

**Warren County Health Services
Health Services Committee Meeting
December 6, 2012
Information Submitted By: Patricia Auer, DPH/DPS**

Action Agenda/New Business

Request Resolution:

To authorize Dorothy Muessig, RN, Community Health Nurse to enroll in a job related required course, entitled, Nursing 304, Health Assessment, leading to a Bachelor of Science degree in Nursing, and receive 50% reimbursement for the course and associated books and fees. This amount would equate to a county share of \$425.10 payable at the completion of the course with proof of a grade of "C" or better.

Rationale:

This situation is allowable based on the current CSEA Contract. We also encourage nurses or any staff to pursue further education that will provide them increased knowledge or skills for their jobs.

Request Resolution:

To appoint and reappoint members of the Professional Advisory Committee for the period January 1, 2013 – December 31, 2013.

Rationale:

This committee and the composition of certain agency representation is mandated by the New York State Department of Health and must be appointed by resolution annually.

The membership list will be available at the meeting for any committee members who wish to review it, and will be on file with the minutes of the meeting.

The only new members being appointed are Suzanne Wheeler, Acting Commissioner, Warren County Department of Social Services, and Regina Muscatelo, RN, Westmount Health Facility. Both of these individuals are replacing previous members from their agencies.

Request Resolution:

To appoint and reappoint members to the Local Early Intervention Coordinating Council for the year January 1, 2013 – December 31, 2013.

Rationale:

This committee must be appointed annually per New York State Department of Health Regulations. A list of the committee members will be available at the meeting, and will be on file with the minutes of the meeting. Members from various segments/agencies within the community must be represented. The meetings are routinely held semiannually, and must be publicly advertised. They could be convened more often if needed.

Request Resolution:

To extend the agreement with Adirondack Health Institute to allow continued assistance in maintaining the Community Health Assessment Data as per the current contract for the year January 1, 2013 – December 31, 2013 in the amount of \$5,000. The amount is paid semiannually upon receipt of evidence of contract deliverables, and an impressive product has been developed.

Rationale:

This is a collaboration of the counties and hospitals involved in the Adirondack Rural Health Network. The information is imperative in order to receive our state aid. The collaboration continues to be recognized by the New York State Department of Health as a best practice initiative. Funds have been budgeted in the 2013 Budget, and the amount is not expected to change in the foreseeable future. Normally, the extension is for a one year period, but we have been involved in this initiative for a number of years and the annual amounts have not changed. If the committee is agreeable, the resolution could be written in a form approved by the county attorney to automatically extend annually unless there is a change in the amount. In the event that were to occur, we would return to the committee for discussion.

Request Resolution:

To renew the contract with North Country Home Aides to provide paraprofessional care services (home health aides) for the Certified Home Health Agency and the Long Term Home Health Care Program for the period January 1, 2013 – December 31, 2013 at the same payment rates as 2012.

Rationale:

This agency does not provide a lot of service but does have aides that cover areas in the northern parts of the county. With this agency we do not renew the contract for personal care aides until later in 2013 after the updated Medicaid rates are set.

Request Resolution:

To renew the contract with ENS Health Care Management, LLC. d/b/a Interim Health Care of New York for Paraprofessional Health Care Services (home health aides and personal care aides) for the Certified Home Health Agency and the Long Term Home Health Care Program for the period January 1, 2013 – December 31, 2013 at the same rates as the 2012 Contract.

Rationale:

We receive minimal response from this agency when requests are made, and we, in the interest of providing services to patients as quickly as possible, go with the agency that responds first.

Request Resolution:

To renew the contract with Visiting Nurse Association of Albany Home Care Corporation to provide Paraprofessional Health Care Services (home health aides and personal care aides) for the contract year January 1, 2013 – December 31, 2013 at the rates of \$22.59 per hour for home health aides, and \$22.05 per hour for personal care aides.

Rationale:

The agency is requesting a 3% rate increase from the 2012 rates of \$21.94 for home health aides, and \$21.41 per hour for personal care aides. Through October 19, 2012, we have paid the agency a total of \$51,560.36 for services which have been provided mainly to patients in the Long Term Home Health Care or Personal Care Aide programs. After Greater Adirondack, this agency is our second largest supplier of aides and the rate even with the proposed increase for 2013 remains less than Greater Adirondack's rates. They requested and received rate increases for the past 6 consecutive years as well. The director has been informed that they are the only agency who Warren County Health Services contracts with for paraprofessional services that has requested a rate increase this year, and the Health Services Committee would need to approve before the contract could be voted upon by the full board for renewal. With the ever increasing competition for aides, our recommendation would be to approve the increase.

Request Resolution:

To renew the contract with Greater Adirondack Home Aides Inc. to provide paraprofessional services (home health aides and personal care aides) for patients in the Certified Home Health Agency and the Long Term Home Health Care Program for the contract year January 1, 2013 – December 31, 2013 with no rate increases from 2012.

Rationale:

This agency provides the majority of our aide services. They have the largest number of aides available and are most expedient in meeting the needs of referrals.

Budget Transfers: Please see **Attachment #3** which will be distributed at the meeting. Tawn Driscoll, Fiscal Manager, will be present at the meeting to discuss the need for the changes.

Pending Items

Update on the Certificate of Needs Applications:

We have no further information to report. It appears that the original decision making time frame by the end of the year, it likely not going to happen, so we continue to wait.

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.

Executive Session: (may be needed)

Attachments:

#1 Emergency Response and Preparedness Activities Report

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

#3 Budget Transfers

BT ACTIVITY SHEET

BP1 - 7/1/12 - 6/30/13

Page 1

Topic Color Codes

Red/Chempack; Green/SNS; Blue/Mass Fatality; Black/Training; Purple/Special Needs; Orange/Drill; Black/Pan Flu

Attachment 1

Date	Type	Subject/Comments	Attendees	Topic (i.e. Chempack, Drill, Mass. Fatality, SNS, Training, Pan Flu, Special Needs)
Various		Organizing basement EPR storage areas (gloves, masks, cots, etc.)	Tammie DeLorenzo, Angela Meade	11/6,7&8
11/1/12	Meeting	Washington County BT/Cart	Laura Saffer	
11/1/12	Education	Headstart home based EPR education (4 parents/4 staff)	Dan Durkee	
11/13/12	Meeting	BT Coordinators (Balliston Spa)	Dan Durkee	
11/20/12	Meeting	ServNY Presentation to OES	Laura Saffer, Dan Durkee, Amy Drexel	
11/20/12	Test	Accessing HCS through Time Warner Modem	Angela Meade	
11/29/12	Fit Testing	PH Nurses	Laura Saffer	
11/30/12	Fit Testing	PH Nurses	Laura Saffer	

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2012 AS OF 12/3/2012 11:48:05 AM

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

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

	2012 BUDGETED	2012 YTD ACTUAL	2011 Prior Year Totals
EXPENSES			
Salaries - Regular	\$2,837,098.89	\$2,482,642.76	\$2,878,176.80
Salaries - Overtime	\$137,500.00	\$117,559.60	\$125,594.50
Salaries - Part Time	\$293,978.20	\$192,209.24	\$217,841.31
Salaries - Sick Leave Incentive			\$2,000.00
100's PERSONAL SERVICES	\$3,268,577.09	\$2,792,411.60	\$3,223,612.61
200's EQUIPMENT	\$190,077.02	\$123,534.91	\$68,065.47
400's CONTRACTUAL	\$9,418,151.29	\$4,510,435.98	\$7,251,995.51
800's EMPLOYEE BENEFITS	\$1,608,282.41	\$1,439,401.16	\$1,326,493.01
TOTALS	\$14,485,087.81	\$8,865,783.65	\$11,870,166.60
REVENUES			
	\$12,044,088.00	\$5,956,353.40	\$9,673,991.86

Notes: We have accrued revenues for September 2012 of \$335,092.91 for CHHA, LTC and Family Health. Also accrued are \$54,500 for WIC Grant, \$1,496 for CSHCN Grant & \$2,774.18 for the Lead Grant. We are currently working on closing the month of October for CHHA, LTC and MCH. Also to note for 2012, Health Services is currently \$51,704.15 below 2011 year to date totals for Personal Services (see below)

Warren County Health Services

Salaries Comparison

2011 vs 2012

as of 11/18/12 Payroll date ending

	YTD 2012	YTD 2011	YTD 12v11	% Change	Total Budget 2012	Total Actual 2011
Total of All Depts	\$2,482,642.76	\$2,534,327.10	-\$51,684.34	-2.04%	\$2,837,098.89	\$2,878,176.80
Regular Salaries	\$117,559.60	\$112,917.82	\$4,641.78	4.11%	\$137,500.00	\$125,594.50
Overtime Salaries	\$192,209.24	\$196,870.83	-\$4,661.59	-2.37%	\$293,978.20	\$217,841.31
Part Time Salaries	\$0.00	\$0.00	\$0.00	0.00%	\$0.00	\$2,000.00
Sick Leave Incentive	\$2,792,411.60	\$2,844,115.75	-\$51,704.15	-1.82%	\$3,268,577.09	\$3,223,612.61
TOTALS						

*Source: Detail G/L report for all Salary Category from 11/11/11-11/18/12

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. Regular salaries are below last year due to the current hiring freeze for two nursing positions that are currently open and time difference throughout year to fill positions. Overtime for 2012 YTD is slightly above 2011 YTD due to need for weekend coverage. This is primarily because of vacant positions and summer coverage needed.

RESOLUTION REQUEST FORM NO. 19

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

1. Employee's Name: Dorothy Muesseg
2. Position: RN
3. Department: Home Care
4. Course Title: NUR304- Health Assessment (3 credits)
5. Institution or School: SUNY Plattsburgh
6. How Course Relates to Current Position: Required to obtain Bachelors in Nursing which will allow me to better perform my duties
7. Starting Date: Jan 28, 2013
8. Completion Date: June 9, 2013
9. Cost: \$283.40 per credit hour x 3 credit hours = \$850.20
\$425.10 50% county share
plus 50% of \$50.40 - course fee
10. Employee's Signature: Dorothy Muesseg RN Date: 11/7/12
11. Supervisor's Comments (Approval/Denial):
Supervisor's Signature: Mary Lankenshaw Date: 11/7/12
12. Department Head's Comments (Approval/Denial):
Department Head's Signature: Patricia A Date: 11/7/12
13. Committee's Recommendation:
Committee Chairman's Signature: _____ Date: _____
Signature: _____ Date: _____
Chairman of the Board of Supervisors

(See back of page for course description)

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.

NUR304 - Health Assessment (3 cr.)

Assessment of clients across the lifespan through history taking and physical examination. This includes gathering data about general health, illness, symptoms, behaviors, pain and lifespan. Identify goals for client education related to specific risk factors and highlight lifespan, cultural, and environmental considerations: Documentation of data using a functional patterns framework to communicate information between and among health professionals involved in care of client. Application of nursing theory in assessment process. (Fall/Spring). Liberal arts. Prerequisite: RN to BS nursing student.

RESOLUTION REQUEST FORM NO. 1

Request to Appoint or Reappoint Member of Committee, Board or Agency*

***If more than one person is being appointed, please attach additional sheets**

DEPARTMENT NAME: Health Services

DATE: December 6, 2012

- (a) Name of Appointee: Please see attached list of appointments and reappointments
- (b) Is this a Reappointment? If so, please provide the Resolution No. which authorized the last appointment of this individual – 696/2011
(See attached)
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If Person is Being Appointed as a Representative of a Specific Group/Agency, Please List their Affiliation and Title See attached list
- (e) Address of Appointee: See attached list
- (f) Title of Appointment: Professional Advisory Committee Member
- (g) Effective Date of Appointment: January 1, 2013
- (h) Termination Date of Appointment: December 31, 2013
- (i) Name of Person Being Replaced (if applicable): See List
- (j) Reason for Replacement: See List

Warren County Board of Supervisors

RESOLUTION NO. 696 OF 2011

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

APPOINTING MEMBERS OF PROFESSIONAL ADVISORY COMMITTEE

RESOLVED, that the following members of the Professional Advisory Committee for Health Services Department, as listed on Schedule "A" annexed hereto, be, and hereby are appointed for a one-year term commencing January 1, ~~2012~~ and terminating December 31, ~~2012~~.

~~2013~~

~~2013~~

PROFESSIONAL ADVISORY COMMITTEE MEMBERS

NAME	TITLE/ADDRESS
Patricia Auer	Director Public Health/Patient Services Warren County
Patricia Belden	Public Health Nurse Communicable Disease Program Warren County
Tammie DeLorenzo	Clinical Fiscal Informatics Coordinator, Warren County Health Services
Tawn Driscoll	Financial Manager, Warren County Health Services
Joseph Dufour	FNP, Irongate Family Practice Three Irongate Center, Corner of Pine and Elm Streets Glens Falls, NY 12801
Daniel Durkee	Health Educator / <i>Emergency Preparedness</i> Warren County <i>Coordinator</i>
Gerhard Endal	Occupational Therapist PO Box 2615, Glens Falls, NY 12801
Debra Galatioto	Director of Nursing Practice Glens Falls Hospital 100 Park Street, Glens Falls, NY 12801
Joan Grishkot	Community Member 202 Ridge Street Glens Falls, NY 12801
Ginelle Jones	Assistant Director Public Health Warren County Health Services
Mary Lamkins	LTHHCP Supervisor Warren County Health Services
Daniel Larson	MD, Public Health Medical Director Hudson Headwaters Health Network PO Box 3253, Glens Falls, NY 12801

Richard Leach MD, Tuberculosis and Infectious Disease
Program Consultant

Richard Mason 64 Webster Avenue
Glens Falls, NY

David Mousaw MD, 20 Centennial Drive
Queensbury, NY 12804

John Ruge, MD CHHA Medical Director
Hudson Headwaters Health Network
PO Box 3253, Glens Falls, NY 12801

Regina Muscatello Westmount Health Facility
Warren County

Christie Sabo Director
Warren Hamilton Counties Office for the Aging
1340 State RT 9, Lake George, NY 12845

Sharon Schaldone Assistant Director Patient Services
Warren County Health Services

Julie Smith Director of Patient Services
Greater ADK Home Health Aides
PO Box 678, Glens Falls, NY 12801

Helen Stern Public Health Nurse
Immunization Program Coordinator
Warren County

Suzanne Wheeler
8/12

*Acting Commissioner
Warren County Department of
Social Services*

RESOLUTION REQUEST FORM NO. 1

Request to Appoint or Reappoint Member of Committee, Board or Agency*

***If more than one person is being appointed, please attach additional sheets**

DEPARTMENT NAME: Health Services

DATE: December 6, 2012

- (a) Name of Appointee: See attached list of appointments and reappointments
- (b) Is this a Reappointment? If so, please provide the Resolution No. which authorized the last appointment of this individual.
R 697/2011 (See Attached)
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If Person is Being Appointed as a Representative of a Specific Group/Agency, Please List their Affiliation and Title See attached list
- (e) Address of Appointee: See attached list
- (f) Title of Appointment: Local Early Intervention Coordinating Council Member
- (g) Effective Date of Appointment: January 1, 2013
- (h) Termination Date of Appointment: December 31, 2013
- (i) Name of Person Being Replaced (if applicable): See attached list
- (j) Reason for Replacement: See list

Warren County Board of Supervisors

RESOLUTION NO. 697 OF 2011

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

APPOINTING MEMBERS OF THE LOCAL EARLY INTERVENTION COORDINATING COUNCIL (LEICC) FOR THE EDUCATION OF PHYSICALLY HANDICAPPED CHILDREN'S PROGRAM

WHEREAS, Resolution No. 216 of 1993 authorized the establishment of a Local Early Intervention Coordinating Council (LEICC) for the Education of Physically Handicapped Children's Program within Warren County, and

WHEREAS, it is necessary to appoint members for a term commencing January 1, 2012 and terminating December 31, 2012, now, therefore, be it ~~2013~~

RESOLVED, that the persons named on Schedule "A" attached hereto, are hereby appointed as members of the LEICC through December 31, 2012. ~~2013~~

WCPH LOCAL EARLY INTERVENTION COORDINATING COUNCIL

Auer, Patricia Bush, Linda Jones, Ginelle Fortini, Judy LaLone, Emily	Frasier, Nedra Merritt, Jackie Mastrianni, Erik Myhrberg, Patty	761-6580 Fax: 761-6422	Warren County Public Health 1340 State RT 9, Lake George, NY 12845
McGraw, Beth		746-3400	Preschool Program BOCES 1153 Burgoyne Avenue, Fort Edward, NY 12828
Barnard, Jane		408-5278 Fax: 402-0422	CDRO NYSDOH Frear Building 1 Fulton Street, Troy 12180
Collins, Bonnie (Parent)		743-1994	31 Ferris Drive, Queensbury, NY 12804
Conine, Pam		798-7972	Southern Adirondack Child Care Network 88 Broad Street, Glens Falls, NY 12801
Daigle, Joann		798-7555	Warren County Head Start 11 Pearl Street, Glens Falls, NY 12801
Dunbar, Melissa, Speech Ther.		792-8976	25 Brookfield Run, Queensbury, NY 12804
Hoffis, Cheryl, Speech Therapist		745-8457	29 Hall Road, Queensbury, NY 12804
Homenick, Michael		798-4056	Psychological Associates 551 Bay Road, Queensbury, NY 12804
Moses, Sherrie		824-5693 7938811 x549	Student Support Services Queensbury Elementary School 431 Aviation Road., Queensbury, NY 12804
Mousaw, David MD		792-8942	20 Centennial Drive, Queensbury, NY 12804
Schmidt, Maureen		X6362	Warren County DSS Gurney Lane, Lake George, NY 12845
Thompson, Pat		798-0170	Prospect Child & Family Center 133 Aviation Road, Queensbury, NY 12804
Utz-Meagher, Kevin		581-3069	Glens Falls DDSO Capital District 100 Glen Street, Glens Falls NY 12801
York, Robert		792-7143	Office of Community Services for Warr. and Wash. Co 230 Maple Street Suite 1, Glens Falls, NY 12801

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: December 6, 2012

- (a) Purpose of Contract Change: To extend the agreement with Adirondack Health Institute to allow continued assistance in maintaining community health assessment data per current agreements.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: R 704/2011 (See Attached)
- (c) Name of Contractor: Adirondack Health Institute
- (d) Address of Contractor: 5 Carey Road, Queensbury, NY 12804
- (e) Contractor's Contact Person and Telephone Number:
Vicky Seraceni
761-0300 Ext 31377
- (f) Commencement Date of Amendment: January 1, 2013
- (g) Termination Date of Extension: December 31, 2013
- (h) Payment Provisions: Paid semi-annually @ \$2500.00 each, payment upon receipt of documentation detailing contract. See attached resolution copy.
- i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed - \$5,000.00
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount OR Capital Project OR Capital Reserve Project Number and Title and Amount:
A 4018.470 - Preventive Contracts

Warren County Board of Supervisors

RESOLUTION NO. 704 OF 2011

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

AUTHORIZING AGREEMENTS WITH ADIRONDACK HEALTH INSTITUTE AND NEW YORK STATE DEPARTMENT OF HEALTH AS CONTRACTOR FOR ADIRONDACK RURAL HEALTH NETWORK

WHEREAS, Resolution No. 813 of 2010, authorized an agreement with the Upper Hudson Primary Care Consortium n/k/a Adirondack Health Institute to provide Warren County Health Services assistance in developing 1) an online tool to allow interactive analysis of telephone survey data by selected independent variables, such as age, gender, county, etc.; 2) set up an interactive CHA database that will allow Warren County to update their community health indicators and track them over time; 3) develop a password protected online area on the Adirondack Health Institute/Adirondack Rural Health Network website for accessing the new online tools previously listed herein and manage it so only authorized staff has access; and 4) provide assistance to Warren County Public Health staff in analyzing the health data compiled in the tools outlined in numbers 1 through 3, and

WHEREAS, the Health Services Committee recommends continuing said agreement for a term commencing January 1, 2012 and terminating December 31, 2012, for an amount not to exceed Five Thousand Dollars (\$5,000) payable upon submission of an annual report and a valid County voucher, now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an extension agreement with the Adirondack Health Institute and New York State Department of Health, Contractor for Adirondack Rural Health Network, for a term commencing January 1, 2012 and terminating December 31, 2012 for an amount not to exceed Five Thousand Dollars (\$5,000) payable upon submission of an annual report and a valid County voucher in a form approved by the County Attorney.

see change requested on committee agenda - for automatic annual renewal unless price changes

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: December 6, 2012

- (a) Purpose of Contract Change: To renew contract with North Country Home Aides to provide paraprofessional Care Services for Certified Home Health Agency and Long Term Home Health Care Program
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: R 700/2011 (See Attached)
- (c) Name of Contractor: North Country Home Services, Inc.
- (d) Address of Contractor: Per current contract on file - No changes
- (e) Contractor's Contact Person and Telephone Number: Rebecca Leahy
(518) 891-2641
- (f) Commencement Date of Amendment: January 1, 2013
- (g) Termination Date of Extension: December 31, 2013
- (h) Payment Provisions: Hourly pay rate per individual service, paid upon receipt of documentation for each individual patient visit - Home Health Aides \$25.86/hr
 - i) lump sum amount
 - ii) hourly rate amount - per contract rate
 - 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:
Exp.- A.4010.470 Home Health Agency Contract Services
Exp.- A.4016.470 Long Term Home Health Care Program - Contract Services

Warren County Board of Supervisors

RESOLUTION NO. 700 OF 2011

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

AUTHORIZING AMENDMENT AGREEMENT WITH NORTH COUNTRY HOME SERVICES, INC. FOR PARAPROFESSIONAL CARE SERVICES UNDER THE LONG TERM HOME HEALTH CARE (LTHHC) AND CERTIFIED HOME HEALTH AGENCY (CHHA) PROGRAMS

WHEREAS, Resolution No. 285 of 2010 authorized, among other things, the continuation of the contractual relationship with North Country Home Services, Inc. (the "Agency") for paraprofessional care services under the LTHHC and CHHA Programs, and

WHEREAS, the Director of Public Health/Health Services has been advised by North Country Home Services, Inc. that the Home Health Aide rate for ~~2012~~²⁰¹³ is Twenty-Five Dollars and Eighty-Six Cents (\$25.86) per hour, now, therefore, be it

RESOLVED, that the rates for the services for ~~2012~~²⁰¹³ described be and hereby are, amended as follows:

<u>CONTRACTOR/ AGENCY</u>	<u>PURPOSE</u>	<u>ESTIMATED CONTRACT AMOUNTS/RATES</u>
North Country Home Services, Inc.	Paraprofessional Care Services - CHHA	Home Health Aide \$25.86/hr

and be it further

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an amendment agreement with North Country Home Services, Inc. showing the above rate change, effective January 1, 2012, in the form approved by the County Attorney, and be it further

RESOLVED, that all other terms and conditions of the agreement with North Country Home Services, Inc. remain in full force and effect.

ADMINISTRATIVE OFFICE

Rebecca Leahy, R.N., Executive Director
D. Scott Tooker, Financial Director
25 Church Street, Saranac Lake, NY 12983
Phone (518) 891-5611
Fax (518) 891-2055

SERVICE OFFICES

Malone (518) 483-4502
Plattsburgh (518) 566-0183
Saranac Lake (518) 891-2641
Ticonderoga (518) 585-9820
Tupper Lake (518) 359-3336



NORTH COUNTRY

Home Health Care

HOME SERVICES

25 Church Street • Saranac Lake, NY 12983 • (518) 891-2641 • Fax (518) 891-2055

October 22, 2012

Patricia C. Nennering
Assistant County Attorney
Warren County Attorney's Office
Warren County Municipal Center
1340 State Route 9
Lake George, NY 12845

Dear Patricia:

North Country Home Services Board of Directors has approved the home health aide rate for 2013. This is to confirm that our HHA rate will not increase for 2013 and will remain at \$25.86 through December 31, 2013.

Our agency is working diligently to try to keep our costs from rising and to be as efficient as possible during these challenging economic times. We hope our attempt to keep our rates at the same level as last year will come as welcome news.

We thank you for the privilege of serving your agency. It is a pleasure working with you and your staff.

Sincerely,

Rebecca Leahy, RN
Executive Director

RL/sb

This document is the property of North Country Home Services. It is to be used only for the purpose intended. It is not to be distributed outside of the intended recipient. If you have received this document in error, please notify the sender immediately. Thank you for your cooperation.

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: December 6, 2012

- (a) Purpose of Contract Change: To renew contract agreements with Interim Health Care of New York and Visiting Nurse Association of Albany Home Care Corporation to provide paraprofessional Services with rate changes on attached resolution form.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: R 698/2011 (See Attached)
- (c) Name of Contractor: - ENS Health Care Management, LLC
d/b/a Interim HealthCare of New York
- Visiting Nurse Association of Albany
Home Care Corporation
- (d) Address of Contractors: On File - No changes
- (e) Contractor's Contact Person and Telephone Number:
Interim - Lisa Evans (518) 452-3655
VNA – John Fraher (518) 489-2681 Ext. 1
- (f) Commencement Date of Amendment: January 1, 2013
- (g) Termination Date of Extension: December 31, 2013
- (h) Payment Provisions: Hourly pay rate per individual service, paid upon receipt of documentation for each individual patient visit.
- i) lump sum amount
 - ii) hourly rate amount - Paid monthly per contract rate (See attached resolution copy for rates)
 - 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:
Exp. A. 4010.470 Home Health Agency - Contract Services
Exp. A.4016.470 Long Term Home Health Care Program - Contract Services

Warren County Board of Supervisors

RESOLUTION NO. 698 OF 2011

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

AUTHORIZING AGREEMENTS WITH VARIOUS AGENCIES FOR PARAPROFESSIONAL CARE SERVICES AS A RESULT OF RATE INCREASE

WHEREAS, Resolution No. 726 of 2004 authorized, among other things, the continuation of the contractual relationship with ENS Health Care Management, LLC d/b/a Interim Health Care of New York and Visiting Nurse Association of Albany Home Care Corporation (the "Agencies") for paraprofessional care services under the Long Term Home Health Care Program and Certified Home Health Agency Program, said agreements to terminate upon thirty (30) days notice by either party, and

WHEREAS, Resolution No. 726 of 2004 also included a provision that no further resolutions would be necessary to indefinitely continue the agreements, unless there was a change in rates, and

WHEREAS, the Director of Public Health/Patient Services has been advised by the Agencies that effective January 1, 2012, there will be changes in their rates, which rates differ from the rates originally authorized in Resolution No. 726 of 2004 and, as a result, amendments are now necessary to the agreements and Resolution No. 726 of 2004, now, therefore, be it

RESOLVED, that the rates shown on Resolution No. 726 of 2004 for the following Agencies, be and hereby are, amended as follows:

<u>CONTRACTOR/ AGENCY</u>	<u>PURPOSE</u>	<u>ESTIMATED CONTRACT AMOUNTS/RATES</u>
ENS Health Care Management, LLC d/b/a Interim Health Care of New York	Paraprofessional Care Services - LTHHCP & CHHA	Home Health Aide \$20.00/hr Personal Care Aide \$20.00/hr Housekeeper \$19.50/hour
Visiting Nurse Association of Albany Home Care Corporation	Paraprofessional Care Services - LTHHCP & CHHA	Home Health Aide \$21.94/hr Personal Care Aide \$21.41/hr

and be if further

NO
changes
in rates
22.50/hr
22.25/hr

RESOLUTION No. 698 OF 2011

PAGE 2 OF 2

RESOLVED that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute amendment agreements with the Agencies showing the above rate changes, effective January 1, 2012, in the form approved by the County Attorney, and be it further

2013

RESOLVED, that all other terms and conditions of the agreements with the Agencies, as well as all other terms and conditions of Resolution No. 726 of 2004 regarding these agreements, remain in full force and effect.

Auer, Pat

From: Suzanne Smith [SSmith@interimhealthcr.com]

Sent: Tuesday, November 27, 2012 9:52 AM

To: Auer, Pat

Subject: 2013 rates

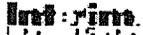
Dear Pat,

We will be maintaining our current rates for 2013.

Please contact me if you have any questions.

Suzanne Smith

Co-President

The logo for Interim HealthCare, featuring the word "Interim" in a stylized, bold font with a graphic element above the letters.

1735 Central Avenue

Albany, NY 12205

518-452-3655

ssmith@interimhealthcr.com

11/27/2012

VNHC -- Warren County -- Year 2013 Proposed Reimbursement Rates

John Fraher

Sent: Tuesday, November 27, 2012 5:00 PM

To: AuerP@WarrenCoNY.gov; AuerP@Co.Warren.NY.us

Cc: John Fraher

Dear Pat Auer:

Thank you for telephoning me today regarding our PCA and HHA reimbursement rates between our organizations. We would like adjust our rates up slightly, consistent with last year's change. Our organization expects to continue to maintain our own employee staffs' compensation arrangements at 3% or higher in Year 2013.

As you requested, we are providing to you our proposed Year 2013 reimbursement rates, with comparisons to previous years' as follows:

	<u>Payment Rates</u>		<u>Percentage Increase</u>	
	<u>PCA</u>	<u>HHA</u>	<u>PCA</u>	<u>HHA</u>
Year 2013 (proposed)	\$ 22.05	\$ 22.59	3%	3%
Historical:				
Year 2012 (actual)	21.41	21.94	3%	3%
Year 2011 (actual)	20.78	21.30	3%	3%
Year 2010 (actual)	20.14	20.68	-	-
Year 2009 (actual)	20.14	20.68	-	-
Year 2008 (actual)	20.14	20.68	3%	3%
Year 2007 (actual)	19.46	19.98	3%	3%

Hopefully, our proposal is acceptable to you. We look forward to continuing the positive long term relationship that our organizations have maintained over the years. Please feel free to telephone me at (518) 489-2637, ext 229 to discuss.

Thank you.

JOHN E. FRAHER, CPA, CFE, CVA, CSEP, CBM, CGMA
 Chief Financial Officer

VNAs of Albany & Affiliates

35 Colvin Avenue / 150 Broadway, Suite 310
 Albany, New York 12206 / Menands, New York 12204
 Ph: (518) 489 - 2681 / (518) 694 - 9907
 FAX: (518) 435 - 0615 / (518) 694 - 9913
 E-Mail: JFraher@vnaAlbany.org

AuerP@WarrenCoNY.gov
 FAX: (518) 761 - 6422
 Ph: (518) 761 - 6580

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: December 6, 2012

- (a) Purpose of Contract Change: To extend contract agreement with Greater Adirondack Home Health Aides, Inc. to provide paraprofessional Care Services for patients in the Certified Home Health Agency and the Long Term Home Health Care Program with no rate changes.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: R 703/2011 (See Attached)
- (c) Name of Contractor: Greater Adirondack Home Health Aides, Inc.
- (d) Address of Contractor: 25 Willowbrook Road
Queensbury, NY 12804
- (e) Contractor's Contact Person and Telephone Number:
Julie Smith 926-7070 Ext. 204
- (f) Commencement Date of Amendment: January 1, 2013
- (g) Termination Date of Extension: December 31, 2013
- (h) Payment Provisions: Hourly pay rate per individual service, paid upon receipt of documentation for each individual patient visit.
- i) lump sum amount
 - ii) hourly rate amount - Per contract rate, no rate changes from 2012
 - 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:
Exp. - A.4010.470 Home Health Agency - Contract Services
Exp. - A.4016.470 Long Term Home Health Care Program - Contract Services

Warren County Board of Supervisors

RESOLUTION NO. 703 OF 2011

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

AUTHORIZING AGREEMENT WITH GREATER ADIRONDACK HOME HEALTH AIDES, INC. TO PROVIDE PARAPROFESSIONAL CARE SERVICES FOR THE CERTIFIED HOME HEALTH AGENCY (CHHA) AND LONG-TERM HOME HEALTH CARE (LTHHC) PROGRAMS

RESOLVED, that Warren County continue the contractual relationship (the previous agreement being authorized by Resolution No. 808 of 2010) with Greater Adirondack Home Health Aides, Inc., 25 Willowbrook Road, Queensbury, New York 12804, to provide paraprofessional care services for the Certified Home Health Agency (CHHA) and Long-Term Home Health Care (LTHHC) Programs, for a term commencing January 1, ~~2012~~²⁰¹³ and terminating December 31, ~~2012~~²⁰¹³, at rates not to exceed those set forth below, and the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an agreement in a form approved by the County Attorney:

<u>PROGRAM</u>	<u>SERVICES</u>	<u>RATES/HOUR</u>
CHHA	Home Health Aide	\$25.54
LTHHC	Home Health Aide	\$25.54
	Personal Care Aide	\$25.28

} no
changes
in rate



GREATER ADIRONDACK HOME AIDES, INC.

Caring for the Community Since 1965
25 Willowbrook Road Suite 4 Queensbury, NY 12804
www.GreaterAdirondackHomeAides.org

BOARD OF DIRECTORS

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Davene Brown

Dr. Barbara Chick

Dr. Robert Wescott

Executive Director

Julie Smith

November 19, 2012

Patricia Auer, Director
Warren County Health Services
1340 State Route 9
Lake George, NY 12845

Dear Pat:

Per our conversation, Greater Adirondack Home Aides will not be requesting a rate increase for 2013. We would like to request a continuation of our current contracted rates of \$25.54 for Home Health Aide and \$25.28 for Personal Care Aide for the CHHA and LTHHCP programs.

Thank you for your consideration.

Sincerely,

Julie A. Smith
Executive Director

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

SIGNED: _____

DATE: 12/6/12

	<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
1.	A.4189.220 A.4189.260	Bioterrorism-Office Equipment Bioterrorism-Other Equipment	A.4189.410 A.4189.410	Bioterrorism-Office Supplies Expense Bioterrorism-Office Supplies Expense	\$222.00 \$147.00
2.	A.4013.260	WIC-Other Equipment	A.4013.410	WIC -Office Supplies Expense	\$1,600.00
3.	A.4010.110 A.4010.110	Health Services-CHHA-Full Time Salary Health Services-CHHA-Full Time Salary	A.4010.120 A.4016.110	Health Services-CHHA Overtime Salary Long Term Care-Full Time Salary	\$7,000.00 \$3,600.00
4.	A.4010.110 A.4010.830 A.4010.831	Health Services-CHHA-Full Time Salary Health Services-CHHA-Social Security Expense Health Services-CHHA-Medicare Expense	A.4018.0020.110 A.4018.0020.830 A.4018.0020.831	Family Health-Full Time Salary Family Health-Social Security Expense Family Health-Medicare Expense	\$8,000.00 \$496.00 \$116.00
5.	A.4010.130	Health Services-Part Time Salaries	A.4010.140	Health Services-Sick Leave Incentive	\$400.00
6.	A.4018.130	Preventive Program-Part Time Salaries	A.4018.140	Preventive Program-Sick Leave Incentive	\$400.00
7.	A.4010.470	Health Services-Contract Expense	A.4016.470	Long Term Care-Contract Expense	\$60,000.00
8.	A.4010.861	Health Services-Retiree Hospitalization	A.4016.860	Long Term Care -Hospitalization Expense	\$1,302.00
9.	A.4018.0030.120	Disease Program -Overtime Salary Expense	A.4018.0030.110	Disease Program-Full time Salary	\$1,000.00
10.	A.4018.0030.220	Disease Program-Office Equipment	A4018.0030.435	Disease Program-Medical Expenses	\$500.00
11.	A.4018.0020.120	Family Health-Overtime salary expense	A.4018.0020.130	Family Health-Full time salary	\$2,000.00
12.	A.4018.0030.130 A.4018.0030.130 A.4018.0030.130 A.4018.0030.130 A.4018.0030.130 A.4018.0030.130 A.4018.0030.130 A.4018.0030.130	Disease Program-Part Time Salaries Disease Program-Part Time Salaries	A.4016.860 A.4018.860 A.4018.861 A.4018.0020.860 A.4018.0020.861 A.4018.0030.860 A.4054.860 A.4054.860	Long Term Care -Hospitalization Expense Preventive Program-Hospitalization Expense Preventive Program-Retiree Hospitalization Expense Family Health-Hospitalization Expense Family Health-Retiree Hospitalization Expense Disease program-Hospitalization Expense Preschool Program-Hospitalization Expense Early Intervention Program-Hospitalization Expense	\$50.00 \$257.00 \$107.00 \$301.00 \$151.00 \$301.00 \$150.00 \$160.00
Total Transfers					\$88,260.00

1. To transfer funds from equipment lines to supply expense to cover costs for BT.
2. To transfer funds from equipment lines to supply expense to cover costs for WIC.
3. To Transfer funds from CHHA salary to CHHA OT needed and LTC salary needed to year end.
4. To Transfer funds for Employee #8409 whose hours have been shared between CHHA and MCH however all salary budgeted in CHHA. Transferring estimated expenses needed for last quarter 2012.
5. To Transfer funds to cover sick Incentive for CHHA(Health Services)for 2012.(one employee)
6. To Transfer funds to cover sick Incentive for Preventive Program for 2012.(one employee)
7. To transfer funds to cover contract expenses anticipated for LTC program to year end.
8. To transfer funds from CHHA retiree hospitalization to cover LTC hospitalization expense increase effective 12/1/12
9. To transfer funds to cover full time salaries from overtime salary expense.
10. To transfer funds from equipment lines to medical supply expense to cover costs for Disease Program.
11. To transfer funds to cover Family Health full time salaries.
12. To transfer funds to cover anticipated increase in Health and Retiree Health Insurances for December 2012.

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. 4

Terminating Agreement

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: December 6, 2012

- (a) Purpose of Contract Change: To terminate provider agreement with Achievements, PLLC.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: R246/2007
- (c) Name of Contractor: Achievements, PLLC
- (d) Address of Contractor: 623 New Loudon Road, Latham, NY 12110
- (e) Contractor's Contact Person and Telephone Number:
Tami Collister, 518-782-1178
- (f) Commencement Date of Amendment: May 17, 2007
- (g) Termination Date of Extension:
- (h) Payment Provisions: Not applicable to Resolution.
 - 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: Not Applicable

WARREN COUNTY ATTORNEY'S OFFICE

Warren County Municipal Center
1340 State Route 9
Lake George, New York 12845
Telephone 518 - 761 - 6463
Fax 518 - 761 - 6377

LAW DEPARTMENT

DATE: November 21, 2012
TO: Patricia Auer, Director
Public Health/Patient Services
FROM: Martin D. Auffredou, Warren County Attorney *MDA*
RE: Provider Agreement with Achievements, PLLC

Pat:

The Provider Agreement with Achievements, PLLC for services related to pre-school children with disabilities was entered into on May 17, 2007 pursuant to authority under Board of Supervisors Resolution No. 246 of 2007. With respect to rights of termination, Resolution No. 246 of 2007 provides the agreement is "for a term commencing April 21, 2007 and terminating upon thirty (30) days written notice by either party...". Section 6 of the agreement provides that the agreement terminates upon thirty days notice and also states that "this agreement shall be deemed to have terminated at any time as the Commissioner withdraws approval for the Provider to provide services or programs for children with disabilities." I'm not aware of any such determination by the Commissioner of Education or the Commissioner of Health. I suppose its possible that such a determination may be forthcoming.

The agreement has been extended from year to year through the amendment agreement process. The original agreement was executed by William H. Thomas as Chairman of the Board of Supervisors and each subsequent amendment agreement has been executed by the Chairman of the Board of Supervisors. In light of the foregoing, I recommend that you discuss this matter with the Health Services Committee at the next regular scheduled meeting and obtain authority to terminate the agreement pursuant to Resolution No. 246 of 2007 and Section 6 of the Provider Agreement. A draft termination letter is attached.

Please call with any questions you may have.

Martin

MDA:svn
enc.

c: Paul B. Dusek, Warren County Administrator (w/enc.)

WARREN COUNTY ATTORNEY'S OFFICE

WARREN COUNTY MUNICIPAL CENTER
1340 STATE ROUTE 9
LAKE GEORGE, NEW YORK 12845

MARTIN D. AUFFREDOU
COUNTY ATTORNEY

ASSISTANT COUNTY ATTORNEYS
AMY C. BARTLETT
PATRICIA C. NENNINGER

SOCIAL SERVICES ATTORNEY
ANTHONY JORDAN

TELEPHONE NO.
(518)761-6463
FAX NO.
(518)761-6377

December ____, 2012

Achievements, PLLC
623 New Loudon Road
Latham, New York 12110

RE: Agreement with Warren County

Ladies/Gentlemen:

This letter constitutes notice under Section 6 of the Provider Agreement between Achievements, PLLC and Warren County dated May 17, 2007 and renewed thereafter, that Warren County is terminating the Provider Agreement. This notice of termination has been issued pursuant to Resolution No. _____ of 2012 of the Warren County Board of Supervisors.

Very truly yours,

Martin D. Auffredou
Warren County Attorney

MDA:svn

c: Patricia Auer, Director
Public Health/Patient Services