

Health Services Committee

Mental Health Services

AGENDA

7/24/15

Committee Members: Chairman Sokol
 Supervisor Conover
 Supervisor Frasier
 Supervisor McDevitt
 Supervisor Westcott

I. Action Agenda/New Business

1. Departmental Updates:

- Deputy Director-Clinical vacancy
- Peer Services
- Community Services Board resignation – Michael Homenick, Ph.D.
- Potential NYS Office of Mental Health funding for Counties

II. Motion to adjourn

Attachments:
Resolution Request

Health Services Committee
Westmount Health Facility
AGENDA
Friday July 24, 2015

Committee Members: Supervisors Sokol, Conover, Frasier, McDevitt and Westcott

- I. Committee meeting called to order by Chairman
- II. Motion to approve minutes of prior Committee meeting
- III. Action Agenda/New Business
 1. Request for New Contract with VNA Homecare Options, LLC.
Rational: To provide an additional Managed Medicaid Provider
 2. Request for \$553.00 check to be submitted with our Medicaid revalidation application
Rational: Required fee
 3. Request for \$594.00 check to be submitted for PRI and Screen Training for the Director of Nursing
Required: Second RN Trained to perform these assessments
- IV. Referral/Pending Items N/A
- V. Information for Discussion/Review

Staffing Levels

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

DBL:

2 - F/T CNA
1 - P/T CNA

VI. Privilege of the Floor to discuss and additional items to come before the Committee

VII. Motion to adjourn

Attachments

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Westmount Health Facility

DATE: July 24, 2015

- (a) Is this a Result of a Bid or Request for Proposal? **N/A**
 - (b) Purpose of Contract: **Medicaid Managed Care Contract**
 - (c) Name of Contractor: **VNA Homecare Options LLC**
 - (d) Address of Contractor: **1050 W. Genesee Str, Syracuse NY 13204**
 - (e) Contractor's Contact Person and Telephone Number: **Robert Blehar
1-315-477-9226**
 - (f) Has or will the Contract be provided, if so, please attach: **Will be provided**
 - (g) Commencement Date of Contract: **Upon Execution of Agreement**
 - (h) Termination Date of Contract: **30 Days Notice**
 - (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount **See Fee Schedule**
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
 - v) **Payment made to us monthly upon submission of billing**
-
- (j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR Capital Project OR Capital Reserve Project Number, Title, and Amount: **N/A****

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

*as listed in budget and LOGOS

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 Committee hereby authorizes Alissa Gallo
(Supervisory Committee) (Employee Name)

to attend PRI and Screen Training
(Name of meeting or organization)

at Albany Marriott Hotel and Conference Center
(Address)

On September 29 & 30, 2015 Mode of transportation to be used vehicle
(Dates) (County Vehicle or Mass Transportation)

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

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

- Notice of meeting or convention including cost.

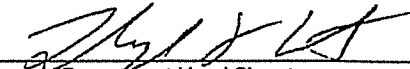
For Overnight Travel

Room rate \$ Unknown GSA* Rate \$ _____

Meal costs - GSA*per diem rate \$ _____

*www.gsa.gov

Date: 7/22/2015


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 County Administrator if credit card will be used.

« All Events (<http://ipro.org/calendarofevents/>)

H/C – PRI Training @ Albany

September 29 @ 8:30 am - 4:00 pm

Date/Time

September 29, 2015

8:30 am – 4:00 pm

Location

Albany Marriott Hotel and Conference Center

189 Wolf Rd

Albany NY 12205

- Register to Attend

Please read Terms & Conditions (<http://ipro.org/for-providers/pri-and-screen-training/terms-and-conditions-for-pri-and-screen-training/>) for important information regarding Fees and Payment Instructions, Refunds and Cancellations, and Substitution/Late Registration/Attendance/Course Completion Policies. For more information or for questions, please contact us at PRIScreenInfo@ipro.org or (516)326-7767 ext. 325.

Details

Start:

September 29, 2015 8:30 am

End:

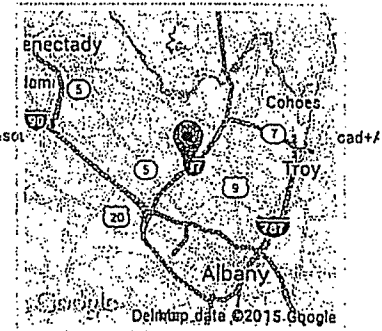
September 29, 2015 4:00 pm

Venue

Albany Marriott

189 Wolf Road Albany, 12205

+ Google Map (<http://maps.google.com/maps?f=q&so>



« Screen Training @ East Syracuse (<http://ipro.org/event/screen-training-east-syracuse/>) » **Screen Training @ Albany** » (<http://ipro.org/event/screen-training-albany/>)

PRI and SCREEN Training

IMPORTANT NOTICE REGARDING SCREEN CERTIFICATION:

As of 11/12/09 only SCREENERs with a 10 digit SCREENER ID Number are allowed to complete a SCREEN (DOH-695) Form. The 6 digit SCREENER ID Numbers are no longer valid as of 11/12/09.

On behalf of the New York State Department of Health, IPRO conducts training sessions for H/C PRI and SCREEN.

- [Click here for Upcoming Session Dates](#)
- [Click to read Terms & Conditions](#)

Below are the details for these training sessions:

H/C PRI Training Outline

Training is provided to allow a Registered Nurse (RN) to complete the Hospital/Community patient review Instrument (H/C PRI). This is a clinical tool used to assess a person's condition and the amount of care required. The H/C PRI is required for admission to a Residential Health Care Facility (RHCF), for hospital patients on Alternative Level of Care (ALC), and for various other programs.

The course is for RNs in nursing facilities, hospitals (discharge planners, case managers) or in community settings responsible for nursing facility placement. Only Registered Nurses (RN) currently licensed may be certified as a PRI Assessor. Social Workers or other health care professionals may find the training useful to understand the RHCF placement process but they cannot be certified as a PRI Assessor.

PRI Assessor numbers, required to complete the H/C PRI form, will be granted only to RNs currently licensed who successfully complete the program.

Fee for PRI, H/C PRI Training: \$297.00

The registration fee includes course material, coffee during registration and lunch.

The LOCATIONS for the H/C PRI and SCREEN Training Sessions will be in Albany, Long Island, New York City, Syracuse and Rochester. The schedule of dates will give the specific locations.

Please note that all session attendees must be preregistered and have paid the registration fee 10 days prior to the session. No walk-ins or substitutions will be allowed the day of the session.

Upcoming Events

For more information or for questions, please contact us at PRIscreeninfo@ipro.org or (516)326-7767 ext. 325.

SCREEN Training Outline

Training is provided to allow social workers, nurses or other health care professionals involved in discharge planning or nursing home placement to complete the SCREEN form. The SCREEN form is required for all persons seeking Residential Health Care Facility (RHCF) placement and to assess a person for Mental Illness (MI) or Intellectual Disability (ID).

The course is for RNs, social workers or other professional health care providers responsible for discharge planning and Residential Health Care Facility placement. Social workers, discharge planners and other health care professionals with experience in psychosocial assessments who successfully complete the course will be issued a 10-digit SCREENER Identification Number.

IMPORTANT NOTICE REGARDING SCREEN CERTIFICATION:

As of 11/12/09 only SCREENERs with a 10 digit SCREENER ID Number are allowed to complete a SCREEN (DOH-695) Form. The 6 digit SCREENER ID Numbers are no longer valid as of 11/12/09.

Fee for SCREEN Training: \$297.00

The registration fee includes course material, coffee during registration and lunch.

The LOCATIONS for the H/C PRI and SCREEN Training Sessions will be in Albany, Long Island, New York City, Syracuse and Rochester. The schedule of dates will give the specific locations.

Please note that all attendees to a session must be preregistered and have paid the registration fee 10 days prior to the session. No walk-ins or substitutions will be allowed the day of the session.

Upcoming Events

For more information or for questions, please contact us at PRIscreeninfo@ipro.org or (516)326-7767 ext. 325.

« All Events (<http://ipro.org/calendarofevents/>)

Screen Training @ Albany

September 30 @ 8:30 am - 4:00 pm

Date/Time

September 30, 2015

8:30 am – 4:00 pm

Location

Albany Marriott Hotel and Conference Center

189 Wolf Rd

Albany NY 12205

- Register to Attend

Please read [Terms & Conditions](http://ipro.org/for-providers/pri-and-screen-training/terms-and-conditions-for-pri-and-screen-training/) for important information regarding Fees and Payment Instructions, Refunds and Cancellations, and Substitution/Late Registration/Attendance/Course Completion Policies. For more information or for questions, please contact us at PRIscreeninfo@ipro.org or (516)326-7767 ext. 325.

Details

Start:

September 30, 2015 8:30 am

End:

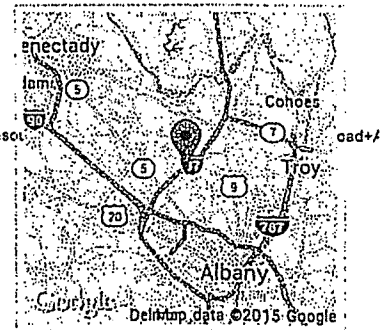
September 30, 2015 4:00 pm

Venue

Albany Marriott

189 Wolf Road Albany, 12205

+ Google Map (<http://maps.google.com/maps?f=q&so>



« H/C - PRI Training @ Albany (<http://ipro.org/event/hc-pri-training-albany/>)

Events

- July 15, 2015: H/C PRI Training – East Elmhurst (<http://ipro.org/event/hc-pri-training-east-elmhurst-9>)
- July 16, 2015: SCREEN Training – East Elmhurst (<http://ipro.org/event/screen-training-east-elmhurst-6>)
- July 21, 2015: H/C PRI Training – Rochester (<http://ipro.org/event/hc-pri-training-rochester>)
- July 22, 2015: SCREEN Training – Rochester (<http://ipro.org/event/screen-training-rochester-2>)
- August 11, 2015: H/C PRI Training – East Elmhurst (<http://ipro.org/event/hc-pri-training-east-elmhurst-8>)
- August 12, 2015: SCREEN Training – East Elmhurst (<http://ipro.org/event/screen-training-east-elmhurst-5>)
- September 9, 2015: H/C PRI Training – East Syracuse (<http://ipro.org/event/hc-pri-training-east-syracuse-4>)
- September 10, 2015: SCREEN Training – East Syracuse (<http://ipro.org/event/screen-training-east-syracuse-2>)
- September 29, 2015: H/C PRI Training – Albany (<http://ipro.org/event/hc-pri-training-albany>)
- September 30, 2015: SCREEN Training – Albany (<http://ipro.org/event/screen-training-albany>)

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: 7/24/2015

- (a) Purpose of Request:
Medicaid Enrollment Revalidation Application

 - (b) Details:
Required to continue in the Medicaid Program.

 - (c) Previous Resolution Number:
N/A

 - (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount:
A fee of \$553.00
-

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

*** as listed in budget and LOGOS**



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

WESTMOUNT HEALTH FACILITY
42 GURNEY LN
QUEENSBURY, NY 12804-8250

Date: 06/03/2015
Provider ID: 1528152386

Dear Provider:

Federal regulation 42 CFR Part 455.414 requires State Medicaid agencies to revalidate the enrollment of all providers on a periodic basis. The required form to revalidate your enrollment under the Provider ID listed above is available at <https://www.emedny.org/info/ProviderEnrollment/index.aspx>. Your completed form must be mailed, with all required documentation and fee (if required), to the address provided on page 2 of the form. We must receive your revalidation form within 90 days of the date of this letter. Failure to respond will result in termination of the provider ID listed above.

Enrollment revalidation is different than the annual recertification process for billing. Revalidation of your Medicaid enrollment ensures that all aspects of your enrollment record are up-to-date. Helpful revalidation Information is available at <https://www.emedny.org/info/ProviderEnrollment/revalidation/index.aspx>.

You are exempt from revalidating at this time if you meet one of the following criteria:

Since March 25, 2011 you:

1. reported to NYS Medicaid an ownership change that was effective on or after March 25, 2011;

or

2. were reinstated, reactivated or revalidated by NYS Medicaid.

If you believe you meet one of the exemption criteria, send an e-mail to ProviderEnrollment@health.ny.gov. Include your Provider ID (listed above) in your e-mail. We will review our records and respond to you. Failure to notify us, can result in termination of your participation with NYS Medicaid.

If you have questions during the revalidation process, please contact the @MedNY Call Center at (800) 343-9000. We look forward to your continued participation in the NYS Medicaid Program.

Sincerely,

Jonathan Bick, Director
Division of OHIP Operations
Office of Health Insurance Programs

Report ID: PM52800-R0528 Rev. (02/2015)



[home](#) | [self help](#) | [glossary](#) | [site map](#)

- What's New
- EHR Incentive Program
- Information
- Provider Enrollment
- Provider Manuals
- Provider TRAINING
- Contacts
- eMedNY HIPAA Support
- eMedNY Tools Center
- PTAR

[Provider Enrollment](#) > Provider Enrollment Application Fee

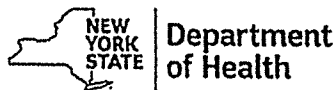
Provider Enrollment Application Fee

42 CFR, Part 455.460 requires the collection of an application fee for certain provider types and enrollment transactions. To determine whether you are required to pay an application fee, review the [enrollment instructions](#) appropriate for your provider type.

The application fee for 2015 is \$553.
 Include your check payable, to the *New York State Department of Health* with your enrollment form. Include your NPI or Federal Employer Identification Number (FEIN) on your check.

There are certain exceptions to this requirement:

1. The fee is waived if it has been paid (at the current amount or previous amount) to Medicare or another State's Medicaid or Children's Health Insurance (CHIP) Program within 12 months of submitting your enrollment form to New York Medicaid. Include proof of payment (i.e., copy of receipt or copy of front and back of cancelled check) with your enrollment form. Be sure your NPI or FEIN is entered on your proof of payment.
2. You may request a hardship waiver. Requests for hardship waiver should be sent with your enrollment form and should explain the hardship and justify the waiver, including explaining how your enrollment will ensure beneficiary access to services and supplying relevant business records. New York Medicaid will send your request to the Centers for Medicare & Medicaid Services (CMS) for review pursuant to Section 1866(j)(2)(C)(ii) of the Social Security Act.
3. If the basis of your request is financial, you must include a balance sheet or other financial statement with your justification.



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This website is provided as a service for providers and the general public, as part of the offerings of the electronic Medicaid system of New York State. You'll be able to find helpful manuals and reference material, and get answers to questions about New York Medicaid. The site is updated regularly to meet the ever-growing needs of the New York State provider community. If you need help finding what you're looking for, please visit our Site Map, use the search above, or you can contact us directly for assistance.

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- [GLOSSARY](#)
- [PRIVACY POLICY](#)
- [SITE MAP](#)
- [SELF HELP](#)
- [CONTACT US](#)

- [EPACES LOGIN](#)
- [EXCHANGE LOGIN](#)
- [WEB PORTAL](#)

Nursing home information	Overall rating Select to sort Ascending or Descending	Health inspections Select to sort Ascending and Descending	Staffing Select to sort Ascending and Descending	Quality measures Select to sort Ascending and Descending	Distance Sort ascending, Select to sort descending
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WESTMOUNT HEALTH FACILITY

42 GURNEY LANE
QUEENSBURY, NY 12804
(518) 761-6540

Add to Compare	4 out of 5 stars	3 out of 5 stars	4 out of 5 stars	3 out of 5 stars	3.5 Miles
Add WESTMOUNT HEALTH FACILITY to My Favorites- Opens in a new window	Above Average	Average	Above Average	Average	

THE STANTON NURSING AND REHAB CENTRE

152 SHERMAN AVENUE
GLENS FALLS, NY 12801
(518) 793-2575

Add to Compare	2 out of 5 stars	2 out of 5 stars	3 out of 5 stars	4 out of 5 stars	3.9 Miles
Add THE STANTON NURSING AND REHAB CENTRE to My Favorites- Opens in a new window	Below Average	Below Average	Average	Above Average	

THE PINES AT GLENS FALLS CTR FOR NRSG & REHAB

170 WARREN STREET
GLENS FALLS, NY 12801
(518) 793-5163

Add to Compare	1 out of 5 stars	1 out of 5 stars	2 out of 5 stars	3 out of 5 stars	5.8 Miles
Add THE PINES AT GLENS FALLS CTR FOR NRSG & REHAB to My Favorites- Opens in a new window	Much Below Average	Much Below Average	Below Average	Average	

FORT HUDSON NURSING CENTER INC

319 UPPER BROADWAY
FORT EDWARD, NY 12828
(518) 747-2811

Add to Compare	3 out of 5 stars	3 out of 5 stars	3 out of 5 stars	3 out of 5 stars	10.0 Miles
Add FORT HUDSON NURSING CENTER INC to My Favorites- Opens in a new window	Average	Average	Average	Average	

WASHINGTON CENTER FOR REHABILITATION & HEALTHCARE

ROUTE 40
ARGYLE, NY 12809
(518) 638-8274

Add to Compare	1 out of 5 stars	1 out of 5 stars	3 out of 5 stars	4 out of 5 stars	16.9 Miles
Add WASHINGTON CENTER FOR REHABILITATION & HEALTHCARE to My Favorites- Opens in a new window	Much Below Average	Much Below Average	Average	Above Average	

WESLEY HEALTH CARE CENTER

131 LAWRENCE STREET
SARATOGA SPRINGS, NY 12866
(518) 587-3600

Add to Compare	3 out of 5 stars	2 out of 5 stars	4 out of 5 stars	4 out of 5 stars	20.7 Miles
Add WESLEY HEALTH CARE CENTER to My Favorites- Opens in a new window	Average	Below Average	Above Average	Above Average	

SARATOGA HOSPITAL NURSING HOME

211 CHURCH STREET
SARATOGA SPRINGS, NY 12866
(518) 587-3222

Add to Compare	2 out of 5 stars	1 out of 5 stars	5 out of 5 stars	2 out of 5 stars	21.1 Miles
Add SARATOGA HOSPITAL NURSING HOME to My Favorites- Opens in a new window	Below Average	Much Below Average	Much Above Average	Below Average	

THE ORCHARD NURSING AND REHABILITATION CENTRE

10421 STATE ROUTE 40
GRANVILLE, NY 12832
(518) 642-2346

Add to Compare	1 out of 5 stars	1 out of 5 stars	3 out of 5 stars	3 out of 5 stars	25.2 Miles
Add THE ORCHARD NURSING AND REHABILITATION CENTRE to My Favorites- Opens in a new window	Much Below Average	Much Below Average	Average	Average	

INDIAN RIVER REHAB AND NURSING CENTER


17 MADISON STREET
GRANVILLE, NY 12832
(518) 642-2710

Add to Compare	1 out of 5 stars	1 out of 5 stars	3 out of 5 stars	1 out of 5 stars	29.3 Miles
Add INDIAN RIVER REHAB AND NURSING CENTER to My Favorites- Opens in a new window	Much Below Average	Much Below Average	Average	Much Below Average	

SARATOGA CENTER FOR REHAB & SKILLED NURSING CARE

149 BALLSTON AVENUE
BALLSTON SPA, NY 12020
(518) 885-2288

Add to Compare	1 out of 5 stars	1 out of 5 stars	2 out of 5 stars	2 out of 5 stars	29.3 Miles
Add SARATOGA CENTER FOR REHAB & SKILLED NURSING CARE to My Favorites- Opens in a new window	Much Below Average	Much Below Average	Below Average	Below Average	

ADIRONDACK TRI COUNTY NURSING & REHABILITATION CTR

112 SKI BOWL ROAD
NORTH CREEK, NY 12853
(518) 251-2447

Add to Compare	3 out of 5 stars	2 out of 5 stars	4 out of 5 stars	2 out of 5 stars	36.8 Miles
Add ADIRONDACK TRI COUNTY NURSING & REHABILITATION CTR to My Favorites- Opens in a new window	Average	Below Average	Above	Below Average	

Nursing home information	Overall rating Select to sort Ascending or Descending	Health inspections Select to sort Ascending and Descending	Staffing Select to sort Ascending and Descending	Quality measures Select to sort Ascending and Descending	Distance Sort ascending, Select to sort descending
