

# 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

**DECEMBER 2, 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. Request resolution to amend Resolution # 529 of 2011 to include an agreement name correction for providing wound care to residents at Westmount. Name change from VOHRA Wound Physicians to **VOHRA Health Services, P.A.** **Page 1**  
**& 2**
2. Request resolution for a new contract with Mahoney Notify Plus, Inc. **Page 3**  
Purpose of contract: To provide semi-annual test and inspection of fire alarm, sprinkler alarm and security alarm for Westmount in the amount of \$ 1,500.00. Also, to include additional emergency repair coverage not to exceed \$ 1,000.00. Total coverage not to exceed \$ 2,500.00/year.
3. Request resolution authorizing the completion of the Air Handler Capital Project (H270). **Page 4**
4. Request resolution for the transfer of funds. **Page 5**
  - A. Reason for transfer: Unbudgeted sick leave incentive funds – 24 hour Activities Aide - \$250.00
  - B. Reason for transfer: Prescription increase due to additional Medicare residents - \$ 6,500.00
  - C. Reason for transfer: Retired employee health insurance - \$ 3,600.00
5. Request resolution for a new contract with Mike McCarthy for analysis of three Medicare Advantage contracts with regards to a recommended desired rate level per contract at a cost not to exceed \$ 500.00 per contract. Total amount not to exceed \$ 1,500.00. **Page 6**
  - A. Blue Shield of Northeastern New York
  - B. Senior Whole Health of New York, Inc.
  - C. NY State Catholic Health Plan, Inc. dba Fidelis Care New York

The managed care plans are specifically designed to meet the needs of our elderly population, through coordinated care, including medical, behavioral, pharmaceutical, and social services.

Continued on next page:



## ***RESOLUTION REQUEST FORM NO. 4***

### ***Request for Extending, Rescinding or Amending Existing Contract***

**DEPARTMENT NAME:**

**DATE:**

- (a) Purpose of Contract Change: Amending Resolution No 529 of 2011 to include an agreement name correction for providing wound care to Residents at the Westmount Health Facility
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 529 of 2011
- (c) Name of Contractor: VOHRA Health Services, P.A.,
- (d) Address of Contractor: 3601 SW 160<sup>th</sup> avenue, Suite 250, Miramar, Florida 33027
- (e) Contractor's Contact Person and Telephone Number:
- (f) Commencement Date of Extension: 10/1/11
- (g) Termination Date of Extension: 30 days written notice
- (h) Payment Provisions:
  - 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. no charge
- (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:

# Warren County Board of Supervisors

## RESOLUTION NO. \_\_\_ OF 2011

**Resolution introduced by Supervisors Sokol, Thomas, Champagne, Taylor and McDevitt**

**AMENDING RESOLUTION NO. 529 OF 2011 - AUTHORIZING  
AGREEMENT WITH VOHRA WOUND PHYSICIANS TO  
PROVIDE WOUND CARE TO RESIDENTS AT THE  
WESTMOUNT HEALTH FACILITY**

WHEREAS, by Resolution No. 529 of 2011 the Warren County Board of Supervisors authorized an agreement with VOHRA Wound Physicians, 6301 NW 5<sup>th</sup> Way, Suite 2800, Fort Lauderdale, Florida 33309 to provide wound care to residents at Westmount Health Facility for a term commencing October 1, 2011 and terminating upon thirty (30) days written notice, at no cost to the County, in a form approved by the County Attorney, and

WHEREAS, the name of the legal entity that will providing said services is VOHRA Health Services, P.A., a Florida Professional Association with its principal place of business at 3601 SW 160<sup>th</sup> Avenue, Suite 250, Miramar, Florida 33027, now, therefore, be it

RESOLVED, that Resolution No. 529 of 2011 is hereby amended to authorize and direct the Chairman of the Board of Supervisors to execute an agreement with VOHRA Health Services, P.A., 3601 SW 160<sup>th</sup> Avenue, Suite 250, Miramar, Florida 33027 to provide wound care to residents at Westmount Health Facility, for a term commencing October 1, 2011 and terminating upon thirty (30) days written notice, at no cost to the County, in a form approved by the County Attorney.

# ***RESOLUTION REQUEST FORM NO. 3***

## ***Request for New Contract***

**DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY**

**DATE: December 6, 2011**

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To provide Semi-Annual Test and Inspections of Fire Alarm, Sprinkler Alarm and Security Alarm for Westmount Health Facility for \$ 1,500.00 also to include additional Emergency Repair Coverage not to exceed \$1,000.00.
- (c) Name of Contractor: Mahoney Notify-Plus Inc.
- (d) Address of Contractor: PO Box 767, 15 Cooper Street, Glens Falls, NY 12801
- (e) Contractor's Contact Person and Telephone Number: Kevin Mahoney, 518 793-7788
- (f) Has or will the Contract be provided, if so, please attach: Yes
- (g) Commencement Date of Contract: March 1, 2012
- (h) Termination Date of Contract: February 28, 2013
- (i) Payment Provisions: i) lump sum amount  
ii) hourly rate amount  
iii) total amount not to exceed \$2,500.00/year  
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. completion of annual inspection and/or emergency repair
- (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: EF.82200.6822 470 Plant Operation and Maintenance, Contracted Service \$23,000.00.

**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: WESTMOUNT HEALTH FACILITY**

**DATE: DECEMBER 2, 2011**

- (a) Purpose of Request: Authorization to close Airhandler Capital Project (H270)
  
- (b) Details: Authorization to close Airhandler Capital Project (H270)
  
- (c) Previous Resolution Number:



# ***RESOLUTION REQUEST FORM NO. 3***

## ***Request for New Contract***

**DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY**

**DATE: December 2, 2011**

- (a) Is this a Result of a Bid or Request for Proposal? No
  
- (b) Purpose of Contract: Analysis of three Medicare Advantage Contracts with regards to a recommended desired rate level per contract at a cost not to exceed \$500.00 dollars per contract. Blue Shield of Northeastern New York, Senior Whole Health of New York, Inc., NY State Catholic Health Plan, Inc. d/b/a Fidelis Care New York.
  
- (c) Name of Contractor: McCarthy & Conlon, LLP
  
- (d) Address of Contractor: 150 Warren Street, Glens Falls, NY 12801
  
- (e) Contractor's Contact Person and Telephone Number: Michael McCarthy 518  
792-6668
  
- (f) Has or will the Contract be provided, if so, please attach:
  
- (g) Commencement Date of Contract: January 1, 2012
  
- (h) Termination Date of Contract: Completion of Contract Analysis
  
- (i) Payment Provisions:
  - i) lump sum amount
  - ii) hourly rate amount
  - iii) total amount not to exceed \$1,500.00
  - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Upon completion of Medicare Advantage Contract Analysis.
  
- (j) Where are the Funds for this Contract? List Budget Code, (with title), Object

le

# **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: Westmount Health Facility**

**DATE: December 2, 2011**

- (a) Purpose of Request: Authorizing the adoption and electronic certification of a Compliance program for Westmount Health Facility.
  
- (b) Details: Authorizing the adoption and electronic executing of a Compliance program for Westmount Health Facility consisting of (1) the compliance manual (2) the compliance protocols; and (3) appropriate written policies and procedures affecting any risk areas in Facility's operations.
  
- (c) Previous Resolution Number: 814 of 2010

7

## CORPORATE COMPLIANCE IN-SERVICE OUTLINE

**FUNCTION OF CORPORATE COMPLIANCE:** The compliance committee was established to assure that Westmount's operations are being conducted in compliance with applicable law and the highest ethical standards. Because a significant portion of Westmount's services are reimbursed through governmental programs which require that Westmount's business is conducted with complete integrity.

### **MEMBERS OF THE COMMITTEE:**

Barbara Taggart/Administrator  
Susan Bartholomew/Director of Nursing  
Dr. Roslyn Socolof/Medical Director  
Shanna Baeulieu/MDS Coordinator  
Betsy Henkel/ (officer) Comptroller  
Mary Hilliard/Admissions Coordinator

### **STANDARDS OF CONDUCT:**

**RESIDENT CARE AND RESIDENT RIGHTS:** Westmount has developed policies and procedures to ensure quality of care and the protection and promotion of resident rights.

- Comprehensive assessment of each resident is conducted in accordance with federal and state laws and regulations.
- All resident plans of care are developed by the interdisciplinary team based on assessment with the MDS. This includes measurable objectives and goals to meet the resident's medical, nursing, mental, and psychosocial needs.
- Residents are free from verbal, mental, sexual, or physical abuse, corporal punishment or involuntary seclusion.

**REFERRALS:** Federal and state law prohibit Westmount from soliciting or accepting or offering or paying for referrals.

- Receiving free goods or services from a vendor in exchange for the purchase of other goods/services.
- The offering or making gifts, loans of any kind to an entity that is a prospective referral source.

**BILLING AND CLAIMS:** The facility has an obligation to its residents, third party payers and the state/federal agencies to exercise diligence when submitting claims for payment. Some risk areas include:

- Claiming reimbursement for services not rendered.
- Filing duplicate claims.
- Up coding to a higher RUG's score.
- Billing for services not medically necessary.
- Failing to provide medically necessary services.
- Billing excessive charges.

**NON-DISCRIMINATION IN RESIDENT SERVICES AND CHARGES:** We can't discriminate in the admission, retention, and care of residents based on race, color, blindness, national origin, sex, sexual preference, religion, and sponsorship/payment.

**CONFIDENTIALITY:** Resident information must be kept confidential. Discussing a resident's medical condition or providing any information about to anyone other than facility personnel, interdisciplinary team, and authorized representatives is a violation.

**BUSINESS ENTERTAINMENT/GIFTS:** Employees should not receive any gift under circumstances that could be construed as an improper attempt to influence Westmount's decisions/actions.

**CONFLICTS OF INTEREST:** No employee should place themselves in a situation where their personal interests might conflict with the interests of Westmount.

- Another job will not interfere with the effect/performance of your duties at Westmount.
- No employee should have financial interests in a firm/entity which is doing, or seeking to do business with Westmount.
- No employee will compete with Westmount by selling or offering to sell services or products similar to this offered by Westmount.
- No employee may use Westmount's assets for personal benefit.

**PROCEDURES TO HELP STAY IN COMPLIANCE:**

- Initial and annual training
- Periodic training
- Ongoing communication and changes in compliance manual

**REPORTING REQUIREMENTS:**

- To report a violation; you may notify the compliance officer either in writing or verbally.
- Westmount will investigate any suspected violation and take necessary action. These investigations may be conducted by the officer or externally (lawyers).

**MANUAL CHANGES:**

- Employees are free from discrimination when making a complaint or filing a violation.

**WARREN COUNTY TWO YEAR BUDGET COMPARISON**  
**REVENUE AND EXPENDITURES FOR 2011 AS OF 11/27/2011 12:56:29 PM**

EXPENSES	YTD ACTUAL THRU	YTD ACTUAL THRU	YTD 11/10	% CHANGE	ANNUALIZED 2011	2011 AMENDED	2010 AMENDED
	November 2011	November 2010			EXPENSE	BUDGET	BUDGET
Salaries - Regular	\$2,392,128.71	\$2,536,630.92	(\$144,502.21)	-5.70%	\$2,827,041.63	\$3,069,882.92	\$3,089,902.52
Salaries - Overtime	\$254,060.74	\$218,796.39	\$35,264.35	16.12%	\$300,251.52	\$302,719.12	\$218,387.62
Salaries - Part Time	\$435,312.67	\$408,670.05	\$26,642.62	6.52%	\$514,456.87	\$506,497.42	\$504,926.32
	\$3,081,502.12	\$3,164,097.36	(\$82,595.24)	-2.61%	\$3,641,750.02	\$3,879,099.46	\$3,813,216.46