

**Warren County Health Services
Health, Human and Social Services Committee
AGENDA FOR
September 27, 2018
Information Submitted By: Ginelle Jones, DPH/DPS**

Health and Human Services Committee Members: Frasier, McDevitt, Braymer, Leggett, Loeb, Diamond, Hyde, Magowan, Sokol

Committee meeting call to order by Chairperson

Motion to approve the minutes of the August 21, 2018 Health and Human Services Committee meeting.

I. Action Agenda/New Business:

Resolution Request:

To submit application with Adirondack Health Institute (AHI) for \$3000 grant, utilizing Public Health Improvement Plan (PHIP) funding to benefit families participating in the Women Infant Child Program and to enter a contract with AHI commencing October 19, 2018 until program activities have been completed, monies have been expended, and final reporting and final AHI approval has been provided.

Rationale:

This is a great opportunity to benefit WIC families, by providing and encouraging fresh fruit and vegetable consumption. According to WIC, 25% of the participating families are not consuming fresh fruits and vegetables. The timeline from funding approval and deadline for expenditure is short, requiring funding to be accepted and encumbered by 12/31/2018.

Resolution Request:

To enter a contract with Field Goods, a Community Supported Agriculture (CSA) local entity, that partners with local farms to package and distribute fresh produce to community locations, commencing October 19, 2018 for the duration of the AHI \$3000 grant, funded with Public Health Improvement Funding (PHIP) to provide fresh seasonal produce to WIC families until funding has been exhausted.

Rationale:

Field Goods is a known local entity which is currently under contract to provide a similar service to county employees. This contract will be utilized to assist WIC participants with access to fresh produce in an effort to encourage and promote healthy eating. Due to the short funding timeline with this AHI PHIP grant, funding must be accepted and encumbered prior to December 31, 2018. It is anticipated once money is accepted to create a purchase order for \$2900, which can be rolled to 2019 if needed, to ensure all monies are utilized. The remaining \$100 of the \$3000 AHI PHIP grant funding will be utilized by our department for program promotion and implementation.

Request Resolution:

To authorize a contract with David Minshall, NYS Licensed Physical Therapist, to provide Physical Therapy services.

Rationale:

Health Services continues to need Physical Therapists in the Home Care to deliver services to patients and we do not want to be in the position to not be able to accept patient referrals for those individuals in need of therapy services. Therapy services are billable and revenue generating.

Request Resolution:

For Budget Amendment, please refer to **Attachment #3**

Rationale:

Tawn Driscoll, Fiscal Manager will explain the need at the meeting.

Resolution Request:

For Budget Amendment, please refer to **Attachment #3A**

Rationale:

Tawn Driscoll, Fiscal Manager will explain the need at the meeting.

Resolution Request:

For Budget Amendment, please refer to **Attachment #3B**

Rationale:

Tawn Driscoll, Fiscal Manager will explain the need at the meeting

Request Resolution:

For Budget Adjustment, please refer to **Attachment #4.**

Rationale:

Tawn Driscoll, Fiscal Manager will explain the need at the meeting

Referral/Pending Items

There are no pending items at this time.

II. Information for Discussion/Review

Report of Revenues and Expenditures for 2018

Please refer to **Attachment #1.**

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

Revenue and Expense Comparison Report for 2017 vs 2018

Please refer to **Attachment #2.**

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

Status of Referrals

Please refer to **Attachment #5**

Emergency Response and Preparedness

Please see **Attachment #6** for the monthly report.

Budget Summary

Tawn Driscoll, Fiscal Manager, will bring and review the 2019 Budget Summary to the meeting.

Program Updates

Nursing Positions: Open positions, continuous recruitment.

WIC Positions: All positions have been filled.

Intent to Fill Forms Submitted:

Registered Professional Nurse/CHN#11

Upcoming Conferences/ Authorization to Attend Meeting/Convention Forms Completed:

1. J'nelle Oxford, Public Health Program Coordinator, was approved to attend PER- 304 Social Media for Natural Disaster Response and Recovery (\$0 plus travel), in Oriskany, NY, on September 17, 2018, which was approved, however she was unable to attend due to illness.
2. J'nelle Oxford, Public Health Program Coordinator, was approved to attend Ready and In Command: Hot Topics and Best Practices in Emergency Preparedness (Homecare- Offered by HCA/ \$234 for conference) in Troy, NY, on September 27, 2018.
3. Ginelle Jones, Director of Public Health and Patient Services, was approved to attend the New York State Association of County Health Officials 2018 Annual Public Health Leader's Summit in Clayton, NY, October 3-5, 2017. On October 3rd, there will be training for new public health directors/commissioners.

4. Val Whisenant, Assistant Director of Patient Services and newly appointed Corporate Compliance Officer, was approved to attend the HCA Corporate Compliance Symposium (\$319) in Albany, NY, on October 17, 2017.

III. Privilege of the floor to discuss any additional items to come before Committee

IV. Motion to adjourn the Health Services Meeting

Attachments:

1. Report of Revenues and Expenditures for 2018
2. Revenue and Expense Comparison Report for 2017 vs 2018
3. Budget Amendment Requests (3, 3A, 3B)
4. Budget Adjustment Request
5. Status of Referrals
6. Emergency Response and Preparedness Activities Report

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2018 AS OF 9/17/2018 7:35:07 PM

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

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

EXPENSES	2018 BUDGETED	2018 YTD ACTUAL	2017 Prior Year Totals
Salaries - Regular	\$2,686,957.69	\$1,546,233.20	\$2,254,816.25
Salaries - Overtime	\$132,000.00	\$68,116.41	\$99,343.63
Salaries - Part Time	\$484,144.32	\$281,555.20	\$416,387.62
100's PERSONAL SERVICES	\$3,303,102.01	\$1,895,904.81	\$2,770,547.50
200's EQUIPMENT	\$121,148.50	\$56,715.42	\$70,272.53
400's CONTRACTUAL	\$6,218,470.86	\$2,831,942.23	\$5,564,401.96
800's EMPLOYEE BENEFITS	\$1,626,312.99	\$953,868.42	\$1,455,471.45
TOTALS	\$11,269,034.36	\$5,738,430.88	\$9,860,693.44

REVENUES	2018 BUDGETED	2018 YTD ACTUAL	2017 Prior Year Totals
	\$8,927,749.27	\$3,550,888.20	\$7,616,169.70

Note: We have recently closed July Billing for CHHA and MCH. We are currently working on two billing systems with the implementation of our new Crescendo system which became effective June 18, 2018. Accrued above is \$256,797.20 in revenue for July. We are working on closing August. For WIC we have accrued the July voucher for \$28,164.

Warren County Health Services

Salaries Comparison

2017 vs 2018

as of 9/2/18 Payroll

	YTD 2018	YTD 2017	YTD 18v17	% Change	Total Budget 2018	Total Actual 2017
Total of All Depts						
Regular Salaries	\$1,546,233.20	\$1,525,283.20	\$20,950.00	1.37%	\$2,686,957.69	\$2,254,816.25
Overtime Salaries	\$68,116.41	\$67,149.89	\$966.52	1.44%	\$132,000.00	\$99,343.63
Part Time Salaries	\$281,555.20	\$281,535.41	\$19.79	0.01%	\$484,144.32	\$416,387.62
TOTALS	\$1,895,904.81	\$1,873,968.50	\$21,936.31	1.17%	\$3,303,102.01	\$2,770,547.50
% current YTD Salary to Total Budget	57.40%	67.64%				

*Source: Detail G/L report for all Salary Category from 1/1/XX-9/3/XX

Overall, total salaries are \$21,936.31 more than total 2017 Salaries due to the annual negotiated contracted increases and additional expenses for retirements.

Overtime and Part time salaries are slightly higher YTD for 2018 compared to 2017. We have lost a few per diem nursing staff and continue to recruit for full time nurses.

Overall, Salaries are up slightly by 1.17% compared to 2017. At this time, we currently are 57.40% of the 2018 budget where in 2017, we were 67.64% of the final actual expenses.

**Warren County Health Services
Revenue and Expense Comparison 2018 vs 2017
as of 09/17/18 G/L**

EXPENSES	2018 YTD Actual as of 9/17/18 G/L	2017 YTD as of 9/16/17 G/L	Variance
Salaries - Regular	\$1,546,233.20	\$1,525,283.20	\$20,950.00
Salaries - Overtime	\$68,116.41	\$67,149.89	\$966.52
Salaries - Part Time	\$281,555.20	\$281,535.41	\$19.79
100's PERSONAL SERVICES	\$1,895,904.81	\$1,873,968.50	\$21,936.31
200's EQUIPMENT	\$56,715.42	\$44,795.88	\$11,919.54
400's CONTRACTUAL	\$2,831,942.23	\$2,939,400.63	(\$107,458.40)
800's EMPLOYEE BENEFITS	\$953,868.42	\$1,031,278.00	(\$77,409.58)
TOTALS	\$5,738,430.88	\$5,889,443.01	(\$151,012.13)

REVENUES	2018 YTD ACTUAL	2017 Prior Year to Date Totals	Variance
	\$3,550,888.20	\$3,437,651.78	\$113,236.42

Notes:

Salaries: (please see previous page) Overall are \$21,936.31 or 1.17% above 2017 as of the 9/2/18 payroll date. All salaries are slightly above 2017 YTD salaries. This increase continues to correlate with the annual negotiated contract salary increases and additional retirement costs. Overall, 2018 salaries are 57.40% of budget while this time last year we were at 67.64% of the final total salaries.

Equipment: The variance in equipment expense is primarily related to purchases made in 2017 for the Homecare for 15 laptops needed and also for WIC Breastpumps which the State requested needed to all be updated.(WIC totally funded these purchases)

Contractual expenses: Expenses at this time for 2018 are below 2017 by \$107,458.40. This remains due to timing of invoices and this variance is related to primarily the Preschool program. We have received updated 2018 rates for Preschool, therefore invoices are being processed for summer school.

Employee Benefits: Employee benefits are below last year by \$77,409.58 and correlates with the the nursing position shortages that we have experienced during the year therefore allowing us to hire per diem employees. As we hire new employees to replace those that have retired, this variance will however be less. Also to note, that Retiree Health insurance increases dramatically when an employee retires. Year to date, the 2018 Retiree Health insurance as of August 2018 is \$217,596.52 or \$29,657 more than 2017, which is a 13.63% increase from 2017. Also to note, in 2018 Retiree Health is 22.81 % of the total employee benefits.

Revenues: Revenues are above 2017 by \$113,236.42. The Homecare has been very busy with referrals and visits.

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

DATE: September 27, 2018

- (a) **Purpose of Amendment:** To amend the 2018 budget to adjust the Health Services-Health Education Division to reflect additional funds to be received for CPR trainings and the expenses affiliated with these classes.
- (b) **Appropriation Code (with title), Object Code (with title) and Amount:**
A.4018.0040.433 Health Education –Client training expense \$1,000

Revenue Code (with title), and Amount:
A.4018.0040.1617- Health Education Revenues \$1,000.

ATTACHMENT #3

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

DATE: September 27, 2018

- (a) **Purpose of Amendment:** To amend the 2018 budget to adjust the Health Services-Health Education Division to reflect additional funds to be received from AHI - Adirondack Health Institute's Population Health Improvement Program Healthy Community Design Project to be utilized for the WICed Fresh Food Bag Program. This program will involve WIC families and provide fresh fruits and vegetables at WIC clinics throughout Warren County. A line of credit will be set up with a local Community Supported Agriculture group (CSA) to purchase these Fresh food bags for as long as the funds allow.
- (b) Appropriation Code (with title), Object Code (with title) and Amount:
A.4018.0040.410 Health Education-Supplies \$100
A.4018.0040.445 Health Education -Foods \$2,900

Revenue Code (with title), and Amount:
A.4018.0040.1617- Health Education Revenues \$3,000

ATTACHMENT #3A

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-Ebola Program

DATE: September 27, 2018

- (a) **Purpose of Amendment:** To amend the 2018 budget to adjust the Health Services-Ebola Program to reflect the annual expense for the Warranty/Maintenance Agreement purchased with the FIT testing machine from Ebola Grant Funds. This was a five year maintenance plan that is expensed annually. Originally was expensed under Bioterrorism Program, however both deferred revenues and expenses that were prepaid need to be expensed from Ebola Program where the original machine was purchased from.
- (b) Appropriation Code (with title), Object Code (with title) and Amount:
A.4190.442 Ebola Program-Maintenance/Equipment Expense \$900

Revenue Code (with title), and Amount:
A.4190.4402- Ebola Program Revenues \$900

ATTACHMENT #3B

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: Amanda Allen, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

SIGNED: _____

DATE: September 27, 2018

	<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
1.	A.4010.110	Health Services-Full Time Salaries	A.4010.130	Health Services -Part Time Salaries	\$50,000.00

Total Transfers **\$50,000.00**

1. To transfer funds from Full Time salaries to Part Time Salaries for the CHHA (Certified Home Health Agency) to cover needed Per Diem Salary to year end.

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A. 1990 469	Contingent Fund			

Please state reason for transfer request:

Total

Please file original request with Clerk of the Board and retain copy for your records

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

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	
SN Evals per month	115	123	112	121	120	115	130	135	94	129	111	116	
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	140	149	131	144	138	135	150	162	110	155	132	143	1689

CATEGORY	01/2017	02/2017	03/2017	04/2017	05/2017	06/2017	07/2017	08/2017	09/2017	10/2017	11/2017	12/2017	
SN eval	97	109	124	94	109	86	101	96	101	102	90	93	
SN IV eval	7	6	14	4	3	8	7	7	6	5	8	5	
PRI	3	2	3	4	3	0	6	3	4	1	3	3	
SN Evals per month	107	117	141	102	115	94	114	106	111	108	101	101	
PT Evals	78	47	71	57	64	59	63	61	70	63	68	56	
PT only	27	9	18	16	18	19	18	26	18	17	26	23	
Total Evals per month	134	126	159	118	133	113	132	132	129	125	127	124	1552

CATEGORY	01/2018	02/2018	03/2018	04/2018	05/2018	06/2018	07/2018	08/2018	09/2018	10/2018	11/2018	12/2018	
SN eval	112	88	97	95	115	123	86	119					
SN IV eval	2	8	5	4	7	7	1 0**						
PRI	3	3	3	1	2	0	2	5					
SN Evals per month	117	99	105	100	124	130	89	124	0	0	0	0	
PT Evals	70	57	63	61	74	59	61	57					
PT only	19	18	17	19	16	20	6	18					
Total Evals per month	136	117	122	119	140	150	95	142	0	0	0	0	
	2%	-9%	-37%	1%	7%	37%	-37%	10%					

Data entirely from Crescenedo (phased out Encore) 8/1/18
 **Crescenedo does not have SN IV Eval on the report

Numbers current as of 9/19/18

Attachment #5

ATTACHMENT #1
BT ACTIVITY SHEET
BPX - 7/1/18 - 6/30/19

Page 1

Topic Color Codes

Red/Chempack; Green/SNS; Blue/Mass Fatality; Black/Training;

Purple/Special Needs; Orange/Drill; Black/Pan Flu

9/5/18	Webinar	BPX1 – Core Deliverable Training	Dan	Training
9/11/18	Conference Call	Regional Public Health EPR Coordinator Meeting	Dan	Meeting
9/13/18	In-Person	Qtrly. Provider Partnership in Emergency Preparedness Meeting	Dan/J'nelle	Meeting
9/13/18	Webinar	MCM Deliverable Training	Dan/J'nelle	Training
9/19/18	In-person	Glens Falls Hospital TTX	Dan	Drill
9/24/18	Webinar	ServNY Volunteer Coordinator Meeting	Dan	Meeting
9/25/18	In-Person	Qtrly. State Mandated Health Emergency Preparedness Coalition Meeting	Dan	Training
9/27/18	In-Person	All Hazards Preparedness Training	J'nelle	Training

RESOLUTION REQUEST FORM NO. 5
Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: Health Services

DATE: September 27th, 2018

(a) Purpose of Grant:

To promote, educate, and encourage WIC participants to use of fresh produce.

(b) Name of Grantor:

Adirondack Health Institute

(c) Address of Contractor: 101 Ridge St, Glens Falls, NY 12801

(d) Grantor's Contact Person and Telephone Number:

Theresa Paeglow, 518- 480-0111 x 318

(e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? Application attached/ Requesting to ratify action to apply for the grant

(f) Effective Date of Grant: 10/19/2018- Or upon approval

(g) Termination Date of Grant: Completion of project/ AHI approval of final report

(h) Total Dollar Amount Involved (not exceeding): \$3000/to be encumbered by 12/31/18

(i) Deadline to Submit Grant Application and/or Grant Agreement:

September 18, 2018 * Application submitted. Requesting to ratify action.

(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? No.

If yes, also complete and submit Form No. 8 or Form No. 9, as applicable.

(i) Is a Local Share Required? If Yes, Where are the Funds? List Budget Code, Object Code, Full Title* and Amount **OR** Capital Project **OR** Capital Reserve Project Number and Title and Amount:

A.4018.0040.1617 Health Education Revenues \$3000

A.4018.0040.410 \$100 Health Education Expenses – Supplies

A.4018.0040.445 Health Education – Food Expense

Sample: A.1010 470 Legislative Board – Contract \$xx.xx

Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.xx

*as listed in budget and LOGOS



Adirondack Health Institute

○ Lead ○ Empower ○ Innovate

**Population Health Improvement Program
Healthy Community Design Projects
Application**

This funding opportunity is a joint venture of the Adirondack Health Institute’s (AHI) Population Health Improvement Program (PHIP) and the Adirondack Rural Health Network (ARHN). The purpose of this funding is to support Healthy Community Design Projects to **increase opportunities for physical activity and access to healthy and affordable food** through systems, policy or environmental approaches. Projects should align with **suggested interventions** outlined in the New York State Department of Health’s (NYSDOH) Prevention Agenda, Chronic Disease Action Plan, Focus Area 1. These suggested interventions are intended to describe the types of projects that can be undertaken in communities and is not meant to be prescriptive. A “community” may be defined as a county, town, block, street, school, or some identifiable community sector. Cross-sector collaborative partnership teams are strongly encouraged. A cross-sector collaborative partnership team is comprised of community leaders who represent diverse sectors of the community such as: local government (e.g., community planner, public works director, elected official); health community (e.g., healthcare or public health representative); youth (e.g., superintendent, principal, school board member, students, youth-related non-profit); senior and/or disability advocate; park and recreation professional; business community; influential community advocate and/or non-profit organization.

To be eligible to apply for this opportunity, one must have attended, or partner with an attendee of, the Adirondack Health Institute Population Health Improvement Program’s “*Designing a Healthy Community*” event held on June 28, 2018 in Lake George, NY. The list of attendees and organizational affiliation is attached as Appendix A. Applicants must also be located in one of the following counties: Clinton, Essex, Franklin, Fulton, Hamilton, Warren, or Washington. Up to five projects will be funded at a maximum of \$3,000 each. **The execution of these applications and corresponding projects are contingent on both NYSDOH approval and funding levels.** Applications must not exceed four (4) single-spaced pages (excluding workplan and budget) and use 12-point font, all pages should be numbered. **The application is due by 5:00 p.m., September 18, 2018.** Email the completed application to Theresa Paeglow at tpaeglow@ahihealth.org. For questions, please call (518) 480-0111 ext. 318 or email the address above.

Project applications will be scored by three person review committee. Scoring criteria is as follows:

- Overview – 5 points
- Lead organization experience – 10 points
- Cross-sector partnerships – 10 points
- Rationale for planned approach – 20 points
- Impact – 25 points
- Workplan – 25 points
- Budget – 5 points

Contact information:

Lead Organization Name	
------------------------	--

County	
Contact Person	
Mailing Address	
Phone Number	
Email Address	
Cross-sector collaborative partners	

- 1. Overview: (5 points)** Please give a 5-6 sentence summary of your proposed project. Ensure your description addresses why, who, what, where and how.
- 2. Lead organizational experience (10 points):** Describe lead organization's, and partners' if applicable, experience in successfully implementing projects that have resulted in improved healthy community design. Provide specific examples of how that project created community opportunities to engage in healthy lifestyle behaviors.
- 3. Cross-sector Collaborative Partners (10 points):** Clearly identify the specific role of each cross-sector collaborative partner, both existing and those to be recruited. Existing partners must sign attestation form included as Appendix B. Describe your plan to recruit new cross-sector partners.
- 4. Rationale for planned approach to your project (20 points):** Describe the evidence-base, or model practice, that informed your proposed project.
- 5. Impact (25 points):** Describe the expected impact of the systems, policy or environmental initiative to increase community opportunities for physical activity or access to healthy, affordable foods.
- 6. Workplan (25 Points):** As part of the application narrative provide an overview of your proposed workplan and expected outcomes. Also include a detailed workplan with at least three measurable objectives with associated timeline and milestones to achieve implementation by December 30, 2018. A workplan template is provided as Appendix C. The workplan template is NOT included in the application page limit.
- 7. Budget (5 points):** Submit a budget that aligns with the proposed scope of work and timeline. Itemize the proposed budget expenditures (i.e.: program supplies and materials, equipment, promotional expenses, travel, other expenses). Please provide enough detail to adequately describe how the funds will be used. Funds may not be used to cover general operating expenses (salaries, rent, utilities, etc.). A budget template is provided as Appendix D. The budget is NOT included in the application page limit.

Durkee, Dan

From: Paeglow, Theresa <tpaeglow@ahihealth.org>
Sent: Thursday, August 30, 2018 11:18 AM
To: jbakelaar@adirondack.org; stuartb@queensbury.net; brian.barringer@excellus.com; elisha@hapec.org; cabarton@nysenate.gov; bbearor@glensfallsymca.org; gina.cantanucci@dfa.state.ny.us; crystal.carter@clintoncountygov.com; chlopecki.nicole@bsneny.com; brittanykchristenson@gmail.com; kim@opendoor-ny.org; acraig@fultoncountyny.gov; pcummings@chazencompanies.com; lcyphers@cvph.org; josyd22@hotmail.com; Durkee, Dan; afettinger@fultoncountyny.gov; egaddy@chazencompanies.com; ahayes@co.essex.ny.us; thill@feh.org; bholland@ech.org; Hunsinger,Chris; phunt@co.washington.ny.us; shane9998@gmail.com; jenshane94@gmail.com; Kari@hapec.org; kathryn.leyden@cdphp.com; tlyons@hhhn.org; gmayhew@heartnetwork.org; kmcintyre@co.washington.ny.us; lakegeorgemarketing@gmail.com; smiller@co.essex.ny.us; mem467@cornell.edu; lisa@nysrps.org; amorgan@heartnetwork.org; loswald@co.washington.ny.us; Oxford, J'nelle; gpiche@mvphealthcare.com; picheme@gmail.com; pinorut@slcs.org; sfsupervisor@outlook.com; katie.ramus@ppncny.org; cround@chazencompanies.com; aholland@grantplanact.com; Seeley, James; sshafer@mail.fehb.org; bsherwin02@yahoo.com; lillian@comfortfoodcommunity.org; estreiff@co.franklin.ny.us; apalmer@fultoncountyny.gov; eterry@co.essex.ny.us; awhisher@ech.org; bwhite@fultoncountyny.gov

Cc: Bethel, Traves; Bayliss, Sara; Shaler, Courtney; Gildersleeve, Nancy

Subject: AHI Population Health Improvement Program and Adirondack Rural Health Network Joint Healthy Community Design Funding Opportunity

Attachments: FINAL AHI PHIP_AHRN HCD Projects 2018.pdf; Appendix A - Attendees.pdf; Appendix B - Attestation.docx; Appendix C - Workplan.docx; Appendix D - Budget Template.xlsx

Dear Colleagues:

AHI is pleased to announce the availability of funding to support Healthy Community Design Projects to increase opportunities for physical activity and access to healthy and affordable foods. This opportunity is a joint venture of AHI's Population Health Improvement Program and the Adirondack Rural Health Network. To be eligible to apply for this opportunity, one must have attended, or partner with an attendee of, the Adirondack Health Institute Population Health Improvement Program's "Designing a Healthy Community" event held on June 28, 2018 in Lake George, NY (attendee list attached). See additional application requirements in the attached documents.

Applicants are due on by 5:00 p.m. on Tuesday, September 18, 2018. The execution of these applications and corresponding projects are contingent on both NYSDOH approval and funding levels.

Please feel free to reach out to me if you have any questions.

Regards,

Theresa

Theresa Paeglow

Population Health Improvement Program (PHIP) Manager
101 Ridge Street, Glens Falls, NY 12801
518.480.0111, ext. 318
tpaeglow@ahihealth.org



Building a healthy future www.ahihealth.org



Warren County Public Health

Application for the Adirondack Health Institute’s Population Health Improvement Program
Healthy Community Design Project – Project Title: **WICed Fresh Food Bag Program.**

Lead Organization	Warren County Public Health
County	Warren
Contact Person	Dan Durkee
Mailing Address	1340 State Route 9, Lake George, NY 12845
Phone Number:	518-761-6580
Email Address:	durkeed@warrencountyny.gov
Cross-Sector Collaborative Partners	Warren County WIC, Cornell Cooperative Extension,

Program Overview: According to the most recent data available over 55% of women and almost 15% of children (2 – 4 years of age) enrolled in the Warren County WIC program were overweight or obese. Data also suggests that over 22% of Warren County adults experienced food insecurity in the last 12 months. It is safe to assume this would include WIC participants. The WICed Fresh Food Bag Program is designed to give interested families involved with the WIC program greater access to fresh vegetables and fruits by providing “fresh food bags” at WIC clinics throughout Warren County. A line of credit will be set up in an account with a local Community Supported Agriculture group (CSA) to purchase Fresh food bags that would be delivered at WIC clinics for as long as funds allow. The fresh food bags would include recipe cards, storage tips, physical activity ideas and other useful information to encourage fresh bag recipients to use the vegetables. Additional nutrition education and cooking tips would be provided at select WIC sites by a nutrition, food safety, and Healthy Living Educator from Cornell Cooperative Extension of Warren County.

Lead Organizational Experience: Warren County Public Health staff through its Health Education program has implemented several community focused projects that have improved health community design. The most recent project brought free Tai Chi to residents in Chestertown in northern Warren County. The project saw Warren County Public Health partner with Warren County Office for the aging to identify a qualified instructor and a location to hold the program for 6-weeks during the summer of 2018. At the completion of the program two individuals signed-up to continue with classes and there is discussion about beginning regular classes in Chestertown.

Warren County Public Health also worked on another project with Warren County Global Information Systems to identify and map free open spaces (parks, playgrounds, hiking trails, etc.) that were then put into a promotional brochure. The brochure was distributed to all K-5 grade students before the end of the 2017-18 school year and to all of the municipal governments and recreation programs in July 2018. The brochure also provided a link to an online interactive map that families can use to find their next outdoor adventure. The online tool went live in August 2018.

Along with physical activity projects Warren County Public Health has used small grants to implement two chronic disease projects. One project was focused on promoting access to free cancer screenings for low/no income individuals in Warren County. Warren County Public Health partnered with Glens Falls Hospital to distribute cancer screening materials in the City of Glens Falls during the summer of 2018. Warren County Public Health also used grant funds to create a mobile billboard by wrapping a Public Health fleet vehicle in a vinyl car wrap that is driven throughout the county promoting the importance of preventive cancer screenings.

In 2012, Warren County Public Health utilized grant funds to implement a 10-week behavior change program that focused on families with pre-teen and teen children with the overall goal of getting families to adopt healthier behaviors towards healthier eating and increasing physical activity. Eight of the 10 families that participated completed the program and four families indicated in a follow up phone survey 6-months later that they were still practicing at least one healthy behavior that they had learned during the program. Warren County Public Health partnered with Cornell Cooperative Extension and Price Chopper for this project.

Cross-sector Collaborative Partners: Warren County Public Health will be the lead agency and lead coordination efforts between Warren County WIC, Cornell Cooperative Extension and the CSA program chosen to provide the fresh bags. Warren County Public Health will also be responsible for sending the project proposal to the Warren County Board of Supervisors for approval and working with the Warren County Attorney's Office to draft a contract and purchase order with the selected CSA. Warren County Public Health will assist with program evaluation.

Warren County WIC will be responsible for identifying monthly clinic sites where the bags can be distributed. Warren County WIC will also be responsible for determining the best way to distribute the fresh food bags to WIC participants. WIC will assist Warren County Public Health to record participation rates and gathering contact information from participants for follow-up.

Cornell Cooperative Extension's nutrition, food safety, and Healthy Living educator will be used as a subject matter expertise. This person will help identify supplemental materials that can be added to the fresh food bags to help participants utilize their produce. This person will also provide onsite education about general nutrition information, food storage and safe handling instructions and healthy cooking tips to participants. This person will be asked to provide feedback about ways to possibly improve the program.

To recruit other partners Warren County Public Health will ask current partners to identify any partners they feel should be contacted. If partners are identified an official invitation will be sent along with a project overview and a request form asking the potential partner if they are interested in being part of the project and how they would like to contribute to the project. The response from the potential partner will determine if they become part of the project.

Project Rationale: the rationale for this project is similar to the community farmer's markets programs that accept SNAP benefits which link local communities with local farmers to promote healthy eating and access to health local foods for even low income individuals. This trial program would go a step further and provide fresh produce that is delivered to WIC sites in pre-packaged bags that WIC attendees could pick up as part of their regular WIC visit. This would save on traveling to a farmers market which can often be a barrier for WIC families.

By tying this program into a WIC clinic it also allows for the opportunity to provide additional nutrition education to participants that they most likely would not receive at a farmer's market. Cooking demonstrations, food storage tips, general nutrition information could be provided by a WIC nutritionist or partner agencies that work with low income populations.

Currently most online CSA delivery programs do not accept SNAP Benefits, but this program could show that there are enough interested WIC families to make accepting SNAP worthwhile. Also because WIC clinic sites are held at the same locations throughout the year these locations could potentially be used as bag pick-up sites for WIC families even if it is not there scheduled time to come to a WIC appointment. This could lead to better utilization rates for the WIC program in general.

The WICed Fresh Food Bag trial program aims to eliminate travel and time barriers for WIC families while introducing them to fresh local produce. The trial program hopes to show CSA delivery programs that accepting SNAP benefits is a worthwhile investment, thus increasing access to fresh local produce for WIC families.

Project Impact: The expected short term impacts of this project are to create a core group of strategic partners that can develop a plan to sustain the program after grant funds are no longer available. This program will help WIC families become more familiar with fresh produce, how to store them for longer shelf life and different ways to eat them, with the end goal being families continue purchasing and cooking healthier produce options. It will lay some of the groundwork towards a more sustainable program and feedback provided from partners, participants and the vendor will help guide next steps in the programs development. Warren County will also continue to follow the current survey put out by Warren County WIC in regards to vegetable/fruit usage among families to see if the program impacted the percentage of participants currently answering 'no' to their produce consumption.

Duplicate this template as necessary to describe all project objectives. Add or delete action steps as necessary.

**Appendix C
Healthy Community Design Project Workplan**

Focus area for this objective:

- Increase access to healthy, affordable foods
 - Increase opportunities for physical activity
 - Other (please describe if focus area is not one of the above)
-

Identify community sector (See definition in funding announcement) targeted for this objective: WIC Participants

Objective: A statement of expected outcome – specific, measurable, achievable, realistic and time framed. e.g. By September 30, 2018, hold one meeting of the Anytown Healthy Community Design Committee.				
Action Steps:	Timeline:	Milestone	Responsible Party(ies):	Performance measure
Action Step 1: Identify Community partners and potential Community Supported Agriculture group to work with.	September 2018	Letters of support from partners sent out.	Warren County Public Health	Receipt of letters of support

Duplicate this template as necessary to describe all project objectives. Add or delete action steps as necessary.

Objective: A statement of expected outcome – specific, measurable, achievable, realistic and time framed. e.g. By September 30, 2018, hold one meeting of the Anytown Healthy Community Design Committee.				
Action Steps:	Timeline:	Milestone	Responsible Party(ies):	Performance measure
Action Step 2: Meet with Community Partners to specify roles, resolve most logistical challenges and create specific timeline for program promotion and implementation. Identify methods for evaluation.	By October 19 th , 2018	All partners in attendance and in agreement with meeting proposals including food bag pricing, number of bags per week, food selection process, method of delivery, day of delivery and distribution model.	Warren County Public Health	Implementation Timeline set.
Action Step 3: Resolve any legal issues and have a contract written and approved by Board of Supervisors and WIC	By November 23 rd , 2018	Contract with approval and signing by County legal completed and beginning of Purchase order submission	Warren County	Acceptance of Resolution for program
Action Step 3: (continued)	(On or Before) December 31 st , 2018	Purchase order finalized and approved to purchase \$2,900 worth of fresh food bags to distribute in 2019 to WIC families.	Warren County	\$2,900 Purchasing line of credit between W.C. and CSA set up in CSA account.

Duplicate this template as necessary to describe all project objectives. Add or delete action steps as necessary.

Objective: A statement of expected outcome – specific, measurable, achievable, realistic and time framed. e.g. By September 30, 2018, hold one meeting of the Anytown Healthy Community Design Committee.				
Action Steps:	Timeline:	Milestone	Responsible Party(ies):	Performance measure
Action Step 4: Create a list of supplemental materials that can be added to the food bags (e.g. recipe cards, cooking tips, food storage ideas, etc.) and begin assembling. Identify clinic sites where Cornell Coop food and nutrition coordinator can attend and talk with fresh food bag recipients about how best to use and store the food.	By January 31 st , 2019	Materials are “stockpiled” prepped for addition to bags	All partners (WIC, Cornell Cooperative, Farm program, Warren County PH)	Creation of master materials list that can be reproduced by any partner agency
Action Step 5: Begin receiving and distributing fresh food bags to WIC participants at WIC clinic sites throughout Warren County based on recommendations from WIC staff.	By March 8 th , 2019	First food bag deliveries are received and distributed.	WIC, Warren County Public Health, Farm program	Number of bags distributed at selected clinic sites

Duplicate this template as necessary to describe all project objectives. Add or delete action steps as necessary.

Objective: A statement of expected outcome – specific, measurable, achievable, realistic and time framed. e.g. By September 30, 2018, hold one meeting of the Anytown Healthy Community Design Committee.				
Action Steps:	Timeline:	Milestone	Responsible Party(ies):	Performance measure
Action Step 6: Follow-up with week one fresh food bag recipients	March 22 nd , 2019	Receive online feedback from recipients using surveys or contacting recipients directly.	Warren County Public Health, WIC	Survey response data and phone survey response data.
Action Step 7: Meet with partners to make discuss progress and needed modifications from first three deliveries of bags.	March 26 th , 2019	Progress report completed and modifications are agreed upon	All (WIC, Cornell Cooperative, Farm program, Warren County PH)	Completion of report and implementation of recommended modifications.
Action Step 8: Program wrap up meeting with partners to identify number of WIC families impacted and review of program feedback responses. Determine next steps if any.	TBD	Program receives last delivery of fresh food bags	All (WIC, Cornell Cooperative, Farm program, Warren County PH)	Survey response data and phone survey response data.

PHIP/AHRN Healthy Community Design Project Budget

Project Name: WICed Fresh Food Bag Program

Organization Requesting Funding: Warren County Public Health

Funding Period: From: 9/1/2018

To: 12/31/2018

CATEGORY OF EXPENSE	Requested Funds
1. Non Personal Services	
a) Contractual Services	In-Kind
b) Travel	In-Kind
c) Equipment	In-Kind
d) Supplies	\$2,900
e) Other	\$100
Total	\$3,000

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: September 27, 2018

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: **To purchase and distribute fresh produce at WIC clinics to educate and promote fresh produce consumption by WIC families.**
- (c) Name of Contractor: **Field Goods**
- (d) Address of Contractor: **742 Schoharie Turnpike, Athens, NY 12015**
- (e) Contractor's Contact Person and Telephone Number:
Kate Collyer 716-361-7273
- (f) Has or will the Contract be provided, if so, please attach: **No**
- (g) Commencement Date of Contract: **10/19/2018**
- (h) Termination Date of Contract: **Completion of AHI/PHIP grant contracted program and \$2900 has been utilized.**
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed **\$2,900**
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. **Weekly voucher submission based on produce availability and WIC clinic needs**
- (j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR Capital Project OR Capital Reserve Project Number, Title, and Amount: A.4018.0040.410 \$2,900**

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

*as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: **Health Services**

DATE:

- (a) Is this a Result of a Bid or Request for Proposal? **No**
- (b) Purpose of Contract: **To authorize a contract agreement tp provide Physical Therapy services**
- (c) Name of Contractor: **David Minshall**
- (d) Address of Contractor: **1957 Call St; Lake Luzerne, NY 12846**
- (e) Contractor's Contact Person and Telephone Number: **David Minshall/ 802-359-3584**
- (f) Has or will the Contract be provided, if so, please attach:
- (g) Commencement Date of Contract: **10/19/2018**
- (h) Termination Date of Contract: **Automatic renewal; terminated within 30 days of written notice/request from either party.**
- (i) Payment Provisions:
 - i) lump sum amount **See attached rates**
 - 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. **Payment processed upon receipt of voucher and required documents for each patient visit**
- (j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR Capital Project OR Capital Reserve Project Number, Title, and Amount: A.4010-10.470 Health Services**

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

*as listed in budget and LOGOS

**WARREN COUNTY HEALTH SERVICES
THERAPY RATES**

Certified Home Health Agency

Evaluation Region 1	\$55.00
Revisit Region 1	\$53.00
Evaluation Region 2	\$75.00
Revisit Region 2	\$75.00
Meetings (for all services)	\$40.00

Early Intervention Services Only

Evaluation Region 1	\$50.00
Revisit Region 1	\$50.00
Evaluation Region 2	\$57.00
Revisit Region 2	\$57.00
Extended visit Region 1 & 2 (with IFSP approval)	\$70.00
Supplemental Evaluations Regions 1 & 2	\$117.00

Preschool CPSE/Approved IEP

Basic visit Region 1	\$53.00
Basic visit Region 2	\$60.00
Group visit per child Regions 1 & 2	\$44.00

Meetings (for all services) \$40.00

David J. Minshall, PT, OCS, CWCE, CEAS

1957 Call Street Lake Luzerne, NY 12846
802-359-3584 - davidjminshall@gmail.com

EDUCATION

Board Certified Orthopedic Clinical Specialist in Physical Therapy July 2013

North American Institute of Orthopaedic Manual Therapy (NAIOMT) – seeking manual therapy track: Certified Orthopedic Manual/Manipulative Therapist (COMT) 2014 - current

University of Vermont - Burlington, VT May 2006
Master of Physical Therapy

New Hampshire Community Technical College - Claremont, NH
Associates of Science, Physical Therapist Assistant May 2000

University of Alaska Fairbanks - Fairbanks, AK . 1992-97
Bachelor of Elementary Education (1997 taught in Hydaburg, AK), Mechanical Engineering credits

CLINICAL EXPERIENCE

PHYSICAL THERAPIST, PER DIEM: Inpatient/outpatient PT Elderwood SNF North Creek and Ticonderoga, NY 6/4/18 - present Mon-Wed; Genesis: Lebanon, NH - Thursdays 2015 - present, Hanover Terrace: Hanover, NH Fridays 4/18 - present

PHYSICAL THERAPIST, Outpatient PT Milford clinic, Southern New Hampshire Health System; 3/6/18 - 5/30/18, Traveler PT

PHYSICAL THERAPIST, Home Health PT Coos county, NH; North Country Home Health and Hospice; 11/20/17 - 2/16/18, Traveler PT

PHYSICAL THERAPIST- Dartmouth Hitchcock Medical Center Lebanon, NH 5/2006 - 2011; then returned 5/2015-11/2017; (Saturdays 2006-now)

- **Outpatient Setting:** geriatric/balance, general orthopedics, joint replacements, sports medicine, neurological, aquatic therapy, Matheson trained Certified Work Capacity Evaluator, Certified Ergonomic Assessment Specialist, Orthopedic PT advising group, started the Total Shoulder Replacement group
- **Inpatient Setting:** patient population: orthopedic/trauma/amputee, general medicine, cardiac; taught joint replacement classes, assisted with improving computerized documentation, assisted with research studies with Orthopedics

PHYSICAL THERAPIST- Veterans Affairs Medical Center White River Junction, VT 1/2011 - 5/2015

- **Outpatient Setting:** orthopedics, geriatric/balance, joint replacements, sports medicine, started and run the first aquatic therapy program, organized and ran the custom manual and power wheelchair clinic,

APTA Credentialed Clinical Instructor – developed and orchestrated student program with stipends (put through 11 students in 3.5 years), Innovation grant recipient with a wellness gardening/exercise program that included grant writing, one of three invitation only Toyota Lean Green Belts at the White River Junction VA Medical Center

PHYSICAL THERAPIST- Genesis, Lebanon Center Lebanon, NH (weekend per diem) 2007 — 2008; currently as well - Thursday Per diem since 2015

- Skilled Nursing Facility: Resident population: orthopedic, joint replacement, trauma, neurological, general medicine

PHYSICAL THERAPIST- Green Mountain PT, West Lebanon, NH (per diem) 2016 - 8/2017

PHYSICAL THERAPIST ASSISTANT - Haven Health Care St. Albans, Vermont 2004-2006

- Skilled Nursing Facility: Resident population: orthopedic, joint replacement, trauma, neurological, general medicine

PHYSICAL THERAPIST ASSISTANT Northwest Medical Center St. Albans, VT 2003 – 2004

- General inpatient setting, outpatient setting, Holiday House Nursing Home

PHYSICAL THERAPIST ASSISTANT -Dartmouth Hitchcock Medical Center Lebanon, NH 2000-03

- Inpatient Setting: acute orthopedic population
- Outpatient Setting: orthopedics: generalized and sports related injuries, Certified Ergonomic Assessment Specialist, off site aquatic therapy, balance and vestibular program, neurological, Back Rehabilitation Program through the Spine Center

COURSEWORK / CERTIFICATIONS

- Seeking Certified Orthopedic Manual/Manipulative Therapist (COMT) through NAIOMT
 - NAIOMT Lumbopelvic Spine course 2015
 - NAIOMT Cervical Spine II course 2015
 - NAIOMT Thoracic Spine course 2014
 - NAIOMT Cervical Spine course 2014
- Manipulations You Need to Know! Evidence-Based Manipulation Techniques of the Spine and Extremities by Josh Cleland, PT, PhD, OCS, FAAOMPT
- Comfort and Safety in the Management of the Cervical and Thoracic Spine by Dr. Duncan Reid DSc, MSc (Hons), BSc, Dip Physio, Dip MT, 2013
- Board Certified Orthopedic Clinical Specialist 2013
- Toyota Green Belt Lean Training through the VA 2013
- Toyota Yellow Belt Lean Training through the VA 2013
- NESS L300 Foot drop cert. course by bioness 2012
- Power of Mobility wheelchair course and specialty controls 2012
- VA Best Practices in Amputee Care 2011
- Examination and Selected Interventions of the Lumbar Spine/Pelvis 2010
- The Functional Capacity Evaluation Certification Program (Matheson Trained) 2008

- Functional Biomechanics of the Lower Quarter 2008
- Examination and Selected Interventions of the Shoulder 2008
- Pharmacology for Physical Therapists 2006
- Whole Body Kinesiotaping 2003
- Maitland Australian Physiotherapy Basic Peripheral Joint 2003
- Vestibular and Balance Rehabilitation 2002
- Certified Ergonomic Assessment Specialist Training 2001
- Sacroiliac Joint Integration 2000

OTHER EMPLOYMENT HISTORY

Teacher - Hydaburg City School - Hydaburg, AK 1997-98

HONORS, LEADERSHIP, ENDEAVORS

- 3/2015 Employee of the month at the VA
- 2013-14 VA Innovation Grant Award for Move-Grow-Cook Program
- VA White River Junction, VT Physical Therapy Roles
- Dartmouth Hitchcock Medical Center Physical Therapy Roles
 - Professional Practice Committee Leader
 - Gym/space & equipment Leader
 - Ergonomic/Functional Capacity Evaluation development team
 - Work related injury reduction analysis
 - Orthopedics
 - Assist in development of Total shoulder, Total Knee, Total Hip Binders/DVD
 - Taught Total Joint classes
 - Post-surgical patient education literature development
 - RN/LNA training to orthopedic floor
 - Assist in research: MIKRO knee study/Hip Labrum Protocol
 - Assist in implementation of computerized referrals
 - Helped develop Mobility Aide Program
 - Developed TKA Dynamic Form for efficient computerized documentation
 - Work closely with orthopedics for post TKA manipulation patients
- Vermont Master Gardener
 - Initiated employee education garden committee
 - Herb/Garden talks to employees
 - Giving Garden - supplied the Upper Valley Haven
- Isola Braun Award: 3rd year physical therapy student at UVM who has demonstrated the greatest potential for development of professional competency and leadership 2006
- Physical Therapist Assistant Club President 2000
- Physical Therapist Assistant Cum Laude Graduate 2000
- Most Outstanding Student Award for Teachers 1997
- Golden Key National Honor Society Treasurer 1994
- Society of Petroleum Engineers Scholarship 1992



**HEALTHCARE PROVIDERS SERVICE
ORGANIZATION PURCHASING GROUP**

Certificate of Insurance



OCCURRENCE POLICY FORM

Print Date: 01/23/18

PRODUCER	BRANCH	PREFIX	POLICY NUMBER	Policy Period:
018098	970	HPG	0655992401-8	From 01/23/18 to 01/23/19 at 12:01 AM Standard Time

Named Insured

David J Minshall
983 Main St
Grafton, NH 03240-3436

Program Administered by:

Healthcare Providers Service Organization
1100 Virginia Drive, Suite 250
Fort Washington, PA 19034-3278
1-800-982-9491
www.hpsso.com

Medical Specialty

Physical Therapist
Excludes Cosmetic Procedures

Code

80995

Insurance is provided by:

American Casualty Company of Reading, Pennsylvania
333 South Wabash Avenue Chicago, Illinois 60604

Professional Liability

\$1,000,000 each claim

\$3,000,000 aggregate

Your professional liability limits shown above include the following:

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

Coverage Extensions

License Protection	\$ 25,000 per proceeding	\$ 25,000 aggregate
Defendant Expense Benefit	\$ 1,000 per day limit	\$ 25,000 aggregate
Deposition Representation	\$ 10,000 per deposition	\$ 10,000 aggregate
Assault	\$ 25,000 per incident	\$ 25,000 aggregate
<i>Includes Workplace Violence Counseling</i>		
Medical Payments	\$ 25,000 per person	\$ 100,000 aggregate
First Aid	\$ 10,000 per incident	\$ 10,000 aggregate
Damage to Property of Others	\$ 10,000 per incident	\$ 10,000 aggregate
Information Privacy (HIPAA) Fines & Penalties	\$ 25,000 per incident	\$ 25,000 aggregate

Workplace Liability

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

Total: \$493.00

Premium reflects self-employed, full-time rate.

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

G-121500-D G-121501-C G-121503-C CNA82011 G-145184-A G-147292-A CNA81753 CNA81758 GSL13424 GSL15563
GSL15564 GSL15565 GSL17101 CNA80052 CNA80051 G-123846-C28 G-123850-D28 CNA79575

Chairman of the Board

Secretary

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



Office of the Professions

Verification Searches

The information furnished at this web site is from the Office of Professions' official database and is updated daily, Monday through Friday. The Office of Professions considers this information to be a secure, primary source for license verification.

License Information *

09/25/2018

Name : MINSHALL DAVID JOHN
Address : WEST LEBANON NH
Profession : PHYSICAL THERAPY
License No: 042864
Date of Licensure : 03/21/2018
Additional Qualification : Not applicable in this profession
Status : REGISTERED
Registered through last day of : 02/21

* Use of this online verification service signifies that you have read and agree to the [terms and conditions of use](#). See [HELP glossary](#) for further explanations of terms used on this page.

- Use your browser's back key to return to licensee list.
- You may [search](#) to see if there has been recent disciplinary action against this licensee.
- Note: The Board of Regents does not discipline *physicians(medicine), physician assistants, or specialist assistants*. The status of individuals in these professions may be impacted by information provided by the NYS Department of Health. To search for the latest discipline actions against individuals in these professions, please check the New York State Department of Health's [Office of Professional Medical Conduct](#) homepage.



RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

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

DEPARTMENT HEAD COMPLETES THIS SECTION

Department: Health Services Payroll Dept. No: 36.0
Title of Position: Registered Professional Nurse/CHN #11 Base Salary of Position: 46,318 Grade: 19
Filling at Step # (If Known):
Budget code and title: A. 4010.110 Health Services Full Time Salaries Union [x] Non-Union []
This position is vacated due to: [] Retirement [] Resignation [] Termination [x] Promotion [] Other
Employee No./Last Name: 13177/McAvey Date of Vacancy: 8/16/18 8/19/18
Is this position mandated? [] Yes [x] No Is the position reimbursable? [x] Yes [] No
Source of reimbursement: [] Federal [] State [x] Other Insurance % Variable based on caseload

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[] Competitive-active eligible list [] Competitive-no list (hiring would be provisional) [x] Non-Competitive [] Other RPN
Actual Impact to Budget Report will be provided monthly by Human Resources Director.
Candidate's qualifications must be approved by Personnel Officer prior to hiring.
Human Resources Director has approved this form when initialed. 9/17/18

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

- [] The Administrator has no objection to the filling of the vacancy.
[] The Administrator objects to the filling of the vacancy.

Administrator Signature Date

BUDGET OFFICER COMPLETES THIS SECTION

- [] The Budget Officer has no objection to the filling of the vacancy.
[] The Budget Officer objects to the filling of the vacancy.

Budget Officer Signature Date

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

- Name of Committee
[] The committee has no objection to the filling of the vacancy.
[] The committee objects to the filling of the vacancy.
[] In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
[] In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature Date

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (Must be approved by Department Head, County Administrator & Committee Chair)
 Out-of-State (Requires Board resolution)

The Health Services (Supervisory Committee) hereby authorizes J'nelle Oxford (Employee Name)

to attend PER-304 Social Media for Natural Disaster Response and Recovery (Name of meeting or organization)

at State Preparedness Training Center, 5990 Airport Rd, Oriskany, NY 13424 (Address) on 9/17/18 (Dates)

Meeting/Convention Cost: \$0 Mode of transportation to be used: County Vehicle
(County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain:
GSA Rate for Lunch- Not to exceed \$12

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

Notice of meeting or convention including cost. Total Cost of Travel \$ (<\$80 Lunch, Tolls and Parking, Gas travel and meeting/convention cost)

For Overnight Travel Funding in Budget? Y N
 Room rate \$ GSA* Rate \$

Meal costs - GSA* per diem rate \$ Budget Code: Lunch/ Tolls/Gas/Parking: A. 4018.0040.444
* www.gsa.gov

Date: 8/28/18

Shirley Jones
Department Head Signature

Date: 8/29/18

[Signature]
County Administrator Signature

Date: 8/30/18

Edna A. Fraser
Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle. **REQUEST FOR USE OF FLEET VEHICLE**

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Buildings & Grounds if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-State travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Clerk of the Board if credit card will be used.
6. Copy of executed form needs to be included in next agenda for reporting to oversight Committee.

Department: Health Services
Employees: Oxford
Request: PER-304
Dates: 17-Sep

GSA M&I Breakdown	
breakfast	\$ 11
lunch	\$ 12
dinner	\$ 23
incidentals	\$ 5

Amounts Requested:

Conference fee	\$0.00	Inclusions:	n/a
Hotel	\$0.00	GSA Daily:	\$93.00
Meals	\$12.00	GSA Daily:	\$51.00
Mileage	\$0.00		
Gasoline	\$0.00		
Travel Expenses	\$67.00	tolls, parking, gas	
Other	\$0.00		
	<u>\$79.00</u>		

Total Requested <\$80.00

Amounts Approved:

Conference fee	\$0.00		
Hotel	\$0.00		
Meals	\$12.00		
Mileage	\$0.00		
Gasoline	\$0.00		
Travel Expenses	\$67.00	tolls, parking, gas	
Other	\$0.00		
	<u>\$79.00</u>		





FY 2018 Per Diem Rates for ZIP 13424

Lodging by month (excluding taxes) | October 2017 - September 2018

Cities not appearing below may be located within a county for which rates are listed. To determine what county a city is located in, visit the National Association of Counties (NACO) website (a non-federal website).

Meals & Incidentals (M&E) Rates

[View Rates](#)

Primary Destination [Ⓜ]	County [Ⓜ]	2017 Oct	Nov	Dec	2018 Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Standard Rate	STANDARD RATE	\$93	\$93	\$93	\$93	\$93	\$93	\$93	\$93	\$93	\$93	\$93	\$93

Meals & Incidentals (M&IE) Breakdown [Ⓜ]

Use this table to find the following information for federal employee travel:

M&IE Total - the full daily amount received for a single calendar day of travel when that day is neither the first nor last day of travel.

Breakfast, lunch, dinner, incidentals - Separate amounts for meals and incidentals. M&IE Total = Breakfast + Lunch + Dinner + Incidentals. Sometimes meal amounts must be deducted from trip voucher. See More Information

First & last day of travel - amount received on the first and last day of travel and equals 75% of total M&IE.

Primary Destination [Ⓜ]	County [Ⓜ]	M&IE Total	Continental Breakfast/ Breakfast	Lunch	Dinner	Incidental Expenses	First & Last Day of Travel [Ⓜ]
Standard Rate	STANDARD RATE	\$51	\$11	\$12	\$23	\$5	\$38.25



PER-304 SOCIAL MEDIA FOR NATURAL DISASTER RESPONSE AND RECOVERY

No. of Openings: Min.25/Max.40

ONEIDA COUNTY

1 DAY

SEPTEMBER 17, 2018

CENTRAL NEW YORK

ANNOUNCED: JULY 12, 2018

Description:

This course focuses on the use of social media in disaster preparedness, response, and recovery. Social media has shown to help people communicate and collaborate about events as the events unfold. Social media can provide rapid and immediate real-time information that helps provide greater situational awareness leading to better decision making. Participants are provided with the knowledge and skills to integrate social media into their current communication plans. The course defines social media and its uses and identifies the tools, methods, and models to properly make use of social media in the context of disaster management and provides the information and hands-on experience necessary to help the participants create social media disaster plans.

Location: State Preparedness Training Center Room 108 (Main Building) 5900 Airport Road Oriskany, NY 12801 13424

Time: 8:00 a.m. - 5:00 p.m.

Cost: There is no fee for the course. Food, lodging & transportation costs are the responsibility of the participant.

Registration:

Please register using the link below: https://www.surveymonkey.com/r/Z3GHMCV

If you are having problems opening the registration link, please copy link and paste into your browser

Registration Deadline: September 3, 2018

Course Modules Include:

- Introduction to Social Media
Understanding the Use of Social Media and Disaster Management
Implementing Different Social Media Platforms for Disaster Management
Facebook Hands-On
Twitter Hands-On
Crowdsourcing & Data Mining

Completion:

Participants, who actively participate, attend all course contact hours will receive a Certificate of Attendance for the course.

Prerequisites:

You must be a US Citizen to take this course. If you are not please let us know by email for further instruction at OEM.TRAINING@DHSES.NY.GOV

Who Should Attend?

Government Administrative, Emergency Management, Fire Services, Law Enforcement, General Public, Citizen/Community Volunteer, Public Works and Private Sector/Corporate Security and Safety.

TRAINING NOTICE

Contact: NYS Office of Emergency Management - Training & Exercises at (518) 292-2351 or OEM.training@dhSES.ny.gov

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (Must be approved by Department Head, County Administrator & Committee Chair)
 Out-of-State (Requires Board resolution)

The Health Services (Supervisory Committee) hereby authorizes J'nelle Oxford (Employee Name)

to attend Ready and In Command; Hot Topics and Best Practices in Emergency Preparedness (Homecare- Offered by HCA) (Name of meeting or organization)

at 235 Hoosick St, Troy, NY 12180 (Address) on 9/28/18 9/27/18 (Dates)

Meeting/Convention Cost: \$234 Mode of transportation to be used: Personal Car (County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain:
Employee lives close to location where training is offered. No reimbursement requested.

Proper documentation must be attached when submitting for approval.
(Please check documents attached)

Notice of meeting or convention including cost. Total Cost of Travel \$ 234 (meeting only)
(travel and meeting/convention cost)

For Overnight Travel

Room rate \$ _____ GSA* Rate \$ _____

Funding in Budget? Y N

Meal costs - GSA* per diem rate \$ _____
* www.gsa.gov

Budget Code: A.4010.444

Date: 9/11/18

[Signature]
Department Head Signature

Date: 9/11/18

[Signature]
County Administrator Signature

Date: 9/17/18

Edna Fresco approved by [Signature]
Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle. **REQUEST FOR USE OF FLEET VEHICLE**

=====

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Buildings & Grounds if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-State travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Clerk of the Board if credit card will be used.
6. Copy of executed form needs to be included in next agenda for reporting to oversight Committee.

Allen, Amanda

From: Edna Frasier <supervisor@townofhague.org>
Sent: Friday, September 14, 2018 12:08 PM
To: Allen, Amanda
Subject: RE: Travel Request for Health Services

Amanda, I'm okay with this . Please initial. Have a good weekend. Edna

-----Original Message-----

From: Allen, Amanda [<mailto:allena@warrencountyny.gov>]
Sent: Wednesday, September 12, 2018 11:16 AM
To: Frasier, Edna
Subject: Travel Request for Health Services
Importance: High

Good Morning!!

Please find attached a request to approve travel for Health Services staff. I am emailing this to you for approval as there is a September 17th deadline for enrollment. Please advise if this travel is approved and I will initial the form accordingly.

Thank you!!

Amanda

Amanda Allen
Clerk of the Board
Warren County Board of Supervisors
Phone 518-761-7656
Fax 518-761-7652

-----Original Message-----

From: Allen, Amanda
Sent: Wednesday, September 12, 2018 10:46 AM
To: Allen, Amanda
Subject:

Department: Health Services
Employees: Oxford
Request: HCA training
Dates: 27-Sep

GSA M&I Breakdown		
breakfast	\$	15
lunch	\$	16
dinner	\$	28
incidentals	\$	5

Amounts Requested:

Conference fee	\$234.00	Inclusions:	breakfast & lunch
Hotel	\$0.00	GSA Daily:	\$111.00
Meals	\$0.00	GSA Daily:	\$64.00
Mileage	\$0.00		
Gasoline	\$0.00		
Travel Expenses	\$0.00		
Other	\$0.00		
	<u>\$234.00</u>		

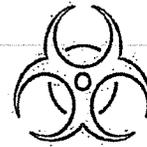
Total Requested \$234.00

Amounts Approved:

Conference fee	\$234.00
Hotel	\$0.00
Meals	\$0.00
Mileage	\$0.00
Gasoline	\$0.00
Travel Expenses	\$0.00
Other	\$0.00
	<u>\$234.00</u>



READY AND IN COMMAND: Hot Topics and Best-Practices in Emergency Preparedness



BIOHAZARDS



WEATHER



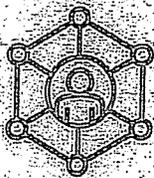
PLANNING



CYBER SECURITY



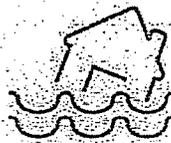
EARTHQUAKE



NETWORKING



POWER OUTAGES



FLOODING



FIRE



COMMUNICATION



REGULATIONS

Are You Prepared FOR ALL HAZARDS?

September 27, 2018
8:30AM to 4:00PM

Hilton Garden Inn
Troy, New York

ARE YOU PREPARED FOR ALL HAZARDS?

Who Should Attend? Home care, hospice and MLTC executives, operations managers, emergency preparedness point people, and any officials involved in emergency preparedness and operational functions at these entities.

Establishing a comprehensive emergency preparedness plan is one of the most fundamental safeguards for your organization, your staff, and the patients you serve. It requires constant reassessment, awareness of best-practices, as well as coordination with critical partners in the field and at all levels of government. This conference provides you with all of these ingredients, including: information on emergency preparedness regulatory compliance issues; new preparedness planning tools and resources like the Social Vulnerability Index (SVI); insights for ensuring a truly "all-hazards" approach to preparedness (in keeping with state and federal regulatory benchmarks); cybersecurity threats and responses; and the chance to take part in a tabletop exercise, facilitated by the state Department of Health, to fulfill the secondary exercise requirement under the federal Conditions of Participation for emergency preparedness.

AGENDA

8:00 – 8:30 AM Registration and Breakfast

8:30 – 9:00 AM

HCA Initiatives in Emergency Preparedness

Al Cardillo, Executive Vice President & Andrew Koski, Vice President, HCA

Get an overview of HCA's current emergency preparedness activities on behalf of the home and community based care sector, so that you can capitalize on these opportunities, best practices, drill planning and participation, data sharing and coordination. Specifically, you'll hear about the outcomes as well as new tools and resources emerging from our ongoing collaborative emergency preparedness role with the state Department of Health, state health associations and regional emergency preparedness coalition partners, and our HCA member organizations.

9:00 – 10:00 AM

Emergency Preparedness CoP Implementation Check-In

Diane Jones, RN, Health Program Administrator, Division of Home and Community Based Services, Center for Health Care Provider Services and Oversight, Office of Primary Care and Health Systems Management, NYS DOH

It's been nearly one year since the implementation of the Medicare Emergency Preparedness Conditions of Participation. This session will offer a brief overview of the core requirements and provide an opportunity to discuss your implementation challenges and ask any pressing questions.

10:00 AM – 10:15 AM Break

10:15 AM – 11:15 AM

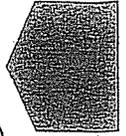
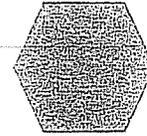
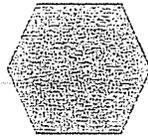
Achieving a Truly All-Hazards Approach to Emergency Preparedness

Rochelle Eggleton, MBA, RN, Clinical Associate, Quality in Real Time

Past experience or prevailing environmental factors may figure prominently in your emergency planning, but it is critical to recognize the potential for any number of different emergencies to occur at any time—what's called an "all-hazards" approach. This session will explain:

- The 7 pillars of an all-hazards approach
- Strategies for incorporating an all-hazards approach into your agency's emergency preparedness plan, in alignment with the Medicare CoPs
- Incident Command System principles
- The importance of working in partnership with other CHCAs/Hospices, local hospitals, local and regional EMS, police, etc. for a coordinated response

Agenda continued next page...



11:15 AM – 12:00 PM

The Social Vulnerability Index & emPOWER Initiative

Rachel Moseley, Health Program Administrator 1, Office of Health Emergency Preparedness (OHEP), NYS Department of Health

Federal and state agencies have developed tools and resources to help identify population-based access and functional needs for use in emergency preparedness and response planning. This session will provide an overview of the Social Vulnerability Index (SVI) and offer highlights of the emPOWER program that provides dynamic data and mapping tools to help communities specifically protect the health of Medicare beneficiaries who live independently and rely on electricity-dependent medical equipment and health care services. Learn more about the potential utility of these resources to strengthen your preparedness planning.

12:00 – 1:00 PM – Lunch

1:00 – 2:00 PM

Emergency Response to Cybersecurity Breaches

Mahesh Nattanmai, Chief Digital Health Strategist, Office of the Commissioner, NYS Department of Health

The increasing severity of cyber hacks threatens the security and stability of health care and health organizations. As these sophisticated threats evolve, it is critical to prepare your organization for cyber emergencies that can put patient care or protected information at risk. This presentation will increase awareness and promote resilience against cyber vulnerabilities facing home care and hospice providers as well as best practices for mitigating risk and preparedness planning.

2:00 – 2:15 PM – Break

2:15 – 4:00 PM

Exercise Your Emergency Preparedness

Patricia Anders, Director, Preparedness Training and Exercises, Master Exercise Practitioner (MEP), NYS Department of Health

This segment of the conference will provide a unique and important opportunity to participate with a Department of Health representative in a tabletop exercise (TTX) that will both tap your current expertise and build new and further insights into your emergency preparedness planning and execution.

Important Note: This activity will include necessary elements that DOH has affirmed will qualify as your agency's secondary exercise requirement under the new federal Conditions of Participation for Emergency Preparedness.

4:00 PM Closing Remarks and Adjourn

Registration Fee – Deadline September 17th

HCA Members \$159

HCA Member Group Rate: \$139

Send 3 or more staff from your agency and receive this per person discounted rate (all registrations must be submitted together).

Non-Members \$234

Please check method of payment:

MasterCard VISA Am Exp Check*

*Make checks payable to HCA and mail to 388 Broadway, 4th Floor, Albany, NY 12207. Checks must be received by 9/13.

Registrant/Contact Name

Company Name

Company Address

City, State, Zip

Email (Required)

Phone

Name on Credit Card

Card Number

Expiration Date

Security Code

Billing Address of Card Holder

City, State, Zip for Card

Authorized Signature

Cancellation Policy: Refunds will be issued for those that cancel the workshop by September 14, 2017, less a 25% administrative fee. Cancelling after this date or no shows will forfeit the registration fee. Substitutions are permitted for the workshop. Cancellations must be received in writing via e-mail to: info@hcanys.org.

Hotel Information

Hilton Garden Inn
235 Hoosick Street
Troy, NY 12180

HCA has reserved a limited block of rooms at the Hilton Garden Inn in Troy, NY for the night of Wednesday, September 26 at a discounted rate of \$119 per night. To receive this special rate, please call (877) 782-9774 prior to September 5 and ask for the group code HCA09.

FAX REGISTRATION TO: (518) 426-8788

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (Must be approved by Department Head, County Administrator & Committee Chair)
 Out-of-State (Requires Board resolution)

The Health Services (Supervisory Committee) hereby authorizes Ginelle Jones (Employee Name)

to attend NYSACHO 2018 Annual Public Health Leaders Summit and New Director Training (Name of meeting or organization)

at 1000 Islands Harbor Hotel 200 Riverside Dr, Clayton NY 13624 (Address) on October 3-5 (Dates)

Meeting/Convention Cost: \$75 (includes meals & hotel) Mode of transportation to be used: County Vehicle (County Vehicle or Mass Transportation)

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

Proper documentation must be attached when submitting for approval.
 (Please check documents attached)

Notice of meeting or convention including cost. Total Cost of Travel \$ 75 (travel and meeting/convention cost)

For Overnight Travel

Funding in Budget? Y N

Room rate \$ _____ GSA* Rate \$ _____

Meal costs - GSA* per diem rate \$ _____ Budget Code: A4018.444

* www.gsa.gov

Date: 8/13/18

Ginelle Jones
 Department Head Signature

Date: 8/14/18

[Signature]
 County Administrator Signature

Date: 9/19/18

Edna A. Fraser
 Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

 Please check to request a fleet vehicle. **REQUEST FOR USE OF FLEET VEHICLE**

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Buildings & Grounds if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-State travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Clerk of the Board if credit card will be used.
6. Copy of executed form needs to be included in next agenda for reporting to oversight Committee.



NYSACHO Public Health Leaders Summit DRAFT Agenda

Wednesday October 3rd, 2018

NYSACHO Onboarding Program for Newly Appointed Directors and Commissioners

Presented by: NYSDOH, Office of Public Health Practice: Jan Chytilo, Deputy Director; Sue Cuomo-Whitney, LHD Public Health Services, Senior Health Program Administrator; Bryan Tarr, GPHW Manager, others TBD

- 1:00 Public Health Law-State Perspective
- 2:00 Civil Service Staffing
- 3:00 Article 6/State's Lean Process
- 4:00 State Aid Application
- 6:00 Dinner TBD

Thursday October 4th, 2018

8:30-9:30am NYSACHO Onboarding Continued: Collaborating with your local legislator: *Ginger B. Hall, Director of Public Health, Jefferson County Public Health Service*

10:15am Welcome: *Ginger B. Hall, Director of Public Health, Jefferson County Public Health Service; Paul A. Pettit, Director of Public Health, Genesee/Orleans County Health Departments*

10:30-11:30 National Visibility/Role of the LHD as a Chief Health Strategist/ PH 3.0 *Lori Tremmel Freeman, CEO, NACCHO*

11:30-12:30pm Vision and Direction of LHDs and Role of Chief Health Strategist, *Bradley Hutton, Assistant Commissioner, NYSDOH*

12:30-1:30 Lunch

1:30-2:00 Working Group Discussion: What does it mean to be a chief health strategist, how does this play out in your community?

2:00-3pm Networking Break

3-4pm Regulated Marijuana and NYSDOH Assessment, *Johanne E. Morne, Director, AIDS Institute, NYSDOH*

Questions? Contact Cheryl Gerstler, Manager, Communications, Member Engagement and Public Health at cheryl@nysacho.org; 518-4567905 x101

DRAFT: Agenda topics subject to change.

4-5pm TBD on Emerging Issues, Gerard Giuliano, JD, Attorney, Nassau County Department of Health
5-6 Structured Networking, Poster Presentations, Spotlight on Members

6-6:30pm Networking

6:30-7:30pm Dinner

Friday October 5, 2018

8-10am NYSACHO General Membership, Open Discussion and Committee Reports

10-10:15am Networking Break

10:00-11:30am- Opioid Task Forces/Engaging Community Partners *Marilyn P. Morey, Community Outreach Coordinator/Victim Witness Specialist and others from Attorney General's Office and regional staff and Mary Fran Wachunas, Director of Public Health, Rensselaer County Department of health*

11:30-12:30pm Small group discussion/Networking: coalitions, opioid funding, clinical management, PH Leadership management

12:30pm Program Conclusion & Boxed Lunch

Questions? Contact Cheryl Gerstler, Manager, Communications, Member Engagement and Public Health at cheryl@nysacho.org; 518-4567905 x101

DRAFT: Agenda topics subject to change.

Jones, Ginelle

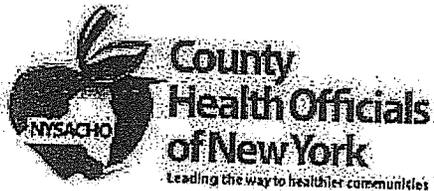
From: Cheryl Gerstler <Cheryl@nysacho.org>
Sent: Thursday, August 16, 2018 9:29 AM
To: Jones, Ginelle
Subject: NYSACHO Summit Draft Agenda
Attachments: NYSACHO Summit Agenda DRAFT 8-18docx.pdf

Hi Ginelle,
Attached you will find a draft agenda for the Summit.

Let me know if you have any questions.

Thanks!

Cheryl Gerstler, M.Ed.
Public Health Specialist
New York State Association of County Health Officials (NYSACHO)
1 United Way, Albany, NY 12205
Phone: 518-456-7905, ext. 101
Fax: 518-452-5435
www.nysacho.org



NYSACHO Mission: *NYSACHO supports, advocates for, and empowers local health departments in their work to promote health and wellness and prevent disease, disability and injury throughout New York State.*

Jones, Ginelle

From: Cheryl Gerstler <Cheryl@nysacho.org>
Sent: Wednesday, July 25, 2018 3:54 PM
Cc: Sarah Ravenhall; Cristina Dyer-Drobnack; Robert Viets
Subject: Registration is Open-2018 NYSACHO Public Health Leaders Summit

Good afternoon NYSACHO Commissioners and Directors,

Registration is now open for the 2018 NYSACHO Public Health Leaders Summit!

Join your colleagues on October 4-5, 2018 at the beautiful 1000 Islands Harbor Hotel. NYSACHO's Annual Public Health Leaders Summit is the association's premier leadership event for Commissioners and Public Health Directors!

This year's Summit will feature:

- A Keynote Presentation from NACCHO-The Role of the LHD as a Chief Health Strategist
- Vision and Direction of Local Public Health and Partnership with NYSDOH
- Emerging Public Health Topics and Legal Considerations
- Networking, Networking, Networking

Click [here](#) for more information and to register for this year's event! Please contact cheryl@nysacho.org if you have any questions.

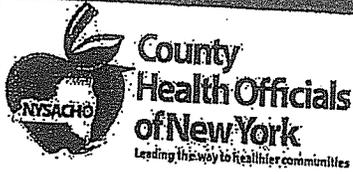
Thank you and have a great day,

NYSACHO Staff

Cheryl Gerstler, M.Ed.
Public Health Specialist
New York State Association of County Health Officials (NYSACHO)
1 United Way, Albany, NY 12205
Phone: 518-456-7905, ext. 101
Fax: 518-452-5435
www.nysacho.org



NYSACHO Mission: NYSACHO supports, advocates for, and empowers local health departments in their work to promote health and wellness and prevent disease, disability and injury throughout New York State.



When
 Thursday, October 4, 2018 at 12:00 AM EDT
 -to-
 Friday, October 5, 2018 at 12:00 PM EDT
[Add to Calendar](#)

Where
 1000 Islands Harbor Hotel
 200 Riverside Drive
 Clayton, NY 13624

Contact
 Cheryl Gerstler
 NYSACHO
 518-456-7905
cheryl@nysacho.org

2018 Annual Public Health Leaders Summit

Join your colleagues on October 4-5, 2018 at the beautiful 1000 Island Harbor Hotel. NYSACHO's Annual Public Health Leaders Summit is our Association's premier leadership event for Commissioners and Public Health Directors!

You have successfully registered for the 2018 NYSACHO Public Health Leaders Summit. Please contact Cheryl Gerstler at cheryl@nysacho.org with any questions.

Contact Information and Summit Details:

Summit Details: Members will be charged a registration fee to cover expenses not allowable by NYSACHO contracts and member dues. Registration fees are \$75.00 (10/3 check-in) or \$50.00 (10/4 check-in).

First Name:	Ginelle
Last Name:	Jones
Email Address:	jonesg@warrencountyny.gov
County:	Warren
Registration Type:	10/3-10/5-New Director/Commissioner Onboarding Plus Summit with two overnights.

Special Accommodations, Fees and Cancellation Policies

Reservations will be made by NYSACHO. All rooms are single, non-smoking. Special accommodation needs can be listed below. The deadline to register for the Summit is August 28, 2018.

If you wish to extend your stay at your own expense on Friday, October 5, a limited number of rooms are available at a discounted rate. If you wish to reserve one of those rooms, please contact cheryl@nysacho.org.

CANCELLATION POLICY: NYSACHO will be responsible for the cost of your overnight room after September 5, 2018. In the event that you must cancel after that date, we recommend that you send another individual from your department, if possible. Because of the hotel's cancellation policy, the registration fee is non-refundable.

Would you like a boxed lunch on Friday? (Boxed lunches will be available at 12 pm on Friday, October 5. To reduce waste, we ask that you only order lunch if you plan to be present at 12 pm on Friday, October 5.)

If you answered yes to the October 5 boxed lunch question Ham, Swiss Cheese, Dijon Mustard, and above, please indicate your preference below. **Lettuce on Wheat Bread**

Payment and Guest Information

Registration fees can be paid by personal check, county check or county EFT. NYSACHO cannot accept credit card or cash payments. **NOTE:** Dinner fees for guests must be paid by personal check.

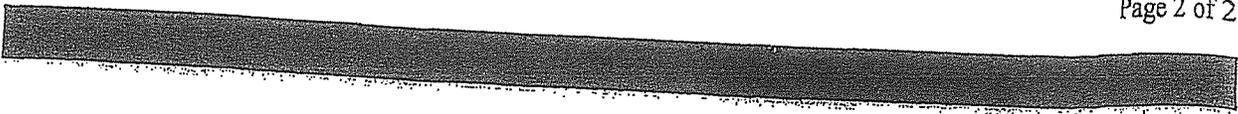
Payment Summary

Payment Method

Pay By Check

Please make check payable to:
 NYSACHO
 1 United Way
 Albany, NY 12205

Name	Type	Quantity	Fee	Total
Ginelle Jones	Registration fee - October 3 through October 5	1	\$75.00	\$75.00
TOTAL:				\$75.00



Go back to Event Page

Jones, Ginelle

From: Cheryl Gerstler <Cheryl@nysacho.org>
Sent: Monday, August 13, 2018 3:19 PM
To: Jones, Ginelle
Subject: Summit information

Hi Ginelle,

I will have a Summit draft agenda to you, no later than Wednesday of this week.

Thanks,
Cheryl

*Cheryl Gerstler, M.Ed.
Public Health Specialist
New York State Association of County Health Officials (NYSACHO)
1 United Way, Albany, NY 12205
Phone: 518-456-7905, ext. 101
Fax: 518-452-5435
www.nysacho.org*



NYSACHO Mission: *NYSACHO supports, advocates for, and empowers local health departments in their work to promote health and wellness and prevent disease, disability and injury throughout New York State.*

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (Must be approved by Department Head, County Administrator & Committee Chair)
 Out-of-State (Requires Board resolution)

The Health Services (Supervisory Committee) hereby authorizes Val Whisenant (Employee Name)

to attend HCA- Corporate Compliance Symposium (Name of meeting or organization)

at Albany Capital Center, 55 Eagle St. Albany, NY 12207 (Address) on October 17, 2018 (Dates)

Meeting/Convention Cost: \$319 Mode of transportation to be used: County Vehicle
(County Vehicle or Mass Transportation)

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

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

Notice of meeting or convention including cost. Total Cost of Travel \$ \$319 /\$6 Parking (Credit Card Only),
(travel and meeting/convention cost)

For Overnight Travel

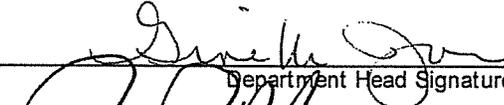
Room rate \$ _____ GSA* Rate \$ _____

Funding in Budget? Y N

Meal costs - GSA* per diem rate \$ _____ Budget Code: A.4010.444

* www.gsa.gov

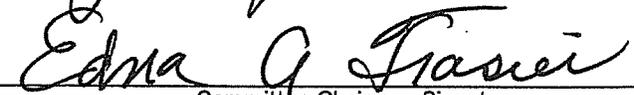
Date: 9/18/18


Department Head Signature

Date: 9/18/18


County Administrator Signature

Date: 9/19/18


Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle. **REQUEST FOR USE OF FLEET VEHICLE**

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Buildings & Grounds if fleet vehicle is needed.
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4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Clerk of the Board if credit card will be used.
6. Copy of executed form needs to be included in next agenda for reporting to oversight Committee.



September 14, 2018

Dear Colleague:

For several reasons, HCA is confident you will find great value in our upcoming **Corporate Compliance Symposium on October 17** in Albany.

To start, this is the first time that HCA and the Hospice and Palliative Care Association of New York State (HPCANYS) are joining forces and bringing our collective expertise to the table for a cosponsored event like this one. With home care and hospice compliance so firmly under scrutiny, this topic is particularly well-suited for our collective home care, hospice and MLTC memberships to learn, network and share best-practices.

Which brings me to a second reason: home care and hospice *are* increasingly under scrutiny, whether it's the new CoPs for home care, the IMPACT Act for hospice, or issues affecting both types of providers in common, from MAC initiatives like face-to-face audits (and targeted probe-and-educate audits) to cybersecurity, to the ongoing work areas of OMIG, OIG and other regulatory agencies.

Each of these issues will be covered at this important conference, with insights from some of the top state regulatory and audit officials, including Medicaid Inspector General Dennis Rosen and Rebecca Fuller Gray, Director of the Division of Home and Community Based Services. This conference also offers some of the top names from the home care and hospice technical consulting worlds as well.

Please read the enclosed brochure for more information on this singular opportunity to get compliance answers on some of the most pressing issues facing your organization in order to overcome risk, avoid penalties, and, most importantly, maintain the integrity of your services to patients and their families. I look forward to seeing you there!

Sincerely,

A handwritten signature in cursive script that reads 'Cecilia Street'.

Cecilia Street, LMSW
Director of Education
Home Care Association of New York State (HCA)

This program is co-sponsored by:



CORPORATE COMPLIANCE SYMPOSIUM

October 17, 2018
Albany Capital Center
55 Eagle St, Albany, NY 12207



CORPORATE COMPLIANCE SYMPOSIUM

October 17, 2018

Albany Capital Center
55 Eagle St.
Albany, NY 12207

As regulatory concerns and risk targets evolve, HCA and HPCANYS have joined forces for a home care and hospice Corporate Compliance Symposium to help you avoid costly vulnerabilities or potential pitfalls. This special conference covers the most pressing audit, oversight and internal assessment considerations to help you protect your agency, your staff and the integrity of your services to patients.

You'll hear from the state Medicaid program's audit chief, the Medicaid Inspector General, as well as the Department of Health's principal home and community-based regulatory officer, and consultants with expertise on compliance hot topics, Medicare contractor audit initiatives, cybersecurity, and more.

CORPORATE COMPLIANCE SYMPOSIUM

October 17, 2018

Albany Capital Center
55 Eagle St.
Albany, NY 12207



AGENDA

8:15 – 8:45AM

Registration Opens with Light Breakfast

8:45 – 9:00AM

Opening Remarks

9:00 – 10:15AM

Strategies for Maintaining Compliance with a Leaner Workforce

Rebecca Fuller Gray, RN, Director, Division of Home and Community-Based Services,
New York State Department of Health

10:15AM – 11:15AM

Update on OMIG's Program Integrity Priority Areas for Home Care and Hospice

Dennis Rosen, NYS Medicaid Inspector General

11:15 – 11:30 AM

Break

11:30AM – 12:30PM

Federal Policy Update for Home Care, Hospice and Palliative Care

Katie Wehri, CHC, CHPC, National Post Acute Care Compliance Expert (Invited)

12:30PM – 1:30PM

LUNCH

1:30PM – 2:30PM

Breakout Sessions (Choose One)

Session A:

What Hospices and Home Care Need to Know about NGS Audits, Including Probe & Educate

Rachel Hold-Weiss, RPA-C, JD, Partner, Arent Fox LLP

Session B:

MLTC Compliance Issues and Implications for Home Care and Hospice Providers

Brian McGovern, Senior Counsel, Cadwalader, Wickersham & Taft LLP

2:30 – 3:45PM

Cybersecurity, HIPAA, Ransomware and New York's New Cybersecurity Regulations

Francis Serbaroli, Principal, Greenberg Traurig, LLP

3:45 PM

Closing Comments

Conference Venue Information

Albany Capital Center
55 Eagle Street
Albany, NY 12207

Meeting Rooms

2 A/B/C

(General Sessions)

Meeting Room 1B

(Breakout Session)

Parking is available
*at the Albany Capital
Center at a
discounted rate of
\$6.00 for the day.*

*Please be aware that
this parking is credit
card only – NO CASH
will be accepted.*

CORPORATE COMPLIANCE SYMPOSIUM

October 17, 2018
Albany Capital Center
55 Eagle St., Albany, NY 12207



Hotel Information

Renaissance Albany Hotel
144 State Street
Albany, NY 12207
(Hotel is located directly across the street from Albany Capital Center)

HCA has reserved a limited block of rooms at the Renaissance Hotel in Albany, NY for the night of Tuesday, October 16 at a discounted rate of **\$189 per night**.

To receive this special rate, **please call (888) 236-2427 prior to September 28, 2018** and ask for the **HCANYS group rate**.

Thanks to our Symposium Sponsors



Thanks to our Exhibitors

Aetna
HHA eXchange
Medtronic
Quality in Real Time
Sandata Technologies
TSG Financial

REGISTRATION

Online Registration is available at:
events.ely.com/2018CorporateComplianceSymposium2637305

Cancellation Policy

HCA registration cancellations received by October 5 are refundable less a 25% administrative fee. No refunds will be issued after this date. Cancellations must be received in writing via e-mail to: info@hcanys.org. Substitutions are permitted.

REGISTRANT INFORMATION

Registration Deadline is October 4th

Name: _____
Title: _____
Agency: _____
Address: _____
City/State/Zip: _____
Phone: _____ Ext. _____ Fax: _____
Email: _____
(Required)

REGISTRATION FEE

___ Provider Members \$219
Select Membership Affiliation (required):
___ HCA ___ HPCANYS ___ Both
 Non-Member Providers \$319
___ Associate Members \$319
___ Non-Member Vendors \$369

PAYMENT

Please check method of payment:

Check* MasterCard VISA Am Exp

*Make checks payable to/mail to:
HCA Education and Research
388 Broadway, 4th Floor, Albany, NY 12207.

Checks must be received by October 9th.

Card Number

Expiration Date Security Code

Mailing Address of Card Holder

City, State, Zip

Name on Card

Authorized Signature

SPECIAL NEEDS

In accordance with the Americans with Disabilities Act, or special dietary needs, please let us know how we can accommodate you:

FAX THIS FORM TO: 518-426-8788



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Celisia Street, LMSW
Director of Education
Home Care Association of New York State (HCA)

GET YOUR FLU SHOT



WARREN COUNTY PUBLIC HEALTH 2018 SEASONAL FLU & PNEUMONIA VACCINE CLINICS Tel #: 518-761-6580



10/1	Monday	Chestertown Municipal Center	11:00am – Noon
10/1	Monday	Hague Town Hall	1:00pm – 2:00pm
10/2	Tuesday	Cronin High Rise	9:30am – 10:30am
10/2	Tuesday	Stichman Towers	11:00 – Noon
10/3	Wednesday	Bolton Town Hall Lake Shore Drive	1:00pm – 2:00pm
10/4	Thursday	Warren County Municipal Center Public Health Office	4:30pm – 5:30pm
10/5	Friday	Queensbury Community Center	11:00am - 2:00pm
10/10	Wednesday	North Creek/Johnsburg Senior Center	12:30pm – 1:30pm
10/11	Thursday	Lake Luzerne Senior Meal Site	10:30am – 11:30am
10/15	Monday	Lake George Town Hall	11:00am – Noon
10/16	Tuesday	Glens Falls Senior Center	Noon – 2:00pm
10/18	Thursday	Warren County Municipal Center Public Health Office	4:30pm – 5:30pm
10/22	Monday	Warrensburg Town Hall	10:00am – 11:00am
10/25	Thursday	Warren County Municipal Center Public Health Office	4:30pm – 5:30pm
11/1	Thursday	Warren County Municipal Center Public Health Office	4:30pm – 5:30pm



It is strongly recommended that ALL persons of any age receive Flu Vaccine each year!

We are offering Flu Shots. We are giving all seniors 65 years and older the High-Dose Flu vaccine, as suggested by the CDC. Cost of High-Dose flu is \$70.00. We are giving Quadrivalent Flu vaccine and Flumist for all others. Cost of Flu is \$40.00. Pneumonia vaccines will also be available. Prevnar 13 will cost of \$234.00 and Pneumovax will cost \$145.00. We will accept all insurance cards. Otherwise, we accept cash or check. You will be given a receipt for cash payments that can be submitted to your health insurance. No one is ever refused because of inability to pay.

2019 SUMMARY OF COSTS TO COUNTY
PLEASE COMPLETE THE FOLLOWING INFORMATION REGARDING YOUR 2019 BUDGET

DEPARTMENT: Warren County Health Services

(-) is reduction in exp

BUDGET CODE	Page #	TITLE OF BUDGET AND/OR PROGRAM	TOTAL APPROPRIATION	AMOUNT OF MANDATED EXPENSE	AMOUNT OF STATE REVENUE	AMOUNT OF FEDERAL REVENUE	AMOUNT OF OTHER REVENUE	Total Revenue	*Profit or Loss to COUNTY 2018-Budget	Estimated Payroll Adjustments	Profit /Loss after Adjmts Sheets 2019	Profit or Loss to COUNTY 2018-Adopted Bud	Profit or Loss to COUNTY 2018-Amended Bud	Actual Profit or Loss to County for 2017
A.4010	1-5	Health Services	\$4,610,109	\$0	\$0	\$0	\$4,200,000	\$4,200,000	-\$410,109	-\$103,009	-\$307,100	-\$324,686	-\$395,686	-\$294,138
A.4013*	6-9	W.I.C.*	\$1,323,042	\$0	\$0	\$1,323,042	\$0	\$1,323,042	\$0	\$0	\$0	\$0	-\$634	\$29,969
A.4018**	10-13	Preventive Program	\$588,906	\$123,556	\$313,322	\$0	\$0	\$313,322	-\$275,584	-\$12,289	-\$263,295	-\$278,090	-\$278,840	-\$297,226
A.4018.0020	14-17	Preventive Pgm-Family Health	\$152,551	\$0	\$24,679	\$19,041	\$55,000	\$98,720	-\$53,831	\$0	-\$53,831	-\$62,583	-\$65,583	-\$37,448
A.4018.0030**	18-21	Preventive Pgm-Disease Control	\$511,128	\$511,128	\$247,891	\$23,001	\$102,500	\$373,392	-\$137,736	\$5,968	-\$143,704	-\$145,452	-\$145,452	-\$38,527
A.4018.0040	22-25	Preventive Pgm-Health Education	\$123,004	\$0	\$76,101	\$0	\$3,000	\$79,101	-\$43,903	\$0	-\$43,903	-\$51,192	-\$50,573	-\$3,156
A.4018.0055	26-27	Preventive Pgm-Tobacco Entitlement	\$7,500	\$0	\$0	\$0	\$0	\$0	-\$7,500	\$0	-\$7,500	-\$7,500	-\$8,555	-\$6,073
A.4054**	28-30	Ed/PhysicallyHand.Children(Preschool)	\$2,943,396	\$2,943,396	\$1,668,975	\$0	\$75,000	\$1,743,975	-\$1,199,421	\$0	-\$1,199,421	-\$1,144,494	-\$1,140,744	-\$1,278,510
A.4054.0060**	31-34	Ed/Phy.Hand.Child-Early Intervention	\$799,376	\$799,376	\$400,554	\$24,644	\$100,000	\$525,198	-\$274,178	\$19,753	-\$293,931	-\$254,618	-\$254,618	-\$319,272
A.4189*	35-37	Emergency Preparedness (Bioterrorism)*	\$52,096	\$0	\$0	\$52,096	\$0	\$52,096	\$0	\$0	\$0	\$19	-\$600	-\$142
	38-40	Payroll Adjustments												
	41-52	Salary Schedule												
	53	Data Processing Expense Detail												
	54	Consulting Fees												
	55	Vehicle Fleet Detail												
Totals Health Services			\$11,111,108	\$4,377,456	\$2,731,522	\$1,441,824	\$4,535,500	\$8,708,846	-\$2,402,262	-\$89,577	-\$2,312,685	-\$2,268,596	-\$2,341,285	-\$2,244,523

NOTES: • WIC(A.4013) and Bioterrorism (A.4189) , are fully funded by grants, therefore there is no impact on the county. The WIC grant includes reimbursement for

* for Fringe and Indirect Expenses for 2019. COLA for WIC has been discontinued at this time by the state.

• Within the Preventive Program(A.4018), the Public Health Director and the Medical Advisor (\$6,180) are mandated by the state. The total of these expenses are \$123,556. (This includes Fringe Benefits)

** Total Mandated Expenses (Disease Program,Preventive Program, Preschool and Early Intervention Program) total \$4,377,456 with a total loss of \$1,900,351 which is 82% of the total loss or Health Services.

Preschool and Early Intervention programs alone are a total loss of \$1,493,352 which is 64.57% of the total budgeted impact. (Mandated are in yellow) Note: this also includes any payroll adjustments listed.

• Our payroll adjustments (which includes all related fringe benefits) are estimated to be an impact of (\$89,577) in savings. Therefore our net effect for 2019 budget will be (\$2,312,685).

Please see the Payroll /Fringe adjustment sheets for details.

• Also to note, Total Retiree Health Insurance is budgeted to be \$352,091. This is 89.09% of the total loss in the CHHA, 7.89% of the Preventive program loss and 47.18% of the total Family Health Program loss.

Retiree Health Insurance expense for 2019 is as follows: CHHA \$273,595, WIC \$32,315, Preventive Program \$20,782 and Family Health \$25,399.