

**MINUTES**  
**Cheshire County Commissioners Meeting**  
**Wednesday March 23, 2016 02:00PM**  
**Maplewood Nursing Home**  
**201 River Road**  
**Westmoreland, NH 03467**

**PRESENT:** Commissioners Stillman Rogers, Charles Weed, and Peter Graves

**STAFF:** County Administrator Coates, Finance Director Trombly, HR Director Hurley, Maplewood Administrator Kindopp, Assisted Living Administrator Neal, and Assistant County Administrator (ACA) Bouchard

**GUESTS:** Kathy Stanley, ABM Building Solutions

At 9:39AM Chairman Rogers opened the meeting and recognized County Administrator Coates for the purpose of receiving the weekly operational report.

Coates recapped the recent “Right to Know” training session and the meeting with Attorney Matthew Upton that were held on the same day. He said that overall the meeting content excellent and was well received.

Coates then discussed holding a Department of Revenue Administration meeting later this year to review how the State determines and sets tax rates for the towns. This session was run at the DOC two years ago and was very well received. Because of many new members on the town select boards it is being considered for re-presentation.

He then said that he would be meeting with the members of the Harrisville Planning board who are trying to better understand how County government works and what opportunities may be available to help the towns in the County promote economic development.

Coates then said that RFP’s for the Assisted Living Facility (ALF) and the Waste Water Treatment Plant (WWTP) roofs are being posted this week.

Coates said that Greg Johnson of HG Johnson Real Estate will attend next week’s meeting to discuss local economic development issues and Coates may invite other participants to help foster the conversation.

Coates then said that he and ACA Bouchard would be meeting with the current farm leasee to gauge his progress in cleaning-up the facility before the lease terminates. Commissioner Graves expressed an interest in attending the meeting.

Coates related that the Carroll County delegation has voted to leave the New Hampshire Association of Counties (NHAC) and that a second vote will take place to affirm or reconsider the vote.

Coates related a phone call with a member of Congresswomen Kuster’s staff that took place and he learned that she is considering signing on as a co-sponsor of “*the Recovery Enhancement for Addiction Treatment*” Act or the TREAT Act – *that Amends the Controlled Substances Act to increase the number of patients that a qualifying practitioner dispensing narcotic drugs for maintenance or detoxification treatment is initially allowed to treat from 30 to 100 patients per year.*

*The Act allows a qualifying physician, after one year, to request approval to treat an unlimited number*

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*of patients under specified conditions, including that he or she: (1) agrees to fully participate in the Prescription Drug Monitoring Program of the state in which the practitioner is licensed, (2) practices in a qualified practice setting, and (3) has completed at least 24 hours of training regarding treatment and management of opiate-dependent patients for substance use disorders provided by specified organizations.*

*The Act revises the definition of a "qualifying practitioner" to include: (1) a physician who holds a board certification from the American Board of Addiction Medicine; and (2) a nurse practitioner or physician's assistant who is licensed under state law to prescribe schedule III, IV, or V medications for pain, who has specified training or experience that demonstrates specialization in the ability to treat opiate-dependent patients, who practices under the supervision of, or prescribes opioid addiction therapy in collaboration with, a licensed physician who holds an active waiver to prescribe schedule III, IV, or V narcotic medications for opioid addiction therapy, and who practices in a qualified practice setting.*

*The Act directs the Comptroller General to initiate an evaluation of the effectiveness of this Act, including an evaluation of: (1) changes in the availability and use of medication-assisted treatment for opioid addiction, (2) the quality of medication-assisted treatment programs, (3) diversion of opioid addiction treatment medication, and (4) changes in state or local policies and legislation relating to opioid addiction treatment.*

*Bill Sponsor: Sen. Markey, Edward J. [D-MA], Co-Sponsors: Sen. Feinstein, Dianne [D-CA], Sen. Rockefeller, John D., IV [D-WV], Sen. Brown, Sherrod [D-OH], Sen. Hirono, Mazie K. [D-HI], Sen. Durbin, Richard [D-IL], and Sen. Levin, Carl [D-MI]*

Coates said that the passage of the bill would be of significant help in helping Cheshire County and the State better address and treat substance abuse and addiction.

Coates then discussed an upcoming meeting with Arts Alive to show the rehabbed County Hall space and learn if they might be interested in using the Delegation Meeting for events. He said that this is one of a number of meetings that are on-going to help promote the use of the building as a public meeting and event space.

Lastly, Coates mentioned that the County Volunteer Recognition dinner was set for April 13<sup>th</sup> at Maplewood Nursing Home and said that formal invitations to the event would be received by the Commissioners shortly.

Master Agenda Item #362: IT "After Action Report" - "Locky" Ransomware Incident - R. Hummel  
IT Director Hummel informed the Commissioners of security breach that introduced a ransomware agent into part of the County computer network. *Wikipedia, the free encyclopedia defines*

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*Ransomware as a type of malware that restricts access to the infected computer system in some way, and demands that the user pay a ransom to the malware operators to remove the restriction. Some forms of ransomware systematically encrypt files on the system's hard drive, which become difficult or impossible to decrypt without paying the ransom for the encryption key, while some may simply lock the system and display messages intended to coax the user into paying. Ransomware typically propagates as a Trojan, whose payload is disguised as a seemingly legitimate file.*

Hummel said that due to the work that the IT department has recently completed anticipating just such an attack, the problem was addressed and mitigated within 3-4 hours and fully functionality returned to the infected systems.

Hummel went on to say that the growth of ransomware in general will almost guarantee that the County will be hit again by this or some other variant of ransomware and that he and his team were working very hard to be able to deal with any subsequent incidents quickly and efficiently.

The Commissioners thanked Hummel for his report and commended him and his staff for preventing what could have been a disastrous incident.

Master Agenda Item #363: Updated County Safety Inspection Policy. Bouchard presented an updated County Safety Inspection Policy document to the Commissioners for their review. Following discussion it was decided to add additional language to the document concerning the training and participation of staff members to clarify the intent of the policy. The item will be discussed again in the next few weeks.

Master Agenda Item #364: Resident Lifts for 2016. Administrator Kindopp then presented a request to purchase two (2) Resident Lifts from the 2016 budget appropriations. She reviewed two other bids that were received and said that neither of the lifts specified meet the minimum requirements set forth by bid request. She said that her recommendation is to continue the past practice of purchasing a particular model of the ARJO lifts as they are the standard throughout the nursing home.

Following review of the documentation and discussion, **Commissioner Weed moved to authorize the Nursing Home Administrator to purchase of two (2) Resident Lifts for a price of \$14,551.07.00 and he was seconded by Commissioner Graves. (The 2016 capital budget for these items is \$18,000.00 resulting in a savings of \$3,448.93) Upon vote the motion passed unanimously.**

Master Agenda Item #364: Quarterly Report of the Maplewood Nursing Home –Kindopp then presented the following quarterly report of the operation of the Nursing Home to the Commissioners:

### **Maplewood Report to Commissioner's - Covering Q4 FY2015**

#### **Accomplishments:**

- This quarter focused on ICD-10 implementation, and affected our Medical Records, nursing, therapy and Finance departments the most; ongoing audits and education are expected for some time to come
- MNH Administrator was still overseeing the ALF facility with the nursing department providing the

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necessary clinical oversight, treatments and staffing assistance

- Hired the new ALF Administrator, Christine Neal RN, who began some hours in October, then officially was full time and licensed in November; orientation began this quarter
- Began hosting an LNA training on site (trainer from LNA Health Careers); 4 of the students were MNH staff who went on to write the exam the end of November, but licensing was not finalized for all 4 until the end of January
- Psychiatry contract was updated in this quarter
- Renegotiated our BC/BS contract with improved rates this quarter
- Administration, Finance and the Maintenance departments worked with EGA on the ongoing study of Maplewood, building as well as the operations
- All MNH departments reviewed their staff job descriptions to ensure all were as up to date as possible as we anticipate the Wage and Classification study to roll out the first ¼ 2016
- CBA 3 year contract ends after the first ¼ 2016, ongoing work bargaining for next contract underway and ongoing
- MNH had further preparations for Medicaid Managed care – all residents will be transitioned to an MCO (away from traditional fee for service) in Q1 2016
- MNH began Medicaid non-emergent transportation for applicable ALF residents
- SDC offered a “Paid Feeding Assistant” class that enables non-licensed staff to assist residents during meals – this is very important when licensed staffing is less than optimal
- CPR classes offered as needed
- Offered another Kind Dining training to MNH (all day customer service training by NHA)
- MNH therapists traveled to the Hillsboro County home to assess rehab software program
- Multiple staff flu shot clinics offered in prep for flu season
- Completed the second of 2 mandatory disaster drills
- Hosted the annual benefits meeting for county staff
- MNH hosted a state-wide Activity Professionals meeting
- Met with Keene High School’s Career Center to begin a new relationship with their students and offer MNH as a clinical site for the LNA training program
- Completed 2016 budget review with Commissioners
- MNH staff attended outdoor Fire extinguisher training with live fires to be put out
- Met with DH’s involved in new staff orientation to plan our 2016 dates/topics changes
- MNH hosted the annual Commissioners Longevity Awards luncheon
- MNH staff member was awarded a nursing scholarship from the LTC foundation
- MNH offered its annual craft fair and cider social event for resident families
- MNH’s annual Christmas Pageant was particularly memorable and well attended

**Staff Turnover**

- 20 staff hired this quarter
- 28 staff left this quarter, (5 of which were within their first year)
- The majority of the turnovers accounted for were per diem employees who did not pick up any hours in the past year, other reasons included afterschool sports interfering, primary job was demanding

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more hours, 2 moved out of this area, and some left as there was another job found with either higher pay or a shorter commute. A newer trend is having LNA's or nurses leave for M-F jobs with no off shift or w/e requirements. Some had time and attendance issues including concerns over attitude and approach to work.

- 2 Dance Movement Therapy students continued internships this quarter

**Grievances/concerns**

- There were no internal grievances for Administrator's level review
- Relating to our requirement for reporting of abuse and neglect – which includes resident to resident altercations and misappropriation of resident property – we accomplish this through shift to shift reports, ongoing education on what is reportable, audit of documentation and any and all concerns are reviewed to determine if they rise to the level of full report. During 2015, Maplewood made 31 official reports, 3 were investigations for misappropriation of property, the rest were classified under resident abuse and neglect and all involved investigations of resident to resident altercations.
- One resident grievance over our policy for TV size, team re-examined and while our walls are not going to be able to support larger TV's especially with the frequency of room changes and resulting wall damage, we can agree to larger TV's if resident accepts certain risks that may arise during usual cleaning and moving of residents via mechanical lifts
- 6 suggestion box papers received; all were appropriate for responses, completed and posted
- staff incident/injury reports; 4 injuries, 0 lost days, 49 light duty days

**Admissions/discharges**

- 2015 fourth quarter totals as follows:
- 11 admissions
- 4 discharges (home or lesser care level facility)
- 18 deaths
- In the fourth quarter, we had great difficulties with staffing levels in our LNA and nurse FTE's, as a result we had to limit admissions and focus on safety net only admits.

**Medicaid**

- Rate during **Q4 FY2015**= \$159.80
- Ongoing work and focus with contracting company to train, support and audit our MDS process and staff who oversee this during this quarter.

**Medicare**

- Ongoing work (10/23, 11/17, 12/8) and focus with contracting company to train, support and audit our team system for Medicare part A management
- Oct average daily rate \$414.99; total net billing \$105,995 (7 res)
- Nov average daily rate \$369.78; total net billing \$77,021 (6 res)
- Dec average daily rate \$408.23; total net billing \$78,532 (6 res)

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**Revenue/Census goals** (revenues are rounded off – see finance statements for actual figures)

- 2015 overall census goal set at 136 residents; actual for quarter = 127
- 2015 overall part A goal set at 9 residents; actual = 6
- Part A gross revenue goal set for just over 350K per quarter = 261K this quarter
- Medicaid revenues set 1.25M per quarter; actual this quarter = just over 1.27M
- Private pay goal set at 568K per quarter; actual this quarter = 600K
- Atypical pay goal set 361K per quarter; actual this quarter = 356K

**Meetings Review**

- Quarterly CQI (continuous quality improvement) meeting completed per regulation with all mandatory staff in attendance
- Monthly Infection Control/CQI meetings completed
- 2 of 3 Monthly DH meetings completed
- KK provided training twice monthly to staff at annual orientation
- Meetings I don't attend routinely but assure compliance with occurring:
- Hospice meetings (every 2 weeks with alternating hospice entities) completed
- Weekly Medicare meetings completed
- Resident Care Planning meetings completed (each floor does them on a specific day of the week each week)
- KK attended/traveled to the following meetings in October:
- Attended the subcommittee meeting of the delegation studying the future of MNH
- Attended the County/State finance meeting with ongoing dialogues about the future of either the FFS or MCO payer source for LTC in nursing homes
- Met with other county NHA at Senator Shaheen's office relative to the CMS 2019 rules about ALF on the same campus as a LTC facility
- Met with the Greater Monadnock group on All Hazards vulnerability and planning
- Attended the NHAC monthly NHA meeting
- KK attended/traveled to the following meetings in November:
- Attended the NHAC NHA Affiliate meeting as part of the annual NHAC conference
- Attended OLTCO meeting representing county nursing homes
- Met with a sub quorum of the delegation to clarify the EGA contract
- Attended the subcommittee of the delegation studying the future of MNH
- Met with attorney Lamy and the other counties that have ALF to begin preparing for the MCO contracts
- KK attended/traveled to the following meetings in December:
- Participated in fact gathering with a local group of LTC administrators relating to the significant worker shortage this region is experiencing
- Worked with DHHS and OLTCO relating to the increased number of resident c/o's statewide due to wide spread health care worker shortages
- Attended a 2 day conference on "Dementia Beyond Drugs" sponsored by OLTCO

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- Met with HCS hospice on program overview and refinement between our staff
- Completed a tour of our building for a group considering its own future needs
- Attended the county joint loss meeting at the annex
- Responded to questions from legislators as they arise
- TCMC/DHMC announced that Medicare waiver program is being held until 2017

An extended discussion of the report ensued and the Commissioners discussed the Managed Care Companies (MCO's) being introduced by the State of NH Department of Health and Human Service (DHHS) and the numerous problems and issues that were not thought through before trying to implement the program. A further discussion of the impact that the shortage of trained and qualified medical staff in the area was covered as was the potential impact of the revision upward of the wage scales at Cheshire Medical Center (CMC) will have on the area nursing homes and assisted living facilities.

Kindopp said that the current Medical Director of the Nursing Home would be retiring in July of this year and that a replacement is likely to have an impact on the budget of the facility due to the wage restructuring at CMC.

A review and discussion of the Assisted Living Facility started and Kindopp then related the on-going discussions that have been underway in the state with DHHS and the state legislature concerning the Statewide Transition Plan to the Centers for Medicare and Medicaid Services efforts in New Hampshire. The letter in part reads as follows:

*Please accept this letter as public comment on the Statewide Transition Plan to the Centers for Medicare and Medicaid Services (CMS) in NH.*

*I am writing to give the County perspective and would like to share a serious concern about the anticipated increase costs for County tax payers that I predict this proposal will create. Currently, when an elder requires Medicaid assistance for long term care and support services, there are 3 main locations; the person's home, Assisted Living/residential care, or Long Term Care (nursing home). For some, a person's home is optimal; however, those who do not have a home or lack sufficient support and oversight to remain in their homes do not necessarily have this option in rural New Hampshire. As an anecdote, many elders I meet through operating a County ALF and LTC facility report that they were so lonely and isolated in their own home, that they find better quality of life in an ALF or LTC home.*

*For elders who wish to be in their home, one stipulation that current Medicaid programs have is that their daily cost of care cannot be more than the average daily cost for long term care. Due to the fact that New Hampshire purposely under budgets for long term care and support services, it happens that elders with some complex needs/services have costs that surpass the average daily rates, and thus are not eligible for necessary support in a home environment. That does not specifically relate to the concern I write about, only to give as an example a detrimental consequence to our low rates that impedes the intent for CMS to have elders to have the choice to be served in their own homes.*

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*For residents who end up in nursing homes through various different means — if there is no home or family to discharge to, compounded by the low ceiling for financial assistance available including limited housing options in rural NH for those with many physical challenges, then the option of gaining sufficient independence to enable a safe discharge to an ALF is a very good option that creates a win-win. In our ALF settings, residents are able to be more independent and autonomous as compared to the nursing home setting — the additional tax payer burden is much less. For example, the County tax portion for the daily rate that Medicaid currently allows is half of the \$49/day. Compared with the tax portion for a nursing home stay which the County tax portion is half of upwards of \$160/day.*

*If we increase the operational rules for ALF's such that we either need to increase the daily rate significantly or operators will need to close, or even that operators simply have to choose to only work with those elders who can pay — then we eliminate the mid-level option our Medicaid CFI waiver elders have. The result will be that elders have less choice and will end up in nursing homes which is opposite what CMS is attempting to achieve. This will result in a higher cost to both the Federal as well as county portion of the Medicaid payment. Early on in this process, I verbally shared this concern, but was met with the answer, that these elders will have other options and will not need to go into nursing homes. In my situation of having 20 apartments where about 75% of the residents are currently under the CFI waiver, I can attest to the fact that there is no other reasonably close ALF that will accept them, there is a limited availability of low income or accessible housing even if the elder chose the community, so there is really no other option in our county for them, other than choosing one of the nursing homes.*

*In New Hampshire, there are 3 Counties that operate ALF's on the campus of a nursing home. We are presumed to be institutional simply by the fact that our ALF is on the campus of a long term care facility by CMS's new rules. We don't have a choice but to work with DHHS for the program proposed called "Heightened Scrutiny". As I see it, we do virtually meet all of the CMS requirements but for the fact that we are on the campus of the nursing home. As to the notion that we need to offer more integration to our community — we live in rural NH, and our ALF residents actually see the nursing home as their community — we have nearly 300 staff with whom they tend to cross paths with at some point, and those with active families routinely go with their families on outings. The others do so with our activities department in our w/c accessible bus or van. Others are simply content to be on our beautiful grounds and attend activities of their choice within the ALF and/or nursing home.*

*To prove to CMS that we meet the requirements, we will now need to increase our administrative burden by adding components to our pre-admissions screening to capture that these residents have had choice in where they live, and we will have to document that they chose "not" to be employed or be more involved in the local community. This will increase the burden for caregivers to document this simply to meet some CMS rule.*

*Increasing the rules for our state will simply require Counties to pass a further burden onto our tax payers. If any of the 3 counties determine that running their ALF operation at a loss will not be tolerated, and urge the Counties to get out of the business — then the result will actually be the opposite and it will actually increase the burden on tax payers. The tax burden will increase from nearly*



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*10K/person per year to both County and Federal taxes to just under 30K/person per year to both County and Federal taxes. The cost shift from a small tax to support midlevel care to nursing home level care nearly triples. If counties re-think offering Medicaid beds to elders due to additional administrative burdens, then I would predict at least some of the non-county operations may also follow suit.*

*Echoing responses from others affected by these rules, I submit to you that imposing additional layers of bureaucratic regulation will not result in better care or more responsive staff for residents.*

*It is the recommendation of Cheshire County that:*

- An analysis of the potential cost burden with input from stakeholders should be made of the Goals and Specifics of the Plan by DHHS to determine the impact of the Plan on providers and consumers so tax payers may properly be apprised of the impact.*
- If the Plan is approved, support by DHHS to bring this to the attention of state law makers who set the allowable budget for LTCSS, is requested and that DHHS supports the legislators to increase the budget appropriated in order to defray the costs to providers.*

The letter was signed by the Administrator of the Nursing Home and all three (3) Commissioners.

**Following review of the letter, Commissioner Weed moved and was seconded by Commissioner Graves, to authorize the Nursing Home Administrator to send the letter to DHHS on the Statewide Transition Plan to the Centers for Medicare and Medicaid Services in the state. Upon vote the motion passed unanimously.**

Commissioner Rogers then spoke to his intention of attending the hearings at the State Capital to and to speak in favor of the Medicaid Expansion bill pending in the Senate. He asked if the other Commissioners were interested in supporting his intentions. **Commissioner Weed moved to authorize the Chairman to speak on behalf of the Cheshire County Commissioners in support of the Medicaid Expansion legislation and was seconded by Commissioner Graves. Upon vote the motion passed unanimously.**

Bouchard then reviewed the Master Agenda Item list with the Commissioners and the list will be updated to reflect current status of the projects with two (2) items that have been completed and removed.

Kindopp then spoke to the loss of power to the kitchen freezer and refrigerator that took place on March 9<sup>th</sup> and the subsequent loss of some food items due to the food exceeding recommended temperatures in the freezer unit. She said that the refrigerator was scheduled to be defrosted and a power switch that controls the freezer was inadvertently turned off that caused the food to exceed temperature recommendations. She said the loss was estimated at approximately \$1,100.00 and that ways to ensure this does not occur again are being investigated.

A discussion of a reported homicide at a New Hampshire nursing home. The discussion turned to the increasing problems with residents with dementia and other behavioral issues especially those who have

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aggressive tendencies due to their illness.

The Maplewood sub-committee meeting of last week was then discussed where EGA Architects presented the second of two (2) sessions on the work they have completed on the six (6) variations of the potential rehabilitation of the existing facility or its relocation to a new site.

The presentation covered the operational costs aspects of the various options and the handouts and audio of the presentation can be found here: [http://co.cheshire.nh.us/Delegation Sub-Committee/Proceedings of Maplewood Delegation Sub-Committee.htm](http://co.cheshire.nh.us/Delegation%20Sub-Committee/Proceedings%20of%20Maplewood%20Delegation%20Sub-Committee.htm) .

The Chair then recognized Kathy Stanley, ABM Building Solutions who was attending the meeting as a guest and she reviewed what services her firm provided to towns and counties and the discussed how capital improvement programs can funded from the savings of implementing her firms programs. She will send further information to Bouchard and Coates to review.

**At 12:41PM Pursuant to RSA 91-A (II) (a), (b) and (c), Commissioner Weed moved to go into non-public session to discuss the dismissal, promotion or compensation of a public employee or the disciplining of such employee, without that employee having requested an open meeting and was seconded by Commissioner Graves. Upon vote the motion passed unanimously.**

**As a result of deliberations in non-public session A. M. was granted up to three (3) weeks of unpaid Leave of Absence which may be extended. The request and status of the employee will be reviewed at the April 20<sup>th</sup> meeting.**

**As a result of further deliberations, the Commissioners then voted unanimously to allow under special and limited cases, County employees to receive bonuses or other limited compensation in addition to their County contributed wages from the appointed Boards of Directors that they may work and/or interface with during the course of their normal duties. These cost of any bonuses will be fully borne by the organizations granting the bonus and no bonuses paid shall be at taxpayer expense. All cases in which this may occur will require specific review and approval by the full Board of Commissioners.**

**At 1:00PM the Commissioners voted unanimously to return to public session.**

The Weekly Census was reviewed.

**The Weekly Manifest was then reviewed and Commissioner Weed moved to accept the Manifest as presented and was seconded by Commissioner Graves. Upon vote the motion passed unanimously.**

**The minutes of March 9, 2016 were then reviewed and Commissioner Weed moved to accept the minutes as amended, and was seconded by Commissioner Graves. Upon vote the motion passed unanimously.**

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The Commissioners Calendar was then reviewed.

**At 1:03PM the Commissioners moved to go into recess to discuss a Collective Bargaining Agreement.**

**At 1:24PM the Commissioners exited recess.**

**At 1:25PM there being no further business to discuss, Commissioner Weed moved to adjourn the meeting. The motion seconded by Commissioner Graves and upon vote the motion passed with unanimously.**

Respectfully Submitted,

P. Graves, Clerk