

**Warren County Health Services
Health Services Committee Meeting
April 24, 2009
Information Submitted By: Patricia Auer, DPH/DPS
Pending Items**

Emergency Preparedness Program

Please see the attached monthly activities report.

Update on Grant Future

There is nothing more specific to report than what we said last month. This is the "hot topic" for next week's NYSACHO meeting, so we will have something definitive after that.

Fluoride Presentation

Because of the time constraints anticipated for the meeting, we are postponing this presentation again

New Business

Request Resolution:

To authorize the Chairman of the Warren County Board of Supervisors to execute all COLA funds agreements offered for New York State Department of Health Grants for the Health Services Department.

Rationale:

As we discussed with the Childhood Lead Poisoning and Prevention Grant last month, we never know when and if COLAS will be available, and with the reductions in grants that have happened this past year that have effected each grant in various amounts and differing percentages, it would be more expeditious if we could have a blanket resolution to cover COLAS. After speaking with Second Assistant County Attorney, Trish Nenninger, a sentence could also be added to each grant authorization resolution that could acknowledge the acceptance of COLA funds when and if available.

Request Committee Approval:

To authorize Nedra Frasier, CHN to attend an Asthma Education Program at St. Peter's Hospital in Albany on May 5th and 6th 2009. The cost of the program, lunches and overnight lodging will be covered in full by the American Lung Association Asthma Education Grant. The cost to the county will be dinner on the evening of May 5th, which will be paid at the GSA per diem rate.

Rationale:

There is no down side to this. It is free staff education that will be utilized given the prevalence of asthma.

Request Resolution:

To authorize an agreement with Hudson Headwaters Health Network to allow receipt of Ryan White Early Intervention Services Program grant funds in the amount of \$4,000.00 for the period April 1, 2009 through December 31, 2009.

Rationale:

We have gratefully received these grants annually for the past few years in varying amounts. This year we will utilize the funds to cover staff and testing for our STD and HIV clinics, where client numbers and testing supplies and fees have increased. Disease Control is a mandated service.

Request Resolution:

To amend the contract with Northeast Health Empire Home Infusion Services to clarify EHIS's role to provide and pay for the cost of any setup or initiation of infusion nursing/pharmacy in a facility/clinical setting (i.e. chemo hookups at cancer treatment centers or pain management hookups at hospitals for patients who need pain management during the transport home).

Rationale:

This amendment was requested by EHIS for all their contractor agencies. We do not intend to use the amendment as we use our own IV Nurses to provide these services. This would allow us to use this agency for backup if we ever needed to do so. There is no reason why we should not agree to the amendment.

Travel Clinic

One of our department goals this year for the Division of Public Health was to research the feasibility of offering a Travel Clinic for our citizens since we are getting increasing calls asking if we provide this service.

After much research, we are now ready to proceed. We have been working with Dr. Richard Leach (our Medical Director for Infectious Diseases) who will act as the medical advisor of the clinics. Charges for the vaccines and any consultation needed will be paid at the time the service are rendered. There will be no cost to the county.

However, what makes this particular clinic more costly than others is the prices of the vaccines, and the need for medical consultations depending on an individual's health history and where they plan to travel.

We have never asked about the possibility of using credit cards. However, in the instance of travel clinics, and also for zostavax (shingles), which has a cost of \$169.00 and can be given to only those over 60 years of age, it seems like offering the use of credit cards as a means of payment might be an option worth pursuing if even possible. I have asked Frank O'Keefe, Warren County Treasurer, about this and he is going to get back to me after doing some research. If it is possible. Hopefully, we will know by the next meeting, and I will report back to committee and, a resolution would be necessary if this plan is a viable option. We will also have the price list to be adopted for the travel vaccines.

Health Facility Cash Assessment Program

We received a letter this past Monday, April 20, 2009, from the Director of the Division of Health Care Financing at the NYSDOH advising us that part of the 2009-2010 State Fiscal Year budget has provided for statutory changes that will reinstate the New York State Health Facility Cash Assessment Program. Tawn Driscoll, Fiscal Manager, has contacted the state for further information and was advised that this plan is to allow more monies to be returned to the state to assist with budget shortfalls, and that a "packet" of instructions should be forthcoming in the next several weeks. Reportedly this amount will be due monthly. I will bring the copy of the letter we received to the meeting for anyone interested to see.

This is certainly not good news for us, and we will keep you apprised of the impact.

Report of Revenues and Expenditures

Please see the attached information.

Tawn Driscoll, Fiscal Manager, will be present at the meeting to answer any questions.

Contractual Information:

In continued follow-up to the issues with Prospect Child and Family Center that we have been discussing for the past several months, Trish Nenninger, Second Assistant County Attorney, will be present at the meeting to discuss issues/potential changes to contracts with providers.

Attachments:

Emergency Response and Preparedness Monthly Activities Report

Report of Expenditures and Revenues

Rabies Program Report

**Warren County Public Health
Rabies Program
JANUARY-MARCH 2009**

Town	Not Vaccinated			Vaccinated			Out of Town			Stray		
	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets
Bolton					1							
Chester	1				3							
Glens Falls		1		1	6							
Hague												
Horicon												
Johnsburg		2								1		
Lake George		1			1							
Lake Luzerne								1				
Queensbury	3	1		2	15					1		
Stony Creek				1								
Thurman		1										
Warrensburg					1					1		
Totals	4	6		4	27			1		3		

Bites Reported by Month

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2009	18	11	16										45

RABIES CLINICS 2009

APRIL 25, 2009	LAKE GEORGE FIREHOUSE	10-12N
MAY 2, 2009	GLENS FALLS DPW	10-12N
MAY 16, 2009	HAGUE FIRE HOUSE	10-12N



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: April 24, 2009

Emergency Response and Preparedness Activities

DATE	TYPE	SUBJECT	ATTENDEES
4/1/09	Meeting	LEPC @ OES	Laura Saffer
4/1/09	Drill	PH Phone Tree - worked well	Ginelle Jones
4/2/09	Meeting	With NYSDOH re: CDMS and various IT Items	Barb Orton, Angela Meade, Matt DeLafayette
4/7/09	Meeting	L-4 - Community Engagement	Laura Saffer et.al
4/8/09	Meeting	Quarterly PH ERP Committee	Barb Orton et.al
4/8/09	Meeting	Re: Chempack	Barb Orton, Amy Manney et.al
4/9/09	Conference Calls	Re: NYSDOH ServNY Volunteer Data Base	Barb Orton, Laura Saffer, Angela Meade
4/14/09	Meeting	Monthly BT Coordinators	Barb Orton, Laura Saffer
4/15/09	Tabletop	Monthly GFH - School bus rollover outside a rural Health Center	Barb Orton
4/21/09	Webinar	NYSDOH ServNY Volunteer Data Base	Angela Meade
4/21-4/23	Training	L-10 - ICS 300 - WC Sheriff's Office	Barb Orton, Pat Auer
4/23-4/24	Training	L-7 - Radiological Training - Lake Placid	Laura Saffer
4/23/09	Webinar	NYSDOH ServNY Volunteer Data Base	Angela Meade
4/27/09	Webinar	NYSDOH ServNY Volunteer Data Base	Laura Saffer
4/29/09	Webinar	NYSDOH ServNY Volunteer Data Base	Barb Orton, Laura Saffer, Angela Meade
4/30/09	Webinar	NYSDOH ServNY Volunteer Data Base	Barb Orton, Angela Meade
4/30/09	Meeting	M-23 - with NYSDOH	Ginelle Jones, Barb Orton, Angela Meade, Matt DeLafayette

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

WARREN COUNTY BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2009 AS OF 4/22/2009 5:02:31 PM

FUND(S): A, CL, D, DM, EF, GI, MS, SD, V

CODE(S): 4010, 4011, 4013, 4016, 4018, 4046, 4054, 4189, 9061, 4025

EXPENSES	2009 BUDGETED	2009 YTD ACTUAL	2008 Prior Year Totals
Salaries - Regular	\$3,177,622.00	\$742,534.57	\$3,019,322.32
Salaries - Overtime	\$172,838.00	\$50,412.56	\$209,579.17
Salaries - Part Time	\$371,256.00	\$65,235.93	\$327,600.22
Salaries - Sick Leave Incentive			\$800.00
100's PERSONAL SERVICES	\$3,721,716.00	\$858,183.06	\$3,557,301.71
200's EQUIPMENT	\$15,000.00	\$498.45	\$69,518.54
400's CONTRACTUAL	\$9,761,157.76	\$1,781,022.41	\$9,708,382.75
800's EMPLOYEE BENEFITS	\$62,422.00	\$58,458.91	\$57,581.33
TOTALS	\$13,560,295.76	\$2,698,162.83	\$13,392,784.33

REVENUES	2009 BUDGETED	2009 YTD ACTUAL	2008 Prior Year Totals
	\$12,274,428.00	\$717,478.73	\$11,961,592.19

Note: 2009 Revenues reflect revenue accrual for January of \$467,536.25 for the CHHA and LTC. We currently are finalizing the February billing.

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: Health Services

DATE: April 24, 2009

- (a) Purpose of Request: To authorize the Chairman of Warren County Board of Supervisors to execute all COLA funds agreements offered by NYSDOH grants for Health Services
- (b) Details: Amounts of COLAs that may or may not be available are never known in advance. It would be more expeditious to have a blanket resolution to cover all COLAs. A sentence could be added to each grant authorization resolution in a form approved by the county attorney that would acknowledge acceptance of COLA funds when and if available.
- (c) Previous Resolution Number: n/a

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 Nedra Frasier, CHW
(Supervisory Committee) (Employee Name)

to attend Asthma Education Program
(Name of meeting or organization)

at St. Peter's Hospital - Albany, New York
(Address)

on 5/5-5/10 2009 Mode of transportation to be used personal vehicle
(Dates) (County Vehicle or Mass Transportation)

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

employee chooses to drive personal vehicle - will not be reimbursed for mileage

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

- Notice of meeting or convention including cost.

*cost of conference covered by asthma grant
cost of rooms covered by AUA - Asthma Grant*

For Overnight Travel

- Room rate \$ 0 GSA* Rate \$ N/A
- Meal costs - GSA*per diem rate \$ 1 dinner - other meals included in conference

*www.gsa.gov *in + 32 rate 36.75 (1st day)*

Date: 4/24/09

Patricia S. Fisher
Department Head Signature

Date: 4/24/09

[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.

NORTH COUNTRY
ASTHMA COALITION INC.

April 20, 2009

Ms. Pat Auer
Warren County Public Health
1340 State Route 9
Lake George, NY 12845

Dear Pat:

The North Country Asthma Coalition, a project of the American Lung Association, grant funded through the NYS Department of Health, is pleased to offer your agency the opportunity to participate in the Certified Asthma Educator Program, free of charge.

Asthma has been recognized as a growing critical public health issue. Our coalition is dedicated to increasing the number of certified asthma educators in our area, so we may better address this issue. Our coalition will cover the \$100 registration fee (which includes lunch and snack) for the 2 day training at St. Peter's Hospital (5/5 - 5/6), a hotel room for one night, mileage to and from the training and cost of the exam (~\$300). The nurse attending will also receive 14.7 Continuing Education credits. In exchange for sponsoring your nurse, Nedra Frasier, to attend this program, we ask that she share her knowledge and provide asthma education training to your community (school staff or students, parents, or a WIC clinic, etc.).

We look forward to working with you to battle the burden of asthma. If you have any questions, please feel free to call me!

Sincerely,

Marcie Hankinson, Director
North Country Asthma Coalition
14 America Way
Saratoga Springs, NY 12866
Phone: (518)583-7962 Fax: (518)886-8858
mlee@alany.org
www.ncasthma.org

Fighting for Air!



Directions:

From the North: South on I-87 to Rt. 20 (Western Ave), left approximately 2.5. Right on Manning Blvd.

From the South: North on NYS Thruway to Exit 24. South on I-87 to Route 20 (Western Ave) approximately 2.5 miles.

From The East: West on I-90 to I-87 South to Route 20 (Western Ave), Left approximately 2.5 miles. Right on Manning Blvd .

From the West: East on NYS Thruway to Exit 24 South on I-87 to Route 20 (Western Ave), . Left approximately 2.5 miles. Right on Manning Blvd.

Additional Information Call

(518)528-1062

www.naecb.org

**ST. PETER'S HOSPITAL
ALBANY, NY**

St. Peter's Hospital
Attn: Kathy Ristan 9th floor
Asthma Educator Program
315 South Manning Blvd
Albany, NY 12208

**ST. PETER'S HOSPITAL
ALBANY, NY**

The science of medicine..
The compassion to heal..

**Asthma Educator
Program
At
St. Peter's Hospital**

**May 5 & 6, 2009
8:00 a.m.—4:00 p.m.**

**Mercy Auditorium
310 So. Manning Blvd.
Albany, NY 12208**



For Asthma Educator Program
information please call
518-528-1062

Summary, *One Minute Asthma Training*

The *One Minute Asthma training* provides effective, practical, low-cost, hands-on training for health professionals in the basics of asthma and the devices used to treat it. It promotes a consistent approach to asthma care that will lead to more efficient use of resources by professionals and patients. It has been praised by health professionals nationwide. **This peer-based distance-learning program is based on three principles:**

- Asthma education should take place at **every visit** for asthma.
- It is usually unscheduled and **takes less than five minutes**.
- **Every professional** who interacts with a patient should be competent to answer basic question..

Special features:

Assessment. Identifies what participants need to learn and then ensures that their goals have been met.

Hands-on practice and video scoring. Ensures that the trainees understand how to use the various asthma treatment devices.

Duration. Eight to twelve hours depending on previous knowledge: four to eight hours of individual study and four hours of peer learning and conference calls.

Site. Can be held at any site.

Cost. \$995 for a group of six or less.

Outcomes:

Since June 2001, 24 groups of school nurses, asthma case managers, respiratory therapists, office nurses, nurse practitioner students and health department nurses greatly improved their:

- Asthma knowledge
- Skill in use of asthma treatment devices
- Ability to educate patients and professionals
- Effectiveness in communicating with patients and colleagues as a result of the *One minute Asthma* training.

Dr. Plaut's qualifications:

- Pediatrician; Scientific Fellow, American College of Allergy, Asthma and Immunology.
- Asthma educator for patients and professionals for 25 years.
- Consultant to HMOs, government agencies, professional groups and publications.
- Author of:
*Children With Asthma: A Manual for Parents**
*One Minute Asthma: What You Need to Know**
*Asthma Charts and Forms for the Physician's Office**

Dr. Tom Plaut's Asthma Guide for People of All Ages.

- Developed the Asthma Peak Flow Diary and the Asthma Signs Diary (for children under 5) and corresponding asthma action plans.

**Only book in its class referenced in the 1997 National Heart Lung and Blood Institute Guidelines for the Diagnosis and Treatment of Asthma.*

ASTHMA EDUCATOR PROGRAM

The Need for an Asthma Educator Course

Asthma has been recognized as a growing critical public health issue. The US Department of Health and Human Services has described asthma as an epidemic due to its steady increase and its severity. The goal of the Asthma Educator Course is to prepare healthcare professionals to take the National Asthma Educator Certification Exam. This exam was developed through the National Asthma Education Certification Board whose mission is to promote optimal asthma management and quality of life among individuals with asthma, their families and communities. More information on exam at www.naechb.org

Who Should Attend:

Licensed Healthcare providers, Physicians, Nurses, Respiratory Therapist, Pharmacists, Health Educators, Social Workers.

Course Objectives:

1. The Asthmas Condition
2. Patient & Family Assessment
3. Asthma Management
4. Asthma Management Plan
5. Organizational Issues
6. Case Studies

14.7 CEU's have been approved by St. Peter's Hospital, an approved provider of continuing education by the New York State Nurses Association, which is accredited as an approver of continuing nursing education by the American Nurses Credentialing Commission on Accreditation.

Faculty

Jim O'Rourke, MS, RRT,
Supervisor RT/Hemodialysis SPH

Jennifer Hebner, Pharm D,
Clinical Pharmacist SPH

Tim Shunk, RRT, AE-C,
Staff Therapist, SPH

Kathy Ristau, RRT, RPFT, AE-C
PFT Lab SPH



Registration

Asthma Education Program
May 5 & 6, 2009

*(\$100.00 fee includes lunch/snacks
for both days)*

Name: Nedra Frasier

Home Address 393 Igerna Road

City/State/Zip: North Creek, NY 12853

Phone: (H) 494-3248

(W): 761-6580 (C) _____

Institution: Warren County Public Health

E-Mail: frasiern@co.warren.ny.us

Make Checks Payable to:

St. Peter's Hospital
Asthma Education Program

Mail to:

St. Peter's Hospital
Pulmonary Function Lab, Room 9312
315 South Manning Blvd.
Albany, NY 12208
ATTN: Kathy Ristau

ST. PETER'S HOSPITAL ALBANY, NY

315 South Manning Blvd.
9th Floor—Pulmonary Lab,
Room 9312
Albany, NY 12208

Phone: 518-525-1062
Fax: 518-525-1943
E-mail: kristau@sphcs.org

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: April 24, 2009

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To authorize an agreement with Hudson Headwaters Health Network to allow receipt of Ryan White Early Intervention Services Program grant funds in the amount of \$4000.00.
- (c) Name of Contractor: Hudson Headwaters Health Network
- (d) Address of Contractor: 9 Carey Road, Queensbury, NY 12804
- (e) Contractor's Contact Person and Telephone Number: Mary Anne Brown, 761-0300, x214
- (f) Has or will the Contract be provided, if so, please attach: Yes
- (g) Commencement Date of Contract: April 1, 2009
- (h) Termination Date of Contract: December 31, 2009
- (i) Payment Provisions:
 - i) lump sum amount \$4000.00, paid upon submission of completed documentation detailing planned use of funds
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (j) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: A4018.0030.435 Disease Program Medical Expenses, A4018.0030.2716 Grants from Other Sources



March 31, 2009

Patricia Auer, RN
Public Health Director
Warren County Health Services
Municipal Center
Lake George, New York 12845

Dear Patricia,

In behalf of Hudson Headwaters Health Network (HHHN), I would like to thank you for agreeing to conduct health education and outreach activities in Warren County in support of the HHHN Ryan White Early Intervention Services Program. This letter will serve as an agreement between you and the Network, pertaining to the role of your agency in this program.

It is our understanding that you will conduct health education and outreach activities in Warren County in an effort to engage and retain underserved individuals in appropriate care. HHHN requests that these outreach activities:

- Target the most isolated and hard-to-reach communities which you identify as at-risk for HIV in your region.
- Include creative concepts of health promotion and provide an informative approach to rural HIV/AIDS Care.

In consideration of the above activities, HHHN agrees to pay you a sum of \$4,000 for the planned outreach activities and request an invoice at your earliest convenience that includes appropriate documentation that approximates the planned use of the funds during the reporting period from April 1, 2009 – December 31, 2009. (i.e. hours of service, salary and fringe benefits, training materials, etc). At the conclusion of this activity, we will request a summary report that describes the outreach/health promotion activities conducted, number of individuals reached, findings, testing data and recommendations for meeting identified needs.

Please contact me should any questions come to mind. If the terms of this agreement are acceptable, please have the letter signed by the appropriate party in the space provided below and return a copy of this letter at your earliest convenience. I look forward to working with your health educator and other staff and am confident that your role will contribute a great deal and enhance our service to the region.

Regards,

Mary Anne Brown, RN, BSN, MA
Director
Ryan White Early Intervention Services Program
518-761-0300 Ext. 214

Municipal Center
Lake George, New York 12845

Auer, Pat

From: Brown, Mary Anne [mabrown@hahn.org]
Sent: Wednesday, April 22, 2009 12:34 PM
To: Auer, Pat
Subject: Outreach Mini-Grant - once again

Hello, Pat,

I am pleased to announce that we have a \$4000 mini-grant that we would like to extend to Warren County to support outreach and counseling & testing activities that would support your staff in activities that will identify individuals at-risk for HIV/STDs, conduct case-finding and engage these individuals in care as early as possible if indicated. I have attached a memorandum of agreement (MOA) and reporting forms that your staff has completed in the past. Please sign the MOA and return an original copy to me. The reporting forms are due 6/15/09 and 12/31/09. Many thanks for helping our outreach efforts and for getting patients identified with HIV/STDs into care more quickly.

Regards,
Mary Anne

Mary Anne Brown, RN, BSN, MA
HIV Program Director
Hudson Headwaters Health Network
9 Carey Road
Queensbury, N.Y. 12804

4/22/2009

2009

Hudson Headwaters Health Network

Health Education & Outreach Initiative

Planning Report

Organization/Agency/Health Educator: _____

Health Education Leader: _____

Address: _____

City/Town, Zip: _____

Phone: _____

I. Target Population

II. Problem Statement

III. Background

IV. Proposed Outreach & Education Activities

V. Proposed Budget [Purchases, Staff time, materials/curriculum, mileage]

Please return to Mary Anne by 6/15/09. For questions, please contact Mary Anne at 761-0300 Ext. 214.

A special thanks for your commitment to this prevention and outreach effort.

2009

Hudson Headwaters Health Network
Health Education & Outreach Initiative
BUDGET REPORT

Organization/Agency/Health Educator: _____

Health Education Leader: _____

Address: _____

City/Town, Zip: _____

Phone: _____

Expenses

Staff Time (hours and hourly rate)

Purchases (Educational curriculum and support materials)

Educational Program/Activities (classes, seminars)

Education and Support Materials

Mileage (travel destinations, total miles, ¢ per mile)

GRAND TOTAL

Report completed by: _____ Phone: _____

Please return to Mary Anne by 12/31/09.

A special thanks for your commitment to this prevention and outreach effort.

2009

IV. Findings (gaps, acceptance, evaluation of interventions)

V. Recommendations for Future Prevention Efforts

Please return to Mary Anne by 12/31/09

A special thanks for your commitment to this prevention and outreach effort.

Hudson Headwaters Health Network
Health Education & Outreach Initiative
Activities Report

Organization/Agency/Health Educator: _____

Health Education Leader: _____

Address: _____

City/Town, Zip: _____

Phone: _____

I. Target Population Served (approximate numbers contacted)

II. Outreach & Education Activities Conducted (Enter in Table Below)

Outreach Services	Number Served
Sessions or Encounters with Individuals or Health Care Professionals	
Individuals Reached as a Result of Outreach Sessions	
Health Care or other Professionals Reached as a Result of Outreach Sessions	

III. HIV/STD Testing Data

Month	HIV	Chlamydia	Gonorrhea
January 09			
February 09			
March 09			
April 09			
May 09			
June 09			
July 09			
August 09			
September 09			
October 09			
November 09			
December 09			
Totals			

A special thanks for your commitment to this prevention and outreach effort.

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: April 24, 2009

- (a) Purpose of Contract Change: To amend contract with Northeast Health Empire Home Infusion Services to clarify their role to provide and pay for cost of any setup or initiation of infusion nursing/pharmacy services in a facility/clinical setting
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 421/2002
- (c) Name of Contractor: Northeast Health Empire Home Infusion Services
- (d) Address of Contractor: 10 Blacksmith Drive, Suite 2, Malta, NY 12020
- (e) Contractor's Contact Person and Telephone Number: Michelle Mazzacco, 899-8103
- (f) Commencement Date of Amendment: May 1, 2009
- (g) Termination Date of Extension: Unchanged from previous contract, automatic renewal unless terminated upon 30 days written notice
- (h) Payment Provisions: n/a, no funds exchanged for purposes of amendment
 - 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: n/a



**Empire Home
Infusion Services**
Northeast Health

10 Blacksmith Drive, Suite 2
Malta, NY 12020
1-800-720-4058
(518) 899-8103
fax (518) 899-2968
www.NortheastHealth.com

April 20, 2009

RECEIVED

APR 22 2009

County Attorney's Office

Patricia Nenninger
Assistant Warren County Attorney
Warren County Attorney's Office
Warren County Municipal Center
1340 State Route 9
Lake George, NY 12845

Dear Ms. Nenninger:

Attached for your review and signature is a proposed Amendment to our agreement for Nursing Services. This Amendment is meant to clarify EHS's role to provide and pay for the cost of any setup or initiation of infusion nursing/pharmacy services in a facility/clinical (i.e., chemo hookups at cancer treatment centers or pain management hookups at hospitals for patients who need pain management during the transport home).

If you have any questions, please feel free to call Shannon Fusco at 899-8103, Diana Boschi at 899-8103 or Michelle Mazzacco at 270-1310. Thank you.

Very truly yours,

Michelle Mazzacco
Michelle Mazzacco
VP/Director

Enclosure

**ADDENDUM TO THE AGREEMENT BETWEEN
Empire Home Infusion Service, Inc.
and
Warren County Health Services**

The Agreement between Empire Home Infusion Service, Inc. and Warren County Health Services ("Agency") dated February 1, 2002 is amended by the parties to add:

Section II.W.: Empire Home Infusion Service is responsible to setup and initiate infusion therapy in a health care provider office or facility, such as a cancer treatment center or hospital, prior to the patient returning home to continue receiving such therapy, including chemotherapy and pain management. Empire Home Infusion Service is responsible to ensure that a qualified RN provides such setup and initiation of infusion therapy in accordance with the Infusion Nurses Society Standards of Practice, the credentialing and other applicable policies of the site, and Agency's policies and procedures for infusion therapy services. Empire Home Infusion Service is responsible for maintaining records of such service and will provide a copy to Agency upon request. Empire Home Infusion Service is responsible for the payment of such setup and initiation service as part of the infusion pharmacy reimbursement received. Agency is responsible for Infusion Nursing Services provided upon the patient's arrival at home.

All other terms and conditions of the Agreement remain unchanged. The effective date of this Amendment is May 1, 2009.

EMPIRE HOME INFUSION SERVICE, INC.

WARREN COUNTY HEALTH SERVICES

Michelle Mazzacco
Michelle Mazzacco
VP/Director

County of Warren
Print Name: _____
Print Title: _____

4/20/09
Date

Date

Assistant County Attorney

Date