

Warren County Health Services

Health Services Committee

AGENDA

January 22, 2016

Information Submitted By: Patricia Auer, DPH/DPS

Health Services Committee Members: Sokol, Simpson, Seeber, Frasier, Strough, Vanselow, McDevitt, MacDonald, Braymer

- I. Committee meeting called to order by Chairman
- II. Motion to approve minutes of December 2, 2015 Health Services Committee meeting
- III. Action Agenda/New Business

**Request Resolution:**

To authorize acceptance of a \$2,000.00 one-time grant from Adirondack Rural Health Network/Adirondack Health Institute to support a Warren County Health Services Prevention Agenda project and to amend the 2016 Warren County Budget to reflect the receipt of the funds.

**Rationale:**

This is an initiative that must be completed by March 15, 2016. The Health Educator will be responsible for carrying out the activities which will focus on working with physicians to institute a fall prevention tool to use with patients over 65 years old.

**Request Resolution:**

To authorize Lynne Rodriguez, RN to receive reimbursement as allowed per CSEA Contract for a job related course. The 50% allowable reimbursement will amount to \$1,875.00 and will be paid upon proof of satisfactory completion of the program.

**Rationale:**

The course is offered by Bryant and Stratton College online for Medical Coding Specialist. It is important to the agency as appropriate coding for services directly ties to maximizing reimbursement for services. The nurse will pursue the course on her own time.

Since the course started before our first meeting this year, I had correspondence with and approval from the committee chairman, as usually approval is obtained before the course begins.

**Request Resolution:**

To reappoint members to the Warren County Health Services Professional Advisory Committee for the year January 1, 2016 – December 31, 2016.

**Rationale:**

This committee per New York State Department of Health must be appointed annually. There are no changes to the membership this year, and a list of those individuals being appointed will be transmitted with the agenda information. A copy will also be available at the meeting, should anyone wish to see it, and a copy will be on file with the minutes of the Health Services Committee. The list was also transmitted with agenda information prior to the meeting. The committee meets quarterly throughout the year, and minutes are kept of each meeting.

**Request Resolution:**

To appoint and reappoint members to the Local Early Intervention Coordinating Council for the year January 1, 2016 – December 31, 2016.

**Rationale:**

It is a New York State Department of Health requirement for the Early Intervention Program that this committee is appointed annually. The meetings are held semiannually, and must be publicized in advance. Minutes are kept of each meeting. A list of those individuals to be appointed will be transmitted with the agenda information. A copy will also be available at the meeting for anyone wishing to see it, and a copy will be on file with the minutes of the Health Services Committee meeting. There are several changes in parent members on the committee as children age out of the program and parents are no longer involved with the services. Also, Prospect School has opted not to have a representative on the council since the agency no longer provides Early Intervention Program services. This has been the case since Prospect became affiliated with the Center for Disabilities.

**Request Resolution:**

**Budget Amendments:** Please note **Attachments #5 and #5a.**

**#5** To amend the 2016 Health Education Program budget to reflect the grant funds given by the Rural Health Network/Adirondack Health Institute to support a Prevention Agenda Project in the amount of \$2,000 as noted in the above request to authorize the acceptance of the grant.

**#5a** To amend the 2016 Health Services Certified Home Health Agency Budget to reflect payment from an insurance company in the amount of \$1,769.95 for repairs to a vehicle involved in an accident in which the vehicle was deemed to be totaled.

**Rationale:**

As a point of information, the accident was not the fault of the county employee, and there were no injuries involved.

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

**IV. Referral/Pending Items**

**Follow up to last month's meeting discussion regarding issues with the Health Services Fleet 2013 Fiesta vehicles:**

We have been working with the DPW Shop Supervisor and the County Administrator and further information will be presented at the meeting.

**V. 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.

**Reports of Expenditures, Revenues, Overtime and Per Diem Use for 2015:** 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.

- VI. Privilege of the Floor to discuss any additional items to come before Committee**
- VII. Motion to adjourn the Health Services 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
- #5 and 5a** Budget Amendments

**ATTACHMENT #1**

**BT ACTIVITY SHEET**  
**BP4 - 7/1/15 - 6/30/16**

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**Topic Color Codes**

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

2nd QUARTER ACTIVITIES (October 1, 2015 – December 31, 2015)

► To be recorded on NYSDOH Deliverable template

<b>Date</b>	<b>Type</b>	<b>Subject/Comments</b>	<b>Attendees</b>	<b>Topic (i.e. Chempack, Drill, Mass Fatality, SNS, Training, Pan Flu, Special Needs)</b>
12/1	Drill	Internal Exercise- MCM Dispensing POD at Warren County Human Services Building	Dan Durkee, Diane Pfeil, Debbie Burke, Donna Cooke, Diane Decesare, Diana Gillis, Deborah Toolan, Nancy Parsons	<b>Drill</b>
12/7	Meeting	2pm Red Cross	Dan Durkee (Jill- RC)	
12/8	Meeting	First day for new Public Health Liaison	Kathy Wallace, Ginelle Jones, Dan Durkee	<b>Training</b>
12/8	Meeting	Regional BT Emergency Preparedness Coordinators meeting	Dan Durkee	
12/9	Meeting/Call	With OES at 2pm re: Northern Saratoga County HUD and Spokes classification	Dan Durkee, Amy Hirsch	<b>Chempack; SNS</b>
12/15	Training	Completed LMS Trainings :IS-00100.b/ ICS-100: Introduction to Incident command :OHEP-NIMS-2015Rec: NIMS Informational Recorded Session	Kathleen Wallace	<b>Training</b>
12/16	Exercise	Table Top- Glens Falls Hospital Mass Fatality Plan and MH	Dan Durkee, Kathy Wallace	<b>Mass Fatality</b>
12/16	Meeting	AAR-IP MCM Dispensing Drill at Human Services Building POD	Dan Durkee, Diane Pfeil, Debbie Burke, Donna Cooke, Diane Decesare, Diana Gillis, Deborah Toolan, Kathy Wallace	<b>Drill</b>
12/17	Training	Facilitated HSEEP Training at West Glens Falls EMS	Dan Durkee	<b>Training</b>

**WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS**

REVENUE AND EXPENDITURES FOR 2015 AS OF 1/19/2016 3:31:31 PM

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

CODE(S): 4010, 4013, 4016, 4054, 4190, 4018, 4189

EXPENSES	2015 BUDGETED	2015 YTD ACTUAL	2014 Prior Year Totals
Salaries - Regular	\$2,836,379.00	\$2,751,420.25	\$2,814,172.31
Salaries - Overtime	\$139,500.00	\$129,253.40	\$130,843.90
Salaries - Part Time	\$339,321.00	\$293,525.04	\$262,705.45
100's PERSONAL SERVICES	\$3,315,200.00	\$3,174,198.69	\$3,207,721.66
200's EQUIPMENT	\$33,440.00	\$18,161.90	\$130,183.64
400's CONTRACTUAL	\$6,844,481.20	\$4,661,196.25	\$5,844,841.39
800's EMPLOYEE BENEFITS	\$1,802,319.00	\$1,721,137.66	\$1,801,449.36
<b>TOTALS</b>	<b>\$11,995,440.20</b>	<b>\$9,574,694.50</b>	<b>\$10,984,196.05</b>

  

REVENUES	2015 BUDGETED	2015 YTD ACTUAL	2014 Prior Year Totals
	\$9,785,124.00	\$6,590,505.53	\$8,776,039.68

Currently we are preparing to finalize December 2015 Revenues for CHHA, LTC and MCH programs. Accrued within revenues is \$2,635 for the IAP COLA and \$1477 for the CSHCN COLA (Cost of Living Adjustment). Additional revenues will be recorded for 2015 for year end. It should be noted, that while Revenues may not reach budgeted amounts, neither will expenses, therefore leaving a bottom line impact that should be equal to or less than budgeted.

**Warren County Health Services**

**Salaries Comparison**

2014 vs 2015

as of 12/31/15 Payroll

	YTD	YTD			Total Budget	Total Actual
	2015	2014	YTD 14v15	% Change	2015	2014
Total of All Depts						
Regular Salaries	\$2,751,420.25	\$2,814,172.31	-\$62,752.06	-2.23%	\$2,836,379.00	\$2,814,172.31
Overtime Salaries	\$129,253.40	\$130,843.90	-\$1,590.50	-1.22%	\$139,500.00	\$130,843.90
Part Time Salaries	\$293,525.04	\$262,705.45	\$30,819.59	11.73%	\$339,321.00	\$262,705.45
<b>TOTALS</b>	<b>\$3,174,198.69</b>	<b>\$3,207,721.66</b>	<b>-\$33,522.97</b>	<b>-1.05%</b>	<b>\$3,315,200.00</b>	<b>\$3,207,721.66</b>
% current YTD Salary to Total Budget	95.75%	100.00%				

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

Note: Total Salaries YTD are 95.75% of 2015 budget, which is below salaries at this time last year. Regular FT salaries are (\$62,752.06 or 2.23% under FT salaries in 2014).

Overall, total salaries by year end are \$33,522.97 less than total 2014 Salaries and \$141,001.31 less than budgeted. Due to staffing shortages in nursing, per diem nurses were utilized to cover referrals, therefore increasing the Part time salary category and reducing the Full time and Overtime salary categories.

**ATTACHMENT #2**

**Revenue and Expense Comparison 2016 vs 2015  
as of 1/22/16 meeting**

<b>EXPENSES</b>	<b>1/22/16 Meeting 2015 YTD Actual as of 1/19/16 G/L</b>	<b>FINAL 2014 YTD</b>	<b>Variance</b>
Salaries - Regular	\$2,751,420.25	\$2,814,172.31	(\$62,752.06)
Salaries - Overtime	\$129,253.40	\$130,843.90	(\$1,590.50)
Salaries - Part Time	\$293,525.04	\$262,705.45	\$30,819.59
100's PERSONAL SERVICES	\$3,174,198.69	\$3,207,721.66	(\$33,522.97)
200's EQUIPMENT	\$18,161.90	\$130,183.64	(\$112,021.74)
400's CONTRACTUAL	\$4,661,196.25	\$5,844,841.39	(\$1,183,645.14)
800's EMPLOYEE BENEFITS	\$1,721,137.66	\$1,801,449.36	(\$80,311.70)
<b>TOTALS</b>	<b>\$9,574,694.50</b>	<b>\$10,984,196.05</b>	<b>(\$1,409,501.55)</b>

<b>REVENUES</b>	<b>2015 YTD ACTUAL</b>	<b>2014 Prior Year Totals</b>	
	<b>\$6,590,505.53</b>	<b>\$8,776,039.68</b>	<b>(\$2,185,534.15)</b>

**Notes:**

It should be noted, reflected above for comparison are FINAL totals for 2014. Both expenses and revenues will be updated as year end for 2015 is completed. Revenues are currently being finalized for year end, however the two largest are the revenues related to our CHHA, LTC and MCH for December and our Preschool program revenues related to the current school year. The Preschool revenues are not recognized until we receive from the State reports to complete, which is usually around March 2016.

**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.

**Contractual Services:**

Contractual services are below prior year primarily due to expenses related to the Early Intervention and Preschool Programs. Due to timing of invoices, 2015 expenses are below last year at this time, however will be better reflected when year end is closed.

# Attachment #4

## 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	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

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	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%

TOTAL EVALS DOWN 7% FROM 2013

CATEGORY	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	109	122	109	122	111	99	104	106	102
SN IV eval	9	6	8	13	5	7	8	3	9	5	1	8
CDPAP	1	0	0	0	0	0	0	0	0	0	0	0
PRI	5	5	5	6	5	2	2	7	1	1	1	5
UASNY	18	15	23	16	10	13	23	10	14	15	14	17
SN Evals per month	155	136	150	144	142	131	155	131	123	125	122	132
PT evals	80	75	94	80	71	82	80	70	73	75	65	67
PT only	25	26	34	30	31	24	26	31	34	29	24	17
PT only evals per mo	25	26	34	30	31	24	26	31	34	29	24	17
Total Evals per month	180	162	184	174	173	155	181	162	167	154	146	149
	-7%	3%	-5%	8%	-4%	1%	1%	-6%	1%	-3%	-5%	-15%

## 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-Health Education Program

**DATE:** January 22, 2016

(a) **Purpose of Amendment:** To amend the 2016 budget to adjust the Health Education Program to reflect the funds given from the Adirondack Rural Health Network to support the Prevention agenda project of **\$2,000.00**.

(b) Appropriation Code (with title), Object Code (with title) and Amount:  
**A.4018.0040.410 Health Education Program- Office Supplies \$2,000.00**

Revenue Code (with title), and Amount:  
**A.4018.0040.1617 Health Education Program-Revenue \$2,000.00**

**ATTACHMENT #5**

## 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-Health Services (CHHA) Program

**DATE:** January 22, 2016

- (a) **Purpose of Amendment:** To amend the 2016 budget to reflect payment received by Health Services (CHHA) from an insurance company for repairs related to a vehicle accident which totaled **\$1,769.95.**
- (b) Appropriation Code (with title), Object Code (with title) and Amount:  
**A.4010.2680 Health Services-Insurance Recovery Revenue \$1,769.95.**
- Revenue Code (with title), and Amount:  
**A.4010.441 Health Services-Auto Repair Expense \$1,769.95.**

**ATTACHMENT #5A**

## RESOLUTION REQUEST FORM NO. 5

### Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: Health Services

DATE: ~~11/24/2015~~ 1/22/16

- (a) Purpose of Grant: To authorize acceptance of a one-time grant of \$2000 from Adirondack Rural Health Network/Adirondack Health Institute support a Warren County Health Services Prevention agenda project and amend the 2015 budget to reflect the receipt of the funds.
- (b) Name of Grantor: Adirondack Regional Health Network/Adirondack Health Institute
- (c) Address of Grantor: 101 Ridge Street, Glens Falls, NY 12801
- (d) Grantor's Contact Person and Telephone Number: Courtney Shaler Smith, 518-480-0111 ext. 304, email: csmith@ahihealth.org
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? Yes
- (f) Effective Date of Grant: as soon as agreement is signed by both parties
- (g) Termination Date of Grant: March 15, 2016
- (h) Total Dollar Amount Involved (not to exceed): \$2000
- (i) Deadline to Submit Grant Application and/or Grant Agreement: not applicable funding awarded
- (j) Is a Budget amendment required? Yes If yes, also complete and submit Form No. 7.
- (k) Are the funds to go into a Capital Project or Capital Reserve Project? If yes, also complete and submit Form No. 8 or Form No. 9, as applicable. No
- (l) Is a Local Share Required? No If Yes, Where are the Funds? List Budget Code (with title), Object Code (with title), and Amount OR Capital Project OR Capital Reserve Project Number and Title and Amount:



## MEMORANDUM OF AGREEMENT

This agreement between the **ADIRONDACK RURAL HEALTH NETWORK (ARHN)**, a program of Adirondack Health Institute, Inc., a not-for-profit 501(c)3 corporation organized under the laws of the State of New York with its principal place of business at 101 Ridge St, Glens Falls, New York 12801 and **Warren County Public Health**, having their principal place of business at 1340 State Route 9, Lake George, NY 12845, defines the expectations, procedures and deliverables for the Prevention Agenda Project.

### BACKGROUND

The parties to this agreement share a common goal to decrease the health inequities in New York, as outlined in the New York State Department of Health's (NYSDOH) Prevention Agenda 2013–17. To that end, ARHN/AHI will partner with Warren County Public Health in support of their prevention agenda project.

### PREVENTION AGENDA PROJECT OBJECTIVES

Through their Prevention Agenda Project, participants will:

- Support the NYS Prevention Agenda.
- Have a positive impact on the health of NYS residents.

### The ARHN/AHI responsibilities include:

- ARHN/AHI will support the Warren County Public Health prevention agenda project as submitted and approved in the amount of \$2000.

### The Warren County Public Health responsibilities include:

- Carry out their prevention agenda project as outlined in their application to support advancing at least one of the Prevention Agenda Priority areas chosen for their catchment area.
- Submit of a brief summary of the outcome/outputs of the project to ARHN/AHI by March 15<sup>th</sup> 2016. Upon submission of the summary, ARHN/AHI will provide payment of \$2000.

### INDEMNIFICATION

Warren County Public Health shall indemnify and hold ARHN/AHI and its officers, agents, employees, and affiliates harmless from any and all claims, actions, suits, proceedings, costs, expenses, damages, and liabilities including attorney fees, arising out of any act or omission concerning the services which Warren County Public Health provides pursuant to this Agreement.

### GENERAL INFORMATION



## 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-Health Education Program

**DATE:** January 22, 2016

(a) **Purpose of Amendment:** To amend the 2016 budget to adjust the Health Education Program to reflect the funds given from the Adirondack Rural Health Network to support the Prevention agenda project of **\$2,000.00**.

(b) Appropriation Code (with title), Object Code (with title) and Amount:  
**A.4018.0040.410 Health Education Program- Office Supplies \$2,000.00**

Revenue Code (with title), and Amount:  
**A.4018.0040.1617 Health Education Program-Revenue \$2,000.00**

**ATTACHMENT #6**

RESOLUTION REQUEST FORM NO. 19

Application for Approval to Enroll in Job-Related Courses by Employee

- 1. Employee's Name: Lynne Rodriguez
- 2. Position: Community Health Nurse (RN) 3. Department: Health Services
- 4. Course Title: Medical Coding, Physician Certificate Program
- 5. Institution or School: Bryant and Stratton College
- 6. How Course Relates to Current Position: Medical Coding Specialist Certification required to finalize all medical orders to ~~maximize~~ assure highest
- 7. Starting Date: \_\_\_\_\_ 8. Completion Date: Reimbursement rate provided.
- 9. Cost: 3,750.00 County share 50% or \$1,875.00
- 10. Employee's Signature: Lynne Rodriguez Date: 12/28/15
- 11. Supervisor's Comments (Approval/Denial):  
Supervisor's Signature: Sharon Richardson ADPS Date: 12/28/15
- 12. Department Head's Comments (Approval/Denial):  
Department Head's Signature: [Signature] Date: 12/28/15
- 13. Committee's Recommendation:  
Committee Chairman's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Chairman of the Board of Supervisors

If approved by Committee, and resolution approving the course if adopted by the Board of Supervisors, candidate may enroll and be eligible for 50% reimbursement for costs as itemized in Item #9. Employee must complete the course with at least a "C", its equivalent, or better. Employee then submits a voucher with receipts verifying costs as listed and a copy of their final grade.

# Bryant & Stratton College

Personal Education. Lifetime Success.®  
Since 1854

Student: Lynne Rodriguez

Date: November 27, 2015

Qty	Description	Price	TOTAL
1	Total Tuition Cost for Medical Coding Physician Certificate Program	\$5000.00	\$5,000.00
	- MRC100 Medical Terminology, <i>including books</i>	\$625.00	WAIVED
	- MRC105 Anatomy & Physiology for Coders, <i>including books</i>	\$625.00	WAIVED
	- MRC115 Intro to Coding <i>including books</i>	\$625.00	\$625.00
	- MRC135 Diagnostic Coding, <i>including books</i>	\$625.00	\$625.00
	- MRC145 Coding Compliance & Ethics, <i>including books</i>	\$625.00	\$625.00
	- MRCP220 Healthcare Common Procedures System I & II, <i>including books</i>	\$625.00	\$625.00
	- MRCP Diagnostic Coding for Physician Services, <i>including books</i>	\$625.00	\$625.00
	- MRCP240 Evaluation & Management, <i>including books</i>	\$625.00	\$625.00
2	Classes Waived as per active RN license	-1,250.00	\$1,250.00
1	New Tuition Cost for active RN	\$3,750.00	
<b>REMAINING BALANCE</b>			<b>\$3,750.00</b>

**\*\* REFUND AND CANCELLATION POLICY \*\***

**For Instructor-Led programs:** Tuition is fully refundable if notification, either via phone or email, is received on or before 12:00 midnight on the Tuesday after classes begin (6 days after the start). **REFUND WILL BE PROCESSED ONLY UPON RETURN OF UNOPENED TEXTBOOKS TO BOOKSTORE WITHIN 30 DAYS.** Textbooks must be returned **UNOPENED** for refund to be processed. Refund will NOT be given if it is after the deadline stated above, textbooks are returned after 30 day deadline, or if textbooks have been opened.

*We reserve the right to cancel courses with a full refund, change schedules, locations and facilitators when necessary.*

[www.bryantstratton.edu](http://www.bryantstratton.edu)

Online Education 180 Redtail Road, Orchard Park, NY 14127 Tel: 716.677.8800/800.836.5627 Fax: 716.677.8899

## 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: 01/22/2016

- (a) Name of Appointee: Please see attached list
- (b) Is this a Reappointment? Yes If so, please provide the Resolution No. which authorized the last appointment of this individual R 594/2014 please see attached
- (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: Warren County Health Services Professional Advisory Committee member
- (g) Effective Date of Appointment: 01/01/2016
- (h) Termination Date of Appointment: 12/31/2016
- (i) Name of Person Being Replaced (if applicable): Not applicable
- (j) Reason for Replacement: No changes to membership from 2015

# Warren County Board of Supervisors

## RESOLUTION NO. 594 OF 2014

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

### 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, <sup>2016</sup>~~2015~~ and terminating December 31, <sup>2016</sup>~~2015~~.

WARREN COUNTY  
PROFESSIONAL ADVISORY COMMITTEE

01/2016

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<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	<a href="mailto:kandersen@glensfallshosp.org">kandersen@glensfallshosp.org</a>	
Patricia Auer	Director Public Health/Patient Services Warren Co. Health Services	via inter-office mail	x6571	<a href="mailto:auerp@co.warren.ny.us">auerp@co.warren.ny.us</a>	
Patricia Belden	Public Health Nurse Communicable Disease Program Warren Co. Health Services	via inter-office mail	x7690	<a href="mailto:beldenp@co.warren.ny.us">beldenp@co.warren.ny.us</a>	
Tammie DeLorenzo	Clinical Fiscal Informatics Coordinator Warren Co. Health Services	via inter-office mail	x8772	<a href="mailto:delorenzot@co.warren.ny.us">delorenzot@co.warren.ny.us</a>	
Tawn Driscoll	Financial Manager Warren Co. Health Services	via inter-office mail	x8730	<a href="mailto:driscollt@co.warren.ny.us">driscollt@co.warren.ny.us</a>	
Joseph Dufour	FNP Irongate Family Practice	Three Irongate Center Glens Falls NY 12801	793-4409	<a href="mailto:jdufour@nycap.rr.com">jdufour@nycap.rr.com</a>	
Daniel Durkee	Health Educator Warren Co. Health Services	via interoffice mail	x6584	<a href="mailto:durkeed@co.warren.ny.us">durkeed@co.warren.ny.us</a>	
Stephen Bassin	Physical Therapist	32 Sherman Ave Glens Falls, Ny 12804	792-8075	<a href="mailto:geotpc@msn.com">geotpc@msn.com</a>	
Joan Grishkot	Community Member	202 Ridge Street Glens Falls NY 12801	792-2600	<a href="mailto:wgrishko@nycap.rr.com">wgrishko@nycap.rr.com</a>	
Ginelle Jones	Assistant Director Public Health Warren County Health Services	via inter-office mail	x6583	<a href="mailto:jonesg@co.warren.ny.us">jonesg@co.warren.ny.us</a>	
Mary Lamkins	LTHHCP Supervisor Warren County Health Services	via inter-office mail	x6581	<a href="mailto:lamkinsm@co.warren.ny.us">lamkinsm@co.warren.ny.us</a>	

WARREN COUNTY  
PROFESSIONAL ADVISORY COMMITTEE

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<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)	<a href="mailto:dlarson@hahn.org">dlarson@hahn.org</a>	
Richard Leach	MD, Tuberculosis & Infectious Disease Program Consultant	Chestnut Ridge Rd Queensbury, NY 12804	793-6619	<a href="mailto:leachpad@hahn.org">leachpad@hahn.org</a>	
Richard Mason	Community Member	64 Webster Avenue Glens Falls NY 12801	793-1789	<u>Mail Only</u>	
Nancy Parsons	RN Immunization Program Warren County Health Services	Via inter-office mail	X8735	<a href="mailto:parsonsn@warrencountyny.gov">parsonsn@warrencountyny.gov</a>	
John Ruge	MD	P.O. Box 3253 Glens Falls, NY	761-0300 (5) (1)	<a href="mailto:jrugge@hahn.org">jrugge@hahn.org</a>	
Christie Sabo	Director Warren Hamilton Counties Office for the Aging	via inter-office mail	x6347	<a href="mailto:saboc@co.warren.ny.us">saboc@co.warren.ny.us</a>	
Sharon Schaldone	Assistant Director Patient Services Warren County Health Services	via inter-office mail	x6416	<a href="mailto:schaldones@co.warren.ny.us">schaldones@co.warren.ny.us</a>	
Julie Smith	Director of Patient Services Greater ADK Home Health Aides	25 Willowbrook Rd Queensbury, NY 12804	GAHHA 926-7070	<a href="mailto:juliesmith@glensfallshosp.org">juliesmith@glensfallshosp.org</a>	
Maureen Schmidt	Commissioner Warren County Department of Social Services	via inter-office mail	X6362	<a href="mailto:Maureen.schmidt@dfa.state.ny.us">Maureen.schmidt@dfa.state.ny.us</a>	

## 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-Health Education Program

**DATE:** January 22, 2016

(a) **Purpose of Amendment:** To amend the 2016 budget to adjust the Health Education Program to reflect the funds given from the Adirondack Rural Health Network to support the Prevention agenda project of **\$2,000.00**.

(b) **Appropriation Code (with title), Object Code (with title) and Amount:**  
**A.4018.0040.410 Health Education Program- Office Supplies \$2,000.00**

**Revenue Code (with title), and Amount:**  
**A.4018.0040.1617 Health Education Program-Revenue \$2,000.00**

**ATTACHMENT #5**

## 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-Health Services (CHHA) Program

**DATE:** January 22, 2016

- (a) **Purpose of Amendment:** To amend the 2016 budget to reflect payment received by Health Services (CHHA) from an insurance company for repairs related to a vehicle accident which totaled **\$1,769.95.**
- (b) **Appropriation Code (with title), Object Code (with title) and Amount:**  
**A.4010.2680 Health Services-Insurance Recovery Revenue \$1,769.95.**

Revenue Code (with title), and Amount:

**A.4010.441 Health Services-Auto Repair Expense \$1,769.95.**

**ATTACHMENT #5A**

## 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: 01/22/2016

- (a) Name of Appointee: Please see attached list
- (b) Is this a Reappointment? If so, please provide the Resolution No. which authorized the last appointment of this individual R 593/2014 see attached
- (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
- (f) Title of Appointment: Warren County Local Early Intervention Coordinating Council Member
- (g) Effective Date of Appointment: 01/01/2016
- (h) Termination Date of Appointment: 12/31/2016
- (i) Name of Person Being Replaced (if applicable): Bonnie Collins being replaced by Ashlie Genovese, Pat Thompson – not being replaced as Prospect School elects to no longer be on LEICC
- (j) Reason for Replacement:

# Warren County Board of Supervisors

## RESOLUTION NO. 593 OF 2014

Resolution introduced by Supervisors Sokol, Conover, Frasier, Taylor and McDevitt, <sup>westcott</sup>

### 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, <sup>2016</sup> ~~2015~~ and terminating December 31, <sup>2016</sup> ~~2015~~, 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, <sup>2016</sup> ~~2015~~.

## 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
Conine, Pam		798-7972	Southern Adirondack Child Care Network 88 Broad Street, Glens Falls, NY 12801 <a href="mailto:coninep@saccn.org">coninep@saccn.org</a>
Dunbar, Melissa Speech Language Pathologist		307-3494	25 Brookfield Run, Queensbury, NY 12804
Genovese, Ashlie (Parent)		683-6224	10 Chippewa Circle, Queensbury NY 12804
Lee, Carrie (Parent)		650-776-4532	12 Danford Court, Queensbury NY 12804
Matte, Sarah		798-7555 x216	Warren County Head Start 11 Pearl Street, Glens Falls, NY 12801 <a href="mailto:disability@warrencountyheadstart.org">disability@warrencountyheadstart.org</a>
Meilhede, Dr. Lauren		798-9538	Adirondack Pediatrics 84 Broad Street #3, Glens Falls NY 12801 <a href="mailto:lmeilhede@gmail.com">lmeilhede@gmail.com</a>
Reyes, Monique (Parent)		232-3410	29 Buena Vista Avenue, Queensbury NY 12804
Schmidt, Maureen		X6362	Warren County DSS Human Services Bldg., Lake George, NY 12845 <a href="mailto:Maureen.schmidt@dfa.state.ny.us">Maureen.schmidt@dfa.state.ny.us</a>
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