

**Warren County Health Services
Health Services Committee Meeting
July 27, 2012
Information Submitted By: Patricia Auer, DPH/DPS**

Action Agenda/New Business

Request Committee Approval:

To authorize the expenditure of funds in the amount of \$125.00 for the WIC Program Coordinator to attend the New York State WIC Manager's Workshop 2012 in Albany on September 20th and 21st 2012.

Rationale:

All conferences costing in excess of \$100.00 require committee approval. The funding is covered in full by the WIC Program Grant. Meals are included in the workshop fee, and there is no travel or lodging expenses. The employee will drive in the WIC Program car for each of the two days.

Request Committee Approval:

To authorize Sharon Schaldone, Assistant Director of Patient Services, and Tammie DeLorenzo, Fiscal and Informatics Coordinator, to attend the Corporate Compliance in a Managed Care Environment Symposium in Albany on September 27 – 28, 2012. The conference is sponsored by the Home Care Association of New York and the total cost will be \$299.00 per person.

Rationale:

It is important to receive current best practice information regarding corporate compliance programs and in particular what managed care organizations will be expecting, as well as to learn how to navigate audits and inquiries by regulatory and oversight agencies. We have sufficient funding in the budget to cover the cost.

Request Resolution:

To amend the agreement with IVANS Inc., an agreement which provides for Institutional Data Exchange for Medicare claims to include a Business Associates agreement to ensure the proper safekeeping of Protected Health Information (PHI). We utilize IVANS for our processing of Medicare claims, and we need to continue the relationship.

Rationale:

This agreement has been requested by IVANS. It is mandated by the Department of Health and Human Services due to recent changes to the Health Insurance Portability and Accountability Act (HIPAA) through Subtitle D of the Health Information Technology and Clinical Act (HITECH Act) of 2009 that a Business Associate Agreement be in place in order to continue to do business with one another. We have had this agreement with IVANS since 2002 and it works well. We are billed monthly based on the amount of time we use the system. In the past eighteen months we have paid a total of \$1,311.29. If we were to change vendors we would have new set up fees etc that are not necessary for a working system.

Request Resolution:

To allow reimbursement for a college course to be taken by a nurse in the Fall 2012 Semester in pursuit of her Bachelor's Degree in Nursing. The title of the course is Theoretical Foundations of Nursing and the amount of reimbursement upon the nurse receiving a grade of C or higher would be half of the \$725.00 course fee or \$362.50 plus 50% of the cost of course materials, if any. That information is not known at this time. Any reimbursement would be paid only upon the submission of appropriate receipts.

Rationale:

This is a CSEA Contract provision if approved by the Board of Supervisors prior to enrollment in the course.

Request Resolution:

To authorize a contract agreement, in a form approved by the County Attorney, with Kimberly Rivers to provide Physical Therapy services for adult patients.

Rationale:

We are in need of physical therapists to treat adults, particularly as most of those with whom we currently contract only want to see children. Therapy services are reimbursable visits.

Request Resolution:

To accept the 2011 Annual Report for Warren County Health Services.

Rationale:

It is required by New York State Department of Health that this report be prepared and accepted by board resolution. After the members of the committee having had the opportunity to review the report since last month's meeting, we will answer any questions the members may have. If the report is accepted, it will be posted on the Health Services' Website. Since it is a lengthy document, hard copies will be provided only to our Professional Advisory Committee or by individual requests.

Request Resolution:

To accept the updated Warren County Public Health Emergency Preparedness and Response Plan for 2012.

Rationale:

This is an annual requirement by the New York State Department of Health and is given to the Office of Emergency Services to be annexed as part of the Warren County Emergency Plan. A copy of the plan will be included with the minutes of the Health Services Committee Meeting, and a copy will be available at the Health Services Committee Meeting if any the members would like to review it.

Request Resolution for Budget Amendments:

To amend the 2012 Warren County Budget to remove from the Bioterrorism Budget Code the Office of Homeland Security Grant portion and create a Budget Code specific to the Office of Homeland Security grant funds for its own revenues and expenditures. This was specifically requested by New York State during a recent audit of the Emergency Preparedness Grants, and although we were able to demonstrate what funds went where and for what purpose, the auditors don't want it to appear as a "co-mingling" of grant funds. We have worked with the Warren County Treasurer's office to establish codes to make this change. The specific dollar amounts and codes will be detailed on the Resolution Request Form.

Pending Items

Update on the Certificate of Needs Applications

As discussed at last month's meeting we have submitted to the Public Health Planning Council information and documentation as to why Warren County Health Services is able and should remain the only Certified Home Health Agency in the county. Hopefully, we will have information as to the outcome of the meetings where applications are reviewed by October, and if not, by the end of the year. We will keep you apprised of the process.

Items for Discussion/Information

Emergency Response and Preparedness Activities

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

Report of Expenditures, Revenues, Overtime and Per Diem Use

Please see **Attachment #2**.

Tawn Driscoll, Fiscal Manager, will be present at the meeting to review the report and answer questions.

Request for Assistance

We have been asked by the Public Health Director in Washington County whether our department might be able and/or willing to assist in covering some patients who require IV services that would usually be covered by Washington Public Health Nursing Service Staff. These cases would be reimbursable but must be managed by a Certified Home Health Agency. Sharon Schaldone, Assistant Director of Patient Services, and I had a discussion with the regional New York State DOH representative to make sure this would be allowed under our operating certificate, and whether we could select the cases based on our availability and the geographical area in Washington County where the patient resided. We also stated that Warren County patients would have first preference and we would need to discuss with our Health Services Committee before answering or making any commitments as to whether they wished to do this. The NYSDOH stated that this would be allowed. We have met with our IV Nurses to solicit their input, and they are agreeable with geographical boundaries, which is the only way we could entertain the plan and still meet the needs of our own patients. This would be viewed as temporary help within Warren County Health Services' ability to assist a neighboring county until they are able to offer the services of a Certified Home Health Agency that is adequate and staffed to meet all needs to their residents.

I have discussed this situation with Paul Dusek, County Administrator, and he felt the plan should be brought to committee for further discussion, and if the committee wishes to pursue this plan a Resolution of the Board would be needed.

Attachments:

#1 Emergency Response and Preparedness Activities Report

#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

Attachment 1

Date	Type	Subject/Comments	Attendees	Topic (i.e. Chempack, Drill, Mass Fatality, SNS, Training, Pan Flu,
7/11/12 BP1 STARTS (Overlap period)				
July	Finishing Up	4 th Quarter Deliverables due 9/15/12 and any other loose ends in light of Barb's retirement 8/9/12.	Barb Orton, Laura Saffer, Angela Meade	
7/11/12	Webinar/Conf Call	"Suffolk County Special Needs Registry"	Laura Saffer, Laura Stebbins	
7/12/12	Test	HCS via Time-Warner cable modem in 6-103 (laptop)	Barb Orton, Angela Meade	
7/17/12	On-line Course	CDC "Emergency Use Authorization"	Laura Saffer	SNS
7/18/12	Tabletop	Monthly GFH - Rail car incident	Barb Orton, Dan Durkee	
7/19/12	Webinar	Social Media - School of Public Health	Laura Saffer	
7/19/12	Webinar/Conf Call	1-10 Health Emergency Response Data Systems (HERDS v3) CoSur	Ginelle Jones, Laura Saffer	
7/20/12	Webinar/Conf Call	1-10 Health Emergency Response Data Systems (HERDS v3) CoSur	Dan Durkee, Pat Belden	
7/24/12	Training	Lay Volunteers "Disaster Myths & Realities"	Laura Saffer	Training
7/25/12	Meeting	Quarterly EPR Committee	Barb Orton, et.al	
7/25/12	Meeting	Update Chempack Plan	Barb Orton, Amy Drexel, Laura Stebbins	

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2012 AS OF 7/24/2012 5:52:33 PM

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

EXPENSES	2012 BUDGETED	2012 YTD ACTUAL	2011 Prior Year Totals
Salaries - Regular	\$2,835,728.89	\$1,527,402.46	\$2,878,176.80
Salaries - Overtime	\$137,500.00	\$70,220.15	\$125,594.50
Salaries - Part Time	\$283,111.20	\$115,953.25	\$217,841.31
Salaries - Sick Leave Incentive			\$2,000.00
100's PERSONAL SERVICES	\$3,256,340.09	\$1,713,575.86	\$3,223,612.61
200's EQUIPMENT	\$113,442.02	\$103,260.50	\$68,065.47
400's CONTRACTUAL	\$9,466,154.29	\$2,582,908.94	\$7,251,995.51
800's EMPLOYEE BENEFITS	\$1,600,984.41	\$919,144.39	\$1,326,493.01
TOTALS	\$14,436,920.81	\$5,318,889.69	\$11,870,166.60

REVENUES	2012 BUDGETED	2012 YTD ACTUAL	2011 Prior Year Totals
	\$11,995,921.00	\$2,555,411.57	\$9,673,991.86

Notes: We are currently working on closing June billing for CHHA, LTC and MCH. Accrued above for 2012 revenues is \$447,181.56 for AVL#2 for the 2011/2012 School year for the Preschool Program.
 Also to note for 2012, Health Services is currently \$20,083.28 below 2011 year to date totals for Personal Services.

Warren County Health Services

Salaries Comparison

2011 vs 2012

as of 7/15/12 Payroll date ending

Total of All Depts	YTD 2012	YTD 2011	YTD 12v11	% Change	Total Budget 2012	Total Actual 2011
Regular Salaries	\$1,527,402.46	\$1,549,196.79	-\$21,794.33	-1.41%	\$2,835,728.89	\$2,878,176.80
Overtime Salaries	\$70,220.15	\$66,703.87	\$3,516.28	5.27%	\$137,500.00	\$125,594.50
Part Time Salaries	\$115,953.25	\$117,758.48	-\$1,805.23	-1.53%	\$283,111.20	\$217,841.31
Sick Leave Incentive	\$0.00	\$0.00	\$0.00	0.00%	\$0.00	\$2,000.00
TOTALS	\$1,713,575.86	\$1,733,659.14	-\$20,083.28	-1.16%	\$3,256,340.09	\$3,223,612.61

*Source: Detail G/L report for all Salary Category from 1/1/XX-7/15/XX

Note: Effective 4/23/12 a few per diem and part time employees received salary increases. They have not had increases in a few years.

SCHEDULE "A"

AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

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

The Head Im Services hereby authorizes Toni Rom WIC Program
 (Supervisory Committee) (Employee Name) Coordinator
 to attend New York State WIC Managers Workshops 2012
 (Name of meeting or organization)
 at The Hotel Albany 40 Lodge Street Albany, New York 12207
 (Address)
 on Sept 20-21, 2012 Mode of transportation to be used WIC Program car
 (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 *not applicable*

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

cost 100% WIC covered by grant
conference cost \$125.00 - includes meals
no travel or lodging costs

Date: 7/27/12

Patricia [Signature]
Department Head Signature

Date: 7/27/12

[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.



Please join us for this year's
NYS WIC Managers' Workshop 2012
September 20-21, 2012

The Hotel Albany
www.TheHotelAlbany.com
40 Lodge Street
Albany, NY 12207



OVERVIEW:

WIC was developed to service populations that are at-risk nutritionally. WIC families tend to have additional concerns and needs that impact their ability to change behaviors and maintain a healthy lifestyle. When continually working with families in need, some staff may become unmotivated when they see the interventions, education, and referrals provided are not being received or implemented by the participants. Additionally some staff may lose focus on purpose of the program and begin to show feelings of disengagement with participants.

This 2-day workshop will focus on ways to build staff's skills in working with families in need through a better understanding of the challenges faced by WIC participants, particularly their situations, structures, and systems they must navigate.

As a result of this training participants will:

- Increase their understanding of the challenges faced by the modern WIC family;
- Examine methods to increase staff sensitivity and empathy towards WIC families; and
- Discuss management strategies, tools, and trainings to create a more compassionate WIC work force.

Target Audience: WIC Site Directors, Managers and Coordinators.

Faculty:

- Doris Saintil, Deputy Director/WIC Training Center, CAI
- Michelle Gerka, VP, Director of Community Education, CAI
- Grisel Arredondo, Director, Capacity-Building Services, CAI
- John Hatchett, VP, Director of Peer-Based Initiatives, CAI

MEETING AGENDA (subject to change)

DAY 1 September 20, 2012

7:00-8:30am	Registration and Breakfast
8:30-12:00 am	Morning Session and Breakouts
12:00-1:00 pm	Lunch
1:00-5:00 pm	Afternoon Session and Breakouts
	Dinner on your own

DAY 2 September 21, 2012

7:00 am -8:30 am	<i>Continental Breakfast</i>
8:30 am -12:00 pm	Morning Session and Breakouts
12:00-1:00 pm	<i>Lunch</i>
1:00-4:30 pm	Afternoon Session and Breakouts
4:30-5:00 pm	Evaluations and Departure

REGISTRATION AND HOTEL RESERVATION INSTRUCTIONS

Registration Process:

There is a \$125 conference registration fee for this event. The deadline for registering is **August 31, 2012**. Payment can be made through PayPal by registering online at: www.caiglobal.org/wictc/conf2012/registration.htm.

If you are unable to pay online please contact Kelley King for more information at KKing@CAIglobal.org or (518) 724-2801. **Payment and registration is required in order to attend this workshop.**

Registration Deadline:

You **must** register by **8/31/12** if you want to attend. Pre-registration allows us to plan for the workshop appropriately – including meals and activities. Late registrations (payments received after 8/31/12) will be charged a fee of \$50.

Hotel Reservations:

Workshop attendees are responsible for making their own reservations and paying for their hotel rooms. For your convenience, we have reserved a block of rooms at the newly renovated Hotel Albany for WIC staff during this workshop (for \$104 plus taxes per night for a single or double room). If you bring your agency's Tax Exempt form, the hotel will not charge the taxes. To make your reservation, call the Hotel Albany at (518) 462-6611 or book online at www.hilton.com. Make your reservations using the code **EFD** or ask for the Cicatelli Associates Managers' Workshop room block.

The deadline for making hotel reservations is **August 24, 2012**.

[Click here to register online.](#)

[Click here to pay online.](#)

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 Tammie De Lorenzo
 (Supervisory Committee) (Employee Name)

to attend Corporate Compliance in a Managed Care Environment Symposium
 (Name of meeting or organization)

at Hotel Albany - Albany New York
 (Address)

on Sept 27-28, 2012 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.

conf. fee \$299 per person
 \$598 total

For Overnight Travel

- Room rate \$ N/A
 - Meal costs - GSA* per diem rate \$ included in conf. fee
- *www.gsa.gov

GSA* Rate \$ N/A

Date: 7/27/12

Patricia Ag...
 Department Head Signature

Date: 7/27/12

[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.

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4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

SYMPOSIUM

CORPORATE COMPLIANCE IN A MANAGED CARE ENVIRONMENT

*Essentials Every New York Home Care
Agency Should Know*

SEPTEMBER 27 – 28, 2012, HOTEL ALBANY, ALBANY, NY





**Corporate Compliance in a Managed Care Environment
Essentials Every New York Home Care Agency Should Know**
September 27-28, 2012
Hotel Albany, Albany, NY

HCA's corporate compliance symposium is offered by HCA each year to enable compliance officers and agency compliance leaders to learn about the audit and oversight environment at both the state and federal levels, hear from compliance experts about how to best navigate audits and inquiries by regulatory and oversight agencies, discuss with the State's lead agency heads about the priorities and policies of the state audit agencies and learn new best practices and tools for improved agency corporate compliance.

Strong and effective corporate compliance programs for the home care sector are essential, especially in a changing policy environment in which home care's interaction and engagement with managed care plans is growing. Agencies, working collaboratively with health plans and managed long term care plans, are best positioned in this evolving environment by retooling and refocusing their compliance programs.

Don't miss this year's symposium!

Hotel Albany
State and Lodge Streets
Albany, NY 12207
Reservations: (518) 462-6611

Room rate \$144 per person/per night
This rate is available until August 27 or until the HCA room block is sold out. To make a reservation please contact the hotel directly at the number listed above.

**HOTEL
INFORMATION**

PROGRAM AGENDA**Day One
September 27**

10:30am **Welcome and Opening Comments**

10:45 – 11:45am **The View from New York State's Medicaid Inspector General**
James Cox, NYS Medicaid Inspector General

Hear from the State's audit chief about the priorities of the Office of Medicaid Inspector General (OMIG) under Mr. Cox's leadership, especially in light of a changing home care policy environment in which most of the Medicaid home care spending will go directly to health plans, rather than providers. Hear about OMIG's new areas of emphasis and its approach to audit and compliance in this new context, as well as how providers can adjust and adapt their compliance programs and internal strategies to ensure positive results for their agencies.

11:45 – 1:00pm **The State's Audit Focus and How Providers Can Prepare**
James Kaiser, Director, OMIG Buffalo Audit Office (Invited)
Mark Tessier, OMIG Senior Auditor (Invited)

OMIG's lead auditors in the home care sector will discuss the status and protocols of the home care audit process including the Workforce Recruitment and Retention Audits, the Medicaid Recovery Audit Contractor (RAC) audits and other audits, giving insight into how agencies can prepare, and best position themselves.

1:00 – 1:45pm **Networking Lunch**

1:45 – 3:00pm **Preparing for Federal Audits – Essential Information for Provider Agencies**
Connie Raffa, Partner, and Rachel Hold Weiss, Partner
Arent Fox, LLP

Hear from two of the state's most seasoned lawyers with extensive experience in the federal audit environment, Ms. Raffa and Ms. Weiss, who will discuss the federal audit environment impacting home care, focusing on internal strategies and preparations agencies can employ to best position themselves if the federal oversight agencies pay a visit.

3:00 – 4:30pm **Compliance Tips With a Focus on Home Care Audits in a Managed Care Environment**
Greenberg Traurig Representatives (TBA)

In a new managed care environment, home care provider agencies will be contracting with health plans, which will be the direct recipients of the bulk of state Medicaid funds for home care services. In this construct, managed care plans will want to work proactively with home care providers to assure effective compliance. From an audit standpoint, the responsibilities for compliance may change, with the plans having more direct accountability, and the providers serving in more of a contractor function to the plans. Hear about how this new environment will change internal controls and compliance programs, and what agencies need to do to prepare for this change. This session will also offer tips and insights about how to strengthen your internal compliance plans and corporate controls.

4:30pm **Adjourn**

PROGRAM AGENDA**Day Two****September 28, 2012**

7:30 – 8:30am **Over breakfast, brush up on the Basics of Effective Compliance Programs**
Breakfast available at 7:00am.
 Connie Raffa, Partner and Rachel Hold Weiss,
 Arent Fox, LLP

Whether you have been a compliance officer for years, or you are brand new to the position, hear from an experienced legal team on what comprises the essential ingredients of a rigorous, tested and effective corporate compliance program.

8:30 – 9:30am **State Perspectives on Provider Risk Relief**
 John Ulberg, Director, Division of Health Care Financing
 NYS Department of Health

With the state's move away from a Medicaid Fee for Service (FFS) payment environment into managed care as well as the recent transition to a new episodic pricing system, state policymakers will be calibrating their audit practices to reflect these new payment environments. Participate in a discussion with the Department's key provider payment expert regarding how the state may be approaching this new payment landscape and how state practices and changes will impact providers and audit practices, possibly offering providers audit relief.

9:30 – 10:30am **Regulatory Changes Impacting Compliance Programs in a Managed Care Environment**
 Rebecca Fuller Gray (Invited)
 Director, Division of Home and Community Based Services
 NYS Department of Health, Office Health Systems Management

In a new state policy environment in which managed care providers will contract with providers to deliver care to chronically ill patients, regulatory expectations and compliance must also be synchronized and modified as necessary in light of a new system. Hear from one of the state's principal home care officials with responsibility for the development and oversight of regulatory compliance about how providers' and plans' new responsibilities and roles in a new system will be transformed and fulfilled in this new system.

10:30am Symposium Adjourns

**HOTEL
INFORMATION**

Hotel Albany
 State and Lodge Streets
 Albany, NY 12207
 Reservations: (518) 462-6611

Room rate \$144 per person/per night
 This rate is available until August 27 or until the HCA room block is sold out. To make a reservation please contact the hotel directly at the number listed above.

REGISTRATION FORM

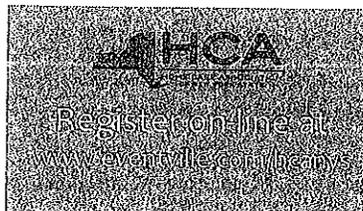
The registration fee of \$239 for HCA members includes two days of expert speakers and handout materials, plus food and beverage as noted. A one-day fee is not available and the registration fee may not be shared for the two-day program. Potential members are also welcome at the rate of \$299 per person.

REGISTRANT INFORMATION - Please register by September 19.

Name: Sharon Schaldone
 Title: Assistant Director Home Care
 Agency: Warren County Health Services
 Address: 1340 N. Rt 9 Municipal Center
 City/State/Zip: Lake George, NY 12845
 Phone: 518 761 6415 Ext. 1 Fax: 518 961-6562
 Email: schaldone s @ warren county ny . gov
 (Required)

HCA REGISTRATION FEE

Member Fee \$239
 Non-Member Fee \$299



Special Needs

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

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, Suite 400, Albany, NY 12210. Checks must be received by September 19.

Card Number _____

Expiration Date _____ Security Code _____

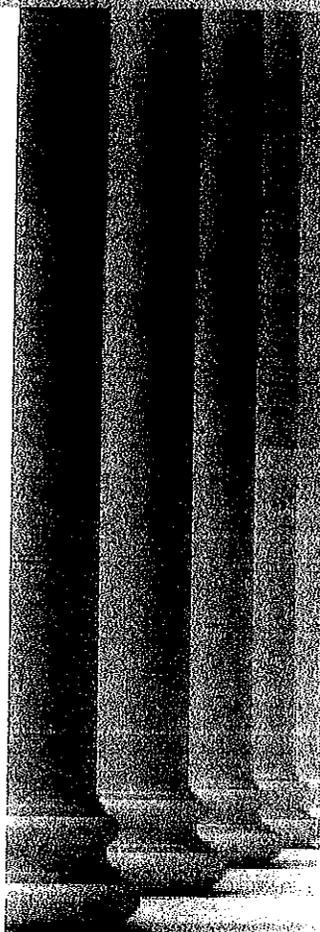
Mailing Address of Card Holder _____

City, State, Zip _____

Name on Card _____

Authorized Signature _____

FAX THIS FORM TO: 518-426-8788



HCA Cancellation Policy

HCA registration cancellation has received by September 19, 2012. Cancellations received after this date will be processed on a case-by-case basis. Cancellations received after this date will be processed on a case-by-case basis. Cancellations received after this date will be processed on a case-by-case basis.

REGISTRATION FORM

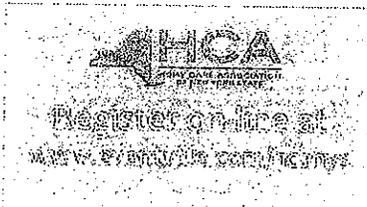
The registration fee of \$239 for HCA members includes two days of expert speakers and handout materials, plus food and beverage as noted. A one-day fee is not available and the registration fee may not be shared for the two-day program. Potential members are also welcome at the rate of \$299 per person.

REGISTRANT INFORMATION - Please register by September 19.

Name: Tammie DeLorenzo
 Title: Information Coordinator
 Agency: Warren County Health Services
 Address: 1340 Rt 9 Municipal Center
 City/State/Zip: Walo George NY 12845
 Phone: 518 761 6415 Ext. Fax: 518 761-6562
 Email: delorenzo@warrencountyny.gov
 (Required)

HCA REGISTRATION FEE

Member Fee \$239
 Non-Member Fee \$299



Special Needs

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

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, Suite 400, Albany, NY 12210. Checks must be received by September 19.

Card Number _____

Expiration Date _____ Security Code _____

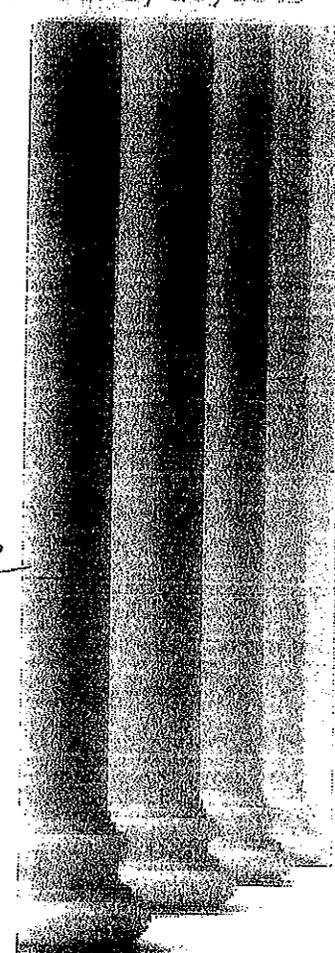
Mailing Address of Card Holder _____

City, State, Zip _____

Name on Card _____

Authorized Signature _____

FAX THIS FORM TO: 518-426-8788



Faded text, possibly a list of names or a document header, including the word "Registration" and "City".

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: July 27, 2012

- (a) Purpose of Contract Change: To amend contract with IVANS, Inc. to include Business Associate Agreement per HIPAA requirements.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: R457/2002
- (c) Name of Contractor: IVANS, Inc.
- (d) Address of Contractor: 225 High Ridge Road, Stamford, CT 06905
- (e) Contractor's Contact Person and Telephone Number:
Richard Wagner 1-800-548-2675 – 1-800-548-2690
E-Mail: richard.wagner@ivans.com
- (f) Commencement Date of Amendment: August 20, 2012
- (g) Termination Date of Extension: Same as terms of current agreement
- (h) Payment Provisions: Upon receipt of invoice
 - 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:
Preventative Program/Disease Program - 4018 0030.428 – Data Processing and Internet Fees
Health Services – 4010 428 – Data Processing and Internet Fees

RESOLUTION NO. 457 OF 2002

Resolution introduced by Supervisors O'Neill, Haskell, Quintal, Montesi and Sheehan

APPROVING AND RATIFYING ACTIONS TAKEN BY THE CHAIRMAN OF THE BOARD OF SUPERVISORS AND THE DIRECTOR OF HEALTH SERVICES HOME CARE DIVISION AS TO EXECUTION OF A COMMUNICATIONS SERVICE AGREEMENT WITH IVANS, INC. TO PROVIDE ELECTRONIC CLAIM SUBMISSION COMPUTER SOFTWARE AND MAINTENANCE TO WARREN COUNTY HEALTH SERVICES - HOME CARE DIVISION

RESOLVED, that the Warren County Board of Supervisors hereby approves and ratifies the actions taken by the Chairman of the Board of Supervisors and the Director of Health Services Home Care Division as to the execution of an agreement with IVANS, Inc., Empire Medicare Services, Institutional Electronic Data Interchange, Mail Drop 4-6, P.O. Box 4846, Syracuse, New York 13221-4846, to provide Electronic Claim Submission Computer Software and Maintenance to Warren County Health Services Home Care Division, in the following amounts:

BlueZone Emulator Software Usage Fee - 2 workstations @ \$54.00 per workstation - for a total of \$108.00 (a one time charge);
BlueZone Maintenance Fee - 2 workstations @ \$12.00 each - \$24.00 per year, per license;
Secure IP Local Dial Access - \$4.35 per hour;
Fee 800 Number, if used - \$5.50 per hour;
Internet Service Charge - \$7.00 per month,

for a term commencing upon execution of agreement and terminating upon written notice, in the form approved by the County Attorney.

Auer, Pat

From: DeLorenzo, Tammie
Sent: Monday, July 23, 2012 3:17 PM
To: Auer, Pat
Subject: FW: Business Associates Agreement | Changing HIPAA Regulations

We use IVANS for claiming purposes. Can someone from Health Services sign or does it have to go upstairs?

Tammie DeLorenzo
Clinical and Fiscal Informatics Coordinator
Warren County Health Services
1340 State Route 9
Lake George NY 12845
(518)824-8772
delorenzot@warrencountyny.gov

Confidentiality Message: This email message, including all the attachments, is for the sole use of the intended recipient(s) and may contain confidential information and/or privileged information. If you are not the intended recipient, you are not authorized to read (anymore than you have), use, disclose or otherwise act upon this email and/or any attachments other than to contact the sender immediately by reply email and destroy/permanently delete all copies of the original message, including attachments. Unauthorized use or disclosure is prohibited.

From: Cote, Tara
Sent: Monday, July 23, 2012 3:05 PM
To: DeLorenzo, Tammie
Subject: FW: Business Associates Agreement | Changing HIPAA Regulations

From: Richard Wagner [mailto:Richard_Wagner@mail.vresp.com]
Sent: Monday, July 23, 2012 3:02 PM
To: Cote, Tara
Subject: Business Associates Agreement | Changing HIPAA Regulations



Dear Valued IVANS Customer,

It has recently come to our attention that your organization does not have a Business Associate Agreement (BAA) on file with IVANS.

A BAA is an agreement required by the Department of Health and Human Services which establishes accepted practices to ensure the proper safekeeping of protected health information (PHI). Recent changes to the Health Insurance Portability and Accountability Act (HIPAA) through Subtitle D of the Health Information Technology and Clinical Health Act (HITECH Act) of 2009 now mandate that a

7/24/2012

BAA be in place for us to continue to do business with one another.

To electronically sign the BAA, please click here

After submitting your BAA, there will be an option to view and print the signed document for your recordkeeping purposes. Should you have any questions please contact the IVANS Help Desk at **800-548-2675**.

Thank you, and IVANS looks forward to servicing all of your electronic medical documentation needs in 2012 and beyond.

Richard Wagner
Chief Privacy Officer
IVANS, Inc.
richard.wagner@ivans.com
ivans.com

For Additional Information

For over 15 years IVANS has made it easier for more than 500,000 healthcare providers to manage Medicare claims transactions electronically. For additional information, please visit www.ivans.com or call us at 800-548-2690.

If you no longer wish to receive these emails, please reply to this message with "Unsubscribe" in the subject line or simply click on the following link:
[Unsubscribe](#)

IVANS, Inc.
225 High Ridge Road
Stamford, Connecticut 06905
US

Business Associate Agreement

BY CLICKING ON THE ACCEPTANCE BUTTON OR ACCESSING THE IVANS LIMETM PRODUCT, USER EXPRESSLY AGREES TO AND CONSENTS TO BE BOUND BY ALL OF THE TERMS IN THIS AGREEMENT.

This Business Associate Agreement ("BAA") is made and entered into by and between IVANS, Inc., a Delaware corporation having its principal place of business at 225 High Ridge Road, Stamford, CT 06905, (hereinafter "Business Associate") and Customer, which is a Covered Entity (hereinafter "Covered Entity" or "CE").

Both Parties understand that, pursuant to the underlying Communications Service Agreement between the Parties, IVANS may gain access to the Protected Health Information of Covered Entity ("CE"), and, in that capacity, is acting as a Business Associate ("BA") for the CE. The Parties, in their business relationship, are entering into this BAA in order to comply with the relevant requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and its implementing privacy and security regulations, as stated in the Code of Federal Regulations, specifically 45 Code of Federal Regulations, Parts 160 -164, including but not limited to Part 164.504 (e) (1); the American Recovery and Reinvestment Act of 2009 ("ARRA"), (specifically the Health Information Technology for Economic and Clinical Health ("HITECH") Act, Subtitle D - entitled "Privacy"), including any statutory amendments, government agency guidance and/or changes to HIPAA or HITECH as they relate to all appropriate compliance activities/responsibilities of each party pursuant to these laws/regulations/guidance, (hereinafter referred to as "HIPAA Regulations").

If and to the extent the Parties cease to function in the roles indicated above, specifically with respect to each other, this BAA shall be of no effect, except as to the provisions which survive termination.

I. DEFINITIONS

Unless otherwise specified in this BAA, all terms, and/or references to HIPAA compliance, shall have the same meaning and be used with the same intent as given in the HIPAA Regulations. In addition, all terms defined in this section of the agreement shall be further defined in accordance with any updates as provided by the Federal Department of Health and Human Services, (DHHS).

1. **BREACH:** The term "breach" means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of such information, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information. Breach shall have the same meaning given to the term in 42 U.S.C. § 17921(1) and 45 C.F.R. § 164.402.
2. **Exceptions to the term BREACH:** The term "breach" does not include (i) any unintentional acquisition, access, or use of protected health information by an employee or individual acting under the authority of a covered entity or business associate if (I) such acquisition, access, or use was made in good faith and within the course and scope of the employment or other professional relationship of such employee or individual, respectively, with the covered entity or business associate; and (II) such information is not further acquired, accessed, used, or disclosed by any person; or (ii) any inadvertent disclosure from an individual who is otherwise authorized to access protected health information at a facility operated by a covered entity or business associate to another similarly situated individual at same facility; and (iii) any such information received as a result of such disclosure is not further acquired, accessed, used, or disclosed without authorization by any person.
3. **HIPAA Regulations:** This term is defined in this BAA to mean all relevant legal mandates and requirements existing at present or guidance, updates and changes in the law. This term includes the Administrative Simplification statute, the Code of Federal Regulations, (including all relevant parts), the ARRA, the HITECH Act, and any current or additional guidance provided by (DHHS).
4. **PROTECTED HEALTH INFORMATION ("PHI"):** Protected Health Information shall have the same meaning as the term "protected health information" in 45 C.F.R. § 160.103, limited to the information created or received by Business Associate from or on behalf of the Covered Entity. This term also includes electronic Protected Health Information, as that term is defined in all relevant HIPAA Regulations. All of the terms and associated definitions may be collectively referred to as "PHI" in this agreement.
5. **REQUIRED BY LAW:** Required by Law shall have the same meaning as the "term required by law" in 45 C.F.R. § 164.103.
6. **UNSECURED PROTECTED HEALTH INFORMATION:** The term unsecured protected health information means "protected health information that is not secured through the use of a technology or methodology specified by the Secretary in the guidance issued under paragraph (2)" of the HITECH Act section 13402. This term includes all additional guidance from the Secretary of DHHS, including all relevant changes in the law as provided for by the HIPAA Regulations.

II. OBLIGATIONS AND ACTIVITIES OF BUSINESS ASSOCIATE

1. Business Associate agrees to not use or disclose Protected Health Information other than as permitted or required by the

- BAA or as Required by Law.
2. Business Associate agrees to use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this BAA.
 3. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate of a use or disclosure of PHI by Business Associate in violation of the requirements of the BAA.
 4. Business Associate agrees to report to Covered Entity any use or disclosure of the PHI not provided for in this BAA of which it becomes aware.
 5. Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides PHI received from, or created or received by Business Associate on behalf of Covered Entity, agrees to protect to the same restrictions and conditions that apply through this BAA to Business Associate with respect to such information
 6. Business Associate agrees to provide access, (if practicable), at the request of Covered Entity, and in a timely manner, by retrieving the specified document/item of media and providing directly to the Covered Entity, in a designated format or, as directed, to an authorized Individual, in order to meet the requirements under 45 C.F.R. § 164.524
 7. Business Associate agrees to make any amendment to PHI, (if practicable), that the Covered Entity requests directs or agrees to pursuant to 45 C.F.R § 164.526 and according to a time and manner designated by the Covered Entity.
 8. Business Associate agrees to document such disclosures of PHI and information related to such disclosures as would be required for the Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 C.F.R. § 164.528, (if practicable), and agrees to provide such information in the time and manner designated by the Covered Entity.
 9. Business Associate agrees to make internal practices, books and records relating to the use and disclosure of PHI received from, or created or received by IVANS on behalf of the Covered Entity available to the Secretary of the Department of Health and Human Services and/or its agents, for the purpose of monitoring compliance with the conditions of this BAA and the statements of all relevant HIPAA Regulations including but not limited to the Privacy and Security Rules.

III. PERMITTED USES AND DISCLOSURES UNDER THIS AGREEMENT

Business Associate may use or disclose the Covered Entity's PHI only as permitted or required by this BAA, or as otherwise required by Law. The following list of PHI uses and disclosures have been agreed to by both Parties:

1. Except as otherwise limited in this BAA, the Business Associate may use or disclose PHI to perform functions, activities, and services for the Covered Entity, as is their legal responsibility.
2. Business Associate will disclose PHI to, and permit the use of PHI by its employees, contractors, agents or other representatives only to the extent directly related to and necessary for the performance of services for the Covered Entity.
3. Business Associate will request from the Covered Entity, no more than the minimum PHI necessary to perform the services.
4. Business Associate will not use or disclose PHI in a manner deemed to be inconsistent with the Covered Entity's obligation under the HIPAA Regulations, or that would violate the HIPAA Regulations, if disclosed or used in such a manner by the Covered Entity.
5. Except as otherwise limited in this BAA, the BA will obtain reasonable assurances from any person to whom PHI must be disclosed for the reasons noted above, that it will remain confidential and be used or further disclosed only as required by law and for the purpose for which it was intended. The person to whom the PHI has been disclosed, must notify the BA of any instances of which it becomes aware in which the confidentiality of the PHI has been breached in accordance with all appropriate HIPAA Regulations.
6. Except as otherwise limited in this BAA, the BA may disclose PHI for the proper management and administration of the Business Associate in matters required by law.
7. Except as otherwise limited in this BAA, Business Associate may use PHI to provide Data Aggregation services as permitted by 45 C.F.R. § 164.504(e)(2)(i)(B).

IV. OBLIGATIONS OF COVERED ENTITY

1. Covered Entity shall notify Business Associate of any limitation(s) in its notice of privacy practices of Covered Entity in accordance with 45 C.F.R. § 164.520, to the extent that such limitation may affect Business Associate's use or disclosure of PHI.
2. Covered Entity shall notify Business Associate of any changes in, or revocation of, permission by Individual to use or disclose PHI, to the extent that such change may affect Business Associate's use or disclosure of PHI.
3. Covered Entity shall notify Business Associate of any restrictions to the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 C.F.R. § 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.
4. Covered Entity shall not request Business Associate to use or disclose PHI in any manner that would not be permissible under HIPAA Regulations if done by Covered Entity, except to the extent that Business Associate shall be permitted to use or disclose PHI as permitted under this BAA for the proper management and administration of the Business Associate in matters required by law and to provide Data Aggregation services.

V. MISCELLANEOUS

1. **Term:** The term will commence as of the Effective Date set forth below, and will terminate concurrently with any termination of the underlying business agreement between the Parties. However so long as this Business Associate Agreement remains in effect between the parties, both parties to this agreement understand and agree that in the event of any updates and / or changes to the HIPAA regulations, (as promulgated by the appropriate authority), those changes shall be included in this BAA at the time the updates and / or changes become effective including the respective legal obligations of each party to this agreement, (as required by those updates and / or changes in the law, as referenced in this section of the agreement).
2. **Termination:** Either Party may terminate this BAA if it determines that the other has executed a material breach. Prior to such termination, the non-breaching Party shall provide the other with written notice of the existence of the material breach and afford them a reasonable period of time, as specified in such notice, to cure the material breach. In the event that the breaching Party fails to cure the material breach within such time period, the non-breaching Party may immediately terminate the BAA and the underlying business agreement. Both Parties agree that if either Party knows of a pattern of activity or practice of the other Party that constitutes a material breach or violation of the other Party's obligation relating to compliance with HIPAA Regulations, then both Parties would not be in compliance with the standards in 45 C.F.R. § 164.502(e) and 45 C.F.R. § 164.504(e), unless one or both of the Parties took reasonable steps to cure the breach or end the violation, as applicable. If such steps were unsuccessful then both Parties must terminate the BAA as feasible, or if termination is not feasible, report the problem to the Secretary of the Department of Health and Human Services.
3. **Effect of Termination:** Upon termination of this BAA by either Party, for any reason, the breaching Party shall return or destroy all PHI received from, or created or received on behalf of the non-breaching Party, its subcontractors, agents or representatives, and it will retain no copies of the PHI. If the breaching Party determines that returning or destroying the PHI is infeasible, it shall provide to the non-breaching Party written notification of the conditions that make return or destruction infeasible. Upon mutual agreement of the Parties that return or destruction of PHI is infeasible, the breaching Party will ensure that any and all protections, requirements and restrictions contained in this BAA will be extended to any PHI retained after the termination of the BAA, and that any further uses and/or disclosures will be limited to the purposes that make the return or destruction of the PHI infeasible.

VI. OBLIGATIONS OF COVERED ENTITY

1. **Regulatory References:** A reference in this Business Associate Agreement to a section in the Privacy Rule or Security Rule, or HIPAA Regulations, means the section as in effect or as amended, and for which compliance is required.
2. **Amendment:** The Parties agree to negotiate in good faith any amendment to this BAA that may be required from time to time as is necessary to comply with the requirements of this BAA. Any changes to this BAA must be made in writing and signed by both parties to this BAA.
3. **Survival:** The respective rights and obligations of the Parties under section V, subsection C entitled "Effect of Termination," and section VI, entitled "Miscellaneous," will survive termination of the BAA indefinitely.
4. **Compliance with the HIPAA Regulations and the Privacy Rule:** Any ambiguity in this BAA shall be resolved in favor of a meaning that permits either party to comply with the HIPAA Regulations and the Privacy Rule.

This BAA supersedes and cancels all previous Business Associate Agreements between the parties. In addition, the parties to this BAA understand and agree that this BAA will become effective and binding upon both parties, upon Customer's acceptance of this BAA. During the Term of BAA, the Parties agree to perform as described herein.

BAA version 2012-01-23

ACKNOWLEDGEMENT AND ACCEPTANCE:

Covered Entity

Company Name: _____

Authorized Signature: _____

Print Name: _____

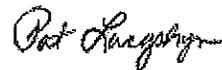
Title: _____

Date: _____

Account Number: WIA3308

Business Associate

IVANS, Inc.



Pat Lucyshyn

Divisional Vice President, Contracts

RESOLUTION REQUEST FORM NO. 19

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

- 1. Employee's Name: Dorothy Muesseg
- 2. Position: Registered Nurse 3. Department: Warren County Home Care
- 4. Course Title: NUR 350 Theoretical Foundations of Nursing
- 5. Institution or School: Plattsburgh-SUNY
- 6. How Course Relates to Current Position: Bachelor in Nursing
- 7. Starting Date: 8/27/12 8. Completion Date: 12/17/13
- 9. Cost: 725.00
- 10. Employee's Signature: Dorothy Muesseg RN Date: 7/23/12
- 11. Supervisor's Comments (Approval/Denial): Pursuing her BSN (Bachelor Degree in Nursing)
Supervisor's Signature: Dawn Schallone Date: 7/23/2012
- 12. Department Head's Comments (Approval/Denial):
Department Head's Signature: Patricia Date: 7/23/12
- 13. Committee's Recommendation:
Committee Chairman's Signature: Matthew Date: 7/27/12
Signature: _____ Date: _____
Chairman of the Board of Supervisors

If approved by Committee, and resolution approving the course if 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.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: July 27, 2012

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To authorize a contract agreement with Kimberly Rivers to provide Physical Therapy Services.
- (c) Name of Contractor: Kimberly Rivers
- (d) Address of Contractor: 43 Monument Ave., Glens Falls, NY 12801
- (e) Contractor's Contact Person and Telephone Number: Kimberly Rivers, 796-3216
E-Mail: kbartonpt@yahoo.com
- (f) Has or will the Contract be provided, if so, please attach: Please use therapist contract
- (g) Commencement Date of Contract: August 20, 2012
- (h) Termination Date of Contract: Upon 30 days written notice by either party
- (i) Payment Provisions: i) lump sum amount at agreed upon established per individual visit or meeting rate upon receipt of required documentation for each visit at following rates: Region 1: evals \$55, revisits \$53; Region 2: evals \$60, revisits \$60; OASIS: \$15 per patient; Meetings: \$40. Early Intervention services only: Region 1 Eval: \$50.00; Region 1 Revisit: \$50.00; Region 2: Eval: \$57.00; Region 2: \$ 57.00
- 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. Bi-monthly)
- (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:
A4010.10.470 Health Services
A4016.10.470 Long Term Home Health Care Program

Kim Rivers
43 Monument Ave
Glens Falls, NY 12801
kbarntonpt@yahoo.com
phone 518-796-3216

PROFESSIONAL GOAL

To obtain a physical therapy position that will challenge my professional skills and knowledge in helping patients achieve an optimal functional level.

EDUCATION

QUINNIPIAC COLLEGE, Hamden, CT

Bachelor of Science, Physical Therapy, January 2000, Magna Cum Laude

PROFESSIONAL EXPERIENCE

Southwestern Vermont Medical Center, Bennington, VT 11/27/05-present

ACUTE INPATIENT (with occasional hospital based outpatient)

- Developed proficiency with computerized meditech documentation.
- Established policies & procedures related to variety of rehab equipment (CPM, whirlpool, lumbar/thoracic bracing, use of mechanical lifts).
- Provided nursing inservices on safe patient handling and use of rehab equipment.
- Active member of interdisciplinary falls task force and safety committees.
- Clinical Site Coordinator of rehab students (PT, OT and SLP).

Comp Health Medical Staffing, Grand Rapids, MI

9/2/02-11/20/05

TRAVELING PHYSICAL THERAPIST

- Worked in a variety of inpatient rehab and inpatient acute care settings.

Saint Francis Hospital, Poughkeepsie, NY

5/22/00-8/20/02

ACUTE INPATIENT AND ACUTE REHAB

- Coordinated family training, attended weekly interdisciplinary team meetings, provided home assessment and communicated with equipment vendors.
- Trained and certified in use of FIM outcomes measurement tool.

Center for Physical Therapy, Wappingers Falls, NY

10/1/01-8/20/02

AQUATIC THERAPY

- Provided aquatic rehab for patients in outpatient setting

Eastern Maine Medical Center, Bangor, ME

8/1999-10/1999

OUTPATIENT NEURO, *internship*

- Developed proficiency in sensory integration and balance testing, vestibular rehab evaluation and treatment. Utilized assessment tools including Tinetti Falls, Berg Balance scale, Dynamic Gait Index.

ADDITIONAL SKILLS

Working knowledge of Spanish, Reiki and yoga teacher certification

POLICY FORMS & ENDORSEMENTS

The list below contains general descriptions of the policy forms and endorsements that may or may not apply to your professional liability insurance policy. State specific policy forms and endorsements are not included in the list below. Should you require descriptions or samples of these documents, please visit us online at www.hpsso.com/policyforms. Please refer to your Certificate of Insurance for the policy forms & endorsements specific to your state and your policy period. All products and services may not be available in all states and may be subject to change without notice.

Think Green – expanded definitions and copies of these policy forms and endorsements are available online at www.hpsso.com/policyforms.

COMMON POLICY FORMS & ENDORSEMENTS

FORM #	DESCRIPTION
G-121500-D	Common Policy Conditions
G-121501-C	Occurrence Policy Form
G-121502-C	Claims Made Policy Form
G-121503-C	Workplace Liability Form
G-145184-A	Policyholder Notice - OFAC Compliance Notice
G-147292-A	Policyholder Notice – Silica, Mold & Asbestos Disclosure
GSL3886	Coverage & Cap on Losses from Certified Acts of Terrorism
GSL3908	Notice – Offer of Terrorism Coverage & Disclosure of Premium
GSL13424	Services to Animals
GSL15563	Information Privacy Coverage Endorsement HIPAA Fines, Penalties & Notification Costs
GSL15564	Sexual Misconduct Sublimits of Liability Professional Liability & Sexual Misconduct Exclusion
GSL15565	Healthcare Providers Professional Liability Assault Coverage
GSL17101	Exclusion of Specified Activities Reuse of Parenteral Devices and Supplies
GSL19843	Coverage for Cosmetic Procedures
GSL19904	Cosmetic Procedures Exclusion

OPTIONAL ENDORSEMENTS

FORM #	DESCRIPTION
GSL5587	Consulting Services Liability Endorsement
GSL5548	Case Management Services
G-121504-C	General Liability Form

PLEASE REFER TO YOUR CERTIFICATE OF INSURANCE FOR THE POLICY FORMS & ENDORSEMENTS SPECIFIC TO YOUR STATE AND YOUR POLICY PERIOD.

Self-employed individuals may be eligible for General Liability coverage subject to underwriting approval. Should an individual practitioner's status change from self-employed to employed, general liability coverage will be deleted and replaced with workplace liability. Please contact Healthcare Providers Service Organization for details.

Form #: G-141241-B31
Master Policy #: 188711433

Named Insured: Kimberly A Rivers
Policy #: 0587343060-8

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: July 27, 2012

- (a) Purpose of Request: To accept the 2011 Annual Report for Warren County Health Services.
- (b) Details:
- (c) Previous Resolution Number:

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: July 27, 2012

- (a) Purpose of Request: To approve the updated Warren County Public Health Emergency Preparedness and Response Plan for 2012.
- (b) Details: This is an annual requirement by the New York State Department of Health and is given to the Office of Emergency Services to be annexed as part of the Warren County Emergency Plan.
- (c) Previous Resolution Number: 531/2011

Warren County Board of Supervisors

RESOLUTION NO. 531 OF 2011

**Resolution introduced by Supervisors Sokol, Thomas, Champagne, Taylor and McDevitt
APPROVING UPDATED EMERGENCY RESPONSE AND PREPAREDNESS PLAN FOR
WARREN COUNTY HEALTH SERVICES**

WHEREAS, the Director of Public Health/Patient Services of the Warren County Health Services Department, pursuant to New York State Department of Health requirement, has submitted the updated Emergency Response and Preparedness Plan for Warren County to the Warren County Board of Supervisors for approval, now, therefore, be it

RESOLVED, that the updated Warren County Health Services Emergency Response and Preparedness Plan, as presented to the Warren County Board of Supervisors, be, and hereby is, accepted and approved.

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-Office of Homeland Security Grant

DATE: July 27, 2012

(a) **Purpose of Amendment:** To amend the 2012 budget to remove from the Bioterrorism Department the OHS Grant portion at create its own revenues/costs related to the grant as requested by the State (per audit).

(b) **Appropriation Code (with title), Object Code (with title) and Amount:**
A.4189.4000.130 FY 10 State Homeland Security-Part Time Salaries \$9,795
A.4189.4000.470 FY 10 State Homeland Security-Contract Expense \$3,075
A.4189.4000.810 FY 10 State Homeland Security-Retirement Expense \$629
A.4189.4000.830 FY 10 State Homeland Security –Social Security Expense \$608
A.4189.4000. 831 FY 10 State Homeland Security –Medicare Expense \$143

A.4189.130 Bioterrorism –Part Time Salaries (\$9,795)
A.4189.470 Bioterrorism - Contract Expense (\$3,075)
A.4189.810 Bioterrorism- Retirement Expense (\$629)
A.4189.830 Bioterrorism-Social Security Expense (\$608)
A.4189.831 Bioterrorism- Medicare Expense (\$143)

Revenue Code (with title), and Amount:

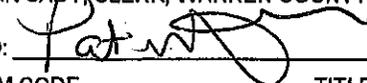
A.4189.4000.4380 FY10 State Homeland Security Program, State Homeland Security Program \$14,250

A.4189.4401 Bioterrorism –Revenue (\$14,250)

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

SIGNED: 

DATE: 7/27/12

	<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
1.	A.4189.469	Bioterrorism-Other Payments Expenses	A.4189.260	Bitoterrorism-Other Equipment	\$2,000.00
2	A.4018.0040.110	Health Education-Regular Salaries	A.4189.110	Bitoterrorism-Regular Salaries	\$7,945.00
	A.4018.0040.810	Health Education-Retirement Expense	A.4189.810	Bioterrorism-Retirement Expense	\$856.00
	A.4018.0040.830	Health Education-Social Security Expense	A.4189.830	Bioterrorism-Social Security Expense	\$493.00
	A.4018.0040.831	Health Education-Medicare Expense	A.4189.831	Bioterrorism-Medicare Expense	\$115.00

Total Transfers

\$11,409.00

Please state reason for transfers requested:

1. To transfer funds for Bioterrorism grant to purchase equipment needed. Fully funded by Grant.
2. To Transfer funds for half of salary(20 hrs) and related fringe for Health Educator to the BT Program. To be covered by BT grant. Effective 9/1-12/31/12.

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. 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: July 27, 2012

- (a) Purpose of Request: To authorize providing nursing services to select patients in a specific geographic area in Washington County who require Intravenous Therapy.
- (b) Details: Please note verbiage detailed in agenda.
Resolution to be detailed in a form approved by the County Attorney.
- (c) Previous Resolution Number: Not applicable