

Taunton Nursing Home
350 Norton Avenue, Taunton, MA 02780
508-822-1132
Board of Directors Minutes

Date: May 23, 2016

Board Members: Theresa Swartz, Chair
Joseph Martin
Ed Boiros

Also present were:

John A. Brennan, Administrator

Heidi Paquin, DON

Michelle Mercado, Fiscal Agent

City Council Members Estele Borges and Dan Dermody

Meeting called to order at 6:07pm

Mr. Martin moved and Mr. Boiros seconded to approve the minutes of the April 25, 2016 meeting. The vote was unanimous.

Theresa- I would like to hear from nursing first.

DON REPORT

Heidi- we had a demonstration today of ROSIE (vitals machine) everything is manual right now. We are hoping to take the work off the nurses by having that. It takes all the vital signs. Theresa-how does it save time for the nurses? Heidi-it takes two seconds to hook up. It's an idea, whether we're going to pursue it or not will be something we are in the process of. It's a rental of \$100.00 each month for each unit. If something happens they replace it. It's \$3,600.00 to buy it that's why it's worth renting because if you have one and something happens they will come in and replace it. After three years they will replace it with a new one. They have different financing, which I didn't really get into yet. Joe-how many would you be leasing? Heidi-Two, one for each floor. Joe-what you may want to do, you may want to put together a little quote and get different prices. Heidi-we want the aides to be the ones using this. This also hooks up to the EMAR but we don't have one in place yet. They also have a blood sugar machine. He was just trying to run things by me. I agree we should check around for prices. Estele Borges-we just got those for two of the rest homes that I go

to and that just seems like an awful lot of money. They were about \$1,000.00 to buy outright.

We are also working on a new psychotropic consent form. It's what the state wants us to use. It was on the state website.

We just went through a census of the air mattresses in house with my supervisors and we ended up pulling a bunch of mattresses off the beds that were used for wounds at one time. We don't have any wounds in house. So basically we went through and saved money monthly. Theresa-how are we going to manage that going forward? Every month my DON's get the bills and they are checking that bill to be sure that resident is still in that bed. Heidi-we put a solution in place, so basically we're going to have the office working with our medical assistant and the nurses on the floor so we don't find this again. Theresa-also check that if the resident goes on a bed hold do you have to pay for them.

We switched some of our products after doing a complete inventory which saved us \$4,000.00 a year just on soaps and lotions. We are also checking into some other things. Theresa-cheaper is not always better so explain to me the difference. Heidi-they like the new products better, they think it is a better product. Theresa-I just wanted to make sure that yes we want to do something to cut back but we want to make sure we are not losing that service as well.

We just got two new red covers for our crash carts and I'm having the CNAs take the chairs out of the hallways. We started supervisory meetings, which is really nice because it gets everybody on the same page. We have that once a month. Theresa-How is the meeting going to be run? Heidi-they are all going to bring everything to the table every month.

Kim Wilbur-on the Derma-Rite does the medical director know that you're changing that? Heidi-yes and he's in agreement. John-we also have a wound physician that rounds every week, Dr. Sosa. It is important to note that we have no wounds in the building.

Theresa-introduced Kim Wilbur who will be the RN on the Board of Directors, she has not been sworn in yet so is unable to vote this evening. Estele-maybe she can just give a little bit of a background that would be really helpful. Kim-I've been a nurse since 1987 and had various rolls, worked at Morton Hospital for many years, worked at the Goddard as a staff nurse, worked in administration, now I'm in outpatient care. I live in Taunton and I have two children and a dog and a husband.

Theresa-what about MDS reporting or any of that stuff, anything that would prompt the state to look at? Heidi-we haven't had a lot of admissions lately. Theresa-we want to look

at the trend and see if there is anything the state might look at. We did that years ago and I'd like to get back to that. Heidi-we've had like no falls at all. Theresa-we want to discuss what we can in a public forum that's what we want to bring to the meeting. Theresa-I'd like Kelley to do a checklist that we can address on the agenda. I want us to identify nursing on the agenda every month. We just don't want to be surprised by anything that might come up. John-Heidi did complete the Strategies for Success Leadership Program. They run this program once a year, we will look next year who to send. Theresa-is it something the trainee can train? What did you get out of it? Heidi-everything that was presented to us was through the DPH, we had all different people, so that everybody we dealt with were in their survey window. They spoke of things that the state has looked for in the past and will be looking for in the future. It was interesting. I have a whole book of handouts and information, you could teach off of the materials. Theresa-if the state came in would they look to see if you were following it. Heidi-I think they would ask but not check to see if it was followed. A lot of it we are already following.

ACTIVITIES

Theresa-the next thing I'd like to do is talk about activities since we invited Dyan to come this week. Dyan-I am the Activities Director at the nursing home I have been here almost twenty years. I am certified by the National Council of Activity Professionals. I have a lot of different activities that we do we have been changing up some things in the last couple of months. Some of the nurses have asked us to increase the exercises. We added adult coloring, some of the dementia activities that we do are the gentle touch, outdoor walking in good weather with activities aides. That seems to be going well. A lot of the residents like music, singalongs, karaoke; we have outings that we rent a bus for once a month. We have coffee social every morning on both floors. We have outdoor gardening and special visits from the garden club. We have different community involvement, the boys and girls club came last week and they did a tissue paper craft. We had our National Nursing Home week last week and it was also nurse's week so we had special events. At the holidays other groups come in. We have religious services every week. The residents have asked for ice cream socials. They like the cooking groups so we added that to both floors. We have entertainment that comes in monthly and then we have our special events for the holidays. On Memorial Day we will have a prayer service with the local DAV. Theresa-I just have a couple of questions, the exercise and walking who do you choose and who do you work with to choose those residents and if it's just activities how many residents at a time are you taking. Dyan-there are about 5-6 that go out with two staff members. Usually its residents that want some air, we try to see who wants to go and we alternate. Theresa-how would you know who would be good to go out? Dyan-someone with dementia that needs to go out. They tell the nurse who they are taking. Theresa-should it or can it be part of their care plan? Dyan-its weather permitting. Theresa-do you coincide with therapy at all? Dyan-not with therapy but with nursing. Theresa-can we document as restorative? Dyan-

Not-unless there is a restorative aide as part of it. Joe-has anyone ever walked over there to the ball field on the weekend. Dyan-not in a while. Theresa-I see our garden has grown why couldn't we do something. John-we have talked about putting a little ramp out here and I can get a price on that. Theresa-Even if we have to have a couple of trees cut down. Estele-that might be something the friends of the nursing home could have a campaign for. I think it's a great idea for them to be able to go out and watch the games. As far as the exercise routine could you walk me through it. Dyan-its everyday, usually in the morning, its range of motion or its ball games, sometimes they get in a circle. Theresa-is it volunteer so they can come if they want to? Dyan-it's their choice. Theresa-If they need those little exercises and they decide they're not coming do you report that to nursing? Dyan-most of them do come to the activities. Theresa-What I'm trying to get at is that if they don't want to come it could be a trigger that something is wrong. Dyan-we tell nursing any time we see any change. If I need to I would talk to therapy too. Estele-If I could just go back to the exercises for one second, today you had chair exercises at 2:00, how many people did you have? Dyan-about 20 residents about 10 participating on and off. The aide had to help a couple with it; you can only do one at a time. Estele-On this schedule here I only see chair exercise twice a week. Dyan- there is another side to that, Monday afternoons, Tuesday mornings and Hands Up is another exercise group. Theresa-I guess my concern is you have one assistant working for 10, 15, 20 people. How do you take care of an exercise with 10, 15, 20 people with only one assistant? Dyan-they take turns that's the only way we can do it. Theresa- I think we need to look into that. John-in my humble opinion we are well staffed in activities. Theresa-during the day who else do you have on staff and what else is going on. Dyan-we have someone on both floors. Some people just observe and others that actually exercise. Theresa-do you have the exercise activity on both floors at the same time? Dyan-no there are two different activities going on at the same time. Theresa-so if you have different staff, is one person for 20 people enough? Kim your thoughts? Kim-if there are 20 patients in an activity what are the aides doing? Is there an aide to free up to be on a schedule to assist and interact with the patients? I don't know what your staffing is. Heidi-at some points we could probably have some people to help her. As far as sparing somebody in the morning it's not going to happen, in the afternoon we probably could. John-transportation is another issue, getting everyone there and down the hall to the activity. Theresa-we all get that but you know I've been in this business long enough to know that everybody has to pitch in. Where do you have the activities? Dyan-in the dining rooms. Estele-what I'm seeing is stretching for the first floor but not for the second floor. In other places that I visit people know what is going on, it seems a little confusing for me. I have a hard time following this, it's not clean , it needs to be more consistent, that way everybody in this building knows what's going on. It's important to have consistency in the week and also reaching out to maybe some local places to come in and maybe do some yoga. Theresa-I do have a concern about the walking, I'm concerned that you're pushing one resident and who is watching for the walkers for safety. We need to really consider

this as a safety issue. Do we talk to the families about what they think their mother or father would like? John-no we post the agenda, would you like us send it out to everyone. Theresa-I think it should go out with a letter saying this is our agenda is there anything you think your mother or father might be interested that isn't on the agenda. John -I will draft it up and send it to you. Theresa-If I was a family member I would like to know what was going on. We post an agenda and that's it. We may not be able to do everything everyone would like but we need some input. John-I will draft something before the next meeting. Estele-Maybe Dyan can put some kind of suggestion box out there that families can put some suggestions in for activities. I think that there has to be some form of exercise every day of the week on both floors. I would like to see that on the schedule, incorporate the staff to help motivate these people. Theresa-the cooking room, how is that working and are you working with therapy on that? Dyan-We have a convection oven and one will mix and one will do another step. Theresa-are we doing a family questionnaire to find out what people might like? Dyan-one of my staff has a waffle iron and another brings in a griddle. Theresa-is that a safety hazard that we're plugging in those little machines? We have a great therapy department that's been organized and cleaned up why are we not coinciding with therapy so they can cook together. John-the therapy department uses their kitchen when they're doing therapy. Theresa-so why can't we coincide that therapy with a group cooking class. John-I will look into using that kitchen. Kim-It may increase your RUGG scores if OT is able to bill for some of the patients too. John- OT does use the kitchen for some of the long term residents' therapy. It's probably underused and maybe we can get some more out of that. Estele-Dyan during the last meeting I said I would collect calendars from all the nursing homes that I visit and I failed to do that so I promise you I will personally deliver them to you over the next week. Kim-I am very interested in dementia care, tell me how you gear your activities towards the level of dementia. Dyan-they are grouped and we just work with it. Kim-how is that communicated to you if someone is advanced in their dementia and they can't do a task. Dyan if it's someone that is end stage they would only be observing. Kim-for end stage? Dyan-we do sensory stimulation. Kim-with one person? Dyan- one person per floor. Kim-Is there a communication when an admission comes in that you have dementia, is there any communication of what the patient is able to do. Dyan-if's through interview and what they can do. John-all of our staff has been Oasis trained and we do not have a dementia or Alzheimer unit. Theresa-the last two big meetings I've asked to have that presentation brought to the Board so can we have that presentation? I had asked that we do a presentation to the Board so that everybody could get an insight into that. Heidi-do you want me to set that up for her to do that for you? Theresa-I think it would be good for everyone to get to go see it. Estele-do we celebrate every holiday, like grandparents day? Dyan-yes we do something. Theresa-does someone have to have certain criteria to assist in activities? Kim-I would be hesitant to ask a family member because they couldn't assist with bathroom breaks. I have had CNAs assist and have it be part of their job. I think it would be beneficial to have another hands

on person if feasible. Theresa-I was talking a volunteer, more of an observer to play along. Heidi-I think we could work something out with a CNA. Theresa-hours on weekends, are they the same. Dyan-on the weekends there are two staff from 9-5. Theresa-during the week what do you have? Dyan-it varies two staff on each floor Monday through Friday and two staff Tuesday through Friday until 7pm. Theresa-My question is the weekends, I'd like to see just as much activities on those days. I'm more concerned with the days not necessarily the evenings. We need to evaluate the staff during the week and on the weekends. We need to see if one person per floor is enough. Estele-how do you come up with the calendar on Wednesdays it's ball games but on the last week its chair exercises, why does it change. Dyan-I try to change the wording, it's still an exercise. Estele-I think being consistent with the wording for the population in this building might be better. Dyan-it's really just the wording. Estele-what would be a current event? Dyan-we read the newspaper every day. Estele-I'm looking for support from this nursing home so that she can go to a class if given the opportunity. Dyan-I go on a regular basis. Theresa-I don't want to do the basic minimum required. Do we have a big calendar up? Dyan-they are up and I've been doing them daily on the white board. John-Dyan has begun to post the daily activity schedule, and we are looking for a big medium. Theresa-What else can we do to bring them out to that daily activity? Are we asking if they are interested in the activity? I want to make sure that they are aware. A single sheet that's clear every day that they can read. I just don't want it to be pieces of paper. Joe-do you have anything with the schools? Dyan-usually around the holidays and we have therapy dogs every other Thursday. Estele-John do you have any information on what DPH has said in the past years about activities. John-I can't recall any comments or suggestions.

ADMINISTRATORS REPORT

We have two new board members and when I get their names, addresses and emails I will send them out to the Board. I want to welcome them aboard.

The life safety plan of correction was accepted and the low bid vendor can start the project on Tuesday. I will give him approval to get going. Theresa-is there anything you need to notify the families about on these walkways? John-I would say no because they are not for public use. They are emergency egress only. Ed-did he say how long it would take to do that? John-he said a couple or three days.

Kevin Scanlon is coming over tomorrow and we will start to install the ADA signs.

I did talk to Sherry Costa-Hanlon and Barry Sanders on the 501c3 and she is going to consider that.

As you know my license has been renewed and I have signed an extension letter.

The ombudsman visited today.

As you know the city has chosen a new ambulance vendor, Brewster Ambulance. We have a separate contract with the ambulance company. I have sent the contract to City Hall for review. I think the pricing may be a little better. Theresa-when you are calling them for ambulance service, if they have less vans you may have issues with that. If that becomes an issue we need to address that ASAP. We don't want delays in appointments because we don't have the services. We want to do a survey of the ambulance service monthly and in three months if the services don't improve that's an issue that we need to address.

We will be filing our Medicare cost report before July 1st and we will be filing for CPE money sixty days after that. Theresa-are we following any reimbursable bad debt? Michelle-we don't have any, we are tracking it. Theresa-you've been paid 100% of your reimbursable coinsurance? Michelle- the coinsurance I would have to go through the list but I don't believe there are many we can collect on. Theresa-do you have a log that you present to the cost report and can you get that to us? Michelle-yes.

Mass Senior Care Association Advocacy Day-I went to the State House and met with Keiko Orall and Shauna O'Connell. They had a second day today, do I think we're going to get any more money-no.

Milford Housing Authority effort has been ceased. The user fee is still in place and we have to deal with that.

There was a nice obituary in the Gazette for a resident that recently passed.

Information system RFP- we have the MATRIX financial side installed, and we asked MATRIX for a contract for the clinical side and the city and MATRIX were not able to come to a contract. The key term is indemnification; the city cannot indemnify a vendor for something that may happen. So what Michelle and I are doing is writing an RFP that will go to Point Click Care, American Healthtex, and the four major systems. We will put out an RFP to ask people to submit proposals for our information system. Theresa-why is it ok for financial but not clinical? John-the current city solicitor reads the contracts much more closely than the past city solicitors. When we choose a new vendor they will get both the financial and clinical and we will get rid of MATRIX. Theresa-we need a system that will bring us forward not back. We may need to address that if it comes to that. Eventually everything is going to go electronic. Joe-in your specs make sure you put whatever language the City Solicitor requires. John-all of our contracts are signed by me, the city solicitor, the mayor and the auditor. The city solicitor must review and sign all contracts. Theresa-If we disagree with the city solicitor what's the alternative? Do we have an appeal

or debate process to follow? John- I would say if he doesn't sign the auditor and mayor won't sign it. Joe-I would say if we go out to bid his request is part of the specs and if we don't get anyone to bid because of that then we have an issue. But we don't know that yet. John-Michelle and I have been dealing with the city solicitor on this. There has been clear communication between the vendor's lawyers and the city solicitor on this paragraph. Theresa-we pay many different attorneys for many different things, is there something that another attorneys opinion would help. That's just one person's opinion. That's just something down the road. I think it's going to come to the point we can't have it on paper.

Another issue is the medical director contract and Dr. Thayer recognized that TNH just had a deficiency free survey. He did not have any suggestions for a person to try to be our medical director. He is supportive of the Taunton Nursing Home and he likes Dr. Welter as do I. Unless another alternative comes up he is recommending we stick with Dr. Welter until we get a better alternative. Heidi-we had a meeting with Dr. Welter and put on the table what the nurses wanted and he was very gracious and he gave out his cell phone number to the girls and they were able to reach him. There has been no problem for the last couple of weeks. I think we just have to wait out his contract and see where we are. Theresa-can we do some kind of audit and we can address it if anything comes up. John-he has been attending every QA meeting. Heidi-quarterly QA meetings. John-signing the SC1's is another thing. We don't have any specifics on when he has to be in the building it's just that he provides us services. It's a one year contract on a monthly basis which can be cancelled with 30 days' notice. Theresa-#2 states that the medical director shall complete not less than 2 hours per week in performance of his duties under this agreement. If you're having things that aren't getting done is he here 2 hours per week? Joe-what happens if he goes on vacation? John-there is backup coverage, any time he's been out of town we have a backup. Theresa-Correct me if I'm wrong but isn't he supposed to come in for all new admissions and evaluate the patients. John-he comes in for his admissions, but we assign to three doctors. He doesn't get all of our patients. There are specific regulations of when he needs to see his residents. Theresa-but your contract states your medical director shall devote not less than 2 hours per week. John-When he's coming in to see patients that's not part of that contract. This is just for the Taunton Nursing Home. Theresa-if he's not coming in to sign SC1's what we usually do is fax them over to his office and he faxes them back. He's not always signing things because he's not always coming in. John-I call him and he comes in. Many nursing homes are hiring a full time medical director, they are hiring one doctor for the whole building and we asked each of the physician's if we were to hire you for medical director what would the number be and it was between \$150,000.00 and \$175,000.00. Theresa-I would just like you to monitor, I'm sure he's on his best behavior right now. He feels comfortable that you are not going to find someone to replace him in thirty days. John-I don't think so. Doctors are not interested in going into the nursing home business because of the reimbursements. Theresa-Who created that contract, was it

you or the city? John-I created that contract some years ago. Theresa-can you have Jason look at it again. John-the City Solicitor has been a great friend and addition to the Taunton Nursing Home. Theresa-I just want to make sure it fits into what we need if he's not behaving and doing what he's supposed to do.

Theresa-Dietary food expense to date. John-I gave you a breakdown of the dietary food expense for milk, bread, coffee, that kind of thing. What I may suggest is that I bring in Steve the head of dietary services at the next meeting to do a presentation and Jean the dietician to walk you through the whole process. Theresa-I believe I asked the last time for some type of audit if he's ordering food how is that getting on the calendar. If dietary is ordering this food how is it getting to the residents, to be sure that the food being ordered is the food being used? John-I believe that is fact. Theresa-it's not necessarily fact but not being managed closely. We want to make sure that when your ordering food it is all being used in the appropriate time and place and not being wasted. John-I will have Steve attend the next meeting. Theresa-it's so easy to say of course its happening, how do you know it is, are we checking that what we are ordering is matching what our food choices are. John-in all the years I've been here I've gotten on complaint about food and that was beets on the plate. Theresa-I'm not concerned about the food because I know that you have high quality but I want to make sure that we're getting the right costs, not over budgeting. John-just a note Steve did come to us from B-P. I'll have him at the next meeting.

FISCAL AGENT REPORT

Michelle handed out information to the Board. Recently we have been contacted by the Budget Director who wanted to see the accounts receivable. He wanted to see a breakdown of payor type over a three year period. What he wanted to see was the AR that was over 90 days for April of 2016. I did a breakdown by the different pay classes. If you look at the breakdown for over 90 days for April 2016 you can see what the Budget Director requested. Theresa-How much of the Medicaid is pending? I'm looking at \$531,000.00 over 90 days, how much of that is straight Medicaid and how much is pending? Michelle-all of this should be Medicaid residents that we are waiting for the coding or MMQ or has an application problem. Theresa-so when someone walks in the door for Medicaid you should be getting a screen right off the bat at admission, you're getting the doctors signature on the SC1, and you're getting your MMQ within 30 days of admission. Then you're billing at any time of month not just the end, and then you should receive payment within 2 ½ weeks from the day you transmit. My thing is as a biller nothing should be over 60 days, except if there is an exception to the rule. If you are having that issue you should be eliminating them. If you have someone that is straight Medicaid and they convert, that should be a pending. I should see what's out there for pending and what's out there for clear Medicaid money. Are we doing it that way? Michelle-yes the pending is listed under private. Theresa-so you're booking it as a private at a private room

and board cost? Or are you billing it at a Medicaid pending cost? Michelle-it's a private rate. Theresa-my recommendation is you talk to MATRIX and get a payor setup as Medicaid Pending. You can consider it as a Medicaid resident in your census or however you want to do it. First of all if you're booking revenue as private you're documenting your census as a private resident and most people consider that Medicaid census wise I really don't care if you do private or pending, but you should be tracking it at the MMQ score or the estimated MMQ score not at the private room and board. John-years ago we actually booked a reserve for that. Theresa-but reserve was for loss. John-no we booked a reserve between the private and the Medicaid, but in talking to our accountant they said no, the city government operates on a cash basis. The only thing the city counts is cash; they don't care about anything else. Theresa-The city can have what they want but you should have a payor source that accounts for non-collectible. Most of your residents are over 65, so if they're under 65 and they don't have Medicare you're three months out before you can apply financially. They have to get clinically approved. I'm not saying we don't take them I'm saying we need to account for them. You need to account for that in your figures so you're looking at true cash. Michelle-I can do that, I can classify differently. Theresa-I recommend you do that so that when you're reporting to the city they know what's collectible and not collectible. My thing is that if you're taking an admission that is under 65 that doesn't have Medicare you are waiting six months no matter what and you need to prepare for that. If you take five admissions and three of them are like that you're basically cash poor. You really need to take that all into consideration when you're doing your marketing. I would definitely track that, if you have a med pending they can do an MMQ and just don't submit it. If you're putting the med pending in private then I would want to see what that is. I want a little clearer understanding of that \$531,000.00. Med A shouldn't be past 30 days unless you have an ADR going on. Michelle-I believe we had one or two ADRs and one was a Medicare resident that had a PPO. Theresa-so this \$52,000.00 consists of two residents? Michelle - No, I'm just saying the bulk of it. Theresa-so the PPO, when we admitted the patient we did a Medicare check of benefits, did we miss it, did something happen after, it should be on the common working file. \$52,000.00 for a building of this size with a census of 1 or 2 that's really high, and your ADRs should be resolved within 90 days. Is everybody looking at it to make sure the documentation is accurate? I'd like to know what the ADR is resolved in and did we do it timely. It should be reviewed by all the department heads before it goes out, is that practice happening? Then Medicare B how much therapy do you do a month? Michelle-because our Medicare census is so low B has been doing a big push, but I can give you a breakdown on those. Theresa-I'd like to see what the issue is with B's. Michelle-I did have problems with one month where the interface codes were off, I was working with the therapy company to do that. It's all about finding the time to get everything done. Theresa-what else is taking away from doing the billing? Michelle-my other job responsibilities, I don't just do the billing. I try to get everything within the window. Theresa-what are the other responsibilities taking you

from collections, is there someone that backs you up in collections when you can't do it? Michelle-no. Theresa-so you may want to consider that. There should be some backup, someone helping you out, checking your claims working with you. You should always have a backup if you don't come in tomorrow who's doing your billing? That's only your Medicare part then you're looking at your coinsurance which is your part for Med A and Med B which is \$122,000.00 that's a lot of coinsurance. I would like to see the comparison on Med A and Med B. How many admissions do you have this month? Heidi-no more than five. Theresa-who does the verification of benefits? Michelle-its admissions. Theresa-we need to find out how many we're doing and does she clearly understand it. It's not just about the business office it's about admissions, whose helping her get the information, whose the social worker working with the family to get them to cooperate and get the things needed. You need to look at your uncollectible and determine where the gap is. Private is pending and room and board private? Michelle-it would be PPA, Hospice, Medicaid Pending and Private. Theresa-this is over 90 days, so as of April 30th you have over 1 million in private. John-if I may, this is more my area than Michelle's area, we have major accounts with major private pay issues. One lady \$180,000.00 the Ombudsman was in today and will not let me discharge this person. I've been to Jason I've been to the Bristol County DA and our private attorney is going to superior court to address this case. The son dumped the mother in here and never came back, that's \$180,000.00 for one account. Second account \$140,000.00 this lady passed away the responsible person passed away, his ex-wife stole everything she could get her hands on and the son is involved on that side. Theresa-I want to stop you before you go any farther, the details are going to be the same, it's what we do as a practice to prevent that, you're going to have some loss that's the nature of the business but it's our job to limit that loss. My thing is if they are pending and didn't convert we'll go there later. If they're private there should be no one in this building that doesn't pay monthly, end of story. They should be paying if they are not paying we need to address it ASAP. The ombudsman has their opinion but are we addressing this with an elder care lawyer not just any lawyer. Are we looking at all that are we addressing all that. John-on the top 5 or 6 accounts I have been with the city attorney, I have been with the Bristol County DA, I have been with various attorneys in town and the ombudsman's office and the only thing we can do is sue them. In each case it's clear to me in my humble opinion that its family theft. So those accounts are my AR issue, I'm not the kind of guy who writes off accounts where someone stole \$150,000.00 from a father and skipped back to Michigan. These accounts I am pursuing myself with our attorney legally making these people accountable for making these people pay their parents bills. I'm pretty adamant about it. Theresa- But what are we doing going forward to keep that from happening again, because it is going to happen again. John-After 30 years in this business I'm being a lot less believing in families. Michelle-we are scrutinizing everything that comes through now. John-these are admissions where we knew these people and they stole the money. No more Mr. Nice Guy. Our bad debt, we write off about 2% of our revenue every year. I will

not write these accounts off. Theresa-you can write off 2% but you might have 20%. John-I plan to collect these accounts, these guys make me mad. Theresa-I'm all with you but if you're looking at \$900,000.00 and you say \$500,000.00 is your bad debt so you're talking \$400,000.00 for a building that has how many privates, that's a whole other issue. I know how hard the business office works, I get it but if your Fiscal Agent is being pulled for ten other things, then that collections not working. If she needs to be pulled for those other things than you need the back up to help her. You need to discuss in your morning meetings these cases and you work them and figure out as a team how to fix them. Families have an obligation just like we do, we have an obligation to care and they have an obligation to pay us for that care. John- Well they all don't think that way. On these accounts I am taking legal action to collect these accounts because that is my big hole in my cash collections. Theresa-does this attorney or even the city provide us with assets search? Every person who walks in this door who is pending or private should have an asset search done. John-No we look up real estate quite a bit of the time to verify addresses and see who owns what houses. Theresa- you should talk to the attorney it may be a little bit of a fee, you don't necessarily have to do it with every account, but anyone you have a question about you should do it. Google is great but it's limited. John-we have somewhat of an access to realty so we can check those things and frequently do. Theresa-so out of the \$895,000.00 I would like to know how much is pending, how much is private room and board and how much is truly patient liability. If any of those A and B coinsurances did not pass because it's been exhausted, there may be some reimbursable bad debt that you can work on. I just think that you need to reevaluate how everything is done and you need to get somebody to help you. John-we're filing our 2015 Medicare cost report with our accountant now. Theresa-there is a reimbursable protocol, your first invoice cannot go out until the date after your Medicare remit, if it went out before that "bye-bye" it's gone. You can't get reimbursable bad debt if you provide a bill to the family before the Medicare was paid. Once the first bill goes out you send your first collection letter, it has to be thirty days after the invoice. You have to have three letters and they have to be within that 30 day window. If that doesn't happen you do not have reimbursable bad debt and that all has to happen before December 31st. John-we will double check that and let you know. Theresa-My questions for you is do you have these payors broken down, if you don't have a contract why are we keeping it on the books. BMC? Michelle-I have an issue with diagnosis coding. Theresa-the issue is with diagnosis codes and BMC, who chooses the codes? Your MDS coordinator should be picking diagnosis codes that reflect what BMC has identified. If you're not doing that your claims will be denied. It's not your biller it's the data for the biller. Have they all been billed timely? Who's your BMC rep? You should be contacting her right away so she can tell you how to get this paid. The other big one was Medex. Michelle-I don't know why but for the last six months I've had to call them to get them to push the claims through. I don't know if that's something that's across the Board. I've called and asked what's going on and been told it's a glitch and there is no specific reason

they can give me. Theresa-when you call ask to speak with a supervisor, that shouldn't happen with Medex, if you're having a problem it could be a problem with your setup. I never see Medex as an issue. When do you bill Medicaid? Michelle-at the beginning of the month once my census has been verified and I have all my MMQs in. Theresa-out of the 60 you have how many don't have MMQ scores? Michelle-I have about ten that I have issues with and I haven't been able to get the MMQ nurse because she had a death in her family. Theresa-again there should be backup. Heidi-she does have backup, Pattie should be able to do it. Theresa-how many admissions do you think you had in April? Michelle-I think we had one. Theresa-you should only have one issue. The MMQ can be done transport ready ahead of the thirty days. You should be able to get an estimate. You have ten people for the month of April that you're not getting paid for yet only one admission/conversion. You're having a breakup somewhere, that's what I would question. You should be collecting 90% of your Medicaid each month. On PPA for the month of April you had \$13,500.00 in PPA, my question is it's the same value as private pay, if they don't pay within one month you need to be addressing rep payee changes; you need to be addressing what's going on. If you're communicating with them and they're in Hawaii with a sick family that's a pass. Two months go by and you have a problem you need to address it. There is no if, ands or buts. If you're walking in the door as Medicaid it should be part of your admission packet to explain it. You need to be talking to them within 72 hours. You should be aggressively handling that just like your handling those five collection issues. Kim-I don't know what your admission process is but a lot of facilities have the admission person talk about the facility and sometimes the finance director will come up and explain what your insurance pays and this is what you need to pay us. Dan Dermody-because I'm involved personally with a new admission for long term, I'd like to walk through the process if you don't mind. With my mother at Longmeadow this is a totally different issue. John-we have the referral, we do the screen we accept the patient, the patients family comes in the first day and we sit down and do the paperwork. If it's someone that's a walk-in that wants a tour of the building I would be the one to say okay let's sit down and talk money. We talk to them up front and at the admission process. If there is a house or money involved we advise them from the get go to get a lawyer. Dan-so he should see you tomorrow? John- if its finance questions, yes. Theresa-why? John- well he'll see me or Michelle because if there is a question of a Medicare application or a house involved we always talk to them. Theresa-the thing is someone could have 100 days but that doesn't mean they're eligible for 100 days. 100 days does not cover long term, 100 days are available for skilled services need that fall within certain medical criteria of the Medicare guidelines. A lot of people think they come in the door and they get 100 days, they do not. If you get two weeks great, but you get more depending on needs under the guidelines. Most people don't use 100 days anymore it's all in clinical care. During the 100 days Medicare only pays 100% for 20 days so on day 21 she has to have a supplemental insurance of some sort to pay for that difference. They could have a deductible that they are responsible for. Dan-what's the

process you guys have with the families on reviewing cases? John-we have family needs care plan meetings every week. Heidi-we usually do every three months unless the family wants to meet more often and we discuss that in the beginning. Theresa-what you should be doing ahead of time if this person is not coming in with Medicaid you should be automatically evaluating them for the potential of pending. What you are eligible for in the community does not qualify for long or short term in a nursing home. You can qualify for Medicaid in the community but not in the nursing home it's a totally different benefit. Private is the next thing, if their Medicaid pending is denied are we working with the families to find out why they were denied? Are you appealing them? John-they're denied usually for financial reasons, the patient is over assets, then we immediately bill the family and say the patient is over assets and you are responsible, then they can go back to Medicaid. Theresa-if you are doing a permission to share form then you would get a copy of all the information. John-what permission to share form? Theresa-it's part of the application. John-I've never heard of that form. Theresa-there is another form that if you fill it out and the family or patient allows you to be a representative you will get documentation on that resident. It's not part of the Medicaid application process it's something that should be part of the admission packet. If you attach it to the application, once a worker has been assigned you should be able to follow up on the Medicaid application at any time. Go right into the MMIS website and it's a standard form, permission to share form. You have every right as the facility to follow the documents and find out what's going on. Usually if the family or patient doesn't want to sign it's because they have something to hide and don't want you to know about it. Michelle-do other facilities do 30 day discharges for non-payment? Theresa-yes, and it's a debate on who you talk to, everything is depending on the scenario of the situation. Every social worker 9 out of 10 times will say it's a bad discharge. I'm concerned about the privates and we need to address those. John-Deborah Reed is the daughter of a resident and she is here tonight. Basically we voted to increase the room rates as of July 1st and a letter went out to all families and Deborah Reed wrote to Mayor Hoyer and Mayor Hoyer referred it back to me. Deborah sent a letter to the Board and it's in your board package, she is asking for a reprieve from the room rate increase of July 1st. Theresa-she and I spoke, did you talk to Medicaid? Deborah-no. Theresa-that is the thing to do. Deborah-she can't apply because she has long term insurance. Theresa-We spoke at the last meeting and I told you that is not necessarily true, it depends on all the aspects that are going on. Did you apply before and get denied? I would go to Masshealth and talk to them about the over/under deductible, people who have long term care insurance and have pension and social security and that's all you have. She can get coverage on deductible over/under. What they'll do is if her long term insurance pays her \$200.00 a day to stay here they'll take that, add your pension and social security and anything you get monthly for six months. They'll tally that and say for six months you need to spend that down. If it exhausts in month four Medicaid would cover you until the end of six months. If you don't have any other assets you should

be able to get approved under those standards. If it's normal you should be able to qualify. They pay the difference between those six months. As long as the long term care insurance is an appropriate long term care insurance and it follows the guidelines of the state you should be able to have coverage. You have to apply. You're not going to know that if you don't apply. Deborah-as far as did I apply Cathy Saunders and I both went down and were denied due to the \$5,100.00, they said that made her ineligible. Theresa-I would reapply and tell them that you have long term care insurance and I would ask them why you would not be considered for over/under coverage. You would have to present your long term care insurance contract. If everything is the way it's supposed to be you should be covered. I think that you need to go through that process. Deborah-like I said we went through it before twice and got denied. Theresa-but the monthly fee for the private room and board was lower than your monthly income.

501c3

John-Mr. Sanders are there any updates from the fundraising group? I did call Sherry Costa-Hanlon and she is considering the paperwork and you might want to give her a call. Barry-there are about 4 of us now putting this together. I have clarified some of the pricing and it will cost us between \$400.00-\$800.00 to get started and I don't see that as insurmountable. We should solidify the people that want their names on the application in the next week or so. I'm told the whole process takes about three months, much of the early stuff is easy and doesn't take long at all. Once we've filed with the feds we can start fundraising it's about getting past the state hurdle of making sure we submit everything. I was pleased that I got some interest and people responded to the message Mr. Brennan sent out. It would make sense to meet here. My strategy is to keep things small until we get things going. I do have somebody with 501c3 experience that is going to sit with me.

John-the next meeting is June 27th at 6:00pm.

~~Theresa-usually during the summer we take a month off, however with new Board members I don't feel we should do that.~~

Mr. Martin moved and Mr. Boiros seconded to adjourn at 9:30pm.

Respectfully submitted,

Kelley A. McGovern
Recording Secretary