

Warren County Health Services

Health, Human and Social Services Committee

AGENDA FOR

January 24, 2017

Information Submitted By: Patricia Auer, DPH/DPS

Health and Human Services Committee Members: Frasier, MacDonald, Vanselow, Montesi, Braymer, McDevitt, Leggett

We would like to welcome Mrs. Frasier as our new Chairperson, welcome our new members, and welcome back all of our returning members.

- I. **Committee meeting called to order by Chairman**
Motion to approve minutes of the November 21, 2016 Health Services Committee meeting

- II. **Action Agenda/New Business**

Request Resolution:

To amend Resolution 285/2016 with Adirondack Health Institute to include a provision to allow for acceptance of any funding that becomes available to departments identified in the original resolution (Health Services, Office for the Aging, Employment and Training, and Office of Community Services) in a form approved by the County Attorney.

Rationale:

Funds have been awarded to the departments identified above through the DSRIP (New York State Delivery Systems Reform Incentive Payment Program) for various projects pertinent to individual department needs in the following amounts:

\$17,500 Employment and Training

\$22,650 Health Services

\$10,600 Warren-Hamilton Counties Office for the Aging

\$20,950 Warren-Washington Community Services

It is anticipated that future funds will be allocated in the future.

Health Services is planning to utilize the funding to upgrade the Telehealth Equipment.

Other departments will discuss at their committee times how funding will be utilized.

Request Resolution:

Budget Amendment:

To amend the 2017 Warren County Budget to reflect the receipt of AHI funds for Health Services in the amount of \$22,650. Please see **Attachment #5**.

Rationale:

Funds were not available to include in the 2017 Budget when it was prepared.

Request Resolution:

Budget Amendment:

To amend the 2017 Budget to adjust the Family Health Program to reflect the funds given by the Adirondack Rural Health Network to support the Neonatal Abstinence Syndrome (NAS) Prevention Agenda Project in the amount of \$2,500.00 Please see **Attachment #5a**.

Rationale:

The project was not completed in 2016 and funds will be utilized in 2017.

Request Resolution:

To appoint and reappoint members to the Warren County Health Services Professional Advisory Committee per the list of members that was transmitted with the meeting agenda information.

Rationale:

This committee must be appointed annually by Resolution per New York State Department of Health Regulations. A copy of the membership will be available at the meeting, and a copy will be on file with the minutes of the meeting. The meetings are held quarterly.

Request Resolution:

To appoint and reappoint members to the Warren County Early Intervention Coordinating Council per the list that was transmitted with the meeting agenda information.

Rationale:

This committee must be appointed annually by Resolution per New York State Department of Health Regulations. A copy of the membership will be available at the meeting, and a copy will be on file with the minutes of the meeting. The meetings are held semi-annually.

Request Resolution:

To amend the agreement with North Country Home Services to reflect a rate increase for Home Health Aide services in the Certified Home Health Agency from \$27.04 per hour to \$28.50 per hour effective January 1, 2017.

Rationale:

This agency provides services to a small number of clients in the northern areas of the county. It is difficult to find home health aides for the area, so we would support the request for the rate increase.

Request Resolution:

To authorize a contract with Advanced Therapy PLLC to provide services for children in the Preschool (3-5 years old) Program, and be paid at the rates approved by the State Education Department.

Rationale:

This agency is based out of Albany and has sites around the Capital District area, including a new site in Hudson Falls. Since the BOCES Preschool Program has closed and Prospect, now merged with the Center for Disabilities, has limited programs we sometimes come up short on timely options for evaluations and services for children so this contract is necessary. Advanced Therapy also provides Early Intervention Services, but since all billing is done by the individual providers through New York State Department Health, who also approves the providers, it is not necessary to contract with individual agencies anymore for Early Intervention Services.

Request Resolution:

To accept the Warren County Rabies Plan for the Health Services Department for 2016-2020.

Rationale:

The department is mandated to have a Rabies Control Plan. A copy of the document will be scanned and sent with the meeting agenda materials, and a hard copy will be kept on file with the minutes of the meeting. Hard copies can be made available for any supervisors who wish. Any questions the committee members may have will be answered at the meeting.

III. Referral/Pending Items
There are no pending items.

IV. Information for Discussion/Review

Report of Expenditures, Revenues, Overtime and Per Diem Use for 2016. Please see **Attachment #2.**

Revenue and Expense Comparison Report for 2015 vs 2016: Please see **Attachment #3.**
Tawn Driscoll, Fiscal Manager, will be present at the meeting to review the reports and answer any questions.

Report of New York State Department of Health Recertification Survey

On December 12, 2016 New York State Department of Health Surveyors arrived unannounced for our every 3 year Recertification visit for the Certified Home Health Agency. 3 DOH staff spent a total of 7 days looking at patient charts, reviewing policies and procedures, and making home visits. At the end, a few minor issues were noted, and subsequently we have received the report of the survey and have already submitted our Plan of Correction. This was the first survey where the Plan of Correction had to be submitted electronically. As usual DOH staff was impressed with our patient care and our staff. They will return within the next few months to make sure we have instituted the items identified in our Plan of Correction. This was Valerie Whisenant's first survey in her Assistant Director of Patient Services role, and she did an excellent job. She will provide comments at the meeting.

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

Status of Referrals: Please see **Attachment #4** for the detailed report.

Staffing Update

Tobacco 21 Initiative

Information will be discussed at the meeting.

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

VI. Motion to adjourn the Health Services Meeting

Attachments:

- #1** Emergency Response and Preparedness Activities Report
- #2** Report of Expenditures, Revenues, Overtime and Per Diem Use for 2016
- #3** Revenue and Expense Comparison Report for 2015 vs 2016
- #4** Report of Referrals Status
- #5** Budget Amendment Request

BT ACTIVITY SHEET
BP5 - 7/1/16 - 6/30/17

Page 1

Topic Color Codes

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

10/31	L-6 Deliverable	ORR "Operational Readiness Review" Tool ongoing	Dan	Chempack, Pan Flu, SNS
10/31	Updates	Sent out provider mailings to update EPR Provider contact lists	Kathy	ALL
11/1	Meeting	Homecare/Hospice of New York Association of NY, NYS Association of Healthcare Providers Meeting	Dan	Special Needs
11/1	N95 Testing	Fit Printing Fit Test Cards - ongoing	Kathy	Respiratory Protection Program
11/2	Outreach & Education	Print & bind EPR Calendars	Kathy	Preparedness-ALL
11/2	SNR Recert	Sent out Email and letter recert notices	Kathy	Special Needs
11/4	Training	Employee Health Fair- CDMS training for flu shot	Dan, Kathy	Training
11/7	Reporting	State EPR Inventory	Kathy	ALL
11/10	Meeting	Washington County EPR Committee	Dan	ALL
11/16	TTX	GFH Tabletop: transportation incident suspected terrorist en route from Canada to NYC	Dan	Exercise
11/18	Deliverable	L-3 Webinar re Regional Drill	Dan, Pat B, Kathy	Training
11/22	Testing	Follow up on test authorization	Ginelle	ZIKA
11/23	Testing	Follow up on test authorization	Ginelle	ZIKA
11/28	Drill Meeting	Discuss March 1 st Drill; concerns, planning	Dan, Ginelle	PLANNING for Drill
12/01	Deliverable	Completed ORR "Operational Readiness Review" tool	Dan	
12/02	Drill Meeting/call	Re: March drill change from medical model to NPI, confirmed with NYSDOH	Dan, Ginelle, Pat A, Pat B	
12/5	Drill Meeting	GFH and PH Exercise Planning 2hrs 9:30-11:30	Dan	PLANNING for Drill
12/6	Deliverable	Zip files for ORR Submission	Kathy	
12/7	Mailings	Voluntary Registry for people with Access and Mobility Needs (SNR) Recertification letters and emails	Kathy	Special Needs

Attachment #1

BT ACTIVITY SHEET
BP5 - 7/1/16 - 6/30/17

Page 2

Topic Color Codes

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

12/12	Fax Blast	NYSDOH notification Mumps	Dan	
12/12	Deliverable	ORR Submitted to NYSDOH	Dan	
12/13	Meeting	Capital District EPR- BT Coordinators	Dan	
12/13	Conference Call	ServNY updates and Volunteer Coordinator Monthly meeting	Dan, Kathy	Volunteers
12/14	Email	To EPR/LEPC to identify evaluators and a controller for March 1 st NPI Exercise	EPR Committee	For Drill
12/20	Deliverable	HERDS- POD Security Assessment- Lake Luzerne Town Hall	Kathy	
12/21	Deliverable	L-3- Infectious Disease Deliverable- MCM ClinOps Course #201612- NPI and I&Q 10-11:30am WebX	Kathy, Patty, Ginelle?	For Drill
1/4	Conference Call	NPI Call	Dan, Kathy	For Drill
1/4	L-7 Webinar	OUREx NPI Webinar	Kathy, Ginelle	For Drill
1/5	Meeting	Closed Pod meeting HHHN	Dan	
1/5	Deliverable	Submitted 2 nd Quarter Report	Kathy, Dan	
1/5	Meeting	Call with State re: financial penalties for not meeting deliverables	Dan, Ginelle	
1/6	Outreach	Submitted PSA and Press Release re: Registry for people with access and mobility limitations (SNR) to Chronicle for Health and Fitness Publication	Kathy	Special Needs
1/6	Outreach	Submitted Registry article to OfA February Newsletter	Kathy	Special Needs
1/9	Notification	ServNY Volunteers Re: January 24 th HSB POD Set Up	Dan	Volunteers
1/9	Meeting	GFH and PH Exercise Planning	Dan	Drill Planning
1/10	Deliverable	Re-submit ORR- with receipt request (state did not received in Dec)	Dan	
1/10	Conf Call	BT SubRegional BT Coordinators' Meeting	Dan	
1/18	TableTop Ex	GFH TTx- Construction Incident	Dan	Exercise
1/20	Meeting	Annual Chempack Review	Dan	Chempack

1/11/17

Attachment #1 continued

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2016 AS OF 1/19/2017 5:52:09 PM

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

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

EXPENSES	2016 BUDGETED	2016 YTD ACTUAL	2015 Prior Year Totals
Salaries - Regular	\$2,611,190.00	\$2,492,744.64	\$2,741,583.99
Salaries - Overtime	\$133,500.00	\$108,802.81	\$129,253.40
Salaries - Part Time	\$429,321.00	\$347,831.73	\$293,525.04
100's PERSONAL SERVICES	\$3,174,011.00	\$2,949,379.18	\$3,164,362.43
200's EQUIPMENT	\$92,213.00	\$83,394.99	\$18,161.90
400's CONTRACTUAL	\$6,100,447.40	\$4,486,072.23	\$5,893,074.64
800's EMPLOYEE BENEFITS	\$1,622,048.00	\$1,503,334.23	\$1,710,053.82
TOTALS	\$10,988,719.40	\$9,022,180.63	\$10,785,652.79

REVENUES	2016 BUDGETED	2016 YTD ACTUAL	2015 Prior Year Totals
	\$8,859,385.42	\$5,965,656.89	\$8,735,061.81

Note: Listed above are the Current Year End 2016 Financials. We are working on closing the December billing for CHHA and MCH programs. We have accrued above Lead Grant \$5,914, WIC grant for 11/16 \$25,656, and the Rabies COLA for \$1,389. We are in the process of closing 2016 Revenues and expenses.

**Warren County Health Services
Salaries Comparison
2015 vs 2016
as of 12/31/16 Payroll**

	YTD 2016	YTD 2015	YTD 15v16	% Change	Total Budget 2016	Total Actual 2015
Total of All Depts						
Regular Salaries	\$2,492,744.64	\$2,741,583.99	-\$248,839.35	-9.08%	\$2,611,190.00	\$2,741,583.99
Overtime Salaries	\$108,802.81	\$129,253.40	-\$20,450.59	-15.82%	\$133,500.00	\$129,253.40
Part Time Salaries	\$347,831.73	\$293,525.04	\$54,306.69	18.50%	\$429,321.00	\$293,525.04
TOTALS	\$2,949,379.18	\$3,164,362.43	-\$214,983.25	-6.79%	\$3,174,011.00	\$3,164,362.43
% current YTD Salary to Total Budget	92.92%	100.00%				

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

Overall, total salaries are \$214,983.25 less than total 2015 Salaries. Due to staffing shortages in nursing, per diem nurses have been utilized to cover referrals, therefore increasing the Part time salary category and reducing the Full time and Overtime salary categories showing overall a 6.79% reduction in salary from 2015.

ATTACHMENT #2

Warren County Health Services
Revenue and Expense Comparison 2016 vs 2015

EXPENSES	2016 YTD Actual as of 12/31/16 G/L	2015 YTD Actual as of 12/13/15 G/L	Variance
Salaries - Regular	\$2,492,744.64	\$2,741,583.99	(\$248,839.35)
Salaries - Overtime	\$108,802.81	\$129,253.40	(\$20,450.59)
Salaries - Part Time	\$347,831.73	\$293,525.04	\$54,306.69
100's PERSONAL SERVICES	\$2,949,379.18	\$3,164,362.43	(\$214,983.25)
200's EQUIPMENT	\$83,394.99	\$18,161.90	\$65,233.09
400's CONTRACTUAL	\$4,486,072.23	\$5,893,074.64	(\$1,407,002.41)
800's EMPLOYEE BENEFITS	\$1,503,334.23	\$1,710,053.82	(\$206,719.59)
TOTALS	\$9,022,180.63	\$10,785,652.79	(\$1,763,472.16)

REVENUES	2016 YTD ACTUAL	2015 Prior Year to Date Totals	
	\$5,965,656.89	\$8,735,061.81	(\$2,769,404.92)

Notes:

It should be noted, reflected above for comparison are final financials as of 12/31/15 compared to our current (as of 1/19/17) for 12/31/16. The year is not yet closed.

Salaries: (please see previous page) Overall are \$214,983.25 or 6.79% below 2015. Full time and overtime salaries are below 2015 YTD salaries while Part time salaries are 18.50% above 2015. This correlates with the per diem staff that continue to be utilized to assist in nursing shortage coverage and the fact that staff has saved on overtime expense by utilizing compensation time in lieu of overtime. Overall, 2016 salaries are 92.92% of what was budgeted.

Equipment: We have been able to purchase 3 vehicles this year along with items needed through our Ebola Grant. Items such as Charging carts to charge up to 20 laptops and Stantions to be used for crowd control if needed. We also upgraded some computers for our CHHA (Home Care).

Expenses: Contractual expenses for 2016 remain below 2015 at this time due to the fact that the county is still in the process of closing 2016. Also to note , the Long Term Care program no longer has any patients due to the fact the State has reassigned duties for this program, therefore less expenses year to date.

Employee Benefits:

Employee benefits are below last year by \$206,720 and correlates with the nursing position shortages that we have experienced. Also to note, utilizing Per Diem staff saves in fringe benefit expense.

Revenues:

Revenues for 2016 are below 2015. We have not yet closed 2016. Revenues for all programs still need to be processed and also we no longer have Long Term Care revenues to book since the program is closed.

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

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	129	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
Total Evals per month	192	161	194	159	181	147	177	172	155	158	157	175

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
PRI & CDPAP	6	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
Total Evals per month	180	162	184	174	173	155	181	162	157	154	146	149

CATEGORY	01/2016	02/2016	03/2016	04/2016	05/2016	06/2016	07/2016	08/2016	09/2016	10/2016	11/2016	12/2016
SN eval	102	111	99	106	104	102	120	123	85	106	101	104
SN IV eval	9	6	12	8	10	10	4	10	4	13	7	11
PRI	4	6	1	7	6	3	6	2	5	10	3	1
UASNY	19	11	11	17	13	9	13	12	9	7	12	14
SN Evals per month	134	134	123	138	133	124	143	147	103	136	123	130
PT Evals	76	76	62	66	68	77	69	82	69	67	71	65
PT only	25	26	19	23	18	20	20	27	16	26	21	27
Total Evals per month	159	160	142	161	151	144	163	174	119	162	144	157
Difference	-12%	-1%	-23%	-7%	-13%	-7%	-10%	7%	-24%	5%	-1%	5%

Attachment #4

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: 01/24/17

- (a) Purpose of Contract Change: To amend R 285/2016 to add the language in a form approved by the County Attorney to allow acceptance of any funds distributed to departments identified in R 285/2016 by Adirondack Health Institute and to amend 2017 county budgets
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: R 285/2016 (see attached)
- (c) Name of Contractor: Adirondack Health Institute (AHI)
- (d) Address of Contractor: 101 Ridge Street, Glens Falls, NY 12801
- (e) Contractor's Contact Person and Telephone Number: Eric Burton, CFO (518) 480-0111, Ext. 201, email: eburton@ahihealth.org
- (f) Commencement Date of Amendment: 01/01/17
- (g) Termination Date of Extension: 30 days written notice by either party
- (h) Payment Provisions:
 - As distributed by Adirondack Health Institute to various county departments identified in Resolution
 - i) lump sum amount \$22,650 Health Services
 - 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:

	<u>Expense Code</u>	<u>Revenue Code</u>
<u>Health Services</u>	<u>A.4010.260</u>	<u>A.4010.3426</u>
<u>Office of Aging</u>		
<u>Employment & Training</u>		
<u>Office of Community Services</u>		

Warren County Board of Supervisors

RESOLUTION NO. 285 OF 2016

Resolution introduced by Supervisors Sokol, Simpson, Seeber, Frasier, Strough, Vanselow, McDevitt, MacDonald and Braymer

AUTHORIZING PARTICIPATION AGREEMENT BETWEEN ADIRONDACK HEALTH INSTITUTE (AHI) AND WARREN COUNTY HEALTH SERVICES, OFFICE OF COMMUNITY SERVICES, EMPLOYMENT & TRAINING ADMINISTRATION AND OFFICE FOR THE AGING

WHEREAS, the Director of Public Health/Patient Services has submitted a request, on behalf of Warren County Health Services, Office of Community Services, Employment & Training Administration and Office for the Aging, to enter into a participation agreement with Adirondack Health Institute (AHI), 101 Ridge Street, Glens Falls, New York 12801, to allow receipt of DSRIP (New York State Delivery Systems Reform Incentive Payment Program) funding for collaborative activities and projects specific to the missions of each individual department, and

WHEREAS, there is no cost to the County to enter into this collaborative agreement with AHI and participation will allow each department to receive funding for particular projects specific to their department's mission, and this joint initiative will negate the need for each department to enter into individual agreements, now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute a Participation Agreement between Adirondack Health Institute (AHI) and Warren County Health Services, Office of Community Services, Employment & Training Administration and Office for the Aging, for a term commencing on April 1, 2016 and terminating on March 31, 2020 in a form approved by the County Attorney.

ABI DSRIP PARTICIPATION AGREEMENT ADDENDUM

2.b.viii. – DSRIP PROJECT SERVICES

This addendum (this "Addendum") is hereby incorporated into and made a part of, and shall be subject to, the DSRIP Participation Agreement (the "Participation Agreement") entered into by and between Adirondack Health Institute, located at 101 Ridge Street, Glens Falls, NY 12801 ("AHI") and _____, located at _____ ("Participant"). Any capitalized terms used but not defined in this Addendum shall have the meaning given to those terms in the Participation Agreement. In the event of any conflict between the Participation Agreement and this Addendum, this Addendum shall govern.

WHEREAS, the parties wish to enter into this Addendum to set forth certain additional terms and conditions relating to Participant's participation in project 2.b.viii – Hospital-Home Care Collaboration Solutions (the "Project").

NOW THEREFORE, in consideration of the mutual promises herein, the Parties, intending to be legally bound, hereby agree as follows:

1. Participant's Project Participation: Participant will engage in "Project Activities" (defined below) in the pursuit of "DSRIP Defined Milestones" (defined below) and will be entitled to "Activity Payments" (defined below) in performance of the Project. Participant acknowledges and agrees that the Activity Payments contemplated by this Addendum are not intended to cover the total costs of Participant's participation in the Project.

2. Project DSRIP Defined Milestones

The following NYS DSRIP Defined Milestones are hereby accepted and acknowledged as the motivation of Participant engaging in the Project. It is agreed that Participant will strive to ensure that funded activities achieve or help to achieve these milestones which are further refined in Project Activities.

- a. Milestone 1: Assemble Rapid Response Teams (hospital-home care) to facilitate patient discharge to home and assure needed home care services are in place, including, if appropriate, hospice. By – 9/30/2016
- b. Milestone 2: Ensure home care staff have knowledge and skills to identify and respond to patient risks for readmission, as well as to support evidence-based medicine and chronic care management. By – 9/30/2016
- c. Milestone 3: Develop care pathways and other clinical tools for monitoring critically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer. By – 9/30/2016
- d. Milestone 4: Educate all staff on care pathways and interventions to Reduce

- Acute Care Transfers (INTERACT)-like principles. By – 9/30/2016
- e. Milestone 5: Develop Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care. By - 6/30/2016
 - f. Milestone 6: Create coaching program to facilitate and support implementation. By – 3/31/2017
 - g. Milestone 7: Educate patient and family/caretakers, to facilitate participation in planning of care. By – 9/30/2016
 - h. Milestone 8: Integrate primary care, behavioral health, pharmacy, and other services into the model in order to enhance coordination of care and medication management. By – 9/30/2016
 - i. Milestone 9: Utilize telehealth/telemedicine to enhance hospital-home care collaborations. By – 3/31/2017
 - j. Milestone 10: Utilize interoperable EHR to enhance communication and avoid medication errors and/or duplicative services. By – 3/31/2017
 - k. Milestone 11: Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions. By – 3/31/2017
 - l. Milestone 12: Use EHRs and other technical platforms to track all patients engaged in this project. By – 9/30/2016
3. **Term of this Addendum:** Participant is eligible for Activities Payments under this Addendum for Project Activities during the period beginning on April 1, 2016 (the "Project Activity Start Date") and ending on March, 31, 2018 (the "Project Activity End Date"). Any Project Activities beginning after the Project Activity End Date will require an additional Addendum to be negotiated by the Parties at a later date. This Addendum shall automatically terminate in the event of termination or expiration of the Participation Agreement.
4. **Withhold for Achievement Values (AV):** All Activities Payments will have a 15% AV Withhold applied. Per PPS Finance Policy – Project Activity Payment AV Withhold – withholds will be paid out upon both (a) the PPS achieving the AV for the Project and (b) the DSRIP program across the State of New York achieving the AV for the DSRIP program.
5. **Project Activities and Activities Payments:**
- a. Project Activity One
 - i. Activity Defined: Assemble Rapid Response Teams ("RRTs") to facilitate patient discharge from hospital to home and assure needed home care services are in place.
 - ii. Mode and Amount of Payment: One-time payment of \$23,000.00 per Participant.
 - iii. Threshold for Payment: Executed letter agreement outlining the referral arrangement between hospital and home care agencies; assign staff to RRTs.
 - iv. Data Requirement: Attestation that letter agreement has been

executed; list of all staff assigned to RRTs.

b. Project Activity Two

- i. **Activity Defined:** Implement telehealth/telemedicine program or utilize existing telehealth infrastructure to support and enhance hospital-home care collaborations.
- ii. **Mode and Amount of Payment:** One-time payment of **\$34,500.00** per Participant.
- iii. **Threshold for Payment:** Adopt telehealth program, or develop guidelines on how existing telehealth infrastructure will be utilized to support and enhance hospital-home care collaborations.
- iv. **Data Requirement:** Attestation that telehealth program was adopted, or copy of guidelines describing how existing telehealth infrastructure will be used to support and enhance hospital-home care collaborations and prevent avoidable hospital use.

c. Project Activity Three

- i. **Activity Defined:** Demonstrate each home care agency identifies and reports on individual patients in need of care management and plans, manages and coordinates care, based on need, to prevent avoidable hospital use [Milestone 12: "Actively Engaged Patients"].
- ii. **Mode and Amount of Payment:** Payment of **\$100.00** per each qualifying patient who avoided home care to hospital transfer, attributable to INTERACT™-like principles, as established within the Project requirements.
- iii. **Threshold for Payment:** Documentation meeting INTERACT™ standards and guidelines for care coordination, medication management, decision support, and advance care planning. Quarterly reports must be submitted to AHI beginning with the period ending September 30, 2016 (the first reporting period shall encompass two quarters covering April 1, 2016 through September 30, 2016) and will continue through the term of the DSRIP Project.
- iv. **Data Requirement:** Comprehensive data registry that includes all patients who avoided home care to hospital transfer during the quarter, submitted to AHI in the data collection format specified by AHI.

6. Payment Terms

- a. Participant is not required to complete all Project Activities within the Project in order to qualify for Activities Payments. Participant is eligible for Activities Payments for Project Activities Participant completes even if Participant does not complete all of the Project Activities within the Project.
- b. In the event that the number of Participants that participate in the Project changes after the date of this Addendum, AHI may adjust the Activities Payment per Project Activity to reflect such changes. AHI will notify Participant of such adjustments in writing. No adjustment will reduce any Activities Payments that have already been made to Participant.

c. Activities Payments are contingent on completion by Participant of all reporting as required under the DSRIP program.

The Parties reaffirm no other terms or conditions of the Participation Agreement shall be negated or changed as a result of this Addendum.

IN WITNESS WHEREOF, the Parties have caused this Addendum to be duly executed as of the 4th day of October, 2016.

ADIRONDACK HEALTH INSTITUTE

PARTICIPANT

By: 

By: _____

Name: Eric Burton

Name: _____

Title: CFO

NPI: _____

Date: 10/4/2016

Date: _____

Address: _____

Email: _____

Phone: _____

Specialty/Service: _____



Adirondack Health Institute

Lead Empower Innovate

December 22, 2016

Tammie DeLorenzo
Warren County Health Services
Clinical and Fiscal Informatics Coordinator
1340 State Rte 9, Municipal Center
Lake George, NY 12845

Dear Tammie:

On behalf of AHI, I am delighted to announce more than 100 community-based organizations, primary care providers, hospitals, mental health and substance abuse treatment providers, skilled nursing facilities, and home and community providers have formally expressed their commitment to join the AHI PPS as of December 1, 2016. In concert with AHI's leadership and the collective efforts, talent, and expertise of our PPS Partners, we are well positioned to meet the challenges of transforming the health care system for communities across the North Country.

As the DSRIP program has evolved from planning to implementation, AHI Leadership in conjunction with the PPS Finance Committee, Funds Flow Workgroup, and AHI Board, recognized the need to provide Partners with funds to support vital project implementation activities. Using a PPS wide methodology, the AHI PPS is distributing an additional \$5.0M of DSRIP funds as a second round of engagement funds.

Based on the W-9 submitted during the AHI contracting process, your organization indicated it would contract alongside other individual county organizations to form Warren County as a single entity. Based on that information, a check was sent to Warren County which included \$22,650 in funds allocated to your organization.

Organizations must maintain records that support funds were used for DSRIP activity. We encourage you to consult with your finance department and/or accounting professional for guidance on accounting practices. Additional information can be found in the "MRT Waiver Amendment – DSRIP Special Terms and Conditions (October 2015) and can be viewed at:

www.health.ny.gov/health_care/medicaid/redesign/dsrip/cms_official_docs.htm.

Please note that your organization may be eligible for additional DSRIP project funds in conjunction with PPS contracting.

Thank you again for the time, dedication, and commitment to health related initiatives for communities in the North Country. Together, we will achieve the DSRIP goals that will transform our health care system.

Sincerely,

Eric Burton
Chief Financial Officer



Adirondack Health Institute

○ Lead ○ Empower ○ Innovate

December 22, 2016

Chris Hunsinger
Director
Warren County
PO Box 4393
Queensbury, NY 12804

Dear Chris:

On behalf of AHI, I am delighted to announce more than 100 community-based organizations, primary care providers, hospitals, mental health and substance abuse treatment providers, skilled nursing facilities, and home and community providers have formally expressed their commitment to join the AHI PPS as of December 1, 2016. In concert with AHI's leadership and the collective efforts, talent, and expertise of our PPS Partners, we are well positioned to meet the challenges of transforming the health care system for communities across the North Country.

As the DSRIP program has evolved from planning to implementation, AHI Leadership in conjunction with the PPS Finance Committee, Funds Flow Workgroup, and AHI Board, recognized the need to provide Partners with funds to support vital project implementation activities. Using a PPS wide methodology, the AHI PPS is distributing an additional \$5.0M of DSRIP funds as a second round of engagement funds. We are delighted to present the enclosed check in the amount of \$71,700 to Warren County. This check should be allocated as instructed below:

- \$17,500 - Warren County Career Center
- \$22,650 - Warren County Health Services
- \$10,600 - Warren-Hamilton Counties Office for the Aging
- \$20,950 - Warren Washington Community Services Board

The enclosed check is to be used to support DSRIP program objectives. Organizations must maintain records that support funds were used for DSRIP activity. We encourage you to consult with your finance department and/or accounting professional for guidance on accounting practices. Additional information can be found in the "MRT Waiver Amendment – DSRIP Special Terms and Conditions (October 2015) and can be viewed at:

www.health.ny.gov/health_care/medicaid/redesign/dsrip/cms_official_docs.htm.

Please note that your organization(s) may be eligible for additional DSRIP project funds in conjunction with PPS contracting.

Thank you again for the time, dedication, and commitment to health related initiatives for communities in the North Country. Together, we will achieve the DSRIP goals that will transform our health care system.

Sincerely,

Eric Burton
Chief Financial Officer

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-Home Care Division

DATE: January 24, 2017

- (a) **Purpose of Amendment:** To amend the 2017 budget to adjust the Health Services – HomeCare Division to reflect the funds given from the Adirondack Health Institute (AHI) to support the DSRIP (New York State Delivery Systems Reform Incentive Payment Program) Project of **\$22,650.00**.
- (b) Appropriation Code (with title), Object Code (with title) and Amount:
A.4010.260 Health Services- Other Equipment \$22,650

Revenue Code (with title), and Amount:
A.4010.3426 Health Services—DSRIP Engagement Funds Revenue \$22,650.00

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 Education Program

DATE: January 24, 2017

- (a) **Purpose of Amendment:** To amend the 2017 budget to adjust the Family Health Program to reflect the funds given from the Adirondack Rural Health Network to support the Neonatal Abstinence Syndrome (NAS) Prevention Agenda Project of **\$2,500.00**.
- (b) Appropriation Code (with title), Object Code (with title) and Amount:
A.4018.0020.410 Family Health Program- Office Supplies \$750.00
A.4018.0020.424 Family Health Program-Postage Expense \$50
A.4018.0020.428 Family Health Program-Data Processing \$200
A.4018.0020.437 Family Health Program-Consulting Fees \$1,000.00
A.4018.0020.445 Family Health Program-Foods Expense \$500.00

Revenue Code (with title), and Amount:

A.4018.0020.1612 Family Health Program-Revenue \$2,500.00

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: 01/24/2017

- (a) Name of Appointee: See attached list and R58/2016 attached
- (b) Is this a Reappointment? If so, please provide the Resolution No. which authorized the last appointment of this individual
- (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
- (e) Address of Appointee:
- (f) Title of Appointment: Member of Warren County Health Services Professional Advisory Committee
- (g) Effective Date of Appointment: 01/01/2017
- (h) Termination Date of Appointment: 12/31/2017
- (i) Name of Person Being Replaced (if applicable): see attached list
- (j) Reason for Replacement: Sharon Schaldone – retired
Christie Sabo – resigned her position
Mary Lamkins – Long Term Home Health Care
Program no longer operational

**WARREN COUNTY
PROFESSIONAL ADVISORY COMMITTEE**

01/2017

Page 1

<i>Name</i>	<i>Title</i>	<i>Address</i>	<i>Phone</i>	<i>Email</i>	<i>Other Information</i>
Kathy Andersen, RN <i>reappointment</i>	Nursing Director of Dialysis Center and Vascular Access and Infusion Center	100 Park Street Glens Falls, NY 12801	926-6726	kandersen@glensfallshosp.org	
Patricia Auer <i>reappointment</i>	Director Public Health/Patient Services Warren Co. Health Services	via inter-office mail	x6571	auerp@warrencountyny.gov	
Patricia Belden <i>reappointment</i>	Public Health Nurse Communicable Disease Program Warren Co. Health Services	via inter-office mail	x7690	beldenp@warrencountyny.gov	
Tammie DeLorenzo <i>reappointment</i>	Clinical Fiscal Informatics Coordinator Warren Co. Health Services	via inter-office mail	x8772	delorenzot@warrencountyny.gov	
Tawn Driscoll <i>reappointment</i>	Financial Manager Warren Co. Health Services	via inter-office mail	x8730	driscollt@warrencountyny.gov	
Joseph Dufour <i>reappointment</i>	FNP Irongate Family Practice	Three Irongate Center Glens Falls NY 12801	793-4409	jdufour@nycap.rr.com	
Daniel Durkee <i>Reappointment</i>	Senior Health Educator/ Emergency Preparedness Coordinator Warren Co. Health Services	via interoffice mail	x6584	durkeed@warrencountyny.gov	
Stephen Bassin <i>reappointment</i>	Physical Therapist	32 Sherman Ave Glens Falls, Ny 12804	792-8075	geotpc@msn.com	
Joan Grishkot <i>Reappointment</i>	BSN, MHA <i>RN</i>	202 Ridge Street Glens Falls NY 12801	792-2600	wgrishko@nycap.rr.com	
Ginelle Jones <i>Reappointment</i>	Assistant Director Public Health Warren County Health Services	via inter-office mail	x6583	jonesg@warrencountyny.gov	
Daniel Larson <i>reappointment</i>	MD, Public Health Medical Director Upper Hudson Primary Care Consortium	PO Box 3253 Glens Falls NY 12801	761-0300 (5) (1)	dlarson@hhhn.org	

**WARREN COUNTY
PROFESSIONAL ADVISORY COMMITTEE**

01/2017

Page 2

Name	Title	Address	Phone	Email	Other Information
Richard Leach <i>Reappointment</i>	MD, Tuberculosis & Infectious Disease Program Consultant	Chestnut Ridge Rd Queensbury, NY 12804	793-6619	leachpad@hhhn.org	
Richard Mason <i>Reappointment</i>	Community Member	64 Webster Avenue Glens Falls NY 12801	793-1789	<u>Mail Only</u>	
<i>New appoint</i> Erik Mastrianni	Senior EI Coordinator <i>Replacing Mary Benkins</i>	Via inter- office mail	x 8709	Mastriannie@warrencountyny.gov	
<i>New appoint</i> Deanna Park	Director of Office of Aging	Via inter -office mail	761-6347	parkd@warrencountyny.gov	
<i>New appoint</i> Nancy Parsons	RN Immunization Program Warren County Health Services <i>Replacing Christie Sabo</i>	Via inter-office mail	x 8735	parsonsn@warrencountyny.gov	
<i>New appoint</i> John Ruge	MD	P.O. Box 3253 Glens Falls, NY	761-0300 (5) (1)	jrugge@hhhn.org	
<i>New appoint</i> Valerie Whisenant	Assistant Director Patient Services Warren County Health Services <i>Replacing Sharon Scheldone</i>	via inter-office mail	x 6593	whisenantv@warrencountyny.gov	
<i>New appoint</i> Julie Smith	Director of Patient Services Greater ADK Home Health Aides	25 Willowbrook Rd Queensbury, NY 12804	GAHHA 926-7070	juliesmith@glensfallshosp.org	
<i>New appoint</i> Maureen Schmidt	Commissioner Warren County Department of Social Services	via inter-office mail	X6362	Maureen.schmidt@dfa.state.ny.us	

Warren County Board of Supervisors

RESOLUTION NO. 58 OF 2016

Resolution introduced by Supervisors Sokol, Simpson, Seeber, Frasier, Strough, Vanselow, McDevitt, McDonald and Braymer

APPOINTING MEMBERS OF PROFESSIONAL ADVISORY COMMITTEE

RESOLVED, that the following members of the Professional Advisory Committee for the 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, 2016 and terminating December 31, 2016.

RESOLUTION NO. 58 OF 2016

PAGE 2 OF 3

SCHEDULE "A"

PROFESSIONAL ADVISORY COMMITTEE MEMBERS

NAME	TITLE/ADDRESS
Kathy Andersen, RN	Nursing Director of Dialysis Center and Vascular Access and Infusion Center
Patricia Auer	Director Public Health/Patient Services Warren County
Stephen Bassin	Physical Therapist
Patricia Belden	Public Health Nurse Communicable Disease Program Warren County
Tammie DeLorenzo	Clinical Fiscal Informatics Coordinator, Warren County Health Services
Tawn Driscoll	Financial Manager, Warren County Health Services
Joseph Dufour	FNP, Irongate Family Practice
Daniel Durkee	Health Educator Warren County Health Services
Joan Grishkot	Community Member
Ginelle Jones	Assistant Director Public Health Warren County Health Services
Mary Lamkins	LTHHCP Supervisor Warren County Health Services
Daniel Larson	MD, Public Health Medical Director Hudson Headwaters Health Network
Richard Leach	MD, Tuberculosis and Infectious Disease Program Consultant
Richard Mason	Community Member

RESOLUTION NO. 58 OF 2016

PAGE 3 OF 3

John Ruge

MD

Christie Sabo

Director
Warren Hamilton Counties Office for the Aging

Sharon Schaldone

Assistant Director Patient Services
Warren County Health Services

Julie Smith

Director of Patient Services
Greater ADK Home Health Aides

Nancy Parsons

RN, Immunization Program
Warren County Health Services

Maureen Schmidt

Commissioner
Warren County Department of Social Services

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: 01/24/2017

- (a) Name of Appointee: See attached list and R57/2016 attached
- (b) Is this a Reappointment? If so, please provide the Resolution No. which authorized the last appointment of this individual
- (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
- (e) Address of Appointee:
- (f) Title of Appointment: Member of Warren County Health Services Local Early Intervention Coordinating Committee
- (g) Effective Date of Appointment: 01/01/2017
- (h) Termination Date of Appointment: 12/31/2017
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement:

2017

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 coninep@saccn.org
Dunbar, Melissa Speech Language Pathologist		307-3494	25 Brookfield Run, Queensbury, NY 12804 zsmd3@yahoo.com
Genovese, Ashlie (Parent)		683-6224	10 Chippewa Circle, Queensbury NY 12804 Jag.girl@earthlink.net
Lee, Carrie (Parent)		650-776-4532	12 Danford Court, Queensbury NY 12804 carrieharp@gmail.com
Matte, Sarah		798-7555 x216	Warren County Head Start 11 Pearl Street, Glens Falls, NY 12801 disability@wchsny.org
Meilhede, Dr. Lauren		798-9538	Adirondack Pediatrics 84 Broad Street #3, Glens Falls NY 12801 lmeilhede@gmail.com
<i>remove</i> → 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 Maureen.schmidt@dfa.state.ny.us
<i>replace</i> → Cindy Mulcahy - Preventive Supervisor			
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 Yorkr@warrencountyny.gov

Warren County Board of Supervisors

RESOLUTION NO. 57 OF 2016

Resolution introduced by Supervisors Sokol, Simpson, Seeber, Frasier, Strough, Vanselow, McDevitt, McDonald and Braymer

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, 2016 and terminating December 31, 2016, 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, 2016.

RESOLUTION NO. 57 OF 2016

PAGE 2 OF 2

SCHEDULE "A"

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 Route 9 Lake George, New York 12845
Conine, Pam			Southern Adirondack Child Care Network
Matte, Sarah			Warren County Head Start
Dunbar, Melissa Speech Language Pathologist.			
Lee, Carrie (Parent) Genovese, Ashlie (Parent)			
Meilhede, Lauren, MD			Adirondack Pediatrics
Reyes, Monique (Parent)			
Schmidt, Maureen			Warren County Department of Social Services
Utz-Meagher, Kevin			Capital District DDSO
York, Robert			Office of Community Services for Warren and Washington County

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: 01/24/2017

- (a) Purpose of Contract Change: To amend the Resolution with North Country Home Services for para professional services to reflect an increase in rates.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: R 114/2016 (see attached)
- (c) Name of Contractor: North Country Home Services
- (d) Address of Contractor: 25 Church Street, Saranac Lake, NY 12983
- (e) Contractor's Contact Person and Telephone Number: Rebecca Leahy (518)891-2644, fax (518)891-2055
- (f) Commencement Date of Amendment: 01/01/17
- (g) Termination Date of Extension: per terms of current agreement
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount \$28.50
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. receipt of documentation for each individual patient visit)
- (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:
- (ii) A 4010.470 Health Services contract expenses

RESOLUTION NO. 114 OF 2016

PAGE 2 OF 2

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 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 funds for this contract shall be expended from Budget Code A.4010 470 Health Services, Contract.

Warren County Board of Supervisors

RESOLUTION NO. 114 OF 2016

Resolution introduced by Supervisors Sokol, Simpson, Seeber, Frasier, Strough, Vanselow, McDevitt, MacDonald and Braymer

AUTHORIZING AMENDMENT AGREEMENT WITH NORTH COUNTRY HOME SERVICES, INC. FOR PARAPROFESSIONAL CARE SERVICES, AMENDING RATES FOR 2016 AND DELETING THE PORTION RELATING TO LONG TERM HOME HEALTH CARE (LTHHC)

WHEREAS, Resolution No. 237 of 2015 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/Patient Services has been advised by North Country Home Services, Inc. that the Home Health Aide rate for 2016 is Twenty-Seven Dollars and Four Cents (\$27.04) per hour, and that they are no longer in need of the Long Term Home Health Care (LTHHC) program that had been provided, now, therefore, be it

RESOLVED, that the rates for the services for 2016 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 \$27.04/hr 28.50/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 March 21, 2016, and deleting the LTHHC portion of the agreement (Personal Care Aide Services), in a 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

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

November 21, 2016

Patricia Auer, Director
Warren County Health Services
1340 State Rt. 9
Lake George, NY 12845

Dear Patricia:

North Country Home Services Board of Directors has approved the home health aide rate for the 2017 year. The following is your rate:

<u>2016 Rate</u>	<u>2017 Rate</u>
\$27.04	\$28.50

We thank you for the privilege of serving your agency. It is a pleasure working with you and your staff.

Sincerely,

Rebecca Leahy, RN
Executive Director

RL/sb

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: 01/24/2017

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To develop a contract agreement to provide services for children in the preschool special needs program.
- (c) Name of Contractor: Advanced Therapy P.L.L.C.
- (d) Address of Contractor: One Rapp Road, Albany, New York 12203
- (e) Contractor's Contact Person and Telephone Number: Anne Hofnagel, (518)867-3061, fax (518)867-3066
- (f) Has or will the Contract be provided, if so, please attach: use model for Prospect School (Center of Disabilities)
- (g) Commencement Date of Contract: 02/20/2017
- (h) Termination Date of Contract: 30 days written notice by either party
- (i) Payment Provisions:
 - i) lump sum amount -
 - ii) hourly rate amount **paid at state ed. Approved rates**
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. **monthly**, quarterly, upon completion of the project, etc.
paid upon monthly receipt of child attendance information)
- (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.4054.444 Ed/Physically Handicapped Children – Preschool

A.4054.0060.444 Ed/Physically Handicapped Children – Early Intervention



***A leader in pediatric therapy
servicing children from birth through school age***

December 12, 2016

Patricia Auer
Warren County Public Health
1340 Route 9
Lake George, NY 12845

Dear Ms. Auer,

Advanced Therapy is requesting contracts for E.I. and Pre School for Related Services, SEIT, SCIS and SC. If you have any questions please feel free to call me (518) 867-3061. It was a pleasure speaking with you.

Regards,

A handwritten signature in blue ink that reads "Anne M. Hofnagel". The signature is fluid and cursive.

Anne Hofnagel
Vice President

SEIT = special education itinerant therapy
SCIS = special class integrated services
SC = special class



ADVANCED THERAPY, P.L.L.C.
ONE RAPP ROAD
ALBANY, NEW YORK 12203
(518) 867-3061 FAX (518) 867-3066

December 12, 2016

Warren County Public Health
1340 State Route 9
Lake George, NY 12845

Dear Ms. Auer:

Enclosed, please find a list of employees along with copies of credentials and licenses for each staff member.

Please be aware, that Advanced Therapy keeps copies of annual physicals and immunizations on file. Advanced Therapy also screens all employees through the State Central Registry, and keeps such clearance letters on file.

Should you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in blue ink, appearing to read "Kelly Ann Knowles". The signature is fluid and cursive.

Kelly Ann Knowles
Director of Finance and Human Resources

Advanced Therapy 2016-2017 Staff List

Name	License #	NPI #
Rachael Cutter (OT)	019611-1	1720474638
Antonia Diaz (PTA)	004962-1	1346487535
Theresa DiCroce (PTA)	001352-1	1588108617
Alexander Farmer (OTA)	009110-1	1477000453
Nicole Klym (SLP)	013433-1	1306179668
Michelle Snyder (SEIT)	693407	1508128844
Laura Thomas (PT)	039340-1	1972979706

**Advanced Therapy
1 Rapp Road
Albany, NY 12203**

To: Licensee/Registrant

- ◆ Please review the Registration Certificate below to be sure the information on it is correct.
- ◆ If any of the information is not correct, please contact us at OPREGFEE@mail.nysed.gov or (518) 474-3817, Ext. 410.
- ◆ If the information is correct, sign above the Licensee/Registrant block and please destroy any previous Registration Certificates you may have, as certificates with incorrect information are not valid and should not be kept.
- ◆ Should your address or name change, please notify us as described on the reverse and a new certificate will be issued.

UPON RECEIPT OF THIS REGISTRATION CERTIFICATE YOUR PREVIOUSLY ISSUED REGISTRATION CERTIFICATE IS NULL AND VOID. PLEASE DESTROY THE PREVIOUSLY ISSUED REGISTRATION CERTIFICATE.

MPI# 1720474638

SEE BACK FOR IMPORTANT INFORMATION

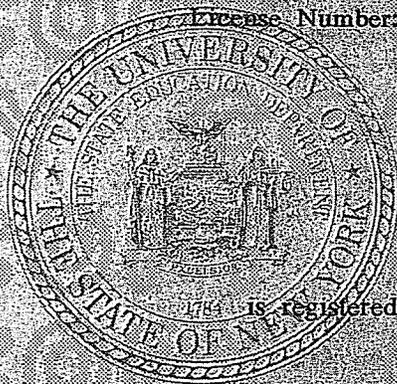
The University of the State of New York
Education Department
Office of the Professions
REGISTRATION CERTIFICATE
Do not accept a copy of this certificate

License Number: 019611-1

Certificate Number: 8904173

CUTTER RACHAEL MARIE
5 LAMPLIGHTER ACRES
FORT EDWARD NY 12828-0000

is registered to practice in New York State through 02/28/2018 as a(n)
OCCUPATIONAL THERAPIST



LICENSEE/REGISTRANT

[Signature]
EXECUTIVE SECRETARY

[Signature]
ACTING COMMISSIONER OF EDUCATION

[Signature]
DEPUTY COMMISSIONER
FOR THE PROFESSIONS

This document is valid only if it has not expired, name and address are correct, it has not been tampered with and is an original - not a copy. To verify that this registration certificate is valid or for more information please visit www.op.nysed.gov

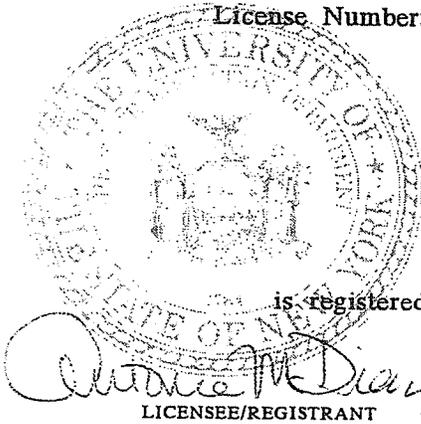
The University of the State of New York
Education Department
Office of the Professions
REGISTRATION CERTIFICATE
Do not accept a copy of this certificate

License Number: 004962-1

Certificate Number: 8549965

DIAZ ANTONIA M
27 ADIRONDACK STREET
2ND FLOOR
ALBANY NY 12203-0000

is registered to practice in New York State through 07/31/2017 as a(n)
PHYSICAL THERAPIST ASSISTANT



Antonia M Diaz
LICENSEE/REGISTRANT

John Rockmiller
EXECUTIVE SECRETARY

John B. G.
COMMISSIONER OF EDUCATION
Dee E. Kelly
DEPUTY COMMISSIONER
FOR THE PROFESSIONS

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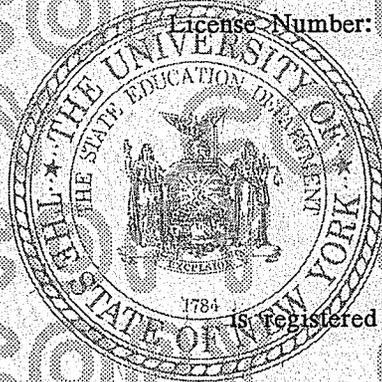
NPI# 1346487535

NPI #
1588108617

The University of the State of New York
Education Department
Office of the Professions

REGISTRATION CERTIFICATE

Do not accept a copy of this certificate



License Number: 001352-1

Certificate Number: 9484693

DICROCE THERESA VIOLA
11 DOUGLAS AVENUE
GLENS FALLS NY 12801-0000

is registered to practice in New York State through 09/30/2019 as a(n)
PHYSICAL THERAPIST ASSISTANT

LICENSEE/REGISTRANT

Karyellen Elia
COMMISSIONER OF EDUCATION
D. E. Hill
DEPUTY COMMISSIONER
FOR THE PROFESSIONS

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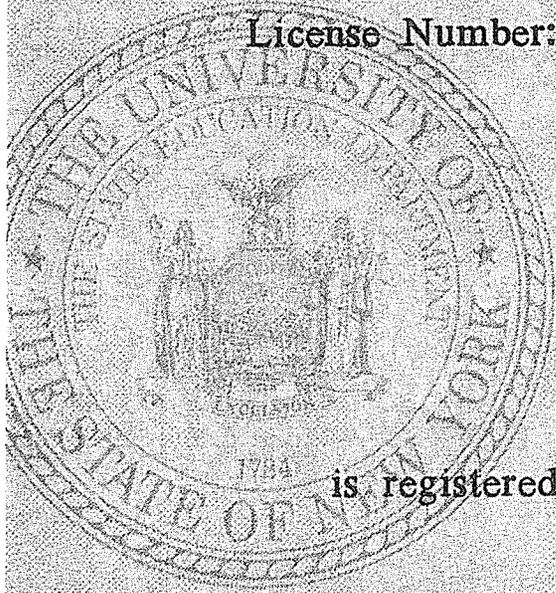
ME-#147700453

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Office of the Professions*

REGISTRATION CERTIFICATE
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License Number: 009110-1

Certificate Number: 9504922



FARMER ALEXANDRA CHRISTIAN
255 WILLBUR RD
SCHUYLERVILLE NY 12871-0000

is registered to practice in New York State through 08/31/2019 as a(n)
OCCUPATIONAL THERAPY ASSISTANT

LICENSEE/REGISTRANT

[Signature]
EXECUTIVE SECRETARY

[Signature]
COMMISSIONER OF EDUCATION

[Signature]
DEPUTY COMMISSIONER
FOR THE PROFESSIONS

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Office of the Professions

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License Number

013653-1

Category Number 000410010

NPE# 1306179668

KLIM NICOLE LYNN
11 VILLAGE LANE WEST
AMSTERDAM

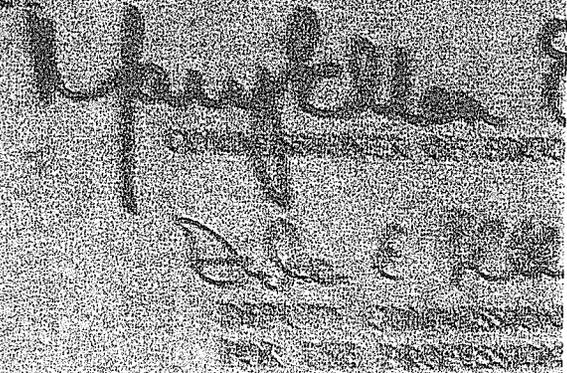
NY 12010-2532

is qualified to practice in New York State under the title of
SPEECH - LANGUAGE PATHOLOGIST

EXPIRES



SECRETARY



The Department of Education of the State of New York hereby certifies that the above-named individual is qualified to practice in New York State under the title of SPEECH - LANGUAGE PATHOLOGIST. This certificate is valid until the expiration date shown on this certificate. The Department of Education of the State of New York reserves the right to suspend or revoke this certificate at any time.

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of Teaching
Albany, New York 12234

NPI # 1508128844

America's Job Bank (www.ajb.org) is an easily accessible nationwide job bank that helps job seekers and employers connect. This service provides job seekers a method to post their resumes on the Internet. Employers regularly search this database to find suitable candidates for their job openings. This service is available *free* to job seekers and employers.

It is expected that a certified teacher be knowledgeable of New York State's new learning standards. For information about the learning standards and new State assessment system, please visit the Department's web site at <http://www.nysed.gov> or write to the Office of Curriculum, Instruction and Assessment, New York State Education Department, Albany, NY 12234.

Michelle R. Snyder
24 HUNGERFORD ROAD
ALBANY NY 12203-4206

University of the
Education



State of New York
Department

Public School Teacher Certificate

This certificate, valid for service in the public schools, is granted to the person named below who has satisfied the requirements prescribed by the State Education Department.

MICHELLE R. SNYDER

Certification Area: **Pre Kindergarten, Kindergarten And
Grades 1-6**

*Form: **PERMANENT**
(over)

Certificate Number: **693407**

Effective Date: **09/01/2008**

Control Number: **243883081**

Given under the authority of
the State Education Department.

Johanna Runcat Fortier
Senior Deputy Commissioner of Education - P-16

Richard Mills
Commissioner of Education

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of Teaching
Albany, New York 12234

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Michelle R. Snyder
24 HUNGERFORD ROAD
ALBANY NY 12203-4206

University of the
Education



State of New York
Department

Public School Teacher Certificate

This certificate, valid for service in the public schools, is granted to the person named below who has satisfied the requirements prescribed by the State Education Department.

MICHELLE R. SNYDER

Certification Area: **Special Education**

*Form: **PERMANENT**
(over)

Effective Date: **09/01/2008**

Certificate Number: **693407**

Control Number: **235468081**

Given under the authority of
the State Education Department

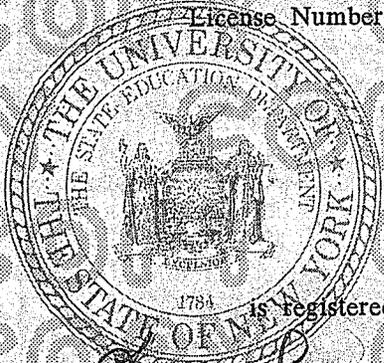
Johanna Runcas Fortier
Senior Deputy Commissioner of Education - P-16

Ronald Miller
Commissioner of Education

The University of the State of New York
Education Department
Office of the Professions
REGISTRATION CERTIFICATE
Do not accept a copy of this certificate

License Number: 039340-1

Certificate Number: 9044485



THOMAS LAURA L
61 COLD SPRING RD
TROY NY 12180-0000

is registered to practice in New York State through 07/31/2018 as a(n)
PHYSICAL THERAPIST

Laura Thomas
LICENSEE/REGISTRANT

Jan Kachmulla
EXECUTIVE SECRETARY

Maryellen Elia
COMMISSIONER OF EDUCATION

De E. Hill
DEPUTY COMMISSIONER
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NPI # 1972979706



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

OFFICE OF SPECIAL EDUCATION
Preschool Policy Unit
Room 309 EB, 89 Washington Avenue • Albany, NY 12234
www.p12.nysed.gov/specialed/

Telephone (518) 473-6108
Fax: (518) 473-5387

November 17, 2016

Mr. Peter Scotto
President
Advanced Therapy OT, PT, SLP, Psychologist, RN, PLLC
1 Rapp Road
Albany, NY 12203

Dear Mr. Scotto:

Your agency's request to amend your currently approved programs to serve preschool students with disabilities, ages three and four, pursuant to section 4410 of the Education Law has been reviewed by New York State Education Department staff. Based upon a review of the material submitted, I am approving an amendment to your current approval as shown in bold and bracketed on the enclosed chart.

As a result of this approval, your agency must abide by all applicable laws and regulations and implement the program as approved. Information relating to approved rates is sent under separate cover. Please note that prior to implementing any changes to your agency's program model you must submit a Modification Request Application, which can be found at <http://www.p12.nysed.gov/specialed/applications/preschool-home.html>, and which must be approved in writing by this Office.

If you have any questions about the information contained in this letter, please contact your Special Education Quality Assurance Regional Associate, Janet Wolfe, at (518) 486-6366.

Sincerely,

Monica L. Short
Supervisor

Enclosure

c: Diane Avery
Janet Wolfe
Albany County Section 4410 Designee
Early Childhood Direction Center Eastern Region

bc: Lisa Callahan
Nora Galto
Heather Vandewater
Sheila Costa
Robert Wojtkiewicz
William Weaver
Jim Hart



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

OFFICE OF SPECIAL EDUCATION
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www.p12.nysed.gov/specialed/

Telephone (518) 473-6108
Fax: (518) 473-5387

Name of Agency: **ADVANCED THERAPY, PLLC**
Agency Code and County Name: **800000059936, ALBANY**
Type of Programs: **Special Class (9100)**
Special Class in an Integrated Setting (9160)
Special Education Itinerant Services
Multidisciplinary Evaluation Program

11/17/2016

Type of Program:	Special Education Itinerant Services Multidisciplinary Evaluation Program	
Program Site Address	Counties Served	Hours of Operation
ADVANCED THERAPY, PLLC ADMINISTRATION & EVALUATION SITE ONE RAPP ROAD ALBANY, NY 12203 518-867-3061 PETER SCOTTO, PRESIDENT	ALBANY COLUMBIA DUTCHESS FULTON GREENE MONTGOMERY OTSEGO RENSSELAER SARATOGA SCHENECTADY SCHOHARIE ULSTER WASHINGTON	8:00 AM - 4:30 PM MONDAY - FRIDAY

Program Site Address	Program Code	Overall Students/Teacher/Para Ratio	Students with Disabilities/Teacher/Para Ratio	Bilingual Language	Half Day	Full Day		School Year Code	
					# of Classes	# of Classes	# of Hours	2 Month	10 Month
ADVANCED THERAPY, PLLC CATSKILL ELEMENTARY SCHOOL 770 EMBOUGHT ROAD CATSKILL, NY 12414 518-867-3061 ANNE HOFNAGEL, VICE PRESIDENT	9100	8:1+2	8:1+2	None	0	1	5	A	I
	9160	20:2+2	6:1+1	None	0	1	5	A	I
ADVANCED THERAPY, PLLC ICHABOD CRANE PRIMARY SCHOOL 2910 ROUTE 9 VALATIE, NY 12184 518-867-3061 ANNE HOFNAGEL	9160	20:2+2	6:1+1	None	0	1	5	A	I
ADVANCED THERAPY, PLLC TACONIC HILLS ELEMENTARY SCHOOL 73 COUNTY ROUTE 11A CRARYVILLE, NY 12521 518-867-3061 ANNE HOFNAGEL	9160	18:2+2	6:1+1	None	0	1	5	A	I
ADVANCED THERAPY, PLLC LITTLE FEET DAYCARE CENTER 24 CHURCH STREET COEYMANS, NY 12045 518-867-3061 ANNE HOFNAGEL, VICE PRESIDENT	9100	8:1+2	8:1+2	None	0	1	5	A	I
ADVANCED THERAPY, PLLC SACANDAGA ELEMENTARY SCHOOL 300 WREN STREET SCOTIA, NY 12302 518-867-3061 ANNE HOFNAGEL, VICE PRESIDENT	9160	18:2+2	6:1+1	None	0	1	5	A	I

Program Site Address	Program Code	Overall Students/Teacher/Para Ratio	Students with Disabilities/Teacher/Para Ratio	Bilingual Language	Half Day	Full Day		School Year Code	
					# of Classes	# of Classes	# of Hours	2 Month	10 Month
ADVANCED THERAPY, PLLC HARRINGTON'S CARE A LOT CHILD CARE CENTER 523 LOWER OAK STREET HUDSON FALLS, NY 12828 518-867-3061 ANNE HOFNAGEL, VICE PRESIDENT	9100	8:1+2	8:1+2	NONE	0	1	5	A	I
ADVANCED THERAPY, PLLC [DURHAM SCHOOL BUILDING 4099 STATE HWY 145 DURHAM, NY 12422 518-867-3061] ANNE HOFNAGEL, VICE PRESIDENT <i>(New site. Deleted site located at 424 Main Street, Cairo.)</i>	9160	18:2+2	6:1+1	NONE	0	1	5	A	I
Totals	9100 9160				0 0	3 6			

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: 01/24/2017

- (a) Purpose of Request: To accept the Warren County Rabies Plan
- (b) Details: Please see attached resolution for language
- (c) Previous Resolution Number: R 403/2011

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~~ ²⁰¹⁴⁻²⁰²⁰

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~~ ²⁰¹⁴⁻²⁰²⁰, now, therefore, be it

RESOLVED, that the Warren County Board of Supervisors hereby adopts the Warren County Rabies Plan for ~~2011-2015~~ ²⁰¹⁴⁻²⁰²⁰.