

HUMAN SERVICES COMMITTEE MEETING
COUNTRYSIDE ADULT HOME AGENDA
November 22nd 2021

COMMITTEE MEMBERS: Supervisors Driscoll, Frasier, Magowan, Shepler, and Smith
Chair of the Board shall serve as an Ex-Officio member when needed in accordance
with the Section C (4) of the Rules of the Board

- I. Committee meeting called to order by Chair
- II. Approval of minutes of prior Committee Meeting
- III. Action Agenda/New Business Items:
 1. Request: Application for Equal Grant through the Department of Health, application has been submitted with permission from Supervisor Driscoll because of time constraints
Rationale: The grant is to improve the quality of life for the residents and does not require County contribution.
 2. Request: To transfer \$20,000 from Part-Time Salaries to Salaries-Overtime and \$5,000 into Other Equipment
Rationale: Cover expenses through year end
 3. Request: Authorization to pay annual ESAAL Membership Dues at a cost of \$1,344.00
Rationale: Membership continues to be an undeniable resource for regulation compliance and also offers the training that is required by Dept. of Health.
 4. Request: Renew service agreement with HHHN for Physicals, PPD's and Vaccinations that are a requirement for new hires and continued employment.
Rationale: Mandated by Dept. of Health and is 50% reimbursable.
 5. Request: Enter into a new service agreement with Omnicare Pharmacy for stock items.
Rationale: Responsibility of the facility, not resident billable and 50% reimbursable.
 6. Request: To fill Part-Time Intuitional Aide #3
Rationale: Adequate staffing is mandated to meet resident needs and 50% reimbursable.
- IV. Discussion Items:
 1. Resolution Request Form No.20
 2. Resolution Request Form No.10
 3. Resolution Request Form No.20
 4. Resolution Request Form No.20
 5. Resolution Request Form No.3
 6. NOIF
 7. Census
 8. Overtime Reports
- V. Referrals/Pending Items: None.
- VI. Privilege of the floor and public comment (please allow for 15 second delay on live stream meetings)
- VII. Motion to adjourn

Attachments:

1. Resolution Form No. 20
2. Resolution Form No.10
3. Resolution Form No.20
4. Resolution Form No.20
5. Resolution Form No.3
6. NOIF
7. Census
8. Overtime Reports

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: Countryside Adult Home

DATE: 11/22/2021

- (a) Purpose of Request: **Application for Equal Funds Award from Department of Health**
- (b) Details: **Supervisor Driscoll provided permission to apply for the grant due to the application deadline of 11/19/2021. No County contribution required**
- (c) Previous Resolution Number: **n/a**
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount:

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

* as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: AMANDA ALLEN, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

DEPARTMENT NAME: Countryside Adult Home

SIGNED:

DATE: 11/22/2021

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.6030 130	Part Time-salaries	A.6030 120	Salaries-Overtime	25,000
A.6030 130	Part Time-Salaries	A.6030 260	Other Equipment	5,000

Please state reason for transfers requested: To cover overtime & benefit costs through year end.

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Account- Other Payments/Contributions			

Please state reason for transfer request:

Please file original request with Clerk of the Board and retain copy for your records.

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: COUNTRYSIDE ADULT HOME

DATE: 11/22/2021

- (a) Purpose of Request: Request Authorization to pay ESAAL Annual Membership Dues of \$1344.
- (b) Details: DOH regulations are complex, the ESAAL is an excellent resource for interpretation as well as answering questions. The program advises on compliance issues as well insight on plans of correction.
The program offers training that meets the 60 credits that is a DOH requirement at a discounted price for members.
- (c) Previous Resolution Number: 473 of 2020
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: A.6030 427-Memberships & Dues

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

* as listed in budget and LOGOS



646 Plank Road, Suite 207
Clifton Park, NY 12065-2081

Countryside Adult H
353 Schroon River Road
Warrensburg, New York 12885

Member Dues Invoice

Date	Invoice #
1/1/2022	26977

Terms
Net 30

INVOICE DUE:	1/31/2022
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Description	QTY	Unit Price	Total
48 Adult Home beds @ 28.00 = 1344.00 Annually. Member elects to be invoiced annually.		1,344.00	1,344.00

Total	\$1,344.00
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Payments/Credits	\$0.00
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Balance Due	\$1,344.00
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Dues figure is based on \$28 dollars per Adult Home Bed (AH) or Enriched Housing Program (EHP) and/or \$33 dollars per Assisted Living Program Bed (ALP) per year. ESAAL dues may be deducted as a business expense but not as a charitable contribution. ESAAL estimates that the NON-DEDUCTABLE portion of your dues allocable to lobbying is 12% for 2021

Please make checks payable to ESAAL.

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: COUNTRYSIDE ADULT HOME

DATE: 11/22/201

- (a) Purpose of Request: Request Authorization to renew service agreement with HHHN., to provide annual physicals to employees and new hires and bi annual ppd placements, Hepatitis B Vaccinations, Tdap and Influenza Vaccines. The cost of each exam is \$135.00 ,PPD placement \$16.00, Hepatitis is a series of 3 totaling \$204.00, Tdap Vaccine \$48.00 and Influenza \$27.00
- (b) Details: Mandated by The Department of Health
- (c) Previous Resolution Number: 55 of 2019
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: A.6030 470

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

* as listed in budget and LOGOS



GEORGE PURDUE
ADMINISTRATIVE BUILDING
9 CAREY ROAD
QUEENSBURY, NY 12804
518-761-0300
WWW.HHHN.ORG

Delivered via email mcbyrnea@warrencountyny.com

October 14, 2021

Countryside Adult Home
353 Schroon River Road
Warrensburg NY 12885
Attn: Ms. Amy McByrne, Director

Re: 2022 – 2023 Employee Physical Examination Agreement Proposal of New Rates

Dear Ms. McByrne,

For the period of January 1, 2022 – December 31, 2023, Hudson Headwaters Health Network will provide the following services to Countryside Adult Home employees for the rates indicated below.

Physical Exam – \$135.00 each
PPD – \$16.00 each
Hepatitis B Vaccinations (series of 3 required) - \$68 each totaling \$204 for the series.
Tdap (tetanus, diphtheria toxoids and acellular pertussis) Vaccine - \$48 each
Influenza Vaccine - \$27 each

In the event that additional services are needed as conditions of employment, you will need to reach out for pricing. We will need to amend the Agreement to include those services.

If you have any questions or concerns, please contact me at (518) 761-0300 ext. 31558 or via email ctournier@hhhn.org.

Sincerely,

A handwritten signature in black ink, appearing to read 'CTournier', written over a horizontal line.

Christopher Tournier
Chief Financial Officer
Hudson Headwaters Health Network

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Countryside Adult Home

DATE: 11/22/2021

- (a) Is this a Result of a Bid or Request for Proposal?
NO
- (b) Purpose of Contract:
Order stock medications and supplies at a discounted price that are the responsibility of the facility.
- (c) Name of Contractor:
Omnicare Pharmacy
- (d) Address of Contractor: P.O. Box 1430
Saratoga Rd.
Ballston Spa, NY 12020
- (e) Contractor's Contact Person and Telephone Number:
John White 518-330-3546
- (f) Has or will the Contract be provided, if so, please attach:
Attached
- (g) Commencement Date of Contract:
11/1/2021
- (h) Termination Date of Contract:
10/31/2024
- (i) Payment Provisions: i) lump sum amount \$1,000.00
ii) hourly rate amount
iii) total amount not to exceed \$1500 includes lump sum
iv) how will payments be made (i.e. monthly, quarterly,
upon completion of the project, etc.
Invoiced Monthly
- (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. 6030 470- Contracts

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

PHARMACY PRODUCTS AND SERVICES AGREEMENT

Parties: Community: Warren County Council of Senior Citizens, Inc. doing business as Countryside Adult Home
353 Schroon River Road, Warrensburg, NY 12885

Pharmacy: Pharmacy Associates of Glens Falls, LLC doing business as Omnicare of Ballston Spa
14 Commerce Drive, Ballston Spa, NY 12020

Commencement Date: November 1, 2021

Initial Term: November 1, 2021 through October 31, 2024

Subject to and in accordance with Applicable Law, during the term of this Agreement, commencing on the Commencement Date and continuing through the Initial Term, as may be renewed hereunder, Community and Pharmacy hereby agree as follows:

1. RESPONSIBILITIES OF PHARMACY

- 1.1 **General:** Pharmacy shall provide Pharmacy Products and Services to Community and its residents and as are set forth on Exhibit A.
- 1.2 **Emergency Drug Services:** Pharmacy shall provide any Pharmacy Product needed on an emergency basis as promptly as is reasonably practicable. If permitted by applicable law and requested by Community, Pharmacy shall provide, maintain and replenish, in a prompt and timely manner, an emergency drug supply ("E-Kit"). E-Kits shall be the property of Pharmacy. All withdrawals from E-Kits by Community personnel shall be pursuant to a valid physician order and shall be billed in accordance with Section 3.
- 1.3 **Equipment:** Pharmacy shall furnish, at its expense, equipment which Pharmacy determines is necessary and/or beneficial for its provision of Pharmacy Products and Services under this Agreement. Such equipment may include, but may not be limited to, a reasonable number of standard medication carts and facsimile machines. All equipment so provided shall remain the property of Pharmacy. Community shall use any equipment furnished by Pharmacy only for Pharmacy-related business. Pharmacy will not provide any ancillary supplies relating to equipment (e.g., paper, ink, toner cartridges, etc.) unless Community pays Pharmacy for the fair market value of such supplies.
- 1.4 **Dispensing:** Medications will be provided in such fills as are determined by Pharmacy to be appropriate, unless Pharmacy and Community otherwise mutually agree. Any returns of medications and related credits, if any, shall be governed by Applicable Law and the Pharmacy's policies and procedures.

2. **RESPONSIBILITIES OF COMMUNITY:** Community shall: (a) implement Pharmacy's policies and procedures; (b) make available to Pharmacy adequate working and storage space to allow Pharmacy to perform its obligations under this Agreement; (c) give Pharmacy access to all reasonably required resident records; (d) promptly notify Pharmacy of any changes in resident medication upon receipt of physicians' orders; (e) promptly notify Pharmacy of any room transfer or the discharge of any resident; (f) provide Pharmacy with updated census information on a daily basis for each day during which there is a change in census information; and (g) provide such information and assistance to Pharmacy as Pharmacy may reasonably request to aid Pharmacy in its efforts to obtain all resident acknowledgements, billing data and consents which are necessary for Pharmacy to timely and accurately perform billing services.

3. COMPENSATION, BILLING, COLLECTION AND PAYMENT TERMS

- 3.1 **Compensation: Community-Pay Products and Services and House Stock Fees.** If applicable, Community shall compensate Pharmacy for the Community-Pay Products and Services and House Stock at the rates specified in Schedule 3.1. In no event shall Pharmacy be obligated to provide Pharmacy Products and Services for which a payer has not been identified, or if Pharmacy reasonably believes that the identified payer would be unable or unwilling to pay for such products and services. In the event the Pharmacy determines that the rates and pricing terms for Community-Pay Products and Services are less than Pharmacy's actual cost of providing such products and services and/or the fair market value of such products and services, Pharmacy may adjust the rates and pricing terms as specified in a written notice from Pharmacy to Community.

- 3.2 **Billing and Collection:** Pharmacy shall bill and collect from private pay residents and third party payers, as appropriate, for Pharmacy Products and Services provided to private pay residents or to be reimbursed by third party payers, respectively. As applicable, Pharmacy shall bill Community monthly for Community-Pay Products and Services, and House Stock, and other fees for which Community is responsible under this Agreement.
- 3.3 **Payment Terms:** Pharmacy shall submit a monthly invoice to Community for, as applicable, Community-Pay Products and Services, House Stock, and other fees for which Community is responsible under this Agreement, which were provided during, or relate to, the prior month. Community shall remit payment in full within thirty (30) days of the date of such invoice. All payments by Community under this Agreement shall be made by check, wire transfer or electronic funds transfer. Payment by credit card will not be accepted. If any charges are not paid by Community when due, Pharmacy may assess interest on the unpaid amount at the rate of one and five-tenths percent (1.5%) per month or, if less, the maximum rate allowed by Applicable Law.
- 3.4 **Payment Disputes:** Community shall notify Pharmacy of any amounts in dispute within thirty (30) days of the date of an invoice. Notwithstanding the foregoing, Community shall pay all charges on the applicable invoice in accordance with the payment terms specified in Section 3.3.

4. TERM AND TERMINATION

- 4.1 **Duration:** The term of this Agreement shall commence as of the Commencement Date, and shall continue through the expiration of the Initial Term, unless sooner terminated as herein provided. Upon the expiration of the Initial Term (and each renewal term), the term of this Agreement shall automatically be renewed for an additional term of three (3) years unless either party shall have given written notice of non-renewal to the other party not less than one hundred and twenty (120) days prior to the expiration of the Initial Term or any renewal term then in effect, as applicable.
- 4.2 **Default and Termination:**
- (a) In the event that Community fails to pay any invoice as provided in Section 3, Pharmacy, at its option with ten (10) days advance written notice to Community, shall have the right to require Community to pay on a cash in advance basis for all Pharmacy Products and Services provided to Community at its expense until all of Pharmacy's invoices to Community are current according to their respective terms. In the event that Community fails to pay any invoice within ten (10) days after the due date, Pharmacy, at its option with three (3) days advance written notice to Community, shall have the right to terminate this Agreement.
 - (b) If either party materially defaults in any of its obligations under this Agreement (other than a default to which Section 4.2(a) applies), and such default is not cured within sixty (60) days following delivery of written notice from the non-defaulting party to the defaulting party (i) specifying such breach in reasonable detail, and (ii) expressly stating that such notice is a notice of breach pursuant to this Section 4.2, the non-defaulting party may terminate this Agreement with thirty (30) days advance written notice to the other party.
 - (c) The provisions of this Agreement shall survive the expiration or termination hereof to the extent necessary to protect the rights and remedies of Pharmacy with respect to any unpaid charges or fees relating to the period prior to the effectiveness of such expiration or termination. Upon expiration or termination of this Agreement, Community shall return to Pharmacy, in good working condition, all equipment and other Pharmacy property provided to Community under this Agreement.

5. **COMPLIANCE WITH HEALTHCARE LAWS:** Pharmacy and Community hereby covenant that in performing their respective obligations under this Agreement, they will comply in all material respects with all applicable statutes, regulations, rules, orders, ordinances and other laws of any governmental entity to which this Agreement and the parties' obligations hereunder are subject with respect to healthcare regulatory matters including, without limitation, the Health Insurance Portability and Accountability Act and its implementing regulations. Pharmacy and Community hereby certify that they will not violate the Anti-Kickback Statute (42 U.S.C. §1320a-7b(b)) with respect to their performance under this Agreement. The parties acknowledge and agree that each party to an arrangement or transaction relating to CVS Health's business line of institutional pharmacy services operations that is between Omnicare and any actual source of health care business or referrals to Omnicare and involves, directly or indirectly, the offer, payment, solicitation, or receipt of anything of value and who meets the definition of a Covered Person under Omnicare's Corporate Integrity Agreement shall complete at

least one (1) hour of training regarding the Anti-Kickback Statute and examples of arrangements that potentially implicate the Anti-Kickback Statute. CVS Health's Code of Conduct and Anti-Kickback Statute Policies and Procedures are available to Community at <http://cvshhealth.com/codeofconduct> and <http://cvshhealth.com/CIAPolicy>.

6. **SUCCESSORS AND ASSIGNS:** This Agreement shall be binding upon and shall inure to the benefit of the parties hereto, and each of their respective successors and permitted assigns. Except as otherwise provided in this Section 6, this agreement shall not be assigned, in whole or in part by any party hereto, without the prior written consent of the other party.

- (a) Upon the sale or disposition of the assets or operations of Community (a "Community Disposition"), which shall be deemed to include, but not be limited to, the assignment or other disposition of any leasehold interest or operating agreement with respect to Community), Community shall (i) provide Pharmacy and Omnicare at least thirty (30) days advance written notice of such transaction, and (ii) assign and cause the assumption of this Agreement (or cause any Person that purchases or otherwise acquires Community to enter into an agreement with Pharmacy in form and substance identical to this Agreement) for the period from the effective date of such Community Disposition to the date of expiration of the then-current term of this Agreement. Any failure of Community to comply with this subsection (a) shall constitute a material breach of this Agreement.
- (b) Upon the sale or disposition of the assets or operations of Pharmacy, Pharmacy shall (i) provide Community at least ten (10) business days advance written notice of such transaction, and (ii) assign this Agreement to the Person that purchases or otherwise acquires Pharmacy.
- (c) Pharmacy may assign its rights and delegate its duties and obligations under this Agreement to any other licensed entity which is owned, directly or indirectly, by Omnicare, provided that Community is within the geographic service area of such assignee.

7. **GENERAL:** This Agreement and any amendments or addenda hereto or thereto constitute the entire agreement between the parties regarding the subject matter hereof, and supersede all prior or contemporaneous discussions, representations, correspondence and agreements, whether oral or written, pertaining thereto. This Agreement may be amended or modified only by a writing duly executed by both parties. This Agreement may be executed in any number of counterparts, each of which shall be an original, but all of which, when taken together, shall constitute one and the same agreement.

The undersigned represent that they are duly authorized to execute this Agreement on behalf of the party for whom they sign; and such party shall be bound by the terms of this Agreement.

Warren County Council of Senior Citizens, Inc. doing business as Countryside Adult Home

Community Signature (Required): _____

Name of Community Signatory (Please Print) (Required): _____

Title of Community Signatory (Please Print) (Required): _____

Date of Signature (Required): _____

Pharmacy Associates of Glens Falls, LLC doing business as Omnicare of Ballston Spa

Pharmacy Senior Legal Counsel Signature (Required): _____

Name of Pharmacy Senior Legal Counsel Signatory (Please Print) (Required): _____

Title: Senior Legal Counsel

Date of Signature (Required): _____

EXHIBIT A

Definitions

Capitalized terms used in this Agreement and not otherwise defined shall have the following meanings:

“**Pharmacy Products**”: Prescription and nonprescription pharmaceutical products.

“**Pharmacy Products and Services**”: (a) provision of Pharmacy Products and related services, (b) delivery of Pharmacy Products to Community pursuant to the Delivery Schedule set forth on Schedule 3.1, or as otherwise mutually agreed by the parties; (c) provision of House Stock to Community upon request; (d) labelling all Pharmacy Products; (e) maintaining a drug profile on each Community resident serviced by Pharmacy; (f) provision of computerized Physician Order Sheets, Medication Administration Records and Treatment Records to Community upon request.

“**House Stock**”: nonprescription and prescription medications not for any particular resident which are provided by Community at its expense.

“**Community-Pay Products and Services**”: Pharmacy Products and Services provided by Pharmacy at the expense of Community.

“**AWP**” shall mean average wholesale price as reported by such third-party pricing service (e.g., First DataBank or Medi-Span) as Pharmacy may utilize from time-to-time; provided, that if AWP is no longer reported by a third-party pricing service acceptable to Pharmacy, or is modified so as to no longer represent the same percentage of the WAC or equivalent prices published by manufacturers that applied under the third-party pricing service used by Pharmacy prior to such modification or cessation of publication, Pharmacy may amend this Agreement with written notice to Community to substitute another pricing measure that is then in use generally in the pharmacy industry, and/or make any modifications to the pricing formulas hereunder which Pharmacy reasonably determines may be necessary to prevent such change from having an economic effect on the pricing under this Agreement.

“**WAC**” shall mean wholesale acquisition cost as reported by such third-party pricing service (e.g., First DataBank or Medi-Span) as Pharmacy may utilize from time to time; provided that if WAC is no longer reported by a third-party pricing service acceptable to Pharmacy, or is modified so as to result in a change in the parties' relative economic positions under this Agreement, Pharmacy may amend this Agreement with written notice to Community to substitute another pricing measure that is then in use generally in the pharmacy industry, and/or make any modifications to the pricing formulas hereunder which Pharmacy reasonably determines may be necessary to prevent such change from having an economic effect on the pricing under this Agreement.

PHARMACY PRODUCTS AND SERVICES

NON IV'S AND NON TPN'S

Community Pricing Contract Terms (Patient Specific) - Rx Brands (All Except IV & TPN):	WAC + 3% + \$4.00
Community Pricing Contract Terms (Patient Specific) - Rx Generics (All Except IV & TPN):	AWP -70% + \$4.00
Community Pricing Contract Terms (Patient Specific) - OTC Brands (All Except IV & TPN):	WAC + 30% + \$1.99
Community Pricing Contract Terms (Patient Specific) - OTC Generics (All Except IV & TPN):	WAC + 30% + \$1.99
House Stock:	(B) WAC + 12.5% (G) AWP -35%
Minimums - Rx (Fee per Fill):	None
Minimums - OTC (Fee per Fill):	None
Controlled Substance Fee (Schedules 2,3,4,5) (Fee per Fill (Additional to Dispensing Fee)):	None
Compound Fee Non-Infusion (Fee per Fill (Additional to Dispensing Fee)):	None
Scheduled Deliveries Per Day:	1
Dispensing Fee Application:	Fee for Every Fill
Dispensing Fee on E-Kit/ADU?:	Yes (Fee Applies)
Restocking Fee (Rx Specific):	None
Drug Disposal Unit:	No

CLINICAL SERVICES

	Service Fee	Service Basis
Pharmacist (Optional Services) Rate effective Thru 12/31/2021:	\$80.00	Per Hour
Pharmacist (Optional Services) Rate effective 01/01/2022:	\$85.00	Per Hour
Registered Nurse (RN) Rate effective Thru 12/31/2021:	\$55.00	Per Hour
Registered Nurse (RN) Rate effective 01/01/2022:	\$60.00	Per Hour
Licensed Practical Nurse (LPN):	\$45.00	Per Hour
Pharmacy Technician:	\$35.00	Per Hour

NURSING EDUCATION/CERTIFICATION PROGRAMS

	Live Class Fee	Live Class Basis	Live Class Attendance Requirement
Medication Assistant Courses offered by Nurse - Full Course:	\$75.00	Fee Per Person Per Day	Minimum 8, Maximum 12
Medication Assistant Courses offered by Nurse - Refresher Course:	\$55.00	Fee Per Person Per Day	Minimum 8, Maximum 12
Other Nurse Education Services: (Offerings include, but are not limited to: Facility Requested Infusion Audit, Facility Survey Preparation or Follow-Up, Other Facility Requested On-Site Infusion Training)	\$75.00	Fee Per Hour (1 Hour Minimum)	Minimum 4, Maximum 12
Infusion Nurse Education/Certification - Third Party Company Utilized:	All Charges 100% Pass Through of Invoiced Cost		

All references to states Maximum Allowable Cost (MAC), Federal Upper Limit (FUL), Direct Cost (Direct), Wholesale Acquisition Cost (WAC) and Average Wholesale Price (AWP) refer to values as reported by such third-party pricing service (e.g., First DataBank or Medi-Span) as pharmacy may utilize from time to time.

Flu Vaccine pricing is determined on an annual basis. Please contact your local pharmacy provider for the current pricing details.

Unless a greater charge is otherwise specified herein, if Pharmacy agrees to repackage patient-owned medications dispensed by a non-Omnicare pharmacy, Pharmacy shall charge Facility \$5.00 per repackaging.

Field Nursing Services:

1) Pharmacy may charge the contracted rate for the services if facility cancels the Field Nursing Services less than 7 days prior to schedule date of the class.

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: COUNTRYSIDE ADULT HOME Payroll Dept. No: 42.00
Title of Position: Institutional Aide # -3 Part- Time Base Salary of Position: \$23,682.38 Grade: 3
Filling at Step # (If Known): _____
Budget code and title: Salaries-PT A6030 130 Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: Semon 13440 Date of Vacancy: 10/18/2021
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal _____% State 50% Other _____%

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other _____
Actual Impact to Budget Report will be provided monthly by Human Resources Director.
Candidate's qualifications must be approved by Personnel Officer prior to hiring. 10/27/21
Human Resources Director has approved this form when initialed. 10/27/21

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 10/27/21

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 11/2/21

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Human 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 Bennet R Dussall Date 12/09/21

**COUNTRYSIDE ADULT HOME
CENSUS REPORT
2021**

MONTH	1 ST DAY OF MONTH	ADMISSIONS	DISCHARGES	LAST DAY OF MONTH
JANUARY	35	1	3	33
FEBRUARY	33	0	0	33
MARCH	33	1	0	34
APRIL	34	1	0	35
MAY	35	1	1	35
JUNE	35	1	2	34
JULY	34	1	3	32
AUGUST	32	2	2	32
SEPTEMBER	32	2	0	34
OCTOBER	34	1	1	34
NOVEMBER				
DECEMBER				

Countryside Adult Home - Overtime Report - Comparison 2020/2021

Week End	2020	2021	Reason
01/03/21	79.44	88.54	Holiday, Vac. Snow Clean Up
01/17/21	15.11	70.18	3 Staff Members in Quarentine,Snow Removal
01/31/21	91.33	142.60	3 Staff Members in Quarentine,Snow Removal
02/14/21	36.28	90.94	Weather Staff Shortages
02/28/21	78.33	116.56	Holiday, Weather,Staff Shortages
03/14/21	4.00	22.39	Illness
03/28/21	13.87	0.00	
04/11/21	8.62	30.20	Illness
04/25/21	12.55	15.84	Illness
05/09/21	21.00	32.80	Staff Shortages
05/23/21	4.67	0.00	
06/06/21	121.97	87.58	Holiday
06/20/21	31.47	2.33	
07/04/21	160.80	109.29	Holiday,Illness,Vac.
07/18/21	40.00	13.54	Staff Shortages
08/01/21	65.00	7.38	Training, water leak
08/15/21	56.87	12.79	Staff Shortages ,Activities
08/29/21	70.68	24.58	Late Appt.,Vac.
09/12/21	141.37	92.84	Holiday ,Vac.
09/26/21	74.77	0.00	
10/10/21	104.42	68.55	Booster Clinics, Staff Shortages, Resident Covid testing
10/24/21	166.17	224.67	Resident Isolation,Staff Shortness,Staff Illness
11/07/21	68.73	106.71	Staff Shortages, Staff Illness, Resident Isolation
YTD	1467.45	1360.31	
	142.27		
	174.48		
	37.87		
	88.54		