

**Warren County Health Services
Health, Human and Social Services Committee
AGENDA FOR
February 25, 2019
Information Submitted By: Ginelle Jones, DPH/DPS**

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

Committee meeting called to order by Chairperson

Motion to approve the minutes of the January 25, 2019 Health, Human, and Social Services Committee meeting.

I. Action Agenda/New Business

Request Resolution: To amend the existing contract with Zirmed, Inc. to 1) reflect rate increase for Claims Management to \$103.95/mo, which includes 500 electronic claims, additional claims will be billed at \$0.25/claim, and an additional annual fee of \$125 will be assessed, 2) reflect rate increase for Eligibility Verification to \$52.50/month, which includes 250 inquiries and \$0.25/additional inquiries, 3) update language of Health Services' electronic billing system from Encore to Crescendo, 4) update Zirmed, Inc. address to 888 Market Street Suite 400, Louisville, Kentucky 40202, 5) utilize GL code A.4010.428, CHHA Data Processing and Internet fees, 6) authorize automatic annual contract renewal as long as there is no more than 5% rate increase unless there is a request terminate upon 30 days written notice by either party. **Attachment #6**

Rationale: Zirmed, Inc is an integral part of the Point of Care Initiative, which is utilized to verify insurances before billing to expedite claims without denials. This is compatible with Crescendo, Health Services' electronic billing System, which reflects a 5% rate increase and an additional annual rate.

Request Resolution: To approve purchase 5 Genesis Personal Touch Tablet A Kit with Scale, SP02 (pulse oximeter), and BP Cuff, for an adjusted price of \$1,265 per monitor (List Price \$1,465/monitor, however the sale price of \$1,265/monitor subtracts the adjustment of \$200/monitor trade in) to be utilized with the Certified Home Health Agency's Telemonitoring Program for a total of \$6,325, and to approve monthly recurring fees, which includes \$3 per monitor for Honeywell interface to Delta Crescendo and \$30 (List Price \$40/month with 25% discount is \$30) per monitor for built in 4G cellular with Honeywell/Resideo Life Care Solutions to automatically renew annually unless over 5% increase in recurring fees or upon 30 days written notice of termination by either party.

Rationale: Equipment is needed for tele monitoring of Home Health patients. The purchase is over \$6000 and requires resolution. The equipment is compatible with new electronic medical record application. The above prices reflect a trade in discount for existing equipment and a 25% discount on reoccurring costs. Funding is in the budget and will initially be utilized to cover expenses, however there are plans to ultimately utilize NYS Delivery Systems Reform Incentive Program (DSRIP) funding. A future budget amendment request will be needed, once 2018 books are closed.

Referral/Pending Items

Pending Item: Quality Care for Seniors- **Attachment #10**- was moved to the Support Services Committee and was discussed 2/22/19 at 11am.

II. Information for Discussion/Review

Report of Expenditures, Revenues, Overtime and Per Diem Use for 2018

Please see **Attachment #1**.

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

Revenue and Expense Comparison Report for 2017 vs 2018

Please see **Attachment #2**.

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

Status of Referrals

Please see **Attachment #3** for the detailed report.

Valerie Whisenant, Assistant Director of Patient Services, will provide comments at the meeting.

Emergency Response and Preparedness

Please see **Attachment # 4** for the monthly report.

Rabies Report:

Please see **Attachment #5** for the report.

Information Item:

Meetings: Two Authorization Forms were submitted to approve webinar trainings through SUNY Albany of School of Public Health for Jodi Brynes, Supervising Public Health Nurse, to take Patient Review Instrument and Screening courses. Each course is \$275, which is in the current education budget. These **two** webinar trainings are needed to ensure agency staff is credentialed to perform the PRI and Screening on patients in preparation for placement, which is reimbursable. Jodi will receive the training via webinar at the office, so no additional expenses will be incurred. **Attachments # 7 and # 8**

Staffing Update

Congratulations to Jodi Brynes, Supervising Public Health Nurse, on her selection as February's Warren County Employee of the Month!

Nursing Positions:

We are continually recruiting nurses and have positions open. This month two full time nurses were hired and are completing orientation.

Intent to Fill Forms- Submitted in February:

Registered Professional Nurse #39 **Attachment #11a**

Public Health Liaison- Part Time (24 hrs/ week average) **Attachment #11b**

Assistant Director of Public Health **Attachment #11c**

Informational Presentation: Adirondack Health Institute- Traves Bethel- T-21
Refer to **Attachment #9** for March 15th Lunch and Learn, following the Board meeting

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 Expenditures, Revenues, Overtime and Per Diem Use
2. Revenue and Expense Comparison Report for 2017 vs 2018
3. Report of Referrals Status
4. Emergency Response and Preparedness Activities Report
5. January 2019 Rabies Report/ Rabies Clinic Schedule
6. Zirned, Inc. Resolution Request
7. Meeting/Training Authorization PRI Online Training Webinar
8. Meeting/Training Authorization Screen Online Training Webinar
9. T- 21 Informational Lunch and Learn Announcement- March 15, 2019
10. Quality Care for Seniors
11. Intent to Fill Forms **a, b, and c**
12. Honeywell/Resideo Life Care Solutions Resolution Request

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2019 AS OF 2/12/2019 5:46:09 PM

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

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

EXPENSES	2019 BUDGETED	2019 YTD ACTUAL	2018 Prior Year Totals
Salaries - Regular	\$2,610,781.00	\$206,970.38	\$2,245,248.67
Salaries - Overtime	\$132,000.00	\$14,502.41	\$119,937.71
Salaries - Part Time	\$535,767.00	\$38,393.63	\$432,961.47
100's PERSONAL SERVICES	\$3,278,548.00	\$259,866.42	\$2,798,147.85
200's EQUIPMENT	\$4,272.00	\$2,199.92	\$86,272.34
400's CONTRACTUAL	\$6,067,644.00	\$84,565.11	\$4,654,853.66
800's EMPLOYEE BENEFITS	\$1,567,117.00	\$168,360.54	\$1,372,277.26
TOTALS	\$10,917,581.00	\$514,991.99	\$8,911,551.11

REVENUES	2019 BUDGETED	2019 YTD ACTUAL	2018 Prior Year Totals
	\$8,671,621.00	\$3,526.77	\$5,870,932.82

Above are the current 2019 financials as of 2/12/19. Three payrolls have been posted year to date as of 2/3/19. 2018 has remains open and is reflected above. We are stilling waiting for our December Revenues for CHHA and MCH. Also our final numbers for revenues and some expenses for the Preschool, Early Intervention and WIC programs. We have also accrued in 2018 Revenues for 10-12/18 for the following grants: Lead \$4,945, BT \$7,340.37 and EI for \$6,377.

Warren County Health Services

Salaries Comparison

2018 vs 2019

as of 2/3/19 Year End Payroll

	YTD	YTD	YTD 19v18	% Change	Total Budget	Total Actual
	2019	2018			2019	2018
Total of All Depts	\$206,970.38	\$220,263.06	-\$13,292.68	-6.03%	\$2,610,781.00	\$2,245,248.00
Regular Salaries	\$14,502.41	\$9,665.09	\$4,837.32	50.05%	\$132,000.00	\$119,937.71
Overtime Salaries	\$38,393.63	\$40,118.51	-\$1,724.88	-4.30%	\$535,767.00	\$432,961.47
Part Time Salaries	\$259,866.42	\$270,046.66	-\$10,180.24	-3.77%	\$3,278,548.00	\$2,798,147.18
TOTALS						
% current YTD Salary to Total Budget	7.93%	9.65%				

Source: Detail G/L report for all Salary Category from 1/1/19-2/3/19.

Overall, total salaries are \$10,180.24 under 2018 Salaries. While under in Regular and Part time salaries, Overtime is over last year due to the time needed for documentation with the new Patient system for the homecare. Since the implementation of the Crescendo System used by our CHHA, overtime has increased to allow the nurses to do charting and maintain patient care. Overall, Salaries are down by 3.77% from the prior year and at this time, we currently are 7.93% of the 2019 budget, while last year at this time we were 9.65% of the budget.

**Warren County Health Services
Revenue and Expense Comparison 2019 vs 2018
as of 2/12/19**

EXPENSES	2019 YTD Actual as of 2/12/19 G/L	2018 YTD as of 2/12/18 G/L Final	Variance
Salaries - Regular	\$206,970.38	\$220,263.06	(\$13,292.68)
Salaries - Overtime	\$14,502.41	\$9,665.09	\$4,837.32
Salaries - Part Time	\$38,393.63	\$40,118.51	(\$1,724.88)
100's PERSONAL SERVICES	\$259,866.42	\$270,046.66	(\$10,180.24)
200's EQUIPMENT	\$2,199.92	\$459.00	\$1,740.92
400's CONTRACTUAL	\$84,565.11	\$320,809.67	(\$236,244.56)
800's EMPLOYEE BENEFITS	\$168,360.54	\$194,330.27	(\$25,969.73)
TOTALS	\$514,991.99	\$785,645.60	(\$270,653.61)

REVENUES	2019 YTD ACTUAL	2018 Prior YTD	
	\$3,526.77	\$3,561.05	(\$34.28)

Notes:

Salaries: (please see previous page) overall are \$10,180.24 or 3.77% below 2018 as of the 2/3/19 payroll posting date. Salaries for 2019 are 7.93% of the budget YTD where they were 9.65% of the 2018 budget as of last year. Overtime has increased and correlates with the added hours needed since implementation of the New Crescendo system being utilized for the CHHA for patient charting and billing.

Equipment reflects in 2019 the purchase of tents needed for Emergency Preparedness and fully covered by the BT Grant. While in 2018, the purchase of a baby scale was needed for our Family Health Program.

Contractual Expenses: These are higher in 2018 due to two primary reasons. One is that in 2018 Rent expense is reflected for \$116,547 and also Contract expenses for CHHA and Early Intervention expenses that are related to patient services (therapies) are more in 2018 then 2019 by close to \$100,000.

Employee Benefits: Employee benefits are below last year to date by (\$25,969.73) and correlates with the nursing position shortages that we have experienced and by allowing us to utilize per diem employees, we save benefits.

Revenues: Revenues are constant with last year as we continue to finalize billing for January.

Warren County Health Services
Patient Evaluations
CHHA Division

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	105	82	89	
SN IV eval	2	8	5	4	7	7	1 0**	0**	0**	0**	0**	0**	
PRI	3	3	3	1	2	0	2	5	1	1	1	0	
SN Evals per month	117	99	105	100	124	130	89	124	119	106	83	89	
PT Evals	70	57	63	61	74	59	61	57	40	48	38	44	
PT only	19	18	17	19	16	20	6	18	15	22	21	11	
Total Evals per month	136	117	122	119	140	150	95	142	134	128	104	100	1487
	2%	-9%	-37%	1%	7%	37%	-37%	10%	5%	3%	-23%	-24%	

CATEGORY	01/2019	02/2019	03/2019	04/2019	05/2019	06/2019	07/2019	08/2019	09/2019	10/2019	11/2019	12/2019	
SN eval	96												
SN IV eval	0**												
PRI	0												
SN Evals per month	96												
PT Evals	50												
PT only	13												
Total Evals per month	109												109
	-27%												

Data entirely from Crescenedo (phased out Encore) 8/1/18

**Crescenedo does not have SN IV Eval on the report

Numbers current as of 2/13/19

Attachment 3

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

2/5	Webinar	EPR Coalition meeting for Homecare, LHD, and Hospitals for upcoming Drill	J'nelle Oxford	Meeting
2/12	Webex	Monthly EPR Coordinator meeting - Ballston Spa	Dan Durkee, J'nelle Oxford, Pat Belden	meeting
2/13	In Person	Warren County Public Health Asset Distribution Plan Update	Dan Durkee, J'nelle Oxford	Planning
2/20	In Person	TTX w/ Glens Falls Hospital Displaced Children	J'nelle Oxford	TTX Drill
2/20	Webinar	CTI 101 MERITS Refresher Training	J'nelle Oxford	Training
2/28	In Person	Warren County Recovery Plan training	J'nelle Oxford	Meeting

**Warren County Public Health
Rabies Program
January 2019**

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 • 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										
Chester								2										
Glens Falls			2					1	1									
Hague																		
Horicon																		
Johnsburg						1												
Lake George								1										
Lake Luzerne																		
Queensbury			1		1	1				1		1						
Stony Creek																		
Thurman																		
Warrensburg																		
Totals			3		1	2	5	2		1		1						

Total Bites for this month- 15

Specimens tested for rabies this quarter- 2

Positive specimens for rabies- 0

People pre-approved for rabies post exposure treatment- 0

Rabies Clinics this month- 0

Next Rabies Clinic- February 23, 2019



WARREN COUNTY PUBLIC HEALTH RABIES CLINICS 2019

Pets must be 3 months of age to receive their first immunization, which will afford them protection for one year. The next shot (booster) will afford protection for 3 years and is required one year after the first shot was given. From then on every three years a booster should be given to protect your pet. Both initial and booster shots will be given at all clinics scheduled by Warren County Public Health.

Saturday	February 23	Queensbury Community Center 742 Bay Road	10:00-Noon
Saturday	March 9	Glens Falls Kennel Club 474 Corinth Road, Queensbury	1:00-3:00pm
Saturday	March 23	Chester Fire House State RT 8	10:00-Noon
Saturday	April 13	Warren County DPW 4055 Main Street, Warrensburg (State RT 9)	10:00-Noon
Saturday	May 4	Lake George Fire House Ottawa and Amherst Streets	10:00-Noon
Saturday	May 18	Glens Falls DPW, Dix Avenue	10:00-Noon
Saturday	June 1	North Creek Fire House	10:00-Noon
Saturday	TBA	Hadley Luzerne Fire House Lake Avenue, Lake Luzerne	10:00-Noon
Saturday	July 13	Brant Lake Fire House	10:00-Noon
Saturday	July 27	Glens Falls DPW, Dix Avenue	10:00-Noon
Saturday	August 10	Stony Creek Town Hall	10:00-Noon
Saturday	August 24	Queensbury Community Center 742 Bay Road	10:00-Noon
Saturday	September 14	Chester Fire House State RT 8	10:00-Noon
Saturday	September 28	Glens Falls DPW, Dix Avenue	10:00-Noon
Saturday	October 19	Bolton Fire House, Main Street	10:00-Noon
Saturday	October 26	Warren County DPW 4055 Main Street, Warrensburg (State RT 9)	10:00-Noon
Saturday	November 2	Queensbury Community Center 742 Bay Road	10:00-Noon

A \$10.00 donation is requested for each pet. No one is turned away due to financial hardship. Please bring dogs on leashes and cats or ferrets in carriers. Call Warren County Public Health at 761-6580 with questions.

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Health Services

DATE: February 25, 2019

- (a) Purpose of Contract Change: **To amend the existing contract with Zirmed, Inc. to 1) reflect rate increase for Claims Management to \$103.95/mo, which includes 500 electronic claims, additional claims will be billed at \$0.25/claim, and an additional annual fee of \$125 will be assessed, 2) reflect rate increase for Eligibility Verification to \$52.50/month, which includes 250 inquiries and \$0.25/additional inquiries, 3) update language of Health Services' electronic billing system from Encore to Crescendo, 4) update Zirmed, Inc. address to 888 Market Street Suite 400, Louisville, Kentucky 40202, 5) utilize GL code A.4010.428, CHHA Data Processing and Internet fees, 6) authorize automatic annual contract renewal as long as there is no more than 5% rate increase unless there is a request terminate upon 30 days written notice by either party.**

- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **205 of 2009**

- (c) Name of Contractor: **Zirmed, Inc.**

- (d) Address of Contractor: **8889 Market Street, Suite 400, Louisville, Kentucky 40202**

- (e) Contractor's Contact Person and Telephone Number: **Lindsay Quinlin; 678-221-0514**

- (f) Commencement Date of Extension: **Effective date 4/1/19**

- (g) Termination Date of Extension: **Authorize automatic annual contract renewal as long as there is nor more than 5% rate increase unless there is a request to terminate upon 30 days written notice by either party.**

- (h) Payment Provisions:
 - i) lump sum amount
 - 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. **Annually for annual fee and monthly for services**)

- (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: A. 4010.428 CHHA Program Data Processing and Internet Fees

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

Waystar Subscriber Addendum

This Subscriber Agreement Addendum ("Addendum") is intended to amend and supplement the Subscriber Agreement ("Agreement") made and entered into between ZirMed, Inc. d/b/a Waystar Health ("Waystar") and Warren County on behalf of Warren County Health Services ("Customer") regarding Customer's access and use of the products and services ("Services") provided by Waystar. Waystar and Customer agree to the following terms that shall be additive to those found in the Agreement and restate and recite all other terms as defined in the Agreement. Unless otherwise specifically defined in this Addendum, terms shall have the same meaning as in the Agreement in effect between the parties.

Section II - Solutions & Pricing

This Agreement governs access to and use of Services identified herein at the fees associated therewith. The proposed fee schedule will be honored until 03/09/2019 and expires thereafter unless accepted.

Eligibility Verification

Solution	Your Monthly Fee	Implementation Fee
Eligibility Verification (Direct Data Entry) Subscription includes 250 inquiries, \$0.25 per additional inquiry.	\$52.50	\$0.00
	Total	\$0.00

Claims Management

Solution	Your Monthly Fee	Implementation Fee
Claims Management (Institutional) Subscription includes 500 electronic claims, \$0.25 per additional claim. Paper Claims: \$0.53 each, \$0.25 per additional page printed. An annual fee of \$125 will be assessed.	\$103.95	\$0.00
	Total	\$0.00

Technology, Staffing, and Support Services

In addition to the features and functionality referenced within, you'll also receive the following technology, staffing and support services:

- Six Sigma designed implementation
- Unlimited users
- Ongoing training available online
- Support available through via phone, chat, or online case submission
- Frequent updates and communications from Waystar about the company's newest available features, functionality, and regulatory changes that could impact your business
- Reporting package available online
- SSAE-16 Certification & Disaster Recovery
- Access to Waystar's developer portal that facilitates product integration

Your support team and Waystar's Support & Training Center enable your users and managers to:

- Log support issues
- View/manage status of open issues
- View/manage prior issues and resolution
- Access knowledgebase articles
- Access training materials such as user guides and training videos 24/7
- Attend regularly scheduled training webinars

Note: The above fee schedule will be honored until 03/09/2019. Unless this Addendum is accepted and upon expiration, Waystar reserves the right to modify the pricing and payment terms enumerated herein.

Section III - Terms and Conditions

1. Solutions and Pricing. Customer desires to access and use Services provided for in this Addendum in addition to those covered by the Agreement between the parties. Customer agrees to pay all charges as billed to Customer including monthly fees, transaction or usage fees, implementation fees and any customer development or consulting fees as incurred as described above or in a supplement development agreement. Transaction or usage fees shall be based on the amount of usage recorded by Waystar's computer system, and the pricing in effect at the time of Customer's use of such Services as documented herein. At any time after the conclusion of the Initial Term, Waystar reserves the right to apply periodic price increases, but no more than once every twelve (12) months. These increases shall not exceed the greater of (i) five percent (5%) or (ii) the percentage increase in the Consumer Price Index for All Urban Consumers since the last applicable price increase, whichever is greater.
2. Payment. Payment terms shall be as stated in the Agreement unless modified herein, in which case the terms in this Addendum shall control. Waystar reserves the right to charge Customer a \$50.00 reactivation fee for frequent late payments resulting in disruption or deactivation in Service. Late payments (after 60 days) will be subject to a late fee equal to one and one-half (1.5%) per month or at the maximum interest rate allowable under applicable law, whichever is lower, of the overdue amount, except amounts disputed by Customer in writing in good faith within ten (10) days following receipt of the invoice. If any undisputed amount of any invoice remains unpaid, Waystar may (without terminating the Agreement or this Addendum and reserving cumulatively all other remedies and rights under the Agreement and at law) suspend further Services and licenses to access the Services under this Addendum or the Agreement without further notice to Customer. Customer is responsible for all costs of collection including, but not limited to, collection agency fees and attorney fees. Due to the high direct costs of some services, Waystar restricts the use of purchasing cards, credit cards or debit cards to transactions totaling less than five thousand dollars (\$5,000) in a given month. Charges in excess of this amount will be subject to a convenience fee of three percent (3%).
3. Term and Termination. Nothing herein shall act to extend or modify the Term of the Agreement beyond that previously agreed to between the parties. The term and termination provision of the Agreement shall be incorporated by reference herein and Customer access to the Services described above shall be covered by the Agreement.
4. Entire Agreement. This Addendum and the Agreement previously entered into between the parties sets forth all the representations, promises and understandings between the parties on the matters. To the extent there exists any conflict between this Addendum and the Agreement, the terms of this Addendum shall control. If any part or parts of this Addendum or the underlying Agreement are held to be invalid, illegal or unenforceable, such part will be treated as severable, and the remaining parts shall continue to be valid and enforceable as to the parties hereto.
5. Counterparts. This Addendum may be executed in counterparts and delivered by facsimile or other electronic means, each of which will be deemed an original but all together will constitute only one agreement.

In Witness Whereof, the parties to this Addendum, in recognition of their undertakings set forth above, and for due and valid consideration, execute this Addendum.

**Warren County on behalf of Warren County Health
Services**

ZirMed Inc. d/b/a Waystar Health

By (signed):

Name: _____
Title: _____
Date: _____

By (signed):

Name: _____
Title: _____
Date: _____



Tammy DeLorenzo
Domain Administrator

February 07, 2019

Warren County on behalf of Warren County Health Services
1340 State Route 9
Lake George, NY 12845

Dear Tammy,

Thank you - and thank you to your team - for the time and attention you've devoted to helping Waystar understand your goals for the future as well as the challenges you face today. We're thrilled to be joining forces with Warren County on behalf of Warren County Health Services and we look forward to helping you reach and exceed those goals in the years ahead.

The attached agreement outlines the pricing, services, and benefits we discussed, broken out by solution. To confirm, those include:

- **Claims Management**
- **Eligibility Verification**

Once you have reviewed the document, simply click "Sign Agreement", and you will be directed to DocuSign to securely complete the step-by-step electronic signature process. Once finished, you will automatically receive a PDF of the signed agreement via email. If you have any questions or need more information, please feel free as always to contact me directly at or lquinlin@navicure.com.

I've enjoyed working with you to create the right fit for Warren County on behalf of Warren County Health Services and I'm excited to see the great things we'll accomplish together in the future.

Best Regards,

Lindsay Quinlin
Sr. Account Retention Specialist

Warren County Board of Supervisors

RESOLUTION NO. 205 OF 2009

Chha
Acct
44390

Resolution introduced by Supervisors Sokol, Sheehan, Thomas, Champagne, O'Connor, Strainer and Pitkin

**AUTHORIZING SUBSCRIBER AGREEMENT WITH ZIRMED, INC.
FOR THE PURPOSE OF VERIFYING INSURANCES BEFORE
BILLING TO EXPEDITE CLAIMS WITHOUT DENIALS
- HEALTH SERVICES DEPARTMENT**

WHEREAS, the Director of Public Health/Patient Services is requesting that the County enter into a subscriber agreement with ZirMed, Inc., as part of the Point of Care initiative, for the purpose of verifying insurances before billing to expedite claims without denials, which is compatible with the *Crescendo* Encore Billing System, Inc. for a term to commence March 23, 2009 and terminate upon thirty (30) days written notice at the following cost:

- | | | |
|----|-----------------------------|----------|
| 1. | One-time implementation fee | \$395.00 |
| 2. | One-time training fee | \$195.00 |
| 3. | Monthly subscriber fee | \$149.00 |

ASD
H267 ASD, 260
ASD 10

now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute a subscriber agreement with ZirMed, Inc., *888* 626 West Main *Market St* Street, ~~6th~~ Floor, Louisville, Kentucky 40202 for the purpose of verifying insurances before billing to expedite claims without denials, which is compatible with the Encore Billing System, Inc., for a term to commence *April 1, 2009* March 23, 2009 and terminate upon thirty (30) days written notice at the cost described in the preambles of this Resolution in a form approved by the County Attorney, and be it further

RESOLVED, that the funds shall be expended from A.4018-428 Preventive Program - Data Processing & Internet Fees. *A 4010.428*

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one: office - Webinar

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

The Health Human + Social Services hereby authorizes Jodi Brynes
(Supervisory Committee) (Employee Name)

to attend Webinar HCPRI Online training through SUNY Albany SPH
(Name of meeting or organization)

at Office (no travel) on TBA
(Address) (Dates)

Meeting/Convention Cost: \$ 275 Mode of transportation to be used: ⊗
(County Vehicle or Mass Transportation)

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

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

Notice of meeting or convention including cost. Total Cost of Travel \$ \$ 275
(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: A 4010.444

* www.gsa.gov

N/A

Date: 2/7/19

[Signature]
Department Head Signature

Date: _____

County Administrator Signature

Date: _____

Committee Chairman Signature

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

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

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to 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.



Hospital and Community Patient Review Instrument (H/C PRI) and SCREEN Training and Certification Program

Overview	H/C PRI Trainings	SCREEN Training	Additional Information
----------	-------------------	-----------------	------------------------

H/C PRI Training Information

- Training is available through self-paced, online format, as well as through one-day in-person training offered on an as-needed basis.
- Course Price - \$275
- **H/C PRI Training Guidelines** - We recommend you read these guidelines before you begin training.

In-Person Course - click on the location to register

- **Long Island State Veterans Home**
Stony Brook, New York
Thursday, March 7, 2019
Sign-In: 8:30 -9:00am
Training: 9:00am - 4:00pm
- **Van Duyn Center for Rehab and Nursing**
Syracuse, New York
Thursday, March 14, 2019
Sign-In: 8:30 -9:00am
Training: 9:00am - 4:00pm

Online Course

- **Instructions for registration**
- **Register for Online H/C PRI Course here**

Please Note: At midnight on Tuesday, January 29, the H/C PRI training was updated to a new format. Learners who purchased PRI training before that date who have yet to complete it will have to complete the training in the new format *from the beginning*. Please direct questions about this to: nysrhcfassess@albany.edu.

If you experience any technical difficulties with online registration or completion of the course, please email nysrhcfassess@albany.edu.

Refund Policy

- For In-person training - We must receive your cancellation notice in writing (e-mail to nysrhcfassess@albany.edu) at least 7 business days prior to the in-person training for you to receive a refund. Refunds will be granted minus a \$25 processing fee.
- For Online training - Refunds are allowed for up to 30 days from the date-of-purchase if you have not begun training. To request a refund please forward your purchase receipt and the reason for your requested refund to nysrhcfassess@albany.edu. There is a \$25 processing fee on all refunds.

H/C PRI Assessor ID Requests

If you took your training online, use these directions to access your H/C PRI Assessor ID card.

To request a replacement H/C PRI Assessor ID card, please complete the form here: [Reissue Request](#). Re-issued Assessor ID cards will be emailed to recipients by the end of each month upon confirmation of previous participation in training.

Additional Training Resources

- H/C PRI manual
- H/C PRI Form
- Technical DOH FAQ



SCHOOL OF PUBLIC HEALTH

UNIVERSITY AT ALBANY State University of New York

Hospital and Community Patient Review Instrument (H/C PRI) and SCREEN Training and Certification Program

Overview	H/C PRI Trainings	SCREEN Training	Additional Information
----------	-------------------	-----------------	------------------------

The Center for Public Health Continuing Education (CPHCE) administers the New York State Department of Health's Hospital and Community Patient Review Instrument (H/C PRI) and SCREEN Training and Certification Program.

In New York State, individuals who require placement or continued stay in Residential Health Care Facilities (RHCF) must be assessed to determine the appropriateness of placement and level of care required. Assessments are conducted by professionals who have been trained and certified in use of the Department of Health's H/C PRI and SCREEN forms.

Hospital and Community Patient Review Instrument (H/C PRI)

This training is to allow Registered Nurses (RNs) to complete the H/C PRI to assess a person's condition and the amount of care required. An Assessor Identification number will be issued to all RNs that complete the training.

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

H/C PRI Regulations

400.11 Assessment of long-term care patients. (a) (1) For patients who require placement or continued stay in a nursing home or health-related facility, the Hospital/Community PRI or the PRI, as appropriate, shall be completed by a registered professional nurse who has successfully completed a training program in patient case mix assessment approved by the department to train individuals in the completion of the patient review form (PRI) as contained in section 86-2.30(f) of this Title, or the Hospital/Community patient review form (Hospital/Community PRI) as contained in section 400.13 of this Part, and for patients who require placement or continued stay in a nursing home or a health-related facility.

SCREEN

Online training for professionals responsible for discharge planning and RHCF placement in use of the Department of Health's SCREEN form to assess a person for possible mental illness, intellectual disability and/or developmental disability. A 10-digit SCREENER Identification number will be issued to all discharge professionals that complete the training.

The course is for RNs, social workers or other professional health care providers responsible for discharge planning and RHCF placement.

SCREEN Regulations

The SCREEN shall be completed by a professional with demonstrated skills in assessing psychosocial situations, including but not limited to social work and discharge planning professionals, who has successfully completed a training program in patient case mix SCREENING approved by the department to train individuals in the completion of the patient SCREENING form (SCREEN), as contained in section 400.12 of this Part.

Note: Individuals residing out of state, but seeking placement within New York State, must be assessed in accordance with the above. Questions related to out-of-state assessments should be directed to the New York State Department of Health at: hcpriscreen@doh.state.gov, or view Questions 88-92 of the New York State Department of Health FAQ here: https://www.health.ny.gov/forms/doh-695_faq.htm.

H/C PRI Assessor ID and Screener ID Requests

To request a replacement H/C PRI Assessor ID card, please complete the form here: [Reissue Request](#). Re-issued Assessor ID cards will be emailed to recipients by the end of each month upon confirmation of previous participation in training.



Hospital and Community Patient Review Instrument (H/C PRI) and SCREEN Training and Certification Program

Overview	H/C PRI Trainings	SCREEN Training	Additional Information
----------	-------------------	-----------------	------------------------

H/C PRI Assessor ID and Screener ID Requests

To request a replacement H/C PRI Assessor ID card, please complete the form here: [Reissue Request](#). Re-issued Assessor ID cards will be emailed to recipients by the end of each month upon confirmation of previous participation in training.

Contact Us: nysrhcfassess@albany.edu

The planners and presenters do not have any financial arrangements or affiliations with any commercial entities whose products, research or services may be discussed in this activity.

No commercial funding has been accepted for these activities.

Continuing Education Credits for SCREEN (Online Training)

Continuing Nurse Education Contact Hours

The University at Albany School of Public Health is an Approved Provider of continuing nurse education by the Northeast Multi-State Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

This offering is approved for 2.0 nursing contact hours.

Nursing Contact Hours are offered until July 31, 2021.

Social Work

University at Albany, School of Social Welfare, Social Work Continuing Education Program is recognized by the New York State Education Department's State Board of Social Workers as an approved provider of continuing education for Licensed Social Workers - #0011

This offering is approved for 1.75 self-study contact hours.

Social Work continuing education hours are offered until December 31, 2020.

Continuing Education Credits for H/C PRI (Online Training)

Continuing Nurse Education Contact Hours

The University at Albany School of Public Health is an Approved Provider of continuing nurse education by the Northeast Multi-State Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

This offering is approved for 4.0 nursing contact hours.

Nursing Contact Hours are offered until March 31, 2020.

Social Work

University at Albany, School of Social Welfare, Social Work Continuing Education Program is recognized by the New York State Education Department's State Board of Social Workers as an approved provider of continuing education for Licensed Social Workers - #0011

This offering is approved for 4.0 self-study contact hours.

Social Work continuing education hours are offered until December 31, 2020.

Continuing Education Credits for H/C PRI (In-Person Training)

Continuing Nurse Education Contact Hours

The University at Albany School of Public Health is an Approved Provider of continuing nurse education by the Northeast Multi-State Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

This offering is approved for 6.0 nursing contact hours.

Nursing Contact Hours are offered until March 31, 2020.

Social Work

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SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one: office

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

The Health Human Social Service hereby authorizes Jodi Brynes
(Supervisory Committee) (Employee Name)

to attend Webinar Screen Online training through SUNY Albany
(Name of meeting or organization) SPH

at Office - No travel on TBA
(Address) (Dates)

Meeting/Convention Cost: \$ 275 Mode of transportation to be used: Ø
(County Vehicle or Mass Transportation)

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

N/A

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

Notice of meeting or convention including cost. Total Cost of Travel \$ \$ 275
(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: 2/7/19

[Signature]
Department Head Signature

Date: _____

County Administrator Signature

Date: _____

Committee Chairman Signature

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

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to 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.



Hospital and Community Patient Review Instrument (H/C PRI) and SCREEN Training and Certification Program

Overview	H/C PRI Trainings	SCREEN Training	Additional Information
----------	-------------------	-----------------	------------------------

SCREEN Training Information

- Training is available through self-paced, online format. (Note: Configurations of SCREEN ID#s have changed over time, depending on the training entity.)
- Course Price - \$275
- **[Frequently Asked Questions about SCREEN Training \(FAQ's\)](#)**
- **[Instructions for registration](#)**
- **[Register for Online SCREEN Course here](#)**

As of midnight on June 20, 2018 the SCREEN training was converted to a new format. Learners who purchased the SCREEN training before the conversion and had yet to complete it by 6/20/18 at 12:00 am will have to access the training in its entirety in the new format. Please direct questions about this to: nysrhcfassess@albany.edu.

If you experience any technical difficulties with online registration or completion of the course, please email nysrhcfassess@albany.edu.

Refund Policy

- Refunds are allowed for up to 30 days from the date-of-purchase if you have not begun training. To request a refund please forward your purchase receipt and the reason for your requested refund to nysrhcfassess@albany.edu. There is a \$25 processing fee on all refunds.

SCREENer ID Requests

If you took your training online, use these directions to access your SCREENer ID card.

To request a replacement SCREEN ID card, please complete the form here: [Reissue Request](#). Re-issued ID cards will be emailed to recipients by the end of each month upon confirmation of previous participation in training.

Additional Training Resources

- SCREEN Form Instructions (DOH-695)
- SCREEN Form (DOH-695)
- Level I and Level II Referral Contacts
- Technical DOH FAQ

NOTE: For questions about *when, how or for whom* to complete an H/C PRI Assessment or a SCREEN, or for other technical questions about completing an H/C PRI or SCREEN, registered PRI Assessors or SCREENers should email the New York State Department of Health at: hcprSCREEN@health.ny.gov


Hospital and Community Patient Review Instrument (H/C PRI) and SCREEN Training and Certification Program

Overview	H/C PRI Trainings	SCREEN Training	Additional Information
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Hospital and Community Patient Review Instrument (H/C PRI)

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H/C PRI Regulations

400.11 Assessment of long-term care patients. (a) (1) For patients who require placement or continued stay in a nursing home or health-related facility, the Hospital/Community PRI or the PRI, as appropriate, shall be completed by a registered professional nurse who has successfully completed a training program in patient case mix assessment approved by the department to train individuals in the completion of the patient review form (PRI) as contained in section 86-2.30(l) of this Title, or the Hospital/Community patient review form (Hospital/Community PRI) as contained in section 400.13 of this Part, and for patients who require placement or continued stay in a nursing home or a health-related facility.

SCREEN

Online training for professionals responsible for discharge planning and RHCF placement in use of the Department of Health's SCREEN form to assess a person for possible mental illness, intellectual disability and/or developmental disability. A 10-digit SCREENER Identification number will be issued to all discharge professionals that complete the training.

The course is for RNs, social workers or other professional health care providers responsible for discharge planning and RHCF placement.

SCREEN Regulations

The SCREEN shall be completed by a professional with demonstrated skills in assessing psychosocial situations, including but not limited to social work and discharge planning professionals, who has successfully completed a training program in patient case mix SCREENING approved by the department to train individuals in the completion of the patient SCREENING form (SCREEN), as contained in section 400.12 of this Part.

Note: Individuals residing out of state, but seeking placement within New York State, must be assessed in accordance with the above. Questions related to out-of-state assessments should be directed to the New York State Department of Health at: hcpriscreen@doh.state.gov, or view Questions 88-92 of the New York State Department of Health FAQ here: https://www.health.ny.gov/forms/doh-695_faq.htm.

H/C PRI Assessor ID and Screener ID Requests

To request a replacement H/C PRI Assessor ID card, please complete the form here: [Reissue Request](#). Re-issued Assessor ID cards will be emailed to recipients by the end of each month upon confirmation of previous participation in training.



Hospital and Community Patient Review Instrument (H/C PRI) and SCREEN Training and Certification Program

Overview	H/C PRI Trainings	SCREEN Training	Additional Information
----------	-------------------	-----------------	------------------------

H/C PRI Assessor ID and Screener ID Requests

To request a replacement H/C PRI Assessor ID card, please complete the form here: [Reissue Request](#). Re-issued Assessor ID cards will be emailed to recipients by the end of each month upon confirmation of previous participation in training.

Contact Us: nysrhcfassess@albany.edu

The planners and presenters do not have any financial arrangements or affiliations with any commercial entities whose products, research or services may be discussed in this activity.

No commercial funding has been accepted for these activities.

Continuing Education Credits for SCREEN (Online Training)

Continuing Nurse Education Contact Hours

The University at Albany School of Public Health is an Approved Provider of continuing nurse education by the Northeast Multi-State Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

This offering is approved for 2.0 nursing contact hours.

Nursing Contact Hours are offered until July 31, 2021.

Social Work

University at Albany, School of Social Welfare, Social Work Continuing Education Program is recognized by the New York State Education Department's State Board of Social Workers as an approved provider of continuing education for Licensed Social Workers - #0011

This offering is approved for 1.75 self-study contact hours.

Social Work continuing education hours are offered until December 31, 2020.

Continuing Education Credits for H/C PRI (Online Training)

Continuing Nurse Education Contact Hours

The University at Albany School of Public Health is an Approved Provider of continuing nurse education by the Northeast Multi-State Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

This offering is approved for 4.0 nursing contact hours.

Nursing Contact Hours are offered until March 31, 2020.

Social Work

University at Albany, School of Social Welfare, Social Work Continuing Education Program is recognized by the New York State Education Department's State Board of Social Workers as an approved provider of continuing education for Licensed Social Workers - #0011

This offering is approved for 4.0 self-study contact hours.

Social Work continuing education hours are offered until December 31, 2020.

Continuing Education Credits for H/C PRI (In-Person Training)**Continuing Nurse Education Contact Hours**

The University at Albany School of Public Health is an Approved Provider of continuing nurse education by the Northeast Multi-State Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

This offering is approved for 6.0 nursing contact hours.

Nursing Contact Hours are offered until March 31, 2020.

Social Work

University at Albany, School of Social Welfare, Social Work Continuing Education Program is recognized by the New York State Education Department's State Board of Social Workers as an approved provider of continuing education for Licensed Social Workers - #0011
This offering is approved for 6.0 self-study contact hours.

Social Work continuing education hours are offered until December 31, 2020.

TOBACCO 21

Learn how raising the legal tobacco purchase age to 21 impacts a community.

Following the March 15th Warren County Board of Supervisors meeting, Supervisors are invited to stay for a lunch and learn panel discussion about T21.

Supervisors will be able to ask questions to panelists about T21 and how raising the purchase age of tobacco would impact the specific populations they work with.

This is an educational forum to share information and ideas. Representatives from Warren County Public Health and Adirondack Health Institute will facilitate the discussion.

Lunch will be provided!

We hope to see you there!

Presented by Warren County Public Health



Public Health
Prevent. Promote. Protect.

Warren County: Quality Senior Care

Goals:

- 1) To ensure quality health care resources for Warren County seniors.
- 2) To identify, support, enhance, and utilize existing resources to facilitate optimal care.
- 3) To foster collaboration of agencies servicing the elderly population, providing comprehensive resources and seamless transition from different care modalities.

Concern:

Recent publicity with regard to skilled nursing facilities. This actually goes beyond the facilities themselves and creates the opportunity for renewed collaboration of all agencies working with the elderly.

Objective Information- Agencies at a Glance:

NYSDOH Roles	Office of the Aging Resources	Catholic Charities Resources	Public Health Resources	Homecare Agencies	Skilled Nursing Facilities
Regulations/ Guidelines	NY Connects	Ombudsman Program	Outreach/ Education/ Training	Disease Management	Long-Term Care
Survey	Health Insurance Enrollment	Supplemental Nutrition Assistance Program	Special Needs Registry	Therapies	Rehab
Enforcement	Nutrition Program		Emergency Preparedness Planning	IVs	Surge Capacity
Complaint Hotline	Advocacy/ Senior Concerns		Communicable Disease Control	Tele Monitoring	
	HEAP		Immunizations		
Government Representatives	Newsletter		Community Needs Assessment/Improvement Plan		

Assessment:

1. In last 5 years, new administrators for Office of the Aging, Public Health/Home Care, and ¾ Skilled Nursing facilities
2. Ombudsman program shift from Office of the Aging to Catholic Charities/ Long-term area Ombudsman passed
3. Office of the Aging currently fields the concerns of the elderly and is well versed in advocating on their behalf, providing resources where appropriate, and assisting with escalating issues.
4. Local resources not optimized and missed opportunities for collaboration
5. Lack of awareness/breakdown in local processes
6. Increase in complaints

Plan:

1. Meet with agencies above to identify needs and available resources
2. Develop coalition to provide opportunity for agency collaboration/consistency
 - a. Sharing resources and promoting use
 - b. Collaborating on challenges (i.e. staffing)/successes
 - c. Positive media/outreach
 - d. Sharing ideas
 - e. Planning for Patient Transition
3. Develop outreach/educational materials to distribute among all agencies providing
 - a. Information on different care modalities
 - b. Tips for selection/comparison
 - c. Tips for successful use/promoting optimal use
 - d. Tips for advocating/concerns
 - e. Tips for transitioning from one care modality to another
4. Strengthen current processes and consistently advocate use- track/follow up on any outstanding concerns

Timeline:

- Feb/March- Complete #1 Face to Face meetings- initiating contact, identifying needs/resources
- April/May- Complete # 2 Build Coalition- First Meeting and follow up as needed/ Discuss Outreach/Educational needs
- June/July- Complete/Distribute / Educate materials from #3
- August- Coalition Meeting Schedule- #4

Collective Goal:

Assuring Optimal Care and Promoting Success of all Warren County Care Modalities Serving the Elderly.

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: 36.00
Title of Position: Registered Professional Nurse #39 Base Salary of Position: 47,523 Grade: 19
Filling at Step # (If Known): _____
Budget code and title: A.4010.110; Health Services Full Time Salaries Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: Altman #10852 Date of Vacancy: 9/24/2018
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal _____% State _____% Other Insurance % Variable based on patient caseload

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other _____
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. 2/12/19
Human Resources Director has approved this form when initialed. AD 2-12-19

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 [Signature] Date 2/12/19

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 Frank E. Thomas Date 2/19/19

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health, Human & Social Services
 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 Edna A. Frazier Date 2/25/19

7/19 2/12/19

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: 37.05
Title of Position: Part Time Public Health Liaison (24 hrs/ week avg) Base Salary of Position: \$16.15/hr Grade: 7
Filling at Step # (If Known): _____
Budget code and title: A.4189.130 Public Health Bioterrorism- Part Time salaries Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: #13110/ Oxford Date of Vacancy: 2/28/2018
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 100 % State _____ % Other _____ %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other _____
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. 2/12/19
Human Resources Director has approved this form when initialed. NS 2-12-19

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 [Signature] Date 2/12/19

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 Frank E. Thomas Date 2/14/19

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health, Human & Social Services

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 [Signature] Date 2/25/19

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: 36.05
Title of Position: Assistant Director of Public Health Base Salary of Position: \$80,891 Grade: N/A
Filling at Step # (If Known): N/A
Budget code and title: A.4018. 110/ Preventive Full Time Salary Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: #9058/ Jones Date of Vacancy: 4/2/18
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal % State 36 % Other %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (hiring would be provisional) Non-Competitive Other

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. 2-12-19

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 2/12/19

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 Frank E Thomas Date 2/14/19

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health, Human + Social Services

- 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 Edna A. Fausci Date 2/25/19

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: February 25, 2019

- (a) Is this a Result of a Bid or Request for Proposal? **No- Currently only company providing interface with Crescendo- See attached email research.**
- (b) Purpose of Contract: **To approve purchase 5 Genesis Personal Touch Tablet A Kit with Scale, SP02 (pulse oximeter), and BP Cuff, for an adjusted price of \$1,265 per monitor (List Price \$1,465/monitor, however the sale price of \$1,265/monitor subtracts the adjustment of \$200/monitor trade in) to be utilized with the Certified Home Health Agency's Telemonitoring Program for a total of \$6,325, and to approve monthly recurring fees, which includes \$3 per monitor for Honeywell interface to Delta Crescendo and \$30 (List Price \$40/month with 25% discount is \$30) per monitor for built in 4G cellular with Honeywell/Resideo Life Care Solutions to automatically renew annually unless over 5% increase in recurring fees or upon 30 days written notice of termination by either party.**
- (c) Name of Contractor: **Honeywell/Residio Life Care Solutions**
- (d) Address of Contractor: **3400 Intertech Dr., Suite 200; Brookfield, WI 53045**
- (e) Contractor's Contact Person and Telephone Number: **Matthew Rose
email: matthew.rose@resideo.com Phone: 203-216-2401**
- (f) Has or will the Contract be provided, if so, please attach: **See attached quote/contract**
- (g) Commencement Date of Contract: **March 15, 2019**
- (h) Termination Date of Contract:
- (i) Payment Provisions:
 - i) lump sum amount **Equipment Purchase \$ 6,325
A.4010.260 CHHA Other Equipment**
 - 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. **Recurring Monthly fees will be paid monthly A.4010.428 CHHA Data Processing and Internet Fees**
- (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: **Equipment Purchase \$ 6,325 A.4010.260 CHHA Other Equipment and
Recurring Monthly fees will be paid monthly A.4010.428 CHHA Data Processing
and Internet Fees**

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

Honeywell

Life Care Solutions

Price Quotation

Page 1 of 2

Date: February 12, 2019
 Honeywell HomMed
 3400 InterTech Drive Suite 200
 Brookfield, WI 53045

Quote Expiration Date: Mar 22, 2019
 Quote Number: 00006056
 Salesperson: Matthew Rose
 E-mail: matthew.rose@resldeo.com

BILL TO: Warren County Health Services
 1340 State Route 9 Municipal Center
 Lake George, NY 12845
 BPCS Customer Number: 202020

SHIP TO: Warren County Health Services
 1340 State Route 9 Municipal Center
 Lake George, NY 12845
 BPCS Customer Number: 202020

Purchased Products							
Qty	Product Code	Product	Line Item Description	List Price	Disc	Sales Price	Total Price
5	KTA12-WNW2-UV	Genesis Touch Tab A Kit w/scale, SPO2, BP	Requires 24-month non-cancellable Tablet Monitor Subscription Service Plan; includes Welch Allyn BP Cuff size 22-42 cm	\$1,465.00		\$ 1,465.00	\$ 7,325.00
5	MTI	Trade-In	Trade In of DM Kits		%	-\$ 200.00	-\$ 1,000.00
Taxes not included				Total		\$6,325.00	

Monthly Recurring Fees							
Qty	Product Code	Product	Line Item Description	List Price	Disc	Sales Price	Total Price
5	W7.LSC	Subscription Fee Monthly LS Connect	Interface Delta Crescendo	\$3.00		\$ 3.00	\$ 15.00
5	VS.TM	Subscription Fee Monthly Tablet Monitor	Built in 4g cellular	\$40.00	25%	\$ 30.00	\$ 150.00
Taxes not included				Total		\$165.00	

Special Clauses:

This Quote requires a Trade-In of 5 Genesis DM monitor kits with BP Monitor, Scale, and Oximeter. Customer must return all kits, in good condition & repair, within 60 days and is responsible for shipping costs. If returning HomMed equipment, Customer must continue to pay all related communication and/or subscription fees until the equipment has been received by Supplier. Customer certifies that they own the equipment to be traded in with a free and clear title.

Contact Information: J'Nelle Oxford (518) 761-6580 oxfordj@warrencountyny.gov

Terms and Conditions: This Price Quotation is by and between the Customer and Honeywell HomMed, each as identified herein. Honeywell HomMed agrees to provide and Customer agrees to pay for the products and/or services set forth below, all in accordance with the terms and conditions set forth herein.

Cash Terms: Billing 100% on Shipment. Payment Net 30 Days. Lease Terms: Per Lease Agreement. Purchase Payment Terms: All Purchase Pricing is due Net 30 days from date of invoice.

Communication/Subscription Fees: Such fees shall apply only for those products that Customer has obtained: \$10 per month per Monitor ("pmpm") with LifeStream Base Software; \$15 per month per Monitor with LifeStream Pro Software; \$40 per month per tablet Monitor with LifeStream Base or LifeStream Pro Software; \$15 per month per GPRS; \$3 pmpm for LifeStream Connect software; \$1 pmpm for LifeStream View software, with the exception of those limited time, promotional fees as stated above.

Agreed upon and executed by duly authorized representatives as of the dates set forth below:

Agreed to By: _____ Title: _____
 Authorized Signature-Customer

Print or Type Name: _____

Date: _____ Purchase Order #: _____
 Monthly Recurring Purchase Order #: _____

Agreed to By: _____ Title: _____
 Authorized Signature-Honeywell HomMed LLC

Print or Type Name: _____ Date: _____

Except as otherwise agreed herein, this price quotation is subject to the terms and conditions of the System Supply Agreement and the terms attached hereto. All prices are subject to credit approval and change without prior notification.

PLEASE FAX BACK TO (262) 364-2891. THANK YOU FOR YOUR BUSINESS!

1. Tablet Monitors, such as Genesis Touch, require the purchase of a Tablet Monitor Subscription which is either a standard month-to-month subscription or a fixed non-cancellable twelve (12) or twenty-four (24) month subscription as stated on the Price Quotation. The Tablet Monitor Subscription includes a standard monthly data service plan for the sole purpose of transmitting patient vital signs data to the Honeywell HomMed Licensed Software.

Tablet Monitors are intended for use to retrospectively monitor and transmit patient vital signs to the Licensed Software application. Usage for purposes other than patient vital signs data transmissions, e.g. video via wireless cellular, will require purchase of an optional larger monthly data service plan.

Data service plans overages resulting from usage other than patient vital signs data transmissions to the Licensed Software application are subject to overage charges. For monthly data service plans, once you exceed your monthly data service plan allowance you will automatically be charged for overages. All data allowances, including overages, must be used in the billing period in which the allowance is provided. Unused data service plan allowances will not roll over to subsequent billing periods.

2. Warranty Terms. Warranty Periods:	A. Monitor	5 Years
	B. Tablet Monitor	1 Year
	C. Scale-Welch Allyn	2 years
	D. Scale HomMed-Juno	5 Years
	E. Blood Pressure Bluetooth-Welch Allyn	2 Years
	F. Oximeter Bluetooth Contec	1 Year

Warranty Disclaimer for Tablet Monitors. Tablet monitors carry a one year limited warranty. Warranties are conditioned upon proper use of the tablet monitor by Purchaser. Warranties do not cover: (a) defects or damage resulting from accident, misuse, abnormal use, abnormal conditions, improper storage, exposure to moisture or dampness, neglect, unusual physical, electrical or electromechanical stress, or defects in appearance, cosmetic, decorative or structural items, including framing, and any non-operative parts unless caused by Honeywell HomMed; (b) defects or damage resulting from excessive force or use of a metallic object when pressing on a touch screen; (c) equipment that has the serial number or the enhancement data code removed, defaced, damaged, altered or made illegible; (d) any plastic surfaces or other externally exposed parts that are scratched or damaged due to normal use; (e) malfunctions resulting from the use of the tablet monitor in conjunction or connection with accessories, products, or ancillary/peripheral equipment not furnished or approved by Honeywell HomMed; (f) defects or damage from improper testing, operation, maintenance, installation, service, or adjustment not furnished or approved by Honeywell HomMed; (g) defects or damage from external causes such as collision with an object, or from fire, flooding, sand, dirt, windstorm, lightning, earthquake, or from exposure to weather conditions, or external battery leakage, theft, blown fuse, or improper use of any electrical source; (h) defects or damage caused by cellular signal reception or transmission, or viruses or other software problems introduced into the tablet monitor; (i) any other acts which are not the fault of Honeywell HomMed; or (j) the tablet monitor used or purchased outside the United States or Canada. Warranty covers batteries only if battery capacity falls below 80% of rated capacity or the battery leaks, and this warranties do not cover any battery if (i) the battery has been charged by a battery charger not specified or approved by Honeywell HomMed for charging the battery, (ii) any of the seals on the battery are broken or show evidence of tampering, or (iii) the battery has been used in equipment other than the tablet monitor for which it is specified.

3. **No Liability for Wireless Communication Services Provider.** Honeywell HomMed's third party provider(s) of wireless communication services (including its affiliates and contractors) shall have no legal or equitable liability of any kind to the Purchaser.

Rental Terms

1. **Location.** During the Term, Customer shall keep the rented equipment ("Equipment") at agreed upon Customer location(s) and shall not remove any Equipment from said location(s) without the prior written consent of Supplier (provided, however, that Customer shall be permitted to locate the equipment at its patient locations in the ordinary course of its business).

2. **Title.** Title to the Equipment shall remain with Supplier at all times and Customer shall have no right, title or interest therein, except as expressly set forth in this Agreement. Customer shall not sell, attempt to sell, dispose of the Equipment or suffer or permit any charge, lien, hypothecation or encumbrance of any nature to attach to or affect the Equipment. Customer shall bear all risks of loss or damage to products provided hereunder from any cause from date of shipment to Customer to their return to Supplier. Customer shall immediately notify Supplier of any damage to or destruction of such products. In the event of loss or damage, Customer shall, at Supplier's option and Customer's sole expense, be responsible for the cost of repairing the damaged products or compensating Supplier for the value of such damage or lost product(s).

3. **Return of Equipment/End of Rental.** At the end of the Rental Term (or any extension thereof) (unless Customer purchases the Equipment) Customer shall, at its sole cost and expense pack or crate the equipment and its component parts carefully, and in accordance with any recommendations of Supplier with respect to similar new equipment or software and deliver it to Supplier at a location designated by Supplier all in good repair and condition, normal wear and tear excluded. If the equipment is not in good repair and condition, Supplier may repair, service, upgrade, replace, modify or overhaul the equipment to achieve such condition and upon demand Customer shall promptly reimburse Supplier for all amounts reasonably expended in connection with the foregoing.

4. **Rental Term.** The Rental Term for each product shall commence upon shipment of product to the Customer. The Minimum Rental Term is guaranteed and may not be terminated by the Customer. Supplier may terminate the Minimum Rental Term and repossess product in the event that Customer fails to make rental payments to Supplier as required by the Agreement. With the exception of month-to-month rental terms, after the initial Rental Term has expired, the Rental Term shall automatically renew for additional twelve (12) month periods unless either party gives the other written notice at least thirty (30) days prior to the expiration of the then-current period of its intent not to renew the Rental Term (any extension beyond the initial Rental Term is referred to herein as an "Extended Minimum Rental Term"). All terms and conditions of Rental Terms shall continue in force for any Extended Minimum Rental Term, provided, however, that, unless otherwise agreed in writing, the pricing during such Extended Minimum Rental Term shall be the then-current standard non discounted pricing offered by Supplier and shall be fixed for the Extended Minimum Rental Term.

Oxford, J'nelle

From: Nolan Santosa <nsantosa@healthrecoveryolutions.com>
Sent: Wednesday, February 6, 2019 1:35 PM
To: Oxford, J'nelle
Cc: Karmen Mogck; Heidi A. Bailey; Cook, Katy
Subject: RE: IMPORTANT // HRS Contract Update

Hey J'nelle,

I understand completely. Thanks for trying us out and please coordinate with Heidi to return the units to her organization. If things change in the future please let us know!

All the best,

Nolan Santosa
Director of Client Success
nsantosa@healthrecoveryolutions.com
(551) 900-2012

From: Oxford, J'nelle <OxfordJ@warrencountyny.gov>
Sent: Wednesday, February 6, 2019 11:53 AM
To: Nolan Santosa <nsantosa@healthrecoveryolutions.com>
Cc: Karmen Mogck <krivera@healthrecoveryolutions.com>; Heidi A. Bailey <hbailey@adirondackhealth.org>; Cook, Katy <kcook@ahihealth.org>
Subject: RE: IMPORTANT // HRS Contract Update

Hi Nolan,

Unfortunately I do think that is a cost the department would not be ready to commit to as our older telehealth monitors do already have a built in interface to our crescendo system.

From: Nolan Santosa [<mailto:nsantosa@healthrecoveryolutions.com>]
Sent: Wednesday, February 6, 2019 10:01 AM
To: Oxford, J'nelle
Cc: Karmen Mogck; Heidi A. Bailey; Cook, Katy
Subject: RE: IMPORTANT // HRS Contract Update

Hey J'nelle,

I understand, and glad to hear the patient is enjoying it. We can certainly explore an EMR integration as part of your addendum if that's something your team would want to explore. Let me know your thoughts on if that would be of interest. If not, Heidi can help coordinate your return of the HRS tablets to Adirondack Health. Thanks for all you've done to get things started with the HRS equipment, J'nelle.

All the best,

Nolan Santosa
Director of Client Success
nsantosa@healthrecoveryolutions.com

(551) 900-2012

From: Oxford, J'nelle <Jnelle@warrenton.com>
Sent: Monday, February 4, 2019 3:39 PM
To: Nolan Santosa <nsantosa@healthrecoveryolutions.com>
Cc: Karmen Mogck <kmogck@healthrecoveryolutions.com>; Heidi A. Bailey <hbailey@adironackhealth.org>; Cook, Katy <kcook@ahhealth.org>
Subject: RE: IMPORTANT // HRS Contract Update

Hi Nolan

Unfortunately at this point it looks like we won't be keeping the HRS tablets at the end of the grant cycle. While our current patient on the tablet loves it, it is difficult without the software communicating with our EHR program.

From: Nolan Santosa [<mailto:nsantosa@healthrecoveryolutions.com>]
Sent: Monday, February 4, 2019 2:39 PM
To: Oxford, J'nelle
Cc: Karmen Mogck; Heidi A. Bailey; Cook, Katy
Subject: IMPORTANT // HRS Contract Update

Hey J'nelle,

You may have received notice already from Heidi Bailey that Adirondack Health's contract with HRS is ending on 3/31/2019. The good news is that Adirondack Health is allowing all their partners to keep the equipment that was purchased, so you'll be able to keep all the tablets/peripheral devices that you currently have. We would love to see you continue using your HRS equipment to improve patient outcomes moving forward.

If you would like to continue using the HRS software, we can draft up a simple addendum that would allow you to continue your services. Since the hardware purchase has already been covered by Adirondack Health, you'll be able to continue using our system for the discounted monthly license fee of \$64.00 per tablet. This includes all relevant charges, including the Software License, Database Connection, and 4G Data Service.

Please let me know if you are interested in continuing with HRS and I can draft up an addendum for you. If there are any questions at all I would be happy to jump on a phone call and discuss further. Let me know!

All the best,

Nolan Santosa
Director of Client Success
nsantosa@healthrecoveryolutions.com
(551) 900-2012
Health Recovery Solutions



75% decrease 30-day readmissions at MaineHealth Care at Home

89% decrease in hospital readmissions at Frederick Memorial Hospital

8 Skilled Nursing visits down to 4 at FirstHealth of the Carolinas

Oxford, J'nelle

From: Jessica Walsh <jwalsh@clairvista.com>
Sent: Friday, February 8, 2019 11:24 AM
To: Oxford, J'nelle
Subject: Your Inquiry About Live Expert Telehealth / ClairVista

Hi J'nelle,

Thank you for your inquiry regarding our Live Expert telehealth solution! We provide a mobile app that can be used to collect patient data from any medical equipment/device and send it to our cloud patient monitoring system and/or your EMR. We would have to develop that interface with Crescendo. We do not sell monitoring equipment/devices because our mobile app is designed to collect patient data from any equipment/device. The same mobile app also provides live video consultation capability, either for clinical assistance or for technical support of the medical equipment in the home.

I look forward to hearing from you and learning how we can meet Warren County Public Health's needs.

Best Regards,

Jessica Walsh
Manager of Live Expert Solutions, ClairVista LLC
303 West Erie St, Suite 300 | Chicago, IL 60654
o (312) 863-8955 | m (925) 285-8805 | jwalsh@clairvista.com
Creators of *Live Expert* | www.clairvista.com

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

From: J'nelle Oxford <oxfordj@warrencountyny.gov>
Sent: Thursday, February 7, 2019 11:38 AM

Name: J'nelle Oxford
Email: oxfordj@warrencountyny.gov
Phone Number: 5187616417
Company: Warren County Public Health
Title: Public Health Program Manager
Additional Notes:
Hello,

We are a home care agency looking to purchase more telehealth monitoring equipment. We are looking for companies that already specifically interface with our EMR system (which is Crescendo, through delta health technologies). We were curious if your system already had this communication capability already or not.



WARREN COUNTY PUBLIC HEALTH RABIES CLINICS 2019

Pets must be 3 months of age to receive their first immunization, which will afford them protection for one year. The next shot (booster) will afford protection for 3 years and is required one year after the first shot was given. From then on every three years a booster should be given to protect your pet. Both initial and booster shots will be given at all clinics scheduled by Warren County Public Health.

Saturday	February 23	Queensbury Community Center 742 Bay Road	10:00-Noon
Saturday	March 9	Glens Falls Kennel Club 474 Corinth Road, Queensbury	1:00-3:00pm
Saturday	March 23	Chester Fire House State RT 8	10:00-Noon
Saturday	April 13	Warren County DPW 4055 Main Street, Warrensburg (State RT 9)	10:00-Noon
Saturday	May 4	Lake George Fire House Ottawa and Amherst Streets	10:00-Noon
Saturday	May 18	Glens Falls DPW, Dix Avenue	10:00-Noon
Saturday	June 1	North Creek Fire House	10:00-Noon
Saturday	June 22	Hadley Luzerne Fire House Lake Avenue, Lake Luzerne	10:00-Noon
Saturday	July 13	Brant Lake Fire House	10:00-Noon
Saturday	July 27	Glens Falls DPW, Dix Avenue	10:00-Noon
Saturday	August 10	Stony Creek Town Hall	10:00-Noon
Saturday	August 24	Queensbury Community Center 742 Bay Road	10:00-Noon
Saturday	September 14	Chester Fire House State RT 8	10:00-Noon
Saturday	September 28	Glens Falls DPW, Dix Avenue	10:00-Noon
Saturday	October 19	Bolton Fire House, Main Street	10:00-Noon
Saturday	October 26	Warren County DPW 4055 Main Street, Warrensburg (State RT 9)	10:00-Noon
Saturday	November 2	Queensbury Community Center 742 Bay Road	10:00-Noon

A \$10.00 donation is requested for each pet. No one is turned away due to financial hardship. Please bring dogs on leashes and cats or ferrets in carriers. Call Warren County Public Health at 761-6580 with questions.



PROTECT YOURSELF AND YOUR FAMILY FROM RABIES EXPOSURE



What is rabies?

Rabies is a virus that affects the brain and nerves in mammals.

How is rabies spread?

The rabies virus is spread through the saliva of a rabid animal usually because a rabid animal bites or scratches another person or animal. The virus may also get into the body through open cuts or wounds, or through eyes, nose, or mouth.

What animals can spread rabies?

Rabies is spread mostly by wild animals. In the United States rabies is usually found in raccoons, skunks, foxes, coyotes, and bats. Domestic animals and farm animals can get rabies from wild animals. This is why it's so important to vaccinate pets and livestock. These are the animals that people are around the most. Pets and stray animals can be the link between wild animals and people. Any mammal can get rabies. Although it is possible for rodents to get the disease, animals like mice, rats, and squirrels almost never carry rabies.

How can I tell if an animal has rabies?

You can't tell if an animal has rabies. When an animal is sick with rabies, it may behave strangely, but a rabid animal may also appear healthy or even tame. The only way to tell if an animal has rabies is by testing it in a laboratory, or for some pets and livestock, by a quarantine to see if rabies develops.

What can I do to prevent rabies?

- Vaccinate your pets!
- Do not attempt to stop fights between your pet and a wild animal.
- Do not feed or handle wild animals. Teach children that although a baby skunk or raccoon may look cute and friendly, it can be very dangerous.
- Do not feed or touch stray animals and avoid all sick, strange-acting, even friendly animals.
- Cover your garbage cans and don't leave pets' food outside where it can attract wild animals.
- Do not keep wild animals as pets. Not only is this dangerous for you and the animal, it's against the law.
- Do not touch or pick up dead animals.
- Leave bats alone.
- Never handle a bat, especially with bare hands. Use thick gloves, tongs, or a shovel to remove a dead bat, or call in bat removal experts. Don't crush the bat with a tennis racquet or other object.
- Do not let your pet play with bats.
- Report dead bats to your County Public Health office.
- Keep bats out of the house or other buildings by closing or covering the attic or other dark sheltered areas. Put screens on windows.

What should I do if my pet or I am exposed to an animal that might have rabies?

If you have been bitten, scratched, or exposed to an animal's saliva:

- Wash the wound right away with soap and water for ten minutes.
- Call your County Public Health office.
- Get a description of the animal that bit or scratched you.

If your pet has been bitten, scratched, or exposed to an animal's saliva:

- Try to find out what type of animal bit or scratched your pet. **Do not touch the attacking animal.**
- Use gloves or a hose to wash your pet's wound. **Do not touch your pet with your bare hands.** There may be saliva from the rabid animal still on your pet even if you don't see a bite or wound.
- Call your veterinarian.
- Call your local animal control officer. He or she will know the right steps to protect you and your pet.

What about bats and rabies?

Bats can be carriers of rabies and their bite or scratch may be too small to notice. In fact, people sleeping in the same room where a bat is found, or children who have been alone in a room with a bat, should contact your County Public Health office.

What do I do if I find a bat in my house?

- Close the windows, closet doors, and the door to the room.
- Turn on the lights if the room is dark and wait for the bat to land.
- Wear thick gloves and cover the bat with a coffee can or other hard container. It may be necessary to use a fly swatter or tennis racquet to stop the bat and knock it to the floor.
- Slide a piece of cardboard under the can trapping the bat.
- Tape the cardboard tightly to can.
- Contact your County Public Health office to determine if the bat needs to be tested.



Any live or dead bat that may have had contact with a person should be captured and reported to your County Public Health office.

