

**Warren County Health Services
Health Services Committee Meeting
March 26, 2010
Information Submitted By: Patricia Auer, DPH/DPS**

Pending Items

Emergency Response and Preparedness Monthly Activities

Please see the attached information.

After a busy season, life seems to be settling down in the clinic realm. Hopefully, next year's flu season will not be as challenging. Between H1N1 vaccine and Seasonal Influenza vaccine we provided approximately 7600 doses.

Update on Meeting With Planning Department

In follow-up to last month's meeting, I met with Pat Tatich, Warren County Planning Director, to further discuss our wish/need for a grants administrator to oversee the maximization of all of our grants in light of the seemingly constant changes and need for budget modifications. A couple of months ago, we floated and have explored the possibility of developing an inter-department memorandum of understanding to utilize some of the health department grant funds to obtain personnel assistance from the Planning Department. Upon further exploration, we have realized that the Planning Department has neither the personnel available nor the expertise and familiarity with the various programs to be of assistance. The needs and types of programs in each department are too different.

Update on Preschool Provider Reimbursement Issue

There is no new information on this billing issue. I have been informed that the provider has retained an attorney. We expect there will be more information to discuss at the next meeting.

New Business

Request Referral to Personnel Committee

To backfill a full time WIC Program Aid position, Grade 3, Base Salary \$23,799.

Rationale:

We have had a full time WIC Program Assistant resign, Grade 4 Base Salary \$24,908. The current WIC Program Aid is interested in and qualified to be promoted, pending successful completion of the Civil Service test, to the WIC Assistant Position. This leaves the WIC Program Aide position vacant. Both of these positions are 100% funded by the WIC Program Contract with New York State Department of Health, and are contingent on grant funding.

Request Resolution:

To authorize a contract agreement with Wicks Educational Associates, Inc. for the purpose of providing a clinical teaching site for nursing student Catherine Fisher RN, BSN.

Rationale:

This nurse is working on completing her certification in the area of Wound, Continence and Ostomy Care through Wicks Educational Associates, Inc. We have a nurse on our staff that has completed the program and is able to act as a preceptor for her. There are no monetary implications for this particular agreement.

Request Resolution:

To authorize an agreement with Catherine Fisher, RN, BSN in a form approved by the county attorney to allow her to receive 40 hours of nurse preceptor clinical field experience in wound and continence care nursing from a Warren County Health Services Public Health Nurse, Sheryl Havens, who has completed the Wound, Continence and Ostomy Care Program. Ms. Fisher will pay to Warren County Health Services the sum of \$500.00 for 40 hours of training. She will be provided a receipt, which she will submit to her employer, Glens Falls Hospital, for reimbursement.

Rationale:

We have received all of Ms. Fisher's credentials, health information and professional liability insurance, as well as a letter from the Glens Falls Hospital Director of Nursing Practice and Clinical Integration stating that the student should pay the fee and be given a receipt to submit for reimbursement.

Request Resolution:

To increase the rates for Home Health Aide services from \$24.39 per hour to \$24.86 per hour with North Country Home Services, Inc. effective January 1, 2010.

Rationale:

This agency has requested an increase of \$0.47 per hour retroactive to January 1, 2010. The agency's director has stated they do not wish to continue the contract to provide home health aide services if this is not possible. They would continue to provide only Personal Care Aide Services, for which updated Medicaid rates were approved at last month's meeting. Very few Home Health Aide level services are provided by North Country, but if they have aide availability, they do serve the northern areas of the county, and it is important to continue to have the option available. To date, they have provided only 3 hours of service since January 1, 2010 (a total of \$1.41 increase). It is recommended, if the committee approves, the increase be authorized.

Request Resolution:

To amend the 2010 Warren County Budget to reflect the fact that the EISEP Program Contract through the Office for the Aging will now be done by Greater Adirondack Home Aides as the program does not need to be done by a nurse. We will still receive referrals for any individuals identified as in need of nursing services. If you recall, we had a nurse retire in January who, during the 2010 Budget Process, was not slated to be replaced. Part of that nurse's job was to oversee and do the EISEP Program duties, which are mainly clerical in nature. This plan will not compromise patients and individuals eligible for the program, and will be a financially more prudent plan for Warren County. We had to wait until now to amend the budget as the contract year is not complete until March 31, 2010. The Budget Amendment will be to reduce Revenues in the amount of \$18,750. The annual contract was for \$25,000, and we will be able to bill \$6,250 for the first quarter of 2010.

Report of Expenditures and Revenues and Report of Per Diem Use and Overtime Expenses
(please see the attached information)

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

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

Attachments:

Report of monthly Emergency Response and Preparedness Activities

Reports of Quality Assurance Activities for 2009 (required by NYSDOH for the Division of Public Health)

Report of Expenditures and Revenues and Per Diem Use and Overtime Expenses

Report of Free and Reduced Fee Care

WARREN COUNTY BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2010 AS OF 3/23/2010 6:58:19 PM

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

	2010 BUDGETED		2010 YTD ACTUAL		2009 Prior Year Totals	
EXPENSES						
Salaries - Regular	\$3,010,719.79	\$572,070.44	\$2,972,776.51			
Salaries - Overtime	\$158,554.20	\$39,841.30	\$181,571.28			
Salaries - Part Time	\$420,599.22	\$45,286.76	\$268,308.45			
Salaries - Sick Leave Incentive			\$800.00			
100's PERSONAL SERVICES	\$3,589,873.21	\$657,198.50	\$3,423,456.24			
200's EQUIPMENT	\$33,800.00	\$175.00	\$3,430.29			
400's CONTRACTUAL	\$10,486,094.00	\$1,021,228.63	\$9,547,900.48			
800's EMPLOYEE BENEFITS	\$38,688.00	\$35,013.56	\$59,899.69			
TOTALS	\$14,148,455.21	\$1,713,615.69	\$12,028,368.70			
REVENUES						
	\$13,204,527.00	\$667,494.85	\$11,722,412.72			

Note: For 2010, an accrual of \$6,299 has been made for the COLA's we recently billed to the state for the following grants: Lead \$1,903, Rabies \$1,147, IAP \$2,507 and CSHCN \$742.
 Also \$28,374 was accrued for the WIC February voucher. We are currently finalizing February revenues for 2010 for CHHA, LTC and MCH.

For 2009, revenue accrued includes \$1,138,386 for Preschool and Immunization services. Also included is the accrual for both revenues and expenses affiliated with the 2009 WIC food vouchers of \$1,006,318.

Warren County Health Services

Salaries Comparison

2009 vs 2010
 as of 3/14/10 for 6 payrolls

Total of All Depts	YTD 2010	YTD 2009	YTD 10/09	Percentage Change	Annual Expenses	Budget 2010	Actual 2009
Regular Salaries	\$572,070.44	\$624,497.82	-\$52,427.38	-8.40%	\$2,478,971.91	\$3,010,719.79	\$2,977,994.12
Overtime Salaries	\$39,841.30	\$45,229.93	-\$5,388.63	-11.91%	\$172,645.63	\$155,554.20	\$181,571.28
Part Time Salaries	\$45,286.76	\$56,454.35	-\$11,167.59	-19.78%	\$196,242.63	\$412,599.22	\$268,308.45
Sick Leave Incentive	\$0.00	\$0.00	\$0.00	0.00%	\$0.00	\$0.00	\$800.00
TOTALS for 26 Pay periods	\$657,198.50	\$726,182.10	-\$68,983.60	-9.50%	\$2,847,860.17	\$3,578,873.21	\$3,428,673.85
				Estimated Savings		-\$731,013.04	-\$580,813.68

*Source: Detail G/L report for all Salary Category from 1/1/XX-3/14/XX
 Note: Payroll reflects the annual 3% increase in union salaries for 2010.

Auer, Pat

From: Schaldone, Sharon
Sent: Wednesday, March 24, 2010 1:12 PM
To: Auer, Pat
Subject: Free and Reduced Care.doc

2009 AND Jan. AND FEB 2010

Free and Reduced Care
01-12 / 2009

Free Care- \$54,680.00
Home care services in both CHHA/LTC and Public Health.

Reduced Care - \$3,716.00
Reduced home care in the CHHA

Total: \$58,396.00

Free and Reduced Care
01 & 02 / 2010

Free Care - \$10,850.00
Home care services for CHHA & LTC

Reduced Care - 0 \$

Sharon Schaldone ADPS
Home Care Division

WARREN COUNTY HEALTH SERVICES

BT ACTIVITY SHEET

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

Page 1

Topic Color Codes

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

Date	Type	Subject/Comments	Attendees	Topic Chempack, Mass Fatality, Training, Pan Flu	(i.e. Drill, SNS,
March	H1N1	Fit Testing, education, meetings, NYSDOH surveys, clinics, NYSIS data entry etc. (See also 1 st and 2 nd quarter H1N1 Deliverables submitted to state)	All	Pan Flu	
3/3/10	Training Webinar	Commerce HCS Portal	Angela Meade, Laura Saffer	Training	
3/9/10	Meeting	Monthly BT Coordinators	Barb Orton		
3/16/10	Meeting	with New Visions Student	Laura Saffer		
3/17/10	Tabletop	Monthly GFH - Total facility evacuation	Laura Saffer		
3/23/10	Meeting	CEMP	Barb Orton, Amy Manney		
3/24/10	Webinar	Clinic Ops - H1N1 Review (part 2)	Barb Orton, Angela Meade	Pan Flu	
3/30/10	Meeting	SNS	Barb Orton, Amy Manney	SNS	
3/30/10	Meeting	Video conference equipment: Commerce HCS Portal questions	Barb Orton, Angela Meade, Dan Durkee, Matt DeLafayette		

QUALITY ASSURANCE
2009 Annual Report

Public Health has a three level Quality Assurance Program.

- Level 1 utilizes the standard Chart Component List. The staff ensures the charts are complete prior to discharge. The Assistant Director reviews all the charts at discharge as well for completion.
- Level 2 utilizes peer input with the intention of sharing creative interventions amongst staff and streamlining documentation.
- Level 3 utilizes subjective input from community referral sources on appropriateness of services and care rendered to families.

2009 UR Committee members:

Thank you for your participation and dedication to Public Health.

Mary Anne Allen PNP, Moreau Family Health

Robin Andre PHN, MOMS/MCH Program*

Pat Auer RN MA, Director Health Services

Pat Belden PHN, Communicable Disease

Janet Cicarelli, Case Manager at GFH

Stacie Dimezza PT, Glens Falls Rehabilitation Center at GFH

Karen Doering RN Lactation Consultant, GFH Snuggery

Judy Fortini RN, EI Program*

Nedra Frasier RN, MCH/MOMS Program*

Nancy Getz RN, MOMS/MCH Program*

Pat Hunt ADPH, Washington County Public Health

Joan Grishkot RN MS Past Director Health Services

Ginelle Jones RN, MSN FNP Assistant Director Public Health

Dr. Dan Larson, Medical Director, Provides Oversight to QA/UR Program

Patty Myhrberg PHN, Child Find Program

Maureen Schmidt CS, Supervisor Preventive Services, DSS

Pat Tedesco PHN Clinic Nurse

Sandy Watson, Registered Dietician, WIC Program

* Public Health Program Staff rotate attendance at the meetings.

Charts Reviewed in 2009

Meeting Date	MOMS	MCH	Synagis	Child Find
3/11/09	2	13	0	2
6/10/09	2	10	4	0
9/16/09	5	14		
12/10/08	(No meeting in December)			
Total	9	37	4	2

Summary of Findings: Appropriate

52 charts were reviewed and overall the findings were appropriate. The QA policies that were changed several years ago are now apparent in the documentation. The charts are well organized and documented in a professional manner. The committee found interventions and documentation of efforts to be appropriate. Strengths included staff

persistence in contacting clients, referring to appropriate agencies, and rendering adequate intervention in regard to contacts and frequency.

Patty Hawley, Warren County's Record Consultant, reviewed a sample of charts from each program March 13, 2009.

Areas Needing Improvement:

A few areas were found by the committee to need improvement. Most were not a reflection of care rendered to the client, but demonstrated an issue with the documentation.

1. MOM'S
 - a. Add information to drop down menus to include more choices.
2. MCH
 - a. Staff need to double check chart contents before discharge. One chart lacked signature. This was an isolated incident, but provided opportunity to reinforce case manager review prior to discharge.
 - b. One chart was found to have no follow up documentation regarding a Mental Health concern. In speaking with the nurse, interventions were made, but not documented. At a MCH nurse meeting, this was discussed and nurses were encouraged to document all interventions. It is recognized nurse schedules have been hectic with covering CHHA. Documentation should not be compromised. Nurses were encouraged to seek guidance and assistance if needed.
3. Synagis
 - a. Organization of charts when client is in multiple programs.

2010 GOALS

1. Continue with the current QA Program- It appears to be working.
2. Have all staff review applicable policies, program forms, and packets every January, to ensure updates are made.
3. Continue with Synagis chart reviews.
4. Expand scope of committee to review findings from CSHCN, STD, CDC and WIC programs. Programs will start to review charts quarterly and present findings to committee.

(Will be Presented to: Dr. Larson 3/09/10, UR Committee 3/10/10, Health Services Co 3/26/10)

Warren County Health Services
Division of Public Health

Quality Assurance
2009
Annual MOMS Report

In 2009, the Utilization Review Committee reviewed 9 MOMS charts. Overall the charts were found appropriate, meaning the services, encounters and documentation were appropriate.

The charts went through all three levels of the Quality Assurance Program.

- Level I- Individual Nurse Review to ensure chart is complete, following the Chart Component Checklist.
- Level II- Peer Review to ensure documentation reflects program guidelines. This level also provides an opportunity for sharing creative problem solving and utilization of community resources.
- Level III- Utilization Review Committee to provide a subjective review from the professionals in the community, providing the MOMS referrals to the agency. This level also provides advice on any trends/ concerns identified.

Summary of UR Findings: The committee found all the 9 MOMS charts appropriate.

Strengths:

1. All the charts were well documented.
2. Communication with patients, referrals to appropriate agencies, and providers was well documented.
3. Documentation demonstrated good teaching.
4. Documentation demonstrated adequate frequency of visits and teaching from care plans.

Areas Needing Improvement/Follow Up Interventions: One area was identified as needing improvement. Since the MOMS program (electronic record) has utilized a drop down menu, it is still being tweaked. Adding options in the drop down menus is being explored to capture additional information not already collected.

Patty Hawley, Record Consultant, reviewed a sample of charts in 3/09 and found no concerns. She complimented the MOMS electronic chart.

Overall goals for 2009 include:

1. Continue efforts with the Current QA Program.
2. Continue to improve documentation requirements.
3. Have MOMS staff review MOMS procedures, admission packets, and other applicable documents and update, as needed each year (Jan).
4. In regard to MOMS contract providers; efforts will continue to facilitate more frequent communication to ensure transfer of information to better serve the MOMS client. Providers will continue to send ACOGs a minimum of each trimester in addition to when any remarkable changes are identified in the patient.
5. A charge is made to committee members to assist in challenging our efforts in the MOMS program, making the agency strive to a higher standard. Although the services are great, the documentation is great, and the program staff is great, Warren County wants to increase program publicity, outreach, and find unique ways to better serve clients.
6. Explore and utilize reports generated from the electronic MOMS program.

Presented to: Dr. Dan Larson, Medical Director 3/9/10
UR Committee 3/10/10
Health Services Committee 3/26/10

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: March 26, 2010

(a) Title of Vacant Position to be Filled: WIC Assistant

(b) Date position will become vacant: 3/29/10

(c) Do You Anticipate Filling the Position In-House? Yes
If Yes, List Employee Number: 9800

(d) Annual Salary of Position (and Grade if Applicable):* \$25,749, Grade 4 (base: \$24,908 + \$841)

*(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:* 4/19/10

*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): A4013.110 WIC Full Time Salaries, resigning employee salary: \$28,236

(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 Program Aide, 9800

(j) Salary of Lower Level Position:* Base: \$23,799

*See notes under Item No. (c) concerning how the salary should be listed.

(k) Effective Date of Filling Lower Level Position: As soon as possible after approval by BOS and required posting period per CSEA contract

(l) Is this a mandated position? If so, please explain: No

(m) Is there expected revenue from this position? If so, please explain: Yes, position is 100% grant funded by WIC Program Grant. Position is contingent upon continued grant funding.

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 - WIC Program

Title of Position WIC Assistant Base salary \$ 24,908

Budget code and title A4013.110, WIC Program Full Time Salaries

This position is vacate due to: Retirement Resignation Termination

Employee No. 10754

COMMISSIONER OF ADMINISTRATIVE & FISCAL SERVICES COMPLETES THIS SECTION

Name of Committee Health Services Date March 24, 2010

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

The Commissioner objects to the filling of the vacancy.

Commissioner Signature Joan Dady

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health Services Date 3/26/10

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 Matthew S.

PERSONNEL COMMITTEE COMPLETES THIS SECTION

Date _____

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

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

Ranking Committee Member Signature _____

RESOLUTION REQUEST FORM NO. 12

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: March 26, 2010

- (a) Title of Vacant Position to be Filled: WIC Program Aide
- (b) Date position will become vacant: 4/19/10
- (c) Do You Anticipate Filling the Position In-House? No
If Yes, List Employee Number:
- (d) Annual Salary of Position (and Grade if Applicable):* \$23,799, Grade 3
*(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:* As soon as possible after approval by BOS and required posting period per CSEA contract
*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): A4013.110 WIC Full Time Salaries (employee's salary who is being promoted is \$24,640
- (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? No If yes, is there a Request to Fill that Position also?
- (i) If Yes, will it be Filled In-House? n/a
If Yes, List Current Title and Employee No.:
- (j) Salary of Lower Level Position:* \$23,799, Grade 3
*See notes under Item No. (c) concerning how the salary should be listed.
- (k) Effective Date of Filling Lower Level Position: As soon as possible after approval by BOS and required posting period per CSEA contract
- (l) Is this a mandated position? If so, please explain: No
- (m) Is there expected revenue from this position? If so, please explain: Yes, position is 100% grant funded by WIC Program Grant. Position is contingent upon continued grant funding.

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

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DEPARTMENT HEAD COMPLETES THIS SECTION

Department Health Services - WIC Program

Title of Position WIC Program Aide Base salary \$ 23,799

Budget code and title A4013.110

This position is vacate due to: Retirement Resignation Termination Promotion
Employee No. _____

COMMISSIONER OF ADMINISTRATIVE & FISCAL SERVICES COMPLETES THIS SECTION

Name of Committee Health Services Date March 24, 2010

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

Commissioner Signature Joan Dady

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health Services Date 3/26/10

- 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 Matthew

PERSONNEL COMMITTEE COMPLETES THIS SECTION

Date _____

- The Personnel Committee has no objection to the filling of the vacancy.
- The Personnel Committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature _____

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: March 26, 2010

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To authorize agreement with WICKS Education Associates Inc. to allow providing a clinical teaching site for nursing student Catherine Fisher RN BSN
- (c) Name of Contractor: WICKS Education Associates Inc.
- (d) Address of Contractor: Maple Building, Suite 202, 5012 Lanker Street, Mechanicville, PA 17055
- (e) Contractor's Contact Person and Telephone Number: Lucy Wicks, 1-800-807-WICKS, Fax: 717-737-7683
- (f) Has or will the Contract be provided, if so, please attach: Yes
- (g) Commencement Date of Contract: April 19, 2010
- (h) Termination Date of Contract: December 31, 2010
- (i) Payment Provisions: n/a, no funding involved
 - 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.
- (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: n/a

HARRISBURG AREA WOUND, OSTOMY CONTINENCE

NURSING EDUCATION PROGRAM

AGREEMENT

THIS AGREEMENT, dated this ____ day of _____ 2010, by and between WICKS EDUCATIONAL ASSOCIATES, INC. (hereinafter called WEA, Inc.) and Warren County Health Services (clinical teaching site called AGENCY).

WITNESSETH:

WHEREAS, the parties to this agreement wish to cooperate for the purpose of improving the education and teaching of Wound, Ostomy and Continence Nursing student; and

WHEREAS, WEA, Inc. offering as it does, education programs in Wound, Ostomy and Continence Nursing, wishes to share certain educational facilities and/or services with the AGENCY for mutual benefits; and

WHEREAS, WEA, Inc. desires to assign its Wound, Ostomy and Continence Nursing student to clinical facilities and/or services with the AGENCY for these mutual benefits; and

WHEREAS, WEA, Inc. desires to assign its Wound, Ostomy and Continence Nursing students to clinical facilities offered in the AGENCY in order to provide educational opportunities not available in present facilities.

NOW, THEREFORE, in consideration of the mutual promises hereinafter contained, the parties hereby agree as follows:

I. WICKS EDUCATIONAL ASSOCIATES, INC. agrees:

- A. To select and prepare students for the clinical learning experience.
- B. To prepare students for the clinical practicum as evidenced by the successful completion of 160 hours (minimum) of theoretical course work.
- C. To coordinate this program with a designated member of the AGENCY's staff. This assignment shall include onsite visits when practical and continuing exchange of information on progress of the program. WEA, Inc. shall provide standardized teaching guides and evaluation criteria for its students.
- D. To provide the clinical preceptor of the AGENCY with course objectives, syllabus and evaluation tools.

- E. To collaborate with AGENCY preceptor in the planning, implementing and evaluation of the clinical learning experience. WEA, Inc. shall have final authority over acceptance or rejection of any plan or evaluation.
- F. To communicate with the clinical preceptor and student to assess student's progress as necessary.
- G. That the AGENCY does not represent that student will receive any academic credit or certification as a result of participation in the clinical program.
- H. To maintain the standards of the Accreditation Committee of the Wound, Ostomy and Continence Nurses Society (WOCN).
- I. To require its students to maintain comprehensive general liability insurance and professional liability insurance coverage during the term of this Agreement for limits not less than \$1,000,000 per claim and \$3,000,000 in the aggregate annually. Said insurance shall cover the acts or omissions of the students during their presence at the clinical facility. Evidence of such insurance will be provided to the AGENCY upon request.
- J. WEA, Inc. agrees to indemnify and hold AGENCY, its officers and employees harmless from all claims or damages, costs, expenses and losses (including attorney's fees) or any other liability arising out of any actual tortious or negligent acts or omissions of students or co-directors of WEA which arises out of or as a result of acts or omissions of a student.
- K. WEA, Inc. will require that students provide evidence of recent TB screening (PPD and/or chest x-ray) Measles (Rubeola), Rubella and Mumps, Hepatitis B or declination, Varicella, Tetanus, Diphtheria, and Pertussis immunizations or titers. Influenza vaccination completed yearly.
- L. To require that all students provide WEA, Inc. with documentation of HIPAA training and CPR certification.

II. AGENCY agrees:

- A. To select an individual responsible for this clinical instruction who is acceptable to both the AGENCY and WEA, Inc.
- B. To obtain and maintain during the term of this agreement and any renewal thereof, a comprehensive general liability policy, including professional liability in the amount of at least \$1,000,000/\$3,000,000, insuring AGENCY against any and all claims for bodily injury or death and property damage resulting from or arising out of any act, conduct or omission by AGENCY, its

employees, staff and agents related to or arising out of this Agreement or the subject matter hereof.

- C. To participate with Program Co-Directors and Wound, Ostomy and Continence Nursing students in outlining the clinical learning experience.
- D. To provide students with clinical experience necessary to meet learning objectives.
- E. To provide the Wound, Ostomy and Continence Nursing students with a total of one hundred sixty (160) hours, with a minimum of thirty (30) hours in incontinence and twenty (20) hours of professional practice and a minimum of forty (40) hours in wound care and forty (40) hours in abdominal stoma management. The additional thirty (30) hours may be distributed among the four areas, according to student learning needs and client availability.
- F. To orient students to the AGENCY, clinical preceptor role and responsibilities.
- G. To provide resources needed to promote a positive learning environment.
- H. To plan with the individual student, experiences which provide for learning progression.
- I. To complete student clinical evaluation forms and submit documentation within ten (10) days of course completion to the WOCNEP Co-Director.
- J. The Agency agrees to defend, indemnify and hold harmless school, its officers, agents and employees, from any and all claims, damages, costs, expenses and losses (including attorney's fees) or any other liability the school may incur, arising out of as a result of the acts or omissions of any AGENCY employee, agent or contractor.

III. BOTH PARTIES agree:

- A. That under no circumstances is any Wound, Ostomy and Continence Nursing student or the Co-Director of WEA, Inc. to be considered an agent, servant or employee of the AGENCY while engaging in the clinical activities as defined in this Agreement.
- B. To instruct Wound, Ostomy and Continence Nursing students on the importance of maintaining the confidential nature of all information to which they may become privy with regard to patients and AGENCY records.
- C. That in case of accident or exposure to blood and/or body pathogens during the clinical rotation the Agency will provide emergency healthcare, initiation of the HBV and HIV protocol and appropriate testing and that upon the conclusion of said emergency treatment, the student will be referred to

the care of his/her own physician.

- D. The payment for the clinical practicum is to be made directly between the student and Agency.
- E. That, in the administration of this program, there shall be no discrimination on the basis of age, race, religion, creed, sex, national origin, handicap or veteran status.
- F. That no changes or modification in any and/or all of its provisions of the Agreement shall be made unless in writing and signed by the parties.

IV. TERM AND TERMINATION:

The term of this Agreement shall be for one (1) year from and after _____, provided, however, that this Agreement shall be automatically renewed for one-year periods unless canceled by thirty (30) days written notice before the annual renewal date by either party.

IN WITNESS THEREOF, the parties hereto have caused this Agreement to be executed on the day and year first above written.

FOR AGENCY:

Signature

Date _____

Name (Printed)

Title

FOR WICKS EDUCATIONAL ASSOCIATES, INC.:

Lucy J. Wicks, MSN, RN, CWOCN
Director of Education

Date _____

Name (Printed)

File Date _____

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: March 26, 2010

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To authorize agreement with Catherine Fisher RN BSN to allow a nurse preceptor agreement for clinical field experience in wound and continence care nursing with Public Health Nurse Sheryl Havens
- (c) Name of Contractor: Catherine Fisher
- (d) Address of Contractor: 41 Pine Tree Lane, Diamond Point, NY 12824
- (e) Contractor's Contact Person and Telephone Number: 644-5888
- (f) Has or will the Contract be provided, if so, please attach: No, form to be developed and approved by County Attorney
- (g) Commencement Date of Contract: April 19, 2010
- (h) Termination Date of Contract: December 31, 2010
- (i) Payment Provisions: \$100 per 8-hour day x 5 days, Ms. Fisher will make payment to Warren County and will be given a receipt to obtain reimbursement from Glens Falls Hospital
 - 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.
- (j) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: A4010.1610 Certified Home Health Agency Miscellaneous Revenue

Auer, Pat

From: Galatioto, Debra [DGalatioto@GLENSFALLSHOSP.ORG]
Sent: Wednesday, March 03, 2010 8:25 AM
To: Auer, Pat
Cc: Fisher, Catherine
Subject: Warren Co pub health letter.doc

Glens Falls Hospital

Big-City Medicine. Hometown Care.



100 Park
Street
Glens Falls, NY 12801
(518) 926-1000
www.glensfallshospital.org

Pat Auer, RN, MA
Director
auerp@co.warren.ny.us
Warren County Health Services
1340 State Route 9
Lake George, NY 12845

March 3, 2010

Dear Ms. Auer,

Catherine Fisher is a Registered Nurse employed at Glens Falls Hospital. Sponsored by Glens Falls Hospital, she is currently attending an accredited program in Wound, Ostomy, and Continence Nursing through Wicks Educational Associates, Inc. located in Mechanicsburg, PA. Her program requires clinical hours in the practice of WOC Nursing. As part of an agreement with Glens Falls Hospital, we request provision of 40 hours of clinical practice over 5 days in the management of patients with wounds and continence problems. We understand that Cheryl Havens, RN, CWCN has agreed to precept Catherine for these hours. The schedule of hours will be negotiated between the student and the preceptor.

We understand there is a requested fee in the amount of \$100.00 per day to be provided to Warren County Health Services for provision of clinical hours. Catherine will pay you this fee, please supply her a receipt to submit to us for reimbursement.

Thank you for your support. If you need further information, do not hesitate to contact me.

Respectfully,

Debra Galatioto, MS, RN
Director, Nursing Practice and Clinical Integration

3/3/2010

dgalatioto@glensfallshosp.org
(518) 926-3418

Catherine M. Fisher, RN, BSN
41 Pine Tree Lane
Diamond Point, NY 12824
1-518-644-5888
fishertwins11792@att.net

Pat Auer, RN, MA
Director
Warren County Health Services
1340 State Route 9
Lake George, NY 12845

Dear Pat,

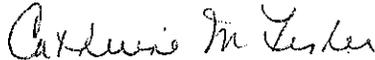
I am excited that Cheryl and Warren County will precept me in the role of Wound and Continence Nursing. I have forwarded contact information to Jill Baun, Director of Operations at Wicks Educational Associates. Once Cheryl is approved as a preceptor, I will set up a meeting to discuss dates, expectations, and the fee of \$100.00 day as discussed. I would like to be able to do 40 hours with her.

I have included the following items in the event they are needed during your review of my request:

- Resume
- Copy of NY Nursing License
- Pay back agreement with Glens Falls Hospital
- Copy of Direct Screening Criminal Search as requested by Wicks Educational Associates, Inc.
- Medical Professional Liability Occurrence Insurance Policy Certificate
- Immunization record

If there is anything else that you may need, I will provide it to you. Once again, thank you for this opportunity.

Respectfully,



Catherine M. Fisher

Catherine M. Fisher
41 Pine Tree Lane
Diamond Point, NY 12824
1-518-644-5888
fishertwins11792@worldnet.att.net

I am a Registered Nurse with 31 years of experience in critical care nursing.

Employment History

4/2007 to present Registered Nurse, Per Diem, Support of WOCN position
Glens Falls Hospital, Glens Falls, NY

7/2003 to present: Registered Nurse, Per Diem ,Critical Care Unit
Glens Falls Hospital, Glens Falls, NY

4/2002 to 6/2003: Registered Nurse, Agency, Critical Care Unit
Criticare L.L.C., Wayne, NJ

11/2001 to 12/ 2002 Registered Nurse, Per Diem, Surgical ICU
Atlantic Health System, Morristown Memorial Hospital, Morristown, NJ

11/2001 to 6/2002 Registered Nurse, Per Diem, Cardiology Office
Cardiology Center of Northwest New Jersey, Dover, NJ

1/2000 to 10/2001 Registered Nurse, Full time, Clinical Manager
Cardiology Center of Northwest New Jersey, Dover, NJ

6/1977 to 1/2000 Registered Nurse, Full time, Critical Care Unit, Assistant Patient Care Manager
St. Clare's Hospital , Dover Campus, Dover, NJ

Education

1/1987 BSN, William Paterson University, Wayne, NJ

6/1977 Diploma, Holy Name Hospital School of Nursing, Teaneck, NJ

License / Certification

NY RN License, current
BLS and ACLS, expiration date 2011
IABP, Conscious Sedation, IV Certification

Awards

10/2005 Award of Excellence, Glens Falls Hospital

10/1996 Stars in Praise of Excellence, Dover General Hospital

Projects

2009 Co-author and Co-creator of a unit based Critical Care Newsletter
Author of WOCN newsletter - hospital distribution

6/2005 to 10/2007 Cerner project, Electronic Medical Record (CPOE, EMAR, PowerChart)
Presently continuing with Physician support as needed

The University of the State of New York
Education Department
Office of the Professions

REGISTRATION CERTIFICATE

Do not accept a copy of this certificate
Certificate Number: 6047908

License Number: 532178-1



FISHER CATHERINE SM
41 PINE TREE LANE
DIAMOND POINT NY 12824-0000

is registered to practice in New York State through 09/30/2010 as a(n)
REGISTERED PROFESSIONAL NURSE

Catherine M. Fisher
LICENSEE/REGISTRANT
Barbara J. Fitch
EXECUTIVE SECRETARY

Anna Howard P. Miller
COMMISSIONER OF EDUCATION
Jahanna Sanchez-Peters
DEPUTY COMMISSIONER
OFFICE OF THE PROFESSIONS

This document is valid only if it has not expired, name and address are correct, it has not been tampered with and is an original - not a copy. To verify that this registration certificate is valid or for more information please visit www.op.nysed.gov.

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**GLENS FALLS HOSPITAL
Certification Reimbursement
Payback Agreement**

I, Cathy Fischer, RN, intend to maintain full- or part-time employment at Glens Falls Hospital as a Wound Ostomy Nurse/RN following the completion of certification in the following area: WOCN. This certification has been deemed critical to support the ongoing operations and strategic activities of Glens Falls Hospital.

I understand that this is a loan forgiveness payback and I will be able to reduce my indebtedness by working in a full-time position (minimum of 1,950 hours) or 1,950 hours over multiple years as a part-time employee for every \$1,500 in reimbursement that I receive. I also understand that all amounts forgiven are subject to federal and state taxes in the year that they are forgiven. If applicable, taxes will be withheld from my paycheck within thirty (30) days of the date forgiven.

I further understand that if I do not work a sufficient amount of time to completely reduce my indebtedness to the GFH Scholarship Program, I must begin to repay, in full, the total amount of indebtedness remaining (principle and interest) at the time I terminate employment or reduce my employment status to per diem.

The following schedule outlines the payback amount and timeframe:

Total Dollar Amount Reimbursed	\$3,675
Date of Payback Initiation	Completion of certification testing
Date of Total Indebtedness Forgiven	2.5 years from completion of the testing

Documentation to support the reimbursement requested must be attached to this agreement. The original agreement will be maintained in the employee's personnel file in the Human Resource department.

Employee (signature) Cathy Fischer

Date: 6-4-09

Vice President (signature) _____

Date: _____

Coay

DIRECT
screening

Subject's Search Details	
Search Date:	05/26/2009
First Name:	Catherine
Last Name:	Fisher
Date of Birth:	10/25/1956
Search Type:	Regional
Region Searched:	Eastern US

No criminal records were found that match the Subject's Search Details.

MEDICAL PROFESSIONAL LIABILITY OCCURRENCE INSURANCE POLICY

Region	Producer	Issued	Prior Certificate Number	Purchasing Group Policy Number
23	0001614	01/25/2010	AHL-1063099	PNA-2000000

Offered through Professional Nursing Organizations Purchasing Group Assn

SECTION I DECLARATIONS

Item	CERTIFICATE NUMBER: AHL-1063099		
1. Named Insured:	CATHERINE M. FISHER		
2. Mailing Address:	41 PINE TREE LANE DIAMOND POINT, NY 12824		
3. Policy Period:	From: 03/12/2010	To: 03/12/2011	
	12:01 A.M. Standard Time At Location of Designated Premises		
4. Business or Profession:	Affiliation: American Assn. of Critical Care Nurses		
	RN Critical Care Employed 20 hours or more per week		
5. The Named Insured is a(n):	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Individual
	<input type="checkbox"/> Sole Proprietor (with employees)	<input type="checkbox"/> Other: Organization	

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

PLJ-2037 (05/98), PLE-2087 (04/00), PON-2003 (01/04) (Ed. 03/09), POE-2151 (10/98),
05-PL-3501 NY (01/09)

SECTION II

Item	COVERAGE	Premium
A.	Professional Liability <input checked="" type="checkbox"/>	\$104.00
B.	General Liability <input type="checkbox"/>	
	Endorsements <input type="checkbox"/>	

TOTAL PREMIUM: \$104.00

LIMITS OF LIABILITY

\$2,000,000	Each Incident and Each Occurrence	\$4,000,000	Aggregate
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SECTION III

SUPPLEMENTARY PAYMENTS

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

Representative Agent or Broker

Marsh Affinity Group Services
a service of Seabury & Smith
12421 Meredith Drive
Urbandale, IA 50398
1-800-503-9230

MEMORANDUM OF INSURANCE				Date Issued 01/25/2010	
Producer Marsh ConsumerConnexions a service of Seabury & Smith, Inc. 12421 Meredith Drive Urbandale, IA 50398 1-800-503-9230		This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.			
Insured CATHERINE M. FISHER 41 PINE TREE LANE DIAMOND POINT NY 12824		Company Affording Coverage Chicago Insurance Company			
This is to certify that the Certificate listed below has been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.					
Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability Nurse Employed RN Critical Care	AHL-1063099	03/12/2010	03/12/2011	Per Incident/ Occurrence	\$2,000,000
				Annual Aggregate	\$4,000,000
PROOF OF INSURANCE					
Memorandum Holder: PROOF OF COVERAGE ONLY		Should the above describe Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.			
		Authorized Representative Joan O'Sullivan			
					

**Center for Occupational Health
Glens Falls Hospital
Individual Immunization Compliance Report**

Employee	FISHER, CATHERINE M	SSN	144-52-6916
DOB	10/25/1966	ID/Badge	
Department	5T//Critical Care	Job	RN I & II

PPD					
Date Given	06/17/2008	06/01/2007	CXR		Pro Rx Declined
Date Read	06/18/2008	06/04/2007	Pro Rx Begin		
MM Reaction	0	0	Pro Rx End		
Status	N	N			

Hepatitis B						Lab Date	Value	Result
Dose 1	Decline	07/01/2003	Booster 1		HBsAb	11/02/2001	0.00	P
Dose 2			Booster 2		HBsAg		0.00	
Dose 3					Core Ab		0.00	

Titers			
Date	Type	Result	Susceptible
07/01/2003	Smallpox	VAC HX	
07/01/2003	Varicella	POS HX	
11/02/2001	Rubeola	DETECTED	
11/02/2001	Rubella	DETECTED	

Vaccines			
Date	Type	Status	Note
10/09/2006	FLU VACCINATION	I	
06/00/2004	Diphtheria/Tetanus		

Required Exams/Training		
Exam/Training Type	Date Due	Last Exam Date
TB/PPD	06/17/2009	06/17/2008
Health Assessment	06/17/2009	06/17/2008
Ishahara	07/18/2003	
Flu 2008		01/29/2009
Respirator Fit	06/11/2009	06/11/2008
Respirator Medical Eval	06/11/2009	06/11/2008

FIN 6/2010

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Morristown Memorial Hospital
 Atlantic Health System
 100 Madison Avenue
 Morristown, New Jersey 07960
 Co-Directors: Craig A. Dise MD, PhD Jory G. Magidson MD

Patient: **FISHER, CATHERINE** Pat. id#: A0130600247
 Location: **AEMPH--** M.R.N.: A00904735
 Physician: **SCHWARZ-MILLER, JAN** D.O.B.: 10/25/1956 Age: 45 Sex:
 Copy To: **SCHWARZ-MILLER, JAN, M.D.** Admitted: 11/02/01
 Order Comm:

TEST	ABN	RESULT	REF. RANGE	UNITS
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Order Id : 35022064 FINAL
 Date&Time Collected: 11/02/01 09:55 Date&Time Received: 11/02/01 09:55

IMMUNOLOGY

Mumps Ab, IgG *3.12
 Interpretation of results:
 Negative: Less than or equal to 0.90
 Equivocal: 0.91 - 1.09
 Suggest repeat specimen in 2-4 weeks.
 Positive: Greater than or equal to 1.10

Rubella Screen *2.42
 Interpretation of results:
 Negative: Less than or equal to 0.90
 Equivocal: 0.91 - 1.09
 Suggest repeat specimen in 2-4 weeks.
 Positive: Greater than or equal to 1.10

Rubeola Ab, IgG *3.53
 Interpretation of results:
 Negative: Less than or equal to 0.90
 Equivocal: 0.91 - 1.09
 Suggest repeat specimen in 2-4 weeks.
 Positive: Greater than or equal to 1.10

Varicella Ab, IgG *3.98
 Interpretation of results:
 Negative: Less than or equal to 0.90
 Equivocal: 0.91 - 1.09
 Suggest repeat specimen in 2-4 weeks.
 Positive: Greater than or equal to 1.10

RPR NON-REACTIVE NONREACTIVE

*-new results

Patient: **FISHER, CATHERINE** Location: **AEMPH - -** M.R.N: A00904735
 KEY: L-LOW, H-HIGH, AB-ABNORMAL, C-CRITICAL

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: March 26, 2010

- (a) Purpose of Contract Change: To increase rates for Home Health Aide services with North Country Home Services from \$24.39/hour to \$24.86/hour
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 121/2009 (see attached)
- (c) Name of Contractor: North Country Home Services
- (d) Address of Contractor: 25 Church Street, Saranac lake, NY 12983
- (e) Contractor's Contact Person and Telephone Number: D. Scott Tooker, 891-5611
- (f) Commencement Date of Amendment: 1/1/2010
- (g) Termination Date of Extension: 30 day termination by either party
- (h) Payment Provisions: \$24.86/patient upon receipt of completed documentation for each patient visit
 - 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 CHHA Contract Expenses; A4016.470 Long Term Home Program Contract Expenses

Warren County Board of Supervisors

RESOLUTION NO. 121 OF 2009

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

AUTHORIZING AGREEMENT WITH VARIOUS AGENCIES FOR PARAPROFESSIONAL CARE SERVICES AS A RESULT OF RATE INCREASE - HEALTH SERVICES DEPARTMENT

WHEREAS, Resolution No. 726 of 2004 authorized, among other things, the continuation of the contractual relationship with ENS Health Care Management, LLC d/b/a Interim Health Care of New York, Visiting Nurse Association of Albany Home Care Corporation, and North Country Home Services, Inc. (the "Agencies") for paraprofessional care services under the Long Term Home Health Care Program and Certified Home Health Aide Program, said agreements to terminate upon thirty (30) days notice by either party, and

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

WHEREAS, the Director of Public Health/Patient Services has been advised by the Agencies that effective January 1, 2009, there will be changes in their rates, which rates differ from the rates originally authorized in Resolution No. 726 of 2004 and, as a result, amendments are now necessary to the agreements and Resolution No. 726 of 2004, now, therefore, be it

RESOLVED, that the rates shown on Resolution No. 726 of 2004 for the above described Agencies, be and hereby are, amended as follows:

RESOLUTION NO. 121 OF 20 09

Page 2, Continued

<u>CONTRACTOR/ AGENCY</u>	<u>PURPOSE</u>	<u>ESTIMATED CONTRACT AMOUNTS/RATES</u>
ENS Health Care Management, LLC d/b/a Interim Health Care of New York	Paraprofessional Care Services - LTHHCP & CHHA	Home Health Aide \$19.00/hr Personal Care Aide \$18.75/hr Housekeeper \$18.20/hour
Visiting Nurse Association of Albany Home Care Corporation	Paraprofessional Care Services - LTHHCP & CHHA	Home Health Aide \$20.68/hr Personal Care Aide \$20.14/hr
North Country Home Services, Inc.	Paraprofessional Care Services - LTHHCP & CHHA	Home Health Aide \$24.39/hr. Personal Care Aide \$20.80/hr. (Homemaker Tasks) Personal Care Aide \$21.13/hr. (Personal Care Aide Tasks) <i>21.24</i> <i>to 24.86/</i> <i>NR.</i>

and be if further

RESOLVED that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute amendment agreements with the Agencies showing the above rate changes, effective January 1, 2009, in the form approved by the County Attorney, and be it further

RESOLVED, that all other terms and conditions of the agreements with the Agencies, as well as all other terms and conditions of Resolution No. 726 of 2004 regarding these agreements, remain in full force and effect.

Auer, Pat

From: Scott Tooker [dstooker@nchs-intranet.com]
Sent: Wednesday, March 24, 2010 12:20 PM
To: Auer, Pat
Cc: 'Becky Leahy'
Subject: 2010 HHA Rate

Pat,

North Country Home Services has increased the rate for Home Health Aide Services by 47 cents an hour from \$24.39 in 2009 to \$24.86 in 2010. Our costs to provide services continues to increase and we have been able to keep this rate increase below 2%. Due to the small volume and long distances that our employees travel to serve clients in Warren County, we are unable to provide services for any less than \$24.86 per hour. If we are unable to establish a contract at that rate, then NCHS will need to eliminate the HHA services from our contract with Warren County.

Sincerely,
Scott

D. Scott Tooker, Financial Director
North Country Home Services
25 Church Street
Saranac Lake, NY 12983

phone (518) 891-5611
fax (518) 891-2055

Notice: This email and any attachments are intended for the individual or company to which it is addressed and may contain information which is privileged, confidential and prohibited from disclosure or unauthorized use under applicable law. If you are not the intended recipient of this email, you are hereby notified that any use, dissemination, or copying of this email or the information contained in this email is strictly prohibited. If you have received this transmission in error, please return the material received to the sender and delete all copies from your system. Thank you.

3/24/2010

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

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

DEPARTMENT NAME: Warren County Health Services-Disease Program

DATE: March 26, 2010

(a) **Purpose of Amendment:** To amend the 2010 budget to reduce the revenues for the EISEP contract with OFA(Office for the Aging) which ends 3/31/10. Total revenue was \$25,000 for the year and we have billed the 1st quarter of 2010 for \$6,250. The nurse that was associated with this program retired in January and no longer remains in budget under Regular Salaries. Therefore no expense has to be adjusted, only the revenue amount that was initially budgeted.

(b) Appropriation Code (with title), Object Code (with title) and Amount:

Revenue Code (with title), and Amount: **CHHA- EISEP Revenue A.4010.1618
(\$18,750.00).**