

**Warren County Health Services  
Health Services Committee Meeting Agenda  
December 1, 2010  
Information Submitted By: Patricia Auer, DPH/DPS**

**Action Agenda/New Business**

**Request Resolution:**

To ratify the actions of the Chairman of the Warren County Board of Supervisors in executing a Unified Ancillary Provider Agreement with Capital District Physicians Health Plan to allow reimbursement for services provided to patients involved in a new initiative targeted to reducing hospital readmissions of patients with specific diagnoses.

**Rationale:**

The action was necessary, as CDPHP was looking for expediency in executing the contract so patients fitting this program category were able to be referred to us. As a reimbursement for the department, we aim to cooperate.

**Request Resolution;**

To authorize Kathleen Meath, PHN, to travel to Washington, D.C, from March 28-31, 2011 to attend the 2011 National Immunization Conference.

**Rationale:**

All costs, except the employee's salary for the hours she is attending the conference, are covered by the New York State Association of County Health Officials (travel, lodging and food). NYSACHO covers the expenses for this conference for one employee per county every year. It is an important conference as the most updated information regarding vaccines is presented. Board Resolution is necessary, not just committee approval because it is out of state travel.

**Request Resolution:**

To renew the contract with **Greater Adirondack Home Aides Inc.** for the year January 1, 2010 – December 31, 2011 for Home Health Aide and Personal Care Aide services with no increase in rates for 2011.

**Request Resolution:**

To renew the contract with **North Country Home Services, Inc.** for Home Health Aide Services for the contract year, January 1, 2011 – December 31, 2011 at a rate of \$25.36 per hour.

**Rationale:**

This is an increase over the 2010 rate of \$24.86 per hour. It is the only northern agency we contract with, and they do not service many clients – only 6 in 2010. We are unable to set the rates for Personal Care Aides with this agency until they receive their Medicaid rates in 2011, so we will request to renew that part of the contract whenever that happens.

**Request Resolution:**

To renew the annual contract agreement with Upper Hudson Primary Care Consortium to allow continuation of the Adirondack Rural Health Network Initiative to keep the Community Health Assessment updated. This contract is in the amount of \$5,000, the same as it has been since its inception, payable semiannually, upon receipt of updated documentation for the project.

**Rationale:**

The Community Health Assessment is required for every county as part of the Municipal Public Health Services Plan which allows receipt of state aid funds. Upper Hudson provides this labor intensive service through this agreement for all counties in the Adirondack Rural Health Network.

**Request Resolution:**

To appoint and reappoint members to the Professional Advisory Committee for the period January 1, 2011 – December 31, 2011.

**Rationale:**

This committee is required by New York State Department of Health. to be appointed annually. The membership list will be available at the meeting, for any members who wish to see it, and on file with the minutes of the meeting. The only new member this year is Christie Sabo, Director of Warren County Office for the Aging, who is replacing Candace Kelly who has retired.

**Request Resolution:**

To reappoint the members to the Local Early Intervention Coordinating Council for the period January 1, 2011 – December 31, 2011 with no changes in membership from the past year. The list of members will be available at the meeting and on file with the minutes.

**Rationale:**

This is required by the New York State Department of Health to be done annually.

**Request Resolution:**

To renew the contracts with the following agencies for the period January 1, 2011 – December 31, 2011 for Home Health Aide and Personal Care Aide services with changes in rates as noted:

**Interim Health Care of New York:**

Home Health Aide Rate: \$19.00 per hour (no change from 2010)

Personal Care Aide Rate: \$19.00 per hour (2010 rate was \$18.75)

Housekeeper: \$18.75 per hour (2010 rate was \$18.20)

**Visiting Nurse Association of Albany:**

Home Health Aide Rate: \$21.30 per hour (2010 rate was \$20.68)

Personal Care Aide Rate: \$20.78 per hour (2010 rate was \$20.14)

**Rationale:**

Interim did not request an increase in 2010. Visiting Nurse Association has not requested an increase since 2008. It is important we have contracts with these agencies to assure that we are able to meet patient needs.

**Request Resolution:**

To award Bonadio & Co. LLP, the contract to audit the Medicaid and Medicare Cost Reports for Warren County Health Services for the following period at the specified amounts:

2010: \$5,000

2011: \$5,400

2012: \$5,900

**Rationale:**

This was the result of an RFP sent to various CPA firms. The Bonadio group was the lowest bidder, and appears to have significant experience in performing these types of audits. They will be a new auditing firm for our department.

**Request Referral to the Personnel Committee:**

For approval to back fill a Public Health Nurse position which has occurred due to a resignation:

**Rationale:**

This is a Grade 21: Base Salary \$43,150. Although not mandated, the position is 100% plus reimbursable as all nursing services are billable. The position is funded in the budget, and in order to keep up with patient care demands, it is necessary to backfill it. We hope we will be able to recruit a qualified nurse in a timely manner, though it is becoming increasingly challenging. The nurse who has resigned is leaving for a significantly higher paying position.

**Pending Items/Old Business****Request Resolution:**

To adopt the Corporate Compliance Policy for Warren County in a form approved by the County Attorney.

**Rationale:**

If you recall, this policy is required by law, and Trish Nenninger, Second Assistant County Attorney, presented the specifics at last month's meeting. In order to give Health Services Committee Members the opportunity to read the policy and ask any questions, it was decided to postpone formally moving to adopt the policy until this meeting.

**Topics for Discussion/Information****Report of Expenditures, Revenues, Overtime and Per Diem Use**

Please see **Attachment #2**.

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

**Report of Free and Reduced Fee Care**

Please see **Attachment #3**.

**Budget Transfer Request****Attachments:**

#1 Emergency Preparedness Program Activities

#2 Reports of Revenues, Expenditures, Overtime and Per Diem Use

#3 Report of Free and Reduced Fee Care

BT ACTIVITY SHEET

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

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 (i.e. Chempack, Drill, Mass Fatality, SNS, Training, Pan Flu)
11/3	Meeting	Washington County ERP Meeting	Laura Saffer	
11/3	Meeting	CART	Laura Saffer	
11/4	Training	IS-700a NIMS (Laura Saffer, Angela Meade, 1 volunteer) Part 1 of 2	Amy Manney, Barb Orton, Laura Saffer, Angela Meade et.al	Training
11/8	Meeting	Observation of Moreau POD, South Glens Falls	Ginelle Jones, Barb Orton, Helen Stern, Erik Masfranni	
11/9	Webinar/Conf Call	ServNY Build 41	Barb Orton, Laura Saffer, Angela Meade	Training
11/9	Meeting	Monthly BT Coordinators	Laura Saffer	
11/9	Fit Testing	RNS	Laura Saffer	
11/10	Webinar	Clinic Ops - Smallpox Countermeasures & Vaccinia	Barb Orton, Laura Saffer	
11/16	Student	St. Rose	Barb Orton	
11/17	Training	ISC 100 (Angela Meade, 1 volunteer) Part 2 of 2	Amy Manney, Angela Meade et.al	Training
11/17	Tabletop	Monthly GFH - Ice storm resulting in road closures	Barb Orton	
11/23	Webinar/Conf Call	L-5 SNS L-Tar	Barb Orton, Laura Saffer, Angela Meade	SNS

**WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS**

REVENUE AND EXPENDITURES FOR 2010 AS OF 11/24/2010 9:51:04 AM

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

EXPENSES	2010 BUDGETED		2010 YTD ACTUAL		2009 Prior Year Totals	
Salaries - Regular	\$3,041,284.79	\$2,440,686.87	\$2,440,686.87	\$2,972,776.51		
Salaries - Overtime	\$157,708.20	\$120,241.97	\$120,241.97	\$181,571.28		
Salaries - Part Time	\$386,734.22	\$204,362.32	\$204,362.32	\$268,308.45		
Salaries - Sick Leave Incentive				\$800.00		
100's PERSONAL SERVICES	\$3,585,727.21	\$2,765,291.16	\$2,765,291.16	\$3,423,456.24		
200's EQUIPMENT	\$87,800.00	\$71,133.30	\$71,133.30	\$3,430.29		
400's CONTRACTUAL	\$10,466,083.00	\$5,468,300.70	\$5,468,300.70	\$9,547,634.62		
800's EMPLOYEE BENEFITS	\$38,845.00	\$35,015.66	\$35,015.66	\$59,899.69		
<b>TOTALS</b>	<b>\$14,178,455.21</b>	<b>\$8,339,740.82</b>	<b>\$8,339,740.82</b>	<b>\$13,034,420.84</b>		
<b>REVENUES</b>	<b>2010 BUDGETED</b>	<b>2010 YTD ACTUAL</b>	<b>2009 Prior Year Totals</b>			
	\$13,234,527.00	\$7,297,357.11	\$11,688,704.48			

Note: An accrual of \$421,172.10 has been made related to the October 2010 Revenues for CHHA, LTC and MCH Programs. We are currently working on closing November Billings for the CHHA, LTC and MCH Programs for month end. 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. We still anticipate to be able to start to retro bill for Preschool Medicaid by year end 2010.

**Warren County Health Services Salaries Comparison**

2009 vs 2010  
 as of 11/7/10 for 22.21 payrolls

Total of All Depts	YTD		YTD 10v09	% Change	Total Budget		Total Actual
	2010	2009			2010	2009	
Regular Salaries	\$2,440,686.87	\$2,552,164.55	-\$111,477.68	-4.37%	\$3,041,284.79	\$2,972,776.51	
Overtime Salaries	\$120,241.97	\$154,953.15	-\$34,711.18	-22.40%	\$157,708.20	\$181,571.28	
Part Time Salaries	\$204,362.32	\$229,967.77	-\$25,605.45	-11.13%	\$386,734.22	\$268,308.45	
Sick Leave Incentive	\$0.00	\$0.00	\$0.00	0.00%	\$0.00	\$800.00	
<b>TOTALS for 26 Pay periods</b>	<b>\$2,765,291.16</b>	<b>\$2,937,085.47</b>	<b>-\$171,794.31</b>	<b>-5.85%</b>	<b>\$3,585,727.21</b>	<b>\$3,423,456.24</b>	

\*Source: Detail G/L report for all Salary Category from 11/1/09-11/7/10  
 Payroll reflects 22 full payrolls and .21 of a payroll for the 1/31/10 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

09/2010

Free Care - \$ 7,130.00

Reduced Care - 0

**Free and Reduced Care**

04/2010

Free Care - \$7,260.00

Reduced Care - 0

10/2010

Free Care - \$7,260.00

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 --- \$66,928.00 Jan. - Oct., 2010

Sharon Schaldone ADPS

Home Care Division

**Attachment #3**

## RESOLUTION REQUEST FORM NO. 4

### Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: December 1, 2010

- (a) Purpose of Contract Change: To ratify the Chairman of the Warren County Board of Supervisors in executing a Unified Ancillary Provider Agreement with CDPHP to allow reimbursement for patients involved in the Readmission Avoidance Program
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: n/a, new initiative
- (c) Name of Contractor: CDPHP Universal Benefits Inc.
- (d) Address of Contractor: 500 Patroon Creek Boulevard, Albany, NY 12206-1057
- (e) Contractor's Contact Person and Telephone Number: Misty Lunde, 641-4243, email: mlunde@cdphp.com
- (f) Commencement Date of Amendment: 11/1/10
- (g) Termination Date of Extension: 30 days termination by either party
- (h) Payment Provisions: \$125.00 per visit rates billed monthly, \$25.00 per telephone follow up to patient
  - i) lump sum amount
  - ii) hourly rate amount
  - iii) total amount not to exceed
  - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount **OR** Capital Project **OR** Capital Reserve Project Number and Title and Amount: A4010.1610 Health Services Revenue CHHA

2010 AMENDMENT #3

to

UNIFIED ANCILLARY PROVIDER AGREEMENT

By and Between

CDPHP UNIVERSAL BENEFITS, INC., CAPITAL DISTRICT PHYSICIANS' HEALTHCARE NETWORK, INC., and their Affiliates

And

WARREN COUNTY HEALTH SERVICES

regarding

THE READMISSION AVOIDANCE PROGRAM

This Amendment ("Amendment") hereby amends the UNIFIED Ancillary Provider Agreement ("Agreement") by and between CDPHP UNIVERSAL BENEFITS, INC., CAPITAL DISTRICT PHYSICIANS' HEALTHCARE NETWORK, INC., and their Affiliates (collectively referred to hereinafter as "HEALTH PLANS") and WARREN COUNTY HEALTH SERVICES ("Provider"), effective November 1, 2010 ("Effective Date") for all Health Plans' lines of business including Commercial and Medicare.

WHEREAS, in an effort to improve care coordination and reduce inpatient hospital readmission rates; and

WHEREAS, medical research has shown that follow-up visits shortly after a patient is discharged from a hospital can significantly reduce patient inpatient hospital readmission and improve quality of care; and

WHEREAS, HEALTH PLANS have presented this Program (as defined below) to Provider and Provider has agreed to participate in the Program.

Now, THEREFORE, in consideration of the mutual covenants contained herein, the parties agree to amend the Agreement as follows:

1. Purpose of the Readmission Avoidance Program. In an effort to reduce inpatient hospital readmissions, and improve quality of care through the use of care coordination, HEALTH PLANS and Provider have agreed to engage in a Readmission Avoidance Program (hereinafter referred to as the "Program"). Under this Program, Provider will render home visit services to identified HEALTH PLANS members who are enrolled in any of HEALTH PLANS' commercial, Medicare or Medicaid products and who are receiving services as an inpatient ("Program Members"). Provider's responsibilities are more fully described below in Section 4 below. The goal of the Program is to reduce hospital readmission rates between 10-20% and to improve quality of care.

2. Applicability of the Program. The Program will be limited to Program Members who have been discharged from a hospital contracted and participating with HEALTH PLANS (Hospital) with a primary diagnosis of Congestive Heart Failure (CHF), Coronary Artery Disease (CAD) and Chronic Obstructive Pulmonary Disease (COPD) that fall under the following ICD-9 diagnoses codes: CHF ICD-9 Codes 428.0 to 428.99, CAD ICD-9 Codes 410 to 414 and COPD ICD-9 Codes 490 to 496. Other Program Members with different diagnoses may be included upon mutual agreement of both parties

3. Provider Responsibilities. Provider agrees to work with HEALTH PLANS and Hospital to accomplish the following for every Program Member:

- a. RN visit with the Program Member while in the hospital prior to discharge.
- b. Follow-up RN home visit within 24-48 hours of discharge, preferably within 24 hours.
- c. Schedule a follow-up visit with the Program Member's Primary Care Physician (PCP) or their primary Specialist Physician within seven (7) business days of discharge.
- d. Conduct a telephonic follow-up with Member within 10-14 days after the initial home visit.

The Provider interaction with the Program Member will commence in the hospital prior to discharge. Provider will obtain from Hospital the list of Program Members who will be discharged. The parties agree that reasonable efforts will then be made to coordinate with the Program Member a Registered Nurse (RN) home visit appointment with Provider within 24

hours, but no more than 48 hours of a Program Member's discharge; provided, however, that the appointment will be made regardless of the time frame for obtaining an appointment. The goal of the home visit will be to provide a comprehensive evaluation, including a head to toe examination, review of discharge instructions with the Program Member, medication reconciliation, environmental assessment, home safety review (hereinafter referred to as a "Home Assessment") and securing an office visit with the Program Member's Primary Care Physician within seven (7) business days of Program Members' inpatient discharge date. Provider will send a copy of the clinical evaluation to the assigned HEALTH PLANS case manager. Provider will also conduct a telephonic follow-up with Member within 10-14 days after the initial home visit. Provider and HEALTH PLANS case managers will cooperatively work with each other to coach the Program Member on how to recognize when his/her condition is deteriorating, when to call his/her health care provider, and the importance of adherence with his/her plan of care. Provider agrees to notify HEALTH PLAN as soon as possible if it is unable to complete the appointment within 24-48 hours of discharge from a hospital.

4. Payment and Rates.

- a. Payment for Home Assessment Visit. The parties agree that payment for the single Home Assessment Visit, as defined in Section 4, above, will be a Registered Nurse (RN) visit billed and paid as a HCPCS Code T1017, Target Case Management, in accordance with the standard course of business, and consistent with the policies and procedures outlined in the Agreement. HEALTH PLANS will reimburse Provider the all-inclusive amount outlined below in a manner that is consistent with its obligations set forth in the Agreement; provided, however, that the Home Assessment actually occurs within 24-48 hours of discharge. In the event that an appointment is made, but no Home Assessment is provided, HEALTH PLANS shall not reimburse Provider for that Home Assessment. In the event than an appointment is made and the Home Assessment is provided after 48 hours of discharge, HEALTH PLANS shall only pay Provider half of the rate below. Provider agrees that the total number Home Assessment visits in excess of 48 hours will not exceed two percent (2%) of the total cases assigned to Provider. Home Assessments made 96 hours after discharge will be denied payment. In the event Provider or any other provider recommends further home healthcare treatment of a Program Member, payment for additional services will be provided under the Agreement and not in accordance with this Amendment.
- b. Payment for Telephone Follow-up: Payment for the Telephonic Follow-Up, as defined in Section 4, above, will be billed and paid as a HCPCS Code T1017-TS, with the TS modifier indicating Target Case Management – Telephone Follow-Up, in accordance with the standard course of business, and consistent with the policies and procedures outlined in the Agreement. HEALTH PLANS will reimburse Provider the all-inclusive amount outlined below in a manner that is consistent with its obligations set forth in the Agreement; provided, however, that the Telephone Follow-Up actually occurs within 10-14 days of the Home Assessment Visit. If no Home Assessment was provided, HEALTH PLANS shall not reimburse Provider for any telephone call. In the event than an appointment is made and the Home Assessment is provided after 48 hours of discharge, Provider shall still provide a Telephone Follow-Up call and HEALTH PLANS shall only pay Provider half of the amount of the telephone call. Telephone Follow-Ups made more than 14 days after the Home Assessment Visit will be denied payment.

HCPCS Code	Description	Rate
T1017	Target Case Management – Home Assessment Visit	\$125.00
T1017-TS	Target Case Management – Telephone Follow-Up Service	\$25.00

No authorization is needed for the Home Assessment Visit or Telephone Follow-Up Service.

5. Provider Discretion. No payment will be made by HEALTH PLANS to Provider as an inducement to prohibit, limit or reduce what Provider deems to be medically necessary health services, and HEALTH PLANS does not intend to interfere with the provider/patient relationship.

6. Term. The term of this Amendment shall commence on the Effective Date and will continue for the duration of the Agreement.

7. Compliance with Applicable Law. The parties agree to comply with all applicable laws, rules and regulation, including all Medicare laws, rules, regulation and instruction. To the extent that this Program implicates the federal or state anti-kickback statutes, the parties intent to comply with the requirements of the managed care safe harbor set forth at 42 C.F.R. § 1001.952(t), and as applicable agree to the following:

- a. Provider cannot claim any additional payment in any form directly or indirectly from a Federal health care program for items or services covered under this Amendment.
- b. In establishing the terms of this Amendment, neither party has given or received or will give or receive remuneration in return for or to induce the provision or acceptance of business (other than, as applicable, business covered by the Amendment) for which payment may be made in whole or in part by a Federal health care program on a fee-for-service or cost basis.
- c. Neither party has shifted the financial burden of the Amendment to the extent that increased payments are claimed from a Federal health care program.

8. Except as specifically modified by this Amendment, the Agreement shall remain unchanged and in full force and effect.

*IN WITNESS WHEREOF*, the parties hereto have caused this Agreement to be signed by their respective duly authorized representatives as of the Effective Date written above.

**AGREED:**

**CAPITAL DISTRICT PHYSICIANS'  
HEALTH PLAN, INC.:**

**WARREN COUNTY HEALTH SERVICES:**

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Print Name: Cynthia C. Wicks

Print Name: \_\_\_\_\_

Title: VP Healthcare Network Strategy

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

TIN: \_\_\_\_\_

**2010 AMENDMENT #3**  
to  
**CDPHP ANCILLARY PROVIDER AGREEMENT**  
By and Between  
**CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN, INC.**  
And  
**WARREN COUNTY HEALTH SERVICES**  
regarding  
**THE READMISSION AVOIDANCE PROGRAM**

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WHEREAS, in an effort to improve care coordination and reduce inpatient hospital readmission rates; and

WHEREAS, medical research has shown that follow-up visits shortly after a patient is discharged from a hospital can significantly reduce patient inpatient hospital readmission and improve quality of care; and

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2. Applicability of the Program. The Program will be limited to Program Members who have been discharged from a hospital contracted and participating with CDPHP (Hospital) with a primary diagnosis of Congestive Heart Failure (CHF), Coronary Artery Disease (CAD) and Chronic Obstructive Pulmonary Disease (COPD) that fall under the following ICD-9 diagnoses codes: CHF ICD-9 Codes 428.0 to 428.99, CAD ICD-9 Codes 410 to 414 and COPD ICD-9 Codes 490 to 496. Other Program Members with different diagnoses may be included upon mutual agreement of both parties

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comprehensive evaluation, including a head to toe examination, review of discharge instructions with the Program Member; medication reconciliation, environmental assessment, home safety review (hereinafter referred to as a "Home Assessment") and securing an office visit with the Program Member's Primary Care Physician within seven (7) business days of Program Members' inpatient discharge date. Provider will send a copy of the clinical evaluation to the assigned CDPHP case manager. Provider will also conduct a telephonic follow-up with Member within 10-14 days after the initial home visit. Provider and CDPHP case managers will cooperatively work with each other to coach the Program Member on how to recognize when his/her condition is deteriorating, when to call his/her health care provider, and the importance of adherence with his/her plan of care. Provider agrees to notify CDPHP as soon as possible if it is unable to complete the appointment within 24-48 hours of discharge from a hospital.

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- a. Provider cannot claim any additional payment in any form directly or indirectly from a Federal health care program for items or services covered under this Amendment.
- b. In establishing the terms of this Amendment, neither party has given or received or will give or receive remuneration in return for or to induce the provision or acceptance of business (other than, as applicable, business covered by the Amendment) for which payment may be made in whole or in part by a Federal health care program on a fee-for-service or cost basis.
- c. Neither party has shifted the financial burden of the Amendment to the extent that increased payments are claimed from a Federal health care program.

8. Except as specifically modified by this Amendment, the Agreement shall remain unchanged and in full force and effect.

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HEALTH PLAN, INC.:**

**WARREN COUNTY HEALTH SERVICES:**

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Print Name: Cynthia C. Wicks

Print Name: \_\_\_\_\_

Title: VP Healthcare Network Strategy

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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 Kathleen Meath PHN  
 (Supervisory Committee) (Employee Name)

to attend 2011 National Immunization Conference  
 (Name of meeting or organization)

at Washington Hilton Washington, DC  
 (Address)

on March 28-31, 2011 Mode of transportation to be used AIR  
 (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 \$ \_\_\_\_\_
- \*www.gsa.gov

GSA\* Rate \$ \_\_\_\_\_

*No cost to County  
 New York State  
 Association of  
 County Health  
 Officers (NYCAHO)  
 covers all  
 costs*

Date: 12-1-10

Patricia Ryan  
 Department Head Signature

Date: 12-1-10

[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.

## 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: December 1, 2010

- (a) Dates of Travel: March 28, 2011 to March 31, 2011
  
- (b) Purpose (include complete name of any conference, school, etc.): To attend the 2011 National Immunization Conference
  
- (c) City/Town & State: Washington Hilton, Washington DC
  
- (d) Employee(s) Traveling (include title(s)): Kathleen Meath PHN
  
- (e) Is County paying the costs or is another Agency? NYS Association of County Health Officials covers entire cost of conference
  
- (f) Mode of Transportation to be Used: Air  
(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.

# Warren County Board of Supervisors

RESOLUTION NO. 852 OF 2009

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

AUTHORIZING OUT-OF-STATE TRAVEL FOR KATHLEEN MEATH, PUBLIC HEALTH NURSE TO ATTEND THE <sup>2011</sup> ~~2010~~ NATIONAL IMMUNIZATION CONFERENCE - HEALTH SERVICES DEPARTMENT

RESOLVED, that Kathleen Meath, Public Health Nurse be, and hereby is, authorized to travel to and from <sup>Washington, DC 2011</sup> ~~Arlanta, Georgia~~ to attend the ~~2010~~ National Immunization Conference, from <sup>March 28, 2011 to</sup> ~~April 18, 2010~~ to <sup>April</sup> ~~March~~ <sub>21, 2011</sub> ~~22, 2010~~, and be it further

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

October 28, 2010

Dear Commissioner/Director of Public Health:

The setting for the 2011 National Immunization Conference will be the Washington Hilton, Washington, D.C. from March 28-31, 2011. Through a grant from the New York State Department of Health, NYSACHO is again pleased to sponsor local health department staff in New York State to attend this conference.

Please note that due to grant cut backs, we will be able to fund and make travel arrangements for only one person per LHD. If your county is planning on sending additional attendees to Washington, D.C., he/she is responsible for making their own travel arrangements.

In order to meet early bird deadlines, we ask that you designate one individual from your local health department to attend the conference as soon as possible. It is imperative that county approval for travel be obtained before you submit your request. NYSACHO will select the maximum number of attendees the budget can support. Conference registration, airfare, hotel, and meals will be covered for the selected attendees. NYSACHO will **not** be responsible for travel to and from your home airport, parking, baggage fees, or in-flight food. Please note that NYSACHO will only cover hotel overnight costs from March 27 to check out on March 31, 2011. You will need a credit card for any incidentals.

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

**To ensure proper conference attendance approval, please have the attached paperwork signed and returned to NYSACHO by January 14, 2011.** We cannot guarantee a spot after this date.

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

Sincerely,

Carol Downey  
Administrative Assistant

## RESOLUTION REQUEST FORM NO. 4

### Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: December 1, 2010

- (a) Purpose of Contract Change: To renew contract with Greater Adirondack Home Aides Inc for para-professional services for the Certified Home health Agency and the Long Term Home Health Care Program
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 855/2009, see attached
- (c) Name of Contractor: Greater Adirondack Home Aides Inc.
- (d) Address of Contractor: Civic Center Plaza, 5 Warren Street, Glens Falls, NY 12801
- (e) Contractor's Contact Person and Telephone Number: Julie Smith, 926-7070, X 204
- (f) Commencement Date of Amendment: 1/1/11
- (g) Termination Date of Extension: 12/31/11
- (h) Payment Provisions: Hourly rate amount, paid upon receipt of documentation for each patient visit
  - i) lump sum amount
  - ii) hourly rate amount
  - iii) total amount not to exceed
  - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount **OR** Capital Project **OR** Capital Reserve Project Number and Title and Amount: A4001.470 Health Services Certified Home Health Agency Contracts; A4016.470 Long Term Home Health Care Program Contracts

# Warren County Board of Supervisors

RESOLUTION NO. 855 OF 2009

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

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

RESOLVED, that Warren County continue the contractual relationship (the previous agreement being authorized by Resolution No. 827 of 2008) with Greater Adirondack Home Health Aides, Inc., Civic Center Plaza, 5 Warren Street, Glens Falls, New York 12801, to provide paraprofessional care services for the Certified Home Health Agency (CHHA) and Long-Term Home Health Care (LTHHC) Programs, for a term commencing January 1, <sup>2011</sup>2010 and terminating December 31, <sup>2011</sup>2010, at rates not to exceed those set forth below, and the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an agreement in a form approved by the County Attorney:

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

*NOT CHANGED IN RATES*



# GREATER ADIRONDACK HOME AIDES, INC.

*Caring for the Community Since 1965*  
PO Box 678, 5 Warren St. Glens Falls, NY 12801  
[www.GreaterAdirondackHomeAides.org](http://www.GreaterAdirondackHomeAides.org)

## BOARD OF DIRECTORS

### Officers

*Richard Norman*  
Chair

*Elisabeth Mahoney, Esq.*  
Vice Chair

*Michael Niles*  
Treasurer

*Patricia Bryant*  
Secretary

### Directors

*James Burkett, Esq.*

*Joan Grishkot*

*Dr. Edward Kerr*

*Rose Mary Kingsley*

*David Kruczlnicki*

*Michael F. Massiano*

*Joseph M. Travis*

*Teena Willard*

### Honorary Directors

Davene Brown

Dr. Barbara Chick

Kay Dillon

Dorothy Durling

Dr. Robert Wescott

### Executive Director

Julie Smith

October 29, 2010

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

Dear Pat:

Per our conversation, Greater Adirondack Home Aides will not be requesting a rate increase for 2011. We would like to request a continuation of our current contracted rates of \$25.54 for Home Health Aide and \$25.28 for Personal Care Aide for the CHHA and LTHHCP programs.

Thank you for your consideration.

Sincerely,

Julie A. Smith  
Executive Director

## RESOLUTION REQUEST FORM NO. 4

### Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: December 1, 2010

- (a) Purpose of Contract Change: To renew contract with North Country Home Services Inc. for para-professional care services (Home Health Aides) the Certified Home health Agency and the Long Term Home Health Care Program
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 285/2010, see attached
- (c) Name of Contractor: North Country Home Services Inc.
- (d) Address of Contractor: 25 Church Street, Saranac Lake, NY 12983
- (e) Contractor's Contact Person and Telephone Number: Rebecca Leahy, 891-2641
- (f) Commencement Date of Amendment: 1/1/11
- (g) Termination Date of Extension: Per current contract terms
- (h) Payment Provisions: Monthly voucher submission, paid upon receipt of documentation for each patient visit
  - i) lump sum amount
  - ii) hourly rate amount \$25.36/hour
  - 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: A4001.470 Health Services Certified Home Health Agency Contracts; A4016.470 Long Term Home Health Care Program Contracts

# Warren County Board of Supervisors

## RESOLUTION NO. 285 OF 2010

Resolution introduced by Supervisors Sokol, Thomas, Champagne, Taylor, Pitkin, Loeb and McDevitt

### AUTHORIZING AMENDMENT AGREEMENT WITH NORTH COUNTRY HOME SERVICES, INC. FOR PARAPROFESSIONAL CARE SERVICES UNDER THE LONG TERM HOME HEALTH CARE (LTHHC) AND CERTIFIED HOME HEALTH AIDE (CHHA) PROGRAMS - HEALTH SERVICES DEPARTMENT

WHEREAS, Resolution No. ~~686~~<sup>285</sup> of ~~2008~~<sup>2010</sup> authorized, among other things, the continuation of the contractual relationship with North Country Home Services, Inc. (the "Agency") for paraprofessional care services under the LTHHC and CHHA Programs, and

WHEREAS, the Director of Public Health/Health Services has been advised by North Country Home Services, Inc. that the Home Health Aide rate for 2010 is ~~Twenty-Four~~<sup>Five</sup> Dollars and ~~Eighty-Six~~<sup>Thirty</sup> Cents (~~\$24.86~~<sup>25.36</sup>) per hour, now, therefore, be it

RESOLVED, that the rates shown on Resolution No. 686 of 2008 for the services described be and hereby are, amended as follows:

<u>CONTRACTOR/ AGENCY</u>	<u>PURPOSE</u>	<u>ESTIMATED CONTRACT AMOUNTS/RATES</u>
North Country Home Services, Inc.	Paraprofessional Care Services - CHHA	Home Health Aide <del>\$24.86/hr</del> 25.36/hr

and be it further

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an amendment agreement with North Country Home Services, Inc. showing the above rate changes, effective January 1, ~~2010~~<sup>2011</sup>, in the form approved by the County Attorney, and be it further

RESOLVED, that all other terms and conditions of the agreement with North Country Home Services, Inc. remain in full force and effect.

ADMINISTRATIVE OFFICE

Rebecca Leahy, R.N., Executive Director  
 D. Scott Tooker, Financial Director  
 25 Church Street, Saranac Lake, NY 12983  
 Phone (518) 891-5611  
 Fax (518) 891-2055

SERVICE OFFICES

Malone (518) 483-4502  
 Plattsburgh (518) 566-0183  
 Saranac Lake (518) 891-2641  
 Ticonderoga (518) 585-9820  
 Tupper Lake (518) 359-3336

NORTH COUNTRY



HOME SERVICES

25 Church Street • Saranac Lake, NY 12983 • (518) 891-2641 • Fax (518) 891-2055

October 29, 2010

Patricia C. Nenninger  
 Assistant County Attorney  
 Warren County Municipal Center  
 1340 State Route 9  
 Lake George, NY 12845

Dear Ms. Nenninger:

North Country Home Services Board of Directors has approved the home health aide rate for the 2011 year. Our Agency is aware of the challenges health care providers all face in this economic downturn and we have been negatively affected as well. As a result, we have to schedule an increase but have kept the increase at 2%. The following are our rates:

	<u>2010 Rate</u>	<u>2011 Rate</u>	<u>&amp; Increase</u>
HHA	\$24.86	\$25.36	2%

Thank you for the opportunity to work with you and your staff. If I can provide further information, please contact me at 518-891-5611.

Sincerely,

*Rebecca Leahy*  
 Rebecca Leahy, RN  
 Executive Director

RL/sb

## RESOLUTION REQUEST FORM NO. 4

### Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: December 1, 2010

- (a) Purpose of Contract Change: To renew contract agreement with Upper Hudson Primary Care Consortium and NYSDOH as contractor for Adirondack Rural Health Network to continue initiatives to keep Community Health Assessment updated
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 130/2010
- (c) Name of Contractor: Upper Hudson Primary Care Consortium
- (d) Address of Contractor: 5 Carey Road, Queensbury, NY 12804
- (e) Contractor's Contact Person and Telephone Number: Vicky Wheaton-Saraceni, 761-0300
- (f) Commencement Date of Amendment: 1/1/11
- (g) Termination Date of Extension: 12/31/11
- (h) Payment Provisions: Paid semiannually \$25.00 installments upon receipt of description of completed work
- 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: A4018.470 Preventive Contracts

# Warren County Board of Supervisors

## RESOLUTION NO.130 OF 2010

Resolution introduced by Supervisors Sokol, Thomas, Champagne, Taylor, Pitkin, Loeb and McDevitt

**AUTHORIZING CONTINUATION OF AGREEMENT WITH UPPER HUDSON PRIMARY CARE CONSORTIUM AND NEW YORK STATE DEPARTMENT OF HEALTH AS CONTRACTOR FOR ADIRONDACK RURAL HEALTH NETWORK - HEALTH SERVICES DEPARTMENT**

WHEREAS, Resolution No. <sup>130 2010</sup>~~122~~ of 2009, authorized an agreement with the Upper Hudson Primary Care Consortium to provide Warren County Health Services assistance in developing 1) an online tool to allow interactive analysis of telephone survey data by selected independent variables, such as age, gender, county, etc.; 2) set up an interactive CHA database that will allow Warren County to update their community health indicators and track them over time; 3) develop a password protected online area on the Upper Hudson Primary Care Consortium/Adirondack Rural Health Network website for accessing the new online tools previously listed herein and manage it so only authorized staff has access; and 4) provide assistance to Warren County Public Health staff in analyzing the health data compiled in the tools outlined in numbers 1 through 3, and

WHEREAS, the Health Services Committee recommends continuing said agreement for a term commencing January 1, <sup>2011</sup>~~2010~~ and terminating December 31, <sup>2011</sup>~~2010~~, for an amount not to exceed Five Thousand Dollars (\$5,000) payable upon submission of an annual report and a valid County voucher, now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an extension agreement with the Upper Hudson Primary Care Consortium and New York State Department of Health, Contractor for Adirondack Rural Health Network, 5 Carey Road, Queensbury, New York 12804, for a term commencing January 1, <sup>2011</sup>~~2010~~ and terminating December 31, <sup>2011</sup>~~2010~~ for an amount not to exceed Five Thousand Dollars (\$5,000) payable upon submission of an annual report and a valid County voucher in a form approved by the County Attorney.

## RESOLUTION REQUEST FORM NO. 1

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

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

DEPARTMENT NAME: Health Services

DATE: December 1, 2010

- (a) Name of Appointee: See attached list for reappointments, 1 new appointee: Christie Sabo
- (b) Is this a Reappointment? If so, please provide the Resolution No. which authorized the last appointment of this individual 850/2009, see attached
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible. n/a
- (d) If Person is Being Appointed as a Representative of a Specific Group/Agency, Please List their Affiliation and Title see attached
- (e) Address of Appointee: see attached
- (f) Title of Appointment: see attached
- (g) Effective Date of Appointment: 1/1/11
- (h) Termination Date of Appointment: 12/31/11
- (i) Name of Person Being Replaced (if applicable): Candy Kelly, Warren County Office for the Aging
- (j) Reason for Replacement: Retirement

# Warren County Board of Supervisors

RESOLUTION NO. 850 OF 2009

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

## APPOINTING MEMBERS OF PROFESSIONAL ADVISORY COMMITTEE FOR HEALTH SERVICES DEPARTMENT - HEALTH SERVICES DEPARTMENT

RESOLVED, that the following members of the Professional Advisory Committee for Health Services Department, as listed on Schedule "A" annexed hereto, be, and hereby are appointed for a one-year term commencing January 1, ~~2010~~ and terminating December 31, ~~2010~~.

2011

2011

See attached list for members  
and changes of 1 member  
Candy Kelly to Christie Silva

PROFESSIONAL ADVISORY COMMITTEE MEMBERS

<b>NAME</b>	<b>TITLE/ADDRESS</b>
Patricia Auer	Director Public Health/Patient Services Warren County
Patricia Belden	Public Health Nurse Communicable Disease Program Warren County
Tammie DeLorenzo	Clinical Fiscal Informatics Coordinator, Warren County Health Services
Tawn Driscoll	Financial Manager, Warren County Health Services
Joseph Dufour	FNP, Irongate Family Practice Three Irongate Center, Corner of Pine and Elm Streets Glens Falls, NY 12801
Daniel Durkee	Health Educator Warren County
Gerhard Endal	Occupational Therapist PO Box 2615, Glens Falls, NY 12801
Joan Grishkot	Community Member 202 Ridge Street Glens Falls, NY 12801
Ginelle Jones	Assistant Director Public Health Warren County Health Services
Donna Kirker	Vice President Patient Services and Chief Nursing Officer Glens Falls Hospital 100 Park Street, Glens Falls, NY 12801
Daniel Larson	MD, Public Health Medical Director Upper Hudson Primary Care Consortium PO Box 3253, Glens Falls, NY 12801
Richard Leach	MD, Tuberculosis and Infectious Disease Program Consultant One Irongate Center, Glens Falls, NY 12801

Richard Mason	64 Webster Avenue Glens Falls, NY
David Mousaw	MD, 20 Centennial Drive Queensbury, NY 12804
Regina Muscatello	Clinical Nurse Supervisor Westmount Health Facility Warren County
Christie Sabo	Director Warren Hamilton Counties Office for the Aging State RT 9, Lake George, NY 12845
Sharon Schaldone	Assistant Director Patient Services Warren County Health Services
Sara Sellig	Speech Therapist 31 Overlook Drive, Queensbury, NY 12804
Julie Smith	Director of Patient Services Greater ADK Home Health Aides PO Box 678, Glens Falls, NY 12801
Helen Stern	Public Health Nurse Immunization Program Coordinator Warren County
Sheila Weaver	Commissioner, Department of Social Services Warren County

## RESOLUTION REQUEST FORM NO. 1

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

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

DEPARTMENT NAME: Health Services

DATE: December 1, 2010

- (a) Name of Appointee: See attached list
- (b) Is this a Reappointment? Yes If so, please provide the Resolution No. which authorized the last appointment of this individual 849/2009
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If Person is Being Appointed as a Representative of a Specific Group/Agency, Please List their Affiliation and Title see attached
- (e) Address of Appointee: see attached
- (f) Title of Appointment: see attached
- (g) Effective Date of Appointment: 1/1/11
- (h) Termination Date of Appointment: 12/31/11
- (i) Name of Person Being Replaced (if applicable): No changes
- (j) Reason for Replacement: No changes

## WCPH LOCAL EARLY INTERVENTION COORDINATING COUNCIL

<p>Auer, Patricia            Bush, Linda            Jones, Ginelle            Fortini, Judy</p>	<p>Frasier, Nedra            Merritt, Jackie            Mastrianni, Erik            Myhrberg, Patty</p>	<p>761-6580            Fax: 761-6422</p>	<p>Warren County Public Health            1340 State RT 9, Lake George, NY 12845</p>
<p>Abbott, Kate</p>		<p>746-3400</p>	<p>Preschool Program BOCES            1153 Burgoyne Avenue, Fort Edward, NY 12828</p>
<p>Barnard, Jane</p>		<p>408-5278            Fax: 402-0422</p>	<p>CDRO NYSDOH            Frear Building            1 Fulton Street, Troy 12180</p>
<p>Collins, Bonnie (Parent)</p>		<p>743-1994</p>	<p>31 Ferris Drive, Queensbury, NY 12804</p>
<p>Conine, Pam</p>		<p>798-7972</p>	<p>Southern Adirondack Child Care Network            88 Broad Street, Glens Falls, NY 12801</p>
<p>Daigle, Joann</p>		<p>798-7555</p>	<p>Warren County Head Start            11 Pearl Street, Glens Falls, NY 12801</p>
<p>Dunbar, Melissa, Speech Ther.</p>		<p>792-8976</p>	<p>25 Brookfield Run, Queensbury, NY 12804</p>
<p>Hoffis, Cheryl, Speech Therapist</p>		<p>745-8457</p>	<p>29 Hall Road, Queensbury, NY 12804</p>
<p>Homenick, Michael</p>		<p>798-4056</p>	<p>Psychological Associates            551 Bay Road, Queensbury, NY 12804</p>
<p>Martellotta, Asha</p>		<p>926-8071</p>	<p>4 Lynn Drive, Queensbury, NY 12804</p>
<p>Moses, Sherrie</p>		<p>7938811 x549</p>	<p>Queensbury Elementary School            431 Aviation Road., Queensbury, NY 12804</p>
<p>Mousaw, David MD</p>		<p>792-8942</p>	<p>20 Centennial Drive, Queensbury, NY 12804</p>
<p>Schmidt, Maureen</p>		<p>X6362</p>	<p>Warren County DSS            Gurney Lane, Lake George, NY 12845</p>
<p>Thompson, Pat</p>		<p>798-0170</p>	<p>Prospect Child &amp; Family Center            133 Aviation Road, Queensbury, NY 12804</p>
<p>Utz-Meagher, Kevin</p>		<p>581-3069</p>	<p>Glens Falls DDSO Capital District            100 Glen Street, Glens Falls NY 12801</p>
<p>York, Robert</p>		<p>792-7143</p>	<p>Office of Community Services for Warr. and Wash. Co            230 Maple Street Suite 1, Glens Falls, NY 12801</p>

# Resolutions Listing

Res. #	Title
Page #	Subtitle 1
Amount	Subtitle 2
2009/849	Health Services
	Physically Handicapped Children's Program
	Local Early Intervention Coordinating Council
<b>Description:</b>	Appointing members of Local Early Intervention Coordinating Council (LEICC) for Education of Physically Handicapped Children's Program

## RESOLUTION REQUEST FORM NO. 4

### Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: December 1, 2010

- (a) Purpose of Contract Change: To amend contract with ENS Health Care Management LLC d/b/a Interim Health Care of New York and Visiting Nurse Association of Albany
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 121/2009, see attached
- (c) Name of Contractor: Interim Health Care of New York and Visiting Nurse Association of Albany
- (d) Address of Contractor: 1735 Central Avenue, Albany, NY 12205 and Visiting Nurse Association of Albany, Riverview Center, 150 Broadway, Suite 310, Menands, NY 12204
- (e) Contractor's Contact Person and Telephone Number: Lisa Evans, 452-3655 and Ken Mooney, 694-9907
- (f) Commencement Date of Amendment: 1/1/11
- (g) Termination Date of Extension: Per terms of current agreement
- (h) Payment Provisions: Monthly voucher submission paid upon receipt of documentation for each patient visit; see attached resolution for changes
  - 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: A4001.470 Health Services Certified Home Health Agency Contracts; A4016.470 Long Term Home Health Care Program Contracts

# Warren County Board of Supervisors

RESOLUTION NO. 121 OF 2009

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

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

WHEREAS, Resolution No. ~~726~~<sup>121</sup> of ~~2004~~<sup>2009</sup> authorized, among other things, the continuation of the contractual relationship with ENS Health Care Management, LLC d/b/a Interim Health Care of New York, Visiting Nurse Association of Albany Home Care Corporation, and ~~North Country Home Services, Inc. (the "Agencies")~~<sup>and</sup> for paraprofessional care services under the Long Term Home Health Care Program and Certified Home Health ~~Aide~~<sup>Agency</sup> Program, said agreements to terminate upon thirty (30) days notice by either party, and

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

WHEREAS, the Director of Public Health/Patient Services has been advised by the Agencies that effective January 1, ~~2009~~<sup>2011</sup>, there will be changes in their rates, which rates differ from the rates originally authorized in Resolution No. 726 of 2004 and, as a result, amendments are now necessary to the agreements and Resolution No. 726 of 2004, now, therefore, be it

RESOLVED, that the rates shown on Resolution No. ~~726~~<sup>121</sup> of ~~2004~~<sup>2009</sup> for the above described Agencies, be and hereby are, amended as follows:

**RESOLUTION NO. 121 OF 20 09**

Page 2, Continued

<u>CONTRACTOR/ AGENCY</u>	<u>PURPOSE</u>	<u>ESTIMATED CONTRACT AMOUNTS/RATES</u>
ENS Health Care Management, LLC d/b/a Interim Health Care of New York	Paraprofessional Care Services - LTHHCP & CHHA	(unchanged) Home Health Aide \$19.00/hr → 19.00/hr Personal Care Aide \$18.75/hr → 19.00/hr Housekeeper \$18.20/hour → <del>18.20/hr</del> 18.75/hr
Visiting Nurse Association of Albany Home Care Corporation	Paraprofessional Care Services - LTHHCP & CHHA	Home Health Aide \$20.68/hr → 21.30/hr Personal Care Aide \$20.14/hr → 20.78/hr
<del>North Country Home Services, Inc.</del>	<del>Paraprofessional Care Services - LTHHCP &amp; CHHA</del>	<del>Home Health Aide \$24.39/hr. Personal Care Aide \$20.80/hr. (Homemaker Tasks) Personal Care Aide \$21.13/hr. (Personal Care Aide Tasks)</del> 24.86 21.24

and be if further

RESOLVED that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute amendment agreements with the Agencies showing the above rate changes, effective January 1, <sup>2011</sup> ~~2009~~, in the form approved by the County Attorney, and be it further

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

**Auer, Pat**

**From:** Lisa Evans [LEvans@interimhealthcr.com]  
**Sent:** Thursday, November 18, 2010 11:53 AM  
**To:** Auer, Pat  
**Subject:** 2011 rate requests

Interim HealthCare is requesting the following rates for 2011:

Homemaker	18.75
PCA	19.00
HHA	19.00

Thank you for your consideration.

Lisa L. Evans, CoPresident  
Interim HealthCare  
1735 Central Ave.  
Albany, NY 12205  
(p) 518-452-3655  
(f) 518-452-0765

11/18/2010



Visiting Nurses Home Care  
"The Very Best...On Purpose"  
Riverview Center, 150 Broadway, Suite 310  
Menands, NY 12204

FAX

NYS licensed in 18 counties in Northeast New York, JCAHO Accredited

To:  
WARREN CO.  
HEALTH SERVICES  
ATTN: PAT AUER

From:  
KEN MOONEY

Date: 10/28/10  
Number of Pages: 1  
Phone: 518-694-9907  
Fax: 518-694-9913

Remarks:

2011 RATE REQUEST, VNHC.

Thompson,  
Ken Mooney

CONFIDENTIALITY NOTICE

The documents accompanying this fax transmission contain information from Visiting Nurses Home Care which is confidential or privileged. The information is intended for the use of the individual named on this lead sheet. If you are not the intended recipient please be aware that any review, disclosure, copying, distribution, or use of the contents of this information is prohibited. If you have received this transmission in error please notify us by telephone immediately and return the original to us by mail. Thank you.

**Kenneth J. Mooney**

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**From:** Kenneth J. Mooney [kmooney@vnhc.com]  
**Sent:** Thursday, October 28, 2010 9:46 AM  
**To:** 'auerp@co.warren.ny.us'  
**Subject:** VNHC2011Rates

Dear Pat,

In looking back I see we have not increased rates since 1/1/08.

Current PCA rate is \$20.14/hr. , I would like to request an increase of 3% to \$20.75/hr.

Our current HHA rate is \$20.68/hr. , I'd again like to request a 3% increase to \$21.30/hr.

We have maintained pay increases of 3.5% through 2008 and 2009, 3% for 2010 despite declining margins and increased expenses.

I would like to discuss the possibility of route aides if you are interested, or any ideas as to how we might better meet your needs.

On behalf of all our staff, thank you for the opportunity to be of continued service.

Thank You,

Visiting Nurses Home Care

Ken Mooney, Director

[kmooney@vnhc.com](mailto:kmooney@vnhc.com)

p 694-9907

f 694-9913

## RESOLUTION REQUEST FORM NO. 3

### Request for New Contract

DEPARTMENT NAME: Health Services

DATE: December 1, 2010

- (a) Is this a Result of a Bid or Request for Proposal? Yes
- (b) Purpose of Contract: To award bid for CPAs to audit Medicaid and Medicare cost reports for Warren County Health Services
- (c) Name of Contractor: Bonadio & Co. LLP
- (d) Address of Contractor: 6 Wembley Court, Albany, NY 12205
- (e) Contractor's Contact Person and Telephone Number: Alan Walther, 464-4080
- (f) Has or will the Contract be provided, if so, please attach:
- (g) Commencement Date of Contract: 1/1/11
- (h) Termination Date of Contract: 12/31/11
- (i) Payment Provisions: Audits are conducted annually and annual fee is paid at the completion of audit upon voucher submission
  - i) lump sum amount
  - ii) hourly rate amount
  - iii) total amount not to exceed
  - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (j) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project  
Number, and Title, and Amount: A.4010.437 Health Services CHHA Consulting Fees

**WARREN COUNTY  
TABULATION SHEET**

	NAME & ADDRESS	NAME & ADDRESS	NAME & ADDRESS	NAME & ADDRESS	NAME & ADDRESS
<b>SPEC NO.: WC81-10</b> <b>ITEM(S): RFP FOR CPA'S TO AUDIT MEDICAID &amp; MEDICARE COST REPORTS FOR WARREN COUNTY HEALTH SERVICES DEPARTMENT</b> <b>DATE: OCTOBER 21, 2010</b> <b>TIME: 3:00 P.M.</b>	Bonadio & Co., LLP. Attn: Alan Walther 6 Wembley Court Albany, NY 12205 Ph: 518-464-4080 Fx: 518-464-4087	Toski, Schaefer & Co., PC. Attn: Douglas Zimmerman 555 International Drive Williamsville, NY 14221 Ph: 716-634-0700 Fx: 716-634-0764	McCarthy & Conlon, LLP. Attn: Michael McCarthy 150 Warren Street Glens Falls, NY 12801 Ph: 518-792-6668 Fx: 518-792-2226	Jack Venesky, CPA & Associates Attn: Jack Venesky 6114 Route 31 Cicero, NY 13039 Ph: 315-698-2442 Fx: 315-698-9816	Whittemore, Downen & Ricciardelli, LLP Attn: Colin Combs 333 Aviation Road, Bldg B Queensbury, NY 12804 Ph: 518-792-0918 Fx: 518-743-0882
<b>DESCRIPTION OF ITEM</b>	<b>PRICE</b>	<b>PRICE</b>	<b>PRICE</b>	<b>PRICE</b>	<b>PRICE</b>
Cost to Audit the Warren County Health Services Medicaid & Medicare Cost Reports for the Certified Home Health Agency & the Long Term Home Health Care Program:					
2010 Audit	\$5,000.00	\$7,900.00	\$8,000.00	\$8,000.00	\$8,650.00
2011 Audit	\$5,400.00	\$7,900.00	\$8,000.00	\$8,000.00	\$8,850.00
2012 Audit	\$5,900.00	\$7,900.00	\$8,000.00	\$8,000.00	\$9,050.00
<b>TOTAL FOR ALL 3 YEARS:</b>	\$16,300.00	\$23,700.00	\$24,000.00	\$24,000.00	\$26,550.00
Other costs or fees:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>AWARDED TO:</b>					
✓	Resolution No.				
<b>JULIE A. PACYNA, PURCHASING AGENT</b>	Term: January 1, 2011 through December 31, 2011				

# RESOLUTION REQUEST FORM NO. 12

Schedule "A"

## NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an existing funded position in their budget that is vacated due to a retirement, resignation or termination. This notice may not be used for requests to create a new position. For complete instructions on the procedure to be followed, see the reverse of this form.

### DEPARTMENT HEAD COMPLETES THIS SECTION

Department Health Services  
Title of Position Public Health Nurse Base salary \$48,150  
Budget code and title A4010.110 Health Services Full Time Salaries  
This position is vacated due to:  Retirement  Resignation  Termination  Promotion  
 Other

Employee No. 10495

Is this position mandated?  Yes  No Is the position reimbursable?  Yes  No

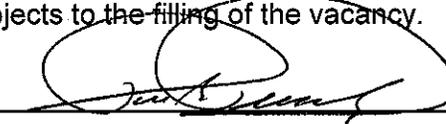
Source of reimbursement:  Federal %  State %  Other %

Impact to Budget: various reimbursements depending upon patients' insurance pay source  
No county funds needed - position pays for itself plus additional revenue

### COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Health Services Date 12/1/2010

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

Administrator Signature 

### SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health Services Date 12/1/2010

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

Ranking Committee Member Signature 

### PERSONNEL COMMITTEE COMPLETES THIS SECTION

Date \_\_\_\_\_

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

Ranking Committee Member Signature \_\_\_\_\_

## 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:** December 1, 2010

- (a) Purpose of Request: To adopt the Corporate Compliance Policy for Warren County Health Services in a form approved by County Attorney
- (b) Details: This is a NYS requirement
- (c) Previous Resolution Number: n/a

## RESOLUTION REQUEST FORM NO. 10

### Request for Transfer of Funds

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

SIGNED: Patricia Sadler

DATE: 12/1/10

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.4018.0055.260	Tobacco Program-Other Equipment	A.4018.0055.410	Tobacco Supplies Expense	\$600.00
A.4016.130	Health Services -Part time Salary	A.4016.120	Health Services -LTC Overtime Salary	\$400.00
A.4018.0030.260	Disease Program-Other Equipment	A.4018.0030.435	Disease Program-Medical Supplies Expense	\$350.00
A.4018.0040.260	Health Education-Other Equipment	A.4018.0040.410	Health Education -Supplies Expense	\$500.00
A.4054.0060.210	Early Intervention-Furniture Expense	A.4054.0060.410	Early Intervention -Supplies Expense	\$100.00
<b>Total Transfers</b>				<b>\$1,950.00</b>

Please state reason for transfers requested:

1. To transfer funds for Tobacco program from equipment to supplies needed.
2. To transfer funds for those LTC staff who work OT needed for LTC only.
3. To transfer funds from Disease Program from Equipment to Medical Supplies expense.
4. To transfer funds in Health Education from Equipment to Supplies expense for coverage to year end.
5. To transfer funds in Early Intervention from Equipment to Supplies expense to cover expenses to year end.

#### CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Fund			

Please state reason for transfer request:

Total

Please file original request with Clerk of the Board and retain copy for your records