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I am Robert F. Rose, a resident of Merrick Long Island and the Chairman of the Board for the Long Island Home. The Long Island Home, located in Amityville, is a not-for-profit organization which operates South Oaks Hospital, a 206 bed behavioral health hospital with outpatient services and the Broadlawn Manor Nursing and Rehabilitation Center, a 320 bed skilled nursing facility with medical and social model daycare programs.

My initial involvement with the Long Island Home was as a family member. My mother was a resident at Broadlawn. During her stay, as an engaged family member, I came to know the staff and the leadership well and didn't hesitate to accept the invitation to join the board..

Both of our service lines participate in the Medicare & Medicaid program. South Oaks Hospital's revenue profile is approximately a third Medicare, Medicaid and commercial insurance. Broadlawn Manor's profile is very different, with 69% Medicaid, 24% Medicare and 7% private pay. We perceive ourselves in a partnership with government in our efforts to provide quality care with dignity and compassion. Clearly, we are dependent upon public policy decisions, which explains my presence here today.

The Board and leadership of the Long Island Home support the need to reform healthcare delivery and financing. The concept of 'patient centered care' that the governor has spoken of is important and should be the fundamental assumption in any contemplated changes. People who come to the Long Island Home are fragile

and in need of care. They need to be confident that we will be able to provide the care they need on an individual basis. To deliver care we need staff who are committed to the mission and who want to be there on the point daily touching the lives of our residents in the nursing home and patients in the hospital. An atmosphere or spirit of caring is a prerequisite in any institution expected to provide 'patient centered' care.

That spirit of caring cannot exist when an institution perceives it is under assault, especially from its partner. I submit to you that four out of the past five budget debates have fostered an environment of siege and confrontation between the state and the provider community. Each time this occurs the spirit of caring is challenged and therefore the ability of the institution to provide care hampered. We need to change this process. We need to work together to develop a plan identifying where we should go and then begin the implementation of the plan.

Developing a plan that all will agree with is a pipe dream. However, as we saw in the Berger Commission a process of change was put in place before the product of the change was determined. With the process predetermined the product was one based upon more fact than fancy. That's not to say that there wasn't accommodation based upon local issues or politics, but the outcome was far beyond what would have happened if the process was not established in law. Even with the process in place many legislators attempted to change the outcome or retroactively change the law!

We need a true partnership to provide patient centered care. It requires a patient and a provider to do the job. It can't be done without the provider whether the provider is a family member or a professional providing the care. The budget process is the place where the debate becomes public and the executive needs to wisely

state the principles and then the assumptions the budget is based upon.

The Joint Task Force on Nursing Home Reimbursement has submitted its recommendations for restructuring. Hopefully the administration will collaborate with the Work Group to implement the recommendations. To make any sweeping changes prior to obtaining some experience with the recommendations would make no sense. This includes any reductions in the current funding formulas.

In my experience over a number of years in business any operational change requires additional expenditures to get to the desired operational goal. When you install a new software system you must run parallel systems until the new system is up and bug free. If you are replacing a bridge that connects busy hubs you don't tear down the existing bridge until the new one is up and operational. To implement a new system attempting to gain economic advantage during the changes is a potentially disastrous approach. We can't afford to risk our residents or patients well being. A changing health care system needs to be sold to the public based upon the outcomes and savings it will achieve in the future. If it makes sense the public will accept it and probably appreciate it.

So we would recommend that the budget for nursing homes maintain the course toward 2009 when the recommendations are to be implemented. The governor was generous on the behavioral health side of the ledger this year and hopefully that can be maintained. But we cannot afford another contentious struggle on the nursing home side that essentially places operations in a state of suspended existence until the budget is completed. The toll this has taken on the staffs and transmitted to the residents, who ultimately do suffer the consequences, is unconscionable. We need a civil process that collaborates with the provider community. Accusations about individual executives or institutions simply are

not constructive. If changes need to be made to salary structures or other operational areas then it can be achieved through reimbursement redesign. Through a process based upon facts. Change will also take time and cost dollars during the transition, but to attempt a quick fix simply extends the horizon when true meaningful change will occur.

So we need time to plan where we need to go, at least until the 2009 implementation of the Task Force's report. We need to insure a process upfront ala Berger. Finally we need the public discourse to be constructive and factual, focused on long-term change. As a board member I know what is done on a daily basis. I have seen how the budget struggles over the past years have impacted staff and distracted staff. I've seen and experienced the concern or fear that the struggle transmits to family members and the patient. We need to be patient centered in our product but also in our process, because both impact our patients!

Thank you for the opportunity to meet with you today.