

**Warren County Health Services
Health Services Committee Meeting
October 24, 2014
Information Submitted By: Patricia Auer, DPH/DPS**

Action Agenda/New Business

Request Resolution:

To increase the charge for nursing visits from \$170.00 to \$200.00 per visit effective January 1, 2015.

Rationale:

We have not increased our charges since 2010, and although insurances are unlikely to pay the entire cost per visit, we are more apt to be able to increase rates when we demonstrate our cost.

Request Committee Approval:

To authorize Sharon Schaldone, Assistant Director of Patient Services, to attend the Home Care Association of New York State Quality Symposium at the Hilton Hotel in Albany on November 19, 2014, at a cost of \$299.00.

Rationale:

This program will focus on quality improvement initiatives, tools and resources for clinical conditions that are emerging new priorities for health care agencies focused on improving patient outcomes. Funding is available in the department budget to cover the cost.

Request Referral to Personnel Committee:

To create a part time, not to exceed 24 hours per week, Health Educator position for the WIC program and amend the department of organization accordingly for the duration of a 100% grant funded initiative that has been funded through the release of the unallocated funding line in the WIC Program Budget. The position is Grade 14, base salary \$36,093 prorated to 24 hours. Benefits would be prorated commensurate with the number of position hours, with no health insurance.

Rationale:

We have already amended the budget to reflect the additional funding, and the plan is to delete the part time position at the end of the grant year when the special project is complete. We have an employee who has been working in a per diem capacity for up to 20 hours per week, but with the additional hours, I am told it is necessary to make the position part time.

Request Resolution for Budget Transfer:

Budget Transfer form (**Attachment #5**) will be distributed at the meeting.

Request Resolution for Budget Amendment:

Budget Amendment Form (**Attachment #6**) 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.

Schedule special meeting

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

#5 Budget Amendment

#6 Budget Transfers

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: 10/24/2014

- (a) Purpose of Request: To increase the cost of nursing visits from \$170 per visit to \$200 per visit.
- (b) Details:
- (c) Previous Resolution Number: on file

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 Schwaldone Assistant
(Supervisory Committee) (Employee Name) Director of Patient Service

to attend Home Care Association of NYS
(Name of meeting or organization) Quality Symposium

at Hilton Hotel 40 Lodge St. Albany NY 12207
(Address)

on 11/19/14 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.

For Overnight Travel

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

GSA* Rate \$

} not applicable

Date: 10/24/14

[Signature]
 Department Head Signature

Date: 10/24/14

[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.

HCA's Quality SYMPOSIUM



November 19, 2014 - Albany Hilton - Albany, NY

first class
QUALITY
HOME CARE

Registration deadline: November 12
*Discount available for multiple registrants
from the same organization.*

Quality

HCA's Quality SYMPOSIUM

Health care quality and quality improvement are priority goals of every home health agency. But it can be a daunting task keeping ahead of emerging trends, resources and approaches for achieving quality outcomes that make your agency a valued partner as DSRIPs, ACOs and other partnership models emerge throughout the health delivery marketplace.

To help you, HCA has designed a one-day must-attend symposium open to anyone with a stake in providing, demonstrating and improving quality care outcomes and value.

Whether you are on the front lines or at the leadership level in your organization, this symposium will: help you keep informed of national and state quality initiatives, support your organization's quality improvement efforts, and provide you with the latest information, tools and resources for key clinical interventions.

AGENDA

November 19, 2014

9:00am

Welcome from your state home health association, HCA

9:15am

New York State's Initiatives in Quality

State policy and health system trends are rapidly changing how health care is provided, reimbursed and managed. One major imperative in this new care environment is the ability to measure, ensure and continuously improve quality, performance and value. In this session, you'll hear first-hand about the state's plan for supporting these efforts in the changing policy and service delivery structure.

Raina Josberger, MS, Director, Special Populations Evaluation Unit, Office of Quality and Patient Safety, New York State Department of Health

For questions or
comments,
please contact
HCA at:
(518) 426-8764



November 19

AGENDA *continued*

10:30am

Home Health Quality Improvement Campaign – Priority and Emerging Areas

Representatives from the federal Home Health Quality Improvement (HHQI) national campaign and other quality improvement experts will offer an overview of HHQI initiatives and priorities in home care quality, including their latest enterprise – a data-driven cardiovascular home health initiative called *Progressing Together: The Next Phase of HHQI*. This session will also reveal emerging trends, priority areas for care improvement and tools and resources to support your organization's efforts to make a difference in patients' lives.

Misty Kevech, RN, BS Ed, MS, COS-C, CCP, Project Coordinator, Quality Insights, QIN-QIO
Alan Silver, MD, MPH, Medical Director, IPRO
Susan Hollander, Director, Health Care Quality Improvement, IPRO

11:30am

New Tools in Quality Alignment and Assessment: Home Care-Managed Care Priority Benchmarking Initiative & Home Care Quality Risk Tool

Are your quality measures properly aligned with managed care plans, hospitals, physicians and new integrated care models? Is your agency adept at quality risk identification and mitigation protocols for continuous improvement? In an era of new partnerships and delivery models – where data is king – agencies must be able to demonstrate their value, quality alignment and excellence. Learn about two new quality alignment tools being developed by the HCA Quality Committee that have piqued the interest of state and national policymakers.

Sara Butterfield, RN, BSN, CPHQ, CCM, Senior Director, Quality Improvement, IPRO
Maria DeMott, Senior Director of Clinical Operations, At Home Care, Inc.

12:30pm

Lunch – Share your agency's best practices and cutting edge ideas with peers over lunch.

1:15pm

A Physician's Perspective on Quality and Home Care

Effective care management, quality outcomes and efficiencies all hinge on the ability of home care providers and physicians to collaborate and maintain effective communication. What is the physician's perspective on working better together? What quality criteria or indicators do physicians want, expect and look for in home care? Does your organization operate in a manner that inspires the physician's confidence and willingness to work with you? Is your organization a supportive partner? Hear perspectives on these vital issues from a physician specializing in home care partnership.

Kevin Dooley, MD, Home Visiting Physicians



Quality Symposium Location

Albany Hilton
Corner of State
and Lodge Streets
Albany, NY 12207
Phone: (518) 462-6611



AGENDA *continued*

HCA's Quality SYMPOSIUM

November 19, 2014
Albany Hilton
Corner of State
and Lodge Streets
Albany, NY 12207

2:15pm to 4:30pm

Using Best Practices to Address Challenging Clinical Conditions that are Critical to Quality Management

Hear from experts on three high-risk/high-cost clinical conditions, all of which have major implications for your agency's care management efforts: sepsis, pressure ulcers and behavioral health. Your agency's management of these predominant quality risk areas is vital to patient care and outcomes. Learn about new campaigns, care approaches and best practices for enhanced outcomes in each of these vital clinical areas.

Sepsis (2:15 – 3:00)

Martin Doerfler, MD, Senior Vice President of Clinical Strategy and Development, North Shore-LIJ Health System (invited)

GoldSTAMP Collaborative Model for Pressure Ulcer Prevention & Management (3:00 to 3:45)

Jacqueline Pappalardi, RN, BSN, Director, Division of Nursing Homes and ICF/IID Surveillance, Center for Health Care Quality and Surveillance, New York State Department of Health
Joel Travis, RN, WCON, VNA Home Health

Behavioral Health (3:45 – 4:30)

Lauri Cole, MSW, Executive Director, NYS Council for Community Behavioral Healthcare
Lauren Tegnander, LCSW, Program Director, Rehabilitation Support Services, Inc.

Online registration is available at: www.eventville.com/hcanys.

REGISTRATION FORM

Registration Deadline is November 12.

Name: _____

Title: _____

Agency: _____

Address: _____

City/State/Zip: _____

Phone: _____ Ext. _____ Fax: _____

Email: _____
(Required)

FEE

Your registration fee includes presentations from our expert speakers, valuable handout materials and resources as well as lunch and breaks.

HCA Member	\$219 per person	\$ _____
HCA Members	\$199 each for 3 or more Members from the same organization	\$ _____
Non-Member	\$299 per person	\$ _____

PAYMENT

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

____ MasterCard ____ VISA ____ American Express ____ Check*

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

Credit Card #: _____

Exp. Date: _____ Security Code: _____

Name and/or Company Name on Card

Billing Address of card (including City, State and Zip Code)

Authorized Signature

Cancellations received in writing via email to info@hcanys.org by November 12, are refundable less a 25% administrative fee. No refunds after this date or for no shows. Substitutions are permitted.



Please fax completed form to: (518) 426-8788

RESOLUTION REQUEST FORM NO. 11

Request to Create New Position

DEPARTMENT NAME: Health Services

DATE: 10/23/2014

- (a) Title of Requested Position: Public Health Educator Part Time not to exceed 24 hours per week.
- (b) Annual **Base** Salary (and Grade if Applicable): Grade 14 \$36,093 pro-rated to \$21,653.
- (c) Effective Date for New Position:* 10/01/2014
*Please do not backdate unless the purpose is to correct an error.
- (d) List Any Position in the Department's Table of Organization Being Deleted as a Result of this Request: (Include annual salary and grade if applicable): None
- (e) Where are Funds in the Budget for this Position? List Budget Code (with title), Object Code (with title), and Amount: A 4013.130 WIC part time salary expense.
- (f) Has Personnel Officer Reviewed and Approved of the New Position Title?: (This is necessary **BEFORE** bringing the request to committees.)
- (g) Is this a mandated position? If so, please explain: Not mandated 100% reimbursed by WIC program grant monies realized by release of "unallocated funds" in grant awarded for special project.
- (h) Is there expected revenue from this position? If so, please explain: Yes, 100% funded. Part time position is for duration of WIC special project.

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 - WIC Payroll Dept. No: 36.01
Title of Position: Public Health Educator Annual Salary: 36,093 Grade: 14
Budget code and title: A 4013-130 WIC part time salaries Union Non-Union Salary pro rate to 2), 653 part-time no
This position is vacated due to: Retirement Resignation Termination Promotion Other new
Employee No.: 10181 Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 100 % State Other %
WIC program contract grant exceed 24 hrs per wk

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other

Actual Impact to Budget Report will be provided monthly by Human Resources Director.

Candidate's qualifications must be approved by Personnel Officer prior to hiring.

Human Resources Director has approved this form when initialed. [Signature]

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Public Health Date 10/23/14

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

Administrator Signature [Signature]

BUDGET OFFICER COMPLETES THIS SECTION

Date 10/24/14

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

Budget Officer Signature [Signature]

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health Services Date Oct. 24, 2017

- The committee has no objection to the filling of the vacancy.
 The committee objects to the filling of the vacancy.
 In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
 In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature [Signature]

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

2nd QUARTER ACTIVITIES (October 1, 2014 – December 31, 2014)

▶To be recorded on NYSDOH Deliverable template

Date	Type	Subject/Comments	Attendees	Topic (i.e. Chempack, Drill, Mass Fatality, SNS, Training, Pan Flu, Special Needs)
Various	MCM 3/12/15	Drill ▶ L-5 Activities: 1. 10/23 - Planning Meeting 2. 10/29 – Volunteer Training "POD Activation"	Dan Durkee, Ginelle Jones, Angela Meade (et.al).	Drill
10/1/14	Updates	Letter (3) and email (7) to Special Needs Registry enrollees, (annual information update)	Dan Durkee	Special Needs
10/2/14	Student	Empire State College – Donna Heidorf	Dan Durkee	
10/2/14	Meeting	Annual School Nurse meeting	Dan Durkee et.al	
10/3/14	Drill	Fire Drill at Municipal Center	All employees	Drill
10/14/14	Meeting	Monthly BT Coordinators in Ballston Spa	Dan Durkee	
10/15/14	Tabletop	▶ "GFH – Ice Storm (96 hour resources)	Dan Durkee	
10/15/14	Webinar	▶ L-5 ClinOps "Mass Dispensing "How did we get here?" and Fast Facts for the L-5 Exercise Deliverable	Dan Durkee, Angela Meade & student	
10/15/14	Forum	▶ M-15 Community Engagement at Crandall Library	Dan Durkee, OES, GFH, Qby School, et.al	
10/21/14	Meeting	▶ L-8 HEPC at Saratoga Hospital	Dan Durkee	
10/22/14	Meeting	Quarterly EPR Committee	Dan Durkee et.al	
10/24/14	Health Fair	For WC Employees, spouses, children. CDMS pre-registration for flu shots	Dan Durkee, et.al	

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2014 AS OF 10/20/2014 5:44:35 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	\$2,809,807.00	\$2,136,603.22	\$2,808,026.17
Salaries - Overtime	\$137,500.00	\$100,158.98	\$159,087.21
Salaries - Part Time	\$307,918.00	\$200,380.00	\$246,611.85
100's PERSONAL SERVICES	\$3,255,225.00	\$2,437,142.20	\$3,213,725.23
200's EQUIPMENT	\$82,174.87	\$76,418.10	\$214,683.50
400's CONTRACTUAL	\$7,490,239.91	\$3,246,961.72	\$6,142,894.90
800's EMPLOYEE BENEFITS	\$1,835,875.00	\$1,438,547.76	\$1,750,798.31
TOTALS	\$12,663,514.78	\$7,199,069.78	\$11,322,101.94
REVENUES	2014 BUDGETED	2014 YTD ACTUAL	2013 Prior Year Totals
	\$10,313,158.91	\$5,468,056.73	\$9,280,158.89

Accrued above are Revenues for September for CHHA, LTC and MCH which total \$330,323.47. Also to note, our total salary is 74.87% of budget while it was 76.54% at this time last year. (see below)

**Warren County Health Services
Salaries Comparison**

2013 vs 2014

as of 10/5/14 Payroll date ending

	YTD		% Change	Total Budget		Total Actual
	2014	2013		2014	2013	
Total of All Depts						
Regular Salaries	\$2,136,603.22	\$2,148,054.28	-0.53%	\$2,839,807.00	\$2,808,026.17	
Overtime Salaries	\$100,158.98	\$126,885.03	-21.06%	\$137,500.00	\$159,087.21	
Part Time Salaries	\$200,380.00	\$184,984.27	8.32%	\$277,918.00	\$246,611.85	
TOTALS	\$2,437,142.20	\$2,459,923.58	-0.93%	\$3,255,225.00	\$3,213,725.23	
% current YTD Salary to Total Budget	74.87%	76.54%				

*Source: Detail G/L report for all Salary Category from 11/1XX-10/5/XX

Note: Regular and Overtime salaries remain below last year due to nursing positions that are currently open. Utilizing Per Diem staff to cover these shortages has saved in these categories. YTD 2014 (74.87% of budget) is below 2013 YTD (76.54% of budget) by \$22,781.38. We have built up a list of experienced Per Diem nurses which has helped with both staffing shortages and in patient referrals.

ATTACHMENT #2

**Revenue and Expense Comparison 2014 vs 2013
as of 10/24/14 meeting**

EXPENSES	10/24/14 Meeting	10/25/2013	Variance
	2014 YTD Actual as of 10/20/14 G/L	2013 YTD Actual as of 10/22/13 G/L	
Salaries - Regular	\$2,136,603.22	\$2,148,054.28	(\$11,451.06)
Salaries - Overtime	\$100,158.98	\$126,885.03	(\$26,726.05)
Salaries - Part Time	\$200,380.00	\$184,984.27	\$15,395.73
100's PERSONAL SERVICES	\$2,437,142.20	\$2,459,923.58	(\$22,781.38)
200's EQUIPMENT	\$76,418.10	\$120,219.25	(\$43,801.15)
400's CONTRACTUAL	\$3,246,961.72	\$3,488,494.29	(\$241,532.57)
800's EMPLOYEE BENEFITS	\$1,438,547.76	\$1,408,377.88	\$30,169.88
TOTALS	\$7,199,069.78	\$7,477,015.00	(\$277,945.22)

REVENUES	2014 YTD ACTUAL	2013 Prior Year Totals	
	\$5,468,056.73	\$4,913,402.98	\$554,653.75

Notes:

Overall, we are above in Revenues and below Expenses YTD for 2014 compared to 2013. While compared to budget, it seems we are behind for being in October, it can be seen above in comparison to last year, we are consistent. Due to timing of expenses and revenues throughout the year, these seem below the average, however by year end all figures will show a better comparison to budgeted estimations.

Salaries:

We continue to remain below last year's Salary expense as noted on the previous financial page. We continue to utilize Per Diem Staff (expensed within Part time salary) 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. It should also be noted, that the savings in utilizing per diem staff has helped reduce fringe benefits throughout the year.

**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	106			
SN IV eval	7	4	6	2	5	7	5	5	6			
CDPAP	7	2	0	0	0	0	0	0	0			
PRI	3	2	3	4	0	5	3	3	6			
UASNY	15	11	18	14	12	23	26	21	19			
SN Evals per month	159	125	159	134	156	120	150	151	137.00			
PT evals	88	82	78	69	84	61	5	76	67			
PT only	33	32	35	25	25	27	27	21	18			
PT only evals per mo	33	32	35	25	25	27	27	21	18			
Total Evals per month	192	157	194	159	181	147	177	172	155			
	-9%	14%	13%	-11%	-17%	-1%	-17%	-11%	-8%			

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	2013
ALL SERVICES	50,693.00	49,333.00

Attachment #4

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-Bioterrorism Program

DATE: October 24, 2014

(a) **Purpose of Amendment:** To amend the 2014 budget to accept a portion of Bioterrorism Grant which began 7/1/14 and ends 6/30/15. This is an estimate for expenses related to the BT program for services provided 10/01/14 to 12/31/14. All expenses fully funded by the BT Grant.

(b)	Appropriation Code (<u>with title</u>), Object Code (with title) and Amount:		
(c)	Bioterrorism Program-Phone Expense	A.4189.423	\$ 600
(d)	Bioterrorism Program -Postage Expense	A.4189.424	\$ 300
(e)	Bioterrorism Program-Gasoline Expense	A.4189.830	\$ 300

Revenue Code (with title), and Amount: **Bioterrorism Program- Grant Revenue A.4189.4401 \$1200.00.**

ATTACHMENT #5

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

SIGNED: Patricia [Signature]

DATE: 10/24/14

	<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
1.	A.4054.0060.444	Early Intervention-Education Expense	A.4010.230	Health Services-Automotive Equipment	\$17,000.00

Total Transfers **\$17,000.00**

- 1. To transfer funds to CHHA to purchase one vehicle by year end.

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

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, October 24, 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. Miscellaneous Resolution Request – Amend Resolution 478 of 2014 | Page 1 |
| 2. Resolution Request – Transfer of Funds | Page 2 |
| 3. Resolution Request – Create a New Position | Page 3 |

Staffing report: Vacancies:

1- F/T LPN
5- P/T LPN
2- F/T CNA
6- P/T CNA

DBL:

1 – P/T CNA
4 – F/T CNA
1 – F/T LPN

Overtime report:

Page 4

Items for Discussion: Galvanized Water Pipe & Backflow Preventer
Emergency Drill

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: October 24, 2014

- (a) Purpose of Request: Amend Resolution 478 of 2014 to reflect additional \$2,554.00 dollars.

- (b) Details: Amend Resolution 478 of 2014 to reflect additional \$2,554.00 dollars for the replacing/installing of a new four inch 375 ADA backflow preventer as stated in Amendment Agreement with Rozell North.

- (c) Previous Resolution Number: 478 of 2014

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: EF.82200.6101 413 Westmount, Plant Operatins & Maintenance, Repair & Maint PS DA Bldg/Prop, Repair & Maint. - Bldg/Property 58,000.00

Sample: A.8021 470 Planning & Community Development – Contract

* as listed in budget and LOGOS

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: October 24, 2014

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.60200.300 110	Westmount, Nursing-Nurses' Station, RN, Salaries – Regular	EF.60200.300 120	Westmount, Nursing-Nurses' Station RN, Salaries – Over time	10,000.00
EF.82200.7500 414	Westmount, Plant Operations & Maint, Gasoline, Gas-Natural	EF.60200.5803 260	Westmount, Nursing-Nurses' Station, Other Equipment	1,300.00

Please state reason for transfers requested: cover over time & Wander guard alarms (equipment)
Please file original request with Clerk of the Board and retain copy for your records.

RESOLUTION REQUEST FORM NO. 11

Request to Create New Position

DEPARTMENT NAME: Westmount Health Facility

DATE: October 24, 2014

- (a) Title of Requested Position: Leisure Time Activity Aide #3 F/T
- (b) Annual Base Salary (and Grade if Applicable): Grade 3 \$24,699.00
- (c) Effective Date for New Position:* November 24th, 2014
*Please do not backdate unless the purpose is to correct an error.
- (d) List Any Position in the Department=s Table of Organization Being Deleted as a Result of this Request: (Include annual salary and grade if applicable): Leisure Time Activity Aide #1 P/T, Leisure Time Activity Aide #2 P/T
- (e) Where are Funds in the Budget for this Position? List Budget Code (with title), Object Code (with title), and Amount: EF.72600.400 130 \$24,983.00
- (f) Has Personnel Officer Reviewed and Approved of the New Position Title? (This is necessary **BEFORE** bringing the request to committees.) Yes
- (g) Is this a mandated position? If so, please explain:
- (h) Is there expected revenue from this position? If so, please explain: