

**Warren County Health Services
Health Services Committee Meeting
November 25, 2014
Information Submitted By: Patricia Auer, DPH/DPS**

Action Agenda/New Business

Request Resolution:

To appoint and reappoint members of the Professional Advisory Committee for the period January 1, 2015 – December 31, 2015.

Rationale:

This committee and the composition of certain agency representation are mandated by the New York State Department of Health and must be appointed by resolution annually. The meetings are held quarterly, and minutes of the meetings are reviewed at all state surveys. The membership list will be available at the meeting for any committee members who wish to review it, and it will be on file with the minutes of the meeting.

Request Resolution:

To appoint and reappoint members of the Local Early Intervention Coordinating Council for the year January 1, 2015 – December 31, 2015.

Rationale:

The committee must be appointed annually by resolution per New York State Department of Health regulations. The list of committee members will be available at the meeting and will be on file with the minutes of the meeting. Members from various agencies in the community as well as parent members must be represented. The meetings are held semi-annually, or could be scheduled more often if needed. To date, no additional meetings have been necessary.

Request Committee Approval:

To authorize Mary Lamkins, Supervising Nurse, to attend the Home Care Association of New York State's Educational Program, Are You Ready for FIDA (Fully Integrated Dual Advantage), on December 5, 2015, at the Albany Marriott, Wolf Road at a cost of \$299.00.

Rationale:

FIDA is a managed care expansion initiative for dually eligible Medicare and Medicaid patients. FIDA will work and function in the evolving landscape of health care delivery and payment reform, and it is important that we have the information and understand this system. We have funds available in the budget to cover the expense.

Request Committee Approval:

To allow the WIC Program to develop Facebook page for the 2015 Performance Improvement Project "WIC Helps You Help Your Family."

Rationale:

Per Resolution 410 of 2014 pertaining to the Warren County Computer Usage Policy it is necessary for a Facebook Page to be approved by the Department Head, IT Director, County Administrator, and the Oversight Committee (Health Services in this case) of the Board of Supervisors. Please see **Attachment #7** for explanation of the Facebook page proposal. In speaking with Mike Colvin, Warren County IT Director, he stated he didn't think a Resolution was necessary, only the approval, if granted, should be reflected in the committee meeting minutes.

Request Resolution for Budget Transfer:

Budget Transfer form: Please see **Attachment #5**.

Request Resolution for Budget Amendment:

Budget Amendment Form: Please see **Attachment #6**.

Rationale:

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

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

#5 Budget Amendment

#6 Budget Transfers

#7 WIC Program Facebook Page Proposed Description

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

<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 ongoing	EBOLA	Emails, conference calls, meetings, webinars, etc. etc. etc.	Pat Auer, Ginelle Jones, Pat Belden, Dan Durkee, etc.	Pandemic Response
Various ongoing	MCM Drill 3/12/15	► L-5 Activities: 1. Walk-thru QSC re: POD layout	Dan Durkee, Ginelle Jones, Angela Meade (et.al).	Drill
11/3/14	Meeting	Word of Life re: Disease Control Updates	Pat Belden, Dan Durkee, Amy Drexel	
11/5/14	Meeting	Isolation/Quarantine	Ginelle Jones, Dan Durkee, Amy Bartlett	
11/13/14	Webinar	Ebola Planning & Response	Pat Auer, Ginelle Jones, Pat Belden, Angela Meade	
11/13/14	Meeting	Mass Care Plan	Dan Durkee, GFH, OES, DSS, Red Cross	
11/19/14	Webinar	ClinOps	Angela Meade	

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2014 AS OF 11/19/2014 6:58:33 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	\$2,350,677.25	\$2,808,026.17
Salaries - Overtime	\$137,500.00	\$112,110.44	\$159,087.21
Salaries - Part Time	\$307,918.00	\$222,075.00	\$246,611.85
100's PERSONAL SERVICES	\$3,255,225.00	\$2,684,862.69	\$3,213,725.23
200's EQUIPMENT	\$101,174.87	\$78,045.14	\$214,683.50
400's CONTRACTUAL	\$7,521,546.91	\$3,565,027.66	\$6,142,894.90
800's EMPLOYEE BENEFITS	\$1,844,650.00	\$1,595,724.37	\$1,750,798.31
TOTALS	\$12,722,596.78	\$7,923,659.86	\$11,322,101.94
REVENUES			
	\$10,356,240.91	\$5,876,499.39	\$9,280,158.89

Accrued above are Revenues for October for CHHA, LTC and MCH which total \$326,284.60. Also accrued was \$8,234 for the Lead Grant and \$2,202.17 for Rabies.
 Also to note, our total salary is 82.48% of budget while it was 84.28% at this time last year (see below).

Warren County Health Services
 Salaries Comparison

2013 vs 2014

as of 11/2/14 Payroll date ending

Total of All Depts	YTD 2014	YTD 2013	YTD 13v14	% Change	Total Budget 2014	Total Actual 2013
Regular Salaries	\$2,350,677.25	\$2,364,506.88	-\$13,829.63	-0.58%	\$2,839,807.00	\$2,808,026.1
Overtime Salaries	\$112,110.44	\$138,109.22	-\$25,998.78	-18.82%	\$137,500.00	\$159,087.2
Part Time Salaries	\$222,075.00	\$205,986.81	\$16,088.19	7.81%	\$277,918.00	\$246,611.8
TOTALS	\$2,684,862.69	\$2,708,602.91	-\$23,740.22	-0.88%	\$3,255,225.00	\$3,213,725.2
% current YTD Salary to Total Budget	82.48%	84.28%				

Source: Detail G/L report for all Salary Category from 11/1/13-11/2/14

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 (82.48% of budget) is below 2013 YTD (84.28% of budget) by \$23,740.22. We have built up a list of experienced Per Diem nurses which has helped with both staffing shortages and in patient referrals.

**Revenue and Expense Comparison 2014 vs 2013
as of 11/25/14 meeting**

EXPENSES	11/25/14 Meeting	11/22/2013	Variance
	2014 YTD Actual as of 11/19/14 G/L	2013 YTD Actual as of 11/20/13 G/L	
Salaries - Regular	\$2,350,677.25	\$2,364,506.88	(\$13,829.63)
Salaries - Overtime	\$112,110.44	\$138,109.22	(\$25,998.78)
Salaries - Part Time	\$222,075.00	\$205,986.81	\$16,088.19
100's PERSONAL SERVICES	\$2,684,862.69	\$2,708,602.91	(\$23,740.22)
200's EQUIPMENT	\$78,045.14	\$121,281.17	(\$43,236.03)
400's CONTRACTUAL	\$3,565,027.66	\$3,781,173.30	(\$216,145.64)
800's EMPLOYEE BENEFITS	\$1,595,724.37	\$1,484,964.24	\$110,760.13
TOTALS	\$7,923,659.86	\$8,096,021.62	(\$172,361.76)

REVENUES	2014 YTD ACTUAL	2013 Prior Year Totals	
	\$5,876,499.39	\$5,850,878.15	\$25,621.24

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 November, 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	196	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	103		
SN IV eval	7	4	6	2	5	7	5	5	6	15		
CDPAP	7	2	0	0	0	0	0	0	0	0		
PRI	3	2	3	4	0	5	3	3	6	3		
UASNY	15	11	18	14	12	23	26	21	19	16		
SN Evals per month	159	125	159	134	156	120	150	151	137.00	137.00		
PT evals	88	82	78	69	84	61	5	76	67	74		
PT only	33	32	35	25	25	27	27	21	18	21		
PT only evals per mo	33	32	35	25	25	27	27	21	18	21		
Total Evals per month	192	157	194	159	181	147	177	172	155	158		
	-9%	14%	13%	-11%	-17%	-1%	-17%	-11%	-8%	-19%		

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

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: November 25, 2014

- (a) **Purpose of Amendment:** To amend the 2015 budget to adjust the Disease Program to reflect the funds given for the NYS DOH Performance Incentive Initiative Award in the amount of **\$12,000.00**.
- (b) **Appropriation Code (with title), Object Code (with title) and Amount:**
A.4018.0030.469 Disease Program- Other Payments \$12,000.00

Revenue Code (with title), and Amount:
A.4018.0030. 3407 Disease Program-Public Health Revenue \$12,000.00

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-Family Health Program

DATE: November 25, 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 \$739.00. This has been prorated to only reflect the portion from 10/1/14-3/31/15 for the current Grant #C-024650 which began 10/1/14.
- (b) **Appropriation Code (with title), Object Code (with title) and Amount:**
A.4018.0020.469 Family Health Program-Other Payments \$739.00

Revenue Code (with title), and Amount:

A.4018.0020.4452 Family Health Program – CSHCN Revenue \$739.00

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
REQUEST #1**

DEPARTMENT NAME: Warren County Health Services-Disease Program

DATE: November 25, 2014

- (a) **Purpose of Amendment:** To amend the 2015 budget to adjust the Disease Program to reflect the funds given for the NYS DOH Performance Incentive Initiative Award in the amount of **\$12,000.00**.
- (b) Appropriation Code (with title), Object Code (with title) and Amount:
A.4018.0030.469 Disease Program- Other Payments \$12,000.00

Revenue Code (with title), and Amount:
A.4018.0030. 3407 Disease Program-Public Health Revenue \$12,000.00

REQUEST #2

DEPARTMENT NAME: Warren County Health Services-Family Health Program

DATE: November 25, 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 \$739.00. This has been prorated to only reflect the portion from 10/1/14-3/31/15 for the current Grant #C-024650 which began 10/1/14.
- (b) Appropriation Code (with title), Object Code (with title) and Amount:
A.4018.0020.469 Family Health Program-Other Payments \$739.00

Revenue Code (with title), and Amount:
A.4018.0020.4452 Family Health Program – CSHCN Revenue \$739.00

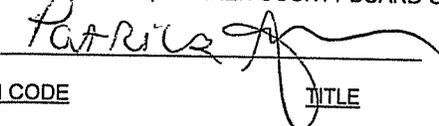
ATTACHMENT #5

See updated #5 #5a

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

SIGNED: 

DATE: 11/25/14

	<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
1.	A.4054.444	Preschool-Education Expense	A.4010.220	Health Services - Office Equipment	\$21,000.00
2.	A.4010.470	Health Services-CHHA Contractual Expenses	A.4010.110	Health Services-CHHA-Full time Salary Expense	\$6,000.00
	A.4010.470	Health Services-CHHA Contractual Expenses	A.4010.120	Health Services-CHHA-Overtime Salary Expense	\$1,500.00
	A.4010.130	Health Services-CHHA Part time Salary Expense	A.4010.120	Health Services-CHHA-Overtime Salary Expense	\$2,500.00
3.	A.4016.469	Long Term Care-Other Payments	A.4016.110	Long Term Care-Full time Salary Expense	\$1,000.00
4.	A.4018.0030.120	Disease Program-Overtime Salary Expense	A.4018.0030.110	Disease Program-Full time Salary expense	\$2,100.00
5.	A.4018.0040.410	Health Education-Supplies Expense	A.4018.0040.110	Health Education-Full Time Salary Expense	\$100.00
6.	A.4018.0040.260	Health Education-Other Equipment Expense	A.4018.0040.810	Health Education-Retirement Expense	\$500.00
	A.4018.0040.410	Health Education-Supplies Expense	A.4018.0040.810	Health Education-Retirement Expense	\$150.00
	A.4018.0040.410	Health Education-Supplies Expense	A.4018.0040.830	Health Education-Social Security Expense	\$15.00
	A.4018.0040.410	Health Education-Supplies Expense	A.4018.0040.831	Health Education-Medicare Expense	\$3.00
7.	A.4018.0055.260	Tobacco-Other Equipment Expense	A.4018.0055.410	Tobacco-Supplies Expense	\$300.00
8.	A.4054.810	Preschool -Retirement Expense	A.4054.110	Preschool-Full Time Salary Expense	\$620.00
9.	A.4054.0060.130	Early Intervention-Part time Salary Expense	A.4054.0060.110	Early Intervention-Full time Salary Expense	\$1,000.00
10.	A.4189.130	Bioterrorism-Part time Salary Expense	A.4189.110	Bioterrorism-Full time Salary Expense	\$100.00
11.	A.4018.130	Preventive Program-Part Time Salary	A.4018.110	Preventive Program-Full Time Salaries	\$1,250.00

Total Transfers **\$38,138.00**

1. To transfer funds to CHHA for the purchase ten laptops as replacement for use by nurses.
2. To transfer funds for Health Services to cover estimated Full time and overtime salaries to year end 2014.
3. To transfer funds for Long Term Care to cover Full time Salaries to year end 2014.
4. To transfer funds for Disease Program to cover Full time Salaries to year end 2014.
5. To transfer funds for Health Education Program to cover Full Time salary expense to year end 2014.
6. To transfer funds for Health Education Program to cover estimated Retirement, Social Security and Medicare expenses to year end 2014.
7. To transfer funds for Tobacco Program from Other equipment which will not be utilized to expenses for year en 2014.
8. To transfer funds for Preschool Program to cover Full time Salary Expenses to year end 2014.
9. To transfer funds for Early Intervention program to cover Full time Salary Expense to year end 2014.
10. To transfer funds for Bioterrorism Program to cover Full time salary expense to year end 2014.
11. To transfer funds for Preventive Program to cover Full time salary expense to year end 2014.

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

Attachment # 7

Auer, Pat

From: Saffer, Laura
Sent: Thursday, November 06, 2014 3:10 PM
To: Auer, Pat
Cc: Roth, Antoinette
Subject: Facebook Page

Mrs. Auer;

According to Dave Kenyon to establish a Facebook page we must comply with the Computer Usage Policy resolution 410 of 2014.

Under section A, Additional Provisions, number 11: Must be approved by the Department Head, IT Director, County Administrator and the committee with oversight of that department.

WIC is interested in establishing a Facebook page as part of the 2015 Performance Improvement Project "WIC Helps You Help Your Family".

The project includes a media campaign and outreach designed to increase WIC participation. Social Media is a critical part of the campaign. Establishing a Facebook page will help WIC reach potential participants. Schedules and WIC information will be posted. The page will be created so that WIC can only post on its timeline, if someone tries to post to the timeline only WIC will see the post so it will not be shared. The Facebook site will be monitored by Laura Saffer and only posts pre-approved by the WIC Coordinator Toni Roth will be acceptable.

Thank you for presenting this to the Health Committee.

Laura Saffer
Nutritionist/Health Educator
Warren County WIC
1340 State Route 9
Lake George, New York 12845
518-761-6582

RESOLUTION REQUEST FORM NO. 1

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

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

DEPARTMENT NAME: Health Services

DATE: 11/25/2014

- (a) Name of Appointee: Please see attached list appointments and reappointments
- (b) Is this a Reappointment? If so, please provide the Resolution No. which authorized the last appointment of this individual R 25/2014
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If Person is Being Appointed as a Representative of a Specific Group/Agency, Please List their Affiliation and Title see attached list
- (e) Address of Appointee: See attached list
- (f) Title of Appointment: Professional Advisory Committee Member
- (g) Effective Date of Appointment: January 01, 2015
- (h) Termination Date of Appointment: December 31, 2015
- (i) Name of Person Being Replaced (if applicable): See list
- (j) Reason for Replacement: See list

Warren County Board of Supervisors

RESOLUTION NO. 25 OF 2014

Resolution introduced by Supervisors Sokol, Conover, Frasier, Taylor and McDevitt

APPOINTING MEMBERS OF PROFESSIONAL ADVISORY COMMITTEE

RESOLVED, that the following members of the Professional Advisory Committee for Health Services Department, as listed on Schedule "A" annexed hereto and made a part hereof, be, and hereby are appointed for a one-year term commencing January 1, ~~2014~~ and terminating December 31, ~~2014~~.

2015

2015

RESOLUTION NO. 25 OF 2014

PAGE 2 OF 3

SCHEDULE "A"

PROFESSIONAL ADVISORY COMMITTEE MEMBERS

NAME	TITLE/ADDRESS
Kathy Andersen, RN	Nursing Director of Dialysis Center and Vascular Access and Infusion Center
Patricia Auer	Director Public Health/Patient Services Warren County
Stephen Bassin	Physical Therapist
Patricia Belden	Public Health Nurse Communicable Disease Program Warren County
Tammie DeLorenzo	Clinical Fiscal Informatics Coordinator, Warren County Health Services
Tawn Driscoll	Financial Manager, Warren County Health Services
Joseph Dufour	FNP, Irongate Family Practice
Daniel Durkee	Health Educator Warren County Health Services
Joan Grishkot	Community Member
Ginelle Jones	Assistant Director Public Health Warren County Health Services
Mary Lamkins	LTHHCP Supervisor Warren County Health Services
Daniel Larson	MD, Public Health Medical Director Hudson Headwaters Health Network
Richard Leach	MD, Tuberculosis and Infectious Disease Program Consultant
Richard Mason	Community Member
David Mousaw	MD No Replacement

RESOLUTION NO. 25 OF 2014

PAGE 3 OF 3

John Ruge

MD

Christie Sabo

Director
Warren Hamilton Counties Office for the Aging

Sharon Schaldone

Assistant Director Patient Services
Warren County Health Services

Julie Smith

Director of Patient Services
Greater ADK Home Health Aides

~~Nancy Parsons~~
~~Helen Stern~~ PARSONS

RN
Public Health Nurse
~~Immunization Program Coordinator~~
Warren County Health Services

~~Margaret Schmidt~~
~~Suzanne Wheeler~~

Commissioner
Warren County Department of Social Services

Kendra Raymond

Westmount Health Facility

**WARREN COUNTY
PROFESSIONAL ADVISORY COMMITTEE**

For in-house use only

11/18/2014

Page 1

<i>Name</i>	<i>Title</i>	<i>Address</i>	<i>Phone</i>	<i>Email</i>	<i>Other Information</i>
Kathy Andersen, RN	Nursing Director of Dialysis Center and Vascular Access and Infusion Center	100 Park Street Glens Falls, NY 12801	926-6726	kandersen@glensfallshosp.org	
Patricia Auer	Director Public Health/Patient Services Warren Co. Health Services	via inter-office mail	x6571	auerp@co.warren.ny.us	
Patricia Belden	Public Health Nurse Communicable Disease Program Warren Co. Health Services	via inter-office mail	x7690	beldenp@co.warren.ny.us	
Tammie DeLorenzo	Clinical Fiscal Informatics Coordinator Warren Co. Health Services	via inter-office mail	x8772	delorenzot@co.warren.ny.us	
Tawn Driscoll	Financial Manager Warren Co. Health Services	via inter-office mail	x8730	driscollt@co.warren.ny.us	
Joseph Dufour	FNP Irongate Family Practice	Three Irongate Center Glens Falls NY 12801	x8758	jdufour@nycap.rr.com	
Daniel Durkee	Health Educator Warren Co. Health Services	via interoffice mail	x6584	durkeed@co.warren.ny.us	
Stephen Bassin	Physical Therapist	32 Sherman Ave Glens Falls, Ny 12804	792-8075	geotpc@msn.com	
Joan Grishkot	Community Member	202 Ridge Street Glens Falls NY 12801	792-2600	wgrishko@nycap.rr.com	
Ginelle Jones	Assistant Director Public Health Warren County Health Services	via inter-office mail	x6583	jonesg@co.warren.ny.us	
Mary Lamkins	LTHHCP Supervisor Warren County Health Services	via inter-office mail	x6581	lamkinsm@co.warren.ny.us	

**WARREN COUNTY
PROFESSIONAL ADVISORY COMMITTEE**

For in-house use only

11/18/2014

Page 2

<i>Name</i>	<i>Title</i>	<i>Address</i>	<i>Phone</i>	<i>Email</i>	<i>Other Information</i>
Daniel Larson	MD, Public Health Medical Director Upper Hudson Primary Care Consortium	PO Box 3253 Glens Falls NY 12801	761-0300 (5) (1)	dlarson@hhhm.org	
Richard Leach	MD, Tuberculosis & Infectious Disease Program Consultant	28 Sherman Avenue Glens Falls NY 12801	793-6619	leachpad@hhhm.org	
Richard Mason	Community Member	64 Webster Avenue Glens Falls NY 12801	793-1789	Mail Only	
Nancy Parson	RN Immunization Program Warren County Health Services	Via inter-office mail	X8735	parsonsn@warrencountyny.gov	
Kendra Raymond	Westmount Health Facility Warren County	Via inter-office mail	X8774	raymondk@warrencountyny.gov	
John Rugge	MD	P.O. Box 3253 Glens Falls, NY	761-0300 (5) (1)	jrugge@hhhm.org	
Christie Sabo	Director Warren Hamilton Counties Office for the Aging	via inter-office mail	x6347	saboc@co.warren.ny.us	
Sharon Schaldone	Assistant Director Patient Services Warren County Health Services	via inter-office mail	x6416	schaldones@co.warren.ny.us	

WARREN COUNTY
PROFESSIONAL ADVISORY COMMITTEE

For in-house use only

11/18/2014

Page 3

<i>Name</i>	<i>Title</i>	<i>Address</i>	<i>Phone</i>	<i>Email</i>	<i>Other Information</i>
Julie Smith	Director of Patient Services Greater ADK Home Health Aides	PO Box 678 Glens Falls NY 12801	GAHHA 926-7070	juliesmith@glensfallshosp.org	
Maureen Schmidt	Commissioner Warren County Department of Social Services	via inter-office mail	X6362	Maureen.schmidt@dfa.state.ny.us	

RESOLUTION REQUEST FORM NO. 1

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

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

DEPARTMENT NAME: Health Services

DATE: 11/25/2014

- (a) Name of Appointee: See attached list of appointments and reappointments
- (b) Is this a Reappointment? If so, please provide the Resolution No. which authorized the last appointment of this individual R 24/2014
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If Person is Being Appointed as a Representative of a Specific Group/Agency, Please List their Affiliation and Title See attached list
- (e) Address of Appointee: See attached list
- (f) Title of Appointment: Local Early Intervention Coordinating Council Member
- (g) Effective Date of Appointment: January 01, 2015
- (h) Termination Date of Appointment: December 31, 2015
- (i) Name of Person Being Replaced (if applicable): See attached list
- (j) Reason for Replacement: See list

Warren County Board of Supervisors

RESOLUTION NO. 24 OF 2014

Resolution introduced by Supervisors Sokol, Conover, Frasier, Taylor and McDevitt

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

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

WHEREAS, it is necessary to appoint members for a term commencing January 1, ²⁰¹⁵~~2014~~ and terminating December 31, ²⁰¹⁵~~2014~~, now, therefore, be it

RESOLVED, that the persons named on Schedule "A" attached hereto, are hereby appointed as members of the LEICC through December 31, ²⁰¹⁵~~2014~~.

WCPH LOCAL EARLY INTERVENTION COORDINATING COUNCIL

Auer, Patricia Jones, Ginelle LaLone, Emily Myhrberg, Patty Mastrianni, Erik	Merritt, Jackie Sharron, Cheryl Gillis, Diana Toolan, Debbie	761-6580 Fax: 761-6422	Warren County Public Health 1340 State RT 9, Lake George, NY 12845
Collins, Bonnie (Parent)		743-1994	31 Ferris Drive, Queensbury, NY 12804 Bonnielee1564@yahoo.com
Conine, Pam		798-7972	Southern Adirondack Child Care Network 88 Broad Street, Glens Falls, NY 12801 coninep@saccn.org
Matte, Sarah (replacing Daigle, JoAnn)		798-7555 x216	Warren County Head Start 11 Pearl Street, Glens Falls, NY 12801 disability@warrencountyheadstart.org
Dunbar, Melissa Speech Language Pathologist		307-3494	25 Brookfield Run, Queensbury, NY 12804
Lee, Carrie (Parent)		650-776-4532	12 Danford Court, Queensbury NY 12804
Meilhede, Lauren MD		798-9538	Adirondack Pediatrics 84 Broad Street #3 Glens Falls, NY 12801 lmeilhede@gmail.com
Reyes, Monique (Parent)		232-3410	10-102 Regency Park North, Queensbury NY 12804
Schmidt, Maureen		X6362	Warren County DSS Human Services Bldg., Lake George, NY 12845 Maureen.schmidt@dfa.state.ny.us
Thompson, Pat		798-0170	Prospect Child & Family Center 133 Aviation Road, Queensbury, NY 12804 pthompson@cfdsny.org
Utz-Meagher, Kevin		581-3069	Capital District DDSO 3 Care Lane Suite 200 Saratoga Springs, NY 12866
York, Robert		792-7143	Office of Community Services for Warr. and Wash. Co 230 Maple Street Suite 1, Glens Falls, NY 12801

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 Mary Lamkins Supervising Nurse
 (Supervisory Committee) (Employee Name)
 to attend Home Care Association of New York State's Program
 (Name of meeting or organization) Are You Ready for FNDA?
 at Albany Marriott Wolf Rd. Albany NY
 (Address)

on December 5, 2014 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. \$299.00

For Overnight Travel

- Room rate \$ NA GSA* Rate \$ NA
- Meal costs - GSA*per diem rate \$ NA

*www.gsa.gov

Date: 12/1/14

Patricia [Signature]
 Department Head Signature

Date: 11/25/14

[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.

EXTRA!



DAILY NEWS

**ARE YOU READY FOR
FIDA?**

**READ ALL
ABOUT IT!**

December 5, 2014
Albany Marriott
Wolf Road
Albany, NY

A daylong education program offering tools, strategies and information to get your home care agency ready for FIDA managed care plans.

December 5, 2014
Albany Marriott, Wolf Road, Albany, NY



In December, the state will begin the process of enrolling about 170,000 dual-eligible recipients into specially approved managed care FIDA plans that will coordinate services paid both by Medicare and Medicaid. Eligible beneficiaries who do not actively enroll or opt out will be “passively enrolled” under a schedule just recently outlined by the State Department of Health for NYC, Long Island and Westchester.

This is a complex, monumental shift in payment and service delivery for home care. And it follows fast on the heels of the state’s effort to enroll certain Medicaid beneficiaries into Managed Long Term Care plans; now, under FIDA, many of these same beneficiaries will have a new set of decisions to make, and so do you.

Home care providers will need to strike up new contractual arrangements and navigate entirely different systems of payment, regulatory oversight, service authorization, quality management and more.

Are you ready for FIDA? This daylong conference is designed to help you. HCA has gathered the state’s preeminent experts on FIDA to give you background and help you navigate all of the strategic decisions that you will need to make.

AGENDA

8:30 am
Registration

9:00 to 9:30
HCA Welcome

9:30 to 10:45am
Calling All Home Care Provider Agencies – Are You Ready for FIDA?

Home care providers will be vital partners in FIDA plans, which are incentivized to deliver care efficiently and effectively by looking to cost-effective settings like home care. What are the options for home care agencies to participate in a FIDA plan? What tools and resources will home care agencies need in order to develop their relationships with FIDA plans? Learn how you can prepare for FIDA in your organization.

Margaret Wallingford, President, MA Wallingford and Associates

Continued on next page



Are You Ready for FIDA?

December 5, 2014

Albany Marriott, Wolf Road, Albany, NY



REGISTRATION FORM – Fax to (518) 426-8788 or Mail to the address below.
Please register by November 28.

Name: _____

Title: _____

Agency: _____

Address: _____

City/State/Zip: _____

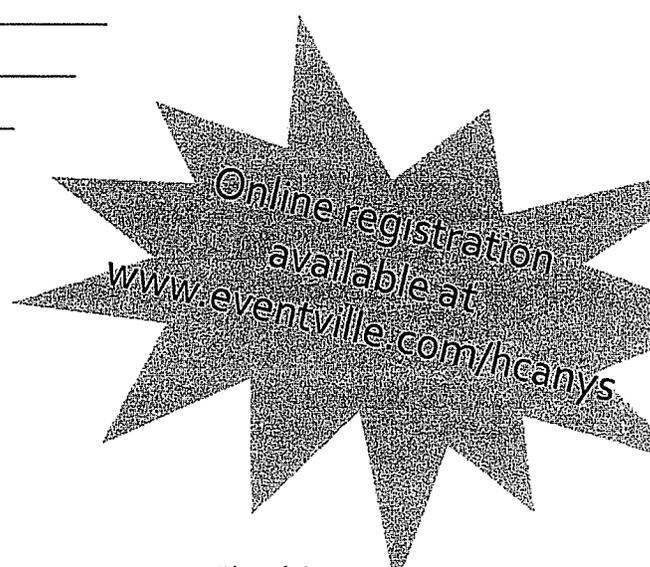
Phone: _____ Ext. _____

Fax: _____

Email: _____

REGISTRATION FEE

HCA Members	\$219	_____
Non-Members	\$299	_____



PAYMENT

Please check method of payment:

____ MasterCard ____ VISA ____ American Express ____ Check*

*Make checks payable to **HCA Education and Research**
and mail to: **388 Broadway, 4th Floor, Albany, NY 12207**
(checks must be received one week prior to program)

Please print clearly.

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 by November 21 are refundable less a 25% administrative fee. Cancellations must be received in writing via e-mail to info@hcanys.org. No refunds after that time or for no shows. Substitutions are permitted.

FAX TO: (518) 426-8788

10:45am **Break**

11:00am to Noon

New York State's Perspective

Hear from New York Medicaid Director Jason Helgerson on how FIDA plans will work and function in the evolving landscape of health care delivery and payment reform, especially as other integrated models like DSRIP and ACOs continue to take shape. Mr. Helgerson is one of the state's leading health officials overseeing many of the state's Medicaid redesign and other policy initiatives. His perspective, answers and overall background on the FIDA rollout are "required reading" for your understanding of this major shift in service delivery.

*Jason Helgerson, Medicaid Director,
New York State Health Department*

Noon to 1:00pm

Networking Lunch

1:00 – 2:00 pm

How Do I Get Started?

Even if you have had experience developing partnerships under Managed Long Term Care, the FIDA model represents a whole different ballgame, with new incentives for various types of home care agency models. This session will discuss how to best engage and develop relationships to ensure successful participation in a FIDA for your organization.

*Carla Williams, Director, O'Connell &
Aronowitz Healthcare Consulting
Group*

2:00 – 3:00 pm

Data Is King

Data is one of the most critical resources your agency has to offer in a FIDA relationship. Review the various kinds of data that are already available to you and how to best organize and present it.

*Michael Freytag, Managing Director
BlackTree Healthcare Consulting*

3:00 – 4:00 pm

Structuring Your Agency to Be Ready for FIDA

In this panel session, HCA provider members will discuss ideas for how you should structure your organization so it is FIDA-ready.

*Andrea Lazarek-LaQuay, Chief
Clinical Officer, VNA Homecare*

*Hany Abdelaal, Senior Vice President
and Chief Medical Officer, Visiting
Nurse Service of New York*

4:00 pm **Closing Comments**



Warren County Health Services

Health Services Committee Meeting

November 25, 2014

Additional Agenda Item

Request Resolution:

To amend the contract with Delta Health Technologies to include the 837 Express Product in order to allow billing Medicare as a Secondary Payer.

Rationale:

In the past, we were able to enter directly into the Medicare FISS (Fiscal Intermediary Standard System) which we can no longer do. The cost is a one-time set up fee of \$950.00 and then \$16.00 per month. We currently have one patient that we need to bill Medicare as secondary. This will more than offset the cost, but we anticipate more patients will require this type of billing. Tammie DeLorenzo, Clinical and Fiscal Informatics Coordinator, will be present at the meeting to answer any questions.

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: 11/25/2014

- (a) Purpose of Contract Change: To amend the contract with Delta Health Technologies to include the 837 Express Product in order to allow billing Medicare as a secondary payer
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 229/2013 see attached
- (c) Name of Contractor: Delta Health Technologies LLC
- (d) Address of Contractor: 400 Lake Mont Park Blvd., Altoona, PA 16602
- (e) Contractor's Contact Person and Telephone Number: Keith Crownover, (814)944-1651
- (f) Commencement Date of Amendment: 12/22/2014
- (g) Termination Date of Extension: per terms of current contract
- (h) Payment Provisions: \$950.00 perpetual license fee, plus \$16 monthly maintenance fee
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount OR Capital Project OR Capital Reserve Project Number and Title and Amount:

A.4010.428 Health Services Data Processing and Internet fees

Warren County Board of Supervisors

RESOLUTION NO. 229 OF 2013

Resolution introduced by Supervisors Sokol, Conover, Frasier, Taylor and McDevitt

AUTHORIZING AMENDMENT AGREEMENT WITH DELTA HEALTH TECHNOLOGIES, LLC FOR POINT OF CARE SOFTWARE SYSTEM TO PROVIDE REMOTE HOST SERVICES FOR THE ELECTRONIC MEDICAL RECORDS SYSTEMS

WHEREAS, the Director of Public Health/Patient Services is requesting an amendment agreement with Delta Health Technologies, LLC for the Point of Care software system to provide remote host services for the electronic medical records system at the rate of Two Thousand Five Hundred Seventy-Five Dollars (\$2,575) per month, plus a one time server and configuration fee in an amount not to exceed One Thousand Two Hundred Dollars (\$1,200) for a term commencing June 1, 2013 and terminating March 31, 2018, now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an extension agreement with Delta Health Technologies, LLC for the Point of Care software system to provide remote host services for the electronic medical records system at the rate of Two Thousand Five Hundred Seventy-Five Dollars (\$2,575) per month, plus a one time server and configuration fee in an amount not to exceed One Thousand Two Hundred Dollars (\$1,200) for a term commencing June 1, 2013 and terminating March 31, 2018 in a form approved by the County Attorney, and be it further

RESOLVED, that the funds shall be expended from Budget Code A.4010 428 Health Services, Data Processing & Internet Fees.

CONFIDENTIAL

EXHIBIT A
ORDER FORM

Order Form Effective Date: _____ Customer: Warren County Health Services

This Order is subject to and incorporates all of the provisions stated in the Delta License Agreement between Delta Health Technologies, LLC and Warren County Health Services, dated June 30, 2008 (the "Agreement"). Upon signature by authorized representatives of each party, this Order shall be deemed an amendment to the Agreement.

1. Customer is licensing the following products and acquiring the following third party software, equipment, and/or services from Delta:

Professional Services	Perpetual License Fees	Monthly Maintenance and Additional Terms:
837 Express Medicaid Secondary Payer and Third Party Liability Submission	\$950	\$16

2. Payment Terms: Fees are payable as follows:

- Applications: 100% on Delivery Date
- Monthly Support: Monthly in advance, commencing on First Productive Use.
- Professional Services: As incurred, monthly in arrears. Customer to pay travel and living expenses.

DELTA HEALTH TECHNOLOGIES, LLC
By: _____

Print Name: Keith R. Crowover

Print Title: President & CEO

WARREN COUNTY HEALTH SERVICES
By: _____

Print Name: _____

Print Title: _____

CONFIDENTIAL

EXHIBIT A
ORDER FORM

Order Form Effective Date: _____ Customer: Warren County Health Services

This Order is subject to and incorporates all of the provisions stated in the Delta License Agreement between Delta Health Technologies, LLC and Warren County Health Services, dated June 30, 2008 (the "Agreement"). Upon signature by authorized representatives of each party, this Order shall be deemed an amendment to the Agreement.

1. Customer is licensing the following products and acquiring the following third party software, equipment, and/or services from Delta:

Professional Services	Perpetual License Fees	Monthly Maintenance and Additional Terms:
837 Express Medicaid Secondary Payer and Third Party Liability Submission	\$950	\$16

2. Payment Terms: Fees are payable as follows:

- Applications: 100% on Delivery Date
- Monthly Support: Monthly in advance, commencing on First Productive Use.
- Professional Services: As incurred, monthly in arrears. Customer to pay travel and living expenses.

DELTA HEALTH TECHNOLOGIES, LLC
By: _____

Print Name: Keith R. Crowover

Print Title: President & CEO

WARREN COUNTY HEALTH SERVICES
By: _____

Print Name: _____

Print Title: _____

CONFIDENTIAL

EXHIBIT A
ORDER FORM

Order Form Effective Date: _____ Customer: Warren County Health Services

This Order is subject to and incorporates all of the provisions stated in the Delta License Agreement between Delta Health Technologies, LLC and Warren County Health Services, dated June 30, 2008 (the "Agreement"). Upon signature by authorized representatives of each party, this Order shall be deemed an amendment to the Agreement.

1. Customer is licensing the following products and acquiring the following third party software, equipment, and/or services from Delta:

Professional Services	Perpetual License Fees	Monthly Maintenance and Additional Terms:
837 Express Medicaid Secondary Payer and Third Party Liability Submission	\$950	\$16

2. Payment Terms: Fees are payable as follows:

- Applications: 100% on Delivery Date
- Monthly Support: Monthly in advance, commencing on First Productive Use.
- Professional Services: As incurred, monthly in arrears. Customer to pay travel and living expenses.

DELTA HEALTH TECHNOLOGIES, LLC

By: _____

Print Name: Keith R. Crownover

Print Title: President & CEO

WARREN COUNTY HEALTH SERVICES

By: _____

Print Name: _____

Print Title: _____

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

Tuesday, November 25, 2014
10:30 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 – Authorizing the Adoption & Electronic Certification of a Compliance Program for Westmount Health Facility Page 1
2. Resolution Request – New Contract for Mahoney Notify-Plus Inc. Page 2
3. Resolution Request – Amend County Budget to reflect Insurance Recovery Page 3
4. Miscellaneous Resolution Request – Authorizing payment to McCarthy & Conlon, LLP Page 4
5. Resolution Request – New Contract with McCarthy & Conlon, LLP Page 5
6. Resolution Request – Transfer of Funds Page 6
7. Miscellaneous Resolution Request – Room Rate Increase Page 7

Staffing report: _____ Vacancies:

2– F/T LPN
1- P/T LPN
1- F/T CNA
9- P/T CNA

DBL:

1 – P/T CNA
3 – F/T CNA
1 – F/T LPN

Overtime report:

Page 9

Items for Discussion: 11/10/14 Facility Survey & Plan of Correction

Executive Session:

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: November 25, 2014

- (a) Purpose of Request: Authorizing the adoption and electronic certification of a Compliance program for Westmount Health Facility.

- (b) Details: Authorizing the adoption and electronic executing of a Compliance program for Westmount Health Facility consisting of (1) the compliance manual (2) the compliance protocols; and (3) appropriate written policies and procedures affecting any risk areas in Facility's operations.

- (c) Previous Resolution Number: 634 of 2013

CORPORATE COMPLIANCE IN-SERVICE OUTLINE

11-25-14

FUNCTION OF CORPORATE COMPLIANCE: The compliance committee was established to assure that Westmount's operations are being conducted in compliance with applicable law and the highest ethical standards. A significant portion of Westmount's services are reimbursed through governmental programs which require that Westmount's business be conducted with complete integrity as set forth by the Office of Inspector General (OIG).

MEMBERS OF THE COMMITTEE:

Lloyd F. Cote/Administrator	Dr. Roslyn Socolof/Medical Director
Kylle Baker/Director of Nursing	Kendra Raymond/MDS Coordinator
Betsy Henkel, Officer/Comptroller	Mary Cochran/Admissions
Patricia Hawley/Health Information Manager	

STANDARDS OF CONDUCT:

RESIDENT CARE AND RESIDENT RIGHTS: Westmount has developed policies and procedures to ensure quality of care and the protection and promotion of resident rights.

- Comprehensive assessment for each resident is conducted in accordance with federal and state laws and regulations.
- All resident plans of care are developed by the interdisciplinary team based on assessment with the MDS. This includes measurable objectives and goals to meet the resident's medical, nursing, mental, and psychosocial needs.
- Residents are free from verbal, mental, sexual or physical abuse, corporal punishment or involuntary seclusion.

REFERRALS: Federal and state law prohibit Westmount from soliciting or accepting or offering or paying for referrals.

- Receiving free goods or services from a vendor in exchange for the purchase of other goods/services.
- The offering or making gifts, loans of any kind to an entity that is a prospective referral source.

BILLING AND CLAIMS: The facility has an obligation to its residents, third party payors and the state/federal agencies to exercise diligence when submitting claims for payment. Some risks areas include:

- Claiming reimbursement for services not rendered.
- Filing duplicate claims
- Upcoding to a higher RUG's score
- Billing for services not medically necessary.
- Failing to provide medically necessary services
- Billing excessive charges.

NON-DISCRIMINATION IN RESIDENT SERVICES AND CHARGES: The Facility should not discriminate with regards to admission, retention and care of residents based on race, color, blindness, national origin, sex, sexual preference, religion, and sponsorship/payment.

CONFIDENTIALITY: Resident information must be kept confidential. Discussing a resident's medical condition or providing any information about to anyone other than hospital personnel, interdisciplinary team, and authorized representatives is a violation.

BUSINESS ENTERTAINMENT/GIFTS: Employees should not receive any gift under circumstances that could be construed as an improper attempt to influence Westmount's decisions/actions.

CONFLICTS OF INTEREST: No employee should place themselves in a situation where their personal interests might conflict with the interests of Westmount Health.

- Another job that would interfere with the effective-performance of your duties at Westmount.
- No employee should have financial interests in a firm/entity which is doing, or seeking to do business with Westmount.
- No employee will compete with Westmount by selling or offering to sell services or products similar to this offered by Westmount.
- No employee may use Westmount's assets for personal benefit.

PROCEDURES TO HELP THE FACILITY STAY IN COMPLIANCE:

- Initial and annual training
- Periodic training
- Ongoing communication and regular updates to the compliance manual
- Westmount Corporate Compliance Committee meets quarterly.

REPORTING REQUIREMENTS:

- To report a violation; you may notify the compliance officer either in writing or verbally.
- Westmount will investigate any suspected violation and take necessary action. These investigations may be conducted by the officer or externally (lawyers).
- Westmount Health Facility has 3 posters hung through out the Facility including a phone & fax number for reporting.
- All reporting is confidential

WHISTLE BLOWER PROTECTION

- No employee because of lawful acts done by the employee in furtherance of a civil action under the act, including investigation may be discharged, demoted, suspended, threatened harassed or discriminated against.

FEDERAL FALSE CLAIM ACT: Imposes civil liability upon any person who knowingly makes a false claim or falsifying records for payment by the government.

DISCIPLINARY PROCEDURES: Against an employee or professional staff who authorizes or participates directly in a violation of a standard, deliberately fails to report a violation of standard, fails to cooperated, retaliates, seeks retribution, encourage non-compliant behavior, or fails to participate in required training.

WEBSITE: Westmount Health Facility has a copy of the Corporate Compliance Manual listed on their website.

<http://www.warrencountyny.gov/westmount/docs/compliance.pdf>

IN SUMMARY:

Corporate Compliance is about complying with regulatory mandates. The ultimate goal of a corporate compliance program is to improve the quality of the care provided to Residents.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: December 1, 2014

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To provide Semi-Annual Test and Inspections of Fire Alarm, Sprinkler Alarm and Security Alarm for Westmount Health Facility for \$ 1,500.00 also to include additional Emergency Repair Coverage not to exceed \$1,000.00.
- (c) Name of Contractor: Mahoney Notify-Plus Inc.
- (d) Address of Contractor: PO Box 767, 15 Cooper Street, Glens Falls, NY 12801
- (e) Contractor's Contact Person and Telephone Number: Kevin Mahoney, 518 793-7788
- (f) Has or will the Contract be provided, if so, please attach: Yes
- (g) Commencement Date of Contract: March 1, 2015
- (h) Termination Date of Contract: February 28, 2016,
- (i) Payment Provisions: i) lump sum amount
ii) hourly rate amount
iii) total amount not to exceed \$2,500.00/year
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. completion of annual inspection and/or emergency repair
- (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: EF.82200.6822 470 Plant Operation and Maintenance, Contracted Service \$23,000.00.

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: WESTMOUNT HEALTH FACILITY

DATE: November 25, 2014

- (a) Purpose of Amendment: **Amend 2014 Budget due to Insurance Recovery; DOL April 17, 2014 reimbursement for replacement of dentures for current Resident.**

- (b) Appropriation Code, Object Code, Full Title and Amount: **EF.60200.4900 435 \$1,200.00 Westmount, Nursing - Nurses' Station, Medical Fees Other Med Supply, Medical Fee's.**

- (c) Revenue Code (with title), and Amount: **EF.901001 2680 \$1,200.00 Westmount, Insurance Recovery**

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: November 25, 2014

- (a) Purpose of Request: Payment of \$765.00 dollars to McCarthy & Conlon, LLC for time incurred through 11/8/14 relative to the proposed sale of Westmount.

- (b) Details: Payment of \$765.00 dollars to McCarthy & Conlon, LLC for time incurred through 11/8/14 relative to the proposed sale of Westmount Health Facility. Four and one half hours at a rate of \$170.00 dollars per hour.

- (c) Previous Resolution Number:

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: EF.83100.3100 470 Westmount, Fiscal Services, Contracted Services - Auditing \$765.00.

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

* as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: WESTMOUNT HEALT FACILITY

DATE: November 25, 2014

- (a) Is this a Result of a Bid or Request for Proposal? No.
- (b) Purpose of Contract: Acceptance of a contract to assist with accounting and financial matters related to the transaction to convey the sale of Westmount Health Facility. Terms are not to exceed 20 hours at a rate of \$170.00 per hours.
- (c) Name of Contractor: McCarthy & Conlon, LLP
- (d) Address of Contractor: 123 Quaker Road, Suite 103B, Queensbury, NY 12804
- (e) Contractor's Contact Person and Telephone Number: Michael McCarthy 518 792-6668
- (f) Has or will the Contract be provided, if so, please attach:
- (g) Commencement Date of Contract: Upon execution of agreement
- (h) Termination Date of Contract:
- (i) Payment Provisions: i) lump sum amount
ii) hourly rate amount \$170.00/hour
iii) total amount not to exceed
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Upon receipt of bill
- (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: Westmount, Fiscal Services, Contracted Services - Auditing EF.83110.3100 470 \$3,400.00

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: November 25, 2014

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.83110.8302 469	Westmount, Fiscal Services Office, Other Payment/Contributions	EF.83500.8200 710	Westmount, Administrative Services, Interest	2,917.00
EF.60200.300 110	Westmount, Nursing-Nurses' Station, RN, Salaries – Regular	EF.60200.100 120	Westmount, Nursing-Nurses' Station, Mgmnt & Super, Salaries – Over Time	14,560.00
EF.60200.400 110	Westmount, Nursing-Nurses' Station, LPN, Salaries – Regular	EF.60200.400 120	Westmount, Nursing-Nurses' Station, LPN, Salaries – Over Time	20,000.00
EF.73300.500 110	Westmount, Physical Therapy, Aides, Salaries – Regular	EF.72600.100 110	Westmount, Activities Program, Mgmnt & Super, Salaries – Regular	5,200.00
EF.73800.200 110	Westmount, Social Services, Social Worker, Salaries – Regular	EF.72600.400 120	Westmount, Activities Program, Aides, Salaries – Overtime	400.00
EF.73800.200 110	Westmount, Social Services, Social Worker, Salaries – Regular	EF.72600.400 130	Westmount, Activities Program, Aides, Salaries – Part Time	4000.00
EF.73800.200 110	Westmount, Social Services, Social Worker, Salaries – Regular	EF.82100.200 120	Westmount, Dietary Service, Cooks, Salaries – Over Time	572.00
EF.60200.400 130	Westmount, Nursing-Nurses' Station, LPN, Salaries – Part Time	EF.82100.700 130	Westmount, Dietary Service, FSH, Salaries – Part Time	24,000.00
EF.73800.200 110	Westmount, Social Services, Social Worker, Salaries – Regular	EF.82500.700 120	Westmount, Laundry & Linen, LL Services, Salaries – Over Time	750.00
EF.83110.600 130	Westmount, Fiscal Services Office, Clerical & Other Admin, Salaries- Part Time	EF.83110.600 120	Westmount, Fiscal Services, Clerical & Other Adm, Salaries – Over Time	500.00
EF.60200.500 130	Westmount, Nursing-Nurses' Station, Aides Wages, Salaries – Part Time	EF.60200.100 810	Westmount, Nursing-Nurses' Station, Mgmnt & Super, Retirement	24,000.00

Please state reason for transfers requested: to cover various salary and retirement costs for the 2014 year.

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: November 25, 2014

- (a) Purpose of Request: Daily Room Rate Increase

- (b) Details: Daily room rate increase from 294.94 per day plus applicable 6.8% NYS Assessment Tax (315.00 per day) to 304.30 per day plus applicable 6.8% NYS Assessment Tax (325.00 per day) effective February 1, 2015.

- (c) Previous Resolution Number: 633 of 2013

WARREN COUNTY TWO YEAR BUDGET COMPARISON

REVENUE AND EXPENDITURES FOR 2014 AS OF 11/18/2014 1:46:45 PM

EXPENSES	YTD ACTUAL THRU November 2014	YTD ACTUAL THRU November 2013	YTD vs 13	% Change	Annualized 14	2014 AMENDED BUDGET	2013 AMENDED BUDGET
Salaries - Regular	\$2,316,612.88	\$2,420,678.76	(\$104,065.88)	-4.30%	\$2,801,486.91	\$2,911,217.00	\$3,035,885.00
Salaries - Overtime	\$292,442.08	\$278,878.85	\$13,563.23	4.86%	\$353,651.08	\$332,397.00	\$336,093.00
Salaries - Part Time	\$523,967.42	\$478,042.55	\$45,924.87	9.61%	\$633,635.37	\$816,806.00	\$581,097.00
TOTALS	\$3,133,022.38	\$3,177,600.16	(\$44,577.78)	-1.40%	\$3,788,773.36	\$4,060,420.00	\$3,953,075.00

9

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: November 25, 2014

- (a) Purpose of Request: Authorizing settlement of Civil Money Penalties relating to the December 20, 2011, Department of Health violation for an amount not to exceed \$2,000.00 dollars.

- (b) Details: Authorizing settlement of Civil Money Penalties relating to the December 20, 2011, Department of Health violation for an amount not to exceed \$2,000.00 dollars.

- (c) Previous Resolution Number:

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: EF.83110.8303 469 Westmount, Fiscal Services Office, Misc Fees & Expenses - Licenses - Other Payments/Contributions \$ 2,000.00.

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

* as listed in budget and LOGOS