

**Warren County Health Services
Health Services Committee
AGENDA FOR
April 25, 2022
Information Submitted By: Ginelle Jones, DPH/DPS**

Health Services Committee Members: Edna Frasier, Peter McDevitt, Andrea Hogan, Claudia Braymer, Ronald Conover. Doug Beaty, Michael Geraci and Chair of the Board shall serve as the 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 Chairperson**
- II. **Motion to approve the minutes of the March 21, 2022 Committee meeting.**
- III. **Action Agenda/New Business**

Request Resolution: 1	To authorize Health Services to contract with interested school districts in Warren County for CPSE services at the NYS rate. (Attachment #1)
Rationale:	Warren County has urgent need for CPSE providers and schools have expedited NYS approval process to provide CPSE services. Warren County already has contracts with 2 schools in place. The NYS sets the rates and the reimbursement rate is 59.5%.

Request Resolution: 2	To Authorize Health Services to contract with Tara H. Burczeuski, MS.ED., CCC/SLP, for CPSE services at the NYS rate. (Attachment #2)
Rationale:	Warren County has urgent need for CPSE providers and this individual can provide speech services to eligible Warren County children in the CPSE program. NYS sets the CPSE rates and Warren County receives 59.5% reimbursement.

Request Resolution: 3	To authorize Health Services to contract with Lisa Adams, SLP, for CPSE services at the NYS rate. (Attachment #3)
Rationale:	Warren County has urgent need for CPSE providers and this individual can provide speech services to eligible Warren County children in the CPSE program. NYS sets the CPSE rates and Warren County receives 59.5% reimbursement.

Request Resolution: 4	To amend the NYS/HRI ELC School Grant (Contract: 6823-01) to reflect grant funding extension through 7/31/2023. (Attachment #4)
Rationale:	The current grant funding period is 7/1/2021 through 7/31/2022. Although there is no additional funding the extension will help provide opportunity to further assist schools, camps, and other agencies serving the K-12 population.

Request Resolution: 5	To authorize contract and/or agreements with interested Warren County school districts, camps, and agencies serving K-12 population, to receive covid testing kits, supplies and/or equipment approved by NYS /ELC School Grant Funding provided/distributed by Warren County. (Attachment #5)
Rationale:	Warren County has ELC School Grant (Contract: 6823-01/ grant period 7/1/2021-7/31/2023) funding from NYS/HRI to support K-12 population for testing and controlling covid infection.

Request Resolution: 6	To authorize 2009-2016 Preschool program adjustments in the amount of \$57,368.85. (Attachment #6)
Rationale:	Tawn Driscoll, Fiscal Manager, will be available at the meeting to discuss.

Request Resolution: 7	To renew and amend the contract with Strategic Healthcare Programs (SHP), LLC to reflect new dates, 7/1/22-6/30/23, increase the annual fee from \$8,440 to \$8,695, increase patient satisfaction survey charge from \$1.95/survey to \$2.25/ survey, and to authorize future annual renewals as long as there is not more than a 5% increase in annual fee and/or individual survey fee. (Attachment #7)
Rationale:	Homecare has a contract with SHP to facilitate patient satisfaction surveys as required. This resolution authorizes a \$255 (3%) increase in the annual survey fee and \$0.30/ survey (15.5%) increase, and the automatic annual renewal of the contract unless there is not more than a 5% increase in any of the components or 30 day written termination notice rendered by either party.

Request Resolution: 8	To amend the 2022 budget to reflect transfer of ELC School Grant (Contract: 6823-01) funds from restricted to other to allow for program expenses. (Attachment #8)
Rationale:	Tawn Driscoll, Fiscal Manager, will be available at the meeting.

I. Information for Discussion/Review

Report of Revenues and Expenditures for 2021

Please see **Attachment #9**. Tawn Driscoll, Fiscal Manager, will be present at the meeting to review the reports and answer any questions.

Revenue and Expense Comparison Report for 2021 vs 2022

Please see **Attachment #10**.

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

Status of Referrals

Please see **Attachment #11 A/B** for the report.

Emergency Response and Preparedness

Please see **Attachment #12** for the report.

Rabies Report:

Please see **Attachment #13** for the report.

Meeting/ Conference Authorizations: (Attachment #s 14 and 15)

1. Authorizing Jodi Brynes to attend an HCA webinar series, Home Health and Hospice Quality Reporting and QAPI; Navigating Challenges and Opportunities in 2022 and Beyond on 4/7, 4/14, 4/21, and 4,28/2022. The webinar series costs \$260 and there is sufficient funding in the budget.
2. Authorizing Val Whisenant to attend Home Care Association of NY's 2022 Annual Conference in Saratoga Springs May 4-6, 2022. The conference costs \$599 and funding is in the budget.

II. Referral/Pending Items

There are no pending items.

III. Privilege of the floor to discuss any additional items to come before Committee (Please allow 15 second delay on live stream meetings)

IV. Motion to adjourn the Health Services Meeting

Attachments:

1. Resolution Request: Authorize CPSE Contract with Interested Warren County School Districts
2. Resolution Request: Authorize CPSE Contract with Tara H. Burczeuski, MS ED., CCC SLP
3. Resolution Request: Authorize CPSE Contract with Lisa Adams, SLP
4. Resolution Request: Amend ELC School Grant Contract to Extend Date
5. Resolution Request: Authorize Contract/Agreement with Warren County School Districts, Camps, and Agencies Serving K-12 to Receive ELC School Grant Resources
6. Resolution Request: Authorize Adjustments of 2009-2016 Preschool Expenses
7. Resolution Request: Authorize Contract Renewal and Amendment with Strategic Healthcare Programs (SHP)
8. Resolution Request: To Amend the 2022 Budget to Utilize ELC School Grant Funding
9. Report of Revenues and Expenditures for 2022
10. Revenue and Expense Comparison Report for 2021 vs 2022
11. Report of Referrals Status **A/B**
12. Emergency Response and Preparedness Activities Report
13. Rabies Report
14. Meeting Authorization: Home Health and Hospice Quality Reporting and QAPI; Navigating Challenges and Opportunities in 2022 and Beyond.
15. Meeting Authorization: 2022 Annual HCA/NYS 2022 Annual Homecare Conference

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: April 18, 2022

- (a) Is this a Result of a Bid or Request for Proposal? **No**
- (b) Purpose of Contract: **To authorize Health Services to contract with interested school districts in Warren County for CPSE Services at the NYS rate.**
- (c) Name of Contractor: **Various Warren County School Districts**
- (d) Address of Contractor: **TBD**
- (e) Contractor's Contact Person and Telephone Number: **TBD**
- (f) Has or will the Contract be provided, if so, please attach: **Template Attached**
- (g) Commencement Date of Contract: **Upon request**
- (h) Termination Date of Contract: **Automatic annual renewal unless 30 day written termination notice is provided 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. **Voucher at NYS rates**)
- (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.4054.44 Physicalle Hadicapped Children Education Expense (Preschool)****

**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

form the Contract, and are attached to this Agreement with the exception of subsequent agreements which shall become part of this Agreement, when and if fully executed. In the event that conflicts are found to exist among the contract documents, this Agreement shall govern.

4. All financial arrangements for services under this contract shall be between the Municipality and Provider in accordance with the provisions of paragraph 5 of this contract. The Provider shall be responsible for the delivery of appropriate services provider may employ. The Municipality retains the right, where legally permissible, to bill an appropriate third party insurance and/or Medicaid Provider.

5. 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 CPSE 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.
- 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 Services; 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.

6. 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.

7. 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.

8. This contract shall commence on May 16, 2019 and terminate May 15, 2020, with automatic renewals unless terminated by either party 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 thirty (30) 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.

9. 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.

10. 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. Any consent shall not waive the municipality's right to enforce any part of this agreement.

11. The Provider shall provide the Municipality with Certificates of Insurance showing the following insurance is in place: Professional Liability Insurance (\$1,000,000 occurrence/\$2,000,000 aggregate).

12. 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 thirty (30) days prior to the intended effective date of such action. Such cessation shall constitute an immediate amendment to this contract.

13. 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. It is understood that the Therapist is qualified to provide speech/language therapy

services in New York State and agrees to retain all necessary licenses or registrations during the term of this agreement. Upon request, the Therapist agrees to provide the County with copies of professional licenses, registrations and verification of qualifications.

14. 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.

15. The Provider, in accordance with its status of independent contractor, covenants and agrees that it will conduct itself consistent with such status, that its agents 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.

16. To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend Warren County, its boards, officers, employees and volunteers against any and all losses, claims, actions, demands, damages, liabilities, or expenses, including but not limited to attorney's fees and all other costs of defense, by reason of the liability imposed by law or otherwise upon Warren County, its boards, officers, employees and volunteers for damages because of bodily injuries, including death, at any time resulting therefrom, sustained by any person or persons, including Contractor's agents, or on account of damages to property including loss of use thereof, arising directly or indirectly from the performance of Contractor's work or from any of the acts or omissions on the part of the Contractor, its employees, agents, representatives, materialmen, suppliers, and/or subcontractors. If such indemnity is made void or otherwise impaired by any law controlling the construction thereof, such indemnity shall be deemed to conform to the indemnity permitted by law, so as to require indemnification, in whole or in part, to the fullest extent permitted by law.

Contractor shall strictly observe and comply with all safety laws, rules, and regulations (including but not limited to the Federal Occupational Safety and Health Act, the New York Labor Law, and all regulations promulgated pursuant to such laws) and to provide such protection as necessary to protect its workers and the workers of other contractors. In the event that additional safety measures are required, Contractor agrees that it will install or procure such additional safety measures at its sole expense. To the fullest extent permitted by law, Contractor shall hold harmless, indemnify and defend Warren County, its boards, officers, employees and volunteers against all losses, claims, fines, or expenses, including but not limited to attorney's fees, resulting from the enforcement of these laws and for related acts of its officers, employees, subcontractors, suppliers, and materialmen.

Any type of Sexual Harassment is against Warren County policy and is unlawful. Provider/Contractor acknowledges and agrees that it has read the entirety of the Warren County Sexual Harassment Policy, a copy of which can be found online at <https://warrencountyny.gov/hr/forms.php> under Discrimination and Harassment. This agreement incorporates the entire policy as a material term of this agreement. Provider/Contractor shall follow

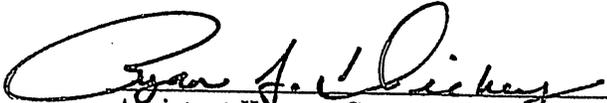
the policy in its entirety. If a complaint does arise, Provider/Contractor is to notify Warren County promptly. To the fullest extent permitted by law, Provider/Contractor shall indemnify, hold harmless and defend Warren County, its boards, officers, employees and volunteers against any and all losses, claims, actions, demands, damages, liabilities, or expenses, including but not limited to attorney's fees and all other costs to defense, resulting for Provider/Contractor and/or agent's breach of this policy.

17. 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.

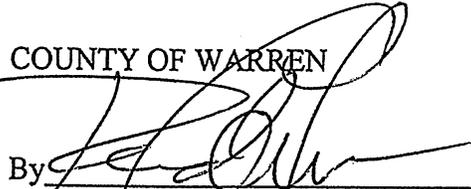
18. All parties agree that they have read and reviewed the attached Resolution, know and understand its contents. If the resolution incorporates a provision(s) limiting the payment amount of a contract, all parties acknowledge that the County of Warren will not be held liable for payment above that amount. All parties further acknowledge that the payment amount listed in the resolution is not controlling, if the contract payment amount is a lesser amount of than what is stated in the resolution.

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 
RONALD CONOVER, CHAIRMAN
Board of Supervisors

Date 



Date 

"covered entity" is defined in the HIPAA Rules and in this specific instance, shall mean Warren County.

(c) Individual: "Individual" shall have the same meaning as the term "individual" in the HIPAA Rules and shall include a person who qualifies as a personal representative in accordance with the HIPAA Rules.

(d) Privacy Rule: "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information as set forth in the HIPAA Rules.

(e) Protected Health Information and Electronic Protected Health Information: "Protected Health Information" and "Electronic Protected Health Information" (hereinafter, PHI and EPHI, respectively) shall have the same meaning as the term "protected health information" and "electronic protected health information" in HIPAA Rules, limited to the information created or received by the Business Associate from or on behalf of the Covered Entity.

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

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

(h) Catch-all definition: Terms used, including but not limited to Breach, Data Aggregation, Disclosure, Health Care Operations, Limited Data Set, Minimum Necessary, Notice of Privacy Practices, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use in this Agreement shall have the same meaning as those terms in the HIPAA Rules.

2. Use and Disclosure of PHI and EPHI

(a) The Business Associate will hold and keep the PHI and EPHI strictly confidential and Use and/or Disclose PHI and EPHI only as required or permitted under the terms of the Contract, this Agreement, and the HIPAA Rules. However, the HIPAA Rules limit the Use and/or Disclosure of PHI and EPHI by the Covered Entity, and those restrictions also apply to the Business Associate and the Business Associate's Subcontractors that create, receive, transmit or maintain PHI and/or EPHI in order to perform a function, activity or service delegated by the Business Associate. This means that any Use and/or Disclosure must be related to the treatment of the Individual to whom the PHI and EPHI relates, payment for the treatment of that Individual, or the Covered Entity's general Health Care Operations.

(b) The Business Associate may also Use and/or Disclose the PHI and EPHI for the proper management and administration of the Business Associate, or to carry out the legal responsibilities of the Business Associate. However, such Use and/or Disclosure must be either Required By Law or, prior to making Use of the PHI and EPHI or Disclosing the PHI and EPHI, the Business Associate must obtain reasonable assurance from the person to whom the PHI and EPHI will be Disclosed that the PHI and EPHI: (i) will be held confidentially and Used or further Disclosed only as Required By Law or for the purpose for which it was Disclosed; and (ii) the person to whom it is Disclosed agrees to notify the Business Associate of any instance of which

it is aware in which the confidentiality of the PHI and EPHI has been Breached.

(c) The Business Associate may also Use the PHI and EPHI to provide Data Aggregation services to the Covered Entity. Data Aggregation means, with respect to PHI and EPHI, the combining of the PHI and EPHI by the Business Associate with Protected Health Information received by the Business Associate in its capacity as a business associate of another health care provider to permit data analysis that relates to the Health Care Operations of the Covered Entity and the other health care provider.

(d) The Business Associate will not Use or further Disclose the PHI and EPHI other than as permitted or required by this Agreement, by applicable law, or by the HIPAA Rules.

3. The Covered Entity's Obligations

(a) The Covered Entity shall notify Business Associate of any limitation(s) in the Notice of Privacy Practices of The Covered Entity, to the extent that such limitation may affect Business Associate's Use or Disclosure of PHI and EPHI.

(b) The Covered Entity shall notify Business Associate of any changes in, or revocation of, the permission by an Individual to Use or Disclose his or her PHI and EPHI, to the extent that such changes may affect Business Associate's Use or Disclosure of PHI and EPHI.

(c) The Covered Entity shall notify Business Associate of any restriction on the Use or Disclosure of PHI and EPHI that The Covered Entity has agreed to or is required to abide by, to the extent that such restriction may affect Business Associate's Use or Disclosure of PHI and EPHI.

4. Safeguards/Requirements

(a) The Business Associate will use appropriate safeguards to prevent any Use or Disclosure of PHI and EPHI that is not permitted under the terms of this Agreement. Specifically, the Business Associate will implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the PHI and EPHI that it creates, receives, maintains or transmits on behalf of the Covered Entity.

(b) The Business Associate will ensure that any of its agents, including a Subcontractor, to whom the Business Associate provides PHI and EPHI, will enter into a Business Associate Agreement with Business Associate and agree to the same restrictions and conditions that apply to the Business Associate under the terms of this Agreement, and will agree to implement reasonable and appropriate safeguards as required by the HIPAA Rules to protect the PHI and EPHI.

(c) The Business Associate may use and disclose PHI and EPHI that the Business Associate obtains, maintains, transmits or creates only if such Use or Disclosure is in compliance with each applicable requirement of the HIPAA Rules relating to Business Associate Agreements. The additional requirements of the HITECH Act that relate to privacy and that are made applicable to the Covered Entity shall also be applicable to the Business Associate. The

Business Associate shall comply with these privacy requirements which shall be incorporated into this Agreement.

(d) Under the HIPAA Rules the requirements pertaining to "administrative safeguards," "physical safeguards," "technical safeguards," and "policies and procedures and documentation requirements" of the Security Rules apply to the Business Associate in the same manner that such sections apply to the Covered Entity, and the additional requirements of the HITECH Act that relate to security and that are made applicable to the Covered Entity shall also be applicable to the Business Associate. The Business Associate shall comply with these security requirements which shall be incorporated into this Agreement.

(e) Unless the Covered Entity agrees, in writing, that this HITECH Act requirement is not feasible with respect to particular PHI or EPHI, Business Associate shall secure all PHI and EPHI by utilizing a technology standard or methodology that renders PHI and EPHI unusable, unreadable, or indecipherable to unauthorized individuals and is consistent with guidance, as further amended in the future, issued by the Secretary of the Department of Health and Human Services (the "Secretary") specifying the technologies and methodologies that render PHI and EPHI unusable, unreadable, or indecipherable to unauthorized individuals.

(f) Except as otherwise allowed in this Agreement and the HIPAA Rules, Business Associate shall not directly or indirectly receive remuneration in exchange for any PHI or EPHI of an Individual unless the Individual has provided a valid, HIPAA-compliant authorization, including a specification of whether the PHI or EPHI can be further exchanged for remuneration by the receiving party.

(g) Except as otherwise provided in the HIPAA Rules, the Business Associate shall not directly or indirectly receive payment in exchange for making certain communications to Individuals about a product or service that encourages the recipient to purchase or use the product or service.

(h) The Business Associate will report to the Covered Entity's Privacy and/or Security Official, within five (5) business days, any Use or Disclosure of PHI and EPHI not provided for by this Agreement. The Business Associate shall conduct and document a risk assessment, in accordance with the HIPAA Rules, of such unauthorized Use or Disclosure and provide the Covered Entity with a copy of such risk assessment upon the Covered Entity's request. In the event the Business Associate concludes the unauthorized Use or Disclosure constitutes a Breach of Unsecured Protected Health Information, Business Associate shall provide to the Covered Entity the identification of each Individual whose Unsecured Protected Health Information has been, or is reasonably believed by the Business Associate to have been, accessed, Used, acquired, or Disclosed during such Breach, as well as such other information required by the HIPAA Rules. A Breach shall be treated as discovered by the Business Associate as of the first day on which such Breach is known to such Business Associate (including any person, other than the individual committing the Breach, that is an employee, officer, or other agent of the Business Associate) or should reasonably have been known to the Business Associate to have occurred.

(i) The Covered Entity, in its sole and absolute discretion, may elect to delegate to the Business Associate the requirement under the HIPAA Rules to notify affected Individuals of a

Breach of Unsecured Protected Health Information if such Breach results from, or is related to, an act or omission of the Business Associate or the agents or representatives of the Business Associate. If the Covered Entity elects to make such a delegation, the Business Associate shall perform such notifications and undertake all related remediation activities that are reasonably required (i) at the Business Associate's sole cost and expense, and (ii) in compliance with all applicable requirements, including the HIPAA Rules. The Business Associate shall also provide the Covered Entity with the opportunity, in advance, to review and approve of the form and content of any such Breach notification that the Business Associate provides to Individuals.

(j) The Business Associate will respond to a request for, changes in, or a revocation of, permission by an Individual to restrict the Business Associate's Use or Disclosure of PHI or EPHI, in a timely manner in accordance with the HIPAA Rules, and to make changes to the Business Associate's procedures to the extent that such request, if approved, may affect the Business Associate's Use or Disclosure of PHI or EPHI. The Business Associate will monitor compliance with these requests for restrictions in accordance with the HIPAA Rules.

(k) The Business Associate will Use, Disclose, or request PHI or EPHI, only if it limits such PHI or EPHI, to the extent practicable, to a Limited Data Set, or, if needed by the entity, to the Minimum Necessary to accomplish the intended purposes of such Use, Disclosure, or request. In the case of the Disclosure of PHI or EPHI, the Business Associate, in conjunction with the Covered Entity, shall determine what constitutes the Minimum Necessary to accomplish the intended purposes of such Disclosure.

(l) The Business Associate recognizes that civil and criminal penalties for a violation of the HIPAA Rules, as such violation is detailed in this Agreement, shall apply to the Business Associate with respect to such violation in the same manner as such penalties apply to the Covered Entity.

(m) The Business Associate will comply with any periodic audit request initiated by the Secretary to ensure that the Business Associate is complying with the HIPAA Rules.

(n) The Business Associate will not acquire any title or rights to the PHI or EPHI, including any de-identified information, as a result of this Agreement.

(o) The Business Associate will immediately report to the Covered Entity any Use or Disclosure of the PHI and EPHI that is not permitted under the terms of this Agreement, provided that the Business Associate becomes aware of such improper Use or Disclosure. The Business Associate will also immediately report to the Covered Entity any Security Incident of which it becomes aware.

5. Access to Information

(a) The Business Associate will make its internal books and records relating to the Use and Disclosure of PHI and EPHI available to the Covered Entity and to the Secretary, for the purpose of the Secretary determining whether the Covered Entity has complied with the HIPAA Rules, at the request of the Covered Entity and at a time and in a manner designated by the Covered Entity.

(b) The Business Associate will provide access to PHI and EPHI in its possession to the

Covered Entity or, as directed by the Covered Entity, to an Individual, in order to meet the Covered Entity's obligations to provide access to the PHI and EPHI to the Individual. Access will be provided at the request of the Covered Entity and at a time and in a manner designated by the Covered Entity.

(c) The Business Associate will provide access to PHI and EPHI in its possession to the Covered Entity, or as directed by the Covered Entity, so that the Covered Entity can amend the PHI and EPHI as required under the HIPAA Rules. Access will be provided at the request of the Covered Entity and at a convenient time at the Warren County Municipal Center and in a manner designated by the Covered Entity. The Business Associate will also make any amendment to the PHI and EPHI that is requested by the Covered Entity as a result of the Individual having requested such an amendment.

(d) The Business Associate will provide access to PHI and EPHI in its possession to the Covered Entity or, as directed by the Covered Entity, in order for the Covered Entity to provide an accounting of Disclosures which it is required to do under the HIPAA Rules. Access will be provided at the request of the Covered Entity and at a time and manner designated by the Covered Entity.

6. Mitigation

The Business Associate will mitigate, to the extent practicable, any harmful effect that is known to the Business Associate of a Use or Disclosure of PHI and EPHI by the Business Associate in violation of the terms of this Agreement.

7. Indemnification

The Business Associate will indemnify, defend, and hold harmless Covered Entity and Covered Entity's employees, directors, officers, Subcontractors, agents, or members of its workforce (each of the foregoing referred to as an "Indemnified Party") during the term of this Agreement and subsequent to its termination, from and against all claims, damage, losses, liabilities, fines, penalties, costs or expenses including, but not limited to, expenses associated with State and/or Federal Breach notification requirements and reasonable attorneys' fees (collectively, "Losses") suffered by an Indemnified Party that arises from, or is connected with, any act or omission by the Business Associate or the Business Associate's employees, agents, Subcontractors or representatives that constitutes or that is otherwise asserted by any regulatory Contractor or third party to be (i) a breach of any term or condition of this Agreement, (ii) negligence or misconduct, and/or (iii) a violation of the HIPAA Rules. The provisions of this paragraph shall survive the expiration or termination of this Agreement for any reason.

8. Termination

(a) The Contract may be terminated by the Covered Entity if the Covered Entity determines that the Business Associate has materially breached its obligation(s) under this Agreement. If termination is not a feasible remedy for the Covered Entity, the Covered Entity may report the breach by the Business Associate to the Secretary. This Agreement may be terminated in the event the "Contract" in which the Business Associate provides services to the Covered Entity is terminated under the terms of the Contract.

(b) Upon termination or expiration of this Agreement for any reason, the Business Associate, with respect to PHI and EPHI received from the Covered Entity, or created, maintained, or received by the Business Associate on behalf of the Covered Entity, shall:

- 1) Retain only that PHI and EPHI which is necessary for the Business Associate to continue its proper management and administration or to carry out its legal responsibilities;
- 2) Return to the Covered Entity or, if agreed to by the Covered Entity, destroy the remaining PHI and EPHI that the Business Associate still maintains in any form;
- 3) Continue to use appropriate safeguards and comply with the HIPAA Rules with respect to PHI and EPHI to prevent Use or Disclosure of PHI and EPHI, other than as provided for in this Section, for as long as the Business Associate retains the PHI;
- 4) Not Use or Disclose the PHI or EPHI retained by the Business Associate other than for the purposes for which such PHI and EPHI was retained and subject to the same conditions set forth in this Agreement which applied prior to expiration or termination; and
- 5) Return to the Covered Entity or, if agreed to by the Covered Entity, destroy the PHI and EPHI retained by the Business Associate when it is no longer needed by the Business Associate for its proper management and administration or to carry out its legal responsibilities or, if such return or destruction is not feasible, extend the protections of this Agreement to the PHI and EPHI and limit further Uses and Disclosures to those purposes that make the return or the destruction of the PHI and EPHI not feasible.

(c) Survival. The obligations of the Business Associate under this Section shall survive the expiration or termination of this Agreement.

9. Miscellaneous

The following provisions shall apply to this Agreement:

(a) All capitalized and other terms used but not otherwise defined in this Agreement shall have the same meaning as those terms contained in the HIPAA Rules.

(b) The paragraph headings contained in this Agreement have been prepared for convenience of reference only and shall not control, affect the meaning, or be taken as an interpretation of any provision of this Agreement.

(c) Several copies of this Agreement may be executed by the parties, each of which shall be deemed an original for all purposes, and all of which together shall constitute but one and the same instrument.

(d) The parties will take such action as is necessary to amend or further amend, as the

case may be, this Agreement from time to time as is necessary for The Covered Entity and the Business Associate to comply with the HIPAA Rules, as further amended in the future. Any ambiguity or inconsistency in this Agreement shall be resolved to permit The Covered Entity to comply with the requirements of the HIPAA Rules.

(e) In the event any term or condition of this Agreement should be breached by either party and thereafter waived by the other party, then such waiver shall be limited to the particular breach so waived and shall not be deemed to waive any other breach either prior or subsequent to the breach so waived.

10. Failure of Performance

If either party to this Agreement fails in the due performance of any of its obligations under the terms of this Agreement, the other party will have the right, at its election, to sue for damages for such breach and to seek such legal and equitable remedies as may be available to it, including the right to recover all reasonable expenses, which shall include reasonable legal fees and court costs, incurred: (a) to sue for damages; (b) to seek such other legal and equitable remedies; and (c) to collect any damages and enforce any court order or settlement agreement including, but not limited to, additional application to the court for an order of contempt. Nothing contained herein shall be construed to restrict or impair the rights of either party to exercise this election. All rights and remedies herein provided or existing at law or in equity shall be cumulative of each other and may be enforceable concurrently therewith or from time to time.

11. Notices

Any notice or other communication which is required to be given under the terms of this Agreement shall be in writing and shall be delivered personally, or sent by registered mail, or by certified mail return receipt requested. Any notice which is mailed shall be deemed to have been given on the second business day after the day of mailing (not counting the day mailed), irrespective of the date of receipt. Notices may be signed and given by the attorney for the party sending the notice. A new address may be designated by notice. The Covered Entity's Privacy and/or Security Official is Mary Elizabeth Kissane, Warren County Attorney, Warren County Municipal Center, 1340 State Route Nine, Lake George, NY 12845, telephone (518) 761-6463.

12. Construction

(a) All understandings and agreements previously made by and between the parties are merged in this Agreement, which alone fully and completely expresses their agreement. In this regard, The Covered Entity and the Business Associate may have previously entered into a Business Associate Agreement or other agreement ("Pre-Existing Business Associate Agreement") for the purpose of restricting the Business Associate's Use and Disclosure of PHI and EPHI as required by the HIPAA Rules. This Agreement supersedes and replaces any such previously executed Pre-Existing Business Associate Agreement. This Agreement shall not change or modify any rights or obligations of the Covered Entity or Business Associate that may have accrued under a Pre-Existing Business Associate Agreement while such agreement was in effect.

(b) This Agreement may not be changed, terminated, nor any of its provisions modified

or waived, except in writing signed by all of the parties to this Agreement. Any provisions of this Agreement which by their terms are intended to survive the termination or expiration of this Agreement shall so survive.

13. Applicable Law; Jurisdiction; Venue

This Agreement will be governed by and construed in accordance with the laws of the State of New York without regard to its principles of conflicts of law. The County of Warren in the State of New York is hereby designated as the exclusive forum for any action or proceeding arising from or in any way connected to this Agreement, and the parties hereby expressly consent to the personal jurisdiction of the state or federal courts in this forum.

14. Binding Effect

This Agreement shall be binding upon and will inure to the benefit of the parties, their heirs, distributees, legal representatives, transferees, successors and assigns.

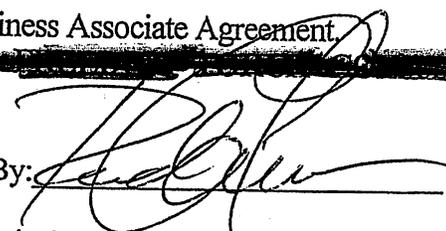
IN WITNESS WHEREOF, we have signed this Business Associate Agreement.

Business Associate: [REDACTED]

By: [REDACTED]

Print Name: [REDACTED]

Title: [REDACTED]

By: 

Print Name: RONALD F. CONOVER

Title: CHAIRMAN, Board of Supervisors

Warren County Board of Supervisors

RESOLUTION No. 213 OF 2019

RESOLUTION INTRODUCED BY SUPERVISORS FRASIER, MCDEVITT, BRAYMER, LEGGETT, LOEB, DRISCOLL, HYDE, MAGOWAN AND SOKOL

AUTHORIZING AGREEMENT WITH [REDACTED], [REDACTED] ON [REDACTED] TO PROVIDE COMMITTEE PRESCHOOL SPECIAL EDUCATION (CPSE) SERVICES TO ELIGIBLE WARREN COUNTY CHILDREN

RESOLVED, that Warren County enter into an agreement with [REDACTED] to provide Committee Preschool Special Education (CPSE) Services to eligible Warren County children, for a term commencing May 16, 2019 and terminating May 15, 2020, with automatic annual renewals unless terminated by either party upon thirty (30) days written notice, and the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an agreement, in a form approved by the County Attorney, and be it further

RESOLVED, that the funds shall be expended from Budget Code A.4054 444 Ed/Physically Hand.Children, Travel/Education/Conference.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: **Health Services**

DATE: **April 18, 2022**

- (a) Is this a Result of a Bid or Request for Proposal? **No**
- (b) Purpose of Contract: **To provide CPSE speech services to eligible children in Warren County.**
- (c) Name of Contractor: **Tara H. Burczeuski, MS. ED., CCC/SLP**
- (d) Address of Contractor: **433 Brownville Rd; Gansevoort, NY 12831**
- (e) Contractor's Contact Person and Telephone Number:
Tara Burczeuski 518-791-2834/ Email burczeuskt4SLP@gmail.com
- (f) Has or will the Contract be provided, if so, please attach: **Template attached**
- (g) Commencement Date of Contract: **May 20, 2022**
- (h) Termination Date of Contract: **Automatic annual renewal unless 30 day written termination notice is rendered 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. **Voucher at NYS rate**
- (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 Physically Handicap Children- 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

TARA H. BURCZEUSKI, MS ED., CCC/SLP

433 Brownville Rd. Gansevoort, NY 12831 · 518-791-2834

*burczeuskt4SLP@gmail.com · <https://www.linkedin.com/in/tara-burczeuski-092341186> *

March 07, 2022

Mr. Mastrianni:

As a speech language pathologist with over 20 years' experience, I feel I have the qualifications you seek to complement your team of professionals and related service providers. I have worked enthusiastically in a variety of settings, from long-term care and short-term rehabilitation, to schools and daycare centers; from early intervention through geriatric home care, to out-patient adult and pediatric settings. My practice is vast and comprehensive, including-but not limited to-dysphagia, general receptive and expressive language disorders, disorders of voice and fluency, pediatric dysphagia, sensory integration dysfunction, AAC/AD, autism spectrum disorders, stroke/aphasia, dementia, cognitive rehabilitation, TBI, apraxia, dysarthria, and adult and pediatric MR. I thoroughly find joy in the work I do and because of this, my personal best is guaranteed when aiding each individual reach his or her optimal potential.

In addition to enjoying my work with children and adults of various ages, I greatly value continuing my education through hands-on courses and seminars in the pursuit of becoming an ever-better pathologist and clinician. I seek to challenge my clients, and myself, in new and stimulating ways and strive to help each individual fully reach his or her goals. I treat each person as a whole, not as a disability, and I seek to integrate all the senses into each session for a complete and rewarding experience.

As you will see upon reviewing my resume, I am able to successfully work independently, as well as with a team of professionals. I am filled with, and open to, fresh and prolific approaches that will assist clients in learning and growing to the greatest potential.

I possess the New York State Teacher of Speech and Hearing Handicapped license, ASHA certification, and the Certificate of Clinical Competence. I am a highly motivated and principled professional who knows that her energy level, expertise and commitment to her clients will produce desired results.

Thank you in advance for your consideration.

Sincerely,

Tara H. Burczeuski MS Ed., CCC/SLP

TARA H. BURCZEUSKI, MS ED., CCC/SLP

433 Brownville Road Gansevoort NY 12831 · 518-791-2834

*burczeuskit4SLP@gmail.com · <https://www.linkedin.com/in/tara-burczeuski-092341186> *

OBJECTIVE To obtain a position as a speech-language pathologist.

EDUCATION MS Ed -Communication Disorders, The College of St. Rose (Dec. 1997)
BS-Speech and Hearing Science, State University of New York at Plattsburgh (Dec. 1995)

WORK

EXPERIENCE Primary Speech/Language Pathologist *Warrensburg Central School District* Warrensburg, NY
Sept. 2021 - present

- Provide in-person and remote speech, language, voice, assistive technology, articulation, and fluency services for 12:1:4 specialized classroom, as well as general education students K-12 with a variety of SI and emotional diagnoses/disorders
- Create language-based classroom curriculum and modifications to meet the various academic and social/emotional diversity in this specialized classroom
- Train Special Education Teacher and Educational Assistants in best practices to working with and understanding the needs of children with autism, ED, and other language-based deficits
- Conduct diagnostic and ongoing evaluations of various communication and learning delays and disorders
- Participate in creation, implementation, and data collection for behavioral management plans
- Implement oral-motor coordination/strengthening programs for therapeutic, academic, and home environments for sensory/feeding/articulation needs
- Partner with parents, Related Service Providers, Psychologists, Medical Professionals and Special Educators to create, implement and ensure delivery, continuity, and fluidity of individual goals
- Attend, provide and share in specialized, continued education and training courses

Speech/Language Pathologist *WSWHE BOCES* Wilton, NY (position of SLP at Sanford Street Teaching and Learning Ctr.)
Aug. 2020 - present

- Provided speech, language, voice, assistive technology, articulation and fluency services for school aged students K-6 with a variety of emotional diagnoses/disorders via in person and remote delivery models
- Conducted diagnostic and ongoing evaluations of various communication, social and learning delays and disorders
- Participated in creation, implementation and data collection of behavioral management plans using the Boystown/TCIS behavior management models
- Implemented oral-motor coordination/strengthening programs for therapeutic, academic, and home environments
- Teamed with parents, Related Service Providers, Psychologists, Medical Professionals and Special Educators to create, implement and ensure delivery, continuity and fluidity of individual goals
- Attended and share in specialized, continued education and training courses

Speech/Language Pathologist *Advanced Therapy, PLLC.* Albany, NY (position of SLP at *Galway CSD)
Aug. 2019 – September 2020

- Provided speech, language, voice, augmentative communication, articulation and fluency services for preschool and school aged students with a variety of diagnoses
- Conducted diagnostic and ongoing evaluations of various delays and disorders
- Implemented oral-motor coordination/strengthening programs for therapeutic, academic, and home environments
- Partnered with parents, Related Service Providers, Psychologists, and Special Educators to create, implement, and ensure delivery, continuity and continuance of individual goals
- Served as liaison between agency and school districts regarding CPSE/CSE meetings, correspondence and special requests
- Attended and share in specialized, continued education and training courses

Speech Language Pathologist *Kindred at Home*, Ballston Lake, NY Feb 2018-Aug 2019

- Provided dysphagia, dysarthria, aphasia, AAC, aphonia, dysfluency, respiratory, and other language-based therapies and evaluations for adults in their homes
- Diligently and skillfully trained caregivers and families in compensatory strategies, diet modifications, feeding protocols, and cueing hierarchies to trigger language production and word recall
- Independently obtained orders, prescriptions and other necessary equipment from doctors, hospitals and vendors
- Created and trained nurses, physical and occupational therapists in practices of identifying speech/language/swallow/cognitive

- deficits in those with whom they work, as well as how to best communicate/how to provide effective therapeutic instruction
- Collaborated with doctors, PT/OT, MSW, nurses, home health aides, facility staff and families in formulating plans of care
- Regularly obtained vital signs and communicate to doctors and nurses any behavioral or medical changes
- Created and executed in-service trainings for staff and family in (including but not limited to) identifying and understanding the signs and symptoms of dysphagia/aspiration, stroke, language processing disorders, dementia, adult ADD/Spectrum disorders
- Executed timely, accurate yet concise documentation for all evaluations, therapies and communications

Per Diem/Primary Speech/Language Pathologist *Preferred Therapy @The Pines at Glens Falls*, Glens Falls, NY
 Sept. 2012-Present; *Pleasant Valley Infirmary*, Argyle, NY May
 2012-June 2013

- Provide dysphagia, dysarthria, aphasia, AAC, aphonia, dysfluency, and other language-based therapies for adults in short term and long-term rehabilitation
- Conduct diagnostic/ongoing assessments for patients who experienced CVA/TIA, TBI, dementia, age-related medical illness, vocal fold paralysis/dysfunction, feeding tubes, specified and unspecified dysphagia, aspiration
- Interpret medical testing and diagnostic information for colleagues and families
- Create and implement feeding protocols and individually modified diets which satisfactorily meet the needs of dysphagia patients' lifestyle, personal preferences, desire for independence, and safety
- Provide personal, ongoing education and training for staff and families for the most effective ways to approach and treat individuals within confines of his/her own functionality and standard of living
- Partner with Occupational and Physical Therapists, Otolaryngologists, Neurologists, Psychologists, and other medical specialists to create, implement, and ensure continuance of individual goals, as well as carryover of goals and success upon discharge
- Generate and implement up-to-date dysphagia diet levels in accordance with the current ASHA and ADA standards
- Conduct regularly scheduled in-services to educate staff in understanding and identifying: the signs and symptoms of aspiration; risk factors and medical diagnoses related to dysphagia; health/lifestyle strategies to reduce the recurrence of stroke/dysphagia/pneumonia; strategies to support the improvement of swallow function/communication with brain injuries; understanding dysphagia diet levels; communication strategies for dementia; strategies to support the emotional well-being of those suffering from lifestyle changing illnesses
- Input data, coding, therapeutic summaries into RehabOptima and Point Click care programs

Primary Speech/Language Pathologist *Select Rehabilitation @Ft. Hudson Health Systems*, Ft. Edward, NY
 May 2009-Sept.2012

- Provided dysphagia, dysarthria, aphasia, AAC, aphonia, dysfluency, and other therapies for adults in long and short-term rehabilitation
- Conducted diagnostic and ongoing evaluations for patients with CVA, TBI, dementia, various medical conditions, vocal fold post intubation trauma/paralysis, alternative nutrition patients, compromised lung/respiratory function, Parkinson's disease Myasthenia Gravis, neurological disorders, Multiple Sclerosis, Muscular Dystrophy
- Interpreted medical testing and diagnostic information for colleagues and families
- Created and implemented feeding protocols and individually modified diets which satisfactorily meet needs of dysphagia patients' standard of living and wellbeing
- Provided personal, ongoing education and training for staff and families for the most effective ways to approach and treat individuals within confines of his/her own functionality and standard of living
- Partnered with Occupational and Physical Therapists, Otolaryngologists, Neurologists, Psychologists, and other medical specialists to create, implement, and ensure continuance of individual goals, as well as carryover goals and success at home upon discharge

Speech/Language Pathologist *Prospect Child and Family Center*, Queensbury, NY.
 Sept. 2006- May 2009

- Provided speech, language, voice, augmentative communication, and fluency services for adolescent, autistic spectrum, EI, CPSE, and CSE populations, many with physical, cognitive and/or neurological delays
- Conducted diagnostic and ongoing evaluations of various disorders
- Implemented oral-motor coordination/strengthening programs for therapeutic, academic, and home environments
- Partnered with parents, Occupational and Physical Therapists, Psychologists, and Special Educators to create, implement, and ensure continuance of individual goals
- Attended and share in specialized, continued education and training courses

Per Diem Speech/Language Pathologist *Advanced Therapy*, Albany, NY; *Saratoga/Warren/Wash. County. EI & school districts*

August 2004- Sept. 2006 August 2001-Sept. 2006

- Identified, created, and implemented programs for speech-related sensory integration dysfunction
- Provided speech/language, sensory, voice, and fluency services for 0.10-5 yr. and k-6 grade population
- Implemented oral-motor/body postural and coordination/strengthening programs for therapeutic, academic, and home environments
- Worked collaboratively with parents to create "lifestyle" as well as therapeutic programs for their child/family's everyday optimal functioning within the limits and strengths of the child's needs.
- Partnered with Occupational and Physical Therapists, Otolaryngologists, Neurologists, Psychologists, and Special and Classroom Educators to create, implement, and ensure continuance of individual goals
- Researched and offered referral of services to related professionals as necessary
- Participated in initial, annual, and monthly review meetings for Early Intervention, CPSE, and CSE
- Attended continuing education seminars and lectures.

Per Diem Speech/Language Evaluator *Community Cornerstones (form. Northeast Occupational Therapy)* Troy, NY August 2004- Sept 2006

Itinerant Speech/Language Pathologist *HTA of New York, Ardsley, N.Y. Esther and Rose, Inc., Monsey, N.Y.*
March, 1998-July 2001

Speech/Language Pathologist *Central Speech Language Pathology, P.C., Hartsdale, NY.*
March, 1998-August 1999

SKILLS Sensory Integration Dysfunction and Oral-Motor /Oral-Sensory Seeking, Dysphagia and Feeding. Respiratory Therapy, Boystown and TCIS trained
NYS, TSHH Registered and ASHA certified.

ACTIVITIES Girl Scout Troop Leader for Girl Scouts of Northeastern NY troop3256
Volunteer for Adopt A Soldier
Volunteer /collected items for Wilton Food Pantry (ongoing)
Ragnar Relay Race participant x4

Jones, Ginelle

From: Mastrianni, Erik
Sent: Monday, March 21, 2022 10:39 AM
To: Jones, Ginelle
Cc: Belden, Patricia
Subject: Potential Speech Therapist
Attachments: TaraBRESUME2022.docx; Burczeuski cover letter of intent.doc

Hi,

I had a conversation with a speech therapist from Warrensburg Schools, Tara Burczeuski. She is interested in obtaining a CPSE contract. She sent her resume and letter of interest and I have attached them for you. I have encouraged her to apply to be a NYS EI provider as well. Let me know if I can help in any way.

Thanks,

Erik

Erik Mastrianni
Program Manager
Warren County Early Intervention
518-761-6580

Refer to Attachment # 1
for
CPSE Contract Template

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: April 18, 2022

- (a) Is this a Result of a Bid or Request for Proposal? **No**
- (b) Purpose of Contract: **To provide CPSE speech services to eligible children in Warren County.**
- (c) Name of Contractor: **Lisa Adams**
- (d) Address of Contractor: **smadaLC1@gmail.com**
- (e) Contractor's Contact Person and Telephone Number:
Lisa Adams CCC/SLP 518-330-0174
- (f) Has or will the Contract be provided, if so, please attach: **Template attached**
- (g) Commencement Date of Contract: **May 20, 2022**
- (h) Termination Date of Contract: **Automatic annual renewal unless 30 day written termination notice is rendered 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. **Voucher at NYS rate**)
- (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 Physically Handicap Children- 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

Jones, Ginelle

From: noreply@WarrenCountyNY.gov on behalf of Warren County
<noreply@WarrenCountyNY.gov>
Sent: Wednesday, April 6, 2022 4:07 PM
To: Jones, Ginelle; Durkee, Dan
Subject: Webform submission from: Contact Ginelle Jones

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or on clicking links from unknown senders.

Submitted on Wed, 04/06/2022 - 4:06pm

Submitted by: Anonymous

Submitted values are:

Name

Lisa Adams

Email

smadaLC1@gmail.com

Phone

518-330-0174

Message

Hi Ms. Jones,

I am a speech pathologist who works with preschool children. I have been contracting with local health departments for over 20 years. I am wondering if you presently have a need for an additional preschool therapist. I am available to work during the summer and may be very interested in continuing throughout the school year if you have the need. I look forward to hearing from you!

Respectfully,

Lisa Adams, CCC-SLP

Check the box to provide a copy of this message to the entered e-mail address.

Yes

Refer to Attachment # 1
for
CPSE Contract Template

RESOLUTION REQUEST FORM NO. 6

Request to Amend or Extend Existing Grant

DEPARTMENT NAME: Health Services

DATE: April 18, 2022

- (a) Purpose of Grant Amendment:
To amend NYS/HRI ELC School Grant (Contract # 6823-01) to reflect grant extension through 7/31/2023
- (b) Resolution No. which Authorized Original Application and Grant:
267 of 2021
- (c) Name of Grantor:
NYSDOH/ Office of School Support AIDS Institute
- (d) Address of Grantor: **Corning Tower, ESP, Albany, NY 12237**
- (e) Grantor's Contact Person and Telephone Number:
Lauren Medina Collens 518-473-1957/ Email lauren.collens@health.ny.gov
- (f) Has or Will the Grant Amendment or Grant Extension be provided, if so, Please Attach? **attached**
- (g) Effective Date of Amendment or Extension: **7/1/2021**
- (h) Termination Date of Amendment or Extension: **7/31/2023**
- (i) Total Dollar Amount Involved (not to exceed): **\$1, 730, 012**
- (j) Is a Budget amendment required? **yes** If yes, please complete and submit Form No. 7.
- (k) Are the funds to go into a Capital Project or Capital Reserve Project? **No**
If yes, also complete and submit Form No. 8 or Form No. 9, as applicable.
- (l) Is a Local Share Required? **No** If Yes, Where are the Funds? List Budget Code, Object Code, Full Title* and Amount **OR** Capital Project **OR** Capital Reserve Project Number and Title and Amount:
A.4194 Miscellaneous Expenses
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

Jones, Ginelle

From: Collens, Lauren (HEALTH) <Lauren.Collens@health.ny.gov>
Sent: Monday, April 4, 2022 10:09 AM
To: Collens, Lauren (HEALTH)
Subject: Important Update for ELC School Reopening Contracts

Importance: High

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or on clicking links from unknown senders.

Good morning,

NYSDOH was recently informed that we were granted expanded authority (no cost extension) on our ELC School Reopening supplemental award through 7/31/2023.

We will be offering no cost extensions on all local health department and BOCES ELC School reopening contracts through 7/31/2023. *Please note that this does not require any paperwork to be submitted by your organization at this time.*

We will host a short informational meeting about no cost extensions on April 7 from 1:30-2:00pm (an invite will be sent later today). We encourage you all to have at least one organizational representative on this call to discuss no cost extensions so we can answer any questions your organization may have as you plan for programming over the summer months and upcoming 2022-2023 school year.

To better assess current spending and future spending on these contracts we encourage all agencies to submit vouchers on the current contract year (7/1/2021 to present) as soon as possible. If you have questions about vouchering, please contact your assigned contract manager.

Lauren Medina Collens

New York State Department of Health
Director
Office of School COVID Support
AIDS Institute
Corning Tower, ESP
Albany, NY 12237
518-473-1957 (office)
Lauren.Collens@health.ny.gov

Warren County Board of Supervisors

RESOLUTION NO. 267 OF 2021

RESOLUTION INTRODUCED BY SUPERVISORS FRASIER, MCDEVITT, CONOVER, HOGAN AND STROUGH

AUTHORIZING SUBMISSION OF A GRANT APPLICATION TO THE NEW YORK STATE DEPARTMENT OF HEALTH/HEALTH RESEARCH INSTITUTE TO ENABLE WARREN COUNTY SCHOOL DISTRICTS AND DAYCARE CENTERS TO ESTABLISH COVID-19 TESTING AND SCREENING IN ORDER TO MAINTAIN IN-PERSON LEARNING

RESOLVED, that the Warren County Board of Supervisors hereby authorizes the Chair of the Board of Supervisors to execute and submit a grant application to the New York State Department of Health/Health Research Institute, 150 Broadway, Suite 560, Albany, New York 12204, to enable Warren County School Districts and Daycare Centers to establish COVID-19 testing and screening in order to maintain in-person learning, for an amount not to exceed One Million Seven Hundred Thirty Thousand Twelve Dollars (\$1,730,012), for a term commencing July 1, 2021 and terminating July 31, 2022, and be it further

RESOLVED, that upon notification of the grant award, the Chair of the Warren County Board of Supervisors be, and hereby is, authorized to execute the grant agreement and/or grant agreements and any and all other necessary documents relating to said agreement, in a form approved by the County Attorney, and be it further

RESOLVED, that if any further State funding becomes available during the term of this contract, no further resolution will be necessary to accept these funds and the Chair of the Board of Supervisors is authorized to execute any documents necessary to receive the funds, and be it further

RESOLVED, that should the term of this grant be extended, the Chair of the Board of Supervisors is hereby authorized to execute any relative grant extensions in a form approved by the County Attorney without the need for further Board resolution.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: April 25, 2022

- (a) Is this a Result of a Bid or Request for Proposal? **No**
- (b) Purpose of Contract: **To authorize contract and/or agreement with interested Warren County school districts, camps, and agencies serving the K-12 population to receive covid testing kits, supplies, and/or equipment approved by NYS ELC School Grant funding (Contract # 6923-01) and provided/distributed by Warren County Health Services.**
- (c) Name of Contractor: **TBD**
- (d) Address of Contractor: **TBD**
- (e) Contractor's Contact Person and Telephone Number: **TBD**
- (f) Has or will the Contract be provided, if so, please attach: **TBD**
- (g) Commencement Date of Contract: **May 20, 2021**
- (h) Termination Date of Contract: **Automatic annual renewal for the duration of the grant funding or 30 days written termination 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. **N/A**)
- (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.4194 ELC School Grant Expense/ Revenue**

**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. 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 18, 2022

- (a) Purpose of Request:
To adjust prior year preschool old receivables from 2009-2016 related to AVLs/Evaluations on preschool children in the amount of \$57,368.85

- (b) Details:
Treasurer's office has requested this adjustment.

- (c) Previous Resolution Number:
N/A

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount:
**Revenue: A4054.3277 Physically Handicapped Children- Education of Handicapped Child
Receivable: A.4010 State and Federal Other**

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

*** as listed in budget and LOGOS**

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Health Services

DATE: April 18, 2022

- (a) Purpose of Contract Change: **To renew and amend the contract with Strategic Healthcare Programs (SPH), LLC to reflect new dates 7/1/22-6/30/23, increase the annual fee from \$8,440 to \$8,695, increase in patient satisfaction survey charge from \$1.95/survey to \$2.25/survey, and to authorize future annual renewals as long as there is not more than a 5% increase in any of the components and/or 30 day written termination notice rendered by either party.**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **268 of 2021**
- (c) Name of Contractor: **Strategic Healthcare Programs, LLC**
- (d) Address of Contractor: **6500 Hollister Ave, Suite 210; Santa Barbara, CA 93117**
- (e) Contractor's Contact Person and Telephone Number:
- (f) Commencement Date of Extension: **7/1/2022**
- (g) Termination Date of Extension: **6/30/2023 and automatic annual renewals as long as there is not more than a 5% increase in any of the components and/or 30 day written termination notice rendered by either party.**
- (h) Payment Provisions: i) lump sum amount
ii) hourly rate amount
iii) total amount not to exceed
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. **Invoice**)
- (i) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: A.4010.428 Health Services/Data Processing \$8,695 annual fee plus \$2.25/survey**

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

RENEWAL AMENDMENT

This amendment to the Client Agreement for SHP Data Services (the "Amendment") is between **Strategic Healthcare Programs, L.L.C.** (hereinafter "**SHP**") and the following organization (hereinafter "Client") and is effective upon the last date signed below. SHP and the Client may be individually referred to as a "Party" or collectively as the "Parties".

Warren County Health Services (E2203)
1340 State Route 9
Lake George, NY 12845

WHEREAS, the Parties entered into the Client Agreement for SHP Data Services effective October 16, 2014, (the "Agreement") as thereafter amended; and

WHEREAS, pursuant to Section 15, the Agreement may only be modified or amended by an instrument in writing signed by the Parties.

NOW THEREFORE, the parties do hereby agree the Agreement is hereby amended as set forth below.

All other terms and conditions of the Agreement remain in full force and effect. All capitalized terms used but not otherwise defined herein shall have the meanings assigned to them in the Agreement.

I. Agreement Renewal/Extension

Client wishes to renew the following Renewal Term:

RENEWAL TERM	
Beginning Date of Renewal Term:	July 1, 2022
Ending Date of Renewal Term:	June 30, 2023

II. Restatement and Renewal

Client wishes to restate and renew the following Programs/locations effective as of the beginning date of the Renewal Term:

Program:	SHP for Agencies
Annual Fees:	\$8,695.00 per location/branch.
Locations:	One (1) – See attached Schedule A Provider 32136 – Warren County Health Services
Program:	SHP for HHCAHPS
Annual Fees:	\$0 - NOTE: \$1,500.00 per location/branch Annual Fee is waived for SHP for Agencies Clients.
Per Survey Fee:	\$2.25 per mailed survey; estimated surveys to be mailed are determined and billed quarterly, in advance. NOTE: Second round survey mailings are subject to the \$2.25 per mailed survey fee. *Failure to transmit data by the HHCAHPS upload deadline date will result in a \$250 Supplemental Mailing Fee.

Locations: One (1) – See attached Schedule A
Provider 32136 – Warren County Health Services

Term: One (1) - year

Total Annual Fee: \$8,695.00

Programs listed above hereinafter shall be referred to as "Program."

III. Other Terms and Conditions

All other terms and conditions of the Agreement remain in full force and effect. All capitalized terms used but not otherwise defined herein shall have the meanings assigned to them in the Agreement. To the extent that there is a conflict between the Agreement and the Amendment, the Parties agree that this Amendment controls.

IN WITNESS WHEREOF, the Parties have caused this Amendment to be executed as of the day and year set forth below.

Authorized Client Signature
Warren County Health Services (E2203)
1340 State Route 9
Lake George, NY 12845

Date

SHP Signature
Strategic Healthcare Programs, L.L.C.
6500 Hollister Ave., Suite 210
Santa Barbara, CA 93117

Date

Current Reso

Warren County Board of Supervisors

RESOLUTION NO. 268 OF 2021

RESOLUTION INTRODUCED BY SUPERVISORS FRASIER, MCDEVITT, CONOVER, HOGAN AND STROUGH

AUTHORIZING RENEWAL AMENDMENT AGREEMENT WITH STRATEGIC HEALTHCARE PROGRAMS, LLC TO PROVIDE BENCHMARKING AND CONSUMER ASSESSMENT OF HEALTH CARE PROVIDERS AND SYSTEMS (CAHPS) SURVEY ADMINISTRATION AS REQUIRED BY CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

WHEREAS, the Director of Public Health/Patient Services is requesting a renewal amendment agreement with Strategic Healthcare Programs, LLC to provide benchmarking and consumer assessment of health care providers and systems for an annual lump sum of Eight Thousand Four Hundred Forty Dollars (\$8,440) and a fee of One Dollar and Ninety-Five Cents (\$1.95) per HH-CAHPS survey paid quarterly, for a term commencing July 1, 2021 and terminating June 30, 2022, which agreement shall automatically renew on an annual basis unless terminated upon thirty (30) days written notice by either party and provided there is no more than a 5% rate increase, now, therefore, be it

RESOLVED, that the Chair of the Board of Supervisors be, and hereby is, authorized to execute a renewal amendment agreement with Strategic Healthcare Programs, LLC to provide benchmarking and consumer assessment of health care providers and systems for an annual lump sum of Eight Thousand Four Hundred Forty Dollars (\$8,440) and a fee of One Dollar and Ninety-Five Cents (\$1.95) per HH-CAHPS survey paid quarterly, for a term commencing July 1, 2021 and terminating June 30, 2022, which agreement may be automatically renewed on an annual basis without the need for further resolution, provided there is no more than a 5% rate increase, in a form approved by the County Attorney, and be it further

RESOLVED, that the funds shall be expended from Budget Code A.4010 428 Health Services, Data Processing & Internet Fees.

Current Contract



RENEWAL AMENDMENT

This amendment to the Client Agreement for SHP Data Services (the "Amendment") is between **Strategic Healthcare Programs, L.L.C.** (hereinafter "SHP") and the following organization (hereinafter "Client") and is effective upon the last date signed below. SHP and the Client may be individually referred to as a "Party" or collectively as the "Parties".

Warren County Health Services (E2203)
1340 State Route 9
Lake George, NY 12845

WHEREAS, the Parties entered into the Client Agreement for SHP Data Services effective October 16, 2014, (the "Agreement") as thereafter amended; and

WHEREAS, pursuant to Section 15, the Agreement may only be modified or amended by an instrument in writing signed by the Parties.

NOW THEREFORE, the parties do hereby agree the Agreement is hereby amended as set forth below.

All other terms and conditions of the Agreement remain in full force and effect. All capitalized terms used but not otherwise defined herein shall have the meanings assigned to them in the Agreement.

I. Agreement Renewal/Extension

Client wishes to renew the following Renewal Term:

RENEWAL TERM	
Beginning Date of Renewal Term:	July 1, 2021
Ending Date of Renewal Term:	June 30, 2022

II. Restatement and Renewal

Client wishes to restate and renew the following Programs/locations effective as of the beginning date of the Renewal Term:

- Program:** SHP for Agencies
- Annual Fees:** \$8,440.00 per location/branch.
- Locations:** One (1) – See attached Schedule A
Provider 32136 – Warren County Health Services

- Program:** SHP for HHCAHPS
- Annual Fees:** \$0 - NOTE: \$1,500.00 per location/branch Annual Fee is waived for SHP for Agencies Clients.
- Per Survey Fee:** \$1.95 per mailed survey; estimated surveys to be mailed are determined and billed quarterly, in advance. NOTE: Second round survey mailings are subject to the \$1.95 per mailed survey fee. *Failure to transmit data by the HHCAHPS upload deadline date will result in a \$250 Supplemental Mailing Fee.

Locations: One (1) – See attached Schedule A
Provider 32136 – Warren County Health Services

Term: One (1) - year

Total Annual Fee: \$8,440.00

Programs listed above hereinafter shall be referred to as "Program."

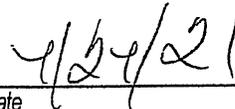
III. Other Terms and Conditions

All other terms and conditions of the Agreement remain in full force and effect. All capitalized terms used but not otherwise defined herein shall have the meanings assigned to them in the Agreement. To the extent that there is a conflict between the Agreement and the Amendment, the Parties agree that this Amendment controls.

IN WITNESS WHEREOF, the Parties have caused this Amendment to be executed as of the day and year set forth below.



Authorized Client Signature
Rachel E. Seeber, Chairwoman
Warren County Board of Supervisors



Date

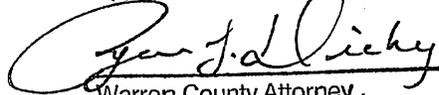


SHP Signature
Strategic Healthcare Programs, L.L.C.
6500 Hollister Ave., Suite 210
Santa Barbara, CA 93117

07/28/2021

Date

Approved as to Form:



Warren County Attorney,
2nd Assistant

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

***If this is the result of a grant award, also complete and submit**

Form No. 5 or 6

DEPARTMENT NAME: Warren County Health Services

DATE: April 18, 2022

- (a) **Purpose of Amendment:** To amend the 2022 budget to reflect the total additional allocation for the ELC Schools Grant Contract (**Contract 6823-01**)
- (b) Appropriation Code (with title), Object Code (with title) and Amount:
- | | |
|---|------------------|
| A.4194 110 Public Health-ELC Schools Grant - Full time Salaries | \$ 10,157 |
| A.4194.435 Public Health-ELC Schools Grant –Medical Supplies Exp | \$ 98,000 |
| A.4194.436 Public Health-ELC Schools Grant –Advertising Exp | \$100,000 |
| A.4194.442 Public Health-ELC Schools Grant –Auto-Gasoline Exp | \$ 1,080 |
| A.4194.810 Public Health-ELC Schools Grant –Retirement Exp | \$ 1,829 |
| A.4194.830 Public Health-ELC Schools Grant –Social Security Exp | \$ 630 |
| A.4194.831 Public Health-ELC Schools Grant –Medicare Expense | \$ 147 |

Revenue Code (with title), and Amount:

A.4193 4410 Public Health-ELC Schools Grant \$211,843.00

***Note: We were notified this grant will be extended now from end date 7/2022 to end date 7/2023. Met with State (via zoom) on 3/28/22 to discuss grant. Therefore, total grant will now be \$925,692 with restricted funds of \$804,320 therefore total \$1,730,012. We will be adding salaries/fringe related to our Health Educators to do outreach for schools and they have requested we do advertising aimed at COVID testing students and staff K-12 while also emphasizing vaccinations.**

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2022 AS OF 4/6/2022 6:14:47 PM

FUND(S): A, CL, D, DM, EF, GI, MS, SD, V
 CODE(S): 4010, 4013, 4054, 4190, 4189, 4191, 4192, 4193, 4194

EXPENSES	2022 BUDGETED	2022 YTD ACTUAL	2021 Prior Year Totals
Salaries - Regular	\$2,948,308.00	\$478,225.07	\$2,253,568.55
Salaries - Overtime	\$190,700.00	\$19,306.20	\$155,258.31
Salaries - Part Time	\$881,365.00	\$80,094.98	\$533,265.12
100's PERSONAL SERVICES	\$4,020,373.00	\$577,626.25	\$2,942,091.98
200's EQUIPMENT	\$202,300.00	\$0.00	\$69,942.71
400's CONTRACTUAL	\$6,511,039.19	\$755,418.18	\$5,019,620.08
800's EMPLOYEE BENEFITS	\$1,564,894.00	\$286,584.45	\$1,294,467.65
TOTALS	\$12,298,606.19	\$1,619,628.88	\$9,326,122.42
REVENUES	2022 BUDGETED	2022 YTD ACTUAL	2021 Prior Year Totals
	\$9,764,877.00	\$300,557.04	\$5,977,562.57

Note: We are working on the CHHA March billing. Reflected above is the accrual of the February billing of \$94,744.68. We have also accrued for 2021 the IAP Grant for last quarter of 2021 for \$18,656. The County is in the process of closing 2021 books.

**Warren County Health Services
 Salaries Comparison
 2022 v 2021**

	YTD 2022	YTD 2021	YTD 22v21	% Change	Total Budget 2022	Total Actual 2021
Total of All Depts	\$478,225.07	\$523,952.87	(\$45,727.80)	-8.73%	\$2,948,308.00	\$2,253,568.55
Regular Salaries	\$19,306.20	\$70,698.80	(\$51,392.60)	-72.69%	\$190,700.00	\$155,258.31
Overtime Salaries	\$80,094.98	\$156,545.79	(\$76,450.81)	-48.84%	\$881,365.00	\$533,265.12
Part Time Salaries	\$577,626.25	\$751,197.46	(\$173,571.21)	-23.11%	\$4,020,373.00	\$2,942,091.98
% current YTD Salary to Total Budget	14.37%	25.53%				

COVID Clinics began 1/2/2021.

*Source: Detail G/L report for all Salary Category from 1/1/22-3/27/22.

Overall, total salaries are \$173,571.21 or 23.11% under 2021 Salaries. Regular salaries are under 2021 due primarily to positions that remain open in both the CHHA and WIC programs. Both part time and Overtime salaries are below 2021, due to the fact that less hours have been needed for contact tracing and some clinics. The state late January took over most of the contact tracing which has helped relieve the stress on our Public Health Department. However, Public Health still needs to follow up on concerns for the community.

ATTACHMENT #9

Warren County Health Services
Revenue and Expense Comparison 2022 vs 2021
as of 04/06/22 (2021 not final)

EXPENSES	2022 YTD Actual as of 4/6/22 G/L	2021 YTD as of 4/6/21 G/L	Variance
Salaries - Regular	\$478,225.07	\$523,952.87	(\$45,727.80)
Salaries - Overtime	\$19,306.20	\$70,698.80	(\$51,392.60)
Salaries - Part Time	\$80,094.98	\$156,545.79	(\$76,450.81)
100's PERSONAL SERVICES	\$577,626.25	\$751,197.46	(\$173,571.21)
200's EQUIPMENT	\$0.00	\$1,050.14	(\$1,050.14)
400's CONTRACTUAL	\$755,418.18	\$844,169.40	(\$88,751.22)
800's EMPLOYEE BENEFITS	\$286,584.45	\$366,106.63	(\$79,522.18)
TOTALS	\$1,619,628.88	\$1,962,523.63	(\$342,894.75)

REVENUES	2022 YTD ACTUAL	2021	Variance
	\$300,557.04	\$352,316.10	(\$51,759.06)

Comments:

Salaries: (please see previous page) overall are \$173,571.21 or 23.11% below 2021 as of the 3/27/22 payroll. Salaries for 2022 are 14.37% of the budget YTD while was 25.53% of budget for 2021. As stated, due to COVID activities, Per Diem and Part Time staff were being utilized in 2021 by the Public Health Department to continue with COVID clinics and contact tracing. We have seen a significant decrease in both Part time and Overtime salary expenses due to the State taking over much of the contact tracing later in January 2022. However, our Public Health staff still need to be utilized for issues that need to be addressed and followed up by our Contact Tracers, Staff for Covid Clinics and others as needed by our Public Health Department.

Equipment: No purchases as of 4/6/22.

Contractual Expenses: These remain below 2021. This is basically due to timing of Preschool invoices.

Employee Benefits: Employee benefits remain slightly under 2021 due to savings in salaries within programs and utilizing less per diem and overtime expenses.

Revenues: Revenues reflect the YTD billings for 2022 vs 2021. Both years reflect YTD February billings. The 2021 Revenues were slightly higher due to more referrals and nursing staff was larger therefore able to see more patients. Referrals are starting to pick up again , however staffing is still an issue for the Homcare division.

Warren County Health Services
 Patient Referrals (May or May not have become Patients)
 CHHA Division

CATEGORY	01/2021	02/2021	03/2021	04/2021	05/2021	06/2021	07/2021	08/2021	09/2021	10/2021	11/2021	12/2021	Total
SN Referral	55	54	73	57	55	59	49	57	45	42	40	32	550
PRI	1	0	0	1	0	2	3	1	1	2	2	4	22
SN Referrals per month	56	54	73	58	55	61	52	58	46	44	44	33	572
PT Referral	40	39	50	47	41	54	32	48	40	30	36	37	455
PT only	9	11	12	9	8	11	8	8	10	5	5	13	122
Total Referrals per month	65	65	85	67	63	72	60	66	56	49	57	45	750
20 vs 21 (%)	-40	-33	-18	8	-15	-20	-32	-32	-38	-55	-35	-44	

CATEGORY	01/2022	02/2022	03/2022	04/2022	05/2022	06/2022	07/2022	08/2022	09/2022	10/2022	11/2022	12/2022	Total
SN Referral	30	25	0	0	0	0	0	0	0	0	0	0	30
PRI	1	2	0	0	0	0	0	0	0	0	0	0	3
SN Referrals per month	31	27	0	0	0	0	0	0	0	0	0	0	31
PT Referral	30	28	0	0	0	0	0	0	0	0	0	0	30
PT only	7	5	0	0	0	0	0	0	0	0	0	0	7
Total Referrals per month	38	32	0	0	0	0	0	0	0	0	0	0	70
21 vs 22 (%)	-42	-51											

VISITS	01/2021	02/2021	03/2021	04/2021	05/2021	06/2021	07/2021	08/2021	09/2021	10/2021	11/2021	12/2021	Total
SN visits	573	561	686	668	550	624	583	618	457	381	385	328	6822
LPN visits	57	68	76	76	61	67	49	65	43	33	35	25	528
PT visits	270	309	358	310	282	373	319	264	308	261	310	285	3285
OT visits	54	61	56	29	28	42	42	38	32	31	28	42	422
Speech visits	32	44	37	26	28	17	24	10	5	2	2	2	222
Total visits per month	986	1043	1213	1109	949	1123	1017	995	845	708	760	682	10882

VISITS	01/2022	02/2022	03/2022	04/2022	05/2022	06/2022	07/2022	08/2022	09/2022	10/2022	11/2022	12/2022	Total
SN visits	297	280	0	0	0	0	0	0	0	0	0	0	297
LPN visits	32	22	0	0	0	0	0	0	0	0	0	0	54
PT visits	266	261	0	0	0	0	0	0	0	0	0	0	527
OT visits	48	30	0	0	0	0	0	0	0	0	0	0	78
Speech visits	6	10	0	0	0	0	0	0	0	0	0	0	16
Total visits per month	649	603	0	0	0	0	0	0	0	0	0	0	1256

Numbers current as of 04/05/2022

Warren County Health Services
 Patient Served by Town
 CHHA Division

Town	01/2021	02/2021	03/2021	04/2021	05/2021	06/2021	07/2021	08/2021	09/2021	10/2021	11/2021	12/2021
Adirondack	3	4	3	3	2	0	3	1	1	1	0	0
Athol	0	0	4	4	4	1	0	0	1	3	1	0
Bakers Mills	1	1	1	1	1	1	1	1	1	1	1	1
Bolton Landing	3	5	2	2	4	9	12	11	6	3	3	1
Brant Lake	3	1	2	3	1	3	4	3	1	1	2	3
Chesterdown	6	6	9	8	5	5	8	7	8	8	6	6
Clevedale	0	1	2	0	0	0	0	0	0	0	0	0
Diamond Point	5	2	3	3	2	2	3	3	1	0	0	0
Glens Falls	42	46	47	51	52	46	38	31	30	27	29	27
Hague	6	3	2	3	2	3	3	4	4	2	2	2
Johnsburg	4	4	2	5	5	3	2	4	3	4	2	1
Katyskill Bay	0	0	0	0	1	2	0	0	0	0	0	0
Lake George	15	14	15	14	11	18	18	12	12	7	12	18
Lake Luzerne	8	7	7	7	5	6	10	8	6	5	6	7
North Creek	2	3	2	2	3	4	5	3	2	3	4	3
North River	0	0	0	0	0	0	0	0	0	0	0	1
Olmstedville	1	2	2	4	3	2	1	1	1	1	1	1
Pottersville	2	1	2	4	7	6	3	2	2	1	1	1
Queensbury	59	60	76	67	57	66	59	57	56	50	50	53
Riparus	0	0	0	0	0	0	0	0	0	0	0	0
Silver Bay	1	1	1	0	1	2	2	2	1	1	0	0
Stony Creek	1	1	1	0	0	0	1	1	0	0	1	2
Warrensburg	16	20	20	16	13	13	14	13	15	14	16	9
Wevertown	2	2	2	2	2	2	1	1	1	1	0	0
Total	180	183	205	198	176	193	188	165	154	132	137	136
Town	01/2022	02/2022	03/2022	04/2022	05/2022	06/2022	07/2022	08/2022	09/2022	10/2022	11/2022	12/2022
Adirondack	0	0	0	0	0	0	0	0	0	0	0	0
Athol	0	1	1	1	1	1	1	1	1	1	1	1
Bakers Mills	0	1	1	1	1	1	1	1	1	1	1	1
Bolton Landing	2	2	2	2	2	2	2	2	2	2	2	2
Brant Lake	1	1	1	1	1	1	1	1	1	1	1	1
Chesterdown	2	2	2	2	2	2	2	2	2	2	2	2
Clevedale	0	0	0	0	0	0	0	0	0	0	0	0
Diamond Point	0	0	0	0	0	0	0	0	0	0	0	0
Glens Falls	26	26	36	36	36	36	36	36	36	36	36	36
Hague	4	4	2	2	2	2	2	2	2	2	2	2
Johnsburg	2	2	3	3	3	3	3	3	3	3	3	3
Katyskill Bay	0	0	0	0	0	0	0	0	0	0	0	0
Lake George	14	13	13	13	13	13	13	13	13	13	13	13
Lake Luzerne	5	7	7	7	7	7	7	7	7	7	7	7
North Creek	1	1	5	5	5	5	5	5	5	5	5	5
North River	0	0	0	0	0	0	0	0	0	0	0	0
Olmstedville	1	1	1	1	1	1	1	1	1	1	1	1
Pottersville	2	2	2	2	2	2	2	2	2	2	2	2
Queensbury	39	38	38	38	38	38	38	38	38	38	38	38
Riparus	0	0	0	0	0	0	0	0	0	0	0	0
Silver Bay	0	0	0	0	0	0	0	0	0	0	0	0
Stony Creek	2	2	0	0	0	0	0	0	0	0	0	0
Warrensburg	13	12	12	12	12	12	12	12	12	12	12	12
Wevertown	0	1	1	1	1	1	1	1	1	1	1	1
Total	115	130	0	0	0	0	0	0	0	0	0	0

BT ACTIVITY SHEET
BP3 (new) - 7/1/21 - 6/30/22

Page 1

Topic Color Codes

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

3/1	Virtual	HEPC State Mandated Quarterly Meeting	Dan Durkee Don Stack	Planning
3/2	Virtual	Warren County Climate Change Taskforce	Dan Durkee	Planning
3/7	Virtual	MCM Site Plan Review Webinar	Dan Durkee	Planning
3/8	Virtual	Regional BT Coordinators Meeting	Dan Durkee	Planning
3/14	Virtual	EPR Educational Program w/ Glens Falls High School Students	Dan Durkee	Education
3/21	Virtual	LHD Points of Dispensing Webinar	Dan Durkee	Planning
3/21	Virtual	ELC Grantee Meeting	Multiple PH Staff	Planning/response
3/23 3/24	Virtual	ICS 100 & 200 trainings	Drew Crawford	Cross training
April COVID-19 Second Booster Clinics	In Person	NYSDOH Approved the 2 nd dose booster shots. 5 Clinics have been scheduled in April to meet demand	Public Health Clinic Team	Response

BT ACTIVITY SHEET
BP3 (new) - 7/1/21 - 6/30/22

Page 2

Topic Color Codes

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

April 5 th		Completed Site Plan Reviews for 2 Primary POD locations (Human Services Building and Queensbury Community Center	Dan Durkee, Don Stack	Planning/response
April 7 th	Virtual	ELC Grant Funding Extension Meeting	Ginelle Jones, Marie DeLorenzo, Dan Durkee	Response/Planning
April 8 th	In Person	NYSDOH Commissioners Forum	Ginelle Jones	Networking
April 12	Virtual	Regional BT Coordinators Meeting	Dan Durkee	Networking
April 12 th & 13 th	Virtual	Psychological First Aid and Personal Resilience & Stress Inoculation	Drew Crawford	Cross Training
April 27 th	Virtual	Warren County EPR/LEPC Committee Quarterly Meeting	Dan Durkee, Don Stack	Planning/Networking
April 27 th & 28 th	Virtual	NYSACHO/NYSPHA Monthly Meeting	Ginelle Jones	Planning/Response/Networking

Warren County Public Health Rabies Program

March 2022

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 <small>Follow Up by Public Health</small> <ul style="list-style-type: none"> • Vet's Office • Victim Watching • Victim Treated Rabies PEP • Euthanized <small>Follow Up by ACO</small> <small>Animal needs to be captured and taken to Animal Hospital. Public Health to check after confinement.</small>						ACO Capture
	Cats	NOT UTD	Dogs	NOT UTD	Cats	NOT UTD	Dogs	NOT UTD	Cats	NOT UTD	Dogs	NOT UTD	Vet	Victim Watched	Treated with PEP	Refused PEP	Euthanized		
Bolton	UTD																		
Chester																			
Glens Falls			2																
Hague						1													
Horicon																			
Johnsburg																			
Lake George																			
Lake Luzerne							2	1											
Queensbury																			
Stony Creek																			
Thurman																			
Warrensburg																			
Totals						1	2	2										2	

*UTD- Up to date
 *PEP- Post exposure prophylaxis
 Total Bites for March -9
 Specimens tested for rabies this month- 1
 Positive specimens for rabies- 0
 People pre-approved for rabies post exposure treatment- 0
 Rabies Clinics this month- 0
 Next Rabies Clinic- May 14th at the Queensbury Community Center, then July 16th at the Chester Fire House both 10 AM- 12 PM

AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (Must be approved by Department Head, County Administrator & Committee Chair)
- Out-of-State (Must be approved by Department Head, County Administrator & Committee Chair)
- On-Line (Must be approved by Department Head, County Administrator & Committee Chair)

Corrected

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

to attend Home Health and Hospice Quality Reporting and QAPI Reinventing Rehab Under the PDCM. How Therapy Management Produces 5 Star Providers

at Webinar (Address) on 4/21, 5/19, 6/30, and 8/18/2022 (Dates)

Meeting/Convention/Training Cost: \$260 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/convention/training including cost. Total Cost \$ \$260 (Include travel costs)

For Overnight Travel

Room rate \$ N/A GSA* Rate \$ _____ Funding in Budget? Y N

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

* www.gsa.gov

Date: 3/29/2022

[Signature]
Department Head Signature

Date: 4/6/22

[Signature]
County Administrator Signature

Date: 4/6/22

Edna Foster - web approval 4/6/22
Committee Chair 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

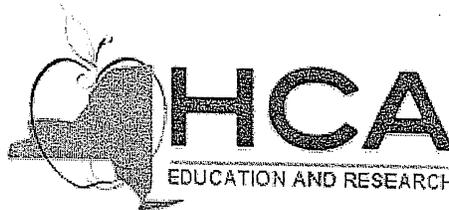
Filing Instructions:

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

Brynes, Jodi

From: Home Care Association of New York State <astone@hcanys.org>
Sent: Tuesday, March 29, 2022 11:02 AM
To: Brynes, Jodi
Subject: Register Today for HCA's Upcoming Educational Events!

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or on clicking links from unknown senders.



Register Today for HCA's Upcoming Educational Events!

**Home Health & Hospice Quality Reporting and QAPI:
Navigating Challenges and Opportunities in 2022 and Beyond
(5-Part Webinar Series)**

In this five-part series, **SimiTree** experts will review the components of Home Health and Hospice Quality Reporting, regulatory requirements, key upcoming changes, and key strategies for successful implementation and integration of QAPI program initiatives into your organization's operations. This interactive series will guide you in ensuring regulatory compliance with your QAPI program, as well as assist in preparation for Home Health Value Based Purchasing and Hospice Public Reporting, and future QRP measures.

**Session 1- Understanding Home Health Quality Reporting and QAPI Programs:
Requirements and Resources**

April 7, 2022 - (1:00 PM – 2:30 PM)

Presented by: Sheila Salisbury Sizemore and Kim Skehan

**Session 2 – Home Health VBP and Star Ratings: Overview and QAPI Program
Considerations**

April 14, 2022 - (1:00 PM – 2:30 PM)

Presented by: Mike Simione and Charles Breznicky

Session 3 – Home Health Quality Reporting: Data Access and Collection

April 21, 2022 - (1:00 PM – 2:30 PM)

Presented by: Charles Breznicky and Sheila Salisbury Sizemore

**Session 4 – Pulling it All Together: QAPI Program Case Studies for Success in Improving
Outcomes**

April 28, 2022 - (1:00 PM – 2:30 PM)

Presented by: Charles Breznicky and Kim Skehan

70

**Session 5 – Hospice Quality Reporting and QAPI Programs in 2022 and Beyond:
Connecting the Dots for Success**

May 5, 2022 - (1:00 PM – 2:30 PM)

Presented by: Kim Skehan and Laurie Newlun

Registration Rates:

HCA Members Individual Session: \$75

HCA Members 4-Part Series (without Hospice): \$260

HCA Members 5-Part Series (including Hospice): \$325

Non Members Individual Session: \$125

Non-Members 4-Part Series (without Hospice): \$460

Non-Members 5-Part Series (including Hospice): \$575

**Webinar recordings will be available for 2 weeks after each live session.*

Register Here!

**Reinventing Rehab Under the PDGM: How Therapy Management
Produces 5-Star Providers
(4-Part Webinar Series)**

Presented by: Arnie Cisneros, P.T., President of Home Health Strategic Management

Optimize your rehab programs for PDGM success!

This exciting series breaks down the Medicare approach to the PDGM's development to assure an understanding of rehab changes and how to achieve compliance with your therapy staff and programs. Beginning with a 10,000-foot view of the hidden value opportunities in the PDGM's rehab regulations, home health administrators, managers and supervisors will gain insight into how to rewire therapy for new levels of success. In subsequent presentations, the development of PDGM-compliant rehab plans of care (POCs) and visit content can assure a value-based therapy episode. Finally, required rehab content necessary for skill, and denials occurring under the PDGM will round out where we are today in terms of qualified therapy expectations. The series concludes with a summary of the PDGM's rehab POC development and in-episode delivery from admission to discharge, with a nod to future IMPACT Act reforms that will modify rehab even more

Session 1 – PDGM Therapy: Administrative, Management & Supervisory Level

April 21, 2022 – (1:00 PM – 2:30 PM)

Session 2 – Required Rehab Content Changes for the PDGM

May 19, 2022 – (1:00 PM – 2:30 PM)

Session 3 – PDGM Rehab In-Episode POC Management Value Concerns

June 30, 2022 – (1:00 PM – 2:30 PM)

Session 4 – Rehab Care Delivery Demo: From Admission to Discharge

August 18, 2022 – (1:00 PM – 2:30 PM)

Registration Rates:

HCA Members Individual Session: \$75

HCA Members 4-Part Series: \$260

Non Members Individual Session: \$125

Non-Members 4-Part Series: \$460

**Webinar recordings will be made available*

Register Here!

For more information on our upcoming education and events contact Celisia Street, Director of Education & Research at cstreet@hcanys.org or visit our website [here](#).

Home Care Association of New York State | 388 Broadway, 4th Floor, Albany, NY 12208

[Unsubscribe brynesj@warrencountyny.gov](mailto:brynesj@warrencountyny.gov)

[Update Profile](#) | [About Constant Contact](#)

Sent by astone@hcanys.org in collaboration with



Try email marketing for free today!

Driscoll, Tawn

From: Laura Constable <lconstable@hcanys.org>
Sent: Tuesday, March 29, 2022 1:36 PM
To: Teresa Brown; Driscoll, Tawn
Subject: RE: HCA April 7th meetings

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or on clicking links from unknown senders.

Hi Tawn

Hope all is well

Yes, you can use the member rate for this

Laura

Laura S. Constable (she/her/hers)
Senior Director, Membership and Operations
Home Care Association of New York State (HCA)
P: 518.810.0660 | F: 518.426.8788
lconstable@hcanys.org | www.hcanys.org



-----Confidentiality Notice-----

This e-mail 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 the Home Care Association of New York State by return e-mail or by calling 518-426-8764 and destroy all copies of the original message.

From: Teresa Brown <tbrown@hcanys.org>
Sent: Tuesday, March 29, 2022 1:30 PM
To: Driscoll, Tawn <driscollt@warrencountyny.gov>
Cc: Laura Constable <lconstable@hcanys.org>
Subject: RE: HCA April 7th meetings

Hi Tawn I cant make that decision but I am cc'ing Laura Constable who can. Have a great day!

Teresa Brown
Administrative Assistant
Home Care Association of New York State (HCA)
P: 518.810.0655 | F: 518.426.8788
tbrown@hcanys.org | www.hcanys.org



-----Confidentiality Notice-----

This e-mail 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 the Home Care Association of New York State by return e-mail or by calling 518-426-8764 and destroy all copies of the original message.

From: Driscoll, Tawn <driscollt@warrencountyny.gov>
Sent: Tuesday, March 29, 2022 1:26 PM
To: Teresa Brown <tbrown@hcanys.org>
Subject: HCA April 7th meetings

Teresa

Sorry I never know again who to contact.

We just got notified today about the Home Health & Hospice Quality Reporting sessions
And we want to sign up Jodi Brynes again for only the 4 part for \$260 ad a member ..we do not need
The hospice portion

Can I get approval to register at the \$260 price? And again will you be sending a bill or do we have to prepay

I need verification on the amount because as you know dealing with the Government, we have processes to do
And depending on the amount is how it will be handled..but we can not get approval until I know the amount and
On such short notice we can't get full approval so we are hoping to get some of this done ASAP but I need verification
If the \$260 is ok to request . Thank you.

Tawn Driscoll
Fiscal Manager
Warren County Health Services
Driscollt@warrencountyny.gov
518-824-8730 (direct)
518-761-6415 Office of Home Care

SCHEDULE "A"

AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- [x] In-State (Must be approved by Department Head, County Administrator & Committee Chair)
[] Out-of-State (Must be approved by Department Head, County Administrator & Committee Chair)
[] On-Line (Must be approved by Department Head, County Administrator & Committee Chair)

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

to attend 2022 Annual Conference -HCA-NYS (Name of meeting or organization)

at The Saratoga Hilton, Saratoga Springs, NY on May 4-6 2022 (Address) (Dates)

Meeting/Convention/Training Cost: \$599.00 Mode of transportation to be used: County Vehicle (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)

[x] Notice of meeting/convention/training including cost. Total Cost \$ 599.00 + Est Less \$100 in Gas & Parking (Include travel costs)

For Overnight Travel

[] Room rate \$ GSA* Rate \$ Funding in Budget? [x] Y [] N

[x] Meal costs \$ 16.00+ GSA* per diem rate \$ 1-Lunch \$16.00 Budget Code: A.4010.444

* www.gsa.gov

Date: 4/6/22

[Signature] Department Head Signature

Date:

County Administrator Signature

Date:

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



(518) 426-8764

 Abo

 Join

 Education, Events & Sponsors

 News, Advocacy & Policy

 COVID-19

 Heroes

 Innovations

 Home Care #VaccinateNY

 2021 HCA Awards

 Public Benefit Resource Guide

2022 Annual Conference



ABOUT

Patients in need of care want to be at home and stay at home. Families want to keep their loved ones at home. Delivering a spectrum of care services in the home can and should be the default when someone requires a combination of nursing, therapy, and/or support with daily living. This is a societal prerogative.

Last year, we introduced you to a new mantra: Home Care First. This year, HCA's Annual conference builds on that foundational concept with a packed agenda of industry and subject-matter experts, innovators, and other allied stakeholders ready to share actionable insights to support the continued prioritization of health care delivery at home, because *HOME is where OUR health care lives!*

Join us as we reunite in-person for the first time since 2019 in beautiful downtown Saratoga Springs, NY for HCA's flagship signature event offering enrichment in areas of organizational development, leadership, strategic

planning, and more—plus networking and a long-awaited, well-deserved celebration of New York's home care community and its tremendous fortitude demonstrated over the last several years!

#HomeCareFirst #SeeYouinSaratoga #HCA

AGENDA

WEDNESDAY, MAY 4, 2022

PRE-CONFERENCE Leadership Intensive

SPONSORED BY BOLT HEALTHCARE

10:00AM – Noon

Transformational Leadership: 3 Keys to Building Trust During Challenging Times



Dr. Corey Jamison

Achieving organizational success amid the increased pressures the home care industry has, and will continue to face, requires a transformational – and trusted – leader.

Humans are not wired to trust right out of the chute, or because the boss says so- in fact, that makes us less trusting of one another. For a leader to be highly effective, trust is essential. But trust is only offered between people in earnest as an outcome. It is an outcome of consistent, predictable interactions built on common language, curiosity about and shared understanding of one another's perspectives.

An employee's trust in their leader has been linked to motivation, commitment, effective team and organizational functioning, and enhanced organizational performance. Being the trusted leader people want to follow means being the leader with whom people can identify with, extend grace to and is seen as willing to grow and change.

Led by Dr. Corey Jamison, this thought provoking and interactive session will give you an opportunity to explore 3 keys to expanding your leadership effectiveness by building (and rebuilding) trust during difficult times.

Dr. Corey Jamison is President and CEO of Corey Jamison Consulting, a management consulting firm specializing in organizational transformation. A central part of Corey's practice is executive coaching, becoming a trusted advisor to leaders as they navigate the complexity of rapidly changing environments.

Her work aims to help leaders to move from being excellent managers of transactional process, to outstanding leaders of people. She works with leaders across industries from entrepreneurs leading small boutique firms to Fortune 100 C-suite executives.

12:00PM – 1:30PM

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

Dinner On Your Own

THURSDAY, MAY 5, 2022

8:30AM – 9:30AM

President's Address

Al Cardillo, LMSW, President and CEO, Home Care Association of New York State

9:30AM – 10:30AM

Change The Culture of Care; Strategies to Recruit, Engage, & Retain Today's Frontline Workforce

Melissa Mann, Director of Compliance & Strategic Initiatives, MissionCare Collective



It's time to change the culture of care. Too few people are entering the healthcare profession, there are limited career paths upwards, training is done for compliance, and employees are often unengaged and burned out, leaving employers with high turnover and unable to deliver reliable care. We've been in the trenches, connecting millions of people to work over the past decade, and we've heard and felt the ongoing pains of the

industry. Join us for a first-of-its kind session that evaluates the problem, provides insight across millions of workers, and surfaces actionable solutions to help organizations build a stronger workplace. Inspire your team with new thinking on creating a workplace that will become a destination, serving as a platform to get more competitive to recruit and retain great people.

Melissa Mann is a national caregiver recruitment speaker and serves as Director of Compliance & Strategic Initiatives at MissionCare Collective. Her experience working with top senior care companies across the country, gives her unique insight into what innovators are doing to tackle their toughest recruiting challenges. Melissa has been in the industry for over 25 years, prior to joining the MissionCare Collective team she worked closely with top labor law teams at Littler and Polsinelli and brings her own firsthand experience as an agency owner for 22 years.

10:30AM – 11:00AM

Extended break with Exhibitors

11:00AM – 12:00PM

Morning Concurrent Sessions

12:00PM – 1:30 PM

2022 HCA Home Care Awards Luncheon

Join us for this special luncheon and celebration as we present HCA's Annual Awards to caregivers, advocates, exceptional collaborators, and industry leaders, showcasing the acts of compassion, dedication, selflessness and resourcefulness that embodies the heart of home care.

1:30PM – 2:15PM

Desserts with Exhibitors

2:15PM – 3:15PM

Afternoon Concurrent Sessions

3:30PM – 4:30PM

Building Caregiver Resilience: A Framework for Care

Dr. Aaron Blight, Founder, Caregiving Kinetics



Caregivers are usually so busy with the tasks of caregiving that they rarely reflect upon the significance of their activities, including how caring changes their identity: their view of self, their relationships with others, and their place in society. This thoughtful and inspiring presentation draws upon research to explain caregiving as a phenomenon of social science. Knowledge gained from the discussion will offer caregivers a framework for 1) processing their experiences and 2) developing the resilience needed to continue supporting the people who depend on them.

Dr. Aaron Blight is an international speaker and consultant on caregiving, aging, and healthcare. He is the Founder of Caregiving Kinetics and Co-Creator of the Caregiver Transformation Retreat. Aaron's passion for supporting caregivers is rooted in 1) his prior work as the owner of a large home care company and as a healthcare policy leader at the Centers for Medicare and Medicaid Services, 2) his study of caregiving as a phenomenon of social science, and 3) his experience as a family caregiver.

Aaron was recently recognized as a "Top 100 Healthcare Leader" by the International Forum on Advancements in Healthcare. Dr Blight is an international speaker and consultant on caregiving, aging, and healthcare. His book, When Caregiving Calls: Guidance as You Care for a Parent, Spouse, or Aging Relative, received a 2020 Best Indie Book Award. He is the founder of Caregiving Kinetics and serves as an Adjunct Professor of Healthcare Management and Public Health at Shenandoah University.

4:30PM – 8:00PM

Dinner On Your Own – Gather with Colleagues and Industry Partners at one of Saratoga Springs top-notch dining establishments.

8:00PM – 10:00PM

HCA's Reunion Party!

PAC Donation Requested

Location TBD

HCA invites you to close out the evening by joining us for a Cinco de Mayo cocktail, friends and fun as we celebrate this oh so sweet reunion of New York's home care community!

FRIDAY, MAY 6, 2022

8:00AM – 9:00AM

Breakfast Buffet

Open to all Attendees

8:00AM – 9:00AM

HCA Town Hall Meeting & Breakfast

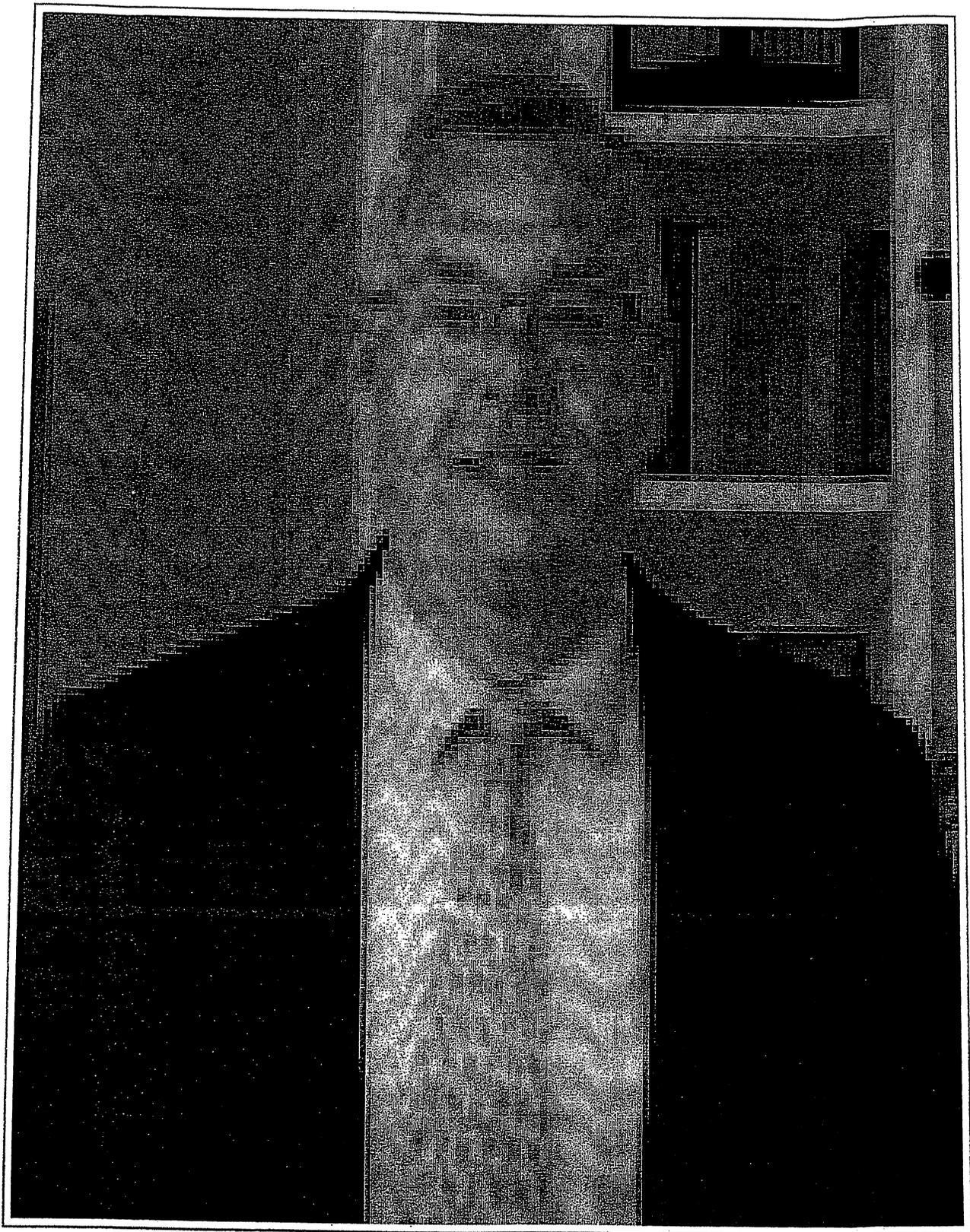
No script, no agenda, no topic off the table ... this freewheeling session is your opportunity to say what's on your mind, present ideas and pose questions to HCA's Policy team about any home care, hospice and MLTC issues confronting your organization and peers.

9:15AM – 10:15AM

Taking Control of the Future of Health Care at Home

The National Blueprint for Change

Ken Albert, RN, Esq., President and CEO, Androscoggin Home Healthcare and Hospice, Chair, NAHC Board of Directors



As public and private sectors emerge from the Public Health Emergency (PHE), the health care landscape will never look the same again. For home and community-based service providers, the pandemic presented ample opportunities for us to further demonstrate our value proposition to partners in the health care continuum as well as those we serve. We must leverage the momentum by advancing legislative and regulatory priorities that permanently secure PHE authorized operational efficiencies; address workforce development to meet the needs of the patients, clients and families we serve; address payment methods and reform initiatives for all payers that

fail to address inflation and the economic realities of the environments in which we operate; and enact innovation to support growth. A return to "normal" is highly unlikely, so we must be prepared to inform our future with one very compelling voice. Ken Albert, Chairman of the Board of Directors for the National Association for Home Care & Hospice, will outline the key priorities and action steps needed to take control of the future of health care at home.

Ken Albert is the President and Chief Executive Officer for Androscoggin Home Healthcare and Hospice. Prior to his appointment in June of 2016, Ken served as the Director and Chief Operating Office of the Maine Center for Disease Control and Prevention, and the Director for the Division of Licensing and Regulatory Services within the Maine Department of Health and Human Services. Before joining the Department in March 2012, Ken practiced law for several years in Maine specializing in health law, professional licensing, and regulatory and compliance law.

Ken's background is rich in medical experience, including seventeen years as a Registered Nurse practicing in emergency and intensive care settings. In that time, Ken served as Director of Emergency Services at Central Maine Medical Center, as the Administrator of the affiliated Occupational Health Center, and as the Site Manager for LifeFlight of Maine. Additionally, Ken spent five years as a traveling critical care nurse working in metropolitan, rural and tribal communities across the United States. He also served for several years as an adjunct faculty member at New England College where he taught Legal Issues in Health Care Administration.

Ken was elected to the National Association for Home Care & Hospice in 2019 and again in 2021, where he now serves as Chairman of the Board of Directors. In addition to his service with NAHC, Ken is the Chairman of the Board of Trustees for the Maine College of Health Professions.

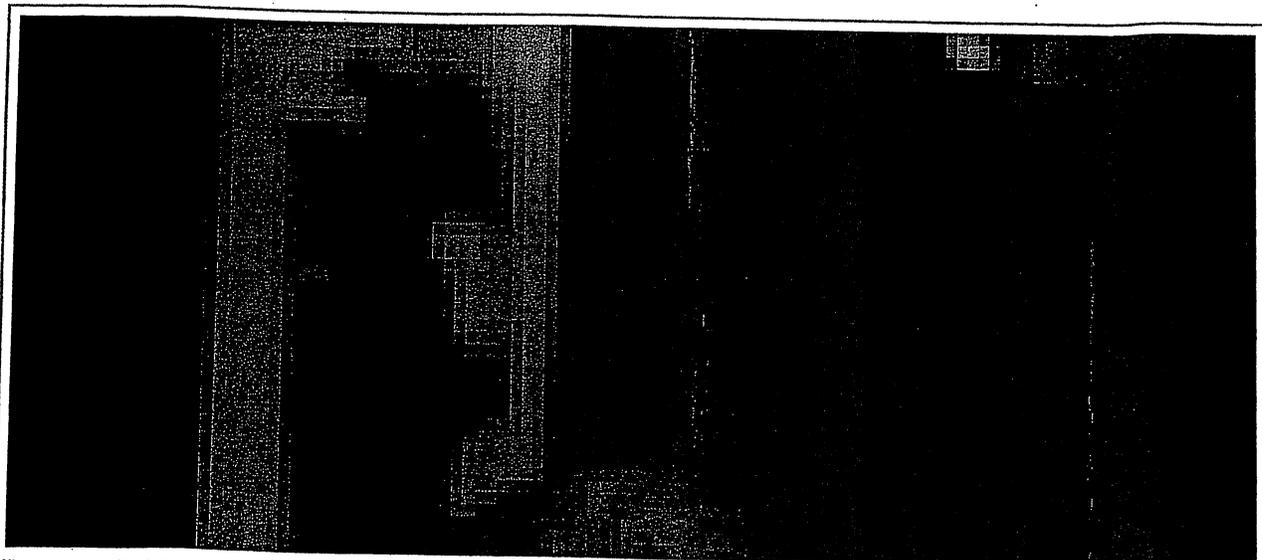
10:15 AM – 10:30AM

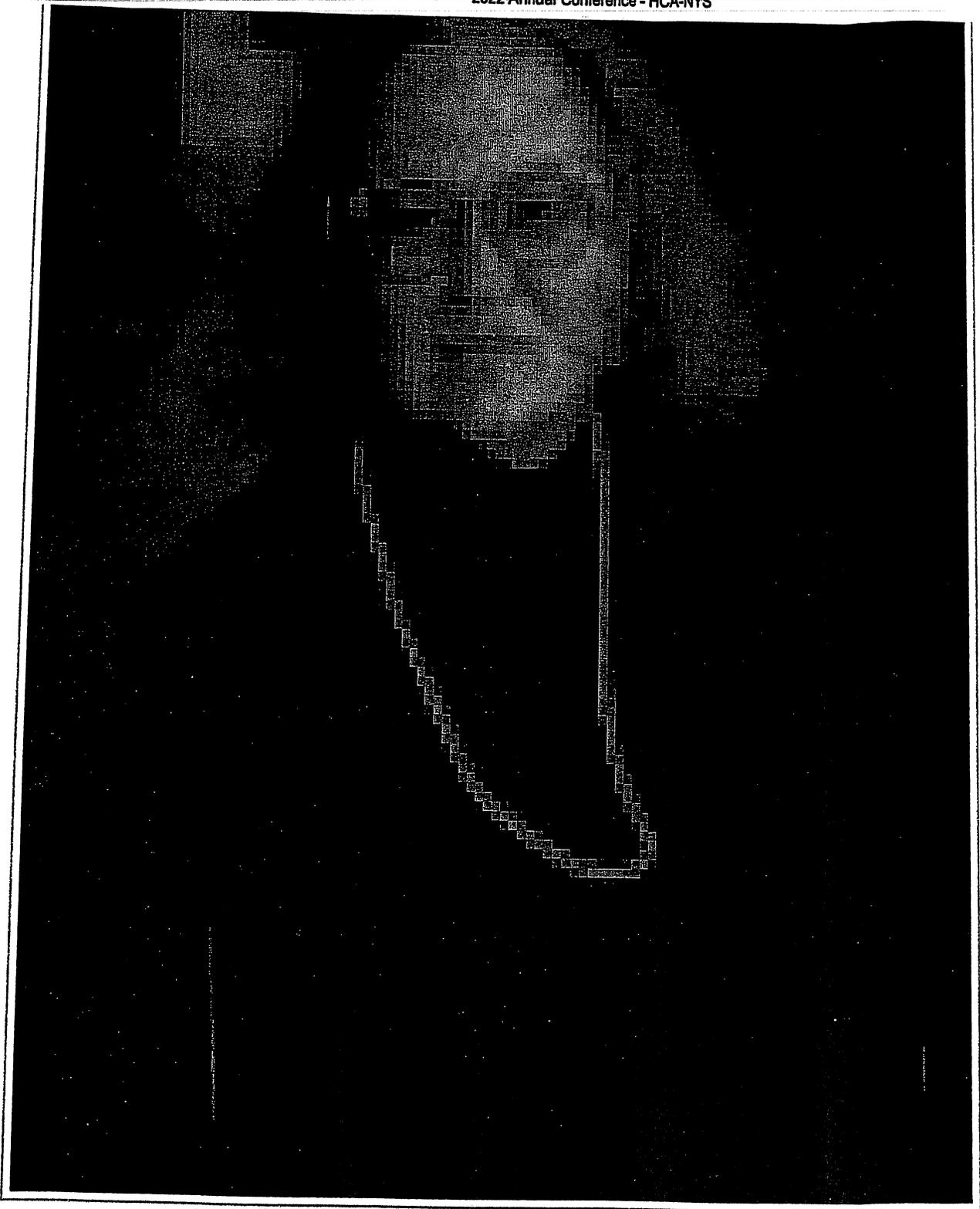
Break

10:30 AM – 11:15 AM

Sowing the Seeds of Nursing's Future

Jeanine Santelli, PhD, RN, AGPCNP-BC, FAAN, Executive Director, ANA-NY





Dr. Santelli has earned degrees in nursing from Keuka College, Syracuse University, and Widener University where her dissertation research was "A Psychometric Analysis of an Instrument that Tests Genetic Knowledge of Advanced Practice Nurses in Genetics." She is currently the Executive Director of The American Nurses Association – New York. Previously she was chair of nursing at Nazareth College for five years. Prior to that she had been a member of the nursing faculty at Keuka College for 17 years and held the position of Associate Vice President for Academic Programs at Keuka College.

She was the Executive Director of the Genetic Nurses Credentialing Commission and facilitated the transfer of genetic nurse credentials to the American Nurses Credentialing Center and then back to the Nurse Portfolio Credentialing Commission.

11:15 AM – 12:15 PM

Advancing Nurse Leadership in Home Care: Thoughts from the Field

Moderated Panel

12:15PM

Closing Remarks & Adjournment

HOTEL INFORMATION

The Saratoga Hilton, Saratoga Springs, NY is the site of the HCA Annual Conference. Rooms at the Saratoga Hilton are **\$179** per night. This discounted rate is available **until April 13**. After this date, higher rates will prevail. Parking is \$10 per night.

To make a reservation, call 888-866-3596 or click on this link

<https://book.passkey.com/go/HomeCareAssn.NYS2022>

The hotel's check-in time is 4pm and checkout is 11am. Luggage storage is available should your room not be ready prior to check-in time.

EVENT REGISTRATION

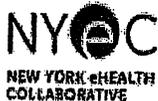
HCA Provider Members who register more than one person for the conference at the full rate of \$599 (noted below as the Primary Agency Registration), will receive a discounted rate of \$549 for each additional registrant.

- HCA Provider Member [Primary Agency Registration] Includes Pre-Conference Session
- Non-Member Provider Includes Pre-Conference Session
- HCA Vendor/Associate Member Includes Pre-Conference Session
- Non-Member Vendor Includes Pre-Conference Session
- HCA Member: Pre-Conference Session ONLY
- Non-HCA Member: Pre-Conference Session ONLY

Register Here!

SPONSORS

A Special Thanks to our Sponsors!

TITANIUM LEVEL			
			
GOLD LEVEL			
			
SILVER LEVEL			
			
BRONZE LEVEL			
			
OTHER SPONSORS			
			
			
			
			

Join us in Saratoga Springs!

REGISTER HERE

JOIN

The Home Care Association

Become a

SPONSOR

Ask us about becoming a sponsor 518-426-8764

FIND

Home Care



Back to Top



©2022 | Home Care Association of New York State, Inc.

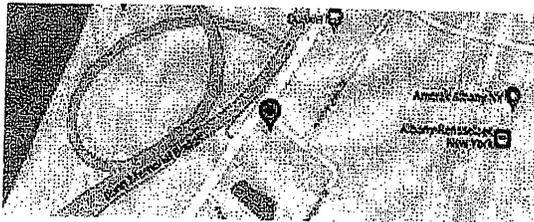
Home Care Association of New York State, Inc.

Phone: (518) 426-8764

Fax: (518) 426-8788

Email: info@hcanys.org

**388 Broadway, 4th Floor
Albany, NY 12207**



Driscoll, Tawn

From: Billi Wilson <bwilson@hcanys.org>
Sent: Wednesday, April 6, 2022 3:05 PM
To: Laura Constable; Driscoll, Tawn
Cc: Teresa Brown
Subject: RE: hca annual conference

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or on clicking links from unknown senders.

Hi Tawn – I have answered your questions below in RED

From: Laura Constable <lconstable@hcanys.org>
Sent: Wednesday, April 6, 2022 2:49 PM
To: Driscoll, Tawn <driscollt@warrencountyny.gov>
Cc: Billi Wilson <bwilson@hcanys.org>; Teresa Brown <tbrown@hcanys.org>
Subject: RE: hca annual conference

Hi Tawn

We can allow Valerie to attend the annual conference at the member rate
I have cc'd Billi Wilson on this email she is coordinating the event and will be able to answer your specific questions better than i

Thanks for reaching out

Laura

Laura S. Constable (she/her/hers)
Senior Director, Membership and Operations
Home Care Association of New York State (HCA)
P: 518.810.0660 | F: 518.426.8788
lconstable@hcanys.org | www.hcanys.org



-----Confidentiality Notice-----

This e-mail 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 the Home Care Association of New York State by return e-mail or by calling 518-426-8764 and destroy all copies of the original message.

From: Driscoll, Tawn <driscollt@warrencountyny.gov>

Sent: Wednesday, April 6, 2022 2:46 PM

To: Laura Constable <lconstable@hcanys.org>

Subject: hca annual conference

Hello Laura

I need to ask for permission for Valerie Whisenant to attend the annual HCA conference in May
Jodi kind of printed off some info..but can you please verify so I can get this approved

Total cost is \$599. Correct. \$599 is the member rate and as Laura mentioned above we will allow Valerie to attend at this rate. We do not need hotel..first day lunch on her own right? Wednesday May 4 is our Pre-Conference session and Members Only Board Meeting and lunch is on your own this day. But is lunch the next day Thurs part of the conference Thursday, May 5 is our Awards Luncheon and this is included in the registration fee of \$599 and
Are there any other fees like parking Parking at the hotel is \$5 for up to 4 hours and \$10 for anything 4 hours or more. or anything and is it at the Saratoga Hilton? Parking is available directly at the hotel.

Are there any other costs I need to know about...thanks There are no other costs to consider.

Tawn Driscoll

Fiscal Manager

Warren County Health Services

Driscollt@warrencountyny.gov

518-824-8730 (direct)

518-761-6415 Office of Home Care

Driscoll, Tawn

From: Laura Constable <lconstable@hcanys.org>
Sent: Wednesday, April 6, 2022 2:49 PM
To: Driscoll, Tawn
Cc: Billi Wilson; Teresa Brown
Subject: RE: hca annual conference

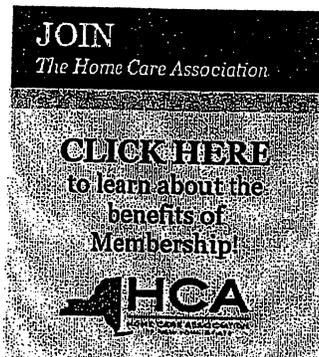
CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or on clicking links from unknown senders.

Hi Tawn

We can allow Valerie to attend the annual conference at the member rate
I have cc'd Billi Wilson on this email she is coordinating the event and will be able to answer your specific questions better than i

Thanks for reaching out
Laura

Laura S. Constable (she/her/hers)
Senior Director, Membership and Operations
Home Care Association of New York State (HCA)
P: 518.810.0660 | F: 518.426.8788
lconstable@hcanys.org | www.hcanys.org



Confidentiality Notice

This e-mail 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 the Home Care Association of New York State by return e-mail or by calling 518-426-8764 and destroy all copies of the original message.

From: Driscoll, Tawn <driscollt@warrencountyny.gov>
Sent: Wednesday, April 6, 2022 2:46 PM
To: Laura Constable <lconstable@hcanys.org>
Subject: hca annual conference

Hello Laura

I need to ask for permission for Valerie Whisenant to attend the annual HCA conference in May
Jodi kind of printed off some info..but can you please verify so I can get this approved

Total cost is \$599. We do not need hotel..first day lunch on her own right? But is lunch the next day Thurs part of the conference and

Are there any other fees like parking or anything and is it at the Saratoga Hilton?

Are there any other costs I need to know about..thanks

Tawn Driscoll

Fiscal Manager

Warren County Health Services

Driscollt@warrencountyny.gov

518-824-8730 (direct)

518-761-6415 Office of Home Care