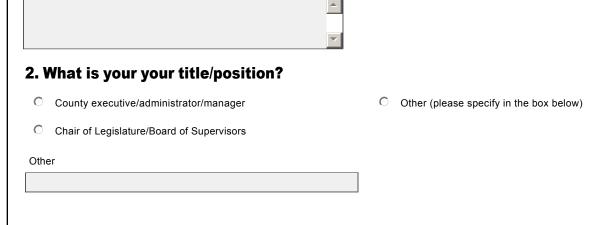
This survey is an important part of a statewide study on the future of county nursing homes, conducted by the <u>Center for Governmental Research</u> in conjunction with LeadingAge New York and funded by the NYS Health Foundation. The survey is designed to obtain needed current information and perspectives from key officials in each county with a public nursing home.

Your response will be returned directly to CGR, and only CGR will see the completed surveys. All analyses will be conducted in the **strictest confidence**, **and all findings will be reported only in the aggregate**, with no information reported in any way that could be linked to a specific county or nursing facility.

We greatly appreciate your time and attention. Please complete this survey by **Tuesday, March 5**.

If you have questions, please contact Erika Rosenberg (585-327-7066, erosenberg@cgr.org) or Don Pryor (585-327-7067, dpryor@cgr.org).

*1. What county do you represent? (We won't use this in our analysis, but need to know that we have a representative sample of counties.)



C Very cooperative C Somewhat cooperative C Neither cooperative C Somewhat nonessential C Somewhat nonessential C Not essential C Not essentia	home? (Choose one of the follow	
4. How essential do you feel the County nursing home is to the mission of your County government? (Choose one of the following.) Very essential Somewhat nonessential Not essential Not essential In 2012, what was your County's annual subsidy to the nursing home, not including any IGT matching funds? (Please provide your best end-of-year estimate.) 6. How would you describe the level of financial support County government is providing to the County nursing home? (Choose one of the following.) Too low About right Too high 7. At what annual County subsidy level would you recommend ceasing ownership and	Very cooperative	Somewhat adversarial
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Other (please specify in the box below).		Impact on employees of the home.	
		No particular concerns.	
Other		Other (please specify in the box below).	
	Othe	her	

11.	What would be your top two concerns if the County home were <u>closed</u> ?
	Quality of care provided to all residents.
	Availability of care for certain subsets of the resident population.
	Availability of specific types of care.
	Impact on employees of the home.
	No particular concerns.
	Other (please specify in the box below).
Oth	er -
12.	If the County home were to be sold, what, if anything, should your County government
	to protect the interests of the home's current and potential future residents? (Check all
tha	t apply.)
	Ensure that current residents can remain in the home.
	Ensure that new owners will serve needy populations; protect the "safety net" function of the home.
	Ensure that new owners will provide certain types of care (e.g., bariatric, memory care, rehab, dialysis).
	Nothing in particular.
	Other (please specify in the box below).
Oth	er
	If the County nursing home were to be sold, what, if anything, should your County vernment do to protect the interests of the home's current staff? (Check all that apply.) Ensure that their employment is maintained as much as possible. Ensure that salaries/benefits are maintained at least in the short term.
	Nothing in particular.
	Other (please specify in the box below).
Oth	er

14. If the County continues to own and operate its nursing home, are there any particular
provisions in your labor agreements affecting the home that you would like to change?
(Check all that apply.)
□ No.
Yes, we need to reduce salaries and/or benefits.
Yes, we need to require greater employee contributions to health insurance.
Yes, we need to reduce paid time off days.
Yes, we need to outsource certain functions.
Other (please specify in the box below).
Other
15. Are there policy changes needed at the state level to make it more feasible to continue
to own and operate your County nursing home? (Check all that apply.)
\square No.
Yes, we need increases in the Medicaid reimbursement levels.
Yes, we need relief from mandates driving up employee costs.
Yes, we need relief from mandates related to patient care.
Yes, we need assurances that funding sources such as IGT will continue in the future.
Yes, we need to know more about how managed care will affect nursing homes in the future.
Other (please specify in the box below).
Other

16. In your estima 2-3 years?	tion, what is the	e likelihood of th	e following	things happenir	ng in the next
	Almost no probability	Slight probability	50-50	Fairly probable	Highly probable
Your county nursing home will be sold	O	O	О	0	O
Your county nursing home will be closed	0	0	0	O	0
17. If the County v	vere to no longe	er own and oper	ate its nursi	ing home, are th	ere
reasonable alterna	atives available	elsewhere to ye	our resident	s and future sim	ilar residents
Please describe th	e alternatives,	or lack thereof,	in the box.		
C Yes		0	No		
Please elaborate					
					~
	-	_	•		-
County would con	e any circumsta	nd operate your	nursing ho	me in the future	ely that your
County would con	e any circumsta	nd operate your	nursing ho	me in the future	ely that your
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20. Please indicate which of the following alternatives to limit the County's role in nursing
home care have been considered, attempted or implemented in the past 3-5 years in your
County.

	Not considered	Considered and rejected	Currently being considered	Has been/is being implemented
Sale of licensed beds	O	O	O	O
Establishment of public benefit corporation	O	O	O	O
Establishment of local development corporation	0	0	O	©
Sale of County home	O	O	O	0
Closure of County home	O	O	O	O

21. For the following reforms related to continuing the County's role in nursing home operations, please indicate which have been considered, attempted or implemented in the past 3-5 years in your County.

	Not considered	Considered and rejected	Currently being considered	Has been/is being implemented
Management contract to operate nursing home	O	0	С	0
More aggressive marketing	O	0	O	O
Management efficiencies	0	0	0	O
Outsourcing selected services/functions	0	0	O	O
Efficiencies through labor reforms	O	0	O	0
Separate bargaining unit for County home	O	O	O	0
Renovation or new construction	0	O	O	0

Now, we ask for some optional information in case we wish to follow up with you. When you're finished with these questions, don't forget to hit "done" to submit the survey!
22. Please provide your name.
23. Please provide your phone number.
24. Please provide your email address.