

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, 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 \$6,000/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

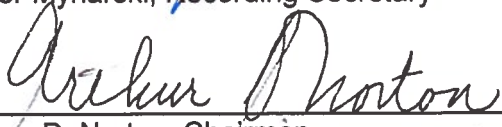
TNW officials agreed to provide the Committee with a tour of the facilities immediately prior to the next meeting on April 12, 2016.

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