

## **HEALTH CARE ADVISORY BOARD**

Meeting Summary

May 9, 2016

### **MEMBERS PRESENT**

Marlene Blum, Chairman  
Bill Finerfrock, Vice Chairman  
Rose Chu, Vice Chairman  
Ann Zuvekas  
Tim Yarboro, MD  
Rosanne Rodilosso  
Dr. Michael Trahos, DO  
Francine Jupiter  
Deborah Leser  
Ellyn Crawford

### **STAFF**

Sherryn Craig

### **GUESTS**

Larry Rouvelas, Resident and Senior Housing Analytics' Principal  
Cecilia Ford, Chesterbrook Residences, Inc.  
Kathleen McDermott, L'Ambiance Home Owners Association  
John Neumann, Resident  
Patricia Harrison, Deputy County Executive  
Gloria Addo-Ayensu, Health Department  
Rosalyn Foroobar, Health Department

### **Call to Order**

The meeting was called to order by Marlene Blum at 7:37 pm.

### **April 11, 2016 Meeting Summary**

The meeting summary from April 11, 2016 was approved as submitted.

### **Appointment of HCAB Nominating Committee**

Ann Zuvekas, Francine Jupiter, and Tim Yarboro have agreed to serve on the nominating committee for the upcoming HCAB election of officers. Ms. Zuvekas has agreed to chair the committee. The slate of candidates will be presented at the June 13 meeting, at which time elections will be held.

## **Public Hearing on Special Exception Application (SE-2016-DR-001) to Develop Sunrise of Kirby Road**

Stuart Mendelsohn, Partner, Holland & Knight LLP, David Schneider, Associate, Holland & Knight LLP, Edward Burnett, CFO, Sunrise Senior Living, Andy Coelho SVP, Sunrise Senior Living, Jerry Liang SVP, Sunrise Senior Living, and Amy Feather, Executive Director, Sunrise Senior Living, appeared before the HCAB to present Special Exception Application (SE-2016-DR-001) to develop an assisted living facility, Sunrise of Kirby Road.

In response to a community member's request to record the HCAB meeting, Chairman Marlene Blum made the following statement:

"As a preliminary matter, I would like the minutes to reflect that the Board is accommodating the recording of this meeting by the public in a manner that does not disrupt this meeting. I would also like the minutes to reflect, however, that any such recording will not be the official record of this meeting. Instead, the official record shall be this Board's approved minutes."

The applicant was given 15 minutes to present its proposal. Mr. Burnett stated that Sunrise has 247 communities and 30,000 residents worldwide. Sunrise is committed to providing assisted living (AL) and memory care (MC) services in a residential environment. Sunrise of Kirby Road would include 73 units for up to 90 residents. The applicant estimated that 60 percent of the facility's units would be dedicated for assisted living and 40 percent to memory care.

Sunrise representatives said that there is minimal competitive supply within a 3-5 mile radius from the proposed site. Sunrise argued that the most proximate community, Chesterbrook Residences, serves a lower acuity assisted living profile than Sunrise and does not offer dedicated services for those in need of memory care. Therefore, Sunrise maintained that it would not be in direct competition with Chesterbrook.

The next closest community – Vinson Hall – is a Continuing Care Retirement Community (CCRC). As of February 2016, the memory care neighborhood is at full occupancy. Beyond the 3-mile radius, Sunrise of McLean has 88 units and is operating at full capacity. The other Sunrise communities relatively proximate to the site are near full occupancy and have a current aggregate occupancy of 94%. Sunrise concluded that with area facilities at or near capacity, demand for assisted living services is present and will continue to grow.

Sunrise referenced its Market Feasibility Analysis submitted as part of its application. The study cites the National Investor Council (NIC), the industry's leading data provider, and reports the average occupancy for assisted living/memory care communities in the McLean market as 91 percent. Moreover, the study shows the demographic profile for the proposed site supports 2,000 AL/MC beds, but only 850 are currently available. According to the applicant, the facility's proposed location is also characterized by a high concentration of affluent adult caregiver households as well as senior households, making the McLean community a desirable site.

Sunrise's AL neighborhoods will offer five separate levels of care. There are additional gradations within the highest ("Enhanced") level of care to allow residents to age in place. Each level of care (and each gradation within the Enhanced care level) is tied directly to an amount of staffing hours required to provide care to a resident on that care level.

Sunrise's MC neighborhoods will offer four separate levels of care. Like AL, there are additional gradations within the highest ("Enhanced") level of care to allow residents to age in place. Each level of care (and each gradation within the Enhanced care level) is tied directly to an amount of staffing hours required to provide care to a resident on that care level. MC staffing allocations are higher than in AL in recognition of the additional time required to care for these residents.

The applicant reported its rate structure will be comparable to competing providers and is consistent with rates that can be supported by the market's income levels. Rates are projected to range between \$4,500 and \$8,000 monthly. The \$4,500 base rate is for individuals who need little to no assistance with activities of daily living (ADLs).

The applicant confirmed its commitment to provide 4% of its units to residents eligible for the Virginia Department for Aging and Rehabilitative Services' (DARS) Auxiliary Grant (AG) Program. In the event an AL resident in the AG Program needs MC services, that resident shall be entitled to maintain an affordable MC unit.

Sunrise's memory care neighborhoods are reserved for residents who have documentation of a serious cognitive impairment and an associated inability to recognize danger and take measures to protect their own safety and welfare. All doors leading to areas outside of the MC neighborhoods will be equipped with comprehensive security systems including egress alarms and magnetic locks that only open when staff enters a code. All windows will be secured and equipped with protective devices that

prevent them from being opened wide enough to allow resident egress. All outdoor areas are fully secured with perimeter fences.

Sunrise of Kirby Road will be managed by an Executive Director who will be a licensed Assisted Living Manager in the State of Virginia. Sunrise uses a variable staffing model in which staffing hours are directly tied to a resident's assessed level of care. AL neighborhoods will provide for a five-to-one (5:1) ratio of residents to care managers. MC neighborhoods will provide for a four-to-one (4:1) ratio of residents to care managers.

Sunrise will have a comprehensive medication administration oversight program in place. As part of the program, three levels of medication assistance will be provided. Each level is based on the number and type of medications a resident takes and the amount of time required to manage and administer these medications. Medication will most often be administered by Medication Care Managers (MCMs), who are registered as medication aides with the Virginia Board of Nursing.

Sunrise residents will have access to physicians with which the facility has agreements, but all residents are able to retain their own providers.

With the applicant's presentation concluded, individuals participating in the public comment period were given three minutes to make a statement, groups/organizations five.

Larry Rouvelas, a McLean resident and Principal of Senior Housing Analytics supported Sunrise's development. He summarized methodologies to assess market penetration and community need and concluded that the proposed location for Sunrise of Kirby Road supports additional supply for assisted living and memory care beds.

Cecilia Ford, President of Chesterbrook Residences, Inc. (CRI), did not take a position on Sunrise's application. However, in her statement, she shared that the CRI Board was concerned about the continuity of care for its subsidized residents should CRI's operations be discontinued. In order to provide subsidized units and services for 50+ lower-income residents, CRI's financial model requires high occupancy of its "full-priced" market rate units. Ms. Ford noted that Sunrise and Chesterbrook would be competing for the same private pay seniors and/or caregivers.

Kathleen McDermott, an attorney representing the L'Ambiance Home Owners' Association (HOA), requested that the HCAB defer its decision on Sunrise of Kirby Road

in order to conduct an in-depth analysis of the “demonstrated need” for the facility “in the location, at the time, and in the configuration proposed” per the zoning ordinance’s requirements. Ms. McDermott argued that the occupancy rates of Chesterbrook and another nearby provider, Vinson Hall, would be adversely affected by Sunrise’s development. If Chesterbrook were forced to close, Ms. McDermott concluded that 50 low income seniors would be displaced and would be unable to afford Sunrise’s market rates.

Ms. McDermott also referenced an application (SE-2014-DR-068) submitted in 2014 on behalf of Sunrise of Kirby Road, which was later withdrawn in June 2015. As part of that application, and in lieu of providing 4% of its units to low income seniors, Sunrise proposed paying Chesterbrook money to mitigate any negative impact on its financial model.

Ms. Blum stated that in consultation with the County Attorney, the HCAB’s May 9, 2016 meeting is focused on the applicant’s pending application (SE 2016-DR-001). However, she asked representatives from Sunrise Senior Living if either entity (i.e., Sunrise and Chesterbrook), or any other nearby assisted living facilities, have entered into an arrangement or accommodation, including promised grants and/or payments for current or future operations. The applicant stated that no such agreement, arrangement, or accommodation exists. Dr. Yarboro followed up and asked Chesterbrook Residences the same question, to which they replied there is no agreement, arrangement, or accommodation in place.

John Neuman, a resident of Crosswoods HOA, stated his opposition to Sunrise’s proposal. The property is 3.7 acres in size, 1.3 acres, or a football field, short of the five-acre requirement stipulated by the zoning ordinance. The neighborhood surrounding the proposed site is residential, and there are six ALFs within a five-mile radius of the proposed site. Mr. Neuman stated that a nearby Sunrise facility – Sunrise of Falls Church – is below the national occupancy rate, concluding that a lack of AL beds for high income seniors/caregivers does not exist. Mr. Neuman also referenced Sunrise’s 2014 SE application, arguing that one facility should not have to subsidize another and underscoring that Chesterbrook’s mixed model would be at risk. Mr. Neuman also stated that Sunrise has a pattern of inspection violations and expressed specific concern over Sunrise’s ability to perform criminal background checks.

Written statements from Michael Sullivan, Nina Un, and the Long Term Care Coordinating Council (LTCCC) were distributed at the meeting.

In its statement to the HCAB, Chesterbrook stated that in addition to faith communities and large capital donations, Fairfax County had made significant financial contributions to launch Chesterbrook residences. There was discussion regarding the County's risk should Chesterbrook default. A financial impact statement assessing the effects of Chesterbrook defaulting on repayment of County funds is not available. Chesterbrook representatives were not able to comment specifically on the proportion of units dedicated to lower income residents or their market and subsidized rate structures.

With respect to performing criminal background checks, Sunrise confirmed it conducts Federal and Virginia state background checks. The results of the former are received almost immediately. The latter requires facilities to mail requests with payment for each individual, and results can be delayed. Moreover, screening requirements were added 2-3 years ago that expand the number of reportable barrier crimes. Consequently, Sunrise has had to rescreen individuals, and in some cases, let employees go.

Ms. Blum reminded members that Department of Social Services (DSS) inspection summaries for proximate Sunrise communities were included in their meeting packets as well as the Complaint Log from the Northern Virginia Long Term Care Ombudsman Program. She asked if anyone had questions. There were none.

Ann Zuvekas moved that based on the information provided by Sunrise Senior Living, the HCAB feels the applicant has demonstrated a need for the development of an assisted living and memory care facility in the McLean community and that the application is reasonable in terms of access, need, quality, operations, and financial accessibility (based on the applicant's participation in the Auxiliary Grant program). Therefore, the HCAB should recommend that the Board of Supervisors support the applicant's proposal to build Sunrise of Kirby Road. Bill Finerfrock seconded the motion. The motion passed 6-4: 6 yes, 3 abstentions, and 1 no.

### **Community Health Care Network Update**

Pat Harrison and Dr. Gloria provided an update on the Community Health Care Network (CHCN). Three meetings have been held with CHCN and Molina staff. Inova has completed an assessment of CHCN's infrastructure and administrative functions. The County signed a contract with Inova on May 5, and the hiring process has begun. A discussion between County/Inova Leadership and the FQHCs is planned for July. Ms. Harrison stated that the FQHCs have been involved in the CHCN transition process, with discussions beginning 3-4 years ago. In developing a new CHCN model, it is hoped that the FQHC's infrastructure will also be strengthened to include more sustainable business

operations. Ms. Harrison said that CHCN will evolve to include a more robust network of community partners, and that these partners will have a say in what a new CHCN looks like. The County/Molina are working to develop a contract to continue Electronic Medical Record (EMR) support through December

Key agreements for service include: Developing and strengthening integrated primary care resources for a target population that (1) have incomes at or below 200% of the Federal Poverty Guidelines, and (2) do not have access to affordable health insurance using Fairfax County's eligibility criteria, and/or (3) are clients of the Fairfax-Falls Church Community Services Board (CSB). Other eligible clients will include clients of the Fairfax County Department of Family Services (DFS) requiring General Relief examinations and walk-in services to clients requiring family planning services during a weekly walk-in appointment. Other payor sources are also under consideration, but no decisions have been made yet.

The goal in the new CHCN model is to develop and provide an integrated primary care system with a triple aim of improving the health of the target population of eligible residents, enhance the patient care experience, and reduce per capita costs of health care with reinvestment of savings to enhance services.

There was some discussion around whether integration leads to savings or enhanced revenues. Ms. Harrison said that new staffing models and different payor sources could be used to offset expenses or enhance services, such as oral health care or a specialty hub to screen and refer for services using stipends. These enhancements will not be in place on July 1. Staff will be repositioned to develop these service lines.

Mr. Finerfrock cautioned that it may become less attractive to consider Medicare as a payor source because there may be financial consequences if certain markers are not met. However, until 2021, the County could take advantage of Medicaid meaningful use money.

The CHCN Leadership Group will consist of three members from the County's senior leadership and three members from Inova's leadership. County representatives of the Leadership Group will report to community stakeholders as necessary. Inova will be responsible for all clinic operations, staffing, and service needs as well as system development topics to maintain mutually agreed-upon clinical standards. The Leadership Group will co-lead a Health Council of health-related organizations to discuss the long-term strategic direction and development of the safety net system.

Ms. Harrison outlined the immediate transition activities. Inova will assume full operation on July 1, 2016 of existing CHCN clinics. Inova is currently recruiting physicians and all necessary staff, using prospective/external and current/internal staff. Karen Berube will continue to serve as the Safety Net Director and Inova is in the process of hiring a Safety Net Coordinator.

The County is assuming the lead on transitioning and continuing the EMR system. As soon as reasonably possible, the County will work with Inova on transitioning to any future technology system for EMR.

The initial transition will sustain operations at all three clinic operations, but additional clinic sites may be added during system development. Changes to the locations and regular hours of service may occur as necessary to provide optimal health care services to targeted populations.

Staff are also working to strengthen capacity for physical/behavioral health integration and care management. The County will provide Health Care Integration Specialists at primary care sites to connect primary care patients to CSB services as needed. Wellness planning and services will be provided for every CSB consumer enrolled as a CHCN patient at the Merrifield site. A Nurse Care Manager will work with Inova to ensure coordination of services between Inova/CHCN and the CSB for clients participating in the BeWell Program. Workgroups to develop integrated care teams that link patients to community resources will also be created. CHCN will complete General Relief Examinations and associated Medical Reports for individuals requesting public assistance. CHCN will also provide medical clearance for civil commitments at the Merrifield Center to support the county's diversion effort.

Beginning in June 2019, the County/Inova will begin a comprehensive review of services in the overall community safety net system. Inova will be responsible for providing all integrated primary care services to enrollees of CHCN, with the understanding that the current model will evolve into a new model that is mutually agreed upon with the County. Part of the branding of the new model may include a new health care network name that is mutually agreed upon by the Leadership Group.

Ms. Harrison offered to return to the HCAB for periodic updates.



## **Budget Update**

Rosalyn Foroobar provided an update on the FY 2017 Adopted Budget. The Board of Supervisors approved \$45,733 to fund 1/1.0 FTE Public Health Nurse II position to support the school health program for the City of Falls Church.

The BOS also approved an increase of \$1,369,321 in employee compensation, which includes \$503,988 for a 1.33 percent market rate adjustment (MRA) for all employees, \$680,333 for performance-based and longevity increases for non-uniformed merit employees, both effective July 2016, and \$185,000 for personnel adjustments related to the County's epidemiology program.

An increase of \$1,104,901 was approved to support a contract rate increase for the providers of contracted health services and for providers of repair and maintenance services for laboratory and medical equipment.

An increase of \$493,208 in Personnel Services was approved to support funding for additional compensation requirements for Public Health Doctors.

The Health Department received an increase of \$350,000 to provide Nursing Services for Medically Fragile Students enrolled in Fairfax County Public Schools. Laboratory Equipment and Supplies \$107,326.

An increase of \$107,326 in Operating Expenses was approved for equipment and supplies to support enhanced laboratory testing for communicable diseases and environmental hazards.

## **Other Business**

*Conflict of Interest Act (COIA).* At the April 11 HCAB meeting, Dr. Michael Trahos, DO asked whether the HCAB needed to comply with the Virginia Conflict of Interest Act (COIA). Rosalyn Foroobar and Sherryn Craig sought guidance from the County Attorney's office, which determined that the HCAB members are not public officials subject to the COIA. *Bailey's Shelter.* Rose Chu briefed the HCAB on plans to temporarily relocate the Bailey's Shelter for homeless adults behind the Lincolnia Adult Day Health Care Center. The community has expressed concerns about safety. The County is working to address these concerns by ensuring 30-minute perimeter checks, additional lighting, and fencing. HCAB members did not believe the shelter's relocation fell under its purview, but will continue to monitor ongoing developments. *Adult Day Health Care Update.* Leslie Johnson, Zoning Administrator, will brief the Board's Development Process Committee on May 24 to define adult day health care centers.

Draft text is expected this summer, and DPZ will work with the HCAB this fall. *Reston Reserve Assisted Living*. The BOS approved Reston Reserve's application to develop an Assisted Living Facility in the Hunter Mill District. Per the applicant's suggestion, the HCAB will need to develop a process to have RR representatives return once the new facility is open and occupied.

There being no further business, the meeting adjourned at 9:54 pm.