

**Warren County Health Services
Health Services Committee Meeting Agenda
November 25, 2009
Information Submitted By: Patricia Auer, DPH/DPS**

Pending Items

Update on Seasonal Influenza and H1N1 Flu

Monthly Emergency Preparedness Activities

Please see the attached report.

Update on Preschool Contract Issues

In the event an Executive Session is needed, we would recommend postponing this item until the end of the agenda. Further information on an issue is expected by the time of the meeting.

Request Resolution:

To reauthorize the following health care professionals to serve in our weekly Sexually Transmitted Disease Clinic:

Peter Hughes, MD

Joseph Dufour, FNP

Ruth Fish, FNP

Rationale:

Only one health care provider serves each week, but we have three credentialed professionals to assure there is always back up. Dr. Hughes is the primary provider. Costs for the services are \$100.00 per clinic. Rates have not changed in years, and the clinic expenses including medical care providers, laboratory fees and associated clinic costs are shared 50% with Washington County, since they do not have a STD Clinic, but must provide the ability for their residents to have access to such services, if needed. Clinics are offered anonymously and confidentially to clients at no charge. State aid is used to help defray clinic costs. This clinic is needed since it is part of our Public Health Mission to control Communicable Disease.

Due to increasing decline in attendance, beginning January 1, 2010, we will no longer offer the Queensbury Well Child Clinic. Therefore, there is no need to reauthorize the Health Care Professionals from Adirondack Pediatrics, particularly Dr. Kathleen Braico, who have served in that clinic for many years. We are appreciative of the services they have provided, but it is no longer necessary or cost effective to continue the clinic.

Request Resolution:

To appoint and reappoint members to the Warren County Early Intervention Coordinating Council for the period January 1, 2010 through December 31, 2010.

Rationale:

New York State Health Department Law requires this committee.

The list of members will be available at the meeting for any committee members interested in seeing the entire list.

The following are the changes from the 2009 Membership Appointments:

Michelle French – North Warren Central School – resigned – no replacement

Kate Abbott – new appointment – BOCES Preschool Principal replacing Beth McGraw who left position

Crystal Vaisey – no reappointment – has not attended meetings –

Asha Martellotta – new appointment – replacing Crystal Vaisey

Erik Mastrianni – new appointment – Warren County Health Services Early Intervention Service Coordinator

The specific number of individuals needs on the committee is not specified, there must only be representation from a variety of service providing agencies, which we have.

Request Resolution:

To appoint and reappoint members to the Warren County Health Services Professional Advisory Committee for the term January 1, 2010 to December 31, 2010.

Rationale:

New York State Department of Health Law requires this committee. The list of members will be available at the meeting for Health Services Committee Members should they wish to see it.

The following are the changes from the 2009 Membership:

Tammie DeLorenzo – New Appointment

Julie Smith – New Appointment – replacing John Penzer Greater Adirondack Home Aides who has left the agency

Donna Kirker - New Appointment replacing Carol Shippey Glens Falls Hospital who is retiring January 2010

New Business**Update on Point of Care Initiative**

Tammie Delorenzo, Clinical and Fiscal Informatics Coordinator, will provide information regarding the status of the project.

Request Committee Approval:

To allow Tammie DeLorenzo to attend Home Care Association of New York sponsored Managed Care Symposium, at the Desmond Hotel in Albany, on December 14, 2009, at a cost of \$199. Lunch is included in the fee, and she would drive in a Health Services fleet vehicle. We have sufficient funds in our education budget to cover this cost.

Rationale:

Securing reimbursement from managed care organizations is becoming an increasingly complex challenge. We need to be up to date with strategies to navigate through these systems when negotiating terms, service conditions and payments, particularly as increasing numbers of individuals of all ages have health care plans though some managed care program.

Request Resolution:

To renew the contract with Greater Adirondack Home Aides Inc. to provide Home Health and Personal Care Aides for the contract year January 1, 2010 – December 31, 2010.

Rationale:

This agency provides the bulk of the aide services provided to our patients, and there will be no rate increases for the coming year.

Request Resolution:

To authorize Kathleen Meath, RN to travel to and from Atlanta, Georgia from April 18, 2010 to April 22, 2010, to attend the 2010 National Immunization Conference.

Rationale:

All travel, lodging, and meal costs will be covered by the New York State Association of County Health Officials (NYSACHO), and the only cost to Warren County will be the employee's salary for the hours of actual attendance at the conference. This is important as the most up to date information regarding immunizations is presented, and our representative brings it back to share with staff.

Request Resolution:

To authorize the Director of Public Health/Patient Services/Early Intervention Official, to electronically sign the Compliance Certification and Deficit Reduction Act Certification form required by the Office of the Medicaid Inspector General (OMIG) which is due by December 31, 2009, on behalf of Warren County Health Services, and annually thereafter.

Rationale:

This is the first time we need to file this form. It attests to us having policies and procedures in place that educates our staff and our vendors regarding the fact that we have a compliance officer that assures that Medicaid funds are appropriately utilized, and if there are questions or concerns they may be asked of the compliance officer without fear of retribution.

Our department has been working with Trish Nenninger, Warren County Second Assistant County Attorney, over the past year to assure we are prepared for and in compliance with this requirement as far as Health Services is concerned. We have completed all requirements, which has included the development and ongoing incorporation of policies and procedures for staff and vendors. There is also a component that speaks to the need for educating county executive staff and the governing body of the county. Please see the attached information (e-mailed only, but we will have a copy available at the meeting and will be attached for the committee minutes), that we have sent to our vendors, as well as the information we have on our department website. In January, when our new committee is formed, we will provide more information, including a document that addresses frequently asked questions.

Request Resolution:

To authorize a contract agreement with Hamilton County Public Health Nursing Service to allow us to recoup costs for Hamilton County residents who receive treatment at our Sexually Transmitted Disease Clinics in a form approved by the county attorney.

Rationale:

This will involve very few Hamilton County residents (approximately 5 people a year per the estimate of the Hamilton County Public Health Director), but since Hamilton County does not operate an STD Clinic, when they were surveyed by New York State Department of Health, they were told they needed a formal arrangement by which residents would be able to access these services if they wished. We already have a formal contract with Washington County that works well, and overall helps Warren County defray clinic costs. We will charge a per participant fee of \$60.00.

Report of Revenues, Expenditures, Overtime and Per Diem Use (please see attached)**Budget Transfers (to be discussed at the meeting)**

Tawn Driscoll, Fiscal Manager, will be present at the meeting to review information

Attachments:

Report of Emergency Preparedness Activities

Corporate Compliance Policies (e-mailed only) hard copy to be provided for minutes

Report of Revenues, Expenditures, Overtime and Per Diem Use

WARREN COUNTY HEALTH SERVICES

BT ACTIVITY SHEET

GY 10 - 8/10/2009 - 8/9/2010

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Topic Color Codes

Red/Chempack; Green/SNS; Blue/Mass Fatality; Black/Training; Orange/Drill; Purple/Pan Flu

Date	Type	Subject/Comments	Attendees	Topic (i.e. Drill, SNS, Training, Pan Flu)
11/4/09	Education Table	Warrensburg School	Laura Saffer	Pan Flu
11/10/09	Meeting	Monthly BT Coordinators	Barb Orton	
11/12/09	Conference Call	SNS	Ginelle Jones, Barb Orton	SNS
11/18/09	Training	Lay Volunteers	Laura Saffer	Pan Flu
11/18/09	Education Table	ACC	Barb Orton	Pan Flu
11/18/09	Conf Call/Webinar	Clinic Ops - RealOpt POD Modeling Software	Angela Meade	Pan Flu
11/18/09	Fit Testing	Nurses, as required	Laura Saffer	Pan Flu

WARREN COUNTY BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2009 AS OF 11/20/2009 10:26:38 AM

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	\$3,159,422.00	\$2,552,164.55	\$3,019,322.32			
Salaries - Overtime	\$172,838.00	\$154,953.15	\$209,579.17			
Salaries - Part Time	\$402,456.00	\$229,967.77	\$327,600.22			
Salaries - Sick Leave Incentive			\$800.00			
100's PERSONAL SERVICES	\$3,734,716.00	\$2,937,085.47	\$3,557,301.71			
200's EQUIPMENT	\$20,000.00	\$3,395.75	\$69,518.54			
400's CONTRACTUAL	\$9,807,157.76	\$6,498,098.50	\$9,708,382.75			
800's EMPLOYEE BENEFITS	\$62,422.00	\$59,875.69	\$57,581.33			
TOTALS	\$13,624,295.76	\$9,498,455.41	\$13,392,784.33			

REVENUES	2009 BUDGETED	2009 YTD ACTUAL	2008 Prior Year Totals
	\$12,338,428.00	\$7,790,607.66	\$11,961,592.19

Note: 2009 Revenues reflect an estimated accrual for September and October of \$750,000 for the CHHA, LTC and MCH Programs.
 An accrual of \$475,081.31 has also been made for the Preschool billing of AVL#3 for the 2008/2009 school year and for evaluations. Also an accrual for EI Billing of \$46,670 was just billed to the state this week.

Warren County Health Services

Salaries Comparison

2008 vs 2009
 as of 11/8/09 for 23 payrolls

Total of All Depts	YTD 2009	YTD 2008	YTD 09vs08	Percentage Change	Estimated Annual Expenses	Budget 2009	Actual 2008
Regular Salaries	\$2,552,164.55	\$2,565,974.70	-\$13,810.15	-0.54%	\$2,885,055.58	\$3,159,422.00	\$3,019,322.32
Overtime Salaries	\$154,953.15	\$183,289.23	-\$28,336.08	-15.46%	\$175,164.43	\$172,838.00	\$209,579.17
Part Time Salaries	\$229,967.77	\$285,268.54	-\$55,300.77	-19.39%	\$259,963.57	\$402,456.00	\$327,600.22
Sick Leave Incentive	\$0.00	\$0.00	\$0.00	0.00%	\$0.00	\$0.00	\$800.00
TOTALS for 23 Pay periods	\$2,937,085.47	\$3,034,532.47	-\$97,447.00	-3.21%	\$3,320,183.57	\$3,734,716.00	\$3,557,301.71

*Source: Detail G/L report for all Salary Category from 11/1/XX-11/8/XX
 Note: Payroll reflects the annual 3% increase in salaries for 2009. Estimated Savings -\$414,532.43

-Regular salaries for WIC in August reflect the benefit cash for the retirement of Jean Spencer, Program Coordinator, totaling \$16,907.
 -During September through November 8th, Part time and Overtime salaries reflect extra hours for Flu/H1N1 clinics which are 100% reimbursable through the BT grants.
 -WCHS is estimating by year end, a decrease in salaries expense. Based on current statistics it could be a savings of around \$414,532 compared to the 2009 budgeted figures. -\$237,118.14

Warren County Health Services

Corporate Compliance Policy

Corporate Compliance Officers:

Assistant Director of Public Health
Compliance Officer for the Division of Public Health
Assistant Director of Patient Services
Compliance Officer for the Division of Home Care

The Corporate Compliance officers will report to the Director of Public Health/Patient Services/Early Intervention Official, who will report as necessary to the Health Services Committee of the Warren County Board of Supervisors.

All staff will receive education regarding Warren County Health Services' Corporate Compliance Policy as part of the orientation process for new hires, and annually thereafter. Documentation will be kept to verify that this process has occurred.

All Business Associates, Contractors and Vendors will receive information regarding the Corporate Compliance Policy upon initial affiliation with Warren County Health Services.

The Corporate Compliance Policy will be posted on the Warren County Health Services' website.



Warren County Health Services

1340 State Route 9, Lake George NY 12845

Patricia Auer, Director
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Email: auerp@co.warren.ny.us

MEMO

To: Warren County Health Services' Business Associates, Contractors, and Vendors
From: Patricia Auer, Director of Public Health/Patient Services
Re: Corporate Compliance Policy Regarding False Claims, Fraud Prevention and Detection
Date: May 11, 2009

Warren County operates Warren County Health Services, a Certified Home Health Agency, a Long Term Home Health Care Program and a Diagnostic and Treatment Center. As part of its commitment to providing quality health care services in accordance with ethical standards and in compliance with applicable laws, a corporate compliance plan ("Compliance Policy") has been adopted. Warren County Health Services strives to conduct its business operations in accordance with the policies and standards of its Compliance Policy and expects that its business partners and their employees will comply with such policies and standards in conducting business with the department.

Recent federal legislation requires the establishment of policies for its employees, and those of its contractors, vendors, and business associates which or who, on behalf of Warren County Health Services, furnish or otherwise authorize the furnishing of health care items or services, perform billing or coding functions, or are involved in monitoring of health care provided by Warren County Health Services, which provide detailed information about:

- a) The Federal False Claims Act;
- b) Federal administrative remedies for false claims and statements;
- c) State laws pertaining to civil and criminal penalties for false claims and statements;
- d) Federal and state whistleblower protections under such laws; and
- e) Warren County Health Service's policies and procedures for detecting and preventing fraud, waste, and abuse.

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Tawn Driscoll
Fiscal Manager
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Warren County Health Services has incorporated such information in its Compliance Policy. To provide its contractors, vendors, and business associates with ready access to this information, it has been placed on the department's website. The Compliance Policy can be found at:

<http://www.co.warren.ny.us/healthservices/page2.htm>

We request that you familiarize yourself with Warren County Health Service's Compliance Policy, and the information contained therein regarding state and federal false claims laws and whistleblower protections. In addition, to assist in meeting these recently enacted federal requirements, Warren County Health Services requests that you notify your employees that information pertaining to state and federal false claims laws and whistleblower protections can be accessed at the above web site.

If you have any questions concerning Warren County Health Service's Compliance Policy or recently enacted federal requirements, please contact the following individuals or me:

Ginelle Jones, Assistant Director of Public Health
Corporate Compliance Officer for the Division of Public Health
518-761-6580

Sharon Schaldone, Assistant Director of Patient Services
Corporate Compliance Officer for the Division of Patient Service
518-761-6415

Thank you for your attention and cooperation in this matter.

Adopted: May 5, 2009

**WARREN COUNTY HEALTH SERVICES DEPARTMENT POLICY REGARDING
CORPORATE COMPLIANCE AND FALSE CLAIMS, FRAUD PREVENTION
AND DETECTION**

1. GENERAL STATEMENT OF POLICY

- 1.1 It is the policy of Warren County Health Services hereinafter referred to as “the Department”, to comply with all applicable federal, state and local laws and regulations.
- 1.2 It is also the policy of the Department to require staff to comply with provisions of the Warren County Code of Ethics, the Department Compliance program, as well as any other applicable protocols, standards and procedures established or adopted by the County and /or the Department.
- 1.3 This policy summarizes the provisions of the Department’s Compliance Program and requirements of the Federal Deficit Reduction Act of 2005, and provides information to Department staff about important federal and state laws. The provisions, standards and requirements of the program will be reviewed with each new employee and provided to all employees.

2. SCOPE

- 2.1 This policy applies to all employees and contractors in the Department providing Medicaid health care items or services for which Medicaid payments are made.
- 2.2 This policy also applies to all contractors and agents who furnish or authorize the furnishing of Medicaid services on behalf of the Department, or perform billing or coding functions or are involved in monitoring the care provided by the Department, hereinafter referred to as “agent”.

3. ADMINISTRATION

- 3.1 This policy will be implemented by the Director of Public Health/Patient Services. The designated Department Compliance program officers will be the Assistant Director of Public Health and the Assistant Director of Patient Services.

4. POLICY/PROCEDURE

- 4.1 Each employee or agent of the County will strive to act in accordance with the provisions of any applicable federal, state and local laws, the Code of Ethics and the Department Compliance Program, and will encourage other employees or agents to act the same.
- 4.2 No employee or agent of the County has authority to act contrary to the provisions of any applicable laws, Code of Ethics, or the Department Compliance Program or to authorize, direct or condone such action by any other employee or agent.

- 4.3 Any employee or agent of the Department who has knowledge of activities that he or she believes may violate a law, rule or regulation has an obligation, promptly after learning of such activities, to report the matter to his or her immediate supervisor. Reports may be made anonymously and employees will not be penalized for reports made in good faith. Failure to report known violations, failure to detect violations due to negligence or reckless conduct and intentionally making false reports shall be grounds for disciplinary action. The appropriate form of discipline will be case-specific, and in accordance with NYS Civil Service Law and/or existing collective bargaining agreements.
- 4.4 The Department will take steps to communicate its standards and procedures to all employees and agents by disseminating information that explains in a practical manner what is required. This will include distribution of this policy.
- 4.5 The Department will take steps to achieve compliance with its standards by utilizing monitoring and auditing systems reasonably designed to detect misconduct by its employees and agents and by having in place and publicizing a reporting system whereby employees and other agents can report misconduct within the Department without fear of retribution.
- 4.6 After a suspected violation has been reported, the Department, will take reasonable steps to respond appropriately and to prevent further similar violations, including any necessary modifications to its program to prevent and detect violations of law.
- 4.7 All members of the Department workforce should be knowledgeable about several important federal and state laws that help to prevent and detect waste, fraud and abuse in federal health care programs such as Medicare and Medicaid. In addition, individuals who, in good faith, report suspected non-complaint behavior are protected by both federal and state law. Summaries of these laws will be distributed during in-service training.
- 4.8 This policy is intended to communicate current policies regarding compliance.
- 4.9 All contractors and agents who furnish or authorize the furnishing of Medicaid services on behalf of the Department, or perform billing or coding functions or are involved in monitoring the care provided by the Department are required to communicate these policies and procedures to their employees and are responsible for making sure that the communication occurs.

5. DISTRIBUTION

- 5.1 This Policy and Procedure will be distributed to Department employees via the Warren County Health Services web page and in-service training. In addition, hard copies will be provided to new employees during the orientation process and current employees during in-service training.

FEDERAL & NEW YORK STATUTES RELATING TO FILING FALSE CLAIMS

I. FEDERAL LAWS

False Claims Act (31 USC §§3729-3733)

The False Claims Act ("FCA") provides, in pertinent part, that:

(a) Any person who (1) knowingly presents, or causes to be presented, to an officer or employee of the United States Government or a member of the Armed Forces of the United States a false or fraudulent claim for payment or approval; (2) knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government; (3) conspires to defraud the Government by getting a false or fraudulent claim paid or approved by the Government; . . . or (7) knowingly makes, uses, or causes to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the Government,

is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages which the Government sustains because of the act of that person

(b) For purposes of this section, the terms "knowing" and "knowingly" mean that a person, with respect to information (1) has actual knowledge of the information; (2) acts in deliberate ignorance of the truth or falsity of the information; or (3) acts in reckless disregard of the truth or falsity of the information, and no proof of specific intent to defraud is required.

31 U.S.C. § 3729. While the False Claims Act imposes liability only when the claimant acts "knowingly," it does not require that the person submitting the claim have actual knowledge that the claim is false. A person who acts in reckless disregard or in deliberate ignorance of the truth or falsity of the information, also can be found liable under the Act. 31 U.S.C. 3729(b).

In sum, the False Claims Act imposes liability on any person who submits a claim to the federal government that he or she knows (or should know) is false. An example may be a physician who submits a bill to Medicare for medical services she knows she has not provided. The False Claims Act also imposes liability on an individual who may knowingly submit a false record in order to obtain payment from the government. An example of this may include a government contractor who submits records that he knows (or should know) is false and that indicate compliance with certain contractual or regulatory requirements. The third area of liability includes those instances in which someone may obtain money from the federal government to which he may not be entitled, and then uses false statements or records in order to retain the money. An example of this so-called "reverse false claim" may include a hospital who obtains interim payments from Medicare throughout the year, and then knowingly files a false cost report at the end of the year in order to avoid making a refund to the Medicare program.

In addition to its substantive provisions, the FCA provides that private parties may bring an action on behalf of the United States. 31 U.S.C. 3730 (b). These private parties, known as “*qui tam* relators,” may share in a percentage of the proceeds from an FCA action or settlement.

Section 3730(d)(1) of the FCA provides, with some exceptions, that a *qui tam* relator, when the Government has intervened in the lawsuit, shall receive at least 15 percent but not more than 25 percent of the proceeds of the FCA action depending upon the extent to which the relator substantially contributed to the prosecution of the action. When the Government does not intervene, section 3730(d)(2) provides that the relator shall receive an amount that the court decides is reasonable and shall be not less than 25 percent and not more than 30 percent.

Administrative Remedies for False Claims (31 USC Chapter 38, §§ 3801 – 3812)

This statute allows for administrative recoveries by federal agencies. If a person submits a claim that the person knows is false or contains false information, or omits material information, then the agency receiving the claim may impose a penalty of up to \$5,000 for each claim. The agency may also recover twice the amount of the claim.

Unlike the False Claims Act, a violation of this law occurs when a false claim is submitted, not when it is paid. Also unlike the False Claims Act, the determination of whether a claim is false, and the imposition of fines and penalties is made by the administrative agency, not by prosecution in the federal court system.

II. NEW YORK STATE LAWS

New York’s false claims laws fall into two categories: civil and administrative; and criminal laws. Some apply to recipient false claims and some apply to provider false claims, and while most are specific to healthcare or Medicaid, some of the “common law” crimes apply to areas of interaction with the government.

A. CIVIL AND ADMINISTRATIVE LAWS

NY False Claims Act (State Finance Law, §§187-194)

The NY False Claims Act closely tracks the federal False Claims Act. It imposes penalties and fines on individuals and entities that file false or fraudulent claims for payment from any state or local government, including health care programs such as Medicaid. The penalty for filing a false claim is \$6,000 - \$12,000 per claim and the recoverable damages are between two and three times the value of the amount falsely received. In addition, the false claim filer may have to pay the government’s legal fees.

The Act allows private individuals to file lawsuits in state court, just as if they were state or local government parties. If the suit eventually concludes with payments back to the government, the person who started the case can recover 25-30% of the proceeds if the government did not participate in the suit or 15-25% if the government did participate in the suit.

Social Services Law §145-b False Statements

It is a violation to knowingly obtain or attempt to obtain payment for items or services furnished under any Social Services program, including Medicaid, by use of a false statement, deliberate concealment or other fraudulent scheme or device. The State or the local Social Services district may recover three times the amount incorrectly paid. In addition, the Department of Health may impose a civil penalty of up to \$2,000 per violation. If repeat violations occur within 5 years, a penalty up to \$7,500 per violation may be imposed if they involve more serious violations of Medicaid rules, billing for services not rendered or providing excessive services.

Social Services Law §145-c Sanctions

If any person applies for or receives public assistance, including Medicaid, by intentionally making a false or misleading statement, or intending to do so, the person's, the person's family's needs are not taken into account for 6 months if a first offense, 12 months if a second (or once if benefits received are over \$3,900) and live years for 4 or more offenses.

B. CRIMINAL LAWS

Social Services Law §145 Penalties

Any person who submits false statements or deliberately conceals material information in order to receive public assistance, including Medicaid, is guilty of a misdemeanor.

Social Services Law § 366-b, Penalties for Fraudulent Practices.

a. Any person who obtains or attempts to obtain, for himself or others, medical assistance by means of a false statement, concealment of material facts, impersonation or other fraudulent means is guilty of a Class A misdemeanor.

b. Any person who, with intent to defraud, presents for payment and false or fraudulent claim for furnishing services, knowingly submits false information to obtain greater Medicaid compensation or knowingly submits false information in order to obtain authorization to provide items or services is guilty of a Class A misdemeanor.

Penal Law Article 155, Larceny.

The crime of larceny applies to a person who, with intent to deprive another of his property, obtains, takes or withholds the property by means of trick, embezzlement, false pretense, false promise, including a scheme to defraud, or other similar behavior. It has been applied to Medicaid fraud cases.

- a. Fourth degree grand larceny involves property valued over \$1,000. It is a Class E felony.
- b. Third degree grand larceny involves property valued over \$3,000. It is a Class D felony.
- c. Second degree grand larceny involves property valued over \$50,000. It is a Class C felony.
- d. First degree grand larceny involves property valued over \$1 million. It is a Class B felony.

Penal Law Article 175, False Written Statements.

Four crimes in this Article relate to filing false information or claims and have been applied in Medicaid fraud prosecutions:

- a. §175.05, Falsifying business records involves entering false information, omitting material information or altering an enterprise's business records with the intent to defraud. It is a Class A misdemeanor.
- b. § 175.10, Falsifying business records in the first degree includes the elements of the §175.05 offense and includes the intent to commit another crime or conceal its commission. It is a Class E felony.
- c. §175.30, Offering a false instrument for filing in the second degree involves presenting a written instrument (including a claim for payment) to a public office knowing that it contains false information. It is a Class A misdemeanor.
- d. §175.35, Offering a false instrument for filing in the first degree includes the elements of the second degree offense and must include an intent to defraud the state or a political subdivision. It is a Class E felony.

Penal Law Article 176, Insurance Fraud.

Applies to claims for insurance payment, including Medicaid or other health insurance and contains six crimes.

- a. Insurance Fraud in the 5th degree involves intentionally filing a health insurance claim knowing that it is false. It is a Class A misdemeanor.
- b. Insurance fraud in the 4th degree is filing a false insurance claim for over \$1,000. It is a Class E felony.

- c. Insurance fraud in the 3rd degree is filing a false insurance claim for over \$3,000. It is a Class D felony.
- d. Insurance fraud in the 2nd degree is filing a false insurance claim for over \$50,000. It is a Class C felony.
- e. Insurance fraud in the 1st degree is filing a false insurance claim for over \$1 million. It is a Class B felony.
- f. Aggravated insurance fraud is committing insurance fraud more than once. It is a Class D felony.

Penal Law Article 177, Health Care Fraud,

Applies to claims for health insurance payment, including Medicaid, and contains five crimes:

- a. Health care fraud in the 5th degree is knowingly filing, with intent to defraud, a claim for payment that intentionally has false information or omissions. It is a Class A misdemeanor.
- b. Health care fraud in the 4th degree is filing false claims and annually receiving over \$3,000 in aggregate. It is a Class E felony.
- c. Health care fraud in the 3rd degree is filing false claims and annually receiving over \$10,000 in the aggregate. It is a Class D felony.
- d. Health care fraud in the 2nd degree is filing false claims and annually receiving over \$50,000 in the aggregate. It is a Class C felony.
- e. Health care fraud in the 1st degree is filing false claims and annually receiving over \$1 million in the aggregate. It is a Class B felony.

III. WHISTLEBLOWER PROTECTION

Federal False Claims Act (31 U.S.C. §3730(h))

The FCA provides protection to *qui tam* relators who are discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of their employment as a result of their furtherance of an action under the FCA. 31 U.S.C. 3730(h). Remedies include reinstatement with comparable seniority as the *qui tam* relator would have had but for the discrimination, two times the amount of any back pay, interest on any back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees.

NY False Claim Act (State Finance Law §191)

The False Claim Act also provides protection to *qui tam* relators who are discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of their employment as a result of their furtherance of an action under the Act. Remedies include reinstatement with comparable seniority as the *qui tam* relator would have had but for the discrimination, two times the amount of any back pay, interest on any back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees.

New York Labor Law §740

An employer may not take any retaliatory action against an employee if the employee discloses information about the employer's policies, practices or activities to a regulatory, law enforcement or other similar agency or public official. Protected disclosures are those that assert that the employer is in violation of a law that creates a substantial and specific danger to the public health and safety or which constitutes health care fraud under Penal Law §177 (knowingly filing, with intent to defraud, a claim for payment that intentionally has false information or omissions). The employee's disclosure is protected only if the employee first brought up the matter with a supervisor and gave the employer a reasonable opportunity to correct the alleged violation. If an employer takes a retaliatory action against the employee, the employee may sue in state court for reinstatement to the same, or an equivalent position, any lost back wages and benefits and attorneys' fees. If the employer is a health provider and the court finds that the employer's retaliatory action was in bad faith, it may impose a civil penalty of \$10,000 on the employer.

New York Labor Law §741

A health care employer may not take any retaliatory action against an employee if the employee discloses certain information about the employer's policies, practices or activities to a regulatory, law enforcement or other similar agency or public official. Protected disclosures are those that assert that, in good faith, the employee believes constitute improper quality of patient care. The employee's disclosure is protected only if the employee first brought up the matter with a supervisor and gave the employer a reasonable opportunity to correct the alleged violation, unless the danger is imminent to the public or patient and the employee believes in good faith that reporting to a supervisor would not result in corrective action. If an employer takes a retaliatory action against the employee, the employee may sue in state court for reinstatement to the same, or an equivalent position, any lost back wages and benefits and attorneys' fees. If the employer is a health provider and the court finds that the employer's retaliatory action was in bad faith, it may impose a civil penalty of \$10,000 on the employer.

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: November 25, 2009

(a) Purpose of Request: To reauthorize the following health care providers and discontinuing other health care providers.

(b) Details:
Authorize the following health care providers to serve in our Sexually Transmitted Disease Clinic:

Peter Hughes MD
Joseph DuFour FNP
Ruth Fish FNP

For period 1/1/10 through 12/31/10 and terminating upon 30 days notice by either party.

Health care providers not be reauthorized who served in our Queensbury Well Child Clinic as this clinic is being eliminated due to continuing decreased attendance:

Kathleen Braico MD
Mary Nevins MD
Ann Dys FNP
Joyce Heckler PNP

Effective 1/1/10.

(c) Previous Resolution Number: 829/2008

Warren County Board of Supervisors

RESOLUTION NO. 829 OF 2008

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

AUTHORIZING INDIVIDUALS TO SERVE WITHIN PUBLIC HEALTH CLINICS - HEALTH SERVICES DEPARTMENT

WHEREAS, the New York State Department of Health requires that credentialed individuals serve within Health Clinics within the Division of Public Health clinics, now, therefore, be it

RESOLVED, that the following persons are hereby engaged to serve individuals within Division of Public Health clinics for a term commencing January 1, ²⁰¹⁰~~2009~~ and terminating December 31, ²⁰¹⁰~~2009~~: upon 30 days notice by ~~either~~ ^{any} party

~~Kathleen Braico, MD~~
~~Peter Hughes, MD~~
~~Mary Nevins, MD~~
~~Ann Dys, FNP~~

~~Joyce Heckler, FNP~~
Joseph Dufour, FNP
Ruth Fish, FNP

RESOLUTION REQUEST FORM NO. 1

Request to Appoint or Reappoint Member of Committee, Board or Agency*

***If more than one person is being appointed, please attach additional sheets**

DEPARTMENT NAME: Health Services

DATE: November 25, 2009

- (a) Name of Appointee: Reappointing and appointing members of Local Early Intervention Coordinating Council: * = new appointee, ** = re-appointee
- (b) Is this a Reappointment? Yes as well as appointing 2 new members If so, please provide the Resolution No. which authorized the last appointment of this individual See attached
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible. n/a
- (d) If Person is Being Appointed as a Representative of a Specific Group/Agency, Please List their Affiliation and Title See attached member affiliations and titles
- (e) Address of Appointee: See attached list
- (f) Title of Appointment: LEICC Member
- (g) Effective Date of Appointment: 1/1/10
- (h) Termination Date of Appointment: 12/31/10
- (i) Name of Person Being Replaced (if applicable): See list
- (j) Reason for Replacement: See information on list

Warren County Board of Supervisors

RESOLUTION NO. 830 OF 2008

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

APPOINTING AND REAPPOINTING MEMBERS OF THE LOCAL EARLY INTERVENTION COORDINATING COUNCIL (LEICC) FOR THE EDUCATION OF PHYSICALLY HANDICAPPED CHILDREN'S PROGRAM - HEALTH SERVICES DEPARTMENT

WHEREAS, Resolution No. 216 of 1993 authorized the establishment of a Local Early Intervention Coordinating Council (LEICC) for the Education of Physically Handicapped Children's Program within Warren County, and

WHEREAS, it is necessary to appoint and reappoint members for a term commencing January 1, ~~2009~~²⁰¹⁰ and terminating December 31, ~~2009~~²⁰¹⁰, now, therefore, be it

RESOLVED, that the persons named on Schedule "A" attached hereto, are hereby appointed and reappointed as members of the LEICC through December 31,

~~2009,~~
2010

SCHEDULE "A"

WCPH LOCAL EARLY INTERVENTION COORDINATING COUNCIL

* * Auer, Patricia	* * Frasier, Nedra	761-6580	Warren County Public Health
* * Bush, Linda	* * Merritt, Jackie	Fax: 761-6422	1340 State RT 9, Lake George, NY 12845
* * Jones, Ginelle	* * Myhrberg, Patty		
* * Fortini, Judy	* <i>Mastrianni Erik</i>		
* * Conine, Pamela		798-7972	Southern Adirondack Child Care Network 88 Broad Street, Glens Falls, NY 12801
* * Collins, Bonnie (Parent)		743-1994	31 Ferris Drive, Queensbury, NY 12804
* * Daigle, Joann		798-7555	Warren County Head Start 11 Pearl Street, Glens Falls, NY 12801
* * Dunbar, Melissa, Speech Ther.		792-8976	25 Brookfield Run, Queensbury, NY 12804
French, Michelle. <i>Resigned</i>		494-3015-x763	North Warren Central School 6110 State RT-8 Chester town, NY-12817
* * Hoffis, Cheryl, Speech Therapist		745-8457	29 Hall Road, Queensbury, NY 12804
* * Homenick, Michael		798-4056	Psychological Associates 551 Bay Road, Queensbury, NY 12804
* <i>Abbott, Kate replacing</i> McGraw, Beth ← <i>left position</i>		746-3400	Preschool Program BOCES 1153 Burgoyne Avenue, Fort Edward, NY 12828
* * Moses, Sherrie		7938811 x549	Queensbury Elementary School 431 Aviation Road, Queensbury, NY 12804
* * Mousaw, David MD		792-8942	20 Centennial Drive, Queensbury, NY 12804
* * Schmidt, Maureen		x362	Warren County DSS Gurney Lane, Lake George, NY 12845
* * Thompson, Pat		798-0170	Prospect Child & Family Center 133 Aviation Road, Queensbury, NY 12804
* * Utz-Meagher, Kevin		743-0158 x113	Glens Falls DDSO Capital District 100 Glen Street, Glens Falls NY 12801
* <i>Asha Marte Notta</i> Vaisey, Crystal (Parent) <i>Resigned</i>		<i>926-8071</i> 623-9506	<i>4 Lynn Drive, Queensbury, NY 12804</i> 169 Aiden Avenue, Warrensburg, NY 12885
* * York, Robert		792-7143	Office of Community Services for Warren and Washington Co 230 Maple Street Suite 1, Glens Falls, NY 12801

RESOLUTION REQUEST FORM NO. 1

Request to Appoint or Reappoint Member of Committee, Board or Agency*

*If more than one person is being appointed, please attach additional sheets

DEPARTMENT NAME: Health Services

DATE: November 25, 2009

- (a) Name of Appointee: See attached list: * = new appointee, ** = re-appointee
- (b) Is this a Reappointment? Yes If so, please provide the Resolution No. which authorized the last appointment of this individual 831/2008
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible. n/a
- (d) If Person is Being Appointed as a Representative of a Specific Group/Agency, Please List their Affiliation and Title See attached list
- (e) Address of Appointee: See attached list
- (f) Title of Appointment: Professional Advisory Committee Member
- (g) Effective Date of Appointment: 1/1/10
- (h) Termination Date of Appointment: 12/31/10
- (i) Name of Person Being Replaced (if applicable): See list
- (j) Reason for Replacement: See information on list

Warren County Board of Supervisors

RESOLUTION NO. 831 OF 2008

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

APPOINTING AND REAPPOINTING MEMBERS OF PROFESSIONAL ADVISORY COMMITTEE FOR HEALTH SERVICES DEPARTMENT - HEALTH SERVICES DEPARTMENT

RESOLVED, that the following members of the Professional Advisory Committee for Health Services Department, as listed on Schedule "A" annexed hereto, be, and hereby are, appointed and reappointed for a one-year term commencing January 1, ~~2009~~ and terminating December 31, ~~2009~~.

2010

2010

Schedule "A"

PROFESSIONAL ADVISORY COMMITTEE MEMBERS

NAME	TITLE/ADDRESS
* * Patricia Auer	Director Public Health/Patient Services Warren County
* * Patricia Belden	Public Health Nurse Communicable Disease Program Warren County
* * <i>DeLorenzo, Tammie</i> Driscoll, Tawn	<i>COORDINATOR Fiscal and Informatics Warren County Health Services</i> Financial Manager, Warren County Health Services
* * Durkee, Daniel	Health Educator Warren County
* * Joseph Dufour	FNP, Irongate Family Practice Three Irongate Center, Corner of Pine and Elm Streets Glens Falls, NY 12801
* * Gerhard Endal	Occupational Therapist PO Box 2615, Glens Falls, NY 12801
* * Joan Grishkot	Community Member 202 Ridge Street Glens Falls, NY 12801
* * Ginelle Jones	Assistant Director Public Health Warren County Health Services
* * Candace Kelly	Director Warren Hamilton Counties Office for the Aging 333 Glen Street, Glens Falls, NY 12801 <i>State Rte 9 West Glens Falls, New York</i>
* * Mary Lamkins	Supervising Nurse Long Term Home Health Care Program Warren County Health Services
* * Daniel Larson	MD, Public Health Medical Director Upper Hudson Primary Care Consortium PO Box 3253, Glens Falls, NY 12801
* * Richard Leach	MD, Tuberculosis / Infectious Disease Program Consultant 28 Sherman Avenue, Glens Falls, NY 12801
* * Mason, Richard	64 Webster Avenue, Glens Falls, NY 12801

* * David Mousaw

MD, 20 Centennial Drive
Queensbury, NY 12804

* * Regina Muscatello

Clinical Nurse Supervisor
Westmount Health Facility
Warren County

* Julie Smith replacing
~~John Penzer~~ John Penzer
who has left Greater
Adirondack

Director of Patient Services
~~Executive Director~~
Greater ADK Home Health Aides
PO Box 678, Glens Falls, NY 12801

* * Sharon Schaldone

Assistant Director Patient Services
Warren County Health Services

* * Sara Sellig

Speech Therapist

* Donna Kierker replacing
Carol Shippy
Carol Shippy who is
Retiring in
January 2010

31 Overlook Drive, Queensbury, NY 12804

Retiring in
January 2010

Vice President Patient Services and Chief Nursing Officer
Glens Falls Hospital
100 Park Street, Glens Falls, NY 12801

* * Helen Stern

Public Health Nurse
Immunization Program Coordinator
Warren County

* * Sheila Weaver

Commissioner, Department of Social Services
Warren County

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 hereby authorizes Tammie De Lorenzo
 (Supervisory Committee) (Employee Name)

to attend Managed Care Symposium
 (Name of meeting or organization)

at Desmond Hotel - Albany, New York 12210
 (Address)

on December 14, 2009 Mode of transportation to be used Health Services Fleet Vehicle
 (Dates) (County Vehicle or Mass Transportation)

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

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

- Notice of meeting or convention including cost.

For Overnight Travel

- Room rate \$ _____
 - Meal costs - GSA*per diem rate \$ _____
- GSA* Rate \$ _____ } Not applicable
 *www.gsa.gov

Date: 11/25/09

Patricia Ann
 Department Head Signature

Date: 11/25/09

[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.



Managed Care Symposium

December 14, 2009

The Desmond Hotel

Albany, NY

REGISTRATION FORM

Once complete please fax to: (518) 426-8788

Register Online at
www.eventville.org/hcanys

Upon receipt of completed registration form you will receive a confirmation email.

Name: Tammie DeLorenzo

Title: Clinical; Fiscal Info Coordinator

Agency: Warren County Health Services

Address: 1340 State Route 9

City/State/Zip: Lake George NY 12845

Phone: 518-761-6415 Ext. _____ Fax: 518-761-6562

Email: delorenzot@co.warren.ny.us
(Required)

REGISTRATION FEE

HCA Member	\$199 per person	\$ <u>199</u>
Non-Member	\$299 per person	\$ _____

PAYMENT

Please check method of payment:

Check* MasterCard VISA American Express

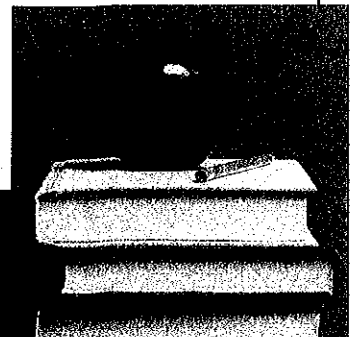
Make checks payable to: HCA Education and Research and mail to: 194 Washington Avenue, Albany, NY 12210.

Card Number _____ Expiration Date _____

Name on Card _____

Authorized Signature _____

Fax to (518) 426-8788





Managed Care Symposium

**December 14,
2009**

9:00am – 4:00pm

**The Desmond Hotel
660 Albany Shaker Rd
Albany, NY 12210
Phone: 518-869-8100
Room Rates \$139
www.desmondhotelsalbany.com**

**Member
Registration Fee
\$199**

**Non-Member
Registration Fee
\$299**

One of the most pressing challenges for home care agencies is the navigation of issues surrounding their relationship with managed care organizations. Securing appropriate payments and terms with managed care organizations, understanding provider payment regulations and laws that can assist agencies in securing coverage and payment for services delivered to patients, learning skills and tactics that can assist in managing the relationship between agencies and managed care organizations – clearly there is a lot of information to grasp, synthesize and operationalize.

This year's annual Managed Care Symposium will offer key agency staff the ability to learn about new protections for home care providers in their interactions with managed care organizations, strategies and tactics available to agencies in their negotiations with plans, and insights into the decision-making process utilized by managed care plans when negotiating terms, service conditions and payment with providers.

Now it is even more critical for agencies to maintain a broad and deep understanding of these issues – especially given new provider payment protections enacted as part of a comprehensive managed care reform bill in late June. These reforms include a package of vital home care protections negotiated by HCA to benefit home care agencies, including:

- New protections for hospital discharges to home care;
- Requirements that health plans cover home care services following inpatient discharge while the utilization review agent's determination is pending;
- Explicit expedited appeal rights for home care and other provisions.

With an insightful lineup of presenters representing diverse perspectives on these issues, the 2009 Managed Care Symposium will ensure that your agency is ready to utilize this new law to the benefit of your agency when the statute goes into effect in January of 2010.

www.hca-nys.org

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: November 25, 2009

- (a) Purpose of Contract Change: To renew contract with Greater Adirondack Home Aides Inc.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 827/2008
- (c) Name of Contractor: Greater Adirondack Home Aides Inc.
- (d) Address of Contractor: Civic Center Plaza, 5 Warren Street, Glens Falls, NY 12801
- (e) Contractor's Contact Person and Telephone Number: Julie Smith, 926-7070, Ext 204
- (f) Commencement Date of Amendment: 1/1/10
- (g) Termination Date of Extension: 12/31/10
- (h) Payment Provisions: Per current contract, see attached resolution
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount **OR** Capital Project **OR** Capital Reserve Project Number and Title and Amount: A4010.470 Health Services Contract Services, A4016.470 Long Term Care Contract Services

Warren County Board of Supervisors

RESOLUTION NO. 827 OF 2008

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

AUTHORIZING AGREEMENT CONTINUING CONTRACTUAL RELATIONSHIP WITH GREATER ADIRONDACK HOME HEALTH AIDES, INC. TO PROVIDE PARAPROFESSIONAL CARE SERVICES FOR THE CERTIFIED HOME HEALTH AGENCY (CHHA) AND LONG-TERM HOME HEALTH CARE (LTHHC) PROGRAMS - HEALTH SERVICES DEPARTMENT

RESOLVED, that Warren County continue the contractual relationship (the previous agreement being authorized by Resolution No. 722 of 2007) with Greater Adirondack Home Health Aides, Inc., Civic Center Plaza, 5 Warren Street, Glens Falls, New York 12801, to provide paraprofessional care services for the Certified Home Health Agency (CHHA) and Long-Term Home Health Care (LTHHC) Programs, for a term commencing January 1, ²⁰¹⁰~~2009~~ and terminating December 31, ²⁰¹⁰~~2009~~, at rates not to exceed those set forth below, and the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an agreement in a form approved by the County Attorney:

<u>PROGRAM</u>	<u>SERVICES</u>	<u>RATES/HOUR</u>
CHHA	Home Health Aide	\$25.54
LTHHC	Home Health Aide	\$25.54
	Personal Care Aide	\$25.28

No changes in Rates for 2010

Auer, Pat

From: Smith, Julie [JulieSmith@GLENSFALLSHOSP.ORG]
Sent: Friday, November 06, 2009 4:05 PM
To: Auer, Pat
Subject: Greater Adirondack Home Aides

November 6, 2009

Dear Pat,

Greater Adirondack Home Aides will not be requesting a rate increase for the CHHA or LTHHCP for 2010. We will ask to continue the current rate as follows;

CHHA

Home Health Aide \$25.54/hour

LTHHCP

Home Health Aide \$25.54/hour
Personal Care Aide \$25.28/hour

GAHA is very appreciative of our relationship with Warren County Health Services. We will gladly assist you in meeting the needs of the residents of Warren County.

Please give me a call should you have any questions or if we can be of assistance.

Sincerely,

Julie Smith
Director

11/6/2009

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: November 25, 2009

- (a) Purpose of Request: To authorize Kathleen Meath PHN to travel to and back from Atlanta, GA April 18, 2010 to April 22, 2010
- (b) Details: Kate will attend the National Immunization Conference. All costs will be covered by NYS Association of County Health Officials (NYSACHO). There will be no cost to Warren County except for salary for hours at conference.
- (c) Previous Resolution Number: 736/2008

Warren County Board of Supervisors

RESOLUTION NO. 736 OF 2008

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

AUTHORIZING OUT-OF-STATE TRAVEL FOR KATHLEEN MEATH, PUBLIC HEALTH NURSE TO ATTEND THE 2009 NATIONAL IMMUNIZATION CONFERENCE - HEALTH SERVICES DEPARTMENT

RESOLVED, that Kathleen Meath, Public Health Nurse be, and hereby is, authorized to travel to and from ~~Dallas, Texas~~ ^{Atlanta, Georgia} to attend the ~~2009~~ ²⁰¹⁰ National Immunization Conference, from ~~March 30, 2009~~ ^{April 18, 2010} to ~~April 2, 2009~~ ^{April 22, 2010}, and be it further

RESOLVED, that all costs associated with the travel shall be paid by the New York State Association of County Health Officials (NYSACHO). *There will be no cost to Warren County except for the employee's salary for the hours of conference attendance.*

October 8, 2009

Dear Commissioner/Director of Public Health:

The setting for the 2010 National Immunization Conference will be the Hyatt Regency Atlanta in Atlanta, Georgia from April 19 – 22, 2010. Through a grant from the New York State Department of Health, NYSACHO is again pleased to sponsor local health department staff in New York State to attend this conference.

Please note that due to grant cut backs, we will not be able to fund as many attendees as past years. **NYSACHO will NO longer make arrangements for a second person to attend.** If your county is planning on sending an additional attendee to Atlanta, he/she is responsible for making their own travel arrangements.

In order for us to meet early bird deadlines, we ask that you designate one individual from your local health department to attend the conference as soon as possible. It is imperative that county approval for travel be obtained before you submit your request. NYSACHO will select the maximum number of attendees the budget can support. Conference registration, airfare, hotel, and meals will be covered for the selected attendees. NYSACHO will **not** be responsible for travel to and from your home airport or for baggage fees and in-flight food. Please note that NYSACHO will only cover hotel overnight costs from April 18 to check out on April 22, 2010. You will need a credit card for any incidentals.

Any changes to the attendee's travel arrangements, including changes to and/or cancellation of non-refundable/non-transferable airline tickets **WILL NOT BE COVERED** under the grant to NYSACHO and will be either the county's or the individual's responsibility. If such a change occurs, NYSACHO must be reimbursed by either the original registrant's county or the individual for any tickets purchased under the Immunization Grant and subsequently not used for travel to the National Immunization Conference.

To ensure proper conference attendance approval, please have the attached paperwork signed and returned to NYSACHO by January 15, 2010.

If you have any questions, or if you need more time to designate your conference attendee, please call me at (518) 456-7905 or my e-mail address is carol@nysacho.org.

Sincerely,

Carol Downey
Administrative Assistant

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: November 25, 2009

- (a) Purpose of Request: To authorize the Director of Public Health/Patient Services/Early Intervention Official to electronically sign the Compliance Certification and Deficit Reduction Act certification form
- (b) Details: required by Office of the Medicaid Inspector General (OMIG) which is due by December 31, 2009 on behalf of Warren County Health Services and annually thereafter.
- (c) Previous Resolution Number: n/a

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: November 25, 2009

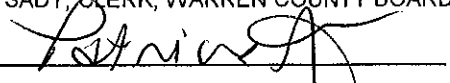
- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To authorize a contract agreement with Hamilton County Public Health Nursing Service to allow payment for Hamilton County residents who access services at Warren County's Sexually Transmitted Disease Clinic
- (c) Name of Contractor: Hamilton County Public Health Nursing Service
- (d) Address of Contractor: PO Box 250, White Burch Lane, Indian Lake, NY 12842
- (e) Contractor's Contact Person and Telephone Number: Karen Levison, 518-648-6497
- (f) Has or will the Contract be provided, if so, please attach: No
- (g) Commencement Date of Contract: 1/1/10
- (h) Termination Date of Contract: 30 days written notice by either party
- (i) Payment Provisions: Quarterly billing detailing number of participants and dates of service
- i) lump sum amount \$60.00 per clinic visit per participant
 - 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: A4018.0030.1613

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

SIGNED: _____



DATE: 11/25/09

	<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
1.	A.4010.220	Health Services -CHHA Office Equipment	A.4010.210	Health Services-CHHA-Furniture/Fixtures	\$35.00
2.	A.4013.220	WIC-Office Equipment	A.4013.210	WIC-Furniture/Fixtures	\$40.00
3.	A.4013.130	WIC-Part Time Salaries	A.4013.120	WIC - Overtime Salaries	\$687.00
4.	A.4016.130	Long Term Care-Part Time Salaries	A.4016.120	Long Term Care-Overtime Salaries	\$2,500.00
5.	A.4018.130	Preventive Pgm-Part Time Salaries	A.4018.120	Preventive Program-Overtime Salaries	\$200.00
6.	A.4018.0020.120	Family Health-Overtime Salaries	A.4018.0020.130	Family Health-Part Time salaries	\$32.00
7.	A.4054.410	Preschool Program-Office Supplies	A.4054.120	Preschool Program -Over Time Salaries	\$12.00
8.	A.4054.0060.130	Early Intervention-Part Time Salaries	A.4054.0060.120	Early Intervention -Over Time Salaries	\$700.00
9.	A.4018.0030.260	Disease Program-Other Equipment	A.4018.0030.410	Disease Program-Office Supplies	\$900.00
10.	A.4018.130	Preventive Pgm-Part Time Salaries	A.4018.140	Preventive Program-Sick Incentive	\$400.00
11.	A.4010.130	Health Services-CHHA Part Time Salaries	A.4010.140	Health Services-CHHA Sick Incentives	\$400.00
12.	A.4189.110	Bioterrorism-Full Time Salaries	A.4189.120	Bioterrorism -Overtime Salaries	\$7,000.00
13.	A.4054.0060.444	Early Intervention-Education expense	A.4054.444	Preschool Program-Education Expense	\$45,000.00
14.	A.4010.470	Health Services-CHHA Contract Expense	A.4054.444	Preschool Program-Education Expense	\$50,000.00
15.	A.4016.470	Long Term Care-Contract Expense	A.4054.444	Preschool Program-Education Expense	\$20,000.00
			Total Transfers		<u>\$127,906.00</u>

Please state reason for transfers requested:

1. To transfer funds to cover equipment for CHHA purchased through stockroom.
2. To transfer funds to cover equipment for WIC purchased through stockroom.
3. To transfer funds from Part time salaries to Overtime salaries to cover expenses for WIC program.
4. To transfer funds from Part time salaries to Overtime salaries to cover expenses for LTC program.
5. To transfer funds from Part time salaries to Overtime salaries to cover expenses for Preventive Program.
6. To transfer funds from Overtime Salaries to Part Time salaries to cover expenses for Family Health Program.
7. To transfer funds from Supplies to Overtime salaries to cover expenses for the Preschool Program.
8. To transfer funds from Part time salaries to Overtime salaries to cover expenses for the Early Intervention Program.
9. To transfer funds from Other equipment to Office supplies expense to cover expenses for the Disease Program.
10. To transfer funds from Part time salaries to Sick Incentive expense for 2009 to cover sick incentive expenses for one employee in Preventive Program.
11. To Transfer funds from Part time salaries to Sick Incentive expense for 2009 to cover sick Incentive expenses for one employee in the CHHA program.
12. To transfer funds from Full time to Overtime salaries to cover expenses related to the H1N1 clinics-clerical input time.
13. To transfer funds from Early intervention education expense to Preschool expense to cover expenses estimated to year end.
14. To transfer funds from CHHA Contract expense to Preschool expense to cover expenses estimated to year end.
15. To transfer funds from LTC Contract expense to Preschool expense to cover expenses estimated to year end.

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