

Warren County Health Services
Health, Human and Social Services Committee
AGENDA FOR
March 19, 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 November 20, 2018 Health and Human Services Committee meeting.

I. Action Agenda/New Business

Request Resolution: To authorize Laura Monroe, RN to receive reimbursement according to CSEA Union contract for a job related course "IDS 400 Diversity" and related course expenses, upon completion of course and attaining a grade of C or better. **Refer to Attachment # 6**

Rationale: In addition to this course being required for a bachelor's in nursing, it will also provide the nurse with understanding, critical thinking, and experiences related to cultural differences; promoting cultural competence, the ability to recognize attitudes and cultural patterns that are detrimental to health, and advocate for patients.

Request Resolution: To authorize a contract, contingent on full NYS licensure, with Amanda Rose Mastropietro, NYS Limited Licensed Speech Language Pathologist, to provide Speech Therapy services for Homecare and Preschool programs at the established current rates including automatic annual renewal unless there is 30 days written termination notice. **Attachment #7**

Rationale: Health Services continues to need speech therapy providers to serve the department's pediatric and adult population. The agency must have the capacity to accept referrals and provide services. Currently this therapist has a limited license and acting under the supervision of another therapist. Full licensure is anticipated by May. We are requesting to initiate the contract process contingent upon full NYS licensure. Therapy services are billable and revenue generating.

Request Resolution: To authorize Director of Public Health to apply for a \$1,500 grant – Prevention Agenda Project Application- through Adirondack Health Institute (AHI) and enter a contract if project is approved. **Attachment #8**

Rationale: Resolution is needed to submit application, which is due April 12, 2019. This grant will expand efforts made through a previous grant, by allowing access to fresh fruits and vegetables to all WIC clinic locations.

Request To Amend the existing contract with Waystar/Zirned, Inc and Public Health Immunization Program to (1) reflect a 5% increase to our monthly Claims Management Fee currently \$0.35 per claim to \$0.3675 per claim and (2) a 5% increase to our monthly Electronic Remittance Advice (ERA) fee currently \$25.00 for 500 ERA's per month to \$26.25 for 500 ERA's per month. ERA's in excess of 500 will be billed at \$0.07 each. **Attachment #13**

Rationale This Zirned account is for Public Health's Immunization program to facilitate efficient billing. Since Health Services already has an account with Homecare, the second annual fee has been waived. This service is necessary to verify insurances before billing to expedite claims without denials.

Request Resolution: Request to amend the county budget to accept Adirondack Health Institute (AHI) grant- Prevention Agenda Project Application funding if awarded/approved. **Attachment #9**

Rationale: Tawn Driscoll, Fiscal Manager, will be at the meeting to explain.

Referral/Pending Items: None

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 monthly report.

Information Item:

Meetings:

Request to Host a Meeting was approved to provide a light lunch for the Board of Supervisors Tobacco-21 Lunch and Learn, which was held March 15, 2019.

Attachment #10

Nursing Positions: In March there were two resignations, Registered Professional Nurse #31 and Registered Professional Nurse #37. There are currently 4 vacant positions in CHHA and 1 on Public Health

Intent to Fill Forms Submitted:

Registered Professional Nurse #31 (anticipated vacancy 3/29/19)

Attachment #11

Registered Professional Nurse #37 (vacated 3/1/19)

Attachment #12

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. Rabies Report
6. Monroe Job Related Course Authorization Resolution Request
7. Contract Request for Speech Therapy Services
8. Request to Apply for Grant and Contract with Adirondack Health Institute (AHI)
9. Budget Amendment Request.- AHI Grant
10. Host Meeting Approval for March 15, 2019 Tobacco-21 Lunch and Learn
11. Intent to Fill Form- Registered Professional Nurse #31
12. Intent to Fill Form Registered Professional Nurse #37
13. Zirmed Contract Amendment Request

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2019 AS OF 3/12/2019 6:07:11 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	\$384,865.34	\$2,245,248.67
Salaries - Overtime	\$132,000.00	\$25,244.43	\$119,937.71
Salaries - Part Time	\$535,767.00	\$69,539.69	\$432,961.47
100's PERSONAL SERVICES	\$3,278,548.00	\$479,649.46	\$2,798,147.85
200's EQUIPMENT	\$7,388.04	\$3,517.09	\$86,272.34
400's CONTRACTUAL	\$6,072,459.29	\$281,065.99	\$5,083,798.66
800's EMPLOYEE BENEFITS	\$1,567,117.00	\$270,870.82	\$1,385,074.65
TOTALS	\$10,925,512.33	\$1,035,103.36	\$9,353,293.50

REVENUES	2019 BUDGETED	2019 YTD ACTUAL	2018 Prior Year Totals
	\$8,671,621.00	\$306,099.46	\$6,191,014.10

Above are the current 2019 financials as of 3/12/19. Accrued above is \$265,823.71 for January 2019 CHHA and MCH Revenues. We are currently working on February revenues for CHHA and MCH. Also for 2018, we are still waiting on final Preschool Revenues and WIC Program and expenses related to the values of the WIC Food vouchers given throughout the year.

Warren County Health Services

Salaries Comparison

2018 vs 2019

as of 3/3/19 Year End Payroll

Total of All Depts	YTD	YTD	YTD 19v18	% Change	Total Budget	Total Actual
	2019	2018			2019	2018
Regular Salaries	\$384,865.34	\$419,447.74	-\$34,582.40	-8.24%	\$2,610,781.00	\$2,245,248.67
Overtime Salaries	\$25,244.43	\$17,232.78	\$8,011.65	46.49%	\$132,000.00	\$119,937.71
Part Time Salaries	\$69,539.69	\$71,953.55	-\$2,413.86	-3.35%	\$535,767.00	\$432,961.47
TOTALS	\$479,649.46	\$508,634.07	-\$28,984.61	-5.70%	\$3,278,548.00	\$2,798,147.85
% current YTD Salary to Total Budget	14.63%	18.18%				

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

Overall, total salaries are \$28,984.61 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 5.70% from the prior year and at this time, we currently are 14.63% of the 2019 budget, while last year at this time we were 18.18% of the budget.

Warren County Health Services
Revenue and Expense Comparison 2019 vs 2018
as of 3/12/19

EXPENSES	2019 YTD Actual as of 3/12/19 G/L	2018 YTD as of 3/12/18 G/L Final	Variance
Salaries - Regular	\$384,865.34	\$419,447.74	(\$34,582.40)
Salaries - Overtime	\$25,244.43	\$17,232.78	\$8,011.65
Salaries - Part Time	\$69,539.69	\$71,953.55	(\$2,413.86)
100's PERSONAL SERVICES	\$479,649.46	\$508,634.07	(\$28,984.61)
200's EQUIPMENT	\$3,517.09	\$523.95	\$2,993.14
400's CONTRACTUAL	\$281,065.99	\$691,274.68	(\$410,208.69)
800's EMPLOYEE BENEFITS	\$270,870.82	\$302,861.34	(\$31,990.52)
TOTALS	\$1,035,103.36	\$1,503,294.04	(\$468,190.68)

REVENUES	2019 YTD ACTUAL	2018 Prior YTD	
	\$306,099.46	\$340,977.30	(\$34,877.84)

Notes:

Salaries: (please see previous page) overall are \$28,984.61 or 5.70% below 2018 as of the 3/3/19 payroll posting date. Salaries for 2019 are 14.63% of the budget YTD where they were 18.18% 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 along with hours affiliated with needed coverage on weekends.

Equipment still 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 timing of invoices. As previously stated, 2018 Rent expense is reflected for \$116,547 while also Contractual expenses for CHHA Preschool total over \$270,671. These expenses are 94% of the variance between years.

Employee Benefits: Employee benefits are below last year to date by (\$31,990.52) 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 slightly under last year.

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	118	83	89	
SN IV eval	2	8	5	4	7	7	1 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	119	84	89	
PT Evals	70	57	63	61	74	59	61	57	40	49	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	141	105	100	1501
	2%	-9%	-37%	1%	7%	37%	-37%	10%	5%	16%	-22%	-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	119	65											
SN IV eval	0**	0**											
PRI	0	0											
SN Evals per month	119	65											
PT Evals	50	34											
PT only	13	5											
Total Evals per month	132	70											202
	-4%	-47%											

January 2019 reported as (on 2/13/19)	
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
	-27%

Attachment 3

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

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

Numbers current as o 03/12/19

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

3/1	In-Person	Quarterly Provider Partnership Meeting @ GFH	J'nelle Oxford	TTX
3/5	Webex	MERITS 201 Medical Emergency Response Inventory Tracking System	J'nelle Oxford, Jignasha Shah	Training
3/12	In-Person	PH Emergency Preparedness Coordinators Meeting Ballston Spa (access and functional needs training)	Dan Durkee	Training
3/14	In-Person	Quarterly Health Emergency Preparedness Coalition Meeting (mandated)	Dan Durkee, J'nelle Oxford (dial in)	Meeting
3/20	In-Person	Glens Falls Hospital TTX	J'nelle Oxford	TTX Drill
3/29		Submission of County Staging Site Plan (mandated)	Dan Durkee	Planning
4/11	In-Person	Public Health County Staging Site Exercise (mandated)	All PH Staff that are available	Functional Exercise

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

Town	Different Address Owner/Victim *Follow up by Town ACO				Same Address Owner/Victim * Follow up by Public Health				Out of Town Owner *Follow Up by Public Health				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																		
Chester							1	1										
Glens Falls						1		2										
Hague																		
Horicon																		
Johnsburg								1										
Lake George																		
Lake Luzerne								1										
Queensbury			1	2	2		2	2										
Stony Creek																		
Thurman								1										
Warrensburg														1		1		
Totals			1	2	2	1	6	5						1		1		

Total Bites for this month- 19
 Specimens tested for rabies this quarter- 1
 Positive specimens for rabies- 0
 People pre-approved for rabies post exposure treatment- 0
 Rabies Clinics this month- 1

Next Rabies Clinics- March 23rd Chester Fire House 10am-Noon
 April 13th Warren County DPW (WGB) 10am-Noon

RESOLUTION REQUEST FORM NO. 19
Application for Approval to Enroll in Job-Related Courses by Employee

1. Name: Health Services

2. Position: Registered Professional Nurse
(attach job description)

3. Department: Health Services

4. Course Title: IDS 400 Diversity

5. Institution or School: Southern New Hampshire University

6. Please explain how this course relates to your current position (attach course description):

This course will broaden understanding, critical thinking skills, and experiences related to cultural differences while providing the opportunity to be culturally competent with expectations and interactions with patients.

7. Starting Date: 3/4/19

8. Completion Date: 4/22/19

9. Cost (attach documentation): \$926 per class plus books

10. Employee Signature: Leanna A. Morrone, RN Date: 3/4/19

11. Supervisor Comments (Approve/Deny)

Supervisor Signature: Valerie L. Luchman, PhD Date: 3/4/19

12. Department Head Comments (Approve/Deny)

Is there funding in the departmental budget for this? (Yes/No)

Department Head Signature: Gene Jones Date: 3/4/19

13. Human Resources Comments (Approve/Deny)

Human Resources Signature: [Signature] Date: 3-14-19

14. Committee Recommendation:

Committee Chair Signature: Edna A. Tracie Date: 3/19/19

If approved by Committee, and resolution approving the course is adopted by the Board of Supervisors, candidate may enroll and be eligible for up to 50% reimbursement for costs in number 9 above. Employee must complete the course with at least a grade of C, its equivalent, or better. Employee then submits a Tuition Reimbursement Voucher with receipts verifying costs as listed and a copy of their final grade.

Warren County Health Services
Division of Home Care
1340 State Route 9, Lake George, NY 12845-9803

(518) 761-6415

Toll Free No 1-800-755-8102

Fax No (518) 761-6562

Registered Nurse

General Statement of Duties:

The registered professional nurse provides assessment and follow-up care to individuals with identified health care needs and with approval of the individual's primary physician or specialist. Follow-up care can include teaching, skilled intervention, referral to other providers or services, and coordination of other agency services involved with the client.

The practice of home care necessitates an understanding of family dynamics, cultural and socio-economic influences on a individual's perception and response to illness or injury.

Knowledge and Skills:

- Thorough knowledge of current nursing principles and practice patterns,
- Thorough knowledge of basic clinical nursing practice, including comprehensive physical assessment skills,
- Working knowledge of available community resources, contacts and eligibility requirements,
- Ability to carry out, competently, nursing procedures and techniques of patient care.
- Ability to effectively plan and coordinate nursing care of individuals performed by supportive nursing personnel and paraprofessionals assigned to assist with this care.
- Ability to communicate effectively, both verbally and in writing, with clients, colleagues and the physician community,
- Ability to establish and maintain cooperative working relationships with co-workers, administration and contractors,
- Ability to accept constructive criticism, performance evaluation, and utilize guidance to improve performance,
- Ability to perform duties in accordance with ANA standards for Community Health Nursing (attached)
- Acceptable physical and mental health to carry out the responsibilities of the position.

Tasks:

- Assesses the physical and emotional needs of individuals and the impact of illness or injury upon their well-being,
- Observes, evaluates, and reports to the physician the patient's physical and emotional condition, home environment, and their response to treatments and medications, interprets to the physician the social and physical factors in the environment that affect patient care,
- Administers skilled care to patients requiring part time professional nursing care,
- Teaches and supervise patients, their family members, auxiliary nursing personnel, or others rendering care,
- Administers prescribed treatments or emergency care,
- Serves as a team leader/coordinator or case manager in the provision of care to her/his clients,
- Coordinates the plan of care with the physician, physical, occupational, speech therapists, home health aides, as well as, other professional providers involved with clients and their families,
- Counsels and guides individuals and families toward self-help in recognition and solution of physical, emotional, and environmental health care needs,
- Interprets to the patient and family the implications of the diagnosis and the nature of treatment consistent with the action and orders of the physician,
- Plans with the family and physician for care which is feasible within the physical, financial, and emotional resources of the family,
- Helps the patient and family accept responsibility for care,
- Performs nursing procedures using the principles of standard precautions and good infection control according to the latest recommendations of CDC as well as agency policies and procedures. Instructs patients and caregivers to follow these principles and practices as well,
- Maintains necessary records to allow analysis and planning of services and for identifying priorities of care. Documentation is done within agency identified time frames and completed to comply with agency, state, and federal regulations.



- Recognizes attitudes and cultural patterns that are detrimental to health. Helps patients and families to develop attitudes that permit them to make optimum use of health care facilities,
- Provides families with information, support, and encouragement which may help them to adopt attitudes and practices that promote health, reduce anxiety, tension, fear and fatigue,
- Helps individuals and families to accept and adjust positively to physical, psychological, and social limitations,
- Helps the family to accept appropriate medical, hospital, skilled nursing facility, social services programs or other care as needed. Interprets extent and limitations of these services and arranges referral where appropriate. Communicates pertinent family information to the referral agency, with patient's permission,
- Instructs, observes, and supervises home health aides in the performance of routine functions for patients in their homes. This care is based upon a written plan of care established at the time of orientation of the aide and revised as necessary but at least every two weeks.

Registered Nurse Qualifications:

- Possession of a current license to practice as a registered nurse in New York State at the time of employment.
- One year or more of clinical practice in an acute care, rehabilitation, or skilled nursing facility preferable.
- Demonstrates competence with basic nursing skills.

I have read and understand the above job description of RN.

Employee's Signature: _____ Date: _____

Administrators
Signature/Title: _____ Date: _____

Reviewed Date: _____ By Whom: _____

Reviewed: 2/19



Undergraduate Course Syllabus

IDS 400: Diversity

Center: Online

Course Prerequisites

ENG 122 and ENG 123; contact your advisor to register

Course Description

This course aims to broaden and deepen students' understanding, experience, and critical thinking skills with regard to cultural differences and cross-cultural interactions. Students will analyze diversity through the disciplines of socioeconomics, physical anthropology, biology, geography, and arts and the humanities. Intercultural competence, a lifelong learning process, is introduced as a crucial skill set and benefit to the individual, interpersonal relationships, organizations, and society. Analyzing the role of culture in today's world, developing culturally responsive practices, and understanding the benefits and challenges of diversity will be emphasized.

Course Outcomes

- Analyze the relationships among culture, diversity, and self by investigating their influence on one's discipline of study or chosen profession
- Integrate interdisciplinary approaches for determining how issues of diversity affect modern societies in both personal and professional contexts
- Describe the cultural and social influences on the development of personal identity by employing appropriate research strategies
- Recommend strategies for overcoming obstacles in diversity to meet personal and professional goals
- Articulate informed viewpoints on how to ensure cultural responsiveness in personal and professional contexts using effective communication skills
- Assess the challenges of overcoming issues in diversity through the incorporation of diverse perspectives and viewpoints informed by relevant literature and peer experiences

Required Materials

Using your learning resources is critical to your success in this course. Please purchase directly through SNHU's online bookstore, [MBS Direct](#), rather than any other vendor. Purchasing directly from the bookstore ensures that you will obtain the correct materials and that the Help Desk, your advisor, and the instructor can provide you with support if you have problems.

Optional Materials

A headset or external microphone is recommended to record the oral component of the final project. Students can also use the microphone incorporated into their computer or cellphone.

Instructor Availability and Response Time

Your class interaction with the instructor and your classmates will take place on a regular, ongoing basis. Your instructor will be actively engaged within the course throughout the week. You will normally communicate with your instructor in the weekly discussions or the General Questions discussion topic so that your questions and the instructor's answers benefit the entire class. You should feel free, however, to communicate with your instructor via SNHU email at any time, particularly when you want to discuss something of a personal or sensitive nature. Your instructor will generally provide a response within 24 hours.

Grade Distribution

Assignment Category	Number of Graded Items	Point Value per Item	Total Points
Discussions	8	35	280
Knowledge Quiz	1	30	30
Assignment	1	50	50
Final Project			
Milestone One	1	70	70
Milestone Two	1	70	70
Milestone Three	1	70	70
Milestone Four	1	30	30
Final Submission	1	400	400
		Total Course Points:	1,000

This course may also contain practice activities. The purpose of these non-graded activities is to assist you in mastering the learning outcomes in the graded activity items listed above.

University Grading System: Undergraduate

Grade	Numerical Equivalent	Points
A	93–100	4
A-	90–92	3.67
B+	87–89	3.33
B	83–86	3
B-	80–82	2.67
C+	77–79	2.33
C	73–76	2
C-	70–72	1.67
D+	67–69	1.33
D	60–66	1
F	0–59	0
I	Incomplete	
IF	Incomplete/Failure *	
IP	In Progress (past end of term)	
W	Withdrawn	

* Please refer to the [policy page](#) for information on the incomplete grade process.

Grading Guides

Specific activity directions, grading guides, posting requirements, and additional deadlines can be found in the Assignment Guidelines and Rubrics section of the course.

Weekly Assignment Schedule

All reading and assignment information can be found within each module of the course. Assignments and discussion posts during the first week of each term are due by 11:59 p.m. Eastern Time. Assignments and discussion posts for the remainder of the term are due by 11:59 p.m. of the student's local time zone.

In addition to the textbook readings that are listed, there may be additional required resources within each module.

Module	Topics and Assignments
1	<p>Diversity and The Four Lenses</p> <p><i>The Matrix Reader</i>, Chapter 1: Constructing Identities and Examining Intersections; Essay 11</p> <p>1-1 Discussion: Encounters in Diversity Case Studies</p> <p>1-2 Knowledge Quiz: The Four Lenses</p> <p>1-3 Final Project Review</p>
2	<p>Biological Versus Social Definitions of Race and Diversity</p> <p><i>The Matrix Reader</i>, Essays 5, 20, 22, and 54</p> <p>2-1 Discussion: Exploring the Concept of Race</p> <p>2-2 Final Project Milestone One: Introduction</p>

3	<p>Cultural Identity</p> <p><i>The Matrix Reader</i>, Essays 1, 3, and 56</p> <p>3-1 Discussion: Identity Politics</p> <p>3-2 Final Project Milestone Two: Issue</p> <p>3-3 Install PowerPoint (Non-graded)</p>
4	<p>Addressing Issues in Diversity</p> <p><i>The Matrix Reader</i>, Essays 67, 68, and 69</p> <p>4-1 Discussion: Issues in Diversity</p> <p>4-2 Assignment: Narrated Slides: Challenges of Overcoming Issues in Diversity</p>
5	<p>Feminism and Diversity</p> <p><i>The Matrix Reader</i>, Essays 37 and 52</p> <p>5-1 Discussion: Women and Society</p> <p>5-2 Final Project Milestone Three: Plan</p>
6	<p>Class, Age, and Ability</p> <p><i>The Matrix Reader</i>, Essays 10, 19, and 51</p> <p>6-1 Discussion: Class, Age, and Ability</p> <p>6-2 Final Project Milestone Four: Presentation Practice/Tech Check</p>
7	<p>Diversity in the Workplace</p> <p>7-1 Discussion: Training a New Employee</p> <p>7-2 Final Project Submission: Presentation</p>
8	<p>Synthesis and Envisioning the Future</p> <p><i>The Matrix Reader</i>, Chapter IV: Contemporary Institutionalized Oppression and Privilege; Essay 76</p> <p>8-1 Discussion: Envisioning the Future</p>

Attendance Policy

Online students are required to submit a graded assignment/discussion during the first week of class. If a student does not submit a posting to the graded assignment/discussion during the first week of class, the student is automatically withdrawn from the course for non-participation. Review the [full attendance policy](#).

Late Assignments Policy

Meeting assigned due dates is critical for demonstrating progress and ensuring appropriate time for instructor feedback on assignments. Students are expected to submit their assignments on or before the due date. Review the [full late assignment policy](#).

SNHU College of Online and Continuing Education Student Handbook

Review the [student handbook](#).

ADA/504 Compliance Statement

Southern New Hampshire University is dedicated to providing equal access to individuals with disabilities, including intellectual disabilities, in accordance with Section 504 of the Rehabilitation Act of 1973, Title III of the Americans with Disabilities Act (ADA) of 1990, and the ADA Amendments Act of 2008. The university prohibits unlawful discrimination on the basis of disability and takes action to prevent such discrimination by providing reasonable accommodations to eligible individuals with disabilities.

As soon as you become aware of a disability, we encourage you to contact the Online Accessibility Center (OAC) to discuss accommodations for which you may be qualified. Reasonable accommodations are established through an interactive process between the student and the OAC. Note that accommodations are not retroactive and that disability accommodations are not provided until an accommodation letter has been processed.

Contact Information:

Online Accessibility Center

Phone: 866-305-9430

Email: oaac@snhu.edu

For questions concerning support services, documentation guidelines, or general disability issues, visit the [Online Accessibility Center](#) website.

If you feel you have been denied appropriate disability-related accommodations, including appropriate auxiliary aids and services, you may file a grievance as described in the ADA/504 Grievance Policy found on the [Disability Services](#) webpage.

Academic Honesty Policy

Southern New Hampshire University requires all students to adhere to high standards of integrity in their academic work. Activities such as plagiarism and cheating are not condoned by the university. Review the [full academic honesty policy](#).

Copyright Policy

Southern New Hampshire University abides by the provisions of United States Copyright Act (Title 17 of the United States Code). Any person who infringes the copyright law is liable. Review the [full copyright policy](#).

SNHU College of Online and Continuing Education Withdrawal Policy

Review the [full withdrawal policy](#).

Southern New Hampshire University Policies

More information about SNHU policies can be found on the [policy page](#).

Student Work Samples

For the purpose of continuous improvement of our educational training, Southern New Hampshire University's College of Online and Continuing Education may, on occasion, utilize anonymous student work samples for internal professional development and staff training. If you have any questions or concerns, contact your advisor. If you would like to withdraw permission for use of your work, please email assessmentcalibration@snhu.edu.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: **Health Services**

DATE: **March 19, 2019**

- (a) Is this a Result of a Bid or Request for Proposal? **No**
- (b) Purpose of Contract: **To authorize a contract, contingent on full NYS licensure, with Amanda Rose Mastropietro, NYS Limited Licensed Speech Language Pathologist, to provide Speech Therapy services for Homecare and Preschool programs at the established current rates including automatic annual renewal unless there is 30 days written termination notice by either party.**
- (c) Name of Contractor: **Amanda Rose Mastropietro**
- (d) Address of Contractor:
- (e) Contractor's Contact Person and Telephone Number:
- (f) Has or will the Contract be provided, if so, please attach: **No**
- (g) Commencement Date of Contract: **May 1, 2019 or when fully licensed by NYS, without restriction.**
- (h) Termination Date of Contract: **Automatic annual renewal unless written 30 day termination notice by either party.**
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount **Refer to attached rates**
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. **Receipt of voucher and completed documentation for visits**)
- (j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR Capital Project OR Capital Reserve Project Number, Title, and Amount: A.4010-10.470 Health Services**

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

*as listed in budget and LOGOS

WARREN COUNTY HEALTH SERVICES
THERAPY RATES

Certified Home Health Agency

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

Early Intervention Services Only

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

Preschool CPSE/Approved IEP

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

Meetings (for all services)	\$40.00
-----------------------------	---------

RESOLUTION REQUEST FORM NO. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: Health Services

DATE: March 19, 2019

- (a) Purpose of Grant:
To expand efforts made through a previous grant, Prevention Agenda Project Application, supplying WIC participants with fresh fruits and vegetables, at all WIC clinic sites.
- (b) Name of Grantor:
Adirondack Health Institute
- (c) Address of Contractor: **101 Ridge St, Glens Falls, NY 12801**
- (d) Grantor's Contact Person and Telephone Number:
Courtney Shaler/ 518-480-0111 ext 304/ cshaler@ahihealth.org
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? **Grant - Prevention Agenda Project Application attached.**
- (f) Effective Date of Grant: **TBA/Date 2019 Project Agenda Project App is approved**
- (g) Termination Date of Grant: **TBA**
- (h) Total Dollar Amount Involved (not to exceed): **\$1,500**
- (i) Deadline to Submit Grant Application and/or Grant Agreement:
April 12, 2019
- (j) Is a Budget amendment required? **Yes** If yes, also complete and submit Form No. 7.
- (k) Are the funds to go into a Capital Project or Capital Reserve Project? **No** If yes, also complete and submit Form No. 8 or Form No. 9, as applicable.
- (i) Is a Local Share Required? **No** If Yes, Where are the Funds? List Budget Code, Object Code, Full Title* and Amount OR Capital Project OR Capital Reserve Project Number and Title and Amount:
Grant Funds : \$50 A.4018.0040.410 Health education Supplies \$1, 450 A.4018.004
Sample: A.1010 470 Legislative Board – Contract \$xx.xx
Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.xx

*as listed in budget and LOGOS



Adirondack Health Institute

2019 PREVENTION AGENDA PROJECT APPLICATION

The purpose of this funding opportunity is to support Prevention Agenda Projects that address health inequities in New York State, as outlined in the New York State Department of Health's (NYSDOH) Prevention Agenda 2019-2024. To qualify for this opportunity, one must be a hospital or public health department who is a current member of the ARHN Community Health Assessment Committee and located within one of the following counties: Clinton, Essex, Franklin, Fulton, Hamilton, Warren, or Washington. If applicable, a single project can span multiple counties listed above. Funding up to \$1,500 can be requested. Only one request per county will be granted; collaboration between partners is strongly encouraged. Applications must not exceed two pages in length. The application is due by April 12, 2019. Email the completed application to Courtney Shaler at cshaler@ahihealth.org. For questions, please call (518)480-0111 ext. 304 or email the address above.

**Once applications are returned to AHI, they will then be sent on to DOH for final approval.*

ORGANIZATION(S): Warren County Public Health

CONTACT NAME AND TITLE: J'nelle Oxford, Public Health Program Manager

CONTACT EMAIL: oxfordj@warrencountyny.gov

NYS PREVENTION AGENDA PRIORITY/FOCUS AREA: Promote Healthy Women, Infants, and Children

SUMMARY: (Please provide a summary on the planned outcome/outputs of the project.)

To expand efforts made through a previous grant supplying WIC participants with fresh fruit and vegetable options to more WIC sites. Previous grant efforts were supplied to five northern WIC sites with more interest than originally anticipated. New funds would be use to advance the fresh fruit and vegetable efforts to all WIC sites within Warren County. Warren County would weekly order 3 bags of fresh produce (fruits and vegetables) to be delivered and then provided to families who have expressed interest on a sign up sheet. Within each bag there would also be WIC approved recipes so provide some guidance to families on how to prepare their produce, as well as best practices for storage.

The planned outcomes of this project are to provide families with more familiarity of utilizing, handling and storing fresh produce. Recent data shows that 15% of children ages 2-4 and 55% of women enrolled in WIC are obese / overweight, increasing access and knowledge to different fruits and vegetables is a step towards combating these percentages.

BUDGET: (Projects have a maximum budget of \$1,500. Please give a high-level overview of costs below.)

\$50 of budget would be used for printing materials for bags as well as surveys, sign up sheets and recipes. \$1450 of budget would be used to set up a credit line with a local Community Supported Agriculture group (CSA) to purchase Fresh food bags for participants.

**All projects must be based on new concepts/activities that will directly support your organization's Community Health Improvement Plan/Community Service Plan, thereby advancing NYS Prevention Agenda goals.*

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

***If this is the result of a grant award, also complete and submit
Form No. 5 or 6**

DEPARTMENT NAME: Warren County Health Services-Health Education

DATE: March 19, 2019

(a) **Purpose of Amendment:** To amend the 2019 budget to adjust the Health Services-Health Education Division to reflect additional funds to be received from AHI - Adirondack Health Institute's Population Health Improvement Program Healthy Community Design Project to be utilized for the WICed Fresh Food Bag Program. This program will involve WIC families and provide fresh fruits and vegetables at WIC clinics throughout Warren County. A line of credit will be set up with a local Community Supported Agriculture group (CSA) to purchase these Fresh food bags for as long as the funds allow.

(b) **Appropriation Code (with title), Object Code (with title) and Amount:**
A.4018.0040.410 Health Education-Supplies \$50
A.4018.0040.445 Health Education -Foods \$1,450

Revenue Code (with title), and Amount:
A.4018.0040.1617- Health Education Revenues \$1,500

ATTACHMENT #9

Warren County Request to Host Meeting or Conference

Name of Department: Health Services

Name of Meeting/Conference: Tobacco-21 Educational Panel- Lunch and Learn

Date: 3/15/19

Location: Warren County Municipal Center

Purpose: Provide Panel of experts to provide education on various aspects and impacts of T-21

Contact Person: (If other than Department Head) Dan Durkee- Senior Health Educator

Phone No.: 518-761-6584

Number of People attending:

5 County Employees

0 State Employees

 Volunteers

6 + 20 Others (specify) 1- Adirondack Health Institute/5 Panelists/ Up to 20 Supervisors from EOS

Cost to County (please include amounts):

Room rental \$ 0

Food/beverage \$ 100

Supplies \$ 10

Other (specify) \$

Total Cost: \$ 110

Dept Head Approval:

Gene Jan
Signature

3/4/19
Date

Committee Chairman Approval:

Edna Frasier - Approved by *Clara*
Signature

3/4/19
Date

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!



Public Health
Prevent. Promote. Protect.

Presented by Warren County Public Health

Warren County Health Services
Division of Public Health

Jones, Ginelle

From: Edna Frasier <Supervisor@TownOfHague.org>
Sent: Monday, March 4, 2019 12:28 PM
To: Jones, Ginelle
Subject: RE: Host Meeting Approval Request

Ginelle, I do not have a problem with this. Edna

From: Jones, Ginelle [<mailto:jonesg@warrencountyny.gov>]
Sent: Monday, March 4, 2019 11:30 AM
To: Frasier, Edna
Cc: Allen, Amanda
Subject: Host Meeting Approval Request

Good Morning, Supervisor Frasier.

As you are already aware, Dan Durkee, our Senior Health Educator, is offering a Tobacco- 21 Lunch and learn for interested Supervisors after the March 15 Board Meeting.

Initially AHI was going to provide funding for the lunch, however in the last few weeks AHI funding is no longer available. We have the money in our budget and would like to still provide a light lunch for participants.

I have attached the authorization form and T-21 Meeting Announcement, needing your approval. I have also copied Amanda Allen in the event you prefer to provide this authorization via email.

Please let me know if you have any questions.

Thank you for your consideration.

Ginelle
518-761-6580

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: 36.06
Title of Position: Registered Professional Nurse #31 Base Salary of Position: \$47,523 Grade: 19
Filling at Step # (If Known): _____
Budget code and title: A.4018.0020.110/ Family Health Full Time Salaries Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: 13051/ Hoerter Date of Vacancy: Anticipated 3/29/19
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal _____ % State 36 % Other Variable/caseload load % Insurance

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. 3/13/19
Human Resources Director has approved this form when initialed. 3-13-19

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 Frank C Thomas Date 3/15/19

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 _____ Date _____

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. Hansen Date 3/19/19

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: 36.00
Title of Position: Registered Professional Nurse #37 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: 13295/ Smith Date of Vacancy: 03/01/2019
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal _____ % State _____ % Other Variable _____ % Insurance _____

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. POV 3/13/19
Human Resources Director has approved this form when initialed. AT 3-13-19

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 _____

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 3/15/19

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. Javier Date 3/19/19

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Health Services

DATE: March 19, 2019

- (a) Purpose of Contract Change: To Amend the existing contract with Waystar/Zirned, Inc and Public Health Immunization Program to (1) reflect a 5% increase to our monthly Claims Management Fee currently \$0.35 per claim to \$0.3675 per claim and (2) a 5% increase to our monthly Electronic Remittance Advice (ERA) fee currently \$25.00 for 500 ERA's per month to \$26.25 for 500 ERA's per month. ERA's in excess of 500 will be billed at \$0.07 each.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 617/2011 and 632/2012
- (c) Name of Contractor: Waystar/Zirned
- (d) Address of Contractor: 888 W. Market St., Ste 400, Louisville, KY 40202
- (e) Contractor's Contact Person and Telephone Number: Lindsay Quinlin; 678-221-0514
- (f) Commencement Date of Extension: Rate change effective May 1, 2019
- (g) Termination Date of Extension: Authorize automatic annual contract renewal as long as there is no more than a 5% rate increase. Or by a request to terminate agreement 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. Claims and ERA's to be billed monthly.
- (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: A4010.428 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



Acct
63019
Display

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 04/05/2019 and expires thereafter unless accepted.

Claims Management

Solution	Your Monthly Fee	Implementation Fee
Claims Management (Professional - Batch) \$0.3675 per electronic claim. Paper Claims: \$0.47 each, \$0.26 per additional page printed.	<i>Based on # of claims</i> Variable	\$0.00
Total		\$0.00

Electronic Remittance Advice

Solution	Your Monthly Fee	Implementation Fee
Electronic Remittance Advice - Delivery and View Subscription includes 500 ERAs, \$0.07 per additional ERA.	\$26.25	\$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 04/05/2019. 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, Business Associate and Covered Entity have caused this Addendum to be signed and delivered by their duly authorized representatives, as of the date set forth above.

**Warren County on Behalf of Warren County Health
Services ("Covered Entity")**

Waystar Inc. ("Business Associate")

By (signed):

Name: _____

Title: _____

Effective Date: _____

By (signed):

Name: _____

Title: _____

Date: _____

Jones, Ginelle

From: Lindsay Quinlin <Lindsay.Quinlin@waystar.com>
Sent: Thursday, March 14, 2019 9:31 AM
To: DeCesare, Diane
Cc: Jones, Ginelle; Driscoll, Tawn
Subject: RE: Waystar accounts 44390 + 63019

Diane,

Good morning. I received approval late last night from our management team to remove the second annual maintenance fee for your account 63019. I am waiting on the updated addendum to be able to send that to you for processing. As soon as I have it, I will send it along. Please let us know if you have any additional questions or concerns.

Thanks,
Lindsay

Lindsay Quinlin, Account Relations
Waystar | simplify + unify your rev cycle
O 678.221.0514
F 678.221.0926

From: DeCesare, Diane <decesared@warrencountyny.gov>
Sent: Tuesday, March 12, 2019 8:25 PM
To: Lindsay Quinlin <Lindsay.Quinlin@waystar.com>
Cc: Jones, Ginelle <jonesg@warrencountyny.gov>; Driscoll, Tawn <driscoll@warrencountyny.gov>
Subject: RE: Waystar accounts 44390 + 63019

Hi Lindsay,

I'm following up on our Director, Ginelle Jones voice mail earlier this evening. Ginelle is questioning why we are being billed the \$125.00 annual fee twice. We realize we have two accounts but we are one agency. One account is for billing services for our Home Care Program and the other is for billing immunizations through our Disease Program.

We also realize that the later account for immunizations was set up several years after the first account so that might be why it was set up separately and not added to the existing account. Also at that time you charged no annual fees only monthly fees so it made no difference whether our charges were on one invoice or two.

Could you please check to see if we should be charged this fee twice and if so give us a written explanation as to why this is necessary as the addendum and email do not clearly define what the \$125.00 annual fee is for. If it's a matter of having two accounts then perhaps we can combine them into one account to only have one \$125.00 fee. We appreciate you looking into this and possibly coming up with a solution to streamlining our services onto one account to be more cost effective.

Thank you for your help Lindsay. I look forward to your response.

Kind Regards,

Diane

From: Lindsay Quinlin [mailto:Lindsay.Quinlin@waystar.com]
Sent: Thursday, March 7, 2019 10:53 AM
To: DeCesare, Diane
Subject: RE: Waystar accounts 44390

Diane,

Good morning. After reviewing your agreement, it only had the language for the per transaction pricing for claims. This is why it lists 0 because you are billed per claim with no minimum.

In regards to the annual maintenance fee, that would be invoiced each year in April and May according to when they are receiving the notice.

Please let us know if you have any additional questions or concerns.

Thanks,
Lindsay

Lindsay Quinlin, Account Relations
Waystar | simplify + unify your rev cycle
O 678.221.0514
F 678.221.0926

From: DeCesare, Diane <decesared@warrencountyny.gov>
Sent: Wednesday, March 6, 2019 4:32 PM
To: Lindsay Quinlin <Lindsay.Quinlin@waystar.com>
Subject: RE: Waystar accounts 44390

Hi Lindsay,

I want to follow up my voice message with an email.

If you look back at some of our bills for acct 63019 you'll see we paid either .35 per claim or a flat \$25.00 per month for claims filed the previous month. If the total # of claims filed totaled less than the \$25.00 charge you would charge us .35 per claim. Basically if we filed less than 71 claims per month. If we filed more than 71 claims per month, we paid a flat fee of \$25.00 up to 500 claims and then .05 for any claims that exceeded 500.

The way I'm reading the new addendum it looks like we no longer pay a flat monthly rate or a per claim fee and it doesn't matter how many claims we submit per month. The monthly fee is 0 dollars. The only fee we now pay is a \$125.00 annual fee for claims management. Please verify that this is correct.

The only change to the Electronic Remittance Advice is the 5% increase. We were paying \$25.00 per month for 500 ERA's and now we will pay \$26.25 per month for 500 ERA's.

So as of May 2019 our monthly bill will be \$26.25 every month. And one annual bill for \$125.00 for Claims Management.

Also, can you tell me when the annual fees of \$125.00 will be invoiced. Will it be April for acct 44390 and May for acct 63019 annually?

Sorry for all the questions but I want to make sure I'm understanding the changes completely before writing up the resolutions for approval by the county.

Thanks for your help. I look forward to your reply,

Diane

From: Lindsay Quinlin [mailto:Lindsay.Quinlin@waystar.com]
Sent: Wednesday, March 6, 2019 8:58 AM
To: DeCesare, Diane
Subject: RE: Waystar accounts 44390

Diane,

Good morning. Attached please find the updated addendum for the account 63019. Please add this to your other agreement for processing. Please let us know if you have any additional questions or concerns.

Thanks,
Lindsay

Lindsay Quinlin, Account Relations
Waystar | simplify + unify your rev cycle
O 678.221.0514
F 678.221.0926

From: Lindsay Quinlin
Sent: Monday, March 4, 2019 3:53 PM
To: 'DeCesare, Diane' <decesared@warrencountyny.gov>
Subject: RE: Waystar accounts 44390

Diane,

Good afternoon. I received your email and it appears that the account, 44390 is receiving an increase in April and 63019 is receiving an increase in May. I am working on securing you another addendum for the 63019 account. I will send that to you as soon as I can. Please let me know if you have any additional questions or concerns.

Thanks,
Lindsay

Lindsay Quinlin, Account Relations
Waystar | simplify + unify your rev cycle
O 678.221.0514
F 678.221.0926

From: DeCesare, Diane <decesared@warrencountyny.gov>
Sent: Friday, March 1, 2019 4:27 PM
To: Lindsay Quinlin <Lindsay.Quinlin@waystar.com>
Subject: RE: Waystar accounts 44390

Hi Lindsay,

We have it and it has been approved. The next step is a resolution That will be approved later this month. We should be all set by April 1st when the new pricing goes into effect.

On another note I received an email yesterday similar to the one I received the end of January. This email shows a price increase effective May 2019.

I know you told me increase only applied to acct 44390 not acct 63019. Please clarify why I received this second email yesterday and what account if any it is affecting.

I will talk on Monday with our Attorney's Office to see when the addendum you sent will be signed and returned for your signature.

Thank you and have a good weekend!

Diane

From: Lindsay Quinlin [mailto:Lindsay.Quinlin@waystar.com]

Sent: Friday, March 1, 2019 3:56 PM

To: DeCesare, Diane

Subject: RE: Waystar accounts 44390

Diane,

Good afternoon. I wanted to reach out to you to see if you had the addendum for the new pricing signed. I don't show where we have received it back. I look forward to receiving this back from you.

Thanks,
Lindsay

Lindsay Quinlin, Account Relations
Waystar | simplify + unify your rev cycle
O 678.221.0514
F 678.221.0926

From: Lindsay Quinlin

Sent: Friday, February 8, 2019 3:30 PM

To: 'decesared@warrencountyny.gov' <decesared@warrencountyny.gov>

Subject: FW: Waystar accounts 44390

Diane,

Good morning. I just left you a message but I wanted to send the updated agreement to you for your review. The eligibility pricing is correct on this addendum.

In regards to your other account, it does not appear that the other account, 63019, is receiving and increase. Therefore, I am unable to complete an addendum for that account. If/or when the account incurs this increase, please let me know. I will generate another order form for that account.

I hope this answers your questions. Please let me know if I can assist you further.

Thanks,
Lindsay

Lindsay Quinlin, Account Relations
Waystar | simplify + unify your rev cycle
O 678.221.0514
F 678.221.0926

From: Lindsay Quinlin
Sent: Thursday, February 7, 2019 3:50 PM
To: 'decesared@warrencountyny.gov' <decesared@warrencountyny.gov>
Subject: RE: Waystar accounts 44390

Tammy,

Good afternoon. Attached please find the agreement for your updated pricing and annual maintenance fee included for reference. Please let me know if you have any additional questions or concerns.

Thanks,
Lindsay

Lindsay Quinlin, Account Relations
Waystar | simplify + unify your rev cycle
O 678.221.0514
F 678.221.0926

From: Lindsay Quinlin
Sent: Tuesday, February 5, 2019 12:35 PM
To: decesared@warrencountyny.gov
Subject: Waystar accounts 44390

Tammy,

Good afternoon. I just tried to call you but I wasn't able to reach you. I wanted to let you know that I will be working to secure the addendum that shows your updated pricing with the new pricing structure. It might take me a few days to secure the addendum but I will send it to you as soon as I have it. I just wanted to let you know that you are being taken care of here. Please let me know if you have any questions or concerns.

Thanks,
Lindsay

Lindsay Quinlin, Account Relations
Waystar | simplify + unify your rev cycle
O 678.221.0514
F 678.221.0926

Warren County Board of Supervisors

RESOLUTION NO. 632 OF 2012

Dis/Log
Act
6/30/19

Wheats
Kristen
System

Resolution introduced by Supervisors Sokol, Thomas, Frasier, Taylor and McDewitt

AMENDING RESOLUTION NO. 205 OF 2009 TO AMEND AGREEMENT WITH ZIRMED, INC. TO ALLOW FOR ELECTRONIC REMITTANCE

WHEREAS, Resolution No. 205 of 209 authorized a subscriber agreement with ZirMed, Inc. for the purpose of verifying insurances before billing to expedite claims without denials, which is compatible with the Encore Billing System, Inc., and Resolution No. 617 of 2011 amended said agreement to allow for billing for the Immunization Program, and

WHEREAS, the Director of Public Health/Patient Services desires to amend said agreement to allow for electronic remittances of One Hundred Ninety-Nine Dollars (\$199) for the one time set up fee, monthly fees of Twenty-Five Dollars (\$25) for up to five hundred (500) ^{ERA} claims and in the event there are more than five hundred (500) ^{ERA} claims per month, a cost of Five Cents (\$.05) per additional claim, now, therefore, be it

↑ 5% to \$26.25/mo

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an amendment agreement with ZirMed, Inc. for the aforesaid services and amounts set forth in the preambles of this resolution for a term commencing November 19, 2012 and terminating upon sixty (60) days written notice by either party in a form approved by the County Attorney, and be it further

RESOLVED, that other than the above amendment, Resolution Nos. 205 of 2009 and 617 of 2011 shall remain in full force and effect, and be it further

RESOLVED, that the funds shall be expended from Budget Code A.4010.428 Health Services, Data Processing & Internet Fees and A.4018 0030.428 Preventive Program, Disease Control, Data Processing & Internet Fees.

A4011.0030.428

Warren County Board of Supervisors

RESOLUTION NO. 617 OF 2011

Resolution introduced by Supervisors Sokol, Thomas, Champagne, Taylor and McDevitt

AMENDING RESOLUTION NO. 205 OF 2009 TO AMEND AGREEMENT WITH ZIRMED, INC. TO ALLOW FOR BILLING FOR THE IMMUNIZATION PROGRAM

WHEREAS, Resolution No. 205 of 2009 authorized an agreement with Zirmed, Inc. for the purpose of verifying insurances before billing to expedite claims without denials, which is compatible with the Encore Billing System, Inc. and the Director of Public Health/Patient Services desires to amend said agreement to allow for billing for the Immunization Program at a cost of One Hundred Ninety-Nine Dollars (\$199) one time implementation fee plus (Thirty-Five Cents (\$0.35) per claim transmission) and forty-Five Cents (\$0.45) per paper claim, now, therefore, be it

~~add \$125 annual fee~~
waived.
3/14/19
by

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an amendment agreement with Zirmed, Inc. for the aforesaid services and amounts for a term commencing September 15, 2011 and terminating September 14, 2012 or upon sixty (60) days written notice after the initial one (1) year term in a form approved by the County Attorney, and be it further

RESOLVED, that other than the above amendment, Resolution No. 205 of 2009 shall remain in full force and effect.