

WESTMOUNT HEALTH FACILITY AND
COUNTRYSIDE ADULT HOME
HEALTH SERVICES COMMITTEE MEETING
FRIDAY, SEPTEMBER 26, 2008
9:30 A.M.
MEETING AT MUNICIPAL CENTER

WESTMOUNT HEALTH FACILITY

- 1.) AIR HANDLER UPDATE - PAGES 1-3.
- 2.) REQUEST REOLUTION TO INCREASE PRIVATE PAY RATE – PAGES 4-6.
- 3.) REQUEST RESOLUTION FOR APPROVAL OF EMERGENCY SERVICES, LA PAN’S PRECISION A/C, REFRIGERATION & HEATING – PAGES 7-10.
- 4.) REQUEST RESOLUTION TO CHARGE OFF ACCOUNTS – PAGES 11-12.
- 5.) REQUEST RESOLUTION FOR OUT OF CODE TRANSFERS – PAGES 13–14.
- 6.) REQUEST RESOLUTION TO TRANSFER HCRA R&R GRANT FUNDS PAGES 15–24.
- 7.) REQUEST RESOLUTION FOR NAME CHANGE OF EXISTING CAPITAL PROJECT - PAGE 25.
- 8.) FOR DISCUSSION – NURSE REQUEST FOR REIMBURSEMENT FOR EDUCATIONAL COST OF BUSINESS COURSES - PAGE 26.
- 9.) OVERTIME REPORT – PAGE 27.
- 10.) STAFFING LEVELS – PAGE 28.

WESTMOUNT HEALTH FACILITY

A SKILLED NURSING HOME operated by Warren County

42 GURNEY LANE - QUEENSBURY, NY 12804
Phone: (518)761-6540 Fax: (518) 761-6590

Barbara B. Taggart
Administrator

September 10, 2008

Memo of Understanding (Estimated Cost of Professional Services)
\$ 24,170.00

Highlander Engineering Services, PPLC \$ 2,950.00
Resolution No. 163 of 2008

Mahoney-Notify-Plus, Inc. \$ 2,040.00
2 Coventional Duct Smoke Detectors
Resolution 04/18/08

Purchase of two (2) Air-Handling
Units for Westmount Health Facility
Xetex, Inc. C/O Thermal
Environment Sales, Inc. \$129,640.00

Lewis Crane Services, Co. Queensbury
Transport units to area in back of
Facility. \$ 760.00

Monahan & Loughlin, Inc
General Contractor
Hudson Falls
Contract (1) General/Construction \$ 35,720.00

Monahan & Loughlin will assume
responsibility (financial) (Lewis'
Crane Services, Co.) in transporting
Air-Handlers from back of Westmount
to front of building on rooftop over
Administrative Office.

Monahan & Loughlin, Inc.
Contract (2) Mechanical \$ 19,610.00

T. McElligott, Inc.
589 River Street
Troy, New York 12180
Contract (3) Piping \$ 25,400.00

I. McBain Electric, Inc.
658 River Street
Troy, New York 12180
Contract (4) Electrical \$ 5,248.48

05/01/08
Mahoney Notify-Plus
Labor/Travel to Service Alarm Checked
Duct Work for New Air Handler #2 \$ 106.13

05/07/08
Adirondack Air Balance Company, Inc.
Testing Balancing for New AHU #2 \$ 865.00

05/12/08
Mahoney Notify - Plus, Inc.
Labor/Travel to Service Alarm Prevailing
Wage Labor (2 hours) \$ 225.38

05/28/08
CP HVAC and Control
Trouble Shot Pneumatic Controls \$ 756.00

06/14/08
Siemens - Repaired Pneumatic Controls \$ 420.00

05/30/08
Monahan & Loughlin, Inc
Change order
~~Steel Supports for Air Handler Unit #1 & 2~~ ~~\$ 2,124.00~~
\$250,034.99

RESOLUTION REQUEST FORM NO. 9

Request to Increase or Decrease or Amend Existing Capital Project or Capital Reserve Project*

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

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: September 26, 2008

- (a) Exact Title and Number of Project*: Air Handler Capital Project H270.9550 280
- (b) Is this a Capital Project? Yes
- (c) Is this a Capital Reserve Project?
- (d) Amount of Increase (if applicable): \$35.00
- (e) Amount of Decrease (if applicable):
- (f) Source of Funding (if Increase) (including name & title of codes, etc.):
EF.82200.5906 410 Westmount, Plant Operation and Maintenance, Supplies
- (g) Changes in Funding (if Amendment):
- (h) Purpose of Increase or Decrease or Amendment: To cover approved change order from Monahan & Loughlin Res 562 of 2008.

SEMI-PRIVATE AND PRIVATE ROOM RATES – August 2008

NAME OF FACILITY	PHONE #	SEMI-PRI RATE	PRIVATE RATE	RX'S Y/N
PLEASANT VALLEY - ARGYLE WASHINGTON COUNTY	638-8274	\$ 286.20*	\$ 286.20*	Yes
ADIRONDACK TRI-COUNTY NORTH CREEK	251-2447	\$ 243.80*	\$ 255.46*	No
MAPLEWOOD MANOR - BALLSTON SPA - SARA. CO.	885-2288	\$ 249.10*	\$ 249.10*	No
EDEN PARK - GLENS FALLS	793-5163	\$ 243.80*	\$ 246.90*	No
HALLMARK - STANTON GLENS FALLS	793-2575	\$ 252.28*	\$ 274.54*	No
HALLMARK - ORCHARD GRANVILLE	642-2346	\$ 234.26*	\$ 257.58*	No
WESTMOUNT HEALTH FAC. - WARREN COUNTY 10/07	761-6540	\$ 250.00*	\$ 250.00*	No

* 6% ASSESSMENT TAX INCLUDED

Room & Board Rates Comparison Sheet 2008

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: September 26, 2008

- (a) Purpose of Request: Increase Room Rate to \$254.72/day plus applicable 6% Assessment Tax.

- (b) Details: Room rate for private and semi-private room to be increased from \$235.85/day to \$254.72/day. An applicable six percent (6%) Assessment Tax (\$15.28) to be billed as a second item.

- (c) Previous Resolution Number: 515 of 2007.

Total
270.00 /
~~20.00~~ / Day

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: September 26, 2008

- (a) Purpose of Request: Increase Room Rate to \$250.00/day plus applicable 6% Assessment Tax.

- (b) Details: Room rate for private and semi-private room to be increased from \$235.85/day to \$250.00/day. An applicable six percent (6%) Assessment Tax (\$15.00) to be billed as a second item.

- (c) Previous Resolution Number: 515 of 2007.

Total
265.00/day
\$ 15.00

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: September 26, 2008

- (a) Purpose of Request: Payment approval for emergency services provided by LaPan's Precision A/C, Refrigeration & Heating.

- (b) Details: To include the authorization of payment to LaPan's Precision A/C, Refrigeration & Heating in the amount of \$3,598.75 dollars for installation/replacing dietary freezer compressor & crank case heater. EF.82100.6101 413 Westmount, Dietary Services, Repair & Maint PS DA Bldg/Property \$3,690.00.

- (c) Previous Resolution Number: N/A

RECEIVED AUG 14 2008

**LAPAN'S PRECISION
A/C, REFRIGERATION & HEATING**

4 Highland Avenue
QUEENSBURY, NEW YORK 12804

(518) 798-0793

invoice

025829

INVOICE # 25829

INVOICE DATE 8/11/2008

SOLD TO:

WEST MOUNT HEALTH FACILITY
5 GURNEY LANE
QUEENSBURY, NY 12804

Reference	PO #	Terms	Due Date	Salesperson
			8/13/2008	MH

REFERENCE	DESCRIPTION	QTY	AMOUNT
7/26/2008	CHECKED WALK IN FREEZER FOUND THE COMPRESSOR WAS DEFECTIVE HAD TO GET A NEW ONE OUT OF ALBANY PICKED UP A NEW COMPRESSOR REMOVED THE REFRIGERANT FROM THE SYSTEM REMOVED THE DEFECTIVE COMPRESSOR INSTALLED A NEW ONE INSTALLED NEW DRIERS EVACUATED SYSTEM CHARGED IT AND THE FREEZER WORKED PROPERLY. NOTE: WILL STOP BACK AND CHECKED UNIT WHEN IT COMES DOWN TO TEMP TO MAKE SURE THE CHARGE IS WITH IN TOLERANCE.		
	ZONE CHARGE		4.00T
	14 LBS R-408		266.00T
	COMPRESSOR EAVA-021A-TAC-800 S/N 04B63693R		1,860.00T
	LIQUID LINE FILTER		28.00T
	EVACUATION		8.00T
	OIL CHARGE		4.00T
	GASKET KIT		7.50T
	RECLAIM		48.00T
	SHIPPING		50.00T
	6.5 HRS @ OT RATE		828.75T
NET DUE 30 DAYS FROM INVOICE DATE.			
A service charge of 2% per month will be added on all accounts not paid in 30 days.			

Thank you for your business!

Subtotal	3,510.05
Sales Tax (0.0%)	0.00
TOTAL	3,510.05

RECEIVED AUG 14 2008

**LAPAN'S PRECISION
A/C, REFRIGERATION & HEATING**

4 Highland Avenue
QUEENSBURY, NEW YORK 12804

(518) 798-0793

invoice

025828

INVOICE NO: 25828

INVOICE DATE: 8/11/2008

SOLD TO:

WEST MOUNT HEALTH FACILITY
5 GURNEY LANE
QUEENSBURY, NY 12804

Job Location	PO #	Terms	Due Date	Salesper
		Due on Receipt	8/18/2008	VBI

REFERENCE	DESCRIPTION	Qty	AMOUNT
7/28/2008	CHECKED CHARGE ON WALK IN FREEZER AFTER IT WAS DOWN TO TEMPERATURE CHECKED AMPERAGE ON SYSTEM CHECKED OIL AND THE SYSTEM WORKED PROPERLY ADDED OIL.		
	ZONE CHARGE 2.5 HRS		4.00T 212.50T
NET DUE 30 DAYS FROM INVOICE DATE.			
A service charge of 2% per month will be added on all accounts not paid in 30 days.			

Thank you for your business!

Subtotal	\$216.50
Sales Tax (9.0%)	\$19.43
Total	\$235.93

**LAPAN'S PRECISION
A/C, REFRIGERATION & HEATING**

4 Highland Avenue
QUEENSBURY, NEW YORK 12804

(518) 798-0793

invoice

025925

INVOICE NO. 25925

INVOICE DATE 9/4/2008

SOLD TO:

WEST MOUNT HEALTH FACILITY
5 GURNEY LANE
QUEENSBURY, NY 12804

Job Location	EQ #	Terms	Due Date	Salesper
		Net 30	10/1/2008	MHS

REFERENCE	DESCRIPTION	AMOUNT
8/18/2008	INSTALLED A NEW CRANK CASE HEATER WHICH WE FOUND WAS DEFECTIVE WHEN CHANGING COMPRESSOR.	
	ZONE CHARGE	4.00T
	CRANK CASE HEATER	104.00T
	2 HRS	170.00T
NET DUE 30 DAYS FROM INVOICE DATE.		
A service charge of 2% per month will be added on all accounts not paid in 30 days.		

Thank you for your business!

Subtotal	
Sales Tax (0.0%)	
Total	

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: September 26, 2008

- (a) Purpose of Request: To charge-off uncollected account.

- (b) Details: A total of \$730.35 dollars requested to be charged-off as recommended by the Warren County Attorney's office.

- (c) Previous Resolution Number:

WARREN COUNTY ATTORNEY'S OFFICE

Warren County Municipal Center
1340 State Route 9
Lake George, New York 12845
Telephone 518 - 761 - 6463
Fax 518 - 761 - 6377

LAW DEPARTMENT

DATE: September 23, 2008
TO: Barbara Taggart, Administrator
Westmount Health Facility
FROM: Patricia C. Nenninger, Assistant Co. Attorney PCN
RE: Westmount Collection - Francis Poutre

After discussion with your office and a review of the file, this office agrees that, as there are no estate assets, the balance of \$730.35 as of August, 2007 should be brought to Committee to be charged off as a bad debt.

Please put this matter on the agenda for your next Committee Meeting.

Thank you. If you have any questions please call me.

PCN:svn

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: WESTMOUNT HEALTH FACILITY
Name of Department

SIGNED: _____

DATE: September 26, 2008

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.82200.6303 441	Westmount, Plant Operation & Maint, Repair & Maint PS DA Auto - Auto Supplies & Repair	EF.82200.5830 220	Westmount, Plant Operation & Maint, Office Equipment – Office Equipment.	515.00
EF.82100.5803 260	Westmount, Dietary Services, Other Equipment – Other Equipment	EF.82100.5906 410	Westmount, Dietary Services, Supplies - Supplies	900.00
EF.83500.5500 410	Westmount, Administrative Services, Office Supplies – Supplies	EF.83500.5802 210	Westmount, Administrative Services, Furniture Equipment – Furniture Equip.	300.00
EF.83110.5500 410	Westmount, Fiscal Services, Office Supplies – Supplies	EF.83110.5830 220	Westmount, Fiscal Services, Office Equipment.	125.00
EF.60200.5803 260	Westmount, Nursing- Nurses' Stations, Other Equipment	EF.60200.5830 220	Westmount, Nursing- Nurses' Station, Office Equipment	930.00
EF.60200.5802 210	Westmount, Nursing- Nurses' Stations, Furniture/Furnishings	EF.60200.5830 220	Westmount, Nursing- Nurses' Station, Office Equipment	200.00

Please state reason for transfers requested: Workstations, Floor mats, Table Linen

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 439	Contingent Fund			

Please state reason for transfer request:

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

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: WESTMOUNT HEALTH FACILITY
Name of Department

SIGNED: _____

DATE: September 26, 2008

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.82400.5906 410	Westmount, Housekeeping Services, Supplies	EF.82400.5803 260	Westmount, Housekeeping Services, Other Equipment	500.00
EF.72600.5906 410	Westmount, Activities Program, Supplies	EF.72600.5803 260	Westmount, Activities Program, Other Equipment	75.00

Please state reason for transfers requested: 36 Waste Baskets, Hand Mixer, Toaster

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 439	Contingent Fund			

Please state reason for transfer request:

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

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: September 26, 2008

- (a) Purpose of Amendment: To Amend 2008 Nursing Administration, Travel, Conferences, Workshops Appropriations with HCRA R&R Grant funds.

- (b) Appropriation Code (with title), Object Code (with title) and Amount: EF.60100.8800 444 Westmount, Nursing Administration, Travel, conferences, Workshops \$800.00

- (c) Revenue Code (with title), and Amount: EF.901002 3489 Westmount, HCRA Grant - Recruitment Retention - Health, Other \$800.00.

General Information

Fees

Attending the Pre-Conference Program or arriving early to the Annual Conference?

A rate of \$139 per night single/double is available for Monday, November 17 and Tuesday, November 18. This rate is subject to a non-taxable service charge of \$9 per person per day, as well as a 7 percent state tax and 4 percent local/county tax (based on availability at that time). Your reservation is made

NYA/NSA MEMBER		NON-MEMBER	
Before	After	Before	After
October 24	October 24	October 24	October 24

PRE-CONFERENCE PROGRAM
(November 18) \$150** \$175** \$225** \$250**

FULL CONFERENCE
(November 19-21) \$365* \$395* \$415* \$445*

DAILY FEES

Wednesday, Nov. 19	\$165*	\$185*	\$195*	\$215*
Thursday, Nov. 20	\$165*	\$185*	\$195*	\$215*
Friday, Nov. 21	\$75*	\$95*	\$95*	\$115*

*Fee does NOT include meals. Since meals are included in the hotel registration fee, meal tickets may be purchased using the registration form for attendees who DO NOT require overnight accommodations at The Sagamore. Early registration is recommended.

The registration fee for full conference delegates includes attendance at all sessions, all educational conference materials, exhibits and all refreshment breaks.

Hotel Cancellation Policy

Please note The Sagamore's policy on the hotel reservation form.

Accreditation

This continuing nursing education activity has been submitted to the New York State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

The Foundation for Long Term Care, the educational affiliate of NYA/NSA, is a certified sponsor of professional continuing education with the National Association of Boards of Examiners of Long Term Care Administrators (NAB), and has approved this program for the number of clock hours listed under their sponsor agreement with NAB/NYCERS. State licensure boards, however, have final authority on the acceptance of individual courses.

Conference Registration/ Cancellation Policy

REGISTRATION IN ADVANCE IS STRONGLY ADVISED. To take advantage of the early-bird registration offer, the conference registration form must be faxed or postmarked on or before October 24. Additionally, payment or voucher must be received by November 21; otherwise you will be charged the late registration fee. We understand that circumstances arise requiring cancellations. If you cancel by November 11, your registration is refundable, less a 25 percent administrative fee. After that, cancellations are subject to the forfeiting of the entire registration fee. Individuals who do not attend the conference and fail to comply with the cancellation policy will be billed. Substitutions are permitted.

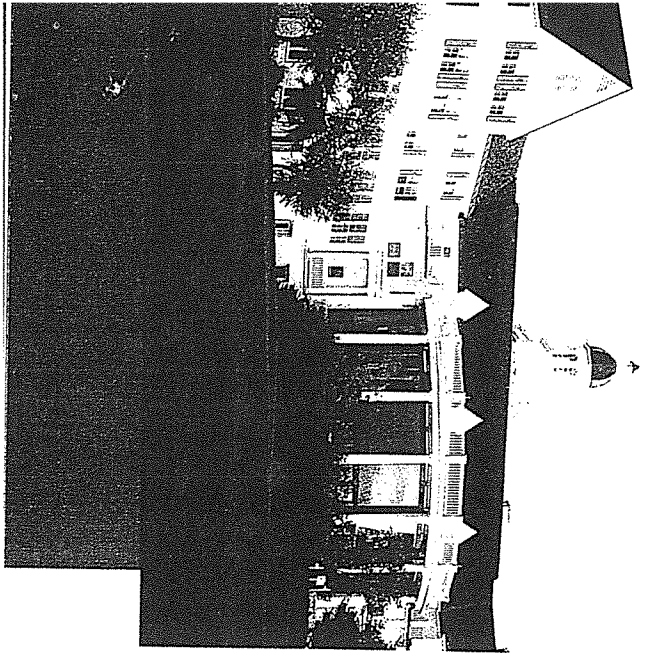
Questions??

Call Kathy Burke or Kathy Gormley at 518-449-2707.

continued on inside back cover

"Mentioned above the importance of knowledge center"

Author Unknown



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: September 26, 2008

- (a) Purpose of Amendment: To amend 2008 Nursing Administration Education Appropriations with HCRA R&R Grant funds.

- (b) Appropriation Code (with title), Object Code (with title) and Amount: EF.60100.8800 444 Westmount, Nursing Administration, Travel, Conferences, Workshops - Travel/Education/Conference \$360.00

- (c) Revenue Code (with title), and Amount: EF.901002 3489 Westmount, HCRA Grant - Recruitment Retention - Health, Other \$360.00

PURCHASE ORDER

WESTMOUNT HEALTH FACILITY

No
35772

42 Gurney Lane
Queensbury, NY 12804

17745

idor
ne &
ress

(NRAI)
National Resident Assessment Inst

Check # _____

Date Paid _____

DATE	DATE REQUIRED	TERMS	F.O.B.	SHIP VIA	DEPT. OF REQ. NO.	<input type="checkbox"/>	<input type="checkbox"/>
8/5/08					Nursing Admin	<input type="checkbox"/>	<input type="checkbox"/>
QUANTITY	DESCRIPTION				PRICE	AMOUNT	
1	Online Seminar on MDC Process + Training Manual				S+H	349.00	8.75
	"Online Internet Broadcast Seminar"						357.75
	for Rosemary Diers						

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 60100	8800	357 75	0200	444		357 75

REC'D BY _____

DATE _____

APPROVED BY _____

18.

IMPORTANT

FOR ALL CORRESPONDENCE, INVOICES AND PACKAGES, NOTIFY US IMMEDIATELY IF UNABLE TO SHIP ORDER COMPLETE BY DATE SPECIFIED

"ONLINE INTERNET BROADCAST SEMINAR"

Capture of the live seminar is presented for nurses who need to learn the MDS process, but are unable to attend in person. This option saves considerable expense and traveling time to attend the actual seminar.

This new option is very practical and can be viewed at any time. You are free to set your own schedule and review or repeat all, or any part over a whole month.

Total viewing time of the seminar after editing is approximately 10 hours. You could choose to have any number of sessions, at any time over a period of 30 days. There is also an interactive menu, a feature of special value because it allows you to return to and study any section where you need more study time.

Fast Access to the internet is required to view this course. You will also need the latest versions of Internet Explorer, and Windows Media Player.

REGISTER ONLINE AT WWW.NRAI.NET FOR ACCESS CODES AND TRAINING MANUAL TO FOLLOW VIA PRIORITY POST!

CEU'S 18 HOURS

CE Provider # FBN 3398
CE Provider # 50-2790 Admin



Online
www.nrai.net

Enroll Online! Enter Event #
from the above schedule



Call Toll Free!
1-888-267-6470

Corporate Office Open 9-5.
Monday thru Friday



Fax your Registration
561-450-5767

24 Hours a day,
7 days a week



Mail registration
Form below to:

NRAI
322 Battle Road
Antioch, TN 37013

YES! I would like to register for the MDS Seminar Online with Certification included.

\$349.00 + \$8.75 S&H

Important: Send your payment now. Tuition is due before seminar. Please make all checks payable to NRAI, Inc.

Please check one of the following:



Check Enclosed Payable To: NRAI, Inc

Please Charge My:

Card No. _____ Exp: _____

Total Payment: _____

Cardholders Name: _____ (print)

Signature: _____

• This Seminar is approved by NAB for administrators.

ONLINE INTERNET BROADCAST REGISTRATION

Facility: Westmount Health Facility

Address: 42 Gurney Lane

City: Queensbury St. NY Zip: 12804

Phone: 518-761-6540 Fax: 518-761-6950

Name: Rosemary Duers (RN - LPN)

Address: 42 Gurney Lane

City: Queensbury St. NY Zip: 12804

Phone: 518-761-6540 Fax: 518-761-6950

Email: DUERSR@CO.warren.ny.us

National Resident Assessment Institute

Order Processing Center
322 Battle Road
Cane Ridge, TN 37013
1-888-267-6470
Fax: 561-450-5767

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: AUGUST 22, 2008

- (a) Purpose of Amendment: To amend 2008 Nursing-Nurses' Stations, LPN Wages Salaries -Regular Appropriations with HCRA R&R Grant funds due to Upgrade.

- (b) Appropriation Code (with title), Object Code (with title) and Amount: EF.60200.400 110 Westmount, Nursing - Nurses' Stations - LPN Wages Salaries - Regular \$39,060.00

- (c) Revenue Code (with title), and Amount: EF.901002 3489 Westmount, HCRA Grant - Recruitment Retention - Health, Other \$39,060.00

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: September 26, 2008

- (a) Purpose of Amendment: To Amend 2008 Social Services Education Appropriations with HCRA R&R Grant funds.

- (b) Appropriation Code (with title), Object Code (with title) and Amount: EF.73800.8800 444 Westmount, Social Services, Travel, Conferences, Workshops - Travel/Education/Conference \$446.00.

- (c) Revenue Code (with title), and Amount: EF.901002 3489 Westmount, HCRA Grant - Recruitment Retention - Health, Other \$446.00.

Warren County Board of Supervisors

RESOLUTION NO. 631 OF 2008

Resolution introduced by Supervisors Thomas, Kenny, Haskell, Belden, Stec, Sokol and Tessier

AUTHORIZING EMPLOYEE WITHIN WESTMOUNT HEALTH FACILITY TO ENROLL IN JOB-RELATED COURSES - WESTMOUNT HEALTH FACILITY

WHEREAS, Renee L. Bazan, Social Worker, has submitted an Application for Approval of Enrollment in a Job-Related Course by Employee, for a course given through Adirondack Community College for the term of September 3, 2008 through December 12, 2008, now, therefore, be it

RESOLVED, that the Warren County Board of Supervisors hereby approves Renee L. Bazan's enrollment in the following course for the following term and amount, which approval for the employee shall be contingent upon continued employment with Warren County, for the periods set forth below and upon completion of said courses with grades of "C" or better:

COURSE & COLLEGE	TERM	REIMBURSABLE AMOUNT (NOT TO EXCEED)
Principles of Biology Adirondack Community College	September 3, 2008 to December 12, 2008	\$690.73

TOTAL NOT
TO EXCEED \$690.73

and be it further

RESOLVED, that the funds for the above reimbursement shall be expended from
Budget Code EF.73800.8800.444 Westmount, Social Services, Travel, Conferences,
Workshops - Travel/Education/Conference.

Renee
Are you interested?
Bob

**PERSON-CENTERED TRANSITIONS OF CARE:
CHALLENGES AND SUCCESSSES FOR DISCHARGE
PLANNING ACROSS THE CONTINUUM**

Wednesday, September 24, 2008 • 8:00 a.m. – 4:00 p.m.
Holiday Inn Albany, 205 Wolf Road, Albany, NY 12205 • 518-458-7264

- 8:00 - 8:30 a.m. **Registration**
- 8:30 a.m. **Introduction**
Anna Colello, Esq., Director, Regulatory Compliance, OHSM
New York State Department of Health (NYSDOH)
- 8:40 a.m. **Welcome**
John Morley, MD, FACP, Medical Director, OHSM
New York State Department of Health (NYSDOH)
- 8:50 - 9:50 a.m. **Keynote**
**Transitional Care: Enhancing the Experiences and
Outcomes of Chronically Ill Patients**
Mary D. Naylor, PhD, RN, Director, New Courtland Center for Transitions and Health
University of Pennsylvania School of Nursing
- 9:50 - 10:45 a.m. **Partnerships and Strategies to Support Person-Centered
Care Transitions**
Sara Butterfield, RN, BSN, CPHQ, CCM, Director, Health Care Quality Improvement, IPRO
Diane Nanno, RN, BSN, Transition Coach, Senior Centered Care, Crouse Hospital
- 10:45 - 11:00 a.m. **Break**
- 11:00 - 11:45 a.m. **Medicare Post Acute Payment Reform Initiative -
Continuity Assessment Record and Evaluation Tool**
Barbara Gage, PhD, Director, Post Acute Research, RTI International
- 11:45 - 12:30 a.m. **Bringing a Guardianship to Accomplish a
Hospital Discharge**
Robert N. Swidler, Esq., Northeast Health
- 12:30 - 1:30 p.m. **Lunch**

Continuing Education Credits

This program has been approved by the NYS Board of Examiners of Nursing Home Administrators for six (6) hours of continuing education credit for nursing home administrators.

Registration

Form attached, please complete and mail or fax to register.

Hotel Information

Registrants who want an overnight room on 9/23/08 should call 1-800-Holiday. You need to ask for the NYS Health Facilities Association, Inc. room block at \$125.00 plus 14% tax for one night. Holiday Inn, 205 Wolf Rd., Albany, N.Y. 12205 518-458-7264.

REGISTRATION FORM

REGISTER BY SEPTEMBER 12, 2008



STATE OF NEW YORK
DEPARTMENT OF HEALTH

**PERSON-CENTERED
TRANSITIONS OF CARE:
CHALLENGES AND SUCCESSES
FOR DISCHARGE PLANNING
ACROSS THE CONTINUUM**

SEPTEMBER 24, 2008

TO REGISTER:

Fax this form to (518) 431-7812
Attn: Joan Stewart

Mail form to:
Healthcare Association of New York State
Attn: Joan Stewart
One Empire Drive, Rensselaer, NY 12144

FOR MORE INFORMATION:
contact Debbie LeBarron, Director,
Continuing Care at (518) 431-7702 or
at dlebarro@hanys.org.

Conference materials will be made available
online following e-mail notification to all
registrants after September 15.

CANCELLATIONS: Substitutions are permitted and encouraged. Cancellations received less than five working days before the program are subject to a 25% service charge. Facilities that cancel the day of the program or fail to attend/participate will forfeit the registration fee. Cancellations must be in writing and directed to Joan Stewart, Registration Coordinator, HANYS, One Empire Drive, Rensselaer, NY 12144

GENERAL INFORMATION (Please print or type):

Facility Name: Westmount Health Facility
Contact Name: Renee Bazar Contact Title: D.R. Social Worker
Contact E-mail: _____
Telephone: (518) 761-6540 Fax: 761-6590
Address: 42 Surney Lane
City/State/ZIP Code: Queensbury, NY 12804

PLEASE NOTE: An e-mail address is required to receive confirmation of your registration.

REGISTRANT #1

Name: Renee Bazar
Title: D.R. Social Worker
E-mail: _____

Please indicate special needs for attending this conference:
 mobility hearing sight dietary

REGISTRANT #2

Name: _____
Title: _____
E-mail: _____

Please indicate special needs for attending this conference:
 mobility hearing sight dietary

REGISTRANT #3

Name: _____
Title: _____
E-mail: _____

Please indicate special needs for attending this conference:
 mobility hearing sight dietary

TUITION: \$100 per person

METHOD OF PAYMENT: Full tuition must accompany registration. HANYS only accepts credit card payments for education program registrations; we no longer accept payments by check. If you have questions about this new policy, please contact HANYS' education staff at (888) 994-4373.

Please charge my (circle choice): Mastercard® Visa® American Express® Discover®

Amount To Be Charged: \$ _____

THE FOLLOWING INFORMATION IS REQUIRED:

Card Number _____
Expiration Date _____
Name as it Appears on Card _____
Cardholder Billing Address _____
CVV # (3-4 digits found in the signature bar on the back of the card) _____
Cardholder's Signature _____

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: September 26, 2008

- (a) Purpose of Request: To remove "Nurse Caretracker" name from Capital Project No. H280.9550 280.

- (b) Details: Capital Project to be utilized for the purpose of Electronic Medical Records Documentation.

- (c) Previous Resolution Number: 716 of 2007

WESTMOUNT HEALTH FACILITY

A SKILLED NURSING HOME operated by Warren County

42 GURNEY LANE - QUEENSBURY, NY 12804
Phone: (518) 761-6540 Fax: (518) 761-6590

Barbara B. Taggart
Administrator

September 24, 2008

#4100	Nursing Administration	1.35 Hours - Overtime
#4101	RN Supervisors	40.40 Hours - Overtime
#4102	RN	45.10 Hours - Overtime
#4103	LPN	115.35 Hours - Overtime
#4104	CNA	428.65 Hours - Overtime
#4105	Activities	.00 Hours - Overtime
#4109	Dietary	70.80 Hours - Overtime
#4110	Maintenance	2.50 Hours - Overtime
#4111	Housekeeping	24.00 Hours - Overtime
#4112	Laundry	8.55 Hours - Overtime
#4114	Fiscal Services	16.80 Hours - Overtime

Report Dates - 08/18/08 - 09/14/08

WESTMOUNT CURRENT STAFFING LEVELS - SEPTEMBER 2008

		POSITIONS	CURRENT STAFF	EMPLOYEE STATUS
7AM - 3PM	RN F/T	4	4	
	RN P/T	1	1	
	LPN F/T	3	1	2 MLOA - A.WATKINS, D.McKINNEY
	CNA F/T	18	17	1 MLOA - R.GRANGER
	CNA P/T	2	1	1 VACANCY
	SUBTOTALS	28	24	
3PM - 11PM	RN F/T	1	1	
	RN Relief F/T	1	1	
	RN PER-DIEM	8	7	4 VERY LIMITED AVIALABILITY; 1 MLOA
	LPN F/T	3	3	
	LPN PER-DIEM	8	7	VERY LIMITED AVAILABILITY
	CNA F/T	12	11	1 MLOA L.WHITE
	CNA PER-DIEM	6	6	VERY LIMITED AVAILABILITY
	SUBTOTALS	39	36	
11PM - 7AM	RN F/T	1	1	
	RN Relief F/T	1	1	
	LPN F/T	3	3	
	CNA F/T	8	6	1 MLOA - S.GRIFFITH, 1LIGHT DUTY-J.PARK
	SUBTOTALS	13	11	
GRAND TOTALS		80	71	

OBITUARIES

Irene V. Ingalsbe

FORT EDWARD
 Irene V. Ingalsbe, 93, a former resident of Fort Edward passed away on Monday, July 21, 2008, at Westmount Health Facility, Queensbury surrounded by her loving family.

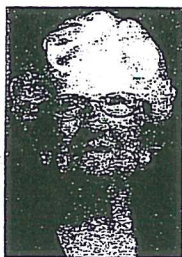
Born on April 19, 1915, in Valley Falls, N.Y. she was the daughter of William and Ethel (Harrington) Roberts.

Irene was a charter member of St. Michael the Archangel Church South Glens Falls where she participated in the Rosary Altar Society.

Irene retired from Saratoga Children's Hospital after working for many years as a ward administrator. One of her greatest joys was spending time with her children, grandchildren and great-grandchildren.

In addition to her parents, her husband, Emerson B. Ingalsbe, her sisters, Marian Kornblum, Ethel Evans and Marjorie Sawtell predeceased her.

Irene is survived by her sons: Bill E. Ingalsbe and his wife, Michelle, of Fort Edward, David W. Ingalsbe and his wife, Alice, of



INGALSBE

Canal Winches Ohio, Michael J. Ingalsbe and wife, Marie, of Clifton Park; grandchildren: William Jr., Ma Eric, David, Brant, Christopher, Jonathan, Emma, Alison, Brook; great-grandchildren: Seth, Ka Louise, Elis Drew, Sarah, Lauren, Jordan, Sylvia Rose, Rowan; along with several nieces and nephews.

Relatives and friends are invited to call on Irene's family on Thursday July 24, from 5 to 8 p.m. at the Regan and Denny Funeral Home, 94 Saratoga Ave., South Glens Falls.

A Mass of Christian Burial will be celebrated at 10 a.m. on Friday, July 25, 2008, at St. Michael the Archangel Church, 80 Saratoga Ave., South Glens Falls, N.Y.

Those who wish may send a remembrance in her name to the Westmount Health Facility, c/o Resident Counsel Account, 42 Gurney Lane, Queensbury, NY 12804 or to St. Michael the Archangel Church, 80 Saratoga Ave., South Glens Falls, NY 12803.

Rosaura Centeno

QUEENSBURY
 Rosaura Centeno, 84, passed away on Sunday, July 27, 2008, at Glens Falls Hospital.

Born on May 3, 1924, in Jayuya, P.R., she was the daughter of Heraclio Medina Zerpa and Micaela Colon Jesus.

A tribute to the life of Rosaura Centeno. Our loving mother who sacrificed and nurtured eleven sons and daughters as well as grandchildren and great-grandchildren. A mother who cared for us equally and will always be our symbol of love. A mother who believed, as a life well lived brought love and happiness, a life of guidance, sacrifice and love for family brought a peaceful death. We will always be grateful to our Lord for allowing the soul of our beloved mother Rosaura Centeno to bless our lives.

She was predeceased by her beloved mother, Micaela Colon, beloved sisters, Virginia Lyons and Raquel Rivera, and her beloved father, Heraclio Medina Zerpa.

Survivors include her daughter, Norma Rodriguez of Florida, her daughter, Olga Villafane of Florida, her son, Fernando Villafane of Florida, her son, Angel Villafane of Florida, her daughter,



CENTENO

Idalia of California, daughter, Evelyn of Glens Falls, daughter, Centeno of California, John Centeno of Staten Island, Daniel of Lynn and Ralph Centeno of Troy as 23 grandchildren great-grandchildren.

A funeral service will be held at 1 p.m. on Wednesday, July 23, 2008, at Pine Knolls Church.

Burial will follow at Quaker View Cemetery, Queensbury.

Family and friends are invited and may call from 8 p.m. Tuesday, July 22, at Regan & Denny Home, 53 Quaker Queensbury.

Those who wish may send a remembrance in her name to Westmount Health Facility, Gurney Lane, Queensbury, NY 12804.

We would like to send a special thank you to the Westmount and the Glens Falls Hospital Staff who helped for our mother and did care and concern for our family members.

Nellie Rimash

QUEENSBURY
 Nellie Rimash, 92, formerly of Robert Gardens, and most recently of Westmount Health Facility, Gurney Lane, Queensbury, passed away Sunday afternoon, July 27, 2008, at Westmount.

Born March 18, 1916, in Manhattan, she was the daughter of George and Olga (Kaptilovich) Pesovich.

For many years, Nellie worked as a ward clerk at Meadowbrook Hospital in Meadowbrook, Long Island.

She took pride in her home, and most recently enjoyed reading, shopping, playing bingo, and her stay at Westmount.

Besides her parents, her sister, Mary Lukawski, and her husband, William Rimash, have all predeceased her.

Survivors include two daughters, Anastasia "Stacey" McCormack and her husband, Tom, of Lake George, and Regina Lazarek and her husband, Anthony, of Toronto, Canada; several grandchildren; one niece, Nancy Behrens and her husband, William of Parlin,

N.J., one nephew, George Lukawski and his wife, Carol, of Florida; and many dear friends at Westmount Health Facility.

Friends are invited to join Nellie's family Wednesday, July 30, at 6 p.m. at Maynard D. Baker Funeral Home, 11 Lafayette St., Queensbury, with the Rev. Joseph Busch, pastor of Church of Our Lady of The Annunciation, Queensbury, officiating.

Burial will be private at Plain Lawn Cemetery, Thursday, July 31, 2008, in Hicksville, N.Y.

Donations, in loving memory of Nellie, may be made to Westmount Health Facility, c/o Activities Fund, Gurney Lane, Queensbury, NY 12804.

The family would like to thank the doctors and staff at Westmount Health Facility for all their professional care provided to Nellie in the last couple of years.

Condolences may be e-mailed through www.bakerfuneralhome.com or mailed to Maynard D. Baker Funeral Home, 11 Lafayette St., Queensbury, NY 12804.

Helen Patricia (Condon) Enny



ENNY

WHITEHALL ♦ Helen Patricia (Condon) Enny, 84, of Whitehall, passed away with family by her side on Monday, Aug. 25, at Westmount Health Facility, after a brief illness.

Helen was born on March 17, 1924, in Brooklyn, N.Y., she was the daughter of Thomas and Elizabeth (Krumm) Condon.

Helen has three brothers: John, Thomas and Louis Condon all predeceased; a brother, Joseph Condon of Largo, Fla.; and a sister, Julia Kaminski of Ocala, Fla. At 15 years' old, Helen took on the responsibility of raising her siblings when her mother passed away. Her strength was tried at a very early age and her love and dedication to family was evident.

Helen married William (Bill) Enny on Dec. 14, 1942, in Brooklyn, N.Y. Helen and Bill lived for a few years in Brooklyn, before they moved to Hopewell Junction and finally made their home in Whitehall, N.Y. in 1954.

Helen and Bill thoroughly enjoyed dancing. They were known around town for their dancing skills in the waltz, the jitterbug, the foxtrot and her favorite, the Lindy. They were also members of a square dancing group The Apple Jacks and Jills. Bill passed away on Oct. 27, 1995.

Helen was a well-known and active citizen in the community of Whitehall. She worked for a number of years at Whitehall Central School. Helen was a member and supporter of the Red Hats, the Hospital Guild, Catholic Daughters, Save Our Skene, Columbiettes, Whitehall Senior Citizens, Heart Beats and Our Lady of Hope Kitchen Committee.

Above all, Helen loved being a mother to her 10 children. The principles of faith, family, food and friends prevailed. Her children include: Raymond Enny and his wife, Barbara, of The Villages, Fla.; Patricia Schanstra and her husband, George, of Brooklyn, N.Y.; George Enny and his wife, Lynn, of Whitehall, N.Y.; Helen Vela and her husband, Joseph, of Longmont, Colo.; Grover Enny and his wife, Marlene, of Longmont, Colo.; Beth Currier and her husband, Clint, of

Queensbury, N.Y.; Dorothy Gordon and her husband, Martin, of Queensbury, N.Y.; Bridget Barlow and her husband, Shawn, of South Glens Falls, N.Y.; Amy Ingleston and her late husband, Jim Ingleston, of Glens Falls, N.Y.; and William Enny and his wife, Donna, of Queensbury, N.Y. Helen is also survived by 27 grandchildren, 32 great-grandchildren and four great-great-grandchildren, all of whom rallied around her table to enjoy the warmth and comfort of her home and her love.

The joy that family and friends provided through company and support has forever touched her life. There are innumerable in-laws, nieces, nephews and friends whose lives have blessed her and likewise she them.

The Mass of Christian Burial will be celebrated on Thursday, Aug. 28, 2008, at Our Lady of Hope Roman Catholic Church, in Whitehall, N.Y. at 11 a.m. by the Rev. Michael Flannery, pastor, officiating.

Interment will be at the convenience of the family.

Family and friends may call at the Jillson Funeral Home, Inc., 46 Williams St., Whitehall, N.Y. from 3 to 8 p.m. on Wednesday, Aug. 27, 2008. The Catholic Daughters will be reciting the rosary at 7 p.m.

Expressions of sympathy may take the form of a donation in memory of Helen Enny to any of the following: Our Lady of Hope Catholic Church, 9 Wheeler Ave., Whitehall, NY 12887; Skenesborough First Responders, 57 Skenesborough Drive, Whitehall, NY 12887; or Save Our Skene "S.O.S." Whitehall Skene Manor Preservation, Inc., 8 Potters Terrace, Whitehall, NY 12887.

The family would like to extend their deepest appreciation to the entire staff of Westmount Health Facility for their tireless, demanding and often-thankless work in caring for Helen and the many patients of Westmount Health Facility.

In reflection of Helen's 84 years of life she lived with God in her heart, joy in her words, and love in her every action. She was truly an inspiration and will always be greatly loved.

Warren County Health Services Committee
Countryside Adult Home
Meeting Agenda
September 26, 2008

Pending Item:

Kathy Baker to report on any negative impact from accepting residents prior to receiving approval from DSS- Kathy reported to me that the only negative impact would be that we might not get paid which would make the 100% local share. We still get 50% reimbursement from the state for our total expenses

MR. Payne to schedule a meeting with representatives from Countryside, Westmount and the Public Safety Building to determine specifications for bid on a company to maintain fire extinguishing systems as well as to determine which contracts could be combined so that one company provides the same service for each of the buildings – We have met twice over the past month and we are compiling contract information but as it stands to date we have not come up with anything that can be used in combination either because of the dollar amounts not being big enough for the bid system or the vendor not willing to or not able to have the same contract information for all the buildings because we all may have similar but different needs. This item is still pending and right now we are compiling information and work continues.

Mr. Payne to schedule a meeting with representatives from Glens Falls Hospital to discuss the procedures for discharging patients from the Hospital that would be entering Countryside or Westmount – We did have a meeting with several members of the Glens Falls Hospital, Mr Payne, Mr Sokol, Ms. Taggart, myself and several members from social; services. We did discuss the discharge process and the interview portion of Medicaid and Home Relief. We are currently working on getting Deanne Park certified to take the application and do the face to face interview to help speed the process up and we are also working on getting Deb Peters from Countryside trained and certified to be a Notary. In the mean time we need to continue to wait on the applications and at least a preliminary approval from Social Services.

New Business:

Request Resolution:

To authorize Deb Peters to participate in training for Notary at ACC the cost to the county is \$68.00 which includes text book and materials. We are not requesting a fleet vehicle.

Rationale:

The Medicaid applications as well as the recertification applications need to be notarized and with having no one available to us easily we have to send a person elsewhere which all takes time. Social Service actually recommended that we have some one here that can do this for us. FYI I am also taking the course and the test on my own so we have a back up but this is at no expense to Warren County.

Request for Resolution:

To pay bill in the amount of \$404.00 to Norris Commercial Appliance Repair.

Rationale:

We have no one on bid or contract to repair our gas convection oven which has been broke for some time. We have had our maintenance men look at it and I called the company we got it from and got a price from them and I spoke with purchasing to see who if any one they knew before we finally called Norris he was not able to give us the cost before he found out what was wrong so I was not able to ask in advance and we needed this oven to work before September 14th when we served over 150 at the family picnic.

Request fro Resolution:

To fill a vacant position – 11-7 full-time Institutional Care Aide will be vacant as of October 17th (she actually will be taking vacation time starting the 6th and won't return from then on.)

Rational:

There are only 2 people on 11-7 which is the minimum we can do on that shift with Bev McNeill retiring it leaves only one person which is not possible. I do believe we may have some interested individuals within the facility who may be interested because they are currently part-time which would then possible open a part-time position which I believe one of my perdiem would be interested in. If we fill this full –time position within we may possibly have a different position open that we could not fill at least right now but we do need to fill this full –time 11-7 position.

UPDATED INFO:

The hot water tanks have been installed. It was a 2 day process but that project is complete.

The 10 new closets we ordered last spring finally arrived and 5 out of the 10 were damaged however the company was very good and prompt in replacing them. So far 2 have been installed and they look great.

We did hire a maintenance man his name is Robert Green. He started on August 18th and seems to be working out very nicely. He came right in the middle of receiving closets and installing hot water tanks and he has tackled both jobs with an open mind.

Topic for discussion to be reviewed with Mr. Sokol before open to the committee.

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
 Out-Of State (needs Board resolution)

The Health Service Committee hereby authorizes Deborah Peters

(Supervisory Committee) (Employee Name)

to attend Introductory Notary Public Workshop

(Name of meeting or organization)

at ACC , Bay RD, Queensbury

(Address)

on Oct. 24, 2008 Mode of transportation to be used Private

(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain:

Registrant will take own vehicle or car pool with this Administrator in her vehicle @ no expence to Warren County

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

- Notice of meeting or convention including cost.

For Overnight Travel

- Room rate \$ _____ GSA* Rate \$ _____
 Meal costs - GSA*per diem rate \$ _____

*www.gsa.gov

Date: 09/23/08 _____
Department Head Signature

Date: _____
Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

ADIRONDACK COMMUNITY COLLEGE
 SPONSORED BY WARREN AND WASHINGTON COUNTIES
 Under the Program of the State University of New York
 BAY ROAD, QUEENSBURY, NEW YORK 12804
 (518) 743-2200

RESIDENCY FORM

PROOF OF LEGAL RESIDENCE APPLICATION — (Must Be Notarized)

Summer residency or temporary residence while a student does NOT meet permanent residency requirements.

Student: Please print name Peters Deborah S. 086-40-8316
Last First Middle Initial Social Security #

STUDENT AFFIRMATION: I, the undersigned, plan to enroll at Adirondack Community College and swear that my legal residence for the past 12 months is:

CURRENT PERMANENT ADDRESS* 50 Library Ave. Warrensburg NY Warren
Street Address Town or City State County

I have resided at the above address from: 04/01/1993 to: Present

PREVIOUS PERMANENT ADDRESS _____
Street Address Town or City State County

I resided at the above address from: ____/____/____ to: ____/____/____

Please check (✓) the appropriate box(es)** for the county of permanent residence claimed above and then follow the instructions below.

Warren County Washington County Essex County

If you claimed one of these three counties, please submit this application with your registration materials.

If you claimed a county other than the above three, submit this application to your County Treasurer to obtain a Certificate of Residence. All certificates must be dated no earlier than 60 days prior to the start of class. Please submit the Certificate of Residence with your registration materials.

KATHRYN E. ROUNDS
 NOTARY PUBLIC, STATE OF NEW YORK
 WARREN COUNTY
 NO. 01RO6188095
 COMMISSION EXP. 6/2/2012

Sworn before me this 22nd day of September 2008
Date Month Year

STUDENT'S SIGNATURE: Deborah S. Peters NOTARY: Kathryn E. Rounds
(Sign in the presence of a Notary) Notary Signature

PLEASE NOTE: You must sign this form in the presence of a certified notary public and have it notarized. The form is not considered valid without being notarized. This form must be on file in order to register for class.

*If you have not lived at your current permanent address for at least one year, your previous address must be indicated on the area marked "Previous Permanent Address" indicating the dates from and to.

**If you checked more than one box, please follow the directions for each box selected - it may be necessary to prepare more than one application.

Registration Information

Fall 08 Program

Registration Form

Registration begins Wednesday, September 3rd and continues throughout the semester.

Full Legal Name Deborah S. Peters Social Security # 086-40-8316
 Mailing Address 50 Library Ave. Home Telephone # 518 623-4060
 City, State, ZIP Warrensburg, NY 12885 Work Telephone # 518 623-3451
 Email Address debsterp48@yahoo.com Date of Birth 04/17/1948

Course No.	Course Title	Tuition	Fee	Total	Audit Request
12136	Introductory Notary Public Workshop	\$60.00	\$8.00	\$68.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Questions? 743-2238

Please Note: Where applicable, audit requests are available for tuition only and on a space available basis.

Complete and return this form to: ACC Center for Personal and Professional Development
 640 Bay Road
 Queensbury, NY 12804

Mail-In Charge Form

Please indicate credit card used:   

If you wish to pay your tuition and fees by mail using VISA, MasterCard or Discover Card please supply the information requested from the imprinted (raised) information on your card.

- | | |
|-------------------------------------|--|
| 1. Card Number: | Phone #: |
| 2. Expiration Date: | 5. Total Charges: |
| 3. CVV (3-Digit # on back of card): | 6. Cardholder Signature: |
| 4. Cardholder Name: | 7. Student Name: |
| Billing Address: | 8. Student Banner ID or Social Security #: |

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: Countryside Adult Home

DATE: 9/26/08

- (a) Purpose of Request: To Pay a bill exceeding \$350.00
- (b) Details: Repairs need to our convection oven exceeded the \$350.00 but we were not aware of the cost prior to the repair.
- (c) Previous Resolution Number:

RESOLUTION REQUEST FORM NO. 12

Schedule AA@

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an existing funded position in their budget that is vacated due to a retirement, resignation or termination. This notice may not be used for requests to create a *new* position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department Countryside Adult Home

Title of Position Institutuinal Aide

Base salary 22,988

Budget code and title A.6030.110

This position is vacated due to: Retirement Resignation Termination

Employee No. 7082

COMMISSIONER OF ADMINISTRATIVE & FISCAL SERVICES COMPLETES THIS SECTION

Name of Committee Health Service Committee

Date 9/26/08

The Commissioner has no objection to the filling of the vacancy.

The Commissioner objects to the filling of the vacancy.

Commissioner Signature _____

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health Service Committee

Date 9/26/08

The committee has no objection to the filling of the vacancy.

The committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature _____

PERSONNEL COMMITTEE COMPLETES THIS SECTION

Date

The Personnel Committee has no objection to the filling of the vacancy.

The Personnel Committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature _____

RESOLUTION REQUEST FORM NO. 12

Schedule AA@

AUTHORITY FOR POLICY AND PROCEDURE

Resolution 155 of 2003, amended by Resolution 497 of 2006, provides the policy and procedure for the establishment, filling and increasing or decreasing of salaries for non-union positions within Warren County. Copies of the resolution are available from the Clerk of the Board.

WHAT FORM TO USE

For giving notice of intent to fill an existing vacant position, use this form.

For creating a new position, complete Resolution Request Form No. 11.

For increasing or decreasing salary of non-union position, complete Resolution Request Form No. 13.

For reclassification of position, complete Resolution Request Form No. 14.

These forms are available from the Clerk of the Board.

HOW TO USE THIS FORM

Department heads must file this notice of intent with both their Supervisory Committee and the Personnel Committee. A copy for informational purposes must be submitted to the Supervisory Committee with their regular agenda. Once signed by supervisory committee, the Notice shall be submitted to the Clerk of the Board for inclusion with the Personnel Committee agenda. If there is no supervisory committee, the Department Head should file this form with the Clerk of the Board for the Personnel Committee agenda. Once all signatures are obtained, the Clerk of the Board will return the form to the Department Head.

Department Heads are requested to attend the Personnel Committee meetings to provide any information the committee members may need to make an informed decision on the notice of intent to fill a vacancy.

OBJECTIONS

If either the Supervisory Committee or the Personnel Committee object to the position being filled, the ranking committee member in attendance should affix their signature to this form indicating the committee has an objection.

In this case the committee is required to present a resolution to the full board stating their objection and recommending the position be removed from the budget. There are two possible outcomes at the full board:

If the resolution passes, the position may not be filled because it no longer exists.

If the resolution fails, the position may be filled by the department head.

Note that either committee can object and send it on to the full board for a vote to remove the position from the budget. The policy does not require both committees to object to send it to the full board.

NO OBJECTIONS

If both the Supervisory Committee and the Personnel Committee have no objection to the position being filled, the ranking committee member in attendance for each committee should affix their signatures to this form indicating their committee has no objection.

RESOLUTION REQUEST FORM NO. 12

Schedule AA@

Note that both committees must indicate they have no objection before the vacancy can be filled. If both committees have no objection, no further review or resolution is needed. In those few cases where there is no Supervisory Committee, the statement of no objection from the Personnel Committee alone is all that is needed to fill a vacancy.

PAPERWORK

To fill the position, complete the 426 Report of Personnel Change, attach the original of this form to the back of the 426, and submit them both to the Personnel Office. Be certain to make a copy of both the 426 and this form for retention in your department files.

Department Heads are reminded that an oath of office must be filed in the Office of the County Clerk. Oath of Office forms are available from the County Clerk.

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Health Service Committee hereby authorizes Brenda Hayes
Deborah Peters

(Supervisory Committee) (Employee Name)

to attend Introductory Notary Public Workshop

(Name of meeting or organization)

at ACC, Bay RD, Queensbury

(Address)

on Oct. 24, 2008 Mode of transportation to be used Private

(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain:

Registrant will take own vehicle or car pool with this Administrator in her vehicle @ no
expenxe to Warren County

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

- Notice of meeting or convention including cost.

For Overnight Travel

- Room rate \$ _____ GSA* Rate \$ _____
- Meal costs - GSA*per diem rate \$ _____

*www.gsa.gov

Date: 09/23/08

Brenda Hayes

Department Head Signature

Date: 9/26/08

[Signature]

Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

RESOLUTION REQUEST FORM NO. 12

Schedule AA@

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an existing funded position in their budget that is vacated due to a retirement, resignation or termination. This notice may not be used for requests to create a *new* position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department Countryside Adult Home

Title of Position Institutional Aide

Base salary 22,988

Budget code and title A.6030.110

This position is vacated due to: Retirement Resignation Termination

Employee No. 7082

COMMISSIONER OF ADMINISTRATIVE & FISCAL SERVICES COMPLETES THIS SECTION

Name of Committee Health Service Committee

Date 9/26/08

The Commissioner has no objection to the filling of the vacancy.

The Commissioner objects to the filling of the vacancy.

Commissioner Signature _____

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health Service Committee

Date 9/26/08

The committee has no objection to the filling of the vacancy.

The committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature _____ 

PERSONNEL COMMITTEE COMPLETES THIS SECTION

Date

The Personnel Committee has no objection to the filling of the vacancy.

The Personnel Committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature _____

**Warren County Health Services
Health Services Committee Meeting
September 26, 2008
Information Submitted By: Patricia Auer, DPH/DPS**

Pending Items

Update on Point of Care Initiative

In follow-up to our last committee meeting, Tammie DeLorenzo has provided the attached "Implementation Timeline" for the project. She will be present at the meeting to answer any questions. As you can see, there is a lot of work to be accomplished, but we are on our way.

Report of Emergency Response Planning Activities

Please see the attached information for the past two months since we did not have a committee meeting in August. We are now at work in preparation to meet the grant deliverables for the new contract year.

Follow-up to Quarantine Question from July 25, 2008 Meeting

In response to Supervisor Haskell's question at the last meeting regarding investigating the possibility of passing a local law pertaining to the quarantine of individuals during an emergency. I have been informed by Trish Nenninger, Second Assistant County Attorney, that after discussion with Paul Dusek, County Attorney, this type of law is not appropriate for the county to entertain as provisions for quarantine are addressed in homeland security rules.

New Business

Request Resolution:

To amend the contract with the New York State Department of Health, Division of Nutrition, Bureau of Supplemental Foods to allow receipt of additional funding for the WIC Program for the contract year commencing October 1, 2008 and terminating September 31, 2009 in amount not to exceed \$501,372.00.

Rationale:

At the last meeting we requested a Resolution to accept an amount not to exceed \$435,808.00. When the contract was received back from the state, additional funding had been added in the unallocated funding line making it necessary to amend the amount authorized originally. Bottom line...more money...good news!

Request Resolution;

To renew the agreement with Outcome Concept Systems Inc., to authorize the continued receipt of the Electronic Performance Improvement Consultant (EPIC), in an amount not to exceed \$6,000. per year in a form approved by the county attorney.

Rationale:

EPIC is a software-licensed product that allows us to access information critical to our Quality Assurance Program. Please see the detailed explanation prepared by Sharon Schaldone, ADPS, as to why this is a necessary component to our programs. We would return to committee in the future if the price for this service increases.

Request Resolution:

To accept the North Country Home Services, Inc. Personal Care Aide Rates that have now been set by Medicaid in the following amounts:

Personal Care Aide (Homemaker Tasks) \$20.91 per hour (2007 Rate was \$20.35)

Personal Care Aide (Personal Care Tasks) \$21.24 per hour (2007 Rate was \$20.65)

Rationale:

Medicaid, until later in the calendar year, does not set these rates. Therefore, we cannot adjust rates at the beginning of the year when we accept the rates for the other aide contract agencies. North Country Home Services, Inc. is the only agency we deal with that this is the case. The agency serves very few clients in the county (about 5), but since they serve the northern areas, we need their services. These rates are retroactive back to January 1, 2008.

Request Resolution:

To amend the contract with Upper Hudson Primary Care Consortium for medical director services to reflect the following:

John Rugge, MD Medical Director for the Division of Patient Services

\$3500. per year – no change in amount

Dan Larson, MD Medical Director of Public Health Programs

\$6,180. per year – no change in amount

David Mousaw, MD Medical Director of Pediatrics

\$2,500. per year – amount decreased from \$4,120.

There will be no reimbursement for meetings attended, and the meetings the directors are requested to attend will be included in the job description for the medical directors.

In the previous contract meetings were reimbursed at \$75.00 per hour when there was at least one-week notice, and \$150.00 per hour for meetings the doctors were requested to attend with less than one week notice.

Rationale:

You may recall that Dr. Rugge did not wish to have reimbursement for meetings specifically included in the contract, and he really was not happy that there were proposed contract cuts for each of the medical directors. So, we have been working on an acceptable plan for both parties. On September 3, 2008, I had a telephone conversation with him regarding the above plan and he is agreeable. Overall, as was the goal of our original plan, we will save money for the county on the contract, and in the event the scope of responsibilities for medical direction change, we could always look at a means to address the situation. The contract is paid quarterly upon receipt of a bill from Upper Hudson Primary Care Consortium.

It should be noted that the medical directors have been very responsive to our needs over the years.

Request Committee Approval:

Top authorize 3 WIC Staff employees to attend the Annual WIC Conference at the Desmond in Albany to receive annual state mandated training on October 27 to October 29. The cost is \$310.00 per employee for two employees who will attend the entire 3 days and \$225.00 per employee for two employees who will attend only part of the conference. The conference is 100% reimbursable through the WIC Program Contract Grant.

Rationale:

We don't really have a choice on this conference since annual training is a program mandate. We are fortunate the conference is in Albany and we will not have to worry about lodging this year. The conference is held annually at different locations around the state. Staff will drive in a WIC Program vehicle, and meals are included as part of the conference.

Transfer of Funds Request

There are several transfers requested that will be discussed/explained at the meeting. The biggest issue will be the following situation, and will no doubt have discussion, especially in light of the current budget.

We are experiencing, as are other agencies with telemed programs, and will continue to have an issue that will need to be addressed. Our current monitors do not allow for overcoming "Voice Over Internet Protocol" situations, which has to do with certain phone systems. As you may recall, the telemonitors transmit data over the phone lines. The result of this problem is we will be unable to serve certain medically eligible patients in our program because of their telephone line.

We have spoken to our vendor, Honeywell Homed, and we can upgrade monitors and receive \$800. per monitor for "trade in" on 10 monitors. Currently, we have 90 monitors and we would propose, if the committee is agreeable, to upgrade 10 of the 90. At the present time, we have 4 patients that we are unable to serve because of this problem. They are all eligible for telemonitoring reimbursement.

We would need to transfer \$34,500 to equipment from Data Processing in order to upgrade 10. The money is in the 2008 Budget since we did not use it for Point of Care fees since we got started later in the year than originally anticipated.

This is a situation we could not have anticipated when we purchased the monitors, and sadly, as is the case with all technology, we cannot with absolute certainty tell you we will never need to replace another monitor. We can tell you that there will continue to be grant opportunities that we will pursue, as well as negotiate with private insurances for telemonitoring reimbursement.

This transfer of funds and expenditure is a committee decision, but it will compromise the Telemedicine Program to some extent if we do not do it.

Report of Expenditures and Revenues

Please see the attached information

Report of Free and Reduced Fee Care

Please see the attached information

Tammie DeLorenzo will be present at the meeting to answer any questions on the financial topics.

Informational Item

Flu Shots

We expect to have our flu vaccine on time and be ready to begin our flu clinics. We will not need to increase the cost this year (\$20.00) for individuals who do not have Medicare. The Flu Clinics Schedule will be distributed at the meeting.

Last But Not Least...

Ginelle Jones, our Assistant Director of Public Health, has been selected as one of the "20 Under 40 Community Leaders" by the POST STAR. Over 70 individuals were nominated from the tri-county area and 20 were selected. We are proud that she is a member of the Warren County Health Services Team. She and the other honorees will be recognized at a luncheon at the Fort William Henry later today.

Attachments:

Point of Care Initiative Implementation Timeline
Emergency Response and Preparedness Activities Report
Explanation of Outcome Concept Systems Contract
Transfer of Funds Request (form to be distributed at the meeting)
Report of Expenditures and Revenues
Report of Free and Reduced Fee Care



ENCORE IMPLEMENTATION PLAN FOR WARREN COUNTY REV 1 (9-5-08)

PHASE I - BACK OFFICE						
	DURATION	START	END	PARTICIPANTS	STATUS	
1	Execute Agreement	1 day	6/20/08	Delta/Client	Complete	
2	Internal hand-off meeting from Sales to Implementation	1 day	6/24/08	Delta Sales	Complete	
3	Send Site Readiness read-ahead packet	1 day	6/25/08	Delta PM	Complete	
4	Order server hardware and software	1 day	7/1/08	Client IT Dept	Complete	
5	Conduct Site Readiness Planning (on site)	3 days	8/12/08	Delta Consultant	Complete	
6	Receive server hardware and third-party software (at Altoona)	1 day	8/14/08	Delta Impl Tech	Complete	
7	Transmit client's completed Business Unit set-up Spreadsheets to Delta	1 day	8/18/08	Delta Consultant	Complete	
8	Transmit client's completed Clinical Company parameter set-up packet to Delta	1 day	8/18/08	Delta Consultant	Complete	
9	Review and edit data conversion spreadsheets; return to Delta	5 days	8/18/08	Client	Complete	
10	Configure/load server hardware with third-party software (Altoona)	5 days	8/25/08	Delta Impl Tech		
11	Perform data conversion; create and QA Encore test database	8 days	8/25/29	Delta Data Conv Tm		
12	Load Encore; create training environment for Core Team Training	2 days	9/4/08	Delta Impl Tech		
13	Install new hardware, connect to network and test connectivity (on site)	2 days	9/23/08	Delta Impl Tech		
14	Conduct Core Team & End User Training Week 1 (on site)	TBD	Week Of	Delta/Core Tm/EU		
15	Encore Fundamentals (terminology, menu options, security considerations)					
16	Intake through Quick Entry (including HL7 interface from hospital, if applicable)					
17	Electronic Patient Management (insurance verification, assignment pending)					
18	Scheduling					
19	Discipline Admission (required forms)					
20	Quality Assurance Monitoring (HCFA date maintenance, certification, assessment VO)					
21	Daily Clinical Operations (follow-up visits, transfers, discipline and agency discharges)					
22	General Clinical Topics (risk assessments, required fields, OASIS Smart Checks)					
23	Clinical Reporting/Forms					
24	Re-Certifications					
25	Clinical-Financial Interface					
27	Data Flow (clinical and financial data relationships)					
28	Maintaining Reference Data					
29	Order Tracking					
30	Services/Service Batch Entry					
31	Scheduling (parameters, views, queue, employee weekly schedules, floats, reports)					
32	Assignment Verification					
33	Service Entry					
34	HCFA/Order Tracking					
35	Billing Set-Up					

EXACT CONTENT FOR THIS WEEK BEING REVISED BY

		JULIE PETERSON; AGENDA TO FOLLOW					
36	Non-Medicare Billing						
37	Pre-PPS Billing Processes						
38	Medicare Billing						
39	PPS Reporting						
40	AR Inquiry						
41	Cash Posting						
42	Service Inquiry / Edit (Adjustments)						
43	applicable)						
44	Orientation to General System Reports						
45	Discussion and planning for End User Training						
46	Post-Core Team / End User Training Tasks	20 days	10/6/08	10/31/08	Client		
47	Enter Text and HCFA code customizations						
48	Set up security for non-mobile end users						
49	Set up printers						
50	Set up OASIS Transmission Mechanism						
51	Set up Patient Form Triggers						
52	Set up General System Report Schedules						
53	Perform Set-Up Validation						
54	Train end users on Encore Fundamentals (using Delta-provided checklist)						
77	Go-Live						
78	Begin Intake of new referrals through Quick Entry (with remote Delta support)	1 day	11/3/08	11/3/08	Client		
55	Conduct Core Team & End User Training Week 2 (on site)	TBD	Week of	12/1/08	Delta Consultant		
	Close End Of Period for November						
67	Order Tracking						
68	Services/Service Batch Entry						
69	Non-Medicare Billing						
70	Pre-PPS Billing Processes						
71	Medicare Billing						
72	AR Inquiry						
73	Cash Posting						
74	Service Inquiry/Edit (Adjustments)						
75	End of Period Considerations						
76	PPS Reporting						
79	Provide support of initial production billing						
82	PHASE II - MOBILE						
83	Order laptops not later than this date to ensure delivery by 1/9/09	1 day	12/15/08	12/15/08	Client		
81	Crystal Report Writer Training (on site)	3 days	1/5/08	1/7/08	Delta Consultant		
84	Close End of Period for December	2 days	1/12/08	1/13/08	Client		
85	Conduct Laptop Technical Training (on site)	2 days	1/14/08	1/15/08	Delta Tech		
86	Load sample laptops; build from live environment						
87	Confirm laptop synchronization and remote access to server						

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

Health Services Committee Meeting

Date: September, 2008

Emergency Response and Preparedness Activities

DATE	TYPE	SUBJECT	ATTENDEES
8/5/08	Fax	To: Warren County Veterinarians(7) re: dinner and lecture on "The Role of Veterinarians in Emergency Preparedness".	Angela Meade
8/5/08	Display	At Aviation Mall re: Emergency Preparedness	Dan Durkee
8/8/08	Meeting	Re: Pan Flu at Warren County Jail	
8/12/08	Meeting	BT Coordinators Meeting - Ballston Spa	Barb Orton, Angela Meade
8/13/08	Training	Health Alert Network Notification System Training	Barb Orton, Angela Meade
8/20/08	Tabletop	Monthly Glens Falls Hospital - Hostage situation/security event at a Health Center	Barb Orton
8/27/08	Conference Call	Re: Clinic Ops/PODS/Smallpox	Angela Meade
8/27/08	Meeting	Annual PH School Nurse information meeting	Barb Orton, et.al

DATE	TYPE	SUBJECT	ATTENDEES
9/3/08	Meeting	Re: Alternate Care Site at GFH	Barb Orton
9/9/08	Meeting	BT Coordinators Meeting - Ballston Spa	Barb Orton
9/16/08	Presentation	To: Glens Falls Pediatrics re: ERP & Pandemic Flu	Barb Orton
9/17/08	Tabletop	Monthly Glens Falls Hospital - School shooting (pediatric plan)	Barb Orton
9/19/08	Training	SNS/POD - Lake Placid	Dan Durkee
9/22/08	Conference Call	Re: Volunteers	Barb Orton
9/30/08	Training	To Volunteers re: WMD	Doug Wildermuth, Barb Orton, Angela Meade, et.al

Ginelle Jones
Assistant Director Public Health
Phone: 518-761-6580
Fax: 518-761-6422
Email: 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

Tawn Driscoll
Fiscal Manager
Phone: 518-761-6415
Fax: 518-761-6562
Email: driscollt@co.warren.ny.us

Outcome Concept System
September 23, 2008

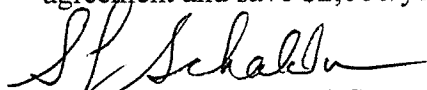
Justification for both OCS contracts.

There are two contracts that we presently have with OCS to provide OASIS and benchmarking services. It was initially thought on my part that once we acquired a computerized system for our patient record that we would be able to drop one of the OCS contracts. This was error on my part. It was my understanding that the OASIS Epic would not be needed because all the OASIS data that is necessary to generate our Medicare reimbursement per patient would be done in the POC system.

However there are also some benchmarking items that are done in Epic that we can not lose as they are crucial to our Quality Improvement program. These are adverse events that are also followed by our State and Federal surveyors. Losing this piece would impact the quality of care that we provide to our patients as we use this data to improve and enhance different programs, examples our joint replacement program and our Telemed program for Heart Failure patients.

The other contract that we have with OCS is the benchmarking program. This program takes all the OASIS data imported from our POC system and compares our performance to other agencies in very specific patient outcomes nationally, state wide and regionally. These are the Pay for Performance measurements that in 2010 will determine bonus payments for our performance. Benchmarking is needed to assure excellent outcomes, quality care and the highest reimbursement possible from all payers.

We have been with OCS for over 5 years now and the quotes that we have been given are at a discount because of that. I know that Washington County was quoted over \$20,000.00 for the same service. Benchmarking is definitely a standard of quality care and we should never drop this piece. I recommend that we go for the multi year agreement and save \$2,000/year.


Sharon Schaldone ADPS

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

SIGNED: _____

DATE: 9/26/08

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.4013.410	WIC-Supplies	A.4013.130	WIC-Part time salary expense	\$13,000.00
A.4018.110	Preventive Program-Full Time Salary	A.4018.130	Preventive Program-Part Time Salary	\$1,899.00
A.4010.428	Health Services-Data Processing	A.4010.260	Health Services-Other Equipment	\$34,500.00
Total Transfers				<u>\$49,399.00</u>

Please state reason for transfers requested:

1. Transfer funds from the supply expense to the Part time salary line for S. Watson. A PT nutritionist who is budgeted and fully funded as a .3FTE employee from the WIC Grant. The 2008 Budget is incorrectly stated at \$2,276 when it should be \$13,276. This will be permanently corrected in the 2009 budget.
2. Reclass salary for temporary employee from Full time salary expense to where actual payroll expense is reflected in Part time salaries.
3. To purchase 10 new telemed monitors in order to overcome VOIP issues that we are experiencing with our current Genesis Telemed Monitor.

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Fund			

Please state reason for transfer request:

Total

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

WARREN COUNTY BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2008 AS OF 9/24/2008 12:52:43 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
EXPENSES			
Salaries - Regular	\$3,092,537.00	\$2,100,079.33	\$2,852,970.52
Salaries - Overtime	\$172,838.00	\$151,289.15	\$197,398.54
Salaries - Part Time	\$377,395.00	\$226,389.04	\$309,079.69
Salaries - Sick Leave Incentive			\$1,200.00
100's PERSONAL SERVICES	\$3,642,770.00	\$2,477,757.52	\$3,360,648.75
200's EQUIPMENT	\$46,700.00	\$8,949.84	\$74,772.07
400's CONTRACTUAL	\$8,570,172.00	\$4,988,953.78	\$9,173,710.39
800's EMPLOYEE BENEFITS	\$63,091.00	\$57,452.11	\$59,089.23
TOTALS	\$12,322,733.00	\$7,533,113.25	\$12,668,220.44
REVENUES			
	2008 BUDGETED	2008 YTD ACTUAL	2007 Prior Year Totals
	\$11,728,136.00	\$5,496,957.85	\$11,957,410.15

Note: Revenues reflect actual billed til June 2008 along with other income for CHHA,LTC and MCA totaling \$3,136,073. We are currently finalizing the July 2008 billing.

Auer, Pat

From: Schaldone, Sharon
Sent: Thursday, September 25, 2008 9:59 AM
To: Auer, Pat
Subject: Free Care Report 2008

Free Care Report 2008- Homecare Division

Jan. 2008--\$7,692.27

Feb.2008--\$5,520.63

Mar. 2008--\$7,521.16

April 2008--\$10,367.85 * Please note that nutritional and MSW services were up in April secondary to the addition of a Dietician and a Medical Social Worker, increasing availability. The RD and MSW services are not reimbursable with PPS (Prospect Payment System) and Medicare. They are only billable in the Long Term Care Program. We are inquiring if they are billable to Medicaid without Long Term Care. In the past we did not bill for MSW and RD services as they were not on our operating certificate. RD and MSW are now on our operating certificate.

May, 2008-- \$7,655.07

June, 2008--\$16,560.03 * 2 cases one for \$2080.00 and the other for \$1,532.20 totaling \$3,612.20 were given care will Medicaid application was pending. Both cases were denied Medicaid. Theses cases will be billed individually with a letter offering a sliding fee repayment option.

* \$1,650.00 were charges for a Public Health DOT case where services were not Medicare billable.

*\$1,500.00 were MCH denials

Final June Total--\$9,798.03.

July, 2008 Total: -- \$4,694.42

Total-----\$53,249.43 to Date

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

9/25/2008



WARREN COUNTY PUBLIC HEALTH
2008 FLU & PNEUMONIA VACCINE  CLINICS

10-16	Thursday	Warrensburg Town Hall	10:00-Noon
10-18	Saturday	Glens Falls Civic Center	11:00-1:00pm
10-20	Monday	Queensbury Senior Center, 742 Bay Road	9:00-11:00am
10-21	Tuesday	Bolton Town Hall, Lake Shore Drive	10:30-Noon
10-23	Thursday	Town of Chester Municipal Center	10:00-Noon
10-24	Friday	Lake George Town Hall	10:00-Noon
10-27	Monday	North Creek Senior Center, State RT 28	1:00-3:00pm
10-29	Wednesday	Queensbury Senior Center, 742 Bay Road	9:00-11:00am
10-31	Friday	Hague Community Center	11:00-1:00pm
11-1	Saturday	Aviation Mall - near Food Court	10:00-Noon
11-3	Monday	Horicon Town Hall, Brant Lake	10:00-11:30am
		Open Door Soup Kitchen, South Street, Glens Falls	6:00pm
11-4	Tuesday	Warren County Municipal Center - Public Health Office	5:00-8:00pm
11-5	Wednesday	Glens Falls Senior Center, 380 Glen Street	Noon-2:00pm
11-6	Thursday	Cronin HighRise, Ridge Street, Glens Falls	9:30-10:30am
		Stony Creek Town Hall, 52 Hadley Road	9:30-10:30am
		Stichman Towers, Jay Street, Glens Falls	11:00-Noon
		Thurman Town Hall, Athol Road	11:00-Noon
11-8	Saturday	Aviation Mall - near Food Court	10:00-Noon
11-10	Monday	Glens Falls Presbyterian Church, Glen Street	11:00-Noon
11-12	Wednesday	Glens Falls Senior Center, 380 Glen Street	Noon-2:00pm
		ADK Sports Complex, 326 Sherman Avenue, Queensbury	6:00-8:00pm
11-13	Thursday	Luzerne Hadley Fire House, 35 Lake Avenue, Lake Luzerne	10:00-Noon
11-14	Friday	Harrisena Church - Robinson Hall, 1616 Ridge Road, Qby.	5:00-6:30pm
11-17	Monday	ADK Sports Complex, 326 Sherman Avenue, Queensbury	5:00-7:00pm

\$20.00 is requested for flu vaccine and \$36.00 for pneumonia vaccine, if not Medicare eligible. Bring Medicare cards to clinic. Seven Counties Diabetes Network and American Diabetes Association recommend people with diabetes receive annual flu shots. We have Flu Mist vaccination (nasal spray) available if you are between the ages of 2 and 49 years old.

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: September 26, 2008

- (a) Purpose of Contract Change: To amend contract with NYSDOH Division of Nutrition Bureau of Supplemental Foods WIC Program to reflect changes in amount of funding authorized for receipt for contract year in amount not to exceed \$501,372.00
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 566 of 2008
- (c) Name of Contractor: NYSDOH Resource Planning and Operations Unit
- (d) Address of Contractor: Riverview Center, 150 Broadway, Albany, NY 12204-2719
- (e) Contractor's Contact Person and Telephone Number: Tim Mooney, 402-7099
- (f) Commencement Date of Amendment: 10/1/08
- (g) Termination Date of Extension: 9/30/09
- (h) Payment Provisions: Quarterly voucher submission
 - i) lump sum amount
 - 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.
- (i) 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: WIC Exp A4013.4410, Rev A 4013.4403

Agreement is on file in county attorney's office awaiting contract amendment resolution.

Warren County Board of Supervisors

RESOLUTION NO. 566 OF 2008

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

AUTHORIZING AGREEMENT CONTINUING CONTRACTUAL RELATIONSHIP WITH NEW YORK STATE DEPARTMENT OF HEALTH FOR SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR THE WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM - HEALTH SERVICES DEPARTMENT

RESOLVED, that Warren County continue the contractual relationship (the previous contract being authorized by Resolution No. 588 of 2007) with the New York State Department of Health, Resource Planning and Operations Unit, Riverview Center, 150 Broadway, Albany, New York 12204-2719, for participation in the Special Supplemental Food Program for the WIC Program within Warren County, for an amount not to exceed ^{Five} ~~Four~~ ^{one} ~~Hundred~~ ^{three} ~~Thirty~~ ~~Five~~ ~~Thousand~~ ~~Eight~~ ~~Hundred~~ ~~Eight~~ ~~Dollars~~ ^{seventy two} ~~\$435,808~~ ~~\$501,372~~, for a term commencing October 1, 2008 and terminating September 30, 2009, and with certain modifications to the original agreement more specifically set forth in the agreement and appendices, and the Chairman of the Board of Supervisors be, and hereby is, authorized to execute said agreement in the form approved by the County Attorney, and be it further

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute any and all documents necessary to accept any Cost of Living Adjustment (COLA) payments that the County may receive in a form approved by the County Attorney.

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: September 26, 2008

- (a) Purpose of Contract Change: To amend agreement with Outcome Concept Systems (OCS) to allow continued receipt of Electronic Performance Improvement Consultant (EPIC) services to reflect a multi-year fee (2 years) at \$3000.00 per year
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 250/2007
- (c) Name of Contractor: Outcome Concept Systems Inc.
- (d) Address of Contractor: 1818 East Mercer Street, Seattle, WA 98112
- (e) Contractor's Contact Person and Telephone Number: Nayelli Gurdian, 888-325-3396 X162
- (f) Commencement Date of Amendment: 9/2008
- (g) Termination Date of Extension: Automatic authorization to renew unless payments change
- (h) Payment Provisions: Paid annually
 - i) lump sum amount
 - 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.
- (i) 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: A4010.428 Health Services Data Processing

Warren County Board of Supervisors

RESOLUTION NO. 273 OF 2008

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

AUTHORIZING CONTINUATION OF AGREEMENT WITH OUTCOME CONCEPT SYSTEMS, INC. FOR THE BENCHMARK BUSINESS INTELLIGENCE (BBI) AND ELECTRONIC PERFORMANCE IMPROVEMENT CONSULTANT (EPIC) SERVICES - HEALTH SERVICES DEPARTMENT

RESOLVED, that Warren County continue the agreement (the previous agreement being authorized by Resolution No. 250 of 2007) with Outcome Concept Systems, Inc., 1818 East Mercer Street, Seattle, Washington 98112 for the

Benchmark Business Intelligence (BBI) and Electronic Performance Improvement

Consultant (EPIC) services, for a lump sum of Five Thousand Dollars (\$5,000) ^{not to exceed} ^{annually for} ^{BBI}

annually, for a term commencing ^{September} April 1, 2008 and terminating upon thirty (30) days ^{and not to exceed 3,000 annually for EPIC} written notice, and the Chairman of the Board of Supervisors be, and hereby is,

authorized to execute the renewal agreement, in a form approved by the County Attorney, and be it further

RESOLVED, that the funds shall be expended from budget code A.4010 428 Health Services - Data Processing & Internet Fees.

~~Put this resolution as this part
of the agreement number 200809~~

Trish - pls see justification
and call if questions ☺



RECEIVED

JUL 18 2008

WARREN COUNTY
HEALTH SERVICES

7/15/2008

Warren County Health Services
Tawn Driscoll
1340 state Route 9
Lake George, NY 12845

Dear M. Driscoll,

This is to remind you that your Outcome Concept Systems (OCS) subscription is due for renewal. To maintain low rates, please sign and return the enclosed contract addendum.

Please select either the multi-year or single-year option on your addendum. If you select the multi-year option, you will receive a considerable discount for the entire term of your new contract. Simply fill in the appropriate number of years on the addendum, sign the contract under LICENSEE, and return. You will be sent an invoice for the reduced fee and will be billed on an annual basis. If you opt to continue for a single year term, simply make the selection on the addendum and pay the annual fee shown. *To take advantage of the benefits of multi-year pricing you must sign and return the renewal addendum no later than 45 days from the date of this letter.*

To avoid service interruption, please notify us of your selection via fax or phone by August 31st, 2008. 

Thank you for choosing OCS to help manage your organization's performance. We look forward to continuing to work with you well into the future. If you have any questions about your contract, need clarification, or would like to update any contact name or address information, please feel free to contact me at 888.325.3396 x162, or naygur@ocsys.com.

Sincerely,



Nayeli Gurdian
Contract Administrator
Outcome Concept Systems, Inc.

Enclosures

Renewal Addendum to OCS Subscription Agreement

EXHIBIT B-- Customer Data Sheet

(must be signed and submitted for contract acceptance)

Pricing contained within this addendum is valid for 30 days after received.

Effective Date: September, 2008

Client ID:	6154	Contact:	Tawn Driscoll
Customer Name:	Warren County Health Services	Phone:	(518)761-6415
Address:	1340 State Route 9	Fax:	1-518-761-6562
Address Line 2:	Municipal Center	E-mail:	
City, State Zip:	Lake George, NY 12845		

Products	Licenses	Implementation Fee	Single Year Fee	Multi-Year Fee**
Home Health Connection	One	N.A	4,000	3,000
OCS-OASIS	One	N.A	4,000	3,000
()				
()				
Total Licensing Fee			8,000	6,000

**Price is per license | Early Cancellation fees will apply | Software licenses include up to four installations

OCS Information Strategies Summit -- Fort Lauderdale, FL October 11th, 2008

<input type="checkbox"/> Sign me up, please send me an order form.	<input type="checkbox"/> Please send me further info.
--	---

Please select from the following options:

Agreement Option 1

Annual Fee: \$ 8,000 per year (Note: All subsequent years will be contracted and billed at the current list price)

Agreement Option 2

Multi-year Agreement: \$ 6,000 total per year for 2 years (please indicate number of years between 2 – 5)

Note: Allows client to lock in current pricing and discount for up to 5 additional years.

Billing Option 1

<input type="checkbox"/> Charge my Visa	<input type="checkbox"/> Charge my Mastercard
Card Number:	Expiration Date:
Cardholder Name:	Signature:

Billing Option 2

Bill me

Customer Signature _____ Date: _____

Printed Name and Title _____

Please sign this addendum and fax to 206.374.2920 Attention: Nayeli Gurdian, Contract Administrator

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: September 26, 2008

- (a) Purpose of Contract Change: To authorize acceptance of 2008 Personal Care Aide rates for North Country Home Services Inc.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 643/2007
- (c) Name of Contractor: North Country Home Services Inc.
- (d) Address of Contractor: 25 Church Street, Saratoga Springs, NY 12866
- (e) Contractor's Contact Person and Telephone Number: Rebecca Leahy, 518-891-5611
- (f) Commencement Date of Amendment: 1/1/08
- (g) Termination Date of Extension: 12/31/08
- (h) Payment Provisions: PCA: homemaker tasks \$20.91/hour, personal care aide \$21.24. Paid monthly for each patient served upon receipt of required documentation
 - i) lump sum amount
 - 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.
- (i) 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: CHHA A4010.470 Health Services Contract Expenses, Long Term Home Health Care A4016.470 LTHHC Contract Expenses

New York State Department of Health
 Bureau of Long Term Care Reimbursement
 Medicaid Personal Care Rates 2008

RECEIVED

AUG 07 2008

Agency: NORTH COUNTRY HOME SERVICES, INC.
 25 Church Street
 Saranac Lake, NY 12983

DCN Number: 72430906

WARREN COUNTY
 HEALTH SERVICES

County: WARREN

Region: RURAL

Service: Level I
 Actual

Effective Date: Jan 1, 2008

	PC Program Cost	Trended Cost	Regional Ceiling	Rate Calculation
<u>Administration</u>				
Admin Reported Total	5.956			
Less:				
Capital Cost	0.294	0.310		0.310
Background & Fingerprinting	0.000			
Admin Subject to Ceiling	5.662			
Admin Ceiling	5.851			
Lower Of:				
Admin Cost or Ceiling	5.662	5.972		5.972
Total Admin				<u>6.282</u>
<u>Direct Care and Training</u>				
Care & Training Rep Total	14.941			
Less:				
Capital Cost	0.000	0.000		0.000
Background & Fingerprinting	0.004			
Direct Care & Training Subject To Regional Ceiling	14.937	15.754	14.110	14.110
Total				<u>20.392</u>
Profit / Surplus Component			2.514%	0.513
Total Cost Based Rate				20.91
Public Charge Rate				22.00
Rate (Lower of Cost or Public Charge)				20.91
2008 Worker Recruitment & Retention Add-on - (SSL 367 Q)				1.53
Final Rate:	One Client			22.44
	Two Clients			11.22
	One Client 1/4 Hour			5.61
	Two Clients 1/4 Hour			2.81

New York State Department of Health
 Bureau of Long Term Care Reimbursement
 Medicaid Personal Care Rates 2008

RECEIVED

AUG 07 2008

WARREN COUNTY
 HEALTH SERVICES

Agency: NORTH COUNTRY HOME SERVICES, INC.
 25 Church Street
 Saranac Lake, NY 12983

DCN Number: 72430906

County: WARREN

Region: RURAL

Service: Level II
 Actual

Effective Date: Jan 1, 2008

	PC Program Cost	Trended Cost	Regional Ceiling	Rate Calculation
<u>Administration</u>				
Admin Reported Total	5.977			
Less:				
Capital Cost	0.295	0.311		0.311
Background & Fingerprinting	0.000			
Admin Subject to Ceiling	5.682			
Admin Ceiling	5.861			
Lower Of:				
Admin Cost or Ceiling	5.682	5.993		5.993
Total Admin				<u>6.304</u>
<u>Direct Care and Training</u>				
Care & Training Rep Total	14.956			
Less:				
Capital Cost	0.000	0.000		0.000
Background & Fingerprinting	0.004			
Direct Care & Training Subject To Regional Ceiling	14.952	15.770	14.410	14.410
Total				<u>20.714</u>
Profit / Surplus Component			2.514%	0.521
Total Cost Based Rate				21.24
Public Charge Rate				22.00
Rate (Lower of Cost or Public Charge)				21.24
2008 Worker Recruitment & Retention Add-on - (SSL 367 Q)				1.56
Final Rate:	One Client			22.80
	Two Clients			11.40
	One Client 1/4 Hour			5.70
	Two Clients 1/4 Hour			2.85

Copy

Warren County Board of Supervisors

RESOLUTION NO. 643 OF 2007

Amending
2007
rates for
PCAII

Resolution introduced by Supervisors Mason, Sheehan, Haskell, F. Thomas, Tessier, Champagne and Sokol

AUTHORIZING AMENDMENT AGREEMENT WITH NORTH COUNTRY HOME SERVICES, INC. FOR PARAPROFESSIONAL CARE SERVICES UNDER THE LONG TERM HOME HEALTH CARE (LTHHC) AND CERTIFIED HOME HEALTH AIDE (CHHA) PROGRAMS - HEALTH SERVICES DEPARTMENT

WHEREAS, Resolution No. 726 of 2004 (most recently amended by Resolution No. 271 of 2006) authorized, among other things, the continuation of the contractual relationship with North Country Home Services, Inc. (the "Agency") for paraprofessional care services under the LTHHC and CHHA Programs, said agreement to terminate upon thirty (30) days notice by either party, and

WHEREAS, Resolution No. 726 of 2004 also included a provision that no further resolutions would be necessary to indefinitely continue the agreements, unless there was a change in rates, and

WHEREAS, the Director of Public Health/Patient Services has been advised by the Agency that the rates for services rendered by Personal Care Aides, effective 1/1/07 will differ from the rates originally authorized in Resolution No. 726 of 2004 and, as a result, an amendment is now necessary to the agreement, now, therefore, be it

RESOLVED, that the rates shown on Resolution No. 726 of 2004 (most recently amended by Resolution No. 271 of 2006) for the above described Agency, be and hereby are, amended as follows:

RESOLUTION NO. 643 OF 20 07

Page 2, Continued

<u>CONTRACTOR/ AGENCY</u>	<u>PURPOSE</u>	<u>ESTIMATED CONTRACT AMOUNTS/RATES</u>
North Country Home Services, Inc.	Paraprofessional Care Services - LTHHCP	Personal Care Aide \$20.35/hr ^{20.91} (Homemaker tasks) 21.24 Personal Care Aide \$20.65/hr (Personal Care Aide Tasks)

and be if further

RESOLVED that the Chairman of the Board of Supervisors be, and hereby is; authorized to execute an amendment agreement with North Country Home Services, Inc. showing the above rate changes, effective January 1, ~~2007~~ ²⁰⁰⁸, in the form approved by the County Attorney, and be it further

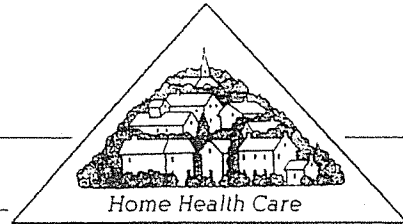
RESOLVED, that all other terms and conditions of the agreement with North Country Home Services, Inc. remain in full force and effect.

ADMINISTRATIVE OFFICE

Rebecca Leahy, R.N., Executive Director
D. Scott Tooker, Financial Director
25 Church Street, Saranac Lake, NY 12983
Phone (518) 891-5611
Fax (518) 891-2055

SERVICE OFFICES

Malone (518) 483-4502
Plattsburgh (518) 566-0183
Saranac Lake (518) 891-2641
Ticonderoga (518) 585-9820
Tupper Lake (518) 359-3336



NORTH COUNTRY

HOME SERVICES

25 Church Street • Saranac Lake, NY 12983 • (518) 891-2641 • Fax (518) 891-2055

November 21, 2007

Patricia C. Nenninger
Assistant County Attorney
Warren County Municipal Center
1340 State Route 9
Lake George, NY 12845

Dear Ms. Nenninger:

Thank you for sending us the contracts for 2008. Our Fiscal Director has reviewed the contracts for home health aide and personal care aide services and has requested that the following paragraph be added to the contract in the interest of accuracy. Please consider adding this paragraph to the contract for 2008.

“In the event that the Personal Care Aide I rate or Personal Care Aide II rate is changed during the term of this agreement, this agreement is automatically amended and modified so that such new rate shall be the amount of reimbursement to be paid to the Contractor to be effective as of the date that such rate change is established by the New York State Department of Health. “

Our Board of Directors has approved our home health aide rate for 2008 as follows:

<u>2007 Rate</u>	<u>2008 Rate</u>	<u>% Increase</u>
\$23.00	\$23.68	3%

We appreciate your considering adding this paragraph to the contract as we feel it would insure continued accuracy and compliance. Please call me at 518-891-5611 if you have any questions or concerns. Thank you very much and we continue to appreciate being able to provide services in Warren County.

Sincerely,

Rebecca Leahy, RN
Executive Director

RL/sb
CC: Pat Auer, Warren Co. Public Health

Health Services Committee meeting
Jan 25, 2008

Copy

Request Resolution:

To extend contract agreements with the following agencies to provide paraprofessional services:

Agency	Service	2007 Rate/Hour	2008 Rate/Hour
ENS d/b/a Interim Health Care of NY	Home Health Aide	\$19.05	\$19.00
	Personal Care Aide	\$18.60	\$18.75
	Housekeeper	\$17.85	\$18.20
VNA of Albany Home Care Corp	Home Health Aide	\$19.98	\$20.68
	Personal Care Aide	\$19.46	\$20.14
North Country Home Services Inc.	Home Health Aide	\$23.00*	\$23.68
	Personal Care Aide (Homemaker Tasks)	\$20.35	Personal Care Aide Rates are not set until later in the year when the Medicaid rates are set
	Personal Care Aide (Personal Care Tasks)	\$20.65	

Request Resolution:

To ratify the North Country Home Services 2007 Home Health Aide (HHA) Rate of \$23.00 per hour.

Rationale:

Last year the HHA rate was requested and approved by the committee, but not put through in resolution pending the arrival of the Personal Care Aide rates. When the PCA rates were received, the committee too approved them, but when the resolution was done, the Home Health Aide rates were not included. This year the Home Health Aide rates will be resolved, and we will attend to the Personal Care Rates when they are received.

Request Resolution:

To amend the contract agreement with Richard Leach, MD, Medical Director for Infectious Disease **from** an annual contract amount of \$4,120.00, \$75.00 per hour for meetings attended with at least one week's notice, and \$150.00 per hour for meetings attended with less than one week notice **to** an annual contract amount of \$1500. and a per visit fee for each patient he is requested to see of \$213.00 for initial consultation visit and \$85.00 for revisits. (For example, in 2007, 3 patients were referred for initial consultations and no revisits occurred), and \$175.00 per hour for any meeting attended at the request of the Director of Public Health/Patient Services. The contract will remain terminable with a 30 day written notice by either party.

Rationale:

Bearing any unusual disease circumstances, this amendment should allow for a savings to the county. I have spoken with Dr. Leach and he has agreed to these changes.

Warren County Board of Supervisors

RESOLUTION NO. 139 OF 2008

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

RATIFYING THE 2007 HOME HEALTH AIDE RATES FOR NORTH COUNTRY HOME SERVICES, INC. - HEALTH SERVICES

WHEREAS, the Director of Health Services has advised that the rates for the Home Health Aide services provided by North Country Home Services, Inc. were not authorized by a Resolution and that the Health Services Department has paid North Country Home Services, Inc. an hourly rate of Twenty-Three Dollars (\$23) per hour for the year 2007, now, therefore, be it

RESOLVED, that the actions taken by the Director of Health Services are hereby ratified and that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an agreement with North Country Home Services, Inc., 25 Church Street, Saranac Lake, New York 12983, for providing Home Health Aide services to the Warren County Health Department for the year 2007 at the rate of Twenty-Three Dollars (\$23) per hour, in a form approved by the County Attorney.

Copy

Amending

HHA
Rate
for
2007

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: September 26, 2008

- (a) Purpose of Contract Change: To amend contract with Upper Hudson Primary Care Consortium to reflect rates for medical direction services for John Ruge MD, Daniel Larson MD, and David Mousaw MD
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 136/2005 (see attached)
- (c) Name of Contractor: Upper Hudson Primary Care Consortium
- (d) Address of Contractor: Two Broad Street Plaza, Glens Falls, NY 12801
- (e) Contractor's Contact Person and Telephone Number: Paula Ives DeGrechie, 761-0300
- (f) Commencement Date of Amendment: 1/1/08
- (g) Termination Date of Extension: 30 day written notice by either party
- (h) Payment Provisions: Quarterly voucher submission at agreed upon contractual rates: Dr. Ruge: \$3500.00/year, Dr. Larson: \$6180.00/year, Dr. Mousaw: \$2500.00/year
 - i) lump sum amount
 - 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.
- (i) 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: Dr. Ruge: A4010.437 Health Services Consulting Fees; Dr. Larson: A4018.437 Preventive Program; Dr. Mousaw: A4011.10.437 Physically Handicapped Children Consulting Fees

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: September 26, 2008

- (a) Purpose of Contract Change: To amend contract with Upper Hudson Primary Care Consortium to reflect rates for medical direction services for John Rugge MD, Daniel Larson MD, and David Mousaw MD
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 136/2005 (see attached)
- (c) Name of Contractor: Upper Hudson Primary Care Consortium
- (d) Address of Contractor: Two Broad Street Plaza, Glens Falls, NY 12801
- (e) Contractor's Contact Person and Telephone Number: Paula Ives DeGrechie, 761-0300
- (f) Commencement Date of Amendment: 1/1/08
- (g) Termination Date of Extension: 30 day written notice by either party
- (h) Payment Provisions: Quarterly voucher submission at agreed upon contractual rates: Dr. Rugge: \$3500.00/year, Dr. Larson: \$6180.00/year, Dr. Mousaw: \$2500.00/year
 - i) lump sum amount
 - 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.
- (i) 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: Dr. Rugge: A4010.437 Health Services Consulting Fees; Dr. Larson: A4018.437 Preventive Program; Dr. Mousaw: A4011.10.437 Physically Handicapped Children Consulting Fees

Warren County Board of Supervisors

RESOLUTION NO. 136 OF 2005

Resolution introduced by Supervisors Haskell, Barody, Sheehan, F. Thomas, Quintal, Champagne and Mason

AMENDING RESOLUTION NO. 726 OF 2004 TO INCLUDE ADDITIONAL AGREEMENTS CONTINUING CONTRACTUAL RELATIONSHIPS WITH VARIOUS CONTRACTORS AND/OR AGENCIES - HEALTH SERVICES DEPARTMENT

WHEREAS, Resolution No. 726 of 2004 authorized, among other things, the Chairman of the Board to execute agreements continuing contractual relationships with various contractors and/or agencies engaged in business with the Health Services Department, and

WHEREAS, it has become necessary to amend said Resolution to include additional contractors continuing their contractual relationships with Warren County since the time that Resolution No. 726 of 2004 was adopted, now, therefore, be it

RESOLVED, that Resolution No. 726 of 2004 be, and hereby is, amended to include additional contractors and/or agencies that are continuing their contractual relationships with Warren County, as shown below:

<u>Contractor/Agency</u>	<u>Purpose</u>	<u>Amount/Rates</u>	<u>Term</u>
Upper Hudson Primary Care Consortium (Daniel Larson, MD)	Public Health Program Medical Director \$ 6,180. per year	Contract Amount/Rates \$6,180 per year plus emergency \$1,000 per emergency for medical services requested by patients	30 terminable
Upper Hudson Primary Care Consortium (David Mousaw, MD)	Medical Director For Physically Handicapped Children and Children with Special Needs \$ 2500. per year	Contract Amount/Rates \$2,500 per year plus emergency \$1,000 per emergency for medical services requested by patients	30 terminable
Upper Hudson Primary Care Consortium John Ruggend	Medical Director For Division of Patient Services \$ 3500 per year	Contract Amount/Rates Amount/Rates Amount/Rates Amount/Rates	30 terminable

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Health Services Committee hereby authorizes Jean Spence
(Supervisory Committee) (Employee Name) Beth Paquette
Jamie Cote
Jeanne Wool

to attend 2008 WIC Annual Conference
(Name of meeting or organization)

at Diamond Hotel and Conference Center - Albany, NY
(Address)

on Oct 27-29 ²⁰⁰⁸ Mode of transportation to be used WIC Program Vehicle
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain:

Proper documentation must be attached when submitting for approval.
(Please check documents attached)

- Notice of meeting or convention including cost.

For Overnight Travel

- Room rate \$ N/A GSA* Rate \$ _____
 - Meal costs - GSA*per diem rate \$ N/A
- *www.gsa.gov

Date: 9/26/08

Patricia [Signature]
Department Head Signature

Date: _____

Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

HELPFUL HINTS ABOUT THE CONFERENCE

- ✓ The conference fee covers attendance at all program sessions, conference materials, breakfast and lunch on Monday, Tuesday and Wednesday, as well as dinner on Tuesday evening.
- ✓ Please register for the conference as early as possible, and before October 3rd to avoid a late fee. If you are unable to obtain an agency check for conference payment prior to October 3rd, please be sure to mail or fax a reservation form to reserve your attendance at the conference. Once you receive your agency check, please forward the check along with a copy of your completed registration form to:

The WIC Association of NYS, Inc.
C/O Sherry M. Wilson
238 Arsenal Street
Watertown, NY 13601

- ✓ If you are planning on staying at the Desmond Hotel and Conference Center, you must complete the hotel registration form that is in this packet. Hotel fees are **not** included in the conference fees.
- ✓ **Again this year**, we are inviting the Regions to contribute a door prize gift. If you have some great ideas about door prizes, please contact your Regional Chair(s). The Regions include Capital, Central, Metropolitan, and Western.
- ✓ During the conference volunteers are needed to assist with registration or to serve as workshop facilitators. The time commitment is minimal and it is a great way to get to know some of your colleagues from across the state. If you are interested in volunteering, please be sure to check the appropriate box on the conference registration form and someone will contact you at a later date.
- ✓ If you should need additional information about the conference, please contact the following people:

General Information (Conference Co-Chairs)

Valrose Lounds	(212) 568-6860	val9003@nyp.org
Carrie Aaron-Young	(914) 813-5231	caal@westchestergov.com

Registration

Sherry Wilson	(315) 782-9450	mlynch@childrens-clinic.org
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Exhibitors

Juliet Campbell	(718) 857-4794	jcampbell.wic@gmail.com
-----------------	----------------	--

Poster Session and/or Entertainment

Kathleen Carpenter	(646) 619-6455	kcarpenter@healthsolutions.org
Janet Mintz	(212) 423-7930	janet.mintz@nychhcorg
Cathryn Mizbani	(518) 346-8818 ext. 29	cahl8@cornell.edu

Door Prizes

Lisa Cogswell	(607) 776-1151	cogswell@proactioninc.com
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Volunteers

Janet Mintz	(212) 423-7930	janet.mintz@nychhcorg
-------------	----------------	--

Make a copy of this page for your files before submitting the registration form on the other side



2008 WIC Annual Conference Registration Form and Invoice

Photocopy registration form for use by each additional registrant.
Please use black ink when completing form and be sure to print clearly.

Name: JEAN SPENCER

First

Last

Organization: WARREN COUNTY WIC 201

WIC LA #

Address: MUNICIPAL CENTER - BLDG 11

City: LAKE GEORGE State: NY Zip Code: 12845

Phone: 518-761-6425 Fax: 518-761-7643 Email: spencerj@co.warren.ny.us

√ all that apply: WIC Coordinator CPA Support Staff Speaker BOD Member Other

CONFERENCE REGISTRATION FEES

(Place √ in all boxes that apply)

Before 10/3/08

After 10/3/08

Registration (staying at hotel 10/26/08-10/29/08) \$290 \$320

Registration (commuter) \$310 \$340

One Day Only: (Check date attending: 10/27 10/28* 10/29) \$225 \$255

(*If you plan to attend the dinner on 10/28 please be sure to select your dinner entrée below; otherwise, we will assume that you will NOT be attending the dinner.)

TOTAL CONFERENCE REGISTRATION FEE: \$ 310.00 Enclosed To Be Mailed

- Conference registration fee does not cover hotel expenses. You must register for the hotel separately by completing the hotel registration form that is included in this packet. Please indicate if you will be staying at the Desmond Hotel and Conference Center: YES NO
- Conference fee includes breakfast and lunch on Monday, Tuesday and Wednesday, as well as dinner on Tuesday. Please indicate your selection for dinner: Chicken Fish Vegetarian Kosher Meal
- Please indicate if you are interested in volunteering at the conference: YES NO *Would like to skip this year unless things are desperate!*

Please make checks payable to The WIC Association of NYS, Inc. and mail with registration form to:

The WIC Association of NYS, Inc.
C/O Sherry M. Wilson
238 Arsenal Street
Watertown, NY 13601
Phone: (315) 782-9450 Fax: (315) 782-2643

Hi Sherry

For more information visit The WIC Association of New York State, Inc. website at www.nyswica.org.

Confirmation of receipt of payment will be sent by fax or mail within 10 days. Cancellations received in writing by close of business October 3, 2008 will be refunded less a \$35.00 processing fee. No refunds after October 3rd. If you do not cancel your registration in writing and do not attend you will not receive a refund. You may, however, send a substitute in your place. If you have not registered or made arrangements to pay at the door, you will not be able to attend the event.

For Office use only:

Date Received

Processed by

Invoice #

Date Confirmation Sent



2008 WIC Annual Conference Registration Form and Invoice

Photocopy registration form for use by each additional registrant.

Please use black ink when completing form and be sure to print clearly.

Name: BETH PAQUETTE

First

Last

Organization: WARREN COUNTY WIC 201

WIC LA #

Address: MUNICIPAL CENTER - BLDG 11

City: LAKE GEORGE State: NY Zip Code: 12845

Phone: 518-761-6425 Fax: 518-761-7643 Email: spencerj@co.warren.ny.us

✓ all that apply: WIC Coordinator CPA Support Staff Speaker BOD Member Other

CONFERENCE REGISTRATION FEES

(Place ✓ in all boxes that apply)

Before 10/3/08

After 10/3/08

Registration (staying at hotel 10/26/08-10/29/08) \$290 \$320

Registration (commuter) \$310 \$340

One Day Only: (Check date attending: 10/27 10/28* 10/29) \$225 \$255

(*If you plan to attend the dinner on 10/28 please be sure to select your dinner entrée below; otherwise, we will assume that you will NOT be attending the dinner.)

TOTAL CONFERENCE REGISTRATION FEE: \$ 310 Enclosed To Be Mailed

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- Conference fee includes breakfast and lunch on Monday, Tuesday and Wednesday, as well as dinner on Tuesday. Please indicate your selection for dinner: Chicken Fish Vegetarian Kosher Meal
- Please indicate if you are interested in volunteering at the conference: YES NO

Please make checks payable to The WIC Association of NYS, Inc. and mail with registration form to:

The WIC Association of NYS, Inc.
 C/O Sherry M. Wilson
 238 Arsenal Street
 Watertown, NY 13601
 Phone: (315) 782-9450 Fax: (315) 782-2643

For more information visit The WIC Association of New York State, Inc. website at www.nyswica.org.

Confirmation of receipt of payment will be sent by fax or mail within 10 days. Cancellations received in writing by close of business October 3, 2008 will be refunded less a \$35.00 processing fee. No refunds after October 3rd. If you do not cancel your registration in writing and do not attend you will not receive a refund. You may, however, send a substitute in your place. If you have not registered or made arrangements to pay at the door, you will not be able to attend the event.

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Date Received _____ Processed by _____ Invoice # _____ Date Confirmation Sent _____



2008 WIC Annual Conference Registration Form and Invoice

Photocopy registration form for use by each additional registrant.

Please use black ink when completing form and be sure to print clearly.

Name: JAMIE CLUTE

First

Last

Organization: WARREN COUNTY WIC 201

WIC LA #

Address: MUNICIPAL CENTER - BLDG 11

City: LAKE GEORGE State: NY Zip Code: 12845

Phone: 518-761-6425 Fax: 518-761-7643 Email: spencerj@co.warren.ny.us

√ all that apply: WIC Coordinator CPA Support Staff Speaker BOD Member Other

CONFERENCE REGISTRATION FEES

(Place √ in all boxes that apply)

	<u>Before 10/3/08</u>	<u>After 10/3/08</u>
<input type="checkbox"/> Registration (staying at hotel 10/26/08-10/29/08)	<input type="checkbox"/> \$290	<input type="checkbox"/> \$320
<input type="checkbox"/> Registration (commuter)	<input type="checkbox"/> \$310	<input type="checkbox"/> \$340
<input checked="" type="checkbox"/> One Day Only: (Check date attending: <input checked="" type="checkbox"/> 10/27 <input type="checkbox"/> 10/28* <input type="checkbox"/> 10/29)	<input checked="" type="checkbox"/> \$225	<input type="checkbox"/> \$255

(*If you plan to attend the dinner on 10/28 please be sure to select your dinner entrée below; otherwise, we will assume that you will NOT be attending the dinner.)

TOTAL CONFERENCE REGISTRATION FEE: \$ 225 Enclosed To Be Mailed

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Please use black ink when completing form and be sure to print clearly.

Name: JEANNE WOOD

First

Last

Organization: WARREN COUNTY WIC 201

WIC LA #

Address: MUNICIPAL CENTER - BLDG 11

City: LAKE GEORGE State: NY Zip Code: 12845

Phone: 518-761-6425 Fax: 518-761-7643 Email: spencerj@co.warren.ny.us

√ all that apply: WIC Coordinator CPA Support Staff Speaker BOD Member Other

CONFERENCE REGISTRATION FEES

(Place √ in all boxes that apply)

	<u>Before 10/3/08</u>	<u>After 10/3/08</u>
<input type="checkbox"/> Registration (staying at hotel 10/26/08-10/29/08)	<input type="checkbox"/> \$290	<input type="checkbox"/> \$320
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<input checked="" type="checkbox"/> One Day Only: (Check date attending: <input type="checkbox"/> 10/27 <input checked="" type="checkbox"/> 10/28* <input type="checkbox"/> 10/29) (*If you plan to attend the dinner on 10/28 please be sure to select your dinner entrée below; otherwise, we will assume that you will NOT be attending the dinner.)	<input checked="" type="checkbox"/> \$225	<input type="checkbox"/> \$255

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SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Health Services Committee (Supervisory Committee) hereby authorizes Jean Spence, Beth Paquette, Jamie Crote (Employee Name) Jeanne Wo

to attend 2008 WIC Annual Conference (Name of meeting or organization)

at Diamond Hotel and Conference Center - Albany, NY (Address)

on Oct 27-29 ²⁰⁰⁸ (Dates) Mode of transportation to be used WIC Program Vehicle (County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain:

Proper documentation must be attached when submitting for approval.
(Please check documents attached)

- Notice of meeting or convention including cost.

For Overnight Travel

- Room rate \$ N/A GSA* Rate \$ _____
 - Meal costs - GSA*per diem rate \$ N/A
- *www.gsa.gov

Date: 9/26/08

Patricia [Signature]
Department Head Signature

Date: 9/26/08

[Signature]
Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

HELPFUL HINTS ABOUT THE CONFERENCE

- ✓ The conference fee covers attendance at all program sessions, conference materials, breakfast and lunch on Monday, Tuesday and Wednesday, as well as dinner on Tuesday evening.
- ✓ Please register for the conference as early as possible, and before October 3rd to avoid a late fee. If you are unable to obtain an agency check for conference payment prior to October 3rd, please be sure to mail or fax a reservation form to reserve your attendance at the conference. Once you receive your agency check, please forward the check along with a copy of your completed registration form to:

The WIC Association of NYS, Inc.
C/O Sherry M. Wilson
238 Arsenal Street
Watertown, NY 13601

- ✓ If you are planning on staying at the Desmond Hotel and Conference Center, you must complete the hotel registration form that is in this packet. Hotel fees are **not** included in the conference fees.
- ✓ **Again this year**, we are inviting the Regions to contribute a door prize gift. If you have some great ideas about door prizes, please contact your Regional Chair(s). The Regions include Capital, Central, Metropolitan, and Western.
- ✓ During the conference volunteers are needed to assist with registration or to serve as workshop facilitators. The time commitment is minimal and it is a great way to get to know some of your colleagues from across the state. If you are interested in volunteering, please be sure to check the appropriate box on the conference registration form and someone will contact you at a later date.
- ✓ If you should need additional information about the conference, please contact the following people:

General Information (Conference Co-Chairs)

Valrose Lounds	(212) 568-6860	val9003@nyp.org
Carrie Aaron-Young	(914) 813-5231	caal@westchestergov.com

Registration

Sherry Wilson	(315) 782-9450	mlynch@childrens-clinic.org
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Exhibitors

Juliet Campbell	(718) 857-4794	jcampbell.wic@gmail.com
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Poster Session and/or Entertainment

Kathleen Carpenter	(646) 619-6455	kcarpenter@healthsolutions.org
Janet Mintz	(212) 423-7930	janet.mintz@nychhcorg
Cathryn Mizbani	(518) 346-8818 ext. 29	cah18@cornell.edu

Door Prizes

Lisa Cogswell	(607) 776-1151	cogswell@proactioninc.com
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Volunteers

Janet Mintz	(212) 423-7930	janet.mintz@nychhcorg
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Make a copy of this page for your files before submitting the registration form on the other side



2008 WIC Annual Conference Registration Form and Invoice

Photocopy registration form for use by each additional registrant.
Please use black ink when completing form and be sure to print clearly.

Name: JEAN SPENCER

First

Last

Organization: WARREN COUNTY WIC 201

WIC LA #

Address: MUNICIPAL CENTER - BLDG 11

City: LAKE GEORGE State: NY Zip Code: 12845

Phone: 518-761-6425 Fax: 518-761-7643 Email: spencerj@co.warren.ny.us

√ all that apply: WIC Coordinator CPA Support Staff Speaker BOD Member Other

CONFERENCE REGISTRATION FEES

(Place √ in all boxes that apply)

(attendee provided)
Before 10/3/08

After 10/3/08

Registration (staying at hotel 10/26/08-10/29/08) \$290 \$320

Registration (commuter) \$310 \$340

One Day Only: (Check date attending: 10/27 10/28* 10/29) \$225 \$255

(*If you plan to attend the dinner on 10/28 please be sure to select your dinner entrée below; otherwise, we will assume that you will NOT be attending the dinner.)

TOTAL CONFERENCE REGISTRATION FEE: \$ 310.00 Enclosed To Be Mailed

• Conference registration fee does not cover hotel expenses. You must register for the hotel separately by completing the hotel registration form that is included in this packet. Please indicate if you will be staying at the Desmond Hotel and Conference Center: YES NO

• Conference fee includes breakfast and lunch on Monday, Tuesday and Wednesday, as well as dinner on Tuesday. Please indicate your selection for dinner: Chicken Fish Vegetarian Kosher Meal

• Please indicate if you are interested in volunteering at the conference: YES NO *Would like to skip this year unless things are desperate!*

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C/O Sherry M. Wilson
238 Arsenal Street
Watertown, NY 13601

Phone: (315) 782-9450 Fax: (315) 782-2643

Hi Sherry

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Please use black ink when completing form and be sure to print clearly.

Name: BETH PAQUETTE
First Last

Organization: WARREN COUNTY WIC 201
WIC LA #

Address: MUNICIPAL CENTER - BLDG 11

City: LAKE GEORGE State: NY Zip Code: 12845

Phone: 518-761-6425 Fax: 518-761-7643 Email: spencerj@co.warren.ny.us

√ all that apply: WIC Coordinator CPA Support Staff Speaker BOD Member Other

CONFERENCE REGISTRATION FEES

(Place √ in all boxes that apply)

	<u>Before 10/3/08</u>	<u>After 10/3/08</u>
<input type="checkbox"/> Registration (staying at hotel 10/26/08-10/29/08)	<input type="checkbox"/> \$290	<input type="checkbox"/> \$320
<input checked="" type="checkbox"/> Registration (commuter)	<input checked="" type="checkbox"/> \$310	<input type="checkbox"/> \$340
<input type="checkbox"/> One Day Only: (Check date attending: <input type="checkbox"/> 10/27 <input type="checkbox"/> 10/28* <input type="checkbox"/> 10/29) <i>(*If you plan to attend the dinner on 10/28 please be sure to select your dinner entrée below; otherwise, we will assume that you will NOT be attending the dinner.)</i>	<input type="checkbox"/> \$225	<input type="checkbox"/> \$255

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Please use black ink when completing form and be sure to print clearly.

Name: JAMIE CLUTE
First Last

Organization: WARREN COUNTY WIC 201
WIC LA #

Address: MUNICIPAL CENTER - BLDG 11

City: LAKE GEORGE State: NY Zip Code: 12845

Phone: 518-761-6425 Fax: 518-761-7643 Email: spencerj@co.warren.ny.us

√ all that apply: WIC Coordinator CPA Support Staff Speaker BOD Member Other

CONFERENCE REGISTRATION FEES

(Place √ in all boxes that apply)

	Before 10/3/08	After 10/3/08
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<input type="checkbox"/> Registration (commuter)	<input type="checkbox"/> \$310	<input type="checkbox"/> \$340
<input checked="" type="checkbox"/> One Day Only: (Check date attending: <input checked="" type="checkbox"/> 10/27 <input type="checkbox"/> 10/28* <input type="checkbox"/> 10/29) (*If you plan to attend the dinner on 10/28 please be sure to select your dinner entrée below; otherwise, we will assume that you will NOT be attending the dinner.)	<input checked="" type="checkbox"/> \$225	<input type="checkbox"/> \$255

TOTAL CONFERENCE REGISTRATION FEE: \$ 225 Enclosed To Be Mailed

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Name: JEANNE WOOD
First Last

Organization: WARREN COUNTY WIC 201
WIC LA #

Address: MUNICIPAL CENTER - BLDG 11

City: LAKE GEORGE State: NY Zip Code: 12845

Phone: 518-761-6425 Fax: 518-761-7643 Email: spencerj@co.warren.ny.us

√ all that apply: WIC Coordinator CPA Support Staff Speaker BOD Member Other

CONFERENCE REGISTRATION FEES

(Place √ in all boxes that apply)

	Before 10/3/08	After 10/3/08
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