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  

*Bet Nathaniel Witherell Strategic Planning Committee Meeting April 6, 2016 – Approved*  

Page 1
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