

**Warren County Health Services**

**Health Services Committee Meeting**

**January 23 , 2014**

**Information Submitted By: Patricia Auer, DPH/DPS**

**Action Agenda/New Business**

**Request Resolution:**

To amend the 2014 Warren County Budget to add COLA funds for the following programs and amounts:  
Family Health Other Payments for the Lead Grant in the amount of \$1,797.00  
WIC – Other Payments in the amount of \$36,596.00.

**Rationale:**

The resolution for the grants are written to enable us to accept the funds without an additional resolution, but since the exact amounts are never know, we need the resolution to adjust the county budget.

**Request Resolution:**

To authorize a contract agreement with Ellen Kirker to provide physical therapy services at the current contract rates in a form approved by the County Attorney.

**Rationale:**

Physical Therapy services are reimbursable visits.

**Request Resolution:**

To authorize a contract agreement with Children's Development Group for Speech, OT, PT, and Psychological Services, based in Keeseville, to provide SEIT services for a Preschool Special Needs child who resides in Hague, but is in the Ticonderoga School District (Essex County) in a form approved by the County Attorney.

**Rationale:**

This agency has agreed to provide the services because they have been servicing the child while living in Essex County. They wish to only enter the contract to service this one child. It is not customary to do contracts for only one child, but we are obligated to pay for his services if he resides in Warren County. None of our current providers will go to Hague at this time for only SEIT (Special Education Itinerant Therapy).

**Request Committee Approval:**

To authorize the action of the Health Services Committee Chairman, Matt Sokol, in agreeing to allow Sharon Schaldone, ADPS, and Maureen Linehan, RN, CHN, to attend the Home Care Association of New York's Educational Program, The Art of ICD-10-CM Coding for Home Health. The program will be held at the Albany Marriott, Wolf Road, Albany on February 6<sup>th</sup> and 7<sup>th</sup>, 2014 and will cost a total of \$399.00 per person. Meals are included in the conference cost.

**Rationale:**

It was necessary to register for the program before the Health Services Committee Meeting, so we needed Mr. Sokol's approval in order that we did not miss our opportunity to attend the program. Coding program registrants fill up fast, and since this one is offered in Albany, we did want to miss our opportunity. Correct diagnostic coding for services is imperative in order to maximize reimbursement. Currently, our certified coder is out on long term sick leave so we must have staff knowledgeable in this coding. There are funds available in the 2014 Budget to cover the cost.

**Request Referral to Personnel Committee:**

For consideration to backfill a Grade 6, WIC Nutrition Aide Position, Base Entry Salary: \$28,046, and backfill a lower position that might occur as a promotional opportunity for a current employee.

**Rationale:**

The vacancy is the result of a retirement, and the position is 100% reimbursed by the WIC Program Contract Grant.

**Request Resolution:**

To amend the 2011 - 2015 Rabies Plan to include specifics of a new law, and new recommendations for Rabies exposure treatment.

**Rationale:**

Usually, it is not necessary to do amendments to this plan, but because there is a change in the law, new guidelines, and there is still a good bit of time before we would do a new plan, we are requesting the Resolution. Ginelle Jones, Assistant Director of Public Health will be present at the meeting to review the changes. An updated Rabies Plan will be kept with the minutes of the meeting, and copies will be sent to all individuals who received copies of the plan when it was adopted in 2011. The plan is also on the Department Website.

**Pending Items**

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

Please see **Attachment #4**.

**Information for Discussion**

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

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

**Revenue and Expense Comparison Report for 2012 vs 2013** We will have this report for next month's meeting as the December books are not yet closed.

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

**Rabies Program Report:** Please see **Attachment #5**.

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

The survey team arrived "unannounced" on January 13, 2014, for their every 3 year review, and spent 6 days with us. Although stressful for staff while they are "visiting," overall it was an excellent survey, and we remain proud of our staff and the care our agency provides. The process is new and we will not receive the written report for another couple of weeks, and though we have to "tweak," in the words of the exit conference surveyor, some language in a few policies and procedures, we had no significant findings! Sharon Schaldone, who did an excellent job working with the surveyors, will provide comments at the meeting. We will provide a summary of the report at the next meeting.

**Attachments:**

**#1** Emergency Response and Preparedness Activities Report

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

**#4** Referral Numbers Comparisons

**#5** 2013 Rabies Program Report

**#3** to be distributed next month per above reason

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

Page 1

Topic Color Codes

Red/Chempack; Green/SNS; Blue/Mass Fatality; Black/Training;  
 Purple/Special Needs; Orange/Drill; Black/Pan Flu

# Attachment 1

**2nd QUARTER ACTIVITIES (October 1, 2013 – December 31, 2013)**  = entered on NYSDOH Quarterly Reporting Template

Date	Type	Subject/Comments	Attendees	Topic (i.e. Chempack, Drill, Mass Fatality, SNS, Training, Pan Flu, Special Needs)
12/3/13	Meeting	 M-1 – Mass Fatality Planning Group to review and update Plan	Dan Durkee, et.al	<b>Mass Fatality</b>
12/3/13	Meeting	Mandatory Staff meeting for nurses re: assorted in-services	PH/CHHA nurses	
12/4/13	Training	Countryside: CPR/1st Aid (2 new employees)	Laura Saffer	<b>Training</b>
12/5/13	Drill	 L-11 NYSDOH Cascading Drill	Dan Durkee, Ginelle Jones	<b>Drill</b>
12/10/13	Meeting	BT Coordinators meeting in Ballston Spa	Dan Durkee	
12/18/13	Webinar	 ClinOps: "Preparedness Multi-Year Training & Exercise Plan"	Ginelle Jones, Angela Meade	<b>Training</b>
12/18/13	Tabletop	 GFH – "Fire in nursing home/Burn management"	Dan Durkee	
12/19/13	Blast fax	To Providers & Nursing Homes re: Health Advisory: "NYSDOH Commissioner Declares Influenza Prevalent in the State"	Ginelle Jones	<b>Pan Flu</b>
12/26/13	Training	CPR recertification for Counsel for Prevention	Laura Saffer	<b>Training</b>

December activities reviewed by DD/LS/GJ

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

Date	Type	Subject/Comments	Attendees	Topic (i.e. Chempack, Drill, Mass Fatality, SNS, Training, Pan Flu, Special Needs)
1/7/14	Blast Fax	Annual EPR Test to Provider Offices	Angela Meade	
1/13/14	Blast Fax	Annual EPR Test to School Nurses	Angela Meade	
1/14/14	Meeting	<input checked="" type="checkbox"/> Special Needs Registry	Dan Durkee, OES, IT	<b>Special Needs</b>
1/14/14	Meeting	BT Coordinators – Ballston Spa	Dan Durkee	
1/15/14	Tabletop	<input checked="" type="checkbox"/> GFH " Aerosolized anthrax at County building"	Patty Myhrberg, Pat Belden	
1/22/14	Meeting	Quarterly EPR Committee	Dan Durkee et.al	
1/22/14	Webinar	ClinOps "Demobilization of MCM Clinical Operations"	Angela Meade	
1/28/14	Webinar	<input checked="" type="checkbox"/> ServNY Ops	Angela Meade	
1/29/14	Webinar	<input checked="" type="checkbox"/> L-1 EPR Plan Information Session	Angela Meade	
1/31/14	Webinar	<input checked="" type="checkbox"/> L-1 EPR Plan Information Session	Dan Durkee	

January activities reviewed by DD/GJ

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2013 AS OF 1/17/2014 5:17:15 PM

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

EXPENSES	2013 BUDGETED	2013 YTD ACTUAL	2012 Prior Year Totals
Salaries - Regular	\$2,843,263.96	\$2,813,073.56	\$2,792,734.39
Salaries - Overtime	\$163,410.00	\$159,087.21	\$134,883.37
Salaries - Part Time	\$303,814.04	\$242,184.43	\$219,854.62
Salaries - Sick Leave Incentive			\$800.00
O's PERSONAL SERVICES	\$3,310,488.00	\$3,214,345.20	\$3,148,272.38
O's EQUIPMENT	\$221,792.90	\$213,135.67	\$180,916.48
O's CONTRACTUAL	\$8,364,175.00	\$4,384,031.74	\$6,668,622.53
O's EMPLOYEE BENEFITS	\$1,783,440.12	\$1,746,844.34	\$1,613,292.82
<b>TOTALS</b>	<b>\$13,679,896.02</b>	<b>\$9,558,356.95</b>	<b>\$11,611,104.21</b>
<b>REVENUES</b>	<b>2013 BUDGETED</b>	<b>2013 YTD ACTUAL</b>	<b>2012 Prior Year Totals</b>
	\$11,109,221.00	\$6,444,675.76	\$9,525,798.76

Note: As of today, 2013 has not been finalized. Revenues do not reflect the December billing for CHHA, LTC and MCH. Also revenue that still needs to be recorded are the last quarter of 2013 for Grants and State Aid along with services related to Early Intervention and Preschool programs for the 2013 school year. Revenue for Preschool we usually are not able to bill until end of 1st quarter 2014.

We also anticipate that our expenses for 2013 (especially in the .400 codes) will not be as much as budgeted, therefore revenues will also be lower than anticipated.

Warren County Health Services  
 Salaries Comparison

2012 vs 2013  
 as of 12/31/13 Payroll date ending

Total of All Depts	YTD 2013	YTD 2012	YTD 13v12	% Change	Total Budget 2013	Total Actual 2012
Regular Salaries	\$2,813,073.56	\$2,792,734.39	\$20,339.17	0.73%	\$2,843,263.96	\$2,792,734.39
Overtime Salaries	\$159,087.21	\$134,883.37	\$24,203.84	17.94%	\$163,410.00	\$134,883.37
Part Time Salaries	\$242,184.43	\$219,854.62	\$22,329.81	10.16%	\$303,814.04	\$219,854.62
Sick Leave Incentive	\$0.00	\$800.00	-\$800.00	0.00%	\$0.00	\$800.00
<b>TOTALS</b>	<b>\$3,214,345.20</b>	<b>\$3,148,272.38</b>	<b>\$66,072.82</b>	<b>2.10%</b>	<b>\$3,310,488.00</b>	<b>\$3,148,272.38</b>
% current YTD Salary to Total Budget	97.10%	100.00%				

\*Source: Detail G/L report for all Salary Category from 1/1/XX-12/31/XX

Note: Regular salaries are above last year primarily due to three retirement cash outs, in our CHHA nursing Department. These totalled \$12,414.36 (or 61%) of the over budget amount within regular salaries. Due to the nursing positions that were open and the time difference throughout the year to fill those positions, overtime and part time salaries for 2013 YTD are above 2012 YTD since coverage was needed for patients due to these staffing shortages. All positions were not filled by year end, therefore both overtime and Part time salaries continue to be utilized. Overall, we came in at only 97.10% of 2013 budget for salaries.

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

<b>CATEGORY</b>	<b>01/2012</b>						
	<b>06/2012</b>	<b>07/2012</b>	<b>08/2012</b>	<b>09/2012</b>	<b>10/2012</b>	<b>11/2012</b>	<b>12/2012</b>
SN eval	801	132	124	128	138	128	139
SN IV eval	52	3	9	7	5	6	10
CDPAP	67	8	16	4	7	13	15
PRI	60	8	14	7	15	5	5
<b>SN Evals per month</b>	<b>163</b>	<b>151</b>	<b>163</b>	<b>146.00</b>	<b>165.00</b>	<b>152.00</b>	<b>169.00</b>
PT evals	523	89	94	75	108	98	71
PT only	117	40	30	15	29	25	19
<b>Pt only evals per mo</b>	<b>20</b>	<b>40</b>	<b>30</b>	<b>15</b>	<b>29</b>	<b>25</b>	<b>19</b>
<b>Total Evals per month</b>	<b>183</b>	<b>191</b>	<b>193</b>	<b>161</b>	<b>137</b>	<b>123</b>	<b>90</b>

<b>CATEGORY</b>	<b>01/2013</b>						
	<b>06/2013</b>	<b>07/2013</b>	<b>08/2013</b>	<b>09/2013</b>	<b>10/2013</b>	<b>11/2013</b>	<b>12/2013</b>
SN eval	811	151	135	126	141	113	145
SN IV eval	40	4	6	7	5	7	10
CDPAP	54	7	11	7	6	12	16
PRI	62	13	14	8	14	7	2
<b>SN Evals per month</b>	<b>161</b>	<b>175</b>	<b>166</b>	<b>148.00</b>	<b>166.00</b>	<b>139.00</b>	<b>163.00</b>
PT evals	510	96	95	83	104	76	80
PT only	141	37	28	21	30	18	19
<b>PT only evals per mo</b>	<b>24</b>	<b>37</b>	<b>28</b>	<b>21</b>	<b>30</b>	<b>18</b>	<b>19</b>
<b>Total Evals per month</b>	<b>185</b>	<b>212</b>	<b>194</b>	<b>169</b>	<b>134</b>	<b>94</b>	<b>99</b>

**ANNUAL**

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

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

*Attachment #4*

**(Attachment #5)**  
**Warren County Public Health**  
**Rabies Program**  
**October-December 2013**

Town	Not Vaccinated			Vaccinated			Out of Town			Stray		
	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets
Bolton		1		1								
Chester	1				2							
Glens Falls	2			2	4			1				
Hague										1		
Horicon	1											
Johnsburg		1						1				
Lake George	2			1	3			1				
Lake Luzerne				1	3							
Queensbury		3	1	4	9		2	1		1		
Stony Creek												
Thurman												
Warrensburg	1	2			1			1		1		
<b>Totals</b>	<b>7</b>	<b>7</b>	<b>1</b>	<b>9</b>	<b>22</b>		<b>2</b>	<b>5</b>		<b>3</b>		

**Bites Reported by Month**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2013	18	15	15	19	19	25	23	26	18	22	16	18	234

## 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:** January 23, 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 Lead Grant in the amount of \$1,797.00.
- (b) **Appropriation Code (with title), Object Code (with title) and Amount:**  
**A.4018.0020.469 Family Health Other Payments \$1,797.00**

**Revenue Code (with title), and Amount:**

**A.4018.0020.4457 Family Health –Lead Revenue \$1,797.00**

## 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:** January 2~~4~~<sup>3</sup>, 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.
- (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**

# RESOLUTION REQUEST FORM NO. 3

## Request for New Contract

DEPARTMENT NAME: Health Services

DATE: 01/23/2014

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To authorize a contract agreement to provide physical therapy services
- (c) Name of Contractor: Ellen Kirker
- (d) Address of Contractor: 23 Briarhurst Drive, Gansevoort, NY 12831
- (e) Contractor's Contact Person and Telephone Number: Ellen Kirker, H- 518-792-5431, C- 518-260-5733 , email kase5704@gmail.com
- (f) Has or will the Contract be provided, if so, please attach: Please use therapist contract.
- (g) Commencement Date of Contract: 2/24/14
- (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.

<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>Meetings</u>	<u>\$40.00</u>
<u>Early Intervention Services Only</u>	
<u>Region 1 Eval</u>	<u>\$50.00</u>
<u>Region 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>
  - 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.

(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:

A 4010.10.470 Health Service

A 4016.10.470 Long Term Home Health Care Program

# ELLEN KIRKER

## PROFESSIONAL SUMMARY

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Hard working, compassionate Physical Therapist with 20 years experience in Pediatric evaluation and treatment in a variety of settings. I have experience in Early Intervention, Committee on Preschool Education and Insurance. I have experience in the Preschool setting, out patient and home setting.

## SKILLS

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- Extensive experience in working as a team with other Professionals
- Organized and documentation completed in a timely manner
- Home health care expertise

## WORK HISTORY

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PHYSICAL THERAPIST, 12/9/13 to Present

GENTIVA HOME HEALTH CARE- Malta, NY

Physical Therapist responsible for evaluation and treatment of adult patients that are home bound. Work on a Team of Professionals.

PHYSICAL THERAPIST, 02/1998 to 11/15/13

GLENS FALLS HOSPITAL - Glens Falls, NY

Physical Therapist responsible for evaluation and treatment of patients through their insurance, Early Intervention and The Committee on Preschool Special Education. Therapy and evaluations primarily provided to the patient's home. Evaluations were primarily as a team with a Speech Pathologist, Occupational Therapist or Clinical Psychologist. Therapy role has also included Pulmonary Reconditioning program, out patient orthopedics and in patient therapy.

PER DIEM PART TIME PHYSICAL THERPIST, 10/1995 to 09/1996

SARATOGA PHYSICAL THERAPY ASSOCIATES - Saratoga, NY

Part time Physical Therapist responsible for evaluation and implementation of treatment programs for patients with orthopedic and sports related injuries.

PHYSICAL THERAPIST, 09/1994 to 02/1998



HEALTHCARE PROVIDERS SERVICE ORGANIZATION PURCHASING GROUP

Print Date: 1/07/2014



Certificate of Insurance
OCCURENCE POLICY FORM

Producer Branch Prefix Policy Number Policy Period
018098 970 HPG 0597404896 from 01/20/14 to 01/20/15 at 12:01 AM Standard Time

Named Insured and Address:
Ellen Kirker
23 Briarhurst Dr
Gansevoort, NY 12831-1040

Program Administered by:
Healthcare Providers Service Organization
159 E. County Line Road
Hatboro, PA 19040-1218
1-800-982-9491
www.hpso.com

Medical Specialty:
Physical Therapist

Code:
80995

Insurance is provided by:
American Casualty Company of Reading, Pennsylvania
333 S. Wabash Avenue, Chicago, IL 60604

Professional Liability \$1,000,000 each claim \$ 3,000,000 aggregate

Your professional liability limits shown above include the following:

- \* Good Samaritan Liability \* Malplacement Liability \* Personal Injury Liability
\* Indirect Sexual Misconduct included in the PL limit shown above subject to \$25,000 aggregate sublimit

Coverage Extensions

Table with 5 columns: Extension Name, Amount, Frequency, Amount, Aggregate. Includes License Protection, Defendant Expense Benefit, Deposition Representation, Assault, Medical Payments, First Aid, Damage to Property of Others, Information Privacy (HIPAA).

Workplace Liability

Workplace Liability Included in Professional Liability Limit shown above
Fire & Water Legal Liability Included in the PL limit shown above subject to \$150,000 aggregate sublimit
Personal Liability \$1,000,000 aggregate

Total: \$ 180.00

Base Premium \$180.00

Premium reflects Self Employed , Part Time

Policy Forms & Endorsements(Please see attached list for a general description of many common policy forms and endorsements.)

Table with 6 columns of policy form numbers: G-121500-D, GSL10550NY, G-121503-C, G-121501-C, GSL11892NY, GSL3886, etc.

Handwritten signatures of Thomas F. Mohamed and another individual.

Chairman of the Board

Secretary

Keep this document in a safe place. It and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. In order to activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance. Master Policy # 188711433

G-141241-B31 (03/2010)

Coverage Change Date:

Endorsement Change Date:

## RESOLUTION REQUEST FORM NO. 3

### Request for New Contract

DEPARTMENT NAME: Health Services

DATE: 01/23/2014

- (a) Is this a Result of a Bid or Request for Proposal? NO
- (b) Purpose of Contract: To authorize a contract agreement with Children's Development Group for Speech, OT, PT and Psychological Services, PLLC, to provide services for a pre-school child who resides in Hague, NY but is in the Essex county school district of Ticonderoga, in a form approved by the county attorney. seit
- (c) Name of Contractor: Children's Development Group for Speech, OT, PT and Psychological Services, PLLC.
- (d) Address of Contractor: 187 Pleasant St., Keeseville, NY 12944
- (e) Contractor's Contact Person and Telephone Number: Danielle Godin, 518-578-4912, fax 518-834-7072, email cdg2010@charter.net
- (f) Has or will the Contract be provided, if so, please attach: No
- (g) Commencement Date of Contract: 02/24/2014
- (h) Termination Date of Contract: 30 days written termination by either party
- (i) Payment Provisions:
- 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.

NYSED approved rates paid monthly upon receipt of voucher

- (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:

A4054.444 Preschool Education

CHILDREN'S DEVELOPMENT GROUP FOR  
SPEECH, OT, PT AND PSYCHOLOGICAL SERVICES, PLLC  
187 PLEASANT STREET  
KEESEVILLE, NY 12944  
TEL: 518-578-4912  
FAX: 518-834-7072

TO: Pat Auer

From: Danielle Godin

FAX NUMBER: 761-6354

DATE SENT: 1/16/14

PHONE NUMBER:

TIME SENT: 4:15pm

NUMBER OF PAGES INCLUDING COVER: 4

COMMENTS:

Please find the enclosed letter of intent to initiate a contractual agreement for SEIT services for Kaisen Steitz. We have proposed an offer of employment to Cheryl Garno, and she has declined. If you need support in the future for related services (OT, PT, and CSL), we can discuss it further at that time. Thank you

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CHILDREN'S DEVELOPMENT GROUP for  
Speech, OT, PT, and Psychological Services, PLLC

187 Pleasant Street  
Keeseville, New York 12944  
Tel (518) 834-7071  
Fax (518) 834-7072  
[cdg2010@charter.net](mailto:cdg2010@charter.net)



Pat Auer, Director of Public Health and Patient Services  
Warren County Health Services  
1340 State Route 9  
Lake George, NY 12845

January 16, 2014

Dear Ms. Auer,

Please accept this letter as a request to initiate a contractual agreement with Warren County Health Services to provide Special Education Itinerant Services (SEIT) for Kaisen Steitz. Currently, our agency provides SEIT, Preschool Related Services, and Special Instruction and related services for Early Intervention children in the Clinton, Essex, and Washington counties. Additionally, our agency has two integrated (6:1:1) preschool classrooms, in Elizabethtown-Lewis Central School and in Ticonderoga Central School.

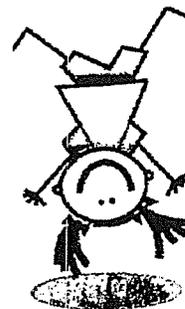
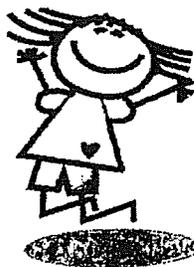
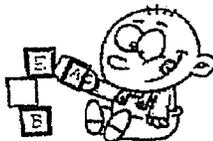
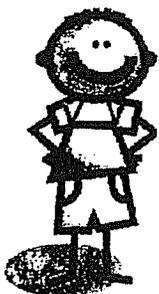
Our mission is "to improve the lives of children of all ages and abilities." Our agency fosters a collaborative approach between the provider and the parent/caregiver, as the parent is a child's first teacher. Please support our agency efforts to continue to support Kaisen.

If you have any questions, please contact me at the above number.

Sincerely,

A handwritten signature in cursive script that reads "Danielle Godin".

Danielle Godin  
Director of Operations







THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

VOCATIONAL AND EDUCATIONAL SERVICES FOR INDIVIDUALS WITH DISABILITIES

Fiscal and Administrative Services

Coordinator, Central Office Administrative Support Services Team (COASST)

Room 1624, One Commerce Plaza • Albany, NY 12234

Tel. (518) 473-6108, (518) 486-4734

10/12/2010

Name of Agency: **CHILDREN'S DEVELOPMENT GROUP, SPEECH, OCCUPATIONAL, AND PHYSICAL THERAPY, PLLC**  
 Agency Code and County Name: **80000069771, CLINTON**  
 Type of Programs: **Special Education Itinerant Services (9135)**

Program Site Address	Program Code	Overall Students/Teacher/Para Ratio	Special Ed Students/Teacher/Para Ratio	Bilingual Language	Half Day		Full Day		School Year Code	
					# of Classes	# of Classes	# of Hours	# of Hours	2 Month	10 Month
<b>CHILDREN'S DEVELOPMENT GROUP, SPEECH, OCCUPATIONAL, AND PHYSICAL THERAPY, PLLC</b> 1850 MAIN ST KEESEVILLE, NY 12944 518-578-4912 MARGI CARTER CO-EXECUTIVE DIRECTOR SEIT HOURS ARE 8:00AM TO 5PM, MONDAY - FRIDAY	9135	NA	NA	NONE	NA	NA	NA	NA	S	S

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 Sharon Schaldone ADPS and Maureen Linchan RN-CHN (Employee Name)

to attend NYS Home Care Association Educational Program (Name of meeting or organization)  
The ART of ICD-10-CM Coding for Home Health

at The Albany Marriott  
189 Wolf Rd Albany, NY 12205 (Address)

on Feb 6-7, 2014 (Dates) Mode of transportation to be used Health Services Fleet Vehicle (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.

copy cost \$499 per person  
 meals included total \$998 in program cost

For Overnight Travel

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

\*www.gsa.gov

Date: 1/13/14

Patricia Awe

Department Head Signature

Date: \_\_\_\_\_

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.



# The Art of ICD-10-CM Coding for Home Health

February 6 and 7, 2014 – Albany, NY

## REGISTRATION FORM

Please register by January 17.

Register online at [www.eventville.com/hcanys](http://www.eventville.com/hcanys)

Name: Maureen Linchan

Title: RN @ CHN

Agency: Warren County Health Services

Address: 1340 W Rt 9 Municipal Center

City/State/Zip: Lake George NY

Phone: 518 761 6454 Ext. \_\_\_\_\_ Fax: 518 761 - 6562

Email: linchanm@warrencountyny.gov

(Required)

## REGISTRATION FEE

HCA Member	\$349 per person	\$ _____
Non-Member	\$499 per person	\$ <u>499.00</u>

## 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, 4<sup>th</sup> Floor, Albany, NY 12207** (must be received by February 1)

Please print clearly.

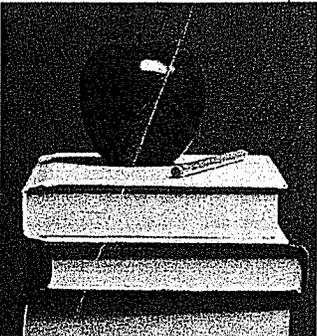
Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name and/or Company Name on Card \_\_\_\_\_

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

Authorized Signature \_\_\_\_\_

Cancellations received by January 17, are refundable less a 25% administrative fee.  
 Cancellations must be received in writing via e-mail to [info@hcanys.org](mailto:info@hcanys.org).  
 No refunds after this date or for no shows. Substitutions are permitted.



# Fax to (518) 426-8788



# The Art of ICD-10-CM Coding for Home Health

February 6 and 7, 2014 – Albany, NY

## REGISTRATION FORM

Please register by January 17.

Register online at [www.eventville.com/hcanys](http://www.eventville.com/hcanys)

Name: Sharon Schallone

Title: ADPS

Agency: Warren County Health Services

Address: 1340 Rt 9 Municipal Center

City/State/Zip: L.G. NY 12824

Phone: 518 761 6415 Ext. \_\_\_\_\_ Fax: 518 761-6562

Email: schallones@warrencounty.ny.gov  
(Required)

## REGISTRATION FEE

HCA Member	\$349 per person	\$ _____
Non-Member	\$499 per person	\$ <u>499.00</u>

## 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** *check to follow 1/17/14*  
 and mail to: **388 Broadway, 4<sup>th</sup> Floor, Albany, NY 12207** (must be received by February 1)

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 January 17, are refundable less a 25% administrative fee. Cancellations must be received in writing via e-mail to [info@hcanys.org](mailto:info@hcanys.org). No refunds after this date or for no shows. Substitutions are permitted.



# Fax to (518) 426-8788

# RESOLUTION REQUEST FORM NO. 12

Schedule "A"

## NOTICE OF INTENT TO FILL VACANT POSITION

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

### DEPARTMENT HEAD COMPLETES THIS SECTION

Department Health Services Payroll Dept. No. \_\_\_\_\_  
Title of Position wic Nutrition Annual Salary 28,040 Grade 6  
Budget code and title Aide Union  Non-Union   
This position is vacated due to:  Retirement  Resignation  Termination  Promotion  Other  
Employee No. 10396  
Is this position mandated?  Yes  No Is the position reimbursable?  Yes  No  
Source of reimbursement:  Federal %  State 100 %  Other %  
Impact to Budget: 0

Personnel Officer has approved this form when initialed. RL

### COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Health Services Date 1/23/2014  
 The Administrator has no objection to the filling of the vacancy.  
 The Administrator objects to the filling of the vacancy.

Administrator Signature [Signature]

### SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health Services Date 1/23/2014  
 The committee has no objection to the filling of the vacancy.  
 The committee objects to the filling of the vacancy.

Ranking Committee Member Signature [Signature]

### PERSONNEL/HUMAN RESOURCES COMMITTEE COMPLETES THIS SECTION

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

Ranking Committee Member Signature \_\_\_\_\_

## 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:** 01/23/2014

- (a) Purpose of Request: To amend the 2011-2015 Rabies plan to reflect updates in NYSDOH Law and Rabies treatment guidelines.
- (b) Details:
- (c) Previous Resolution Number: R 403/2011 (see attached)

# Warren County Board of Supervisors

## RESOLUTION NO. 403 OF 2011

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

### **ADOPTING WARREN COUNTY RABIES PLAN FOR 2011-2015 FOR THE HEALTH SERVICES DEPARTMENT**

WHEREAS, the Warren County Health Services Department prepares a Rabies Plan to identify responsibility for the control and identification of rabies in Warren County, and

WHEREAS, a copy of said plan is on file with the Clerk of the Board of Supervisors, and

WHEREAS, the Health Services Committee of the Warren County Board of Supervisors recommends adopting said Plan for 2011-2015, now, therefore, be it

RESOLVED, that the Warren County Board of Supervisors hereby adopts the Warren County Rabies Plan for 2011-2015.