

**Warren County Health Services
Health Services Committee Meeting
September 24, 2010
Information Submitted By: Patricia Auer, DPH/DPS**

Action Agenda/New Business

Request Resolution:

To authorize contract agreements with the following individuals to provide therapy services:

Sara Nelson, SLP, CCC, for Speech Language Therapy

Meghan Hogan, SLP, CCC, for Speech Language Therapy

Lisa Cairnduff, BS/MSPT, Physical Therapy

Rationale:

Therapy contractor services are revenue generating for the agency.

Request Committee Approval:

For Jo Marie, PHN, and Nichole Gillis, CHN, to attend the PRI (Patient Review Instrument) and Screen Training at the New York State Nurses Association in Latham on November 4, 2010. The cost is \$228.00 per employee.

Rationale:

We need to have certified staff to provide this service. PRIs are needed for placement in nursing homes and other care facilities. We charge \$170.00, our cost for a skilled nursing visit.

Corporate Compliance Policy:

Warren County, and the Health Services Department since we receive Medicaid funds, is required to develop, implement and maintain a program to assure that systematic checks and balances are in place to detect and prevent inaccurate and inappropriate practices in the Medicaid program. Staff and members of the governing body of the county must be educated as to the specific requirements for this mandate aimed to detect, fraud, waste and abuse in the Medicaid program. We will provide a document for you to review before our next meeting. Should you have questions, we will be happy to answer them. At next month's meeting we will request a resolution adopting the plan. This is a complicated initiative that seems to be continually unfolding with regard to the requirements. There is tons of information and educational opportunities available. We have been working with Trish Nenner, Second Assistant County Attorney, to assure all of our requirements are addressed. This is a continuation to comply with the ongoing regulation requirements. The current policy is on our Department Website.

Pending Items /Old Business

Emergency Preparedness Program Update

Please see **Attachment #1** for the monthly activities.

Point of Care Project

We have been working toward the closure of this Capital Project. Tammie DeLorenzo, Clinical and Fiscal Informatics Coordinator, will discuss the status of this initiative at the meeting.

Topics for Discussion/Information

Report of Expenditures, Revenues, Overtime, and Per Diem use

Please see **Attachment #2**

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

Report of Free and Reduced Fee Care

Please see **Attachment #3**

Attachments:

#1 Emergency Preparedness Program Activities

#2 Report of Expenditure, Revenues, Overtime and Per Diem use

#3. Report of Free and Reduced Fee Care

Flu Clinic Schedules and Fall Rabies Clinic Schedules will be available at the meeting.

BT ACTIVITY SHEET

GY 11 - 8/10/2010 - 8/9/2011

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Topic Color Codes

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

Date	Type	Subject/Comments	Attendees	Topic (i.e. Chempack, Drill, Mass Fatality, SNS, Training, Pan Flu)
9/1	Meeting	Presentation on OES badging software	Barb Orton, Amy Manney	
9/1	Presentation	ERP Be Prepared to Bolton Seniors	Laura Saffer	
9/2	Presentation	ERP Be Prepared to Chestertown Seniors	Laura Saffer	
9/2	CPR	Nurses	Laura Saffer	Pan Flu
9/8	Presentation	ERP Be Prepared at Senior Picnic	Laura Saffer	
9/14	Meeting	DHSES 2010 Regional Workshop - Lake Placid	Ginelle Jones, Tawn Driscoll, Amy Manney, Brian LaFlure	
9/14	Meeting	Mass Fatality	Barb Orton, Laura Saffer et.al	Mass Fatality
9/15	Tabletop	Monthly GFH - Roof collapse at airport hangar during hot air balloon event	Barb Orton	
9/15	Meeting	Re: Deliverables	Ginelle Jones, Barb Orton, Helen Stern, et.al	
9/15	Presentation	ERP Be Prepared to The Cedars Seniors	Laura Saffer	
9/16	Presentation	ERP Be Prepared to Johnsbury Seniors	Laura Saffer	
9/20	Presentation	ERP Be Prepared to Glens Falls Senior Citizens Center	Laura Saffer	
9/22	Presentation	ERP Be Prepared to Warrensburg	Laura Saffer	
9/23	Conference Call/Webinar	L-4 ServNY	Barb Orton, Laura Saffer, Angela Meade	
9/23	Conference Call/Webinar	GY 10 Extended Deliverables	Barb Orton, Laura Saffer, Angela Meade	
9/28	Training	L-7 Medical Countermeasures Distribution & Dispensing	Barb Orton, Amy Manney	SNS
9/29	Conference Call/Webinar	Clinic Ops	Barb Orton, Laura Saffer, Angela Meade	Pan Flu
9/29	Drill	SNS Communications Directory Drill	Ginelle Jones, Barb Orton, et.al	Drill
9/30	CPR	Clinic Nurses	Laura Saffer	Pan Flu

Attachment #1

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2010 AS OF 9/22/2010 9:11:05 AM

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

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

	2010 BUDGETED	2010 YTD ACTUAL	2009 Prior Year Totals
EXPENSES			
Salaries - Regular	\$3,041,284.79	\$2,003,416.45	\$2,972,776.51
Salaries - Overtime	\$157,708.20	\$106,212.48	\$181,571.28
Salaries - Part Time	\$386,734.22	\$164,266.16	\$268,308.45
Salaries - Sick Leave Incentive			\$800.00
PERSONAL SERVICES			
100's PERSONAL SERVICES	\$3,585,727.21	\$2,273,895.09	\$3,423,456.24
200's EQUIPMENT	\$87,800.00	\$69,344.92	\$3,430.29
400's CONTRACTUAL	\$10,466,083.00	\$4,375,781.21	\$9,547,634.62
800's EMPLOYEE BENEFITS	\$38,845.00	\$35,015.66	\$59,899.69
TOTALS	\$14,178,455.21	\$6,754,036.88	\$13,034,420.84
REVENUES			
	2010 BUDGETED	2010 YTD ACTUAL	2009 Prior Year Totals
	\$13,234,527.00	\$5,600,185.24	\$11,688,704.48

Note: Accrued is July WIC of \$32,350 and BT 7/1-8/9/10 of \$80,752.79. We are currently working on closing August Billings for the CHHA, LTC and MCH Programs by month end. Still noted. The Preschool Program (which is mandated) has not paid anything in 2010 on any outstanding AVL's from previous years that are due.

We also want to note that the state is still holding on allowing us to bill Medicaid for Preschool services from July 2009 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 soon to backbill but only retro to September 2009. We are anticipating to be able to start to retro bill for Preschool/Medicaid by fall of 2010.

Warren County Health Services Salaries Comparison

2009 vs 2010 as of 9/12/10 for 18.21 payrolls

	YTD 2010	YTD 2009	YTD 10v09	% Change	Total Budget 2010	Total Actual 2009
Total of All Depts	\$2,003,416.45	\$2,116,624.47	\$113,208.02	-5.35%	\$3,041,284.79	\$2,972,776.51
Regular Salaries	\$106,212.48	\$130,577.04	-\$24,364.56	-18.66%	\$157,708.20	\$181,571.28
Overtime Salaries	\$164,266.16	\$191,195.50	-\$26,929.34	-14.08%	\$386,734.22	\$268,308.45
Part Time Salaries	\$0.00	\$0.00	\$0.00	0.00%	\$0.00	\$800.00
Sick Leave Incentive	\$0.00	\$0.00	\$0.00	0.00%	\$0.00	\$800.00
TOTALS for 26 Pay periods	\$2,273,895.09	\$2,438,397.01	-\$164,501.92	-6.75%	\$3,585,727.21	\$3,423,456.24

*Source: Detail G/L report for all Salary Category from 1/1/XX-9/12/XX
Payroll reflects 18 full payrolls and .21 of a payroll for the 1/3/10 payroll ending period.
Note: Payroll reflects the annual 3% increase in union salaries for 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 \$

08/2010

Free Care - \$5,204.00

Reduced Care - \$0

Free and Reduced Care
03/2010

Free Care - \$6,150.00

Reduced Care - 0

Free and Reduced Care
04/2010

Free Care - \$5,350.00

Reduced Care - 0

Free and Reduced Care
05/2010

Free Care - \$7,990.00

Reduced Care - 0

Free and Reduced Care
06/2010

Free Care - \$8,540.00

Reduced Care - 0

Free and Reduced Care
07/2010

Free Care - \$8,454.00

Reduced Care - 0

TOTAL --- \$52,538.00 Jan. - Aug., 2010

Sharon Schaldone ADPS

Home Care Division

Attachment #3

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: September 24, 2010

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To authorize a contract agreement to provide speech language therapy services
- (c) Name of Contractor: Sara Nelson
- (d) Address of Contractor: 640 West Mountain Road, Queensbury, NY 12804
- (e) Contractor's Contact Person and Telephone Number: Sara Nelson, 798-1369
- (f) Has or will the Contract be provided, if so, please attach: Use therapist contract
- (g) Commencement Date of Contract: 10/18/10
- (h) Termination Date of Contract: 30 days written notice by either party
- (i) Payment Provisions: i) lump sum amount at agreed upon established per individual visit or meeting rate upon receipt of required documentation for each visit at following rates: Region 1: evals \$55, revisits \$53; Region 2: evals \$60, revisits \$60; OASIS: \$15 per patient; Meetings: \$40. Early Intervention services only: Region 1 Eval: \$50.00; Region 1 Revisit: \$50.00; Region 2: Eval: \$57.00; Region 2: \$ 57.00
- 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. Bi-monthly)
- (j) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, and Title, and Amount: A4010.10.470 Health Services CHHA, A4016.10.470 Long Term Home Health Care Program

Sara Nelson

1 Jacqueline Way Apt. 5
Geneseo, NY 14454
585-519-3830
scasey72@yahoo.com

640 West Mt Rd
Pultneyville NY
798-1369

Credentials

New York State License in Speech-Language Pathology
American Speech-Language-Hearing Association (ASHA) Member
New York State Childhood Education Initial Certification

Education

B.S. in Speech and Language Disabilities
Elmira College, Elmira, NY
June 2006

M.A. in Communication Disorders and Sciences
SUNY Geneseo, Geneseo, NY
December 2007

Experience

Speech-Language Pathologist/ Treatment and Evaluation (September 2007-Present)
KidStart, Geneseo, NY

Martha Min 585 748-6154

Treatment Responsibilities:

- Provided Early Intervention and Preschool Speech Therapy services in the home, school, and community settings
- Implemented IEP/IFSP goals and objectives with children ages 2 to 5 years
- Participated in CPSE and IFSP meetings
- Collected and analyzed data to determine therapy plans
- Developed individualized therapy programs based on needs
- Educated parents and classroom staff regarding speech and language development and therapy programs
- Evaluated need for augmentative and alternative communication
- Utilized the DynaVox Series V for functional communication during therapy sessions
- Observed Speech Therapists and assisted with developing therapy plans
- Worked with undergraduate speech therapy observation students to assist them in meeting therapy observation requirements
- Worked collaboratively with team members to provide co-treatment and implement a team oriented IEP
- Implemented PECS communication books for use in the classroom and in the home

Evaluation Responsibilities:

- Evaluated speech and language skills of Early Intervention and Preschool age children
- Collaborated with evaluation team to develop appropriate recommendations
- Conducted parent interviews to obtain information regarding speech-language skills in the home environment
- Composed speech-language evaluation reports based on standardized test scores, observations, parent interviews, developmental checklists, and information obtained from the evaluation team
- Developed IEP/IFSP goals and objectives based on information obtained during evaluations
- Familiarity with the following standardized tests:
 - *Stuttering Severity Instrument, Fourth Edition (SSI-4)*
 - *Preschool Language Scale, Fourth Edition (PLS-4)*
 - *Goldman-Fristoe Test of Articulation, Second Edition (GFTA-2)*
 - *Receptive One Word Picture Vocabulary Test (ROWPVT)*
 - *Expressive One Word Picture Vocabulary Test (EOWPVT)*
 - *Clinical Evaluation of Language Fundamentals-Preschool, Second Edition (CELF-Preschool 2)*
 - *Kaufman Speech Praxis Test for Children (KSPT)*
 - *Rochester Hearing and Speech Center-Articulation Severity Index (RHSC-ASI)*
 - *Test for Auditory Comprehension of Language, Third Edition (TACL-3)*
 - *Test of Auditory Processing Skills, Third Edition (TAPS-3)*

Speech-Language Pathologist (April 2010-Present)

Building Blocks Comprehensive Services, Inc., Canandaigua, NY

- Provided individual speech-language therapy to preschool students in community settings
- Educated families about speech-language disorders and therapy techniques
- Developed home therapy plans
- Composed quarterly progress updates
- Created materials for parents to use for home programs
- Familiarity with computer-based billing program: icasemanage.com



Healthcare Providers Service
Organization Purchasing Group
Certificate of Insurance
OCCURRENCE POLICY FORM



Producer 018098	Branch 970	Prefix HPG	Policy Number 422002271-8	Policy Period from: 12:01 AM Standard Time on: 04/01/10 to: 12:01 AM Standard Time on: 04/01/11
Name Insured and Address SARA NELSON 1 JACQUELINE WAY GENESE0, NY 14454-1168			Program Administrator Healthcare Providers Service Organization 159 East County Line Road Hatboro, PA 19040-1218	
Medical Specialty Speech Language Pathologist			Code 80716	Insurance Provided By American Casualty Company of Reading, Pennsylvania 333 S. Wabash Avenue Chicago, IL 60604
COVERAGE PARTS			LIMITS OF LIABILITY	

A. PROFESSIONAL LIABILITY		
Professional Liability	\$1,000,000.00 each claim	\$3,000,000.00 aggregate
Good Samaritan Liability	Included above	
Personal Injury Liability	Included above	
Malplacement Liability	Included above	

B. COVERAGE EXTENSIONS		
License Protection	\$25,000.00 per proceeding	\$25,000.00 aggregate
Defendant Expense Benefit		\$25,000.00 aggregate
Deposition Representation	\$10,000.00 per deposition	\$10,000.00 aggregate
Assault	\$25,000.00 per incident	\$25,000.00 aggregate
Medical Payments	\$25,000.00 per person	\$100,000.00 aggregate
First Aid		\$10,000.00 aggregate
Damage to Property of Others	\$10,000.00 per incident	\$10,000.00 aggregate

C. WORKPLACE LIABILITY		
Coverage part C. does not apply if Coverage part D. is made part of the policy.		
Workplace Liability	Included in A. Professional Liability Limit shown above	
Fire and Water Legal Liability	Included above subject to \$150,000 sub-limit	
Personal Liability		\$1,000,000.00 aggregate

D. GENERAL LIABILITY		
Coverage part D. does not apply if Coverage part C. is made part of the policy.		
General Liability	None	None
Fire & Water Legal Liability	None	None
Personal Liability		None

Total	\$84.00	Premium reflects employed, full-time rate
Policy forms and endorsements attached at inception		QUESTIONS? CALL: 1-800-982-9491
G-121500-D G-121501-C G-121503-C G-145184-A G-147292-A GSL3886 GSL3908 G-123819-D31 G-123846-D31 G-123813-C31 G-123814-D31 GSL10550NY		
Master Policy: 188711433		

Thomas F. Motamed

Joseph A. Walker

Chairman of the Board

Secretary

Keep this document in a safe place. This and your cancelled check act as proof of coverage.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: September 24, 2010

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To authorize a contract agreement to provide speech language therapy services
- (c) Name of Contractor: Meghan Hogan
- (d) Address of Contractor: 9 Carol Jean Lane, Clifton Park, NY 12065
- (e) Contractor's Contact Person and Telephone Number: Meghan Hogan, 802-558-3827; email: meghankhogan@gmail.com
- (f) Has or will the Contract be provided, if so, please attach: Use therapist contract
- (g) Commencement Date of Contract: 10/18/10
- (h) Termination Date of Contract: 30 days written notice by either party
- (i) Payment Provisions: i) lump sum amount at agreed upon established per individual visit or meeting rate upon receipt of required documentation for each visit at following rates: Region 1: evals \$55, revisits \$53; Region 2: evals \$60, revisits \$60; OASIS: \$15 per patient; Meetings: \$40. Early Intervention services only: Region 1 Eval: \$50.00; Region 1 Revisit: \$50.00; Region 2: Eval: \$57.00; Region 2: \$ 57.00
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Meghan Hogan

9 Carol Jean Lane · Clifton Park, NY 12065 · (802)-558-

3827 Meghankhogan@gmail.com

EDUCATION

Nazareth College of Rochester
M.S. in Speech Language Pathology
May 2008 GPA: 3.9

Nazareth College of Rochester
B.S. in Communication Sciences & Disorders
May 2006

CERTIFICATION

New York State Initial Certification
♦ *Teacher of Students with Speech and Language Disabilities, B-12*
New York State Licensure (SLP)
ASHA Certificate of Clinical Competence
New York State Department of Health Approved Provider Profile

WORK EXPERIENCE

Prospect Center for Children and Families (February 2010-present)
Speech-Language Pathologist-Preschool and School age (2.5 years-20 years)

- ♦ Employ total communication and proactive behavior management strategies to support students with Learning Disabilities, Specific Language Impairments, Hearing Impairments, Autism and related disorders, Cerebral Palsy, Down Syndrome and other chromosomal disorders
- ♦ Provide in-service to department members and classroom staff regarding the use of visual strategies to support communication across environments
- ♦ Comply with Medicaid regulations and IEP mandates in the provision and documentation of services provided.

George Robinson Center for Child Development (August 2008-February 2010)
Speech-Language Pathologist-Preschool and Early Intervention

- ♦ Provided feeding therapy to children with CP and Autism Spectrum Disorders.
- ♦ Completed weekly diagnostic evaluations as part of the Multidisciplinary Evaluation Team.
- ♦ Documented daily progress and student attendance using Kinney Systems.
- ♦ Developed goal-based lesson plans incorporating multi-sensory teaching methods to support students with speech delays, receptive and expressive language impairments, Developmental Apraxia of Speech, and Pervasive Developmental Disorders.
- ♦ Employed ASL, icons, and verbal communication modes to support students in 12:1:1, 12:1:2 and 12:1:4 integrated and non-integrated classrooms.
- ♦ Administered, scored and interpreted results from the PLS-4 and CAAP in the form of written annual review reports.
- ♦ Coordinated monthly theme-based activities for the preschool literacy center to encourage students' generalization of learned skills.

Stepping Stones Learning Center (May 2006-June 2007)
Speech Therapist- Preschool

- ♦ Supported students with autism and related disorders within a relationship-based autism program.
- ♦ Provided parent education and training through communication notebooks, phone calls and consult meetings.
- ♦ Utilized Boardmaker software to develop picture schedules, communication icons and choice boards.
- ♦ Administered, scored and interpreted results from the CELF-Preschool and GFTA-II.

- ◆ Contributed to Functional Behavioral Analyses and implemented FBA guidelines.

Meghan Hogan

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- ◆ Clearly documented test scores and supplemental observations of student performance in natural environments in written form on IEP direct and in traditional annual review reports.
- ◆ Presented information and advocated for students and their families at CSE and CPSE meetings.
- ◆ Collaborated effectively with other professionals to develop integrated programming for students.

**CLINICAL
EXPERIENCE**

Nazareth College Aphasia Clinic (9/07-12/07)

Graduate Student Practicum- Adult & Geriatric

- ◆ Successfully evaluated individuals with chronic aphasia utilizing language sample analysis, the Index of Lexical Efficiency, Dysfluency Index calculation and other informal assessment measures.
- ◆ Utilized Boardmaker Speaking Dynamically Pro and low-tech communication boards to facilitate communication.
- ◆ Treated individuals with Broca's, Wernicke's and Global aphasia using the functional life participation approach to aphasia management.
- ◆ Employed Integral Stimulation and modified Sound Production Training techniques to support individuals with Apraxia of Speech.

Visiting Nurse Service- Rochester, NY (2/08-4/08)

Graduate Student Practicum- Adult & Geriatric

- ◆ Successfully evaluated individuals with aphasia and cognitive impairments utilizing the *Boston Diagnostic Aphasia Exam* and *Ross Index of Processing Abilities*.
- ◆ Completed Bedside Swallow Studies and instructed patients in aspiration precautions and compensatory strategies.
- ◆ Modified therapy techniques to support individuals with Aphasia, Dysarthria, Apraxia, TBI, Dementia, Parkinson's Disease and Dysphagia.
- ◆ Supported Laryngectomy patient in achieving voicing through use of the Electrolarynx.
- ◆ Employed principles of the LSVT program to support patients with Parkinson's Disease
- ◆ Provided Cognitive-Linguistic therapy to individuals with TBI.
- ◆ Educated and effectively collaborated with family members, caregivers, and facility staff members to ensure continuity of care.

Rochester Hearing and Speech Center- Rochester, NY (1/08-4/08)

Graduate Student Practicum- Early Intervention and Preschool

- ◆ Population included students with autism spectrum disorder, severe language impairments, apraxia, phonological disorders, and articulation delays.
- ◆ Utilized parallel talk, expansion, labeling and cueing to increase lexical diversity and expressive language in children ages 1.5-3.0 years.
- ◆ Developed dynamic lesson plans addressing a variety of child-specific objectives within a parent-child language stimulation group.
- ◆ Collaborated with caregivers, modeled techniques, and provided caregiver education to facilitate progress toward stated IFSP outcomes.
- ◆ Provided intervention within natural environments, including children's homes and day care establishments.

Rochester City School District- Rochester, NY (7/07-8/07)

Graduate Student Practicum-Elementary school-age

- ◆ Collaborated with classroom teachers to develop curriculum-based, individualized lesson plans.
- ◆ Utilized the phonetic placement approach and oral motor exercises to enhance awareness of articulators and assist 5 and 6 year old clients in remediation of articulation disorders.
- ◆ Employed story re-tell, sequencing activities, and graphic organizers to assist clients, ages 4-7 with development of receptive and expressive language skills.
- ◆ Utilized ASL, minimal pairs and tactile input, and FM systems to instruct students with hearing impairments.
- ◆ Employed ASL to facilitate vocabulary development and expressive language in non-verbal children with autism.

**STUDENT
TEACHING**

Indian Landing School- Penfield, New York (10/05-12/05)

Student Teacher

- ◆ Provided language instruction to students presenting with learning disabilities, SLI, and autism in Kindergarten-5th grade.
- ◆ Utilized social stories and role playing to directly teach pragmatic skills to children with Asperger's Syndrome.
- ◆ Administered and interpreted CELF-4 and Bracken scores in the form of written evaluation reports.
- ◆ Participated in an interdisciplinary approach to intervention.

**COMPUTER
SKILLS**

PC

Microsoft Word, Microsoft PowerPoint, Internet, E-mail, IEP Direct.
Boardmaker and Boardmaker Speaking Dynamically Pro, Kinney Systems

MEMORANDUM OF INSURANCE	Date Issued 07/26/2010
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Producer Marsh ConsumerConnexions a service of Seabury & Smith, Inc. 12421 Meredith Drive Urbandale, IA 50398 1-800-503-9230	This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.
Insured Meghan K Hogan 9 Carol Jean Lane Clifton Park NY 12065	Company Affording Coverage Chicago Insurance Company

This is to certify that the Certificate listed below has been issued to the insured named above for the policy period indicated, not withstanding any requirement, term or condition of any contract or other document with respect to which this memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.

Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability SpeechLangH E Speech Language Pathologist	AHL-2993916	07/27/2010	07/27/2011	Per Incident/ Occurrence	\$2,000,000
				Annual Aggregate	\$5,000,000

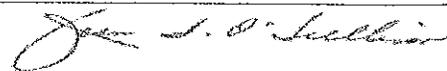
PROOF OF INSURANCE

Memorandum Holder:

PROOF OF COVERAGE ONLY

Should the above describe Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative
 Joan O'Sullivan



RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: September 24, 2010

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To authorize a contract agreement to provide physical therapy services
- (c) Name of Contractor: Lisa Cairnduff
- (d) Address of Contractor: 35 Needle Park Circle, Apt. 5, Queensbury, NY 12804
- (e) Contractor's Contact Person and Telephone Number: Lisa Cairnduff, 518-248-5547; email: civicl@verizon.net
- (f) Has or will the Contract be provided, if so, please attach: Use therapist contract
- (g) Commencement Date of Contract: 10/18/10
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Lisa Cairnduff

35 Needle Park Circle Apt. 5
Queensbury, NY 12804
(518) 248-5547

CIVIC@verizon.net

CIVIC@verizon.net

OBJECTIVE: I am looking to further develop my clinical and managerial skills in physical therapy within a dynamic and exciting work environment.

EDUCATION:

- 2002 - 2005 *SUNY Upstate Medical University Syracuse, NY*
❖ BS/MSPT - BS in Health Sciences and MS Physical Therapy
 ▪ Graduate Research Thesis
 • The Effects of Isotonic Contraction Velocity on Muscle Fatigue, Motor Activation, and Muscle Recruitment Patterns
- 2000 - 2002 *SUNY Oswego State University Oswego, NY*
❖ 2 years prerequisite course work for admission to Upstate Medical physical therapy program
- 1987-2000 *Broadalbin-Perth Central School Broadalbin, NY*
❖ Regents Diploma

EMPLOYMENT:

- 2005-Present *Glens Falls Hospital Glens Falls, NY*
❖ Inpatient Physical Therapy Department
 ○ *Responsible for performing:* physical therapy evaluations and treatments in acute care setting, direct supervision to department PTA staff, development of setting appropriate documentation forms as well as documentation review/QA, participating in nursing and new hire training, assisted in peer interviews, acting manager upon primary managerial absence, large focus on discharge planning and differential diagnosis. *Clinical specializations:* level I & II cardiac rehabilitation, cardio-pulmonary/airway clearance technique, complex neurological rehab, post surgical orthopedics, community based functional safety and ADL screening
- ❖ Inpatient Acute Rehabilitation
 ○ *Responsible for performing:* performing physical therapy evaluations and treatments in an acute rehabilitation setting, direct supervision of department PTA staff, facilitating multidisciplinary team approach to treatment *Clinical specializations:* constraint induced stroke treatment, vestibular training, prosthetic/orthotic training, body weight supported treadmill training, large concentration on neurological, PNF and NDT facilitation techniques
- 2003 - 2005 *Upstate Medical University Syracuse, NY*
❖ Health Sciences Library assistant
 ○ *Responsible for:* cataloged resources, assisted patrons with research tasks, scheduling work study staff, organized computer resources
- 2000 - 2003 *Sport Island Pub Northville, NY*
❖ Wait Staff/Shift leader

- *Responsible for:* staff scheduling and delegation of shift duties to ensure quality service and efficient operations

RELEVANT EXPERIENCE:

2008 - 2009: Boston Marathon Medical Volunteer

Boston, MA

- *Responsible for:* triage and treatment of acute orthopedic, overuse and sports/running related injuries

COMPUTER SKILLS:

- ❖ *Proficient with:* VHI, TED, Excel, Word, Works, Power Point, Access, and Explorer and CERNER electronic based medical record

CERTIFICATIONS:

- ❖ Licensed Physical Therapist State of New York - License # 62027441
- ❖ American Red Cross First Aid Certification
- ❖ American Heart Association CPR/AED Certification

REFERENCES:

Available upon request



HEALTHCARE PROVIDERS
SERVICE ORGANIZATION
PURCHASING GROUP
CERTIFICATE OF INSURANCE
OCCURRENCE POLICY FORM

Print Date: 08/17/10

018098	970	HPG	0423875629	from: 12:01 AM Standard Time on: 08/17/10 to: 12:01 AM Standard Time on: 08/17/11
Lisa Cairnduff 35 Needle Park Cir Queensbury, NY 12804-5210			Code: 80995	Healthcare Providers Service Organization 159 East County Line Road Hatboro, PA 19040-1218
Medical Specialty: Physical Therapist				American Casualty Company of Reading, Pennsylvania 333 S. Wabash Avenue, Chicago, IL 60604

A. PROFESSIONAL LIABILITY

Professional Liability (PL)	\$ 1,000,000	each claim	\$ 3,000,000	aggregate
Good Samaritan Liability	included above			
Personal Injury Liability	included above			
Malplacement Liability	included above			

B. COVERAGE EXTENSIONS:

License Protection	\$ 25,000	per proceeding	\$ 25,000	aggregate
Defendant Expense Benefit			\$ 25,000	aggregate
Deposition Representation	\$ 10,000	per deposition	\$ 10,000	aggregate
Assault	\$ 25,000	per incident	\$ 25,000	aggregate
Medical Payments	\$ 25,000	per person	\$ 100,000	aggregate
First Aid			\$ 10,000	aggregate
Damage to Property of Others	\$ 10,000	per incident	\$ 10,000	aggregate

C. WORKPLACE LIABILITY

Coverage part C, Workplace Liability does not apply if Coverage part D, General Liability is made part of this policy.

Workplace Liability	included in A, PL limit shown above		
Fire & Water Legal Liability	included in A, PL limit shown above subject to \$150,000 sub-limit		
Personal Liability		\$1,000,000	aggregate

D. GENERAL LIABILITY

Coverage part D, General Liability does not apply if Coverage part C, Workplace Liability is made part of this policy.

General Liability (GL)	none	none
Hired Auto & Non Owned Auto	none	
Fire & Water Legal Liability	none	none
Personal Liability		none

Total: \$ 153.00

QUESTIONS? CALL: 1-800-982-9491

G-121500-D GSL10550NY G-121503-C G-121501-C
GSL3886 GSL3908 G-145184-A G-147292-A G-123813-C31
G-123814-D31 G-123846-D31 G-123819-D31

Master Policy # 188711433

Keep this document in a safe place. It and proof of payment are evidence of your insurance coverage.

Thomas F. Motawick

Chairman of the Board

John M. Zaker

Secretary

G-141241-A (07/2001)

Coverage Change Date:

Endorsement Change Date:

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: September 24, 2010

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To authorize a contract agreement to provide speech language therapy services
- (c) Name of Contractor: Heather Adamson Kennedy
- (d) Address of Contractor: 5 Whitetail Lane, Bolton Landing, NY 12814
- (e) Contractor's Contact Person and Telephone Number: Heather Adamson Kennedy, 644-3180
- (f) Has or will the Contract be provided, if so, please attach: Use therapist contract
- (g) Commencement Date of Contract: 10/18/10
- (h) Termination Date of Contract: 30 days written notice by either party
- (i) Payment Provisions: i) lump sum amount at agreed upon established per individual visit or meeting rate upon receipt of required documentation for each visit at following rates: Region 1: evals \$55, revisits \$53; Region 2: evals \$60, revisits \$60; OASIS: \$15 per patient; Meetings: \$40. Early Intervention services only: Region 1 Eval: \$50.00; Region 1 Revisit: \$50.00; Region 2: Eval: \$57.00; Region 2: \$ 57.00
- 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. Bi-monthly)
- (j) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: A4010.10.470 Health Services CHHA, A4016.10.470 Long Term Home Health Care Program

Heather Adamson Kennedy

5 Whitetail Lane Bolton Landing, New York 12814(518)644-3180 hudsonriver2@verizon.net

Speech-Language Pathologist

M.S. Communication Sciences and Disorders

PROFILE

A well-rounded individual whose clinical effectiveness is accentuated by elevated levels of initiative, motivation, and inquisitiveness

CLINICAL EXPERIENCE

College of Saint Rose Winkler Speech-Language-Hearing Center, spring 2007

- Implemented fluency therapy- individual and group intervention for children and adults
- Provided home-based individual direct phonological therapy for a preschool age child
- Administered clinic-based individual articulation therapy for a school age child
- Conducted evaluations using standardized and dynamic assessments for articulation, language, and fluency disorders

Bolton Landing Central School District, Bolton Landing, New York, fall 2007

- Provided speech, language, and literacy evaluation and intervention for children ranging from 5 through 18 years of age
- Executed whole class speech and language lessons for kindergarten through 4th grade
- Conducted early Intervention speech and language screenings
- Completed student Individualized Education Plan (IEP) progress reports
- Collaborated with teaching faculty, administration, and psychologist on a weekly basis
- Assumed responsibility for therapy caseload

Saratoga Springs Hospital Regional Therapy Center, Saratoga Springs, New York, spring 2008

- Provided services for individuals across all ages in acute care and outpatient settings
- Conducted evaluation and treatment for a diversity of impairments including: traumatic brain injury, aphasia, dysarthria, apraxia of speech, dysphagia, voice, fluency, and language disorders
- Participated in ethics committee and pulmonary collaboration meetings

Pyramids Child Development Center, Morrisonville, New York, September 2008 to June 2009

- Provided services for children from two to four years of age in home and community settings
- Conducted evaluation and treatment for a diversity of cognitive and speech and language impairments
- Worked with county service coordinators and school districts to meet the needs of clients and their families
- Adept at using IEP Direct program for completion of Individualized Education Plans (IEPs) and related performance and progress reports
- Consulted with other service providers to maximize and support the progress and success of the "whole" child

Additional Experience

- Provided transgendered voice therapy- individual/group intervention
- Advocacy Coordinator for Capitol Hearing screenings

- Conducted public education for hearing loss prevention

Heather Adamson Kennedy

5 Whitetail Lane Bolton Landing, New York 12814(518)644-3180 hudsonriver2@verizon.net

Speech-Language Pathologist

M.S. Communication Sciences and Disorders

EDUCATION

Bachelor of Arts in Education (elementary/special education) 1996

- Mount Saint Mary College, Newburgh, New York

Graduate level coursework in Literacy 1999-2000

- Albany University, Albany, New York
- Plattsburgh State University, Queensbury, New York

Certification in Communication Disorders 2006

- Plattsburgh State University, Plattsburgh, New York

Masters Degree in Communication Sciences and Disorders 2008

- College of Saint Rose, Albany, New York

WORK EXPERIENCE

Professional Employment History

Pyramids Child Development Center, Morrisonville, New York 2008-2009

Speech-Language Pathologist

- Provide speech and language services and special education instruction for children between the ages of two and four years old in Washington County, New York
- Work closely with families, other providers, county service coordinators, and school district CPSE chairs to ensure client success
- Attend all IFSP and CPSE meetings and complete required paperwork/reports in a timely manner

House of Scotts Restaurant and Motel 2000-2004

General Operations Manager

- Supervised staff, advertising/marketing, quality assurance, scheduling, hiring/training staff, events coordinator, daily functions, and management of operating costs/ budget oversight

Pablo Casals Middle School 181, Bronx, New York 1996-1998

Special Education Teacher

- Provided education for 6th and 7th grade children with emotional and learning disabilities
- As an active member of literacy committee, completed training in Wilson reading program, piloted collaborative teaching techniques, Implemented Project New Life behavior management program



Healthcare Providers Service
Organization Purchasing Group
Certificate of Insurance
OCCURRENCE POLICY FORM



Producer 018098	Branch 970	Prefix HPG	Policy Number 419138223-8	Policy Period from: 12:01 AM Standard Time on: 09/03/09 to: 12:01 AM Standard Time on: 09/03/10	
Name Insured and Address HEATHER R ADAMSON KENNEDY 5 WHITETAIL LN BOLTON LANDING, NY 12814-3432			Program Administrator Healthcare Providers Service Organization 159 East County Line Road Hatboro, PA 19040-1218		
Medical Specialty Speech Language Pathologist		Code 60716	Insurance Provided By American Casualty Company of Reading, Pennsylvania 333 S. Wabash Avenue Chicago, IL 60604		
COVERAGE PARTS			LIMITS OF LIABILITY		

A. PROFESSIONAL LIABILITY		
Professional Liability	\$1,000,000.00 each claim	\$3,000,000.00 aggregate
Good Samaritan Liability	Included above	
Personal Injury Liability	Included above	
Malplacement Liability	Included above	

B. COVERAGE EXTENSIONS		
License Protection	\$10,000.00 per proceeding	\$25,000.00 aggregate
Defendant Expense Benefit		\$10,000.00 aggregate
Deposition Representation	\$2,500.00 per deposition	\$5,000.00 aggregate
Assault	\$10,000.00 per incident	\$25,000.00 aggregate
Medical Payments	\$2,000.00 per person	\$100,000.00 aggregate
First Aid		\$2,500.00 aggregate
Damage to Property of Others	\$500.00 per incident	\$10,000.00 aggregate

C. WORKPLACE LIABILITY		
Coverage part C. does not apply if Coverage part D. is made part of the policy.		
Workplace Liability	Included in A. Professional Liability Limit shown above	
Fire and Water Legal Liability	Included above subject to \$150,000 sub-limit	
Personal Liability		\$1,000,000.00 aggregate

D. GENERAL LIABILITY		
Coverage part D. does not apply if Coverage part C. is made part of the policy.		
General Liability	None	None
Fire & Water Legal Liability	None	None
Personal Liability		None

Total \$136.00	Premium reflects self-employed, full-time rate
Policy forms and endorsements attached at inception	QUESTIONS? CALL: 1-800-982-9491
G-121500-D G-121501-C G-121503-C G-145184-A G-147292-A GSL3886 GSL3906 G-123819-D31 G-123846-D31 G-123813-C31 G-123814-D31 GSL10550NY	
Master Policy: 188711433	

Thomas F. Holman

Chairman of the Board

John D. Ziker

Secretary

Keep this document in a safe place. This and your cancelled check act as proof of coverage.

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 Jo Marie and Nicholas Gillis
(Supervisory Committee) (Employee Name)

to attend PEI and Screen Training
(Name of meeting or organization)

at New York State Nurses Association - Latham NY 12110
(Address)

on Nov 4, 2010 Mode of transportation to be used county vehicle
(Dates) (County Vehicle or Mass Transportation)

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

Proper documentation must be attached when submitting for approval.
(Please check documents attached)

Notice of meeting or convention including cost.

For Overnight Travel

Room rate \$

Meal costs - GSA*per diem rate \$ 11⁰⁰ GSA* Rate \$

*www.gsa.gov

\$228⁰⁰ each
\$456⁰⁰ total
not provided at training

Date: 8/31/10

Patricia Auer
Department Head Signature

Date: 9/24/10

[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.

V12705



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PRI and SCREEN Training

ATTENTION: IPRO SCREEN TRAINING SCHEDULE: SPECIAL ANNOUNCEMENT

IMPORTANT NOTICE REGARDING SCREEN CERTIFICATION:

As of 11/12/09 only SCREENERS with a 10 digit SCREENER ID Number are allowed to complete a SCREEN (DOH-695) Form. The 6 digit SCREENER ID Numbers are no longer valid as of 11/12/09.

Providers

Administrative Memos

Asthma

Clinical Reviewers

CMS 9th Scope of Work

Diabetes (NYSDOH)

Early Intervention

Health Plans

Hospitals

Nursing Homes

Patient Centered Medical Home

Pharmacy

PRI and SCREEN Training

PRI and SCREEN Training - Terms & Conditions

Certified SCREENERS should check the Health Provider Network (HPN), DOH Web site (www.nyhealth.gov) periodically for updates related to the SCREEN form.

Please take steps to ensure your SCREEN training is up to date. Please check the schedule for SCREEN classes in your area. If you do not see a SCREEN class, please email PRIScreenInfo@ipro.org; Additional classes may be added based on need.

On behalf of the New York State Department of Health, IPRO conducts training sessions for PRI and SCREEN.

[Click here for Upcoming Session Dates](#)
[Click to read Terms & Conditions](#)

Below are the details for these training sessions:

H/C PRI TRAINING OUTLINE

Training is provided to allow a Registered Nurse (RN) to complete the Hospital/Community patient review Instrument (H/C PRI). This is a clinical tool used to assess a person's condition and the amount of care required. The H/C PRI is required for admission to a Residential health care Facility (RHCF), for hospital patients on Alternative Level of Care (ALC), and for various other programs.

The course is for RNs in nursing facilities, hospitals (discharge planners or ALC determinations) or in community settings responsible for nursing facility placement. Only Registered Nurses (RN) currently licensed may be certified as a PRI Assessor. Social Workers or other health care professionals may find the training useful to understand the RHCF placement process.

PRI Assessor numbers, required to complete the H/C PRI form, will be granted only to RNs who successfully complete the program.

This continuing nursing education activity was approved by the New York State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

8.0 contact hours will be given to registered nurses who complete the H/C PRI training course.

Fee for PRI, H/C PRI Training: \$285.00

SCREEN TRAINING OUTLINE

Training is provided to allow social workers, nurses or other health care professionals involved in discharge planning to complete the SCREEN form. The SCREEN form is required for all persons seeking Residential Health Care Facility (RHCF) placement and to assess a person for Mental Illness (MI) or Mental Retardation/Developmental Disability (MR/DD).

The course is for RNs, social workers or other health care providers responsible for

JO Marie

&

Nichole Gillis

@ \$228 ea

total \$456.00

discharge planning and Residential Health Care Facility placement. Social workers, discharge planners and other professionals with experience in psychosocial assessments who successfully complete the course will be issued a 10-digit SCREENER Identification Number.

IMPORTANT NOTICE REGARDING SCREEN CERTIFICATION:

As of 11/12/09 only SCREENERs with a 10 digit SCREENER ID Number are allowed to complete a SCREEN (DOH-695) Form. The 6 digit SCREENER ID Numbers are no longer valid as of 11/12/09.

Certified SCREENERs should check the Health Provider Network (HPN), DOH Web site (www.nyhealth.gov) periodically for updates related to the SCREEN form and instructions.

Please take steps to ensure your SCREEN training is up to date. Please check the schedule for SCREEN classes in your area. If you do not see a SCREEN class, please email PRIscreeninfo@ipro.org; Additional classes may be added based on need.

This continuing nursing education activity was approved by the New York State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

4.8 contact hours will be given to registered nurses who complete the SCREEN training course.

Fee for SCREEN Training: \$228.00

** These LOCATIONS of H/C PRI and SCREEN Training Sessions will take place in Albany, Buffalo, Long Island, New York City, Syracuse and Rochester. Please note that walk-in registrations are highly discouraged due to space limitations.*

Upcoming Events:

For more information or for questions, please contact us at PRIscreeninfo@ipro.org or (516) 326-7767 ext. 325.

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Events

Details	
Title:	SCREEN Training @ Latham, NY
Description:	Date/Time November 4, 2010 8:30 am - 2:30 pm
	Location The NYSNA 11 Cornell Road Latham, NY 12110 Click Here to Register
Please read Terms & Conditions for important information regarding Fees and Payment Instructions, Refunds and Cancellations, and Substitution/Late Registration/Attendance/Course Completion Policies.	
For more information or for questions, please contact us at PRIScreeninfo@ipro.org or (516)326-7767 ext. 325.	
When:	November 4, 2010, 8:30 AM - 2:30 PM
Category:	Public
Audience:	SCREEN

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PRI and SCREEN Training - Terms & Conditions

This is a **TRAINING AND CERTIFICATION PROGRAM**, presented to you by IPRO and developed in conjunction with the NYSDOH Bureau of Long Term Care Reimbursement, and the NYSDOH Office of Long Term Care Division of Residential Services. Under direction of the DOH, all participants must attend the entire session, therefore requiring you to be present in the classroom at the beginning of the session and leaving the classroom only when the program is completed. IPRO's registration process, which requires a sign in and sign out signature will serve as the documentation of attendance. IPRO and the DOH have established a policy that the certificates and assessor or screener numbers will not be awarded if this requirement is not fulfilled.

Providers

Administrative Memos

Asthma

Clinical Reviewers

CMS 9th Scope of Work

Diabetes (NYSDOH)

Early Intervention

Health Plans

Hospitals

Nursing Homes

Patient Centered Medical Home

Pharmacy

PRI and SCREEN Training

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PAYMENT INSTRUCTIONS:

1. Payment will be accepted either by CHECK or MONEY ORDER only.
2. All checks/money orders must be made payable to:
HEALTH RESEARCH, INC.
3. Send checks/money orders, along with a copy of your invoice, to the following address for processing:
IPRO
1979 Marcus Avenue
Lake Success, NY, 11042-1002
Attn: D. Thorp, Continuing Care
4. Payment must be received within 45 days from your registration date, OR ten (10) calendar days prior to the training session date, whichever comes first. If payment is not received within this timeframe you may be at risk of having your registration cancelled without notice. If your registration is cancelled, you must re-register for the session in order to reserve a place in the class, if space is still available.
5. Admission to the training sessions will only be allowed upon receipt and acceptance of proper payment.
6. Checks/money orders made out incorrectly will be returned and considered non-receipt of payment.
7. Checks which do not clear when deposited are subject to a surcharge of \$25.00 per check.
8. If you have been registered to attend this session through your employer, please confirm with the appropriate party within your organization that payment has been sent to and accepted by IPRO, prior to attending the training session.
9. Please be aware that, due to the limited number of attendees allowed per session, failure to follow these payment instructions correctly may result in cancellation of your reservation in this session.

CANCELLATIONS AND REFUNDS:

1. All cancellations must be made at least ten (10) calendar days prior to the training session date. Please contact us at PRIscreeninfo@ipro.org or (516)326-7767 ext. 325 to process any cancellations.
2. Cancellations made at least ten (10) calendar days prior to the training session date are eligible for a 100% refund of payment.
3. Registrants who cancel less than ten (10) calendar days prior to the training session date are **NOT ELIGIBLE FOR A REFUND** (payment is forfeited) and will not be rescheduled for a later session without re-registering and submitting a new payment.
4. Registrants who do not attend the training session are not eligible for a refund (payment is forfeited) and will not be able to reschedule attendance for a later session without re-registering and submitting a new payment.

SUBSTITUTIONS AND LATE REGISTRATION:

1. All substitutions must be made at least ten (10) calendar days prior to the session date. Please contact us at PRIscreeninfo@ipro.org or (516)326-7767 ext. 325 to process any substitutions.
2. **If space is available**, late registration will be allowed at the door with full payment in either CASH or MONEY ORDER only. Money orders must be made payable to HEALTH RESEARCH, INC. Personal checks will not be accepted at the door.
3. Due to the limited number of attendees allowed per session, late registration is discouraged and admission may be denied if the session is at capacity.

ATTENDANCE AND COURSE COMPLETION POLICY:

1. You will be required to sign-in and sign-out of each course as proof of attendance, in order to receive your H/C PRI Assessor Card and/or SCREENER ID Card. **Signing in is scheduled from 7:30AM-8:30AM** on the day of session. Signing out will occur after the conclusion of the session. Attendees who successfully complete the session will receive a temporary certificate confirming attendance.
2. Late arrivals will not be allowed to sign in and will not be admitted to the session.
3. H/C PRI Assessor and SCREENER ID cards will not be issued to attendees on the day of the training session. Cards will be processed and mailed after the session, subject to verification of complete payment, attendance, and appropriate licensure requirements, as necessary.
4. For H/C PRI Session Attendees Only: PRI Assessor Cards will only be processed for registered nurses (RNs). In order for your H/C PRI Assessor Card to be processed, you must provide IPRO with a valid RN license number during either the registration process or at the day of the session. Failure to provide a valid RN license number will delay processing of your PRI assessor card.

IMPORTANT NOTICE REGARDING SCREEN CERTIFICATION:

As of 11/12/09 only SCREENERs with a 10 digit SCREENER ID Number are allowed to complete a SCREEN (DOH-695) Form. The 6 digit SCREENER ID Numbers are no longer valid as of 11/12/09.

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RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS*

***Please List All Other Requests Not Covered by Previous Resolution Request Forms Here. Please attach any backup information available and be as detailed as possible.**

DEPARTMENT NAME: Health Services

DATE: September 23, 2010

- (a) Purpose of Request: To authorize Warren County Treasurer's to close Capital Project for Point of Care in the amount of \$45,891.83
- (b) Details: Project is substantially complete; Capital Project #H282.9550280 Point of Care-Health Services
- (c) Previous Resolution Number: n/a