



archcare

2010 ANNUAL REPORT



Enhancing Lives, Transforming Care





As the continuing care community of the Archdiocese of New York, ArchCare seeks to assure the presence of Catholic values in caring for those who are unable to care for themselves. Whether they are nurturing children with grave disabilities, helping patients with HIV stay healthy longer, or bringing comfort and peace to those at the end of life, the dedicated men and women of ArchCare deliver exceptional care in His name to people of all beliefs and financial circumstances.

To keep pace with the evolving needs of our Archdiocese, ArchCare today is in the midst of a glorious transformation that will bring its warm embrace and expert care to more people in need, whether they reside at home with their loved ones or in a nursing home. No matter the setting, all who are touched by ArchCare's ministry are assured of loving, compassionate care in the name of Jesus and His church.



“to assure the presence of Catholic values in caring for those who are unable to care for themselves”

Our Mission

The mission of ArchCare is to foster and provide faith-based holistic care to frail and vulnerable people unable to fully care for themselves. Through shared commitments, ArchCare seeks to improve the quality of the lives of those individuals and their families.



“to foster and provide faith-based holistic care”

Our Values

Justice

We live and work as members of a community, and all members of the community have rights that are coupled with responsibilities.

Inclusiveness

While we are unified as one community, each of us is valued for our unique heritage and defined only by our eagerness to contribute to the best of our abilities.

Respect

Each of us is as important as any other – whether resident, family, friend, volunteer or employee – and we must respect each other if we are to receive respect.

Integrity

To be a truly caring community, we must speak and act with total honesty, without concern for the consequences of our truthfulness.

Benevolence

We recognize that those with the greatest needs often have the least resources, and we will provide the same care to the disenfranchised that we do to those who have been more fortunate.

Humility

While subscribing to high ideals, we will recognize our individual and collective limits. Only then can we continue to grow toward who and what we so earnestly strive to be.

Spirituality

While we take pride in following the traditions of the Roman Catholic Church, we seek to serve people of all beliefs equally and to fulfill each individual's spiritual needs by respecting their distinct beliefs.

A Message from the CEO and Chairman



Scott LaRue



Francis J. Serbaroli, Esq.

Dear Friends of ArchCare,

To say that 2010 was anything but a difficult year for ArchCare would be an understatement. But it was a year of opportunity as well, which we earnestly seized upon to advance our mission and equip our ministry to meet the health care needs of the communities we serve well into the future.

The theme of this year's report – Enhancing Lives, Transforming Care – underscores ArchCare's unwavering commitment to improving the lives of the elderly, sick and vulnerable we are privileged to serve, while reflecting at the same time how we are transforming our ministry to address the ever-increasing demand for quality, nursing home-level care delivered at home and in the community rather than in an institutional setting.

Despite the complex challenges ArchCare has had to confront in recent years, we have much for which to be thankful. We are especially grateful to Archbishop Timothy Dolan, who has made health care a top priority for the Archdiocese of New York and whose encouragement and support is immeasurable.

We owe a debt of gratitude as well for the vision and leadership of James E. Introne, who resigned as President and CEO and a member of our Board of Trustees at the end of 2010 to become Deputy Secretary of Health for New York State.

Finally, we offer our sincere thanks to our Board of Trustees, volunteers, staff and many friends and supporters in the community for their selfless dedication to ArchCare's success.

We are pleased to share this update on our ministry and invite you to follow our progress as we continue our transformation.

Scott LaRue, President & CEO

Francis J. Serbaroli, Esq., Chairman

Report to Our Stakeholders



ArchCare has faced unprecedented challenges in recent years, as continued uncertainty over health policy reforms and sharp declines in Federal and state reimbursement levels affected our operations on multiple levels.

Compared with other health care organizations, long-term care providers like ArchCare have suffered a disproportionate share of government budget cuts in recent years as Federal and state legislators resorted to slashing health care spending to address massive deficits. At the same time, we have seen an increasing share of reimbursements being directed away from traditional nursing home care to stimulate the development of home and community-based programs that allow the elderly and chronically ill to remain independent longer.

ArchCare was well ahead of the curve in anticipating these changes and understanding how they would affect our programs and the long-term care marketplace. In keeping with our goal of becoming the premier provider of integrated care for the frail elderly, in early 2010 we launched an ambitious transformation initiative designed to better align our ministry with current reimbursement policies and achieve a healthier balance between the residential care and home and community-based services we provide.

Over time, these efforts will significantly expand our ability to serve the elderly and people with disabilities throughout the Archdiocese of New York, while establishing ArchCare on a more stable financial course for the future.



Transforming Care

ArchCare's transformation is being driven by strategic investments focused on expanding our Program of All-inclusive Care for the Elderly (PACE), ArchCare Senior Life, to meet the growing demand for home and community-based services, and introducing the benefits of our ArchCare Advantage institutional managed care plan to more nursing home residents.

Enrollment in ArchCare Senior Life's inaugural PACE program in Harlem grew to 118 participants during 2010, its first full year of operation. By the end of 2011, enrollments will surpass 215, including members of the local religious community.

PACE is a nationally recognized model of care that improves the lives of nursing home-eligible seniors by allowing them to keep their independence and receive health care and other services at home or in the community instead of in a nursing home. One of just 77 such programs in the country, ArchCare Senior Life offers an array of health services specially designed for the frail elderly, including physicians and nurs-



es who specialize in elder care, occupational and rehabilitative therapies, social services, nutritional services and meals, transportation, diagnostic and laboratory tests and prescription and over-the-counter medications.

In late 2010 we began construction of our second PACE center as part of our plan to transform ArchCare at San Vicente de Paúl Skilled Nursing and Rehabilitation Center, a cornerstone of its South Bronx neighborhood, to better meet the long-term needs of the local

elderly. Supported by a \$1.4 million Health Care Efficiency and Affordability Law capital grant from the New York State Department of Health, construction of the PACE adult day center on the ground floor, including lobby renovations and a new chapel, will be completed during the spring of 2011. A state-of-the-art PACE medical clinic is scheduled for completion by the end of the year, which will enable ArchCare to deliver the full range of PACE covered services to 250 local seniors. Additional HEAL funds of \$16.9 million were provided by the state to reduce the number of skilled nursing beds at San Vicente de Paúl to help reverse years of operating deficits and create space for the PACE center and other potential uses.

Over the last year, President Obama's Affordable Care Act and the work of New York Governor Andrew Cuomo's Medicaid Redesign Team have focused considerable attention on the need to improve care and reduce health care waste by more effectively coordinating the benefits and services patients receive. Coordination of care is especially critical in the long-term care setting, where the elderly and chronically ill are often under the care of multiple physicians.

Our ArchCare Advantage Medicare Advantage Special Needs Plan for nursing home residents, which recently enrolled its 1,000th member, responds directly to this need. Members receive individual atten-

tion from a highly trained care manager or nurse practitioner who monitors their health daily and coordinates all aspects of their care with nursing home staff. In 2010, ArchCare Advantage received government approval to expand its service area to include all five boroughs of New York City, Westchester, Orange and Dutchess counties, and efforts are under way to begin contracting with non-ArchCare nursing homes to offer the benefits of ArchCare Advantage to their residents.

Enhancing Lives

ArchCare ministers not just to the physical health of those for whom we are privileged to care, but to their emotional and spiritual health as well. This holistic, body-mind-soul philosophy is very much in evidence in the peaceful atmosphere and features of our facilities and the wide range of social, therapeutic and spiritual programs we offer.

Among other projects, we recently refurbished the Narrows Grill Coffee Shop at ArchCare at Carmel Richmond Health-care and Rehabilitation Center, a beloved gathering place where residents socialize and reminisce with friends. A modernized and expanded hair salon at ArchCare at Ferncliff Nursing Home is offering residents a sense of continued independence helping them maintain a positive self-image. We also completed design work during the year for a new rehabilitation gym at Mary Manning Walsh Home, which will provide much-needed additional space for recreational and therapeutic programs that contribute to the quality of residents' lives as well as to their physical care.

Given the enormous physical and emotional stress that hospitalization places on frail elders, ArchCare has devoted significant attention to early intervention to help pre-empt the need for emergency room visits and hospital transfers. The INTERACT protocol – Interventions to Reduce Acute Care Transfers – has been adopted at all of our facilities and is empowering staff to identify, assess, communicate and document changes in residents' health status so they can be addressed before they lead to more serious medical problems.

As a faith-based health care system first and foremost, we believe it is incumbent on us that our programs and services fully express and embody the Catholic values on which our ministry is founded. Ongoing programs related to core values, ethics, spirituality and social responsibility led by Sister Sheila Brosnan, who joined us as Vice President of Mission Integration during 2010, help keep ArchCare's Catholic identity in constant view, and our mission and business priorities in the proper balance.

Nowhere are these values more evident than in the performance of ArchCare's sacred duty of caring for those in life's final stages. Our social work and pastoral care professionals are called upon

frequently to help residents and families understand the options and clarify their wishes for end-of-life care. Their decisions form the basis of a Medical Orders for Life-sustaining Treatment document prepared for each long-term resident by our nursing staff to ensure that their intentions are respected and followed.

Strengthening Operations

Providing exceptional care and service to those for whom we care is at the heart of every operating decision we make.

During 2010, all seven of our nursing homes and our PACE center in Harlem completed their transitions to a unified, fully integrated Electronic Medical Records platform. In addition to reducing risks caused by paperwork errors, data from the system is powering a host of quality and efficiency tools, including a quality management dashboard that analyzes more than 30 critical quality indicators and allows managers to monitor and respond to issues and trends in real time. To supplement the data generated by our internal systems and outside regulators, we also conduct regular surveys that give us rich feedback from ArchCare's most important constituency – the individuals and families we directly serve.

To prepare for the roll-out of New York State's new Quality Indicator Survey methodology to nursing homes in New York City in early 2011, the administrators and staff of all seven ArchCare facilities underwent intensive training.

During the year, we also began work to design and install automatic fire sprinkler systems at various facilities to bring

them into compliance with the Federal government's mandate that all nursing homes be fully sprinklered by August 2013.

Investing in the Future

There is little question that upheaval and uncertainty will continue to define the health care marketplace for the foreseeable future. As one of the largest Catholic continuing care systems in the nation, giving in to the forces of change is simply not an option for us. Instead, the people of ArchCare have risen to the challenges of recent years to transform our ministry in ways that ultimately will enable us to serve more people in more places than ever before and restore us to a solid financial footing. The investments we are making today will ensure that our ministry remains vibrant, relevant and responsive to the needs of our communities for years to come.



Catholic Health Care System¹
Combined Audited Financial Statements for the year ended December 21, 2010

	Total
Operating Revenue:	
Net Patient Service Revenue	\$455,516,800
Other Revenue	40,261,883
Realized Gain (Loss) on Investments	(12,723)
Net Assets Released From Restriction	2,276,257
Total Operating Revenue	\$498,042,217
Operating Expense:	
Salaries and Employee Benefits	302,996,608
Supplies and Other Expenses	214,922,674
Total Operating Expense	\$517,919,282
(Deficiency) Excess of Revenue Over Operating expenses	\$(19,877,065)
Non-operating Revenue	9,426,258
Grants	13,132,695
Loss on extinguishment of long-term debt	(434,485)
Equity Transfer from/(to) Affiliate	(400,000)
Extraordinary Items (FASB 158)	3,662,555 ²
Change in Unrestricted Net Assets	\$5,509,958
Unrestricted Net Assets at Beginning of the Year	\$91,486,045
Unrestricted Net Assets at End of the Year	\$96,996,003
Temporarily Restricted Net Assets at Beginning of the Year	\$6,040,145
Contributions	2,073,609
Investment Income	229,079
Realized and Unrealized Gain on Investment	95,100
Net Assets Released from Restriction	(2,276,257)
Temporarily Restricted Net Assets at the End of the Year	\$6,161,676
Permanently Restricted Net Assets at Beginning of the Year	\$21,861,181
Change in Beneficial Interest in Trust	2,745,517
Permanently Restricted Net Assets at the End of the Year	\$24,606,698
Net Assets at the Beginning of the Year	\$116,772,485
Net Assets at the End of the Year	\$125,149,491

¹Includes Calvary Hospital, Carmel Richmond Healthcare and Rehabilitation Center, Ferncliff Nursing Home, Kateri Residence, Mary Manning Walsh Home, St. Teresa's Nursing Home, San Vicente de Paúl Residence, Terence Cardinal Cooke Health Care Center, and Catholic Health Care System.

² Extraordinary items primarily include pension costs related to FAS 158. The company adopted the provisions of Financial Accounting Standards Board (FASB) Statement 158, Employer's Accounting for Defined Benefit Pension & Other Postretirement Plans - an amendment of FASB Statements No. 87, 88, 106, and 132(R) on 12/31/07 which changed its method of accounting for its defined benefit pension plan.



*The generous donors listed here have supported the work of ArchCare and its affiliates:
ArchCare Advantage, ArchCare Senior Life, Carmel Richmond Healthcare and Rehabilitation Center, Ferncliff Nursing
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