

**Warren County Health Services
Health Services Committee Meeting
September 26, 2014
Information Submitted By: Patricia Auer, DPH/DPS**

Action Agenda/New Business

Request Resolution:

To authorize a contract agreement with Jean Szachacz, MA CCC-SLP to provide speech language services.

Rationale:

Speech therapy services are billable services.

Request Committee Approval:

To allow Ginelle Jones, Assistant Director of Public Health, to attend the annual NYSACHO Leadership Summit in Cortland, New York on October 9-10, 2014.

Rationale:

All lodging, meals and conference costs are covered for one staff person per county by NYSACHO.

Ginelle will travel with the Public Health Director from Washington County and will share gas and toll costs which will be paid upon submission of receipts.

Committee approval is needed since there will be overnight stays in New York State but well outside of Warren County.

Request Resolution for Budget Amendment:

To accept COLA funds for specific Public Health Division programs in the following amounts:

Disease Control Program – Immunization Action Plan: \$2,635.00

Disease Control Program – Rabies: \$1,352.00

Disease Control Program – Lead Poisoning Prevention: \$1,757.00

Family Health Program: \$742.00

WIC Program: \$36,596.00

Rationale:

No Resolution is needed to accept the funds as original Resolutions are worded to accept any additional funds that become available during the grant periods. COLA amounts are not known at the when the contract grants are executed.

Request Resolution for Budget Transfer:

Budget transfer form will be distributed at the meeting.

Rationale:

Tawn Driscoll, Fiscal Manager, will be present at the meeting to review the need for the transfers.

Pending Items

There are no pending items this month.

Information for Discussion

Emergency Response and Preparedness Activities: Please see **Attachment #1** for the Monthly Report.

Status of Referrals: Please see **Attachment #4** for the detailed report.

Sharon Schaldone, Assistant Director of Patient Services, will provide comment on the report at the meeting.

Reports of Expenditures, Revenues, Overtime and Per Diem Use: Please see **Attachment #2**.

Revenue and Expense Comparison Report for 2013 vs 2014: Please see **Attachment #3**.

Tawn Driscoll, Fiscal Manager, will be present 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 2013 vs 2014

#4 Report of Referral Status

BT ACTIVITY SHEET

BP3 - 7/1/14 - 6/30/15

Page 1

Topic Color Codes

Red/Chempack; Green/SNS; Blue/Mass Fatality; Black/Training;

Purple/Special Needs; Orange/Drill; Black/Pan Flu

Attachment 1

<i>Date</i>	<i>Type</i>	<i>Subject/Comments</i>	<i>Attendees</i>	<i>Topic (i.e. Chempack, Drill, Mass Fatality, SNS, Training, Pan Flu, Special Needs)</i>
Various	MCM Drill 3/12/15	► L-5 Activiites: <ol style="list-style-type: none"> 1. 9/10 mailing to 50 community organizations for newsletter article 2. 9/11 ServNY Request Notification for Volunteer Training "POD Activation" 3. 9/18 meeting with Town of Queensury 	Dan Durkee, Ginelle Jones, Angela Meade	Drill
Various	Community Engagement @Crandall Library 10/15/14	► M-15 Activities:	Dan Durkee	
Various	Emergency Preparedness Month	Activities: <ol style="list-style-type: none"> 1. 8/26 Bulletin Board at DMV 2. 8/26 IHANS Comm. Drill (#17180) to Nursing Homes 3. 9/2 Email to all employees re: EPR & family readiness 	Dan Durkee	
9/2/14	Mailing	Annual mailing to Providers to update contact information	Angela Meade	
9/9/14	Meeting	BT Coordinators in Ballston Spa	Dan Durkee	
9/10/14	Updates	SNS Plan – finalized; sent to OES	Angela Meade	SNS
9/16/14	Meeting	► M-1 Review and update Mass Fatality Plan	Dan Durkee, GFH, OES, et.al	Mass Fatality
9/16/14	Test	Alternate HCS in Room 6-133	Angela Meade	
9/17/14	Webinar	► M-7 & L-5 ClinOps "Engaging Vulnerable Populations in Preparedness Exercises"	Angela Meade	
9/17/14	Tabletop	► GFH "Collapse of bleachers in school gym"	Dan Durkee?	
9/22/14	Meeting	► L-8 HEPC @ Saratoga Hospital	Dan Durkee	
9/23/14	Webinar	"Culturally Competent EPR for the Developmentally Disabled"	Dan Durkee	

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2014 AS OF 9/23/2014 12:06:50 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	
	2014	2013	2014	% Change	2014	2013
Salaries - Regular	\$2,809,807.00	\$1,923,777.54	\$1,923,777.54	-0.45%	\$2,808,026.17	\$2,808,026.17
Salaries - Overtime	\$137,500.00	\$90,668.11	\$90,668.11	-23.54%	\$159,087.21	\$159,087.21
Salaries - Part Time	\$307,918.00	\$182,408.67	\$182,408.67	9.97%	\$246,611.85	\$246,611.85
100's PERSONAL SERVICES	\$3,255,225.00	\$2,196,854.32	\$2,196,854.32	-0.91%	\$3,213,725.23	\$3,213,725.23
200's EQUIPMENT	\$82,174.87	\$75,910.60	\$75,910.60		\$214,683.50	\$214,683.50
400's CONTRACTUAL	\$7,490,239.91	\$2,929,726.57	\$2,929,726.57		\$6,142,894.90	\$6,142,894.90
800's EMPLOYEE BENEFITS	\$1,835,875.00	\$1,316,180.50	\$1,316,180.50		\$1,750,798.31	\$1,750,798.31
TOTALS	\$12,663,514.78	\$6,518,671.99	\$6,518,671.99		\$11,322,101.94	\$11,322,101.94
REVENUES	2014 BUDGETED	2014 YTD ACTUAL	2013 Prior Year Totals			
	\$10,313,158.91	\$4,568,005.94	\$9,280,158.89			

Accrued above are Revenues for August for CHHA, LTC and MCH which total \$309,024.57. Also to note, our total salary is 67.49% of budget while it was 68.99% at this time last year. (see below)

Warren County Health Services
Salaries Comparison

2013 vs 2014
 as of 9/7/14 Payroll date ending

	YTD 2014	YTD 2013	YTD 13v14	% Change	Total Budget 2014	Total Actual 2013
Total of All Depts	\$1,923,777.54	\$1,932,539.79	-\$8,762.25	-0.45%	\$2,839,807.00	\$2,808,026.17
Regular Salaries	\$90,668.11	\$118,587.39	-\$27,919.28	-23.54%	\$137,500.00	\$159,087.21
Overtime Salaries	\$182,408.67	\$165,875.07	\$16,533.60	9.97%	\$277,918.00	\$246,611.85
Part Time Salaries	\$2,196,854.32	\$2,217,002.25	-\$20,147.93	-0.91%	\$3,255,225.00	\$3,213,725.23
% current YTD Salary to Total Budget	67.49%	68.99%				

*Source: Detail G/L report for all Salary Category from 1/1/XX-9/7/XX
 Note: Regular salaries are below last year due to a nursing position that is currently open. Overtime is also below last year, due to the fact that Per Diem staff have been utilized to cover staff shortages. YTD 2014 (67.49% of budget) is below 2013 YTD (68.99% of budget) by \$20,147.93. We have built up a list of experienced Per Diem nurses which has helped with both staffing shortage and increase in patient referrals.

**Revenue and Expense Comparison 2014 vs 2013
as of 9/26/14 meeting**

EXPENSES	9/26/14	9/21/2013	Variance
	Meeting	2013 YTD	
	2014 YTD	2013 YTD	
	Actual as of	Actual as of	
	9/23/14 G/L	9/21/13 G/L	
Salaries - Regular	\$1,923,777.54	\$1,932,539.79	(\$8,762.25)
Salaries - Overtime	\$90,668.11	\$118,587.39	(\$27,919.28)
Salaries - Part Time	\$182,408.67	\$165,875.07	\$16,533.60
Salaries - Sick Leave Incentive	\$0.00	\$0.00	\$0.00
100's PERSONAL SERVICES	\$2,196,854.32	\$2,217,002.25	(\$20,147.93)
200's EQUIPMENT	\$75,910.60	\$112,077.48	(\$36,166.88)
400's CONTRACTUAL	\$2,929,726.57	\$3,327,395.75	(\$397,669.18)
800's EMPLOYEE BENEFITS	\$1,316,180.50	\$1,277,043.90	\$39,136.60
TOTALS	\$6,518,671.99	\$6,933,519.38	(\$414,847.39)

REVENUES	2014 YTD	2013 Prior	
	ACTUAL	Year Totals	
	\$4,568,005.94	\$4,062,669.80	\$505,336.14

Notes:

Comparison is based on actual data from 9/21/13 YTD. Last years meeting was held 10/3/13, which is over a week difference, therefore would skew the comparison Overall, we are above in Revenues and below Expenses YTD for 2014 compared to 2013.

Salaries:

We continue to remain below last years Salary expense as noted on the previous financial page We continue to utilize Per Diem Staff to assist in nursing coverage, therefore keeping the overtime down.

Contractual Services:

Contractual services continue to remain below prior year due to expenses related to the Early Intervention and Preschool Programs. Due to timing of invoices, 2014 expenses are slightly below last year at this time.

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	115	135	128	146	101	151	135	126	141	113	145
SN IV eval	9	4	0	6	12	5	4	6	7	5	7	10
CDPAP	11	8	9	10	9	8	7	11	7	6	12	16
PRI	13	4	8	12	14	11	13	14	8	14	7	2
SN Evals per month	189	131	152	156	181	125	175	166	148.00	166.00	139.00	163.00
PT evals	103	88	75	84	81	61	96	95	83	104	76	80
PT only	22	7	20	23	37	24	37	28	21	30	18	19
PT only evals per mo	22	7	20	23	37	24	37	28	21	30	18	19
Total Evals per month	211	138	172	179	218	149	212	194	169	134	157	183

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	110	132	114	139	85	116	122				
SN IV eval	7	4	6	2	5	7	5	5				
CDPAP	7	2	0	0	0	0	0	0				
PRI	3	2	3	4	0	5	3	3				
UASNY	15	11	18	14	12	23	26	21				
SN Evals per month	159	125	159	134	156	120	150	151				
PT evals	88	82	78	69	84	61	5	76				
PT only	33	32	35	25	25	27	27	21				
PT only evals per mo	33	32	35	25	25	27	27	21				
Total Evals per month	192	157	194	159	181	147	177	172				

-9% 14% 13% -11% -17% -1% -17% -11%

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

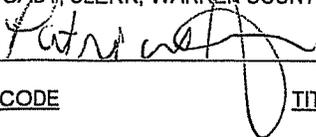
Total # of Visits for	2012	2013
ALL SERVICES	50,693.00	49,333.00

ATTACHMENT #4

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

SIGNED: 

DATE: 9/26/14

	<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
1.	A.4016.469	Long Term Care-Other Payments	A.4010.469	Health Services(CHHA)-Other Payments	\$4,000.00
2.	A.4013.469	WIC -Other payments	A.4013.210	WIC -Furniture	\$3,000.00
3.	A.4054.0060.444	Early Intervention-Education Expense	A.4018.0060.810	Early Intervention-Retirement Expense	\$2,000.00
	A.4054.0060.444	Early Intervention-Education Expense	A.4018.0060.860	Early Intervention-Health Insurance Expense	\$6,000.00
4.	A.4018.0020.469	Family Health-Other Payments	A.4018.0020.865	Family Health-Dental Insurance Expense	\$175.00
5.	A.4018.0030.469	Disease Program-Other Payments	A.4018.0030.860	Disease Program-Health Insurance Expense	\$600.00

Total Transfers **\$15,775.00**

1. To transfer funds from LTC to CHHA toward monthly Cash Assessment payments to cover to Year end.
2. To transfer funds to purchase equipment needed for WIC to year end. Fully funded by WIC grant.
3. To transfer funds for Early Intervention to cover additional expenses incurred for both Retirement and Health Insurance.(Employee went from 2-person to Family Health)
4. To transfer funds for Family Health to cover additional expense incurred for Dental Expense.
5. To transfer funds for Disease Program to cover additional expense incurred for Health Insurance.

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. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: 09/26/2014

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To authorize a contract agreement with Jean Szachacz, MA CCC-SLP to provide speech language therapy services.
- (c) Name of Contractor: Jean Szachacz
- (d) Address of Contractor: 308 Eddy Road, Hadley, NY 12835
- (e) Contractor's Contact Person and Telephone Number: Jean Szachacz, H: 518-955-7566 C: 518-260-6743, email O-T@msn.com.
- (f) Has or will the Contract be provided, if so, please attach: Please use therapist contract.
- (g) Commencement Date of Contract: Oct. 20, 2014
- (h) Termination Date of Contract: Upon 30 days written notice by either party.
- (i) Payment Provisions:
- i) lump sum amount - at agreed upon established per individual visit or meeting rate
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. bi-monthly, upon receipt of required documentation for each individual visit.

<u>Eval Region 1</u>	<u>\$55.00</u>
<u>Revisit Region 1</u>	<u>\$53.00</u>
<u>Eval Region 2</u>	<u>\$60.00</u>
<u>Revisit Region 2</u>	<u>\$60.00</u>
<u>OASIS</u>	<u>\$15.00</u>
<u>Meetings</u>	<u>\$40.00</u>

Earl Intervention Services Only

<u>Reg 1 Eval</u>	<u>\$50.00</u>
<u>Reg 1 Revisit</u>	<u>\$50.00</u>

<u>Region 2 Eval</u>	<u>\$57.00</u>
<u>Region 2 Revisit</u>	<u>\$57.00</u>

- (j) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount:

A4010.10.470 Health Services
A4016.10.470 Long Term Health Care Program

Jean Szachacz, MA CCC-SLP
308 Eddy Road
Hadley, New York 12835
518-955-7566 (H)
518-260-6743 (C)
O-T@msn.com

SUMMARY: I am a Speech Pathologist with twenty years experience in the New York State public school system. I am interested in providing speech therapy services to early intervention or preschool children.

EDUCATION: Hofstra University, 1998- Master of Arts- Speech Pathology
Hofstra University, 1993- Bachelor of Arts- Teacher of the Speech and Hearing Handicapped
Sacred Heart Academy High School, Hempstead, NY, 1983

PROFESSIONAL EXPERIENCE:

1993-2002

Brentwood Union Free School District, Brentwood, New York

- * Elementary School Speech Pathologist
- * Provided individual and group therapy
- * Administered norm-referenced tests, functional assessments and conducted speech language and hearing screenings
- * Formulated Individual Education Plans for 40+ children per school year
- * Worked with students with autism, pervasive developmental disorders, Down Syndrome, dysfluencies, hearing impairments, multiple handicaps, articulation and language disorders.
- * Responsible for record keeping for all students including individual folders, Medicaid notes, quarterly progress reports, communication with parents/ guardians and scheduling of therapy for all students.
- * Collaborated with regular and special education teachers, physical therapists, occupational therapists and administrators
- * Presented information at Annual and Triennial Reviews
- * Member of Child Study Team

2002-Present

Hadley-Luzerne Central School District, Lake Luzerne, New York

- * K-12 Speech Pathologist
- * Provide individual and group therapy to students with articulation, language and various developmental disorders.
- * Administer norm-referenced tests and write comprehensive evaluations.
- * Formulate and develop Individual Education Plans using Clear track.

- * Responsible for record keeping for all students including individual folders, Medicaid notes, quarterly progress reports, scheduling, student attendance and communication with parents/guardians.
- * Collaborate with regular and special education teachers, physical and occupational therapists and administrators.
- * Provide training for staff regarding various Augmentative Communication iPad applications and Dynavox Compass.
- * Present at Committee on Special Education, Committee on Preschool Special Education and 504 meetings.

RELATED PROFESSIONAL INFORMATION:

- * Certificate of Clinical Competence- received June, 1999
- * NYS Speech Pathologist License- # 011187-1
- * NYS- NPI #- 1871872788
- * Member in good standing of the American Speech-Language-Hearing Association
- * Assistive Technology Provider Certificate, 2006, TRE Center, Albany, NY
- * Hadley-Luzerne Autism Task Force member 2003-2010
- * Co-Chairperson- Hadley-Luzerne Autism Task Force 2010-present
- * Hadley-Luzerne Extended School Day Technology Teacher- 2013-14
- * Hadley-Luzerne Teachers Association Building Representative 2010-14
- * Hadley-Luzerne Teachers Association Treasurer- current
- * Member of Elementary Instructional Support Team- 2003-11
- * Elementary School Safety Committee member- 2013-present

References available upon request

MEMORANDUM OF INSURANCE	Date Issued 06/17/2014
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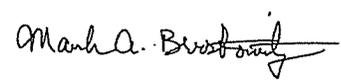
Producer Mercer Consumer, a service of Mercer Health & Benefits Administration LLC P.O. Box 14576 Des Moines, IA 50306-3576 1-800-503-9230	This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.
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Insured Jean M Szachacz 308 Eddy Road Hadley NY 12835	Company Affording Coverage Liberty Insurance Underwriters Inc
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This is to certify that the Certificate listed below has been issued to the insured named above for the policy period indicated, not withstanding any requirement, term or condition of any contract or other document with respect to which this memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.

Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability SpeechLangH E Speech Language Pathologist	AHY-642273003	07/01/2014	07/01/2015	Per Incident/ Occurrence	\$2,000,000
				Annual Aggregate	\$5,000,000

PROOF OF INSURANCE

Memorandum Holder: PROOF OF COVERAGE ONLY	Should the above describe Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.
	Authorized Representative Mark Brostowitz
	

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 (Supervisory Committee) hereby authorizes Ginelle Jones (Employee Name) Asst Director of Public Health

to attend the NYSACHO Annual Leadership Summit (Name of meeting or organization)

at Hope Lake Lodge 2177 Awk Rd. Cortland NY 13845 (Address)

on Oct 9-10, 2014 (Dates) Mode of transportation to be used _____ (County Vehicle or Mass Transportation)

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

Will travel with Washington County public health director and will share costs for gas and tolls if needed.

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

- Notice of meeting or convention including cost.

Lodging, meals and conference cost is covered by NYSACHO only cost to county gas & tolls paid upon submission of receipts

For Overnight Travel

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

Date: 9/26/14

[Signature]
Department Head Signature

Date: 9/26/14

[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.

Leading The Way To A Healthier Future



**2014 NYSACHO Annual
Public Health Leaders Summit
October 9-10, 2014**

Hope Lake Lodge, 2177 Clute Rd, Cortland, NY 13045

**Join your colleagues on October 9-10, 2014 for
NYSACHO's 2014 Annual Public Health Leaders Summit
Leading the Way to a Healthier Future**

Featured Presenters Include:

- **Jo Ivy Boufford, MD, President, NY Academy of Medicine**
- **Betty Bekemeir, PhD, University of Washington School of Public Health**
- **Sylvia Pirani, Director, Office of Public Health Practice, NYS Dept. of Health**
- **Justin Snair, Senior Program Analyst, Public Health Preparedness, NACCHO**
- **Alternative Futures Institute Futurists**

NYSACHO's Annual Public Health Leaders Summit is the association's premier leadership event for Commissioners and Public Health Directors. The summit provides an opportunity to explore a variety of public health topics in-depth with your colleagues from around New York State and chart the course for the future of local public health and the association. The Summit is open to Commissioners and Public Health Directors or designated deputy-level staff.

Attendance is limited to one person per county. NYSACHO covers the following costs:

- **Overnight accommodations for all attendees for the night of October 9, 2014**
- **Overnight accommodations for a limited number of attendees for the night of October 8, 2014.** (A limited number of overnight accommodations are available for October 8th arrival (including dinner), with costs covered for attendees traveling a distance of greater than 200 miles or more the 2.5 hours. Priority for October 8th accommodations will be based on travel distance; we cannot guarantee an overnight room on that night once our initial room block is filled.)
- **Meals—October 8th Arrival: Dinner 10/8, Breakfast, Lunch, Dinner 10/9, Breakfast, Lunch 10/10, All Breaks**
- **Meals—October 9th Arrival: Lunch, Dinner 10/9, Breakfast, Lunch 10/10, all breaks**
- **Meals—Commuters: Lunch on all days attending, plus breaks (dinner on 10/9 if you choose to stay)**

All transportation costs are at the attendees' expense. All registration, including accommodation reservations are made through NYSACHO. All accommodations are on site at the Hope Lake Lodge, Cortland NY.

NYSACHO supports the costs for this event, in part, through NYSACHO's Immunization Action Plan and Public Health Emergency Preparedness grants, with additional support from NYSACHO's Education & Training grant and member dues; therefore, **attendance at the Immunization and PHEP sessions is required.** If this poses a scheduling problem for you, please contact Cristina. Immunization sessions will also be made available to both LHD and State Immunization staff as webcasts. **Directions to the Hope Lake Lodge and other Summit details will be sent out to all registered participants at least one week prior to the Summit.**

THURSDAY, OCTOBER 9, 2014

- 8-9:00 am Breakfast (for 10/8 arrivals)
 - 9:00 am Registration Opens
 - 10:30 am **Public Health: Investing in our Future**
 Public Health, Community Benefit and Social Capital Investment: New Opportunities for Public/Private Partnerships—Jo Ivy Boufford, MD, NYAM
 The Public Health Activities and Services Tracking Study—Data and evidence for public health services research and decision-making—Betty Beckemeir, PhD, University of Washington
 Local Health Services in NYS: State Aid Application Program Data Results—Sylvia Pirani, Office of Public Health Practice, NYSDOH
 - 12:00 pm Lunch
 - 1:00 pm **Cyber Threats and the Public Health System—Justin Snair, NACCHO**
 - 2:30 pm **Immunizations: Partnering to Raise Our Rates**
 Session 1—LHD Panel on Provider Outreach Success Stories—speakers TBA
 Session 2—NYSDOH Update
 - 4:30 pm Networking/Free Time
 - 6:30 pm Dinner
 - 7:30 pm Evening Networking Event
-

FRIDAY, OCTOBER 10, 2014

- 8:00—9:00 am Breakfast
- 9:00 am **Public Health 2030: A Scenario Exploration—half day workshop, facilitated by Futurists from the Institute for Alternative Futures**
 What will be the greatest accomplishments for public health in the next two decades? What obstacles may prove insurmountable? What will public health look like in the U.S. in the year 2030? What should public health leaders be doing today? What do we want public health to be in the U.S. in 2030?
 This interactive 1/2 day workshop features presentations using forecasts for the driving forces that will impact public health in the future. The session will include presentation of the scenarios, and small-group discussions and activities.
- 12:15 pm Working Lunch/ NYSACHO Business
- 1:00 pm Adjourn



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-Family Health Program

DATE: September 26, 2014

- (a) **Purpose of Amendment:** To amend the 2014 budget to adjust the Family Health Program to reflect the COLA (Cost of Living Adjustment) funds given for the CSHCN Grant (Children with Special Health Care Needs) in the amount of \$742.00. This has been prorated to only reflects the portion from 4/1/14-9/30/14 for the current Grant #C-024650.
- (b) Appropriation Code (with title), Object Code (with title) and Amount:
A.4018.0020.469 Family Health Program-Other Payments \$742.00

Revenue Code (with title), and Amount:

A.4018.0020.4452 Family Health Program – CSHCN Revenue \$742.00

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: September 26, 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 IAP Grant (Immunization Action Program) in the amount of \$2,635.00. This is related to grant contract #C-028327.
- (b) Appropriation Code (with title), Object Code (with title) and Amount:
A.4018.0030.469 Disease Program-Other Payments \$1,531.00
A.4018.0030.436 Disease Program-Advertising Expense \$1104.00

Revenue Code (with title), and Amount:

A.4018.0030.3407 Disease Program – Revenue \$2,635.00

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: September 26, 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 **\$1,352.00**.

(b) Appropriation Code (with title), Object Code (with title) and Amount:
A.4018.0030.469 Disease Program- Other Payments \$1,352.00

Revenue Code (with title), and Amount:

A.4018.0030. 3407 Disease Program-Public Health Revenue \$1,352.00

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: September 26, 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 Lead Grant in the amount of \$1,757.00 for contract #C-026544.
- (b) Appropriation Code (with title), Object Code (with title) and Amount:
A.4018.0030.469 Disease Program- Other Payments \$1,757.00

Revenue Code (with title), and Amount:

A.4018.0030.4457 Disease Program –Lead Revenue \$1,757.00

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-WIC Program

DATE: September 26, 2014

- (a) **Purpose of Amendment:** To amend the 2014 budget to adjust the WIC Program to reflect the COLA (Cost of Living Adjustment) funds given in the amount of \$36,596. This is for the 2014-2015 Year.
- (b) **Appropriation Code (with title), Object Code (with title) and Amount:**
A.4013.469 WIC-Other Payments \$36,596.00

Revenue Code (with title), and Amount:
A.4013.4403 WIC Revenue \$36,596.00

WESTMOUNT HEALTH FACILITY
A SKILLED NURSING HOME operated by Warren County
42 GURNEY LANE – QUEENSBURY, NY 12804 Phone (518) 761-6540 Fax: (518)761-6590 Lloyd F. Cote, Administrator

HEALTH SERVICES COMMITTEE AGENDA

Friday, September 26, 2014
10:00 a.m.

1. Committee meeting called to order by chairman.
2. Motion to approve minutes of prior committee meeting.

Action Agenda

1. Resolution Request – Amend Existing Contract Blue Shield of Northeastern New York
2. Resolution Request – To Charge-off uncollected Private Pay Coinsurance funds Page 1
3. Resolution Request – Transfer of Funds Page 2

Staffing report: _____ Vacancies:
4- P/T LPN positions
10- P/T Aide positions

Overtime report: Page 3

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Westmount Health Facility

DATE: September 26, 2014

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: Participating Health Care Provider Agreement
- (c) Name of Contractor: BlueShield of Northeastern New York
- (d) Address of Contractor: 30 Century Hill Drive, Latham, NY 12110
- (e) Contractor's Contact Person and Telephone Number: Dominick Petrocci, Senior Ancillary/IPA Specialist 518-220-5888
- (f) Has or will the Contract be provided, if so, please attach: Yes
- (g) Commencement Date of Contract: October 15, 2014
- (h) Termination Date of Contract: In accordance with the Agreement
- (i) Payment Provisions:
 - i) lump sum amount See schedule A-1
 - 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.
- (j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: OR Capital Project OR Capital Reserve Project Number, Title, and Amount: N/A

**Sample: A.1010 470 Legislative Board – Contract \$xx.xx
Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.xx**

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

****Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
Please attach any backup information available and be as detailed as possible.***

DEPARTMENT NAME: Westmount Health Facility

DATE: September 26, 2014

- (a) Purpose of Request: To charge-off uncollected Private Pay Coinsurance funds for Resident numbers 101077, 101110.

- (b) Details: Request to charge-off uncollectable Private Pay Coinsurance funds for discharged Resident number 101077 in the amount of \$ 939.82 dollars. Request to charge-off uncollectable Private Pay Coinsurance funds for discharged Resident number 101110 in the amount of \$ 1,589.50 dollars as recommended by the Warren County Attorney's office.

- (c) Previous Resolution Number:

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: WESTMOUNT HEALTH FACILITY
Name of Department

SIGNED: _____

DATE: September 25, 2014

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.60200.400 130	Westmount, Nursing-Nurses' Station, LPN, Salaries – Part time	EF.60200.100 130	Westmount, Nursing-Nurses' Station RN, Salaries – Part time	12,000.00
EF.73800.200 110	Westmount, Social Services, Social Worker Wages, Salaries – Regular	EF.73800.200 120	Westmount, Social Services, Social Worker Wages, Salaries – Over time	62.00

Please state reason for transfers requested: cover part time positions, over time budgets

Please file original request with Clerk of the Board and retain copy for your records.

WARREN COUNTY TWO YEAR BUDGET COMPARISON
 REVENUE AND EXPENDITURES FOR 2014 AS OF 9/23/2014 12:44:35 PM

FUND(S): EF

EXPENSES	YTD ACTUAL THRU September 2014	YTD ACTUAL THRU September 2013	YTD vs 13	% Change	Annualized 14	2014 AMENDED BUDGET	2013 AMENDED BUDGET
Salaries - Regular	\$1,893,993.07	\$1,996,090.64	(\$102,097.57)	-5.11%	\$2,735,768.82	\$2,911,279.00	\$3,035,885.00
Salaries - Overtime	\$239,812.71	\$219,965.31	\$19,847.40	9.02%	\$346,396.27	\$332,335.00	\$336,093.00
Salaries - Part Time	\$441,738.17	\$376,254.23	\$65,483.94	17.40%	\$638,066.49	\$816,806.00	\$581,097.00
Total Salaries	\$2,575,543.95	\$2,592,310.18	(\$16,766.23)	-0.65%	\$3,720,231.58	\$4,060,420.00	\$3,953,075.00

W