

**Warren County Health Services
Health Services Committee Meeting
October 3, 2013
Information Submitted By: Patricia Auer, DPH/DPS**

Action Agenda/New Business

Request Resolution:

To amend the Warren County Health Services Corporate Compliance Plan to include the new privacy and security protections for health information for the Health Information Technology for Economic and Clinical Health Act (HITECH) that was established under the HIPAA (Health Information Portability and Accountability Act) of 1996.

Rationale:

The Department of Health and Human Services has issued the final Omnibus Rule for these modifications, and as a Covered Entity we must comply and be able to demonstrate that we have complied with these rules. We provided updated privacy practice statements to all of our current patients as of September 23, 2013, and also updated our Business Associate Agreements to reflect that we have provided updated HIPAA changes. The documents were all reviewed and approved by the County Attorney.

Request Referral to the Personnel Committee:

For consideration to backfill a Public Health Nurse position that has occurred due to a resignation.

Rationale:

This nurse had recently completed her 6 month probationary period, and has now decided home health care nursing is not her career of choice. The position is revenue generating and is funded in the Health Services Budget.

Request Committee Approval:

To allow Anni Stewart, RN, Community Health Nurse, to attend the Island Peer Review Organization (IPRO) Patient Review Instrument (PRI) and Screen Training on November 6th and 7th, 2013 at the New York State Nurses Association in Latham, New York, at a cost of \$513.00 for the 2 days. Meals are included in the charge for the training, and the nurse will drive a health services' fleet vehicle.

Rationale:

Nursing visits to perform PRI and Screens on patients who request them are billable visits at our full cost per visit rate of \$170.00, but the nurse performing and scoring the assessments must be trained and certified by the state. These assessments are required when an individual is looking for nursing home or assisted living placement. Funds are available in the budget to cover this expense.

Request Committee Approval:

To authorize Sharon Schaldone, ADPS, and Tammie DeLorenzo, Clinical and Fiscal Informatics Coordinator, to attend the Home Care Association of New York State's Hospital and Home Care Collaboration program to be held at Empire State Plaza, Albany, New York on October 24, 2013 at a cost of \$149.00 per person.

Rationale:

This conference will provide critical information on insights and pathways for collaboration partners to work together in addressing and creating solutions to community health priorities as well as their infrastructures. As we are aware, with anticipated competition from other agencies we must be well poised to know what is happening and what can be expected. Funds are available in the budget to cover the cost.

Request Resolution:

To renew the contract agreement with New York State Department of Health Bureau of Immunization for the multi-year period, April 1, 2013-March 31, 2018, to allow continued receipt of funding for the Immunization Program with annual amounts of \$32,854 in a form approved by the County Attorney. The amounts are paid upon quarterly voucher submission upon DOH approval of an annual budget and work plan.

Rationale:

The state is late in getting the contract renewals out, but it is revenue and payments are received routinely. The last multi- year contract was for annual amounts of \$33,111, and this time it is for \$32,854, reflecting a slight decrease.

Budget Transfers:

Please see **Attachment #6.** (to be handed out at the meeting)

Tawn Driscoll, Fiscal Manager, will be present at the meeting to review the specific request.

Pending Items

Update on Referral Numbers and Impact on New CON Agencies: Please see **Attachment #4.**

We have seen no impact on our business to date, but we are noticing advertisements for various nursing and administrative jobs for expanding or new Certified Home Health Agencies. We still believe we have the ability to be competitive with other agencies.

We hope to have our new brochures complete within the coming month. The tourism department has been helping us but they have been very busy with a special project, and expect to have more time this month.

We are still in the process of looking at decals to advertise our agency that can be put on our fleet vehicles. We will be getting quotes this month and hopefully will have more information for the next meeting.

Information 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.**

Revenue and Expense Comparison Report for 2012 vs 2013: Please see **Attachment #3.**

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

Rabies Program Statistics for Second Quarter of 2013 - April – July: Please see **Attachment #5.**

Attachments:

#1 Emergency Response and Preparedness Activities Report

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

#3 Revenue and Expense Comparison Reports for 2012 vs 2013

#4 Referral Number Comparisons

#5 Rabies Program Report April – July 2013

#6 Budget Transfer (to be handed out at the meeting)

BT ACTIVITY SHEET
BP2 - 7/1/13 - 6/30/14

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)
9/5/13	Mailing Bulletin Board	September Preparedness Month: To senior groups offering EPR programs @ DMV Entrance	Dan Durkee Laura Saffer	
9/6/13	On-Line Course	1. L-2/M-19 "Advanced Topics in PODS: Design, Management and Evaluation" 2. M-5 Chemical Emergencies and the Role of Public Health	Dan Durkee	
9/10/13	Drill	M-10 Planning meeting for large scale GFH drill at Double "H" Hole in the Woods on 10/9/13	Laura Saffer	Drill
9/10/13	Meeting	M-15 Monthly BT Coordinators in Ballston Spa Presentation by Dan on "Warren County's Special Needs Registry"	Dan Durkee	Special Needs
9/10/13	Blast fax	To school nurses: NYSDOH Health Advisory: School Immunization Requirements & DTAP and TDAP Vaccine Shortages	Ginelle Jones	
9/10/13	Webinar	M-5 NYSIIS LHD Update	Helen Stern, Patty Myhrberg	
9/11/13	Training	M-22 "Packing and Shipping Division 6.2 Infectious Substances, Biological Specimens, Dry Ice and Related Materials Training"	Dan Durkee	Training
9/11/13	Power Outage	M-19 at Municipal Center due to severe weather. Generator backup. Vaccine refrigerator temperature maintained and not compromised	Ginelle Jones	
9/16/13	Training	L-8 Mass Antibiotic Dispensing (MAD) Lake Placid	Dan Durkee, Patty Myhrberg	Training
9/17/13	Conf Call	M-6 ServNY Improvement Planning meeting	Laura Saffer	
9/17/13	Training	CPR - Health Services Nurses	Laura Saffer	Training
9/18/13	Tabletop	GFH - Active Shooter/Disaster Mental Health (follow-up to Code Silver revisions)	Dan Durkee	
9/18/13	Student	SUNY Plattsburgh - EPR	Dan Durkee, Laura Saffer, Diane Ellmers	
9/24/13	Training	Child CPR	Laura Saffer, Patty Myhrberg	Training
9/30/13	Student	SUNY Plattsburgh - EPR	Dan Durkee, Laura Saffer, Maureen Watson	

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2013 AS OF 10/1/2013 9:50:40 AM

FUND(S): A, CL, D, DM, EF, GI, MS, SD, V
 CODE(S): 4010, 4011, 4013, 4016, 4018, 4046, 4054, 4189, 4025
 EXPENSES

	2013 BUDGETED	2013 YTD ACTUAL	2012 Prior Year Totals
Salaries - Regular	\$2,822,301.96	\$2,039,415.45	\$2,792,734.39
Salaries - Overtime	\$147,500.00	\$123,690.67	\$134,883.37
Salaries - Part Time	\$307,284.04	\$175,667.13	\$219,854.62
Salaries - Sick Leave Incentive			\$800.00
100's PERSONAL SERVICES	\$3,277,086.00	\$2,338,773.25	\$3,148,272.38
200's EQUIPMENT	\$219,982.90	\$113,605.48	\$180,916.48
400's CONTRACTUAL	\$8,375,373.00	\$3,319,559.60	\$6,668,622.53
800's EMPLOYEE BENEFITS	\$1,803,760.12	\$1,309,637.27	\$1,613,292.82
TOTALS	\$13,676,202.02	\$7,081,575.60	\$11,611,104.21
REVENUES	\$11,107,737.00	\$4,873,350.87	\$9,525,798.76

Notes: We closed August billings for CHHA, LTC and MCH programs and have accrued above the revenues of \$358,350.87 for August and \$409,592.35 for July. We currently are working on September billings. Also other accrued revenues are for Bioterrorism of \$1,836.23 and WIC for August of \$30,468.

While payroll categories may seem a bit skewed, overall total personal services to date are 71.37% of budget as of 9/22/2013, which is on target for the year. (see detail below).

**Warren County Health Services
 Salaries Comparison**

2012 vs 2013
 as of 9/22/13 Payroll date ending

	YTD 2013	YTD 13v12	% Change	Total Budget 2013	Total Actual 2012
Total of All Depts					
Regular Salaries	\$2,039,415.45	-\$20,038.77	-0.97%	\$2,847,301.96	\$2,792,734.
Overtime Salaries	\$123,690.67	\$28,853.15	30.42%	\$137,500.00	\$134,883.
Part Time Salaries	\$175,667.13	\$20,572.65	13.26%	\$292,284.04	\$219,854.
Sick Leave Incentive	\$0.00	\$0.00	0.00%	\$0.00	\$800.
TOTALS	\$2,338,773.25	\$29,387.03	1.27%	\$3,277,086.00	\$3,148,272.
% current YTD Salary to Total Budget	71.37%	73.35%			

*Source: Detail G/L report for all Salary Category from 1/1/XX-9/22/XX

Note: Regular salaries are below last year due to nursing positions that were open and the time difference throughout year to fill those positions, however, overtime & Part time salaries for 2013 YTD are above 2012 YTD since coverage was needed for patients due to these staffing shortages. Positions still remain to be filled, and when finalized, both overtime and part time salaries should decrease before year end. Also in 2013, all union members got increases which are reflected above.

**Revenue and Expense Comparison for 2012 vs 2013
as of 10/03/13 meeting**

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

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

EXPENSES	10/3/13 Meeting	10/3/2012	Variance
	2013 YTD Actual as of 10/1/13 G/L	2012 YTD Actual as of 10/3/12	
Salaries - Regular	\$2,039,415.45	\$2,059,454.22	(\$20,038.77)
Salaries - Overtime	\$123,690.67	\$94,837.52	\$28,853.15
Salaries - Part Time	\$175,667.13	\$155,094.48	\$20,572.65
Salaries - Sick Leave Incentive	\$0.00	\$0.00	\$0.00
100's PERSONAL SERVICES	\$2,338,773.25	\$2,309,386.22	\$29,387.03
200's EQUIPMENT	\$113,605.48	\$120,413.69	(\$6,808.21)
400's CONTRACTUAL	\$3,319,559.60	\$3,826,829.58	(\$507,269.98)
800's EMPLOYEE BENEFITS	\$1,309,637.27	\$1,194,864.47	\$114,772.80
TOTALS	\$7,081,575.60	\$7,451,493.96	(\$369,918.36)
REVENUES	2012 Prior Year		
	2013 YTD ACTUAL	Totals	
	\$4,873,350.87	\$4,957,410.50	(\$84,059.63)

Note: The committee meeting was held on September 28 in 2012, however this years was rescheduled to October 3, 2013. Therefore source was Budget Performance Report as of 10/3/12 for comparison above.

Attachment #4

**Warren County Health Services
Patient Evaluations
CHHA Division**

<u>CATEGORY</u>	01/2012 06/2012	07/2012	08/2012	09/2012	10/2012	11/2012	12/2012
SN eval	801	132	124	128			
SN IV eval	52	3	9	7			
CDPAP	67	8	16	4			
PRI	60	8	14	7			
SN Evals per month	163	151	163	146.00			
PT evals	523	89	94	75			
PT only	117	40	30	15	29	25	19
Pt only evals per mo	20	40	30	15	29	25	19
Total Evals per month	183	191	193	161			

<u>CATEGORY</u>	01/2013 06/2013	07/2013	08/2013	09/2013	10/2013	11/2013	12/2013
SN eval	811	151	135	126			
SN IV eval	40	4	6	7			
CDPAP	54	7	11	7			
PRI	62	13	14	8			
SN Evals per month	161	175	166	148.00			
PT evals	510	96	95	83			
PT only	141	37	28	21			
PT only evals per mo	24	37	28	21			
Total Evals per month	185	212	194	169			

Attachment #5

Warren County Public Health Rabies Program April-June 2013

Town	Not Vaccinated			Vaccinated			Out of Town			Stray		
	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets
Bolton	1			1	2							
Chester												
Glens Falls	2	7		1	6			2			1	
Hague												
Horicon					1							
Johnsburg				1	1							
Lake George	1		1		1					1		
Lake Luzerne					1			1				
Queensbury	1	3		1	17			2		1		
Stony Creek												
Thurman												
Warrensburg					5						1	
Totals	5	10	1	4	34			5		2	2	

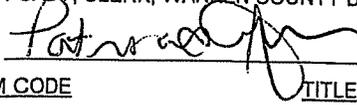
Bites Reported by Month

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2013	18	15	15	19	19	25							

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

SIGNED: 

DATE: 10/3/13

	<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
1.	A.4054.444	Preschool -Education Expense	A.4054.810	Preschool-Retirement Expense	\$1,750.00

Total Transfers **\$1,750.00**

1. To transfer funds to cover increase in Retirement Expense for Preschool Program

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: October 3, 2013

(a) Purpose of Request: To amend the Warren County Health Services Corporate Compliance Plan to include the new privacy and security protections for health information for the Health Information Technology for Economic and Clinical Health Act (HITECH) that was established under the HIPAA (Health Information Portability and Accountability Act) of 1996.

(b) Details: The Department of Health and Human Services has issued the final Omnibus Rule for these modifications, and as a Covered Entity we must comply and be able to demonstrate that we have complied with these rules. We provide updated privacy statements to all of our current patients as of September 23, 2013, and also updated out Business Associate Agreements to reflect that we have provided updated HIPAA changes.

(c) Previous Resolution Number: R704/2010 see attached.

Warren County Board of Supervisors

RESOLUTION NO. 704 OF 2010

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

ADOPTING THE CORPORATE COMPLIANCE POLICY FOR WARREN COUNTY HEALTH SERVICES

WHEREAS, the Director of Public Health/Patient Services has advised that the federal and state agencies responsible for enforcement of Medicare and Medicaid laws and regulations applicable to health care providers require the development and implementation of formal compliance programs by health care providers and additionally require annual Departmental compliance certification to the New York State Office of the Medicaid Inspector General, and

WHEREAS, the Director of Public Health/Patient Services has formalized its compliance policy which is annexed hereto as Schedule "A" and presented such policy to the Health Services Committee for consideration and adoption, now, therefore, be it

RESOLVED, that the proposed Corporate Compliance Policy for Warren County Health Services annexed hereto as Schedule "A" be and the same hereby is adopted as the official policy for Warren County Health Services, and be it further

RESOLVED, that the Chairman of the Board and/or the Director of Public Health/Patient Services be and hereby are authorized to execute any necessary 2010 annual compliance certification forms in accordance with the requirements of the New York State Office of the Medicaid Inspector General.

SCHEDULE "A"

WARREN COUNTY HEALTH SERVICES
CORPORATE COMPLIANCE POLICY

TABLE OF CONTENTS

INTRODUCTION	3
COMPLIANCE OFFICERS	4
HEALTH SERVICES COMMITTEE	4
GENERAL POLICY	5
POLICY STATEMENTS	6
REFERRALS	7
BILLING AND CLAIMS; COST REPORTS	8
CONFIDENTIALITY	11
CODE OF CONDUCT/ETHICS	12
CONFLICTS OF INTEREST	13
EDUCATION AND TRAINING	14
REPORTING REQUIREMENTS	15
a. Reporting	15
c. Confidentiality	15
d. Investigations	15
e. Non-Retaliation	15
DISCIPLINARY PROCEDURES	16

Appendix: Federal & New York Statutes Relating To Filing False Claims

INTRODUCTION

Warren County Health Services (WCHS)* is devoted to meeting and maintaining the highest ethical and professional standards and to do so through compliance with all applicable laws in all actions regarding the operation of itself and all affiliates. This commitment and dedication is essential to WCHS achieving its mission and is critical because a significant portion of services are reimbursed through governmental programs which require that WCHS business be conducted with complete integrity and veracity. WCHS will adhere to our Corporate Compliance Program.

To ensure that WCHS operations are being conducted in compliance with applicable laws and the highest ethical standards, WCHS has developed a Compliance Program under the direction of our Compliance Officers. (See next page.)

*Warren County Health Services will be referred to as WCHS throughout this document. Offices are located at the Warren County Municipal Center, 1340 State RT 9, Lake George, NY 12845.

COMPLIANCE OFFICER

Compliance Officers in the course of exercising their duties as employees of WCHS also have a duty to develop, implement, review, maintain, promote, oversee, educate, monitor, audit, receive and give reports, investigate, and respond appropriately.

Corporate Compliance Officers:
Assistant Director of Public Health
Assistant Director of Patient Services

Health Service Committee:
Members of the Board of Supervisors in the course of exercising their duties also have a duty to comply, promote and oversee, be educated, cooperate, and respond appropriately regarding applicable aspects of the Compliance Program.

Matthew Sokol, Chairman
Fred Champagne
William Loeb
Peter McDevitt
Harold Taylor
Frank Thomas

Please direct any question, comments or concerns pertinent to Warren County Health Services to the Corporate Compliance Officers:

Division of Public Health: Ginnelle Jones ADPH
Division of Home Care: Sharon Schaldone ADPS

Warren County Health Services
1340 State RT 9, Lake George, NY 12845
518-761-6580 Fax: 518-761-6422

Warren County Health Services functions as part of the overall Warren County Compliance Program.

County Compliance Officer: JoAnn McKinstry

GENERAL POLICY

The policy of WCHS is to provide services in compliance with all state and federal laws governing its operation and consistently do so with the highest standards of business and professional ethics. This policy is a sincere commitment to our clients, our staff, our community, and the governmental agencies that regulate WCHS.

All WCHS employees must carry out their duties in accordance with this policy. To assist all employees with their obligation to comply, this manual includes statements of WCHS policy for a number of applicable areas. Conduct that does not comply with these policy statements is not authorized by WCHS and is outside the scope of employment at WCHS.

Any violation of applicable law, policy statements contained in this manual, or deviation from appropriate ethical standards, will subject an employee to disciplinary action, which may include oral or written warning, disciplinary probation, suspension, demotion, dismissal from employment or revocation of privileges. Any supervisor who directs or approves the employee's improper actions, or is aware of those actions but does not act appropriately to correct them, or who otherwise fails to exercise appropriate supervision may also be disciplined accordingly.

If at any time an employee becomes aware of any violation of WCHS policies, he or she must report it in accordance with the reporting requirements of this manual. All persons making such reports are assured that such reports will be treated as confidential to the extent permissible and that such reports will be shared only on a need to know basis. WCHS will take no adverse action against persons making such reports in good faith and without malicious intent whether or not the report ultimately proves to be well founded. If an employee does not report conduct violating WCHS policies, the employee may be subject to disciplinary action up to and including termination of employment.

Laws affecting operation of WCHS activities are complex and many. This manual addresses in general terms only the more important legal and ethical principles affecting WCHS activities. Their mention in this manual is not intended to minimize the importance of other applicable laws, professional standards, or ethical principles. It is not expected that each employee will be fully versed in all laws of permissible activities involved in their work. Therefore, if an employee has a question regarding the legality or propriety of a course of action, and this manual does not answer that question the employee should seek guidance from his or her supervisor or from the Compliance Officer before taking any action.

POLICY STATEMENTS

It is WCHS policy to provide high quality care and services to its clients. WCHS believes that state and federal regulations governing WCHS operation provide a baseline of care standards which WCHS strives to exceed in the provision of care and services given to our clients by supplying them and their families with professional care and services.

Each client is entitled to a dignified existence, self determination and the provision of care and services in a manner and in an environment that promotes the maintenance or enhancement of a client's quality of life. It is WCHS policy to protect, promote and foster for each client his/her rights as a client of WCHS.

WCHS has developed policies and procedures to ensure quality of care and the protection and promotion of a client's rights that are to be adhered to by all WCHS staff. It is not the intent of this manual to set forth all such policies and procedures as they are available for review by all staff upon request.

It is the responsibility of all staff to ensure billing and payment for services reflects only those which have been approved and are provided accordingly. Signature on time sheets by clients and staff affirms the veracity of the document.

WCHS policies and procedures with regard to client rights and their care are available from the Compliance Officer or the Director of Health Services.

REFERRALS

Federal and State law prohibit WCHS and its employees from (1) soliciting or accepting or (2) offering or paying remuneration in exchange for referrals of patients eligible for Medicare, Medicaid or another federal health care program. Federal and State law also prohibit (1) the offering or payment or (2) the soliciting or receipt of remuneration in return for directly purchasing, leasing, ordering or recommending the purchase, lease or ordering of any goods, facilities, services or items covered under the benefits of Medicare, Medicaid or other federal health programs. The term "remuneration" broadly covers the transferring of anything of value in any form or manner whatsoever. Remuneration is not limited to bribes, kickbacks and rebates.

These federal and state laws are broadly written to prohibit WCHS and its employees from knowingly and willfully offering, paying, asking or receiving any money or other benefit, directly or indirectly, overtly or covertly, in cash or in kind. These laws are violated even if only one purpose of a payment arrangement is to influence referrals or the procuring of goods or services.

As a result all contracts and arrangements with actual or potential referral sources and all contracts and arrangements with vendors must comply with applicable state and federal laws and regulations. All personal service, management service and consulting service agreements must comply with applicable state and federal laws and regulations. Moreover, any other financial or other business arrangement between WCHS and other health care professionals or providers must be structured to comply with all applicable state and federal laws and regulations.

If questions arise regarding whether a proposed business arrangement, financial arrangement, or contract is in compliance with federal or state law, an employee is required to seek guidance from the Compliance Officers who in turn may seek appropriate guidance from legal counsel.

BILLING and CLAIMS: COST REPORTS

WCHS has an obligation to its clients, third party payers and the state and federal government to exercise diligence, care and integrity when submitting claims for payment. The right to bill the Medicaid program carries a responsibility that may not be abused. WCHS is committed to maintaining the accuracy of every claim it processes and submits. Each of the individuals responsible for entering charges and codes is expected to monitor compliance with applicable billing rules. Any false, inaccurate, or questionable claims should be reported immediately to the employee's supervisor or the Compliance Officer.

False billing is a serious offense. Medicaid rules prohibit knowingly and willfully making or causing to be made any false statement or representation of the material fact in an application for benefits or payment. It is also unlawful to conceal or fail to disclose the occurrence of an event affecting the right to payment with the intent to secure payment that is not due.

With respect to the submission of claims to the Medicaid program, it is WCHS policy that claims must: (1) be accurate and timely submitted, (2) be only for items or services that (a) are medically necessary, (b) fall within the coverage guidelines contained in applicable laws, rules and regulations, and (c) are documented in the clients medical record. In this regard:

1. Prior to submitting a claim for payment, it is necessary to verify that all documentation for services reflected on the claim, such as physician orders and prior approvals, are available in a proper and timely manner.
2. Claims may only be submitted when appropriate documentation supports the claim and only when such documentation is maintained and available for audit and review.
3. Documentation which serves as the basis for a claim must be appropriately organized in legible form so that such documentation may be audited and reviewed.
4. Diagnosis and procedures reported on reimbursement claims must be based on the medical record and other documentation.
5. Documentation necessary for accurate code assignment must be made available to all employees with coding responsibility.
6. Compensation for billing department coders and billing consultants shall not provide for any financial incentive to improperly code claims.

With regard to the filing of cost reports, it is WCHS policy that all Medicaid cost reports must be prepared utilizing generally accepted accounting principles based upon documents and reports that are maintained in WCHS day to day business. Cost reports must document only those costs that WCHS employees and/or agents believe in good faith are allowable. Employees and agents must provide accurate and complete documentation and reports in connection with the preparation of cost reports.

With regard to claim submissions and cost reporting, the following conduct is specifically prohibited:

1. Claims for payment or reimbursement of any kind that are false, fraudulent, inaccurate or fictitious.
2. Falsified medical records, time cards or other records used as the basis for submitting claims.
3. For services that must be coded, use of a code that does not accurately describe the documented service when there is a more accurate code that could have been used. This includes post-dating orders or signatures. Late entries should include an explanation of reason for delay in entry.
4. Bills submitted to Medicaid or applicable insurance plan for items or services which are known are not covered by Medicaid or applicable insurance plan.
5. Filing claims for the same item or service to more than one payer source whereby VNHC will receive duplicate or double payments.
6. Submission of claims without the availability of adequate documentation.
7. Falsification of any report or document used to document the cost of utilization of services by payer source.
8. Failure to report a known error or inaccuracy in any cost report or underlying document used to prepare a cost report.
9. Recording inappropriate, inaccurate, or non-allowable costs on a cost report.

Any employee who discovers an error or inaccuracy in any claim for payment for health care services or in any cost report that has been submitted or will be submitted should alert his or her supervisor, the Director or the Compliance Officer.

Audit and Monitoring Procedures:

To assist in efforts to detect and prevent fraud, waste, and abuse, WCHS conducts regular audit and monitoring procedures, both internally and externally when appropriate. Said audits will be utilized to identify compliance problems and correct those problems promptly and thoroughly, identifying potential compliance problems and instituting preventive measures, implementing procedures, policies and systems as necessary to reduce potential for recurrence.

Corrective Action:

If billing errors or requirement violations are discovered, WCHS will take steps to prevent any further similar violations. To the extent possible, WCHS shall take necessary steps to ensure any necessary refunds of any overpayments from third party payers are promptly completed. Corrective actions may include enhancing systems, providing feedback and education and if warranted, imposing disciplinary measures.

CONFIDENTIALITY

All WCHS employees possess sensitive, privileged information about clients and their care. Clients properly expect that this information will be kept confidential. WCHS takes very seriously any violation of their confidentiality. Discussing any client's medical condition or providing any information about them to anyone other than WCHS personnel who need the information or other authorized persons will result in disciplinary action. Employees are not to discuss clients outside of WCHS.

WCHS is required to maintain the confidentiality of each client's medical record. In this regard, medical records may not be released except with the consent of the client or in other limited circumstances as required by law. Special confidentiality requirements apply with regard to medical records relating to HIV infection and AIDS. Medical records should not be physically removed from WCHS, altered or destroyed. Employees who have access to medical records must exercise their best efforts to preserve their confidentiality and integrity and no employee is permitted access to the medical record of any client without a legitimate reason for doing so and proper authorization. If a question arises as to the permissibility of the release of a client's medical record or any information contained therein, the employee should seek guidance from the employee's supervisor, the Director of Nursing or the Compliance Officer. WCHS employees must comply with applicable regulations set forth in the Health Insurance Portability and Accountability Act (HIPAA).

Employees should respect WCHS assets as they would their own. No employee shall divulge to unauthorized persons, either during or after their employment, any information of a confidential nature connected with the business of WCHS.

CODE OF CONDUCT/ETHICS

All WCHS employees shall comply with Warren County Code of Ethics and Code of Conduct in accordance with Warren County Corporate Compliance Program policies.

(12)

CONFLICTS OF INTEREST

No employee should place him or herself or allow him or herself to be placed in a situation where the employee's personal interests might conflict with the interests of WCHS. WCHS recognizes

and respects an individual employee's right to invest or participate in activities outside of his/her employment provided that these in no way conflict with WCHS interests or welfare and do not interfere with the employee's responsibilities to WCHS or the effectiveness of the employee's job performance.

EDUCATION AND TRAINING

To ensure all employees are familiar with their responsibilities under WCHS Compliance Program, WCHS has a written policy for the training of all employees, contractors or agents of the entity on

the Federal False Claims Act (31 USC 3729-33). All affected employees and persons associated with WCHS including governing body members will be required to participate in any initial or periodic training sessions as determined by the Compliance Officer. Additionally, any periodic training sessions will also be required as determined by the Compliance Officer, for employees of certain departments with responsibilities for billing and coding or any other responsibilities that the Compliance Officer determines appropriate for periodic training. Such training shall be made a part of the orientation for a new employee, appointee or associate, and governing body members.

The Compliance Officer will distribute in writing and/or post in conspicuous places, any modifications of or amendments to the Compliance Manual. The Compliance Officer will also provide employees with written explanations of any substantial changes in the Compliance Manual or, if the Compliance Officer determines that written materials are insufficient, interim training sessions will be conducted.

Employees will be provided periodic information about WCHS Compliance Program, changes in applicable laws or ethical standards that may affect an employee's responsibilities through written memoranda, periodic training sessions or other appropriate forms of communication.

REPORTING REQUIREMENTS

A. Reporting

It is the responsibility of every employee to report any known instances of or reasonable suspicions of any violation of applicable state or federal law, ethical standards or WCHS policies, including the policy statements contained in this manual. To report a suspected violation, an employee is required to notify, either verbally or in writing, the Compliance Officer or the employee's immediate supervisor. Any supervisory staff personnel receiving a report of a suspected violation is required to immediately notify the Compliance Officer. If the suspected violation involves the employee's immediate supervisor, the employee should make the report directly to the Compliance Officer. If the suspected violation involves the Compliance Officer, the report should be made directly to WCHS Director. An employee may make a report of a suspected violation anonymously. Failure to report a suspected violation may result in disciplinary action.

B. Confidentiality:

To the extent permissible, WCHS shall treat all reports of suspected violations of Standards as confidential. However, it must be recognized that under certain circumstances the name of the individual making the report will be communicated to the Compliance Officer, if the report is made originally to the employee's supervisor, to an individual responsible for conducting an investigation of the suspected violation or to a governmental agency investigating any such suspected violation. Any such disclosure will only be made only on a need to know basis.

C. Investigations:

It is important to the integrity of WCHS operation that all suspected violations of Standards be thoroughly reviewed and investigated so that appropriate action can be taken as necessary. WCHS will promptly and thoroughly investigate any suspected violation and take appropriate disciplinary action if warranted. Investigations may be conducted internally by the Compliance Officer or externally by either accountants or lawyers engaged by WCHS. Employees are required to cooperate with the individual or individuals conducting an investigation of a suspected violation. Such cooperation may involve being interviewed by the individual or individuals conducting the investigation or supplying such individual or individuals with requested documentation. Failure to cooperate in an investigation of a suspected violation may result in disciplinary action being taken.

D. Non-Retaliation:

To ensure employee cooperation, neither WCHS nor its respective employees shall take any retaliatory action or retribution against any employee who has submitted a report of a suspected violation or who has participated in an investigation of a suspected violation. Any employee who takes retaliatory action or retribution against another employee who has either reported a suspected violation or participated in an investigation of a suspected violation will be subject to disciplinary action.

All employees and professional staff members are required to comply with applicable state and federal law, ethical standards and WCHS policies, including the policy statements contained in this manual (hereinafter collectively "Standards"). Any employee or professional staff member who violates any of the foregoing Standards will be subject to disciplinary action, up to and including termination of employment.

Disciplinary action will be taken against an employee or professional staff member who: A. Authorizes or participates directly in a violation of a Standard B. Deliberately fails to report a violation of a Standard.

C. Deliberately withholds relevant and material information concerning a violation of a Standard.

D. Deliberately fails to cooperate in an investigation of a suspected violation of a Standard.

E. Retaliates or seeks or causes retribution against any employee or professional staff member who has either reported a suspected violation of a Standard or participated in an investigation of a suspected violation of a Standard.

F. Fails to participate in required training programs.

Disciplinary action may also be taken against any supervisory personnel who directs or approves an employee's actions which result in a violation of a Standard, is aware that an employee's actions which violate a Standard but fails to take appropriate corrective action or who otherwise fails to exercise appropriate supervision.

Disciplinary action may include oral or written warning, probation, suspension, demotion, termination from employment or suspension. Disciplinary action will be taken in accordance with WCHS personnel policies and procedures, county laws, and Civil Service requirements. Disciplinary action will be taken on a fair, equitable and consistent basis. Disciplinary action will be appropriate to the level of the employee's culpable conduct, that is; the more serious the level of culpable conduct (intentional conduct or reckless non-compliance) will result in more significant disciplinary action. Notwithstanding the foregoing, this statement is not a guaranty of progressive discipline and WCHS reserves the right to terminate an employee at any time for any lawful reason.

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an existing funded position in their budget that is vacated due to a retirement, resignation, termination or promotion. This notice may not be used for requests to create a new position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department Health Services Payroll Dept. No. 36.00
 Title of Position Public Health #25 Annual Salary 44,405 Grade 21
 Budget code and title A4010.110 NURSE Union Non-Union
 This position is vacated due to: Retirement Resignation Termination Promotion Other
 Employee No. 12275
 Is this position mandated? Yes No Is the position reimbursable? Yes No
 Source of reimbursement: Federal % State % Other private %
 Impact to Budget: insurance

Personnel Officer has approved this form when initialed. [Signature]

reimbursement sources vary depending upon patient case mix

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Health Services Date 10/3/13

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

Administrator Signature [Signature]

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health Services Date 10/3/13

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

Ranking Committee Member Signature [Signature]

PERSONNEL/HUMAN RESOURCES COMMITTEE COMPLETES THIS SECTION

Date _____

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

Ranking Committee Member Signature _____

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 Anni Stewart, RN, CHN
 (Supervisory Committee) (Employee Name)

to attend the Island Peer Review Organization (IPRO) PRE, Patient
 (Name of meeting or organization) Review, Instruction
and Screen
Training

at New York State Nurses' Assoc 11 Cornell Rd
 (Address) Latham NY 12110

on 11/01/13 and 11/11/13 Mode of transportation to be used Health Services
 (Dates) (County Vehicle or Mass Transportation)
Fleet vehicle

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

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

- Notice of meeting or convention including cost. total cost for 2 days \$513. (PRE \$285, Screen \$228)

For Overnight Travel

- Room rate \$ NA GSA* Rate \$
- Meal costs - GSA*per diem rate \$ included in training cost

Date: 10/3/13

Patricia [Signature]
 Department Head Signature

Date: 10/3/2013

[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.

« All Events (<http://ipro.org/calendarofevents/>)

H/C – PRI Training @ Latham

Anni Stewart

November 6 @ 8:30 am - 4:30 pm

Date/Time

November 6, 2013

8:30 am – 4:30 pm

Location

The New York State Nursing Association

11 Cornell Rd.

Latham NY, 12110

- Register to Attend (<http://www.regonline.com/Register/Checkin.aspx?EventID=1213023&title=Register%20to%20Attend>)

Please read [Terms & Conditions](http://ipro.org/for-providers/pri-and-screen-training/terms-and-conditions-for-pri-and-screen-training/) for important information regarding Fees and Payment Instructions, Refunds and Cancellations, and Substitution/Late Registration/Attendance/Course Completion Policies.

PRI Training Outline

Training is provided to allow a Registered Nurse (RN) to complete the Patient Review Instrument (PRI) and the Hospital/Community (H/C) PRI. These are clinical tools to assess a person's condition. The PRI is necessary for Medicaid reimbursement in nursing facilities. The H/C PRI is required for admission to a nursing facility, for hospital residents on ALC status, and for various other programs.

The course is especially for RNs in nursing facilities, hospitals (discharge planners or ALC determinations) or in community settings responsible for nursing facility placement. Social workers or other professional staff may find the training useful to understand the process and impact.

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

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

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

For more information or for questions, please contact us at PRIscreeninfo@ipro.org

Details

Start:

November 6, 2013 8:30 am

End:

November 6, 2013 4:30 pm

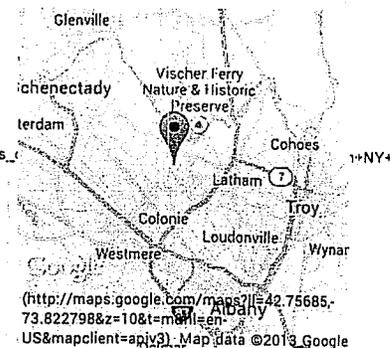
Venue

New York State Nurse Association

11 Cornell Road Latham, NY 12110

United States

+ Google Map (http://maps.google.com/maps?f=q&source=s_



« SCREEN Training @ East Syracuse, NY (<http://ipro.org/event/screen-training-east-syracuse-ny>) » [SCREEN Training @ Latham, NY](http://ipro.org/event/screen-training-latham-ny) » (<http://ipro.org/event/screen-training-latham-ny>)

PRI and SCREEN Training

ATTENTION: IPRO SCREEN Training Schedule: Special Announcement

IMPORTANT NOTICE REGARDING SCREEN CERTIFICATION:

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

Certified SCREENERS should check the Health Provider Network (HPN), DOH Web site (www.nyhealth.gov (<http://www.nyhealth.gov>)) periodically for updates related to the SCREEN form. Please take steps to ensure your SCREEN training is up to date. Please check the schedule for SCREEN classes in your area. If you do not see a SCREEN class, please email PRIScreenInfo@ipro.org; Additional classes may be added based on need.

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

- Click here for Upcoming Session Dates (<http://ipro.org/events/>)
- Click to read Terms & Conditions (<http://ipro.org/for-providers/pri-and-screen-training/terms-and-conditions-for-pri-and-screen-training/>)

Below are the details for these training sessions:

H/C PRI Training Outline

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

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

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

Terms and Conditions for PRI and SCREEN Training

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

PAYMENT INSTRUCTIONS:

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

SCHEDULE "A"

AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

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

The Health Services hereby authorizes Sharon Schaldone ^{ADPS Clinical and Fiscal Informatics Coord}
 (Supervisory Committee) (Employee Name)

to attend Home Care Association of New York State Hospital and Home Care Collaboration Conference
 (Name of meeting or organization)

at Empire State Plaza Concourse Albany, NY
 (Address)

on October 24, 2013 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.

\$149⁰⁰ / per person
 total amt \$298⁰⁰

For Overnight Travel

- Room rate \$ _____ GSA* Rate \$ NA

- Meal costs - GSA*per diem rate \$ 0 included in conference fee
 *www.gsa.gov

Date: 10/3/13

[Signature]
 Department Head Signature

Date: 10/3/13

[Signature]
 Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

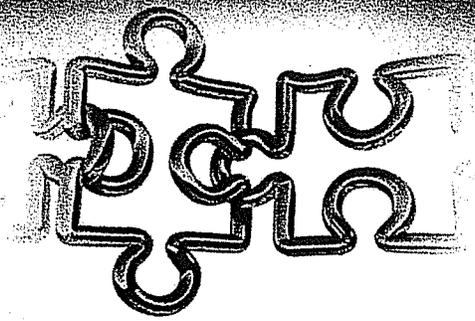
Please check to request a fleet vehicle.

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.

Hospital and Home Care Collaboration



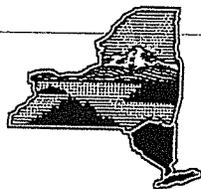
A Conference to Explore Collaborative Hospital-Home Care Solutions for Addressing Community Health Needs

You are invited to join your peers as the Home Care Association of New York State (HCA) and the Iroquois Healthcare Alliance (IHA) (the regional hospital association in the state that comprises most of the state's rural and small community hospitals) offer their members a complimentary one-day conference that will provide critical information on insights and pathways for collaborating partners to work together in addressing and creating solutions to community health priorities as well as their infrastructures.

The conference is geared toward executives, planners, clinical and fiscal directors from hospitals, home care agencies and other provider partners.

Thanks to our program sponsors

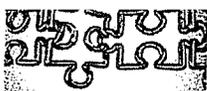
HISCOCK & BARCLAY, LP



IROQUOIS
Healthcare Alliance



HCA
HOME CARE ASSOCIATION
OF NEW YORK STATE



Hospital and Home Care Collaboration

IROQUOIS
Healthcare Alliance

HCA
HOME CARE ASSOCIATION
OF NEW YORK STATE

A Conference to Explore Collaborative Hospital-Home Care Solutions for Addressing Community Health Needs

AGENDA

Thanks to our program sponsors

HISCOCK & BARCLAY LLP

HCR
Home Care

October 24, 2013

9:30-9:50am

Overview of IHA-HCA Collaborative Effort & Areas of Development

- IHA-HCA Executive Panel

9:50-10:50am

NYS Legislative & Administrative Panel - The State's Vision for Collaborative Health Care Solutions

- Senator Kemp Hannon, Chair, Senate Health Committee
- Jason Helgerson, NYS Medicaid Director
- Assemblyman Dennis Gabryszak, Vice Chair, Legislative Commission on Rural Resources (Invited)

10:50-11:50am

System Findings & Implications for Hospital, Home Care, Physician Partnerships

- Sara Butterfield, RN, BSN, CPHQ, CCM, Senior Director, Health Care Quality Improvement, IPRO

11:50-12:50pm

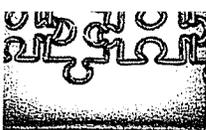
What Hospitals, Home Care Agencies and Collaborating Partners Need to Do to Meet Infrastructure, Patient & Community Health Needs

- Audrey El-Gamil, Senior Manager, Dobson, DaVanzo & Associates, LLC, Health Care Consulting

12:50-1:30pm

Lunch & Luncheon Address

Agenda continued on next page..



AGENDA - October 24th continued

1:30-2:30pm

Experiences and Insights from Collaborative Models

- Catholic Health System
Brian Przybysz, Vice President Operations
- Ellis Medicine
James Connolly, President and CEO Ellis and
Joseph Twardy, President and CEO, VNS Schenectady and Saratoga
- Northeast Health/Eddy VNA
Michelle Mazzacco, Vice President
- Bassett Health System
Carlton J. Rule M.D., Bassett Regional Medical Director, Co-Medical
Director, At Home Care Inc. and Medical Director, First Community
Care of Bassett

2:30 -3:30pm

Programmatic & Legal Nuts and Bolts

- Carla Williams, MPA, Director, Healthcare Consulting Group,
O'Connell and Aronowitz
- James D. Horwitz, Of Counsel, Hiscock and Barclay
- Cicero Consulting Associates (Invited)

3:30pm

Next Steps – IHA, HCA

Thanks to our program sponsors

HISCOCK & BARCLAY LLP

HCR
Home Care



A Conference to Explore Collaborative Hospital-Home Care Solutions for Addressing Community Health Needs

REGISTRATION FORM

Registration Deadline October 18

This Conference is complimentary to Members of HCA and IHA. There is a \$149 fee for home health agencies who are not members of HCA. Walk-in registrations will not be accommodated.

Name: _____

Organization: _____

Address: _____

Phone: _____

Email: _____

Membership Information

I am a Member of HCA

I am a Member of IHA

I am an interested home health agency but **NOT** a Member of HCA \$149.00

Method of Payment for Home Health Agency Non-Members

By Credit Card: _____ American Express _____ MasterCard _____ VISA

(3 digit security code) _____ Exp. Date ____/____/____

Card Number _____

Cardholder's Name _____

Billing Address _____

City _____ State _____ Zip _____

Signature _____

By Check: _____ Check (Must be received by October 23)

Made payable to:
HCA Education and Research
 388 Broadway
 4th Floor
 Albany NY 12207

Thanks to our program sponsors
HISCOCK & BARCLAYTM

HCR
 Home Care

FAX THIS COMPLETED REGISTRATION FORM TO: 518-426-8788

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: October 03, 2013

- (a) Purpose of Contract Change: To renew contract with NYS DOH Bureau of Immunization to authorize continued receipt of funding for the Immunization Action Plan per contract agreement annual amounts.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: R 512/2008
- (c) Name of Contractor: NYS DOH – Bureau of Immunization
- (d) Address of Contractor: Rm 649 Corning Tower ESP
Albany, New York 12237-0627
- (e) Contractor's Contact Person and Telephone Number: Jodi Schoen
473-4473, fax: 474-1493, email: jesio@health.ny.gov
- (f) Commencement Date of Amendment: 04/01/2013
- (g) Termination Date of Extension: 03/31/18
- (h) Payment Provisions: annual amount paid by quarterly voucher
submission upon receipt of approved budget by NYSDOH
 - 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:

Disease Control Program- Rev. A4018.0030.3407 State Revenue
Exp. A4018.0030 Various Code

RESOLUTION NO. 512 OF 2008

Resolution introduced by Supervisors Sokol, Sheehan, Haskell, Thomas, Tessier, Champagne and O'Connor

AUTHORIZING AGREEMENT WITH NEW YORK STATE DEPARTMENT OF HEALTH FOR IMMUNIZATION PROGRAM - HEALTH SERVICES DEPARTMENT

WHEREAS, the Director of Public Health/Patient Services has requested and the Health Services Committee has recommended the County enter into a multi year Immunization Action Plan agreement with the New York State Department of Health Immunization Program for a term commencing April 1, 2013, 2008 and terminating March 31, 2013, 2014 (initial term commencing April 1, 2008 and terminating March 31, 2009 in an amount not to exceed Thirty-Three Thousand Eight Hundred Eighty Four Dollars (\$33,854), now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an agreement with the New York State Department of Health Immunization Program, Room 649, Corning Tower ESP, Albany, New York 12237-4437, relating to an Immunization Action Plan agreement for a multi year term commencing April 1, 2013, 2008 and terminating March 31, 2013, 2014, with the initial term commencing April 1, 2008 and terminating March 31, 2009, (in an initial term funding award amount not to exceed Thirty-Three Thousand One Hundred Eleven Dollars (\$33,111).

? add COLA piece

NEW YORK
state department of
HEALTH

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

Sue Kelly
Executive Deputy Commissioner

September 17, 2013

Dear Commissioner:

Enclosed please find the complete contract package for the 2013 – 2018 Immunization Action Plan for Local Health Departments (LHD).

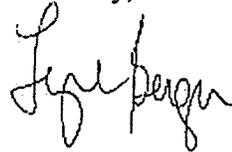
Please carefully review the enclosed State of New York Master Contract for Grants, as there are significant changes to the document. Please note the updated guidance on page 1, which provides new requirements for budget changes during the grant period. The contract includes language that specifies to the Office of the State Comptroller the expectation that annual budgets will remain constant for all subsequent years. As a result, the contract only contains your budget for the first year of the grant. LHDs will be required to update their budget and workplan at the beginning of each state fiscal year.

Please sign and return two single-sided notarized originals of the contract, and ensure that they are stamped with a valid notary stamp. Two complete originals of the contract must be returned.

This contract will not be processed through the New York State Grants Gateway (grantsreform.ny.gov) at this time. For the 2013 – 2014 State Fiscal Year, please continue to submit paper vouchers to Jodi Schoen and quarterly reports to Pat Deyo in the Bureau of Immunization.

We look forward to continuing our work together to reduce vaccine preventable disease among children and adults. If you have any questions regarding this contract or other immunization issues, please contact your Regional Representative.

Sincerely,



Lynn Berger, M.D., M.P.H.
Director
Bureau of Immunization

Enclosures

cc: County IAP Coordinator
County Fiscal Contact
Regional Representative

STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE

<p>STATE AGENCY (Name & Address):</p> <p>New York State Department of Health Bureau of Immunization ESP – Corning Tower – RM 649 Albany, NY 12237</p>	<p>BUSINESS UNIT/DEPT. ID: DOH01/3450255</p> <p>CONTRACT NUMBER: C-028327</p> <p>CONTRACT TYPE:</p> <p><input checked="" type="checkbox"/> Multi-Year Agreement <input type="checkbox"/> Simplified Renewal Agreement <input type="checkbox"/> Fixed Term Agreement</p>
<p>CONTRACTOR SFS PAYEE NAME:</p> <p>Warren County Department of Health</p>	<p>TRANSACTION TYPE:</p> <p><input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment</p>
<p>CONTRACTOR DOS INCORPORATED NAME:</p>	<p>PROJECT NAME:</p> <p style="text-align: center;">Immunization Action Plan</p>
<p>CONTRACTOR IDENTIFICATION NUMBERS:</p> <p>NYS Vendor ID Number: 1000002438 Federal Tax ID Number: 146002576 DUNS Number (If applicable): 098334733</p>	<p>AGENCY IDENTIFIER:</p> <p>CFDA Number (Federally Funded Grants Only):</p> <p style="text-align: center;">93.268</p>
<p>CONTRACTOR PRIMARY MAILING ADDRESS:</p> <p>Warren County Department of Health 1340 State Route 9 Lake George, New York 12845</p> <p>CONTRACTOR PAYMENT ADDRESS:</p> <p><input type="checkbox"/> Check if same as primary mailing address</p> <p>1340 State Route 9 Lake George, New York 12845</p> <p>CONTRACT MAILING ADDRESS:</p> <p><input checked="" type="checkbox"/> Check if same as primary mailing address</p>	<p>CONTRACTOR STATUS:</p> <p><input type="checkbox"/> For Profit <input checked="" type="checkbox"/> Municipality, Code 520100000000 <input type="checkbox"/> Tribal Nation <input type="checkbox"/> Individual <input type="checkbox"/> Not-For-Profit</p> <p>Charities Registration Number:</p> <p>Exemption Status/Code:</p> <p><input type="checkbox"/> Sectarian Entity</p>

Contract Number: C-028327

STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE

<p>CURRENT CONTRACT TERM: From: 04/01/2013 To: 03/31/2018</p> <p>CURRENT CONTRACT PERIOD: From: 04/01/2013 To: 03/31/2018</p> <p>AMENDED TERM: From: To:</p> <p>AMENDED PERIOD: From: To:</p>	<p>CONTRACT FUNDING AMOUNT (<i>Multi-year</i> – enter total projected amount of the contract; <i>Fixed Term/Simplified Renewal</i> – enter current period amount):</p> <p>CURRENT: 164,270</p> <p>AMENDED:</p> <p>FUNDING SOURCE(S)</p> <p><input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other</p>
---	--

FOR MULTI-YEAR AGREEMENTS ONLY – CONTRACT PERIOD AND FUNDING AMOUNT:

(Out years represent projected funding amounts)

#	CURRENT PERIOD	CURRENT AMOUNT	AMMENDED PERIOD	AMMENDED AMOUNT
1	4/1/13 – 3/31/14	\$32,854		
2	4/1/14 – 3/31/15	\$32,854		
3	4/1/15 – 3/31/16	\$32,854		
4	4/1/16 – 3/31/17	\$32,854		
5	4/1/17 – 3/31/18	\$32,854		

ATTACHMENT PART OF THIS AGREEMENT:

- Attachment A: A-1 Program Specific Terms and Conditions
- A-2 Federally Funded Grants

- Attachment B: B-1 Expenditure Based Budget
- B-2 Performance Based Budget
- B-3 Capital Budget
- B-1 (A) Expenditure Based Budget (Amendment)
- B-2 (A) Performance Based Budget (Amendment)
- B-3 (A) Capital Budget (Amendment)

- Attachment C: Work Plan
- Attachment D: Payment and Reporting Schedule
- Other

Contract Number: C-028327

IN WITNESS THEREOF, the parties hereto have executed or approved this Master Contract on the dates below their signatures.

CONTRACTOR:

Warren County Department of Health
1340 State Route 9
Lake George, New York 12845

By: _____

Printed Name

Title: _____

Date: _____

STATE AGENCY:

New York State Department of Health
Bureau of Immunization
ESP – Corning Tower – RM 649
Albany, NY 12237

By: _____

Bradely J. Hutton
Printed Name

Title: _____ Director, CCH

Date: _____

STATE OF NEW YORK

County of _____

On the ____ day of _____, _____, before me personally appeared _____, to me known, who being by me duly sworn, did depose and say that he/she resides at _____, that he/she is the _____ of the _____, the contractor described herein which executed the foregoing instrument; and that he/she signed his/her name thereto as authorized by the contactor named on the face page of this Master Contract.

(Notary) _____

ATTORNEY GENERAL'S SIGNATURE

STATE COMPTROLLER'S SIGNATURE

Printed Name

Printed Name

Title: _____

Title: _____

Date: _____

Date: _____

Contract Number: C-028327