

**TOMPKINS COUNTY BOARD OF HEALTH:
MINUTES OF MEETINGS HELD MAY 10 & MAY 17, 2011**

**Board of Health
May 10, 2011
12:00 Noon
Rice Conference Room**

Present: Mr. Will Burbank; Mr. Brooke Greenhouse; Dr. Erin Hall-Rhoades; Dr. James Macmillan, President; Mr. Patrick McKee; Mr. Michael McLaughlin, Jr.; Ms. Janet Morgan; and Dr. William Tyler

Staff: Mrs. Sylvia Allinger, Director of CSCN; Mrs. Liz Cameron, Director of Environmental Health; Mrs. Sigrid Connors, Director of Patient Services; Mrs. Brenda Grinnell Crosby, Public Health Administrator; Dr. William Klepack, Medical Director; Mr. Frank Kruppa, Public Health Director; Mr. Jonathan Wood, County Attorney; and Mrs. Patty Stamm, Administrative Assistant

Guests: Steven Kern, Sr. Public Health Sanitarian

Dr. Macmillan called the regular meeting of the Board of Health to order at 12:04 P.M.

Privilege of the Floor: No one was present for Privilege of the Floor.

Approval of Minutes: Mr. Greenhouse moved to approve the minutes of the April 12, 2011 Board of Health meeting as written; seconded by Ms. Morgan.

Dr. Macmillan recommended an edit to the minutes on Page 3 under the Children with Special Care Needs Report, 2nd bullet, 3rd sentence. He requested that it be changed to read as follows: "Currently, there are nine children on the *autism* spectrum which"

Minutes, as amended, carried unanimously.

Financial Summary: Mrs. Grinnell Crosby distributed the April 2011 Financial Summary. She stated that we are at about one-third of the year; that she has nothing major to report at this point regarding expenditures.

Mrs. Grinnell Crosby stated a lot of time was spent in April responding to the letter for the 2010 State Aid Application, as well as filing the 2011 State Aid Application. She added a fair amount of time has been spent filing grant claims (some of the grants have renewed). In addition, some transfers and adjustments will need to be done related to year-end grant spending.

Administration Report: Mr. Kruppa reported:

- If there were things of interest that Board members would like to see either staff or himself provide at a meeting (informational-wise or presentations related to the work they do), to please give him your ideas. He, as well as staff, would like the meetings to be productive and helpful to Board members in their decision making.
- Open House went very well; there was a great turn out. He thanked those Board members who were able to attend. He added almost everyone who attended took a tour of the building and had an opportunity to visit the different divisions and see their displays.

Medical Director's Report: Dr. Klepack stated he had nothing to report.

Director of Patient Services Report: Mrs. Connors passed around the resolution Board members supported at the April Board of Health meeting for "May is Teen Immunization Awareness Month." She added notices were sent out today to the physician community and school nurses to let them know about the promotion and to remind them about how to contact the Health Department for immunizations.

Children with Special Care Needs Report: Mrs. Allinger reported:

- Staff just finished compiling all of the attachments for 101 contracts which are ready to go out in tomorrow's mail. She added this is always a big project for them and it's going out five weeks earlier than last year, which makes them very happy.

County Attorney's Report: Mr. Wood stated he had nothing to report.

Environmental Health Report: Mrs. Cameron stated she had nothing to add to her written report.

Environmental Health Division Policy for Refunds of Permit, Application, and Plan Review Fees: Mrs. Cameron gave a short explanation of reasoning for the policy of a \$25 processing fee for any refund issued by the Division, as well as clarifying when they will and when they won't give a refund. She stated there hasn't been any policy or procedure regarding this issue in the past, however they felt this was a reasonable request.

Ms. Morgan moved to approve the resolution as written, seconded by Mr. McLaughlin, and carried by a unanimous voice vote.

Power Point Presentation on Home Health Care: Mrs. Connors presented a Power Point on the Certified Home Health Agency (CHHA) Home Health Care program. The presentation included information on the services, referral process, demographics, and program highlights.

Mrs. Connors also pointed out that the CHHA operating certificate enables them to provide Maternal Child services in the home through the MOMS (Medicaid Obstetrical & Maternal Child Services) Program. It also enables them to do the DOT (direct observe therapy) TB visits and any other communicable disease home visits. Most importantly, it allows them to bill Medicare and Medicaid for those services. Decisions regarding the CHHA will also impact the MOMS Program. If they do not have the CHHA, they will need to obtain a license from the State to become a licensed home care service agency to serve in home, but it still would not enable them to bill Medicare and Medicaid; they would have to contract with a CHHA to do that billing. She added they are required to provide DOT for TB clients; however they are not required to do the MOMS care. They provide this since there is no one else to provide the care.

Mrs. Connors responded to questions from Board members on areas such as:

- Referrals and plan of care following patient evaluations
- Revenue/financial support
- Population being served
- Different classifications of diagnoses beyond the primary diagnoses
- Number of skilled nursing visits/therapy/home health aide visits to patients - and pressure to reduce expenses

- Can another agency provide equivalent service
- Cost of services to the County
- Salaries/fringe rate (benefit package) for CHHA staff (county employees) vs. private sector salaries/fringe rates

Consideration of Certified Home Health Agency future at TCHD: A question was raised regarding the numerical comparison regarding the MOMS Program and DOT – if it was part of the study from the consultant. Mr. Greenhouse added it would be difficult to make such an important recommendation/decision with only part of the information. He expressed his frustration of the fact that the consultant did not provide all of the necessary information. Mrs. Grinnell Crosby stated the County has been advised that if the CHHA is divested they will have to become a licensed agency in order to continue to provide these services. Dr. Macmillan stated he did not feel prepared to push Board members to make a decision today, but added he felt this was an area where Board input would be helpful.

Another point brought forward was the investment in the 55 Brown Road facility which will be paid for over a significant period of time, occupied or not. If the CHHA staff and resources are eliminated, what is the purpose of having such a large facility? What sense does it make to take away services from the community, but still incur other related expenses and have nothing to show?

When asked about DOT and MOMS visits, Mrs. Connors reported that 272 TB visits were done in 2010 and this year, to date, 139 TB home visits have been made. In 2010, 800 maternal child home visits were made.

Mr. McLaughlin echoed Mr. Greenhouse's sentiments, stating it's important to come up with a real dollar cost savings as opposed to the perceived dollar cost savings, adding that numbers need to speak to you and not emotions.

Mr. Burbank pointed out there is a \$5M budget hole this year. He added that from his understanding the CHHA is the one thing that could be eliminated and save between \$400,000 and \$500,000 per year. He stated the study was limited and not intended to make a recommendation regarding the elimination of the CHHA. He encouraged Board members to come to the panel discussion later this afternoon.

Mr. Kruppa stated at the panel discussion this afternoon the Interim PHD from Genesee County, who did divest, will be a speaker. Also, the PHD from Tioga County, who maintained their CHHA and are the only home health care agency in their county, will be here to give that perspective. Liz Norton, from Long Term Care, will also be available to give a community perspective. Questions have been sent to a vendor (who does not have a vested interest), who is unavailable to attend, however has submitted written responses. The State also is unable to attend, however, have sent written responses as well. Betty Falcao, of the Health Planning Council, will be moderating the event, presenting the questions and giving the answers from the vendor and the State and then opening it up to the panel members to give their perspectives on those questions.

Mr. Greenhouse raised the question that if the CHHA is divested, then how can the department continue to ensure quality of care if we no longer own it. Mr. Burbank stated that if the CHHA were sold they would try to find a vendor who could provide comparable or better service and that it would be a non-profit agency.

Mr. Kruppa stated the initial plan was that the panel discussion would have taken place last week and that Board members would have had the opportunity to hear comments from the panel and then come today armed with all of that information and be able to take whatever action Board members felt appropriate. Following tonight's panel discussion (which is an informational meeting with no open debate or decision making), there will be a meeting of the Health & Human Services Subcommittee of the Legislature on May 19th. At this meeting there will be discussion and possibly a decision regarding a recommendation to the full Legislature. He added they wanted the Board of Health to have its input as soon as Board members felt it appropriate. Mr. Kruppa stated it is a tight timeline; however the goal is to get beyond the uncertainty. It has become challenging to maintain the agency, for both staff and clients. May 19th will be the first opportunity for input and opinion to the Legislature. He added it did not appear today would be the appropriate time for Board members to give their input.

Dr. Macmillan stated he felt another meeting would be appropriate to continue this discussion prior to making a recommendation to the HHS/Legislature. It was decided to hold a special Board of Health meeting on Tuesday, May 17th, at noon. Board members requested additional financial data pertaining to the remaining cost to the health department should they divest of the CHHA. Mr. Kruppa stated they would make an effort to provide this information. He pointed out that as far as the MOMS Program, they do not have the expertise to judge the costs associated with contracting with another CHHA. He said they might not be able to provide solid figures within the next week. There will be a county who divested at tonight's meeting and they might be able to shed some light on the necessary steps to become a licensed agency who can go out and make visits, but not bill for services. Mrs. Connors recommended Board members check out pgs. 34 & 35 in the Jack Venesky Report for some data on costs to the County.

Dr. Macmillan recommendation: Dr. Macmillan asked for the Board to review and consider his proposal and endorsement of the following statement:

"The Board of Health wishes to recognize and commend the professional and leadership activities of Mrs. Brenda Grinnell Crosby and her entire management staff during the extended time period required to find and name the new Tompkins County Health Department Director. We note their commitment to the mission of the Health Department and wish to express our deep appreciation for their efforts during this period of transition. Many Thanks."

Mr. McLaughlin seconded this endorsement; carried unanimously.

Mr. McLaughlin spoke briefly about the recent suicide of a teenage girl from Newfield. He stated he is a member of a Youth Needs Committee who are currently trying to see if there is anything they can offer as far as resources, i.e. educational training. Staff and Board members made suggestions to Mr. McLaughlin such as "EARS" at Cornell, Bob Deluca of the Mental Health Department, and Amy Hendrix, Director of Youth Services.

Adjournment: Dr. Tyler moved to adjourn the meeting at 1:40 P.M.; carried unanimously.

Board of Health
May 17, 2011
12:00 Noon
Rice Conference Room

Present: Mr. Brooke Greenhouse; Dr. James Macmillan, President; Mr. Patrick McKee; Mr. Michael McLaughlin; and Mrs. Janet Morgan

Staff: Mrs. Sylvia Allinger, Director of CSCN; Mrs. Liz Cameron, Director of Environmental Health; Mrs. Sigrid Connors, Director of Patient Services; Dr. William Klepack, Medical Director; Mr. Frank Kruppa, Public Health Director; Mr. Jonathan Wood, County Attorney; and Mrs. Jennifer Grier, Senior Account Clerk Typist

Excused: Mr. William Burbank and Mrs. Brenda Grinnell Crosby

Absent: Dr. Erin Hall-Rhoades and Dr. William S. Tyler

Guests: Betty Faláco, Human Service Coalition; Dooley Kiefer, Tompkins County Legislator; Joe Mareane, County Administrator; Frank Proto, Tompkins County Legislator; and Martha Robertson, Tompkins County Legislator

Dr. Macmillan called the special meeting of the Board of Health to order at 12:07 P.M.

Privilege of the Floor – No one was present during Privilege of the Floor.

Old Business:

Mr. Kruppa provided information in follow-up from the last meeting, answers to questions related to the MOMS program and how it relates to the CHHA. The budgeted revenue for the MOMS program in 2011 is \$147,600. We are able to bill Medicaid for those services because we are a Certified Home Health Agency. Brenda Grinnell Crosby was able to speak to another county that divested of their CHHA and they worked into their contract when they divested to be able to complete the billing through the agency they sold to. We would not be able to bill \$147,600 independently if we divest but there is the potential to be able to continue that process through the purchasing agency.

Mrs. Connors stated they have contacted other counties that have divested and have learned that are able to bill Medicaid Managed Care products. Tompkins County is a Medicaid Managed Care county. We will have fewer patients under straight Medicaid. If you want to bill straight Medicare or Medicaid, you must have a CHHA license or a contract with a CHHA but you can bill Medicare and Medicaid Managed Care services as a licensed agency. Most of our MOMS patients are under a Medicaid Managed Care company. Broome County recommended negotiating with the incoming CHHA.

Mr. Kruppa stated that another question was asked that if we were to contract with a CHHA to complete that billing for us, what would be the cost. That is not a figure we were able to determine at this time, it would require negotiation of a contract.

Mrs. Connors presented on some of the efficiencies proposed in the Venesky report to help offset the county subsidy. She distributed a face sheet with figures for the group to review.

- Increase of the Medicare: Case-Mix Percentage. Mr. Venesky recommended a 5% increase and we feel we can accomplish that. Mr. Venesky was not sure if this was a “blip” or a trend but our records show this is a trend. To assure we continue we will obtain training and certification of two staff members, for a cost of approximately \$2,000.

- Contract Negotiations: Empire has approached us to contract with them and we are close to completing negotiations with Fidelis. In 2010, we turned away 20 patients due to not having a contract with the insurance company. With these contracts, we will be able to accept patients previously turned away. We have had to refuse seven Fidelis patients year-to-date (2011). We estimate if we were able to serve seven additional patients this year that equates to \$12,000 in revenue. If we able to increase our revenue for 188 visits to Aetna and Health Now we would bring in an additional \$1,880 in revenue for a total of \$13,880.

- Increase Unduplicated Patient Census by 24%: We are estimating the 24% increase based on our ability to get the contracts negotiated and being able to serve those patients, in addition marketing can bring in additional patients. Additionally, we need to maintain staffing. We turned away 30 patients in 2010 due to insufficient staffing. The estimated numbers of patients are based on the current trends of patient caseloads seen during the first four months of 2011. In addition, we would implement a marketing campaign with a cost of \$7,500. Mrs. Connors provided details of the marketing campaign. There was discussion over whether or not we would need additional staff to accomplish these tasks and Mrs. Connors stated no additional staff, other than possibly hiring a per-diem, LPN. We would need to maintain existing staff. In the 2011 budget, we have funds for an additional full time nurse and we are not recommending filling that position. There was discussion about the current trends in patient levels and how it affects staffing levels.

- Increase Nursing Productivity: Mrs. Connors believes that by providing staff training, reviewing the efficiencies of the software system, and reviewing how we maintain the database, we can improve staff productivity.

- Additional Reduction in Documentation Time: We have completed an assessment of our laptops and fifteen of our laptops are newer and are recommended for retrofit. The cost of retrofitting the fifteen newer laptops and replacing two of the oldest laptops is \$7,673. Mrs. Connors identified a similar agency completed this retrofitting of laptops and found a timesaving of an hour a day per staff. This agency found synch times for the laptops reduced from 35 minutes to 8 minutes per synch. If we were to multiple that hour a day, savings by our seven nurses and one physical therapy that is a savings of 40 hours a week, or the equivalent of a Full Time employee. Mrs. Connors believes with this we will be able to accomplish four visits a day.

- There was discussion about the format of the report and whether or not dollar figures represent increased revenue or decreased expense resulting in increased savings but to ensure there was not a double counting of revenue vs. savings in the format of the report.

- In follow-up to a question by Mr. Wood, Mr. Kruppa identified during this process we have reviewed what amount is the county subsidy for the Home Health Agency and what changes we can implement to reduce that subsidy.

- There was further discussion on whether or not the Home Health Agency would ever be cost neutral to the county and which is the most appropriate costing method (Full Costing, Direct Costing or Service Costing) to use determine the true cost of the agency.

- There was discussion in follow-up to the panel discussion about other agencies changing to a seven-day work week to reduce overtime costs. Mrs. Connors identified we do not have overtime costs. We fulfill our on-call responsibilities differently.

- LPN Utilization: Mrs. Connors stated we surveyed the first sixteen weeks of 2011 nursing visits and have determined approximately 10% of our visits are task-oriented visits and could possibly be provided by an LPN instead of an RN. We estimate five visits a week at 2 hours a visit for a total of 10 hours a week, which would justify hiring a per-diem LPN. Additionally, LPN's could be used to assist with on-call coverage. There was discussion about what types of services an LPN would be licensed to provide under New York State Law. Ms. Morgan noted LPN's are not licensed to assess patient conditions which is why LPN's can only be used for task-oriented visits.

- Visit Utilization of Contract Home Health Aides/Hourly Utilization of Contract Home Health Aides: Mrs. Connors noted staff obtained a formulary from Jack Venesky firm to determine how much Home Health Aide service a patient would need. By implementing policies and procedures, and staff training, we will be able to reduce our contract Home Health Aide utilization. The trend for 2011 is already showing a reduction in visits over 2010.

- There was discussion over what would happen to other Health Department programs if the county chose to divest the Certified Home Health Agency, and what the costs would be to the Health Department and the County. There would be costs associated with divesting the CHHA. There would also be short term impacts in other Health Department programs as staff within the CHHA chose to assert seniority rights and bump into other programs, which would affect revenues in those programs. It was identified that there are many unknown variables in regards to the transition period and more information is needed.

- Mr. Proto stated he appreciated the work that has gone into this process thus far and additional meetings are scheduled. It is his opinion that transition costs cannot be overlooked and need to be considered. Mr. Proto recognized that our certificate has value but also recognizes the decision will have effects on other Health Department programs. He has had three resolutions prepared. They are to divest the CHHA, to keep the CHHA or to allow additional time to review this process and get answers to unknown variables. There was discussion about those options available to the county and what could happen or is expected during the RFP process.

- Mrs. Morgan made the motion to recommend divestiture of the Certified Home Health Agency. The motion was seconded by Mr. McKee. The motion was approved by a four to one vote, with Dr. Macmillan, Mr. McLaughlin, Mr. McKee and Ms. Morgan voting in favor of the motion and Mr. Greenhouse voting against the motion.

- Mrs. Robertson expressed an interested in obtaining the opinions of the members of the Board of Health unable to attend the meeting.

Executive Session: Mr. McLaughlin moved to go into executive session at 2:30 pm, and the motion carried unanimously.

Mr. Greenhouse moved and Mr. McLaughlin seconded to return to regular session, motion passed unanimously.

Ms. Morgan moved and Dr. Macmillan seconded to adjourn, motion passed unanimously.