

**TOWN OF NEW BALTIMORE**                      **Draft 10/24/18**  
**COUNTY OF GREENE**                      **Adopted 10/31/18**  
**TOWN BOARD INFORMATIONAL MEETING**  
**TOWN HALL, 3809 COUNTY ROUTE 51, HANNACROIX, NY 12087**  
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The Town Supervisor began the Informational Meeting on the Preliminary Budget at 6:30 PM with no comments from the public. Also attending were Deputy Supervisor Dellisanti, Councilmember VanEtten, County Legislator Linger, Town Clerk Finke, and 5 members of the public who signed the attendance sheet. Absent: Councilmember Briody, Councilmember Downes (work), Councilmember Irving (medical), and Tax Collector Jordan

The Town Supervisor began the information meeting at 7 PM.

**Supervisor Ruso:** The first time that I've ever encountered this and we talked to our Attorney, we cannot have an official Board meeting due to the fact that we don't have a quorum. We have one person who's away on vacation, one person was called to work for some emergency at work, and the last person had emergency surgery. So given that there's two of us present, we can proceed with a meeting for informational purposes. There are presentations tonight. One from the Greene County Department of Human Services, one from our insurance company, and so the public can hear those things and we need to hear them anyway so we are proceeding ahead for informational purposes. No resolutions will be made, no adjournment will be made because we can't make a Motion for an adjournment and vote on it so we will not be officially opening up the meeting. So we're going to proceed a little different, I do want to proceed with the Pledge of Allegiance so if you would please join me. No need to neglect some other routine things even though the rest of us aren't here. So I think we'd like to hear from our Greene County Department of Human Services first and that would be Thérèse McGee Ward.

**Terry McGee Ward:** The reason why I'm doing this is because once a year I'm mandated by the State to do a Public Hearing. I just happen to do at least four a year so we move it around so I'm not always in New Baltimore every year. I got to let the other kids have some fun. So basically they call it a Public Hearing, but in truth it's really a listening tour for people to, if they don't know about the Department, for me to answer those questions; if people know about the Department and they have questions, comments, complaints. So far the only two things I've heard is either they like or they don't like the food at the Centers or the home-delivered meals or suggestions. Some people want liver and some people don't want liver or the other thing is about the transportation with the bus system that is happening in the County. So because I'm here I figure I'll hand out information anyway. This is something that we put together. We call it the welcome packet normally. It's normally in a pocket folder but you don't need the pocket folder and it's all the services that we provide. So this just is a quick and easy way when people call and they're not familiar with the Department or they basically don't know what they don't know. We send them this so that they know what we operate. The other thing I hand out to people at this event is something that we have created and truth be told I didn't design this originally. I just took a couple of different ideas and put them together. It's called the First 48 Hours and the reason it's called the First 48 Hours is one of the other counties said the first 48 hours in an emergency is critical especially if the caregiver is the one that gets sick. So if you're taking care of somebody and you happen to get sick, what do you do with the person who you've been taking care of. So what we did is we took a couple of different things, put it together and I'll explain what's inside and this is a pretty heavy-duty magnet and you put your information in here and you hang it on your refrigerator. So in the years ago they used to do Vial for Life and you'd put in your refrigerator, now that would be in your freezer. This goes on your refrigerator. And in here are things like your medications or if you have a pet. What do you do with your pet if you're going to the hospital? Family contact numbers. If you have any advance directives that you don't want anybody to resuscitate you, it would be in here. You can fill it out completely or you can only fill out what you want people to know, but things like do you want your cable suspended, do you want your mail stopped so that somebody would have this information. As I said, all the Police and Fire and EMTs already are aware of this so what we tell people it started out for people over the age of 60, but what we have found is that a lot of disability agencies,

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specifically people who are not ambulatory, the Association for the Blind want them. So we have been sending them out to more people than just the people who are over 60. The only thing we tell people if there are two people in the home, take two of these and put them in the one sleeve so they don't miss the one person. So if anybody wants these, you're more than welcome to have them.

**Supervisor Ruso:** I'm curious about it so, yes, let me have one. So you say you're suggesting this is for, you spoke about how this would be in case there's a caregiver who's themselves incapacitated is that...

**Terry McGee Ward:** That was the original intent, but what we have found talking to, this has taken about a year to put together and produce because a lot of different people are like it doesn't matter whether it's the caregiver or not, some people say my husband would panic if anything happened to me, he wouldn't know what to do or my wife would panic not to be sexist. So they said it's a good place that when you're nerves are high or you're kind of excited when the ambulance is showing up that you just take this and you just take it with you so you don't have to remember. It's all in one spot. So it depends on your personality and how calm you can be. Some people use it for that reason.

**Councilmember VanEtten:** So if there's an older person living alone and this is on the refrigerator, would someone then grab it?

**Terry McGee Ward:** The Police can grab it. One of the State Police when we were talking to the State Police said 'oh my gosh, this is such a good idea for unattended deaths' and I'm like 'we didn't mean it for that, but I guess you could use it for that.'

**Councilmember VanEtten:** But if someone's unconscious or confused, you know an elderly person is confused and can't remember.

**Terry McGee Ward:** If somebody's unconscious, right, and can't remember. That was the original intent, but it has grown since then. Other people have seen the need. A lot of people who have a disabled child say they don't want to have to remember when they have to rush the kid to the hospital or something so they take this as well.

**Supervisor Ruso:** Or the other way around. I just admitted a young fellow into my place. His mother herself had a heart attack. He's 13 with lots of functional issues and cognitive issues. No one to care for him and so she's in the hospital and the boy's at our place.

**Councilmember VanEtten:** It's a good idea.

**Terry McGee Ward:** We have been sending them, so far we sent out 1,400 of them. We originally printed 4,000 through a grant, no cost to the County. So we have more if anybody needs them. I know one of the doctors in Greenville asked one for all of his elderly patients so we gave them to him.

**Councilmember VanEtten:** Actually we have couple of elderly women that live alone on my street. Can I take another one?

**Terry McGee Ward:** If you're in the same house, it's easier just to put them all in one hanger. So the other thing is if anybody has any questions, comments, concerns about the Department, how it's run, with the food, if you've called and you haven't been successful in getting

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information, if you don't know what you don't know what number to call, anything so I'm here to listen.

**Audience Member:** HICAP.

**Terry McGee Ward:** HICAP stands for Health Insurance Information Counseling and Assistance.

**Audience Member:** But they also help with finding if you're eligible for an aide right?

**Terry McGee Ward:** That's not HICAP. Specifically that would be services for Home Care Services, but they all decided to mush it together. So the question was we have HICAP and we have people who help you get aides.

**Audience Member:** Okay because I had called HICAP because I thought from your brochure that they were the ones that would help with financial aid for someone with helping with their insurance costs and their drug costs and those kinds of things and I talked to a Connie and she sent us a thing to fill out and there was a note on it that we're looking for financial assistance not for help with picking insurance and it's going back to them to Connie.

**Terry McGee Ward:** So did you fill out that form and send it back to the office?

**Audience Member:** We just got it Monday.

**Terry McGee Ward:** The reason they do that is because a lot of times when people come for health insurance information, they don't bring some of the information with them and we absolutely need specifics in order to help with health care. If you're looking, are you looking for financial assistance to pay for the health care and the prescriptions or are you looking for the financial assistance to pay for the aide's service?

**Audience Member:** Not the aide service. It's for my brother. He's already got some help, but his income has gone down significantly. He might qualify for more so it's like EPIC, I'm thinking maybe the Medical Savings Plan he might be able to qualify for now, and something else.

**Whitney Pangburn:** Low Income Subsidy.

**Terry McGee Ward:** MSP is what you just mentioned and then LIS is Low Income Subsidy

**Audience Member:** I wasn't familiar with that.

**Terry McGee Ward:** That's what Connie when she gets the form back, she will contact you and sometimes she can do all of this over the phone and sometimes people want a face-to-face and then she would set up an appointment with you.

**Audience Member:** So I'm going to the right place?

**Terry McGee Ward:** You are definitely going to the right place. Now you might not get Connie back because Connie is the coordinator and she has caseworkers underneath her that are highly trained. I'm not allowed to do HICAP because I haven't gone through the extensive training program so it's a State-certified program so she may not do it, but she has other people that do it as well. But that you are in the right place.

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**Councilmember VanEtten:** I actually have dealt with them with my mother-in-law and I've always been happy with the services that they provided.

**Terry McGee Ward:** Now I do have to tell you even though I handed you this form out and it says what services we provide, one of the biggest problems we have and it's not just Greene County it is the entire state, we have a huge problem with having enough aides to go into the homes. There's a lot of different reasons, some of which is they're not getting paid enough. We even are allowed by the State to offer extra money for aides, but the aide agencies just cannot keep aides on staff. So it's a huge problem from across the whole entire State.

**Audience Member:** Can't keep them in the nursing home either.

**Supervisor Ruso:** I can only say that a recent meeting I had with a lot of providers in the Capital Region, it's the worst staffing crisis that they have been in. They pay more, they still don't get people.

**Terry McGee Ward:** Well, part of the issue that I have been told by aides is if I have to be in your house for two hours and then I have to drive to your house for another two hours, the time from leaving your house to going to your house, they don't get paid for. So they don't want to take two or three hours; they want to take longer.

**Councilmember VanEtten:** Spend the day there.

**Terry McGee Ward:** Spend the day there because they're not making any money especially in a rural area, you have to travel far to get from one client to another. I mean I wouldn't go into medicine, I don't like medicine, but it's hard, hard, hard work and sometimes the clients aren't always pleasant for a lot of different reasons. So it's very difficult.

**Supervisor Ruso:** They go through a lot, they're not in good health. All those things.

**Terry McGee Ward:** Absolutely, right. So sometimes what happens is they get trained, the aide agencies train them and then they do the job for a couple of weeks and realize this isn't what they want to do. It's a huge problem across the whole State, not just us.

**Audience Member:** How about Food Stamps, will they be able to let us know if he qualifies for food stamps?

**Terry McGee Ward:** Actually we don't do food stamps, that's the Department of Social Services. I think it's Catholic Charities comes to the County once a week and helps to facilitate that so if you could coordinate when they're going to be there at the same time, they would help us out. We don't specifically do that. We can if you absolutely positively need it and beg. I don't mean to sound like that. We're not supposed to, but we can help people fill out certain applications, but Catholic Charities knows all the ins and outs if you don't want to go down specifically to DSS and do it. It's called SNAP now.

**Audience Member:** So it's either Catholic Charities or DSS?

**Terry McGee Ward:** You could call us and ask to facilitate having him enrolled in that. Instead of calling a number of different places, we have this program, it's actually in the State called NY Connects where you really should call one person and we'll connect you with everybody you need to connect with. So just call our Department which is 719-3555. If anybody says that's not what we do say 'well you do NY Connects, you're supposed to help me.'

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We have some new people in the office that haven't been there two whole weeks yet so they're in the middle of training.

**County Legislator Linger:** I can say every time I've called whoever it was in your office including you I've gotten satisfactory results.

**Terry McGee Ward:** Well thanks even though you're my boss. Why wouldn't I?

**County Legislator Linger:** I don't even have to say who I am and just ask the information and you always get it.

**Terry McGee Ward:** That's that way it's supposed to work and if it doesn't work that way anytime, please feel free to call and ask specifically for me.

**Audience Member:** What's your name again?

**Terry McGee Ward:** Terry Ward.

**Councilmember VanEtten:** Thank you.

**Supervisor Ruso:** Any other thoughts or questions from the audience? Thank you very much. Why don't we move on. The next conversation is actually about our 2019 offering of health insurance for our employees so if you wouldn't mind we can now have Whitney Pangburn from Marshall & Sterling who's our broker.

**Whitney Pangburn:** So first I just wanted to touch on the Vision and the Dental to present to the Board. The Vision and the Dental has renewed as is. It is standing competitively within the marketplace. Right now I do not see a need to market it. We did market it last year but if the Board or the Town needed to push forward with a market of those products, we could certainly do so. We haven't seen any movement so same plan design, same exact rate moving in to the renewal of December 1. So we wanted to allocate most of our time tonight to talk about the health insurance renewal for December 1 for the medical program. The 2018 offering of the medical program was the MVP Liberty High Deductible Gold 2 Program in which the Town did pair with an HRA. The HRA, or Health Reimbursement Account, was fully funded meaning that it did fully fund the \$1,600 deductible for singles and the \$3,200 deductible for doubles with parent, child, and family. Looking at the plan, and I did provide copies of the plan, but looking at the plan as it relates to the 2018 renewal we are seeing that the plan is remaining intact. There are no benefit changes to the medical plan as it stands currently. To review just a couple of the key points as I mentioned it's a \$1,600 and \$3,200 deductible. It is an aggregate level deductible and an embedded out-of-pocket maximum of \$4,500 and \$9,000. Some of the main benefits being a \$10 primary care doctor copay, a \$20 specialist copay, a \$200 inpatient copay, a \$100 outpatient surgery copay, and a \$75 emergency room copay. The prescription model being the lowest prescription model that's available in the market right now at \$5/\$15/\$25. It is an integrated prescription deductible which means everything including the doctor visits, hospital visits, and prescriptions all hit that upfront deductible. Looking at the premium exposure going forward into the renewal, we are seeing a 12% rate increase being given by MVP. That is nonnegotiable as this is a small group community rated product under one hundred employees. Looking at the HRA, the HRA is experiencing a fifty cent per employee per month increase in the administration fees. So moderate increase, but a fifty cents per employee per month increase in the administrative fee. Currently we do have four single people enrolled in the medical program and six enrolled through either in spousal or up through family coverage. Looking at the plans that stands for the premium as well as the age of utilization around 60 percent which

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we are still kind of falling within that umbrella. We are looking at overall a 10 percent rate increase. So I did provide, and I'll leave extra copies for the Board members who are absent, a renewal comparison of what we would consider the next three top contenders based on a meeting that I held with Jeff Ruso. The other three programs that are being presented are of similar but not exact benefit exposure to the employees meaning that the other programs may have a higher deductible, higher copays, or in fact may be a lower deductible and higher copays or variation thereof. Looking within each of those programs we will see another MVP offering being presented and two CDPHP offerings. Of these offerings, the first alternative we're giving is MVP Silver 3 which the Board did review last year. The MVP Silver 3 does have a higher deductible \$2,200 and \$4,400, the higher out-of-pocket maximum of \$4,800, and \$9,600 and higher copays. Looking at the program, due to the benefit differences, it is a 1 percent reduction. Factoring in a 60% utilization of a higher deductible exposure would leave the Town with around about a 3 percent rate increase. Recapping with the two remaining CDPHP programs, the next CDPHP program the Board did also review last year, this program comes with a \$200 bonus account but only gives a \$250 and \$500 deductible. This program also gives a higher financial exposure to the Town employees of \$7,150 and \$14,300. You will see higher copays throughout the program and higher prescription copays as well. Looking at a 25 percent rate increase and a 13 percent rate increase, if we were to fund the deductible at 50 percent. CDPHP does have a funding restriction on the deductible which prohibits the Town from funding anything more than 50 percent. The last program being presented is a new CDPHP option that was not presented to the Board last year as it was not present in the marketplace. This program is comparable to the MVP Silver 3 program that is presented this year as well as last year. You will see the program, the metrics are the same as the MVP Silver 3. Looking at the premium exposure, it is a 13 percent rate decrease. Again considering that the Town would be unable to fund the deductible past 50 percent, it would leave the Town with a 15 percent decrease exposing the employees to half of that deductible. Through my previous conversation with Supervisor Ruso, it was my recommendation that the Town consider the Gold 2 program, looking at the 10 percent rate increase. I think it's been fairly present from the Board and the Town over the past year that I've been working with you that it was important to retain a high-level benefit for the Town employees being one of their biggest working for the Town. Are there any questions from the Board?

**Supervisor Ruso:** I can't quite read that number, my eyes aren't as young as yours. What is the total exposure to the Town?

**Whitney Pangburn:** \$155,426.76 the 60 percent utilization of the HRA including the premium exposure. That does not take into account any employees that may fund any portion of their premium. That is total exposure across premium and HRA at 60 percent.

**Supervisor Ruso:** For your information most of the employees fund 10% level. Some of the newer employees at a higher level, but we're overpopulated with long-term employees.

**Whitney Pangburn:** Certainly and we'd be happy to update the proposal with those based on the tiers if needed.

**Deputy Supervisor Dellisanti:** What was the program that we had this year for the employees?

**Whitney Pangburn:** The medical program?

**Deputy Supervisor Dellisanti:** Was it the Gold 2?

**Whitney Pangburn:** It was the Gold 2.

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**Supervisor Ruso:** MVP Liberty Gold 2 which is what we're sticking with, pretty much we're sticking with the same plan for this year as last year. Not too many disruptions especially if you change carriers.

**Whitney Pangburn:** And of course we looked across the market as we did last year to see what the best alternatives were based on premium and, of course, exposure and benefit to the employees. These were kind of the top, the best of the best that we came up with based on the full market.

**Supervisor Ruso:** The year that we changed from CDPHP to MVP was very anxious for the Town employees, but that HRA allowances that CDPHP had where you could not fund in a separate or financing more than 50 percent of out-of-pocket was the show stopper. That's why we had to change from CDPHP.

**Whitney Pangburn:** That still holds true going into both your renewal 2018 and into 2019. I have had some strategic discussions with CDPHP surrounding opening up that funding restriction for municipalities specifically going forward, but there has not been any movement on that yet.

**Supervisor Ruso:** I was actually worried that MVP would go that way as well.

**Whitney Pangburn:** They had originally back in 2016 talked about the potential of doing that. As of right now they have not released any news that they're going to do that for 2019, but they have not implemented the restriction. Any questions?

**Supervisor Ruso:** I have passed out this information to the other Board members. They didn't have the benefit of your conversation, but we will be voting on it, formal approval at our next Board meeting.

**Whitney Pangburn:** Would it be appropriate for me to leave behind some cards so if they have questions individually, they can call me.

**Supervisor Ruso:** There's nothing wrong with that. That's fine.

**Deputy Supervisor Dellisanti:** I have one question. On the Medicare Advantage Plan for some of our members, did that change at all?

**Whitney Pangburn:** It did. We've been in discussions with Jeff this week taking a look at alternatives and hashing that out as well.

**Supervisor Ruso:** On behalf of that one employee or ex-employee of the Town who still carries insurance, your people can contact them.

**Whitney Pangburn:** Yes.

**Supervisor Ruso:** But it's not a substantial change; significantly the same program for the retirees.

**Whitney Pangburn:** I'll leave behind extras and copies of my card.

**Supervisor Ruso:** Thank you. Well, that's our discussion for this evening. As I said, I'm afraid we can't have any official Board action without a quorum. Are there any other points of

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communication or information that the Board would benefit by? Therefore, our discussion is concluded for the night. I want to thank everybody who came. Thank you to our two presenters.

The meeting ended at 7:29 PM.

The Public Hearing on the 2019 Preliminary Budget and the October 22, 2018 Work Meeting has been rescheduled for Wednesday, October 31, 2018 at 6:45 PM.

Respectfully Submitted,

Barbara M. Finke RMC  
Town Clerk