

**WARREN COUNTY BOARD OF SUPERVISORS**

**COMMITTEE: HEALTH SERVICES**

**DATE: APRIL 25, 2008**

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**COMMITTEE MEMBERS PRESENT:**

SUPERVISORS SOKOL  
HASKELL  
THOMAS  
TESSIER  
CHAMPAGNE  
O'CONNOR

**COMMITTEE MEMBER ABSENT:**

SUPERVISOR SHEEHAN

**OTHERS PRESENT:**

REPRESENTING WESTMOUNT HEALTH FACILITY:

BETSY HENKEL, COMPTROLLER

REPRESENTING THE DEPARTMENT OF PUBLIC HEALTH:

PAT AUER, DIRECTOR

SHARON SCHALDONE, ASSISTANT DIRECTOR OF  
HOME CARE DIVISION

TAWN DRISCOLL, FISCAL MANAGER

GINELLE JONES, ASSISTANT DIRECTOR OF PUBLIC  
HEALTH DIVISION

TAMMY DELORENZO, CLINICAL & FISCAL  
INFORMATICS COORDINATOR

REPRESENTING COUNTRYSIDE ADULT HOME:

BRENDA HAYES, DIRECTOR

FREDERICK MONROE, CHAIRMAN

AMY BARTLETT, FIRST ASSISTANT COUNTY ATTORNEY

TRISH NENNINGER, SECOND ASSISTANT COUNTY  
ATTORNEY

HAL PAYNE, COMMISSIONER OF ADMINISTRATIVE AND  
FISCAL SERVICES

JOAN SADY, CLERK OF THE BOARD

KEVIN GERAGHTY, BUDGET OFFICER

TODD LUNT, DIRECTOR OF HUMAN RESOURCES

CHARLENE DIRESTA, LEGISLATIVE OFFICE SPECIALIST

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Mr. Sokol called the meeting of the Health Services Committee to order at 9:05 a.m.

Motion was made by Mr. Thomas, seconded by Mr. Champagne and carried unanimously to approve the minutes of the previous Committee meeting, subject to correction by the Clerk of the Board.

Privilege of the floor was extended to Betsy Henkel, Comptroller for Westmount Health Facility, who distributed copies of the agenda to the Committee members; *a copy of the agenda is on file with the minutes.*

Ms. Henkel said that the first item on the agenda was to report on the status of the air handler project at Westmount Health Facility. She noted that the Facility

was currently operating using air handler #1. She added that air handler #2 had been installed two weeks ago, had been tested and would be functioning as of Monday, April 28, 2008. She informed the Committee that air handler #1 would be replaced the following week.

Ms. Henkel requested to amend the 2008 County budget to increase estimated revenues and appropriations to reflect the receipt of Health Care Reform Act (HCRA) Recruitment and Retention Grant funds, as follows:

- in the amount of \$600 for Administration Supplies;
- in the amount of \$324 for Nursing Advertising; and
- in the amount of \$200 for Nursing Conferences.

Ms. Henkel explained that the Administration Supplies reflected the cost of 150 lunch coolers that would be presented to the employees of Westmount Health Facility during National Nursing Home Week to express appreciation to the staff. She said that the Nursing Advertising reflected a three-day advertisement in *The Post-Star* for the six vacant nursing positions at Westmount, and she noted that the Nursing Conferences reflected the cost of sending four CNA's (Certified Nursing Assistant) to a one-day conference for MDS education.

Motion was made by Mr. Tessier, seconded by Mr. Thomas and carried unanimously to amend the 2008 County budget, as outlined above and to forward same to the Finance Committee. *Copies of the resolution requests are on file with the minutes.*

Ms. Henkel requested transfers of funds, as follows:

- in the amount of \$256, from the Plant Operation and Maintenance-Supplies Code (EF.82200.5906 410) to the Plant Operation and Maintenance-Other Equipment Code (EF.82200.5803 260), to reflect the cost of a wall exhaust fan; and
- in the amount of \$100, from the Activities Program-Supplies Code (EF.72600.5906 410) to the Activities Program- Other Equipment Code (EF.72600.5803 260), to reflect the cost of replacing a digital camera.

Motion was made by Mr. O'Connor, seconded by Mr. Champagne and carried unanimously to approve the transfers of funds, as outlined above and to forward same to the Finance Committee. *Copies of the resolution requests are on file with the minutes.*

Ms. Henkel requested approval to pay an invoice from Siemens Building Technologies, Inc. for emergency work that was performed on March 21, 2008. She added that there had been a compressor oil leak that had drained into the

Facility's thermostats. She noted that the incident had happened in the middle of the night and the decision had been made to call Siemens. Mr. Sokol asked who had the current contract for the building and Ms. Henkel replied it was D & E Technologies. Hal Payne, Commissioner of Administrative & Fiscal Services, explained that the system was pneumatic and had blown a seal, which had caused oil to be pumped into the thermostats. He noted that Siemens was in the building when the problem was discovered. He said that the system had to be shut down and the oil had to be drained from the lines. He added that Siemens had made the repairs immediately and had replaced the damaged thermostats. Mr. Sokol asked if the contract between Westmount and D & E Technologies was the same as the one for Countryside and Mr. Payne replied that the contract was County-wide. Mr. Sokol noted that Siemens' services had also been used to repair the boiler at Countryside Adult Home. Mr. Payne said that D & E Technologies had been at Countryside for three days working on the boiler and had not been able to find the problem and he added, Siemens had come in for six hours and had fixed the problem with the boiler.

Trish Nenner, Second Assistant County Attorney, entered the meeting at 9:12 a.m.

Mr. Sokol expressed his concern that the County should review the contract with D & E Technologies. Mr. Champagne asked if the contract could be reviewed now or if the County would need to wait for the contract to expire and Mr. Payne replied that he would check with the County Attorney's Office.

Discussion ensued.

Motion was made by Mr. Champagne, seconded by Mr. Tessier and carried unanimously to authorize payment of the invoice from Siemens Building Technologies, Inc., in the amount of \$1,566.67, for emergency work performed to repair an oil compressor leak at Westmount Health Facility. *A copy of the resolution request is on file with the minutes and the necessary resolution was authorized for the May 16, 2008 Board meeting.*

Ms. Henkel stated that the next item on the agenda was to report on the staffing levels and overtime usage for Westmount Health Facility. She noted that there were five employees on medical leave and six vacancies in the Nursing Department and she added that the Nursing Department had incurred a significant amount of overtime as a result. She apprised that the Dietary Department had two employees on medical leave and two on vacation. She noted that there were two new employees training in her Department. Mr. Payne asked if the employees who were out on medical leave were on maternity leave and Ms. Henkel responded that some of them were on maternity leave and some were out

due to back injuries. Mr. Sokol asked why the advertisement in the newspaper stated that there were new salary rates for 2008 but did not list the rates and Mr. Payne responded that listing the salaries made the advertisement too large due to the shift differentials. Mr. Sokol asked if any responses had been received from the advertisement and Ms. Henkel responded that there had been a few CNA's (Certified Nursing Assistants) and one LPN (Licensed Practical Nurses), and she added that there had not been any response from RN's (Registered Nurses).

Ms. Henkel distributed copies of the Westmount Health Facility Spring Newsletter to the Committee members, a copy of which is on file with the minutes. She said that the Newsletter was sent out to the residents family members and listed all of the activities for National Nursing Home Week.

Ms. Henkel distributed copies of the Revenue Budget Performance Report to the Committee members; a copy of which is on file with the minutes. She noted that the report reflected the sales for the first quarter. She apprised that she had only had time to do the figures on the Medicaid, Medicare and Private Pay Revenue, which accounted for the majority of the revenue for the Facility. She added that they were in the 25% range for the revenues, which was right on track.

The representatives from the Health Services Department entered the meeting at 9:20 a.m.

General discussion ensued.

The Westmount Health Facility portion of the meeting ended and Ms. Henkel exited the meeting at 9:23 a.m.

Privilege of the floor was extended to Pat Auer, Director of Public Health, who distributed copies of the agenda to the Committee members; *a copy of the agenda is on file with the minutes.*

Ms. Auer stated that the first item on the agenda was to update the Committee on the Point of Care Initiative. She said that they had not secured the executed contract with Delta Healthcare Technologies yet. She stated that there had been a FOIL (Freedom of Information Law) request from one of the bidders and added that Mrs. Nenninger had informed her that this was not unusual. Mrs. Nenninger apprised that there was a proposed contract from Delta Health Technologies, and added that as a result of the FOIL request the attorneys for Delta Health Technologies had requested that part of their proposal be redacted. She said that the FOIL request had been sent out with the requested information redacted and they would wait to see if there was an appeal. She apprised that contract negotiations were underway with the Delta Health Technologies attorneys;

however, she said nothing was finalized at this time. She added that they should have an executed contract in the next couple of weeks.

Ms. Auer said that the Emergency Response and Preparedness Activities for April had been included in the agenda packet for the Committee's review.

Ms. Auer noted that the Warren County Health Services Department had been awarded a Community Goodworks Grant from Walmart in the amount of \$1,000 and she requested authorization to accept the grant funding.

Motion was made by Mr. Tessier, seconded by Mr. Thomas and carried unanimously to authorize acceptance of grant funding in the amount of \$1,000, as outlined above. *(Subsequent to the meeting it was determined that a resolution was not necessary as this action was authorized by Resolution No. 133 of 2008.)*

Ms. Auer requested authorization for a contract with Cathy Joss to provide speech therapy services, commencing May 19, 2008 and terminating with 30 days written notice by either party, to be paid on a bi-monthly basis at the agreed upon established per individual visit or meeting rates, upon receipt of the required documentation for each visit.

Motion was made by Mr. Champagne, seconded by Mr. Tessier and carried unanimously to authorize a contract with Cathy Joss, as outlined above. *A copy of the resolution request is on file with the minutes and the necessary resolution was authorized for the May 16, 2008 Board meeting.*

Ms. Auer requested authorization for a contract with Gail Rosselot, to provide a one day training course with regards to travel medicine for the nurses in the Division of Public Health, commencing and terminating May 30, 2008, for a lump sum amount of \$1,400. She noted that this had been one of the Department's goals for 2008 and that they would use the funds that had been received from Sanofi Pasteur, Inc.

Motion was made by Mr. Tessier, seconded by Mr. Thomas and carried unanimously to authorize a contract with Gail Rosselot, as outlined above. *A copy of the resolution request is on file with the minutes and the necessary resolution was authorized for the May 16, 2008 Board meeting.*

Ms. Auer expounded that the next item on the agenda was to discuss the co-pay policy for the Health Services Department. She noted that they had discussed this topic last year, at which time she had informed the Committee that two separate letters were sent out to each patient requesting payment. The first letter, she continued, was a bill and the second was a reminder notice. She said that if a

patient did not pay after the second letter, the Department did not pursue the debt any further. The reason for this, she continued, was that some of these patients received twice a day wound care, were elderly and the co-pay was cost prohibitive to those patients. She stated that there was a co-pay information sheet included in the agenda packet that showed that in 2007, Senior Blue had eliminated their co-pay. She apprised that the plan for 2008 was to present the patients with a letter to inform them that the Department was obligated to bill co-pays. She voiced her opinion that she did not feel it would be a good idea to have the County Attorney's Office pursue patients with a co-pay debt. She added that she felt it would cause bad feelings within the community.

Tammy DeLorenzo, Clinical & Fiscal Informatics Coordinator, apprised that the Department had researched co-pays a few years ago, at which time she had called Washington County to see how they were handling their co-pays. She said that she had been informed that Washington County had billed co-pays because they were required to do so; however, she added, they had also said that collecting the co-pays was difficult. She stated that the Department had a 60% return on the bills that were sent out. Mr. Champagne apprised that for the first quarter the collections were down from 60% to 38%.

Chairman Monroe entered the meeting at 9:30 a.m.

Discussion ensued.

Ms. DeLorenzo noted that the Department sent out the bills at the end of the month and they waited for the insurance company to send in the remittance prior to sending out the co-pay bills. She added that last year 173 invoices had been sent out, as compared to 16 invoices to date for 2008, which meant that it was difficult at this time to compare the two years.

Todd Lunt, Director of Human Resources, and Mr. Haskell entered the meeting at 9:32 a.m.

Sharon Schaldone, Assistant Director of the Public Health Department, apprised that usually the patients that had not paid their co-payment invoices, were the ones that could not afford to pay. She noted that some of the bills were for \$800 to \$900 for patients that were on fixed incomes. Ms. Auer said that if the Department became more aggressive with the collection of these debts, they would receive many unfavorable phone calls from the community. Mr. Tessier noted that sometimes the patients did have the means to pay and did not do so. Ms. Schaldone responded that the Department made every effort to collect on the debts. Ms. Auer said that when the Department performed the quarterly report on free and reduced care, they would keep the Committee informed on the results.

Ms. DeLorenzo apprised that if the Committee decided to pursue the debts through legal means, there would be a cost involved with those actions. Mr. Tessier said that if the patients had a legitimate reason for not being able to pay, the courts would not make them pay the debt.

Mr. Payne stated that Westmount Health Facility had liens put on the property of patients who owed a debt, so that when the patient passed away, the money would be recouped. Ms. Schaldone responded that the highest debt owed to Health Services was \$800 to \$900, which was not high enough to warrant placing a lien on property.

Tawn Driscoll, Fiscal Manager of Health Services, apprised that if there were patients who could not make the full payment, the Department would work with them on a payment plan. Mr. Champagne asked about the bottom line amount of loss to the Department and Ms. Schaldone replied that it was minimal and added that 3/4 of the bill was paid by insurance. Mr. Thomas stated that as long as the average stayed in the 60% range it should not be an issue. Ms. Schaldone noted that for years the Department never collected co-pays; however, she added, it was now illegal to treat patients without collecting co-pays. Mr. Sokol asked if another sampling could be prepared in a few months and Ms. Auer replied affirmatively.

Ms. Driscoll referred to the Revenues and Expenditures Report for 2008 as of April 23, 2008, which was included in the agenda packet. She said that the expenses were current and the preschool billing to the end of February was due today. She apprised that the Department could bill up to \$2,060,551.82 for the preschool; however, she added, the Department would only receive 59.5% or \$1,226,028.33 of that amount. She said that the January Maternity Child Health and Long Term Care programs were final and totaled \$466,398.36. She added that February had just been closed and those numbers would be available for the next meeting. She noted that overall the Department was on track with the budget. Ms. Auer said that she had been concerned with the amount of overtime that had been used to date; however, she added, they had recruited a new per-diem and they would use the services of per-diems as much as possible.

Ms. Auer noted that a free and reduced care report had been included in the agenda packet for the Committee's review. She informed the Committee that *The Post Star* had presented the Warren County Health Services Department with a plaque in honor of being named #1 in Home Care in the region. Ms. Schaldone stated that the report would be in the May 14, 2008 edition of *The Post Star*.

Ms. Auer apprised that she would present the Annual Report at the next Committee meeting, which could be discussed at the June meeting, if there were any questions. She added that a resolution would be needed to accept the Annual

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Report and that the information would also be available on the website.

Mr. Sokol noted that the next Committee meeting would be held at Countryside Adult Home.

The representatives from the Health Services Department exited and Amy Bartlett, First Assistant County Attorney, and Brenda Hayes, Director of Countryside Adult Home, entered the meeting at 9:42 a.m.

Mr. Sokol stated that the Committee would need to enter into an executive session in order to discuss the employment history of a particular person at Countryside Adult Home.

Motion was made by Mr. Haskell, seconded by Mr. Thomas and carried unanimously, that executive session be declared pursuant to Section 105 (f) of the Public Officers Law.

Executive session was declared from 9:43 a.m. to 10:02 a.m.

The Committee reconvened and Mr. Sokol noted that no action was necessary pursuant to the executive session.

As there was no further business to come before the Health Services Committee, on motion made by Mr. Haskell and seconded by Mr. Champagne, Mr. Sokol adjourned the meeting at 10:03 a.m.

Respectfully submitted,

Charlene DiResta, Legislative Office Specialist

**WESTMOUNT HEALTH FACILITY AND**  
**COUNTRYSIDE ADULT HOME**  
**HEALTH SERVICES COMMITTEE MEETING**  
**FRIDAY, APRIL 25, 2008**  
**9:00 A.M.**  
**MUNICIPAL BUILDING BOARD ROOM**

**WESTMOUNT HEALTH FACILITY**

- 1.) AIR HANDLERS UPDATE.
- 2.) REQUEST TO TRANSFER FUNDS OUT OF CODE. HCRA.
  - STAFF APPRECIATION (NURSING HOME WEEK MAY 12-16)
  - NURSING ADVERTISING/CONFERENCE
  - ACTIVITIES
- 3.) RESOLUTION TO REQUEST APPROVAL FOR EMERGENCY WORK PERFORMED BY SIEMENS BUILDING TECHNOLOGIES, INC.
- 4.) STAFFING LEVELS.
- 5.) OVERTIME.
- 6.) SPRING NEWSLETTER.

# ***RESOLUTION REQUEST FORM NO. 7***

## ***Request to Amend County Budget\****

*\*If this is the result of a grant award, also complete and submit Form No. 5 or 6*

**DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY**

**DATE: March 28, 2008**

- (a) Purpose of Amendment: To Amend 2008 Administration Supplies Appropriations with HCRA Grant Funds.
  
- (b) Appropriation Code (with title), Object Code (with title) and Amount:  
EF.83500.5500 410 Westmount, Administration Services, Office Supplies \$ 600.00
  
- (c) Revenue Code (with title), and Amount: EF.901002 3489 Westmount, HCRA Grant - Recruitment Retention, Health, Other \$ 600.00

# Best Impressions

345 N. Lewis Ave., Oglesby, IL 61348  
 Phone: 800-635-2378

## Order Acknowledgement

508341

TO: SANDY SMITH

FROM: KELLY

DATE: 4/03/03

<b>Invoice To:</b> WESTMOUNT HEALTH FACILITY/WARREN SANDY SMITH 42 GURNEY LANE QUEENSBURY NY 12804	<b>Ship To:</b> WESTMOUNT HEALTH FACILITY/WARRE SANDY SMITH 42 GURNEY LANE QUEENSBURY NY 12804
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Quantity*	Description	Unit Price	Amount
150	L133 SIX-PACK COOLER	2.95	442.50
1	SET UP CHARGE	50.00	50.00
1	PACKAGE/HANDLING	17.00	17.00
1	UPS SHIPPING	53.75	53.75
1	PEN 25 FREE PENS-SHIPS SEPARATELY	.00	.00

\*Due to our imprinting process, we reserve the right to ship and bill up to 10% over or under the quantity ordered. **Order Total\*** 563.25

Item Color:	NAVY
Imprint Color:	WHITE
Imprint Placement:	FRONT
Shipping:	U P S
Date Needed:	4/25/08
<i>(Pending approval within 24 Hrs.)</i>	

\*Total does not include Sales Tax (if applicable) or freight. Actual freight billed after shipment is made.

**Additional Information:**

Confirmation..My manager advised that as long as we get a PO from Warren County okaying to pay your order, we can allow Terms of Net 30 days/Fob-factory/10%+/-can occur..without a PO from the County we would need Prepay and I have listed ALL costs..so let me know  
 Thanks kelly..

**Imprint:**

Westmount  
 Health Facility

**Free Pen Imprint:**

This form must be signed and returned via fax 815-883-3014 to proceed with your order.

*[Handwritten Signature]*  
 Approval signature of authorized agent for your company

*Thank you for your order!*

# PURCHASE ORDER

## WESTMOUNT HEALTH FACILITY

No  
35417

42 Gurney Lane  
Queensbury, NY 12804

15189

BEST Impressions

Order  
no &  
press

Check # \_\_\_\_\_

Date Paid \_\_\_\_\_

DATE	DATE REQUIRED	TERMS	F.O.B.	SHIP VIA	DEPT. OF REQ. NO.	<input type="checkbox"/>	<input type="checkbox"/>
4/3/08					Admin.	<input type="checkbox"/>	<input type="checkbox"/>
QUANTITY	DESCRIPTION				PRICE	AMOUNT	
50	Six Pack Center				2.95	442.50	
1	Set up Charge				50.00	50.00	
1	Packaging / Handling				17.00	17.00	
1	UPS Shipping				53.75	53.75	
1	Per 25 Free Peds - Ships Separately				.00	.00	

FOR COUNTY USE ONLY - PLEASE DO NOT WRITE BELOW THIS LINE

P.O. NO. OR BIC. NO.	FUND/ORG.	ACCOUNT	AMT. LIQUIDATED	DEPT.	ARMS	AMOUNT
EF	83500	5500		0260	412	563.25

**IMPORTANT**  
 ALL ORDERS MUST BE  
 IN ALL CORRESPONDENCE, INVOICES  
 AND PACKAGES, NOTIFY US IMMEDIA-  
 TELY IF UNABLE TO SHIP ORDER  
 COMPLETE BY DATE SPECIFIED

REC'D BY \_\_\_\_\_

DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_

[Signature]

# ***RESOLUTION REQUEST FORM NO. 7***

## ***Request to Amend County Budget\****

*\*If this is the result of a grant award, also complete and submit Form No. 5 or 6*

**DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY**

**DATE: April 25, 2008**

- (a) Purpose of Amendment: To Amend 2008 Nursing Advertising Appropriations with HCRA Grant Funds.
  
- (b) Appropriation Code (with title), Object Code (with title) and Amount: EF.60200.9101 436 Westmount, Nursing - Nurses' Stations, Other Direct Costs Advertising Fees \$ 324.00 dollars
  
- (c) Revenue Code (with title), and Amount: EF.901002 3489 Westmount, HCRA Grant - Recruitment Retention, Health, Other \$ 324.00

# PURCHASE ORDER

## WESTMOUNT HEALTH FACILITY

No  
35420

42 Gurney Lane  
Queensbury, NY 12804

14760

Vendor  
Name &  
Address

POST STAR

P.O. Box 595  
Glas Falls, New York 12801

Check # \_\_\_\_\_

Date Paid \_\_\_\_\_

DATE	DATE REQUIRED	TERMS	F.O.B.	SHIP VIA	DEPT. OF REQ. NO.	FOR USE	FOR ORDER
4/8/08					Nursing	<input type="checkbox"/>	<input type="checkbox"/>
QUANTITY	DESCRIPTION					PRICE	AMOUNT
	Help wanted ad						\$323.50
	3 days - Friday April 11 <sup>th</sup>						
	Saturday April 12 <sup>th</sup>						
	Sunday April 13 <sup>th</sup>						
	Size 2" x 3"						
	Same as last nursing ad						
	See attached sample						

FOR COUNTY USE ONLY - PLEASE DO NOT WRITE BELOW THIS LINE

P.O. NO. OR ENC. NO.	FUND/ORG.	ACCOUNT	AMT. LIQUIDATED	DEPT.	ARMS	AMOUNT
EF	60200	9101		0205	436	\$323.50

REC'D BY \_\_\_\_\_

DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_

*[Signature]*

**IMPORTANT**  
 IN ALL CORRESPONDENCE, INVOICES  
 AND PACKAGES, NOTIFY US IMMEDIA-  
 TELY IF UNABLE TO SHIP ORDER  
 COMPLETE BY DATE SPECIFIED

**WESTMOUNT  
HEALTH FACILITY**  
HAS IMMEDIATE OPENINGS FOR:  
**FT RN SUPERVISOR  
 EVE/NIGHT SHIFT  
 PER DIEM RN'S &  
 CNA'S & LPN'S  
 ALL SHIFTS**  
F/T employee benefits of:  
 ✓ NEW SALARY RATES FOR 2008  
 ✓ 10 PAID HOLIDAYS PER YEAR  
 ✓ 2 FLOATING HOLIDAYS  
 ✓ 12 SICK DAYS PER YEAR  
 ✓ PAID VACATIONS  
 ✓ NY STATE RETIREMENT (+Per Diem)  
 ✓ PARTIAL TUITION REIMBURSEMENT  
 ✓ HEALTH INSURANCE  
 Apply in person at  
 42 Gurney Lane, Queensbury  
 Monday-Friday 8am-4pm • Call 518/761-6540 for info or fax

*OK*

*Post here  
 is the place.  
 Please call me  
 to ch.  
 THANKS MINDY  
 761 3204*

# ***RESOLUTION REQUEST FORM NO. 7***

## ***Request to Amend County Budget\****

*\*If this is the result of a grant award, also complete and submit Form No. 5 or 6*

**DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY**

**DATE: April 25, 2008**

- (a) Purpose of Amendment: To Amend 2008 Nursing Conferences Appropriations with HCRA Grant Funds.
  
- (b) Appropriation Code (with title), Object Code (with title) and Amount: EF.60200.8800 444 Westmount, Nursing - Nurses' Stations, Travel Conferences, Workshops \$ 200.00 dollars
  
- (c) Revenue Code (with title), and Amount: EF.901002 3489 Westmount, HCRA Grant - Recruitment Retention, Health, Other \$ 200.00

## Registration Form

NYAHSA ProCare<sup>SM</sup> Presents "The CNA MDS Connection"

A half-day training program for CNAs

Presented by: Sandy Biggi, BSN, SNT, RAC-CT, C-NE  
and Jennifer Pettis, RN, RAC-CT, C-NE

To register, checks should be made payable to NYAHSA and mailed with this form to:  
NYAHSA, 150 State Street, Suite 301, Albany, NY 12207.

If you wish to reserve a place at this program, you are welcome to fax this form to (518) 449-8210, attn: Kathy Taylor. Payment should be mailed to NYAHSA prior to the session at the above address.

Registration begins at 8:00 a.m.

Program will begin at 8:30 a.m. and conclude at 11:30 a.m.

Session dates (check one): April 9 \_\_\_ April 11 \_\_\_ April 25 \_\_\_ May 2 \_\_\_

May 15 \_\_\_ June 6 \_\_\_ June 13 \_\_\_ June 16  June 18 \_\_\_

4 CNA'S - Total \$ 200.00

Please check one: Member rate \$50  Non-member rate \$150 \_\_\_

Please print clearly:

Name: Rosemary Dvors Title D.O.S

Facility: Westmoreland Health Facility

Address: 42 Gouvery Lane Queensbury, NY

Phone: 518-761-6540 ext 8775 Fax: 518-761-6590

Important \* E-mail address: Dvors@CO.Wareny.NY.US

Once we receive your registration form, an e-mail confirmation notice will be sent to you. It is extremely important to include a current e-mail address. If you have any questions, please contact Kathy Taylor at (518) 449-2707, ext. 126



150 State Street, Suite 301 Albany, New York 12207-1698 Phone: (518) 449-2707 Fax: (518) 449-8210 Web [www.nyahsa.org](http://www.nyahsa.org)

# RESOLUTION REQUEST FORM NO. 10

## Request for Transfer of Funds

**TO:** JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

**FROM:** WESTMOUNT HEALTH FACILITY

**SIGNED:** Barbara Tasegallian

**DATE:** APRIL 25, 2008

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.82200.5906 410	Westmount, Plant Operation and Maintenance supplies	EF.82200.5803 260	Westmount, Plant operation and Maintenance, other Equipment.	\$256.00

Please state reason for transfers requested: Wall Exhaust Fan

## CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
------------------	--------------	----------------	--------------	---------------

Please state reason for transfer request:

Please file original request with Clerk of the Board and retain copy for your records.





# INVOICE

## Hill Electric Supply Co., Inc.

174 Broad St., P.O. Box 305  
 Glens Falls, New York 12801  
 www.dale-electric.com  
 (518) 793-3436 Voice  
 (518) 793-4467 Fax

INVOICE NUMBER: 1156612-IN  
 INVOICE DATE: 03/11/2008  
 ORDER NUMBER: 0180826  
 ORDER DATE: 03/10/2008  
 SALESPERSON: 0025  
 GREG HOYE  
 CUSTOMER NO: 0012660  
 SHIPPING WEIGHT:

**SOLD TO:**  
 WESTMOUNT HEALTH FACILITY  
 42 GURNEY LANE  
 QUEENSBURY, NY 12804  
 (518) 761-6540

**SHIP TO:**  
 WESTMOUNT HEALTH FACILITY  
 42 GURNEY LANE  
 QUEENSBURY, NY 12804

CONFIRM TO:

CUSTOMER P.O.	SHIP VIA	F.O.B.	TERMS	Credit Card Number		
35314	PICKUP		2% 10TH. NET 11TH			
ITEM NO.	UNIT	ORDERED	SHIPPED	BACK ORD	PRICE	AMOUNT
L500-BROAN 520 CFM QUIETTEST CEILING FAN	EACH	1.0	1.0	0.0	256.0000	256.00
110841 LOUVER HOOD FACEPLATE	EACH	1.0	1.0	0.0	2.1700	2.17
FA6X8 VENTILATION 6IN FLX ALUMINUM	EACH	1.0	1.0	0.0	6.7200	6.72
FA6X8 VENTILATION 6IN FLX ALUMINUM	EACH	-1.0	-1.0	0.0	6.7200	-6.72
12/2MC WIRE 12/2MC ARMORED CABLE	FT	50.0	50.0	0.0	0.4600	23.00
INSULATED 6X25 6" x 25' INSULATED AIR DUCT	EACH	1.0	1.0	0.0	33.9500	33.95
660 STEEL BOX HANDY BOX 1-7/8DPI/2	EACH	1.0	1.0	0.0	0.9700	0.97
4SD-EK 4X2-1/8D SQ BOX W/ECT KO	EACH	1.0	1.0	0.0	0.8800	0.88
11201 STEEL COVER 4 SQUARE FLAT BLA	EACH	1.0	1.0	0.0	0.3500	0.35
MC3/8 STRAIGHT CONNECTOR 3/8"	EACH	6.0	6.0	0.0	0.2700	1.62
B1400HS-10GR STRUT 1-5/8X13/16 GRN W/HOLE	10FT	2.0	2.0	0.0	12.6500	25.30
U501 U501 BEAM CLAMP -STEEL	20	4.0	4.0	0.0	47.0300	188.12
U501 EG STRUT BEAM CLAMP W/U-BOLT&NUTS	EACH	4.0	4.0	0.0	2.8000	11.20
1451-2 SWITCH S-POLE GROUNDED 15A BRO	EACH	1.0	1.0	0.0	0.5600	0.56
10004 STEEL WALL PLATE TOGGLE SW	EACH	1.0	1.0	0.0	0.2500	0.25
19105-14/2-1 STRAPS FOR 14/2 BX, ONE HOLE	EACH	6.0	6.0	0.0	0.0770	0.46



# RESOLUTION REQUEST FORM NO. 10

## Request for Transfer of Funds

**TO:** JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

**FROM:** WESTMOUNT HEALTH FACILITY

**SIGNED:** Barbara Taggart / bat

**DATE:** APRIL 25, 2008

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.72600.5906 410	Westmount, Activities Program Supplies	EF.72600.5803 260	Westmount, Activities Program Other Equipment	\$100.00

Please state reason for transfers requested: Replace Digital Camera.

## CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
------------------	--------------	----------------	--------------	---------------

Please state reason for transfer request:

Please file original request with Clerk of the Board and retain copy for your records.

[Report inappropriate content](#)

1 - 4 of 59 reviews

[See all](#)

[Top of Page](#)

### Similar Items



Sanyo Xacti VPC-E760 Gold ~ 7.1 MP Digital Camera w/ 3x Optical Zoom, Image Stabilization & Face Detection

IN MANY STORES

**\$99.84**

- Compact - 7.1 Megapixels
- 3x Optical Zoom, 5x Digital Zoom
- 2.5" LCD screen
- Supports SD/MMC memory cards



Sanyo Xacti S750 Pink ~ 7 MP Digital Camera w/ Image Stabilization & Face Detection

**\$88.84**

- Compact - 7 Megapixels
- 3x Optical Zoom, 5x Digital Zoom
- 2.4" LCD screen
- Supports SD/MMC memory cards

88.84  
 6.44  
 -----  
 \$ 95.28



Polaroid i733-LP Pink ~ 7.1 MP Digital Camera w/ 3x Optical Zoom, 2.5" LCD

IN MANY STORES

**\$89.84**

- Compact - 7 Megapixels
- 3x Optical Zoom, 4x Digital Zoom
- 2.5" LCD screen
- Supports SD / MMC memory cards



Sanyo Xacti VPC-670 Red ~ 6 MP Digital Camera w/ 3x Optical Zoom & Face Detection

NEW

**\$79.84**

- Compact - 6 megapixels
- 3x optical zoom, 5x digital zoom
- 2.4" LCD screen
- Supports SD/SDHC memory cards



Sanyo Xacti VPC-S770 Purple ~ 7.1 MP Digital Camera w/ 3x Optical Zoom & Face Detection

NEW

**\$89.84**

- Compact - 7.1 megapixels
- 3x optical zoom, 5x digital zoom
- 2.4" LCD screen
- Supports SD/SDHC memory cards

89.84  
 6.51  
 -----  
 96.35 \*

**Browse for similar items in :**

- [Home Page](#) > [Electronics](#) > [Digital Cameras](#) > [All Digital Cameras](#)

[Top of Page](#)

## ***RESOLUTION REQUEST FORM NO. 20***

### ***MISCELLANEOUS***

***\*Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.  
Please attach any backup information available and be as detailed as possible.***

**DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY**

**DATE: April 25, 2008**

- (a) Purpose of Request: Approval for emergency work performed by Siemens Building Technologies, Inc. on March 21, 2008.
  
- (b) Details: To include payment for emergency services provide by Siemens Building Technologies regarding a compressor oil leak draining into facility thermostats.
  
- (c) Previous Resolution Number:

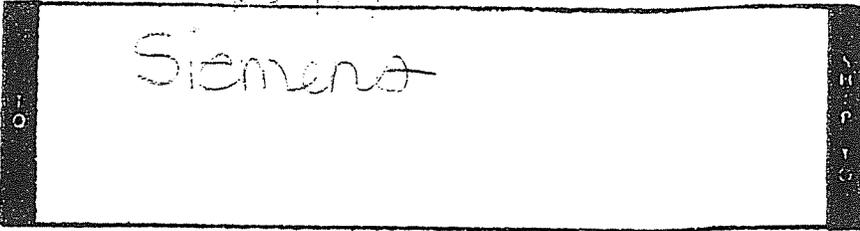
# PURCHASE ORDER

## WESTMOUNT HEALTH FACILITY

No  
35418

42 Gurney Lane  
Queensbury, NY 12804

139117



idor  
ne &  
ress

Check # \_\_\_\_\_

Date Paid \_\_\_\_\_

DATE	DATE REQUIRED	TERMS	F.O.B.	SHIP VIA	DEPT. OF REQ. NO.	P&H	T&H
3/21/08					MINT.	<input type="checkbox"/>	<input type="checkbox"/>
QUANTITY	DESCRIPTION				PRICE	AMOUNT	
	<i>in company</i>						
	oil leak - emergency situation non-cogen related					1566.67	
	replaced thermostats dutchman + brackets / min perskip.						

FOR COUNTY USE ONLY - PLEASE DO NOT WRITE BELOW THIS LINE

P.O. NO. OR ENC. NO.	FUND/ORG.	ACCOUNT	AMT. LIQUIDATED	DEPT.	ARMS	AMOUNT
863* EF	82200	6101	1566.67	0245	413	1566.67

REC'D BY *[Signature]*

DATE 4-4-08

APPROVED BY Barbara Tassart / Dail

IMPORTANT  
THIS ORDER MUST BE SPECIFIED IN ALL CORRESPONDENCE, INVOICES AND PACKAGES. NOTIFY US IMMEDIATELY IF UNABLE TO SHIP ORDER COMPLETE BY DATE SPECIFIED



# Invoice

Cust PO No  
Signature

Cust PO Date  
03/21/2008

Quotation No

Invoice No  
5440738208

Date  
03/26/2008

Sales Order No  
3800198341

Sales Ord Date  
03/25/2008

Lock Box No

Customer No  
30101486

Page 2 of 3

Line Item	Material Number/Description	U/M	Invoice Qty	Unit Price	Total Price
600	A7F55000050 Filter ECCN: NLR  Customer PO item #: 000600	PC	1	110.10	110.10
700	A7F55000048 Mileage Fee ECCN: NLR  Customer PO item #: 000700	YMI	8	5.00	40.00
	Notes:  Contact: Customer Service Siemens Building Technologies, Inc. Syracuse Sales Office 6075 E. Molloy Rd. Suite 4 Rodax Comm Park Syracuse NY 13211 Phone: (315)437-2726 Fax: (315)437-9049  State Taxes				0.00

Currency: USD

Invoice Total:

1,566.67

**"We accept Visa, MasterCard, and American Express. Please contact your local office for details."**

Payment Terms: Net Due 30 Days

Net Due By: 04/25/2008

\*If this invoice, delivery note, or packing list represents an export transaction, then these commodities, technology or software (items) were exported from the United States in accordance with the Export Administration Regulations. In all cases, diversion contrary to U.S. law is prohibited. These items are not to be used, directly or indirectly, in prohibited nuclear, chemical/biological or missile weapons activities. This is to certify that the information on this invoice, delivery note, ASN or packing list is true and correct and that the contents of this shipment are as stated thereon.\*

\*We hereby certify that these goods were produced in compliance with all the applicable requirements of Section 6, 7, and 12 of the Fair Labor Standards Act, as amended, and regulations and orders of the United States Department of Labor issued under Section 14, thereof.  
For shipment to California, \*Displays exceeding 4\* include the e-Waste recycle fee up to \$10 per item.

WESTMOUNT CURRENT STAFFING LEVELS - APRIL 2008

		POSITIONS	CURRENT STAFF	EMPLOYEE STATUS
7AM - 3PM	RN F/T	4	4	
	RN P/T	1	0	
	LPN F/T	3	3	
	CNA F/T	18	17	1 MLOA
	CNA P/T	2	2	
<b>SUBTOTALS</b>		28	26	

3PM - 11PM	RN F/T	1	1	
	RN Relief F/T	1	0	
	RN PER-DIEM	4	4	LIMITED AVAILABILITY
	LPN F/T	3	3	
	LPN PER-DIEM	7	7	LIMITED AVAILABILITY
	CNA F/T	12	7	3 MLOA, 2 VACANCIES
	CNA PER-DIEM	3	3	LIMITED AVAILABILITY
	<b>SUBTOTALS</b>		31	25

11PM - 7AM	RN F/T	1	1	
	RN Relief F/T	1	0	
	LPN F/T	3	2	1 VACANCY
	CNA F/T	8	7	1 MLOA
<b>SUBTOTALS</b>		13	10	

**GRAND TOTALS            72            61**

WESTMOUNT HEALTH FACILITY  
42 GURNEY LANE  
QUEENSBURY, N.Y. 12804

April 24, 2008

#4100	Nursing Administration	9.05 Hours - Overtime
#4101	RN Supervisors	48.90 Hours – Overtime
#4102	RN	12.20 Hours – Overtime
#4103	LPN	24.95 Hours – Overtime
#4104	CNA	242.95 Hours – Overtime
#4105	Activities	0.00 Hours - Overtime
#4109	Dietary	33.95 Hours – Overtime
#4110	Maintenance	3.55 Hours – Overtime
#4111	Housekeeping	0.00 Hours – Overtime
#4112	Laundry	0.00 Hours – Overtime
#4114	Fiscal Services	63.75 Hours – Overtime

Report Dates –3/24/08 – 4/20/08.

**WESTMOUNT HEALTH FACILITY NEWSLETTER  
SPRING 2008**

\*\*\*\*\*

**ACTIVITIES**

**THE FACILITY WILL CELEBRATE NATIONAL NURSING HOME WEEK FROM MAY 12 THROUGH MAY 16. THE FOLLOWING IS A LIST OF PROGRAMS FOR ALL TO ENJOY:**

- 5-12-08 10:00 AM SPELLING BEE  
3:30 PM HAPPY HOUR  
THE THEME IS "HAT DAY"**
- 5-13-08 10:00 AM WII COMPETITION  
1:30 PM SCAVANGER HUNT WITH ICE CREAM  
THE THEME IS "T-SHIRT DAY"**
- 5-14-08 10:00 AM RED HATS TEA AND MENS COFFEE HOUR  
1:45 PM BINGO WITH STAFF  
THE THEME IS "RED/PURPLE DAY"**
- 5-15-08 10:00 AM MUSIC WITH ED AND META AND THE BAKE SALE  
1:45 PM SALOON DAY EVENT  
THE THEME IS "WESTERN DAY"**
- 5-16-08 9:30 AM BRUNCH AND STAFF APPRECIATION  
1:45 PM AWARDS CEREMONY  
THE THEME IS "DRESS-DOWN" DAY**

**OTHER DATES TO REMEMBER:**

- 4-17-08- 6:30 PM RESIDENT MEMORIALSERVICE IN THE DINING ROOM.**
- 4-22-08- BATH AND BEAUTY FAIR FROM 10:00 AM- 3:00 PM IN THE ACTIVITY ROOM.**
- 5-8-08- MOTHER'S DAY BANQUET @ 5:30 PM.**
- 5-24-08- VETERAN'S MEMORIAL DAY SERVICE @ 10:30 AM USUALLY HELD OUT FRONT.**

**\*\*\*AS ALWAYS, ALL ARE ENCOURAGED TO PARTICIPATE.**

\*\*\*\*\*

**LAUNDRY/HOUSEKEEPING**

**IF BRINGING IN ITEMS OF CLOTHING MAKE SURE THE ITEMS ARE MARKED WITH THE RESIDENT'S NAME. PLEASE HAVE STAFF ENTER ALL ITEMS ON THE RESIDENT'S INVENTORY LIST. IF YOUR RELATIVE SHOULD BE MISSING ANY ITEMS OF CLOTHING, PLEASE REPORT THIS TO THE NURSING STAFF OR SOCIAL WORKER SO APPROPRIATE STEPS CAN BE TAKEN. ALSO, REMEMBER TO CLEAR OUT CLOSETS AND BRING IN LIGHTER CLOTHING FOR THE SPRING/SUMMER.**

\*\*\*\*\*

**DIETARY**

**THE FACILITY ENCOURAGES YOU TO INCORPORATE FOOD ITEMS THAT YOUR LOVED ONE ENJOYS. IF YOU ARE THINKING OF BRINGING IN FOOD, PLEASE CHECK WITH THE NURSE TO MAKE SURE IT'S COMPLIANT WITH THEIR DIET. ALSO, WHEN BRINGING IN FOOD, PLEASE TAKE IT TO THE DIETARY KITCHEN. IF BRINGING IN NON-PERISHABLE FOOD ITEMS, PLEASE BRING THEM IN A SEALED CONTAINER SO THEY WILL KEEP LONGER AND NOT BECOME CONTAMINATED. SUGGESTED FOOD ITEMS: SMALL BOXES OF COOKIES, CHOCOLATES OR CRACKERS; AND SMALL SERVINGS OF PIE OR CAKE. HEALTHIER FOOD CHOICES MAY INCLUDE: LOW FAT CHEESE, PRETZELS, AND FRESH FRUIT. THE FACILITY PROVIDES ONE FREE GUEST TRAY PER WEEK. AFTER THIS, THERE IS A CHARGE OF \$5.00 PER TRAY AND HOLIDAY TRAYS ARE \$10.00. THE FOLLOWING ARE CONSIDERED HOLIDAY MEALS: NEW YEARS DAY, EASTER, MOTHER'S DAY, MOTHER'S DAY BANQUET, MEMORIAL DAY, FATHER'S DAY, FATHER'S DAY COOK-OUT, THANKSGIVING AND CHRISTMAS. YOU CAN PAY AT THE RECEPTION DESK.**

\*\*\*\*\*

**MAINTENANCE DEPARTMENT**

**ANY NEW OR USED ELECTRICAL ITEMS BROUGHT INTO THE FACILITY MUST FIRST BE CHECKED FOR SAFETY BY THE MAINTENANCE DEPARTMENT. ONCE CHECKED AND DEEMED SAFE, ITEMS WILL BE RETURNED TO THE RESIDENT FOR USE.**

**THE FACILITY WILL BE HOLDING A MOCK DISASTER DRILL 6-26-08 @ 6:00 PM. SEVERAL FIRE AND EMERGENCY COMPANIES WILL BE INVOLVED. IF VISITING DURING THIS TIME, WE ASK THAT YOU FOLLOW OUR DIRECTIONS AND BE PREPARED FOR BLOCKED PARKING LOTS OR ENTRANCES. THANK YOU FOR YOUR COOPERATION.**

\*\*\*\*\*

**REHAB NEWS**

**THE REHAB TEAM WOULD LIKE TO ANNOUNCE THE BIRTH OF JACOB MICHAEL BORN TO CARRIE TRZASKOS. WE WOULD ALSO LIKE TO WELCOME OUR NEW PHYSICAL THERAPIST ASSISTANT, JESSICA SIAS. PLEASE REMEMBER TO ASK FOR ASSISTANCE WHEN TAKING A LOVED ONE OUT. WESTMOUNT REQUIRES YOU TO RECEIVE EDUCATION ON TRANSFERRING YOUR LOVED ONE INTO A CAR. IF YOU SHOULD REQUIRE TRAINING, PLEASE CONTACT OUR REHAB OFFICE. YOU MAY ALSO CONTACT US SHOULD YOU HAVE ANY QUESTIONS REGARDING: WALKING, BALANCE, COMMUNICATION, SWALLOWING AND ACTIVITIES OF DAILY LIVING.**

\*\*\*\*\*

**NURSING**

**SPRING TIME IS HERE AND MANY OF YOU ENJOY TAKING YOUR LOVED ONE OUTSIDE. PLEASE REMEMBER TO HAVE THEM DRESSED IN APPROPRIATE CLOTHING AND ALWAYS USE SUNSCREEN. KEEP IN MIND TO INCREASE FLUID INTAKE DURING THE WARMER DAYS. THE RISK OF RESIDENT ELOPEMENT ALSO INCREASES. PLEASE DO NOT ALLOW ANY**

**RESIDENT TO GO OUTSIDE ALONE AND ALWAYS INFORM THE NURSING STAFF WHEN YOU SIGN YOUR LOVED ONE OUT.**

**THE FACILITY IS NOT ALLOWED TO ACCEPT ANY OVER-THE-COUNTER MEDICATIONS. PLEASE REFER TO A NURSE IF YOU HAVE ANY QUESTIONS REGARDING MEDICATIONS.**

\*\*\*\*\*

**SOCIAL SERVICES**

**AS OF MAY 2008, THE UNITED STATES TREASURY WILL BEGIN SENDING ECONOMIC STIMULUS PAYMENTS INCLUDING SOME INDIVIDUALS IN A NURSING HOME. IF YOU FILED A TAX RETURN FOR YOUR LOVED ONE IN 2007 AND IT REFLECTS A RETURN OF \$3,000.00 OR MORE, THEY MAYBE ELIGIBLE TO RECEIVE A REFUND OF \$300.00. THE DEADLINE FOR FILING WILL BE OCTOBER 15, 2008. HERE ARE SOME CONTACTS FOR QUESTIONS: 1-800-906-9887. YOU MAY ALSO FIND INFORMATION @ [www.aarp.org](http://www.aarp.org) or [www.irs.gov](http://www.irs.gov).**

**THE FACILITY HAS STARTED A "NEIGHBORHOOD WATCH" PROGRAM. MORE INFORMATION ON THE PROGRAM WILL BE PRESENTED AT THE NEXT FAMILY COUNCIL MEETING ON MAY 29, 2008 @ 2:00 PM.**

\*\*\*\*\*

**THE FISCAL DEPARTMENT**

**WESTMOUNT HEALTH FACILITY IS UNABLE TO KEEP LARGE SUMS OF CASH AT THE FACILITY. IT IS RECOMMENDED THAT A RESIDENT OR THEIR POA REQUEST A CHECK FOR WITHDRAWALS OVER \$50.00. PLEASE ALLOW APPROXIMATELY ONE WEEK FOR PROCESSING. RESIDENTS ARE ENCOURAGED TO KEEP CASH IN THEIR ACCOUNTS, RATHER THAN IN THEIR ROOMS. PLEASE SEND ANY BIRTHDAY OR HOLIDAY MONEY TO THE BUSINESS OFFICE FOR DEPOSIT INTO THEIR ACCOUNT.**

# WARREN COUNTY Revenue Budget Performance Report

Through Date: 03/31/2008

Account Number	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	Encumbrances	YTD Transactions	YTD Budget Less Transactions	% Rec'd Prior Year Total
Fund: EF - Westmount								
5031 Interfund Transfers	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Department: 240100 - Interest Income	22,000.00	0.00	22,000.00	794.76	0.00	2,578.91	19,421.09	12%
2401 Interest & Earnings								
Department Total: Interest Income	\$22,000.00	\$0.00	\$22,000.00	\$794.76	\$0.00	\$2,578.91	\$19,421.09	12%
Department: 270100 - Refund - Prior Year Expense	0.00	0.00	0.00	0.00	0.00	440.00	(440.00)	+++
2701 Refund of Prior Year Expense								
Department Total: Refund - Prior Year Expense	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$440.00	(\$440.00)	+++
Department: 270200 - Pension Expense - Adjustments	0.00	0.00	0.00	0.00	0.00	0.00	0.00	+++
2770 Other Unclassified Revenue								
Department Total: Pension Expense - Adjustments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++
Department: 302000 - Private Pay Care Revenue	825,000.00	0.00	825,000.00	81,250.00	0.00	242,750.00	582,250.00	29%
3020 Private Pay Revenue								
Department Total: Private Pay Care Revenue	\$825,000.00	\$0.00	\$825,000.00	\$81,250.00	\$0.00	\$242,750.00	\$582,250.00	29%
Department: 302001 - Medicare Part A Care Revenue	358,800.00	0.00	358,800.00	34,250.00	0.00	73,250.00	285,550.00	20%
3022 Medicare Revenue								
Department Total: Medicare Part A Care Revenue	\$358,800.00	\$0.00	\$358,800.00	\$34,250.00	\$0.00	\$73,250.00	\$285,550.00	20%
Department: 302002 - Medicaid Care Revenue	3,408,640.00	0.00	3,408,640.00	502,000.00	0.00	1,500,750.00	1,907,890.00	44%
3023 Medicaid Revenue								
Department Total: Medicaid Care Revenue	\$3,408,640.00	\$0.00	\$3,408,640.00	\$502,000.00	\$0.00	\$1,500,750.00	\$1,907,890.00	44%
Department: 302003 - Medicaid Therapy Revenue	25,000.00	0.00	25,000.00	0.00	0.00	0.00	25,000.00	0%
3026 Daily Rate								
Department Total: Medicaid Therapy Revenue	\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$0.00	\$0.00	\$25,000.00	0%
Department: 302004 - V.A. Revenue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	+++
3037 V. A. Revenue								
Department Total: V.A. Revenue	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++
Department: 302005 - Medicaid Physician Billing Rev	22,000.00	0.00	22,000.00	0.00	0.00	0.00	22,000.00	0%
3021 Physician Billing								
Department Total: Medicaid Physician Billing	\$22,000.00	\$0.00	\$22,000.00	\$0.00	\$0.00	\$0.00	\$22,000.00	0%
<b>Department Total: Medicaid Physician Billing</b>	<b>\$22,000.00</b>	<b>\$0.00</b>	<b>\$22,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$22,000.00</b>	<b>0%</b>

# Revenue Budget Performance Report

Through Date: 03/31/2008

Account Number	Rev	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	YTD Budget Less Transactions	YTD % Rec'd	Prior Year Total
Department: 302006 - Patient Participation (Nami) Rev										
3024	Patients Participation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	+++	0.00
Department Total: Patient Participation (Nami) Rev										
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
Department: 302007 - Private Pay Physician Billing Rv										
3020	Private Pay Revenue	5,000.00	0.00	5,000.00	0.00	0.00	0.00	5,000.00	0%	5,528.05
Department Total: Private Pay Physician Billing Rv										
		\$5,000.00	\$0.00	\$5,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00	0%	\$5,528.05
Department: 302008 - Private Pay Therapy Revenue										
3020	Private Pay Revenue	12,000.00	0.00	12,000.00	0.00	0.00	0.00	12,000.00	0%	32,000.00
Department Total: Private Pay Therapy Revenue										
		\$12,000.00	\$0.00	\$12,000.00	\$0.00	\$0.00	\$0.00	\$12,000.00	0%	\$32,000.00
Department: 302009 - Medicare A Therapy Revenue										
3022	Medicare Revenue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	+++	154,225.00
Department Total: Medicare A Therapy Revenue										
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$154,225.00
Department: 302010 - Medicaid A Pharmacy Revenue										
3022	Medicare Revenue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	+++	22,467.59
Department Total: Medicaid A Pharmacy Revenue										
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$22,467.59
Department: 302011 - Medicaid Pharmacy Revenue										
3023	Medicaid Revenue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	+++	0.00
Department Total: Medicaid Pharmacy Revenue										
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
Department: 302012 - Medicaid NYS Assessment Revenue										
3023	Medicaid Revenue	203,952.00	0.00	203,952.00	16,867.20	0.00	50,425.20	153,526.80	25%	204,363.60
Department Total: Medicaid NYS Assessment Revenue										
		\$203,952.00	\$0.00	\$203,952.00	\$16,867.20	\$0.00	\$50,425.20	\$153,526.80	25%	\$204,363.60
Department: 302013 - Private Pay CLIA Revenue										
3020	Private Pay Revenue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	+++	2,263.54
Department Total: Private Pay CLIA Revenue										
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$2,263.54
Department: 302014 - Medicaid CLIA Revenue										
3023	Medicaid Revenue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	+++	4,687.63

# WARREN COUNTY Revenue Budget Performance Report

Through Date: 03/31/2008

Account Number	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget Less YTD Transactions	% Rec'd Prior Year Total
Department Total: Medicaid CLIA Revenue	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++
Department: 302015 - Medicare A Lab Revenue								
3022 Medicare Revenue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	+++
Department Total: Medicare A Lab Revenue	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++
Department: 302016 - Medicare A Radiology Revenue								
3022 Medicare Revenue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	+++
Department Total: Medicare A Radiology Revenue	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++
Department Total: Medicare A Radiology Revenue	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++
Department: 302017 - Medicare A Medical Supplies Rev								
3022 Medicare Revenue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	+++
Department Total: Medicare A Medical Supplies Rev	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++
Department: 302018 - Medicare A CLIA Revenue								
3022 Medicare Revenue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	+++
Department Total: Medicare A CLIA Revenue	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++
Department: 302700 - Hospice Revenue								
3027 Hospice Revenue	4,554.00	0.00	4,554.00	0.00	0.00	0.00	4,554.00	0%
Department Total: Hospice Revenue	\$4,554.00	\$0.00	\$4,554.00	\$0.00	\$0.00	\$0.00	\$4,554.00	0%
Department: 427100 - Pharmacy Revenue								
5271 Pharmacy Income Priv. Pay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	+++
Department Total: Pharmacy Revenue	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++
Department: 501000 - Other Operating Revenue								
5010 Other Operating Income	200.00	0.00	200.00	0.00	0.00	0.00	200.00	0%
Department Total: Other Operating Revenue	\$200.00	\$0.00	\$200.00	\$0.00	\$0.00	\$0.00	\$200.00	0%
Department: 501001 - Bedhold Revenue								
5010 Other Operating Income	0.00	0.00	0.00	0.00	0.00	0.00	0.00	+++
Department Total: Bedhold Revenue	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++
Department: 503100 - Interfund Transfers								
5031 Interfund Transfers	909,737.00	0.00	909,737.00	0.00	0.00	0.00	909,737.00	0%
Department Total: Interfund Transfers	\$909,737.00	\$0.00	\$909,737.00	\$0.00	\$0.00	\$0.00	\$909,737.00	0%
Department: 503101 - Cogeneration Reimbursement								
2230 Co-Generation	187,000.00	0.00	187,000.00	0.00	0.00	0.00	187,000.00	0%

# Revenue Budget Performance Report

Through Date: 03/31/2008

Account Number	Reimbursement	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	YTD Budget Less Transactions	% Rec'd Prior Year Total	
Reimbursement										
Department Total: Cogeneration Reimbursement		\$187,000.00	\$0.00	\$187,000.00	\$0.00	\$0.00	\$0.00	\$187,000.00	0%	\$0.00
Department: 503200 - Federal Aid										
4601	Medical Assistance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	+++	0.00
Department Total: Federal Aid		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
Department: 503201 - Public Nursing Income										
1650	Public Nursing Home Income	0.00	0.00	0.00	0.00	0.00	0.00	0.00	+++	0.00
Department Total: Public Nursing Income		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
Department: 509500 - Vending Machine Revenue										
5095	Vending Machine Comm	1,700.00	0.00	1,700.00	116.15	0.00	291.83	1,408.17	17%	1,351.21
Department Total: Vending Machine Revenue		\$1,700.00	\$0.00	\$1,700.00	\$116.15	\$0.00	\$291.83	\$1,408.17	17%	\$1,351.21
Department: 517500 - Rebates and Refunds Revenue										
5175	Refunds and Rebates	300.00	0.00	300.00	0.00	0.00	0.00	300.00	0%	298.57
Department Total: Rebates and Refunds Revenue		\$300.00	\$0.00	\$300.00	\$0.00	\$0.00	\$0.00	\$300.00	0%	\$298.57
Department: 517701 - Donated Gifts										
2705	Gifts & Donations	0.00	0.00	0.00	0.00	0.00	697.59	(697.59)	+++	1,845.16
Department Total: Donated Gifts		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$697.59	(\$697.59)	+++	\$1,845.16
Department: 517702 - Operating Transfers										
2705	Gifts & Donations	220,000.00	0.00	220,000.00	0.00	0.00	0.00	220,000.00	0%	240,444.00
Department Total: Operating Transfers		\$220,000.00	\$0.00	\$220,000.00	\$0.00	\$0.00	\$0.00	\$220,000.00	0%	\$240,444.00
Department: 521900 - Other Unclassified Revenue										
2770	Other Unclassified Revenue	500.00	0.00	500.00	0.00	0.00	0.00	500.00	0%	0.00
Department Total: Other Unclassified Revenue		\$500.00	\$0.00	\$500.00	\$0.00	\$0.00	\$0.00	\$500.00	0%	\$0.00
Department: 551100 - Provision for Bad Debts										
2771	Provision for Bad Debts	0.00	0.00	0.00	0.00	0.00	0.00	0.00	+++	(67,500.00)
Department Total: Provision for Bad Debts		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	(\$67,500.00)
Department: 551500 - Recovery of Bad Debts										
2770	Other Unclassified Revenue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	+++	0.00
Department Total: Recovery of Bad Debts		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00

# WARREN COUNTY Revenue Budget Performance Report

Through Date: 03/31/2008

Account Number	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget Less YTD Transactions	% Rec'd	Prior Year Total
Department: 552001 - Medicaid Contractual Allowance									
3023	Medicaid Revenue	0.00	0.00	0.00	(211,802.94)	0.00	(676,686.59)	+++	(2,623,742.97)
Department Total: Medicaid Contractual Allowance									
		\$0.00	\$0.00	\$0.00	(\$211,802.94)	\$0.00	(\$676,686.59)	+++	(\$2,623,742.97)
Department: 552002 - Medicaid Contract Allow D Offset									
3023	Medicaid Revenue	0.00	0.00	0.00	0.00	0.00	0.00	+++	0.00
Department Total: Medicaid Contract Allow D Offset									
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
Department: 552003 - Medicare Part A - Contr Allow									
3022	Medicare Revenue	0.00	0.00	0.00	7,808.63	0.00	18,175.53	+++	36,108.62
Department Total: Medicare Part A - Contr Allow									
		\$0.00	\$0.00	\$0.00	\$7,808.63	\$0.00	(\$18,175.53)	+++	\$36,108.62
Department: 552004 - Medicaid Therapy Contr Allowance									
3026	Daily Rate	0.00	0.00	0.00	0.00	0.00	0.00	+++	(\$6,935.44)
Department Total: Medicaid Therapy Contr Allowance									
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	(\$6,935.44)
Department: 552005 - Private Pay Contract Allowance									
3020	Private Pay Revenue	0.00	0.00	0.00	0.00	0.00	0.00	+++	0.00
Department Total: Private Pay Contract Allowance									
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
Department: 552006 - Medicare A Pharmacy Contr Allow									
3022	Medicare Revenue	0.00	0.00	0.00	0.00	0.00	0.00	+++	(22,467.59)
Department Total: Medicare A Pharmacy Contr Allow									
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	(\$22,467.59)
Department: 552007 - Medicaid Pharmacy Contr Allow									
3023	Medicaid Revenue	0.00	0.00	0.00	0.00	0.00	0.00	+++	0.00
Department Total: Medicaid Pharmacy Contr Allow									
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
Department: 552008 - Medicaid CLIA Contr Allowance									
3023	Medicaid Revenue	0.00	0.00	0.00	0.00	0.00	0.00	+++	(1,358.90)
Department Total: Medicaid CLIA Contr Allowance									
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	(\$1,358.90)
Department: 552009 - Medicare A Lab Contr Allowance									
3022	Medicare Revenue	0.00	0.00	0.00	0.00	0.00	0.00	+++	(1,271.35)
Department Total: Medicare A Lab Contr Allowance									
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	(\$1,271.35)

# Revenue Budget Performance Report

Through Date: 03/31/2008

Account Number	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	YTD Budget Less Transactions	% Rec'd Prior Year Total
Allowance								
Department: 552010 - Medicare A Radiology Contr Allow								
3022 Medicare Revenue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	+++ (1,264.31)
Department Total: Medicare A Radiology Contr Allow								
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++ (\$1,264.31)
Department: 552011 - Private Pay Therapy Contr Allow								
3020 Private Pay Revenue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	+++ (20,502.33)
Department Total: Private Pay Therapy Contr Allow								
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++ (\$20,502.33)
Department: 552012 - Medicare A Medical Supplies C/A								
3022 Medicare Revenue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	+++ (73.18)
Department Total: Medicare A Medical Supplies C/A								
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++ (\$73.18)
Department: 552014 - Private Pay Phys Billing C/A								
3020 Private Pay Revenue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	+++ (56.83)
Department Total: Private Pay Phys Billing C/A								
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++ (\$56.83)
Department: 552015 - Private Pay CLIA Contr Allowance								
3020 Private Pay Revenue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	+++ (1,251.86)
Department Total: Private Pay CLIA Contr Allowance								
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++ (\$1,251.86)
Department: 552016 - Medicare A CLIA Contr Allowance								
3022 Medicare Revenue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	+++ (20.61)
Department Total: Medicare A CLIA Contr Allowance								
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++ (\$20.61)
Department: 552017 - Medicaid NYS Assessment C/A								
3023 Medicaid Revenue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	+++ 0.00
Department Total: Medicaid NYS Assessment C/A								
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++ \$0.00
Department: 552018 - Medicaid NYS Assess C/A Prior Yr								
3023 Medicaid Revenue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	+++ (33.60)
Department Total: Medicaid NYS Assess C/A Prior Yr								
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++ (\$33.60)
Department: 552019 - Medicaid Physician Billing C/A								
3021 Physician Billing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	+++ (9,914.96)

# Revenue Budget Performance Report

Through Date: 03/31/2008

Account Number	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	YTD Budget Less Transactions	% Rec'd	Prior Year Total
Department Total: Medicaid Physician Billing C/A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	(\$9,914.96)
Department: 552020 - Medicare A Therapy Contr Allow									
3022 Medicare Revenue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	+++	(154,225.00)
Department Total: Medicare A Therapy Contr Allow	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	(\$154,225.00)
Department: 552500 - Medicaid Contr Allow Prior Year									
3023 Medicaid Revenue	0.00	0.00	0.00	752.15	0.00	36,347.83	(36,347.83)	+++	(41,696.84)
Department Total: Medicaid Contr Allow Prior Year	\$0.00	\$0.00	\$0.00	\$752.15	\$0.00	\$36,347.83	(\$36,347.83)	+++	(\$41,696.84)
Department: 552501 - Medicare A Contr Allow Prior Yr									
3022 Medicare Revenue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	+++	412.71
Department Total: Medicare A Contr Allow Prior Yr	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$412.71
Department: 552502 - Private Pay Therapy C/A Prior Yr									
3020 Private Pay Revenue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	+++	(77.60)
Department Total: Private Pay Therapy C/A Prior Yr	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	(\$77.60)
Department: 552503 - Private Pay C/A Prior Year									
3020 Private Pay Revenue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	+++	238.50
Department Total: Private Pay C/A Prior Year	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$238.50
Department: 901001 - Insurance Recovery									
2680 Insurance Recoveries	0.00	0.00	0.00	0.00	0.00	0.00	0.00	+++	0.00
Department Total: Insurance Recovery	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
Department: 901002 - HCRA Grant - Recruitment Relent									
3489 Health, Other	20,000.00	0.00	20,000.00	14,545.89	0.00	47,275.34	(27,275.34)	236%	7,660.26
Department Total: HCRA Grant - Recruitment Relent	\$20,000.00	\$0.00	\$20,000.00	\$14,545.89	\$0.00	\$47,275.34	(\$27,275.34)	236%	\$7,660.26
Department: 901003 - HCRA Grant - Quality Imp Demon									
3489 Health, Other	0.00	7,625.00	7,625.00	0.00	0.00	0.00	7,625.00	0%	23,829.00
Department Total: HCRA Grant - Quality Imp Demon	\$0.00	\$7,625.00	\$7,625.00	\$0.00	\$0.00	\$0.00	\$7,625.00	0%	\$23,829.00
Department: 901004 - Public Facility Grant									
3036 Public Facility Grant	208,000.00	0.00	208,000.00	0.00	0.00	0.00	208,000.00	0%	83,019.00

WARREN COUNTY

Revenue Budget Performance Report

Through Date: 03/31/2008

Account Number	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	YTD Budget Less YTD Transactions	% Rec'd	Prior Year Total
Department Total: Public Facility Grant	\$208,000.00	\$0.00	\$208,000.00	\$0.00	\$0.00	\$0.00	\$208,000.00	0%	\$83,019.00
Department: 904700 - Gain/Loss on Sale of Property									
2660 Sale of Real Property	0.00	0.00	0.00	0.00	0.00	0.00	0.00	+++	0.00
Department Total: Gain/Loss on Sale of Property	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
Department: 907513 - Non Oper Rev Annex Hookup Fees									
2150 Hook Up Fees	0.00	0.00	0.00	0.00	0.00	0.00	0.00	+++	0.00
Department Total: Non Oper Rev Annex Hookup Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
Fund Total: Westmount	\$6,434,383.00	\$7,625.00	\$6,442,008.00	\$446,581.84	\$0.00	\$1,296,295.64	\$5,145,712.36	20%	\$6,185,669.61
Grand Total:	\$6,434,383.00	\$7,625.00	\$6,442,008.00	\$446,581.84	\$0.00	\$1,296,295.64	\$5,145,712.36	20%	\$6,185,669.61

# ***RESOLUTION REQUEST FORM NO. 20***

## ***MISCELLANEOUS***

***\*Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.  
Please attach any backup information available and be as detailed as possible.***

**DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY**

**DATE: April 25, 2008**

- (a) Purpose of Request: Approval for emergency work performed by Siemens Building Technologies, Inc. on March 21, 2008.
  
- (b) Details: To include payment for emergency services provide by Siemens Building Technologies regarding a compressor oil leak draining into facility thermostats.
  
- (c) Previous Resolution Number:

**Warren County Health Services  
Health Services Committee Meeting  
April 25, 2008  
Information Submitted By: Patricia Auer, DPH/DPS**

**Pending Items**

**Update on Point of Care Initiative**

We have not been able to secure the executed contract with Delta Healthcare Technologies yet because we have to wait for the bonding to be approved so the monies will be available. Also, for your information, one of the bidders who was not awarded the contract has filed a FOIL request for information on Delta's bid. Trish Nenninger, Second Assistant County Attorney, has been working on getting this information. She will be present at the meeting to comment. Apparently, these FOIL requests are not unusual and should not hold up the process.

**Emergency and Response Planning**

Please see the attached monthly activity report.

**New Business**

**Request Resolution:**

To accept a Community Goodworks Grant from Walmart for the WIC Program in the amount of \$1,000.

**Rationale:**

We previously requested authorization to apply for this grant. The funding will be used to assist in defraying costs for the Healthy Lifestyle Program in WIC.

**Request Resolution:**

To authorize a contract agreement with Cathy A. Joss, MA, CCC-SLP to provide speech therapy services.

**Rationale:**

We always have need for speech therapists, and can keep as many as we can get busy. The services they provide are all revenue generating.

**Request Resolution:**

To authorize a contract agreement with Gail Rosselot, NP, MPH, COHN-S CTH, Travel Well of Westchester, Inc. to provide a one day training course with regard to Travel Medicine for nurses in the Division of Public Health. Payment will be in the amount of fourteen hundred dollars, which will include the presentation, educational materials, travel, lodging and food.

**Rationale:**

As discussed at last month's meeting, the monies used for this staff education will come from the grant received last month from Sinofi Pasteur.

**Discussion of Co-Pay Policy:**

Last year we had a discussion of our co-pay policy, which is to send bills to applicable patients twice, an initial bill and then one reminder if the payment is not received. We have also requested on the bills that patients inform us if they feel they are unable to pay. Usually, they do not do this and instead just don't pay. Because we do not want to have situations where individuals refuse service because they cannot afford the co-pays, it was decided last year not to be more aggressive than 2 bills. You will see from the attached information, the co – payment amounts that have been billed and collected since we started this type of billing in 2006. This is a difficult policy to have a “one size fits all” because the intensity and frequency of patient services are so variable. For example, if an individual is seen once or twice a week, a tougher policy might be possible, but for patients, and we have many, that are receiving once or twice a day wound care, or frequent therapy or IV visits co-pay obligations could be impossible.

**Our Proposed Plan for the Committee's Consideration:**

We will develop a letter that will be given and explained to each patient at the time of admission letting them know that it is our agency's obligation to bill for co-pays and to request that they complete the form if they feel they will be unable to afford this cover this cost.

The nurse will inform the patient that no services will be denied due to the inability to pay, but they will know that bills will be sent. It does appear that there are some patients who do not realize that co-pays apply to home care services and have been surprised when they receive bills.

We will also look into whether uncollected co-pays can be figured into our Bad Debt and Charity Care, and thus counted in eligibility for state aid.

We bring this to the Committee's attention so you know we attempt to maximize revenues, but sometimes there are extenuating circumstances.

**Report of Revenues and Expenditures** (please see the attached information)

**Report of Free and Reduced Fee Care** (please see the attached information)

**Attachments:**

Emergency Response and Preparedness Activity Report

Report of Co-pays (to be provided at meeting)

Revenues and Expenditure Report

Free and Reduced Fee Care Report

## Co-payment Information

### \*2006 Co-pays\*

315 invoices were sent out.

\$28, 393.10 was the total amount billed.

Of that total, \$15, 950.60 was paid. (210 payments were received.)

About an average of 67%.

### \*2007 Co-pays\*

*There will be a decrease for 2007 due to Senior Blue, previously our biggest co-pay generator, doing away with co-pays on January 1, 2007.*

173 invoices were sent out.

\$16, 973.50 was the total amount billed.

Of that total, \$8,570.00 was paid. (103 payments were received.)

About an average of 60%.

### \*2008 Co-pays\*

(As of March 24, 2008)

Only 16 invoices have been sent so far.

\$1,942.50 is the total amount billed to date.

Of that total, \$597.50 has been paid. (6 payments.)

About an average of 38%.

WARREN COUNTY BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2008 AS OF 4/23/2008 4:45:47 PM

FUND(S): A, CL, D, DM, EF, GI, MS, SD, V  
 CODE(S): 4010, 4011, 4013, 4016, 4018, 4046, 4054, 4189, 9061, 4025

	2008 BUDGETED	2008 YTD ACTUAL	2007 Prior Year Totals
<b>EXPENSES</b>			
Salaries - Regular	\$3,089,937.00	\$837,926.63	\$2,852,970.52
Salaries - Overtime	\$172,838.00	\$71,428.89	\$197,398.54
Salaries - Part Time	\$379,995.00	\$83,147.21	\$309,079.69
Salaries - Sick Leave Incentive			\$1,200.00
100's PERSONAL SERVICES	\$3,642,770.00	\$992,502.73	\$3,360,648.75
200's EQUIPMENT	\$41,000.00	\$2,192.88	\$74,772.07
400's CONTRACTUAL	\$8,533,372.00	\$1,526,458.25	\$9,173,710.39
800's EMPLOYEE BENEFITS	\$63,091.00	\$57,375.36	\$59,089.23
<b>TOTALS</b>	<b>\$12,280,233.00</b>	<b>\$2,578,529.22</b>	<b>\$12,668,220.44</b>
<b>REVENUES</b>			
	<b>2008 BUDGETED</b>	<b>2008 YTD ACTUAL</b>	<b>2007 Prior Year Totals</b>
	\$1,685,636.00	\$2,221,404.25	\$1,957,410.15

Note: Revenues for 2008 reflect an accrual for the Preschool Program of \$1,226,028.33 which is the 59.5% reimbursement from the \$2,060,551.82 to be billed for the 2007/2008 school year.  
 It also reflects an accrual for January 2008 for the CHHA, LTC and Maternal Child Health programs of \$466,398.36. February is currently being reviewed.

To: Auer, Pat

Subject: FW: Free Care Report 2008

-----Original Message-----

From: Schaldone, Sharon

Sent: Wednesday, April 23, 2008 12:39 PM

To: Auer, Pat

Subject: Free Care Report 2008

Free Care Report 2008- Homecare Division

Jan. 2008--\$7,692.27

Feb.2008--\$5,520.63

Total-----\$13,212.90

Our operating costs for 2007 were \$4,151,644.00. 3.3% of our operating cost is the required amount of free care that the agency is mandated to provide. 3.3% of 2007 operating cost would be \$137,054.00 the required free care for 2008.

Sharon Schaldone ADPS

# Warren County Health Services

1340 State Route 9, Lake George NY 12845

Patricia Auer, Director

Phone: 518-761-6580 / Fax: 518-761-6422

Email: [auerp@co.warren.ny.us](mailto:auerp@co.warren.ny.us)

## Health Services Committee Meeting

Date: APRIL 25, 2008

## Emergency Response and Preparedness Activities

DATE	TYPE	SUBJECT	ATTENDEES
4/1/08	Drill/Exercise	GFH Evacuation Exercise; tested satellite phones	Barb Orton, Angela Meade
4/3/08	Presentation	To: HHHN, Warrensburg re: ERP & Pandemic Flu	Barb Orton
4/9/08	Meeting	Quarterly PH ERP Committee Meeting	Barb Orton, et.al
4/14/08	Meeting	at GFH re: Alternate Care Sites	Barb Orton
4/16/08	Tabletop	Monthly Glens Falls Hospital - Organophosphate incident at playground (Chempack & Pediatric Plan)	Barb Orton
4/17/08	Meeting	Quarterly CHAA ERP Committee Meeting	Sharon Schaldone, et.al
4/19/08	Presentation	On ERP & Pan Flu to clergy at "Understanding & Working with Trauma Victims" Workshop	Barb Orton
4/23/08	Conference Call	Re: Clinic Ops/PODS/Smallpox	Barb Orton
4/24/08	Meeting	Regional Resource Center in Clifton Park	Barb Orton
4/29/08	Training	Re: SNS/Chempack in East Greenbush	Barb Orton, Amy Manney, Shane Ross
4/30/08	Meeting	Re: Mental Health with Mary Manning	Barb Orton

Ginelle Jones  
Assistant Director Public Health  
Phone: 518-761-6580  
Fax: 518-761-6422  
Email: [jonesg@co.warren.ny.us](mailto:jonesg@co.warren.ny.us)

Sharon Schaldone  
Assistant Director Home Care  
Phone: 518-761-6415  
Fax: 518-761-6562  
Email: [schaldones@co.warren.ny.us](mailto:schaldones@co.warren.ny.us)

Tawn Driscoll  
Fiscal Manager  
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Email: [driscollt@co.warren.ny.us](mailto:driscollt@co.warren.ny.us)

## RESOLUTION REQUEST FORM NO. 5

### Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: Health Services

DATE: April 25, 2008

- (a) Purpose of Grant: To authorize receipt of a Community Goodworks Grant from Walmart in the amount of \$1000.00
- (b) Name of Grantor: Walmart
- (c) Address of Grantor: Upper Glen Street, Queensbury, NY 12804
- (d) Grantor's Contact Person and Telephone Number: Lori Emory, 793-0309
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? No
- (f) Effective Date of Grant: one time grant
- (g) Termination Date of Grant: n/a
- (h) Total Dollar Amount Involved (not to exceed): \$1000.00
- (i) Deadline to Submit Grant Application and/or Grant Agreement: n/a
- (j) Is a Budget amendment required? Yes If yes, also complete and submit Form No. 7.
- (k) Are the funds to go into a Capital Project or Capital Reserve Project? No If yes, also complete and submit Form No. 8 or Form No. 9, as applicable.
- (l) Is a Local Share Required? No If Yes, Where are the Funds? List Budget Code (with title), Object Code (with title), and Amount **OR** Capital Project **OR** Capital Reserve Project Number and Title and Amount:

## RESOLUTION REQUEST FORM NO. 7

### Request to Amend County Budget\*

**\*If this is the result of a grant award, also complete and submit  
Form No. 5 or 6**

**DEPARTMENT NAME:** Health Services

**DATE:** April 25, 2008

- (a) Purpose of Amendment: To authorize receipt of grant funds in the amount of \$1000.00 and to increase 2008 budget for WIC Program to reflect accordingly
- (b) Appropriation Code (with title), Object Code (with title) and Amount: A.4013.2714 WIC Supplies Expense
- (c) Revenue Code (with title), and Amount: A.4013.2714 Grants from local business

# Warren County Board of Supervisors

RESOLUTION NO. 133 OF 2008

Resolution introduced by Supervisors Sokol, Sheehan, Haskell, Thomas, Tessier, Champagne and O'Connor

**AUTHORIZING SUBMISSION OF A GRANT APPLICATION TO  
THE WALMART GOOD WORKS FOUNDATION FOR A  
HEALTHY LIFESTYLE PROGRAM - HEALTH SERVICES DEPARTMENT**

WHEREAS, the Warren County WIC Coordinator desires to submit an application to the WalMart Good Works Foundation for Healthy Lifestyle Program in order to receive grant funds in the amount of One Thousand Dollars (\$1,000), now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an application to receive grant funds from the WalMart Good Works Foundation for a Healthy Lifestyle Program in an amount of One Thousand Dollars (\$1,000) in a form approved by the County Attorney.

## RESOLUTION REQUEST FORM NO. 3

### Request for New Contract

DEPARTMENT NAME: Health Services

DATE: April 25, 2008

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To authorize a contract agreement with Cathy Joss to provide speech therapy services
- (c) Name of Contractor: Cathy Joss
- (d) Address of Contractor: 3 Apple Tree Lane, Wilton, NY 12831
- (e) Contractor's Contact Person and Telephone Number: Cathy Joss, 518-886-8615
- (f) Has or will the Contract be provided, if so, please attach: Use therapist contract
- (g) Commencement Date of Contract: May 19, 2008
- (h) Termination Date of Contract: 30 days written notice by either party
- (i) Payment Provisions:
  - i) lump sum amount at agreed upon established per individual visit or meeting rate upon receipt of required documentation for each visit at following rates: Region 1: evals \$55, revisits \$53; Region 1: evals \$60, revisits \$60; OASIS: \$15 per patient; Meetings: \$40
  - ii) hourly rate amount
  - iii) total amount not to exceed
  - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Bi-monthly)
- (j) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: A4010.10.470 Health Services CHHA

**MEDICAL PROFESSIONAL LIABILITY OCCURRENCE INSURANCE POLICY**

Region	Producer	Issued	Prior Certificate Number	Purchasing Group Policy Number
23	0029457	02/21/08	AHL-0208019	ASH-2000000

Offered through ASHA Purchasing Group Association

**SECTION I**

**DECLARATIONS**

Item CERTIFICATE NUMBER: AHL 0208019

1. Named Insured: CATHY A JOSS
2. Mailing Address: C/O 3 APPLE TREE LANE  
WILTON, NY 12831
3. Policy Period: From: 03/05/2008 To: 03/05/2009  
12:01 A.M. Standard Time At Location of Designated Premises
4. Business or Profession: Affiliation: AMN. SPEECH-LANGUAGE-HEARING ASSN.  
SPEECH LANGUAGE/PATHOLOGIST  
SPEECH/LANGUAGE PATHOLOGIST (S/E INDIVIDUAL/BUSINESS)
5. The Named Insured is a(n):  Partnership  Corporation  Individual  
 Sole Proprietor (with employees)  Other:

This policy is made and accepted subject to the printed conditions of this policy together with the provisions, stipulations and agreements contained in the following forms(s) or endorsements(s):

PLE-2082, PLE-2087(04/00), PLJ-2037(05/98), PON-2003, PLE-8003(02/88), PLE-2151(10/98)

**SECTION II**

Item	COVERAGE	Premium
A.	Professional Liability <input checked="" type="checkbox"/>	\$100.00
B.	General Liability <input type="checkbox"/>	
	Endorsements <input checked="" type="checkbox"/>	\$134.00

TOTAL: \$234.00

LIMITS OF LIABILITY

\$ 1,000,000	each Incident and each Occurrence	\$ 3,000,000	Aggregate
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**SECTION III**

SUPPLEMENTARY PAYMENTS

- A. First Party Assault
- B. Licensing Board Reimbursement
- C. Wage Loss and Expense
- D. Deposition Expense
- E. First Aid Reimbursement

Representative Agent or Broker

MARSH Affinity Group Services  
a service of SEABURY & SMITH  
1440 RENAISSANCE DRIVE  
PARK RIDGE, IL 60068  
1-800-503-9230

## RESOLUTION REQUEST FORM NO. 3

### Request for New Contract

DEPARTMENT NAME: Health Services

DATE: April 25, 2008

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To authorize agreement with Gail Rosselot NP MPH, to provide program for nurses about travel medicine
- (c) Name of Contractor: Gail Rosselot
- (d) Address of Contractor: Travel Well of Westchester Inc., 140 Todd Lane, Briarcliff Manor, NY
- (e) Contractor's Contact Person and Telephone Number: Gail Rosselot, 814-923-7073, email: garosselot@aol.com
- (f) Has or will the Contract be provided, if so, please attach: No
- (g) Commencement Date of Contract: 5/30/08
- (h) Termination Date of Contract: 5/30/08
- (i) Payment Provisions:
  - i) lump sum amount \$1400.00
  - ii) hourly rate amount
  - iii) total amount not to exceed
  - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (j) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: A.4018.30.437 Disease Control Consulting Fees

INTERSTATE  
INSURANCE  
GROUP

**CHICAGO INSURANCE COMPANY**  
Executive Offices  
55 E. MONROE STREET  
CHICAGO, ILLINOIS 60603

Client #  
551563

**MEDICAL PROFESSIONAL LIABILITY OCCURRENCE INSURANCE POLICY**

Region	Producer	Issued	Prior Certificate Number	Purchasing Group Policy Number
23	0001614	11/05/07	AHL-2897532	AHA-2000000

Offered through American Health Care Professions Purchasing Group Association

**SECTION I**

**DECLARATIONS**

Item **CERTIFICATE NUMBER: AHL 2897532**

1. Named Insured: TRAVEL WELL OF WESTCHESTER, INC  
GAIL ROSSELOT

2. Mailing Address: C/O 140 TODD LANE  
BRIARCLIFF MANOR, NY 10510

3. Policy Period: From: 10/16/2007 To: 10/16/2008  
12:01 A.M. Standard Time At Location of Designated Premises

4. Business or Profession: Affiliation: ANA/NEW YORK NURSE - NM  
NURSE PRACTITIONER  
ADULT S/E 20 HOURS OR LESS PER WEEK

5. The Named Insured is a(n):  Partnership  Corporation  Individual  
 Sole Proprietor (with employees)  Other:

This policy is made and accepted subject to the printed conditions of this policy together with the provisions, stipulations and agreements contained in the following forms(s) or endorsements(s):

PLE-2082, PLE-2087(04/00), PLJ-2037(05/98), PON-2003, POE-2151(10/98)

**SECTION II**

Item	COVERAGE	Premium
A.	Professional Liability <input checked="" type="checkbox"/>	\$221.00
B.	General Liability <input checked="" type="checkbox"/>	\$140.00
	Endorsements <input type="checkbox"/>	
<b>TOTAL:</b>		<b>\$361.00</b>
LIMITS OF LIABILITY		
\$ 2,000,000	each Incident and each Occurrence	\$ 4,000,000 Aggregate

**SECTION III**

**SUPPLEMENTARY PAYMENTS**

- A. First Party Assault
- B. Licensing Board Reimbursement
- C. Wage Loss and Expense
- D. Deposition Expense
- E. First Aid Reimbursement

Representative Agent or Broker

MARSH Affinity Group Services  
a service of SEABURY & SMITH  
1440 RENAISSANCE DRIVE  
PARK RIDGE, IL 60068  
1-800-503-9230

## RESOLUTION REQUEST FORM NO. 7

### Request to Amend County Budget\*

**\*If this is the result of a grant award, also complete and submit  
Form No. 5 or 6**

**DEPARTMENT NAME:** Health Services

**DATE:** April 25, 2008

- (a) Purpose of Amendment: To amend 2008 budget to reflect revenue and expenditures associated with \$1500.00 grant/gift from Sanofi Pasteur Inc.
- (b) Appropriation Code (with title), Object Code (with title) and Amount: A.4018.0030.437 Preventive Program Disease Control Consulting Fees: \$1400.00; A.4018.0030.445 Preventive program Disease Control Foods: \$100.00
- (c) Revenue Code (with title), and Amount: A.4018.0030.1613 Preventive Program Disease Control Immunization Revenue: \$1500.00