

**Warren County Health Services
Health Services Committee
Additional Agenda Item
May 25, 2011**

Request Resolution:

To amend the contract agreement with Barbara Orton, MS, Emergency Response and Preparedness Coordinator to reflect language for mileage reimbursement at the IRS rate or the rate paid by Warren County to Emergency Response and Preparedness Activities outside of Warren County upon approval of the Director or Assistant Director of Public Health.

Rationale:

This position is 100% funded by the Emergency Response and Preparedness grant, including mileage reimbursement. Situations necessitating the coordinator's presence outside the county typically only occur monthly and are not held farther than the Capital District Area.

This reimbursement has been occurring , and the amendment resolution is needed in order to correct the language in the contract.

**Warren County Health Services
Health Services Committee Meeting Agenda
May 27, 2011
Information Submitted By: Patricia Auer, DPH/DPS**

Action Agenda/New Business

Request Committee Approval:

To allow Stella Racicot, RN, CHN, our Community Health liaison with Glens Falls Hospital, to attend the Island Peer Review Organization (IPRO) Annual Membership Meeting in Elmhurst, New York on June 7, 2011, to accept an award to be presented to Warren County Health Services for significant quality improvement (over 50% reduction) in the hospital admission rate for heart failure patients. There is no cost associated, except gas and tolls, as the nurse will drive a Health Services' Fleet Vehicle, and will go and return in one work day.

Rationale:

This is a very significant achievement for Warren County Health Services, in that it demonstrates the highest level of relative improvement of all the home health providers in the New York State Care Transitions Initiative target community. Sharon Schaldone has worked hard on this project, and has even presented several webinars to the other agencies involved, and she is to be commended for this effort. As well, Ms. Racicot has worked with our patients to assure appropriate follow-up for these clients. Sharon will be present at the meeting to more fully describe the project and answer any questions the committee may have.

Request Committee Approval:

To authorize Cathy Dufour, PHN (Public Health Nurse), and Maureen Linehan, CHN(Community Health Nurse), to attend the ICD-9-CM and OASIS Coding Back to Basics and Beyond HCS-D Exam in Nanuet, New York on September 27 -28, 2011. The total cost for the conference, including the registration fees and the exams will not exceed \$1562.00 (this includes travel, meals and incidental fees calculated at the GSA rates). A specific breakdown of the exact fees is detailed on the Authorization to Attend the Meeting/Convention form. If any committee members wish to review the details, the form will be available at the meeting.

Rationale:

Although this is a significant expense, we need to do it in order to assure we maximize and utilize the correct diagnostic codes, or our reimbursement for services will be severely impacted. We currently have one nurse who is certified, and she needs to take the recertification exam. The other nurse is being trained and needs to take the initial certification exam. The currently certified nurse will be looking at retirement within the next several years, and it is not good practice to have only one nurse in the agency able to perform this function. If we have one patient whose diagnoses are coded incorrectly, or not in a timely manner, it could cost more than the entire conference for the two nurses. We have funds available in our budget to cover this expense.

Request Referral to Personnel Committee:

For consideration of approval to amend the Warren County Health Services Table of Organization and the 2011 Warren County Budget to reflect the following WIC staff changes. The WIC Program is 100% grant funded, and there is adequate funding to allow the proposed staffing changes. Attached to the requests for Personnel and Finance is documentation from New York State Department of Health that the changes are approved for funding. Kathy Harriss, WIC Program Coordinator, has worked with Kathy Barrie, Warren County Personnel Officer, to review job descriptions, and salary grades to assure that all is within Civil Service requirements. Documentation to that effect is attached for Personnel and Finance. Salaries have also been reviewed and approved by the Human Resources Administrative Assistant since the Human Resources Director, Todd Lunt, was not available. I will request Mr. Lunt to verify salaries are correct before the Personnel and Finance Committee Meetings.

Specific Changes Proposed:

Delete: 1 part time 20 hours per week Grade 3 WIC Program Aide: Salary \$11,695.06 #2

Part time salary paid at the 2009 rate

The employee currently in this position is retiring June 30, 2011.

Create: 1 part time 20 hours per week Grade 4 WIC Clerk: Salary \$12,240

Part time salary paid at 2009 level

The difference in the amount of salary between the two grades = \$545.00

The difference in job duties between Grades 3 and 4 is the amount of work experience required as well as the individual needing to be trained to perform hematology (blood tests) and anthropometry (height and weight measurements).

Reclassify:

1 full time WIC Assistant Grade 4 Base Salary \$25,344, with employee longevity \$26,690

To

1 full time WIC Assistant Grade 5 Base Salary \$26,370 plus longevity \$1,409 = \$27,779

The difference in the amount of salary between the grades is \$1,089

The difference in the job responsibilities between grades 4 and five is there are some fiscal tasks associated with the Grade 5 classification, in addition to all the duties involved in the Grade 4 tasks.

Rationale:

We are requesting the changes at this time since the Grade 3 part time WIC Program Aide is retiring on June 30th, and since a new staff person would need to be recruited, it seemed an opportune time to evaluate the program needs and job descriptions.

Request Committee Approval:

To allow Laura Saffer, Emergency Preparedness Health Educator, to attend the 2011 Marketing and Social Media Conference in Albany on July 13, 2011 at a cost of \$249.00, plus lunch should the employee choose, at the GSA approved rate not to exceed \$11.00.

Rationale:

Funds are available in the Emergency Preparedness Grant to cover the cost of the conference. It is necessary to secure education in Marketing and Social Media as it is a mechanism the New York State Department of Health is promoting to get information out to the public in emergency situations. We will also be able to utilize the knowledge the employee will bring back to promote other programs (such as clinics, agency services and health education activities). It is a much more cost effective method to advertise than newspaper or radio, and is accessed by many individuals.

Request Resolution:

To amend the contract agreement with Glens Falls Pharmacy Associates Inc., d/b/a Royal Care Pharmacy Services to reflect an increase from not to exceed \$250.00 per year to not to exceed \$300.00 per year.

Rationale:

As part of the regulations for our Diagnostic and Treatment Center we must provide a report of a pharmacist consultation annually to the New York State Department of Health. The consultation takes approximately 4 hours a year, and entails the pharmacist visiting our department and reviewing all of our vaccines, and any related pharmaceutical equipment for appropriateness, proper storage, and to assure nothing is outdated. We have had contract with Royal Care Pharmacy since 2003, and there have been no rate increases. The request seems reasonable, and we would recommend it be approved.

Request Committee Approval:

To authorize reimbursement per CSEA Contract for college course, "Zoonoses" fees for Patricia Belden, PHN.

Rationale:

Ms. Belden is completing requirements for a Master's Degree in Public Health. She has a full scholarship for the courses, and only needs to pay for books and/or related course fees. For this particular course she will pay \$150.00 and will ask for 50% (\$75.00) reimbursement from the county upon receipt of a grade of "C" or better in the course.

Pending Items/Old Business

There are no pending items or old business for this month.

Topics for Discussion/Information

Report of Emergency Preparedness Activities

Please see **Attachment #1** for April report.

Report of Expenditures, Revenues, Overtime and Per Diem Use

Please see **Attachment #2**

Attachment #3

Comparison of 2010 Budget to 2010 Actual Revenues and Expenditures

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

Attachments:

#1 Report of Emergency Preparedness Activities

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

#3 Comparison 2010 Budget to 2010 Actual Revenues and Expenditures

BI 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) |
|---------|--------------------|---|---|---|
| 5/2/11 | Meeting | L-12 Planning Meeting | Barb Orton, Laura Saffer | Drill |
| 5/5/11 | Meeting | Washington County Quarterly BI Meeting | Laura Saffer | |
| 5/9/11 | Batch Fax/Emails | L-12 Notice of Drill to Providers, nursing homes, long term care facilities, school nurses | Angela Meade | Drill |
| 5/10/11 | Drill | L-12 Regional Partnership Coalition Exercise sponsored by NYSDOH - PH testing radios & satellite phones | GFH, WCPH, EMS, OES, nursing homes, long-term care facilities | Drill |
| 5/11/11 | Training - Webinar | M-13 Crisis & Emergency Risk Communication (CERC) 2/4 (repeat, as no one could attend this session) | Ginelle Jones | Training |
| 5/12/11 | Conf Call/Webinar | Clinic Ops: Online use of CDMS during 2010/2011 Flu PODs: Best Practices | Barb Orton, Laura Saffer, Angela Meade | |
| 5/12/11 | Forum | Inter-faith based community sponsored by Bruce Hersey & AECC. | Barb Orton, Laura Saffer, Angela Meade | |
| 5/18/11 | Tabletop | Monthly GFH - Fire with evacuation of transition unit (older patients). | Barb Orton | |
| | | | | |

Attachment #1

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2011 AS OF 5/23/2011 10:44:00 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 | 2011 BUDGETED | 2011 YTD ACTUAL | 2010 Prior Year Totals |
|---------------------------------|------------------------|------------------------|-------------------------------|
| Salaries - Regular | \$2,910,492.74 | \$1,009,263.47 | \$2,861,559.18 |
| Salaries - Overtime | \$157,500.00 | \$42,273.26 | \$137,667.52 |
| Salaries - Part Time | \$328,473.56 | \$73,724.41 | \$238,194.55 |
| Salaries - Sick Leave Incentive | | | \$1,200.00 |
| 100's PERSONAL SERVICES | \$3,396,466.30 | \$1,125,261.14 | \$3,238,621.25 |
| 200's EQUIPMENT | \$47,612.75 | \$10,046.14 | \$72,543.64 |
| 400's CONTRACTUAL | \$10,257,665.08 | \$1,622,338.94 | \$7,960,554.03 |
| 800's EMPLOYEE BENEFITS | \$1,388,405.89 | \$522,171.47 | \$35,015.66 |
| TOTALS | \$15,090,150.02 | \$3,279,817.69 | \$11,306,734.58 |
| REVENUES | 2011 BUDGETED | 2011 YTD ACTUAL | 2010 Prior Year Totals |
| | \$12,528,131.00 | \$2,279,010.08 | \$10,735,536.33 |

Note: For 2011, \$380,791.14 was added to revenues for the March billing for CHHA, LTC and MCH. We are currently working on finalizing the April billing. We have also accrued \$16,753.50 for the IAP ARRA Grant which ended 3/31/11.

Warren County Health Services

Salaries Comparison

2010 vs 2011
as of 5/8/11 Payroll date ending

| Total of All Depts | YTD 2011 | YTD 2010 | YTD 11v10 | % Change | Total Budget 2011 | Total Actual 2010 |
|----------------------|-----------------------|-----------------------|---------------------|---------------|-----------------------|-----------------------|
| Regular Salaries | \$1,009,263.47 | \$1,010,644.57 | -\$1,381.10 | -0.14% | \$2,910,492.74 | \$2,861,559.18 |
| Overtime Salaries | \$42,273.26 | \$58,996.91 | -\$16,723.65 | -28.35% | \$157,500.00 | \$137,667.52 |
| Part Time Salaries | \$73,724.41 | \$80,810.10 | -\$7,085.69 | -8.77% | \$328,473.56 | \$238,194.55 |
| Sick Leave Incentive | \$0.00 | \$0.00 | \$0.00 | 0.00% | \$0.00 | \$1,200.00 |
| TOTALS | \$1,125,261.14 | \$1,150,451.58 | -\$25,190.44 | -2.19% | \$3,396,466.30 | \$3,238,621.25 |

*Source: Detail G/L report for all Salary Category from 1/1/XX-5/8/XX
Note: Payroll reflects the annual 3% increase in union salaries for 2011.

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

2010 BUDGET VS ACTUAL COMPARISON

REVENUE AND EXPENDITURES FOR 2010 AS OF 5/2/2011 18:20:35 PM

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

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

| EXPENSES | 2010 APPROVED BUDGET | 2010 AMENDED BUDGET | 2010 ACTUAL TOTALS |
|---------------------------------|-----------------------------|----------------------------|---------------------------|
| Salaries - Regular | \$3,010,719.79 | \$3,041,284.69 | \$2,861,559.18 |
| Salaries - Overtime | \$155,554.20 | \$158,108.20 | \$137,667.52 |
| Salaries - Part Time | \$412,599.22 | \$371,634.22 | \$238,194.56 |
| Salaries - Sick Leave Incentive | \$0.00 | \$1,200.00 | \$1,200.00 |
| 100's PERSONAL SERVICES | \$3,578,873.21 | \$3,572,227.11 | \$3,238,621.25 |
| 200's EQUIPMENT | \$18,800.00 | \$87,750.00 | \$72,543.64 |
| 400's CONTRACTUAL | \$10,463,641.00 | \$10,483,633.10 | \$7,960,554.03 |
| 800's EMPLOYEE BENEFITS | \$34,688.00 | \$34,845.00 | \$35,015.66 |
| TOTALS | \$14,096,002.21 | \$14,178,455.21 | \$11,306,734.58 |
| REVENUES | 2010 APPROVED BUDGET | 2010 AMENDED BUDGET | 2010 ACTUAL TOTALS |
| | \$13,138,574.00 | \$13,234,527.00 | \$10,735,536.33 |

Estimated Profit/Loss Impact to
County

(\$957,428.21)

(\$943,928.21)

(\$571,198.25)

Please note, in 2010 the mandated services (Disease Program, Early Intervention and Preschool Program) alone totalled a loss of \$1,666,507. Therefore it should be noted that the other departments as part of the Warren County Health Services were able to bring in profits to offset this large loss therefore reducing the county impact to only (\$571,198.25). The Certified Home Health Agency is the primary reason for this offset in 2010. Given the mandated programs, it is difficult to budget what our Revenues and Expenses will be. They are based on services needed at the time.

Also note, while we were \$2,403,038 less in Revenues, we also were \$2,789,267 less in Expenses, therefore less of an impact to the county than originally budgeted. The actual impact to county for all of WCHS Budgeted departments which includes mandated services, was (\$571,198.25). This is \$386,229 less than was originally budgeted as a loss as an impact to the county.

Source: Budget Performance Report for 12/31/10 as of 5/2/11 print date. Please note this is current data from the LOGOS Accounting system. Treasurers office has noted that they have sent all 2010 Budget Performance information to all Warren County Supervisors.

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: May 25, 2011

- (a) Purpose of Contract Change: To amend the contract agreement with Barbara Orton, MS to reflect language for mileage reimbursement at the IRS rate or the rate paid by Warren County to Emergency Response and Preparedness activities outside of Warren County upon approval of Director or Assistant Director of Public Health.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: R465/2005
- (c) Name of Contractor: Barbara Orton, MS
- (d) Address of Contractor: 3784 Main Street, Warrensburg, NY 12885
- (e) Contractor's Contact Person and Telephone Number:
Barbara Orton, 623-2343
- (f) Commencement Date of Amendment: June 20, 2011
- (g) Termination Date of Extension: Thirty days written notice by either party or when grant funds no longer are available to cover cost of position.
- (h) Payment Provisions: Hourly rate \$25.00 per hour, per terms of current contract.
- 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:
A4189.470 BT Contract Expense

Warren County Board of Supervisors

RESOLUTION NO. 465 OF 2005

Resolution introduced by Supervisors Haskell, Barody, Sheehan, F. Thomas, Quintal, Champagne and Mason

AUTHORIZING AGREEMENT CONTINUING CONTRACTUAL RELATIONSHIP WITH BARBARA ORTON, MS TO PREPARE AND COORDINATE THE PUBLIC HEALTH EMERGENCY RESPONSE GRANT DELIVERABLES PERTINENT TO EPIDEMIOLOGY - HEALTH SERVICES DEPARTMENT

RESOLVED that Warren County continue the contractual relationship (the previous contract being authorized by Resolution No. 503 of 2004) with Barbara Orton, MS, 3784 Main Street, Warrensburg, New York 12885, to prepare and coordinate the Public Health Emergency Response Plan grant deliverables pertinent to epidemiology, for an amount of Twenty-Five Dollars (\$25) per hour, not to exceed Twenty-Three Thousand Three Hundred Fifty Dollars (\$23,350) per year, for a term commencing September 1, 2005 and terminating upon thirty (30) days notice by either party or when the Emergency Response and Preparedness Grant funding terminates, and the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an agreement in the form approved by the County Attorney.

THIS AGREEMENT made by and between the COUNTY OF WARREN, a municipal corporation and political subdivision established under the Laws of the State of New York, having its principal offices and place of business located at the Warren County Municipal Center with a mailing address of 1340 State Route 9, Lake George, New York 12845 (the "County"), and

BARBARA ORTON, M.S., residing at 3784 Main Street, Warrensburg, New York 12885 (the "Contractor").

WITNESSETH:

WHEREIN and WHEREBY, it is mutually agreed between the parties hereto as follows:

1. Scope of Work: The Contractor hereby agrees to prepare and coordinate the Public Health Emergency Response Plan grant deliverables pertinent to epidemiology, and perform work related to said Plan for the County as outlined in the attached Exhibit "A".

2. Payment:

(a) The Contractor agrees that for performing such services in accordance with the terms of this agreement, and upon satisfactory completion thereof, the County agrees to pay and the Contractor agrees to accept as full compensation for her efforts as follows:

(i) The sum of Twenty-Five Dollars (\$25) per hour for a total number of hours not to exceed Nine Hundred Thirty-Four Hours (934) and the total amount to be paid shall not exceed Twenty-Three Thousand Three Hundred Fifty Dollars (\$23,350) for the term of this agreement;

and

(ii) ^{reimbursement} Thirty-Seven and a half cents (37.5¢) ^{mileage at IRS rate or whatever rate Warren County adopts} per mile or the maximum ^{to Emergency Response and Preparedness activities} County rate, whichever is lower, for outside of County travel with Director or Assistant Director of Public Health approval.

(b) In order to receive payment under this Contract, the Contractor shall furnish:

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 Stella Racicot RN
 (Supervisory Committee) (Employee Name)

to attend Island Peace Review Organization (IPRO) Annual
Administrative Meeting
 (Name of meeting or organization)

at La Guardia Marriott Hotel
102-05 Ditmars Boulevard, East Elmhurst NY
 (Address)

on June 7, 2011
 (Dates)

Mode of transportation to be used Health Services
Fleet vehicle
 (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 \$ NA
- Meal costs - GSA*per diem rate \$ NA

*www.gsa.gov

Date: 5/25/11

Patricia Ann
 Department Head Signature

Date: 5/25/11

[Signature]
 Committee Chairman Signature

employee will drive to and from meeting in idley. only cost will be gas and tolls paid upon receipt of expenditure verification

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.



Corporate Headquarters
 1979 Marcus Avenue
 Lake Success, NY 11042-1002
 (516) 326-7767
 www.ipro.org

ISO
 9001:2008
 CERTIFIED

May 2, 2011

Patricia Auer, RN, MS
 Director of Patient Services
 Warren County Health Services Certified Home Health Agency
 1340 State Route 9
 Lake George, NY 12845

Dear Ms. Auer:

It is my pleasure to congratulate Warren County Health Services Certified Home Health Agency for being selected as one of this year's recipients of the IPRO Quality Award. The awards are presented annually to New York State healthcare providers that have been working with IPRO on quality improvement initiatives and have achieved significant quality-focused goals.

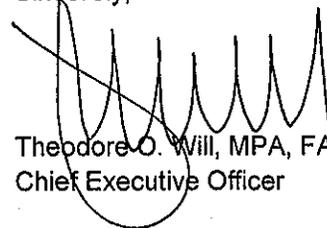
The IPRO Quality Award recognizes your agency's organization-wide commitment to quality, strong community partnerships and willingness to share best practices targeting improved transitions of care for patients and caregivers. Your team's consistent efforts have resulted in a 50% reduction in the readmission rate for heart failure patients, demonstrating the highest level of relative improvement of all of the home health providers in the New York State Care Transitions Initiative target community.

We invite you to join us at IPRO's Annual Membership Meeting and Luncheon on Tuesday, June 7, 2011, where we will be delighted to present the award to you and Sharon Schaldone. The event will be held at the LaGuardia Marriott Hotel, 102-05 Ditmars Boulevard, East Elmhurst, New York, from 12:30 p.m. to 3:00 p.m.

In an effort to promote the valuable work you are doing, IPRO will conduct a media campaign to announce the Quality Award winners statewide in healthcare publications and news services. We will also be happy to work with you to publicize your achievement in your local newspapers. We will contact you shortly to discuss your requirements.

To confirm your attendance, or if you have any questions, please contact Susan Ulmer at 516-209-5258.

Sincerely,



Theodore O. Will, MPA, FACHE
 Chief Executive Officer

cc: Sharon Schaldone, RN
 Sara Butterfield, RN

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 Manken Linehan, RN
 (Supervisory Committee) (Employee Name)
Cathy Dufave PHN
 to attend ICD 9-CM and OASIS Coding Back to Basics and Beyond
 (Name of meeting or organization)
H&S-D Exam
 at Comfort Inn and Suites
 (Address) 425 East Route 39 Nanuet, NY 10954

on Sept 27-28 2011 Mode of transportation to be used Health Services Fleet
 (Dates) (County Vehicle or Mass Transportation) Vehicle

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.

Conf. cost \$349 x 2
 Exam costs 289
 (See attached) 149
 per day

For Overnight Travel

- Room rate \$ 116/mile x 2 miles GSA* Rate \$ Not exceed \$61 per day
- Meal costs - GSA* per diem rate \$ 41 per day meals and incidental
 *www.gsa.gov and Incidental Exp Expenses

Date: 5/25/11

Patricia A
 Department Head Signature

Date: 5/26/11

[Signature]
 Committee Chairman Signature

total conference costs not to exceed \$1562.

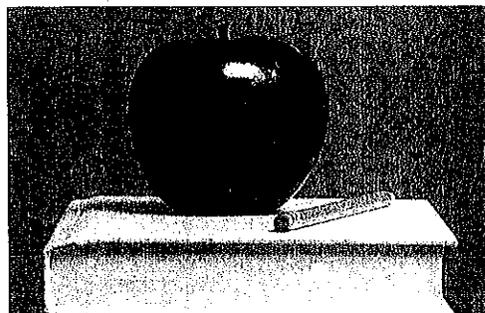
Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

Filing Instructions:

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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.



ICD-9-CM & OASIS Coding Back to Basics and Beyond

**September
27**

9:00am to 5:00pm

Comfort Inn & Suites

425 East Route 59

Nanuet, NY 10954

www.comfortinn.com/nanuet

Rooms are \$116
until August 27.

Call (845) 623-6000 and ask for
the HCA Education and Research
group rate.

Workshop Fee
\$349 for HCA Members

• \$399 for non-members

Fee includes lunch, handout materials
and presentation.

Deadline to Register
is September 20.

After that date please include a \$15 late fee.

PPS has made ICD-9-CM coding a key element to determine accurate reimbursement and drive quality outcome improvement. With the advent of Health Care Reform, experts agree that specialized home health training to accurately assign diagnosis codes remains critical to reflect the complexity of home care patients, ensure accurate reimbursement and protect agency adverse results from expanded Home Health audits. This code conference will provide the fundamentals necessary to achieve national credential status. Ensure your agency coders are recognized for their expertise and experience. Upon completion of this fast-paced, interactive code program, participants will be eligible to take the 2011 Home Care Coding Specialist Diagnosis (HCS-D) national certification exam*.

This program includes a comprehensive overview of ICD-9-CM coding with specific application to the home health industry. Coding mandates, exceptions and best practices will be reviewed in the home health context. Coding inconsistencies and common diagnosis pitfalls as well as tips to reinforce OASIS documentation to substantiate accurate ICD-9-CM coding will be addressed.

Topics to be covered:

- ICD-9-CM Code Conventions and guidelines, including the ten steps to correct coding and a summary of the code changes;
- Critical diagnosis-related billing and coding guidelines including the correct assignment of primary, secondary and case mix diagnosis items;
- Diagnostic coding statements and code sequencing for difficult home care cases, including complex wounds, neoplasms, manifestation and combination codes.

Participants must have an updated ICD-9-CM Code Manual for this program.

Who Should Attend This Training?

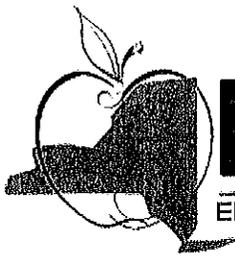
Clinicians as well as non-clinicians involved in the completion of the OASIS assessment, as well as the review and code assignment for home health providers. Participants must have an up-to-date ICD-9-CM code manual as well as a blank Start of Care OASIS document.

HCS-D Exam
September 28

The 2011 Home Care Coding Specialist Exam (HCS-D) will be offered on September 28, at this same location from 9am - 11:30am. **Separate registration is required.** The exam is based on the 2011 ICD-9-CM Manual. It is **RECOMMENDED** that the participant planning to take the code certification test has at least two years of current home health coding experience to successfully achieve certification.

We will offer exam participants a 2-hour study session on the evening of September 27. This review session is a must for test-takers!

www.hca-nys.org



HCA
EDUCATION AND RESEARCH

ICD-9-CM & OASIS Coding Back to Basics and Beyond

REGISTRATION FORM

Register by September 20

Register for Workshop Only online at
www.eventville.com/hcanys

Name: _____
 Title: _____
 Agency: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____ Ext. _____ Fax: _____
 Email: _____
 (Required)

WORKSHOP REGISTRATION FEE

HCA Member \$349* per person \$ _____
 Non-Member \$399* per person \$ _____

**After September 20 – please add \$15 late fee.*

TOTAL \$ _____

Additional
Registration
Fee/Form
Required for
HCS-D Exam.

PAYMENT

Please check method of payment:

_____ Check* _____ MasterCard _____ VISA _____ American Express

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

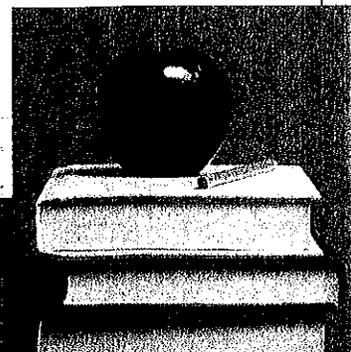
_____ Card Number

_____ Expiration Date

_____ Name on Card

_____ Authorized Signature

Refunds will be issued for those that cancel by September 20, less a 25% administrative fee. Cancelling after this date or no shows will forfeit the registration fee. Cancellations must be received in writing via e-mail at info@hcanys.org



Fax to (518) 426-8788



Home Care Association of New York State (HCANYS)

EXAM REGISTRATION FORM

HOME CARE CODING SPECIALIST (HCS-D)

Register me for the 2011 Home Care Coding Specialist - Diagnosis (HCS-D) certification examination on September 28, in Nanuet, NY

I am an HCANYS member. My registration fee is \$239.00 *Maureen Linehan RN*
 I am not an HCANYS member. The standard registration fee is \$259.00

Register me for the 2011 Home Care Coding Specialist - Diagnosis (HCS-D) Recertification examination on September 28, in Nanuet, NY (Open to HCS-D credential holders due for recertification)

The standard registration fee is \$149.00. (Discount not available for HCANYS members) *Gatby Dufour PHN*

I want to take the HCS-D exam ONLINE at my office location after the conference. I understand that I must submit a Proctor Nomination Form and agree to follow the BMSC Individual Proctoring Protocol (IPP). Forms may be downloaded at: www.medicalspecialtycoding.com.

CANDIDATE INFORMATION

Name: Maureen Linehan Title: RN
Gatby Dufour Title: PHN
 Organization: Warren County Health Services
 Address: 1340 State Route 9 City: Lake George State: NY Zip: 12845
 Phone: (818) 761-6415 Fax: (818) Email: linehanm@co.warren.ny.us
dufour@co.warren.ny.us

PAYMENT INFORMATION

Credit Card VISA MC AMEX
 Card #: _____ Expiration _____
 Cardholder: _____ Signature _____

Check enclosed Payable to Registrar, BMSC (TIN 52-2205881)

Fax (301) 287-2914 • Call (800) 897-4509
 • Mail Attn Registrar BMSC, 9737 Washingtonian Blvd., Ste 100, Gaithersburg, MD 20878-7364

RESOLUTION REQUEST FORM NO. 11

Request to Create New Position

DEPARTMENT NAME: Health Services

DATE: May 25, 2011

- (a) Title of Requested Position: WIC Clerk - Part-Time, 20 hours per week
- (b) Annual **Base** Salary (and Grade if Applicable):
Grade 4 - 2009 Base Salary \$12,240
- (c) Effective Date for New Position:* July 18, 2011
*Please do not backdate unless the purpose is to correct an error.
- (d) List Any Position in the Department's Table of Organization Being Deleted as a Result of this Request: (Include annual salary and grade if applicable): Grade 3 - WIC Program Aide, Part-Time 20 - hours per week \$11,695.06
- (e) Where are Funds in the Budget for this Position? List Budget Code (with title), Object Code (with title), and Amount:
A 4013.130 WIC Part-Time Salaries
- (f) Has Personnel Officer Reviewed and Approved of the New Position Title?: Yes (This is necessary **BEFORE** bringing the request to committees.)
- (g) Is this a mandated position? If so, please explain: No
- (h) Is there expected revenue from this position? If so, please explain: No, position is 100% Federal Grant funded by WIC Program

RESOLUTION REQUEST FORM NO. 14

Request to Reclassify Position

DEPARTMENT NAME: Health Services

DATE: May 25, 2011

- (a) Title of Reclassified Position: WIC Assistant
- (b) Annual Salary of Reclassified Position (and Grade if Applicable):*
Grade 5, \$27,779 *(This should be the Base Salary for the position if it is being filled by a **new** employee, **or** the salary, **including longevities**, for any **existing** employee who is filling the position.
- (c) Title and Employee Number of Position to be Deleted: WIC Assistant-9800
- (d) Annual Salary of Position to be Deleted (and Grade if Applicable):*
Grade 4, \$26,698.10 *(This should be the Base Salary for the position if it is being filled by a **new** employee, **or** the salary, **including longevities**, for any **existing** employee who is filling the position.
- (e) Effective Date:* July 18, 2011
*Please do not back date unless the purpose is to correct an error.
- (f) Where are Funds in the Budget for this Position? List Budget Code, (with title), Object Code, (with title), and Amount: A 4013.110 – WIC Program Full-Time Salaries
- (g) Has Personnel Officer Reviewed and Approved of the New Position Title?:* Yes *This is necessary **BEFORE** bringing the request to committees.

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: May 25, 2011

- (a) Purpose of Request: To amend the Warren County Health Services Table of Organization to reflect the following changes:
- (b) Details: Delete 1 Part-Time (20 hours per week), Grade 3 - WIC Program Aide
Create 1 Part-Time (20 hours per week), Grade 4 - WIC Clerk
Reclassify - 1 Full-Time, Grade 4 - WIC Assistant to 1 Full-Time,
Grade 5 - WIC Assistant
- (c) Previous Resolution Number: Not applicable

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

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

DEPARTMENT NAME: Warren County Health Services-WIC Program

DATE: May 25, 2011

(a) **Purpose of Amendment:** To amend the 2011 Warren County Health Services Budget to reflect changes within the WIC Program related to employee Titles /and Salaries within Civil Services grades. This is 100% covered by the WIC Grant. This will become effective 7/18/11. (Therefore for the current budget year it will only effect 11 pay periods) The WIC revenues will not be effected.

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

| | | |
|--|-----------------|---------------------|
| A.4013.110 WIC-Full time Salaries | \$461.00 | |
| A.4013.130 WIC-Part Time Salaries | \$231.00 | |
| A.4013.810 WIC-Retirement | \$823.00 | |
| A.4013.830 WIC-Fica Expense | \$43.00 | |
| A.4013.831 WIC-Medicare Expense | \$10.00 | |
| And Reduce A.4013.469 WIC-Miscellaneous Expense | | (\$1,568.00) |

Revenue Code (with title), and Amount:

Auer, Pat

From: Harriss, Kathy
Sent: Thursday, May 12, 2011 12:28 PM
To: Auer, Pat
Subject: FW: FW: w.i.c. positions

Attachments: graycol.gif

Here is the response I received from Michelle.

Please let me know if there is any other information you need to support these recommended



graycol.gif (433 B)

change . I believe I shared with you that the hematology and anthropometry duties are generally performed by our Grade 6 and higher staff members. Our new P.T. Grade 4 will be performing duties from the Grade 3 and the Grade 6 positions. Our current F.T. Grade 4 position has already taken on duties from the Grade 6 position during the past few months.

Thanks,

Kathy Harriss
Warren County WIC Coordinator/Nutritionist
518-761-6555
www.co.warren.ny.us/wic

-----Original Message-----

From: Michelle Locke [mailto:mxl05@health.state.ny.us]
Sent: Thursday, May 12, 2011 12:13 PM
To: Harriss, Kathy
Cc: William J. Wojcicki; Joanne Murnane
Subject: Re: FW: w.i.c. positions

Kathy, Warren County should have sufficient funding in the budget to pay for these additional costs. The RO supports the change in positions.

Inactive hide details for "Harriss, Kathy" ---05/12/2011 11:52:56 AM---Hi Michelle, With Jeanne Wood (P.T. WIC Program Aide) re"Harriss, Kathy" ---05/12/2011 11:52:56 AM---Hi Michelle, With Jeanne Wood (P.T. WIC Program Aide) retiring, I am requesting that

From: "Harriss, Kathy" <harrissk@co.warren.ny.us>
To: "Michelle Locke" <mxl05@health.state.ny.us>
Cc: "William J. Wojcicki" <wjw02@health.state.ny.us>
Date: 05/12/2011 11:52 AM
Subject: FW: w.i.c. positions

Hi Michelle,

With Jeanne Wood (P.T. WIC Program Aide) retiring, I am requesting that our county hire a P.T. Clerk, who would do the Program Aide duties part of the time and also be trained to do the hematology and anthropometry duties. I discussed this with our Civil Service office and we have a new job description for a WIC Clerk that reflects these changes. Please see Kathy Barrie's recommendations below.

Changing from a P.T. grade 3 to a P.T. grade 4 would be approximately

\$565 additional funds annually with no benefits. Changing the F.T. WIC Assistant from a grade 4 to a grade 5 would be approximately \$1089 additional funds annually plus benefits.

I need verification from you that if these proposals are approved by the county, that the extra dollar amount would be approvable funds. We have extra money in our budget from the empty P.T. Nutritionist position, which I doubt we will be filling. The P.T. WIC Clerk would not be receiving any raises, however the F.T. WIC Assistant would be.

Thanks for your input. If you have questions, please let me know.

Kathy Harriss
Warren County WIC Coordinator/Nutritionist
518-761-6555

www.co.warren.ny.us/wic

-----Original Message-----

From: Barrie, Kathy
Sent: Wednesday, May 11, 2011 4:51 PM
To: Auer, Pat; Harriss, Kathy
Subject: w.i.c. positions

To clarify recent discussion about the current and proposed positions in the W.I.C. office:

Currently a W.I.C. Assistant, Grade 4, requires 3 years of experience and a W.I.C. Program Aide, Grade 3, requires only graduation from high school. The proposed W.I.C. Clerk is currently assigned a Grade 4 and requires one year of experience.

In order to have the grades reflect the minimum qualifications, I would recommend that W.I.C. Assistant be re-assigned to a Grade 5.

Proposed:

W.I.C. Program Aide - Grade 3

W.I.C. Clerk - Grade 4

W.I.C. Assistant - Grade 4, upgrade to Grade 5

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Auer, Pat

From: Barrie, Kathy
Sent: Wednesday, May 11, 2011 4:51 PM
To: Auer, Pat; Harriss, Kathy
Subject: w.i.c. positions

To clarify recent discussion about the current and proposed positions in the W.I.C. office:

Currently a W.I.C. Assistant, Grade 4, requires 3 years of experience and a W.I.C. Program Aide, Grade 3, requires only graduation from high school. The proposed W.I.C. Clerk is currently assigned a Grade 4 and requires one year of experience.

In order to have the grades reflect the minimum qualifications, I would recommend that W.I.C. Assistant be re-assigned to a Grade 5.

Proposed:

W.I.C. Program Aide – Grade 3
W.I.C. Clerk – Grade 4
W.I.C. Assistant – Grade 4, upgrade to Grade 5

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 Committee hereby authorizes Laura Saffer
 (Supervisory Committee) (Employee Name)

to attend the 2011 Marketing Social Media Conference
 (Name of meeting or organization)
Marriott Hotel - 189 Wolf Road
 at Albany, New York
 (Address)

on July 13, 2011. Mode of transportation to be used Health Services Fleet Vehicle
 (Dates) (County Vehicle or Mass Transportation)

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

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

- Notice of meeting or convention including cost.

For Overnight Travel

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

Conference cost \$249.00
 lunch not to exceed \$11.00

Date: 5-25-11

Patricia [Signature]
 Department Head Signature

Date: 5/25/11

[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.

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There ...**

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- Editors
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- Ad directors
- Account executives
- Designers/art directors
- Creative directors
- "Do-it-all" marketing professionals
- Anybody looking for new ideas and strategies

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Will Be There ...**

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- Catalog
- Fund raising
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- Pump up your online marketing success with strategies guaranteed to get your e-mail open
- Learn which rules of marketing you SHOULD break and which ones remain tried and true
- Breathe new life into your marketing campaigns with copywriting tips you're gonna love
- Find out what's working in social media and what isn't
- Learn how to mix fun with functional on your home page
- Save time when you learn what you can measure with social media

Find Out How to Put Social Media to Work for You

If the thought of incorporating social media into your marketing plan leaves your head spinning, you aren't alone. Putting up a Facebook page or launching a blog sounds easy, but if you've done any research at all you know it's not that simple. You have to have a strategy ... resources ... and measurement tools. If you're interested in social media or you're interested in maximizing your current plan, don't miss this exciting Conference!

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— J. Lucas, Sales and Marketing Associate

“The sessions were jam-packed with useful information.”

— D. Cular, Marketing Director

“Great ideas to bring back to our company — AWESOME!”

— S. Keenan, Marketing Coordinator

“Inspirational & motivational ... thanks!”

— I. Vargas-Gatica, Art Director



your complete conference agenda

Opening Session

Join us as we explore the LATEST marketing trends and take a look at those predicted to be SIGNIFICANT within the next few years. Find out what you should be doing now to position your organization for marketing success in the near future!

session one:

Creative Marketing Toolbox

Session 1A: *Killer Marketing Strategies: Lessons From the Real World*

Borrowing killer marketing ideas from the best of the best is what this session is all about! You'll look at the most successful marketing campaigns of all time and find out what made them work. You'll walk away with a wealth of up-to-the-minute strategies and bold new ideas proven to work for any organization.

Session 1B: *Beyond Ordinary: Copy Tricks Guaranteed to Wow 'Em!*

Learn how to add some zing to your copy – without the extra effort! This dynamic session covers the latest trends in copywriting – from buzzwords that grab your reader's attention to words that'll kill your message in an instant. If you want to add power and polish to your marketing campaigns, you want to attend this session.

Session 1C: *No Spam, Ma'am! Inspired Ideas for E-mail Marketing Success*

This dynamic session examines the latest trends in e-marketing, from getting into the in-box to getting your mail opened to what your e-mails MUST include (and what they shouldn't). Jam-packed with the most up-to-date information, you'll discover the best practices for optimizing your e-mail campaigns for record-breaking results – in a marketing world that keeps evolving.

Session 1D: *The XYZs of Keeping Your Web Marketing on Target*

Lost in a sea of bells and whistles? You might be surprised! This session shows you how to keep your Web marketing on target by developing an online message with your potential customers or clients firmly in mind. You'll discover a variety of imaginative ways to combine fun with functionality for a site that stands out from the crowd while still driving your message home.



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session two:

Social Media 101

Session 2A: *What Can Social Media Do for You? 9 Considerations*

In this high-tech marketing era, social media is the buzzword du jour. It's being hailed as the one-stop resource for making your marketing dreams come true. But is it? This eye-opening session uncovers exactly what social media does and doesn't do. From building a brand to customer interaction to capturing leads, you'll learn about it here.

Session 2B: *All 'A Twitter'? Finding a Platform That Works for You*

Facebook. Twitter. MySpace. Blogging. LinkedIn. Chances are you've heard of them all. If you've wondered exactly which social media platform would work best for you, you're in luck. This session takes the guesswork out of social media platforms and puts the answers in your hands. You'll find out exactly what makes these sites work so you can make the best decision for your organization.

Session 2C: *Best of the Best Awards: Tips From Winning Organizations*

If you've ever ventured into the social media galaxy, you've probably seen some sites that had you looking twice (and not always in a good way). This exciting session explores the best uses of social media by leading organizations. This idea-generating session gives you a firsthand look at how they make it work for their organizations and how you can too.

Session 2D: *How-to's for Measuring Your Success*

The only way to know if your social media strategy is working is to measure its success. Talk about easier said than done. If you're wondering how to measure the success of a blog or Facebook page, you aren't alone. This session gives you the strategies you need to measure your success.



Closing Session

Even in an industry that's gone high-tech and is changing before our eyes, there are still time-tested marketing strategies that guarantee exceptional results when applied correctly. Find out what the most highly successful marketing gurus decree about POSITIONING your offer, LEAD GENERATION, pricing strategies, freebies, attention-getters, and much more.

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- *How to Create Attention-Grabbing Designs*

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- *Franklin Covey Style Guide for Business and Technical Communication, Fourth Edition*

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FED ID #43-1576558

Registration Information

Workshop Schedule

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2. Names of Attendees (Please Print)

(Please list additional registrations on a separate sheet and attach.)

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2. Mr./Ms. _____ Title _____
 E-mail Address _____
 City/Event # _____

Please send me _____ copies of **The Ultimate Collection for Marketers** (Item No. CM1210810) at \$254 each. Add 7% or applicable sales tax to your product payment. Shipping fees are \$6 for first item; \$1.50 for each additional item; express extra. Method of payment is indicated in step 4.

3. Company Information (Please Print)

*Phone required in case of last-minute changes.

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 City _____ State _____ ZIP _____

Approving Supervisor: Mr./Ms. _____
 Title _____
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 *Phone _____
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Sign here _____

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 Event #1836809

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Chicago
 August 10
 Doubletree Hotel
 300 East Ohio Street
 Event #1837305

MICHIGAN

East Lansing
 August 8
 Kellogg Hotel &
 Conf. Center
 55 S. Harrison Road
 Event #1837303

Farmington Hill

July 29
 Holiday Inn
 Hotel & Suites
 37529 Grand
 River Avenue
 Event #1836966

Grand Rapids

August 9
 Crowne Plaza
 5700 28th
 Street S.E.
 Event #1837304

NEW JERSEY

Parsippany
 July 11
 Holiday Inn
 707 Route 46 East
 Event #1836811

NEW YORK

Albany
 July 13
 Marriott Hotel
 189 Wolf Road
 Event #1836808

Buffalo

July 26
 Millennium
 Airport Hotel
 2040 Walden
 Avenue
 Event #1836958

Rochester

July 15
 Holiday Inn Airport
 911 Brooks Avenue
 Event #1836805

Syracuse

July 14
 Comfort Inn & Suites
 6701 Buckley Road
 Event #1836806

OHIO

Akron
 July 28
 Holiday Inn
 West/Fairlawn
 4073 Medina Road
 Event #1836962

Beachwood

July 27
 Embassy Suites
 3775 Park East Drive
 Event #1836964

PENNSYLVANIA

Pittsburgh
 July 25
 Sheraton Station
 Square Hotel
 300 W. Station
 Square Drive
 Event #1836960

WISCONSIN

Brookfield
 August 11
 Sheraton Hotel
 375 S. Moorland
 Road
 Event #1837306

Green Bay

August 12
 Hilton Garden Inn
 1015 Lombardi
 Avenue
 Event #1837307

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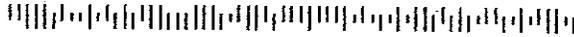


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RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: May 27, 2011

- (a) Purpose of Contract Change: To amend the contract with Royal Care Pharmacy to reflect a change from "not to exceed \$250.00 per year" to "not to exceed \$300.00 per year."
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 503/2003 (please see attached)
- (c) Name of Contractor: Pharmacy Associates of Glens Falls, Inc.
Royal Care Pharmacy
- (d) Address of Contractor: 100 Saratoga Village Blvd., P.O. Box 2469
Malta, NY 12020-8469
- (e) Contractor's Contact Person and Telephone Number: James Finamore,
R.Ph, 518-899-3320 Ext 261 E-Mail – James.Finamore@omnicare.com
- (f) Commencement Date of Amendment: July 31, 2011
- (g) Termination Date of Extension: Per terms of current agreement.
- (h) Payment Provisions: Paid annually upon receipt of written report of on-site
consultation.
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly,
quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount **OR** Capital Project **OR** Capital Reserve Project Number and Title and Amount:

A 4018.0030.437 - Disease Program Consulting Fees

Jones, Ginelle

From: Finamore, James [James.Finamore@omnicare.com]
Sent: Tuesday, May 24, 2011 9:28 AM
To: Jones, Ginelle
Cc: Nokes, Scott; Brown, Heidi
Subject: Annual Pharmacy Audit - Proposed Rate Increase

Hello Ginelle

As you know I have been performing an annual pharmacy audit of your vaccine inventory and associated items at Warren County Health Services since 2003. I have been performing the audits on behalf of Pharmacy Associates of Glens Falls, Inc., d/b/a Royal Care Pharmacy Services, An Omnicare company, where I hold the position of Clinical Manager-Upstate, NY. Due to the limited frequency and duration of such audits we have charged the same \$50 per hour nominal fee since our first audit in 2003 and through the most recent audit on April 29, 2011.

Due to the significant increase in the cost of providing such consultation services since the beginning of this service to your department, I am requesting an increase in that nominal fee to \$70 per hour, not to exceed \$300 annually, effective with the next audit due in the Spring of 2012. This fee will remain in place until such time than an update is deemed necessary by our pharmacy's management and upon a similar request for increase.

It has been a pleasure servicing your department over the past nine years and we look forward to continuing our relationship with your department in the years to come. Thank you very much for considering this proposal.

Sincerely,
 Jim

James M. Finamore, R. Ph.
 Clinical Manager - Consulting Services Coordinator
 Omnicare, Inc. - Upstate NY

Office Location / Contact Information:
 Pharmacy Associates of Glens Falls, Inc. [Est. 1973]
 d/b/a Royal Care Pharmacy Services
 An Omnicare Company
 PO Box 2469 - 100 Saratoga Village Boulevard
 Malta, N.Y. 12020-8469
 Phone: 518-899-3320 ext 261 / 800-543-7692 ext 261
 Fax: 518-899-8127 Alt Fax: 518-899-4272 Cel: 518-361-9885
 E-Mail Address: james.finamore@omnicare.com

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5/24/2011

Warren County Board of Supervisors

RESOLUTION NO. 503 OF 2003

Resolution introduced by Supervisors Haskell, Quintal, Montesi, Sheehan and F. Thomas

AUTHORIZING AGREEMENT WITH ROYAL CARE PHARMACY AND UPSTATE NEW YORK AFFILIATES TO PROVIDE CONSULTANT PHARMACEUTICAL SERVICES TO MONITOR/CHECK IMMUNIZATION SUPPLY STORAGE FOR PUBLIC HEALTH - HEALTH SERVICES DEPARTMENT

RESOLVED, that Warren County enter into an agreement with Royal Care Pharmacy and Upstate New York Affiliates, P.O. Box 2469, 100 Saratoga Village Boulevard, Malta, New York 12020, to provide consulting pharmaceutical services to monitor/check immunization supply storage for the Public Health Department, for a term commencing July 31, ²⁰¹¹~~2003~~ and terminating upon thirty (30) days written notice, for an amount not to exceed ^{Three hundred dollars (\$300)}~~Two Hundred and Fifty Dollars (\$250)~~ per year and upon the same terms and conditions set forth in the proposal, and the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an agreement and such other documents that may be necessary to carry out the terms of this resolution, in the form approved by the County Attorney.

RESOLUTION REQUEST FORM NO. 19

Application for Approval to Enroll in Job-Related Courses by Employee

1. Employee's Name: Pat Belden

2. Position: PHN 3. Department: PH

4. Course Title: Younoses

5. Institution or School: University of Albany

6. How Course Relates to Current Position: Required course

7. Starting Date: 5/23/11 8. Completion Date: 8/12/11

9. Cost: ~1247.53 for course - covered by sch
my responsibility is ~150.

10. Employee's Signature: Pat Belden Date: 5/9/11

11. Supervisor's Comments (Approval/Denial) Approved

Supervisor's Signature: Denise Jones Date: 5/9/11

12. Department Head's Comments (Approval/Denial) Pat

Department Head's Signature: Patricia Ay Date: 5/9/11

13. Committee's Recommendation: _____

Committee Chairman's Signature: [Signature] Date: 5/25/11

Signature: _____ Date: _____
Chairman of the Board of Supervisors

If approved by Committee, and resolution approving the course is adopted by the Board of Supervisors, candidate may enroll and be eligible for 50% reimbursement for costs as itemized in Item #9. Employee must complete the course with at least a "C", its equivalent, or better. Employee then submits a voucher with receipts verifying costs as listed and a copy of their final grade.