

**Warren County Health Services
Health Services Committee Meeting
June 26, 2009
Information Submitted By: Patricia Auer, DPH/DPS
Pending Items**

Update on Emergency Preparedness Program

The latest information is we will be receiving minimally \$47,600 per year for 2 years. We have yet to receive the contract package, but we expect it to be forthcoming in the next few weeks as the current grant year ends in August. This amount will allow us to keep the staff we currently have whose positions are entirely funded by the grant. Staff in these situations are aware that their jobs are totally dependent upon continued grant funding. Last year we initially received \$85,000 for the grant year, and then were cut to \$72,162. Please see the attached information regarding monthly Emergency Preparedness activities.

Preschool Financial Concerns

If you recall from previous discussions, the county is not able to bill Medicaid if appropriate documentation of services is not received from the provider who is contracted to provide the services. The committee requested that Trish Nenninger, Second Assistant County Attorney, research options the county has with regard to this matter. Per my conversation with Ms. Nenninger, the state is currently investigating possible means through tuition rate setting to recapture some portion of these funds. We will keep you updated on the progress.

Update on New York State Health Facility Cash Assessment Program

As you may recall we discussed that this was a new assessment that we will be charged, that was in place a number of years ago, was discontinued and now has been reinstated. The plan and procedure is now in place and Tawn Driscoll, Fiscal Manager, will apprise the committee as to the amounts it is anticipated we will need to pay, and where the funds will come from to cover this unplanned expense.

Referral from Budget Committee

On our list of pending items, we were asked to discuss the possibilities of eliminating/reducing the following non-mandated programs: Preventive, Family Health, Disease Control and Tobacco Education. At the last meeting, information was distributed regarding these programs, including that Disease Control is a mandated program. We are currently evaluating the entire agency's programs looking for increased sources of revenues, potential cost savings and program reductions. As part of the county's next round of cuts, we have some suggestions that we will present for discussion at the meeting with our Chairman, Mr. Sokol and Mr. Payne when we meet after the committee meeting. Mr. Payne has informed me that the Health Services will be requested to cut an additional \$130,000 from our budget.

The referral from the Budget Committee also requested discussion on the Bench Mark report with regard to Health Services. After researching this report, it appears to reflect the amounts of Medicaid dollars expended for health care in various counties, and Warren County is higher, perhaps because we have a large number of health centers that all counties do not have. I don't know this for a fact, because I was unable to determine who/what entities provide the information used to compile the numbers.

New Business

Request Resolution:

To amend the contract with MVP to include that Warren County will be considered a network provider for New York Government Program members.

Rationale:

MVP has requested this amendment as our contract does not have a Medicaid Amendment and although the contract does indicate coverage for New York Government Programs, a separate amendment is required.

Request Resolution:

To renew the contract with New York State Department of Health for the period October 1, 2009 – September 30, 2010 to allow receipt of continued funding for Early Intervention Administration in an amount not to exceed \$38,975.

Rationale:

Last year we received \$41,805, initially and were cut to \$38,975 during the year.

Request Resolution:

To amend Resolution 120/2009 to reflect changes in the immunization fee schedule.

Rationale:

These changes include the new vaccines that will be offered with the travel clinic and an increase in the administration fee from \$15.00 to \$25.00 for private pay patients. This is a relatively painless way to boost revenues in the Disease Control Program in a “fee for service” elective situation.

Request Referral to Personnel Committee:

For authorization to backfill the position of the WIC Program Coordinator and the WIC Nutrition Facilitator.

Rationale:

Our WIC Program Coordinator, Jean Spencer, will be retiring on July 30, 2009, after 29 years to service to the children and families of Warren County. We would request that she be recognized at the July Board of Supervisors Meeting.

Clearly, the program cannot run if there is no coordinator and the position is fully funded by the WIC Program Grant. We are fortunate that we have a qualified and interested current WIC staff member who can assume the position seamlessly on a promotional basis. This will mean she will need to take the Civil Service test and pass it, but being promotional, it will be on a noncompetitive basis. \$4,700 will be saved in longevity from the current coordinator. The staff member who assumes the coordinator position will be going from the CSEA Bargaining Unit to the managerial non-bargaining group of employees.

We also have an employee who is currently part time and is interested in going full time. She can assume the new coordinator's current position as the Nutrition Facilitator.

Although the position titles are not the same, the salary grades are, and after research by the Civil Service staff, the job specifications are similar enough in scope so that she would not need to take another test.

This is good news for her. Again, this is a fully funded position by the WIC Program Grant. At this time, we are not formally requesting to backfill the part time position, but may need to reconsider if it is not possible to cover the needs of the clinics. This position would be fully reimbursed as well if we do need to fill it.

Budget Transfers

Expenditures and Revenues

Comparison Data Trends for 2008 and 2009 will be distributed at the meeting
Tawn Driscoll, Fiscal Manager, will be present at the meeting to answer any questions.

Attachments:

Emergency Preparedness Activities

Expenditures and Revenues

Comparison Data Trends between 2008 and 2009 for Overtime and Part Time Help

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2009 AS OF 6/23/2009 6:42:39 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	\$1,313,740.64	\$3,019,322.32
Salaries - Overtime	\$172,838.00	\$84,182.31	\$209,579.17
Salaries - Part Time	\$371,256.00	\$120,976.51	\$327,600.22
Salaries - Sick Leave Incentive			\$800.00
100's PERSONAL SERVICES	\$3,721,716.00	\$1,518,899.46	\$3,557,301.71
200's EQUIPMENT	\$15,000.00	\$1,327.63	\$69,518.54
400's CONTRACTUAL	\$9,761,157.76	\$3,556,697.88	\$9,708,382.75
800's EMPLOYEE BENEFITS	\$62,422.00	\$59,527.29	\$57,581.33
TOTALS	\$13,560,295.76	\$5,136,452.26	\$13,392,784.33

REVENUES	2009 BUDGETED	2009 YTD ACTUAL	2008 Prior Year Totals
	\$12,274,428.00	\$2,091,140.08	\$11,961,592.19

Note: 2009 Revenues reflect a total accrual for March and April of \$746,779 for the CHHA, LTC and MCH programs. We are currently working on finalizing May. Revenues also reflect an accrual for the Early Intervention Program which total \$94,136 for recent 08/09 school year billing to the state.

Warren County Health Services

Salaries Comparison

2008 vs 2009
as of 6/24/09

Total of All Depts	<u>2009</u>	<u>2008</u>	<u>YTD 09v08</u>	<u>Percentage Change</u>
Regular Salaries	\$1,429,412.21	\$1,406,098.93	\$23,313.28	1.66%
Overtime Salaries	\$89,297.87	\$107,355.84	-\$18,057.97	-16.82%
Part Time Salaries	\$129,878.63	\$142,668.12	-\$12,789.49	-8.96%
TOTALS for 13 Pay periods	\$1,648,588.71	\$1,656,122.89	-\$7,534.18	-0.45%

*Source: Detail G/L report for all Salary Category from 1/1/XX-6/30/XX

Note: Payroll reflects the annual 3% increase in salaries for 2009.

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

SIGNED: *Patricia*

DATE: 6/26/09

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.4010.110	CHHA-Regular Salaries	A.4010.469	CHHA-Other payments	\$20,000.00
A.4016.110	CHHA-Regular Salaries	A.4016.469	LTC -Other payments	\$1,000.00
A.4018.002.110	Family Health-Regular Salaries	A.4016.469	LTC -Other payments	\$5,000.00
A.4018.0040.110	Health Education-Regular Salaries	A.4010.469	CHHA-Other payments	\$500.00
A.4054.110	Preschool-Regular Salaries	A.4016.469	LTC -Other payments	\$500.00

Total Transfers

\$27,000.00

Please state reason for transfers requested:

1.-5. To transfer funds from the Full time Salaries Expense, that are affiliated with the Meal reimbursements, to Other Payment Expense to cover the Cash Health Assessment Expense for CHHA and LTC. NY State reinstated this assessment effective 4/1/09. Estimated approximately \$3000 /month for 9 months.

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 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: June 26, 2009

Emergency Response and Preparedness Activities

DATE	TYPE	SUBJECT	ATTENDEES
6/2/09	Invitation	To: OBGYN Offices re: WebCast "Approach to Influenza in Pregnancy". Includes H1N1 (Swine Flu) segment	PH Nurses
6/3/09	Meeting	L-2 - with OES re: SNS Plan	Barb Orton, Amy Manney
6/10/09	Drill	L-15 Commerce Notification Drill SNS Staff	Ginelle Jones
6/11/09	Drill	L-16 Commerce Notification Drill to SNS Staff	Ginelle Jones
6/11/09	Updates	POD Security Assessments	Laura Saffer
6/16/09	Meeting	Monthly BT Coordinators	Barb Orton, Angela Meade
6/17/09	Tabletop	Monthly GFH - Fire at graduation ceremony	Barb Orton
6/17/09	Press Release	Re: H1N1; also info blast faxed and blast emailed to school nurses, providers, et. al.	Ginelle Jones
6/23/09	Training-Webinar	NYSDOH ServNY Volunteer Data Base	Barb Orton, Angela Meade
6/26/09	Meeting	Re: Mass Fatality Plan	Barb Orton et al
6/30/09	Training	CPR - Volunteers	Laura Saffer, Barb Orton

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

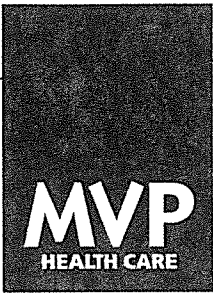
RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: June 26, 2009

- (a) Purpose of Contract Change: To amend contract with MVP at MVP's request to provide medically necessary covered services to MVP Health Plan Inc. to include government program members
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: on file
- (c) Name of Contractor: MVP Health Plan Inc.
- (d) Address of Contractor: 625 State Street, PO Box 2207, Schenectady, NY 12301-2207
- (e) Contractor's Contact Person and Telephone Number: Christine Richardson, Admin. Asst., 370-4793
- (f) Commencement Date of Amendment: 7/20/09
- (g) Termination Date of Extension: Per terms of current contract agreement
- (h) Payment Provisions: Per terms of current agreement
 - 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 Revenue A4010.1610; Family Health Revenue A4018.0020.1612



June 18, 2009

Patricia Auer, Director
Warren County Public Health Services
1340 State Route 9
Lake George, NY 12845

Dear Ms. Auer,

Enclosed please find two Government Programs Amendment to your contract with MVP which have been revised as you requested to require Fred Monroe's signature versus yours.

Once signed please retain one copy for your records and return the other copy to me at 625 State Street, Schenectady, NY 12305.

Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Christine Richardson".

Christine Richardson
Administrative Assistant
Ancillary Contracts

**GOVERNMENT PROGRAMS AMENDMENT
TO
ANCILLARY PROVIDER AGREEMENT**

Amendment effective this 1st day of June 2009, by and between MVP Health Plan, Inc., a New York corporation organized as a health maintenance organization pursuant to Article 44 of the Public Health Law of the State of New York (hereinafter referred to as "MVP") and Ancillary Provider.

RECITALS

WHEREAS, MVP and Ancillary Provider have entered into an Agreement (the "Agreement") for Ancillary Provider to provide Medically Necessary Covered Services to MVP Members; and

WHEREAS, pursuant to Section 9.3 of the Agreement, MVP and Ancillary Provider wish to amend the Agreement to provide Medically Necessary Covered Services to MVP Health Plan, Inc. Members receiving services pursuant to Medicaid Managed Care, Child Health Plus and/or Family Health Plus Plans ("Government Program Members"); and

NOW THEREFORE, the Agreement is amended as follows.

1. The definition of "Medically Necessary" in Section 1.11 is amended by adding the following:

Medically Necessary, with respect to Government Program Members, shall have the meaning set forth in the applicable Member's Subscriber Contract.

2. The definition of "Member" in Section 1.12 is amended by adding the following:

Except as specifically provided, as used in this Agreement, the term Member includes Government Program Members.

3. The definition of "MVP Participating Ancillary Provider" in Section 1.16 is amended by adding the following:

Ancillary Provider, with respect to Government Program Members, means a physician, hospital, health professional, vendor or facility that has entered into an agreement with MVP, or any Affiliate, to provide Covered Services to Government Program Members.

4. The definition of "Plan" in Section 1.17 is revised to read as follows:

means any fully-insured, self-funded or any other health benefit plans including Medicaid Managed Care Plan, Child Health Plus and/or Family Health Plus Plans provided to Members pursuant to the terms of a Subscriber Contract, now existing or hereafter offered or administered by MVP or an MVP Affiliate. Plan includes Medicare Managed Care Plans. Plans may be modified from time to time in MVP's sole discretion, subject to applicable regulatory approval. Each self-funded group retains the authority and sole discretion to amend or terminate its Plan, subject to applicable regulatory approval.

5. The definition of "Medical Emergency" in Section 1.10 is revised by adding the following:

Medical Emergency, with respect to Government Program Members, shall have the meaning set forth in the applicable Member's Subscriber Contract.

6. Section 5.1, Compensation, is revised to add the following sentence immediately after the last sentence:

Compensation with respect to Government Program Members shall be the same as set forth in Section 5.1.

7. A new Paragraph, 8.2.2 (v) is added as follows:

(v) Ancillary Provider's termination or suspension from the Medicaid Program.

8. The following new Sections are added to Article 9, Miscellaneous, as follows:

9.18 To the extent MVP enrolls individuals covered by the Medical Assistance program, this Amendment incorporates into the Agreement the pertinent provisions of the Medicaid Managed Care and Family Health Plus model contract or Child Health Plus model contract between MVP and the New York State Department of Health ("DOH") as if set forth fully herein.

9.19 To the extent applicable, MVP and Ancillary Provider will comply with the rules applicable to Physician Incentive Plan ("PIP") Regulations contained in 42 C.F.R. 417.479 and 42 C.F.R. 434.70, and that no specific payment will be made directly or indirectly under the Plan to a Participating Ancillary Provider or a Ancillary Provider group as an inducement to reduce or limit medically necessary services furnished to a Medicaid Program enrollee. Ancillary Provider shall annually provide

MVP with information on its PIP in an accurate and timely manner, in the format requested by the DOH.

9.20 To the extent the New York State Department of Health Standard Clauses, attached to the Agreement as Appendix A, references Medical Assistance or Medicaid Managed Care, this Amendment shall incorporate such references as also referring to Child Health Plus, where applicable.

9.21 Consistent with the exception language in Section 3224-b of the New York State Insurance Law, MVP shall have and retain the right to audit Participating Ancillary Provider's claims to the extent they relate to enrollees in the Medicaid Managed Care, Family Health Plus or Child Health Plus programs for a six year period from the date the care, services or supplies were provided or billed, whichever is later, and to recoup any overpayments discovered as a result of the audit. This six year limitation does not apply to situations in which fraud may be involved or in which the Ancillary Provider or an agent of the Ancillary Provider prevents or obstructs MVP's auditing.

9. The parties to this Amendment agree that to the extent any provision of this Amendment is inconsistent with any provision of the Agreement, the provision hereto shall control with regard to Government Program Members only.

10. The parties agree that all other terms and conditions of the Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, MVP and Ancillary Provider have executed this Amendment to be effective as set forth above.

MVP Health Plan, Inc.
625 State Street
Schenectady, New York 12305

Warren County Health Services
1340 State Rte 9
Lake George, New York 12845

By: Mark A. Fish
Mark A. Fish
Executive Vice President of
Network Management

By: _____
Fred Monroe
Chairman, Board of Supervisors

**GOVERNMENT PROGRAMS AMENDMENT
TO
ANCILLARY PROVIDER AGREEMENT**

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625 State Street
Schenectady, New York 12305

Warren County Health Services
1340 State Rte 9
Lake George, New York 12845

By: Mark A. Fish
Mark A. Fish
Executive Vice President of
Network Management

By: _____
Fred Monroe
Chairman, Board of Supervisors

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: June 26, 2009

- (a) Purpose of Contract Change: To renew contract with NYSDOH to accept funding for the Early Intervention Administration Program (C-021829) for 10/1/09 - 9/30/10 in amount not to exceed \$38,975.00
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 403/2008
- (c) Name of Contractor: NYSDOH Division of Family Health Fiscal Unit
- (d) Address of Contractor: Empire State Plaza, Corning Tower, Room 878, Albany, NY 12237-0657
- (e) Contractor's Contact Person and Telephone Number: Kristin Kuentzel, 474-4569, email: kxk02@health.state.ny.us
- (f) Commencement Date of Amendment: 10/1/09
- (g) Termination Date of Extension: 9/30/10
- (h) Payment Provisions: Quarterly voucher submission upon receipt of contract budget approval
- 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: Early Intervention Administration A4054.0060.4451

Warren County Board of Supervisors

RESOLUTION NO. 403 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 FUNDING FOR EARLY INTERVENTION ADMINISTRATION PROGRAM - HEALTH SERVICES DEPARTMENT

RESOLVED, that Warren County continue the contractual relationship (the previous contract being authorized by Resolution No. 587 of 2007) with New York State Department of Health, Division of Family Health, Fiscal Unit, Corning Tower, Room 878, The Governor Nelson A. Rockefeller Empire State Plaza, Albany, New York 12237, for funding for the Early Intervention Administration Program, for a term commencing October 1, ²⁰⁰⁹2008 and terminating September 30, ²⁰¹⁰2009, said funding to ^{not} exceed ^{Thirty eight thousand Nine hundred seventy five dollars} be in the amount of ~~Forty One Thousand Eight Hundred Five Dollars (\$41,805)~~, and ^(38,975) the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an agreement in the form approved by the County Attorney.



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Richard F. Daines, M.D.
Commissioner

Wendy E. Saunders
Executive Deputy Commissioner

June 18, 2009

Patricia Auer
Director of Public Health & Patient Services
Warren County on behalf of Warren County Health Services
1340 State Rte. 9
Lake George, NY 12845

Re: Early Intervention Administration
Contract Number: C-021829
Contract Period: October 1, 2009 – September 30, 2010

Dear Ms. Auer:

Enclosed please find the budget forms necessary to renew your Early Intervention Administration program contract number C-021829 for the period October 1, 2009 – September 30, 2010, in the amount of \$38,975. Also enclosed is the 2009-10 standardized workplan that will become part of the contract when renewed. When your budget is approved, you will receive contract signature pages under separate cover.

Please complete the necessary budget forms and return two copies of your contract submission package to my attention by **July 17, 2009** to:

New York State Department of Health
Division of Family Health Fiscal Unit
Empire State Plaza
Corning Tower, Room 878
Albany, NY 12237-0657

If you have fiscal questions or require assistance, please contact me at (518) 474-4569 or by e-mail at kxk02@health.state.ny.us. Programmatic workplan issues should be discussed with Terry Ayers at (518) 473-7016 or by e-mail at txb03@health.state.ny.us. Thank you.

Sincerely,

A handwritten signature in blue ink that reads "Kristin Kuentzel".

Kristin Kuentzel
Health Program Administrator
Fiscal Unit
Division of Family Health

cc: Terry Ayers

PART 1

Early Intervention Administration Instructions For Completing Operating Budget and Funding Request

(Tables A, A-1 and A-2)

IN COMPLETING TABLES A-1 THROUGH A-2, LIST THE PERSONAL SERVICES AND NONPERSONAL SERVICES THAT SUPPORT THIS INITIATIVE, EVEN IF NO FUNDING IS BEING REQUESTED FROM NYS.

TABLE A (Operating Budget and Funding Request Summary Sheet)

This table will summarize the sub and grand totals on Tables A-1 and A-2.

TABLE A-1 (Personal Services):

List ALL personnel working on this grant, even if no funding is being requested from NYS. Failure to list ALL personnel expenses on Table A-1 may result in the disapproval of future requests for budget revisions.

Column No.:

- (1) **Personal Services:** List **ALL** personnel working on the grant, even if **no** funding is being requested from NYS.
- (2) **Annual Salary** - enter the amount of funding needed to support this position for 12 months on a full-time basis, regardless of funding source.
- (3) **Number of Months Funded** - enter the number of months the position will be funded by this grant. Note: the number of months may be less than the contract period, but cannot exceed the number of months in the contract period.
- (4) **Percent (%) FTE** - enter the % of time the incumbent will work on the grant on a full-time basis. One (.1) FTE is based on the number of hours worked in one week (e.g. 40 hour workweek). To determine a % FTE, divide the hours per week spent on the project, by the number of hours in the workweek. For example: given a 40 hour workweek, an individual working 10 hours per week on the project spends .25 percent of his/her time on the project (i.e. $10/40 = .25$) Please show in decimal form.
- (5) **Total Expenses** - To calculate, multiply the annual salary by the % FTE. Multiply the result by the number of months funded divided by 12 (i.e. $\text{salary} \times \% \text{ FTE} \times \# \text{ of months funded} / 12$).
- (6) **Amount requested from NYS** - enter the amount of total expenses (see Column 5) requested to be reimbursed by NYS.

- (7) Other Sources - include amounts expected to be received from all other sources, including Medicaid Administrative Funding (for services other than transportation as provided for in LCM-23), local appropriation, in-kind, 3rd party billing, revenue earned from items funded by this grant, etc. A separate amount should be indicated for each source of funding specified in column 8.
- (8) Specify Other Sources - specify the source of funds for each amount shown in Column 7.
- See Subtotal Salaries line - enter the subtotal of the salaries in Columns 5, 6, and 7.
- See Fringe Benefits - show the percentage of Fringe Benefits derived on Fringe Benefit Rate Form 2. Multiply this rate by the sub-total of the salaries in Column 5 and enter the result on the Fringe Benefits line in Column 5. In Column 7 on this budget line, sum the dollar amounts in Columns 5 and 6.
- See Subtotal PS line - sum the "Sub-Total Salaries" amounts and "Fringe Benefits" amounts shown in Columns 5, 6 and 7.

TABLE A-2 (Nonpersonal Services)

List ALL nonpersonal expenses related to this grant, even if no funding is being requested from NYS. Failure to list ALL nonpersonal expenses on Table A-2 may result in the disapproval of future requests for budget revisions.

Column No.:

- (1) Nonpersonal Services - List **ALL** expenses related to this grant, even if **no** money is being reimbursed by NYS.
- (2) Total Expenses - The total expenses for all items should be indicated. This column must equal the sum total of the figures in columns 3 and 4.
- (3) Amount Requested from New York State - Direct funding requests to New York State will be indicated by all of the amounts in this column.
- (4) Other Sources of Funds - include amounts expected to be received from all other sources including Medicaid Administrative Funding (for services other than transportation as provided for in LCM-23), local appropriation, in-kind, 3rd party billing, revenue earned from items funded by this grant, etc. A separate dollar amount should be indicated for each source of funding specified in column 5.
- (5) Specify Other Sources - Specify the source of funds for each amount shown in Column 4.

NOTE: THE OPERATING BUDGET AND FUNDING REQUEST MUST BE ACCOMPANIED BY THE BUDGET NARRATIVE/JUSTIFICATION FORMS.

APPENDIX B
 TABLE A
 BUDGET SUMMARY

EARLY INTERVENTION ADMINISTRATION
 OPERATING BUDGET AND FUNDING REQUEST

Contract Period: October 1, 2009- September 30, 2010

	=	+	+	
	Total Expenses	Amount Requested from NYS	Other Source	Specify Other Sources
Subtotal Personal Service (Total Line Only from Table A-1):	\$0	\$0	\$0	See Table A-1
Subtotal Nonpersonal Service (Total Line Only from Table A-2):	\$0	\$0	\$0	See Table A-2
				CFDA INFORMATION Federal Funds 84.181: Part C of IDEA (Individuals with Disabilities Education Act)
GRAND TOTAL	\$0	\$0	\$0	100%

**APPENDIX B
TABLE A-1
EARLY INTERVENTION ADMINISTRATION
OPERATING BUDGET AND FUNDING REQUEST
OCTOBER 1, 2009 - SEPTEMBER 30, 2010**

PERSONAL SERVICES	(2)	(3)	(4)	(5)	(6)	(7)	(8)
List the title of ALL personnel working on this grant, even if no funding is being requested from NYS:	Annual Salary	# of Months Funded	% FTE Annual (please show in decimal form (e.g. .25)	Total Expenses	Amount Requested From NYS	Funds From Other Sources	Specify Other Sources of Funds
Subtotal Salaries							
Fringe Benefit Rate @ ___%							
Total Personal Services							

APPENDIX B
TABLE A-2
EARLY INTERVENTION ADMINISTRATION
OPERATING BUDGET AND FUNDING REQUEST
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

[(2) - (3)]

NONPERSONAL SERVICES	(2)	(3)	(4)	(5)
List ALL expenses related to this grant, even if no funding is requested from NYS:	Total Expenses	Amount Requested From NYS	Other Sources of Funds	Specify Other Sources of Funds
Total Nonpersonal Services				
Total Personal Services				
GRAND TOTAL (total expenses from Tables A-1 and A-2)				

PART 2

**Early Intervention Administration
&
BUDGET NARRATIVE/JUSTIFICATION FORMS**

Contractor Name: Warren County o/b/o Warren County Health Services

Contract No.: C-021829

Contract Period: October 1, 2009 through September 30, 2010

Contact Person: _____

Telephone Number: (_____) _____

Fax Number: (_____) _____

Using the attached format, provide a justification for the expenses included in each category listed in the operating budget and funding request, Tables A through A-2. The justification must include various items of expense (and estimated costs) that comprise the amount requested for each budget category, and an explanation of how the expenses listed relate to the goals and objectives of the program.

**EARLY INTERVENTION ADMINISTRATION
&
BUDGET NARRATIVE/JUSTIFICATION INSTRUCTIONS**

Personal Services:

Form 1 must include a description of each position contained in Table A-1. The percentage of time spent on various duties, where appropriate, must be included. Contracted, consultant or per-diem staff are not to be included in the description/justification. These expenses should be shown as consultant or contractual services under the Nonpersonal Services section of Form 3.

Nonpersonal Services:

Supplies and Materials (including software):

Definition: **Any item with a per unit cost of \$500 or less.** Software costs should be broken-out separately under supplies, regardless of cost. Provide a delineation of the items of expense and estimated cost of each along with a justification of their need.

Note: Some supplies may be consolidated under generic headings like Office Supplies, Medical Supplies, etc.

Equipment:

Definition: **Any item with a per unit cost of \$500 or more.** Provide a delineation of each piece of equipment that includes the estimated cost, the personnel on the budget for whom the equipment is earmarked, a justification of need, and a justification of the amount requested to be reimbursed by NYS. Explanations should be more detailed if the equipment is unique or if special features are included that constitute a higher cost. Additionally, each item, the cost of which is reimbursed with "Equipment" line funds, must be reported on the "Perpetual Equipment Inventory Report" at the end of the contract year.

Travel:

Complete Form 3a as appropriate and enter amounts requested to be reimbursed by NYS as shown on Table A-2. Provide a delineation of the funding requested in each of the following sub-categories, if applicable. Travel for direct Service Coordination **cannot** be funded under the Early Intervention Administration contract.

Other Expenses:

List any item of expense not included elsewhere in the budget. Items might include insurance, space occupancy, advertising, etc. Provide a justification and allocation methodology for EACH item listed.

Example: Insurance - The total policy for the agency is \$5,000. This contract constitutes 5% of the total agency budget, as such, the amount requested is \$250.

$\$50,000 \text{ contract budget} / \$1,000,000 \text{ agency budget} = 5\%$

Example: Rent - There are alternate methods for determining the amount of rent that can be reimbursed under this contract. One method uses square footage, the other FTE information. Please choose the method that is most applicable:

Method A: Rent is \$8 per square foot. Staff listed on the budget utilize 300 square feet.

As such, the amount requested from NYS is 300 sq. ft. x \$8.00/sq. ft. = \$2,400.

Method B: Thirty (30) FTEs occupy space with an annual rent of \$10,000. Three (3) of the 30 FTEs work on this grant. Therefore, the percentage of FTEs working on the grant, as compared to FTEs in the space, equal 3/30 or 10%.

Rent allocation: \$10,000 x 10% = \$1,000

Subcontracts/Consultant Services:

Provide a listing of all subcontracts, including consultant contracts which will support contract deliverables along with a description of the services to be provided. This should include all contracts that support the program even if funded by other sources. Include an estimate of the number of hours to be worked and the rate per hour, if applicable, for subcontracts supported in full or in part with requested funds.

If the subcontractor/consultant has not yet been selected, please indicate "**Not Selected**" under the Subcontractor/Consultant line and provide all other pertinent information.

Note: All proposed subcontracts require the review and approval of the Department prior to the execution of an agreement between the Contractor and subcontractors. A copy of the executed agreement is required to be submitted before this line can be approved for reimbursement.

Contractor: Warren County o/b/o Warren County Health Services

Contract No.: C-021829

**EARLY INTERVENTION ADMINISTRATION
BUDGET NARRATIVE/JUSTIFICATION**

FORM 1

October 1, 2009 - September 30, 2010

PERSONAL SERVICES (PS)

Position Title	Incumbent Name	Description/Justification (use additional sheets if necessary)

Contractor: Warren County o/b/o Warren County Health Services
Contract No.: C-021829

**EARLY INTERVENTION ADMINISTRATION
FRINGE BENEFIT RATE
FORM 2
October 1, 2009 - September 30, 2010**

PART A

Does your organization have a federally approved fringe benefit rate?

Yes: _____ If yes, you do **not** have to complete Part B.

Federally Approved Rate: _____ Period of Applicability: _____ Attach copy of Federal Approval - all pages.

No: _____ If no, proceed to Part B.

PART B

Specify the components and percentages comprising the fringe benefit rate.

Note: If positions have different fringe benefit rates, please use an average for all positions.

Component	Rate
F.I.C.A (6.2%) & Medicare Tax (1.45%)	7.65%
Health Insurance	
Unemployment Insurance	
Disability Insurance	
Life Insurance	
Worker's Compensation	
Pension/Retirement	
Other: (delineate)	
*Total Fringe Rate	

*This rate must be equal to the percentage shown in the budget, Appendix B, Table A-1.

Contractor: Warren County o/b/o Warren County Health Services
Contract No.: C-021829

**EARLY INTERVENTION ADMINISTRATION
BUDGET NARRATIVE/JUSTIFICATION
FORM 3
October 1, 2009 - September 30, 2010**

NONPERSONAL SERVICES

Item	Cost	Description/Justification (use additional sheets if necessary)

Contractor: Warren County o/b/o Warren County Health Services
Contract No.: C-021829

**EARLY INTERVENTION ADMINISTRATION
BUDGET NARRATIVE/JUSTIFICATION
FORM 3a
October 1, 2009 - September 30, 2010**

PROVIDE A DELINEATION OF THE FUNDING REQUESTED IN EACH OF THE FOLLOWING SUB-CATEGORIES, IF APPLICABLE. ATTACH ADDITIONAL SHEETS AS NECESSARY. TRAVEL FOR SERVICE COORDINATION MUST NOT BE INCLUDED ON THIS FORM.

**In-State Staff and
Volunteer Travel**

Include number of staff, titles of staff and volunteer estimated travel costs (including transportation, lodging and meals for the contract period), and purpose of travel. *See example below.*

\$ _____

**Out-of-State Staff
and Volunteer Travel
and Conference
Travel**

Provide an estimate of the amount you anticipate spending on out-of-state and conference travel along with a delineation of the travel and a justification of how the travel relates to program objectives. All out-of-state travel must have prior approval. *See example below.*

\$ _____

EXAMPLES: According to the examples below, provide as much information as possible about the event(s) to which staff are traveling. Please indicate if this information is not available when the budget is submitted. Failure to do so will result in a delay of the review and approval of the budget. If this information is not submitted at this time, approval must be requested before travel is undertaken.

In-State: Program Coordinator and Data Coordinator to attend 2 related in-State conferences; 2 staff X 2 conferences each X \$300 per conference (including transportation, lodging and meals) = \$1,200.

Out-of-State: Program Coordinator and Data Coordinator to attend conference (including transportation, lodging and meals) at a cost of \$900 per person = \$1,800.

TOTAL FUNDING REQUESTED FOR TRAVEL:

* \$ _____

*The amount shown here must equal the total "Amt. Requested from NYS" for travel found on Table A-2.

**APPENDIX D
WORKPLAN**

October 1, 2009 – September 30, 2010

**Warren County on behalf of Warren County
Health Services**

APPENDIX D

EARLY INTERVENTION ADMINISTRATION WORK PLAN

October 1, 2009 - September 30, 2010

The mission of the statewide Early Intervention Program (EIP) is to identify and evaluate as early as possible those infants and toddlers whose healthy development is compromised and provide appropriate intervention to improve child and family development.

Local governments have responsibility for administering the EIP, subject to regulations of the Commissioner of Health, Subpart 69-4 of subchapter H of Chapter II of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York. Administrative funds are provided to all municipalities to offset costs incurred in the implementation of the EIP, exclusive of due process costs. This funding is contingent upon a municipality's compliance with the following work plan developed by the Department:

Work Plan Responsibilities of Municipalities for 2009-2010:

Public Awareness and Child Find

Municipalities will ensure that primary referral sources are aware of their responsibilities; that required provisions related to initial service coordination are implemented; and that procedures to complete evaluations, determine eligibility, and report eligibility determinations are implemented according to all regulatory requirements.

To accomplish this, municipalities will:

- Establish a single point of entry for referral of children who are at risk for developmental delays or potentially eligible children to the EIP and have a process in place for immediate referral of children suspected of having a developmental delay to the Early Intervention Official/Designee (EIO/D) if public health officers are designated to receive referrals.
- Disseminate public awareness materials and materials related to the EIP and Child Health Plus (including standardized referral forms to be used by primary referral sources, e.g., hospitals, pediatricians, day care providers, etc.) and promote local awareness of the EIP.
- Educate and encourage primary health care providers to participate in the child find component of the EIP by conducting periodic developmental surveillance and refer children, as appropriate.
- Educate primary referral sources, such as local and regional newborn nurseries/ICUs, Child Health Plus providers, child care providers, and other organizations that deliver services to children under the age of three years, about the importance of developmental

screening, the availability of the EIP, and the requirement to refer children under the age of three years suspected of or at-risk for developmental disability to the EIO in the municipality that the child resides.

- Establish a working relationship with child protection agencies regarding the Child Abuse Prevention and Treatment Act (CAPTA) and address referral and screening requirements for children under the age of three years who are subjects of substantiated cases of abuse and neglect.
- Make other reasonable efforts to identify and locate children within the municipality who are potentially eligible for the EIP.
- Promote a local process to engage children in the primary health care system, including:
 - coordinating efforts to locate and recover at-risk children who have been disengaged from the primary health care system and reengage those children in primary care where they will receive periodic developmental surveillance and screening;
 - establishing linkages to other county health/community programs that currently have the responsibility to track at-risk children, and ensure that these children are followed and receive periodic developmental surveillance through those programs; and,
 - conducting follow-up activities with infants who have been referred by a hospital or have failed the initial newborn hearing screening and have not had a second screening.
- Ensure that any direct developmental screening conducted by the municipality is conducted as a last resort, is not duplicative, and is provided only to children who have been identified as outside the primary health care system who cannot be reengaged in that system successfully. Because children suspected of having a developmental delay or disability are entitled to a multidisciplinary evaluation, municipalities cannot “prescreen” or “rescreen” them (e.g., complete a developmental screening such as the ASQ or other type of screening) to determine whether an evaluation should be completed or what type should be administered.
- Ensure that parents are fully informed of and understand their rights and entitlements under the EIP, including providing *The Early Intervention Program: A Parent’s Guide* to parents by mail or other suitable means within seven business days, and communicating in the family’s dominant language unless it is clearly not feasible to do so.
- Ensure that the municipality appropriately designates in writing an initial service coordinator (SC) (either direct staff or through contracted, State-approved service providers) for each referred child, and that the initial SC performs required activities, including:
 - arranging a contact with the parent within five business days of receipt of referral from the EIO/D in a time, place and manner reasonably convenient for the parent;
 - assisting the parent in identifying and applying for Medicaid or other public benefit programs (such as Child Health Plus or SSI) for which the family may be eligible;
 - informing parents of potentially eligible children of their rights under the EIP;
 - collecting information necessary to establish third-party coverage for eligible children, including Medicaid, Child Health Plus, and commercial insurance; and

- assisting parents in gaining access to a multidisciplinary evaluation for their child for the purpose of determining eligibility according to regulatory requirements, including providing parents with all options for evaluation using the list provided by the municipality and objectively reviewing the list with parents to allow them to make an informed choice regarding the evaluator's specialties, availability, and location.
- Ensure that the municipality appropriately reimburses for evaluation services that are conducted by qualified personnel according to EIP regulatory requirements.
- Ensure that the parent and municipality receive the evaluation report in a timely manner prior to the initial Individualized Family Service Plan (IFSP) so the IFSP meeting can be held within 45 days of the child's referral.
- Ensure that only eligible children receive IFSP services.

Family-Centered Services

Municipalities will ensure that the development and implementation of the IFSP meets all regulatory requirements and is timely; there is oversight of services; and parents are involved in the planning and evaluation of service delivery.

To accomplish this, municipalities will:

- Ensure that the EIO/D provides for adequate time before the meeting date so that the family and other participants will be able to attend.
- Ensure that the EIO/D sends timely written notice (two or more days before the meeting) of all IFSP meetings to required participants.
- Ensure that the EIO/D and all other required members participate in IFSP meetings, including six-month reviews, and that the EIO/D attends the initial and annual IFSP meetings in person.
- Ensure that initial IFSPs are completed in a timely manner so that IFSPs are in compliance with the 45-day timeline from date of referral and that it is documented in the child's record and in the EI data system (KIDS/NYEIS) if the timeline is not met.
- Ensure that the development of IFSPs meet all regulatory requirements for every eligible child, including that IFSPs are held within the required time frames and that it is documented in the child's record and in the EI data system (KIDS/NYEIS) if the timeline is not met.
- Ensure that services agreed upon between the parent and EIO/D are clearly stated, in writing, in IFSPs authorized by the municipality.
- Ensure that due process rights of mediation, impartial hearing, and system complaints are provided to the parent whenever there is a dispute regarding services.

- Ensure that parents may accept or decline any early intervention service without jeopardizing other early intervention services.
- Secure written parental permission for the confidential exchange of information among parents, evaluators, service providers, service coordinators, and/or other individuals according to federal and state law and regulation.
- Ensure that families are included in all aspects of the early intervention process and have the services needed to maximize their involvement.

Service Delivery and Natural Environments

Municipalities will ensure that services are individualized and delivered in accordance with the IFSP; all services are delivered in environments appropriate to the unique needs of the child; and services are delivered in a timely fashion.

To accomplish this, municipalities will:

- Ensure that all models of early intervention service delivery (home/community-based individual/collateral visits, office/facility-based individual/collateral visits, parent-child groups, group developmental interventions, family/caregiver support groups) are continuously available.
- Ensure that ongoing service coordination services are provided (either directly or through contract with State-approved service providers) and that ongoing service coordinators appropriately monitor services and implement IFSPs so that services specified in IFSPs begin within 30 days of the effective date of the IFSP period and are provided continuously for the entire period that the IFSP is in effect.
- Ensure that all services use an individualized approach for both children and their families, including consideration and respect for cultural, ethnic, and other individual and family characteristics and lifestyles.
- Ensure that services are provided in natural environments to the maximum extent appropriate for the needs of the eligible child and, if services are not provided in natural environments, an explanation is provided in the IFSP. Natural environments include settings that are natural or normal for the child's age peers who do not have disabilities, including the home, a relative's home when child care is provided by the relative, a child care setting, or other community settings in which children without disabilities participate.
- Ensure that procedures are in place to change a service provider, including amending the IFSP, and to provide appropriate notification to the parent and other providers delivering IFSP services.
- Ensure that procedures are in place to ensure that respite services are available and that an

established criterion is utilized to authorize respite when needed by the family.

Transition

Municipalities will ensure that a transition plan is developed for all children, with the family, and included in the child's record/IFSP; that transition steps occur within the required timelines; that gaps in services do not occur for children who are potentially eligible for services under section 4410 of the Education Law; and that referrals to other appropriate early childhood programs are made.

To accomplish this, municipalities will:

- For every child exiting the EIP:
 - Ensure that a timely transition plan is developed according to regulatory requirements.
 - Ensure that, with parent consent, the transition plan is incorporated into the IFSP.
 - Ensure that, when requested by the parent, only children determined to be eligible for services under Section 4410 of the Education Law prior to their third birthday are eligible to receive early intervention services specified in an IFSP beyond their third birthday.
 - Ensure that municipal and contracted service coordinators review information concerning the transition procedures with the parent and obtain parent consent for the transfer of pertinent early intervention records.

- Ensure that children thought to be potentially eligible for services under Section 4410 of the Education Law can smoothly transition from the EIP to the Preschool Special Education Program including:
 - with parent consent, notifying the school district of the child's potential eligibility for services under Section 4410 at least 120 days before the child is first eligible for these services;
 - assisting the parent in sending a written consent referral to the child's school district requesting the school district to evaluate the child to determine if (s)he needs special education services;
 - at the parent's option and with parent consent, arranging for and participating in a transition conference for children potentially eligible for preschool services at least 90 days before the child is first eligible for services or the child's third birthday, whichever is first. The chair of the school district's Committee on Preschool Special Education (CPSE) must be invited;
 - ensuring that transition procedures are reviewed with parents either at the transition conference or, if no conference occurs, at another time at least 90 days before the child is first eligible for services or before the child's third birthday, whichever is first. This review should include parents' rights and responsibilities regarding the EIP and preschool system requirements;
 - with parent consent, establishing a transition plan and incorporating the plan into the IFSP, including the date the child will transition to 4410 services;
 - with parent consent, ensuring that pertinent records are transferred to the CPSE; and,
 - notifying and inviting the local social service commissioner/designee to participate in transition planning for children in care.

- Ensure that a transition plan to other childhood and support services is developed and implemented for children determined not eligible by the CPSE and that parents are assisted to access such services.
- Ensure that children determined not eligible by the CPSE are discharged from the EIP by their third birthday.

Administration and Oversight

Municipalities will strive to continuously improve the administration of the EIP in an effort to enhance the quality of services and maintain fiscal accountability.

To accomplish this, municipalities will:

- Ensure that early intervention services contracted for are delivered according to the standards provided in *Health and Safety Standards for the Early Intervention Program* issued by the Department.
- Comply with all federal and state laws and regulations regarding submission of data.
- Ensure that proper procedures exist to resolve disputes or complaints and that parents are made aware of their rights to due process procedures to resolve such disputes or complaints through mediation and an impartial hearing.
- Ensure that proper procedures exist to maximize third-party reimbursement for services by:
 - ensuring that children's social security numbers, Medicaid enrollment status, identification numbers, and/or information of any other insurance or health benefits plan is obtained upon initial referral or as early as possible by the municipality, maintained in a confidential manner, and periodically updated throughout the child's participation in the EIP;
 - ensuring that all information about service delivery necessary to obtain insurance and Medicaid reimbursement is submitted by providers who bill for services (e.g., ICD, CPT codes, NPIs, and professional license number, etc.); and
 - claiming to Medicaid, Child Health Plus, and commercial insurance prior to claiming to the Department, consistent with the *Guidance on Claiming Insurance for Early Intervention Services* document and other claim-related guidance issued by the Department.
- Ensure that required documentation to substantiate billing and claiming is maintained by the municipality and contracted providers.
- Adjust claims to the state to correct errors and credit additional payments received during the preceding year.
- Review and audit bills for services before payment is made to providers and report any fiscal irregularities to the Department.

- Notify the Department regarding:
 - an Agency that becomes bankrupt or insolvent or falsifies its records or reports or misuses its funds from whatever source;
 - the initial arrest and then upon conviction of an Individual Contractor or principal of an Agency contractor of a criminal offense by any court of competent jurisdiction, or action on license by the NYSDOH or NYSED;
 - an Agency Contractor that identifies an investigation and notification upon conviction of an employee or employees of a criminal offense on license by the NYSDOH or NYSED;
 - an Agency Contractor that knowingly fails to act upon the conviction of an employee or employees of a criminal offense or action on license by NYSDOH or NYSED;
 - an Agency or Individual Contractor who engages in any act which constitutes an unacceptable practice under the Medical Assistance Program as enumerated in Title 18 of the New York Code of Rules and Regulations Section 515.2(a) and (b)(1) through (b)(15).

- Claim for reimbursement for eligible administrative costs incurred during the preceding year through Medicaid administrative, EI Administration contract, and State Aid voucher processes.

- Provide notification to the Department regarding fiscal audits that will be or have been conducted by the municipality and ensure that the final results of fiscal audits are immediately reported to the Department according to regulatory requirements.

- Develop and implement activities to oversee and improve the delivery of services to eligible children, including:
 - establishing contracts with and ensuring that services are delivered only by state-approved, qualified evaluators, service coordinators and service providers, including direct employees and provider subcontractors, in a manner that is consistent with state law, regulations, and Department guidance;
 - establishing and maintaining a sufficient number of contracts with state-approved evaluators, service coordinators, and service providers to ensure adequate capacity so that all services and service delivery options are available and accessible to eligible children and their families;
 - using the Department's model municipal contract or similar contract with state-approved providers to ensure provider awareness and compliance with state law, regulations, and Department guidance;
 - ensuring that new contracts and changes in provider contract status are immediately reported to the Department, including terminations in whole or in part, and suspensions of enrollment of children and/or service delivery privileges by the municipality;
 - monitoring contracts of providers of early intervention services and reporting results to the Department, including immediate notification of problems with qualifications of providers, physical plant or other serious health and safety findings, including failure to report suspected child abuse or maltreatment, or failure to complete State Central Register clearances, as appropriate;
 - ensuring that all contracted providers receive Department-issued early intervention guidance documents, policy letters, and clarification letters; and
 - ensuring that all contracted agency providers provide their staff access to Department-

issued early intervention guidance documents, policy letters, and clarification letters.

- Develop and implement activities to oversee and improve the administration of the program, including:
 - Ensuring that Local Early Intervention Coordinating Councils (LEICCs) meet EIP regulatory requirements regarding public notice, composition, activities, and reporting;
 - including the LEICC in assessing local service delivery capacity and identifying gaps in available qualified personnel and unmet service needs;
 - developing mechanisms to support parents of young children with a developmental delay to participate in collaborative planning and policy development efforts with the municipality and state;
 - ensuring that the municipality and providers maintain early intervention records consistent with the early intervention records guidance document issued by the Department;
 - ensuring that municipal policies are consistent with federal and state law and regulation;
 - using the EIP computerized data system provided by the Department to enter valid data into all required data fields in a timely fashion;
 - identifying and reporting to the Department eligible foster or homeless children through the data system (KIDS/NYEIS);
 - routinely transmitting data, including electronic data transfers, in a method and to a location defined by the Department as detailed in "Reports - Early Intervention Administration, Appendix C, Section II";
 - providing data and other information mandated by specific legislation or otherwise required by the Department for administrative purposes; and
 - conducting ongoing data validation, including providing timely corrections when invalid data is identified by the Department.
- Support and make available training and educational opportunities to municipal staff, providers, and families, including:
 - ensuring that appropriate municipal staff attend all relevant state-sponsored training and informational meetings;
 - ensuring that all contracted service coordination providers attend required state-sponsored service coordination trainings;
 - ensuring that contracted service providers attend other relevant state-sponsored trainings available in the region;
 - disseminating information regarding appropriate training opportunities available to primary referral sources, providers of early intervention services, families of potentially eligible children, and other key stakeholders; and
 - ensuring that all contracted agency providers notify their staff of training and educational opportunities.
- Implement proper procedures to protect the confidentiality of early intervention records and personally identifiable information of children and their families within the municipality and by contracted service providers according to EIP regulations, Section 69-4.17c, d, e, and applicable federal requirements. These are summarized in the attachment "Components to Include in Written Policy for Maintaining Municipality Early Intervention Records."

- Participate in monitoring and quality assurance activities, including:
 - providing data, completing surveys, and conducting other activities that provide information about local program performance needed for federal or state monitoring and quality assurance initiatives and reports;
 - as necessary, developing and implementing a plan with realistic and achievable goals and timelines to improve local program performance as described in an individualized annual “determination” issued by the Department;
 - providing access to documents and personnel for municipal or provider monitoring; audits, investigations, or other reviews conducted by the State or its agents;
 - when required, completing and submitting Corrective Action Plans (CAPs) and quality improvement surveys to the State or its agents within the prescribed time frame;
 - implementing the terms of municipal CAPs when accepted by the State;
 - ensuring that the terms of provider CAPs accepted by the State are implemented, including in the area of health and safety and confidentiality;
 - ensuring that follow-up is conducted for contracted providers with health and safety findings; and
 - participating in State monitoring reviews, as resources allow.

- Ensure that procedures are in place in accordance with EIP regulations for children in care, including:
 - establishing agreements with local social services districts to identify children in need of a surrogate parent and ensuring prompt designation of a qualified surrogate parent; and
 - ensuring that information about children in care, including the IFSP, is transmitted to the municipality of residence.

- Utilize the centralized management information system, New York Early Intervention System (NYEIS), in the manner prescribed by the Department and the Bureau of Early Intervention.

- Ensure that contracted service providers prepare for and utilize the NYEIS data system.

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: June 26, 2009

- (a) Purpose of Request: To amend immunization prices to include vaccines for travel and to increase administration fee for all immunizations from \$15.00 to \$25.00
- (b) Details: see attached
- (c) Previous Resolution Number: 120/2009

SCHEDULE "A"

WARREN COUNTY PUBLIC HEALTH PRICE LIST FOR IMMUNIZATIONS

Appointments: Tues. 3:00-4:30pm, Wed. 9:00-11:00am, Fri. 3:00-4:30pm. Travel Clinic: Wed. 4:00-6:00pm

If someone needs to come at a different time, check with nurses to see who is available.

Adacel (TdaP)	\$56.00 \$15.00 for VFC-qualified children 11 to 18 years old
Boostrix (TdaP)	\$58.00 \$15.00 for VFC-qualified children 10 to 18 years old
Hepatitis A	\$45.00 for each in a series of two shots \$15.00 for VFC-qualified children or "at-risk" adults
Hepatitis B	\$52.00 for each in a series of three shots \$15.00 for VFC-qualified children or "at-risk" adults
HPV (Gardasil)	\$15.00 for VFC-qualified girls \$155.00 for older
Influenza (Flu) Injection or Mist <i>Encourage public clinics if possible</i>	\$25.00 or Medicare Part B \$15.00 VFC-qualified children
IPV (Polio)	\$15.00 for VFC-qualified children \$49.00 for older
IXIARO (Japanese Encephalitis)	\$220.00 for each in a series of two shots
Menactra	\$15.00 VFC-qualified children \$123.00 for adults up to age 55
Menomune	\$15.00 VFC-qualified children \$125.00 for adults up to age 55 and older
MMR (Measles/Mumps/Rubella)	\$15.00 for child/adult student or health care workers, \$72.00 otherwise
Pneumovax	\$61.00 (if not Medicare Part B or other insurance eligible)
PPD (TB Test)	\$28.00 If patient comes back to Public Health office in 2-3 days to have site read. If read by Clinic Nurse off-site, there will be an additional 5.00 charge.
Pre-Rabies	\$192.00 for each in a series of three shots, given over a period of 3 weeks. MUST have prescription from MD.
Td (Tetanus)	\$43.00
Twinrix (Combination Hep B & A)	\$67.00 for each in a series of three shots \$15.00 for "at-risk" adults
Typhim (Typhoid Fever)	\$72.00
Varivax (Chickenpox Vaccine)	\$15.00 for VFC-qualified children \$92.00 for older
Zostavax (Shingles vaccine)	\$179.00 for people 60 years old and older
4F-VAX (Yellow Fever)	\$100.00

Uninsured children 18 years old and younger qualify for the VFC (Vaccine for Children) Program. If child (or adult) is insured, encourage going to their physician. VFC Vaccine is provided to us free of charge by NYSDOH to which we add an administration fee of \$15.00, however no child is denied vaccine. Cash, checks, and charge cards accepted.

Warren County Board of Supervisors

RESOLUTION NO. 120 OF 2009

Resolution introduced by Supervisors Sokol, Sheehan, Thomas, Champagne, O'Connor, Strainer and Pitkin

INCREASING CHARGE FOR IMMUNIZATIONS ADMINISTERED IN THE PUBLIC HEALTH DIVISION - HEALTH SERVICES DEPARTMENT

RESOLVED, that the charge for immunizations (last amended by Resolution No. 144 of 2008) administered in the Public Health Division be, and hereby are, increased, with new costs as per Schedule "A" attached, in order to cover the cost of pharmaceuticals and related clinic expenses of the Health Services Department.

RESOLUTION REQUEST FORM NO. 12
Request to Fill Vacant Position*

*(Please Note: A Resolution IS NOT REQUIRED for approval IF the vacant position is funded in the Warren County Salary Budget. However, the request must be approved by the Personnel Committee BEFORE the position is filled as well as the Finance Committee if new dollars are involved.

A Resolution IS REQUIRED if the vacant position is NOT FUNDED in the Warren County Salary Budget.)

DEPARTMENT NAME: Health Services

DATE: June 26, 2009

- (a) Title of Vacant Position to be Filled: WIC Program Coordinator
- (b) Date position will become vacant: July 30, 2009
- (c) Do You Anticipate Filling the Position In-House? Yes
If Yes, List Employee Number: 10861
- (d) Annual Salary of Position (and Grade if Applicable):* 43,606.00, out of bargaining unit
*(This should be the Base Salary for the position if it is being filled by a **new** employee, **or** the salary, **including longevities**, for any **existing** employee who is filling the position.
- (e) Effective Date of Filling Position:* August 3, 2009 or as soon thereafter as possible
*Please do not backdate unless the purpose is to correct an error.
- (f) Where are Funds in the Budget for this Position? (List budget code (with title), object code (with title), and amount): 4013.110 WIC Full Time Salaries (salary of current employee: 48,306.00)
- (g) Does the Vacant Position Show a Salary in the Budget? Yes
- (h) Will Lower Level Position be Vacated as a Result of Filling this Vacancy? Yes If yes, is there a Request to Fill that Position also? Yes
- (i) If Yes, will it be Filled In-House? Yes
If Yes, List Current Title and Employee No.: WIC Dietician, part time, #6447
- (j) Salary of Lower Level Position:* Base: 36,210.00, current: 40,353 prorated to part time
*See notes under Item No. (c) concerning how the salary should be listed.
A lateral move will occur - Grade 16 part time WIC Dietician will be vacated as employee currently qualified wishes to move to full time WIC Nutrition Facilitator
- (k) Effective Date of Filling Lower Level Position: August, 3, 2009 or as soon as possible thereafter
- (l) Is this a mandated position? If so, please explain: No, however positions are 100% grant funded and critical to operation of WIC Program
- (m) Is there expected revenue from this position? If so, please explain: See (l) above

We are not requesting to fill the part time position at this time but my need to request at a later date if

Schedule "A"

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 Health Services
Title of Position WIC Program Coordinator
Base salary \$ 43,606
Budget code and title 4013-110 Full Time Salaries WIC Program
This position is vacate due to: Retirement Resignation Termination
Employee No. 5551

COMMISSIONER OF ADMINISTRATIVE & FISCAL SERVICES COMPLETES THIS SECTION

Name of Committee Health Services Date 6/26/09

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

Commissioner Signature [Signature]

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health Services Date 6/26/09

- 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 _____

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

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DEPARTMENT HEAD COMPLETES THIS SECTION

Department Health Services
Title of Position WIC Program Coordinator
Base salary \$ 43,600
Budget code and title 4013-110 Full Time Salaries WIC Program
This position is vacate due to: Retirement Resignation Termination
Employee No. 5551

COMMISSIONER OF ADMINISTRATIVE & FISCAL SERVICES COMPLETES THIS SECTION

Name of Committee Health Services Date 6/26/09

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

Commissioner Signature [Signature]

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health Services Date 6/26/09

- 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 [Signature]

PERSONNEL COMMITTEE COMPLETES THIS SECTION

Date _____

- The Personnel Committee has no objection to the filling of the vacancy.
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Ranking Committee Member Signature _____

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