

**Warren County Health Services
Health Services Committee Agenda
September 23, 2011
Information Submitted By: Patricia Auer, DPH/DPS**

Action Agenda/New Business

Request Resolution:

To authorize entering a contract agreement with Visiting Nurse Service of New York Choice Community Care to allow receipt of reimbursement for services.

Rationale:

There are increasing numbers of agencies that provide managed care services for clients, so it behooves us to have contracts in place to allow us to recoup payment for patient services as needs present.

Request Referral to Personnel Committee:

For authorization to back fill the part time position of Infant Feeding Advocate in the WIC Program.

Rationale:

This position is vacant following a resignation effective August 23, 2011. It is noncompetitive, part time, (.3 FTE) with a salary of 11,695. It is 100% funded by the WIC Program grant, and in the event the grant would not cover the expense for the position, it would be eliminated. The job is to provide assistance to breast feeding mothers, and it is part of the deliverables for the WIC grant.

In conferring with Paul Dusek, Warren County Administrator, he suggested we not backfill the position, but rather look to utilize part of one of the nurse's time in the Family Health Program, and gain the additional revenue from WIC for that program, as opposed to backfilling the position with a new employee.

The suggestion appeared to have merit, so I contacted the New York State WIC Program representative to discuss the feasibility and whether this type of reimbursement would be allowable through the WIC grant. It is not. I will elaborate on the reason at the meeting, and will also have available the written e-mail response I received from the New York State Department of Health.

Request Committee Approval:

To host the Annual School Nurse Meeting at the Montcalm Restaurant on October 6, 2011 at a cost not to exceed \$400.00.

Rationale:

This is an annual meeting that has been hosted by Health Services Annually since 1988. It will be held after school hours this year since it is so difficult to get substitute school nurses. The agenda will be to update the school nurses regarding immunization changes and to discuss other pertinent public health topics. It is important to maintain a strong network with the school nurses. The cost will be 100% covered by the Immunization Program grant.

Request Committee Approval:

To authorize Shannon Houlihan, RN to attend the PRI (Patient Review Instrument) and Screen Training Certification Program at the New York State Nurses Association in Latham on November 2-3, 2011, at a cost of \$513.00

Rationale:

This is a certification for a revenue generating fee for service, where the demand is increasing. It is important to have qualified staff available to provide services when requested in a timely manner. There is funding in the budget to cover the cost of the training.

Request Committee Approval:

To allow Sharon Schaldone, Assistant Director of Public Health, and Valerie Whisenent, Supervising Public Health Nurse, to attend the Home Care Association Quality and Technology Conference on November 2, 2011 in Troy, York. The total cost (which includes meals provided at the conference) for both individuals is \$598.00

Rationale:

This is an important conference that will address a variety of pertinent topics where it is critical to the success of our operation that we remain up to date. It is a two day conference, but we are only requesting to go for one day in order to keep expenses down. We have the funds in our education budget to cover the costs. Sharon Schaldone, will be present at the meeting to answer any questions the members may have.

Request Resolution:

To renew the contract agreement with New York State Department of Health to allow continued receipt of grant funds for the Children with Special Health Care Needs Program for the contract period October 1, 2011 to September 30, 2014 in the amount of \$55,515.00 (\$18,505.00 per year).

Rationale:

This is a grant we receive annually, but it will now be a multi year contract with annual budgets approved for reimbursements.

Request Resolution:

For Budget Transfer of Funds delineated on transfer sheet included in attached information. Tawn Driscoll, Fiscal Manager will be present at the meeting to review and answer any questions.

Pending Items/Old Business

There are no pending items this month.

Topic for Discussion/Information

Emergency Response and Preparedness Activities

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

Report of Expenditures, Revenues, Overtime and Per Diem Use

Please see **Attachment #2**.

Attachments:

#1 Emergency Preparedness Activities

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

BT ACTIVITY SHEET

GY 10X - 8/10/2011 - 8/9/2012

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,
9/7/11	Conference Call	Commissioners Call: Hurricane Irene Recovery	Pat Auer, Barb Orton	
9/8/11	Meeting	Planning meeting for 9/14/11 Volunteer Training	Laura Stebbins, Barb Orton	
9/14/11	Training	Volunteer Training (9-10am and 6-7pm) "Patients at Risk During a Disaster"	Barb Orton, Laura Stebbins	Training
9/15/11	Conference Call	Clinic Ops	Barb Orton, Angela Meade	
9/15/11	Conference Call	ServNY	Barb Orton, Angela Meade	
9/20/11	Training	L-7 CDMS Flu Pod Demonstration	Matt Delafayette, et.al	
9/21/11	Tabletop	Monthly GFH - Explosion in Radiation Oncology (radiation exposure)	Barb Orton	
9/22/11	Presentation	Warrensburg DEC on EPR	Barb Orton	

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2011 AS OF 9/20/2011 11:09:28 AM

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

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

	2011 BUDGETED	2011 YTD ACTUAL	2010 Prior Year Totals
EXPENSES			
Salaries - Regular	\$2,910,953.74	\$1,989,148.00	\$2,861,559.18
Salaries - Overtime	\$157,500.00	\$84,436.24	\$137,667.52
Salaries - Part Time	\$328,704.56	\$150,199.60	\$238,194.55
Salaries - Sick Leave Incentive			\$1,200.00
100's PERSONAL SERVICES	\$3,397,158.30	\$2,223,783.84	\$3,238,621.25
200's EQUIPMENT	\$71,457.75	\$40,560.62	\$72,543.64
400's CONTRACTUAL	\$10,289,978.08	\$3,949,926.55	\$7,960,554.03
800's EMPLOYEE BENEFITS	\$1,389,281.89	\$951,041.41	\$35,015.66
TOTALS	\$15,147,876.02	\$7,165,312.42	\$11,306,734.58
REVENUES			
	2011 BUDGETED	2011 YTD ACTUAL	2010 Prior Year Totals
	\$12,585,857.00	\$5,653,154.38	\$10,735,536.33

Note: We have accrued above for Revenue \$53,033 for WIC August and \$254,810.96 for the Preschool AVL #3 10/11 School year. We are currently working on finalizing the August 2011 billing for CHHA, MCH and LTC.

Warren County Health Services

Salaries Comparison

2010 vs 2011

as of 9/11/11 Payroll date ending

	YTD 2010	YTD 11v10	% Change	Total Budget 2011	Total Actual 2010
Total of All Depts	\$2,003,416.45	-\$14,268.45	-0.71%	\$2,910,953.74	\$2,861,559.18
Regular Salaries	\$106,212.48	-\$21,776.24	-20.50%	\$157,500.00	\$137,667.52
Overtime Salaries	\$164,266.16	-\$14,066.56	-8.56%	\$328,704.56	\$238,194.55
Part Time Salaries	\$0.00	\$0.00	0.00%	\$0.00	\$1,200.00
Sick Leave Incentive	\$2,273,895.09	-\$50,111.25	-2.20%	\$3,397,158.30	\$3,238,621.25
TOTALS					

*Source: Detail G/L report for all Salary Category from 1/1/XX-9/11/XX

Note: Payroll reflects the annual 3% increase in union salaries for 2011.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: September 23, 2011

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To authorize a contract agreement with Visiting Nurse Service of New York CHOICE Community Care
- (c) Name of Contractor: Visiting Nurse Service CHOICE Community Care
- (d) Address of Contractor: 107 East 70th Street, New York, NY 10021
- (e) Contractor's Contact Person and Telephone Number: Nancy Kelly-Sullivan
(516) 662-6969
- (f) Has or will the Contract be provided, if so, please attach: Yes
- (g) Commencement Date of Contract: October 24, 2011
- (h) Termination Date of Contract: Per terms of agreement
- (i) Payment Provisions: Monthly voucher submission, per terms of contract agreement
 - 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.4010.1610 - CHHA Revenue
A.4016.1602 - Long-Term Home Health Care Program



CHOICE
Health Plans

August 30, 2011
Ms. Pat Auer
Warren County Health Services
Via email

Dear Pat:

Thank you for your time on the phone today. As promised please find information about the VNSNY CHOICE.

Since 1998, the Visiting Nurse Service of New York has offered a Medicaid Managed Long Term Care (MLTC) plan for people residing in New York, through its wholly owned subsidiary called **VNSNY CHOICE**. With our growing membership and expansion of the program, we invite you to participate in our VNSNY CHOICE MLTC network.

Our plans help our members to live independently in their homes and communities for as long as possible. The benefits and services of MLTC are tailored to meet the needs of people whose needs make them eligible for nursing home care, like New Yorkers with chronic illnesses or disabilities.

WHY VNSNY CHOICE

- Fees based on Medicare/Medicaid Allowable Fee Schedule
- NO written referral requirement
- Prompt Payment – Paid within 30 days of receipt of clean claim
- VNSNY CHOICE Medical Management staff will assist you and your office staff by providing support for you with care of your patients who are our members

Please join us in our commitment to serving the aging community of New York by accepting our invitation to become a participating provider in the VNSNY CHOICE MLTC network. Creative Health Concepts (CHC), a healthcare consulting firm, will be assisting VNSNY CHOICE with our recruitment endeavor. Please return the following items:

- 2 – Original Signed Agreements (signature required on page 12)
- 2 - Original Signed Amendment No. 3
- 2 – Original Signed Appendix B – (signature required page B7)
- Signed W-9 Form for each Tax ID Number (Name on W-9 must match TIN # Name)
- Completed Attachment A - Provider Network Application, if applicable

Please mail to :

Creative Health Concepts
60 East 42nd Street, Ste 2022
New York, NY 10165

Should you have questions or prefer that we redirect follow-up, please let us know as shown below:

Email	VNSNYCHOICE@creativegroupny.com
Phone	516.662.6969
Fax	212.697.3509

We hope that it will be your decision to partner with VNSNY CHOICE and would be pleased for you to explore our web site at www.vnschoice.org.

Sincerely,

Nancy Kelly Sullivan
Senior Consultant – Creative Health Concepts

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 - WIC Program

Title of Position - Infant Feeding Advocate

Base salary \$11,695.00

Budget code and title A.4013.130 WIC Part-Time Salaries

This position is vacated due to: Retirement Resignation Termination Promotion
 Other

Employee No. 11718

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

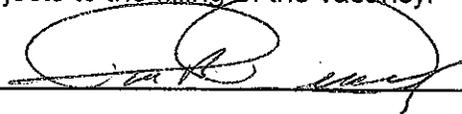
Source of reimbursement: Federal 100% State % Other %

Impact to Budget: Zero

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Health Services Date 9/23/11

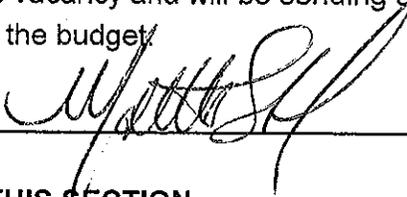
- The Administrator has no objection to the filling of the vacancy.
 The Administrator objects to the filling of the vacancy.

Administrator Signature 

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health Services Date 9/23/11

- 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 _____

Auer, Pat

From: William J. Wojcicki [wjw02@health.state.ny.us]
Sent: Monday, September 19, 2011 12:01 PM
To: Auer, Pat
Cc: Michelle Locke; Joanne Murnane; Linda J. Freligh
Subject: Peer Counselor

Good Afternoon Pat,

I spoke with the state breast-feeding coordinator Patti Garrett about your question of a county professional nurse performing Peer Counselor duties for Warren County. She affirmed my understanding of WIC policy, that a non-professional of low income, (ideally a former WIC participant) provide "peer" counseling.

The WIC breast-feeding peer program has been very successful increasing the duration of breast-feeding in New York as well as nationally in states where it is offered. Success is attributed to low income mothers who have similar life challenges and experiences able to speak from this experience to their friends. Personally I relate this to the many successful peer programs at high schools and colleges where students help their peers understand concepts not assimilated in class. Also, many other public health programs are using peers as an effective way to get their message across.

With limited budget funds, a traditional peer counselors at a lower salary than a professional nurse would have substantially more time available to counsel participants as well as attend training required for the position. I am sure our nutrition staff would readily assist Warren County WIC staff in training or acclimating a new peer counselor to her duties in the WIC breast-feeding program.

Thank you for all your support for the WIC program.

Bill

IMPORTANT NOTICE: This e-mail and any attachments may contain confidential or sensit

Warren County Request to Host Meeting or Conference

Name of Department: Health Services

Name of Meeting/Conference: Annual Warren County
School Nurse Meeting

Date: 10/10/11

Location: Montcalm Restaurant

Purpose: update school nurses regarding immunizations
and other pertinent public health issues

Contact Person: (If other than Department Head) _____

Phone No.: x 6584 Dan Burka
x 8767 Helen Steen

Number of People attending:

9 County Employees

2 State Employees

2 Volunteers School nurses

7 Others (specify) 4 program speakers
3 pediatric practice
representatives

Cost to County (please include amounts):

Room rental 0

Food/beverage 10⁰⁰ / per person - only charged for
number of people attending

Supplies 0

Other (specify) _____

Total Cost: not to exceed
\$ 400. covered 100%
by immunization program
grant

Dept Head Approval:

Patricia Agan

Signature _____

Date: 9/23/11

Date: _____

Committee Chairman Approval:

[Signature]

Signature _____

Date: 9/23/11

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 Shannon Houlihan, RN
 (Supervisory Committee) (Employee Name)

to attend PRN and Scrub Training Certification
 (Name of meeting or organization)
New York State Nurses Association

at Letram, NY
 (Address)

on Nov. 23, 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.

Training Program costs are \$13. meals included

For Overnight Travel

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

*www.gsa.gov

Date: 9/23/11

Patricia Pines
 Department Head Signature

Date: 9/23/11

[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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Details	
Title:	H/C PRI Training @ Latham, NY
Description:	<p>Date/Time November 2, 2011 8:30 am - 4:30 pm</p> <p>Location The NYSNA 11 Cornell Road Latham, NY 12110</p> <p>Register to Attend</p> <p>Please read Terms & Conditions for important information regarding Fees and Payment Instructions, Refunds and Cancellations, and Substitution/Late Registration/Attendance/Course Completion Policies.</p> <p>PRI Training Outline Training is provided to allow a Registered Nurse (RN) to complete the Patient Review Instrument (PRI) and the Hospital/Community (H/C) PRI. These are clinical tools to assess a person's condition. The H/C PRI is necessary for Medicaid reimbursement in nursing facilities. The H/C PRI is required for admission to a nursing facility, for hospital residents on ALC status, and for various other programs.</p> <p>The course is especially for RNs in nursing facilities, hospitals (discharge planners or ALC determinations) or in community settings responsible for nursing facility placement. Social workers or other professional staff may find the training useful to understand the process and impact.</p> <p>Assessor numbers, required to complete the form, will be granted only to RNs who successfully complete the program.</p> <p>This continuing nursing education activity was approved by the New York State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.</p> <p>8 contact hours will be given to registered nurses who complete the H/C PRI training course.</p> <p>For more information or for questions, please contact us at PRIscreeninfo@ipro.org or (516)326-7767 ext. 325.</p>
When:	November 2, 2011, 8:30 AM - 4:30 PM
Where:	The NYSNA 11 Cornell Road Latham, NY Map
Contact:	(800) 724-6976
Category:	Public


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Details	
Title:	SCREEN Training @ Latham, NY
Description:	<p>Date/Time November 3, 2011 8:30 am - 2:30 pm</p> <p>Location The NYSNA 11 Cornell Road Latham, NY 12110</p> <p>Register to Attend</p> <p>Please read Terms & Conditions for important information regarding Fees and Payment Instructions, Refunds and Cancellations, and Substitution/Late Registration/Attendance/Course Completion Policies. For more information or for questions, please contact us at PRIscreeninfo@ipro.org or (516)326-7767 ext. 325.</p>
When:	November 3, 2011, 8:30 AM - 2:30 PM
Where:	The NYSNA 11 Cornell Road Latham, NY 12110 Map
Contact:	(800) 724-6976
Category:	Public

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PRI and SCREEN Training

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PRI and SCREEN Training

ATTENTION: IPRO SCREEN TRAINING SCHEDULE: SPECIAL ANNOUNCEMENT

IMPORTANT NOTICE REGARDING SCREEN CERTIFICATION:

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

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

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

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

[Click here for Upcoming Session Dates](#)

[Click to read Terms & Conditions](#)

Below are the details for these training sessions:

H/C PRI TRAINING OUTLINE

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

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

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

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

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

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

SCREEN TRAINING OUTLINE

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

The course is for RNs, social workers or other health care providers responsible for discharge planning and Residential Health Care Facility placement. Social workers, discharge planners and other professionals with experience in psychosocial assessments who successfully complete the course will be issued a 10-digit SCREENER Identification Number.

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IMPORTANT NOTICE REGARDING SCREEN CERTIFICATION:

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

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

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

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

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

Fee for SCREEN Training: \$228.00

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

Upcoming Events:

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

Page last modified: June 26, 2010


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PRI and SCREEN Training

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PRI and SCREEN Training - Terms & Conditions

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

PAYMENT INSTRUCTIONS:

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

CANCELLATIONS AND REFUNDS:

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

↑/2

SUBSTITUTIONS AND LATE REGISTRATION:

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

ATTENDANCE AND COURSE COMPLETION POLICY:

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

IMPORTANT NOTICE REGARDING SCREEN CERTIFICATION:

As of 11/12/09 only SCREENERs with a 10 digit SCREENER ID Number are allowed to complete a SCREEN (DOH-895) Form. The 6 digit SCREENER ID Numbers are no longer valid as of 11/12/09.

Page last modified: November 16, 2009

SCHEDULE "A"

AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Health Services hereby authorizes Sharon Sushabone, AOP5
 (Supervisory Committee) (Employee Name)
Valerie Whisenant CSN

to attend Home Care Association Quality and Technology Conference
 (Name of meeting or organization)

at Hilton Garden Inn - Troy New York
 (Address)

on Nov. 2, 2011 Mode of transportation to be used _____
 (Dates) (County Vehicle or Mass Transportation)

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

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

- Notice of meeting or convention including cost.

Total conf. cost for both employees 398.⁰⁰
 (\$299 each)

For Overnight Travel

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

Date: 9/23/11

Patricia [Signature]
 Department Head Signature

Date: 9/23/11

[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.

Quality and Technology Conference

November 2 & 3, 2011
Hilton Garden Inn
Troy, NY

HCA's Quality and Technology Conference: a New Name, a New Focus, and New Opportunities

In this new era of health care, providers need to be ready for the major focus on enhanced quality of care, efficient delivery of services and cost savings. HCA's Quality and Technology Conference – a successor to our traditional Clinical and Technology Conference – will provide clinicians, managers and home care leaders with valuable tools and strategies to support you in your quest to continue to be the center of excellence for home care in your community.

Not only has the name and focus of this year's conference changed, but HCA is also offering several new and exciting programs, including a daylong Home Telehealth Certification Program – believed to be the first of its kind in the nation and a can't-miss opportunity for providers to bolster their application of leading-edge technologies.

Conference sessions will provide attendees with: new, creative and practical knowledge for immediate use; a practical grasp of what quality improvement really means for your organization; as well as the opportunity to learn more about the latest in technologies, patient support and cost-saving strategies available through the dynamic lineup of presenters in this two-day event.

The Quality and Technology Conference is also a great opportunity to network with peers and learn about new products and services offered by the selected vendors who will be on hand throughout the event. We invite you to join us on November 2 and 3 at this affordable signature event.

HCA provider members: take advantage of the opportunity to save!

Register yourself and another member of your agency by October 7 and receive 10 percent off your registration fees for **both** participants. Both of you can attend this two day event for only \$538. However, you must register at the same time for the two-day conference and only by fax or mail using the registration form attached to this brochure. The discount does **not** apply to one-day fees. Sharing a two-day registration fee among multiple staff is not permitted. The two-day registration fee includes presentations by expert speakers, handout materials, two lunches, one reception and one dinner.

Hotel and Conference Site Information –

Room Rate is \$97 per night per room until October 14.

The Hilton Garden Inn

235 Hoosick Street

Troy, NY 12180

For reservations, call 877-STAY-HCI

(877-732-9444) and ask for Group

Code HCCA. You can also use the

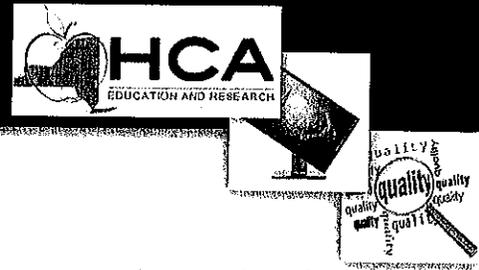
group code to register online at

www.troy.hci.com. This site will

also provide dliving@redaction.com

information about amenities.

AGENDA



Wednesday November 2

9:00am Registration

Enjoy coffee and visit with your peers during registration. Throughout the conference, a select number of vendors will be on hand to showcase the latest in products and services. The exhibit area will be open during registration as well.

10:00am Opportunities and Updates from the U.S. Centers for Medicare and Medicaid Services (CMS)
Opening the conference, HCA is privileged to have CMS Regional Director Jaime Torres joining us to share with the audience what is on the horizon for home health providers under CMS's 2012 initiatives. This session will provide a unique opportunity for engagement with a CMS official in a New York regional program setting.

Jaime R. Torres, DPM, MS, Regional Director, U.S. Department of Health & Human Services (HHS), New York Regional Office. Since April 2010, Dr. Torres has served as Region II representative under HHS Secretary Kathleen Sebelius and helps coordinate the implementation of departmental policies and initiatives in this region which includes NY, NJ, Puerto Rico, the U.S. Virgin Islands and seven Tribal Nations. He plays a vital role in HHS' effort to effectively implement the Patient Protection and Affordable Care Act. Previously, Dr. Torres was Associate Director of Consultative Services at Coler-Goldwater Specialty Hospital, part of New York City's Health and Hospitals Corporation.

11:00 Break and Browse – Stroll the vendor stations while enjoying your coffee.

11:15 Breakout sessions – Choose A or B

A. The Basics of Quality Improvement – Part 1

In this session, attendees will understand the foundation for quality improvement in home health. Learn the basics of putting processes and systems in place that will affect performance, focus on outcomes, address high-risk and high-volume problem areas, and discover ways to take proactive risk reductions as a result of data collected. This two-hour session will continue following lunch.

Sara Butterfield, R.N., B.S.N, Director of Health Care Quality Improvement, and Christine Stegel, RN, MS, CPHQ, Senior Quality Improvement Specialist, of IPRO. IPRO is the Medicare Quality Improvement Organization for New York State in contract with the Centers for Medicare and Medicaid.

B. Key Insights from National and New York State Benchmarks: Outcomes, Process Measures, HHCAHPS, Telehealth and Hospice. Learn how to use outcomes, process measures and HHCAHPS data in concert with one another. Analyze national benchmarks and compare them to New York State and learn how to use this data to prepare for 2012 payment cuts.

Zeb Clayton, Director of Client Education, Strategic Healthcare Programs. Mr. Clayton is the National Director of Education for Strategic Healthcare Programs (SHP). In this capacity, he works with Home Health and Hospice providers across the U.S. to help utilize performance data to improve operational and financial performance.

12:30 Lunch and Exhibit Hour

Use this time to do one-stop shopping in the vendor market. Where else can you take the time to explore new ideas in patient care and operational services all under one roof? Save time and gain knowledge.

Agenda continued on next page...

AGENDA



Wednesday, November 2 - continued

1:30 **Breakout Sessions Continue**

A. The Basics of Quality Improvement – Part 2

Continuing from the earlier session, attendees will gain further understanding of risk-assessment and an outcomes-based approach to build a strong foundation for quality improvement in home health.

B. Pressure Ulcers – Caring and Sharing

This segment will explore the latest measures in preventing pressure ulcers and the use of negative pressure wound therapy, among others, in the treatment of pressure ulcers. Also in this session, participants will learn how to guide home health aides in caring for the patient suffering from pressure ulcers.

Melisa Jenkins, RN, BSN, Clinical Account Manager, KCI

Melissa Jenkins RN, BSN graduated from Quinnipiac University in 1999. She has worked at Atlantic Home Care as a case manager in Millburn, NJ and as Manager of Outpatient Services for Saint Clare's Hospital in Denville, NJ. In 2009 Melissa relocated to New York as a case manager for Glens Falls Wound Healing Center and most recently joined KCI in December 2010 as a clinical account manager. Melissa is the 1999 recipient of the Spirit of Nursing Award and 2007 Nurse Spectrum Nurse Manager of the year nominee.

2:30pm **Break and Browse**

2:45pm **Traditional Patient Teaching is OUT....Health Coaching is IN!**

Evidence-based health coaching is a newly emerging clinical intervention that uses both familiar and new concepts to engage and empower patients by tapping into the patient's own inner motivation. This paradigm shift in our thinking transforms the clinician's role to that of a partner and guide and recognizes the patient as the real change agent, setting the stage for improved outcomes at a lower cost. This session will provide the ins and outs of the nation's first Clinical Model of Evidence-based Health Coaching while highlighting a clinical strategy of motivational interviewing. Attendees will get a real taste of evidence-based health coaching as the presentation explores what it is, how it works, and why traditional methods of patient teaching have fallen short.

Melinda Huffman, RN, MSN, CCNS, CHC is a Cardiovascular Clinical Nurse Specialist, a Certified Health Coach and Principal of Miller & Huffman. A co-founder of the National Society of Health Coaches, Ms. Huffman brings over 30 years of administrative and clinical experience in the hospital and home care industries. She previously was the Director of Disease Management for Amedisys and Director of Nursing Education at Motlow College. She is also the author of the home care best seller, *Implementing Outcome-Based Home Care*.

Agenda continued on next page...

AGENDA



Wednesday, November 2 - continued

4:30pm Reception

During this reception, raise your glass in salute of National Home Care Month as a tribute to all you do to care for patients in their homes.

5:30pm Dinner and Awards

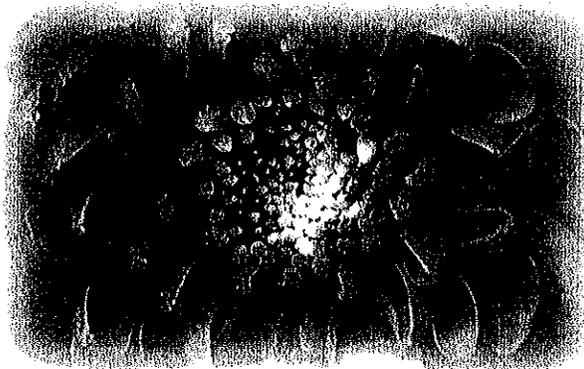
Each year HCA pays tribute to those direct care professionals whose compassion and exceptional dedication warrant special recognition through our National Home Care Month award recognition program. This inspirational awards presentation will follow dinner, along with our fun-filled tradition of asking vendors to brief the audience about their company's valuable product or service and vie for the prize for the best vendor joke.



See page 9 for Nomination Form

Agenda continues on next page...

November is National Home Care Month!



Remember to nominate someone from your staff for an HCA Recognition Award!

Quality and Technology Conference

REGISTRATION FORM

November 2 & 3, 2011
Hilton Garden Inn
Troy, NY

Registration by October 21 is encouraged in order to prepare for adequate seating and handout materials.
Walk-in registrations may be turned away.

Three ways to register:

- 1) Register online at www.eventville.com/hcanys (credit card only - *special HCA Member Discount not available online.)
- 2) Fax form to: (518) 426-8788
- 3) Mail form to: HCANYS, 194 Washington Avenue, Suite 400, Albany, NY 12210

Sharon Schaldone, Assistant Director of Patient Services
Valerie Whisart, Supervising Public Health Nurse

Name: Warren County Health Services Title: _____
Organization: 1340 State Route 9 Lake George, New York 12845
Address: 518-761-6415 518-761-6562 City/State/Zip: Schaldone s@co.warren.ny.us
Phone: _____ Fax: _____ E-mail: _____

Conference Participation

Two Day Conference Fee

\$299 HCA Member \$ _____
\$399 Non-Member \$ _____

One Day Only Fee

Select which day you will participate:
 Wed, Nov 2
 Thur, Nov 3

\$199 HCA Member \$ _____
\$299 Non-Member x 2 people \$ 598⁰⁰

Select a Session for Wednesday, Nov 2:
 Session A
 Session B

Awards Dinner - Wednesday, Nov 2:
(Cost is included with registration fee.)
 Will Attend
 Will Not Attend

HCA Provider Member Discount - Deadline October 7*
2 for \$538 (from same HCA member agency) \$ _____

Name of Additional Person Registering _____

Title _____ Email _____

Fees include speaker presentations, handout materials, exhibitors, and all group meals.
No credits can be given for meals not taken.

Method of Payment

Please select one:

MasterCard VISA American Express

Credit Card No. _____

Expiration Date _____

Name on Card _____

Authorized Signature _____



Payment by Check

Make check payable to: HCA Education and Research

Mail to: 194 Washington Avenue, Suite 400, Albany, NY 12210

Checks must be received by November 1.

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

Cancellation Policy: Cancellations received by October 14 will receive a full refund, less 25% of total due as an administrative fee. Cancellations received on October 15 or later will forfeit their registration fee, along with those who register and do not attend. Substitutions are permitted. Those who fail to comply with the cancellation policy will be invoiced.

FAX TO: 518-426-8788

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

SIGNED: *[Signature]*

DATE: 9/23/11

	<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
1.	A.4018.0020.110	Family Health-Regular Salary	A.4054.110	Ed/Physically Hand. Children-Regular Salary	\$11,958.00
	A.4018.0020.130	Family Health-Part time salary	A.4054.130	Ed/Physically Hand. Children-Part time salary	\$22,633.00
	A.4018.0020.830	Family Health Social Security Fringe Expense	A.4054.830	Ed/Physically Hand. Children Social Security Expense	\$2,145.00
	A.4018.0020.831	Family Health -Medicare Contribution Expense	A.4054.831	Ed/Physically Hand. Children -Medicare Contribution Expense	\$502.00
2.	A.4054.0060.444	Ed Phys Hndcppd/Early Intervention-Education Expense	A.4054.0060.860	Ed Phys Hndcppd/Early Intervention -Hospitalization Expense	\$3,887.00
3.	A.4010.110	Health Services CHHA-Regular Salary	A.4018.0020.110	Family Health-Regular Salary	\$24,000.00
	A.4010.830	Health Services CHHA-Social Security Expense	A.4018.0020.830	Family Health-Social Security Expense	\$1,488.00
	A.4010.831	Health Services CHHA -Medicare Contribution	A.4018.0020.831	Family Health-Medicare Contribution	\$348.00
4.	A.4018.110	Preventive Program-Regular Salary	A.4018.130	Preventive Program-Part Time Salary	\$1,750.00
5.	A.4010.110	Health Services CHHA-Regular Salary	A.4010.140	Health Services CHHA-Sick Incentive Salary	\$400.00
	A.4018.110	Preventive Program-Regular Salary	A.4018.140	Preventive Program-Sick Incentive Salary	\$400.00

Total Transfers

\$69,511.00

Please state reason for transfers requested:

1. To transfer funds to cover salary/fringe for Employee#8202 who is primarily doing Preschool not Family Health duties. Est for 2011. In 2012 Budget will be corrected in organizational chart
2. To transfer funds to cover health insurance for EI Coordinator who became FT April 2011. Benefits covered from April to December 2011.
3. To transfer funds from CHHA to Family Health for nursing salary not utilized by CHHA but is FH expense. Move both Salary and Fica/Medicare
4. To transfer funds from within Preventive program to cover part time salary expense to year end.
5. To transfer funds to cover estimated Sick incentives for 2011.

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

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: September 23, 2011

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To renew contract agreement with NYSDOH to allow continued receipt of grant funds for the Children with Special Health Care Needs Program for contract period October 1, 2011 to September 30, 2014, in the amount of \$55,515.00 (\$18,505.00 per year).
- (c) Name of Contractor: NYSDOH - Bureau of Maternal and Child Health
- (d) Address of Contractor: ESP, Corning Tower, Room 878 Albany, NY 12237
- (e) Contractor's Contact Person and Telephone Number: Marina Sepowski, 402-5706 or E-Mail - mis12@health.state.ny.us
- (f) Has or will the Contract be provided, if so, please attach: No, will send up for signatures when approved workplans and budgets are returned from NYSDOH.
- (g) Commencement Date of Contract: October 1, 2011
- (h) Termination Date of Contract: September 30, 2014
- (i) Payment Provisions: Quarterly voucher submission upon receipt of approved workplan
- 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.4018.0020 Family Health Expenses
A.4018.4452 Children with Special Health Care Needs Revenues

NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

September 2, 2011

Patricia Auer
Director of Public Health & Patient Services
Warren County on behalf of Warren County Health Services
Warren County Health Services
1340 State Route 9

Dear Ms. Auer:

Enclosed please find the forms necessary to renew your Children with Special Health Care Needs contract number C-024650 for the period October 1, 2011 – September 30, 2014, in the amount of \$55,515 (\$18,505 per year). The department is transitioning your grant to a multi-year contract which will require you to prepare three (3) budgets, one for each year of the contract from October 1, 2011 – September 30, 2014. Enclosed is a standard workplan that will apply to this period as well as budget, justification, and contact forms.

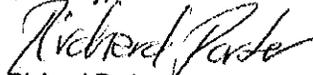
Multi-year contracts eliminate the need to renew contracts each year. As you know, the contract renewal process can be lengthy, sometimes resulting in voucher payment delays pending contract execution. The new process should result in more timely payment of claims.

Please project your budgets as closely as possible, taking into account future salary increases, etc. Even with a multi-year contract, if a budget modification results in a transfer of 10% or more between personal service and nonpersonal service for any given year, the contract would need to be amended and approved by the state Comptroller.

Budgets, justification forms and a completed contact sheet must be submitted to Marlena Cummins electronically at mmf06@health.state.ny.us by **September 30, 2011**. Hardcopy submissions will not be accepted. When your budgets are approved, you will receive contract signature pages under separate cover.

If you have fiscal questions or require assistance, please contact me at (518) 474-4569 or by e-mail at rap08@health.state.ny.us. For programmatic questions or for guidance, please contact your Regional Office contact or Marina Sepowski at (518) 402-5706 or by email at m1s12@health.state.ny.us.

Sincerely,



Richard Porter
Accountant
Bureau of Maternal & Child Health
Administration Unit

cc: Susan Slade

Auer, Pat

From: Marlena M Cummins [mmf06@health.state.ny.us]
Sent: Friday, September 02, 2011 11:39 AM
To: Auer, Pat
Cc: Jones, Ginelle; Driscoll, Tawn; Marina L Sepowski
Subject: C-024650 CSHCN 2011-14 Call Package
Attachments: C-024650.pdf; Blank 11-12 Budget Tables and Forms.xls; Blank 12-13 Budget Tables and Forms.xls; Blank 13-14 Budget Tables and Forms.xls; CSHCN Workplan Contact Page 1.doc; CSHCN Appendix D-1 Workplan 2011.2014.pdf

Attached please find the forms necessary to renew your Children with Special Health Care Needs contract for the period October 1, 2011 – September 30, 2014. The department is transitioning your grant to a multi-year contract which will require you to prepare three (3) budgets, one for each year of the contract from October 1, 2011 – September 30, 2014. Attached is a standard workplan that will apply to this period as well as budget, justification, and contact forms.

Budgets, justification forms and a completed contact sheet must be submitted to me electronically at mmf06@health.state.ny.us by **September 30, 2011**. Hardcopy submissions will not be accepted. When your budgets are approved, you will receive contract signature pages under separate cover.

(See attached file: C-024650.pdf) (See attached file: Blank 11-12 Budget Tables and Forms.xls) (See attached file: Blank 12-13 Budget Tables and Forms.xls) (See attached file: Blank 13-14 Budget Tables and Forms.xls) (See attached file: CSHCN Workplan Contact Page 1.doc) (See attached file: CSHCN Appendix D-1 Workplan 2011.2014.pdf)

Marlena Cummins
NYS Department of Health
Bureau of Maternal & Child Health
Administration Unit
ESP, Corning Tower, Room 878
Albany, NY 12237
Phone (518)474-4569
Fax (518)473-3391

IMPORTANT NOTICE: This e-mail and any attachments may contain confidential or sensit

Contractor:
Contract No.: C-

APPENDIX B-4
TABLE A
BUDGET SUMMARY

Children with Special Health Care Needs Program
OPERATING BUDGET AND FUNDING REQUEST

Contract Period: October 1, 2013 - September 30, 2014

	=	+	+	+
	Total Expenses	Amount Requested from NYS	Other Source	Specify Other Sources
Subtotal Personal Service (Total Line Only from Table A-1):	\$0	\$0	\$0	See Table A-1
Subtotal Nonpersonal Service (Total Line Only from Table A-2):	\$0	\$0	\$0	See Table A-2
GRAND TOTAL	\$0	\$0	\$0	<p>CFDA INFORMATION Federal Funds 93.994: Maternal and Child Health Services Block Grant (100%)</p>

Contractor:
Contract No.: C-

APPENDIX B-3
TABLE A
BUDGET SUMMARY

Children with Special Health Care Needs Program
OPERATING BUDGET AND FUNDING REQUEST

Contract Period: October 1, 2012 - September 30, 2013

	=	+	+	+	
	Total Expenses	Amount Requested from NYS	Other Source	Specify Other Sources	
Subtotal Personal Service (Total Line Only from Table A-1):	\$0	\$0	\$0	See Table A-1	
Subtotal Nonpersonal Service (Total Line Only from Table A-2):	\$0	\$0	\$0	See Table A-2	
GRAND TOTAL	\$0	\$0	\$0		CFDA INFORMATION Federal Funds 93.994: Maternal and Child Health Services Block Grant (100%)

**Children with Special Health Care Needs
10/1/11-9/30/12**

Name and Address of Contractor:

Program Director (person responsible for program oversight): will be sent the approved detailed budget and workplan, all call letters (re-application packages), and signature pages.	Program Coordinator (person responsible for managing the program): will be the person contacted regarding the workplan, quarterly program reports, etc...	Fiscal Contact (person responsible for managing the fiscal component of the program): will be sent all fiscal documents including held voucher notices, budget modification approvals, voucher reduction notices, and budget balance statements.
Name:	Name:	Name:
Title:	Title:	Title:
Address (if different from above):	Address (if different from above):	Address (if different from above):
Office Telephone Number:	Office Telephone Number:	Office Telephone Number:
Office Fax Number:	Office Fax Number:	Office Fax Number:
E-mail address:	E-mail address:	E-mail address: