

**Warren County Health Services  
Health, Human and Social Services Committee  
AGENDA FOR  
April 22, 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 March 19, 2019 Health, Human, and Social Services Committee meeting.

**I. Action Agenda/New Business**

**Request Resolution:** To authorize the Director of Public Health and Patient Services to sign a Memorandum of Agreement with Hudson Headwaters Health Network (HHHN) for the Hepatitis C Program with automatic annual renewal unless termination is requested with 30 days written notice by either party. **(Attachment #6)**

**Rationale:** This will provide Hepatitis C testing services, which is recommended for high risk populations at no cost to Health Services.

**Request Resolution:** To authorize a contract with Access Therapy Group PLLC to provide Committee on Preschool Education (CPSE) services to Warren County children who are eligible. **(Attachment #7)**

**Rationale:** This contract would increase availability of services for children in need. Services are provided at a rate set by NYS and are reimbursed at 56.5%.

**Request Resolution:** To authorize a contract with Building Blocks Learning Center to provide Committee on Preschool Education (CPSE) services to Warren County children who are eligible. **(Attachment # 8)**

**Rationale:** This contract would increase availability of services for children in need. Services are provided at a rate set by NYS and are reimbursed at 56.5%.

**Request Resolution:** To authorize a contract with Saratoga Speech Pathology, P. C. to provide Committee on Preschool Education (CPSE) services to Warren County children who are eligible. **(Attachment #9)**

**Rationale:** This contract would increase availability of services for children in need. Services are provided at a rate set by NYS and are reimbursed at 56.5%.

**Request Resolution:** To authorize a contract with Bogsted, Therese for Freedom Torch Consulting inc to provide Committee on Preschool Education (CPSE) services to Warren County children who are eligible. **(Attachment #10)**

**Rationale:** This contract would increase availability of services for children in need. Services are provided at a rate set by NYS and are reimbursed at 56.5%.

**Request Resolution:** To authorize Jignasha Shah, Public Health Program Coordinator, to receive reimbursement according to CSEA Union Contract for a job related course “Anatomy and Physiology II” and related course expenses, upon successful completion of course and attaining a “C or better.” **(Attachment #11)**  
**Rationale:** This course provides comprehensive study of structures and functions of the human body and will provide stronger basis for outreach and teaching public health concepts in her current position.

**Request Resolution:** To authorize Jignasha Shah, Public Health Program Coordinator, to receive reimbursement according to CSEA Union Contract for a job related course “EPI 503 Principles of Public Health” and related course expenses, upon successful completion of course and attaining a “C or better.” **(Attachment #12)**  
**Rationale:** This course prepares students for continually changing challenges in public health. Jignasha is starting a Certificate in Public Health program and this is the first of 6 required courses. NYSDOH encourages public health staff to receive education in the essential public health services and core competencies.

**Request Resolution:** To authorize Laura Monroe, Registered Professional Nurse, to receive reimbursement according to CSEA Union Contract for a job related course, “IHP420-R5408b Ethical and Legal Considerations,” and related course expenses, upon successful completion of course and attaining a “C or better.” **(Attachment #13)**  
**Rationale:** Laura is working on her Bachelor’s degree and this course is requirement. There is added benefit that this course will provide a sound basis with the agency’s Corporate Compliance program, scope of nursing practice, and homecare regulations.

#### **Referral/Pending Items**

There are no pending items.

## **II. Information for Discussion/Review**

### **Report of Expenditures, Revenues, Overtime and Per Diem Use for 2019**

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 2018 vs 2019**

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 a quarterly report.

**Information Item:**

Please see attached Authorizations to Attend Meeting or Convention forms  
**(Attachments # 14-16):**

1. Ginelle Jones to attend the NYSACHO Membership & NYS Public Health Association Conference Envisioning Healthy People in Health Places in Cortland, New York from May 1-3, 2019. This is fully paid by our membership with NYSACHO. Only expenses will be gas/toll expenses.
2. Valerie Whisenant to attend the Home Care Association Annual Conference: Force for the Future conference in Saratoga Springs May 8-10, 2019. This has been budgeted annually in the Homecare budget.
3. Sara Hettel and Beth Paquette to attend the NYS WIC Association Conference May 20-22, 2019 in Syracuse, New York. This is fully paid by the WIC grant.

**Staffing Update****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- None this month**

**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 2018 vs 2019
3. Report of Referrals Status
4. Emergency Response and Preparedness Activities Report
5. Jan-March Quarterly Rabies Report
6. Resolution Request: Hudson Headwaters Health Network Memorandum of Agreement
7. Resolution Request: Access Therapy Group PLLC
8. Resolution Request: Building Blocks Learning Center
9. Resolution Request: Saratoga Speech Pathology, P.C.
10. Resolution Request: Bogsted, Therese for Freedom Torch Consulting Group
11. Resolution Request: Jignasha Shah, Job Related Course, Anatomy and Physiology II
12. Resolution Request: Jignasha Shah, Job Related Course, EPI 503 Principles of Public Health
13. Resolution Request: Laura Monroe, Job Related Course, Ethics and Legal Considerations
14. Meeting Authorization: NYSACHO/NY Public Health Association Annual Conference
15. Meeting Authorization: Home Care Association Annual Conference
16. Meeting Authorization: Women, Infant, and Children Annual Conference

**WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS**

REVENUE AND EXPENDITURES FOR 2019 AS OF 4/10/2019 8:05:16 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	\$559,474.28	\$2,245,248.67
Salaries - Overtime	\$132,000.00	\$32,907.97	\$119,937.71
Salaries - Part Time	\$535,767.00	\$101,991.22	\$432,961.47
100's PERSONAL SERVICES	\$3,278,548.00	\$694,373.47	\$2,798,147.85
200's EQUIPMENT	\$20,516.04	\$3,587.07	\$86,272.34
400's CONTRACTUAL	\$6,071,973.29	\$787,141.75	\$5,687,560.72
800's EMPLOYEE BENEFITS	\$1,567,568.00	\$354,020.91	\$1,385,074.65
<b>TOTALS</b>	<b>\$10,938,605.33</b>	<b>\$1,839,123.20</b>	<b>\$9,346,916.50</b>

REVENUES	2019 BUDGETED	2019 YTD ACTUAL	2018 Prior Year Totals
	\$8,671,621.00	\$672,160.08	\$7,836,385.05

Notes: Above reflects our current status. We have accrued 2019 Rents for WIC of \$22,515 and for Health Services of \$92,766. Also accrued in 2018 for WIC in both Revenues and Expenses is \$610,139.06 which is the total of WIC food vouchers and Farmers Markets vouchers for the year. We are currently in the process of closing March billing for CHHA and MCH.

**Warren County Health Services**

**Salaries Comparison**

2018 vs 2019

as of 3/31/19 Year End Payroll

Total of All Depts	YTD	YTD	YTD 19v18	% Change	Total Budget	Total Actual
	2019	2018			2019	2018
Regular Salaries	\$559,474.28	\$630,578.60	-\$71,104.32	-11.28%	\$2,610,781.00	\$2,245,248.67
Overtime Salaries	\$32,907.97	\$22,789.02	\$10,118.95	44.40%	\$132,000.00	\$119,937.71
Part Time Salaries	\$101,991.22	\$101,542.14	\$449.08	0.44%	\$535,767.00	\$432,961.47
<b>TOTALS</b>	<b>\$694,373.47</b>	<b>\$754,909.76</b>	<b>-\$60,536.29</b>	<b>-8.02%</b>	<b>\$3,278,548.00</b>	<b>\$2,798,147.85</b>
% current YTD Salary to Total Budget	21.18%	26.98%				

\*Source: Detail G/L report for all Salary Category from 1/1/19-3/31/19.

Overall, total salaries are \$60,536.29 under 2018 Salaries. While under in Regular 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 8.02% from the prior year and at this time, we currently are 21.18% of the 2019 budget, while last year at this time we were 26.98% of the budget.

**Warren County Health Services  
Revenue and Expense Comparison 2019 vs 2018  
as of 4/10/19**

<b>EXPENSES</b>	<b>2019 YTD Actual as of 4/10/19 G/L</b>	<b>2018 YTD as of 4/10/18 G/L Final</b>	<b>Variance</b>
Salaries - Regular	\$559,474.28	\$630,578.60	(\$71,104.32)
Salaries - Overtime	\$32,907.97	\$22,789.02	\$10,118.95
Salaries - Part Time	\$101,991.22	\$101,542.14	\$449.08
100's PERSONAL SERVICES	\$694,373.47	\$754,909.76	(\$60,536.29)
200's EQUIPMENT	\$3,587.07	\$708.74	\$2,878.33
400's CONTRACTUAL	\$787,141.75	\$866,563.09	(\$79,421.34)
800's EMPLOYEE BENEFITS	\$354,020.91	\$385,224.34	(\$31,203.43)
<b>TOTALS</b>	<b>\$1,839,123.20</b>	<b>\$2,007,405.93</b>	<b>(\$168,282.73)</b>

<b>REVENUES</b>	<b>2019 YTD ACTUAL</b>	<b>2018 Prior YTD</b>	<b>Variance</b>
	<b>\$672,160.08</b>	<b>\$755,218.00</b>	<b>(\$83,057.92)</b>

**Notes:**

Salaries: (please see previous page ) overall are \$60,536.29 or 8.02% below 2018 as of the 3/31/19 payroll posting date. Salaries for 2019 are 21.18% of the budget YTD where they were 26.98% 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. Part time Salaries remain the same between the years.

Contractual Expenses: These are higher in 2018 due to timing of invoices paid. As previously stated, the 2019 Rent expense is now shown for \$115,280 while 2018 was \$116,547. Contractual expenses for Preschool reflect over \$77,357 less in 2019 compared to 2018. These expenses are 97% of the variance between the years.

Employee Benefits: Employee benefits are below last year to date by (\$31,203.43), however this is due to the fact that for 2019, the Retiree Health has not been posted yet for March. Once posted , benefits will be slightly under 2018 and is correlates with the nursing staff shortage we have had.

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	
<b>SN Evals per month</b>	<b>107</b>	<b>117</b>	<b>141</b>	<b>102</b>	<b>115</b>	<b>94</b>	<b>114</b>	<b>106</b>	<b>111</b>	<b>108</b>	<b>101</b>	<b>101</b>	
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	
<b>Total Evals per month</b>	<b>134</b>	<b>126</b>	<b>159</b>	<b>118</b>	<b>133</b>	<b>113</b>	<b>132</b>	<b>132</b>	<b>129</b>	<b>125</b>	<b>127</b>	<b>124</b>	<b>1552</b>

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**	0**	
PRI	3	3	3	1	2	0	2	5	1	1	1	0	
<b>SN Evals per month</b>	<b>117</b>	<b>99</b>	<b>105</b>	<b>100</b>	<b>124</b>	<b>130</b>	<b>89</b>	<b>124</b>	<b>119</b>	<b>119</b>	<b>84</b>	<b>89</b>	
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	
<b>Total Evals per month</b>	<b>136</b>	<b>117</b>	<b>122</b>	<b>119</b>	<b>140</b>	<b>150</b>	<b>95</b>	<b>142</b>	<b>134</b>	<b>141</b>	<b>105</b>	<b>100</b>	<b>1501</b>
	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	89											
SN IV eval	0**	0**											
PRI	0	2											
<b>SN Evals per month</b>	<b>119</b>	<b>91</b>											
PT Evals	50	34											
PT only	13	5											
<b>Total Evals per month</b>	<b>132</b>	<b>96</b>											<b>228</b>
	-4%	-21%											

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

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

### Attachment 3

Numbers current as of 04/12/19

**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

4/2	In-Person	Submitted 3 <sup>rd</sup> Quarter Report	Dan Durkee	
4/4	In-Person	Washington County BT Partner Meeting	Dan Durkee Daren Potter	<b>Meeting</b>
4/9	Web-ex	PH Emergency Preparedness Coordinators Meeting (Regional)	Dan Durkee J'nelle Oxford	<b>Meeting</b>
4/11	In-Person	County Staging Site Functional exercise (mandated)	Dan Durkee, J'nelle Oxford, Patty Myhrberg, Erik Mastrianni, Deb Toolan, Jignasha Shah, Daren Potter, Sarah Arnold,	<b>Drill/Exercise</b>
4/11	In-Person	Regional Inter-operable Communications Drill	J'nelle Oxford, Pat Belden	<b>Drill</b>
4/17	In-Person	Glens Falls Hospital TTX	Dan Durkee	<b>TTX Drill</b>
4/23	Web-ex	Public Health Emergency Preparedness and Response Plan Workgroup	Dan Durkee	<b>Planning</b>
4/24	In-Person	Warren County EPR/LEPC Quarterly Meeting	Dan Durkee	<b>Meeting</b>
4/26	Web-ex	LHD PHEPR Grant Deliverables 2019-20	Dan Durkee Ginelle Jones	<b>Meeting</b>

## Warren County Public Health Rabies Program January-March 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 <b>Animal needs to be captured and taken to Animal Hospital. Public Health to check after confinement</b>					
	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						
<b>Bolton</b>							1											
<b>Chester</b>							4	1										
<b>Glens Falls</b>			3			1	2	3	1		1		1		1			
<b>Hague</b>																		
<b>Horicon</b>																		
<b>Johnsburg</b>						1	1											
<b>Lake George</b>			1	1			1											
<b>Lake Luzerne</b>						1	1											
<b>Queensbury</b>		1	3	3	5	2	2	4		2		1	1					
<b>Stony Creek</b>																		
<b>Thurman</b>							1											
<b>Warrensburg</b>								1				1		1		1		
<b>Totals</b>		1	8	4	5	5	13	9	1	2	1	2	2	1		2		

Total Bites for Quarter – 55

Specimens tested for rabies this quarter- 6, 1 of which was unsatisfactory

Positive specimens for rabies- 0

People pre-approved for rabies post exposure treatment-2

Rabies Clinics this quarter- 3

May Rabies Clinics scheduled-5/4/19 at LG Fire House and 5/18/19 at GF DPW, all taking place from 10 AM- 12 PM

Attachment #5

# ***RESOLUTION REQUEST FORM NO. 20***

## ***MISCELLANEOUS***

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

**DEPARTMENT NAME: Health Services**

**DATE: April 22, 2019**

- (a) **Purpose of Request: To authorize the Director of Public Health and Patient Services to enter a Memorandum of Agreement with Hudson Headwaters Health Network (HHHN) for the Hepatitis C Program.**
- (b) **Details: Refer to attached MOA; Request automatic annual renewal unless 30 day written termination notice by either party.**
- (c) **Previous Resolution Number: N/A - Similar Resolution 189/2014 is related to HHHN and HIV Program**
- (d) **Where are the Funds (if required)? List Budget Code, Object Code, Full Title\* and Amount: N/A**

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

**\* as listed in budget and LOGOS**

# Warren County Board of Supervisors

## RESOLUTION NO. 189 OF 2014

**Resolution introduced by Supervisors Sokol, Conover, Frasier, Taylor and McDevitt**

### **AUTHORIZING MEMORANDUM OF AGREEMENT WITH HUDSON HEADWATERS HEALTH NETWORK FOR WARREN COUNTY TO PROVIDE HIV HEALTH EDUCATION**

WHEREAS, the Director of Public Health/Patient Services is requesting a Memorandum of Agreement with Hudson Headwaters Health Network (“HHHN”) under the Ryan White Program to enable HHHN staff to provide HIV testing at the Warren County Health Services Sexually Transmitted Disease Clinics at no cost to the County for a term commencing May 1, 2014 and terminating April 30, 2015, with an automatic annual renewal unless terminated by either party upon thirty (30) days written notice, now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute a Memorandum of Agreement with Hudson Headwaters Health Network under the Ryan White Program to enable HHHN staff to provide HIV testing at the Warren County Health Services Sexually Transmitted Disease Clinics at no cost to the County for a term commencing May 1, 2014 and terminating April 30, 2015, with an automatic annual renewal unless terminated by either party upon thirty (30) days written notice in a form approved by the County Attorney.

## Jones, Ginelle

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**From:** Jones, Ginelle  
**Sent:** Wednesday, March 27, 2019 11:18 AM  
**To:** 'Calcavecchia, Andrea (Thomas)'  
**Cc:** Bachman, Paul MD; 'ewalker@hohn.org'; Belden, Patricia  
**Subject:** MOA- Hepatitis C

Perfect. Thank you, Andrea!

I will request authorization April 29, 2019 at the committee meeting, which will be ratified by the Board of Supervisors May 17, 2019.

I should be able to get it back to you the week of May 20<sup>th</sup>.

Thank you again!

Ginelle

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**From:** Calcavecchia, Andrea (Thomas) [mailto:acalcavecchia@hohn.org]  
**Sent:** Wednesday, March 27, 2019 10:58 AM  
**To:** Jones, Ginelle  
**Cc:** Bachman, Paul MD; Belden, Patricia; Walker, Erika  
**Subject:** RE: MOA- Hepatitis C

Hi Ginelle,

I have updated the MOA to reflect the 5/1/19 start date. It is with the CFO for signature and I should have back today. I will mail out as soon as possible.

Thanks,  
Andrea

**Andrea Calcavecchia, CPC**  
Reimbursement Analyst

**Hudson Headwaters Health Network**  
9 Carey Road Queensbury, NY 12804  
(518) 761-0300, ext. 31557  
[acalcavecchia@hohn.org](mailto:acalcavecchia@hohn.org)  
[www.hohn.org](http://www.hohn.org)



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**From:** Jones, Ginelle <jonesg@warrencountyny.gov>  
**Sent:** Tuesday, March 26, 2019 1:54 PM  
**To:** Calcavecchia, Andrea (Thomas) <acalcavecchia@hohn.org>  
**Cc:** Bachman, Paul MD <pbachman@hohn.org>; Belden, Patricia <beldenp@warrencountyny.gov>; Walker, Erika

<ewalker@hhsn.org>

**Subject:** MOA- Hepatitis C

Hi Andrea,

I spoke with Erica Walker. Per discussion, I mentioned the timeline for my anticipated authorization to enter the MOA.

Can you please update the MOA for an anticipated start date of 5/1/19 instead of the 2/1/19? My Health Human and Social Services meeting is anticipated 4/29 with Board of Supervisors meeting 5/17.

Thank you,  
Ginelle

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**From:** Jones, Ginelle  
**Sent:** Monday, March 25, 2019 4:44 PM  
**To:** 'acalcavecchia@hhsn.org'  
**Cc:** Bachman, Paul MD; Belden, Patricia  
**Subject:** Hepatitis C Contacts

Andrea,

I received a MOU in the mail from you late last week.

While our office has been interested in Hepatitis C and previously reached out to HHSN (see email w/attachments below dated 12/13/17), we were unaware of any recent activity/meetings etc. and this MOU request.

It seems as a meeting or a conference call would be appropriate, so we are clear of expectations etc..

In addition, I will need Health, Human, and Social Services Committee and Board of Supervisor's approval before I am authorized to sign off.

It would also be helpful to get some background and HHSN contacts before I request permission to enter the MOU. I have scanned the MOU documents for the benefit of those copied (last attachment).

Thank you for your understanding.

Best,  
Ginelle

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**From:** Jones, Ginelle  
**Sent:** Wednesday, December 13, 2017 4:23 PM  
**To:** Portuese, Thomas MD ([tportuese@hhsn.org](mailto:tportuese@hhsn.org))  
**Cc:** Bachman, Paul MD; Belden, Patricia  
**Subject:** Hepatitis C Contacts

Dr. Portuese,

It was nice meeting you today! Thank you for your time to discuss Hepatitis C.

Below is the contact information of the NYSDOH Hepatitis Program contacts.

Colleen Flanigan RN, MS  
Director, Viral Hepatitis Section

New York State Department of Health  
AIDS Institute  
ESP, Corning Tower Room 429  
Albany, New York 12237  
518-486-6806  
FAX: 518-474-2749  
[caf03@health.state.ny.us](mailto:caf03@health.state.ny.us)  
<http://www.nyhealth.gov/hepatitis>  
Hepatitis C Hotline: 1-800-522-5006

Tracey Knickerbocker  
NYSDOH AIDS Institute  
Bureau of Hepatitis Health Care  
ESP, Corning Tower Room #429  
Albany, New York 12237  
P: 518-486-6806  
F: 518-474-2749  
Email: [tracey.knickerbocker@health.ny.gov](mailto:tracey.knickerbocker@health.ny.gov)

I have attached some of the resource documents for your convenience. Also, here is the link to the Test Kit Information:  
[https://orc.orasure.com/assets/base/Extranet/PDFs/OraQuick\\_HCV\\_PI\\_US-ENG.pdf](https://orc.orasure.com/assets/base/Extranet/PDFs/OraQuick_HCV_PI_US-ENG.pdf)

Please let us know if we can do anything to help support your efforts!

*Ginelle Jones*  
Assistant Director of Public Health  
Warren County Health Services  
1340 State Route 9  
Lake George, NY 12845  
(518)761-6580  
[jonesg@warrencountyny.gov](mailto:jonesg@warrencountyny.gov)

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9 Carey Road, Queensbury, NY 12804 • (518) 761-0300 • [www.hhhn.org](http://www.hhhn.org)

March 20, 2019

Warren County Public Health  
Attn: Ginelle Jones  
1340 State Rt. 9  
Lake George, NY 12845

**RE: Memorandum of Agreement**

Dear Ms. Jones;

Enclosed are two (2) original partially executed Memorandum of Agreement between HHHN and Warren County Public Health for the HCV Program. Please fully execute both copies and return one (1) to the above address.

Please feel free to contact me if you have any questions or concerns by phone (518) 761-0300 ext. 31557 or by email [acalcavecchia@hhhn.org](mailto:acalcavecchia@hhhn.org).

Sincerely,

A handwritten signature in black ink that reads "Andrea Calcavecchia".

Andrea Calcavecchia, CPC  
Hudson Headwaters Health Network  
Reimbursement Analyst

enclosure

**MEMORANDUM OF AGREEMENT  
BETWEEN  
HUDSON HEADWATERS HEALTH NETWORK  
AND  
WARREN COUNTY PUBLIC HEALTH**

WHEREAS, Hudson Headwaters Health Network (“HHHN”) is a recipient of a New York State Health Foundation Grant (“the Grant”); and

WEHREAS, the Grant requires recipients of funding to work to identify individuals who test HCV reactive, and link such individuals into care and support services; and

WHEREAS, Warren County Public Health has an interest in identifying and facilitating the provision of health care services for individuals who test HCV reactive;

NOW, THEREFORE, HHHN and Warren County Public Health (each a “Party”, and together the “Parties”) agree as follows:

**1. Purpose of Agreement.**

The purpose of this Agreement is to coordinate and integrate HCV testing at Warren County Public Health for the purpose of early intervention and identification of individuals who test HCV positive as a way to link such individuals into care and support services.

**2. Responsibilities of HHHN:**

HHHN shall coordinate and manage a HCV testing program within Warren County Public Health (the “Testing Program”), including any grant applications and reporting requirements. Specifically, HHHN shall:

- A. Develop and coordinate relationships with other appropriate agencies.
- B. Manage all financial aspects of the HCV Program, including relationships with any grantee agency and other service agencies;
- C. Provide OraQuick rapid HCV testing at Warren County Public Health at designated times mutually agreed upon by the Parties.

**3. Responsibilities of Warren County Public Health**

Warren County Public Health agrees to facilitate and ensure the safety of participants at the Testing Program. Warren County Public Health obligations shall include:

- a. Disseminating, in a coordinated effort with HHHN, information to individuals at the Warren County Public Health office regarding the availability of HCV testing at Warren County Public Health;
- b. Providing adequate training and assistance to HHHN employees regarding facility procedures and rules;
- c. Providing adequate facilities at Warren County Public Health for HHHN to conduct HCV testing and adequate facilities for the transmission of results by HHHN to individuals;
- d. Instituting appropriate procedures at Warren County Public Health in order to protect the confidentiality of individuals who undergo testing and/or who receive reactive results after testing.

4. **Testing Protocol and Limitations.**

It is expressly understood by the Parties that:

- a. Testing shall be performed by employees of HHHN pursuant to HHHN's established protocols and procedures;
- b. Testing shall be conducted only with the express consent of the individuals being tested;
- c. HHHN shall be solely responsible for providing test results to individuals. The provision of such results by HHHN shall be in accordance with established HHHN protocols and procedures;
- d. HHHN shall provide only on-site OraQuick rapid HCV testing.
- e. In the event of a reactive test, HHHN shall be responsible for referring newly diagnosed individuals into the care and services offered by HHHN in accordance with the network's policy and procedures. In no event shall payments under the Grant be tied in any way to the volume or value of referrals to HHHN. Specifically, HHHN:
  - 1. Will refer the participant to HHHN for HCV diagnostic testing (HCV ribonucleic acid by polymerase chain reaction ["RNA by PCR"]) and medical evaluation;
  - 2. Provide psychological support and referral for additional counseling if required;

3. Provide basic liver and hepatitis education;
4. Ensure that the participant knows where and how to obtain additional information and services;
5. Assess the need for and provide, or make referrals for, other preventative services;
6. Ensure that the participant has accurate information about steps necessary to prevent transmission;
7. Elicit and correct misperceptions about HCV transmission risk and address strategies for prevention of other sexually transmitted disease or blood borne infections;
8. Track all referral appointments and outcomes and document them in the participant's file.

**5. Program Administration.**

The Testing Program shall be administered by the director of HHHN's Ryan White Program, who shall retain responsibility for the deliverables of this project. Any changes in the scope of work must be approved by HHHN before proposed changes shall take effect. Notwithstanding the foregoing provisions, HHHN reserves the right to assign or re-assign its personnel or their respective responsibilities under the Grant and/or this Agreement.

**6. Other Considerations.**

- a. In order to preserve the confidentiality of individuals tested, the Parties agree that results of HCV testing performed pursuant to this Agreement shall not become part of the individual's medical record unless they are a patient of HHHN and they have been informed that this information will be included in their medical record. For non-HHHN patients, a separate record will be kept of the date and time of the test, the name of the tester, and the results of the test.
- b. HHHN and Warren County Public Health shall participate in quality improvement activities, as needed, in order to assure the quality of the services provided under this Agreement.
- c. Each Party to this Agreement shall review and approve all marketing and public communications activities concerning this project prior to their release.

**7. Indemnification.**

Warren County Public Health acknowledges and agrees that HHHN shall not be liable for any indirect, consequential, incidental, exemplary or punitive damages suffered by any person or entity, including Warren County Public Health, caused

directly or indirectly by the acts or omissions of HHHN of its officers, directors, employees or agents in the course of performing its obligations under this agreement.

HHHN acknowledges and agrees that Warren County Public Health shall not be liable for any indirect, consequential, incidental, exemplary or punitive damages suffered by any person or entity, including HHHN, caused directly or indirectly by the acts or omissions of Warren County Public Health or its officers, directors, employees or agents in the course of performing its obligations under this agreement.

**8. Performance Period.**

This agreement shall have an initial term of one year effective February 1, 2019 to January 31, 2020 and renew automatically for renewal terms of one year, until terminated pursuant to Section 9. This agreement supersedes any earlier agreement and is conditional on continued funding from the New York State Health Foundation.

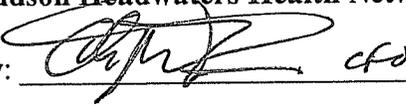
**9. Termination.**

This Agreement shall terminate immediately upon termination of funding from the New York State Health Foundation. In addition, either Party may terminate this Agreement at any time by providing written notice to the other Party at least 30 days prior to termination. Upon termination of the Agreement, the Parties shall have no further obligation under this Agreement except as provided in paragraph 7 herein. The addresses for providing notice of termination are as follows:

Hudson Headwaters Health Network  
9 Carey Road  
Queensbury, New York 12804

Warren County Public Health  
Attn: Ginelle Jones  
1340 State Route 9  
Lake George, NY 12845

**Hudson Headwaters Health Network**

By:  cfo

Name: Christopher Tournier

Title: Chief Financial Officer

Date: 3/20/19

**Warren County Public Health**

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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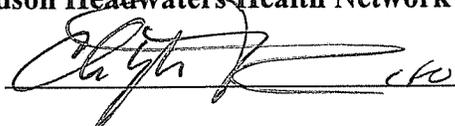
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Attn: Ginelle Jones  
1340 State Route 9  
Lake George, NY 12845

**Hudson Headwaters Health Network**

By:  \_\_\_\_\_

Name: Christopher Tournier

Title: Chief Financial Officer

Date: 3/20/19

**Warren County Public Health**

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

# *RESOLUTION REQUEST FORM NO. 3*

## *Request for New Contract*

**DEPARTMENT NAME:** Health Services

**DATE:** April 22, 2019

- (a) Is this a Result of a Bid or Request for Proposal? **No**
- (b) Purpose of Contract: **To authorize contract with Access Therapy Group PLLC to provide Committee Preschool Special Education (CPSE) services to Warren County children who are eligible.**
- (c) Name of Contractor: **Access Therapy Group PLLC**
- (d) Address of Contractor: **515 Moe Rd, Clifton Park, NY 12065**
- (e) Contractor's Contact Person and Telephone Number:  
**Nora Gribbin; Phone: 518-280- 4294/ Fax: 518-280-4297**
- (f) Has or will the Contract be provided, if so, please attach: **Sample attached**
- (g) Commencement Date of Contract: **May 17, 2019**
- (h) Termination Date of Contract: **Automatic annual renewal, however can be terminated with 30 days written notice by either party.**
- (i) 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. **Submission of required documentation and vouchers**)
- (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.4054.444; Preschool Education Expense**

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

\*as listed in budget and LOGOS



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/15/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  CM&F Group, Inc 99 Hudson St., 12th Floor New York NY 10013	CONTACT NAME	
	PHONE (A/C No. Ext) 1-800-221-4904	FAX (A/C No.) 212-608-4378
	EMAIL ADDRESS: info@cmfgroup.com	
	PRODUCER CUSTOMER ID# 726598	
INSURED  Access Therapy Group; P.T., OT, Speech 515 Moe Road Clifton Park, NY 12065  1-800-221-4904	INSURER(S) AFFORDING COVERAGE	
	INSURER A: MEDPRO RRG	NAIC#
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSTR	TYPE OF INSURANCE	ADDITIONAL INSURER	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	L40110	05/01/2019	05/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPROP AGG \$ 3,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NY) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N N/A				WC STATUTORY LIMITS \$ OTH ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability	X	L40110	05/01/2019	05/01/2020	Per Inc. 1,000,000 Aggregate 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 104, Additional Remarks Schedule, if more space is required)  
Multidisciplinary Therapy  
Occurrence Coverage  
The certificate holder is listed as an Additional Insured on the Professional Liability coverage.

CERTIFICATE HOLDER  Warren County 1340 State Route 9 Municipal Center Lake George, NY 12845	CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  

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ACORD 26 (2008/09)      The ACORD name and logo are registered marks of ACORD



To:	Erik Mastrianni
Company/Office:	Warren County
Fax:	518-761-6354
Date:	4/15/19
Pages:	2 total
Re:	Certificate of Insurance Coverage

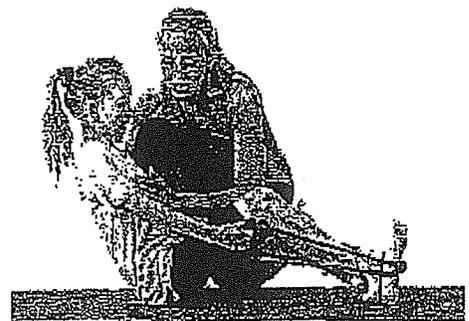
Message: Per your request - please see attached

Thank you,

Mary

### Check out our new Sports Physical Therapy Center

- Individual attention in a 1:1 setting for student athletes
- Patient specific customized exercises programs
- Increase strength and improve functional mobility
- Kinesio & Rock Taping
- Pool Therapy



Contact Information: 515 Moe Road, Clifton Park, NY 12065, Tel. (518) 280-4294 Fax (518) 280-4297

#### Confidentiality Notice:

This fax message, including any attachments is for the sole use of the intended recipient(s) and may contain information that is proprietary, confidential, and exempt from disclosure under applicable law. Any unauthorized review, use, disclosure, or distribution is prohibited. If you are not the intended recipient or agent responsible for delivering the message to the intended recipient, or if you have received this communication in error, please notify Access Therapy Group by calling 518-280-4294 and destroy copies of the original message.

THIS AGREEMENT made by and between the COUNTY OF WARREN, a municipal corporation and political subdivision established under the Laws of the State of New York, having its principal offices and place of business located at the Warren County Municipal Center with a mailing address of 1340 State Route 9, Lake George, New York 12845 (the "Municipality"), and

[redacted] a professional limited liability corporation organized and existing under the Laws of the State of New York, having its principal offices and place of business located at [redacted] (the "Provider"), is for the provision of educational and/or health supportive services under the Early Intervention and/or Preschool Children with Disabilities Programs pursuant to Section 4410 of the New York State Education Law.

WHEREAS, "Board" shall mean:

1. a Board of Education as defined in Section 2 of the New York State Education Law; or
2. trustees of a common school district as defined in Section 1601 of the New York State Education Law, and

WHEREAS, "Commissioner" shall mean the Commissioner of Education of the State of New York and/or Commissioner of Health, and

WHEREAS, the Provider warrants that it can meet the needs of children with disabilities placed in its approved program under Section 4410 of the New York State Education Law and in compliance with the Regulations of the Commissioner, and shall comply with all applicable Federal, State and local laws, and

WHEREAS, the Provider has been approved by the Commissioner to provide special education services in accordance with Section 4410 of the New York State Education Law and the Regulations of the Commissioner, and

WHEREAS, Section 4410 of the New York State Education Law requires a contract, in a form approved by the Commissioner, between the Municipality and the Provider of the approved program(s) selected by the Board,

NOW, THEREFORE, in order to make available those services to children with disabilities placed under Section 4410 of the New York State Education Law as determined by the Board, the parties hereto mutually agree as follows:

1. The Provider shall provide appropriate services for children with disabilities as specified by the Board of Education with respect to the Preschool Children with Disabilities Program, or as specified in the Individual Family Service Plan (IFSP) with respect to the Early Intervention Program, to receive SEIT or special instruction services, evaluations, and related services. The school year for the Achievements, PLLC, Children with Disabilities Program is hereby defined as a July/August session from July 1<sup>st</sup> through August 31<sup>st</sup> and/or September/June session from September 1<sup>st</sup> through June 30<sup>th</sup>. The school year for the Early Intervention Program is hereby defined as a full calendar year. The Provider shall provide such services for that part of the school year for which children are placed by the Board of Education or according to the IFSP

Termination upon 30 days written notice

recommendations.

2. All financial arrangements for services under this contract shall be between the Municipality and Provider in accordance with the provisions of paragraph 3 of this contract. The Provider shall be responsible for the delivery of appropriate services, including the training and/or retraining of direct service staff employed by the Provider. The Municipality retains the right, where legally permissible, to bill third party insurance and/or Medicaid Provider shall have the financial information form completed. A copy of said financial information form is annexed hereto as Appendix "A".

3. The Municipality, in accordance with the provisions of the contract, shall reimburse the Provider for expenditures made for contracted services as follows:

A. Such payments shall be at the rates approved for SEIT or special instruction, evaluations and related services, and for amounts not to exceed the statutory provisions governed by the Commissioner of Education and/or Commissioner of Health. The rate for services shall be the amount established for such purpose by the Commissioner and certified by the Director of the Budget of the State of New York. Such payments shall be made pursuant to Section (3.C) of this contract. Where the enrollment for a child is for periods of less than the full July/August session or September/June session, the payment shall be prorated by the Commissioner pursuant to the Regulations of the Commissioner.

B. i. The Provider shall submit a voucher to the Municipality for services rendered not later than fifteen (15) days after the end of the July/August session and not later than fifteen (15) days following each segment of the September/June session, where such segment shall be monthly (not less than monthly nor more than quarterly); and

ii. In the event of notification by the Commissioner of an official rate change, the Provider shall submit a voucher to the Municipality for any additional payment due to a rate increase or shall notify the Municipality of any refund owed due to a rate decrease. Such voucher or notice shall be submitted not more than thirty (30) days after such official notification.

C. The Municipality shall reimburse the Provider for services rendered under the terms of this contract in the first instance and at least quarterly upon receipt of vouchers from the Provider. No payment shall be required to be made by the Municipality prior to receipt of Notification of Determination of Placement as specified by State Education Law and/or New York State Department of Health Regulations. The Municipality shall pay for the services provided pursuant to such Notification commencing with the date of enrollment prescribed therein.

D. No parent or any other person shall be required or requested to make any payment for tuition in addition to the payments made by the Municipality pursuant to this contract.

- E. All claims for payment made to the Municipality by the Provider shall identify and allocate costs for services rendered in such a manner as shall be acceptable to the Municipality.
- F. i. The Provider shall prepare and make available such statistical, financial and other records pursuant to Section 4410 of the New York State Education Law, as are necessary for reporting and accountability. All documents and records shall be consistent with New York State financial requirements for audit and rate establishment procedures. The financial records and other financial documents relevant to this contract shall be retained by the Provider for nine (9) years after the school year in which services have been provided;
- ii. These records pursuant to Section 4410 of the New York State Education Law shall be subject at all reasonable times to inspection, review or audit by the Board, the Municipality where the Provider is located, the State of New York, acting through the Education Department or the Office of the State Comptroller, Federal and other personnel duly authorized by such Municipality. In addition, such Municipality shall make available any and all copies of such documents to such other Municipalities as may contract with the Provider; and
- iii. The Provider shall furnish with the voucher required under Section 3(B) of this agreement the following information for all medicaid eligible children enrolled in its program(s) pursuant to Section 4410 of the Education Law:
- (a) dates of preschool child received Special Education Itinerant Services (SEIT) or Early Intervention Child received special instruction; and
- (b) copy of the child's Individual Education Plan (IEP) or Individual Family Service Plan.
- G. In the case of Health Supportive Services, the Provider shall obtain from the parent or person in parental relationship to the medicaid eligible child and/or the child eligible for third party insurance coverage and receiving services pursuant to Section 4410 of the Education Law:
- i. written consent to enable the Provider to release educational records of the child to local, State and Federal agency representatives for the sole purpose of claiming reimbursement under applicable insurance and/or the Medical Assistance Program and provided to the Municipality as requested; and
- ii. The Client Identification Number (CIN) and any other relevant information that may be necessary to bill Medicaid or a third party insurance carrier where legally permissible. Such information shall be submitted to the Municipality in conjunction with the voucher required under Section 3(B) of this agreement.

4. The Provider will maintain the standards set forth by the Regulations of the Commissioner to preserve its status as an approved school for the education of children with disabilities. It is understood and agreed by the parties that failure to do so shall render this contract void, in which case the Provider shall be entitled to no compensation for the portion of the school year in which such approval ceases to be maintained and shall reimburse the Municipality any amounts already received for that portion of such school year.

5. The Municipality and Provider shall observe and require the observance by all subcontractors and their employees of all applicable Federal and New York State requirements relating to confidentiality of records and information.

6. This contract shall commence on April 21, 2007 and terminate upon thirty (30) days notice; provided, however, that this agreement shall be deemed to have terminated at any time as the Commissioner withdraws approval for the Provider to provide services or programs for children with disabilities. Should the Provider be requesting termination of this contract based on the Provider's intent to cease operation, all specific close down procedures shall be followed by the Provider in accordance with the Regulations of the Commissioner. Written notice of any such termination shall be provided to the Municipality and the Board(s) by the Provider not less than ninety (90) days prior to the intended effective date of such action. In the event of such termination, the parties shall adjust the accounts due and the Provider shall undertake no additional expenditures not already required. Upon any such termination, the parties shall endeavor in an orderly manner to close down activities hereunder.

7. All agreements between Provider and subcontractors shall be by written contract. All subcontracts entered into by the Provider relative to the purchase of services pursuant to the contract shall be written in accordance with all Federal and State laws, regulations and guidelines and shall be as disclosed on the application to the Commissioner for program approval. No provision of any such subcontract shall be deemed to provide for the incurrence of any financial obligation of the Municipality in addition to the established tuition rates. Any arrangements entered into by a Provider with a subcontractor shall be governed by all applicable provisions relating to conflict of interest pursuant to the Laws of New York State. The Provider shall not be relieved of any responsibility under this contract by any subcontract.

8. The Provider shall not assign this contract without prior written approval of the Board and Municipality which approvals shall be attached to this contract as an amendment.

9. The Provider shall provide the Municipality with Certificates of Insurance showing the following insurance is in place:

(a) Professional Liability insurance with limits of not less than One Million Dollars/Three Million Dollars (\$1,000,000/\$3,000,000).

(b) Comprehensive general liability insurance and any automobile insurance in the aggregate amount of not less than One Million Dollars (\$1,000,000) for injuries, including accidental death.

(c) The Provider at all times, shall defend, indemnify and hold harmless the Municipality from and against any and all claims and demands whatsoever, including costs, litigation expenses, counsel fees and liabilities incurred in connection therewith, arising out of injury to or death of any person whatsoever of damage to property of any kind by whomsoever owned, caused in whole or in part by the acts or omissions of the Provider, a subcontractor, or any person directly or indirectly employed by the Provider, while engaged in the performance of this contract.

(d) Any accident that occurs while transporting a student while under the supervision of the Provider must be reported to the Warren County Clerk of the Board of Supervisors within twenty-four (24) hours.

(e) Proof of insurance must be provided to the Municipality's Attorney in the form of a certificate of insurance approved by the Municipality's Attorney naming the County of Warren as additional insured and providing for notification of the County in the event of any change of coverage including cancellation or failure to renew, provided, however, that notice of cancellation shall be provided thirty (30) days in advance of the termination date.

(f) Any subcontractor must also maintain and provide proof of insurance in the same amounts required for the Provider.

10. In the event the Commissioner withdraws approval for the operation of any program or service authorized to be provided by this Agreement, such action shall constitute an immediate amendment to this contract removing inclusion of such program. In the event that the Provider intends to cease operation of any or all programs or services, the Provider shall give written notice of such intention to the Municipality and the Board(s) not less than ninety (90) days prior to the intended effective date of such action. Such cessation shall constitute an immediate amendment to this contract.

11. This contract is subject to and shall comply with all applicable provisions of Federal and New York State laws or regulations. This contract shall be governed by the Laws of the State of New York.

12. The Provider and County are required to follow Standards for Privacy of Individually Identifiable Health Information as follows:

**Definitions:**

(a) **Business Associate:** "Business Associate" shall mean Achievements, PLLC.

(b) **Covered Entity:** "Covered Entity" shall mean Warren County.

(c) **Individual:** "Individual" shall have the same meaning as the term "individual" in 45 CFR 164.501 and shall include a person who qualifies as a personal representative

in accordance with 45 CFR 164.502(g).

(d) Privacy Rule: "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR part 160 and part 164, subparts A and E.

(e) Protected Health Information: "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR 164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

(f) Required By Law: "Required By Law" shall have the same meaning as the term "required by law" in 45 CFR 164.501.

(g) Secretary: "Secretary" shall mean the Secretary of the Department of Health and Human Services or his designee.

(h) Catch-all definition: Terms used, but not otherwise defined, in this Agreement shall have the same meaning as those terms in the Privacy Rule.

**Obligations and Activities of Business Associate:**

(a) Business Associate agrees to not use or disclose Protected Health Information other than as permitted or required by this Agreement or as Required By Law.

(b) Business Associate agrees to use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement.

(c) Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement.

(d) Business Associate agrees to report to Covered Entity any use or disclosure of the Protected Health Information not provided for by this Agreement of which it becomes aware.

(e) Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, or created or received by Business Associate on behalf of Covered Entity agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information.

(f) Business Associate agrees to provide access, at the request of Covered Entity, and act upon the request for access within thirty (30) days and provide a convenient time at the Warren County Municipal Center for the Individual to inspect the Protected Health Information or mailing the Information at the Individual's request,

to Protected Health Information in a Designated Record Set, to Covered Entity or, as directed by Covered Entity, to an Individual in order to meet the requirements under 45 CFR 164.524. If the Business Associate needs additional time in which to comply with a request for Protected Health Information, such shall be governed by 45 CFR 524.

(g) Business Associate agrees to make any amendment(s) to Protected Health Information in a Designated Record Set that the Covered Entity directs or agrees to pursuant to 45 CFR 164.526 at the request of Covered Entity or an Individual.

(h) Business Associate agrees to make internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Covered Entity available to Warren County, or to the Secretary, within seven (7) days, or as designated by the Secretary, for purposes of the Secretary determining Covered Entity's compliance with the Privacy Rule.

(i) Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528.

(j) Business Associate agrees to provide to Covered Entity or an Individual, within seven (7) days, information collected in accordance with Section (i) of this Agreement, to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528.

**Permitted Uses and Disclosures by Business Associate:**

(a) Refer to underlying services agreement: Except as otherwise limited in this Agreement, Business Associate may use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in this Agreement, provided that such use or disclosure would not violate the Privacy Rule if done by Covered Entity or the minimum necessary policies and procedures of the Covered Entity.

**Specific Use and Disclosure Provision:**

(a) Except as otherwise limited to this Agreement, Business Associate may use Protected Health Information for the proper management and administration of the Business-Associate or to carry out the legal responsibilities of the Business Associate.

(b) Except as otherwise limited in this Agreement, Business Associate may disclose Protected Health Information for the proper management and administration of the Business Associate, provided that disclosures are Required By Law, or Business

Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required By Law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

(c) Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information to provide Data Aggregation services to Covered Entity as permitted by 45 CFR 164.504(e)(2)(i)(B).

(d) Business Associate may use Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with Sec. 164.502(j)(1).

**Obligations of Covered Entity:**

**Provisions for Covered Entity To Inform Business Associate of Privacy Practices and Restrictions:**

(a) Covered Entity shall notify Business Associate of any limitation(s) in its notice of privacy practices of Covered Entity in accordance with 45 CFR 164.520, to the extent that such limitation may affect Business Associate's use or disclosure of Protected Health Information.

(b) Covered Entity shall notify Business Associate of any changes in, or revocation of, permission by Individual to use or disclose Protected Health Information, to the extent that such changes may affect Business Associate's use or disclosure of Protected Health Information.

(c) Covered Entity shall notify Business Associate of any restriction to the use or disclosure of Protected Health Information that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of Protected Health Information. Permissible Requests by Covered Entity shall not request Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule if done by Covered Entity.

**Term and Termination:**

(a) Term. The Term of this Agreement shall be effective as of the date of this agreement, and shall terminate when all of the Protected Health Information provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, or, if it is infeasible to return or destroy Protected Health Information, protections are extended to such information, in accordance with the termination provisions in this Section.

(b) Termination for Cause. Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity shall either:

- (1) Provide an opportunity for Business Associate to cure the breach or end the violation and terminate this Agreement if Business Associate does not cure the breach or end the violation within the time specified by Covered Entity;
- (2) Immediately terminate this Agreement if Business Associate has breached a material term of this Agreement and cure is not possible; or
- (3) If neither termination nor cure are feasible, Covered Entity shall report the violation to the Secretary.

(c) Effect of Termination.

- (1) Except as provided in paragraph 2 of this section, upon termination of this Agreement, for any reason, Business Associate shall return or destroy all Protected Health Information received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the Protected Health Information.
- (2) In the event that Business Associate determines that returning or destroying the Protected Health Information is infeasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible. Upon notification that return or destruction of Protected Health Information is infeasible, Business Associate shall extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information.

Miscellaneous:

- (a) Regulatory References. A reference in this Agreement to a section in the Privacy Rule means the section as in effect or as amended.
- (b) Amendment. The parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for Covered Entity to comply with the requirements of the Privacy Rule and the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191 and/or New York State Law, Rule or Regulation.
- (c) Survival. The respective rights and obligations of Business Associate under Section (c).Effect of Termination of this Agreement shall survive the termination of this Agreement.
- (d) Interpretation. Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with the Privacy Rule.

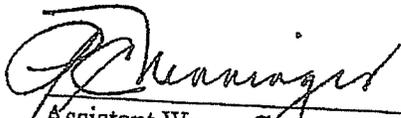
13. This Agreement constitutes the full understanding of the parties and may not be changed or amended except by further written agreement. This Agreement may be executed by each party signing or executing multiple copies thereof, or separate copies thereof, so long as the same are identical and each party executes at least one (1) copy. All copies of this Agreement executed by the parties shall be considered one and the same Agreement so long as at least one (1) copy of the Agreement is executed by each party.

14. The Provider, in accordance with its status of independent contractor, covenants and agrees that it will conduct itself consistent with such status, that its employees will neither hold themselves out as nor claim to be officers or employees of the County of Warren, and that they will not make any claim, demand, or application to or for any right or privilege applicable to an officer or employee of the County of Warren, including, but not limited to, Workers' Compensation coverage, unemployment benefits, social security coverage or employee retirement membership or credit.

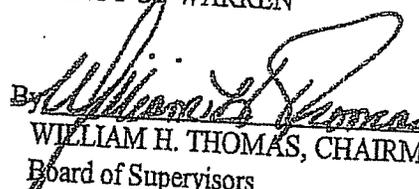
15. This Agreement shall be void and of no effect unless throughout the life of the Agreement, the Provider shall secure compensation insurance and disability insurance for the benefit of such employees engaged under this Agreement as are by law required to be insured by provisions of New York State Law.

IN WITNESS WHEREOF, this agreement has been executed by the duly authorized officers of the respective parties.

Approved as to Form:

  
Assistant Warren County Attorney

COUNTY OF WARREN

By   
WILLIAM H. THOMAS, CHAIRMAN  
Board of Supervisors

Date 5/14/07



By 

Date 

# Warren County Board of Supervisors

RESOLUTION NO. 246 OF 2007

Resolution introduced by Supervisors Mason, Sheehan, Haskell, F. Thomas, Tessier, Champagne and Sokol

**AUTHORIZING AGREEMENT WITH ACHIEVEMENTS, PLLC TO PROVIDE SPECIAL INSTRUCTION AND EVALUATIONS FOR CHILDREN IN EARLY INTERVENTION PROGRAM AND SPECIAL EDUCATION ITINERANT SERVICES FOR CHILDREN IN PRESCHOOL PROGRAM - HEALTH SERVICES DEPARTMENT**

RESOLVED, that Warren County enter into an agreement with [REDACTED]

[REDACTED], to provide evaluations and related services to children enrolled in the Early Intervention or Preschool Special Education Programs, for a term commencing April 21, 2007 and terminating upon thirty (30) days written notice by either party, at the State Education Department approved rates for Preschool and Department of Health Early Intervention Program rates, and the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an agreement in the form approved by the County Attorney.

# RESOLUTION REQUEST FORM NO. 3

## Request for New Contract

DEPARTMENT NAME: Health Services

DATE: April 22, 2019

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: **To authorize contract with Building Blocks Learning Center to provide Committee Preschool Special Education (CPSE) services to Warren County children who are eligible.**
- (c) Name of Contractor: **Building Blocks Learning Center**
- (d) Address of Contractor: **19 Robinson Rd, Clinton, NY 13323**
- (e) Contractor's Contact Person and Telephone Number:  
**Allison Allen, Regional Therapy Director**  
**Phone: 315-853-6090x 104/ Fax 315-853-3190**
- (f) Has or will the Contract be provided, if so, please attach: **Sample attached**
- (g) Commencement Date of Contract: **May 17, 2019**
- (h) Termination Date of Contract: **Automatic annual renewal, however can be terminated with 30 days written notice by either party.**
- (i) 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. **Submission of required documentation and vouchers**)
- (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.4054.444; Preschool Education Expense**

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

\*as listed in budget and LOGOS



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/15/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <b>Empire Partners Agency LLC PO BOX 360 Spencertown, NY 12165</b>	CONTACT NAME: <b>Pamela Rejman</b>
	PHONE (A/C, No, Ext): <b>315-793-1048</b> FAX (A/C, No): <b>315-793-1049</b>
	E-MAIL ADDRESS: <b>pam@chapinsure.com</b>
	INSURER(S) AFFORDING COVERAGE
	NAIC #
INSURED <b>Building Blocks Learning Center LLC 19 Robinson Rd Clinton, NY 13323</b>	INSURER A: <b>Hartford Life Insurance CO</b>
	INSURER B: <b>Hartford Life Insurance Co</b>
	INSURER C: <b>Hartford Life Insurance Co</b>
	INSURER D:
	INSURER E:
	INSURER F:

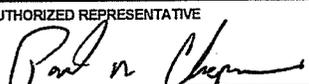
**COVERAGES**      **CERTIFICATE NUMBER: 00000000-0**      **REVISION NUMBER: 1**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		01SBARH2581	06/18/2019	06/18/2020	EACH OCCURRENCE \$ <b>2,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>
							MED EXP (Any one person) \$ <b>10,000</b>
							PERSONAL & ADV INJURY \$ <b>2,000,000</b>
							GENERAL AGGREGATE \$ <b>4,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>4,000,000</b>
							\$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01SBARH2581	06/18/2019	06/18/2020	COMBINED SINGLE LIMIT (Ea accident) \$ <b>2,000,000</b>
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$
	AGGREGATE \$						
	\$						
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	01WECZJ5876-02	06/18/2018	06/18/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT \$ <b>100,000</b>
							E.L. DISEASE - EA EMPLOYEE \$ <b>100,000</b>
							E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**Certificate Holder is listed as an additional insured as required by written contract**

<b>CERTIFICATE HOLDER</b>  <b>Warren County 1340 State Route 9 Municipal Center Lake George, NY 12845</b>	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  (PAR)

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## Mastrianni, Erik

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**From:** Pam Rejman <pam@chapinsure.com>  
**Sent:** Monday, April 15, 2019 8:22 AM  
**To:** mobrien@buildingblockscny.com; Mastrianni, Erik  
**Subject:** Name: Building Blocks Learning Center LLC, Policy Number: 01SBARH2581  
**Attachments:** Cert of Ins - Warren County.PDF

Please see attached

Pam Rejman  
Paul Chapman Insurance Agency Inc  
1758 Burrstone Rd  
New Hartford NY 13413  
315-793-1048 phone  
315-793-1049 fax

This e-mail transmission contains confidential information that is the property of the sender. If you are not the intended recipient, you are notified that any retention, disclosure, reproduction or distribution of the contents of this e-mail transmission or the taking of any action in reliance thereon or pursuant thereto, is strictly prohibited. COVERAGE CANNOT BE BOUND OR ALTERED AND A CLAIM CANNOT BE REPORTED WITHOUT CONFIRMATION WITH OUR OFFICE.

# *RESOLUTION REQUEST FORM NO. 3*

## *Request for New Contract*

**DEPARTMENT NAME: Health Services**

**DATE: April 22, 2019**

- (a) Is this a Result of a Bid or Request for Proposal? **No**
- (b) Purpose of Contract: **To authorize contract with Saratoga Speech Pathology, P. C. to provide Committee Preschool Special Education (CPSE) services to Warren County children who are eligible.**
- (c) Name of Contractor: **Saratoga Speech Pathology, P. C.**
- (d) Address of Contractor: **550 Maple Ave. Ste 102, Saratoga Springs, NY 12866**
- (e) Contractor's Contact Person and Telephone Number:  
**Rebecca Lozier 518-450-0297**
- (f) Has or will the Contract be provided, if so, please attach: **Sample attached**
- (g) Commencement Date of Contract: **May 17, 2019**
- (h) Termination Date of Contract: **Automatic annual renewal, however can be terminated with 30 days written notice by either party.**
- (i) 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. **Submission of required documentation and vouchers**)
- (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.4054.444; Preschool Education Expense****

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

\*as listed in budget and LOGOS

## *RESOLUTION REQUEST FORM NO. 3*

### *Request for New Contract*

**DEPARTMENT NAME: Health Services**

**DATE: April 22, 2019**

- (a) Is this a Result of a Bid or Request for Proposal? **no**
- (b) Purpose of Contract: **To authorize a contract with Bogsted, Therese for Freedom Torch Consulting inc to provide speech therapy services.**
- (c) Name of Contractor: **Bogsted, Therese for Freedom Torch Consulting Inc**
- (d) Address of Contractor: **439 E River Dr, Lake Luzerne, NY 12846**
- (e) Contractor's Contact Person and Telephone Number:  
**Therese Bogsted 516-225-4156**
- (f) Has or will the Contract be provided, if so, please attach: **sample attached**
- (g) Commencement Date of Contract: **5/16/2019**
- (h) Termination Date of Contract: **Automatic annual renewal and termination with written 30 day notice.**
- (i) 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. **Submit required documentation and voucher**)
- (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. 4054.444; Preschool Education Expense**

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

\*as listed in budget and LOGOS



## Office of the Professions

### Verification Searches

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

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#### License Information \*

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04/14/2019

**Name :** BOGSTED THERESE P

**Address :** LAKE LUZERNE NY

**Profession :** SPEECH - LANGUAGE PATHOLOGY

**License No:** 004752

**Date of Licensure :** 01/29/1986

**Additional Qualification :** Not applicable in this profession

**Status :** REGISTERED

**Registered through last day of :** 01/22

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

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



*Resume  
Liscense  
Cert of IDW model*

**Provider Profile**

Provider Type: Individual Provider/State ID 8005 NPI1 1548468085 NPI2 1578028221

Current Approval Status Approved Status Date: 9/28/2017

Provider Name: Bogsted, Therese for Freedom Torch Consulting Inc

**Physical Address:**

Add1: 439 E River Dr Add2:

City: Lake Luzerne State: NY ZIP: 12846-1912 County: Warren

Billing and Claiming Address (not required if same as Physical Address):

Primary Telephone Number: *225-4156*  
516-~~796-3155~~

Other Telephone:

Primary E-mail: terryspeech02@gmail.com

**Web Address:**

Contact(s) (Pertains to agencies only):

Name: Type: Telephone Number: Email:

Agreement Type: APPENDIX Start: 3/27/2019 Expiration: 2/28/2024

Agreement Type: BASIC Start: 3/27/2019 Expiration: 2/28/2024

**Service Areas(s):**

Saratoga, Warren

**Professional Discipline/Qualified Personnel:**

Speech Language Pathologist, Teacher of Speech and Hearing Handicapped

**Service Model(s):**

Home/community-based individual/collateral

**Languages:**

American Sign, English

**Special Population(s) Served:**

Site(s) (if provider does not provide services at their own facility this address reflects their Physical Address):

Name: Address: Telephone Number:  
Bogsted, Therese for Freedom Torch Consulting Inc 439 E River Dr, Lake Luzerne, NY, 12846-1912

Date: 4/5/2019

\*Provider/Contact can report revisions by writing provider@health.state.ny.us

*Thanks! Terry*

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

1. Name: Jignasha Shah

2. Position: Public Health Program Coordinator (attach job description)      3. Department: Health Services

4. Course Title: Anatomy and Physiology II

5. Institution or School: Hudson Valley Community College

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

This course provides comprehensive study of structures and functions of the human body using systems approach. As a Public Health Program Coordinator, I think it is my responsibility to master the basics and use this knowledge in Health Services to the best of my ability.

7. Starting Date: May 20, 2019

8. Completion Date: August 16, 2019

9. Cost (attach documentation): Up to \$955

10. Employee Signature: Jignasha Shah      Date: 4/16/19

11. Supervisor Comments (Approve/Deny)

Supervisor Signature: Pat Belben      Date: 4/15/19

12. Department Head Comments (Approve/Deny)      Is there funding in the departmental budget for this? (Yes)/No

Department Head Signature: Doreen Jones      Date: 4/14/19

13. Human Resources Comments (Approve/Deny)

Human Resources Signature: [Signature]      Date: 4-14-19

14. Committee Recommendation:

Committee Chair Signature: \_\_\_\_\_      Date: \_\_\_\_\_

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.



Spring 2019  
Apr 12, 2019

## Catalog Entries

Select the Course Number to get further detail on the course. Select Schedule Type to find available classes for the course.

### **BIOL 271 - Anatomy & Physiology II**

This course provides a comprehensive study of the structures and functions of the human body using the systems approach. Topics covered the second term include cardiovascular, lymphatic, respiratory, digestive, urinary, endocrine and reproductive systems as well as metabolism and fluid balance. Laboratory sessions are designed to reinforce the lecture material and include dissections of vertebrate specimens. Offered Fall, Spring, Summer, DL. A lab fee will be required.

0.000 OR 4.000 Credit hours

0.000 OR 3.000 Lecture hours

0.000 OR 2.000 Lab hours

**Level:** Credit

**Schedule Types:** Lab, Lecture

All Sections for this Course

**College:** School of Liberal Arts

Biology, Chemistry & Physics Department

**Course Attributes:**

Mathematics or Science (BIO), Biology Science (BSC), Combined LAS SCI & Gen Ed NS, Restricted (CRJ), Restricted (ECD), Natural Science (24HR), Free Elective, SUNY Gen Ed-Natural Sciences, Science (HEC), Biology (HSS), Mathematics or Biology (HSS), Lab Science (FAR, GLM, LAR, THR), Liberal Arts and Science, Restricted (MAS), Science (MAS), Lib Arts & Science, Physical Science (TEL)

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**RELEASE: 8.7.2.4**

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Select a Term

Select a Different Term

**Summary for student: Jignasha B. Shah**

Summer 2019			
Description	Charge	Payment	Balance
Technology Fee	\$100.00		\$100.00
Lab Fee	\$50.00		\$50.00
Vehicle Registration Fee	\$28.80		\$28.80
Tuition	\$776.00		\$776.00
<b>Term Charges:</b>	<b>\$954.80</b>		
<b>Term Credits and Payments:</b>		\$0.00	
<b>Term Balance:</b>			<b>\$954.80</b>

Summer 2019 - Aid Authorizations	
Description	Aid Amount
<b>No aid authorizations exist on your record.</b>	
<b>Aid Authorizations:</b>	\$0.00

**Total Amount Due:** \$954.80

**Click here to set up a payment plan or make a payment for Summer 2019**

**RELEASE: 7**

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## **PUBLIC HEALTH PROGRAM COORDINATOR**

**DISTINGUISHING FEATURES OF THE CLASS:** An incumbent in this position is responsible for planning, developing, administering and coordinating a multiple component health program in the Warren County Health Services Department. Duties include developing, coordinating and implementing the program, evaluating program effectiveness and initiating staff development. The incumbent oversees program activities, policies and personnel, including the management of both financial and equipment resources. The work is performed under general supervision, with leeway allowed for the use of independent judgment. Does related work as required.

### **TYPICAL WORK ACTIVITIES:**

Coordinates and administers the day-to-day operational activities of an assigned program(s);  
Coordinates program services with various divisions of the Health Department, based on an assessment of community needs and resources as well as departmental goals and objectives;  
Coordinates program services with other community programs to promote comprehensive services and to prevent the duplication of services;  
Interprets and implements laws and regulations governing the provision of program services;  
Evaluates program operations and recommends changes in organization and procedures as required to meet program objectives;  
Initiates and develops the active participation and cooperation of various professional groups, governmental bodies, volunteer agencies, citizen's groups and educational institutions in the development of the program;  
Represents the Health Department at meetings with governmental agencies, community groups and the public concerning program components and related community activities;  
Establishes and maintains frequent contact with State funding managers;  
Attends and participates in conferences, community meetings and seminars;  
Develops, implements and evaluates outreach activities directed at the program's target groups as well as the general public;  
Develops and implements performance standards for quality assurance control;  
Establishes management systems and administrative procedures to monitor and evaluate the program, and conducts periodic program reviews;  
Designs and drafts program proposals, including grant applications, for the extension of current programming and for the development of additional related projects;  
Posts, monitors and maintains agency social media and promote agency  
Prepares necessary reports as required;  
Uses computer applications or other automated systems such as word processors, spreadsheets, calculators, e-mail and database software in performing work assignments;  
May present the Department's position on program issues at Committee meetings.

### **FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:**

Thorough knowledge of Public Health principles and skill in their application to community health programs in the area of assignment;  
Thorough knowledge of the principles and practices of organizational and administrative processes and techniques;  
Good knowledge of community and human service agencies;  
Good knowledge of health education and public relations organizations;  
Ability to use computer applications such as spreadsheets, word processing, e-mail and database software;  
Ability to assemble, organize and present information clearly in both oral and in written form;  
Ability to communicate effectively for public speaking;  
Ability to establish and maintain effective working relationships with both professional and non-professional personnel, volunteers and community representatives;  
Resourcefulness;  
Good judgment;  
Initiative; Tact.

**MINIMUM QUALIFICATIONS:**

- A) Graduation from a regionally accredited or New York State college or university with a Master's Degree in public health, health care administration, nursing or closely related field; OR
- B) Graduation from a regionally accredited or New York State college or university with a Bachelor's Degree in public health, health care administration, nursing or closely related field and two years of experience in the development and/or administration of a health related program(s); OR
- C) Graduation from a regionally accredited or New York State college or university with a Bachelor's Degree and three years of experience in the development and/or administration of a health related program; OR
- D) An equivalent combination of training and experience as defined between the limits of A), B) or C) above.

Warren County Civil Service  
Adopted: 2.9.18  
JC: Competitive

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

1. Name: Jignasha Shah
2. Position: Public Health Program Coordinator (attach job description)
3. Department: Health Services
4. Course Title: EPI Principles of Public Health (Course 1 of 6 for Certificate Program)
5. Institution or School: SUNY Albany School of Public Health
6. Please explain how this course relates to your current position (attach course description):  
Prepares students for continually changing challenges in Public Health
7. Starting Date: May 28, 2019
8. Completion Date: August 20, 2019
9. Cost (attach documentation): Up to \$1500 (Jignasha has applied for a Public Health Leaders of Tomorrow)
10. Employee Signature: Jignasha Shah Date: 4/16/19
11. Supervisor Comments (Approve/Deny)  
Supervisor Signature: Pat Belden Date: 4/15/19
12. Department Head Comments (Approve/Deny) Is there funding in the departmental budget for this? (Yes/No)  
Department Head Signature: Doreen Jones Date: 4/14/19
13. Human Resources Comments (Approve/Deny)  
Human Resources Signature: D. Figueroa Date: 4-14-19
14. Committee Recommendation:  
Committee Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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.




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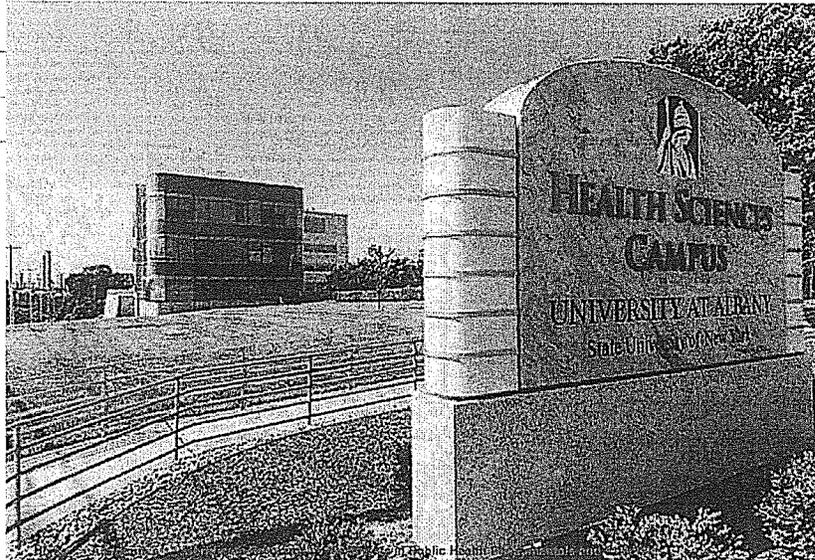
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School of Public Health Certificate  
In Public Health Fundamentals &  
Principles  
University at Albany  
One University Place  
Room 120  
Rensselaer, NY 12144

Contact:  
Natalie Betterton  
Online Program Support Specialist  
518-402-6479  
sphonline@albany.edu

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## Certificate in Public Health Fundamentals and Principles

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The University at Albany School of Public Health offers a fully online Certificate program in Public Health Fundamentals and Principles (CPH-FP). The Certificate is aimed at preparing students for the continuously changing challenges in public health and can be used as a first look at public health or to further enhance one's understanding of the complexities of the field. Previous public health experience is not required, although many students in the program may be working in public health settings. Building upon the School's relationship with the New York State Department of Health (DOH) and local health departments, the program acknowledges the emerging need for creative educational modalities in health.

### Program Overview

- Fully online coursework, no in-person class requirements
- Part-time study
- Coursework offered year-round (spring, summer, and fall semesters)
- Multi-disciplinary, competency-based coursework
- Accredited by the Council on Education for Public Health

The program includes 18 credit hours, comprised of the 6 core courses from the MPH program.\* Students may transfer a maximum of one course (3 credits) completed outside the School of Public Health toward the certificate. Students must submit the Request for Transfer of Credit to a Masters Degree or Graduate Certificate Program form to receive approval.

Each student must maintain a cumulative grade point average of 3.0 or higher and submit an application for certificate completion within four years of admission to obtain the certificate.

\*Students who have completed the certificate may apply these courses to a higher degree at the School as long as they have maintained a cumulative grade point average of 3.0 or higher while pursuing the Certificate; have completed the courses within five years of application to the higher degree program; have fulfilled the admission requirements of the desired degree program; and the courses are relevant to the desired degree program. All of the courses required for the Certificate in Public Health Fundamentals and Principles are transferable to the MPH program.

### Course Descriptions

#### EPI 500 Principles and Methods of Epidemiology 1 (3 credits)

Introduction to epidemiology for students majoring in any aspect of public health; covers the principles and methods of epidemiologic investigation, including describing the patterns of illness in populations and research designs for investigating the etiology of disease. Introduces quantitative measures to determine risk, association and procedures for standardization of rate.

#### EPI 503 Principles of Public Health (3 credits)

This course introduces the students to the basic principles of public health and their application to the development of activities that benefit the health status of populations. The skills of epidemiology, biostatistics, health care planning and policy development, health care administration, and community organization are applied to the assessment of public health needs and the development of prevention and control initiatives.

#### EPI 551 Principles of Statistical Inference I (3 credits)

An introduction to the descriptive statistics, measures of central tendency and variability, probability distributions, sampling estimation, confidence intervals and hypothesis testing. Computing will be introduced and used throughout the course.

#### HPM 500 Health Care Organization, Delivery and Financing (3 credits)

Introduction to healthcare policy and services; arrangements for organizing, delivering, paying for, and financing health care are examined with attention to their rationale, implementation, and effectiveness. Government interventions to ensure access, cost containment and quality are assessed and policy alternatives are considered.

**HPM 525 Social and Behavioral Aspects of Public Health (3 credits)**

This course provides an introduction to the role of social, cultural, psychological, and behavioral factors in determining the health of populations. Students will gain understanding of the significance of social, cultural, psychological and behavioral factors in relation to health status and well-being; learn to analyze public health problems in terms of the social, psychological, cultural, economic, and demographic factors that contribute to or protect from vulnerability to disease, disability and death; and improve their ability to apply social science theory, research, and principles to the critical analysis of the appropriateness of public health interventions.

**EHS 590 Introduction to Environmental Health (3 credits)**

Basic concepts of the modes of transmission of environmental stressors from source or reservoir to host and methods of reducing their impact on human population; basic concepts, methods and premises of environmental risk management.

**Tuition Assistance**

Students who are registered for a minimum of 6 credits can complete the Free Application for Federal Student Aid (FAFSA), listing the University at Albany code 002835, to apply for aid. The Office of Financial Aid will only send financial aid award notices to students who have been accepted for admission and who are registered for 6 or more credits.

Please contact the Office of Financial Aid directly at 518-442-3202 with questions regarding eligibility or how to accept the award.

**PHLOT (Public Health Leaders of Tomorrow)**

Limited funding for tuition assistance is available to local county health department and New York State Department of Health employees enrolled in the Certificate in Public Health Fundamentals and Principles only through the Public Health Management Leaders of Tomorrow (PHLOT) program. Students must submit a Tuition Request Form, proof of employment and documentation of reimbursement first pursued through their employers to be considered.



**Anticipated Per Credit Tuition and Fee Rates for Summer 2019**  
Tuition and fees are subject to change without prior notice by official action of the SUNY Board of Trustees.

NYS Undergraduate												
Credit Hours	1cr	2cr	3cr	4cr	5cr	6cr	7cr	8cr	9cr	10cr	11cr	12cr <sup>1,2</sup>
Tuition	286.00	572.00	858.00	1,144.00	1,430.00	1,716.00	2,002.00	2,288.00	2,574.00	2,860.00	3,146.00	3,432.00
Academic Excellence Fee	15.63	31.26	46.89	62.52	78.15	93.78	109.41	125.04	140.67	156.30	171.93	187.56
University Fee	5.21	10.42	15.63	20.84	26.05	31.26	36.47	41.68	46.89	52.10	57.31	62.52
Summer Service Fee	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00
<b>Total Tuition &amp; Fees</b>	<b>\$ 355.84</b>	<b>\$ 662.68</b>	<b>\$ 969.52</b>	<b>\$ 1,276.36</b>	<b>\$ 1,583.20</b>	<b>\$ 1,890.04</b>	<b>\$ 2,196.88</b>	<b>\$ 2,503.72</b>	<b>\$ 2,810.56</b>	<b>\$ 3,117.40</b>	<b>\$ 3,424.24</b>	<b>\$ 3,731.08</b>

Out-of-State Undergraduate												
Credit Hours	1cr	2cr	3cr	4cr	5cr	6cr	7cr	8cr	9cr	10cr	11cr	12cr <sup>1,2</sup>
Tuition	988.00	1,976.00	2,964.00	3,952.00	4,940.00	5,928.00	6,916.00	7,904.00	8,892.00	9,880.00	10,868.00	11,856.00
Academic Excellence Fee	15.63	31.26	46.89	62.52	78.15	93.78	109.41	125.04	140.67	156.30	171.93	187.56
University Fee	5.21	10.42	15.63	20.84	26.05	31.26	36.47	41.68	46.89	52.10	57.31	62.52
Summer Service Fee	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00
<b>Total Tuition &amp; Fees</b>	<b>\$ 1,057.84</b>	<b>\$ 2,066.68</b>	<b>\$ 3,075.52</b>	<b>\$ 4,084.36</b>	<b>\$ 5,093.20</b>	<b>\$ 6,102.04</b>	<b>\$ 7,110.88</b>	<b>\$ 8,119.72</b>	<b>\$ 9,128.56</b>	<b>\$ 10,137.40</b>	<b>\$ 11,146.24</b>	<b>\$ 12,155.08</b>

NYS Graduate Masters & PHD												
Credit Hours	1cr	2cr	3cr	4cr	5cr	6cr	7cr	8cr	9cr	10cr	11cr	12cr <sup>1,2,3</sup>
Tuition	462.00	924.00	1,386.00	1,848.00	2,310.00	2,772.00	3,234.00	3,696.00	4,158.00	4,620.00	5,082.00	5,435.00
Academic Excellence Fee	15.63	31.26	46.89	62.52	78.15	93.78	109.41	125.04	140.67	156.30	171.93	187.56
University Fee	5.21	10.42	15.63	20.84	26.05	31.26	36.47	41.68	46.89	52.10	57.31	62.50
Summer Service Fee	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00
<b>Total Tuition &amp; Fees</b>	<b>\$ 531.84</b>	<b>\$ 1,014.68</b>	<b>\$ 1,497.52</b>	<b>\$ 1,980.36</b>	<b>\$ 2,463.20</b>	<b>\$ 2,946.04</b>	<b>\$ 3,428.88</b>	<b>\$ 3,911.72</b>	<b>\$ 4,394.56</b>	<b>\$ 4,877.40</b>	<b>\$ 5,360.24</b>	<b>\$ 5,734.00</b>

Out-of-State Graduate Masters & PHD												
Credit Hours	1cr	2cr	3cr	4cr	5cr	6cr	7cr	8cr	9cr	10cr	11cr	12cr <sup>1,2,3</sup>
Tuition	944.00	1,888.00	2,832.00	3,776.00	4,720.00	5,664.00	6,608.00	7,552.00	8,496.00	9,440.00	10,384.00	11,105.00
Academic Excellence Fee	15.63	31.26	46.89	62.52	78.15	93.78	109.41	125.04	140.67	156.30	171.93	187.56
University Fee	5.21	10.42	15.63	20.84	26.05	31.26	36.47	41.68	46.89	52.10	57.31	62.50
Summer Service Fee	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00
<b>Total Tuition &amp; Fees</b>	<b>\$ 1,013.84</b>	<b>\$ 1,978.68</b>	<b>\$ 2,943.52</b>	<b>\$ 3,908.36</b>	<b>\$ 4,873.20</b>	<b>\$ 5,838.04</b>	<b>\$ 6,802.88</b>	<b>\$ 7,767.72</b>	<b>\$ 8,732.56</b>	<b>\$ 9,697.40</b>	<b>\$ 10,662.24</b>	<b>\$ 11,404.00</b>

NYS Graduate MBA <sup>4,5</sup>												
Credit Hours	1cr	2cr	3cr	4cr	5cr	6cr	7cr	8cr	9cr	10cr	11cr	12cr <sup>1,2,3</sup>
Tuition	619.00	1,238.00	1,857.00	2,476.00	3,095.00	3,714.00	4,333.00	4,952.00	5,571.00	6,190.00	6,809.00	7,350.00
Academic Excellence Fee	15.63	31.26	46.89	62.52	78.15	93.78	109.41	125.04	140.67	156.30	171.93	187.56
University Fee	5.21	10.42	15.63	20.84	26.05	31.26	36.47	41.68	46.89	52.10	57.31	62.50
Summer Service Fee	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00
<b>Total Tuition &amp; Fees</b>	<b>\$ 688.84</b>	<b>\$ 1,328.68</b>	<b>\$ 1,968.52</b>	<b>\$ 2,608.36</b>	<b>\$ 3,248.20</b>	<b>\$ 3,888.04</b>	<b>\$ 4,527.88</b>	<b>\$ 5,167.72</b>	<b>\$ 5,807.56</b>	<b>\$ 6,447.40</b>	<b>\$ 7,087.24</b>	<b>\$ 7,649.00</b>

Out-of-State Graduate MBA <sup>4,5</sup>												
Credit Hours	1cr	2cr	3cr	4cr	5cr	6cr	7cr	8cr	9cr	10cr	11cr	12cr <sup>1,2,3</sup>
Tuition	1,016.00	2,032.00	3,048.00	4,064.00	5,080.00	6,096.00	7,112.00	8,128.00	9,144.00	10,160.00	11,176.00	12,195.00
Academic Excellence Fee	15.63	31.26	46.89	62.52	78.15	93.78	109.41	125.04	140.67	156.30	171.93	187.56
University Fee	5.21	10.42	15.63	20.84	26.05	31.26	36.47	41.68	46.89	52.10	57.31	62.50
Summer Service Fee	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00
<b>Total Tuition &amp; Fees</b>	<b>\$ 1,085.84</b>	<b>\$ 2,122.68</b>	<b>\$ 3,159.52</b>	<b>\$ 4,196.36</b>	<b>\$ 5,233.20</b>	<b>\$ 6,270.04</b>	<b>\$ 7,306.88</b>	<b>\$ 8,343.72</b>	<b>\$ 9,380.56</b>	<b>\$ 10,417.40</b>	<b>\$ 11,454.24</b>	<b>\$ 12,494.00</b>

NYS Graduate MSW												
Credit Hours	1cr	2cr	3cr	4cr	5cr	6cr	7cr	8cr	9cr	10cr	11cr	12cr <sup>1,2,3</sup>
Tuition	545.00	1,090.00	1,635.00	2,180.00	2,725.00	3,270.00	3,815.00	4,360.00	4,905.00	5,450.00	5,995.00	6,540.00
Academic Excellence Fee	15.63	31.26	46.89	62.52	78.15	93.78	109.41	125.04	140.67	156.30	171.93	187.56
University Fee	5.21	10.42	15.63	20.84	26.05	31.26	36.47	41.68	46.89	52.10	57.31	62.50
Summer Service Fee	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00
<b>Total Tuition &amp; Fees</b>	<b>\$ 614.84</b>	<b>\$ 1,160.68</b>	<b>\$ 1,746.52</b>	<b>\$ 2,312.36</b>	<b>\$ 2,878.20</b>	<b>\$ 3,444.04</b>	<b>\$ 4,009.88</b>	<b>\$ 4,575.72</b>	<b>\$ 5,141.56</b>	<b>\$ 5,707.40</b>	<b>\$ 6,273.24</b>	<b>\$ 6,839.00</b>

Out-of-State Graduate MSW												
Credit Hours	1cr	2cr	3cr	4cr	5cr	6cr	7cr	8cr	9cr	10cr	11cr	12cr <sup>1,2,3</sup>
Tuition	925.00	1,850.00	2,775.00	3,700.00	4,625.00	5,550.00	6,475.00	7,400.00	8,325.00	9,250.00	10,175.00	11,105.00
Academic Excellence Fee	15.63	31.26	46.89	62.52	78.15	93.78	109.41	125.04	140.67	156.30	171.93	187.56
University Fee	5.21	10.42	15.63	20.84	26.05	31.26	36.47	41.68	46.89	52.10	57.31	62.50
Summer Service Fee	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00
<b>Total Tuition &amp; Fees</b>	<b>\$ 994.84</b>	<b>\$ 1,940.68</b>	<b>\$ 2,886.52</b>	<b>\$ 3,832.36</b>	<b>\$ 4,778.20</b>	<b>\$ 5,724.04</b>	<b>\$ 6,669.88</b>	<b>\$ 7,615.72</b>	<b>\$ 8,561.56</b>	<b>\$ 9,507.40</b>	<b>\$ 10,453.24</b>	<b>\$ 11,404.00</b>

See Individual Course Fees Here

<sup>1</sup> DEGREE-seeking UNDERGRADUATE students are charged by credit (e.g., if 21 credits are taken, 21 credits are charged).

<sup>2</sup> NON-DEGREE UNDERGRADUATE and NON-DEGREE GRADUATE students are charged by CREDIT (e.g., if 21 credits are taken, 21 credits are charged) AND COURSE LEVEL during summer; the undergraduate rate is charged for courses lower than the 500-level, and the graduate rate is charged for courses at the 500-level and above.

<sup>3</sup> DEGREE-seeking GRADUATE students are capped at 12 credits (e.g., students registered for more than 12 credits are charged for 12 credits only). Rates shown for 12 credits are the capped rates.

<sup>4</sup> MSW/MPH and MSW/CRJ Joint Degree Programs - Students begin being charged the MSW rate when they initially enroll in a MSW course, even if they are enrolled in a mix of MSW and non-MSW courses during the same term.

<sup>5</sup> MSW/PHD Joint Degree Program - Students enrolled in this program must first complete the MSW portion of the program prior to transitioning into the PhD portion of the program. Per SUNY, these students should be charged the MSW rate for the MSW degree and then the lower grad rate once they transition into the PhD segment of the program.

*Summer rates are actual, per credit rates, hence they differ from the SUNY full-time cap charged during the Fall and Spring semesters.*

This page contains anticipated tuition and fee rates for the Summer 2019 term  
Tuition and fees are subject to change without prior notice by official action of the State University of New York Board of Trustees.

<b>University Fee</b>
\$5.21 per credit; provides supplemental support for the academic mission of the University. Mandatory for all students.

<b>Summer Service Fee</b>
\$49.00 supports most services available at the University Health Center and the maintenance and development of technology and electronic resources on campus. Mandatory for all students.

<b>Academic Excellence Fee</b>
\$15.63 per credit; used to provide resources necessary for maintaining quality academic and student success programs.

<b>Room Rates Summer 2019</b>
\$250/Week, Liberty Terrace      \$250/Week, Empire Commons

## **PUBLIC HEALTH PROGRAM COORDINATOR**

**DISTINGUISHING FEATURES OF THE CLASS:** An incumbent in this position is responsible for planning, developing, administering and coordinating a multiple component health program in the Warren County Health Services Department. Duties include developing, coordinating and implementing the program, evaluating program effectiveness and initiating staff development. The incumbent oversees program activities, policies and personnel, including the management of both financial and equipment resources. The work is performed under general supervision, with leeway allowed for the use of independent judgment. Does related work as required.

### **TYPICAL WORK ACTIVITIES:**

Coordinates and administers the day-to-day operational activities of an assigned program(s);  
Coordinates program services with various divisions of the Health Department, based on an assessment of community needs and resources as well as departmental goals and objectives;  
Coordinates program services with other community programs to promote comprehensive services and to prevent the duplication of services;  
Interprets and implements laws and regulations governing the provision of program services;  
Evaluates program operations and recommends changes in organization and procedures as required to meet program objectives;  
Initiates and develops the active participation and cooperation of various professional groups, governmental bodies, volunteer agencies, citizen's groups and educational institutions in the development of the program;  
Represents the Health Department at meetings with governmental agencies, community groups and the public concerning program components and related community activities;  
Establishes and maintains frequent contact with State funding managers;  
Attends and participates in conferences, community meetings and seminars;  
Develops, implements and evaluates outreach activities directed at the program's target groups as well as the general public;  
Develops and implements performance standards for quality assurance control;  
Establishes management systems and administrative procedures to monitor and evaluate the program, and conducts periodic program reviews;  
Designs and drafts program proposals, including grant applications, for the extension of current programming and for the development of additional related projects;  
Posts, monitors and maintains agency social media and promote agency  
Prepares necessary reports as required;  
Uses computer applications or other automated systems such as word processors, spreadsheets, calculators, e-mail and database software in performing work assignments;  
May present the Department's position on program issues at Committee meetings.

### **FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:**

Thorough knowledge of Public Health principles and skill in their application to community health programs in the area of assignment;  
Thorough knowledge of the principles and practices of organizational and administrative processes and techniques;  
Good knowledge of community and human service agencies;  
Good knowledge of health education and public relations organizations;  
Ability to use computer applications such as spreadsheets, word processing, e-mail and database software;  
Ability to assemble, organize and present information clearly in both oral and in written form;  
Ability to communicate effectively for public speaking;  
Ability to establish and maintain effective working relationships with both professional and non-professional personnel, volunteers and community representatives;  
Resourcefulness;  
Good judgment;  
Initiative; Tact.

**MINIMUM QUALIFICATIONS:**

- A) Graduation from a regionally accredited or New York State college or university with a Master's Degree in public health, health care administration, nursing or closely related field; OR
- B) Graduation from a regionally accredited or New York State college or university with a Bachelor's Degree in public health, health care administration, nursing or closely related field and two years of experience in the development and/or administration of a health related program(s); OR
- C) Graduation from a regionally accredited or New York State college or university with a Bachelor's Degree and three years of experience in the development and/or administration of a health related program; OR
- D) An equivalent combination of training and experience as defined between the limits of A), B) or C) above.

Warren County Civil Service  
Adopted: 2.9.18  
JC: Competitive

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

1. Name: Laura Monroe
2. Position: Registered Professional Nurse      3. Department: Health Services- Home Care  
(attach job description)
4. Course Title: IHP420-R5408 Ethical and Legal Considerations
5. Institution or School: Southern New Hampshire University
6. Please explain how this course relates to your current position (attach course description):  
This course is required for Bachelor's degree in Nursing. This course will provide framework and basis for agency's Corporate Compliance program and better understanding of nursing scope of practice and other legal issues within homecare and nursing.
7. Starting Date: 5/6/19      8. Completion Date: 6/30/19
9. Cost (attach documentation): up to \$960
10. Employee Signature: Laura A. Monroe, RN      Date: 4/15/19
11. Supervisor Comments (Approve/Deny)  
Supervisor Signature: Julie Bugnes      Date: 4/15/19
12. Department Head Comments (Approve/Deny)      Is there funding in the departmental budget for this? (Yes/No)  
Department Head Signature: Doreen Gomez      Date: 4/14/19
13. Human Resources Comments (Approve/Deny)  
Human Resources Signature: A. Figueroa      Date: 4-14-19
14. Committee Recommendation:  
Committee Chair Signature: \_\_\_\_\_      Date: \_\_\_\_\_

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.



**Title** Ethical & Legal Considerations  
**Course Section Number** IHP-420-RE403  
**Description** Students in this course examine the role of health care policy and legal, regulatory, and quality control in healthcare. Students explore concepts and principles of environments and their application to the health care environment. The impact of health care policy and multicultural, socioeconomic, political, legal, and regulatory factors on health care s  
**Credits** 3.00 **CEUs**  
**Start Date** 05 May 2019 **End Date** 30 June  
**Academic Level** UG - Undergraduate

Meeting Information	Faculty name	Phone	Extension	E-mail address
05/08/2019-06/30/2019 Online - - -	Elizabeth A. Skarbinski			a.skarbinski@snhu.edu

**Requisite Courses**  
None

**Requisite Noncourses**  
None

**Required Concurrent Sections**  
None

**Recommended Concurrent Sections**  
None

**Click Here To Order Textbook**

(opens in a new window)

To Be Determined



My Account Summary by Term

Financial Aid Remaining amounts are dependent on your completing all financial aid requirements and verification of your enrollment.

Term	Total Charges	Student Payments	Financial Aid Payments	Financial Aid Remaining	Sponsor Payments	Payme
19EW5	\$960.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19EW4	\$960.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	\$1,920.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Pay on My Account

My Schedule

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

SCHEDULE "A"  
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

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

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

to attend May 1, 2019 NYSACHO Membership Meeting and May 2-3, 2019 New York State Public Health Association Conference: Envisioning Healthy People in Health Places  
(Name of meeting or organization)

at Greek Peak Mountain Resort; 2000 New York 392; Cortland, NY 13045 on May 1-3, 2019  
(Address) (Dates)

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

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

Conference, meals, lodging totally covered by NYSACHO

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

Notice of meeting or convention including cost. Total Cost of Travel \$ <\$50 gas and tolls  
(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: \_\_\_\_\_

\* [www.gsa.gov](http://www.gsa.gov)

Date: 4/14/19

Ginelle Jones  
Department Head Signature

Date: 4/16/19

[Signature]  
County Administrator Signature

Date: 4/19/19

Edna A. Frasier  
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.



- Members Only
- Membership Info
- Directory
- Core Public Health
- Technical Assistance / Programs
- Accreditation & Training
- Resources
- Advocacy
- Careers
- Home
- About Us

# MAY 1, 2019 - NYSACHO ANNUAL MEETING MAY

**General Membership Meetings | 2019 | May 1, 2019 - NYSACHO Annual Meeting May**

2019 Annual Meeting: Day 1 of PH Partnership Conference/NYSPHA Meeting  
May 1, 2019

Greek Peak Resort, Cortland, NY

1:00-5:30 PM

- NYSACHO Annual Meeting Agenda 5-1-2019  
April 4, 2019
- 12:00 PM -1:00 PM Lunch
- 1:00 PM President's Welcome
  - 2019-2020 Election of Officers and Board Members, VOTE NEEDED
  - 2019-2020 Chairs of the Committees of the Board, VOTE NEEDED
  - 2018 NYSACHO Audit Results (Audit Committee)
- 1:30 PM PHEP Deliverables Q&A with Michael Primeau, NYS DOH
- 2:30 PM CDC Public Health Law, Introduction

## 2019

April 12th General Membership Virtual Meeting

February 2019 Meeting

January 2019 Meeting

Opioid Overdose Prevention Meeting April 15-16, 2019

Public Health and Marijuana Webinar with Colorado State

- Unit 1: Public Health Law 101 (3:00-3:40pm), Abigail Ferrell, JD, MPA, Team Lead, Partnership and Outreach, PHLP, CDC
- Unit 2: Public Health, Decisions, Liability, and Immunity (3:45-4:05pm), Matthew Penn, JD, MLIS, Director, Public Health Law Program, PHLP, CDC
- Unit 3: Introductions to Legal Epidemiology (4:05-5:30pm), Tara Ramanathan, JD, MPH, Team Lead, Legal Research and Translation, PHLP, CDC
- 5:30 PM Break
- 6:30 PM Dinner for NYSACHO members

## FILES & LINKS SEARCH

What are you looking for?



**Add Date Range:**

**From** mm/dd/yyyy

**To**

mm/dd/yyyy



### CONTACT

your local  
health  
department



### JOB OPENINGS

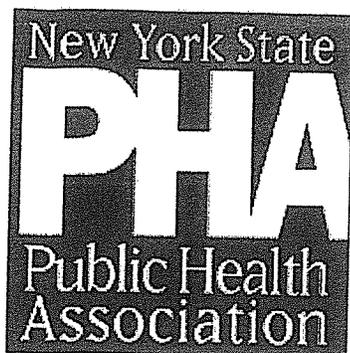
Looking for a  
job in  
public health?



### DONATE

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help support  
local health  
departments

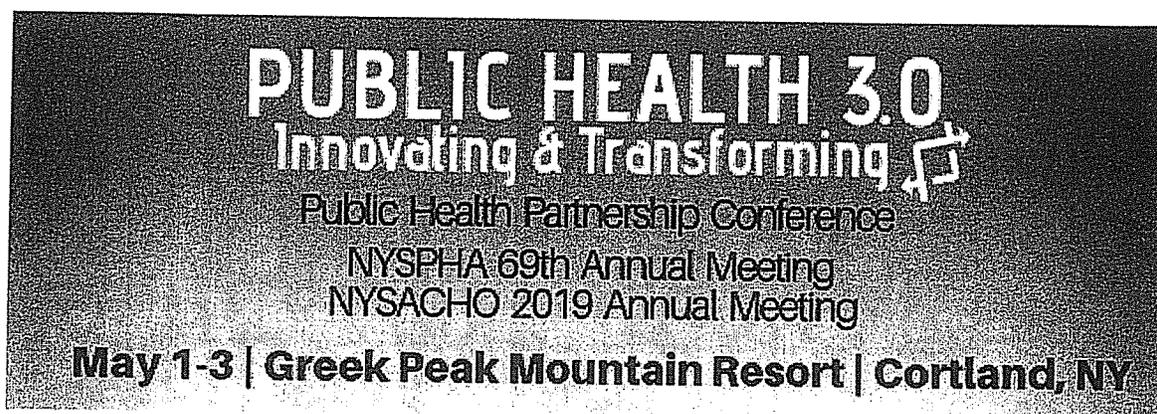
[Privacy - Terms](#)



# NEW YORK STATE PUBLIC HEALTH ASSOCIATION

Envisioning Healthy People in Healthy Places

[Home](#) > [Annual Meeting & Conference](#) > [General Information](#)



Please join us for a leading edge public health conference on Thursday, May 2nd and Friday, May 3rd, 2019, with a pre-conference workshop on the afternoon of Wednesday, May 1st!

Our 69th Annual Meeting & Conference will offer scientific sessions in a variety of formats including large plenary sessions and smaller concurrent sessions. Sessions will focus on issues and topics relevant to this year's theme of "Public Health 3.0: Innovating and Transforming."

This conference is designed for **public health educators, academic staff, county health officials and employees, students, medical and dental practitioners, state health employees and others in the field of public health, education and medical**

care. We welcome *all* individuals and organizations who share a common interest of promoting and protecting the public's health.

## Conference Agenda

View the full conference agenda [HERE](#).

## Registration

Online registration is now open for conference attendees, sponsors and exhibitors [HERE](#).

Click [HERE](#) for our Sponsor Prospectus

## Call for Abstracts/Presenters

The call for abstracts is now closed. Authors have been notified of their acceptance status and may also login to the [abstract submission site](#) to view reviewer comments and status.

Presenters who wish to attend the conference must register at the appropriate member/non-member rate below. Presenters who will only be attending to presenter their session should contact [Karissa Doerr](#) to arrange logistics. We greatly appreciate presenters' contributions to this public health conference.

## Student Poster Contest

A call for student posters will be released in March of 2019.

Student posters will be presented at the Annual Meeting. NYSPHA members will have the opportunity to vote for a "Member's Choice Award" for best poster! See program for details. Find more information [HERE](#).

## Award Nominations

Each year at our Annual Meeting we have the honor of presenting several awards for outstanding service in the field of public health, and the time has come as we requesting nominations for 2019 award recipients. If there is an individual or organization that you would like to nominate for one of the following awards please submit your nomination by or before [March 26th](#). The individual or organization that you nominate does *not* have to be a member of NYSPHA. Click [HERE](#) to learn more.

## Continuing Education

The 2019 Annual Meeting will offer continuing education hours for CHES entry-level credits, MCHES advanced level credits and CPH credits. Full credits (11) are based on attendance at both the pre-conference workshop and annual meeting. Partial credits are available for individual events. Please indicate on your registration form if you will be seeking CHES (and add your CHES number for easy tracking) or CPH credits. These credits are being offered free of charge with your paid registration.

## Transfer/Cancellation Policy

- If you register for the Annual Meeting and cannot attend, you may transfer your registration to another person. All transfer/cancellation requests must be submitted in writing and received by NYSPHA no later than April 17, 2019. Please submit your request via email to [info@nyspha.org](mailto:info@nyspha.org).
- Cancellations received on or before April 22, 2019 will be refunded less a \$10 administrative fee.
- **Cancellations received April 23, 2019 or later are not refundable.** Space at each event is limited. **No-shows will be charged the full registration fee.**

## Registration/Payment

**Online registration is open for sponsors and exhibitors.** Conference registrations may be completed online and paid online via credit card or PayPal. You may also complete your payment offline via check or purchase order by registering online, printing your confirmation form **and mailing it with payment to:**

NYSPHA Annual Meeting, PO Box 38127, Albany, NY 12203

If your company requires payment be made after an event or if you plan to pay on-sit

## Conference Rates

General Registration	Registration fee by 3/8/19	Registration fee starting 3/9/19
NYSPHA Members	\$150	\$170
Non-Members	\$185	\$205

Students*	Registration Fee
NYSPHA Student Members	\$75
Student Non-Members	\$90
Student Poster Presenter Day 1	\$45 (Day 2 is free with registration code)

\*Student rates are available for full-time students who are not yet working full-time in the field.

Rates above are for the conference only, not the pre-conference on May 1st.

The registration form includes the option of adding the pre-conference workshop on May 1st (1:30 PM - 5:00 PM). The pre-conference registration fee is \$80.

## Hotel Information

All events will take place at Greek Peak Mountain Resort in Cortland, NY. Greek Peak Mountain Resort and Hope Lake & Conference Center is Central New York's Largest four season, family-centric resort. Located in New York's scenic Finger Lakes region, conveniently just minutes from I-81, the resort truly has something for everyone.

A block of rooms has been reserved for Tuesday, April 30, Wednesday, May 1 and Thursday, May 2, 2019. We have negotiated the rate of **\$93/night** plus an 8% resort fee for those booking under the block. Please call the hotel directly at (888) 353-5707 to reserve your room under the "NYSPHA Annual Meeting" block or visit their website. Please reserve your room by April 1,

2019 to ensure the conference rate. Please note: In order to qualify for tax exempt, guests will need to be paying with a company card.

Greek Peak Mountain Resort is family-friendly resort located in Cortland County, NY. Additional resort amenities are available to conference guests at the following rates. All costs are paid directly to the hotel at the discounted rates for conference attendees:



Cascades Indoor Waterpark (inside hotel): \$27/person



Zip Line Tours: \$39/person

Aerial Ropes Course: \$39/person

Mountain Coaster: \$8 per ride

Babysitting/Childcare at the Barefoot Den Activities Center (on-site): starting at \$15/hour per child



Additional resort amenities include the Waterfalls Spa.

## Important Information

### Hotel Address & Contact-

Greek Peak Mountain Resort

2000 New York 392

Cortland, NY 13045

Phone: (800) 955-2754

**Travel Information:**

Bus Station- 60 Central Ave (Trailways & Greyhound)

Train Station- Syracuse Amtrak Station (44 m)

Airport- Ithaca Tompkins Regional Airport (25 m)

**Hotel Parking-** Parking is free.

**Food & Beverage-** Lunch and coffee breaks are included with your Annual Meeting registration fee. The chef has designed a menu to meet the "Healthy Meeting Guidelines" recommended by the New York State Department of Health. Gluten-free options will also be available.

**Conference Attire-** Business-casual attire is suited for this event. Please keep in mind that meeting room temperatures vary. You may want to bring a jacket or sweater to all sessions.

**Payment Information-** Registration fees may be paid via credit card (via PayPal) online only or offline via check or purchase order. Registration on-site is available but we highly recommend you complete the [registration form online](#) to secure your spot. Online registration will close on April 27th.

**Exhibit-** Become an Exhibitor at the 2019 Annual Meeting.

Email [jennifer@nyspha.org](mailto:jennifer@nyspha.org) for more information or [click here](#) to download a sponsor/exhibitor packet.

**Consent to Use of Photographic Images:** Registration and attendance at, or participation in, NYSPHA meetings and other activities constitutes an agreement by the registrant to NYSPHA's use and distribution (now and in the future) of the registrant or attendee's images or voice in photographs, videotapes, electronic reproductions, and audio tapes of such events activities. You inform NYSPHA that you object on the registration form.

**Event and Registration Questions-** Contact us with any questions by phone or email:

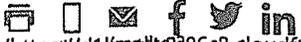
Tel: (518) 427-5835 Email: [info@nyspha.org](mailto:info@nyspha.org)

**Networking Opportunities-** See our [Networking Event page](#) for more information.

© New York State Public Health Association

Event Schedule

Expanded View ▾


  
 (https://whova.com/.../public-health-partnership-conference-nyspph-nysacho)
   
 src=agenda...

Wednesday, May 1

- 1:30 pm **NYSACHO 2019 Annual Meeting (/embedded/session/publi\_201912/576200/)**  
Leonidas (ski side)
- 1:30 pm **Welcome & Introduction to Workshop (/embedded/session/publi\_201912/593462/)** 
- 1:40 pm **Implementing Effective Worksite Wellness Programs (/embedded/session/publi\_201912/593463/)** 

  - **Carrie Dunn-Herrera, MS (/embedded/speaker/publi\_201912/7525377/)** (Speakers) Schenectady County Public Health Services
  - **Lauren Stairs (/embedded/speaker/publi\_201912/7715498/)** (Speakers) Schenectady County Public Health Service
    - Surveying to identify employee needs
    - Effective short worksite interventions
    - Create a no-cost plan
    - Addressing stress during the workday
    - Making your workplace trauma-informed

See More (/embedded/session/publi\_201912/593463/)
- 3:00 pm **Networking Coffee Break (/embedded/session/publi\_201912/593464/)** 
- 3:15 pm **How to Fit Fitness Into the Workday (/embedded/session/publi\_201912/593465/)** 

  - **Erin Gorham (/embedded/speaker/publi\_201912/7695124/)** (Speaker) Community Health Education Specialist, Ardent Solutions

Successful small steps to improving employee fitness opportunities
- 4:00 pm **Improving Ergonomics in the Workplace (/embedded/session/publi\_201912/593467/)** 

  - **Mary O'Reilly, PhD (/embedded/speaker/publi\_201912/7530080/)** (Speaker) SUNY School of Public Health

How to alter your work environment to prevent pain, injuries, and discomfort
- 6:00 pm **NYSPPH Board of Directors Dinner (/embedded/session/publi\_201912/576201/)** 

Fireplace Lounge, Main Lobby
- 6:30 pm **NYSACHO Members Dinner (/embedded/session/publi\_201912/576202/)** 

Adirondack Room

Thursday, May 2

- 8:00 am **Registration / Exhibitor Check-in (/embedded/session/publi\_201912/576203/)** 

Lower Acropolis
- 9:00 am **Welcome! (/embedded/session/publi\_201912/576204/)** 

Acropolis Ballroom

  - **Susan Franko, PhD, RRT (/embedded/speaker/publi\_201912/7525375/)** (Speakers) President, NYSPPH
  - **Paul A. Pettit, MSL, CPH (/embedded/speaker/publi\_201912/7525376/)** (Speakers) President, NYSACHO
- 9:15 am **Opioids and Behavioral Health: Innovative Responses to Addiction (/embedded/session/publi\_201912/576205/)** 

**Plenary Session**

Acropolis Ballroom

  - **Carrie Dunn-Herrera, MS (/embedded/speaker/publi\_201912/7525377/)** (Speakers) Schenectady County Public Health Services
  - **Allison Parry-Gurak, MEd (/embedded/speaker/publi\_201912/7525379/)** (Speakers) Genesee/Orleans Council on Alcoholism & Substance Abuse
  - **Vierne Placide, PhD (/embedded/speaker/publi\_201912/7525380/)** (Speakers) Assistant Professor, SUNY Cortland

- Laurie Quinn (/embedded/speaker/publi\_201912/7693290/) (Speakers) Co-founder, Our Wellness Collective

10:15 am	<b>Exhibitors &amp; Networking (/embedded/session/publi_201912/576206/)</b> Lower Acropolis	
10:45 am	<b>Including All People in the Diabetes Prevention Program (Breakout A) (/embedded/session/publi_201912/576207/)</b> <b>Concurrent Breakout Session</b> Leonidas <ul style="list-style-type: none"> <li>• Mari Brick, MA (/embedded/speaker/publi_201912/7525381/) (Speakers) Public health Consultant, National Association of Chronic Disease Directors</li> <li>• Lindsey Miller, MPH (/embedded/speaker/publi_201912/7525382/) (Speakers) NY Association of Independent Living</li> <li>• Patricia Carson, MA (/embedded/speaker/publi_201912/7525383/) (Speakers) Pre-Diabetes Lifestyle Coach, Independent Living Center of the Hudson Valley, Inc.</li> </ul>	
10:45 am	<b>The Role of Health Impact Assessment in Community and Health Development (Breakout B) (/embedded/session/publi_201912/576208/)</b> <b>Concurrent Breakout Session</b> Trax Pub & Grill <ul style="list-style-type: none"> <li>• Benjamin Woelk, MS (/embedded/speaker/publi_201912/7525384/) (Speaker) Common Ground Health</li> </ul>	
10:45 am	<b>Care Integration Through a New Lens: The Patient Journey (Breakout C) (/embedded/session/publi_201912/576209/)</b> <b>Concurrent Breakout Session</b> Taverna <ul style="list-style-type: none"> <li>• Denise Tahara, PhD (/embedded/speaker/publi_201912/7525385/) (Speakers) NY Medical College School of Health Sciences &amp; Practice</li> <li>• Chuck Ruud, MPS (/embedded/speaker/publi_201912/7525386/) (Speakers) Strategy Designer, Business Models, Inc.</li> </ul>	
12:00 pm	<b>Lunch (/embedded/session/publi_201912/576210/)</b> Acropolis Ballroom	
12:45 pm	<b>Public Health Leadership Awards Presentation (/embedded/session/publi_201912/576211/)</b> Acropolis Ballroom	
1:00 pm	<b>Using Legal Research to Improve Public Health Practice. (/embedded/session/publi_201912/576212/)</b> <b>Keynote Address</b> Acropolis Ballroom <ul style="list-style-type: none"> <li>• Matthew Penn (/embedded/speaker/publi_201912/7525387/) (Speaker) Director, Public Health Law Program (CDC)</li> </ul> Introduced by Paul A. Pettit, MSL, CPH, NYSACHO President	
2:00 pm	<b>Exhibitors, Posters, Networking (/embedded/session/publi_201912/576213/)</b> <b>Posters</b> Lower Acropolis	
2:30 pm	<b>Addressing Food Insecurity, Poor Nutritional Habits, &amp; Community Health through Collaboration &amp; Experiential Learning (Breakout D) (/embedded/session/publi_201912/576214/)</b> <b>Concurrent Breakout Session</b> Leonidas <ul style="list-style-type: none"> <li>• Marybeth Mitcham, MPH (/embedded/speaker/publi_201912/7525388/) (Speakers) Liberty University</li> <li>• Elizabeth Connolly, MPH (/embedded/speaker/publi_201912/7525389/) (Speakers) Public Health Education Coordinator, Dutchess County Department of Behavioral &amp; Community Health</li> <li>• Catherine Tegtmeier, RN, MPH, AEM (/embedded/speaker/publi_201912/7525390/) (Speakers) Assistant Commissioner of Community Health, Dutchess County Department of Behavioral &amp; Community Health</li> </ul>	
2:30 pm	<b>New York State's Comprehensive Approach to Suicide Prevention (Breakout E) (/embedded/session/publi_201912/576215/)</b> <b>Concurrent Breakout Session</b> Trax Pub & Grill	

- Brett Harris, DrPH (/embedded/speaker/publi\_201912/7525391/) (Speakers) Director of Public Health Initiatives, Suicide Prevention Office, NYS Office of Mental Health
- Pat Breux, BSN (/embedded/speaker/publi\_201912/7525392/) (Speakers) Research Foundation for Mental Hygiene

2:30 pm

### Using a Collaborative Approach for Social Media Success (Breakout F) (/embedded/session/publi\_201912/576216/)



Concurrent Breakout Session

Taverna

- Sara Deukmejian, MS, MBA (/embedded/speaker/publi\_201912/7525393/) (Speakers) Adirondack Rural Health Network Coordinator, Adirondack Health Institute
- Courtney Shaler, BA (/embedded/speaker/publi\_201912/7525394/) (Speakers) Adirondack Rural Health Network Manager, Adirondack Health Institute
- Erin Streiff, MS, RN (/embedded/speaker/publi\_201912/7525395/) (Speakers) Public Health Program Coordinator, Franklin County Public Health

2:30 pm

### Student Session: Transitioning from School to the Field (/embedded/session/publi\_201912/576217/)



Concurrent Breakout Session

Acropolis Ballroom

- Denise Tahara, Phd (/embedded/speaker/publi\_201912/7525385/) (Speakers) NY Medical College School of Health Sciences & Practice
- Erin Sinisgalli, MPH, MCHES (/embedded/speaker/publi\_201912/7511588/) (Speakers) Director, NYSPHA/St.Peters Health Partners

4:00 pm

### County Directors Reception (/embedded/session/publi\_201912/576218/)



Fireplace Lounge, Main Lobby

5:00 pm

### Dinner on your own (/embedded/session/publi\_201912/576219/)



7:30 pm

### Networking Event Sponsored by MVP HealthCare (all invited) (/embedded/session/publi\_201912/576220/)



Fireplace Lounge, Main Lobby

Friday, May 3

7:30 am

### Networking Breakfast (/embedded/session/publi\_201912/576221/)



Acorn Grill

Join us at our networking tables for complimentary coffee, tea, juice, and light breakfast fare.

8:45 am

### Advocacy Updated and Public Health Forecast for NYS (/embedded/session/publi\_201912/576222/)



Plenary Session

Acropolis Ballroom

- Michael Sesslerman (/embedded/speaker/publi\_201912/7525396/) (Speaker)

9:15 am

### Hot Topics in NYS: Hep C Screening, Sex Trafficking, & Heat/Climate Concerns (/embedded/session/publi\_201912/576223/)



Acropolis Ballroom

- Ethan Cowan, MD (/embedded/speaker/publi\_201912/7525398/) (Speakers) Mount Sinai Beth Israel
- Temilayo Adeyeye, PhD (/embedded/speaker/publi\_201912/7525399/) (Speakers) Research Scientist, NYS Department of Health
- Pamela J Pine, PhD, MPH (/embedded/speaker/publi\_201912/7525400/) (Speakers) Founder and CEO, Stop the Silence®, Stop the Silence®: Stop Child Sexual Abuse, Inc.

10:15 am

### Student Poster, Exhibits, Networking (/embedded/session/publi\_201912/576224/)



Posters

Taverna / Lower Acropolis

11:00 am

### Community Engagement for Economic Revitalization (Breakout H) (/embedded/session/publi\_201912/576225/)



Concurrent Breakout Session

Trax Pub &amp; Grill

- Sandi Bastedo, MS (/embedded/speaker/publi\_201912/7525401/) (Speakers) Project Coordinator, Cornell Cooperative Extension
- Linda Bell, MS (/embedded/speaker/publi\_201912/7525402/) (Speakers) SOAR

- Deborah Puntenney, PhD (/embedded/speaker/publi\_201912/7525403/) (Speakers) Consultant to the Neighborhood Health Status Improvement Initiative, Greater Rochester Health Foundation

11:00 am

**From Prevention to Integrated Treatment, Building a System of Care to Address Co-occurring Disorders, Improving Outcomes and Saving Lives (Breakout I) (/embedded/session/publi\_201912/576226/)****Concurrent Breakout Session**

Leonidas

- Stephanie Marquesano, JD (/embedded/speaker/publi\_201912/7525404/) (Speakers) Founder & President, The Harris Project
- Michael Orth, MSW (/embedded/speaker/publi\_201912/7525405/) (Speakers) Commissioner, Westchester County Dept. of Community Mental Health
- Marcie Colon, MSW (/embedded/speaker/publi\_201912/7525406/) (Speakers) Mid Hudson RPC Coordinator, NYS Regional Planning Consortium

11:00 am

**Poster Presentations (/embedded/session/publi\_201912/576227/)****Concurrent Breakout Session**

Taverna

12:00 pm

**Luncheon & Student Poster Awards (/embedded/session/publi\_201912/576228/)**

Acropolis Ballroom

1:00 pm

**Innovation and Transformation: Best Practices (/embedded/session/publi\_201912/576229/)****Keynote Address**

Acropolis Ballroom

- Pamela Aaltonen, PhD, RN (/embedded/speaker/publi\_201912/7525407/) (Speaker) President, American Public Health Association
- Introduced by Denise Tahara, NYSPHA Vice President

Dr. Aaltonen is the President of the American Public Health Association.

**SCHEDULE "A"**  
**AUTHORIZATION TO ATTEND MEETING OR CONVENTION**

**Check one:**

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

The Health Human and Social Services Committee hereby authorizes Valerie Whisenant  
 (Supervisory Committee) (Employee Name)

to attend Home Care Association Annual Conference Force for the Future  
 (Name of meeting or organization)

at Saratoga Hilton; Saratoga Springs, NY on May 8-10, 2019  
 (Address) (Dates)

Meeting/Convention Cost: \$749 Mode of transportation to be used: County Car  
 (County Vehicle or Mass Transportation)

If the mode of transportation is not a county vehicle or mass transportation, please explain:  
Lunch only needed first day.

**Proper documentation must be attached when submitting for approval.**

(Please check documents attached)

Notice of meeting or convention including cost. Total Cost of Travel \$ \$765  
 (travel and meeting/convention cost)

**For Overnight Travel**

Room rate \$ \_\_\_\_\_ GSA\* Rate \$ \_\_\_\_\_

Funding in Budget?  Y  N

Meal costs - GSA\* per diem rate \$ \$16 Budget Code: A.4010.444

\* [www.gsa.gov](http://www.gsa.gov)

Date: 4/15/19

Ginelle Jones / [Signature]  
 Department Head Signature

Date: 4/16/19

[Signature]  
 County Administrator Signature

Date: 4/19/19

Edna A. Traver  
 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:**

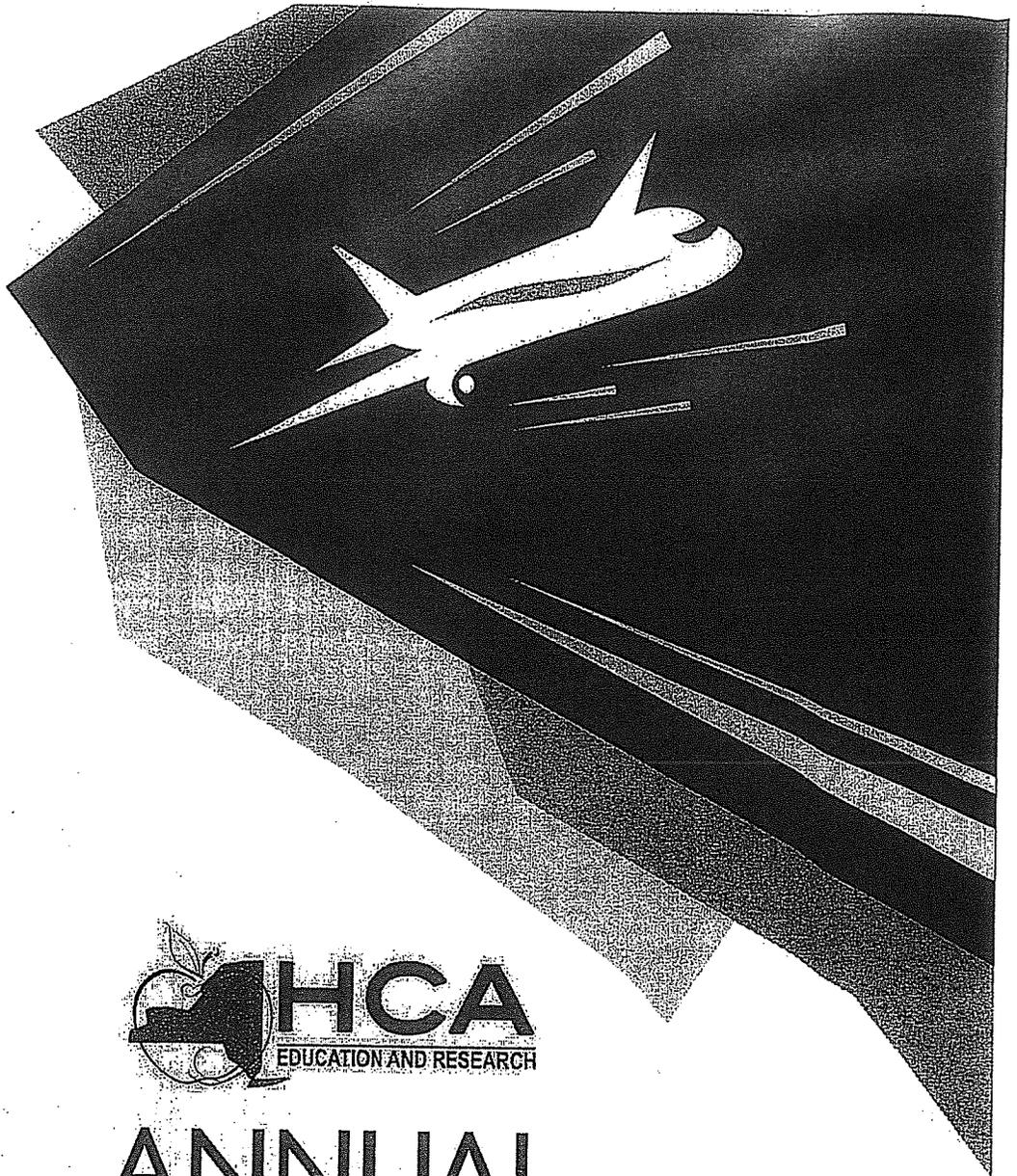
1. Original with voucher to Auditor.
2. Copy to Buildings & Grounds if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-State travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Clerk of the Board if credit card will be used.
6. Copy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



# FY 2019 Per Diem Rates for Saratoga Springs / Schenectady, New York

## Meals & Incidentals (M&IE) Breakdown

Primary Destination	County	M&IE Total	Continental Breakfast/Breakfast	Lunch	Dinner	Incidental Expenses	First & Last Day of Travel
Saratoga Springs / Schenectady	Saratoga / Schenectady	\$61	\$14	\$16	\$26	\$5	\$45.75

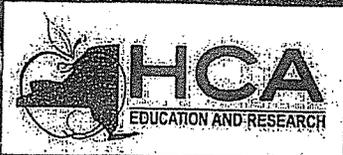


# ANNUAL CONFERENCE

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**FORCE FOR THE FUTURE!**

**May 8-10, 2019**  
Saratoga Hilton  
Saratoga Springs, NY



# ANNUAL CONFERENCE

## FORCE FOR THE FUTURE

MAY 8-10, 2019  
SARATOGA HILTON  
SARATOGA SPRINGS, NY

To truly soar, an aircraft needs the right design, equipment, personnel and conditions. These elements come together in a precise balance of weight and lift, drag and thrust, all maneuvered by a flight crew's skilled and steady hand to navigate the environment.

As your agency seeks to be a **Force for the Future**, it needs a similar sense of balance, structure and expert guidance to overcome – and, even, gain advantage from – countervailing forces, external pressures, and environmental turbulence, making for a truly spectacular display! HCA's Annual Conference is ready to help set your navigational system away from the rigid lane of volume-based care to the flightpath of value, giving you the tools for a smooth, secure and stunning take-off in service to your patients.

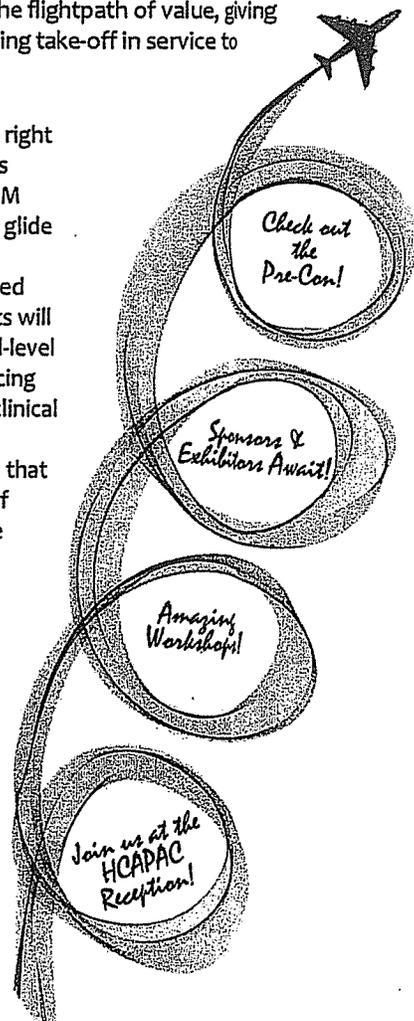
Our 'navigation experts' will help you get the right crew in place – one that can see new horizons beyond the cloud line of transitioning to PDGM and other challenges. We'll show you how to glide in tandem with system partners and make a smooth connection for the benefit of improved patient care coordination. Technology experts will reveal some exciting solutions that offer field-level clinical data and operational analytics, enhancing the efficiency of your "flight time" and your clinical outcomes. And we'll help you become more productive by reclaiming "white space" ... so that you can look clear-eyed at the vast expanse of opportunity and priorities before you out the cockpit window.

### Hotel Information

The Saratoga Hilton, Saratoga Springs, NY is the site of the HCA Annual Conference. Rooms at the Saratoga Hilton are **\$175 per night**. This discounted rate is available until April 7, 2019. After this date, higher rates will prevail.

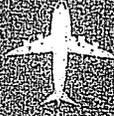
Parking is \$5 per night. The hotel's check-in time is 3pm and checkout is 11am. Luggage storage is available should your room not be ready prior to check-in time.

To make a reservation, call **888-866-3596** and ask for the Home Care Association of NYS rate.



# SPONSORS AND EXHIBITORS





# PRE-CONFERENCE

Wednesday, May 8, 2019

10:00AM – Noon

## Creating Better Patient Outcomes: *The Power of New Partnerships*

Under the structure of the state's relatively new Hospital-Home Care-Physician Collaboration statute, HCA members are already beginning to pioneer flagship home care-facilitated partnership models. These localized models involve new, innovative structures with hospitals, physicians and, in some cases, managed care partners to support improved care management, outcomes and cost-savings. This recent statute – enacted in 2015 and implemented through a December 2017 *Dear Administrator Letter* – also invites regulatory waivers and/or reimbursement flexibility to help streamline procedures or other restrictions impeding this kind of collaboration. Importantly, the Department of Health guidance implementing this program requires the involvement of at least two collaborative entities, one of which must be a home care provider if services are delivered in the home, putting home care at the center.

Panelists will discuss this partnership statute, the process for applying, some factors for consideration in developing a collaborative model (including possible waiver areas), and examples of specific projects being advanced by pioneers in the field to help you consider the possibilities for the benefit of your patients or expanded networks in the community.

*Moderator: Al Cardillo, LMSW, President, HCA*

*Panelists: TBA*

12:00PM – 1:30PM

### Lunch

Enjoy Lunch on Your Own in Downtown Saratoga Springs

1:30PM – 4:30PM

### HCA Annual Corporation and Board of Directors Meetings

All HCA Members are invited and encouraged to attend the Annual Meeting of the Corporation, where members will vote on the slate of candidates for the HCA Board of Directors.

The HCA Board of Directors Meeting will follow immediately. This is your opportunity to learn more about the governing body that shapes the direction of HCA policy, education, advocacy and operational priorities.

4:30PM – 6:00PM

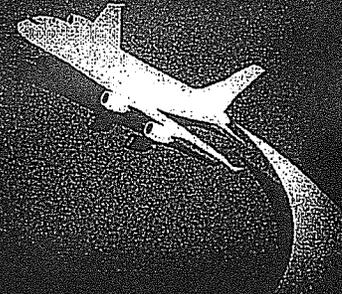
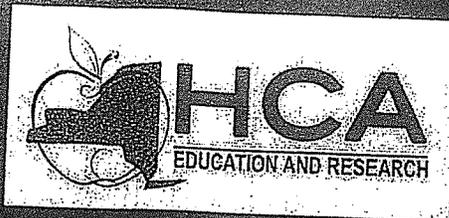
Welcome Reception – Sponsored by:



DINNER ON YOUR OWN

simione.com | 800.949.0388

PRE-CONFERENCE



# PROGRAM AGENDA

**Thursday, May 9, 2019**

7:30AM – 8:30AM

**Strolling Breakfast with Exhibitors**

8:30AM – 9:30AM

**Home Care: The Force for the Future of Health Care!**

*Al Cardillo, LMSW, President, HCA*

HCA President Al Cardillo delivers his address to kick-off the Annual Conference, focusing on ways that home and community based care can best channel its force as a solution for health care challenges, shaping the present and future of health care through innovation.



AL CARDILLO

9:30AM – 10:30AM

**Breaking Through the Clouds: Activity is NOT Productivity**

**Raising Execution... Reclaiming WhiteSpace**

*Heather Sager, WhiteSpace*

Every executive and team have only a select handful of true priorities. And they'll do anything to move them forward quickly and triumphantly. But when talented workers are lost in unnecessary e-mails, meetings, reporting and other low-value tasks, they crawl toward these pivotal objectives. Distraction, interruption and unnecessary complexity further addle their creative spark. And they have no time to think.

Imagine, instead, a workplace where a majority of time is spent on tasks of true importance; where thoughtful time is a priority; and where norms and habits protect employees from touching work that drains them. This is a WhiteSpace culture — and its creation may be more possible than you think.

In this high-energy session, Heather Sager will examine the critical difference between activity and true productivity, between cramming in more tasks and selectively choosing to dive into the right ones with thoughtfulness.

She'll also introduce you to what she calls the "thieves of productivity," a group of positive assets that can often run amuck. By examining the surprising downside of these attributes, we create a customized road map toward more WhiteSpace at the individual, team and organizational level.



HEATHER SAGER

*Heather Sager had her entrepreneur clients in mind when she hired WhiteSpace at Work to do a business growth keynote session in 2015. She was an executive at a management company for independent medical practices, overseeing recruiting, onboarding and training programs for more than 2,500 individuals. After personally incorporating WhiteSpace concepts into her daily practice, she saw a reduction in busyness, which led to greater focus and performance. Sager left her executive role to join WhiteSpace at Work as its lead trainer, bringing 17 years of presentation and facilitation skills to the WhiteSpace team.*

# PROGRAM AGENDA



Thursday, May 9<sup>th</sup> – continued

10:30AM – 11:00AM

Extended Break with Exhibitors

11:00AM – Noon

## Morning Breakout Workshops



### Pre-Flight Risk Assessment Checklist – Wage Parity and Employee Benefits

Paul Essner, CFP, CLU, ChFC, Principal, TSG Financial, A Division of Risk Strategies  
Emina Poricanin, Partner, Home Care Practice Leader, Hodgson Russ

Eight years after being instituted and seven years after implementation, the Wage Parity law continues to present fiscal challenges and pressures. In that time, we've also seen how the statute has been enforced, including key areas that providers should be aware of in their internal compliance monitoring.

Emina Poricanin, Esq. and Paul Essner, CFP CLU ChFC will present a timely discussion on all of these issues, especially for LHCSAs and GDPAP FIs, covering the current audit and regulatory environment in NYS with respect to wage parity compliance, the importance of plan compliance with state and federal guidelines, and an overview of compliant approaches to satisfying your Wage Parity requirements.



PAUL ESSNER

Paul Essner, CFP CLU ChFC, Principal at TSG Financial, brings 27 years of experience to his position. In addition to his career-long involvement in employee benefits, corporate and personal financial planning and individual insurance, he coordinates the TSG Financial Homecare Specialty Group, along with fellow Principal Bryan Pendrick, providing employee benefit design and consulting services to the home and community based care industry.



EMINA PORICANIN

Emina Poricanin is a Partner at Hodgson Russ LLC, where she leads the firm's home care practice and provides counsel for public and private employers in all aspects of labor and employment law at both the state and federal levels.



### Separating Myth from Reality: Innovation Possibilities Within the Current Regulatory Environment

Speaker TBA

We all know that the home care system is heavily regulated under a comprehensive set of state and federal standards for care and operations. Within this structure, however, are several options – many of them obscure or overlooked – that offer opportunities for flexibility, innovation and operational efficiency.

This session features a top expert who will discuss, with examples, some surgical ways that agencies can innovate their programing and operations within the current regulatory environment. Providers and MLTCs can also raise their own ideas for program innovations or flexibility and get pointers on which regulatory steps or directions are most suitable for possibly proceeding.



### Mission Control: Marshalling Positive and Lasting Change in your Home Health, Hospice Organization

Jennifer Maxwell, M Ed, Co-Founder and President, Maxwell Healthcare Associates

With regulations, technology and research consistently evolving, how do you best manage change in your organization to ensure the change is worthwhile, relevant and long lasting?

Organizations that can adapt and evolve better and faster than the competition are best positioned to succeed and surmount the challenges of a modern health care marketplace. While many health care providers have established processes for rolling out changes and training team members accordingly, oftentimes the process falls short. This typically occurs when team members' behaviors are only superficially adjusted. Organizations will only realize lasting and positive change when they learn the secrets to transforming human behavior at its core.

Jennifer Maxwell, co-founder and president of Maxwell Healthcare Associates, works with the nation's top home health and hospice providers through technology implementations, regulatory compliance initiatives, clinical efficiency evaluations and more. Ensuring success through these undertakings requires a formula to positively affect change.



JENNIFER MAXWELL

# AWARDS PROGRAM

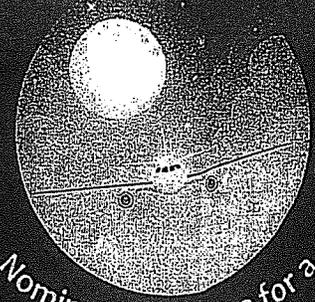
12:00PM – 1:30 PM

## 2019 HCA Home Care Awards Luncheon

Nothing compares to the cathartic feeling of celebrating your peers, your staff or your mentors who are shining examples of the work you've committed yourself to do every day on behalf of patients. Join us in the celebration and hear their remarkable stories of compassion, caring, activism and vision.

1:30PM – 2:15PM

## Desserts with Exhibitors



Nominate someone for a  
2019 HCA Award!

Caring  
Advocacy  
Physician Champion  
Quality and Innovation  
Ruth F. Wilson

Submit your nomination online at:

<https://www.surveymonkey.com/r/2019-HCA-Awards>

2:15PM – 3:15PM

## Afternoon Breakout Workshops



### **Breaking the Distance Barrier: Medicare and Medicaid Remote Patient Monitoring Regulatory Review and Case Examples**

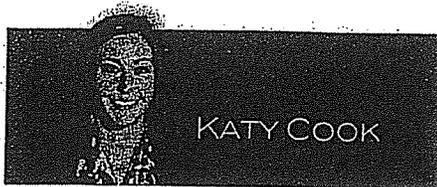
Katy Cook, MS, CTC, Telehealth Project Manager, Adirondack Health Institute

Rich Curry, MS, PT, MBA, VP of Business Development, Health Recovery Solutions

Home telehealth, under Medicaid and Medicare, is in a dynamic state of flux and redefinition. At this crossroads, providers need to take stock of the current landscape as they consider their future investments in this important technology, especially as non-home care sectors see the value of telehealth and seize upon new regulatory flexibilities to get into a space traditionally pioneered by home care and hospice. Katy Cook and Richard Curry will provide that vital perspective. They'll review updates in the current state of Medicare telehealth reimbursement policy. They will also discuss the direction of Medicaid regulations and reimbursement for telehealth, case studies, future expectations for Medicaid policy and reimbursements, and tips on what agencies should be doing now for telehealth adoption.

*Katy Cook, MS, CTC, has been with the Adirondack Health Institute (AHI) as the Telehealth Project Manager since late 2016. Alongside the Fort Drum Regional Health Planning Organization, she oversees the North Country Telehealth Partnership, northern New York's leading agency focused on increasing access to health care through the innovative use of telehealth and telemedicine technology. Prior to AHI, Cook has worked in health care for over six years, both in the for profit and not for profit sector.*

*Rich Curry, MS, PT, MBA has over 14 years' experience as a home health physical therapist and is the VP of Business Development for Health Recovery Solutions (HRS), a telehealth company that works with over 100 home health agencies in 34 states. Besides growing HRS's customer base and developing business relations in the home health industry, he has also helped directly support agencies' telehealth programs by developing research-based approaches for various post-acute programs.*





### PDGM: All Fun and Games? Exercise Your Competitive Edge

Rochelle Eggleton, RN, BS, MBA, Director of Clinical Consulting, Quality In Real Time

According to *Psychology Today*, learning is a physico-chemical process. Our brains love novelty. Are you tired of lectures and traditional slide presentations? Want to learn in a fun, relaxed atmosphere? PDGM may be the biggest and most complex payment overhaul in decades but that doesn't mean it can't be explained in manageable units. Join us as we learn about PDGM using America's favorite game show approach: PDGM Jeopardy. Our Jeopardy board will look into easy (i.e., 100-dollar) topics all the way up to the big payoff or 500-dollar PDGM challenges! This program will delve into the OASIS components of PDGM, questionable or non-valid primary codes, diagnoses groups, how the payment model works, and some of the financial impacts of the new proposed payment model.



ROCHELLE EGGLETON

Rochelle (Shelley) Eggleton, RN, BS, MBA, is Director of Clinical Consulting at Quality In Real Time, supporting home care and hospice agencies across the country. Eggleton understands the challenges faced by executives and employees in the post-acute industry in providing individual patient care.

Eggleton earned her BS Degree from Binghamton University with a concentration in community health and her MBA with a concentration in health care management through the University of Phoenix. She is a fellow of the Advisory Board Company Leadership Academy in Washington, DC and has served on HCA's Board of Directors as well as HCA's Quality and Policy Committees.



### Your Office Team – Why They Matter and How to Shore Up a Successful Future

Anne-Lise Gere, SPHR, President, Gere Consulting Associates

While caregivers are the lifeblood of your agency, the office staff is its backbone. Yet too often we fail to grasp the impact this office team has on patient satisfaction and caregiver recruitment and retention. Because they set the tone for your agency, your office staff determine its trajectory, either towards growth or stagnation. For your agency to be a force for the future, make 2019 the year that you pay closer attention to the office and what's happening around you. You will likely find that it is time to upscale your office team. During this lively presentation, HR advisor and consultant Anne-Lise Gere will share a few pointers on staffing the office for success, creating a culture of accountability, managing performance, and keeping the best when you find them.

Anne-Lise Gere, SPHR works with home care agencies across the country to provide HR guidance, focused on creating strong recruitment plans and solid retention strategies. She writes weekly blogs on HR issues in home care, employment compliance and employee relations for small and growing businesses ([www.GereConsulting.com/blog](http://www.GereConsulting.com/blog)).

She previously worked in HR at Siemens Automotive, and Procter & Gamble in Europe and the U.S. Since 2010, she's served as a subject matter expert with the HR Certification Institute where she contributes to exam development for the SPHR, aPHR, SPHRI designations.



ANNE-LISE GERE



### Value Based Payments – Clinical, Operational and Revenue Cycle Success Strategies for LHCSAs

Andrea Brown, RN, President/CEO, AB Coaching and Consulting, Inc.

Phil Feldman, VP Revenue Management Solutions, Sandata Technologies, Inc.

The state's VBP program continues toward increasing levels of shared risk arrangements for home care, MLTC and other payors and providers. While VBP remains a new concept to many LHCSAs in this early period of adoption, MLTCs will be required to meet higher risk thresholds of Level 1 and Level 2 for FY 2019-20, making VBP an integral aspect of contracting with home care partners – and consequently a vital area for your strategic planning. This session will provide LHCSA leaders and management some foundational principles for adapt to the VBP arena, from goals-focused client management to an understanding of key patient outcomes and financial data to be collected and analyzed internally and used to enhance your profile with external partners and payors. Keep your clinical, operational and fiscal teams apprised of performance shortfalls and successes to avoid missed VBP bonus opportunities.

Andrea Brown is the President/CEO of AB Coaching and Consulting, Inc. Brown provides coaching and consulting services to help people reach their professional goals and help organizations improve and transform themselves to meet the changing needs of the health care delivery system and the patients they serve. Prior to starting her coaching and consulting business, she spent 32 years in health care with more than twenty-five years in home care. In addition to providing direct care as a Registered Nurse, she has held several leadership positions in home care operations, clinical care and service delivery, staff education, quality management and compliance.

Phil Feldman is a CPA with over twenty years of experience with progressively increasing responsibility in operational and financial management for national home health care agencies. Feldman is presently Vice President, Revenue Management Solutions at Sandata Technologies, LLC, where he has executive responsibility for this Sandata business unit that provides end-to-end revenue cycle management services to home care agencies to improve revenue and cash flow.

# PROGRAM AGENDA



Thursday, May 9<sup>th</sup> – continued

3:30PM – 4:30PM

## Workforce for the Future: Planning for and Managing in Times of Transition

Wayne Regan, Director of Interim Management, Simone Healthcare Consultants  
Eric Scharber, Principal, Simone Healthcare Consultants

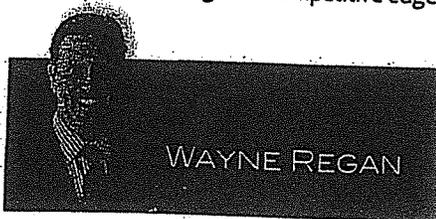
Talent is your organization's most valuable asset. When key team members leave an organization or agencies re-organize, the changes can dramatically affect overall performance. The key to address such challenges is to plan ahead for workforce transitions by constantly cultivating talent throughout the ranks in home health, hospice, and private duty care.

Simione talent acquisition experts will detail the industry's expected "talent crisis," including such factors as rapid growth, unexpected vacancies, changing market dynamics and agency integration.

Participants will learn key strategies and the importance of:

- Succession planning
- Options for addressing a vacancy
- Managing organizational growth
- Retention strategies for success

Join us and gain a competitive edge for times of transition — whether planned or unexpected — in home-based care!



Wayne Regan is Director of Interim Management for Simone Healthcare Consultants, which he joined in 2015. Regan's broad experience in operations, strategic planning, business development, and interim management includes roles all the way up to the C-Suite with some of the nation's largest providers. His primary focus is overseeing Simone's interim management services to assist post-acute organizations with leadership transitions that support strong business performance and strategic growth.



Eric Scharber is a Principal at Simone Healthcare Consultants, leading all talent acquisition and employee retention efforts for the home care and hospice industry through Exact Recruiting, a Simone talent solution. He oversees executive search and non-executive recruiting services, as well as all retention services including compensation analysis and employee satisfaction survey services. He is a regular speaker on the topics of talent acquisition and retention, specific to the home care and hospice industry.

4:30PM – 6:00PM

## HCA "FORCE FOR THE FUTURE" PAC Party @ 534 Bistro

HCA's Political Action Committee party is always festive, always fun, and it supports the work you do in home care by helping to politically support candidates who champion home care. Help make HCA's PAC a true political force for the future with your contribution.

A \$50 donation to HCA's PAC is requested for this event. Donations will be accepted at the door. Pre-registration is appreciated, but not required.

# PROGRAM AGENDA



Friday, May 10, 2019

7:30AM – 8:30AM

## HCA Town Hall Meeting

No script, no agenda, no topic off the table ... this freewheeling session is your opportunity to say what's on your mind, present ideas and pose questions to HCA's Policy team about any home care, hospice and MLTC issues confronting your organization.

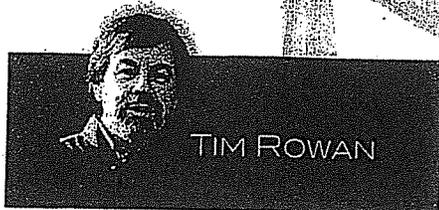
8:45AM – 10:15AM

## Technologies You've Never Heard of, but Desperately Need, to Stay Competitive

Tim Rowan, Consultant and Editor of Home Care Technology Report

As reimbursement rates shrink and competition grows, it is clear that some providers of in-home care will not long survive. What are the characteristics of the agencies that will thrive? They will be using the latest technologies. Simply put, your agency is greatly at risk of folding if: you are not using data analysis systems that help you predict when it is time to have the hospice conversation; you are not using systems that improve care plans, reduce medical errors, and protect your agency against payment denials and survey findings; or, most importantly, you are not raising your visibility to the top of search engine results. Twenty-five year home care technology consultant and Editor of Home Care Technology Report Tim Rowan will bring you the benefit of his experiences with every kind of software tool suited for post-acute care organizations. You will leave with at least one idea to improve your bottom line and your competitive positioning.

Tim Rowan is the Founder and President of Rowan Consulting Associates and serves as Editor of the Home Care Technology Report. Rowan holds a Master of Arts degree in Education from Loyola University, Chicago. After ten years in adult religious education positions, he moved to the computer and network hardware and software industry in the fledgling personal computer era, eventually landing back in adult education for a technical training firm. It was there that Tim was introduced to home health care through one of his training clients, who lured him aboard as their first CIO.



10:15AM – 10:30AM  
Break

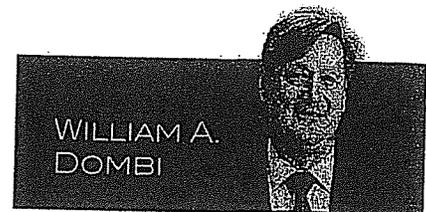
10:30AM – 11:45AM

## Window Seat on the National Landscape: A Forecast for the Future

William A. Dombi, Esq., President, National Association for Home Care & Hospice (NAHC)

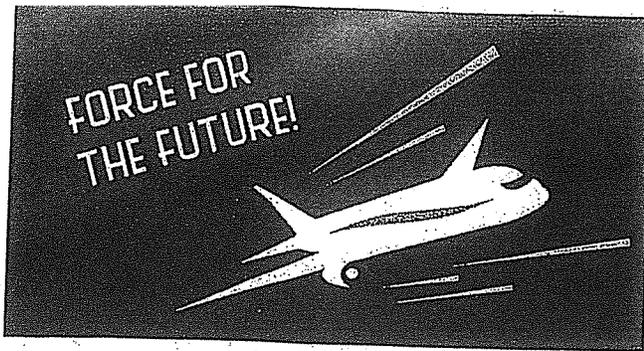
With PDGM on the horizon, NAHC President Bill Dombi has led a vigorous campaign of nationwide PDGM summits to educate providers, along with advocacy and legislative proposal development to mitigate some of the serious methodological assumptions under PDGM that would impose massive, unjustified cuts in provider reimbursement. He's been at the vanguard of every major federal home care reimbursement battle or program change in the last 40 years, and is able to offer the most direct insight on the federal landscape for home health and hospice services, from payment to regulations to the intricacies of the home health Conditions of Participation, and much more. This closing keynote session will give you a window seat to observe all of the major home care and hospice developments on the national front.

William A. Dombi, Esq. is President of the National Association for Home Care & Hospice (NAHC). He previously served as the Vice President for Law at NAHC. Dombi specializes in legal, legislative, and regulatory advocacy on behalf of patients and providers of home health and hospice care. With nearly 40 years of experience in health care law and policy, Dombi has been involved in virtually all legislative and regulatory efforts affecting home care and hospice since 1975, including the expansion of the Medicare home health benefit in 1980, the formation of the hospice benefit in 1983, the institution of Medicare PPS for home health in 2000, and the national health care reform legislation in 2010.



11:45AM

Conference Adjourns



## ANNUAL CONFERENCE

May 8 – 10, 2019  
 Saratoga Hilton  
 Saratoga Springs, NY

Register online at:  
<https://events.epl.com/HCA2019AnnualConference2875611> or complete this form and fax back to HCA at the number indicated below.

### Registration Form

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
 COMPANY \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY/STATE/ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 E-MAIL \_\_\_\_\_

#### Method of Payment

Please check one:

Check\* Make payable to: HCA Education and Research and mail to: 388 Broadway, 4<sup>th</sup> Floor, Albany, NY 12207  
 Checks must be received by April 30<sup>th</sup>

MasterCard     Visa     American Express

Credit Card No. \_\_\_\_\_  
 Name on Card \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_  
 Billing Address for Card \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Authorized Signature \_\_\_\_\_

**Cancellation Policy:** We encourage you to attend the full three day conference for the best value. No credits can be given for meals not taken or unattended education programs. Cancellations received by April 18 will receive a full refund, less 25% of total due as an administrative fee. Cancellations received on April 19 or later will forfeit their registration fee, as will those who register and do not attend. Substitutions are permitted.

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

#### How to Register

Return this completed registration form with your payment by fax to (518) 426-8788 or mail it to: HCA, 388 Broadway, 4<sup>th</sup> Floor, Albany, NY 12207. You may duplicate this form for additional attendees. Please save a copy for your records.

#### Registration Fee Please indicate your registration choice(s): (Includes Pre-Conference)

Full Conference Registration Options	Pre-Registration Rate	At Door Rate
• HCA Provider Member Primary Registration	\$599 <input type="checkbox"/>	\$649 <input type="checkbox"/>
- Additional Registrant from Same Provider Member <i>(Please submit with primary registration.)</i>	\$549 <input type="checkbox"/>	\$599 <input type="checkbox"/>
• Non-Member Provider	\$749 <input type="checkbox"/>	\$799 <input type="checkbox"/>
• HCA Vendor/Associate Member	\$729 <input type="checkbox"/>	\$779 <input type="checkbox"/>
• Non-Member Vendor	\$879 <input type="checkbox"/>	\$929 <input type="checkbox"/>

#### Note the following with your registration:

I will attend Wednesday's Pre-Conference Session  
 (Included in my registration above)      Yes  No

I will attend the PAC Reception  
 (Personal donation to be submitted separately.)      Yes  No

#### Pre-Conference Session ONLY

• HCA Member      \$139   
 • Non-Member      \$239



TOTAL DUE: \$ \_\_\_\_\_

**FAX THIS FORM TO (518) 426-8788 or register online at**  
<https://events.epl.com/HCA2019AnnualConference2875611>



388 BROADWAY  
FOURTH FLOOR  
ALBANY, NEW YORK 12207

FORCE FOR THE FUTURE



ANNUAL  
CONFERENCE

MAY 8-10, 2019  
SARATOGA HILTON  
SARATOGA SPRINGS, NY

To:

SCHEDULE "A"  
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

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

The Health Human and Social Services Committee hereby authorizes Sara Hettel and Beth Paquette  
(Supervisory Committee) (Employee Name)

to attend NYS WIC Association Conference  
(Name of meeting or organization)

at 100 East Onondaga St, Syracuse, NY 13207 on May 20-22, 2019  
(Address) (Dates)

Meeting/Convention Cost: \$475 Mode of transportation to be used: WIC County Vehicle  
(County Vehicle or Mass Transportation)

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

Note: Gas and Tolls included in Total Cost

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

Notice of meeting or convention including cost. Total Cost of Travel \$ 1500 (Conf/Hotel/Parking/Meals/Gas/Tolls)  
(travel and meeting/convention cost)

**For Overnight Travel**

Room rate \$ 139/night plus \$7/night parking GSA\* Rate \$ Refer to Attached

Funding in Budget?  Y  N

Meal costs - GSA\* per diem rate \$ Refer to Attached Budget Code: A. 4013.444

\* [www.gsa.gov](http://www.gsa.gov)

Date: 3/27/19

*Denise Jones*  
Department Head Signature

Date: 3/28/19

*[Signature]*  
County Administrator Signature

Date: 4/5/19

*Edna A. Travier*  
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.



# FY 2019 Per Diem Rates for ZIP 13202

I'm Interested in:

Lodging Rates

Meals & Incidentals (M&IE) Rates

## Lodging by month (excluding taxes) | October 2018 - September 2019

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

[CSV](#)

[Print](#)

Primary Destination	County	2018 Oct	Nov	Dec	2019 Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Syracuse / Oswego	Onondaga / Oswego	\$98	\$98	\$98	\$98	\$98	\$98	\$98	\$98	\$98	\$98	\$98	\$98

Conference room rate \$139/night + \$7/night parking

2 Staff plan to share room and take one county vehicle

Hotel + Parking estimate total for 2 nights \$292

## Meals & Incidentals (M&IE) Breakdown

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

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

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

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

CSV

Print

Primary Destination	County	M&IE Total	Continental Breakfast/Breakfast	Lunch	Dinner	Incidental Expenses	First & Last Day of Travel
Syracuse / Oswego	Onondaga / Oswego	\$61	\$14	\$16	\$26	\$5	\$45.75

Monday 20th  
x 2 people

Monday 20th  
+  
Tuesday 21st  
x 2 people

I'm interested in:

\$28

\$104

Total  
\$132



Department of Health

ANDREW M. CUOMO  
Governor

HOWARD A. ZUCKER, M.D., J.D.  
Commissioner

SALLY DRESLIN, M.S., R.N.  
Executive Deputy Commissioner

Administrative Directive

**DATE:** March 12, 2019

**MEMO LOG NUMBER:** NYS WIC 03/19 - #5

**TO:** Local Agencies Participating in the WIC Program

**SUBJECT:** NYS WIC Association Membership Dues and Annual Conference

**AUTHOR:** Fiscal Management Section

**SUGGESTED DISTRIBUTION:** WIC Program Coordinators and VMA Directors

**CONTACT PERSON:** Regional Office Representative

This is to confirm that NYS WIC Association membership dues and the costs associated with attending the 2019 annual conference are WIC-allowable. Local Agencies must coordinate with the Regional Offices for approval to complete line item interchange requests to add funding to budget lines if these costs were not included in the approved budget.

20-22

The 41<sup>st</sup> Annual Conference is being held May 19 - 22, 2019 at Marriott Syracuse Downtown, Syracuse, NY. The agenda, accommodation information, registration rates, and a link to the registration page are found at: <https://nyswicconference.org>. Active NYS WIC Association members receive a discount on conference registration fees. Single day registrations are available. Agencies should review the agenda to see if attending for a single day could be an option for agencies with scheduling or budgetary limitations.

Please note the travel policy (WPM-Section 1423) guidelines are in effect:

- Travel expenses will be reimbursed at the lesser of the rates set forth in the written travel policy of the sponsoring agency, the New York State Office of the State Comptroller's guidelines, or the United States General Service Administration rate, unless prior approval to exceed the maximum rate is obtained from DOH.
- Agencies must take steps to use the most cost-effective method possible for all travel.
- Agencies must maintain all documentation related to travel expenses, and make it available for DOH review upon request.
- DOH may deny reimbursement or recover funds reimbursed to a sponsor agency that cannot provide adequate documentation of compliance with these procedures.

Sincerely,

April Hamilton, MBA, MHSA  
NYS WIC Director  
Bureau of Supplemental Food Programs



# CONFERENCE AGENDA AT- A-GLANCE

## SUNDAY, MAY 19, 2019

~~12:00pm- 8:00pm: Exhibitor Set-Up~~

~~12:00pm- 8:00pm: Registration Open~~

~~4:00pm- 6:30pm: Pre-conference Sessions~~

~~6:30pm- 8:00pm: Opening Reception with Exhibitors~~

## MONDAY, MAY 20, 2019

~~6:30am- 7:30am: Morning Physical Activity~~

**8:00am- 4:30pm:** Registration Open

**8:00am- 3:00pm:** Exhibit Hall Open

**8:00am- 8:45am:** Breakfast

**9:00am- 10:30am:** Opening General Session

**10:30am- 11:00am:** Morning Break with Exhibitors

**11:00am- 12:30pm:** 100-Series Breakout Sessions (4-Concurrent Sessions)

**12:30pm- 1:30pm:** Lunch

**1:45pm- 2:45pm:** General Session

**3:00pm- 4:30pm:** 200-Series Breakout Sessions (4-Concurrent Sessions)

**TUESDAY, MAY 21, 2019**

**6:30am- 7:30am:** Morning Physical Activity

**8:00am- 5:00pm:** Registration Open

**8:00am- 3:00pm:** Exhibit Hall Open

**8:00am- 8:45am:** Breakfast

**9:00am- 10:00am:** General Session

**10:00am- 10:30am:** Morning Break with Exhibitors

**10:30am- 12:00pm:** 300-Series Breakout Sessions (4-Concurrent Sessions)

**12:00pm- 1:00pm:** Lunch

**1:00pm- 2:30pm:** 400-Series Breakout Sessions (4-Concurrent Sessions)

**2:30pm- 3:00pm:** Afternoon Break with Exhibitors

**3:00pm- 4:30pm:** 500-Series Breakout Sessions (4-Concurrent Sessions)

**3:00pm- 4:30pm:** Exhibitor Tear-Down

**7:00pm- 10:00pm:** Reception

**WEDNESDAY, MAY 22, 2019**

**6:30am- 7:30am:** Morning Physical Activity

**8:00am- 1:00pm:** Registration Open

**8:00am- 8:45am:** Breakfast

**9:00am- 10:30am:** 600-Series Breakout Sessions (4-Concurrent Sessions)

**10:30am- 11:00am:** Morning Break

**11:00am- 12:00pm:** Closing General Session

**12:00pm- 1:00pm:** Grab and Go Boxed Lunch

*\*Full conference agenda coming soon!*

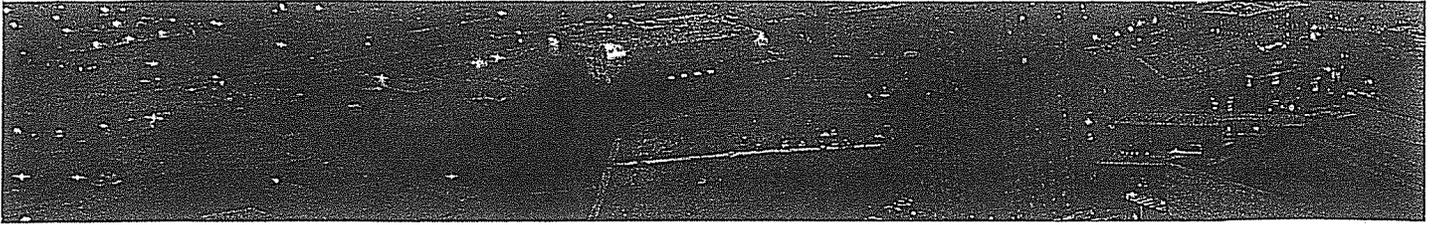
**THE WIC  
ASSOCIATION  
OF NYS,  
INC**

**REGISTER NOW!**

1971 Western  
Avenue, #1155  
Albany, NY 12203

email:

info@nyswica.org





**CONFERENCE ATTENDEE  
REGISTRATION RATES  
(DOES NOT INCLUDE  
HOTEL  
ACCOMMODATIONS)**

- WIC Member Full Registration Pre-registration: \$475.00 | On-site: \$500.00
- WIC Member One Day Only (Monday or Tuesday) Pre-registration: \$200.00 | On-site: \$225.00
- WIC Member One Day Only (Wednesday) Pre-registration: \$100.00 | On-site: \$125.00
- Non Member Full Registration Pre-registration: \$575.00 | On-site: \$600.00
- Non Member One Day Only (Monday or Tuesday) Pre-registration: \$300.00 | On-site: \$325.00
- Non Member One Day Only (Wednesday) Pre-registration: \$150.00 | On-site: \$175.00

*\*Conference fee includes breakfast and lunch on Monday, Tuesday & Wednesday as well as any refreshment breaks throughout the conference. Please note Sunday sessions and exhibitor reception are included in any of the above full-conference registration fees.*

## **CANCELLATION POLICY**

100% refund of registration fee (minus a \$50 processing fee) will be issued if cancellation is received by March 1, 2019  
50% refund of registration fee (minus a \$50 processing fee) will be issued if cancellation is received between March 2, 2019 - May 3, 2019  
No refund of registration fee will be issued if cancellation received after May 3, 2019

### QUESTIONS?

Contact our Registration Manager, Sara Aldrich  
P: 866-792-5399  
[sarab@qsswmeetings.com](mailto:sarab@qsswmeetings.com)

THE WIC  
ASSOCIATION  
OF NYS,  
INC

REGISTER NOW!

1971 Western  
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Albany, NY 12203

email:

info@nyswica.org

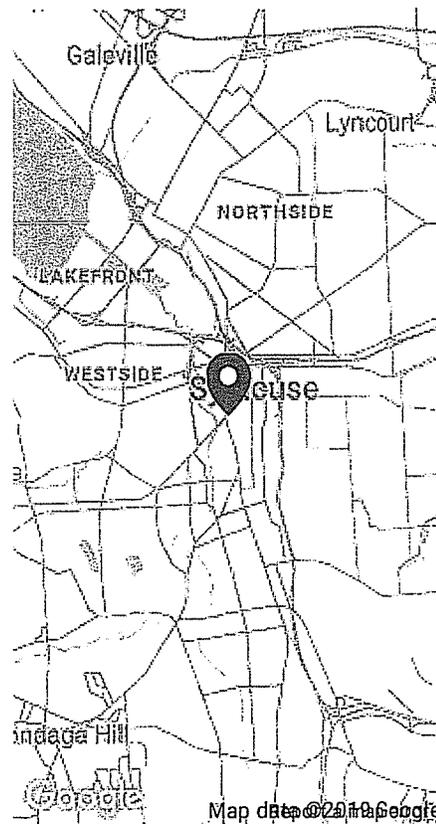


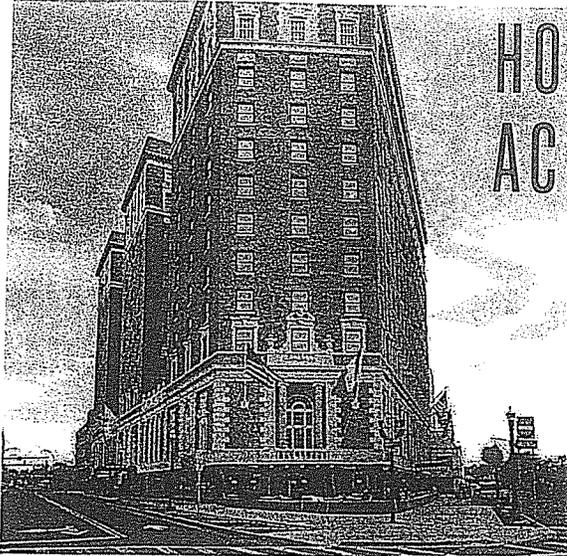
# CONFERENCE LOCATION

**Marriott Syracuse Downtown**

100 East Onondaga Street, Syracuse, NY 13202

(315) 474-2424





# HOTEL ACCOMMODATIONS

The WIC Association of NYS has reserved a discounted block of rooms at the Marriott Syracuse Downtown

**Single/Double Rate: \$139.00++**

(+tax & service fees) 13% state and local taxes in effect at time of check out without tax exempt certificate

Reservations can be made online or by phone

Individual Call-in: 800-228-9290 Guests can refer to WIC Association of New York 2019 or Code: WIC. )

Online booking site: [click here!](#)

***\*Please be sure to make your hotel reservations prior to Friday, April 19, 2019 to ensure you obtain the discounted group rate.***

# PARKING:

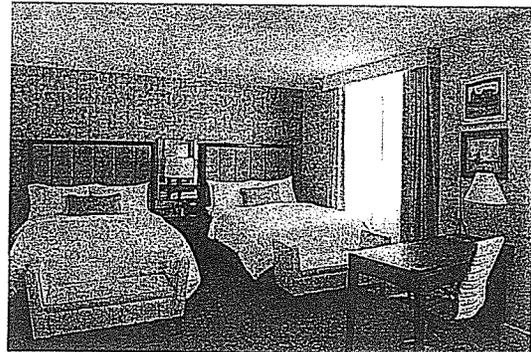
**\$7.00 per day/night**

Harrison Place Parking Garage

100 Harrison Place

Syracuse, NY 13202

**\*\*Parking garage with skybridge attached to the hotel is not the correct hotel parking garage\*\***



\*IMPORTANT NOTICE REGARDING PAYMENTS FOR HOTEL RESERVATIONS: All reservations must be guaranteed with a major credit card by individual guest. If paying with a personal/bank check; payment must be received no later than 14 days prior to arrival. CHECK PAYMENTS WILL NOT BE ACCEPTED AT TIME OF CHECK IN. Hotel will not hold any reservations unless secured by one of the above methods. Upon check-in, each guest will be asked for a method of payment to cover any incidental charges. If a guest does not have a credit card, they will be asked for \$50.00/night that will be held and used for any incidental charges. Upon check-out, any remaining balance will be refunded to the guest.

**THE WIC  
ASSOCIATION  
OF NYS,  
INC**

**REGISTER NOW!**

1971 Western  
Avenue, #1155  
Albany, NY 12203  
email:  
info@nyswica.org

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

1. Name: Jignasha Shah
2. Position: Public Health Program Coordinator  
(attach job description)
3. Department: Health Services
4. Course Title: Anatomy and Physiology II
5. Institution or School: Hudson Valley Community College
6. Please explain how this course relates to your current position (attach course description):  
This course provides comprehensive study of structures and functions of the human body using systems approach. As a Public Health Program Coordinator, I think it is my responsibility to master the basics and use this knowledge in Health Services to the best of my ability.
7. Starting Date: May 20, 2019
8. Completion Date: August 16, 2019
9. Cost (attach documentation): Up to \$955
10. Employee Signature: Jignasha Shah Date: 4/16/19
11. Supervisor Comments (Approve/Deny)  
Supervisor Signature: Pat Beller Date: 4/15/19
12. Department Head Comments (Approve/Deny) Is there funding in the departmental budget for this? (Yes/No)  
Department Head Signature: Duane Jones Date: 4/14/19
13. Human Resources Comments (Approve/Deny)  
Human Resources Signature: [Signature] Date: 4-14-19
14. Committee Recommendation:  
Committee Chair Signature: Edna A. Frasier Date: 4/22/19

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.

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

1. Name: Jignasha Shah
2. Position: Public Health Program Coordinator (attach job description)
3. Department: Health Services
4. Course Title: EPI Principles of Public Health (Course 1 of 6 for Certificate Program)
5. Institution or School: SUNY Albany School of Public Health
6. Please explain how this course relates to your current position (attach course description):  
Prepares students for continually changing challenges in Public Health
7. Starting Date: May 28, 2019
8. Completion Date: August 20, 2019
9. Cost (attach documentation): Up to \$1500 (Jignasha has applied for a Public Health Leaders of Tomorrow)
10. Employee Signature: Jignasha Shah Date: 4/16/19
11. Supervisor Comments (Approve/Deny)  
Supervisor Signature: Pat Boden Date: 4/15/19
12. Department Head Comments (Approve/Deny) Is there funding in the departmental budget for this? (Yes/No)  
Department Head Signature: Doreen Jones Date: 4/14/19
13. Human Resources Comments (Approve/Deny)  
Human Resources Signature: P. Figueroa Date: 4-14-19
14. Committee Recommendation.  
Committee Chair Signature: Edna A. Trascie Date: 4/22/19

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.

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

1. Name: Laura Monroe
2. Position: Registered Professional Nurse      3. Department: Health Services- Home Care  
(attach job description)
4. Course Title: IHP420-R5408 Ethical and Legal Considerations
5. Institution or School: Southern New Hampshire University
6. Please explain how this course relates to your current position (attach course description):

This course is required for Bachelor's degree in Nursing. This course will provide framework and basis for agency's Corporate Compliance program and better understanding of nursing scope of practice and other legal issues within homecare and nursing.

7. Starting Date: 5/6/19      8. Completion Date: 6/30/19

9. Cost (attach documentation): up to \$960

10. Employee Signature: Laura A. Monroe, RN      Date: 4/15/19

11. Supervisor Comments (Approve/Deny)

Supervisor Signature: Juli Bugner      Date: 4/15/19

12. Department Head Comments (Approve/Deny)

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

Department Head Signature: Doreen Jones      Date: 4/14/19

13. Human Resources Comments (Approve/Deny)

Human Resources Signature: A. Figueira      Date: 4-14-19

14. Committee Recommendation:

Committee Chair Signature: Edna A. Frazier      Date: 4/22/19

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.