
Mark Hennessey: Welcome to today's meeting of the Continuing Care Retirement Community Council. I am Mark Hennessey, the chair of the council. I would like to call to order the meeting and welcome everyone. These meetings are subject to open-meeting law and is broadcast over the Internet. Webcasts are accessed at the Department of Health website, which is www.health.ny.gov. The on-demand web archive of the meeting will be available no later than seven days after the meeting for a minute of thirty, and then a copy will be retained by the department for four months. A few reminders and we went over this a little bit earlier but we'll go again. The microphones are by default in the hot position so if you don't want to be heard please switch them off now. Anytime you're speaking, please make sure to switch them on. If they're on and you're rustling papers around we're going to hear all that. If your phone is going off, we're going to hear that too. So the other thing we'd ask is if you'd please silence or turn off your cell phones, I personally silenced mine. If a Councilmember wishes to speak, please raise your hand to get my attention. Councilmember Barnett I'll keep sort of turned around and try to get a sense of whether your hand is up or not as well. When I see your hand I'll call upon you and then we'll move onto the next person as we go. members of the public you are encouraged to attend the CCRC Council Meeting. I know we may have some folks to public comment here today. Just a reminder, we need a notice of appearance form for anyone who is appearing before the Council. So we need that notice of public appearance form, they are on the back desk over there if you're interested in filling it out. We also know that there has been an opportunity for people to submit written comments and those have to be given to us no later than 72 hours before the meeting so we will pause at one point and get the public comment and we'll get any written public comments as well. It's been a while since we've had these meetings. We had a nice request from one of our Council members to do some introductions. We've had some changes in personnel and it's a really exciting time for all of us because we haven't been together in a while. So what we'd like to do is just if you start off by giving your name, what your position is here for the day. So if you're a Councilmember talk about being a Councilmember and then your interest in CCRC more generally.

I'm going to start it off. We'll go around this way and we were going to chop it up by Council members and folks who aren't Council members but let's just do it in an organized fashion that might be helpful. My name is Mark Hennessey, I already introduced myself, I'm the Chair of the CCRC Council. I'm also somebody who works and has worked in government for about 20 years, much of that time has been spent looking at healthcare systems and the function of healthcare systems. So, I'm very happy to be here, very excited to be working on the CCRC Council. And I'll move on next to our Sound Council Martin Guashi.

Martin Guashi: _____(blank)

Shelly Glock: Hi, I'm Shelly Glock with the Department, I am the Deputy Director for the Center for Health Facility Planning Licensure and Finance and the CCRC program is housed within the center.

Jennifer Allinson: Hi my name is Jennifer Allinson and I'm an Assistant Attorney General at the New York State Attorney General's Office and our role over there is protecting the public and

making sure their interests are being represented. I am excited to be here in order to do that on behalf of the CCRC members.

Barbara Stubblebine: Hi, I'm Barbara Stubblebine, I am Vice Chair of the Council and I'm also Chief of Staff at the New York State Office of the Aging and obviously CCRC is something that's important to the aging community and I'm happy to be here to represent that group.

Herb Friedman: Good morning I'm Herb Friedman, I am retired recently was with Gerwin since it's inception I was with Gerwin for 33 years and developed it from a 300 bed nursing home to 460 bed nursing home, assisted living, 2 homecare programs, and independent housing which just opened for it's first admission this past Friday when they got a certificate of occupancy and they've been admitting over the weekend.

Brian Nealon: Hi, I'm Brian Nealon Councilmember and I am the CEO at the Wesley Community up in Saratoga Springs. I've had the privilege of working in long-term care for the last 43 years and at the Wesley Community we have a large skilled nursing facility, subsidized housing, market rate housing, assisted living, outpatient therapies, and homecare agency. The continued growth of CCRCs in the state is vitally important. Thank you.

Madeline Lee: Hi my name is Madelyn Lee, I'm a consumer. I'm a resident of Woodland Pond and our executive director is here today and I've been at Woodland Pond since 2013. One of the great interests I have I'm always interested in whether all of you are thinking about the consumer, the end result of everything you talk about. The other thing that concerns me is why there are so few CCRCs in New York State and that's a long-term interest of mine and one I will be blowing the horn for.

Joel Dankwa: Good morning everyone, my name is Joel Dankwa, I'm Assistant Council within the Health Bureau of the Department of Financial Service and it's really nice to see some faces that I'm used to seeing in small zoom boxes.

Erga Shanaj: Good morning everyone, my name is Erga Shanaj I'm the Assistant Chief of the New York State Department of Financial Services. I oversee insurance company's financial condition and solvency including the CCRCs. It's very nice to be here today.

Alice McKenney: Good morning everyone, my name is Alice McKenney, I'm the Deputy Chief of the Health Bureau at the Department of Financial Services. _____ (fades in and out) at the Department of Financial Services we monitor for the financial solvency of our regulated entities and we help the CCRC _____ (faded) and we're so happy to be here _____ (faded).

Mike Heeran: Hi, I'm Mike Heeran I'm with the Department of Health the CCRC Program Director for the Department and I've been overseeing CCRCs for the Department of Health since about 2012. And I'm very glad we're all here in person again. It's nice to see face in the group.

Mike Spaluti: Hi, I'm Mike Spaluti for the Department of Health in the Public Health and Health Planning Council.

Colleen Leonard: I'm Colleen Leonard with the Department of Health I'm the Executive Secretary to the Public Health and Planning Council, our sister Council so we're here to assist.

Mark Hennessey: Councilmember Barnett can you hear us? Harriet can you hear us? Alright so Councilmember Barnett one last shot, can you hear us? Alright so we'll work on trying to resolve the technical issue that's preventing Councilmember Barnett from being able to respond to us right now. So I just wanted to talk to a couple of things before we get started with the other pieces of the official agenda. We've met our two new members in person for the first time, so again, thank you for coming on board with us we really appreciate it. We also sadly have to announce that Councilmember Jim Davis retired and with his retirement decided it was time for him to no longer participate in the Council. And I will tell you from a personal perspective and professional perspective, I will miss him very deeply. A really, really wonderful guy and someone who cares very much so about the development and proper functioning of this industry and CCRCs more generally. So, we wish Jim really the best regards in his retirement. So, I just wanted to mention that to folks as we go.

So I'm going to pause for one second here. Do we have Councilmember Barnett? We're going to take a pause for just about a minute.

Alright so the second item on the agenda I guess is the approval of transcript for the October 19, 2021 CCRC Council Meeting. I know that Mr. Heeran was able to make some minor corrections just to clarify some of the points on that on those minutes. So right now I'll entertain a motion to approve the minutes. Could I have a motion?

Jennifer Allinson: I'll make a motion.

Mark Hennessey: Councilmember Allinson. Could I have a second?

Barbara Stubblebine: Second.

Mark Hennessey: Terrific thank you. Alright let's put it up for a vote, all in favor of approving the minute of the October 19, 2021 CCRC Council Meeting please say aye.

All: Aye.

Mark Hennessey: Any opposed? Any abstentions? Alright thanks a lot, we'll move onto the next item on the agenda. So, next item on the agenda is actually the public comment period. I just wanted to check to see if we had anybody who was interested in speaking for the council. So come on up if you don't mind. And remember I should have mentioned this earlier and I apologize, that if you're coming up to the Council, anyone who has already introduced themselves Council members, other people, staff folks, thank you because we know who you are now. Since we're doing closed captions it's really important that we get your name and the

organization that you're from. So anybody else who is also giving us any public comment or appearing a little bit later on in the schedule please make sure to do that so thank you and I'm sorry for the delay.

Michele Gramolia: Good morning everyone, my name is Michele Gramolia and I am here representing sort of two organizations. My day job is I am the President and CEO at Woodland Pond at New Paltz which is an Article 46 CCRC in the Hudson Valley and I'm also here in my role as the President of the Leading Age New York CCRC Cabinet which is an advocacy organization. I'm sure you're familiar with Leading Age. I've been on that cabinet since 2012 and I have been the President for a number of years. I wanted to come and speak to you today about some of the things that we have been working with Department of Health and Department of Financial Services with. I'm very pleased to see our colleagues I was able to meet for the first time from DFS so hello again everyone. So, the CCRC group in New York as Madi eluded to is relatively small. So the two Article 46 we only have 12 ish operators. But our challenges can be many at times particularly with the financial model that we have in New York so heavily reliant on occupancy, the refund requirements, and so forth. And I would characterize our group of operators by in large as being passionate about our careers and our career choices, passionate about our organizations, passionate about our residents, passionate about our financial stewardship and to sort of marry that passion with our responsibilities we are very often needing to pivot and make changes. So the models change from time to time how we're meeting the needs of our consumer changes from time to time. I would say that we are trying to be as nimble as we possibly can but we recognize that there is a regulatory framework in New York that can sort of hamstring some of that at times. So we right now are very interested in working with Mike Heeran on some potential regulatory reform. So a number of years ago we had been considering sort of attempting to potentially put forth legislation to modify Article 46 in some ways to suit the needs of the CCRC industry in New York. And the legislation that we put forth did make it to the Governor's Office when Governor Cuomo was here but he vetoed it in 2020 or 21 and we sort of rethought the process. We looked at the regulatory framework that we have and we think we have opportunity there to find some streamlining and some efficiency and some ways that we can make things a little bit easier on the operators. Mike is extremely dedicated to ensuring that he follows and are sure that we follow the regulations to the T but there are definitely times that things can kind of hamstring us. So, we are going to work on some things with Mike on that. One of the things in particular, and this has crossed over to DFS because we are also working actively with DFS to try to find again, some efficiency and some streamlining. I believe that all the Council members know that any sort of major operational change that any of us wants to do requires approval by the Department of Health and by Department of Financial Services and we understand and accept that. But there are challenges there. That's a lot of people that need to approve things and sort of coming at it from different angles. So at the same time that we're working with Mike to look at the actual Regs under which we operate and see if we can find some efficiencies, we've also been working with the folks from DFS that are at the table here very recently as a matter of fact to see operationally what we might be able to loosen up a little bit to help us get some things moving. Many years ago DFS oversaw CCRCs at the hands of a single individual. Since that time, it's sort of turned into more of a committee is how I would describe it. So there are a number of responsibilities within DFS as it relates to CCRC approvals and rather than going through a single person as a point of contact to represent all of

DFS, there are really 3 areas; legal, regulatory, and actuarial or finance. Each of those umbrellas need to have their own approval and so right now ultimately we're kind of needing to get approval from the way, I see it as an operator, is 4 different organizations within New York State; so Department of Health which is represented by Mike Heeran, then the regulatory side of DFS, the legal side of DFS, and the actuarial or finance side of DFS. So it definitely multiplies the number of approvals that we need to get. Because really a lot of things that we like to do or need to do operationally need approval, it can be cumbersome and it can be inefficient. So, we're working collectively on some initiatives to try to find sort of some low hanging fruit and identify ways that we can assist DFS in potentially streamlining the process or they're going to let us know sort of, we're going to commit to being a little bit more in communication about timeframes and scope of work and things like that just to see if we can get some of the things that are kind of holding on for a long time, sort of work through the system. And I think that and certainly I don't know if there's an opportunity for dialogue here but certainly the folks from DFS can articulate this as well. There are staffing challenges everywhere. There's staffing challenges at Woodland Pond, there's staffing challenges at DFS, at DOH, so it's a process that already is some of cumbersome but then it's also exacerbated at the present time because the personnel resources just aren't there. So, it is impacting the CCRCs so I want to publicly thank Mike and all of you from DFS for your willingness to work on this issue. I don't think there's a silver bullet. You may agree or disagree but I think we can find some ways to make this a little bit more efficient. Because right now we're so dependent on making sure that our occupancy is strong for our residents and making sure that we're not getting ourselves into financial risk. We do need that nimbleness and we need that responsiveness. So, I think it's very important that you know things aren't exactly working 100% in terms of the approval process and it does have an impact on the CCRCs. But we are at the table together now and articulating a desire to try to free up some of the log jams and such.

I do just want to point out 3 areas that we're hoping to address with DFS and the folks are aware of this. One of the things that we find particularly challenging, excuse me is the current...

Mark Hennessey: I just want to pause and say we'll give you another three minutes.

Michele Gramolia: Thank you I don't even need that long. I could talk for hours. The three areas that are of particular interest; the first is the we are required to have a tri-annual audit or an examination in accordance with Article 46. neither Article 46 nor the regulation that sort of drills down on that law are particularly clear in terms of the scope of that exam. And it does tend to then sort of somewhat fall into the hands of the specific examiner. Those examinations have not been happening consistently nor have the reports been coming to the operators consistently at all. And everyone is aware of that, this is not a secret, but those exams definitely need a look. So we're going to look at that process and I think that there's an opportunity from a regulatory perspective to tighten up the language about what that exam should entail and ultimately who's responsible for it. Presently, my understanding from Mike Heeran is that DFS is conducting those exams under an MOU with DOH but there isn't a requirement necessarily that DFS does them forever so we may be able to do something with third parties here but the scope of that exam and the actual completion of the exam is critical to the industry and it's critical to us and it's not working well at the moment.

The next thing is when we submit requests to DOH and DFS we're going to be looking for cooperation in terms of the scope of the review. So for example, right now Woodland Pond is looking at doing a limited on-site expansion of adding 6 units, it's limited. What we're hoping to do is avoid a full review of our full residence and care agreement again. So making sure that our request is identified and understood to what we're specifically asking for at a specific time so that all of the parties that are involved in approving something stick to that issue rather than opening up cans of worms that have already been attended to. So, we're going to work on making some progress there.

And in an ideal world and this is just a pipedream I don't know if its possible down the road again but for us to have a single point of contact that can speak for DFS as a whole, that would be a wish for all of us. So similar to how Mike gathers insight and guidance from Council and other folks on the DOH side we would love it from the operator perspective if all the behind the scenes work could be done at DFS collectively and then one person is our point of contact. It worked really well when it was like that back in the day and it's a dream of ours. I don't know if we can get there but I have to say it on the record. That is all that I had to say today. I'd be happy to take any questions if that's allowed.

Mark Hennessey: That's actually what I was going to ask now. Is there anybody from the Council who has any questions?

Jennifer Allinson: Hi, Jennifer Allinson thank you for that. A question about the length of time it's taking to gain approval from DOH and then the three divisions of DFS. Can you give an estimate of the length of time pre-pandemic and then what's happening now?

Michele Gramolia: I can tell you that it depends on the project. So this is publicly available information, there is a particular operator that has had a contract modification request into DFS since last April and that still has not been resolved. I currently have a current request that's probably been, I officially probably put my request in 8 weeks ago ish and that's moving along and I've been getting updates on where we are. And as I said, our dialogue has expanded dramatically since February and it's been great. so I kind of know where we stand on everything so getting an update we might not have an answer yet but we know where it's going so it kind of varies. But some of these things I know that there was a refinancing that another CCRC did and it was the DFS approval that ultimately was delaying their ability to refinance. In my case, I can tell you ours is sort of an easy slam dunk financially it makes sense for the community. The financial people at DFS the actuaries have already completed their review so it's hung up somewhere with either the regulatory or the legal side. I would say it varies but generally speaking we see the actuarial or financial piece happen rather quickly and then the legal and the regulatory is where it seems to get a little more hung up.

Mark Hennessey: Any other Council members with questions? before you go, I can just say to be honest with you that we welcome the opportunity to work with you on trying to figure out if there are ways to make things easier and I think a lot of the emphasis of the Council over the past few years has been really trying to figure that out and we're very blessed to have wonderful

people that we work with in all parts of government and also in private sector. And we just want to figure out if there is an appropriate way to do it. So first of all I want to say I appreciate you coming here today to talk to us and then also that we're very willing to listen.

Michele Gramolia: I appreciate that. We are likewise willing to put workgroups together and work with everyone and again, thank you very much for your cooperation and commitment and thank you to the Council.

Mark Hennessey: Was there one written comment I think that we received? No, there wasn't okay. Fantastic.

Male: Mark we did lose Harriet Barnett for technical issues but we still have a quorum. I just wanted to put that on the record.

Mark Hennessey: Thank you. Please let us know if we can reconnect with her that would be wonderful. Alright, so next item on the agenda is the proposed changes to the Council Bylaws. As per Section 8 of the CCRC Council Laws, the bylaws can be amended by an affirmative vote of the majority here at the Council but the first step in that process is actually having them presented to us for your consideration. So we're going to have Mr. Heeran walk us through some of those changes today. There will not be a vote taken on these today. We'll give you time to look through it, consider any of the changes that may take place and then hopefully at our next meeting, which we're looking for September at this point, we'll be able to consider these and actually vote on them. So, Mr. Heeran.

Mike Heeran: Thank you. So I believe under the bylaws how this works is you're supposed to be presented with the changes ahead of time, that's what we did last time as well when these were changed a while ago. So there was some changes in the law back in 2015 that required us to make changes in the bylaws in the past. When we did that we did miss a few things. So part of this is just a little bit of clean up. For example, in the old Public Health Law Article 46, Council had to meet 4 times a year with an annual meeting; now the law reads we meet as necessary so there's no annual meeting. So you will see I struck some language in there about the annual meeting just making the first meeting every year to be acting as an annual meeting. Also, this Council does not have any dedicated duties of support staff within it. When this Council was formed, it was actually everything was all neat and tidy under Linda Gauty and her group but now, because of some structural issues within the Department and I'm not in Mark's direct line of working area, I work in a separate area of the Department, so we just put in some language here that give Mark the Chair the authority to direct Department of Health staff to perform duties on his behalf. That's under duties. Again, the annual statement, there's changes that just says the first meeting of the Council replaces the annual meeting of the Council. Not a lot of changes. Committees because again there is no annual meeting, the language here on the Committees was changed so that the Committee has not met and reported to the Council at least annually that, that committee should be deemed to be discontinued, the language in there. We did have to change section 7 for the Office of the Council. My area has moved so the reference in there is actually related to where I used to be. I'm now in the Corning Tower so I just says the

Center for Health Care Facility Planning which is where the oversight of the program is housed. So that's pretty much it. Mark did you have adjusted changes in language.

Jennifer Allinson: Good morning I just have one change under section 2 Duties, the edit that you made instead of having the word has to change that to shall have. That's my only edit thank you.

Mark Hennessey: Councilmember.

Madeline Lee: I'm sorry this is an ignorant question, who appoints and who hires and who fires the staff? Michael this is not personal (laughing).

Mike Heeran: So all of the staff that work, so Mr. Hennessey is the Chair, he is appointed. But the staff work for the Department of Health. So all of the staff that support this Council which would be myself and my coworkers that are helping out here we all work for the Department so there's no contracted staff or anything so it would be the Department of Health.

Madeline Lee: So, it's essentially a program of the Department of Health legally and in terms of all the ordinary administrative _____ (faded not speaking into mic).

Mark Hennessey: Right. The Department of Health is the lead agency for the program so that's our function and role.

Madeline Lee: Back in the nonprofit world we don't have that.

Mark Hennessey: Are there any other questions or comments? And again, we'll have an opportunity to take questions and comments and any other sort of matters related to this when this comes up at the next meeting alright? Next item on the agenda is a CCRC program update report from Mr. Heeran. So Mr. Heeran you want to give us an update on what's going on with the CCRC program?

Mike Heeran: Sure, great. I'd just like to start off by saying that I did reach out to the New York State CCRC Industry to try to requires that they provide some informational updates either at this meeting or in the future to have more of a direct link with the Council since Councilmember Davis who was the operator representative on the Council so I thought it would be important for them to start coming forward to give some of these updates instead of having to hear from me all the time. So, hopefully we can work our a procedure in the future. It didn't work out for this meeting but I'm working with the industry to try to get that to happen so they could have a voice still on the Council until we're able to fill Mr. Davis' seat and we are working to try to fill that seat.

I just have some brief updates for you here. New York State CCRCs are making decisions on the independent living communal dining and social activities at their facilities based on COVID infection rates in their geographical area and at the community themselves. CCRCs engage residents by internal communication and social media platforms to keep them up to date on COVID-19 infection control protocols. Michele who spoke earlier has a great youtube channel

she uses actually to do that. Many, if not all of them use their website to communicate COVID-19 case information and restrictions on visitation of family members. They post that on their website. And, of course, assisted living and skilled nursing sections of the CCRC are required to follow requirements for those licenses that are issued by the Department of Health. Herb stole my thunder a little bit on the next one, Down Gate Gardens has completed it's initial stage of construction and is now open and accepting residents. The terrace building consisting of 27 units is open and the remaining 102 units will be open later this year and they are anticipating approximately 16 executed contracts by the end of June. This will be the 12th active Article 46 CCRC and we have one active fee for service CCRC under Article 46A. So I will be referring to them as 12 plus 1 because I am superstitious and you can do the math to figure out what the real number is but you are going to hear me say 12 plus 1 and it's also a good way to remind us that there are 12 active CCRCs under Article 46 and we do have the 1 that's under Article 46A the fee for service and that's Good Shepherd Village in Endwell.

And Jefferson's Ferry on Long Island on October 3rd, 2019 they were approved to expand and renovate the CCRC and amend the certificate of authority to expand to 321 independent living units. On November 12, 2020, Jefferson's Ferry received approval to begin construction on phase 1 of the project which included construction of new assisted living apartments, skilled nursing renovations and 60 new independent living apartments. The project is currently ongoing with an active IOU count right now at 293 which is 265 apartments and 28 cottages. They will continue to add IOUs to the certificate of authority as they are completed and they're going to add a special needs ALR assisted living component by the end of the project. And that's pretty common at the CCRCs most of them are adding that special needs assisting living which provides a memory care and it keeps people out of the skilled nursing environment. So that's been very popular across the CCRCs to add that level of care.

Woodland Pond at New Paltz, Michele just spoke. They did file a request with the Department to add 6 additional IOU cottages on the campus. The cottages are in high demand at the community and Woodland Pond expects most if not all the cottages to have deposits on them by the time construction is completed. the application is still under review but we don't have any reason to believe that it won't be approved as long as the financial documents that have been submitted check out. In the past year, some CCRCs did take advantage of low interest rates to refinance their debt, but due to recent increases in interest rates, I'm not sure if we will see many more requests for debt refinancing but a lot of them were able to take advantage of those low rates.

Consumer interest in the New York State CCRC product does appear to remain relatively strong I think in part both survive strong real estate market. We are hearing a lot about hot leads, a lot of very positive marketing events. A lot of interest. But some CCRCs have reported that they're having issues converting those leads in that interest in actual closings and move ins but those circumstances appear to be related to specific issues at the community or timing of the January surge in COVID cases which threw some of the CCRC activities off a little bit. I will point out here that the Amsterdam at Harborside has experienced some difficulty in converting leads to closing and move-ins post the restructuring in September. The ability to execute new residential agreement contracts was a key element in the restructuring plan and it was approved and

representatives of the Harborside have been engaging the State Regulators on potential tactics and incentives to use to help improve the close rate on prospective leads. So we remain in close contact in working with them on that.

My last item is the Summit Upright CCRC is making some changes to its legal structure. It is still interested in pursuing the care at home product. It is contemplating a further reconfiguration of the community in the near future. Some of the actions being pursued may require CCRC Council approval and we just weren't prepared to bring that forward to you today but we're hoping to in September and the Council should expect a discussion of Summit Upright CCRC on the next meeting in September with possible action being requested at that time. And that concludes my report. Are there any questions?

Mark Hennessey: Thank you Mr. Heeran. Sorry there is a question.

Jennifer Allinson: What is the percentage occupancy at Amsterdam now?

Mike Heeran: I believe somewhere in the 60% range.

Jennifer Allinson: Okay so it's lower than even last fall.

Mike Heeran: They've had again, a lot of difficulty. I think the timing they came out of the restructuring in September, they were trying to get their feet back under them. They've had some staffing changes, Mr. Davis not only resigned from the CCRC Council that coincided with his resignation of the Amsterdam, the CFO also resigned. So by the time they came out of that its January, we all know what happened in January. So they've been working pretty diligently. They do have a very strong lead base. They have a very strong interest its just a matter of working with those consumers to get them to actually move in. So we're monitoring it, we're working with them and hoping to turn that around and get that occupancy back up.

Mark Hennessey: Anybody else. I'm going to assume that's a no. The next item on the agenda is a report to the Council on Glen Arden CCRC. Representatives of Glen Arden, Inc. and Bethel's Community Management also know as BCM are with us here today to provide an update on operations. If you would please join us. They are going to give us an update on the timeline of the asset purchase agreement that is expected to result in a transfer of license from Glen Arden CCRC to a Bethel entity. Application for the Public Health Law Article 46 certificate of authority portion of the transfer will be submitted to the Department of Health and Department of Financial Services, should such an application be ready to be made. The Department of Health and the Department of Financial Services will submit their recommendation to this Council if we receive that application and gets favorable consideration. Beth Goldstein is here today from BCM and so I'll ask you to give us that update on Glen Arden CCRC first as a manager and then identify for the record what's going to be happening going forward. Thanks so much. And could you make sure to please introduce yourself and say where you're from?

Beth Goldstein: Sure. I'm Beth Goldstein, I am the CEO of Bethel Communities Management and we are currently managing Glen Arden CCRC on behalf of Glen Arden and Elant, Inc. We have been doing this since December of 2019.

Mark Hennessey: One moment I'm sorry you have some folks on the phone with you today who need to be mentioned as well before you get all the way down the pathway there.

Beth Goldstein: On the phone is Anastasias Marcopolis, the CFO of Bethel Communities Management, he's under the weather so he couldn't attend in person, and I don't know if Christina is on the line or not she's not okay so just Anastasias. Oh and Howard and Donna, on Donna Cornell are here Donna Cornell Chairman of the Board for Glen Arden, Inc. and Howard Pratt are their council. So BCM has been managing Glen Arden, Inc. since the end of December 2019, unfortunately through the pandemic and we sit here today, the goal of our management agreement was to stabilize Glen Arden which over the last 2 ½ years now almost we have been able to do from an operational perspective, we have stabilized operations not to the point of being cash flow positive at the moment but we have been able to stabilize things. We have been able to arrange for the repayment of all entrance fee refunds that are due either through payment terms or settlements but as of today, everything that is owed has either been settled or paid. So we are very happy about that. We also have made some renovations to the community. Mike Heeran was there last week and was able to see some of those enhancements that were done and we have a very vibrant marketing program with events monthly with a lot of hot leads. Most recently, we did submit for a change of contracts for Glen Arden currently the operator based on our marketing and what we saw people wanted, we saw that there was a need to change contracts so we recently, just as of 2 weeks ago, received our approval to market the new contracts and we've begun marketing them and I can sit here today and say that we've taken deposit 2 days ago and we have another deposit that will be brought in tomorrow with many hot leads over the next couple of weeks that we anticipate depositing as well. And that's basically, the Board has been very cooperative, Donna Cornell has been very cooperative with meeting all our needs, all the questions, getting things approved and that's where right now we stand as the manager of BCM of Glen Arden, BCM is manager.

Mark Hennessey: Okay so that's the update piece right. Okay. I have a couple of questions but I just want to pause and see if any other Council members may have some questions? Okay, just want to check on the residents. How are they doing?

Beth Goldstein: The residents are doing very well. I think they are very happy that we're there that we've been able to stabilize the community. There was a lot of angst about their home and was it going to continue and I think we've been able to give them the assurance that that's what we're there for and we've been able to do that. Programmatically, things have not changed for them. Services have not changed and I believe they are all very happy at the moment and happy with how things are progressing as well.

Mark Hennessey: Councilmember Lee.

Madeline Lee: How do you know that?

Beth Goldstein: We have monthly meetings with the residents.

Madeline Lee: About how many people come to those meetings?

Beth Goldstein: Probably 30 to 40.

Madeline Lee: Instead of a total of how many, I'm sorry I missed that.

Beth Goldstein: Currently there are 62 residents at Glen Arden.

Mark Hennessey: Are there going to be any comments from anybody else who's on the phone or representing BCM. Just checking.

Mike Heeran: To add maybe I can help Councilmember Lee. I was there. I went down in preparation for this meeting actually did a site visit to Amsterdam in April and then I did one to Glen Arden last week, observed dining, observed residents. I've been to Glen Arden numerous times so with that said, I did observe residents eating. I did talk to residents. So I did make sure that services were being provided as I've seen over the years at Glen Arden in a consistent manner. So, I was on-site if that helps you.

Mark Hennessey: Councilmember Lee, anything else? Okay. Anybody else before we, okay I just want to thank you for coming here today to talk to us and give us an update on where things stand.

Beth Goldstein: Do you want a further update on the asset purchase agreement and...

Mark Hennessey: Sure.

Beth Goldstein: So the second part of what I have to say is we have entered into an asset purchase agreement with Glen Arden Elant to acquire Glen Arden and we are currently working on all the approvals that are necessary. We will be submitting a CON for the Article 28 skilled nursing facility as well as the Enriched Housing application and we are working on the Article 46 application as well and our timeframe is hopefully over the next I would say 30 to 60 days to be able to submit all our applications once we finalize the plan of finance and the lease agreement, etc. loose ends that need to be tied.

Mark Hennessey: So, I think once we have that application and all that in front of us that would be the appropriate time to ask questions about the specifics on that matter. But other than what I just said, is there anything else that anybody wants to comment on, ask questions about anything like that? Okay. Again, thank you very much really appreciate it.

So the next item on the agenda is a request for a name change. You know that there was a transition at the Amsterdam and what we're going to do next is approve the name or take a vote, we will take the vote first and then we'll approve it, a name change to take Amsterdam House

Continuing Care Retirement Community and change its assumed name from the Amsterdam At Harborside to The Harborside. So, let me just first see if I have a motion. Does anyone want to make that motion?

Jennifer Allinson: I'll make the motion.

Mark Hennessey: And second? Thank you. And now we'll see if there's any discussion on the matter. Councilmember Lee.

Madeline Lee: I'm sorry to keep asking questions but I don't understand. First of all it comes on a letterhead that says The Harborside does that mean the change has already been made?

Mark Hennessey: The change will not be legally effective until we make that change and so that's why it's up here for consideration today.

Madeline Lee: How long has the stationary been there that shows The Harborside?

Mark Hennessey: I don't know the answer to that question.

Madeline Lee: Am I correct in assuming that there was a lag in making the change and getting the approval of the Council?

Mark Hennessey: Mr. Heeran do you want to take that one?

Mike Heeran: Sure, so The Harborside went through a whole restructuring and came up with a rebranding. They do have everything printed, they filed all the paperwork. They are required by regulation to get the approval and I made them aware of that. They filed the paperwork to get the approval so that's what's here today but you have noticed they have done all the rebranding work and everything. We did not object. There is a timing of getting the meeting together for approval. They met all the requirements under the regulation which you actually have a copy of it before you in order to, I think it says withhold the proposed approval. But there was none of those events were triggered so this would be something that the Department would recommend for approval and we hope the Council would approve to let them do that. I will add that the name change is very minor and it's really the purpose of it is the Amsterdam Nursing Home which is the affiliation that's in the name Amsterdam at Harborside that is currently being sold. That's not a secret, that's public knowledge. So they're doing this to unbrand themselves from a nursing home that's being sold that will no longer be part of their organization. So it is a minor change, it is a dropping of an affiliation name off of the name so.

Madeline Lee: I was also confused by a mention of a not for profit that had already been established called The Harborside.

Mike Heeran: The Harborside is the DBA name so the actual legal name of the operator which is not changing is The Amsterdam House Continued Care Retirement Community, Inc. That is the operator name; their doing business name or the business name will be The Harborside going

forward instead of the Amsterdam Harborside. There is some paperwork in here about I think one of the associated charity organizations...

Madeline Lee: yes that's the question

Mike Heeran: Yeah and that's not part of this, should not be part of the request so it's actually the DBA name of the CCRC itself. Again, some of the CCRCs that have set up that kind of, I'm not going to pretend to be an expert on the not for profit corporation but I believe that's what they do.

Madeline Lee: So, this is already a not for profit corporation and will continue to be so?

Mike Heeran: Yes, there will be no change in the corporate structure, its just in the DBA name, the doing business name. That's correct.

Madeline Lee: Thank you.

Mark Hennessey: Any other questions or comments from any other Council members? Okay so we have a motion and second, so we're going to take a vote on the motion. All in favor say aye.

All: Aye.

Mark Hennessey: Any opposed, any abstentions? Alright the motion carries. Thanks very much. Now we're going to have discussion of potential topics for future CCRC Council meetings. Great time when we have some new folks joining us from all sectors to pause for a second and think about things that we may want to work on over the next few years. I know Mr. Heeran is going to talk to us a little bit about a few ideas that are popping around. But we also just want to take the opportunity to pause and see if there are things that Council members would like considered and I've just got to be honest, if you don't say it today it doesn't mean that's the last chance to say something. It can also be considered outside of the meeting context. But we just want to give the public opportunity for council members to make any suggestion they may make. I'll start with Mr. Heeran and then we'll go to Council members and hear from them second if you don't mind. Thanks Mr. Heeran.

Mike Heeran: No problem, so actually this is a great topic because we started to hear about this earlier in the meeting and it kind of ties into what I think you've heard early in the meeting and where the industry and the regulator groups are at in general. So this should dovetail nicely into Michele's comments. But I want to point out some things that need to be done with the program and then some things that we expect to be coming up. We have a nice light agenda today so this is going to give us some time to talk things through and for you all to help the department understand and the support staff understand what you need to see and things you'd like us to do to make these meetings as effective and efficient as possible.

The first thing I will point out is that the DOH regulations for CCRCs are very outdated. Most of them are from 1992. The industry has changed immensely since then. DFS actually updated

their regulations referred to as Reg 140 back in 2019. So we're very out of sync with not only what's going on in the industry with the regulations, we're very out of sync with DFS regulations and also with some of the changes that were made in Public Health Law Article 46 back in 2015. So these need to be addressed. We're thinking about how to do that. This will require engagement of council. So we will have to work through all of you and talk about how to do that.

So my first thought to put out there is for you to think about what we need a refresher on proposed rule making works in the state. We can do that for you I can get documentation to help get you up to speed so you understand what proposed rule making is, how regulations are changed. But we do need to address that soon.

And there are also some policy statements that were from the previous Council that over these years with the Council I've talked about that need to be updated and refreshed. They're just out of date. You heard earlier from Michele and I'm going to point out again, its on my note here to talk about the Department of Health and the Department of Financial Services have agreed and in talking to the industry we agreed that the examination process under the Public Health Law section 46-14 that's what Michele is talking about, every 3 years an examination has to happen. It's not really the best it could be and there's been discussions, the law allows for us to outsource that and we're working on that but that will require work with the industry and then work with the council and discussion in a public forum about how to set the scope of work for that, that we have an examination process that's constructive, that sets certain metrics and the scope of work that really achieves the goal of what these examinations are for. So I think we have commitment from all parties involved, DFS, DOH, the industry. This is something that we all want to happen and needs to happen. So look for that coming very soon because we'll have to run all that and we'd like to speak to you publicly about that hopefully in the fall so we can go out with some sort of contract to get that work done by somebody in a way that's effective and I think will meet everybody's needs. So that is something Michele talked about. And I want to acknowledge that we've been addressing that for a while. Again, when we get to the fall, and I'm going to pause in a minute so I'll let you all speak, I speak too much, I'm like Michele give me a minute, I'll take an hour. But there are some things coming up that we're going to start getting into some areas of Public Health Law so it's going to be important for us to understand for all of you what you need from us when we get to that. And the example I'm going to bring is Summit Upright. Summit Upright we weren't ready to come forward today with action to the Council for what they're proposing to do. It will require action of the Council. The issue they're going to get into will require some explanation. So we're going to start getting into areas of Public Health Law that we haven't talked about openly in this meeting. So as far as background materials, for example, I gave you a copy of the regulation today; you had it so you knew. Things like that we need to hear about from you to know what would be helpful for you to be prepared for these meetings so when we have these discussions, you're well informed, you know of the topic and issue. So that's very important for us as I'm not only CCRC program director, I'm your support staff, I'm your liaison for the Council as well to bring you paperwork so, wearing different hats, I need to know what you need and get a feel from you as a group as to what you need to see, what reporting you'd like to see, what you'd like to see from the Departments to make these meetings

effective. You hold the authority, a lot of authority to make changes here. So we want to make sure that discussion happens in an informed manner. So I'll stop with that.

Mark Hennessey: Thanks Mr. Heeran. Any other members of the Council have any ideas of things they'd like to see talked about or topics? Councilmember.

Herb Friedman: I don't know if you have this cause I'm relatively new but I'm quantitative and look at things from a macro perspective. One of the things I was looking to hear is let's say with COVID what changes in trends have people now gone, let's say a facility that has a choice of either a large entrance fee with a lower monthly or a lower monthly with a higher the entrance fees, what has change in total? Do we know if a facility let's say that has a life care contract option, have things changed from before COVID? And then in total from a macro perspective, of all the CCRCs how many people take life care contracts, how many don't? How many are taking large entrance fees or taking smaller entrance fees with a larger monthly? And similarly along these lines. Length of stay, what's the average now, what was it before COVID? See what trends or what's changing to pick up a change.

Mike Heeran: So a lot of that information, some of that information we can pick up in the annual reports. So every CCRC files an annual report, they've just come on. DFS typically does a report on that to the Council in the fall so we can queue that up for September. It would be good to hear what you would like to see, that's great information cause we can have that incorporated into that report in September. Feedback like that is what we're looking for. What do you want to see, what information do you want to see? We can see what's filed in the annual reports; we have them from every year. It's a lot of information but we'd like to give that to you in a meaningful way. We'll incorporate that if it's not in there. Michele is here and she works with the CCRC cabinet. As I stated in the beginning, we're trying to get the CCRC operators more directly involved with the Council so that's good for them to hear that the Council wants to hear that information and I can work with them to collect that.

Herb Friedman: Let me ask you this, that's with trends in general. But right now what changes to do you see that are continuing as a result of COVID? Now that COVID is behind. Has anything changed dramatically?

Mike Heeran: Marketing still seems strong. The CCRCs did a lot of positive for the residents during COVID. They were able to avoid isolation, they made sure that the residents were fed, they had marketplaces established on the community to bring in food and there was a lot of communication. They were to get information on vaccines and services. So, I think in some ways that portion of the communal living became attractive to some residents, so I think that attracted some different consumers who may not have been that interested in this product to say, "Hey I don't have to worry about being in my home and getting fed, I can move into a place and they'll take care of me." And the CCRCs did take care of their residents during COVID. They went above and beyond really to make sure that they were safe and educated and well informed at least that's my thought from what I observed. You also saw a section that may have been interested in communal living before that maybe is not so interested in communal living because of restrictions. So I think to me that was the biggest dynamic I observed with some of the

communities. You had some communities that were hit very hard and early in the pandemic and had some high COVID rates and they were affected as well. So that may have affected them a little bit just in staffing and so forth. Now I think staffing seems to be a big challenge that I hear about. There is a lot of staffing pressure, a lot of wage pressure. I think CCRCs tend to be some of the strong employers so they're looked at in the community as the place to work but still they've had those challenges and we've been talking to them about those challenges. So those are the things we've really seen. I don't know if there's anything I'm missing. But contract type wise, there is still a strong demand for life care. Some of the communities have started to look at ways to market differently. That's a conversation probably that we could have about the structure of contracts. It's one we've had with DFS and actually with Glen Arden, they've restructured their contracts in a way that carves out the life care piece so consumers have an option. Before a lot of communities just left it all in there and had an A contract and life care was buried in there. Now they're trying to do it in a way that they start with you can pay for fee for service yourself but if you want to add this life care piece it costs this much; to give consumers a choice, do I want to ensure myself for this amount of money and buy into the life care piece and not worry about it or would I rather take that money, set it aside and use it on fee for service? So we've seen some of the communities try to play with that a little bit from the marketing perspective. But in addition to that I don't know if I'm missing anything? I'm not a CCRC operator so I mean I'm trying to reflect, we don't have Jim here as a CCRC operator.

Mark Hennessey: I want to go in order here to Councilmember Friedman you're all set at this point? Thank you. Councilmember Lee I think you were indicating that you wanted to make a point next.

Madeline Lee: One of the issues I'd really be interested in talking about going forward is the whole question of the Woodland Pond at home. The whole notion of the outreach by the communities, you don't necessary have to go live there but you can have the services provided. I'd like to know how that is monitored. I'd like to know who does the monitoring obviously and I'd like to know the standards that that applies to that. And I say that because I have friends who did that and they're not in this state and they're incredibly happy with having done it and then having moved to the CCRC. So, given the little that I understand of what already goes on in terms of licensing and logjams, I think it would be good if this Council could find a way to evaluate that, and if it seems positive encourage it and try to learn from experience and avoid too many cooks stirring the broth and see if there's an innovative way to evaluate the services as people try.

Mark Hennessey: Mr. Heeran is anxious to respond so we're going to give him.

Mike Heeran: I know Councilmember Lee, we did have a lot of work done and I can give that to you on this. Summit at Brighton CCRC was very interested in this product and actually has an application in for us to review. They just need to make some structural changes which is what I was referring to is going to be on the September agenda. We will bring back the care at home discussion at that point. I will provide you with, they had a workgroup and that workgroup started to focus a lot and Summit at Brighton brought in experts from the Kenner Corporation I think in Ohio or whoever they were working with at the time to talk to us about that. So we have

a lot of material, I can provide you a lot of background from the committee that worked on that and presented. This group, it's the only policy statement this group has passed so far, the rest were inherited, they actually passed a care at home policy that I can provide you that you can see and that was a big focus of that was how do we oversee it? We all, I think there's a general positive feeling about this product. It's a good offering but the same concerns you were talking about were expressed by the workgroup as well and the committee and that's what's in the policies. How do you oversee it? How do you ensure services are being provided? So that should all be there and I'll make sure you get that, we did a lot of work on that and we'll be doing a lot of work on that come this fall.

Mark Hennessey: Do you have any other thoughts, ideas? Okay any other Council members who would like to offer some things? Alright so I will offer one thing and I think the question that we constantly ask ourselves, at least I ask myself is how do we know that the residents are doing okay? And I just want to say I appreciate the comments earlier today about one CCRC but I wonder if there's some way for us to get a broader understanding of sort of the state of the state from the resident's perspective? And maybe we'll talk more about different possibilities of how to do that. I think it might be a helpful thing and then I know that our Commissioner at the Department of Health has talked a lot about access. So, we were I think really excited about the first new CCRC in New York City that was approved I think it was a year or so ago and very interested to see what the other opportunities are for expanding the access to this service across the state. And I think that coincides pretty well with some of the comments we heard earlier and also some of the good comments we heard from the Council today. So those are the areas that I'm interested in. Sorry Councilmember Lee again.

Madeline Lee: In that committee's work was there any discussion or look at the issue of diversity among the population of nursing homes?

Mike Heeran: When we do our examinations, this is going to address Mark's point and your point, so every 3 years part of what we do is go on-site. So part of the duties, and when we do that we do meet with residents and we talk to represents of residents. The operators love to throw me in a room with the residents, they have fun and let them have at it with me. So we do hear directly from the residents on-site both DOH and DFS when they attend. We make it a point anytime we are at a CCRC and once every 3 years to give those residents access to the State regulators. To your point about diversity, as part of that examination we do discuss diversity with every CCRC and how they have policies in place to try to promote diversity. We hear a lot about diversity in staff at the CCRC but again diversity in the product is something that I raise, its actually one of the items on my list I raise all the time. so we do continue to strive for that, strive for not only diversity in the resident population but on this council as well to try to get diverse Council members as well. And we do have a few open seats and we're trying to look for diverse members from organizations that represent seniors for our two public seats to try to get some diversity on this Council as well. So it's something we always strive for.

Madeline Lee: I know you can't give me an official answer but do you have some sense of the diversity across the state in terms of residents? Would you say that it was a diverse population?

Mike Heeran: So I will tell you there's more female, because of the age demographics you're looking at more female residents. That's just a reflection of the population.

Madeline Lee: I don't think so I think that's a reflection of the greater worth of women myself.

Mike Heeran: I've talked to a lot of residents over the years and I take pride in talking to the residents when I'm there, it's a great part of about my job, something I love because they're amazing. I'm going to say something, a lot of the women will move onto the CCRC campus after the husband is past. They like that style of living. Sometimes the men have spent a lot of time away from home working during their years so now they're retired, they want to stay with the home, they're not ready to give it up. So, I know a lot of female residents have told me that they would have moved in sooner but their husband was against it. Sometimes they wear the husband down or the husband passes. So that's something I think that I've noticed with that population just because, and the communal living, the socialization all of that seems to be popular. Diversity wise, I don't think there's a lot of knowledge about the CCRC program. They work in kind of silos but as a generalized industry to promote the product across the state as an industry product, not just a specific CCRC I think has been a challenge that I've been working with the industry on for a longtime to get them to understand. What?

Madeline Lee: How have you been doing?

Mike Heeran: Not very well. They remain again, I think they're very, I agree with Michele, very passionate. They really believe in their community and promoting their community, working for the community but as an industry to be cohesive and to work to promote The Product across the state and to educate consumers across the state of what the CCRC product is, I think has been a challenge. I think people who go to CCRCs and you could probably tell us your experience if you'd like but most of them knew somebody who lived here, somebody who lived in one in another state. But I think the ability to reach consumers who are like never knew about the product I think is very limited in this state and is not happening at the rate it should.

Madeline Lee: Well I would like to see us talk a little more about it, think a little bit more about it because to me it's grotesque if you look and I'm not a statistician, I don't know about numbers but it looks like the middle class and upper class white person's thing. And I can understand the problem; I don't want to make any judgment about that but there could be ways to think about it differently and to find ways to make it better.

Mark Hennessey: So I think that's definitely something that we could take into account in terms of plans over the next couple of years to focus on these issues.

Madeline Lee: Yeah we'll you're not going to find the answers unless you ask the question.

Mark Hennessey: I couldn't agree more.

Madeline Lee: I would really like to see that.

Mark Hennessey: Okay Mr. Heeran anything else before we close?

Mike Heeran: No, does anyone else have any questions?

Mark Hennessey: Okay so I think at this point, just looking around the Council any further last thoughts before we move to close the meeting.

Madeline Lee: I just want to thank Michael because he has been responsive to every stupid question I've had since I joined. He was not the person who came to my door and said the State Trooper had left out some of the questions and asked me what I majored in in college. And I said, "You have gotta be kidding." No but I don't want to take away from how helpful he's been.

Mark Hennessey: And I appreciate that and I would also say there's a lot, and we've said this before at other meetings but there's a lot of work that goes into getting ready for these meetings and then also just being able to answer questions and all that. And I will say first of all, we're very thankful for everyone in the Department and everyone at DFS who is here with us today working to try to advance this cause. And I would also say that, and this is a personal comment vs. one from the Council, so I'll just qualify it that way. Your passion is important and it's good to ask deep and sometimes difficult questions, because we won't be able to resolve anything unless we actually talk about it. And I think we could have a lot more of that more generally speaking nowadays.

Madeline Lee: Okay I'll do more next time.

Mark Hennessey: Alright so that's pretty much everything we have for today. The next meeting for the Council is going to be September 8th, 2022. It will be in this room, the same room you are in here today. I want to also suggest if you're interested in hearing more about the CCRC Council, you can sign up for the CCRC Listserv and that way you'll also get a notice of when we're going to have a meeting. If you're on the Council you're going to get a notice anyway but this is for folks who are watching on video. And again, if you have any questions about the CCRC you can always e-mail ccrc@helath.ny.gov. And thank you very much. So having said all that, can I have a motion to adjourn? Councilmember Nealon. Second please? You're not on the Council sorry you can't second the motion. I did that the other day at a public meeting so don't feel bad seriously. Councilmember Lee. Definitely supported by DFS thank you. Alright so we have a motion and second, all in favor of adjourning say aye.

All: Aye.

Mark Hennessey: Any opposed? Anyone abstaining. Alright again, meeting is adjourned and thank you again everyone for your time and we'll see you back here hopefully in September.