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# *Council Meeting*

of

## NEW JERSEY ADVISORY COUNCIL ON ELDER CARE

*“Comments from the members of the Advisory Council and their recommendations of issues and individuals the Council wants to include on agendas as it moves forward”*

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**LOCATION:** Bridgewater Library  
Bridgewater, New Jersey

**DATE:** January 20, 1999  
12:00 p.m.

### **MEMBERS OF COUNCIL PRESENT:**

Assemblywoman Carol J. Murphy, Chair  
Assemblyman Louis A. Romano  
Ruth M. Reader  
Theresa L. Edelstein  
John Michael Heath  
Renee W. Michelsen  
Roberto Muniz  
Joanne P. Robinson



### **ALSO PRESENT:**

Irene McCarthy  
*Office of Legislative Services*  
*Council Aide*

*Meeting Recorded and Transcribed by*  
The Office of Legislative Services, Public Information Office,  
Hearing Unit, State House Annex, PO 068, Trenton, New Jersey

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**APPENDIX:**

**ASSEMBLYWOMAN CAROL J. MURPHY (Chair):** What we had said in the beginning that we were going to do today was talk about what it is we feel we need to hear. Now, I know Lou has some ideas about the kinds of things he would like to hear in terms of this whole effort. As you heard the Governor in her speech the other day announce some initiatives and was clearly interested and involved in what we are doing. And the Department has obviously been working with alternate family care programs, as well as some programs, if you will, for caregivers.

The Governor spoke about monies going into programs that will assist caregivers. We've heard a great deal about the need, and it's true, for more Alzheimer-directed caregiving programs. For myself, for instance, I would like to hear people come in and talk about how we can structure long-term care insurance so that it becomes more proactively involving people earlier on in life.

There was an editorial in the paper yesterday which -- an article which I cut out and it's in the back of the car, of course -- was speaking about the need to work, for people to do more in the way of planning if we are going to continue to age so beautifully. We are going to start thinking about that and not assuming that at 65 we are done working and we are done with a whole lot of things. That maybe we have to somehow set up the mechanisms that will allow people to get more involved and thinking about their future earlier on in their years.

Different people have spoken with me on a personal basis -- what you don't know about people is amazing -- about one man in particular in my

church. About the fact that he and his wife are spending their -- they are both semi-retired -- they are spending their retirement income for two parents.

MR. MUNIZ: Two what?

ASSEMBLYWOMAN MURPHY: Two of their parents because their parents didn't have the wherewithal to take care of themselves. One of them is in Sunrise Assisted Living, not far from where we are. A nice facility, but the man's pension and social security don't cover the cost of it. So the son is putting his money into it. The wife's mother is in the same kind of thing, and she is spending her retirement, if you will, on her mother.

What they are concerned about is, who is going to care for them if they are spending their retirement and their security now? Who will be there to take care of them as they move forward? Can they count on the fact that their children will not have children of an age that need them, that they will be able to take of their parents? And how far back can we push this before the whole building block falls over?

So he was saying that had he known that thus and so was going to happen, he would have been looking at things a little differently or hoping that people plan things differently. I don't know that as human nature that we ever will get any better about accepting what is going ahead of us. But clearly, if we don't start helping people who are the professionals in the field to start thinking about this for people, it never will change.

I also read a couple of articles about planning for your future in terms of protecting your money so that you can get on a government program and live forever, which is the anthesis as we have looked at this and what we know has got to happen for people. Everybody wants to leave their house to

their children. Their children may not be able to afford to take the house if we can't get people to thinking about taking care of ourselves as we live. It's beginning to seem to me, the more I read about this, the greatest gift I can give my children is to say to them, "Well, I've taken care of myself till the end of my days; you don't have to spend a penny on me." But maybe they won't see it that way. So conversations among people are undoubtedly something we need to hear.

Viatical trusts are being talked about more now. We have people who will come and talk to us about that kind of thing. But I would like to hear from all of you about what you see as the pieces that need to be fitted into this to be able to develop a more solid block of concepts, ideas, and things we can offer to people as to what they need to do. Obviously, we have, somehow as a state, to develop a process for education in terms of where we go, moving forward. But what are we going to educate people about is, I think, what we all maybe want to hear about.

ASSEMBLYMAN ROMANO: I keep finding as a reoccurring problem there is information out there, and as far as I'm concerned, I don't think the outreach is there so that everybody knows what they are eligible for and, in an extended sense, what they are not eligible for. Certain counties--

ASSEMBLYWOMAN MURPHY: New Jersey EASE you mean.

ASSEMBLYMAN ROMANO: New Jersey EASE. And, by the way, Dr. Reinhard had indicated, when I told her about the information from EASE, she is only too happy to provide us with her own presentation, if not other people in the Department, about how EASE really works.

ASSEMBLYWOMAN MURPHY: And we do need that presentation.

ASSEMBLYMAN ROMANO: And for my own part, I don't know the State-- If one asks questions about Medicare in the State, obviously the response is that's Federal, you have to speak to the Federal government. But I think there should be some sort of analysis of what Medicare and Medicaid provide plus that-- Remember that acronym I gave you?

ASSEMBLYWOMAN MURPHY: CCPED?

ASSEMBLYMAN ROMANO: No. Quality--

ASSEMBLYWOMAN MURPHY: Patient care?

ASSEMBLYMAN ROMANO: What do they call it? QMB, Quality Medical Benefits, I believe, which is a step above Medicaid, where the salary or the wage or the income is of a higher level. And that I understand is largely concerned with pharmaceuticals. So I have just sent for, from the Medicare Office, the up-to-date handbook because the handbook I had was 1996. I understand they are having some minor changes.

I also understand -- I don't know where I heard it, on a radio or TV -- that the Federal government was going to make available to senior citizens what is not covered under Medicare because too many people think that they are entitled to home care, as with other programs, which I understand is not the case. They are only entitled to, I believe, direct from hospital for X number of weeks, and then it stops.

So, first of all, we have to know what the State is making available and what is out there and how Medicare is going to dovetail. And I firmly believe, you know, we can sit back here and think about the President's speech

last night, which was noteworthy, but I don't think that we should be waiting for the Federal government to come up first. We might wait who knows how long. There were some excellent ideas, but when. When will it happen? Even if someone started tomorrow, we all know it's going to take quite a while, and I think we have to be ready for January 1, year 2000 to come up with some sort of plan.

ASSEMBLYWOMAN MURPHY: I'm in agreement with you, Lou.

I'll go right to Theresa because I know Theresa had some things she wanted to talk to us about last time, too.

MS. EDELSTEIN: Well, the last time that we heard testimony, Roberto and I had talked about needing to hear from the nursing home administrators in the state, who are a professional group, who have a lot of knowledge and expertise about nursing homes in the state and how to run them, what their role needs to be in the continuum of care going forward. Because the nursing home industry is changing in the face of everything else that is going on with assisted living, with alternate family care, with adult day care. It changes the nature of what nursing homes should be doing and what they are expected to do and how administrators need to function in this new environment in running those facilities. Maybe even finding some alternate uses for some of the space that exists in nursing homes now that maybe in the future won't be needed as nursing home beds, but may be needed as something else.

ASSEMBLYWOMAN MURPHY: Adult day care or any one of those kinds of programs.

MS. EDELSTEIN: Right.

ASSEMBLYWOMAN MURPHY: Okay.

Do you and Roberto want to work on that together?

MS. EDELSTEIN: Sure.

MR. MUNIZ: Sure.

ASSEMBLYWOMAN MURPHY: Does that make sense to both of you, or do you have different things you want to talk about?

MR. MUNIZ: No, that makes a lot of sense, sure.

ASSEMBLYWOMAN MURPHY: Okay.

What is missing--

DR. ROBINSON: I had two ideas.

First of all, I thought back on all of those caregivers who we heard from, and I was impressed as a clinician with the burden that some of them were carrying. I remember one woman talked about thinking about suicide. A number of them talked about physical burdens, economic burdens, those sort of things. And it struck me that given that situation, you know, when would it be therapeutically effective, and cost-effective as well, to counsel some of these people to think about nursing homes?

In other words, what kind of a situation-- What are the markers for the kind of a situation where people are really best cared for in nursing homes? And I'm not sure if there is research on that. What are the attributes of caregivers and the attributes of the patients themselves that would indicate to us that these people are best served in a nursing home? There are some people who are appropriate for care in the community and some situations where it's just overly burdensome on everyone. And I think if we had an



inkling of that, you know, we can think about the types of populations that community-based, long-term care could serve.

And I was thinking Robert Kane and his wife, Rosalie. They're really known long-term care researchers, and if they don't have that information, they would know, I think, the direction in which to point us.

MS. MICHELSEN: Joanne, you know who knows that, though, are the people from the Medicaid Office that do CCPED. And they have basically looked at this for years and years. And back to the channeling demonstrations that when it's greater than 25 hours a week has been the theory that that's more than -- then it becomes, at least financially, more than a nursing home when you look at it on an annual basis. Is that the level of care then where someone ought to consider a nursing home?

DR. ROBINSON: You know-- And it depends on what those hours are. I just think there is psychological burden. I think there is--

MS. MICHELSEN: I think the burden that people are willing to bear is so individual though.

DR. ROBINSON: Sure.

MS. MICHELSEN: Certainly you can counsel people, as I have in the past, that don't you think mom would really be better in a nursing home for all of these various reasons? And they just say it doesn't matter if she would be better; this is what we are going to do.

DR. ROBINSON: Yes.

MR. MUNIZ: There are a lot of factors that you need to include in that, and that's socially factored. For example, nutritional factors are very important as well. They may not be receiving the nutrition that they need in

their homes necessarily or socially they do not to get to have any companion during the day, many of these people. And nursing homes-- We've been talking about all of these other issues during this whole conference, during these whole hearings, but nursing homes have really been put really on the side, and that's not fair.

I mean, we definitely provide excellent care in the State of New Jersey to many, many of the residents in here. We probably are one of the best states in the country providing nursing skilled care for the elderly. It was very hard for me hear so many people complaining about nursing homes and saying that nursing home this and nursing home that when we are so enthusiastic about taking care of the people that we serve, the elderly that needs us, that comes to our facilities, and providing social services and providing medical services, as well as rehab services, and all of those things that we do in our facilities.

DR. ROBINSON: Yes, I think the image of the industry, not just in this state, but across the nation, needs a shot in the arm. And a lot of people are operating under misconceptions. You know, I would never institutionalize my mother, don't send me to a nursing home. And I think some people you just have to help them to understand, first of all, and also to get a hold of the burden -- to look at what it is they are shouldering. Economically is it worth it to drive yourself into poverty?

MS. MICHELSEN: Absolutely. Or their own physical health. I have so many caregivers that die before the older person. I would say something like 40 percent of them often die before the older person and she ends up in a nursing home. It happens all the time.

DR. ROBINSON: Choice factors into it, but--

MS. MICHELSEN: There are tons, and tons and tons of research on this.

ASSEMBLYWOMAN MURPHY: There is a lot of guilt after listening to all of these caregivers because my mother lived in a continuing care facility and ended up dying in the nursing home of that facility. Sometimes, after I've listened to these caregivers, I really feel terrible guilt that I didn't leave my husband, quit my kids, and just take of my mother, who would have been hysterical if I had done that. Because the reason she lived and went to the house is because she didn't want to live with either of us. She didn't want anything to do with us. (laughter) We listened to the radio, we had cocktails in the evening, and we ate dinner late.

And every so often I have to remember that these were a lot of her own reasons. She made a lot of these decisions herself at a different time than the time she died, clearly. But anyway, there is a lot of difference of social things that come with it.

One of the other things that we talked about wanting to know more about -- wait a minute I lost -- we talked about case management, which you all have talked about today. We talked about a need for employment. We talked about better health and better health care for people.

DR. HEATH: Case management was one of the things that I was going to raise.

ASSEMBLYWOMAN MURPHY: Good.

DR. HEATH: We heard some good testimony about case management at the time of hospital discharge, and it seemed to me in case

management, also times of transition, when someone is perhaps going from home to a home health-care agency. They may be staying there, but again it's a transition of their functional state. Someone certainly is moving you into a nursing home, again either from a hospital or from a home situation.

To have the hand-holding that goes on with the case management or care management-- I don't know what the terminology would be.

ASSEMBLYWOMAN MURPHY: Right.

DR. HEATH: It would be helpful to learn what exactly is more involved with that. What are the common themes? What would it take to replicate that or to put it in a more-- It sounded like, at least the testimony I heard, it was an institution-by-institutional place. "Hospital X had it. Boy, I wish hospital Y had." "This home care agency did wonderful with me. This one didn't." I'm not suggesting mandating it, but I'm saying, what would it take to actually make that more widespread? What are the common themes of that?

ASSISTANT COMMISSIONER READER: And that's one of the things that you will hear in the presentation on New Jersey EASE. Really the heart of New Jersey EASE, apart from the information and referral, is care management, or case management. I think the terms are interchangeable; it's whichever one you prefer.

But when you hear that presentation, and I think it's really-- That has to be supported for New Jersey EASE to succeed.

ASSEMBLYMAN ROMANO: I agree wholeheartedly with that comment. But I think we have to go back-- When we talk about a hospital, that so-called exit is called an exit plan, it's not a case management plan. It's

at that particular point where the doctor, in concert with the patient, but more importantly with the social service person in the hospital, decides together about a nursing home, about applying to an agency for home health care. But I don't think that that person -- and I may be wrong, I'll stand to be corrected-- I don't think they have the expertise to know what's up at that moment in the state, what is available with all of the programs. And I don't think that they take it upon themselves to explain all of the programs.

Actually, what it is, is the advice of the doctor with a plan to get that person from the hospital into the home, into the nursing home, whatever the case might be. And I don't believe that that person is what I'm going to hope to believe is the ability of a case manager. We are talking about two different sorts of specialities here.

I would like to go back to a moment to what you had said. I'm under the impression, when you talk about 25 hours -- and I hate to bring up this topic again, but I will bring it up -- that my understanding is with the PCA plan, if a provider wrote 25 hours, it was just one sheet of paper or whatever the case is. However, when they went above 25 hours that's when the paperwork started with all types of paper reviews, desk orders. Now, as I told you, we have what is called the concurrent review and a person goes in -- I don't think we should try to fool one another here -- and part of the object is to reduce the hours of home health care.

I have a situation right now which I am waiting for the decision from the Office of Administrative Law--

By the way, thank you. Legal Services provided in Hudson County is Judge Cynthia Jackson. Have you ever come across her?

ASSISTANT COMMISSIONER READER: No, I haven't.

ASSEMBLYMAN ROMANO: She's the one from Legal Services.

And depending upon the OAL review and up to the client's daughter will they in fact look to make an appeal at the next step. And, by the way, I still haven't figured out the next step appeal. I have to wait for the Office of Administrative Law.

In the case of the Department of Health, it's a direct appeal to the Commissioner. But I understand that the Department of Human Services -- it's not to the Commissioner, but it is to the Medicaid director. So that we have to just get set in our mind.

But I think it's important in these cases here that case manager is of utmost importance. And going again-- Talking about when there are times that somebody belongs in a nursing home, I grant you that where it's impossible for the provider or the provider and the family to handle the person. But let's go back now to this particular case that I'm talking about.

The daughter works, the brother works, her husband works, and comes Friday afternoon she stays with the mother until Monday morning. During the week she stays three days overnight, two days by a college student who is friend of the family. And what they were arguing for was "We need coverage from 9:00 to 4:00. The State cut it down from 40 hours to 30 hours. And there was an indication with-- I say the State, I'm talking about the people who are involved with the program suggested that perhaps there could be some sort of assistance to providing hours on a weekend.

Now, in this particular case, the young lady said, "I don't need anybody for my mother on a weekend. I need somebody for when I go to

work. So if you don't want to give me somebody on the weekend just to make it look like you are cutting down the hours that a person is staying there during the week, ultimately you are coming up with the same amount of hours." So this is all part of the review that is going on. And in that particular culture, they will do anything to keep the parent at home. Their last resort is to put the mother in a nursing home. I know, I said it again.

MR. MUNIZ: One other area that I'm sure we can benefit from is the long-term disability. I know you talked about it -- long-term insurance actually, which needs to be expanded in this state. We need to do something about encouraging young people, actually in their 40s and 50s, to start thinking about that because this is definitely the way are going to have to go.

ASSEMBLYMAN ROMANO: Madam Chair, not to answer you directly, but I have to answer you directly about this. Do you realize how many young people don't have health insurance? So now we are asking to buy insurance for the nursing home. When will we see that happen? But, yes, part of the insurance is an answer, but you better have to start paying for that when you are young because, if you decide to pay that when you're old, the premiums are prohibitive.

MR. MUNIZ: Right. That's why I say 40 or 50 years old.

ASSEMBLYWOMAN MURPHY: In today's market.

ASSEMBLYMAN ROMANO: In today's market.

ASSEMBLYWOMAN MURPHY: Renee.

MS. MICHELSEN: Do we want to know more about-- We spent so much time talking about assisted living and how there is a two-tier system. Do we want to know more from states that have affordable assisted living?

ASSEMBLYWOMAN MURPHY: Yes.

MS. MICHELSEN: Do we want to know what would make assisted-living facilities want to take a Medicaid person? I know the market has to play out a bit right now. They don't have the demand. They can get the private patients, so they don't want the Medicaid patient, but that might change as the market matures a bit and as five years passes. What have other states done with Medicaid assisted living so that we are not using Medicaid dollars to put people in nursing homes that don't need nursing homes, but using that money for people who really do and spreading it wider?

MS. EDELSTEIN: Renee, I think the person that's been in the forefront of affordable assisted living is Karen Brown-Wilson. She started in Oregon and is now bringing affordable assisted-living models into other parts of the country, but only in certain areas where it can be built where the labor force is at such a level that it doesn't require wages to be what they are in New Jersey. There are a lot of factors that go into it, but she would be probably the best person.

ASSISTANT COMMISSIONER READER: She's in South Jersey, but the reason she is there is because land is affordable. Vineland-- She has a couple of projects there.

ASSEMBLYWOMAN MURPHY: She is someone we can reach?

ASSISTANT COMMISSIONER READER: There is also someone from here -- an attorney from here -- that's working with a group to put up affordable assisted living. But, as you know from your tour this morning, housing is an interest of mine, and it seems to me that shelter is a basic concept, and if we can market the range of shelter that could be made available



for older people with or without services-- Echo housing is difficult in this state because of home rule. I fought the battle when I was here in Somerset County, and yet it's such an answer for the problem to have mom in a little unit on your property but not in your home.

It might work for you, Carol, who knows. (laughter)

ASSEMBLYWOMAN MURPHY: Would have worked much better for her.

ASSISTANT COMMISSIONER READER: And the accessory apartments is another one. Patrick Hare is a guru of accessory apartments, and they are very acceptable some places. But there is whole resistance to having alternative kinds of housing built. Recently when I was in a meeting with the Senior Housing Subdivision of the New Jersey Home Builders, they are saying it's becoming increasingly difficult to get permission from planning boards to go into municipalities with senior housing.

ASSEMBLYWOMAN MURPHY: Yes, it is because they vote on school budgets and they vote them down.

ASSISTANT COMMISSIONER READER: Yes.

ASSEMBLYWOMAN MURPHY: At the same time municipalities are saying we don't want to build any more houses that will hold children because we don't want to expand our schools anymore.

MR. MUNIZ: The assisted living will not take-- It's not going to have an interest in becoming Medicaid facilities because of the simple fact that the \$50 or \$60 that they are going to be receiving is not going to cover the cost of an assisted-living facility.

MS. MICHELSEN: Absolutely, but in other states there is Medicaid assisted living. And I'm curious as to why does it work. I completely understand that it's market driven.

MR. MUNIZ: That's one reason that it's not going to because people don't want to give \$50 or \$60 a day for a patient in an assisted living. The other one is that on the other hand, the State is saying that in order for you go into an assisted-living facility, you have to qualify for a nursing home. So in a nursing home, you are provided 2.5 hours of care, minimum. So that means that you are going to have to provide that in assisted living as well; although, they don't tell you in the regulations because the regulations are very vague, which is great. But they will not want people to come in and give them \$60 a day, and they are going to get stuck with the person in that facility forever most likely.

ASSISTANT COMMISSIONER READER: We were doing a series of visits to assisted-living facilities trying to get them to accept Medicaid for payment. And we went to one facility where they did accept-- They had a few Medicaid residents there, and they used as an illustration one man who lived in the community by himself and really was not in a good situation. His health was declining, his mental health was not good. They brought him in. He became well enough that he was able to go back to the community, but the same thing happened.

Again he deteriorated and came back in because at that point he is nursing home eligible. He assesses as nursing home eligible. So they said we are going to have this revolving door because, when the assessors come in six

months from now, they are going to say he is not nursing home eligible, he can live in the community. So you've got a very difficult situation over there.

MS. MICHELSEN: So maybe we need different State criteria for people that would be in assisted living.

ASSISTANT COMMISSIONER READER: Once they get in there, if they go in based on nursing home eligibility, then they should be able to stay it seems to me.

MR. MUNIZ: But there's no finances backup for that. I mean the finances are \$60 and will not cover for that person.

ASSEMBLYWOMAN MURPHY: Would the State be able to have a Medicaid waiver for that for assisted living themselves in the State program?

ASSISTANT COMMISSIONER READER: I don't know the answer to that.

MS. MICHELSEN: Certainly it would an interesting demonstration.

ASSEMBLYWOMAN MURPHY: Who would we talk to about that?

ASSISTANT COMMISSIONER READER: I guess to Susan.

ASSEMBLYWOMAN MURPHY: I think we ought to hear what the thought is on it, if it could be used at the pilot program or demonstration program.

MS. EDELSTEIN: Medicaid reimbursement now for assisted living is under the waiver program. The slot goes to the individual, not to the facility. So it's already a waiver program.

MR. MUNIZ: This is Federal-waived program.

MS. EDELSTEIN: The Medicaid Waiver Program is--

MR. MUNIZ: Yes, for the assisted living.

MS. EDELSTEIN: --a Federal program?

MR. MUNIZ: Yes, it is. It's a Federal waiver, which we don't know what's going to be happening after next year.

MS. EDELSTEIN: Yes, that's true.

MR. MUNIZ: And there's only about 200 beds being used in assisted living.

MS. EDELSTEIN: Right, but there are 1500 slots available.

MR. MUNIZ: And there's 1500 slots for--

MS. MICHELSEN: Because the facilities don't want to do it.

MR. MUNIZ: Right. And the assisted-living facility has empty beds, but if they had enough money-- If they were getting enough Medicaid money, there will be an opening for Medicaid patients most likely. Like Mario, I believe he's going to be doing that very soon -- accept Medicaid in their units.

ASSISTANT COMMISSIONER READER: The assisted-living program, also, in the waiver is assisted living alternate family care in the assisted-living program which is the services brought in, in subsidized housing. Asbury Towers in Asbury Park was the model project that we did with The Administration on Aging funding. So they get the services and subsidized housing -- very cost effective.

MS. MICHELSEN: Just like the Dean-Gallo congregate.

ASSEMBLYWOMAN MURPHY: Right, in Morris.

MS. MICHELSEN: How many examples are there-- I know that most people don't live in subsidized senior housing, but at least for those who do having those congregate services could keep them their longer because those people are definitely destined for Medicaid nursing home because they have no private funds.

ASSISTANT COMMISSIONER READER: And congregate is the level below the assisted-living program, Congregate Housing Program. And that's a program that's been cut year after year, but it's a very important one.

ASSEMBLYWOMAN MURPHY: What happens to the people who are not eligible for congregate or Section 8 or any of those things until they have tried taking care of their mother for six months or a year, and then they are because they have spent everything?

MS. MICHELSEN: They go to a Medicaid nursing home.

ASSEMBLYWOMAN MURPHY: But I'm just saying, if you are 40 or 46 and you've done that, you are not eligible for any kind of nursing home. You're not 65, you're now a 50-year-old person who has spent everything on taking care of a parent who has died or outlived everything that they ever owned and that you owned, too, what the heck do you do? And that's a whole group of people. It seems to me that's the bulk of us in this world. We aren't rich enough and we aren't poor enough.

MS. MICHELSEN: Sue is saying, what is the adult child who had depleted his of her funds do?

ASSEMBLYWOMAN MURPHY: Well, because that adult child is going to get to be an elderly person. I'm just saying that you have--

MS. MICHELSEN: Well, there is one school of thought that says only spend the elder's money, don't spend your own money.

DR. ROBINSON: But that's not reality.

MS. MICHELSEN: I know an awful lot of caregivers who do, do that. Well, mom's money is this.

ASSEMBLYWOMAN MURPHY: And if mom or dad have taken their money and committed it -- given it to the kids as they went through the thing so they wouldn't have to pay taxes on it and suddenly now have nothing, what happens to-- I mean, what are we not doing or what do we need to do or what could we hope to do to help people to understand that there is a responsibility to care for yourself far more than the responsibility to say to your children you are going to inherit the earth and here it is now? Does that make any sense?

MS. MICHELSEN: That might be a few generations away, though, because we have not had so many older people living so long until now.

ASSEMBLYWOMAN MURPHY: But it seems to me that part of our charge in a way is to figure out a way to start saying that without leaving people on the street while we do it. But to start saying that the assumption of responsibility -- that's a terrible word, people are getting to hate that word -- but there seems to be some need for this.

Lou, and then I want to ask--

ASSEMBLYMAN ROMANO: Madam Chair, isn't there a rule for Medicaid. When someone is applying for Medicaid, there is a certificate they have to sign that they didn't give away--

MR. MUNIZ: It's a look back period of 36 months.

ASSEMBLYMAN ROMANO: Put up property for three years.  
So that's that part.

What I wanted to talk about, because we are touching here and we are talking about nursing homes, we're talking about alternative care, etc.-- What we are not talking about is that senior citizen who is not in need of all that but just trying to make ends meet on the matter of their pension or social security. And so when you talk about what happens to the people who are slightly above -- that's what I'm hoping for -- that under this QMB, that's part of Medicare, where the cusp for eligibility is much higher-- I seem to recall \$29,000. Because what is also missing here is universal, if not State, aid for pharmaceutical drugs.

Everything-- And you and I both know that everything is based on the PAAD Program. The PAAD Program limit is unrealistic, and you do have people who make a few thousand dollars more. The State, I think, should come up with a plan by increasing copays to match it to, let's say, the finances of an individual. So that if they make, let's say, \$30,000 and not the \$17,000, their copay might be \$10. I mean, nobody can buy medicine cheaper than the State. The State gets the best price.

So we have that whole group of people-- In fact, even now I think the Governor is looking in that direction because they want to give homestead rebates to people who make less than \$100,000. So there seems to be a realistic acknowledgment of, hey, there are other people out there who are not what you might call Medicaid eligible, but do not have all the money to pay for prescriptions. So we have to look at pharmaceuticals for those people who are

at home, who walk around, or go to the store. But in terms of their pharmaceutical needs -- unless they meet the cusp of PAAD Programs, they are paying full value on pharmaceutical. And I think this is an important element for senior citizens as we go through this. This is the group that doesn't need assisted living or nursing home. How do we help these people buy medicine?

ASSEMBLYWOMAN MURPHY: All right.

John, you were going to, I think, talk to us, or find some way for us to learn more about health, looking at the difference between my generation, if you will, the baby boomer generation that is in their 40s now, and the ones coming in terms of the health expectations and how we develop an efficient exit mechanism for all of us.

MS. MICHELSEN: Exit mechanism?

ASSEMBLYWOMAN MURPHY: Well, you got to get out of here somehow. And it's getting harder and harder--

DR. HEATH: Did I come to the right room? Is this 1984 here? What is this exit mechanism? (laughter)

ASSEMBLYWOMAN MURPHY: No, I use that word because sooner or later everybody has to get out. And we are becoming more and more resistant to the concept. And I think we need to hear more about palliative care.

DR. HEATH: One of the things that some of the testimony that impressed me was the Hospice--

ASSEMBLYWOMAN MURPHY: Correct.

DR. HEATH: --interactions. And in general, Hospice is-- Some people at least perceive Hospice as terribly underutilized. It's underutilized for



the duration. For instance, the Medicare Hospice benefit is six months. And yet, as I understand it, to link the stay the actual utilization is less than a week or two for most people.

ASSEMBLYWOMAN MURPHY: Most of us don't think of it until--

DR. HEATH: The other thing is there is a huge educational need, I think, out there because most people view Hospice as being for in-stage cancer, when reality Hospice is end-stage anything. So that both bureaucratic mechanisms as well as just the insight in the-- Frankly, the doctor recognizes this emphysema patient, this heart disease patient, this Alzheimer's patient, yes, might be now eligible for Hospice. That's a change in mind-set. That's a major challenge.

That would be interesting to hear more about, and I would be willing to try to figure out how we can learn more about that.

ASSEMBLYWOMAN MURPHY: And with that, what about palliative care and hearing more about that?

DR. HEATH: That's how you use that terminal management to make the best of it.

ASSEMBLYWOMAN MURPHY: And the other was -- comes and goes in my head.

ASSISTANT COMMISSIONER READER: Well, I think--

DR. HEATH: I had heard of -- I'm sorry. I had heard of one particular program actually in New York State that I think might be relevant to some of the concerns, at least that we were talking before I stepped out, and I apologize for the interruption.

I moved to New Jersey from upstate New York. And at least the county that Syracuse was in, Onondaga, there was a program that I was familiar with there called Consumer-Directed Home Health Care. It was Medicaid eligible individuals that after going through a period of training, would actually be the individuals themselves that would direct their home care resources. They would hire individuals on their own. They, the client, would specify what hours the person would need.

Those few individuals that I had firsthand knowledge of they oftentimes were younger individuals. For instance, a quad or paraplegic who wanted the bath at 2:00 in the morning because they stayed up, and they found that they couldn't get that from a traditional home care agency.

Like most of the things we talk about, that probably just focuses on a very small segment. But the thing that intrigued me about it is that it allowed the individual the flexibility. The state was going-- In this case New York State was going to spend this money. Why not allow the individual to direct at what hours and perhaps even who would get that money? And I don't think that they could hire their live-in partner for \$20 an hour.

ASSEMBLYWOMAN MURPHY: Right.

DR. HEATH: But it was an interesting model that it would allow some caregivers the flexibility.

Assemblyman, you mentioned the individual who said, well, I don't want someone on the weekend, and yet the agency in a sense was almost kind of forcing it type of thing.

ASSEMBLYWOMAN MURPHY: Ruth, do you know how we could access more information about that job?

MS. MICHELSEN: Well, we're kind of doing that with PCA already.

ASSISTANT COMMISSIONER READER: The Department of Human Services has a consumer-directed model program for the disabled population -- physically disabled. And one of the Governor's initiatives has a small consumer-directed care program in it for older adults.

ASSEMBLYWOMAN MURPHY: And where would that emanate from?

ASSISTANT COMMISSIONER READER: That would be ours, the Division of Consumer Support.

ASSEMBLYWOMAN MURPHY: Could someone, then, from your group speak to that?

ASSISTANT COMMISSIONER READER: Leslie Hendrickson probably.

ASSEMBLYWOMAN MURPHY: Okay.

MS. MICHELSEN: Or Bill himself. I think--

ASSISTANT COMMISSIONER READER: Bill on the one for the disabled.

ASSEMBLYWOMAN MURPHY: Bill is in the disabled, and this is one that's going to seniors.

MS. MICHELSEN: But Bill is knowledgeable about seniors because he did PCA for years and years and years and years and Medicaid waiver programs, and I think that he has a really broad sense of the whole idea of consumer directed.

I think when you are talking about extremely frail people, consumer directed-- I went to a conference recently where people are from all various states and they talked-- Consumer director was a big part of the whole theme. And there was a lot of feeling that when people were extremely frail, the consumer director was much more difficult.

DR. HEATH: Maybe it's caregiver directed.

MS. MICHELSEN: But then caregivers-- Could caregivers be their surrogate? And there were many states where it was working and where it was a good feeling about it.

DR. HEATH: There may be some big land mines. There may be some huge problems, but at least I would like to learn about it to see if that would be a possibility.

MS. MICHELSEN: Okay.

ASSISTANT COMMISSIONER READER: I'll send you a copy of two articles pro and con that were in a recent issue of *Generations*.

ASSEMBLYWOMAN MURPHY: Also, we had a testifier come to one meeting speaking about right to die -- the young woman when we were in Neptune.

MR. MUNIZ: Yes.

ASSISTANT COMMISSIONER READER: Judy Parnes. She was just with me this morning.

ASSEMBLYWOMAN MURPHY: She was very good and scared and was concerned about bringing this subject up in a room full of senior citizens, and I don't blame her. But she spoke very well, and she is absolutely correct.

ASSISTANT COMMISSIONER READER: Bonnie has a new grant that they just had the kick off a week or so ago for her New Jersey Health Care Foundation on palliative care.

ASSEMBLYWOMAN MURPHY: On palliative care. She spoke at the Metro West up in Route 10 in New Jersey, in Whippany.

ASSISTANT COMMISSIONER READER: Right.

ASSEMBLYWOMAN MURPHY: Maybe she should come and talk about that.

ASSISTANT COMMISSIONER READER: Dr. Anne Burger who is the physician that is part of the group from Cooper Hospital is a palliative care physician as well as an oncologist.

ASSEMBLYWOMAN MURPHY: Have her come and talk about what's--

ASSISTANT COMMISSIONER READER: She's really nationally known in this field. And she was saying palliative care should not just be for the terminally ill, it should be for those with chronic disease as well, management of pain.

ASSEMBLYWOMAN MURPHY: She's right.

John, I appreciate any input you have on who you would like, or feel, could speak on this. Let's ask Bonnie to come and talk about what's available in the State of New Jersey with a doctor.

DR. HEATH: One caveat. I would personally feel very uncomfortable if the scheduling of speakers would have that individual either before after someone talking purely about health-care financing. If we schedule things to say--

ASSEMBLYWOMAN MURPHY: Palliative care or right to die?

DR. HEATH: Well, both. If the preceding speaker says we have to find a way to save money and the next speaker says we are going to have people dying-- (laughter)

MS. MICHELSEN: That would be unfortunate.

DR. HEATH: I've seen conferences that have it scheduled that way. And although I'm sure -- at least I would like to hope it's not the chair, not your chair -- but other chairs' prerogatives to do that.

ASSEMBLYWOMAN MURPHY: Isn't it funny.

DR. HEATH: It's insensitive.

ASSEMBLYWOMAN MURPHY: You know, I think sometimes you get involved in the issue and forget the sequence of things.

DR. HEATH: What it looks like.

ASSEMBLYWOMAN MURPHY: But you're right because when living wills are being very much discussed -- before they had become unaccepted-- And I guess this was fairly in the middle of Karen Anne Quinlin which provoked a great deal of thought about all of these things.

My mother wanted to do a living will, and I was telling one of my neighbors about it, and my neighbor said, "You are going to take your mother's life?" And I thought to myself, I haven't said anything about taking my mother's life. But for her there was only one reason you would do that, because you were trying to rid yourself of one of your family, and I was quite surprised.

But anyway, it was kind of interesting because that's the only way she could think of these things.

Yes, Roberto.

MR. MUNIZ: Ruth, if you can -- maybe it would be a good idea for you to send a copy of those two articles to probably--

ASSISTANT COMMISSIONER READER: To everyone.

MR. MUNIZ: --to everyone in here. It would be beneficial I think.

MS. MICHELSEN: Madam Chair, what about for long-term care insurance so that we get somebody from a sort of nonbiased-- What if we got Debbie Breslin from the New Jersey Department of Insurance or she could recommend someone. She's very knowledgeable, and then we are not going to the insurance sector.

ASSISTANT COMMISSIONER READER: She's from my Division, not from Insurance.

MS. MICHELSEN: Oh, okay.

ASSEMBLYWOMAN MURPHY: But sometimes the guys from the private sector will tell you what really happens on the street.

MS. MICHELSEN: Maybe we can get both.

ASSEMBLYWOMAN MURPHY: And I think it doesn't hurt to hear both.

ASSISTANT COMMISSIONER READER: Debbie is also very good on the Medicare issues that the Assemblyman is talking about.

MS. MICHELSEN: The Medicare managed care and the Medicare, how much care you get for skilled-- Yes, she's the best.

ASSISTANT COMMISSIONER READER: Right. What Medicare does or doesn't do. She's really an expert in that.

ASSEMBLYWOMAN MURPHY: Then you and Peggy and I are going to sit down and work out a framework for what we are going to hear.

ASSISTANT COMMISSIONER READER: Okay.

DR. ROBINSON: I also think we need to look at how people in this state are screened for Medicaid long-term care benefits. I've been doing some work with the Office of Long-Term Care options. And the way that it usually goes is the call comes down to screen patients. While they are hospitalized, a nurse goes out under tremendous pressure to do this assessment before discharge, which will occur in a day or two. There is little or no contact with the caregiver.

The patient who is screened is at their absolute worst from the acute illness. Lots of times cognitively I think a lot of people get shuttled into the nursing home. They look terrible when you do this. The caregiver-- Everyone is in crisis. And I think there needs to be some sort of sense made of this process. I don't know how other states do this. There just has to be a better way I think, so it would behoove us to look around how it's done elsewhere.

ASSEMBLYWOMAN MURPHY: Okay.

ASSEMBLYMAN ROMANO: On that same note, Madam Chair. Yes, there is usually the tendency to recommend a nursing home. Then comes the other problem. Which nursing home covers that particular ailment or sickness? Certain brain injuries, etc., you can't go to just any nursing home.

In my own case, in my family, I was looking for the nursing home right next to the hospital because my sister was on a ventilator. And at that time they had not received permission from the State -- oddly enough. Six



months after, I received a phone call saying we have been accepted for ventilator and do you want to move your sister into the nursing home. I said, "Thanks anyway, but she died." So we never had to really worry about the nursing home, she never left the hospital. But that's the other thing that comes up with nursing homes, especially the fact that they have an entire floor which they are not ready to open unless it's cost-efficient with enough people to take the floor.

And by the same token, I believe the battle was won with nursing homes. Don't they take subacute care?

MS. MICHELSEN: Some are licensed for subacute--

ASSEMBLYMAN ROMANO: Some are licensed for subacute care. And some of them are waiting for that decision to be made.

MR. MUNIZ: Well, hospitals are waiting for--

ASSEMBLYMAN ROMANO: Pardon me.

MR. MUNIZ: Hospitals are waiting for that decision to be made.

MS. EDELSTEIN: I think there is a distinction that needs to be made. Nursing homes don't receive separate licensure for subacute care. As long as they are Medicare certified, they can take people at what is called a subacute level of care. Hospital bases of acute care units are licensed under long-term care regulations. So they are treated as a SNF would be except they have a certain prescriptive length of stay and diagnostic constraints on their operation. But there is no nursing home separate licensure for subacute.

ASSEMBLYMAN ROMANO: And in the case of a hospital, what they were trying to avoid was what they called swing beds. You couldn't have

that bed under this rate and then put it under that rate. It had to be, at least I understand, a ward or a part of the floor to make it different.

ASSEMBLYWOMAN MURPHY: I'm not going to use right to die, I'm going to use end of life. I knew there was a better phrase -- more politically correct.

The other thing that we heard about was pharmaceutical education for pharmacists and for doctors, the kind of education they are getting on medications and whatnot.

ASSISTANT COMMISSIONER READER: And professional education in general we also heard.

ASSEMBLYWOMAN MURPHY: Right. And how we put that in, but it was something that we need not to let go of.

Have I left out things that people--

DR. HEATH: I think the professional education. One of the things that struck me about that was the recognition of caregivers by professionals. There is the-- The Health Department very appropriately recently tried to really beat over the head of doctors lead screening for kids because lead poisoning is an issue. And after years and years of effort, it's kind of sinking in. I wonder -- I mean, speaking from my own profession -- how many doctors look at the woman coming in for her mammogram or her Pap test and wonder, are you a caregiver? What's going on with your caregiving responsibilities?

DR. ROBINSON: Also, how to deal with--

DR. HEATH: And nursing professionals, the psychologist, or the other recognition that caregiving is a very important role that has a huge impact on society.

MS. MICHELSEN: And on health. On the caregiver's health.

DR. HEATH: And on the person's health.

DR. ROBINSON: And also how to deal with cognitive impairment. I heard a lot of that, that caregivers, professionals, home health aides really didn't have any idea how to deal with the Alzheimer's patient, how to deal with the behavior, understand it.

MR. MUNIZ: The training.

ASSEMBLYWOMAN MURPHY: Oh, and I'm sure that's got to be true.

DR. ROBINSON: Oh, it is.

ASSEMBLYWOMAN MURPHY: I mean, from the beginning of that to see the end of it, you have lived in a hundred thousand worlds I'm sure.

DR. HEATH: And you have a caregiver who finally acknowledges that she is a caregiver, calls New Jersey EASE, makes that huge step and lets someone come into her home to take care of and who comes into the home but someone who doesn't know what--

MR. MUNIZ: Doesn't have the qualifications.

DR. HEATH: You've thwarted what you've worked so hard to accomplish.

ASSEMBLYWOMAN MURPHY: Yes.

ASSEMBLYMAN ROMANO: In reference to the pharmaceuticals, don't we have the DUR?

ASSEMBLYWOMAN MURPHY: DURG?

ASSEMBLYMAN ROMANO: DRG where they put it into the computer and you have the synergistic pharmaceuticals--

ASSEMBLYWOMAN MURPHY: Yes, yes.

ASSEMBLYMAN ROMANO: --or anti agents. I mean isn't that law today that have to have that?

ASSEMBLYWOMAN MURPHY: The computers in the pharmacies do.

And yet I read -- it's amazing the kinds of things you read when you get onto something. I read a couple of articles speaking about the different effects that medication has on the same person who may have been taking a drug when they were 40 or 45 or 50, and then suddenly at 55 the drug begins to have different -- only by now they usually have a couple of things. But age changes your body's metabolic ability to deal with them. It's scary because you get so used to dealing with something. You're just sure that you can always--

DR. HEATH: Nursing homes have a regulatory requirement to have pharmacy review.

ASSEMBLYWOMAN MURPHY: Yes.

DR. HEATH: And they'll take a lot more seriously now since it was Medicare, which I know is a very small part of nursing home reimbursement -- but Medicare reimbursement is prospective payment including medications. So nursing homes are taking a double look at-- You have individuals taking the same exact cocktail medicines that aren't in a nursing home, and there is no pharmacy review.

ASSEMBLYWOMAN MURPHY: Right.

DR. HEATH: It's left to, essentially, the prescriber and the filling, as opposed to what goes on within the walls of an--

ASSEMBLYWOMAN MURPHY: And that's part of, I think, one of the-- We have, under my husband's insurance program -- we have care mark (phonetic spelling) as our provider of medication. For something you are long-term using, anything you are using for more than six months or something like that, they do the filling of the prescriptions.

And while they send you a sheet with everything -- and I find them very interesting -- they don't-- They aren't like your corner druggist who is someone who has seen your face and who usually has a pretty good idea of the kinds of things you have been dealing with if you have lived there for any length of time. Granted, everybody doesn't live somewhere for any length of time maybe today. But just a different association between a nameless-- You punch in the numbers.

ASSEMBLYMAN ROMANO: Madam Chair, you recall on the dialogues that we have had on the PAAD Program and about mail-order pharmaceuticals?

ASSEMBLYWOMAN MURPHY: Right.

ASSEMBLYMAN ROMANO: We did not want to lose the corner drugstore, if you will. Today, more than ever, many of the over-the-counter medicines if taken with other drugs can be-- What's the right word?

ASSEMBLYWOMAN MURPHY: Deleterious.

ASSEMBLYMAN ROMANO: Deleterious, antagonistic. And the corner drugstore who knows the person, who knows the drugs that they are

receiving-- Many occasions when the elderly person walks up and says, "What do you think of this, Harry?" Harry says, "You can't have that because you take so-and-so. Please, don't take that." Now, that's where you get lost-- Remember when I was saying, who do you go ask, go ask the mailman?

ASSEMBLYWOMAN MURPHY: Yes. (laughter)

ASSEMBLYMAN ROMANO: Okay, but that's the point of corner pharmacists. That they know other things that you buy.

ASSEMBLYWOMAN MURPHY: Okay.

Renee, things that you think we need to put in here?

MS. MICHELSEN: Well, I think we have covered them: long-term care insurance, assisted living, and I think looking at expansion of the Respite Care Program, what we really want to do with that. The Governor mentioned that in her--

ASSEMBLYWOMAN MURPHY: Yes.

MS. MICHELSEN: --State of the State. I actually got a call from AP Press about what I thought about that. I was kind of not sure what the real stance of the committee was, so I said that we were continuing to review all of these recommendations. But the State Respite Program is very limited right now.

ASSEMBLYWOMAN MURPHY: Yes.

ASSEMBLYMAN ROMANO: And, Madam Chair, from our previous meetings -- I don't know if you have it someplace, even today as we were driving in the car. These people who take someone into their home, the whole topic of--

MS. MICHELSEN: Alternate family care.

ASSEMBLYMAN ROMANO: --insurance.

ASSEMBLYWOMAN MURPHY: Yes, insurance.

ASSEMBLYMAN ROMANO: Alternate family care and is the idea of insurance, and then this boarding house regulation comes into effect.

ASSEMBLYWOMAN MURPHY: You can have two and not three.

ASSEMBLYMAN ROMANO: Is that the rule, two?

ASSEMBLYWOMAN MURPHY: For the alternate family care-- If you have two people in your home, you don't need to get a license from the town, but if you have three people--

ASSISTANT COMMISSIONER READER: I think that's it.

MR. MUNIZ: Yes.

ASSISTANT COMMISSIONER READER: I think it's more than two.

MR. MUNIZ: If you go above three, I believe, you need to get permission.

ASSISTANT COMMISSIONER READER: Isn't it two?

ASSEMBLYMAN ROMANO: Could we check up on that so we know what we are doing?

ASSISTANT COMMISSIONER READER: Is it one?

ASSEMBLYWOMAN MURPHY: Maybe it is. I'll make sure.

ASSISTANT COMMISSIONER READER: Obviously I don't know the answer to the question.

ASSEMBLYWOMAN MURPHY: No, I'll need to know that, too.  
And I need to find that out.

Ruth.

ASSISTANT COMMISSIONER READER: I think we have covered my list.

ASSEMBLYWOMAN MURPHY: Theresa.

MS. EDELSTEIN: I think we've covered it.

ASSEMBLYWOMAN MURPHY: Okay, Joanne.

DR. ROBINSON: Me, too.

ASSEMBLYWOMAN MURPHY: John. (negative response)  
Roberto.

MR. MUNIZ: The nursing home aspects, we need to definitely address that.

ASSEMBLYWOMAN MURPHY: I'm with you.

MS. EDELSTEIN: Madam Chairwoman, I think one of the things maybe that we have overlooked a little bit is the role the hospital plays. Because most hospitals these days -- the bulk of their population are older adults that they are serving in acute care. And so many hospitals in the state now are involved in so many different levels of care, whether it's acute care, skilled nursing, subacute, even assisted living in some instances.

I think we have to look at the change in nature of the hospital and the role that it can play in case management, in coordination of service, and education for that matter.

ASSEMBLYWOMAN MURPHY: Okay, do you want to work on that problem, presenters or no?



MS. MICHELSEN: It might be awkward for one hospital to request that from another hospital. I mean, I can present on what Morristown Memorial does.

MS. EDELSTEIN: I think the Hospital Association is probably in the best position to do that.

MS. MICHELSEN: But for me to go ask Saint Barnabas, which is the testimony that I think John was referring to when we were at Newark-- Those Saint Barnabas people stood up and talked about their community grant that they have. They have a very good case management program from a grant that they got.

MR. MUNIZ: I agree. New Jersey Hospital Association should be able to have someone.

MS. MICHELSEN: And then you can ask the hospitals that have such a program to put together something.

ASSEMBLYWOMAN MURPHY: Okay.

Now you have bunches of material.

MS. NELSON: I have-- Somebody from--

ASSEMBLYWOMAN MURPHY: Which we've carried around for a long time.

MS. NELSON. Yes.

Somebody from DCA actually came up and talked to me about housing options. It's interesting where we have all been this morning. And I said, "Oh, do you have something on paper?" So she sent me--

DR. HEATH: You asked for it in other words. (laughter)

ASSEMBLYWOMAN MURPHY: So we'll never ask that question.

MS. NELSON: Well, I figured you didn't want to hear from me because I really don't know. So she sent me what they have. That's the first sheet of what you're going to get. The rest of it is all the written testimony that we have received from people who did not speak. In the back of the things that the--

ASSEMBLYWOMAN MURPHY: Transcripts.

MS. NELSON: Thank you. That's a good word. Transcripts from the hearings are the texts of those hearing-- The people that spoke at those hearings, their text is in the back if they provided it. So all I'm providing you is the written testimony that we did not hear. So that's what you are getting. I have names on it, so I can mail it to everybody else. I don't have my glasses on so--

ASSEMBLYWOMAN MURPHY: Boarding home law, Bob Singer has legislation in on that.

MS. MICHELSEN: Yes, he was very vocal about that.

ASSEMBLYWOMAN MURPHY: Okay.

DR. HEATH: May I ask, not to stifle further discussion about content, but what do you envision as the process going forward here? What happens?

ASSEMBLYWOMAN MURPHY: Well, I have to feel that if we are going to hear things, we are going to have to try and schedule three or four presenters, make them fairly short presentations, maybe half an hour. Do four or five at a time and then sit down and discuss the kinds of things that we feel

need to be altered, changed, and get any recommendations we have and get them to the Governor. So I'm assuming probably three meetings.

ASSISTANT COMMISSIONER READER: Similar to bringing the experts in on caregiving for that first session.

ASSEMBLYWOMAN MURPHY: Right, I think so. But hearing people on these kinds of sessions.

As you all look forward on your calendars, is there a bad time? There is always a bad time. Is there a good time? Is there a better day?

MS. MICHELSEN: Maybe it would be better to discuss specific dates.

ASSEMBLYMAN ROMANO: What is today?

ASSEMBLYWOMAN MURPHY: Today is the 20th of January.

ASSEMBLYMAN ROMANO: You're suggesting that by good day you mean Wednesdays?

ASSEMBLYWOMAN MURPHY: Well, I was wondering if there was a better day of the week than others. Wednesday seems like a pretty good day of the week to me.

ASSEMBLYMAN ROMANO: Me, too.

ASSEMBLYWOMAN MURPHY: But that's because Trenton days are Mondays and Thursdays. That's very self-serving.

MR. MUNIZ: Wednesdays are okay.

DR. ROBINSON: Friday's are better for me. I can't get here on Wednesdays.

MR. MUNIZ: Well, Friday is okay with me, too.

ASSEMBLYWOMAN MURPHY: So we'll look for Wednesdays or Fridays, but I'd like to get a couple of meetings in in February if I can.

MS. MICHELSEN: Do we have a central location? Is there a more central than Trenton?

MR. MUNIZ: I can give my facility as a location, which is in New Brunswick or Piscataway.

MS. EDELSTEIN: I can look into it also at the Association building in Princeton.

MS. MICHELSEN: Do you think Jeff McCally would be-- That was a nice conference room. He seems amiable. Is that middle for everyone?

ASSEMBLYWOMAN MURPHY: I would think he would--

MS. MICHELSEN: People care center.

ASSEMBLYWOMAN MURPHY: I hate to impose on him when it's one of his--

MS. NELSON: I think we turned him upside down this morning.

MS. MICHELSEN: Did we? That's because we were asking him to participate. If we are just asking him to use his room, he might not.

ASSEMBLYWOMAN MURPHY: Let us--

MS. MICHELSEN: Or even this room.

ASSEMBLYWOMAN MURPHY: --focus on more central.

MS. MICHELSEN: Is this room central for everyone?

MR. GREENE: We can probably get a room from Carol.

ASSISTANT COMMISSIONER READER: The Office on Aging here, in Somerset County, or--

MR. GREENE: Which is right down the road.

ASSEMBLYWOMAN MURPHY: Okay.

ASSISTANT COMMISSIONER READER: --here. Either one if Somerset is a good location.

ASSEMBLYWOMAN MURPHY: Somerset or New Brunswick I would think.

ASSEMBLYMAN ROMANO: Don't you intend to bring in some speakers?

ASSEMBLYWOMAN MURPHY: Yes.

ASSEMBLYMAN ROMANO: You are going to need a room like this.

ASSEMBLYWOMAN MURPHY: Yes.

Okay, we will focus on trying to get into here then, or into the Department-- Would the Department of Aging in the County have a facility this size?

ASSISTANT COMMISSIONER READER: Yes.

MR. GREENE: Yes.

ASSEMBLYWOMAN MURPHY: Okay, then we will focus on this area.

Okay.

ASSEMBLYMAN ROMANO: Madam Chair, are you going to give us possible dates now or when?

ASSEMBLYWOMAN MURPHY: I really probably wasn't going to because I don't have my other calendar with me. So I probably was going to avoid that. But I think I better not. I better ask you all what looks good.

What's February look like for anybody?

ASSISTANT COMMISSIONER READER: February 5th, a Friday.

MR. MUNIZ: The 5th is fine for me.

MS. MICHELSEN: The 5th is a good day for me, too.

MR. MUNIZ: And the 12th, which will be the following week.

ASSEMBLYWOMAN MURPHY: The 12th is not bad.

ASSEMBLYMAN ROMANO: That's a holiday isn't it?

MR. MUNIZ: The 12th is fine.

ASSISTANT COMMISSIONER READER: No, the 12th is-- State people do not work on Lincoln's Birthday. All you other people that didn't care about the emancipation-- (laughter)

ASSEMBLYWOMAN MURPHY: Boy.

ASSEMBLYMAN ROMANO: And he was a Republican. (laughter)

ASSEMBLYWOMAN MURPHY: How about Wednesday, February 10?

MS. MICHELSEN: That's fine for me.

ASSEMBLYWOMAN MURPHY: Okay.

DR. ROBINSON: It's bad for me.

MR. MUNIZ: It's not a good day for me, but that's fine.

ASSEMBLYMAN ROMANO: February the 10th?

MR. MUNIZ: We have two other meetings that day.

ASSEMBLYWOMAN MURPHY: The 12th is a holiday.

MR. MUNIZ: Would that be in the afternoon? Is that about this time?

ASSEMBLYWOMAN MURPHY: I'm sorry.

MR. MUNIZ: Are you considering the afternoon or morning?

ASSEMBLYWOMAN MURPHY: Sure.

Why, is the afternoon of the 10th okay for you?

MR. MUNIZ: The morning is not good.

ASSEMBLYWOMAN MURPHY: But the afternoon of the 10th would be good.

MR. MUNIZ: Yes.

ASSEMBLYWOMAN MURPHY: What's afternoon in your--

MR. MUNIZ: It could be after 12:00, any hour after 12:00.

ASSEMBLYWOMAN MURPHY: Okay. Well, I didn't know afternoon was after 1:00 or after--

DR. ROBINSON: I can be late. I'm in Philadelphia in the morning, probably until 12:00, so I could be here by 1:00 or 2:00, but it's not the best.

ASSEMBLYMAN ROMANO: Madam Chair, I hope we take into consideration the ride home, where we are coming from, the famous 287.  
(laughter)

MS. NELSON: It looks better now that we don't have any of those whatever they are called.

ASSEMBLYWOMAN MURPHY: HOV lanes.

MS. NELSON: It's much better.

ASSEMBLYWOMAN MURPHY: It wasn't bad coming down this morning because the HOV lane wasn't ever up there.

MS. MICHELSEN: You have to take 206.

ASSEMBLYMAN ROMANO: So far we have February the 6th.

ASSEMBLYWOMAN MURPHY: No, the 5th I won't be around at all.

ASSEMBLYMAN ROMANO: We can't operate without you, Madam Chair.

ASSEMBLYWOMAN MURPHY: Well, you probably could.

ASSEMBLYMAN ROMANO: Your perspicacity is well known.  
(laughter)

ASSEMBLYWOMAN MURPHY: First, perspicacity, bifurcation -- by god, we are using big words these days in the Assembly.

ASSISTANT COMMISSIONER READER: February 10th in the afternoon.

ASSEMBLYWOMAN MURPHY: Okay.

And February 24th. What's on the 24th?

MS. MICHELSEN: February 24th all day.

ASSEMBLYWOMAN MURPHY: No, I will try and do a morning, then one afternoon, and I'll try and do morning on the next one.

DR. ROBINSON: Wednesdays are awful for me.

ASSEMBLYWOMAN MURPHY: Oh, I'm sorry.

DR. ROBINSON: They are just really bad.

ASSEMBLYWOMAN MURPHY: Okay. Wednesday is a bad for you. We won't do it on a Wednesday.

MR. MUNIZ: We'll do it Friday the 26th then.

ASSEMBLYWOMAN MURPHY: How about Friday the 26th?

MS. MICHELSEN: I can do that.



ASSEMBLYWOMAN MURPHY: Okay.

ASSISTANT COMMISSIONER READER: And that's 10:00 then?

ASSEMBLYWOMAN MURPHY: Yes.

ASSEMBLYMAN ROMANO: Does that cancel 2/24?

ASSEMBLYWOMAN MURPHY: Yes, it takes out the 24th. So you have the 10th and the 26th.

ASSISTANT COMMISSIONER READER: No-- Yes, I'm sorry.

ASSEMBLYWOMAN MURPHY: Ten and twenty-six, those are February dates.

What's March 3, Peggy -- March 5?

ASSEMBLYMAN ROMANO: That's a Friday.

MS. NELSON: March is in there.

ASSEMBLYWOMAN MURPHY: Oh, I'm sorry I thought you took it back with you. I apologize. I didn't look.

March 5. That's three days ahead. Let's get through the first one and see how many people I can get together.

ASSEMBLYMAN ROMANO: What are the times, Madam Chair? February the 10th--

ASSEMBLYWOMAN MURPHY: February 10th is 1:00, February the 26th is 10:00 a.m., 3/5 is 10:00 a.m.

MS. NELSON: Some of that may have to change depending on the speakers that you talk to.

ASSEMBLYWOMAN MURPHY: Yes, but those are the goals that we are setting and marking down.

MR. MUNIZ: And the 5th, what time?

ASSEMBLYWOMAN MURPHY: 10:00 a.m.

MR. MUNIZ: 10:00 a.m.

ASSEMBLYWOMAN MURPHY: That's a Friday morning.

MS. MICHELSEN: And how much time should we allot?

ASSEMBLYWOMAN MURPHY: I would give yourselves on the morning 10:00 to 12:30. And on an afternoon meeting 1:00 to 3:30, two and a half hours.

ASSEMBLYMAN ROMANO: Get on the road at 3:30. Four o'clock--

ASSEMBLYWOMAN MURPHY: Two and a half hours that's okay, right?

ASSEMBLYMAN ROMANO: At 4:00 the rich people leave work.  
(laughter)

ASSISTANT COMMISSIONER READER: Do you want all of those scheduled here?

ASSEMBLYWOMAN MURPHY: Let's talk about it, why not.

ASSISTANT COMMISSIONER READER: Okay, here in the library or in the area agency?

ASSEMBLYWOMAN MURPHY: Either one that you can get, Ruth, as long as they can accommodate us.

ASSEMBLYMAN ROMANO: Can you get someone to give us directions how to get here?

ASSEMBLYWOMAN MURPHY: Yes, we'll do that.

MS. MICHELSEN: Does this feel central to everyone?

DR. ROBINSON: Yes, I don't know, perhaps. I'm from Cherry Hill, so I guess this as central as--

MS. MICHELSEN: It's probably as far away as Hudson as the other direction.

DR. ROBINSON: Yes.

MS. MICHELSEN: So you two are the furthers.

ASSISTANT COMMISSIONER READER: Is New Brunswick easier?

DR. ROBINSON: You know it is. It's right up the Turnpike actually.

ASSISTANT COMMISSIONER READER: Because you don't have to come--

ASSEMBLYWOMAN MURPHY: New Brunswick is easier because it's right on the Turnpike. You don't have to go anywhere else.

MR. MUNIZ: I'll even provide you with a lunch if you like.

ASSEMBLYWOMAN MURPHY: You got us, Roberto, there you go. (laughter) And on the 10th when he has his two meetings in the morning, he's right there at work for the afternoon.

ASSEMBLYMAN ROMANO: Any time I have to get on 495 coming from the Lincoln Tunnel is not a good day.

MR. MUNIZ: That's every day.

ASSEMBLYMAN ROMANO: Carol will remember.

ASSISTANT COMMISSIONER READER: So this, then, will go for all of them to Roberto's.

ASSEMBLYWOMAN MURPHY: Yes. Can we do that with you?

MR. MUNIZ: Sure. I'll send you directions. It's very easy.

ASSEMBLYWOMAN MURPHY: Now, let us try and get the speakers. If you can stay--

ASSISTANT COMMISSIONER READER: I will.

MR. MUNIZ: We are talking about maybe 30 people.

ASSEMBLYMAN ROMANO: Who has to go back to a car where we started -- where we started from today?

MS. MICHELSEN: I do.

ASSEMBLYWOMAN MURPHY: Roberto, we'll talk.

ASSEMBLYMAN ROMANO: Catch a ride.

ASSEMBLYWOMAN MURPHY: Okay.

Ruth, I think you are the one that's going to have to drive people back because you are the only one who knows where their cars are parked.

ASSISTANT COMMISSIONER READER: Okay.

DR. ROBINSON: I can, too.

ASSEMBLYWOMAN MURPHY: Thank you all, I appreciate your patience with me.

**(MEETING CONCLUDED)**