

WESTMOUNT HEALTH FACILITY

A SKILLED NURSING HOME operated by Warren County

42 GURNEY LANE - QUEENSBURY NY 12804
Phone (518) 761-6540 Fax: (518)761-6590

BARBARA B. TAGGART
ADMINISTRATOR

JULY 22, 2011
at 9:30 a.m.

HEALTH SERVICE COMMITTEE AGENDA

1. Committee meeting called to order by chairman.
2. Motion to approve minutes of prior committee meeting.

Action Agenda

1. Mr. Michael J. McCarthy, CPA to report on Westmount's financial statement for 2009 and 2010.
2. Request resolution to fill vacant position. **Page 1**
Title of position: Building Maintenance Mechanic (union)
This position is vacated due to retirement.
Source of reimbursement: State 57%.
Annual salary: \$ 43,103.00 -- Grade 13
Base Salary: \$ 34,564.00
3. Request resolution to fill vacant position. **Page 2**
Title of position: Clerk, part-time
This position is vacated due to resignation.
Source of reimbursement: State 57%.
Annual salary: \$ 11,449.00 -- Grade 2
4. Request resolution to create a new position. **Page 3**
Title of requested position: LPN #4 (union)
Full time position, 2nd shift
Annual base salary: \$ 32,516.00 -- Grade 10
Source of reimbursement: State 57%.
5. Request resolution to amend county budget. **Page 4**

Purpose of amendment: (1) Westmount receiving unbudgeted Medicaid funds reflecting 2008-2011 rate changes in the amount of 1.5 million. New York State Assessment on 1.5 million due in the amount of \$ 114,175.00. (2) LPN -- salary \$ 32,516.00. Total \$ 146,691.00

6. Request resolution for the transfer of funds due to:

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- A. Admissions Coordinator mileage reimbursement. Lack of a vehicle available for daily screening at Glens Falls Hospital for potential new residents - \$ 600.00
- B. Unemployment insurance for previous employee - \$ 1,502.00
- C. Increase in overtime usage due to unfilled full-time LPN positions - \$ 29,000.00
- D. Increase in overtime usage due to unfilled full-time CNA positions - \$ 40,000.00

Monthly Business

1. Staffing report:

Medical Leave

- 2 – LPNs
- 1 – Dietary
- 1 – CNA

Vacant Positions

- 8 - CNAs
- 1 – RPN

2. Overtime report:

Page 6

Due to unanticipated vacant nursing positions and medical leave absences, overtime has increased. Vacant positions are advertised/posted – filled with the qualified candidates who are oriented and trained.

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, termination or promotion. 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 Westmount Health Facility Payroll Dept. No. 41.10
Title of Position Building Maintenance Mechanic Annual Salary 34,564.00 Grade 13
Budget code and title EF.82200.0700 110 Maintenance EF6020 26 Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No. 562
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal % State 57% Other %
Impact to Budget:
Human Resources Director has approved this form when initialed. _____

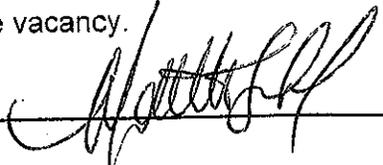
COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Health Services - Westmount Date _____
 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 - Westmount Date July 22, 2011
 The committee has no objection to the filling of the vacancy.
 The committee objects to the filling of the vacancy.

Ranking Committee Member Signature  _____

PERSONNEL/HUMAN RESOURCES COMMITTEE COMPLETES THIS SECTION

Date _____
 The Personnel/Human Resources Committee has no objection to the filling of the vacancy.
 The Personnel/Human Resources Committee objects to the filling of the vacancy.

Ranking Committee Member Signature _____

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, termination or promotion. 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 Westmount Health Facility Payroll Dept. No. 41.00
Title of Position Clerk P/T Annual Salary 11,449.00 Grade 2
Budget code and title EF.60100.600 130 Nursing Administration Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No. 11473
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal % State 57% Other %
Impact to Budget:
Human Resources Director has approved this form when initialed. _____

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Health Services - Westmount Date _____
 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 - Westmount Date July 22, 2011
 The committee has no objection to the filling of the vacancy.
 The committee objects to the filling of the vacancy.

Ranking Committee Member Signature  _____

PERSONNEL/HUMAN RESOURCES COMMITTEE COMPLETES THIS SECTION

Date _____
 The Personnel/Human Resources Committee has no objection to the filling of the vacancy.
 The Personnel/Human Resources Committee objects to the filling of the vacancy.

Ranking Committee Member Signature _____

RESOLUTION REQUEST FORM NO. 11

Request to Create New Position

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: JULY 22, 2011

- (a) Title of Requested Position: LPN#4 (F/T position 2nd Shift)
- (b) Annual **Base** Salary (and Grade if Applicable): Grade 10 \$32,516 & 10%
- (c) Effective Date for New Position:*
*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): N/A
- (e) Where are Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount: EF.60200.400 100 Nursing - Nurses' Station, LPN Salaries - Regular \$ 333,933.08.
- (f) Has Personnel Officer Reviewed and Approved of the New Position Title? (This is necessary **BEFORE** bringing the request to committees.) County Administrator approved.
- (g) Is this a mandated position? If so, please explain: Yes, Medicaid reimburseable.
- (h) Is there expected revenue from this position? If so, please explain: No.

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: WESTMOUNT HEALTH FACILITY

DATE: JULY 22, 2011

- (a) Purpose of Amendment: Amend County Budgets due to receiving unbudgeted Medicaid funds reflecting 2008-2011 rate changes.

- (b) Appropriation Code, Object Code, Full Title and Amount: EF.83110.8302 469 Fiscal Services Office, Other Payments/Contributions - NYS Assessment \$114,175.00 & EF.60200.400 110 Nursing-Nurses' Station, LPN, Salaries - Regular \$32,516.00.

Sample: A.1010 470 Legislative Board – Contract

- (c) Revenue Code (with title), and Amount: EF.302002 3023 Medicaid Care Revenue - Medicaid Revenue \$ 146,691.00.

Sample: A. 6417.2654 Tourism Occupancy – Minor Sales – Tourism

*Please note all amount must be in whole dollars – no cents.

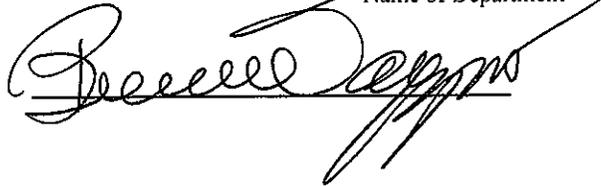
RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: WESTMOUNT HEALTH FACILITY
Name of Department

SIGNED:



DATE: July 22, 2011

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.82200.5914 442 ^{A.}	Westmount, Plant Operation & Maint, Supplies- Auto & Gas/Oil	EF.73800.8800 444	Westmount, Social Services, Travel/ Education/Conference	600.00
EF.82200.7500 414 ^{B.}	Westmount, Plant Operation & Maint, Gasoline, Gas-Natural	EF.82400.700 850	Westmount, House Keeping Services, 1,502.00 Unemployment Insurance	
EF.60200.400 110 ^{C.}	Westmount, Nursing-Nurses' Station, LPN - Salaries - Regular	EF.60200.400 120	Westmount, Nursing-Nurses' Station, 29,000.00 LPN - Salaries - Over Time	
EF.60200.500 110 ^{D.}	Westmount, Nursing-Nurses' Station, Aides Wages - Salaries - Regular	EF.60200.100 120	Westmount, Nursing-Nurses' Station, 40,000.00 Mgmt & Supervisions Wages - Salaries - OT	

Please state reason for transfers requested: Cover Social Worker mileage reimbursement no vehicle available daily GFH screening, high overtime usage due to unfilled full time positions.

WARREN COUNTY TWO YEAR BUDGET COMPARISON

REVENUE AND EXPENDITURES FOR 2011 AS OF 7/15/2011 3:29:08 PM

EXPENSES	YTD ACTUAL THRU July 2011	YTD ACTUAL THRU July 2010	YTD 11V10	% CHANGE	ANNUALIZED 2011 EXPENSE	2011 AMENDED BUDGET	2010 AMENDED BUDGET
Salaries - Regular	\$1,447,313.18	\$1,548,760.03	(\$101,446.85)	-7.01%	\$2,894,626.36	\$3,231,050.92	\$3,036,948.52
Salaries - Overtime	\$150,265.55	\$114,575.96	\$35,689.59	23.75%	\$300,531.10	\$162,119.12	\$264,733.62
Salaries - Part Time	\$274,028.27	\$190,477.19	\$83,551.08	30.49%	\$548,056.54	\$446,857.42	\$512,044.32
TOTALS	\$1,871,607.00	\$1,853,813.18	\$17,793.82	0.95%	\$3,743,214.00	\$3,840,027.46	\$3,813,726.46

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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 Betsy A. Henkel
(Supervisory Committee) (Employee Name)

to attend NYAHSA Financial Managers Annual Conference
(Name of meeting or organization)

at The Saratoga Hilton, Saratoga Springs
(Address)

on 9/12/11-9/15/11. Mode of transportation to be used County Vehicle
(Dates) (County Vehicle or Mass Transportation)

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

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

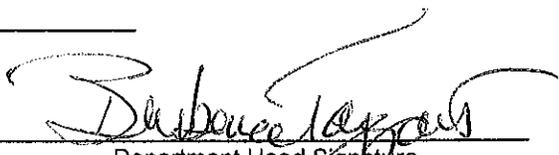
- Notice of meeting or convention including cost. 660.00 includes meals & conference

For Overnight Travel

- Room rate \$ _____ GSA* Rate \$ _____
- Meal costs - GSA*per diem rate \$ _____

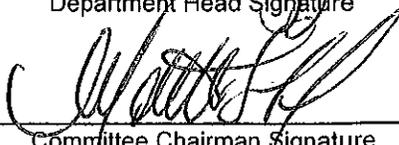
*www.gsa.gov

Date: 7/27/11



Department Head Signature

Date: _____



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.

CONFERENCE REGISTRATION

NYAHSА FINANCIAL MANAGERS ANNUAL CONFERENCE SEPT. 12 - 15, 2011

Please print or type

Name/Title: Betsy A. Henkel, Controller
Organization: Westmount Health Facility
Address: 42 Gurney Lane
City/State/Zip: Queensbury, NY 12804
Phone: (518) 761-7664 Fax: (518) 761-6590
E-mail Address: HenkelB@co.warren.ny.us

CONCURRENT SESSION CHOICE: (please circle one from each pair)

403(b) Plan or Medicaid Reimbursement
Retooling the Revenue Cycle or Cost Accounting Solutions
OMIG Update or ALP

REGISTRATION RATES:

	NYAHSА Member only Super-saver fee Before Aug. 12	NYAHSА Member Aug. 12 and after	Non-Member
Pre-conference (Sept. 12)	\$ 75	\$ 99	\$125
Full Conference (Sept. 13-15)	\$585	\$615	\$675

This year, meals are included in the conference registration fee instead of included in the hotel package as in previous years.

Special meal request(s): K kosher Vegetarian Gluten-Free
___ # ___ # ___

Do you require any special aids/services to attend this conference? If yes, please describe: _____

Meal Tickets: You do not need to buy meal tickets if you are attending the conference and paid the full conference registration fee. Meal tickets are required for your spouse/guest who would like to attend group meals.

Meal tickets are non-refundable; therefore, please purchase the correct number. For more information, contact Kathy Burke, kburke@nyahsa.org.

Extra Meal Tickets

Tuesday, Sept. 13
___ Lunch @ \$35 ea. \$ ___
___ Clam/Steak Bake @ \$60 ea. \$ ___
Wednesday, Sept. 14
___ Buffet Breakfast @ \$25 ea. \$ ___
___ Lunch @ \$35 ea. \$ ___
Thursday, Sept. 15
___ Buffet Breakfast @ \$25 ea. \$ ___

Extra Meal Ticket Total \$ ___

Summary of Charges

Pre-conference registration fee	\$ 75
Conference registration fee	\$ 585
Extra meal tickets	\$ ___
Total	\$ 660

Payment Method

Check MasterCard Visa Discover AmEx

Credit card number: _____ Security code: _____

Cardholder's name (exactly as it appears on the card): _____

Authorized signature: _____ Expiration date: _____

Please make check payable to: FLTC and return to:
FLTC, 13 British American Blvd., Latham, NY, 12110-1431
Phone 518.867.8385, Fax 518.867.8386 or 518.867.8389
For more information, contact Kathy Gormley at kgormley@nyahsa.org