

**Warren County Health Services
Health Services Committee Meeting
February 28, 2014
Information Submitted By: Patricia Auer, DPH/DPS**

Action Agenda/New Business

Request Resolution:

To amend the 2014 Warren County Budget to adjust the Disease Control Budget to reflect the COLA (Cost of Living Adjustment) funds received for the Rabies Grant in the amount of \$1,432.00.

Rationale:

The resolutions for the grants are written to enable us to accept the funds without an additional resolution, but since the exact COLA amounts vary are never known in advance, we need the resolution to adjust the county budget.

Request Resolution:

To transfer funds from Health Services Full Time Salaries Code A.4010.110 to Health Services Part Time Salary A.4010.130 in the amount of \$8,000.

Rationale:

This transfer is needed to cover per diem expense. We currently have one full time vacant nursing position and per diem help has been utilized to meet patient care demands.

Request Resolution:

To ratify the action of the Health Services Committee Chairman, in authorizing the Chairman of the Board of Supervisors to sign a recertification agreement with Tricare in a form approved by the County Attorney in order to assure that the Tricare claims continue to be paid in a timely manner.

Rationale:

We received a recertification request from Tricare that appeared to resemble more of a contract agreement than the usual insurance recertifications we regularly receive and I complete. Because of the uncertainty and since I don't sign contract agreements, I requested the County Attorney to review and advise. He also felt it was more of a contract and advised we request ratifying the Chairman's action so we could return the agreement to Tricare within the specified time frame and payment for claims would not be compromised.

Request Resolution:

To authorize amending all current contracts to reflect the following language in follow up to a finding at the recent NYSDOH survey where a number of contracts were reviewed:

"Notwithstanding any other provision in this contract the Agency remains responsible for:

- (i) ensuring that any services provided pursuant to this contract complies with all pertinent provisions of Federal, State and local statutes, rules and regulations;
- (ii) planning, coordination, and ensuring the quality of all services provided; and
- (iii) ensuring adherence to the plan of care established for patients."

Rationale:

We have had contracts reviewed at previous surveys and this has never been picked up. We have a letter from the County Attorney that we will submit to NYSDOH stating that these changes will be made to the contracts. There is no time frame by which the contracts must all be amended. We attempted to allow the language to be included in all new contracts going forward from the date of the survey, but we were not successful in that request.

Request Committee Approval:

To allow the WIC Program Staff to attend the 3 day NYS Annual WIC conference in Saratoga Springs on April 7 -9, 2014 at a cost of \$350.00 per person, for a total of \$2800.00 for 8 employees.

Rationale:

This is the Annual Training for WIC employees, and we are fortunate it is held in such close proximity to Warren County, so there are no lodging, or travel expenses. Meals are included in the conference fee. The costs are 100% covered by the WIC contract grant.

Request Committee Approval:

To authorize Maureen Linehan, RN and Lynn Rodriguez, RN to attend the Home Care of New York State Blueprint for OASIS Accuracy - Transition to OASIS – C1 at the Holiday Inn in Mount Kisco, New York on April 8 and 9, 2014 at a total cost not to exceed \$2500.

Rationale:

This is an crucial and pricy conference, mainly because it requires 2 overnight stays for the 2 nurses (\$129.00 per night), and a certification exam (\$250.00 each), in addition to the Program cost of \$685.00 per person plus meals (breakfast and dinner) that are not included in the conference fee, and gas and tolls that would be paid upon submission of receipts. Sharon Schaldone, Assistant Director of Patient Services will be present at the meeting to explain why this conference is important and answer any questions. We have funds in our educational budget to cover the expense.

Pending Items

Update on Referral Numbers and Impact of New Certified Home Health Agencies:

Please see Attachment #5.

Information for Discussion

Report of New York State Department of Health Survey of the Certified Home Health Agency:

Our Corrective Action Plan has been submitted and is being reviewed by NYSDOH. We expect at next month's meeting we will have the summary available and the final letter from the state to be filed with the meeting minutes. As we stated at last month's meeting, the plan mainly consisted of language changes in documentation policies. There were no patient care issues, and we were found to be "operating in substantial compliance with all applicable regulations."

Emergency Response and Preparedness Activities: Please see Attachment #1 for the monthly report.

Report of Expenditures, Overtime and Per Diem Use: Please see Attachment #2.

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

Revenue and Expense Comparison Report for 2013 vs 2014: Please see Attachment #4.

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

Attachments:

#1 Emergency Response and Preparedness Activities Report

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

#3 Revenue and Expense Comparison Report for 2012 vs 2013

#4 Revenue and Expense Comparison Report for 2013 vs 2014

#5 Referral Numbers Comparisons

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

3rd QUARTER ACTIVITIES (January 1, 2014 – March 31, 2014) = entered on NYSDOH Quarterly Reporting Template

Date	Type	Subject/Comments	Attendees	Topic (i.e. Chempack, Drill, Mass Fatality, SNS, Training, Pan Flu, Special Needs)
2/12/14	Conf Call	<input checked="" type="checkbox"/> L-13 - 3rd Quarter Capital District Sub-region meeting (MOUs)	Ginelle Jones, Dan Durkee	
2/13/14	Student	EPR (Amber Martin – Empire State)	Dan Durkee	
2/14/14	Meeting	<input checked="" type="checkbox"/> L-1 – to review/brainstorm EPR Plan	Dan Durkee, Ginelle Jones, Pat Belden, Patty Myhrberg, Angela Meade	
2/19/14	Tabletop	<input checked="" type="checkbox"/> GFH "Pharmacy break-in"	Ginelle Jones	
2/19/14	Webinar	<input checked="" type="checkbox"/> M-4 – ServNY Refresher Course	Angela Meade	
2/26/14	Webinar	ClinOps – CDMS review	Angela Meade	
2/26/14	Student	EPR (George Barry – Sage)	Dan Durkee	
2/27/14	Webinar	<input checked="" type="checkbox"/> M-4 – ServNY Refresher Course & Build 56 Updates	Dan Durkee	

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS for 2014

REVENUE AND EXPENDITURES FOR 2014 AS OF 2/25/2014 4:11:00 PM

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

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

EXPENSES	2014 BUDGETED	2014 YTD ACTUAL	2013 Prior Year Totals
Salaries - Regular	\$2,854,807.00	\$306,216.62	\$2,813,073.5
Salaries - Overtime	\$137,500.00	\$17,146.63	\$159,087.2
Salaries - Part Time	\$262,918.09	\$37,955.89	\$246,611.8
Salaries - Sick Leave Incentive			
100's PERSONAL SERVICES	\$3,255,225.00	\$361,319.14	\$3,218,772.6
200's EQUIPMENT	\$6,100.00	\$2,456.66	\$214,683.5
400's CONTRACTUAL	\$7,450,361.00	\$151,436.73	\$5,214,542.1
800's EMPLOYEE BENEFITS	\$1,829,495.00	\$321,011.12	\$1,747,183.0
TOTALS	\$12,541,181.00	\$836,223.65	\$10,395,181.2
REVENUES	2014 BUDGETED	2014 YTD ACTUAL	2013 Prior Year Totals
	\$10,265,900.00	\$6,179.49	\$7,443,122.2

Notes: We currently are working on January billings for CHHA, LTC and MCH. Revenues do not yet reflect 2014 billings or grants until we are able to finalize them. Our payroll is 11.10% of current budget while at this time in 2013 it was 11.49% of budget. (see below)

Warren County Health Services

Salaries Comparison

2013 vs 2014

as of 2/9/14 Payroll date ending

Total of All Depts	YTD 2014	YTD 2013	YTD 13v14	% Change	Total Budget 2014	Total Actual 2013
Regular Salaries	\$306,216.62	\$326,134.76	-\$19,918.14	-6.11%	\$2,854,807.00	\$2,813,073.5
Overtime Salaries	\$17,146.63	\$21,586.75	-\$4,440.12	-20.57%	\$137,500.00	\$159,087.2
Part Time Salaries	\$37,955.89	\$22,223.78	\$15,732.11	70.79%	\$262,918.00	\$246,611.8
Sick Leave Incentive	\$0.00	\$0.00	\$0.00	0.00%	\$0.00	\$0.0
TOTALS	\$361,319.14	\$369,945.29	-\$8,626.15	-2.33%	\$3,255,225.00	\$3,218,772.6
% current YTD Salary to Total Budget	11.10%	11.49%				

*Source: Detail G/L report for all Salary Category from 1/1/XX-2/10/XX

Note: Regular salaries are below last year due to nursing positions that are currently open. Overtime is also below last year due to the fact that Per Diem staff have been utilized to cover nursing. YTD 2014 (11.10% of budget) is below 2013 YTD (11.49% of budget) by \$8,626.15. This is due to the fact that per diem staff have been utilized for current staffing shortages. We have built up a list of experienced Per Diem nurses which has helped with both staffing shortage and increase in patient referrals. Also to note, part time salaries overall are high due to the fact there was an employee retirement cash out in January.

**Revenue and Expense Comparison for 2012 vs 2013
as of 2/28/14 meeting**

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

EXPENSES	2/28/14 Meeting		Variance
	2013 YTD Actual as of 2/24/14	2012 YTD Final	
Salaries - Regular	\$2,813,073.56	\$2,792,734.39	\$20,339.17
Salaries - Overtime	\$159,087.21	\$134,883.37	\$24,203.84
Salaries - Part Time	\$246,611.85	\$219,854.62	\$26,757.23
Salaries - Sick Leave Incentive	\$0.00	\$800.00	(\$800.00)
100's PERSONAL SERVICES	\$3,218,772.62	\$3,148,272.38	\$71,300.24
200's EQUIPMENT	\$214,683.50	\$180,916.48	\$33,767.02
400's CONTRACTUAL	\$5,214,542.11	\$6,668,622.53	(\$1,454,080.42)
800's EMPLOYEE BENEFITS	\$1,747,183.04	\$1,613,292.82	\$133,890.22
TOTALS	\$10,395,181.27	\$11,611,104.21	(\$1,215,122.94)

REVENUES	2013 YTD ACTUAL	2012 Prior Year Totals	
		\$7,443,122.24	\$9,525,798.76

Note: Above is the current comparison to 2013 vs 2012. It should be noted that 2013 numbers are not final. The books remain open until all entries are posted. It is anticipated with the accruals to be made to both revenues and expenses, 2013 will reflect amounts very close to 2012 final numbers with a similar bottom line impact to the county

Salaries:

Salaries are overall higher in 2013, due to contract increases, retirements and added help needed in both the overtime and part time categories to assist in coverage for nursing shortage in primarily our CHHA.

Revenues:

Revenues for 2013 do not yet reflect Preschool Revenues for the 13/14 school year from July to December 2013. We anticipate that to be around \$800,000. Also to note WIC food vouchers valued at approximately \$850,000 will be booked in both the Revenues and Expenses for 2013 when finalized by the state.

ATTACHMENT #3

**Revenue and Expense Comparison for 2013 vs 2014
as of 2/28/14 meeting**

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

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

EXPENSES	2/28/14 Meeting 2014 YTD Actual as of 2/24/14 G/L	2/24/2013 2013 YTD Actual as of 2/24/13	Variance
Salaries - Regular	\$306,216.62	\$326,134.76	(\$19,918.14)
Salaries - Overtime	\$17,146.63	\$21,586.75	(\$4,440.12)
Salaries - Part Time	\$37,955.89	\$22,223.78	\$15,732.11
Salaries - Sick Leave Incentive	\$0.00	\$0.00	\$0.00
100's PERSONAL SERVICES	\$361,319.14	\$369,945.29	(\$8,626.15)
200's EQUIPMENT	\$2,456.66	\$3,630.86	(\$1,174.20)
400's CONTRACTUAL	\$151,436.73	\$518,368.25	(\$366,931.52)
800's EMPLOYEE BENEFITS	\$321,011.12	\$337,808.93	(\$16,797.81)
TOTALS	\$836,223.65	\$1,229,753.33	(\$393,529.68)

REVENUES	2014 YTD ACTUAL	2013 Prior Year Totals	
	\$6,179.49	\$11,296.44	(\$5,116.95)

Note: The committee meeting was held on March 4th, 2013, compared to our current meeting date of 2/28/14, therefore source was Budget Performance Report as of 2/24/13 for comparison above and reflects the one payroll in February YTD.

Salaries:

As noted on financial page, Salary differences are due to open positions within the CHHA department. Per Diem staff have been utilized to assist in nursing services. Part time salaries, however also reflect an employee's cash out due to retirement in January.

Contractual Services:

Also to note, Contractual services seem skewed because of timing of payments being made. We currently are in the middle of a check run, and those expenses are not seen above until the batches have been paid and posted, which will not be until month end.

ATTACHMENT #4

Warren County Health Services
Patient Evaluations
CHHA Division

CATEGORY	01/2013	02/2013	03/2013	04/2013	05/2013	06/2013	07/2013	08/2013	09/2013	10/2013	11/2013	12/2013
SN eval	156						151	135	126	141	113	145
SN IV eval	9						4	6	7	5	7	10
CDPAP	11						7	11	7	6	12	16
PRI	13						13	14	8	14	7	2
SN Evals per month	189						175	166	148.00	166.00	139.00	163.00
PT evals	103						96	95	83	104	76	80
PT only	22						37	28	21	30	18	19
PT only evals per mo	22						37	28	21	30	18	19
Total Evals per month	211						212	194	169	134	94	99

CATEGORY	01/2014	02/2014	03/2014	04/2014	05/2014	06/2014	07/2014	08/2014	09/2014	10/2014	11/2014	12/2014
SN eval	127											
SN IV eval	7											
CDPAP	7											
PRI	3											
UASNY	15											
SN Evals per month	159											
PT evals	88											
PT only	33											
PT only evals per mo	33											
Total Evals per month	192											

-9%

ANNUAL

CATEGORY	2012	2013
SN eval	1965	2131
SN Evals per Year		
PT evals	1057	1063
PT only	275	294
Total Evals per Year	3297	3488

Total # of Visits for		
ALL SERVICES	2012	2013
	50,693.00	49,333.00

Attachment #5

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

***If this is the result of a grant award, also complete and submit
Form No. 5 or 6**

DEPARTMENT NAME: Warren County Health Services-Disease Program

DATE: February 28, 2014

- (a) **Purpose of Amendment:** To amend the 2014 budget to adjust the Disease Program to reflect the COLA (Cost of Living Adjustment) funds given for the Rabies Grant in the amount of **\$1,432.00**.

- (b) Appropriation Code (with title), Object Code (with title) and Amount:
A.4018.0030.469 Disease Program- Other Payments \$1,432.00

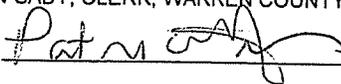
Revenue Code (with title), and Amount:

A.4018.0030. 3407 Disease Program-Public Health Revenue \$1,432.00

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

SIGNED: 

DATE: 2/24/13

	<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
1.	A.4010.110	Health Services-Full time Salaries	A.4010.130	Health Services-Part time Salary	\$8,000.00

Total Transfers

\$8,000.00

1. To transfer funds to cover part time salary (per diem) coverage for Health Services(CHHA) for 2014 due to staffing shortage

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: 02/27/2014

- (a) Purpose of Request: To ratify the action of the Health Services Committee chairman in authorizing the chairman of the Board of Supervisors to sign a recertification agreement with TRICARE in form approved by the county attorney in order to assure that the TRICARE claims continue to be paid in a timely manner.
- (b) Details:
- (c) Previous Resolution Number: Not applicable.

TRICARE North Region
PO Box 870140
Surfside Beach SC 29587-9740



January 9, 2014

WARREN COUNTY HEALTH SERVICES
1340 STATE ROUTE 9
LAKE GEORGE NY 12845

RECEIVED

JAN 13 2014

WARREN COUNTY
HEALTH SERVICES

ID: 146002576
NPI: 1649496522

Dear Provider:

This is to notify you a completed Recertification Application is required for your facility. Please complete the enclosed application and Participation Agreement and return them to us within 30 days of the date of this letter.

You can fax or mail your completed application and Participation Agreement to:

TRICARE North Region
Provider Data Management
P.O. Box 870156
Surfside Beach, SC 29587-9756
FAX: 1-888-250-4355

Please be advised if we do not receive the completed application and Participation Agreement within 30 days of the date of this letter, all pending and subsequent claims for services may be denied.

If we can be of further assistance, please contact us at 1-877-TRICARE (1-877-874-2273).

Sincerely,

Sherry Caudle
TRICARE Provider Data Management

Enclosure

TRICARE North Region Customer Service: 1-877-TRICARE • www.myTRICARE.com by PGBA
TRICARE is a registered trademark of the TRICARE Management Activity. All rights reserved.

HHARENEW PKEY: 146002576 NKEY: 1649496522

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: 02/28/2014

- (a) Purpose of Request: To authorize amending all current contracts to reflect the following language in follow-up to a finding at the recent NYSDOH survey of the Certified Home Health Agency.
- (b) Details: "Notwithstanding any other provision in this contract, the Agency remains responsible for:
 - (i) ensuring that any service provided pursuant to this contract complies with all pertinent provisions of Federal, State and local statutes, rules and regulations;
 - (ii) planning, coordination, and ensuring the quality of all services provided;
and
 - (iii) ensuring adherence to the plan of care established for patients."
- (c) Previous Resolution Number: Not applicable

SCHEDULE "A"

Taini Roth
Sandy Watson
Beth Pagvette
Jamie Cote
Crystal McKinney
Cassandra Rausch
Vanessa Dacey
Sarah Farnsworth

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 WIC Program Employees
(Supervisory Committee) (Employee Name)

to attend ^{36th} Annual NYS WIC Conference
(Name of meeting or organization)

at 534 Broadway
Saratoga Hilton Saratoga Springs, New York
(Address)

on April 17-19, 2014
(Dates)

Mode of transportation to be used WIC van in car
or employee personal vehicle with no reimbursement
(County Vehicle or Mass Transportation) if employee chooses

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.

\$ 350 per person
x 8 employees =
\$ 2800. - 100% covered
by WIC grant

For Overnight Travel

- Room rate \$ Not applicable GSA* Rate \$ Not applicable
- Meal costs - GSA* per diem rate \$ meals included in conference fee

*www.gsa.gov

Date: 2/28/14

Patricia [Signature]
Department Head Signature

Date: 2/28/14

[Signature]
Committee Chairman Signature

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

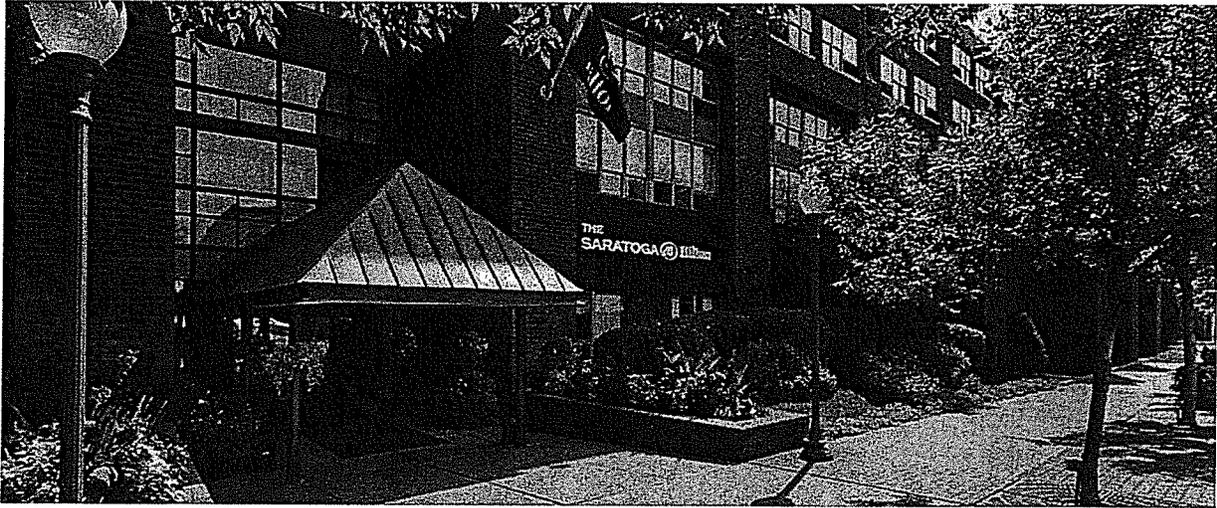
Please check to request a fleet vehicle.

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.

Join us for the
36th Annual WIC Conference
in Saratoga Springs, New York
The Saratoga Hilton



534 Broadway, Saratoga Springs NY 12866

(518) 584-4000

www.thesaratogahotel.com



About the Artist: Tannor, a 5 year-old former WIC participant, enjoys being outside, shoveling, riding 4-wheelers, fishing and swimming. Kindergarten has been an adventure for him, and his favorite part is playtime. This was only his second attempt at drawing a horse, and he is proud of his finished product. Tannor lives at home with his mother, brother, and grandparents in Central NY.



36th ANNUAL WIC CONFERENCE

APRIL 6-9, 2014

Conference Goals and Objectives

We hope you will join us this year for the Triple Crown Winner of all WIC Conferences. This year's conference offers opportunities to hear from experts on breastfeeding, Sickle Cell Anemia, Gut and Psychology Syndrome, Vitamin D, childhood obesity, as well as how digital and social media are affecting our lifestyles. In addition, the conference will offer attendees some high energy and inspirational talks and workshops on how to overcome negativity, improve customer service, and integrate physical activity into our life as well as the lives of our WIC participants. Along with learning new skill sets, attendees will also have a chance to enjoy the history and sights of beautiful downtown Saratoga.

At this year's conference, attendees will:

- Hear from experts in the field of nutrition, breastfeeding, management and public health
- Learn about the latest research findings and how to apply them to their participants, patients, clients
- Develop new skills and improve existing competencies
- Earn Continuing Education credits and fulfill NYS WIC mandatory training requirements
- Learn best practices that can be implemented in their agency
- Share their own public health experiences with peers and leaders
- Discover the latest public health products and services

Who Should Attend

Nutritionists, Dietitians, Health Educators, Social Workers, Nurses, Health Care Providers, Lactation Counselors, Breastfeeding Coordinators, Peer Counselors, WIC Program Staff, Vendor Management Agencies, WIC Advocates, and WIC Consumers.

Registration Information

This packet contains the following forms:

- General Conference Registration Form
- Hotel Registration Form
- Consumer Conference Registration Form

All conference forms can be downloaded from The WIC Association of NYS, Inc. website at www.nyswica.org.



2014 NYS WIC Association Conference

Registration Form and Invoice

Photocopy registration form for use by each additional registrant. Please use black ink when completing form and be sure to print clearly. Registration is due by March 5, 2014

Name: _____

First

Last

Organization: _____

WIC LA #

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

√ all that apply: WIC Coordinator CPA Support Staff Speaker BOD Member Other

CONFERENCE REGISTRATION FEES

(Place √ in all boxes that apply)

*Members

Non-members

Three Day Conference Registration \$350 \$450

One Day Only: (Check date attending: 4/7 4/8 4/9) \$150 \$250

- Conference fee includes breakfast and lunch on Monday, Tuesday and Wednesday. All dinners are on your own.
- Conference registration fee does not cover hotel expenses. You must register for the hotel separately.
- Please indicate if you will be staying at The Saratoga Hilton: YES NO
- Please indicate if you are interested in volunteering at the conference: YES NO
- Please note that photographs may be taken at the conference and posted on the NYS WIC Association Website and/or used in other media outlets. If you do not want to be photographed, you must inform the photographer of such.
- *Member Fee is applicable if you or your Local Agency is currently a paid member of the WIC Association of NYS, Inc.

TOTAL CONFERENCE REGISTRATION FEE: \$ _____ Enclosed To Be Mailed

Please make checks payable to The WIC Association of NYS, Inc. and mail with registration form to:

The WIC Association of NYS, Inc.
C/O Shelly Peavey-Wood
Schoharie County Community Action Program
795 East Main Street Suite 5
Cobleskill, NY 12043

Phone: (518) 234-2568 Ext. 3034 Fax: (518) 234-3507 Email: fit.wic.kids@sccapinc.org

For more information visit The WIC Association of New York State, Inc. website at www.nyswica.org.

Confirmation of receipt of payment will be sent by email within 10 days. Cancellations received in writing by close of business March 21, 2014 will be refunded less a \$35.00 processing fee. No refunds after March 21st. If you do not cancel your registration in writing and do not attend you will not receive a refund. You may, however, send a substitute in your place. If you have not registered or made arrangements to pay at the door, you will not be able to attend the event.

For Office use only:

Date Received _____ Processed by _____ Invoice # _____ Date Confirmation Sent _____

HELPFUL HINTS ABOUT THE CONFERENCE

- ✓ The conference registration fee covers attendance at all program sessions, conference materials, and breakfast and lunch on Monday, Tuesday and Wednesday. **All dinners are on your own.**
- ✓ Please register for the conference as early as possible, but NO later than March 5th. If you are unable to obtain an agency check for conference payment prior to March 5th, please be sure to mail or fax a reservation form to reserve your attendance at the conference. Once you receive your agency check, please forward the check along with a copy of your completed registration form to:

The WIC Association of NYS, Inc.
C/O Shelly Peavey Wood
Schoharie County Community Action Program
795 East Main Street, Suite 5
Cobleskill, NY 12043

- ✓ If you are planning on staying at The Saratoga Hilton you must complete the hotel registration form that is in this packet. Please note that hotel fees are **not** included in the conference registration fees.
- ✓ Again this year, we are inviting the Regions to contribute a door prize gift. If you have some great ideas about door prizes, please contact your Regional Chair(s). The Regions include Capital, Central, Metropolitan, and Western.
- ✓ During the conference volunteers are needed to assist with registration or to serve as workshop facilitators. The time commitment is minimal and it is a great way to get to know some of your colleagues from across the state. If you are interested in volunteering, please be sure to check the appropriate box on the conference registration form and someone will contact you at a later date.
- ✓ Please note that photographs may be taken at the conference and posted on the NYS WIC Association Website. If you do not want to be photographed, you must inform the photographer of such.
- ✓ If you should need additional information about the conference, please contact the following people:

General Information (Conference Co- Chairs)

Carrie Aaron-Young	(914) 995-5432	caal@westchestergov.com
Katie Palmer	(518) 234-2568	wic@sccapinc.org

Registration

Shelly Peavey-Wood	(518) 234-2568	fit.wic.kids@sccapinc.org
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Exhibitors

Juliet Campbell	(718) 857-4423	wicbedstuy@gmail.com
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Volunteers/Door Prizes

Melissa Sacco	(518) 272-6159	msacco@ceo-cap.org
Kim Kelley	(315) 343-1311	kkelley@oco.org

Make a copy of this page for your files before submitting the registration form on the other side

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 Maureen Linehan RN
 (Supervisory Committee) (Employee Name)
Lynn Rodriguez RN
 to attend Home Care Association of New York State
 (Name of meeting or organization)
Blueprint for OASIS Accuracy - Transition to OASIS - CI
 at Holiday Inn Mount Kisco
 (Address)
One Holiday Inn Drive Mount Kisco, NY 13057

on April 8 + 9, 2014 Mode of transportation to be used Health Services Fleet
 (Dates) (County Vehicle or Mass Transportation) vehicle

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

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

- Notice of meeting or convention including cost.

conf cost.
 \$685 pp x 2 = 1370
 \$250 pp x 2 = 500
 (exam)

For Overnight Travel

- Room rate \$ 129 per night x 2 GSA* Rate \$ 71 meals + inc. expense
- Meal costs - GSA* per diem rate \$

*www.gsa.gov

Date: 2-14-14

[Signature]
 Department Head Signature

Date: 2/28/14

[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

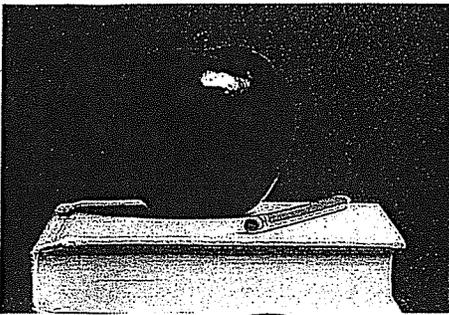
Filing Instructions:

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.



Blueprint for OASIS Accuracy – Transition to OASIS-C1

Two-Day OASIS Workshop



Mount Kisco, NY
April 8 and 9, 2014

Workshop
8:00am to 4:00pm

April 10 - COS-C Exam
9:00am to 11:30am

Individuals may register for the workshop, the exam or both.

Holiday Inn Mount Kisco
One Holiday Inn Drive
Mount Kisco, NY 13057

HCA has reserved a limited block of rooms at the rate of \$129 per night. Please call (914) 241-2600 and ask for the HCA rate. Cut off date is March 10.

Workshop Fee:

\$499 for HCA Members

\$685 for Non-Members

Fee includes instructors for two days, two lunches and handout materials.

Exam Fee:

Initial Exam \$250

Renewal Exam \$200

(Discounted for those registered for the Blueprint workshop)

13 Contact Hours

Two day OASIS workshop on Data Collection Rules and Guidance including education on OASIS C-1 changes, with optional Certificate for OASIS Specialist-Clinical (COS-C) exam.

Effective up-to-the-minute education targeted for field data collectors, their supervisors and those preparing for the COS-C exam.

Experience the comprehensive and nationally acclaimed two-day Blueprint for OASIS Accuracy workshop and learn to confidently teach, audit and collect OASIS items accurately. Through guided, expert instruction, and participation in problem-solving discussions and application scenarios, achieve mastery of the OASIS items, conventions, and the latest data collection rules.

Rather than provide opinions, assumptions, or unfounded interpretations, the "Blueprint" presenters will model reliance on CMS guidance documents and provide and demonstrate strategies for how to find defensible answers to your OASIS questions.

Facilitators:

Wendy K. Anemaet

Deborah L. Chisholm



Wendy Anemaet, PT,DPT,PhD, GCS, CWS, GTC, COS-C Wendy has been practicing in home health since 1989. She is an Associate Consultant with OASIS Answers, Inc.

Debbie Chisholm, RN, BSN, CPHQ, COS-C. Debbie has been practicing since 1978 and is the Director of Educational Programs at OASIS Answers, Inc.

COS-C Exam

The Certificate for OASIS Specialist – Clinical (COS-C) Exam is a voluntary Certificate examination for those interested in demonstrating and establishing their expertise and commitment to OASIS data accuracy. Please note the exam fee is in addition to the two-day Blueprint workshop fee. Register for the exam online at www.oasisanswers.com or complete the attached form and send to OASIS Answers, Inc.

Blueprint for OASIS Accuracy – Transition to OASIS-C1

Two-Day-Workshop – April 8 and 9, 2014

REGISTRANT INFORMATION

Registration deadline is March 25

Name: _____

Title: _____

Agency: _____

Address: _____

City/State/Zip: _____

Phone: _____ Ext. _____ Fax: _____

Email: _____
(Required)

WORKSHOP REGISTRATION FEE

Member Fee \$499

Non-Member Fee \$685

Workshop fee includes instructors for two days, two lunches and handout materials.

PAYMENT

Please check method of payment: (Checks must be received by workshop date).

_____ Check* _____ MasterCard _____ VISA _____ American Express

*Make checks payable to: HCA Education and Research
and mail to: 388 Broadway, 4th Floor, Albany, NY 12207

Card Number _____ Security Code _____ Expiration Date _____

Name on Card _____

Card Billing Address (Street/Suite/Room Number) _____

City, State, Zip _____

Authorized Signature _____



Register Online for the
workshop only at
www.eventville.com/hcanys

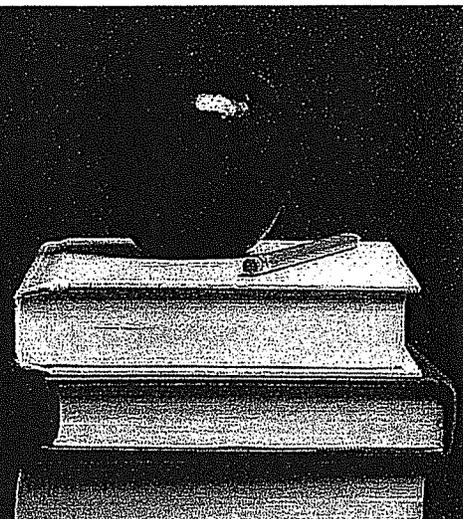
To register for the
COS-C Exam use the attached
form or go to
www.oasisanswers.com
Registrations for the exam must be
received two weeks prior to the exam
date.

Walk-in registrations will not
be accommodated.

Exam Registration Fee
\$250 - For those participating in the workshop
Renewal Exam Fee
\$200 - For those participating in the workshop
Taking the Exam Only - add \$50

Refunds will be issued for those that
cancel by March 25, less a 25%
administrative fee. Cancelling after this
date or for no shows will forfeit the
registration fee. Substitutions are
permitted for the workshop.
Cancellations must be received in
writing via e-mail at info@hca-nys.org

Fax to (518) 426-8788



COS-C EXAM APPLICATION



OASISANSWERS™

simplifying the complex

PAPER & PENCIL

Online exam application also available at oasisanswers.com

PLEASE CAREFULLY PRINT WHEN COMPLETING THE FORM BELOW.

ALL REGISTRATION PAYMENTS MUST BE RECEIVED PRIOR TO A CANDIDATE SITTING FOR ANY EXAM. **NO EXCEPTIONS!**

Paying by credit card? Complete form and fax to 425.868.5484.

Paying by check? Make checks payable to OASIS Answers.

Mail with form to: PO Box 2768, Redmond, WA 98073.

COS-C EXAM LOCATION - CITY:

STATE:

EXAM DATE:

CANDIDATE'S FULL NAME:

As you would like it to appear on your certificate. PLEASE PRINT!

CANDIDATE'S DATE OF BIRTH:

Use the format 01/01/1900

CANDIDATE'S E-MAIL ADDRESS:

Must be unique! For confirmation and to verify exam history.

WORK

PERSONAL

AGENCY / COMPANY NAME:

CANDIDATE'S ADDRESS:

Where your results are mailed. Please indicate address type. (Street, City, State, Zip Code)

WORK

HOME

CONTACT PHONE:

WORK

HOME

CELL

ARE YOU A CURRENT COS-C? YES NO

HAVE YOU TAKEN THE COS-C EXAM BEFORE? YES NO

SELECT YOUR REGISTRATION RATE:

*Registration is discounted by \$50 if the exam is preceded by OASIS Answers' "Blueprint for OASIS Accuracy" Workshop.

INITIAL EXAM

RENEWAL EXAM**

Regular registration rate

\$300

\$250

**Renewal rates available only to active COS-C's

"Blueprint" exam discounted rate*

\$250

\$200

CREDIT CARD TYPE: MASTERCARD VISA

EXPIRATION:

/

ZIP CODE:

CARD NUMBER:

3-DIGIT CODE:

NAME ON CARD:

SIGNATURE:

CANCELLATIONS/TRANSFERS: Exam Registration fee is non-refundable. Transfer or product credit will apply.


 Search

[Home](#) > [Policy & Regulations](#) > [Travel and Relocation Policy](#) > [Per Diem](#) > [Per Diem Rates](#) >

FY 2014 Per Diem Rates for Tarrytown / White Plains / New Rochelle, New York

(October 2013 - September 2014)

ADDITIONAL PER DIEM TOPICS

- [Meals & Incidental Expenses Breakdown \(M&IE\) FAQs](#)
- [State Tax Exemption Forms](#)
- [Factors Influencing Lodging Rates](#)
- [FY 2014 Per Diem Highlights](#)
- [Fire Safe Hotels](#)
- [Have a Per diem Question?](#)
- [Downloadable Per Diem Files](#)

SEARCH BY CITY, STATE OR ZIP CODE

Enter your city OR Enter your ZIP Code

Cities not appearing below may be located within a county for which rates are listed. To determine what county a city is located in, visit the [National Association of Counties \(NACO\) website \(a non-federal website\)](#).

The following rates apply for Tarrytown / White Plains / New Rochelle , New York

Primary Destination* (1)	County (2, 3)	Max lodging by Month (excluding taxes)												Meals & Inc. Exp.**	
		2013			2014										
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
Tarrytown / White Plains / New Rochelle	Westchester	139	139	139	139	139	139	139	139	139	139	139	139	139	71

* NOTE: Traveler reimbursement is based on the location of the work activities and not the accommodations, unless lodging is not available at the work activity, then the agency may authorize the rate where lodging is obtained.

** Meals and Incidental Expenses, see [Breakdown of M&IE Expenses](#) for important information on first and last days of travel.

CONTACTS

- Additional Contacts for
- Travel Management Policy

NEED MORE INFORMATION?

- Rates for Alaska, Hawaii, U.S. Territories and Possessions (set by DoD)
- Rates in Foreign Countries (Set by State Dept.)
- Federal Travel Regulations (FTR)

RELATED TOPICS

- Travel Resources
- E-Gov Travel
- FedRooms
- POV Mileage Reimbursement Rates

Last Reviewed 2013-11-20

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