

This survey is an important part of a statewide study on the future of county nursing homes, conducted by the [Center for Governmental Research](#) 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.)**

2. What is your your title/position?

- County executive/administrator/manager
- Chair of Legislature/Board of Supervisors
- Other (please specify in the box below)

Other

3. How would you characterize your County government's relationship with its nursing home? (Choose one of the following.)

- Very cooperative
- Somewhat cooperative
- Neither cooperative nor uncooperative
- Somewhat adversarial
- Very adversarial

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 essential
- Neither essential nor nonessential
- Somewhat nonessential
- Not essential

5. 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 operation of the County nursing home (not including any IGT matching funds)?

8. Do you believe the County needs to consider alternatives for the future of the home over the next 2-3 years? (Check all that apply.)

- No
- Yes, we need to consider management and operational efficiencies.
- Yes, we need to consider selling the facility.
- Yes, we need to consider closing the facility.
- Other (please specify in the box below).

Other

9. How would you assess the current status of the County nursing home? (Choose one of the following.)

- Decision has been made to sell.
- Decision has been made to close.
- Decision to sell under active consideration.
- Decision to close under active consideration.
- Uncertain; discussions are ongoing.
- No active consideration of sale or closure; likely to continue as County home for foreseeable future.
- Other (please specify in the box below).

Other

10. What would be your top two concerns if the County home were sold?

- Quality of care provided to all residents.
- Availability of care to 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).

Other

11. What would be your top two concerns if the County home were closed?

- 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).

Other

12. If the County home were to be sold, what, if anything, should your County government do to protect the interests of the home's current and potential future residents? (Check all that 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).

Other

13. If the County nursing home were to be sold, what, if anything, should your County government 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).

Other

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.)

- 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 estimation, what is the likelihood of the following things happening in the next 2-3 years?

	Almost no probability	Slight probability	50-50	Fairly probable	Highly probable
Your county nursing home will be sold	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your county nursing home will be closed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. If the County were to no longer own and operate its nursing home, are there reasonable alternatives available elsewhere to your residents and future similar residents? Please describe the alternatives, or lack thereof, in the box.

Yes No

Please elaborate

18. Please indicate any circumstances that you believe might make it more likely that your County would continue to own and operate your nursing home in the future.

19. Please indicate any circumstances that you believe might make it less likely that your County would continue to own and operate your nursing home in the future.

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establishment of public benefit corporation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establishment of local development corporation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sale of County home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Closure of County home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More aggressive marketing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Management efficiencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outsourcing selected services/functions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Efficiencies through labor reforms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Separate bargaining unit for County home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Renovation or new construction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.