

**Warren County Health Services
Health, Human and Social Services Committee
AGENDA FOR
October 29, 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 September 27, 2018 Health and Human Services Committee meeting.

I. Action Agenda/New Business:

Request Resolution:

To authorize a contract with Kathleen Ryan, NYS Licensed Physical Therapist, to provide Physical Therapy services. **(Attachment #7)**

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.

Resolution Request:

To authorize Director of Public Health and Patient Services to sign Memorandum of Understanding with Adirondack Health, 2233 State Rt 86, Saranac Lake, NY commencing 10/29/18 for five months. Adirondack Health will provide Health Recovery Solution touch screen devices to Warren County to use for the Hospital to Home (NYS Delivery Systems Reform Incentive Payment program (DSRIP) project as a trial for 5 months. **(Attachment #8)**

Rationale:

This opportunity will allow the Certified Home Health Agency (CHHA) to test the equipment at no cost to determine its viability within our agency. There is no cost associated with this MOU.

Resolution Request:

To amend a contract agreement with Delta Health Technologies, LLC and Warren County Health Services, dated 6/30/2008 to include HIXNY Bi-Directional Interface for Certified Home Health Care (CHHA) not to exceed \$13,950 one-time developmental costs. In addition, commencing on first productive use date or no later than six months from effective date, monthly service fee of \$116 to be paid monthly in advance. DSRIP funding will be utilized. **(Attachment #9)**

Rationale:

HIXNY interface is a condition of participation requirement. HIXNY interface will allow the CHHA's electronic medical record system, Crescendo, to communicate with other provider records to promote collaborative patient care. DSRIP funds will be utilized.

Request Resolution:

For Budget Adjustment, please refer to **Attachment #1**.

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 #2**.

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 #3**.

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 #4**

Rabies Program Report

Please refer to **Attachment #5** for quarterly report.

Emergency Response and Preparedness

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

Program Updates

Nursing Positions: Open positions, continuous recruitment.

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

IV. Motion to adjourn the Health Services Meeting

Attachments:

1. Budget Adjustment Request
2. Report of Revenues and Expenditures for 2018
3. Revenue and Expense Comparison Report for 2017 vs 2018
4. Status of Referrals
5. Rabies Program Report
6. Emergency Response and Preparedness Activities Report
7. Resolution Request- Contract Request for Physical Therapy Services
8. Resolution Request – Authorizing Memorandum of Understanding/ Adirondack Health
9. Resolution Request- Authorizing Contract Amendment/ Delta Health Technologies

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

SIGNED: _____

DATE: October 29, 2018

	<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
1.	A.4054.444	Preschool Program-Travel/education Expense	A.4018.0020.860	Family Health-Hospitalization Expense	\$5,200.00

Total Transfers **\$5,200.00**

1. To transfer funds for Health Insurance that a Part time employee is now receiving. Moving funds from Preschool program to Family Health program to cover these expenses to year end. This employee is working for both the Preschool Program and the Family Health program.

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 BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2018 AS OF 10/22/2018 10:59:01 AM

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	\$1,798,904.83	\$2,254,816.25
Salaries - Overtime	\$132,000.00	\$88,386.02	\$99,343.63
Salaries - Part Time	\$484,144.32	\$343,111.14	\$416,387.62
100's PERSONAL SERVICES	\$3,303,102.01	\$2,230,401.99	\$2,770,547.50
200's EQUIPMENT	\$121,148.50	\$56,915.42	\$70,272.53
400's CONTRACTUAL	\$6,245,113.06	\$3,175,401.56	\$5,539,734.96
800's EMPLOYEE BENEFITS	\$1,626,312.99	\$1,097,393.23	\$1,455,471.45
TOTALS	\$11,295,676.56	\$6,560,112.20	\$9,836,026.44

REVENUES	2018 BUDGETED	2018 YTD ACTUAL	2017 Prior Year Totals
	\$8,929,747.47	\$4,368,044.36	\$7,616,169.70

Note: We have recently closed the month of August for our CHHA and MCH Programs, therefore we have accrued \$261,974.94 above. We continue to have issues with our new CHHA Homecare system and therefore have been set back some time to resolve them. We now are working on September billing.

Warren County Health Services

Salaries Comparison

2017 vs 2018

as of 10/14/18 Payroll

	YTD 2018	YTD 2017	YTD 18v17	% Change	Total Budget 2018	Total Actual 2017
Total of All Depts						
Regular Salaries	\$1,798,904.83	\$1,781,204.09	\$17,700.74	0.99%	\$2,686,957.69	\$2,254,816.25
Overtime Salaries	\$88,386.02	\$77,970.94	\$10,415.08	13.36%	\$132,000.00	\$99,343.63
Part Time Salaries	\$343,111.14	\$330,573.87	\$12,537.27	3.79%	\$484,144.32	\$416,387.62
TOTALS	\$2,230,401.99	\$2,189,748.90	\$40,653.09	1.86%	\$3,303,102.01	\$2,770,547.50
% current YTD Salary to Total Budget	67.52%	79.04%				

*Source: Detail G/L report for all Salary Category from 1/1/XX-10/14/XX

Overall, total salaries are \$40,653.09 more than total 2017 Salaries in part due to the annual negotiated contracted increases and additional expenses for retirements.

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

Since the implementation of the new Crescendo system used by our CHHA, overtime has increased to allow the nurses to do charting and maintain patients. This will soon slow down.

Overall, Salaries are up slightly by 1.86% compared to 2017. At this time, we currently are 67.52% of the 2018 budget where in 2017, we were 79.04% of the final actual expenses.

ATTACHMENT #2

**Warren County Health Services
Revenue and Expense Comparison 2018 vs 2017
as of 10/22/18 G/L**

EXPENSES	2018 YTD Actual as of 10/22/18 G/L	2017 YTD as of 10/22/17 G/L	Variance
Salaries - Regular	\$1,798,904.83	\$1,781,204.09	\$17,700.74
Salaries - Overtime	\$88,386.02	\$77,970.94	\$10,415.08
Salaries - Part Time	\$343,111.14	\$330,573.87	\$12,537.27
100's PERSONAL SERVICES	\$2,230,401.99	\$2,189,748.90	\$40,653.09
200's EQUIPMENT	\$56,915.42	\$56,300.27	\$615.15
400's CONTRACTUAL	\$3,175,401.56	\$3,518,857.21	(\$343,455.65)
800's EMPLOYEE BENEFITS	\$1,097,393.23	\$1,165,352.19	(\$67,958.96)
TOTALS	\$6,560,112.20	\$6,930,258.57	(\$370,146.37)

REVENUES	2018 YTD ACTUAL	2017 Prior Year to Date Totals
	\$4,368,044.36	\$4,270,182.27
		\$97,862.09

Notes:

Salaries: (please see previous page) Overall are \$40,653.09 or 1.86% above 2017 as of the 10/14/18 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 67.52% of budget while this time last year we were at 79.04% of the final total salaries. Overtime has increased due to the fact that there has been an increase in referrals, the implementation of the new Crescendo system for the CHHA and staffing.

Contractual expenses: Expenses at this time for 2018 are below 2017 by \$343,455.65. This remains due to timing of invoices and this variance is related to primarily the Preschool program and for the CHHA for therapy expenses. We have received approved increases for the 2018 rates for Preschool services and with the transportation company utilized to transport the children effective 9/1/18.

Employee Benefits: Employee benefits are below last year by \$67,958.96 and correlates with the the nursing position shortages that we have experienced during the year and by allowing us to utilize 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 September 2018 is \$243,078.28 or \$31,393.08 more than 2017, which is a 12.91% increase from 2017. Also to note, in 2018 Retiree Health is 15.19 % of the total employee benefits.

Revenues: Revenues are above 2017 by \$97,862.09. The Homecare has been very busy with referrals and visits and the staff effort is greatly appreciated.

**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	118				
SN IV eval	2	8	5	4	7	7	1 0**	0**					
PRI	3	3	3	1	2	0	2	5	1				
SN Evals per month	117	99	105	100	124	130	89	124	119	0	0	0	
PT Evals	70	57	63	61	74	59	61	57	40				
PT only	19	18	17	19	16	20	6	18	15				
Total Evals per month	136	117	122	119	140	150	95	142	134	0	0	0	

2% -9% -37% 1% 7% 37% -37% 10% 5%

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

Numbers current as of 10/22/18

Attachment #4

**Warren County Public Health
Rabies Program
JULY-SEPTEMBER 2018**

Town	Different Address Owner/Victim <small>* follow up by Town ACO</small>				Same Address Owner/Victim <small>* follow up by Public Health</small>				Out of Town Owner <small>*Follow Up by Public Health</small>				Strays Follow Up by Public Health <ul style="list-style-type: none"> • Vet's Office • Victim Watching • Victim Treated Rabies PEP • Euthanized Follow Up by ACO Animal needs to be captured and taken to Animal Hospital. Public Health to check after confinement					
	Cats	Dogs		Cats	Dogs		Cats	Dogs		Vet	Victim Watched	Treated with PEP	Refused PEP	Euthanized	ACO Capture			
	UTD	NOT UTD	UTD	NOT UTD	UTD	NOT UTD	UTD	NOT UTD	UTD	NOT UTD	UTD	NOT UTD						
Bolton				1			1	1				1						
Chester			1					2				1						
Glens Falls		1	2	6	1	3		2					1					
Hague			1															
Horicon																		
Johnsburg		1	1	2			1											
Lake George			1		2		2				2	1			1			
Lake Luzerne			1	1			1								1			
Queensbury		1	9	1	1		4	5				3		1				
Stony Creek																		
Thurman			2									1						
Warrensburg			1				3											
Totals		3	19	11	4	3	12	10			2	7		1	3			

Total Bites for QUARTER- 75

Pet Rabies Vaccination Clinics in Quarter: 6

Animals Vaccinated in Quarter: 272

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

10/4/2018		Submitted BP1X – 1 st quarter report	Dan Durkee	
10/5/2018	In Person	Presented at a Regional EMT's Class	Dan Durkee	
10/9/2018	In Person	Attended Regional Public Health EPR Coordinators Meeting	Dan Durkee	Meeting
10/9/2018		Participated in Statewide Interoperable Communications Drill	J'nelle Oxford (CHHA), Pat Belden, Dan Durkee	Drill
10/15/2018	In Person	Reviewed DPW County Staging Site for possible receipt of SNS/MERC supplies	Dan Durkee	SNS
10/17/2018	In Person	TTX at Glens Falls Hospital	Dan Durkee	Drill
10/17/2018	Webinar	Volunteer Coordinators Meeting	Dan Durkee, J'nelle Oxford	
10/23/2018	In Person	Volunteer Recruitment Drive at NY Connects Open House	J'nelle Oxford	
10/30/2018	Webinar	MCM Training	J'nelle Oxford	Training
10/31/2018	In Person	Quarterly EPR/LEPC meeting	Dan Durkee, J'nelle Oxford	Meeting

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: October 29, 2018

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: **To authorize contract agreement for Physical Therapy services**
- (c) Name of Contractor: **Kathleen Ryan**
- (d) Address of Contractor:
- (e) Contractor's Contact Person and Telephone Number: **Kathleen Ryan;**
- (f) Has or will the Contract be provided, if so, please attach:
- (g) Commencement Date of Contract: **11/16/2018**
- (h) Termination Date of Contract: **Automatic renewal; terminated 30 days upon written notice/request from either party.**
- (i) Payment Provisions:
 - i) lump sum amount **Refer to 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

Attachment # 7

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
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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 *

10/21/2018

Name : RYAN KATHLEEN BRIDGITTE

Address :

Profession : PHYSICAL THERAPY

License No:

Date of Licensure : 10/08/2004

Additional Qualification : Not applicable in this profession

Status : REGISTERED

Registered through last day of : 02/19

* 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.



KATHLEEN RYAN

PROFILE

Physical Therapist with 15+ years experience , with 6 years in Home Health Care at Warren County Home Health Care. Range of practice from elderly in SNF, acute care in hospital, pediatrics in hospital and private practice settings and out patient PT.

EXPERIENCE

PT, Elderwood of North Creek, NY -2018-Present - SNF in patient Rehab for subacute patients and long term residents and Out-Patient Physical Therapy

PT, ATCNRC, NORTH CREEK, NY - 2016-2018 See above

PT, ATCNRC, NORTH CREEK, NY 2015-2016 See above

PT, ALBANY MEDICAL CENTER, ALBANY, NY- 2011-2015 - Acute Care Hospital with specialty in NICU, also trauma, orthopedics, neurology

PT, WARREN COUNTY HOME HEALTH AGENCY, LAKE GEORGE, NY - 2007-2011
Home Health Care Physical Therapist

PT, ATCNRC, North Creek, NY - 2005-2007 - see above

PT, JEFFERSON CITY BONE & JOINT CLINIC, JEFFERSON CITY, MO- 1991

PT, DEVELOPMENTAL THERAPY, SHREVEPORT, LA, - 1985-1991 - Pediatric

PT, CBARC - SHREVEPORT, LA - 1983- 1985 Early Intervention Pediatrics

PT, SCHUMPERT MEDICAL CENTER- 1981-1983 Acute Care Hospital

EDUCATION

University of Missouri- Columbia, MO: School of Physical Therapy - Graduation 1981

SKILLS

Skills with a broad spectrum of Physical Therapy including: Home Health Care, Acute Care, Out Patient , pediatrics

REFERENCES

Denise Jackson - Physical Therapist—518-832-0586

Laura Knight - Physical therapist- 518-421-0877

(http://www.hpso.com?policyNumber=674792843)



(http://www.hpso.com?policyNumber=674792843)

Professional Liability

Policy Actions

Coverage Details

Status:

ACTIVE

Policy Number:

Coverage Period:

September 21, 2018 - September 21, 2019

Profession:

Physical Therapist

If you would like to change the profession listed on your policy, please send an email with the details of the change to service@hpso.com (<mailto:service@hpso.com>)

License Protection:

Live assistance

\$25,000 per proceeding - \$25,000 aggregate

Defendant Expense Benefit:

\$1,000 per incident - \$25,000 aggregate

Deposition Representation:

\$10,000 per deposition - \$10,000 aggregate

Assault:

\$25,000 per incident - \$25,000 aggregate

Medical Payments:

\$25,000 per person - \$100,000 aggregate

First Aid:

\$10,000 per person - \$10,000 aggregate

Damage to Property of Others:
\$ 0,000 per incident - \$10,000 aggregate

Mailing Address:

Employment Details +

Payment Details +

1100 Virginia Drive, Suite 250

Fort Washington, PA 19034

Phone:

Fax for Application:

Fax for Correspondence:

Contact Us (<https://www.hpso.com/support/about-us/contact-us?policyNumber=674792843>)

HPSO Home (<https://www.hpso.com/Pages/Home.aspx?policyNumber=674792843>)

Insurance License Information (<https://www.hpso.com/pages/Insurance-License-Information.aspx?policyNumber=674792843>)

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My Account (<https://www.hpso.com/support/my-account-index?policyNumber=674792843>)

Renew Now (<https://myaccount.hpso.com/pages/RenewNow.aspx>)



RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

**Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
Please attach any backup information available and be as detailed as possible.*

DEPARTMENT NAME: Health Services

DATE: October 29, 2018

- (a) Purpose of Request: **To authorize Director of Public Health and Patient Services to sign Memorandum of Understanding with Adirondack Health, 2233 State Rt 86, Saranac Lake, NY commencing 10/29/18.**
- (b) Details: **Adirondack Health agrees to provide Health Recovery Solutions devices to the CHHA to utilize for five months at no cost for the DSRIP Hospital to Home project.**
- (c) Previous Resolution Number: **NA**
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: **NA**

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

* as listed in budget and LOGOS

Attachment # 8



ADIRONDACK HEALTH MEMORANDUM OF UNDERSTANDING

ADIRONDACK MEDICAL CENTER
2233 State Route 86
P.O. Box 471
Saranac Lake, NY 12983
p: 518-891-4141
f: 518-891-1191

Hospital to Home Project

ADIRONDACK MEDICAL CENTER/
LAKE PLACID
29 Church Street
Lake Placid, NY 12946
518-523-3311

This Memorandum of Understanding (this "MOU") is made as of October 19, 2018, between **Adirondack Health**, 2233 State Route 86, Saranac Lake, NY and **Warren County Public Health**, 1340 State Rt. 9, Lake George, NY 12845. The effective date of this MOU is _____ for the next 5 months.

MERCY LIVING CENTER
114 Wawbeek Avenue
Tupper Lake, NY 12986
518-359-3355

Adirondack Health agrees to provide the Health Recovery Solutions devices to **Warren County Public Health** for the next 5 months for the exclusive use of the Hospital to Home DSRIP project.

3 units have been delivered or are scheduled to be delivered to:

ADIRONDACK DENTAL SERVICES
29 Church Street
Lake Placid, NY 12946
518-523-1122

J'nelle Oxford
1340 State Rt. 9
Lake George, NY 12845

LAKE PLACID HEALTH CENTER
29 Church Street
Lake Placid, NY 12946
518-523-1717

Warren County Public Health may request more devices over the next five months and **Adirondack Health** will supply as many as possible within the terms of the Grant as supplies last.

MOUNTAIN HEALTH CENTER
2841 State Route 73
Keene, NY 12942
518-576-9771

Agreed to and signed by:

SARANAC LAKE HEALTH CENTER
285 Old Lake Colby Road
Saranac Lake, NY 12983
518-897-2850

Authorized signature of Warren County Public Health

TUPPER LAKE HEALTH CENTER
7 Stetson Road
Tupper Lake, NY 12986
518-359-7000

Authorized signature of Adirondack Health

Grants Coordinator

www.adirondackhealth.org

LAKE PLACID
OLYMPIC TRAINING
CENTER

Official Hospital



RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Health Services

DATE: October 29, 2018

- (a) Purpose of Contract Change: **To authorize amendment a contract agreement with Delta Health Technologies, LLC and Warren County Health Services, dated 6/30/2008 to include HIXNY Bi-Directional Interface for Certified Home Health Care (CHHA) not to exceed \$13,950 one-time developmental costs. In addition, commencing on first productive use date or no later than six months from effective date, monthly service fee of \$116 to be paid monthly in advance. HIXNY interface is a condition of participation requirement. HIXNY interface will allow the CHHA's electronic medical record system, Crescendo, to communicate with other provider records to promote collaborative patient care. NYS Delivery Systems Reform Incentive Payment program (DSRIP) funds will be utilized.**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **Original- 214/2008; Most recent amendment- 319/2018**
- (c) Name of Contractor: **Delta Health Technologies, LLC**
- (d) Address of Contractor: **Delta Health Technologies, LLC; 400 Lakemont Park Blvd.; Altoona, PA 16602**
- (b) Contractor's Contact Person and Telephone Number: **Therese Knob; Phone: 814-949-7830/ Fax: 814-942-5618**
- (f) Commencement Date of Extension: **November 16, 2018**
- (g) Termination Date of Extension: **Automatic renewal for monthly fees with 30 day termination upon written notice from either party.**
- (h) Payment Provisions: i) lump sum amount
ii) hourly rate amount
iii) total amount not to exceed **\$13,950 not to exceed one time developmental cost and \$116/monthly service commencing on first productive use or no later than 6 months from effective date is payable monthly in advance.**
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. **See attached**

Attachment # 9

- (i) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, and Title, and Amount: **\$ 13,950 and \$116/mo**
Expense: A.4010.428 Data Processing and
Revenue: A.4010.3426 DSRIP Engagement Funds

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

**EXHIBIT A
ORDER FORM**

Order Form Effective Date: _____ **Customer:** Warren County Health Services

This Order is subject to and incorporates all of the provisions stated in the Delta License Agreement between Delta Health Technologies, LLC and Warren County Health Services, dated June 30, 2008, dated (the "Agreement"). Upon signature by authorized representatives of each party, this Order shall be deemed an amendment to the Agreement. As amended, the Agreement remains in full force and effect.

1. Customer is subscribing to the following products and third-party software, equipment, and/or services from Delta:

Integration/Connectivity	Average Daily Patient Census	Monthly Services Fees and Additional Terms:	Payment Terms
HIXNY Bi-Directional Interface for Home Care	N/A	\$116	\$13,950 not to exceed one-time development costs, billable as incurred

2. **Payment Terms:** Fees are payable as follows:

- Monthly Usage Fees:
 - Commences on First Productive Use Date or no later than six (6) months from the Effective Date and is due and payable monthly in advance.
- Third Party Software: 10% on Order date; 90% on Delivery Date.
- Professional Crescendo Services: As incurred, monthly in arrears. Customer to pay travel and living expenses.

3. **General.** As modified, the Agreement remains in full force and effect.

DELTA HEALTH TECHNOLOGIES, LLC

CUSTOMER: WARREN COUNTY HEALTH SERVICES

By: _____

By: _____

Print Name: Keith R. Crownover

Print Name: _____

Print Title: President & CEO

Print Title: _____

Warren County Board of Supervisors

RESOLUTION NO. 319 OF 2018

RESOLUTION INTRODUCED BY SUPERVISORS FRASIER, MCDEVITT, BRAYMER, LEGGETT, LOEB, DIAMOND, HYDE, MAGOWAN AND SOKOL

AMENDING AGREEMENT WITH DELTA HEALTH TECHNOLOGIES, LLC FOR MIGRATION OF PATIENT DATA FROM ENCORE TO CRESCENDO, TO AUTHORIZE A SITE OPTIMIZATION VISIT FOR WARREN COUNTY HEALTH SERVICES

WHEREAS, pursuant to Resolution No. 311 of 2017, the Chairman of the Board of Supervisors was authorized to execute an amendment agreement with Delta Health Technologies, LLC to allow for migration of patient information data from Encore, the current electronic medical system, to Crescendo for an approximate cost of Thirty-Nine Thousand Nine Hundred Ten Dollars (\$39,910) to be paid from Budget Code A.4010 428, Health Services, Data Processing & Internet Fees, and

WHEREAS, pursuant to Resolution No. 214 of 2018, the agreement with Delta Health Technologies, LLC was further amended to correct the amount of the Crescendo Implementation update to an approximate cost of Thirty-Six Thousand Nine Hundred Ten Dollars (\$36,910) and to include additional annual/monthly support fees which were previously omitted, and

WHEREAS, the Director of Public Health/Patient Services has requested that the agreement with Delta Health Technologies, LLC be further amended to authorize a site optimization visit for an amount not to exceed Eight Thousand Dollars (\$8,000) commencing on August 1, 2018, now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an amendment agreement with Delta Health Technologies, LLC, 400 Lakemont Park Boulevard, Suite 200, Altoona, PA. 16602, to authorize a site optimization visit for an amount not to exceed Eight Thousand Dollars (\$8,000) commencing on August 1, 2018, to be paid from Budget Code A.4010 428, Health Services, Data Processing & Internet Fees, in a form approved by the County Attorney, and be it further

RESOLVED, that other than the changes outlined above, all other terms and conditions of Resolution No. 311 of 2017 and Resolution No. 214 of 2018 will remain the same.