

Health Services Committee

Warren County Health Services

AGENDA

April 24, 2015

Information Submitted By: Patricia Auer, DPH/DPS

Health Services Committee Members: Sokol, Conover, Frasier, McDevitt, Westcott

- I. Committee meeting called to order by Chairman**
- II. Motion to approve minutes of March 27, 2015 Health Services Committee meeting**

III. Action Agenda/New Business

Request Resolution:

To authorize a contract agreement with Emblem Health to allow for reimbursement for various health related services in a form approved by the County Attorney.

Rationale:

We are in the business to receive payment for our services and we have been able to negotiate very acceptable rates with this organization.

Request Resolution:

To amend the contract with North Country Home Services, Inc. to reflect an increase in hourly rates from \$26.12 per hour to \$26.52 per hour.

Rationale:

In past years, we amended all contracts that provide paraprofessional services (Home Health Aides) annually. I used to call each agency and ask if they were increasing their rates. Last year when we did this the resolutions were written that the rates would remain in place and it would not be necessary to return to the committee for further action unless that agency requested a rate change. North Country has now requested a rate change, and since, historically, they have never serviced many clients (currently there are 3), and it is difficult to get aides in the northern part of the county, I would recommend the increase be approved. The agency's financial director asked if the rate could be retroactive to January 1, 2015, but stated he would understand if that was not approved, as the language is clear in the resolution. The retro amount would only be \$5.60, but it is the committee's pleasure as to the recommendation.

Request Referral to the Personnel Committee: ?

For consideration of allowing specific COLA funds offered by the WIC Program for employees who provide "direct care" to clients directly to the employees. This situation has never occurred. I have had conversation with the County Administrator regarding the issue, and am waiting to hear from the County Attorney. We will have more information at the meeting.

Referral/Pending Items

There are no pending items for this month.

IV. Information for Discussion/Review

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.

Update on Animal Control Situation

Reports of Expenditures, Revenues, Overtime and Per Diem Use for 2014: Please see **Attachment #2**.

Revenue and Expense Comparison Report for 2014 vs 2015: Please see **Attachment #3**.

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

V. Privilege of the Floor to discuss any additional items to come before Committee

VI. Motion to adjourn Health Services Portion of Meeting

Attachments:

#1 Emergency Response and Preparedness Activities Report

#2 Reports of Expenditures, Revenues, Overtime and Per Diem Use for 2015

#3 Revenue and Expense Comparison Report for 2014 vs 2015

#4 Report of Referral Status

BT ACTIVITY SHEET
BP3 - 7/1/14 - 6/30/15

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Topic Color Codes

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

Attachment 1

4th QUARTER ACTIVITIES (April 1, 2015 – June 30, 2015) ►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>
4/3/15	Survey	L-5 MCM Exercise HERDS Completion Survey submitted (reported on 3rd quarter template)	Dan Durkee	
4/6/15	Training	EOC Training at Sheriff's Office	Ginelle Jones, Pat Belden	Training
4/8/15	Meeting	►L-8 HEPC @ HANYS (Rensselaer)	Dan Durkee	
4/10/15	Survey	L-2 HERDS Annual Preparedness Survey submitted (reported on 3rd quarter template)	Dan Durkee	
4/14/15	Meeting	BT Coordinators – Warren County Host	Dan Durkee	
4/22/15	Webinar	ClinOps "Seasonal Influenza Update & Planning Considerations for Avian Influenza Viruses"		
4/22/15	Meeting	Quarterly EPR Committee	Dan Durkee et.al	
4/23/15	Exercise	GFH "Chempack"	Dan Durkee et.al	Chempack

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2015 AS OF 4/20/2015 5:47:34 PM

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

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

EXPENSES	2015 BUDGETED	2015 YTD ACTUAL	2014 Prior Year Totals
Salaries - Regular	\$2,893,227.00	\$728,882.28	\$2,814,172.31
Salaries - Overtime	\$134,500.00	\$33,390.82	\$130,843.90
Salaries - Part Time	\$284,721.00	\$71,974.08	\$262,705.45
100's PERSONAL SERVICES	\$3,312,448.00	\$834,247.18	\$3,207,721.66
200's EQUIPMENT	\$6,365.00	\$390.00	\$130,183.64
400's CONTRACTUAL	\$6,814,707.20	\$875,547.23	\$5,774,375.39
800's EMPLOYEE BENEFITS	\$1,765,250.00	\$559,235.29	\$1,801,449.36
TOTALS	\$11,898,770.20	\$2,269,419.70	\$10,913,730.05
REVENUES	2015 BUDGETED	2015 YTD ACTUAL	2014 Prior Year Totals
	\$9,688,454.00	\$681,741.88	\$9,171,887.79

Note: Revenues reflect accruals for a few 1st Quarter 2015 grants such as:CSHCN Grant of \$5,457, EI Grant of \$5,924, BT Grant \$11,353.08 and the WIC 3/15 Grant of \$41,110. We are working on closing March 2015 revenues for CHHA, LTC and MCH.

Warren County Health Services

Salaries Comparison

2014 vs 2015

as of 4/5/15 Payroll

Total of All Depts	YTD 2015	YTD 2014	YTD 14v15	% Change	Total Budget 2015	Total Actual 2014
Regular Salaries	\$728,882.28	\$735,667.92	-\$6,785.64	-0.92%	\$2,893,227.00	\$2,814,172.31
Overtime Salaries	\$33,390.82	\$37,781.02	-\$4,390.20	-11.62%	\$134,500.00	\$130,843.90
Part Time Salaries	\$71,974.08	\$75,138.42	-\$3,164.34	-4.21%	\$284,721.00	\$262,705.45
TOTALS	\$834,247.18	\$848,587.36	-\$14,340.18	-1.69%	\$3,312,448.00	\$3,207,721.66
% current YTD Salary to Total Budget	25.19%	26.45%				

*Source: Detail G/L report for all Salary Category from 1/1/XX-4/5/XX

Note: Total Salaries YTD are 25.19% of 2015 budget, while at this time last year salaries were 26.45% of salaries. Actual regular FT salaries are \$6,785.64 or .92% under FT Salaries in 2014. Due to staffing shortages in nursing, per diem nurses have been utilized to cover referrals, therefore keeping over time salaries down from last year. Part time salaries YTD are below 2014.

ATTACHMENT #2

**Revenue and Expense Comparison 2015 vs 2014
as of 4/24/15 meeting**

EXPENSES	4/24/15 Meeting	4/19/2014*	Variance
	2015 YTD Actual as of 4/20/15 G/L	2014 YTD Actual as of 4/19/14 G/L	
Salaries - Regular	\$728,882.28	\$735,667.92	(\$6,785.64)
Salaries - Overtime	\$33,390.82	\$37,781.02	(\$4,390.20)
Salaries - Part Time	\$71,974.08	\$75,138.42	(\$3,164.34)
100's PERSONAL SERVICES	\$834,247.18	\$848,587.36	(\$14,340.18)
200's EQUIPMENT	\$390.00	\$30,299.66	(\$29,909.66)
400's CONTRACTUAL	\$875,547.23	\$1,080,084.99	(\$204,537.76)
800's EMPLOYEE BENEFITS	\$559,235.29	\$583,978.01	(\$24,742.72)
TOTALS	\$2,269,419.70	\$2,542,950.02	(\$273,530.32)

REVENUES	2014 Prior Year	
	2015 YTD ACTUAL	Totals
	\$681,741.88	\$736,282.17
		(\$54,540.29)

*No meeting was held in April 2014, therefore numbers are from Budget Performance Report as of 4/19/14.

Notes:

Revenues are slightly below 2014 and Expenses YTD for 2015 are also below 2014. The variance in Revenues is due to the the fact we are working on closing March CHHA, LTC and MCH revenues and we are also working on a few grant revenues for the 1st quarter.

Salaries:

We continue to remain below last year's Salary expense as noted on the previous financial page. Per Diem Staff (expensed within Part time salary) continue to be utilized to assist in nursing coverage, therefore keeping the overtime down while other salary expenses reflect annual salary increases as outlined in the CSEA contract. Employee benefits are below 2014 because of the correlation with the reduction in salaries at this time.

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

<u>CATEGORY</u>	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	166	139	163
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

Attachment #4

<u>CATEGORY</u>	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	109	116
SN IV eval	7	4	6	2	5	7	5	5	6	15	4	7
CDPAP	7	2	0	0	0	0	0	0	0	0	0	0
PRI	3	2	3	4	0	5	3	3	6	3	5	5
UASNY	15	11	18	14	12	23	26	21	19	16	15	26
SN Evals per month	159	125	159	134	156	120	150	151	137	137	133	154
PT evals	88	82	78	69	84	61	75	76	67	74	70	70
PT only	33	32	35	25	25	27	27	21	18	21	24	21
PT only evals per mo	33	32	35	25	25	27	27	21	18	21	24	21
Total Evals per month	192	157	194	159	181	147	177	172	155	158	154	175
	-9%	12%	13%	-11%	-17%	-1%	-17%	-11%	-8%	-19%	-2%	-4%

<u>CATEGORY</u>	01/2015	02/2015	03/2015	04/2015	05/2015	06/2015	07/2015	08/2015	09/2015	10/2015	11/2015	12/2015
SN eval	122	110	114									
SN IV eval	9	6	8									
CDPAP	1	0	0									
PRI	5	5	5									
UASNY	18	15	23									
SN Evals per month	155	136	150									

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: 04/24/2015

- (a) Is this a Result of a Bid or Request for Proposal? **NO**
- (b) Purpose of Contract: To authorize a contract agreement with Emblem Health to allow for reimbursement of various health related services in a form approved by the County Attorney
- (c) Name of Contractor: Emblem Health
- (d) Address of Contractor: 55 Water Street – 07D10, New York, NY 10041
- (e) Contractor's Contact Person and Telephone Number: Jenny Jean, Sr. Contracting Specialist, phone: (646)447-7090, Fax (212)510-5050, email JJean@emblemhealth.com
- (f) Has or will the Contract be provided, if so, please attach: Yes
- (g) Commencement Date of Contract: 05/18/2015
- (h) Termination Date of Contract: per contract terms
- (i) Payment Provisions: per contract terms
- 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.
monthly billing for each individual patient service provided
- (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.1610 Certified Home Health Agency Revenue

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: 04/24/2015

- (a) Purpose of Contract Change: To amend the contract with North Country Home Services to reflect an increase in the rate for Home Health Aide Services from \$26.12 /hr. to \$26.52/hr.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: R 637/2013 (see attached)
- (c) Name of Contractor: North Country Home Services Inc.
- (d) Address of Contractor: 25 Church Street, Saranac Lake, NY 12983
- (e) Contractor's Contact Person and Telephone Number: Scott Tooker, Financial Director, (518)891-5611, Fax (518)891-2055
- (f) Commencement Date of Amendment: 04/01/2015
- (g) Termination Date of Extension: per terms of current agreement
- (h) Payment Provisions: paid per patient visit, hrly rate per contract upon receipt of completed documentation for each patient encounter
 - 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 4010.470 Home Health Contracts

A 4016.470 Long Term Home Health Care Contracts

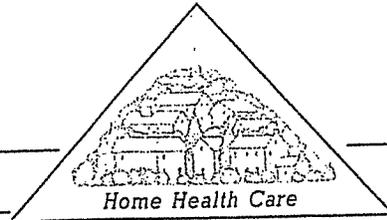
ADMINISTRATIVE OFFICE

Rebecca Leahy, R.N., Executive Director
D. Scott Tooker, Financial Director
25 Church Street, Saranac Lake, NY 12983
Phone (518) 891-5611
Fax (518) 891-2055

SERVICE OFFICES

Malone (518) 483-4502
Plattsburgh (518) 566-0183
Saranac Lake (518) 891-2641
Ticonderoga (518) 585-9820
Tupper Lake (518) 359-3336

NORTH COUNTRY



HOME SERVICES

25 Church Street • Saranac Lake, NY 12983 • (518) 891-2641 • Fax (518) 891-2055

March 27, 2015

Martin D. Auffredou
Warren County Attorney
Warren County Municipal Center
1340 State Route 9
Lake George, NY 12845

Dear Mr. Auffredou:

Enclosed please find our 2015 North Country Home Service rates for Warren County. We would appreciate it if you could send us an Amended Agreement reflecting these rates.

If you have any questions, please feel free to contact me.

Sincerely,



D. Scott Tooker
Financial Director

DST/sb

Enc.

WARREN COUNTY
CHHA AND LONG TERM
2015 RATES

CHHA

\$26.52

LTHHCP

Personal Care Aide - \$21.56/hour (Homemaker Tasks)

Personal Care Aide - \$21.93/hour (Personal Care Aide Tasks)

Warren County Board of Supervisors

RESOLUTION NO. 637 OF 2013

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

AUTHORIZING AMENDMENT AGREEMENT WITH NORTH COUNTRY HOME SERVICES, INC. FOR PARAPROFESSIONAL CARE SERVICES UNDER THE LONG TERM HOME HEALTH CARE (LTHHC) AND CERTIFIED HOME HEALTH AGENCY (CHHA) PROGRAMS

WHEREAS, Resolution No. 711 of 2012 authorized, among other things, the continuation of the contractual relationship with North Country Home Services, Inc. (the "Agency") for paraprofessional care services under the LTHHC and CHHA Programs, and

WHEREAS, the Director of Public Health/Health Services has been advised by North Country Home Services, Inc. that the Home Health Aide rate for 2014 is Twenty-Six Dollars and Twelve Cents (\$26.12) per hour, now, therefore, be it

RESOLVED, that the rates for the services for 2014 described be and hereby are, amended as follows:

<u>CONTRACTOR/ AGENCY</u>	<u>PURPOSE</u>	<u>ESTIMATED CONTRACT AMOUNTS/RATES</u>
North Country Home Services, Inc.	Paraprofessional Care Services - CHHA	Home Health Aide \$26.12/hr

and be it further

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an amendment agreement with North Country Home Services, Inc. showing the above rate change, effective January 1, 2014, in the form approved by the County Attorney, and be it further

RESOLVED, that all other terms and conditions of the agreement with North Country Home Services, Inc. remain in full force and effect, and be it further

RESOLVED, that unless there should be a material change in contract terms, a change in rates/costs , a further Board resolution will not be necessary for the Chairman of the Board of Supervisors to execute new contracts and continue the contracts in future years for one year terms, provided appropriations for such contracts are made in the Health Services budget and the Department Head recommends continuation of the contracts, and be it further

RESOLVED, that the Chairman of the Board be, and hereby is, authorized to execute agreements, and from

RESOLUTION No. 637 OF 2013

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time to time as may be necessary, further contracts consistent with the term set forth herein, with said contractor in the form approved by the County Attorney, and be it further

RESOLVED, that the funds shall be expended from Budget Code A.4010 470 Health Services, Contract and Budget Code A.4016 470 Long Term Home Health Care, Contract.