

**Warren County Health Services
Health Services Committee Meeting Agenda
April 23, 2010
Information Submitted By: Patricia Auer, DPH/DPS
Pending Items**

Emergency Preparedness Program Update

Please see the attached report detailing monthly activities

Update On Preschool Issue

There is nothing new to report on this situation. The attorney representing the facility has yet to contact our attorney.

New Business

Request Resolution:

To extend the contract with the New York State Department of Health Childhood Lead Poisoning and Prevention Program (C-020637) from April 1, 2010 through September 30, 2010, to authorize receipt of funds in an amount not to exceed \$11,866.00.

Rationale:

This contract has historically been a full grant year from April 1 though March 31, but this year we have been informed that the grant cycle will commence on October 1, and be for a five-year period. There will be annual grant deliverables due in order to receive the funds upon approval of the program workplan by the New York State Department of Health Lead Program. These funds are received quarterly upon voucher submission.

Request Committee Approval:

To allow Sharon Schaldone, Assistant Director of Patient Services, to attend the Home Care Association of New York State Annual Conference in Saratoga Springs on May 20, 2010.

Rationale:

This is an expensive conference, but it will have much important information with regard to the future of home health care practice and reimbursement. We are fortunate it is in Saratoga so there will be no travel expenses. The cost is \$475.00 for one day, and \$775.00 for two days. Sharon is only requesting permission to attend for one day. The conference agenda for the day will be available at the meeting. Funds are available in our education budget to cover the conference cost.

Request Resolution:

To authorize a contract agreement with Hudson Headwaters Health Network to allow receipt of a mini grant in the amount of \$4,000 to provide outreach HIV/STD prevention and referral services.

Rationale:

These are funds that we have received annually for the past few years. We do a new agreement each year, because the amounts of available funding changes, and it is not a given that the grant will remain available. The amount we are receiving this year is the same as last year.

Early Intervention Program Rate Changes – Negative Unpredicted Budget Impact

New York State Department of Health Bureau of Early Intervention has instituted new rates for the various array of services provided in the Early Intervention Program effective April 1, 2010. This is a mandated, entitlement program for children with special needs from Birth to Age 3 Years. These rates have been instituted in spite of concerns from counties, as it will not be to our fiscal advantage. The new rates will be beneficial for New York State as the costs for this program and numbers of qualifying children have risen exponentially since it began in 1993. New York State reimburses counties at 49% for services not covered by other payment sources, such as Medicaid or private health insurance. (Private health insurances pay very little) The program costs are impossible to specifically predict as the numbers of children, the services they are eligible to receive, and the types of insurances they have vary. Based on trends, which is our only way to attempt to predict the expenses, it appears that with the institution of the new rates, Warren County will see approximately an overall decrease in revenues for the year of \$23,000.

Request Resolution:

To amend the contracts of the Business Associates who provide therapy services for children in the Early Intervention Program to reflect the decreases for individual services that were instituted by the New York State Department of Health effective April 1, 2010. Rates per visit to be adjusted as follows effective May 1, 2010, for Early Intervention Program visits only:

Region 1: \$53.00 to \$50.00 per visit

Region 2: \$60.00 to \$57.00 per visit

Region 2 rates are higher because they encompass the northern areas of the county including Bolton, Chester, Horicon, Stony Creek, Thurman, Johnsbury, and Hague.

Because of population, there are fewer visits to those areas, and business associates are not reimbursed for mileage.

Rationale:

As noted above with the Early Intervention Program rate changes, this will allow us to lessen the negative impact for the county.

The new rates for individual services have been decreased from \$65.00 per visit to \$58.00 per visit. New York State reimburses counties at 49% of whatever is not covered by Medicaid or private insurance. Our contracted business associates made 2,177 therapy visits to Early Intervention children in 2009, so the amount of service is significant.

Report of Free and Reduced Fee Care

Please see the attached information.

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

Please see the attached information.

Attachments:

Remington Report Article (e-mailed only – hard copy with minutes)

Rabies Program Quarterly Report

Emergency Preparedness Monthly Activities Report

Report of Free and Reduced Fee Care

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

WARREN COUNTY BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2010 AS OF 4/12/2010 6:14:13 PM

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

EXPENSES	2010 BUDGETED	2010 YTD ACTUAL	2009 Prior Year Totals
Salaries - Regular	\$3,010,719.79	\$683,018.22	\$2,972,776.51
Salaries - Overtime	\$158,554.20	\$45,782.83	\$181,571.28
Salaries - Part Time	\$420,599.22	\$53,519.52	\$268,308.45
Salaries - Sick Leave Incentive			\$800.00
100's PERSONAL SERVICES	\$3,589,873.21	\$782,320.57	\$3,423,456.24
200's EQUIPMENT	\$33,800.00	\$263.95	\$3,430.29
400's CONTRACTUAL	\$10,486,094.00	\$1,375,972.02	\$9,547,634.62
800's EMPLOYEE BENEFITS	\$38,688.00	\$35,013.56	\$59,899.69
TOTALS	\$14,148,455.21	\$2,193,570.10	\$13,034,420.84
REVENUES	2010 BUDGETED	2010 YTD ACTUAL	2009 Prior Year Totals
	\$13,204,527.00	\$1,027,028.52	\$11,688,704.48

Note: For 2010, an accrual of \$1,092,516.39 for the Preschool AVL's submitted to the state this past week is reflected in revenues above. Much of this revenue was accrued for 2009 and the reversal is also reflected above. We can not bill for the entire AVL#1 for the 2009/2010 School year at this time due to a state computer issue. They hope to have this corrected for the next AVL. Also accrued is \$2,527.51 for the final voucher for Rabies Grant 04/01/09-03/31/10, \$6,519.96 for the FebruaryBT Grant and \$29,373 for WIC for March. We are currently finalizing March revenues for 2010 for CHHA, LTC and MCH.

We also want to note that the state is still holding on allowing us to bill Medicaid for Preschool services from July to current. Therefore both 2009 and 2010 revenues are understated. A recent memo from the state noted that they hope to be able to give us permission by June to backbill but only retro to September 2009.

Warren County Health Services
 Salaries Comparison
 2009 vs 2010
 as of 3/28/10 for 7 payrolls

Total of All Depts	YTD 2009	YTD 10v09	Percentage Change	Estimated Annual Expenses	Budget 2010
Regular Salaries	\$740,437.02	-\$57,418.80	-7.75%	\$2,536,924.82	\$3,010,719.79
Overtime Salaries	\$50,412.56	-\$4,629.73	-9.18%	\$170,050.51	\$155,554.20
Part Time Salaries	\$67,333.48	-\$13,813.96	-20.52%	\$198,786.79	\$412,599.22
Sick Leave Incentive	\$0.00	\$0.00	0.00%	\$0.00	\$0.00
TOTALS for 26 Pay periods	\$858,183.06	-\$75,862.49	-8.84%	\$2,905,762.12	\$3,578,873.21
				Estimated Savings	-\$673,111.09

*Source: Detail G/L report for all Salary Category from 1/1/XX-3/28/XX

Auer, Pat

From: Schaldone, Sharon
Sent: Tuesday, April 20, 2010 10:04 AM
To: Auer, Pat
Subject: Free and Reduced Care.doc

Thru March 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 \$

Free and Reduced Care
03/ 2010

Free Care -- 0%

Reduced Care - \$6,150.00

TOTAL --- \$17,000.00 First Quarter of 2010

Sharon Schaldone ADPS
Home Care Division

4/20/2010

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,
April	H1N1	Completion/finalization of the following: 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	
4/6/10	Meeting	SNS Plan	Barb Orton, Amy Manney	SNS	
4/7/10	Meeting	Regional Resource Center with Glens Falls Hospital	Barb Orton, Laura Stebbins, et.al		
4/8/10	Meeting	BT Staff	Ginelle Jones, Barb Orton, Laura Saffer, Angela Meade		
4/13/10	Meeting	Comprehensive Emergency Management Plan (CEMP)	Barb Orton, Amy Manney et.al		
4/13/10	Meeting	Monthly BT Coordinators	Laura Saffer		
4/14/10	Meeting	Quarterly PH ERP	Barb Orton, et.al		
4/16/10	Tabletop Exercise	L-8 Partnership & Mass Fatality	Barb Orton, Laura Saffer	Mass Fatality	
4/21/10	Tabletop	Monthly GFH - Explosion in correctional facility/mass fatalities	Barb Orton, Ginelle Jones		
4/27/10	Training	NYSIS	Helen Stern, Angela Meade	Training & Pan Flu	

**Warren County Public Health
Rabies Program
JANUARY-MARCH 2010**

Town	Not Vaccinated			Vaccinated			Out of Town			Stray		
	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets
Bolton				1								
Chester					1							
Glens Falls	1	1		1								
Hague												
Horicon					1							
Johnsburg												
Lake George												
Lake Luzerne												
Queensbury	1	2	rat		6					1		
Stony Creek												
Thurman												
Warrensburg		1			2							
Totals	2	4	1	2	10					1		

Bites Reported by Month

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2010	16	7	20										43

RABIES CLINICS 2010

Saturday April 24, 2010 Lake George Fire House 10:00-Noon

Saturday May 1, 2010 Glens Falls DPW 10:00-12Noon

Saturday May 15, 2010 Hague Fire House 10:00-Noon

Wednesday June 9, 2010 Warrensburg Fire House 6:00-8:00PM

Warren County Health Services
Financial Impact Issues
Information Submitted By: Patricia Auer, DPH/DPS
April 23, 2010

To:

Health Services Committee Members
Fred Monroe, Chairman, Board of Supervisors
Kevin Geraghty, Budget Officer
Paul Dusek, Administrator/ County Attorney

As everyone is painfully aware, the financial situation in New York State is not good. This information is to keep you aware of where our Health Services Department is in relation to all the bad news, and the potential negative impacts, and at the least cash flow issues that appear will be happening for the foreseeable future.

Municipal Public Health Services Plan (MPHSP)

This plan was submitted to the New York State Department of Health by the due date of September 30, 2009. As well, the annual State Aid Application was submitted on time. Historically, the plans and applications have been reviewed by state personnel, returned to counties for changes and / or clarifications, counties resubmit, both are approved and we are positioned as required to receive state aid. For the past several years, State Aid claims have been paid late for each quarter. This year the situation is even more delayed as we have yet to receive any feedback for either of the documents submitted. This is significant in that the Base Grant is \$406,000, plus additional monies based on the State Aid Application. Assuming that we will eventually get the money, and reportedly we are expected to, there will be cash flow issues, and timeliness of receipt of payments will be unknown.

Preschool Medicaid Reimbursement

Mandated Program for Children from 3-5 years old with Special Needs

Per New York State, we have been unable to bill Medicaid claims for children with Medicaid since July 2009. The Health Services Committee has been made aware of this issue. We are still in the holding pattern, but as recent as last week we were informed by New York State that the claims for July and August 2009 now would not be able to be billed at all. New York State Education Department and New York State Department of Health are reportedly working together to draft a "new" Medicaid Handbook. At this time, there is no projected date as to when, if and for what services claiming by the county may resume. We continue to collect and keep all documentation for services and will be ready to submit claims when we are able. When this time occurs, we are told that new training on the billing procedures will be necessary. Based on past trends for the amount of Medicaid reimbursement received for therapy services it has amounted to a substantial amount of money. For example, in 2008, \$212,925.33 was received, and that amount would have been approximately \$100,000 higher except for the fact that a provider lacked qualified staff for a period of time. The Health Services Committee was made aware of this particular situation.

Early Intervention Program

New York State Department of Health instituted a new rate plan put in place effective April 1, 2010 despite many concerns voiced by counties. This will most likely, based upon current data of children in the program equate to an approximate decrease of \$23,000 in overall annual revenues from contractual business associate therapists providing services to Warren County. This revenue decrease reflects the decrease in reimbursement to therapists who provide services to children in the program that will be requested via a contract amendment to therapists. The amendment will be requested at the April 23, 2010 Health Services Committee Meeting. The amount paid to individual therapy contractors working for Warren County is significantly less than it would be to pay to outside facilities. Specifically, rates for contractor business associates will be \$49.00 or \$57.00 per visit depending upon the region of the county. If services are provided by outside facilities each visit will be billed at \$58.00. This is significant as, for example, in 2009; individual business associate contract therapists for Warren County made 2,177 visits.

Grants

The department receives a number of grants earmarked for specific programs. Whenever allowable, we utilize these funds to offset salary costs. This is not always possible, and if equipment purchases are made or advertising is done, for example, we must expend the funds and then submit proof of purchases for grant reimbursement. The funds when plans are approved seem at this point to be paid in a timely manner. The problem is more getting plans approved. There are many more "hoops to jump through" than there used to be, and thus much more staff time is involved. We are told the grants will continue, and we wait for each contract (all beginning and ending at different times of the year) to see if any changes in the amounts will occur.

**Warren County Health Services
Health Services Committee
Additional Agenda Item
April 23, 2010**

Request Resolution:

To authorize, Tammie DeLorenzo, Clinical and Fiscal Informatics Coordinator, and Sharon Schaldone, Assistant Director of Patient Services, to attend the Delta Health National Custom Forum in Altoona, Pennsylvania on June 21 – 24.

Rationale:

This is a conference to keep up with our Point of Care System. The Registration Fee of 399.00 per person will be waived. The employees would drive in a county car, if approved. Cost to the county will be hotel cost of \$99.00 per night for three nights, and travel costs (gas, tolls). Meals are included in the conference.

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: April 23, 2010

- (a) Purpose of Contract Change: To extend contract with NYSDOH Childhood Lead Poisoning Prevention Program to authorize receipt of continued funds in amount not to exceed \$11,866
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 286/2009, see attached
- (c) Name of Contractor: NYSDOH Childhood Lead Poisoning Prevention Program
- (d) Address of Contractor: Empire State Plaza Corning Tower Room 878, Albany, NY 12237
- (e) Contractor's Contact Person and Telephone Number: Donna Hoinski, 474-4569
- (f) Commencement Date of Amendment: 4/1/10, will send contract for signature when returned with approved county work plan
- (g) Termination Date of Extension: 9/30/10
- (h) Payment Provisions: Quarterly voucher submission upon NYSDOH approval of county program work plan
 - 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: A4018.0020.4457 Family Health Revenue

Warren County Board of Supervisors

RESOLUTION NO. 286 OF 2009

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

AUTHORIZING GRANT AGREEMENT RENEWAL WITH NEW YORK STATE DEPARTMENT OF HEALTH FOR CHILDHOOD LEAD POISONING PREVENTION PROGRAM - HEALTH SERVICES DEPARTMENT

RESOLVED, that Warren County enter into a grant agreement renewal (the previous renewal having been authorized by Resolution No. 272 of 2008) with New York State Department of Health, Empire State Plaza, Corning Tower, Room 878, Albany, New York 12237, for the receipt of grant funds for the continuation of a Childhood Lead Poisoning Prevention Program within Warren County, for an amount Eleven Thousand eight hundred sixty six dollars (\$11,866) not to exceed ~~Twenty-Three Thousand Seven Hundred Thirty-Two Dollars (\$23,732)~~, for a term commencing April 1, 2009 and terminating September 30, ~~March 31,~~ 2010, and the Chairman of the Board of Supervisors be, and hereby is, authorized to execute the said grant agreement renewal in the form approved by the County Attorney, and be it further

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



STATE OF NEW YORK DEPARTMENT OF HEALTH

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

Richard F. Daines, M.D.
Commissioner

James W. Clyne, Jr.
Executive Deputy Commissioner

March 26, 2010

Ginelle Jones, Assistant Director of Public Health
Warren County Health Department
1340 State Route 9
Lake George, NY 12845

Re: C-020637
April 1, 2010 – September 30, 2010

Dear Ms. Jones:

This is to inform you of the Department's intention to provide an award of \$11,866.00 for the six month period of April 1, 2010 – September 30, 2010 to support the Lead Poisoning Prevention Program in your county. This change in contract cycle will put all Lead contracts with the exception of New York City on the same contract cycle. Funding levels remain contingent upon approval of your work plan and budget. As always, approval of the Office of the State Comptroller is required for contract execution.

This six month renewal will enable the Department to change your contract cycle to October-September. It is the Department's intent to issue a new five-year contract for the term of October 1, 2010 through September 30, 2015.

A copy of the Operating Budget and Funding Request, budget justification forms and work plan are attached. We are asking that you complete these documents and return them to my attention via e-mail by **April 26, 2010** at the following address:

dmh01@health.state.ny.us

When returning via e-mail, please attach budget and work plan pages as WORD or EXCEL documents. Please do not send in PDF format.

I may be reached at (518) 474-4569. Please call me if you have any budget related questions, or concerns regarding e-mail submittal of your budget and work plan pages. You may reach Ann Whitfield-Green at (518) 402-5706 with any programmatic questions.

Sincerely,

Donna Hoinski
Health Program Administrator I
Fiscal Unit
Division of Family Health

Enclosures

cc: Ann Whitfield-Green
Jane Barnard
Lynn Lauzon-Russom

NEW YORK STATE DEPARTMENT OF HEALTH CHILDHOOD LEAD POISONING PREVENTION PROGRAM

INSTRUCTIONS for Completing Operating Budget and Funding Request

General Information

All expenses for your project must be in line item detail on the forms provided.

BUDGET NARRATIVE/JUSTIFICATION FORMS

Form B-1: Personal Services

Form B- 2: Fringe Benefit Rate

Form B- 3: Non Personal Services (NPS)

Use Forms B-1 - B-3 to provide a justification/explanation for the expenses included in the Operating Budget and Funding Request. The justification must show all items of expense and the associated cost that comprise the amount requested for each budget category (e.g. if your total travel cost is \$1,000, show how that amount was determined - conference, local travel etc.), and if appropriate, an explanation of how these expenses relate to the goals and objectives of the project.

FORM B-1: PERSONAL SERVICES

Include a description for each position, including the percentage of time spent on various duties where appropriate, on this form. Contracted or per diem staff are not to be included in personal services; these expenses should be shown as consultant or contractual services under other than personal services.

FORM B-2: FRINGE BENEFIT RATE

FRINGE BENEFIT RATE USED MUST REFLECT YOUR APPROVED COUNTY-WIDE RATE. This rate should be applied to the total of personal service. Specify the components (FICA & Medicare Tax, Health Insurance, Life Insurance, Unemployment Insurance, Disability Insurance, Workers Compensation and Pension/Retirement) and their percentages comprising the fringe benefit rate. The total of the percentages should equal the fringe benefit rate used in budget calculations.

FORM B-3: NON PERSONAL SERVICES

Any item of expense not applicable to the below categories must also be listed along with a justification of need.

Supplies and Materials

Provide a delineation of the items of expense and estimated cost of each along with justification of their need. Some routine supplies may be consolidated under office supplies and/or medical supplies.

Travel

Funds should support staff travel to Regional Lead Poisoning Prevention Resource Center multi-county meetings, Annual New York State Childhood Lead Poisoning Prevention Conference at Purchase, or for any key staff trips to Albany, if required. Funds can also be used for travel costs associated with conferences, workshops, administrative travel, programmatic travel and staff travel. Please provide a delineation of the items of expense and estimated cost (including transportation, mileage, meals, lodging and registration fees) along with a justification of need. Costs should be based upon a travel reimbursement policy.

Consultants/Per Diems/Contractual Services

Provide a justification of why each service listed is needed. Justification should include the name of the consultant/contractor, the specific service to be provided and the time frame for the delivery of services.

Equipment

Delineate each piece of equipment and estimated cost along with a justification of need. Equipment is defined as any item which cost \$300 or more and has a life expectancy of at least two years. Items which cost less than \$300 should be included in the Supplies and Materials category. Equipment purchases over \$300 will still require prior approval.

APPENDIX B: BUDGET

TABLE A: SUMMARY BUDGET

This table should be completed last and will include the total lines only from Table A-1 (Personal Services) and Table A-2 (Other Than Personal Services) and the Grand Total. Total expense = NYS + 3rd party + Other Source. Other Source may be in-kind, other grants etc.

TABLE A-1: PERSONAL SERVICES

Personnel, with the exception of consultants and per diems (which should be shown as an Other than Personal Services expense on Table A-2), contributing any part of their time to the project should be listed with the following items completely filled in:

Title: The title given should reflect either a position within your organization or on this project.

Annual Salary: Regardless of the amount of time spent on this project, the total annual salary for each position should be given.

% FTE: The proportion of time spent on the project based on a full time equivalent (FTE) should be indicated. One FTE is based on the number of hours worked in one week by salaried employees (e.g. 40 hour work week). To obtain % FTE, divide the hours per week spent on the project by the number of hours in a work week. For example, an individual working 10 hours per week on the project given a 40 hour work week = $10/40 = .25$ (show in decimal form).

of Months: Show the number of months out of 12 worked for each title. [Since this is a six month budget, if an employee works the full 6 months of the budget out of 12, then $6 \text{ months}/12 \text{ months} = .50$. This ratio is part of the total expense calculation below.]

Total Expense: Total expense can be calculated using the following method:

$$\text{Total Annual Salary} \times \% \text{ FTE} \times (\text{months worked}/12) = \text{Total Expense.}$$

TOTAL EXPENSE must then be distributed between (1) NYS, (2) third party, and (3) other source as deemed appropriate by your fiscal staff. You may use any combination of these three categories for each line item, as long as the total expense for each line item is equal to the sum of the numbers shown to the right of it in those three funding categories. This is also applicable to Table A-2 discussed below.

Fringe Benefits: Insert the calculated Fringe rate (from Form 2) in space provided. Multiply this rate by the sub-total Personal (Amount in Total Expense column subtotal Personal line). The total fringe amount should be shown (total annual salary x fringe rate from Form 2).

TABLE A-2: NON PERSONAL SERVICES (NPS)

All OTPS expenses should be listed regardless of whether or not funding for these expenses is requested from New York State. As with Table A-1, distribute total expense between NYS, third party, and other source (specify other source).

CHILDHOOD LEAD POISONING PREVENTION PROGRAM
LOCAL HEALTH DEPARTMENT LEAD POISONING PREVENTION WORK PLAN
APPENDIX D-6
4/1/10 – 9/30/10
GENERAL CONTRACTOR INFORMATION

Contractor: _____
Contract No.: _____

INSTRUCTIONS: The work plan includes all program requirements consistent with the state lead elimination plan, Public Health Law and Administrative Rules and Regulations. The work plan should include quantifiable measures for local health department activities, with regard to surveillance, screening, case management, and primary prevention. Program will be expected to report how activities were evaluated to validate meeting each objective measure and the impact of these activities at the end of the contract year. Please complete the attached Work Plan (Appendix D).

DIRECTIONS FOR COMPLETING THE WORK PLAN:

- Fill in General Contractor's Information.
- Review each of the stated objectives (1-9) and complete all information as indicated for the new project period. The *Activities* should reflect how the stated objective will be achieved and the targeted date for completion. Each LHD should propose activities that it will accomplish during the grant year based on the unique needs of their community. The LHD activities should reflect meaningful progress toward achieving each stated goal and objective, consistent with the needs of the county. LHDs should use the quarterly narrative reports to identify if targets were met, and how those activities were evaluated to validate outcome measures and impact.
- All activities should be written in a specific, measurable, attainable, realistic, and time specific (SMART) format.
- The Personnel Responsible column should indicate staff responsible to ensure completion of each objective.
- Work plan must be completed in its entirety, and the format **cannot** be modified or changed. **Minimum Required Activities (MRA) cannot be deleted. Under each objective listing MRA, place a (✓) within each box indicating that the MRA will be met.**
- If planned activities shift based on unanticipated circumstances, quarterly reports should indicate changes and/or modifications.

**CHILDHOOD LEAD POISONING PREVENTION PROGRAM
LOCAL HEALTH DEPARTMENT LEAD POISONING PREVENTION WORK PLAN
APPENDIX D-6
4/1/10 – 9/30/10
GENERAL CONTRACTOR INFORMATION**

Contractor: _____
Contract No.: _____

Corporate Name and Address:

Federal Employer ID#:

Charities Registration#, if applicable:

COORDINATOR of LPPP (person responsible for managing the lead program):

Name:

Title:

Address:

E-mail address:

Phone: ()

Fax: ()

ENVIRONMENTAL HEALTH (person responsible for managing the environmental health component):

Name:

Title:

Address:

E-mail address:

Phone: ()

Fax: ()

**CHILDHOOD LEAD POISONING PREVENTION PROGRAM
LOCAL HEALTH DEPARTMENT LEAD POISONING PREVENTION WORK PLAN
APPENDIX D-6
4/1/10 – 9/30/10
GENERAL CONTRACTOR INFORMATION**

Contractor: _____
Contract No.: _____

OUTREACH EDUCATION CONTACT (person responsible for the educational component of the program):

Name:

Title:

Address:

E-mail address:

Phone: ()

Fax: ()

LEADWEB CONTACT (person responsible for LeadWeb prescreen and matching activities):

Name:

Title:

Address:

E-mail address:

Phone: ()

Fax: ()

**CHILDHOOD LEAD POISONING PREVENTION PROGRAM
LOCAL HEALTH DEPARTMENT LEAD POISONING PREVENTION WORK PLAN
APPENDIX D-6
4/1/10 – 9/30/10
GENERAL CONTRACTOR INFORMATION**

Contractor: _____
Contract No.: _____

FISCAL CONTACT (person responsible for managing the fiscal component of the program):

Name:

Title:

Address:

E-mail address:

Phone: ())

Fax: ())

PROGRAM DIRECTOR CONTACT (person responsible for CLPP Program oversight):

Name:

Title:

Address:

E-mail address:

Phone: ())

Fax: ())

SUMMARY STATEMENT: Grant funds will be used to **support enhanced** local efforts to reduce the prevalence of elevated blood lead levels in children through the implementation of a comprehensive lead poisoning prevention program which includes: public and professional outreach and education; collaboration with local health care providers for screening, diagnostic evaluation, medical management, education and environmental interventions.

**CHILDHOOD LEAD POISONING PREVENTION PROGRAM
LOCAL HEALTH DEPARTMENT LEAD POISONING PREVENTION WORK PLAN
APPENDIX D-6
4/1/10 – 9/30/10
Goals, Objectives, and Activities**

Contractor: _____
Contract No.: _____

Goal 1: Program Administration Local Health Departments (LHD) will effectively administer a Lead Poisoning Prevention Program (LPPP).		<i>Personnel Responsible</i>
<i>Objectives</i>	<i>Activities</i>	
<p>OBJECTIVE 1: Develop an organizational chart, listing ALL LHD personnel performing lead-related grant activities and include both grant-funded and in-kind staff.</p>	<p>Minimum Required Activities:</p> <p><input type="checkbox"/> A current organizational chart is attached that reflects position, name and funding source(s) of all personnel, including any vacant positions. Within the chart indicate all personnel who perform lead-related activities. Please indicate formal or informal lines of communication between nursing and environmental staff (include district office staff, if applicable).</p> <p><input type="checkbox"/> A current and/or updated list and description of other agencies and programs that the lead program works with to accomplish lead poisoning prevention activities is attached.</p>	
<p>OBJECTIVE 2: Maintain and update the Lead Poisoning Prevention Program nursing and environmental policy and procedure manuals. The manuals must be based on the NYS Public Health Law, NYS Administrative Rules and Regulations, case management guidelines and the Environmental Health Manual.</p>	<p>Minimum Required Activities:</p> <p><input type="checkbox"/> Maintain and update the Lead Poisoning Prevention Program nursing and environmental policy and procedure manuals.</p> <p><input type="checkbox"/> Manuals are centrally located and available for use by local health department staff and for review by state staff during the site visit review process or upon request from central or regional office NYSDOH staff.</p>	

All activities must be specific, measurable, attainable, realistic, and time specific (SMART).

**CHILDHOOD LEAD POISONING PREVENTION PROGRAM
 LOCAL HEALTH DEPARTMENT LEAD POISONING PREVENTION WORK PLAN
 APPENDIX D-6
 4/1/10 – 9/30/10
 Goals, Objectives, and Activities**

Contractor: _____
 Contract No.: _____

Objectives	Activities	Personnel Responsible
<p>OBJECTIVE 3: Identify exposure patterns and high-risk populations and communities in your county for strategic planning for lead poisoning prevention, based on the LHD Community Health Assessment, and analysis of local data.</p>	<p>Minimum Required Activities:</p> <p><input type="checkbox"/> Attach a list of the high-risk populations and/or communities that you have identified in your county, including a brief description of how they were identified.</p> <p>List and briefly describe any additional planned activities to identify target high-risk populations and/or communities within your county.</p> <hr/> <p><i>Examples of high risk populations may include: children living in poverty; communities with a high prevalence of children with elevated blood lead levels; communities with a high prevalence of pre-1960 housing in poor condition; refugee and/or immigrant populations; children on Medicaid, and/or other targeted groups or areas specific to your county. Such groups may be identified through community health assessments; local census, lead surveillance and other data; focus groups; or other quantifiable or qualitative sources of information.</i></p>	

All activities must be specific, measurable, attainable, realistic, and time specific (SMART).

**CHILDHOOD LEAD POISONING PREVENTION PROGRAM
 LOCAL HEALTH DEPARTMENT LEAD POISONING PREVENTION WORK PLAN
 APPENDIX D-6
 4/1/10 – 9/30/10
 Goals, Objectives, and Activities**

Contractor: _____
 Contract No.: _____

Objectives	Activities	Personnel Responsible
<p>Goal 2: Education Increase knowledge and awareness of the public, health care providers, other professionals, and local policymakers regarding the problem of lead poisoning and its prevention in children and pregnant women, based on the needs of the county, and including the specific impact on your community.</p>	<p>Minimum Required Activities:</p> <p><input type="checkbox"/> Local health departments shall provide public and professional education and community outreach on lead poisoning prevention.</p> <p>List and briefly describe activities to meet this objective, including target groups, and completion dates. LHD should access the services of the Regional Lead Resource Center for provider education, when applicable.</p> <p>Pediatric Health Care Providers:</p> <p>Prenatal Health Care Providers:</p>	

All activities must be specific, measurable, attainable, realistic, and time specific (SMART).

**CHILDHOOD LEAD POISONING PREVENTION PROGRAM
 LOCAL HEALTH DEPARTMENT LEAD POISONING PREVENTION WORK PLAN
 APPENDIX D-6
 4/1/10 – 9/30/10
 Goals, Objectives, and Activities**

Contractor: _____
 Contract No.: _____

<i>Objectives</i>	<i>Activities</i>	<i>Personnel Responsible</i>
<p>OBJECTIVE 5: Increase the knowledge of the public, community organizations, professional groups and policymakers on lead poisoning and its prevention in children and pregnant women in your county.</p>	<p>Minimum Required Activities:</p> <p><input type="checkbox"/> Local health departments shall provide public and professional education and community outreach on lead poisoning prevention.</p> <p>List and briefly describe activities to meet this objective, including target group, and completion dates.</p>	

All activities must be specific, measurable, attainable, realistic, and time specific (SMART).

**CHILDHOOD LEAD POISONING PREVENTION PROGRAM
LOCAL HEALTH DEPARTMENT LEAD POISONING PREVENTION WORK PLAN
APPENDIX D-6
4/1/10 – 9/30/10
Goals, Objectives, and Activities**

Contractor: _____
Contract No.: _____

<i>Objectives</i>	<i>Activities</i>	<i>Personnel Responsible</i>
<p>Goal 3: Blood Lead Testing and Screening All children and pregnant women are tested for lead poisoning consistent with requirements outlined in NYS Public Health Law, Administrative Rules and Regulations and CDC guidelines.</p> <p>OBJECTIVE 6: By the end of this grant year, counties should make meaningful incremental progress to increase the percentage of children who receive a screening blood lead test:</p> <ul style="list-style-type: none"> - At or around age one to at least 80%, and - At or around age two to at least 80% 	<p>Minimum Required Activities:</p> <ul style="list-style-type: none"> <input type="checkbox"/> All records in LeadWeb are pre-screened daily to assure timely and appropriate follow-up for children with elevated blood lead levels. <input type="checkbox"/> All records in LeadWeb are matched at least weekly. <input type="checkbox"/> Local barriers are identified to achieving required lead screening at or around one and two years of age. (For example, families do not obtain lead tests at outside laboratories when a lab slip is written by a provider; health care providers are skeptical about the need for lead screening) <input type="checkbox"/> Strategies below are identified to reduce or eliminate the major barriers identified to improve screening practices in your county. <p>List and briefly describe the activities to meet this objective to increase lead testing rates. Planned activities should align with barriers identified and any relevant educational activities described in Goal 2. as a way to increase testing and screening.</p>	

All activities must be specific, measurable, attainable, realistic, and time specific (SMART).

**CHILDHOOD LEAD POISONING PREVENTION PROGRAM
 LOCAL HEALTH DEPARTMENT LEAD POISONING PREVENTION WORK PLAN
 APPENDIX D-6
 4/1/10 – 9/30/10
 Goals, Objectives, and Activities**

Contractor: _____
 Contract No.: _____

<i>Objectives</i>	<i>Activities</i>	<i>Personnel Responsible</i>
<p>OBJECTIVE 7: Provide or arrange for blood lead testing for children in the county who require lead screening per Section 67-1, but can not obtain a lead test due to lack of insurance coverage.</p>	<p>Minimum Required Activities:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide or arrange for lead testing for uninsured children and establish systems for referring screening results to the child's primary health care provider. LHDs can use grant funding for lead testing for any uninsured child. <input type="checkbox"/> Develop and implement a sliding fee schedule for blood lead testing of children from families with incomes in excess of 200% FPL, pursuant to Section 606 of the Public Health Law. The sliding fee scale should not create barriers to testing. <input type="checkbox"/> Refer parents of all children without insurance to public insurance programs. <p>List and briefly describe any additional activities planned to meet this objective during the contract period.</p>	

All activities must be specific, measurable, attainable, realistic, and time specific (SMART).

**CHILDHOOD LEAD POISONING PREVENTION PROGRAM
 LOCAL HEALTH DEPARTMENT LEAD POISONING PREVENTION WORK PLAN
 APPENDIX D-6
 4/1/10 – 9/30/10
 Goals, Objectives, and Activities**

Contractor: _____
 Contract No.: _____

Objectives	Activities	Personnel Responsible
<p>Goal 4: Follow Up of Children with Elevated Blood Lead Levels All children with elevated blood lead levels receive timely and appropriate follow-up services, consistent with the Public Health Law, Administrative Rules and Regulations and CDC guidelines.</p> <p>OBJECTIVE 8: Institute measures to identify and track all children with BLL \geq 10 mcg/dL to assure appropriate follow-up in accordance with current NYSDOH regulations (10 NYCRR, Part 67) and guidelines.</p> <p>“Follow-up” means actions by local health units and health care providers which, depending on the blood lead level and exposure history of the child, shall include as appropriate: risk reduction education, follow-up testing, confirmatory testing, diagnostic evaluation, medical management, environmental management and case management, in accordance with generally accepted medical standards and public health guidelines.</p> <p>NOTE: NYSDOH is finalizing updated guidelines for LHD LPPP, to be distributed as soon as available. In the interim, LHDs should refer to: Managing Elevated</p>	<p>Minimum Required Activities: Nursing Follow Up of Children with Elevated Blood Lead Levels</p> <p><input type="checkbox"/> All records LeadWeb are pre-screened daily to assure timely and appropriate follow-up for children with elevated blood lead levels.</p> <p><input type="checkbox"/> All records in LeadWeb are matched at least weekly.</p> <p><input type="checkbox"/> LeadWeb follow-up screens are completed for all children with blood lead levels \geq 10 mcg/dL.</p> <p><input type="checkbox"/> Children requiring environmental management services are referred to LHD or DO environmental staff received through LeadWeb.</p> <p><input type="checkbox"/> All children with BLLs \geq 10 mcg/dL are tracked to assure follow-up testing and other follow up activities within appropriate timeframes.</p> <p><input type="checkbox"/> If the LHD is serving as child’s primary care provider, all follow up services required in Part 67-1 are provided.</p> <p>Environmental Management Partial Service Counties</p> <p><input type="checkbox"/> Partial service counties should communicate and coordinate with district offices to refer cases and assure environmental management is completed.</p> <p>Full Service Counties</p> <p><input type="checkbox"/> Provide environmental management services for all children referred for environmental management in accordance with guidelines.</p> <p><input type="checkbox"/> Exposure investigations should be completed within the guidelines and timeframes included in CSFP 720 of the Environmental Health Manual. When lead hazards are identified as a result of an EBLL investigation, a notice and demand for correction of the hazards is issued in an efficient manner.</p> <p><input type="checkbox"/> Environmental follow up associated with an EBLL investigation will continue until the case is closed in accordance with CSFP 734 of the Environmental Health Manual.</p>	

All activities must be specific, measurable, attainable, realistic, and time specific (SMART).

**CHILDHOOD LEAD POISONING PREVENTION PROGRAM
 LOCAL HEALTH DEPARTMENT LEAD POISONING PREVENTION WORK PLAN
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<p><i>Blood Lead Levels Among Young Children: Recommendations from the Advisory Committee on Childhood Lead Poisoning Prevention, CDC March 2002</i> <i>(www.CDC.gov/NCEH/Lead)</i></p>	<p><input type="checkbox"/> Maintain or provide for a reliable workforce to investigate and manage cases of EBLL by (1) maintaining current status as an EPA certified firm and a sufficient number of EPA-certified risk assessors, (2) depending on a formal association with a District Office, or (3) contracting with an outside company or agency for XRF services.</p> <p><input type="checkbox"/> Complete LeadWeb environmental screens for all children for whom environmental services are provided.</p> <p>List and briefly describe the activities to meet this objective, and any additional follow-up case coordination activities conducted beyond those minimally required.</p>
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All activities must be specific, measurable, attainable, realistic, and time specific (SMART).

**CHILDHOOD LEAD POISONING PREVENTION PROGRAM
 LOCAL HEALTH DEPARTMENT LEAD POISONING PREVENTION WORK PLAN
 APPENDIX D-6
 4/1/10 – 9/30/10
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Goal 5: Primary Prevention Lead hazards in the community are identified and controlled <i>before</i> children become lead poisoned.	Personnel Responsible
<p>Objectives</p> <p>Objective 9: Plan, develop and implement primary prevention activities that are consistent with identified needs and available resources.</p>	<p>Activities</p> <p>Minimum Required Activities:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Identify and partner with other local agencies, organizations and stakeholders to develop a shared local approach for primary prevention. <input type="checkbox"/> Identify local communities, neighborhoods and buildings with the highest need for primary prevention strategies. <input type="checkbox"/> Develop strategies, consistent with local resources, to provide primary prevention services to the areas of highest need. <p>List and briefly describe activities to meet this objective including target groups, and completion dates.</p>

All activities must be specific, measurable, attainable, realistic, and time specific (SMART).

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 Sharon Scholdene ADPS
 (Supervisory Committee) (Employee Name)

to attend Home Care Association of New York State Annual Membership Conference
 (Name of meeting or organization)

at Saratoga Hilton Saratoga Springs NY
 (Address)

on Thurs May 20, 2010 Mode of transportation to be used employee to drive own vehicle - no mileage reimbursement
 (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 \$ not applicable GSA* Rate \$
- Meal costs GSA* per diem rate \$ included in conf. fee
*www.gsa.gov

Date: 4/23/10

Patricia
 Department Head Signature

Date: 4/23/10

Matthew
 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.

2010 Annual Conference Registration



Deadline for conference registration is May 5

FAX to:
518-426-8788

MAIL to: HCA Education and Research
194 Washington Avenue, Suite 400, Albany, NY 12210

PLEASE RETURN THIS COMPLETED REGISTRATION FORM WITH YOUR PAYMENT. YOU MAY DUPLICATE THIS FORM FOR ADDITIONAL ATTENDEES. PLEASE SAVE A COPY FOR YOUR RECORDS.

Register online at
www.eventville.com/hcany

Conference Participant Registration

NAME Sharon Schaldone TITLE Assistant Director of Patient Services
 AFFILIATION Warren County Health Services
 ADDRESS 1340 State Route 9
 CITY/STATE/ZIP Little George, New York 12845
 PHONE 518 761-6415 FAX 518 761-6422
 E-MAIL Schaldone5@co.warren.ny.us

PAYMENT:

Full payment must be received by May 5 to be registered for the conference. We cannot accept walk-in registrations.

METHOD OF PAYMENT:

Please check one:

Check* Make payable to: HCA Education and Research and mail to: 194 Washington Avenue, Suite 400, Albany, NY 12210

MasterCard Visa American Express

Credit Card No. _____

Name on Card _____

Expiration Date: _____

Authorized Signature _____

Cancellation Policy: Cancellations received by May 5 will receive a full refund, less 25% of total due as an administrative fee. Cancellations received on May 6 or later will forfeit their registration fee, along with those who register and do not attend. Substitutions are permitted.

In accordance with the American with Disabilities Act or special meal needs, please let us know how we can accommodate you:

Please be sure to make your hotel reservation by April 27

REGISTRATION FEE: We encourage you to attend the full three day conference for the best value. 10 credits per day per person as a stipend or unattended education credits.

Early Bird Discount Ends April 19

*Wednesday AWARDS RECEPTION AND DINNER: Please note that the Awards Reception and Dinner is included in the Full Registration Fee and the Sunday Only Fee. For those who wish to attend the Awards Reception and Dinner ONLY, the fee is \$85 per person.

REGISTRATION FEE

Please indicate your registration choice(s):

Full Conference Registration Options

HCA Member (Early-bird rate until April 19)	\$625	<input type="checkbox"/>
Additional Registrant from same agency (Before April 19)	\$550	<input type="checkbox"/>
HCA Member (After April 19)	\$675	<input type="checkbox"/>
Additional Registrant from same agency (After April 19)	\$600	<input type="checkbox"/>
Non-Member Fee (Early-bird rate until April 19)	\$725	<input type="checkbox"/>
Non-Member Fee (After April 19)	\$775	<input type="checkbox"/>

One Day Only Conference Registration Options

Wednesday Only – HCA Member	\$275	<input type="checkbox"/>
Wednesday Only – Non-Member	\$375	<input type="checkbox"/>
Thursday Only – HCA Member	\$375	<input checked="" type="checkbox"/>
Thursday Only – Non-Member	\$475	<input checked="" type="checkbox"/>
Friday Only – HCA member	\$275	<input type="checkbox"/>
Friday Only – Non-Member	\$375	<input type="checkbox"/>

Optional Activities

Negotiate Your Way to Success Program \$125

Include me for the HCA Staff Dinner at Circus Café
of Guests: _____ at \$40 pp \$ _____

Wednesday Awards Dinner Only- Additional Guest Fee

of Guests: _____ at \$85 pp \$ _____

Thursday PAC Fundraiser at Chico's

TOTAL DUE: \$ 475

5:00pm to 6:30pm

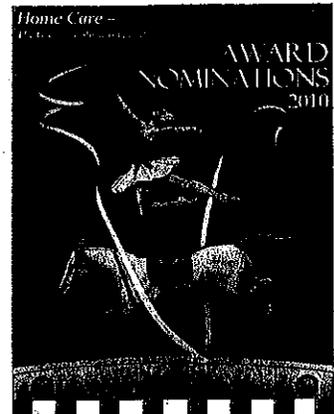
Under the Big Top – Cocktail Reception

Join your peers and over 50 Exhibitors for cocktails under the big top in the Saratoga City Center to kick off the 2010 Annual Membership Conference and salute our Conference Sponsors whose support makes the Greatest Show on Earth possible!

6:30pm to 9:00pm

Great Performances – Awards Dinner

Under the big top and into the spotlight are three outstanding performance rings, as HCA pays tribute to recipients of the Ruth F. Wilson Award, the Caring Award, and the Advocacy "Giraffe" Award during our annual awards ceremony. Join us for this highlight of the Conference, where we take the opportunity to pay tribute to the shining stars of home care.



Program Agenda

Thursday, May 20

7:30am to 9:00am

Breakfast Buffet with Exhibitors

Start your morning off right with a full breakfast buffet and time to visit with over 50 vendors in attendance expressly for you. Learn about new or enhanced products or services and visit with new vendors who are joining us for the first time, all in the Saratoga City Center, adjoining the Hilton.

9:00am to 10:15am

Reinventing Yourself for the New World of Home Health Care

Seventy-two percent of the world's business organizations will have to reinvent the way they do business in the next two years as a result of recent economic events, and home health is no exception. The success of our business is mainly determined by the need satisfied when patients receive services. Therefore, to be effective in today's business climate, you must see yourself from the patient's point of view. Join us in the Saratoga City Center for a personally challenging and provocative presentation by reinvention strategist Jim Mathis, whose presentation, *Reinventing Yourself for the New World of Home Health Care*, will lead you to discover new realities about your organization. Learn how to adjust your viewpoint, become a different leader, pay more attention to the competition, build community, reinvent your business model, and more during this session.

Jim Mathis, CSP, President of the Mathis Group, is a Corporate Reinvention Strategist, international speaker and author. For over 25 years, Mr. Mathis has been helping business leaders reinvent their businesses and compete in challenging economies. He is author of Reaching Beyond Excellence.

10:15am to 11:15am

HCA's Membership Address

During an address to the membership, HCA President Joanne Cunningham will highlight HCA's prior-year advocacy accomplishments as well as recent policy developments at the state and federal levels, with an eye toward legislative, policy and educational goals for the future. Hear how you can get engaged in these efforts to position home care for long term success.

Educational Workshops – Act 1

11:15am to 12:30pm

Three Rings of Learning – You Choose!

Ring One

I'm the Leader! Which Way Did They Go?

Successful people – in business, politics and life in general – have something in common: they understand that humor is an important trait for effective leaders. Properly used, humor is a dynamic communication strategy that strengthens relationships, builds rapport, and enhances effectiveness. Program presenter Karyn Buxman uses personal anecdotes, medical research, and practical tips to help you foster your humor skills and develop yourself as a leader.

Karyn Buxman, RN, MSN, CSP, CPAE is a professional speaker, writer and consultant on humor as it relates to health professionals.

Center Ring

Selling Home Health to Physicians

In this session, learn about a new opportunity to grow your business by focusing on physician buy-in to home care. Learn how knowledge, skill and determination will open doors to new referral sources, get you past the gatekeepers, and convince physicians to refer patients to your agency.

Stephen Tweed, CSP, is Chairman and CEO of Leading Home Care. For over 25 years Mr. Tweed has been a recognized leader in strategy and leadership development for home health care and is a frequent presenter at National Association for Home Care & Hospice (NAHC) events. He is the author of five books for the home care industry. He also knows home care from a personal vantage point, his 38-year-old son is physically disabled and uses the services of home care on a daily basis.

Ring Three

Catapulting into the Future: The Art and Science of Quality Home Care

Evidence-based practice is one key to enhancing quality and service delivery, as home care leaders embrace data and clinical guidelines to employ these strategies in their own agencies. Such efforts are gaining traction and interest at the national and state levels among government, payers and providers seeking to enhance their own quality of care and deliver and demonstrate high value to policymakers as well as patients. Hear from one of the nation's most trailblazing organizations in this area whose aim has been to develop national clinical guidelines to help your own organization advance quality of care and reduce costs.

Joan Haizlip, MSN, RN, CS, Director of Programs and Education, VNA First/Innovative Healthcare Solutions. Prior to this position, she was the Director of Clinical Services for a VNA and then Director of Community Programs for a large health system. Ms. Haizlip is responsible for development, education and consulting on critical pathways for homecare, telehealth, patient education and disease management programs. She has presented at numerous state associations as well as National Meetings and Associations such as the World Health Organization and the National Association for Homecare.

12:30pm to 1:45pm

Step Right Up to Lunch and Raffles

While enjoying lunch, take advantage of this expanded time to visit with vendors under the big top of our Exhibit Hall expressly for you. See their latest products and services. Also, during lunch, vendors will be announcing their raffle prize winners and you must be present to win!

Educational Workshops – Act 2

1:45pm to 3:00pm

Three Rings of Learning – You Choose!

Ring One

Selling Home Health to Physicians (Repeat of earlier session)

In this session, learn about a new opportunity to grow your business by focusing on physician buy-in to home care. Learn how knowledge, skill and determination will open doors to new referral sources, get you past the gatekeepers, build rapport and convince physicians to refer patients to your agency.

Stephen Tweed, CSP, is Chairman and CEO of Leading Home Care. For over 25 years he has been a recognized leader in strategy and leadership development for home health care and is a frequent presenter at National Association for Home Care & Hospice (NAHC) events. He is the author of five books for the home care industry. He also knows home care from a personal vantage point; his 38-year-old son is physically disabled and uses the services of home care on a daily basis.

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Ring Three

Succession Planning (New concurrent session)

Do you have your next generation of business managers and leaders lined up to ensure the long-term stability of your organization? Succession planning is vital to reducing risk, creating a proven leadership model, ensuring business continuity, and improving staff morale. Learn about the importance of this process along with strategies to implement succession planning in your agency.

Jim Mathis, CSP, President of the Mathis Group, is a Corporate Reinvention Strategist, international speaker and author. For over 25 years, Mr. Mathis has been helping business leaders re-invent their business and compete in challenging economies. He is author of Reaching Beyond Excellence.

Thursday, May 20

3:00pm to 4:00pm

Leadership Keynote Address – The View from Washington, DC

The Honorable Kirsten Gillibrand (invited)

U.S. Senator Kirsten Gillibrand has been invited as our Leadership Keynote to share updates on the latest direction of health care reform in Washington and to discuss how that effort could potentially affect home care. Senator Gillibrand has been an important partner with HCA on federal advocacy efforts since the start of her term in January 2009. In particular, she has staunchly supported our legislative effort to resume the claims-sampling methodology previously employed by the Third Party Liability Demonstration (TPL) Project, among other top-tier federal priorities. You won't want to miss this exciting opportunity to hear about the political and legislative dynamics of health care reform and other key federal issues.

4:00pm to 5:00pm

Amazed and Amused: Strategies of the Sane & Successful

Success is not measured only in dollars and cents but also in the moments that leave you amazed and amused – and especially in how you react and respond to the moments that test you as a leader. Surviving without thriving is not enough, and we can only do our best when we self-create an attitude of amazement and a perspective that encourages amusement and the ability to laugh in spite of the challenges we face. Bestselling author, RN, and observer of the human condition Karyn Buxman will take you on a life-changing journey of humor and hope.

Karyn Buxman, RN, MSN, CSP, CPAE is a professional speaker, writer and consultant on humor as it relates to health professionals. Ms. Buxman holds a Master's of Science from the University of Missouri and a BSN from the University of New York. Her work experience includes nursing instructor, air ambulance nurse, school nurse, county health department nurse and hospital nurse in medical-surgical, emergency room, intensive care and pediatrics. She has authored numerous nursing articles including "This Won't Hurt A Bit And Other Fractured Truths in Healthcare" and "Amazed and Amused: Surviving and Thriving as a Healthcare Professional."

6:30pm to 8:30pm

Dinner – Saratoga as Your Big Top – Your Choice of Venues

Tonight you can choose to have dinner on your own at one of the many fine restaurants all within walking distance of the Hilton. HCA staff will have a listing of suggestions on hand at registration.

-OR-

Dine with HCA staff at **Circus Café**, a fun restaurant with a Circus theme, just a short walk from the Saratoga Hilton. This private dinner is a great opportunity to network and unwind for only \$40 per person. There will be a pre-selected menu with several meal choices and cash bar. You must pre-register for this event on the registration form. Seating is limited.

8:00pm to 9:30pm

Don't Dress For the Circus – What Not to Wear!

Exclusive Event and PAC Fundraiser!

You won't want to miss this event inspired by the television reality show "What Not to Wear." Join us at Chico's, a popular women's clothing store located in the heart of Saratoga, as selected HCA members are fashionably enhanced with clothes and accessories. Learn about the best clothes and accessories for your style, body type and budget in both professional and casual wear. The store will be closed to the public and refreshments will be served for this outrageously fun event that will inspire your thinking about your wardrobe and glamour potential! This is an exclusive event and HCA Political Action Committee fundraiser – \$25.00 is the minimum entrance fee. Indicate your attendance on the Registration Form and make your donation at the conference.



RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: April 23, 2010

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To authorize agreement with Hudson Headwaters Health Network to allow receipt of Ryan White Mini Grant funds for outreach HIV/STD prevention and referral services
- (c) Name of Contractor: Hudson Headwaters Health Network
- (d) Address of Contractor: 9 Carey Drive, Queensbury, NY 12804
- (e) Contractor's Contact Person and Telephone Number: Mary Anne Brown, 761-0300, Ext. 214
- (f) Has or will the Contract be provided, if so, please attach: Yes
- (g) Commencement Date of Contract: 4/1/10
- (h) Termination Date of Contract: 10/31/10
- (i) Payment Provisions:
 - i) lump sum amount \$4000.00, paid upon receipt of approved activity/work plan
 - 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: A4018.0030.2716 Grants From Other Sources

Warren County Board of Supervisors

RESOLUTION NO. 331 OF 2009

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

AUTHORIZING AGREEMENT WITH HUDSON HEADWATERS HEALTH NETWORK FOR WARREN COUNTY TO PROVIDE HIV HEALTH EDUCATION - HEALTH SERVICES DEPARTMENT

RESOLVED, that Warren County enter into an agreement (the previous agreement being authorized by Resolution No. 513 of 2008), with Hudson Headwaters Health Network, 9 Carey Road, Queensbury, New York 12804, for the Warren County Health Services Department to provide HIV Health Education, with funding to be provided by the Ryan White Early Intervention Services Program grant, for an amount not to exceed Four Thousand Dollars (\$4,000), for a term commencing April 1, 2009 and terminating December 31, 2009, and the Chairman of the Board of Supervisors be, and hereby is, authorized to execute said agreement in the form approved by the County Attorney.



March 31, 2010

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

Dear Patricia,

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

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

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

In consideration of the above activities, HHHN agrees to pay you a sum of \$4,000 for the planned outreach activities and request an invoice at your earliest convenience that includes appropriate documentation that approximates the planned use of the funds during the reporting period from April 1, 2010 – October 31, 2010. (i.e. hours of service, salary and fringe benefits, training materials, etc). At the conclusion of this activity, we will request a summary report that describes the outreach/health promotion activities conducted, number of individuals reached, findings, testing data and recommendations for meeting identified needs.

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

Regards,

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

Municipal Center
Lake George, New York 12845

Hudson Headwaters Health Network
Health Education & Outreach Initiative
Planning Report

Organization/Agency/Health Educator: _____

Health Education Leader: _____

Address: _____

City/Town, Zip: _____

Phone: _____

I. Target Population (Check which ones)

- | | |
|---|---|
| <input type="checkbox"/> a. African American | <input type="checkbox"/> i. Women |
| <input type="checkbox"/> b. Hispanic/Latino | <input type="checkbox"/> j. Youth |
| <input type="checkbox"/> c. Asian/Pacific Islander | <input type="checkbox"/> k. Children |
| <input type="checkbox"/> d. Native American/Indian Health | <input type="checkbox"/> l. Migrant farmworkers |
| <input type="checkbox"/> e. Alaskan Native | <input type="checkbox"/> m. Immigrants |
| <input type="checkbox"/> f. Substance abuse | <input type="checkbox"/> n. Homeless |
| <input type="checkbox"/> g. MSM | <input type="checkbox"/> o. _____ |
| <input type="checkbox"/> h. Incarcerated | Other _____ |

II. Problem Statement

III. Background

IV. Proposed Outreach & Education Activities

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

Please return to Mary Anne by 6/30/09. For an email copy, contact Mary Anne at 761-0300 Ext. 214.

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

Hudson Headwaters Health Network
Health Education & Outreach Initiative
Activities Report

Organization/Agency/Health Educator: _____

Health Education Leader: _____

Address: _____

City/Town, Zip: _____

Phone: _____

I. Target Population Served (approximate numbers contacted)

(Check which ones)

- | | |
|--|---|
| <input type="checkbox"/> a. African American
<input type="checkbox"/> b. Hispanic/Latino
<input type="checkbox"/> c. Asian/Pacific Islander
<input type="checkbox"/> d. Native American/Indian Health
<input type="checkbox"/> e. Alaskan Native
<input type="checkbox"/> f. Substance abuse
<input type="checkbox"/> g. MSM
<input type="checkbox"/> h. Incarcerated | <input type="checkbox"/> i. Women
<input type="checkbox"/> j. Youth
<input type="checkbox"/> k. Children
<input type="checkbox"/> l. Migrant farmworkers
<input type="checkbox"/> m. Immigrants
<input type="checkbox"/> n. Homeless
<input type="checkbox"/> o.
Other _____ |
|--|---|

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

Please track monthly. Data may be needed with progress report for grant application usually due in November.

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

III. HIV/STD Testing Data

Please track monthly. Data may be needed with progress report for grant application usually due in July.

Month	HIV	Chlamydia	Gonorrhea
January 2010			
February 2010			
March 2010			
April 2010			
May 2010			
June 2010			
July 2010			
August 2010			
September 2010			
October 2010			
November 2010			
December 2010			
Totals			

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

V. Recommendations for Future Prevention Efforts

Hudson Headwaters Health Network
Health Education & Outreach Initiative
BUDGET REPORT

Organization/Agency/Health Educator: _____

Health Education Leader: _____

Address: _____

City/Town, Zip: _____

Phone: _____

Expenses

Staff Time (hours and hourly rate)

Purchases (Educational curriculum and support materials)

Educational Program/Activities (classes, seminars)

Education and Support Materials

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

GRAND TOTAL

Report completed by: _____ Phone: _____

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

Please return to Mary Anne (Brownma@medserv.net) by 10/30/10.

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: April 23, 2010

- (a) Purpose of Contract Change: To amend contract of Business Associates who provide services to pediatric clients to reflect rate change for children in the Early Intervention Program
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: Business Associates have different contract dates depending on when they contracted with county
- (c) Name of Contractor: See attached list noting those Business Associates marked with an "X" in pediatrics column
- (d) Address of Contractor: See attached
- (e) Contractor's Contact Person and Telephone Number: See attached
- (f) Commencement Date of Amendment: 5/1/10
- (g) Termination Date of Extension: Same as current contract agreement
- (h) Payment Provisions: per visit rate amounts paid upon receipt of documentation for each visit. Region 1: 50.00/visit; Region 2: 57.00/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: A.4054.0060.444 **EI Contracts**

TYPE	PEDS	LAST NAME	FIRST NAME	STREET	CITY	STATE	ZIP	Phone	Cell#	Office	Fax
ST	x	Aldrich	Juliet	51 Golfview Road	Hadley	NY	12835	696-4513	796-9372		
ST	x	Anderson	Amy	62 Sunny West Lane	Lake George	NY	12845	668-3242	791-1281		
PT		Ash	Karin	171 Gage Hill Road	Lake Luzerne	NY	12846	696-2441			696-7233
ST	x	Aurelia	Laurie	26F Congress Street, #320	Saratoga Springs	NY	12866		361-3830		
PT		Barber	Natalie	8 Lockhart Mountain Road	Lake George	NY	12845	793-3510	307-3049	685-4220	623-2880
PT		Bassin	Stephen	32 Sherman Avenue	Glens Falls	NY	12801	793-7136	361-2384		793-7142
OT	x	Bazan	Dawn	16 Cossey Street	Ticonderoga	NY	12883	585-2664	569-3978	585-9285	585-9286
PT	x	Beaulac	Barbara	7 Wayne Court	Queensbury	NY	12804	761-0432	744-3143		
OT	x	Becker	Mari	4122 South Creek Road	Middle Grove	NY	12850	584-2352	209-6711		
ST	x	Bohne	Heidi	3424 State Route 4	Hudson Falls	NY	12839	747-3615	435-5492		
PT		Burns	Diana	Po Box 31	North River	NY	12856	251-5564	251-5564		
ST	x	Bush	Sara	7 Gregs Court	Saratoga Springs	NY	12866	695-5656	369-0505		
ST	x	Caimano	Judy Ellen	2 Centennial Drive	Queensbury	NY	12804	798-0508	669-3086		
PT	x	Callahan	Beth	104 Dixon Hill Road	Diamond Point	NY	12824	623-1088	428-2448		
MSW		Carroll	Nancy	29 Heinrich Circle	Queensbury	NY	12804	798-1980	796-5089		
ST	x	Clynes	Deborah	38 Davis Street	Glens Falls	NY	12801	793-8212	744-6162		
PT		Compson	Rebecca	3 Hampton Court	Queensbury	NY	12804	793-3686	926-8175		
OT		Costin	Teresa	16 Baldwin Avenue	Glens Falls	NY	12801	792-2900	742-0015		
ST	x	Dee	Christine	131 Laurel Lane	Queensbury	NY	12804		744-6555		
PT		Dicroce	Theresa	32 Sherman Avenue	Glens Falls	NY	12801	793-7136			793-7142
ST	x	Dimezza	Stacie	28 Monument Avenue	Glens Falls	NY	12801	743-9941	744-3521		
ST		Dochak	Maggie	430 Kingsbury Road	Hudson Falls	NY	12839	747-6458	538-1195		
OT	x	Donnaruma	Linda	31 Danascus Drive	Gansevoort	NY	12831		369-8496		
PT		Downing	Colleen	3 Southeast Street	Saratoga Springs	NY	12866	587-7226	222-6999		
ST	x	Dunbar	Melissa	25 Brookfield Run	Queensbury	NY	12804	792-8976	307-3494		
OT		Endal	Gerhard	PO Box 2615, 37 Knight Street	Glens Falls	NY	12801	792-8075	744-9829		792-8075
OT		Frasier	Stacey	7 Jessica Trace	Wilton	NY	12831	580-0889	466-3339		
PT	x	Frasier	Kathleen	20 Chippeau Circle	Queensbury	NY	12804	636-5908	1-413-530-2933		
PT		Gautreau	Robert	262 Shore Airport Road	Ticonderoga	NY	12883	585-3263	207-5488		585-3263
ST	x	Gecewicz	Deborah	48 Sara-Jen Drive	Queensbury	NY	12804	761-9804	469-5383		
PT	x	Grover	Dorothy	39 Lambert Drive	Queensbury	NY	12804	743-1819	260-0716		
RT		Hickey	Joseph	216 Ash Street	Corinth	NY	12822	654-2037	744-8003		
OT	X	Hodgson	Jill	PO Box 121, 218 Antler Road	Weverton	NY		251-5434			
ST		Hoffis	Cheryl	29 Hall Road	Queensbury	NY	12804	745-8457	222-1123		926-2070
PT		Huntley	Kelly	16 Woodland Drive	Gansevoort	NY	12831	793-7942	955-8003		
PT		Jackson	Denise	32 Sherman Avenue	Glens Falls	NY	12801	761-6929	832-0586	793-7136	
ST	x	Joss	Cathy	3 Appletree Lane	Wilton	NY	12031	886-8615	935-0630		
OT	x	Kenison-Rose	Melissa	2 Knolls Road S.	Queensbury	NY	12804	761-6794	791-4840		
PT	x	Kowalczyk	Karen	PO Box 4103	Queensbury	NY	12804	798-4182	361-2864		
ST	x	Lavine	Mindy	116 Grant Avenue	Glens Falls	NY	12801	793-5876	232-6395		
OT	x	Lawler	Jeanine	28 Lake Avenue	Warrensburg	NY	12885	623-9775	232-4840		

TYPE	PEDS	LAST NAME	FIRST NAME	STREET	CITY	STATE	ZIP	Phone	Cell#	Office	Fax
ST	x	LeBlanc	Linda	3 Stone Pine Lane	Queensbury	NY	12804	798-0049			
MSW		Lombardo-Navatka	Rita	27 Cedarwood Drive	Queensbury	NY	12804	798-5363	955-6275		
ST	x	McGowan	Marie	7 Pershing Road	Glens Falls	NY	12801	761-0161	796-4449		
PT	x	Meehan	Catherine	89 Gurney Lane	Queensbury	NY	12804	792-0265			
ST	x	O'Meara	Holly	552 Garnet Lake Road	Warrensburg	NY	12885	623-3457			
PT		Paolano	Anne	11 Brookshire Trace	Queensbury	NY	12804	798-3055	744-6359		746-0096
PT		Reed	Edward	32 Pearl Street	Hudson Falls	NY	12839	746-9525			
OT	x	Reynolds	Donna	85 Barney Road	Middle Grove	NY	12850	584-4275	791-0877		
PT		Ryan	Kathleen	9 Luzerne Place	Glens Falls	NY	12801		796-5203		
MSW		Sauer-Jones	Donna	PO Box 152	North River	NY	12856	251-5731	321-1955	746-3470 x 3487	
ST	x	Scotch	Tresa	53 Niblic Road	Hadley	NY	12835	696-4951	683-0473		
ST		Sellig	Sara	31 Overlook Drive	Queensbury	NY	12804	793-7914			
MSW		Tudor	Jaimi-Lyn	7 Gillespie Street	Hoosick Falls	NY	12090		857-8286		
OT		Walter	Laura	9 Fairview Avenue	North Creek	NY	12853	251-2785			251-0838
PTA		Whalen	Jennifer	80 Sherman Island Road	Queensbury	NY	12804	793-7292	744-4336		
PT		Willis	Adam	50 Fairview Street Ext. Apt 3	S. Glens Falls	NY	12803		225-5049		
PT		Willis	Nicole	22 Snowberry Lane	Gansevoort	NY	12831	745-0304	260-9137		
MSW		Wolfield	Rachel	2 Joques Farm Road	Lake George	NY	12845	685-5388			

RESOLUTION REQUEST FORM NO. 15

Requesting Approval for Out-Of-State Travel*

*If the conference announcement or details are available in writing, please attach.

DEPARTMENT NAME: Health Services

DATE: 04/23/2010

(a) Dates of Travel: June 21-24, 2010

(b) Purpose (include complete name of any conference, school, etc.): Delta Health Technologies 2010 National Customer Forum

(c) City/Town & State: Altoona, PA 16602

(d) Employee(s) Traveling (include title(s)): Sharon Schaldone, Assistant Director of Homecare and Tammie DeLorenzo Informatics Coordinator

(e) Is County paying the costs or is another Agency? Delta Health Technologies will cover the cost of the conference \$399 per person, County will cover the cost of the hotel room \$99 per night plus taxes.

(f) Mode of Transportation to be Used: County Vehicle
(County Vehicle or Mass Transportation)

Please note: If County vehicle use is requested, upon resolution approval, please provide Fleet Manager Frank Morehouse with vehicle request form properly completed.

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 Sharon Schaldone ; Tammie De Lore
 (Supervisory Committee) (Employee Name)

to attend Delta Health National Customer Forum
 (Name of meeting or organization)

at Blair Co Convention Ctr Altoona PA 16602
 (Address)

on 6/21-24/2010 Mode of transportation to be used co 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.

*Registration fee \$399
waived*

For Overnight Travel

- Room rate \$ 99 GSA* Rate \$
 - Meal costs - GSA*per diem rate \$
- *www.gsa.gov

Date: 4/23/10

[Signature]
 Department Head Signature

Date: 4/23/10

[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.

Improving Outcomes Through Re-engineered Care Transitions: The New York Experience

By Sara Butterfield RN, BSN, CPHQ, CCM, Christine Stegel, RN, MS, CPHQ, and Dennis Tartaglia, MA

Sara Butterfield is Senior Director, Health Care Quality Improvement and Christine Stegel is Senior Quality Improvement Specialist, both with IPRO. Dennis Tartaglia is President and Founder, Tartaglia Communications.

The Centers for Medicare & Medicaid Services (CMS) is funding an initiative with 14 state-based Quality Improvement Organizations (QIOs) to test a variety of interventions and approaches to improving the quality of care for Medicare beneficiaries as they transition from one setting to another. A primary objective of the Care Transitions Theme is to reduce unnecessary hospital readmissions and the resultant morbidity, mortality and quality of life issues. The project began in August 2008 and will continue through July 2011. The structure of this CMS initiative provides QIOs the flexibility to develop approaches tailored to local needs, while using evidence-based interventions to target improvement across settings.

IPRO has targeted five contiguous counties in the state's Upper Capital Region – Rensselaer, Saratoga, Schenectady, Warren and Washington—that are composed of urban, rural and suburban communities. The provider community consists of five acute care hospitals, six home health agencies, 28 nursing homes, five dialysis centers, five hospice organizations, several physician health networks and primary care practices, three major payors and two Regional Health Information Organizations (RHIOs). The region's home health agencies, which will be the focus of this article, include public health departments, private visiting nurse services, and agencies that are part of integrated health systems.

Despite this diversity, the five-county region forms a cohesive care community with common referral patterns. The region has existing coalitions and partnerships that share the common goal of improved communication and care management, as well as an interest in collaborating with IPRO and its provider community for the Care Transitions Initiative.

Within each of these communities the opportunity exists to improve care coordination across the continuum. Participating providers are focusing their efforts on the high prevalence diagnoses that are commonly linked to potentially avoidable hospital readmissions but are amenable to better care coordination – acute myocardial infarction (AMI), heart failure (HF) and pneumonia. These diagnoses are a primary focus of New York's Care Transitions Project; some providers have

chosen to focus on other diagnoses as well, such as chronic obstructive pulmonary disease (COPD), end-stage renal disease (ESRD) and diabetes.

Partnering with Providers and the Community

In addition to the providers described above, we are partnering with a number of community-based organizations to educate Medicare beneficiaries and their caregivers about how to take charge of their health care and navigate the health care system. To kick off our project, we held a special community-wide event that was attended by providers and community stakeholder representatives, with keynote speaker Carol Levine from the United Hospital Fund's Next Step In Care Program. This was preceded by a learning session, featuring care transitions experts Eric Coleman, MD, MPH, and Mary Naylor, PhD, FAAN, RN, which was attended by providers, payors, provider associations and Department of Health representatives.

The New York project plan is focused on achieving CMS goals:

- Reduce overall all-cause 30 day readmission rates by at least two percent;
- Reduce 30 day all-cause readmission rates by at least two percent for AMI, heart failure and pneumonia;
- Implement evidenced-based interventions to improve communication, transfer of information, patient/caregiver self-management and follow-up care;
- Improve patient satisfaction as measured by the Hospital Care Quality Information from the Consumer Perspective (HCAHPS) performance for discharge information and medication communication.

Based on our review of the literature and knowledge of the health care community, we decided to encourage the use of a number of priority intervention strategies by providers working with us:

- Train participants in the Care Transitions Intervention (CTI) Coach Model;
- Focus on cross-setting medication reconciliation and medication discrepancy monitoring and communication;
- Put systems into place within the acute care setting to ensure beneficiaries have a seven-day post-acute discharge physician visit incorporated into discharge instructions;
- Make follow-up phone calls post-discharge to assess compliance with medications and discharge plan;

- Utilize “Teach Back” method for patient / caregiver education;
- Stimulate development of cross-setting partnerships;
- Encourage patient / caregiver self-management;
- Facilitate assessment for palliative care management;
- Utilize telehealth for high-risk patient populations;
- Develop standardized transfer of patient information.

Home Health Agencies Come On Board

When we initiated the project, we learned that many home health agency staff had not had the opportunity to work with other local providers on care transition issues. We encouraged sharing and structured training, using the Institute for Healthcare Improvement (IHI) Collaborative Model, with three learning sessions. Our team facilitated county-specific provider meetings to support partnership development and cross -setting sharing of care coordination. The focus of these meetings was to shift the paradigm of care management away from “siloes” care delivery, to patient-centered care.

One year after our initial meeting, our six participating home health agencies shared their best practices with peers in a panel presentation during the Home Care Association of New York State Clinical and Technology Conference, demonstrating the successes achieved in improving patient outcomes and in partnering with local referral sources. We fully expect that these Care Transitions home health providers will be serving as resources for others in the state, as well as nationally, as care transition programs become more widely adopted. Following are some of the New York Care Transitions agencies’ experiences so far.

Telehealth Helps Keep Patients at Home

Warren County Public Health Services CHHA, a public agency in a rural part of the region with a census of 300 patients, has found that it could reduce its rehospitalization rate from 40% to 12% and decrease its Emergency Department utilization rate by 67% for heart failure and chronic obstructive pulmonary disease patients through home telemonitoring and disease management protocols. The initiative, which started five years ago, has been expanded as part of Care

Transitions to include post-coronary artery bypass graft (CABG), renal disease, atrial fibrillation and other high-risk conditions.

“The telemonitor shows patients you are connected,” says Sharon Schaldone, Assistant Director of Patient Services. “You can do a lot of teaching, as well as interventions and it provides immediate feedback to the patients to engage them in their care monitoring.”

The telemonitor is installed by the nurse during the second home visit. It doesn't take the place of future home visits, but is a tool for monitoring, feedback and patient education. The patient is prompted to take his or her vital signs each day, and results are sent to an agency nurse. Each primary nurse monitors his or her own patients, and uses the monitor's vitals as a tool for education. Each patient receives a phone call every day from his or her nurse, even if vital signs are stable. In addition, visits are “front loaded” the first week of Start of Care / Resumption of Care, for 2-3 visits the first week and once a week thereafter.

The agency is continuing its concentration on reducing 30-day readmissions, with additional emphasis on improvement in the 60-90 day timeframe. The Warren CHHA is also adding other respiratory and cardiac diagnoses to its rehospitalization reduction efforts.

Hospital Liaisons Play Key Role

Warren County has a care management liaison at Glens Falls Hospital, the community hospital serving Warren and Washington counties, as does Washington County Public Health. The agencies have collaborated with each other, and with the hospital, on finding ways to reduce the hospital's 30-day readmission rates. The initial goal was to work with any patient who had a rehospitalization. The liaison also enters the medication list from the patient's home into the hospital's medical record system to assist with medication reconciliation, and is involved in preventative teaching with patient and caregivers. “We talked with patients, communicated with their physicians and tried to discover why they went back in,” says Schaldone. They had a finding that was surprising to some: Depression was a major reason for rehospitalization, as patients would not admit to themselves that they had a serious chronic illness and would not take charge of their own disease management. As a result of this discovery, the agency began partnering with a master's-prepared social worker from Warren & Washington County Mental Health Group who becomes involved during the patient's acute care hospitalization period as part of the multidisciplinary team including the patient, family/caregiver, home health, and hospital representatives.

The case of a man with renal disease provides an example of how this has worked. The man was not managing his diet, his fluid levels were far too high, and he was in the hospital every two weeks. The agency got the social worker involved as well as the whole team – including the man’s family. It made contracts with the patient and got him engaged in self care. “It is easier to pull everyone together when someone is in the hospital,” says Schaldone. The intervention has helped this individual accept responsibility for his chronic disease and actively participate in his plan of care, which has helped him better manage his care at home.

Palliative Care: A Transitions Issue

Washington County Public Health Service is somewhat unique in that it operates both a home health agency and a hospice. Theresa Roberts, Quality Improvement Director, and Ann Reynolds, Assistant Public Health Director of Washington County, brought the two groups together to look at hospitalization issues for COPD patients.

“We found that there is a big gap between teaching about the disease process and end of life care,” says Roberts. “So we brought together a multidisciplinary team to bridge that gap and offer another avenue of care for end stage patients.” The multidisciplinary team includes RN, LPN, social work, spiritual care, volunteer and community mental health representatives.

The team has been able to identify many successes, such as one patient with COPD who had been in the hospital 13 times in 2009. Since palliative care was initiated he has been in the hospital far less.

The Washington County care management liaison at the hospital visits the agency’s patients and investigates the causes for readmission, providing feedback to both acute care and home health providers. The liaison can make palliative care recommendations, and can engage the patient, family members and the treatment team in a discussion about care options.

Care Transitions Coaches Advocate for Follow Up

Allison J. Wait, MS, RN, Clinical Educator and Personal Health Coach for The Eddy VNA, part of the Northeast Health network, is working in the role of Care Transitions Intervention Coach. “This is about relationship building,” according to Wait. “The process of coming into and leaving the hospital is so rapid that much can be lost in translation and it is good to have someone there to educate and teach patients how to advocate.” As a coach, Wait visits patients in the hospital to explain the program and her role in assisting them to better manage their care at home. A home visit is then made by the coach within 24 to 48 hours of discharge to coach the

patient /caregiver through medication reconciliation, identification of red flags and personal health goals and planning for his or her physician office visit within seven days of discharge. The coach then follows the patient for a 30 day time period through a series of follow-up phone call interactions.

Patients who previously had difficulty navigating the health care system have found Wait's coaching extremely helpful. One man was in the hospital for a heart failure exacerbation, yet not fully aware that he had the condition. Wait helped him cope with an unexpected weekend hospital discharge, confusion over medications and the lack of a primary care physician to take charge of the man's care after discharge. "I did not have a doctor or know about my health until recently," the man says. "The coach program has helped me a lot." Wait adds that seeing this patient's progress has been very rewarding.

One area in which Wait's agency has made significant progress is in getting patients to make follow up appointments within seven days of discharge. Many patients have not followed through on scheduling follow up primary care physician visits when they first get home, Wait says. "They don't understand why they need to see a doctor when they were just in the hospital." Because it can sometimes be difficult to get immediate appointments with physicians' offices, Wait scripts patients on what to say when they call, observes their call, and intervenes if necessary.

While some physician offices may not yet understand the role of the coach, Wait has gotten feedback from primary care offices that want to work more closely together on care transitions. IPRO also visits physicians and senior centers, explaining the program in more detail.

Redesigning Medication Management

Susan Ambrosy, Director of Quality Management for Seton Home Health, says that the biggest impact on care transitions issues has come from re-design of the Seton medication management process as part of an IHI initiative. The program has been enhanced through the Care Transitions Project.

If the patient being admitted is a Seton Home Health patient, the agency forwards a list of medications the patient is taking at home. This list is compared by the hospital pharmacist with admitting orders and to the data system of Health Information Xchange of New York, the local Regional Health Information Organization. The pharmacist also reviews lab data, diagnosis information and guidelines to confirm the drugs are appropriate. If there is any question, the pharmacist interviews the patient and then speaks directly with the physician to resolve the issue. Each nursing unit has a pharmacist located directly on the unit.

Upon discharge, the discharge summary, discharge orders, medication list provided by home health, and a list of active medications from the patient's hospital stay are given to the physician to review, compare and write prescriptions for discharge. The pharmacist confirms prescriptions are correct prior to the nurse giving them to the patient/family. If the patient has questions about the medications the pharmacist is brought in to address them directly, preferably with the family present.

In fall 2009, an additional step was added for patients in the Care Transitions project. The Seton Home Health office now faxes a list of all patients who will be seen the next day for home care following their hospital discharge. The pharmacist reviews all labs, tests, guidelines and the final discharge medications and enters any concerns/revisions into the computer system, so this process is completed prior to the nurse visiting the patient's home the next day.

"The home care nurse has access to the pharmacist, who can look back into the system to identify reconciled medications to address any medication issues the nurse identifies within the home setting," says Ambrosy. "The pharmacy is tracking any identified issues so they can determine the cause and intervene." Serious discrepancies are addressed with the physician. "This process has the potential to decrease the likelihood of an adverse medication event that could result in rehospitalization."

This home health agency has seen a statistically significant decrease in its OBQI Acute Care Hospitalization rate and a decrease in the number of adverse events related to emergent care for improper medication administration and medication side effects.

Prompt Home Care Intervention May Reduce Rehospitalizations

Prompt intervention with patients who have been hospitalized with heart failure is a Care Transitions emphasis of the Visiting Nurse Service of Schenectady and Saratoga Counties. "We want nurses to get to patients' homes within 24-48 hours of referrals," says Sharon Tedesco, the agency's Quality Improvement Utilization Review Manager. One way they do this is to ensure each patient has a scale to weigh him or herself, since even the slightest weight gain can indicate trouble in a heart failure patient. In many cases, the agency provides a scale, and has the patient report back on his or her weight between home visits.

The agency has also focused on improving staff assessment skills and interventions through sharing of best practice strategies and educational programs on a multidisciplinary level with staff. In addition, the agency focuses on medication reconciliation. It has worked collaboratively with Ellis Hospital, where the

admission nurse records all of the patient's at-home medications. The list is reconciled at discharge, and is reviewed by one of two VNS liaison nurses, who work out of the hospital's discharge planning office. Once the patient is home, the visiting nurse reconciles the medications with those the patient has at home.

The VNS is also part of multidisciplinary rounds on the hospital's heart failure unit, where they educate patients about self-management before they go back home. The agency has been able to demonstrate improvement in its OBQI acute care hospitalization rate and continues to work towards the goal of preventing unnecessary readmissions.

Moving Forward: The Journey Continues

While IPRO's Care Transitions home health partners have taken differing approaches to reducing hospital readmissions, each agency has demonstrated that collaboration and a focused effort can make a major difference for patients across the continuum of care. The partnerships established as a result of this initiative are very strong, and we fully expect that they will continue to help the region's Medicare beneficiaries.

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