

**Warren County Health Services
Health, Human and Social Services Committee
AGENDA FOR
August 26, 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 July 29, 2019 Health, Human, and Social Services Committee meeting.

I. Action Agenda/New Business

Request Resolution: To authorize a contract with Greg Morris, NYS Licensed Physical Therapist, to provide Physical Therapy services for Homecare and Preschool programs at the established current rates, including automatic annual renewal unless there is a 30 day written termination notice from either party. **(Attachment #13)**

Rationale: Health Services continues to need physical therapy providers to serve the department's pediatric and adult population. The agency must have the capacity to accept referrals and provide services. Therapy services are billable and revenue generating.

Request Resolution: To authorize contract with Jennifer Wood, NYS Licensed Occupational Therapist, to provide Occupational Therapy services for Homecare and Preschool programs at the established current rates, including automatic annual renewal unless there is a 30 day written termination notice by either party. **(Attachment #14)**

Rationale: Health Services continues to need occupational therapy providers to serve the department's pediatric and adult population. The agency must have the capacity to accept referrals and provide services. Therapy services are billable and revenue generating.

Request Resolution: To authorize contract with Jamie Martin, RD for nutritionist services for Patients, to be automatically renewed annually unless 30 days written notice of termination request is made by either party. **(Attachment #11)**

Rationale: A nutritionist contract is a great resource for the agency's patients to help promote healing and disease management.

Request Resolution: To request referral to Personnel Committee to approve filling the vacant Registered Professional Nurse #11 position. **(Attachment #9)**

Rationale: Nursing positions are needed and are reimbursable based on insurance coverage.

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**

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 monthly report.

Information Items:

Authorization was requested for J'nelle Oxford to attend the Home Care Association's Know the Drill; Successful Emergency Planning. Preparedness and Compliance Strategies For Home Care and Hospice in Troy on September 17, 2019. (**Attachment #6**)

Authorization was requested for Christie McAvey, Public Health Nurse, to take Certified Oasis-D Quality Specialist Bundle, offered online through FAZZI for \$449. This is an 8 module program that is self- paced. (**Attachment #7**)

Authorization was requested for Christie McAvey, Public Health Nurse, to take Board Certified Home Health Coder, offered online through FAZZI for \$549. This is an 8 module program that is self- paced. (**Attachment #8**)

Staffing Update:

Homecare has one nurse out on extended leave and two nurses with intermittent leave. The agency has three open full time nursing positions in addition to per diem nursing opportunities.

Intent to Fill: Submitted Registered Professional Nurse #11 for approval. (**Attachment #9**)

Quality Senior Care Coalition: Second meeting was held 8/13, which was hosted by Glens Falls Center. There are 23 currently listed as members. The brochures have been finalized for distribution. Each town was recommended for distribution site and will receive a packet of the brochures. **Attachments # 10a, 10b, and 10c)**

- Caregiver's Guide to Selecting the Right Resources for a Loved One
- Promoting a Healthy Relationship Between Care Givers and Skilled Nursing Homes
- Sharps & Medication Collection Sites for Community Members

Vaping and E-Cigarette Community Forum:

On September 19th from 6pm to 8am at the Lake George Elementary School, there will be community education on Vaping and E-Cigarettes. **(Attachment # 12)**

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

IV. Motion to adjourn the Health Services Meeting

Attachments:

1. Report of Expenditures, Revenues, Overtime and Per Diem Use
2. Revenue and Expense Comparison Report for 2018 vs 2019
3. Report of Referrals Status
4. Emergency Response and Preparedness Activities Report
5. July Rabies Report
6. Meeting Authorization: Home Care Association: Know the Drill
7. Meeting Authorization Certified Oasis-D Quality Specialist Bundle
8. Meeting Authorization Board Certified Home Health Coder
9. Intent to Fill Form- Part Time Public Health Liaison
10. Quality Senior Care Brochures **(a, b, and c)**
11. Resolution Request to Contract with Nutritionist
12. Vaping and E-Cigarette Community Forum
13. Resolution Request to contract with Physical Therapist
14. Resolution Request to contract with Occupational Therapist.

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2019 AS OF 8/13/2019 9:07:56 AM

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	\$2,616,381.00	\$1,356,062.46	\$2,245,248.67
Salaries - Overtime	\$132,000.00	\$74,066.54	\$119,937.71
Salaries - Part Time	\$525,167.00	\$239,451.51	\$432,961.47
100's PERSONAL SERVICES	\$3,273,548.00	\$1,669,580.51	\$2,798,147.85
200's EQUIPMENT	\$81,845.04	\$18,586.01	\$86,272.34
400's CONTRACTUAL	\$6,052,802.69	\$2,153,461.42	\$5,735,971.55
800's EMPLOYEE BENEFITS	\$1,576,274.00	\$786,930.02	\$1,385,074.65
TOTALS	\$10,984,469.73	\$4,628,557.96	\$10,005,466.39

REVENUES	2019 BUDGETED	2019 YTD ACTUAL	2018 Prior Year Totals
	\$8,724,129.40	\$3,256,137.62	\$7,887,529.69

Notes: We are in the process of finalizing billing and closing the month of July for CHHA and MCH Programs. We have accrued \$246,294.96 for the month of June for Revenue for CHHA and MCH. Also accrued are revenues for the following grants: WIC \$33,211 and BT \$9,854.89.

**Warren County Health Services
Salaries Comparison**

2018 vs 2019

as of 8/4/19 Year to date Payroll

	YTD 2019	YTD 2018	YTD 19v18	% Change	Total Budget 2019	Total Actual 2018
Total of All Depts						
Regular Salaries	\$1,356,062.46	\$1,380,746.51	-\$24,684.05	-1.79%	\$2,616,381.00	\$2,245,248.67
Overtime Salaries	\$74,066.54	\$59,526.13	\$14,540.41	24.43%	\$132,000.00	\$119,937.71
Part Time Salaries	\$239,451.51	\$248,804.30	-\$9,352.79	-3.76%	\$525,167.00	\$432,961.47
TOTALS	\$1,669,580.51	\$1,689,076.94	-\$19,496.43	-1.15%	\$3,273,548.00	\$2,798,147.85
% current YTD Salary to Total Budget	51.00%	60.36%				

*Source: Detail G/L report for all Salary Category from 1/1/19-8/4/19.

Overall, total salaries are \$19,496.43 or 1.15% 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 currently are 51.00% of the 2019 budget, while last year at this time we were 60.36% of the budget.

**Warren County Health Services
Revenue and Expense Comparison 2019 vs 2018
as of 8/13/19**

EXPENSES	2019 YTD Actual as of 8/13/19 G/L	2018 YTD as of 8/13/18 G/L	Variance
Salaries - Regular	\$1,356,062.46	\$1,380,746.51	(\$24,684.05)
Salaries - Overtime	\$74,066.54	\$59,526.13	\$14,540.41
Salaries - Part Time	\$239,451.51	\$248,804.30	(\$9,352.79)
100's PERSONAL SERVICES	\$1,669,580.51	\$1,689,076.94	(\$19,496.43)
200's EQUIPMENT	\$18,586.01	\$56,715.42	(\$38,129.41)
400's CONTRACTUAL	\$2,153,461.42	\$2,663,929.56	(\$510,468.14)
800's EMPLOYEE BENEFITS	\$786,930.02	\$874,936.30	(\$88,006.28)
TOTALS	\$4,628,557.96	\$5,284,658.22	(\$656,100.26)

REVENUES	2019 YTD ACTUAL	2018 Prior YTD	Variance
	\$3,256,137.62	\$2,992,439.27	\$263,698.35

Notes:

Salaries: (please see previous page) overall are \$19,496.43 or 1.15% below 2018 as of the 8/4/19 payroll posting date. Salaries for 2019 are 51% of the budget YTD where they were 60.36% 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 are 3.76% below last year.

Equipment: The variances are related to the purchase in August 2018 of the new laptops needed for the nurses for patient charting and for the purchase of three vehicles.

Contractual Expenses: These are higher in 2018 due to timing of invoices paid. As previously stated, the 2019 Contractual expenses for Preschool reflect over \$433,252 less in 2019 compared to 2018, while the CHHA is also below 2018 by \$59,715. These expenses are 96% of the variance between years. As noted in previous months, we are waiting for one vendor who has not submitted to the state their rates to be approved. Therefore we have not yet been able to pay any vouchers this year.

Employee Benefits: Employee benefits are below last year to date by (\$88,006.28). However, this is due to the fact that June and July 2019 Retiree expenses have not yet been posted. Year to date Retiree Health for 2019 is \$102,372.60 as of 5/31/19. This is 11.70% of the year to date employee benefits.

Revenues: The Preschool program's revenues in 2019 YTD are approximately \$258,000 above the 2018 revenues which all are related to the billing to the state for services.

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

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 Referral	112	88	97	95	115	123	86	134	122	126	83	96	
SN IV Referral	2	8	5	4	7	7	1 0**	0**	0**	0**	0**		
PRI	3	3	3	1	2	0	2	5	1	1	1	0	
SN Referrals per month	117	99	105	100	124	130	89	139	123	127	84	96	
PT Referral	70	57	63	61	74	59	61	79	57	71	62	60	
PT only	19	18	17	19	16	20	6	18	15	22	21	11	
Total Referrals per month	136	117	122	119	140	150	95	157	138	149	105	107	1535

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 Referral	119	97	89	88	104	83							
SN IV Referral	0**	0**	0**	0**	0**	0**							
PRI	0	2	4	0	1	0							
SN Referrals per month	119	99	93	88	105	83							
PT Referral	65	48	54	48	61	51							
PT only	13	5	8	12	14	12							
Total Referrals per month	132	104	101	100	119	95							651
	-4%	-13%	-21%	-19%	-21%	-55%							

Attachment 3

Numbers current as of 08/19/19

ATTACHMENT #1
BT ACTIVITY SHEET
BP1 (new) - 7/1/19 - 6/30/20

Page 1

Topic Color Codes

Red/Chempack; Green/SNS; Blue/Mass Fatality; Black/Training;
 Purple/Special Needs; Orange/Drill; Black/Pan Flu

8/13	Conference Call	BT Coordinators Meeting – Ballston Spa	J'nelle Oxford	Planning
8/16	In Person	Capital District Health Emergency Preparedness Coalition (HEPC) Interoperable Communications (IOC) Drill	J'nelle Oxford (PH) Pat Belden (PH) Valarie Whisenant (HC) Jodi Brynes (HC)	Drill
8/21	In Person	GF Hospital TTX – Weapon at a Health Care Facility	Dan Durkee	Drill
8/21	In Person	ChemPack Planning Meeting	Dan Durkee	Planning

Warren County Public Health Rabies Program Dates- July 2019

Town	Different Address Owner/Victim <small>*Follow up by Town ACO</small>				Same Address Owner/Victim <small>* Follow up by Public Health</small>				Out of Town Owner <small>*Follow Up by Public Health</small>				Strays Follow Up by Public Health • Vet's Office • Victim Watching • Victim Treated Rabies PEP • Euthanized Follow Up by ACO Animal needs to be captured and taken to Animal Hospital. Public Health to check after confinement					
	Cats		Dogs		Cats		Dogs		Cats		Dogs		Vet	Victim Watched	Treated with PEP	Refused PEP	Euthanized	ACO Capture
	UTD	NOT UTD	UTD	NOT UTD	UTD	NOT UTD	UTD	NOT UTD	UTD	NOT UTD	UTD	NOT UTD						
Bolton			1				1											
Chester																		
Glens Falls			2			1		1									1	
Hague																		
Horicon																		
Johnsburg			1							2	1		1 Pig Not UTD					
Lake George			1								1	1						
Lake Luzerne			1	1										2				
Queensbury			2			2	2		2									
Stony Creek																		
Thurman																		
Warrensburg											1							
Totals			8	1		3	3	1	2	2	3	1		1	2		1	

Total Bites for this month – 28

Specimens tested for rabies this month- 4

Positive specimens for rabies- 0

People pre-approved for rabies post exposure treatment- 8

Rabies Clinics this month- 2

Next Rabies Clinic- August 24th at Queensbury Community Center then September 14th at Chester Fire House 10 AM-12 PM

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 Service Committee (Supervisory Committee) hereby authorizes J'nelle Oxford (Employee Name)

to attend Home Care Association: Know the Drill; Successful Emergency Planning, Preparedness and Compliance Strategies for Home Care and Hospice (Name of meeting or organization)

at Hilton Garden Inn; 235 Hoosick St, Troy, NY 12180 on September 17, 2019.
(Address) (Dates)

Meeting/Convention Cost: \$199 Mode of transportation to be used: Private Vehicle
(County Vehicle or Mass Transportation)

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

Employee lives closer to venue than office

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

Notice of meeting or convention including cost. Total Cost of Travel \$ \$199
(travel and meeting/convention cost)

For Overnight Travel

Room rate \$ _____ GSA* Rate \$ _____

Funding in Budget? Y N

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

* www.gsa.gov

Date: 8/9/19

J'nelle Jones DPH
Department Head Signature

Date: 8/9/19

[Signature]
County Administrator Signature

Date: 8/16/19

Edna A. Trassini
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.

KNOW THE DRILL

Successful Emergency Planning,
Preparedness and Compliance
Strategies for Home Care & Hospice

September 17, 2019

Hilton Garden Inn
235 Hoosick Street
Troy, NY 12180

Hotel Information

Hilton Garden Inn
235 Hoosick Street
Troy, NY 12180

HCA has reserved a limited block of rooms at the Hilton Garden Inn in Troy, NY for the night of Monday, September 16 at a discounted rate of \$119 per night. To receive this special rate, please call (877) 782-9444 prior to August 27 and ask for the group code HCA9.

Registration

Name: _____

Title: _____

Organization: _____

Mailing Address: _____

City/State/Zip: _____

Email: _____

(Required for registration)

Phone: _____

Cancellations received by September 9 are refundable less a 25% administrative fee. Cancellations must be received in writing via e-mail to info@hcanys.org. No refunds after that time or for no shows. Substitutions are permitted.



Fax registration form to
(518) 426-8788.

Registration Fee

___ HCA Members \$149 _____

___ HCA Member Group Discount \$129 _____

Send 2 or more staff from your agency and receive this discounted rate (all registrations must be submitted together).

___ Non-Members \$199 _____

Deadline for registration & payment is September 10, 2019

Payment

Please check method of payment:

___ MasterCard ___ VISA ___ Am Exp ___ Check*

*Make checks payable to: **HCA Education & Research Mail to: 388 Broadway, 4th Floor, Albany, NY 12207.** Checks must be received by September 10.

Card Number _____

Expiration Date _____

Security Code _____

Billing Address of Card Holder _____

City, State, Zip _____

Name on Card _____

Authorized Signature _____

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

COPY

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 Christie McAvey
(Supervisory Committee) (Employee Name)

to attend Certified Oasis-D Quality Specialist Bundle
(Name of meeting or organization)

at Fazzi- Online on 8 Modules- Self- Paced
(Address) (Dates)

Meeting/Convention Cost: \$449 Mode of transportation to be used: N/A
(County Vehicle or Mass Transportation)

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

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

Notice of meeting or convention including cost. Total Cost of Travel \$ \$449
(travel and meeting/convention cost)

For Overnight Travel

Room rate \$ _____ GSA* Rate \$ _____

Funding in Budget? Y N

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

* www.gsa.gov

Date: 8/22/19

Genevieve Jones

Department Head Signature

Date: _____

County Administrator Signature

Date: _____

Committee Chairman Signature

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

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

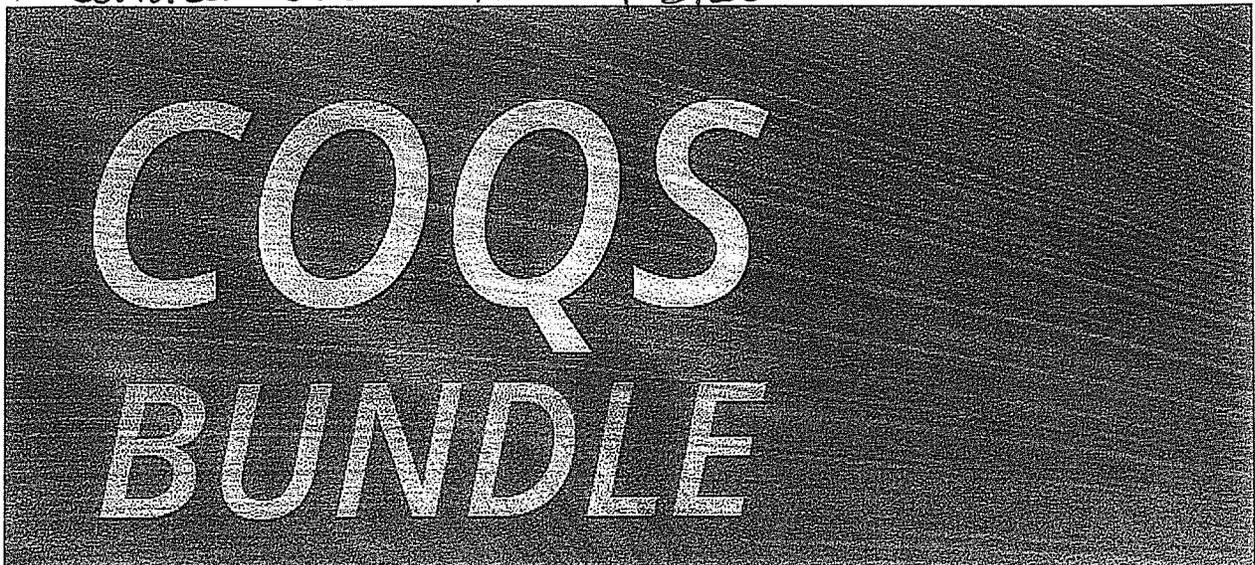
=====

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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.

Certified OASIS-D Quality Specialist Bundle

Certified OASIS Quality Specialist



[Course Description](#)

[Instructor Bio](#)

[Software Requirements](#)

[How it Works](#)

Purchase a seat in the COQS Bundle for a seat in both our full OASIS Certification Preparation Course and our Certified OASIS Quality Specialist Exam. At the start of each week, a new module is opened that includes a combination of presentation videos, practice activities, live webinar Q&A sessions, and discussion with course colleagues. Participants should expect to spend 1-2 hours per week completing each module. Upon completion of the course, participants will receive access to a practice certification exam to test their readiness. Once ready, participants may sign up to complete the COQS or other certification exam on their own schedule. Further instructions will be delivered via email.

[Lesson Plan](#)

Module 1

Module 2

Module 3

Module 4

Module 5

Module 6

Module 7

Module 8

• Fall Risk Assessment: M1910 • Drug Regimen Review: M2001 • Medication Follow-Up: M2003 • Medication Intervention: M2005 • High-Risk Drug Education: M2010 • Drug Education Intervention: M2016 • Oral Medication Management: M2020 • Injectable Medication Management: M2030 • Types and Sources of Assistance: M2102 • Therapy Need: M2200 • Intervention Synopsis: M2401 • Emergent Care: M2301 • Emergent Care Reasons: M2310 • Inpatient Admission: M2410 • Discharge Disposition: M2420 • Date of Discharge/Transfer/Death: M0906 • Testing Tips for Certification Exam

\$449.00

~~List Price: \$549.00~~

You save: \$100 (18%)



of Seats:

Our quantity discounts:

Quantity	Price
10+	\$375.00

Minimum quantity for 'Certified OASIS-D Quality Specialist Bundle' is 1.

COURSE DETAILS AT A GLANCE:

Contact Hours: Nursing

Topics: OASIS

Skill Level: Advanced



[Buy Courses](#) | [Mission Statement](#) | [Fazzi.com](#) | [Learn More](#) | [Privacy Policy](#) |

HelpDesk Line: 844-993-2994

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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 Christie McAvey
(Supervisory Committee) (Employee Name)

to attend Board Certified Home Health Coder
(Name of meeting or organization)

at Fazzi- Online on 8 Modules- Self- Paced
(Address) (Dates)

Meeting/Convention Cost: \$549 Mode of transportation to be used: N/A
(County Vehicle or Mass Transportation)

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

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

Notice of meeting or convention including cost. Total Cost of Travel \$ \$549
(travel and meeting/convention cost)

For Overnight Travel

Room rate \$ _____ GSA* Rate \$ _____

Funding in Budget? Y N

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

Date: 8/22/19

Geni Mc Jones
Department Head Signature

Date: _____

County Administrator Signature

Date: _____

Committee Chairman Signature

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

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

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4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Clerk of the Board if credit card will be used.
6. Copy of executed form needs to be included in next agenda for reporting to oversight Committee.

BCHH-C Bundle

Board Certified Home Health Coder

The banner features a dark background with a white icon of three stacked books on the left. To the right of the icon, the text "BCHH-C BUNDLE" is written in large, white, sans-serif capital letters. Below this banner are three circular images arranged horizontally. The first image shows a hand typing on a keyboard, with the text "BCHH-C COURSE" to its left. The second image shows a book titled "OASIS-D FIELD GUIDE" with the Fazzi logo at the bottom, with the text "OASIS-D FIELD GUIDE" below it. The third image shows hands typing on a laptop, with the text "BCHH-C EXAM" to its right.

Course Description

Software Requirements

This is the **PRE-ORDER** for the BCHH-C Bundle which will include the BCHH-C course, BCHH-C exam and a physical copy of the OASIS-D Field Guide mailed to your door.

The course will begin on July 8, 2019.

Please note - We're unable to ship manuals outside the United States, we apologize for the inconvenience.

PDGM is just around the corner. Now, more than ever, certifying your home health coding proficiency is critical to achieving PDGM success! Join the thousands of coders who have already become BCHH-C certified with our new 8-week online training program. Developed by industry leading coding experts, the BCHH-C online certification bundle includes:

- BCHH-C preparation course also includes a PDGM module to prepare coders for January 1st.
- A 100-question proctored certification exam (or 80-question recertification exam) which can be taken online from the convenience of home or office.
- Fazzi's popular OASIS-D Field Guide to Data Collection with CMS Chapter 3 guidance, Q&As and Fazzi best practice guidance.

Note: Participants need a current ICD-10-CM Coding Manual to participate in the course.

Why is the BCHH-C so Valuable?

- Coders can obtain BCHH-C coding certification completely online with our online certification course and examination.
- BCHH-C certificants receive free annual competency testing, frequent coding updates webinars and "Ask The Expert" sessions.
- The BCHH-C course and exam are unique in our industry to include not just ICD-10-CM concepts but also test and train in those areas of OASIS (25%) required to become an expert coder. In fact, some employers require no additional OASIS certification when holding the BCHH-C credential.
- Coders with other coding certifications may take the BCHH-C 75 question recertification exam.
- Led by a team of coding experts, the quality of the course instruction and materials is outstanding.

\$549.00

of Seats:

Our quantity discounts:

Quantity	Price
10+	\$375.00

Minimum quantity for "BCHH-C Bundle" is 1.

COURSE DETAILS AT A GLANCE:

Contact Hours: Nursing

Topics: Coding, Credentialing

Skill Level: Intermediate



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RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

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

DEPARTMENT HEAD COMPLETES THIS SECTION

Department: Health Services Payroll Dept. No: 36.00
Title of Position: Registered Professional Nurse #11 Base Salary of Position: \$47,523 Grade: 19
Filling at Step # (If Known): _____
Budget code and title: A.4010.110; Health Services Full Time Salaries Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: #13294/ Maxwell Date of Vacancy: 8/23/2019
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal _____% State _____% Other Insurance _____% Variable based on caseload

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other _____
Actual Impact to Budget Report will be provided monthly by Human Resources Director
Candidate's qualifications must be approved by Personnel Officer prior to hiring. PO 8/15/19
Human Resources Director has approved this form when initialed. 12 8-15-19

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature [Signature] Date 8/15/19

BUDGET OFFICER COMPLETES THIS SECTION

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

Budget Officer Signature Frank E Thomas Date 8/16/19

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health, Human & Social Services

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

Ranking Committee Member Signature Edna A. Traxier Date 8/26/19

SELECTING APPROPRIATE CARE

There is a lot to consider when choosing the correct care for your loved one. With so many care options, it can be hard to know if you're making the right decision. This pamphlet will explore the differences between home care, assisted living and skilled nursing facilities, as well as how to determine which care is best for your loved one.

To discover more resources available in Warren County, please contact the Warren County Office for the Aging (OFA). OFA provides information and assistance in accessing available services in Warren and Hamilton Counties. Services provided include information and referral, case management, and guiding the elderly to needed services, as well as assisting them with applications for benefits.



Helpline resources for concerns and comments:



LTC Ombudsman Helpline: 1-855-582-6769

Catholic Charities of Schenectady: 518-372-5667



Nursing Home Complaint Helpline: 1-888-201-4563



U.S. Department of Justice

Civil Rights Division: (202) 514-6255



Warren County Adult Protective Services: 518-761-6326

Warren County Office for the Aging: 518-761-6347

Warren County Health Services: 518-761-6580

NY Connects: 1-866-805-3831

Quality Senior Care
Warren County

CAREGIVER'S GUIDE TO SELECTING THE RIGHT RESOURCES FOR A LOVED ONE



FEEL CONFIDENT IN YOUR CARE
SELECTION FOR A LOVED ONE

Attachment 10A

CHOOSING CARE

UNDERSTANDING THE TERMINOLOGY INVOLVED IN LONG TERM CARE IS HALF THE BATTLE. HERE YOU CAN COMPARE BETWEEN SKILLED NURSING FACILITIES, ASSISTED LIVING AND HOME CARE.

SKILLED NURSING FACILITIES



Skilled Nursing Facilities (SNF), also known as nursing homes, serve as healthcare residencies for individuals with care needs beyond the capabilities of assisted living. SNF's staffing consists of RNs, LPNs and Cer-

tified Nursing aids (CNAs) available for 24 hour care and medical attention. Skilled Nursing Facilities can serve as both short term and long term care. They can be used for brief rehabilitation prior to your loved one being admitted back home with care or to assisted living. They can also serve as extended stay care for medical conditions that require around the clock care.

ASSISTED LIVING FACILITIES

Assisted Living Facilities offer a housing alternative for older adults who may need help bathing, eating or dressing but do not need the extensive medical care that a nursing home offers. They also can help with other household chores that an individual may no longer be capable of doing such as washing and folding clothes. Frequently they also have recreational opportunities to make sure your loved one is remaining active in their care. Assisted Living is primarily for patients still wishing to maintain a mostly independent style of living. Assisted Living can be viewed as the step between Adult Homes and Skilled Nursing Facilities. Meaning, your loved one requires more personal, 24 hour supervision, but do not require continual nursing or medical care.



ADULT HOMES

Adult Homes, or Adult Care Facilities are for elderly or non elderly patients with disabilities who require less staff dependency than Assisted Living. Adult Homes do not offer nursing services or help with ambulation. Adult Homes keep patients in a familiar environment with a finite amount of tenants so that more personal care can be provided.

HOME NURSING CARE

Home Nursing Care, frequently shortened to Home Care, is a healthcare option for your loved one coming right to their home. Generally speaking, most home care patients are homebound with the goal being to allow a patient to live at home as long as possible while receiving necessary medical services. Many Home Care agencies can offer beyond Skilled Nursing, such as, Physical, Occupational and Speech Therapies, Home Health Aides, Nutrition, Wound Care and more.



CHOOSING THE RIGHT CARE

The most important aspect to look at when choosing your loved ones care is what their needs, as well as yours are in the situation. Many times services such as Home Nursing Care still rely heavily on family members not only for care but also to be the eyes and ears when the service is not in the home. As a caregiver, you can only care for your loved one within your own means. For example, if you are overwhelmed with care inside the home and providing transportation to doctors appointments, than Home Care may not be the correct option.

HOW TO FIND SERVICES

Finding services in your area at times may seem difficult, but agencies such as Office's for the Aging, NY Connects can help point you in the right direction. Other way's to find services near you is word of mouth. Ask friends, families and healthcare providers for services they know of or have used for loved ones. A physician will also be able to help you understand the extent of services your loved one may need. If your loved one is in the hospital, before discharge ask the social worker or nursing staff for recommendations as well.

WHAT QUESTIONS TO ASK

General Questions to ask once you've decided on care include:

- ⇒ (FOR HOME CARE) How often will your loved one receive care a week? What should you do on the weekend or after hours? When do you call 9-1-1 if home care isn't available or returning a call?
- ⇒ (FOR ASSISTED LIVING) Is transportation to medical visits provided for your loved one? How are dietary needs met? What services do they help with (ie. Bathing, laundry, therapies)?
- ⇒ (FOR SKILLED NURSING FACILITIES) Can your loved one continue to see their personal doctor, if they don't come to the nursing home, can transportation be provided? How frequently does day to day staff change? Can you see a cafeteria menu, activities?
- ⇒ (FOR ALL) Will our insurance cover any or all of this service? How much out of pocket can be expected? Are there recreation activities daily for your loved one? Visiting policies, privacy policies, etc.



Long Term Care Ombudsman Program

The Long Term Care (LTC) Ombudsman Program is a resident advocacy program that protects the health, safety, welfare, and civil rights of people living in nursing homes and adult care facilities. Ombudsmen helps residents and their families understand their ability to exercise their rights for quality of care and life. This program receives, investigates and works to resolve complaints made on behalf of a resident.

Ombudsman responds to issues regarding LTC including:

- ◆ Residents' rights
- ◆ Environmental concerns
- ◆ Discharge and eviction
- ◆ Personal Care Concern
- ◆ Quality of life issues

For additional information or to contact the Ombudsman program

Call Catholic Charities at 518-372-5667

Or

visit www.ltcombudsman.ny.gov or call 1-855-582-6769



Should Complaints or Concerns arise, there are many helplines available for patient right protection



LTC Ombudsman Helpline: 1-855-582-6769

Catholic Charities of Schenectady: 518-372-5667



Nursing Home Complaint Helpline: 1-888-201-4563



U.S. Department of Justice

Civil Rights Division: (202) 514-6255



Warren County Adult Protective Services: 518-761-6326

Warren County Office for the Aging: 518-761-6347

Warren County Health Services: 518-761-6580

NY Connects: 1-866-805-3931

Quality Senior Care Warren County

PROMOTING A HEALTHY
RELATIONSHIP
BETWEEN CARE GIVERS
AND SKILLED NURSING
HOMES

*Keeping the lines of communication open
between care givers and facility staff to
promote a positive experience for loved ones*



Promoting a Healthy Relationship with LTC Facilities

The most important aspect of advocating for your loved one in a LTC facility (or nursing home) is fostering a healthy relationship with facility staff.

To start, get to know the care staff.

Introduce yourself, family members and get on a first name basis with them.

Express the goals you feel are most important for your loved ones care and the outcomes you would like to see. Knowing care staff well will allow you and your family members to feel at ease in the care process. It also gives you a stepping stone if issues do arise.



ADDRESSING CONCERNS

When concerns arise, it is critical to utilize open communication with the facility staff involved. It is best to use a chain of command approach with staff. To start, if the concerns are with care, it may be best to discuss with nursing staff or the nursing manager at the facility. If those individuals cannot, or do not, resolve the concern there are support staff that can next be contacted. The top of the chain is reaching out to the Nursing Home Administrator. If attempts to address issues with facility staff go unresolved there are agency

programs (such as Ombudsman) and State protocols that can help facilitate and try to resolve the complaint. Please reference the back of this brochure to see the helplines available for complaints and concerns regarding Nursing Home Facilities.



RESIDENTS RIGHTS

More often than not, most patients and care givers are unaware of their rights surrounding LTC/Nursing Home Facilities. Patients and Family members can play a role in the development of care plan for a loved one and do have the ability to address concerns. There are many common concerns with nursing homes including:

1. The Food
2. Nighttime Disturbances (such as TV)
3. Not Enough / Adequate Activities
4. Staff Attentiveness

These common concerns are great examples of things to express with the care staff to try and resolve.

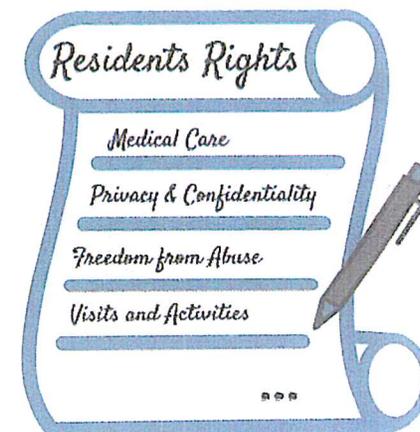
COMPLAINTS

There are a few questions to ask yourself before filing a formal complaint

1. Is the complaint reasonable—meaning—are you acting out of anger/frustration or is the behavior warranted?
2. Have you tried to address this first with the staff—has adequate time been provided to them to resolve?
3. Has an effort been made by staff to resolve to the best of their ability?
4. Is this complaint deriving from a larger issue that has not been resolved, or is this the main concern?

Once you have decided to file a formal complaint there are a few routes you may take.

1. If you feel a patient's rights are being compromised, contact Resident Advocacy programs such as the Ombudsman program to advocate for your loved one.
2. File a complaint with the NYSDOH. If you fear your complaint may be frequent among patients, or want a further investigation conducted, then filing with NYSDOH is wise. There are two ways to file a complaint with the Department of Health
 - ⇒ Visit https://apps.health.ny.gov/nursing_homes/complaint_form/complain.action and download their PDF complaint form and follow the instructions to mail or fax.
 - ⇒ Call the Nursing Home Complaint Line 1-888-201-4563



Safe Medication Disposal

The Warren County Sherriff's office offers year-round medication drop off at their site in Lake George.

"SHARPS" and Liquid Medications are not accepted at the Med. Return box. The program offered by the Sherriff's office expands the options currently available for households to dispose of discontinued, expired or unwanted medications in a manner that considers public health, as well as the environment.

The drop box is located in the lobby of the Sherriff's office, if dropping off medications after 4:00PM, you will need to be buzzed into the building. Prior to 4:00PM the doors are open to walk into the lobby.

On a case by case basis, if a patient is home bound, an option may be available for a Sherriff to come to a community members home to pick up their medications for disposal.



Public Health
Prevent. Promote. Protect.

Warren County Health Services
Division of Public Health

Warren County Health Services

1340 State Route 9
Lake George, NY 12103
Phone: 518-761-6580



Warren County

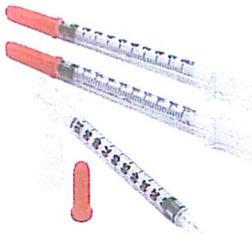
Sharps & Medication Collection Sites for Community Members





Sharps Disposal

There are many individuals with serious health conditions who manage their care at home and use syringes. For example, people with diabetes use syringes to inject their own insulin and use lancets every day to test their blood glucose. In addition, injection drug users use syringes and needles. Safe disposal of sharps is



critically important to optimize health, safety and protection of the environment. The best way to ensure that people are protected from potential injury or disease transmission of blood

borne diseases due to needle sticks is to follow established guidelines for the proper containment of "sharps" syringes, needles and lancets and other safer disposal practices.

Safe Disposal of Sharps

The first step of properly disposing of your Sharps is to use an appropriate Sharps container. Sharps containers may be obtained from online, a surgical supply house or pharmacy. In order to use any of the area drop offs located on the right you will need to place the Sharps (needles, syringes, and lancets) into said container.



Sharps Drop off Location Details

Elderwood at North Creek
112 Ski Bowl Rd.
North Creek, NY 12853
Mark Hunter (Administrator)

No hours—please contact Elderwood for accommodations

Glens Falls Center
152 Sherman Ave.
Glens Falls NY 12001
Alejinn Smith (Administrator)

Tuesdays 10:30-11:30AM

Glens Falls Hospital
100 Park St
Glens Falls, NY 12001
Millary Alyeon (Infection Control Manager)

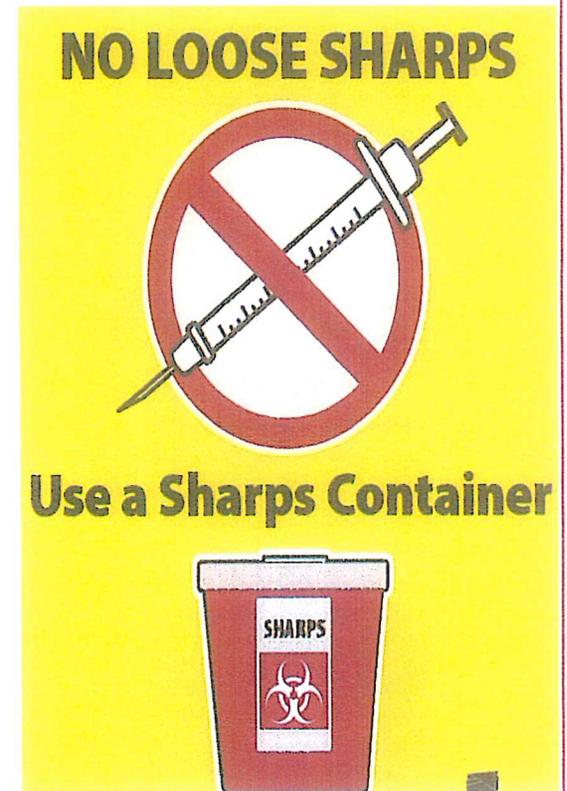
Out Patient Lab—1st Floor
Monday - Friday: 6:30 a.m. - 6:00 p.m.
Saturday: 7:00 a.m. - 12 p.m.

The Pines at Glens Falls Center for Nursing and Rehabilitation
170 Warren St
Glens Falls, NY 12001
Chris Alexander (Administrator)

No hours—please contact the Pines for accommodations

The Warren Center
42 Gurney Lane
Queensbury, NY 12004
Nathan Pasik (Administrator)

Monday—Friday 8:00AM—4:00PM
Ask for the Maintenance department



RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: August 26, 2019

- (a) Is this a Result of a Bid or Request for Proposal? **no**
- (b) Purpose of Contract: **To authorize contract to provide nutritional services for agency patients with automatic renewal unless 30 days written notice to terminate is provided by either party.**
- (c) Name of Contractor: **Jamie Martin, RD**
- (d) Address of Contractor: **149 Duncan Rd; Gansevoort, NY 12831**
- (e) Contractor's Contact Person and Telephone Number: **518-791-4628**
- (f) Has or will the Contract be provided, if so, please attach:
- (g) Commencement Date of Contract: **September 20, 2019**
- (h) Termination Date of Contract: **Automatic renewal unless 30 days written notice to terminate is provided by either party**
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount **See attached Therapy Rates**
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. **Upon completion of 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.4010.470 Health Services Contract 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

WARREN COUNTY HEALTH SERVICES
THERAPY RATES

Certified Home Health Agency

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

Early Intervention Services Only

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

Preschool CPSE/Approved IEP

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

Meetings (for all services)	\$40.00
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Vaping & E-Cigarette Use among Youth in Warren County

September 19th 6:00pm – 8:00pm

Lake George Elementary School

Community Forum

An opportunity for parents, students and community members from all of Warren County to learn more about vaping and e-cigarettes and the current trends that are emerging among the youth.

There will be short presentations by a panel of guest speakers followed by an open question and answer period.

Where: Lake George Elementary School, Little theatre,
69 Sun Valley Drive, Lake George

When: September 19th, 2019

Time: 6:00pm – 8:00pm

Open To: The General Public, Seating is limited to 100 people

For more information contact Dan Durkee, Senior Health Educator,
Warren County Public Health, 518-761-6580 or email
durkeed@warrencountyny.gov

Speakers include representatives from

**Warren County Public Health, Adirondack Pediatrics, Warrensburg School Superintendent,
Office of Community Services (mental health), Council for Prevention, Glens Falls Hospital
and Adirondack Health Institute**



RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: August 26, 2019

- (a) Is this a Result of a Bid or Request for Proposal? **no**
- (b) Purpose of Contract: **To authorize contract to provide physical therapy services for agency patients in Homecare and Preschool programs with automatic renewal unless 30 days written notice to terminate is provided by either party.**
- (c) Name of Contractor: **Greg Morris**
- (d) Address of Contractor: **PO Box 05; Pottersville, NY 12860**
- (e) Contractor's Contact Person and Telephone Number: **239-826-9754**
- (f) Has or will the Contract be provided, if so, please attach:
- (g) Commencement Date of Contract: **September 20, 2019**
- (h) Termination Date of Contract: **Automatic renewal unless 30 days written notice to terminate is provided by either party**
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount **See attached Therapy Rates**
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. **Upon completion of 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.4010.470 Health Services Contract 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

WARREN COUNTY HEALTH SERVICES

THERAPY RATES

Certified Home Health Agency

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

Early Intervention Services Only

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

Preschool CPSE/Approved IEP

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

Meetings (for all services)	\$40.00
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RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: August 26, 2019

- (a) Is this a Result of a Bid or Request for Proposal? **no**
- (b) Purpose of Contract: **To authorize contract to provide occupational therapy services for agency patients in Homecare and Preschool programs with automatic renewal unless 30 days written notice to terminate is provided by either party.**
- (c) Name of Contractor: **Jennifer Wood**
- (d) Address of Contractor: **44 Schermerhorn Dr; Lake George, NY 12845**
- (e) Contractor's Contact Person and Telephone Number: **914-572-9212**
- (f) Has or will the Contract be provided, if so, please attach:
- (g) Commencement Date of Contract: **September 20, 2019**
- (h) Termination Date of Contract: **Automatic renewal unless 30 days written notice to terminate is provided by either party**
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount **See attached Therapy Rates**
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. **Upon completion of 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.4010.470 Health Services Contract 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

WARREN COUNTY HEALTH SERVICES
THERAPY RATES

Certified Home Health Agency

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

Early Intervention Services Only

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

Preschool CPSE/Approved IEP

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

Meetings (for all services)	\$40.00
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