greenwich geographic market.

- **Admissions Criteria**: TNW medical staff reviews all admission referrals to determine that TNW is able to provide the needed level of care. Mr. Cossifos stated that the discharging facility often expects a decision to be made quickly
on a short-term or rehab referral, and that the long-term admission process is
lengthier. TNW’s goal is to fill an open long-term care bed within 2 weeks,
provided an appropriate bed is available. TNW maintains waiting lists, including
separate lists by gender and other healthcare needs. All Medicare admissions
must have a preceding three-day hospital stay.

In limited cases, some residents have been admitted to the rehab/short-term unit
for respite care at the then applicable private pay rate (calculated on a daily
basis). TNW will usually verify a funding source for this service prior to
admission.

There is no Greenwich residency requirement to be admitted into TNW. About
90% of the admissions are Greenwich related—either residents or family
connections. Pursuant to a Connecticut waiver, Greenwich residents can jump
the waiting list.

Mr. Brown explained the Connecticut Statutes that impact admissions. TNW is
not required by law to accept indigent admissions, provided TNW’s private pay
census is 30% or less (CT State Statute 19a-533). In addition, a facility that
elects to terminate its status as a Medicaid provider will have its private pay rate
set by the State (CT State Statute 17b-347).

- **Financial Considerations**: For long-term private pay admissions, TNW reviews
  an applicant’s financial status to determine the resident’s ability to pay for care.
  On average, it takes 8-12 months to convert from private pay to Medicaid (it
  previously took about 2 years). The average length of stay is 540 days.

- **Admission Trends/Patterns**: TNW is currently averaging 12 admissions per
  week. Following completion of Project Renew, the weekly average for last year
  was 10 admissions per week. Prior to Project Renew, TNW averaged 7
  admissions per week.

3. **Financial Issues**

TNW personnel distributed a “2016 Medicare Billing Analysis” which listed out potential
reimbursement rates based on the level of patient care needed. Ms. Bausch cautioned
that the Medicare billing rates change every year, so it is hard to gain a year-over-year
comparison.

There was a general discussion about other nursing homes and their respective
profitability. As a general matter, TNW makes a profit on rehabilitation patients and
private payers but does not fully recoup its costs for other payer classes. However,
because of the significant fixed costs (mostly nursing) in providing skilled nursing care,
TNW’s profitability can be improved by increased occupancy. TNW’s competitive
advantages were identified as: 1) its 300 volunteers; and 2) its high-quality staff, which
has very low turnover.

TNW’s physical therapy services are provided by an outside company that was selected
pursuant to a public procurement process. The contract pricing is based on a dollar fee
per minute of therapy and does not include a minimum volume.
Mr. Brown noted that TNW faces increasing competition from assisted living facilities (ALFs), which can provide a secure resident environment with support of activities of daily living in a private studio apartment for a lower cost than a residential skilled nursing facility. Currently, the base cost for a studio apartment in an ALF in or around Fairfield County averages $8,000/month, and can add up to more than $3,000/month in additional charges for supplemental services/care (including medication management).

In the long-term care business, Witherell's main competition is: Edgehill, Waveny, Fairview, Greenwich Woods, and the Osborne. Fairview and Greenwich Woods also take Medicaid. Although Waveny will not admit a patient on Medicaid, it will keep a patient who has to convert to Medicaid. Edgehill is in the process of spending $18 million to upgrade its facilities.

Mr. Brown will forward to the Committee an analysis he prepared last year for TNW Board on revenue-enhancing strategies other skilled nursing facilities (SNFs) are pursuing.

Bundled Services. Mr. Brown discussed the Centers for Medicare and Medicaid Services (CMS) demonstration project for bundled services. Yale New Haven and Greenwich are participating; Greenwich Hospital has participated in about 5-6 bundles. Under this program, hospitals will be penalized for readmissions. If CMS determines that this approach is successful after the five-year pilot ends, it is expected that the program could lead to hospitals limiting the rehab facilities they refer business to those with low readmission rates and high quality, cost effective care.

Audit; Law. Mr. Norton advised the Committee members and TNW personnel that he was considering adding an audit of TNW as a possible agenda item for the BET Audit Committee. TNW uses Vincent Ruocco, (O'Connor Davies) as an accounting consultant.

Ms. Krumeich requested that the Committee schedule a representative from the Town's Law Department to attend a meeting to discuss various legal issues related to TNW.

4. Future Meeting Schedule

TNW officials agreed to provide the Committee with a tour of the facilities immediately prior to the next meeting on April 12, 2016.

5. Adjournment

On a motion by Ms. Weissler, seconded by Ms. Oberlander, the Committee voted 4 to 0 to adjourn the meeting at 10:40 A.M.

Peter Mynarski, Recording Secretary

Arthur D. Norton, Chairman