

HEALTH SERVICES

Health Services

October 24, 2022

COMMITTEE MEMBERS:

Edna Frasier, Peter McDevitt, Andrea Hogan, Claudia Braymer, Ronald Conover, Doug Beaty, Michael Geraci, and the Chair of the Board shall serve as the Ex-Officio member when needed in accordance with Section C (4) of the Rules of the Board.

I. Committee meeting called to order by Chair

II. Approval of minutes of prior Committee Meeting: September 26, 2022

III. Privilege of the floor and public comment

IV. Action Agenda/New Business Items:

Request Resolution: 1	Authorize agreement with MyNexus, commercial insurance carrier, so Health Services can bill for services rendered to the company's members and authorizing automatic annual renewal unless 30 day written termination notice is provided by either party. (Attachment #1)
Rationale:	Health Services provides services to individuals that may be covered by this insurance company. This contract agreement will allow Health Services to be paid for services rendered.

Request Resolution: 2	Authorize amendment to Netsmart Technologies Inc aka McBee contract to reflect increased rate for coding services. The rate increase is from \$65/chart to \$75/chart and authorize annual renewals as long as annual rate increase does not exceed 5% or 30 day written termination notice is rendered by either party. (Attachment #2)
Rationale:	Health Services utilizes this vendor for coding and chart review to ensure compliance with regulations and optimization of eligible revenue. There is an average of 50 chart reviews a month and the anticipated cost is \$6000/year. With the increase, the annual cost is still less than hiring an individual.

Request Resolution: 3	Award WC54-22 Point of Care Software System for Public Health to _____ in the amount of _____. (Attachment #3)
Rationale:	This is for an electronic medical record to manage homecare patients and address many of the current issues. Health Services will utilize DSRIP funding to cover the anticipated expenses.

Request Resolution: 4	Request Transfer of Funds for 2022 Budget. (Attachment #9)
Rationale:	Tawn Driscoll, Fiscal Manager will be available to discuss.

V. Discussion Items:

Val Whisenant attended HCA Emergency Preparedness Conference (virtual) for \$159 on 9/29/2022.

VI. Referrals/Pending Items: None at this time.

VII. Privilege of the floor and public comment

VIII. Motion to adjourn

Attachments:

1. Resolution Request: Authorize MyNexus Insurance Agreement
2. Resolution Request: Authorize Amendment of Netsmart Technologies Inc/McBee Contract
3. Resolution Request: Authorize Awarding WC54-22 Point of Care Software System and Contract
4. Report of Revenues and Expenditures for 2022
5. Revenue and Expense Comparison Report for 2021 vs 2022
6. Report of Referrals Status A/B
7. Emergency Response and Preparedness Activities Report
8. Rabies Report
9. Resolution Request: Transfer of Funds for 2022

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: October 24, 2022

- (a) Is this a Result of a Bid or Request for Proposal? **No**
- (b) Purpose of Contract: **Authorize an agreement with MyNexus, commercial insurance carrier, so Health Services can bill for services rendered to company's members and authorize automatic annual renewal unless 30 day written termination notice is rendered by either party.**
- (c) Name of Contractor: **MyNexus**
- (d) Address of Contractor:
- (e) Contractor's Contact Person and Telephone Number: **Fred Milligan
fmilligan@mynexuscare.com and contracting@myNEXUScare.com**
- (f) Has or will the Contract be provided, if so, please attach: **Template requested**
- (g) Commencement Date of Contract: **11/18/22**
- (h) Termination Date of Contract: **automatic annual renewal unless there is a written termination agreement 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. **Health Services will bill**)
- (j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR Capital Project OR Capital Reserve Project Number, Title, and Amount: A.4010.1610 Health Services Revenue**

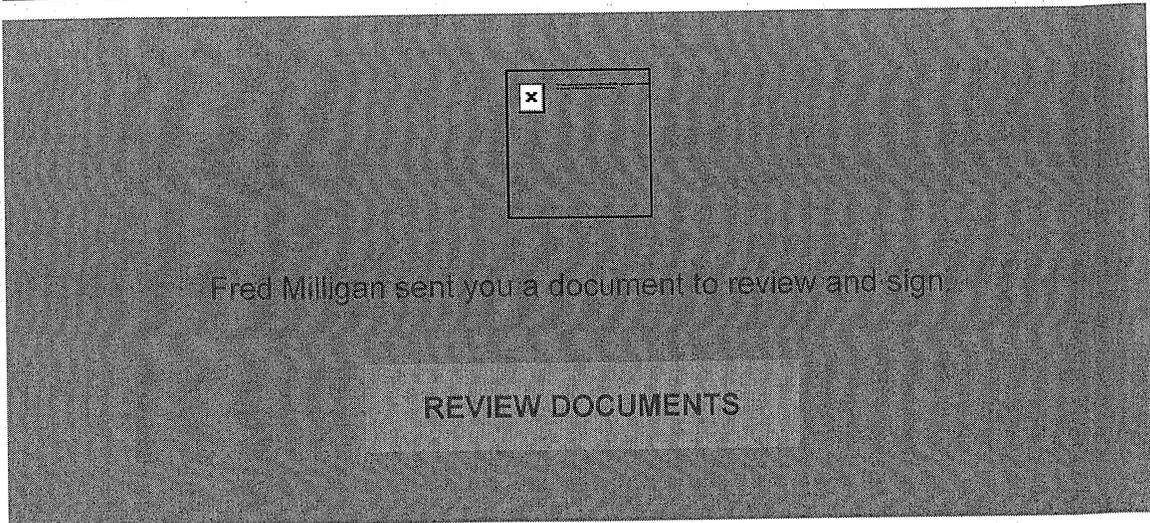
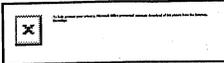
**Sample: A.1010 470 Legislative Board – Contract \$xx.xx
Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.xx**

*as listed in budget and LOGOS

Driscoll, Tawn

From: DocuSign NA3 System <dse_NA3@docusign.net> on behalf of Fred Milligan via DocuSign <dse_NA3@docusign.net>
Sent: Friday, October 14, 2022 1:49 AM
To: Driscoll, Tawn
Subject: Reminder: Please DocuSign: myNEXUS - Provider Agreement

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



Fred Milligan
fmilligan@mynexuscare.com

Please follow the DocuSign link herein for access to the Participating Provider Agreement.

Contracts must be signed by an Authorized Official. If you are not an Authorized Official, you can forward the contract to your Organization's Authorized Official through DocuSign. If you prefer to sign the contract manually, please email contracting@mynexuscare.com for your contract and a list of fields required for contract execution. In this packet you will have the participating provider agreement, a contract agency form and scope of service. In addition to completing the packet documents, please complete the applicable service area map(s) where you are licensed and provide services, by visiting www.mynexuscare.com/contracting. This is a required element of the contracting process.

myNEXUS requires both a signed Participating Provider Agreement and a completed/approved Credentialing application before approval for network participation.

Upon completion of the Credentialing and Contracting processes and acceptance into the network, myNEXUS will deliver a counter-signed Participating Provider Agreement with the effective date and Provider Welcome/Orientation Materials. At this point, you will also have access to myNEXUS' proprietary provider portal and will be eligible for participation in regularly scheduled Provider Orientation sessions.

For any questions regarding Contracting next steps, please contact myNEXUS Network Development at contracting@mynexuscare.com and one of our Contract Managers will reach out regarding your inquiry. For more information regarding contracting opportunities with myNEXUS, please visit www.mynexuscare.com/contracting.

Thank you, Network Development

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RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Health Services

DATE: October 24, 2022

- (a) Purpose of Contract Change: **To increase rate for coding and chart review from \$65/chart to \$75/chart and authorize automatic annual renewal if annual rate increase does not exceed 5% or 30 day written termination notice is rendered by either party.**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **479 of 2019**
- (c) Name of Contractor: **Netsmart Technologies Inc aka McBee**
- (d) Address of Contractor: **Netsmart Technologies Inc; 4950 College Blvd; Overland Parks, KS 66211**
- (e) Contractor's Contact Person and Telephone Number:
Joseph Fochler work 913-279-0338 or cell 814-934-3491
- (f) Commencement Date of Extension:
- (g) Termination Date of Extension: **Automatic annual renewal unless annual rate increase does not exceed 5% or 30 day written termination notice is 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: A4010.1610 Health Services 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

Warren County Board of Supervisors

RESOLUTION NO. 479 OF 2019

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

AUTHORIZING CONTRACT WITH A CERTIFIED CODING AND OASIS VENDOR TO BE DETERMINED TO PROVIDE SERVICES WHICH WILL BE USED BY THE HOME CARE AGENCY WITHIN THE HEALTH SERVICES DIVISION (WC 71-19)

WHEREAS, the Warren County Purchasing Agent requested proposals to provide Certified Coding and Oasis services for use by the Home Care Agency within Warren County's Health Services Division (WC 71-19), and

WHEREAS, the Director of Public Health/Patient Services has identified the need for the services of a certified Coding and Oasis vendor which will be used by the Home Care Agency within the Health Services Division to improve the capacity for coding, ensure document integrity and decrease the process time for billing, and

WHEREAS, the Director of Public Health/Patient Services advised she is seeking proposals for the contract, but was unable to identify a vendor at the time the request for new contract was made to the Health, Human & Social Services Committee, now, therefore, be it

RESOLVED, that the Board of Supervisors hereby approves a contract with a certified Coding and Oasis vendor, to be determined, to provide improved capacity for coding, ensure document integrity and decrease the process time for billing for the Home Care Agency within the Health Services Division for a term commencing upon execution by both parties and terminating one (1) year from date of execution, with the option for four (4) one (1) year renewals, as long as the rate does not increase by more than five percent (5%), in a form approved by the County Attorney, and be it further

RESOLVED, that the cost of the contract is to be funded from Budget Code A.4010 470, Health Services, Contract.

Driscoll, Tawn

From: Fochler, Joseph <JosephFochler@McBeeAssociates.com>
Sent: Thursday, October 13, 2022 5:16 PM
To: Driscoll, Tawn
Cc: Lowrance, Kevin
Subject: McBee Renewal
Attachments: Warren County - McBee Renewal 10-13-22.pdf

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

Good Afternoon Tawn:

My name is Joe Fochler and I am an Account Executive for McBee.

I received a message from our operations team you needed our renewal information as soon as possible. Attached please find our updated renewal proposal.

We are moving your agency to our comprehensive review tier which will require a \$10 per review upcharge from your present rate – however, we are including the previous agreed upon Plan of Care reviews at no additional charge. (We presently charge \$45 per Plan of care review).

I have attached the details for inclusion in your renewal paperwork.

I welcome a call to discuss further and answer any questions.

Thanks again for your continued business with McBee!

Joe Fochler

Joseph Fochler
Sales Executive
McBee
W: (913) 279-0338
C: (814) 934-3491
E: JosephFochler@McBeeAssociates.com

mcbee



McBee, a division of Netsmart Technologies Inc. - This message and any attachments are intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error,

McBee OASIS Accuracy and Coding Services

Terms	Description:
Services	<p>Coding + Comprehensive OASIS (PDGM, Star, VBP, Outcomes, Process): McBee will review the patient's chart and data contained within the medical record for appropriate ICD-10 coding and OASIS accuracy review.</p> <p>Episodic Coding: McBee will review OASIS items M1021 (primary diagnosis) and M1023 (other diagnosis). Evaluation of the patient's homebound status and skilled need will be conducted.</p> <p>Pay Per Visit (Commercial) Coding: McBee will provide essential coding using all available documentation. One to four codes are provided.</p> <hr/> <p>Additional Review Options:</p> <p>Discharge Reviews (PDGM/Star/VBP): McBee will review the discharge OASIS to ensure the "look back" was done and completed and is accurate. Audits ensure that the value-added benefit of home care is captured in the data analysis.</p> <p>Plan of Care review: McBee will review specific locators on the 485/Plan of Care for accuracy.</p> <p>Additional Agency-Specific Education: Custom educational options will be provided via live remote sessions with McBee experts for an additional hourly cost.</p> <p>Refer to deliverables grid for chart of OASIS questions to be reviewed.</p>
Charges	<p>Coding + Comprehensive OASIS: \$75.00 per review Episodic Coding Only Review: \$45.00 per review Pay Per Visit (1-4 Codes) Essential Coding Review: \$20.00 per review Discharge OASIS (PDGM and Star): \$30.00 per review Plan of Care Review: Included in Coding + Comprehensive OASIS rate above Additional Agency-Specific Education: \$215.00 per hour</p>

MCBEE DELIVERABLES GRID

The following tables are associated with the various review services described in this document. McBee will review and make recommendations as specified per review type below.

Coding +Comprehensive OASIS (PDGM, VBP, Star, Outcomes, & Process)			
Items Reviewed			
Item	Description	Item	Description
M0030	Start of Care Date (Episode Date on SOC)	M1830	Bathing
M0100	Reason for Assessment (Care Type-SOC, ROC, Recert)	M1840	Toilet Transferring
M0102	Date of Physician Ordered SOC/ROC	M1845	Toilet Hygiene
M0104	Date of Referral	M1850	Transferring
M1021	Primary Diagnosis	M1860	Ambulation/Locomotion
M1023	Other Diagnoses	M1870	Feeding or Eating
M1033	Risk for Hospitalization	M2001	Drug Regimen Review
M1311	Current Number Unhealed PU/Injuries at each Stage	M2003	Medication Follow-up
M1400	When Dyspneic	M2020	Management of Oral Medications
M1700	Cognitive Functioning	GG0130	Self-Care (GG0130 A, B, C)
M1710	When Confused	GG0170	Mobility (GG0170 B, C, D, E, F, J, K, R, S)
M1720	When Anxious	M0032	Resumption of Care Date (Episode date on ROC)
M1800	Grooming	M1000	Inpatient Facility discharge
M1810	Upper Body Dressing	M1005	Inpatient Discharge Date
M1820	Lower Body Dressing		

Discharge - PDGM & Star			
Items Reviewed			
Item	Description	Item	Description
M1400	When Dyspneic	M1845	Toilet Hygiene
M1800	Grooming	M1850	Transferring
M1810	Upper Body Dressing	M1860	Ambulation/Locomotion
M1820	Lower Body Dressing	M1870	Feeding or Eating
M1830	Bathing	M2020	Management of Oral Medications
M1840	Toilet Transferring	M2420	Discharge Disposition



Plan of Care/485

Items Reviewed	
Item	Description
Section 10	Medicine profile should include O2, IV flushes, IV meds, enteral feedings, TPN
Section 11	Principal diagnosis should match the focus of care
Section 13	Pertinent diagnoses should be relevant to the care rendered
Section 14	Does DME support homebound status and functional limitations (Hoyer lift, hospital bed, trapeze)?
Section 15	Safety measures should match the OASIS. Fall risk? Skin breakdown risk?
Section 16	Dietary requirements meet physician orders? TPN? Enteral Feedings? Diabetic diet?
Section 18 A/B	Do functional limitations and activities permitted match the OASIS? Dyspnea? Incontinence? Bedbound?
	Does 18 A/B include partial weight bearing for patients with wounds on lower extremities? (Supporting PC 1.1)
Section 21	Frequency for each discipline
	Do orders match the diagnoses? Is there a clear skilled need?
	Blood Glucose checks for diabetics
	CHF daily weights?
	HTN prn visits for BP checks
	Any duplication of orders between disciplines?
	Coumadin - PRN visits for lab draws
	Date of FTF encounter
Section 22	Goals patient specific, achievable, measurable
	Therapy goals include both long- and short-term goals
Supportive documentation for Homebound status	Devices? Special transportation? Medically contraindicated condition? Normal inability to leave home? What is the taxing and considerable effort?

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: October 24, 2022

- (a) Is this a Result of a Bid or Request for Proposal? **WC54-22**
- (b) Purpose of Contract: **Point of Care Software System; Award WC54-22 RFP to Homecare Homebase for \$122.500 implementation cost and monthly \$2,925 cost.**
- (c) Name of Contractor: **Homecare Homebase**
- (d) Address of Contractor: **6688 North Central Expressway, STE 800, Dallas Texas 75206**
- (e) Contractor's Contact Person and Telephone Number:
Gary Voydanoff 214-239-6700; gvoydanoff@hchb.com
- (f) Has or will the Contract be provided, if so, please attach: **attached**
- (g) Commencement Date of Contract: **12/1/2022**
- (h) Termination Date of Contract: **Per proposal**
- (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.
- (j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR Capital Project OR Capital Reserve Project Number, Title, and Amount: A.4010.428 Health Services Data Processing**

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

*as listed in budget and LOGOS

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2022 AS OF 10/12/2022 5:44:34 PM

FUND(S): A, CL, D, DM, EF, GI, MS, SD, V

CODE(S): 4010, 4013, 4054, 4190, 4018, 4189, 4191, 4192, 4193, 4194, 4195

	2022 BUDGETED		2022 YTD ACTUAL		2021 Prior Year Totals	
EXPENSES						
Salaries - Regular	\$3,027,052.81	\$1,528,243.44	\$1,528,243.44	\$2,253,568.55		
Salaries - Overtime	\$190,700.00	\$48,918.34	\$48,918.34	\$155,258.31		
Salaries - Part Time	\$875,779.19	\$198,674.07	\$198,674.07	\$533,265.12		
100's PERSONAL SERVICES	\$4,093,532.00	\$1,775,835.85	\$1,775,835.85	\$2,942,091.98		
200's EQUIPMENT	\$1,003,005.83	\$90,221.68	\$90,221.68	\$69,942.71		
400's CONTRACTUAL	\$6,620,116.42	\$2,934,440.89	\$2,934,440.89	\$5,557,847.08		
800's EMPLOYEE BENEFITS	\$1,580,051.82	\$800,218.10	\$800,218.10	\$1,294,467.65		
TOTALS	\$13,296,706.07	\$5,600,716.52	\$5,600,716.52	\$9,864,349.42		
REVENUES						
	\$10,740,240.37	\$3,020,990.70	\$3,020,990.70	\$7,185,081.36		

Note: We currently are working on finalizing the CHHA September billing. Accrued are the August CHHA revenues of \$92,297.13.

Warren County Health Services

Salaries Comparison
2022 v 2021

Total of All Depts	YTD		YTD 22v21	% Change	Total Budget		to 12/31/21 Total Actual 2021
	2022	2021			2022	2021	
Regular Salaries	\$1,528,243.44	\$1,667,830.50	(\$139,587.06)	-8.37%	\$3,027,052.81	\$2,253,568.55	
Overtime Salaries	\$48,918.34	\$123,058.83	(\$74,140.49)	-60.25%	\$190,700.00	\$155,258.31	
Part Time Salaries	\$198,674.07	\$388,897.41	(\$190,223.34)	-48.91%	\$875,779.19	\$533,265.12	
TOTALS	\$1,775,835.85	\$2,179,786.74	(\$403,950.89)	-18.53%	\$4,093,532.00	\$2,942,091.98	
% current YTD Salary to Total Budget	43.38%	74.09%					

*Source: Detail G/L report for all Salary Category from 1/1/22-9/26/22.

Overall, total salaries are \$403,950.89 or 18.53% 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 no longer is doing as much contact tracing. Public Health however will still need to follow up on concerns for the community. Part time salaries are under last year primarily due to less part time staff utilized for both CHHA and Public Health Assistants.

COVID Clinics began 1/2/2021.

Warren County Health Services
Revenue and Expense Comparison 2022 vs 2021
as of 10/12/22

	2022 YTD Actual as of 10/12/22 G/L (Reflected is 9/25/22 Payroll)	2021 YTD as of 10/12/21 G/L (Reflected is 9/26/21 Payroll)	Variance
EXPENSES			
Salaries - Regular	\$1,528,243.44	\$1,667,830.50	(\$139,587.06)
Salaries - Overtime	\$48,918.34	\$123,058.83	(\$74,140.49)
Salaries - Part Time	\$198,674.07	\$388,897.41	(\$190,223.34)
100's PERSONAL SERVICES	\$1,775,835.85	\$2,179,786.74	(\$403,950.89)
200's EQUIPMENT	\$90,221.68	\$57,205.72	\$33,015.96
400's CONTRACTUAL	\$2,934,440.89	\$3,484,038.53	(\$549,597.64)
800's EMPLOYEE BENEFITS	\$800,218.10	\$1,032,100.38	(\$231,882.28)
TOTALS	\$5,600,716.52	\$6,753,131.37	(\$1,152,414.85)

REVENUES	2022 YTD ACTUAL	2021	Variance
	\$3,020,990.70	\$3,759,254.78	(\$738,264.08)

Comments:

Salaries: (please see previous page) overall are \$403,950.89 or 18.53% below 2021 as of the 9/25/22 payroll. Salaries for 2022 are 43.38% of the budget YTD while was 74.09% 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 less staff needed for contact tracing and new guidelines. However, our Public Health staff still need to be utilized for issues that need to be addressed and followed up by our Public Health Assistants, Staff for Covid Clinics and others as needed by our Public Health Department.

Equipment: Equipment Year to Date reflects an addition of HVAC Systems and Filters for Schools In Warren County. These total \$86,049.12 in equipment and \$40,424.80 in filter supplies for a total of \$126,473.92. These were purchased with funds from the ELC School Grant. The breakdown year to date is as follows: Bolton \$24,985.92, Johnsbury \$59,844.80, Queensbury \$18,739.44, North Warren \$11,451.88 and St. Mary's \$11,451.88.

Contractual Expenses: Continue to be under 2021 expenses YTD due primarily to timing of invoices related to the Preschool program for a month or so. However, also to note is that contract services are down in the Homecare division due to less patients being seen, therefore less therapy expenses.

Employee Benefits: Employee benefits remain under 2021 due to savings within salaries from positions not filled and within the programs where we are utilizing less per diem/part time staff due to decrease in COVID activities.

Revenues: Revenues reflect the YTD billings for 2022 vs 2021. Both years reflect YTD August 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 Homecare division. Also at this time, we have scheduled some Public Health clinics. We continue with scheduling COVID related clinics at no charge to the public. We also have started to schedule Flu and Rabies clinics. The revenues related to the Rabies clinics are donations while we are able to bill insurances for Flu clinics. These clinics however are limited due to staffing issues.

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
SN Referral	55	54	73	57	55	59	49	57	45	42	40	32
PRI	1	0	0	1	0	2	3	1	1	2	4	1
SN Referrals per month	56	54	73	58	55	61	52	58	46	44	44	33
PT Referral	40	39	50	47	41	54	32	48	40	30	36	37
PT only	9	11	12	9	8	11	8	8	10	5	13	12
Total Referrals per month	65	65	85	67	63	72	60	66	56	49	57	45
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
SN Referral	30	25	30	38	37	36	34	35	0	0	0	0
PRI	1	2	3	4	0	4	4	0	0	0	0	0
SN Referrals per month	31	27	33	42	37	40	38	35	0	0	0	0
PT Referral	30	28	47	38	35	38	31	32	8	8	8	8
PT only	7	5	14	10	10	11	10	8	0	0	0	0
Total Referrals per month	38	32	47	52	47	51	48	43	0	0	0	358
21 vs 22 (%)	-42	-51	-45	-22	-25	-29	-20	-35				

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
SN visits	573	561	686	668	550	624	583	618	457	381	385	328
LPN visits	57	68	76	76	61	67	49	65	43	33	35	25
PT visits	270	309	358	310	282	373	319	264	308	261	310	285
OT visits	54	61	56	29	28	42	42	38	32	31	28	42
Speech visits	32	44	37	26	28	17	24	10	5	2	2	2
Total visits per month	986	1043	1213	1109	949	1123	1017	995	845	708	760	682

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
SN visits	297	280	343	287	326	327	301	317	0	0	0	0
LPN visits	32	22	35	34	39	39	28	50	0	0	0	0
PT visits	266	261	327	275	272	286	258	195	0	0	0	0
OT visits	48	30	36	28	39	38	24	18	0	0	0	0
Speech visits	6	10	8	5	5	0	3	0	0	0	0	0
Total visits per month	649	603	749	629	681	690	614	580	0	0	0	0

Numbers current as of 09/27/2022

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	1	0	0	0	3	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
Chestertown	6	6	9	8	5	5	8	7	8	8	6	6
Cleversdale	0	1	2	0	0	0	0	0	0	0	0	0
Diamond Point	5	2	3	2	0	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
Kattskill 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
Riparius	0	0	0	0	0	0	0	0	0	0	0	0
Silver Bay	1	1	1	1	0	1	2	2	1	0	0	0
Stony Creek	1	1	1	1	0	0	0	1	1	0	0	1
Warrensburg	16	20	20	16	13	13	14	13	15	14	16	9
Wevertown	2	1	2	2	2	2	1	1	1	1	1	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	3	3	2	0	1	2	0	0	0
Athol	0	1	1	1	1	0	1	2	2	2	2	2
Bakers Mills	1	1	1	1	1	1	2	2	2	2	2	2
Bolton Landing	2	2	2	2	2	1	4	2	3	3	3	3
Brant Lake	1	1	1	1	0	0	2	2	3	3	3	3
Chestertown	2	6	7	10	8	6	6	5	5	5	5	5
Cleversdale	0	0	0	0	0	0	0	0	0	0	0	0
Diamond Point	0	0	0	0	0	0	1	1	3	3	3	3
Glens Falls	26	36	29	31	27	26	22	22	22	22	22	22
Hague	4	2	2	2	0	1	2	3	1	1	1	1
Johnsburg	2	3	4	5	7	5	4	3	3	4	4	3
Kattskill Bay	0	0	0	0	0	0	0	1	1	1	1	1
Lake George	14	13	11	9	8	8	10	13	13	13	13	13
Lake Luzerne	5	7	3	3	1	2	2	2	1	1	1	1
North Creek	1	5	1	0	1	3	5	5	5	5	5	5
North River	0	0	0	0	0	0	1	0	0	0	0	0
Olmstedville	1	0	0	0	0	0	0	0	0	0	0	0
Pottersville	2	2	2	2	2	4	7	4	4	4	4	4
Queensbury	39	38	46	45	50	52	42	30	30	30	30	30
Riparius	0	0	0	0	0	0	0	0	0	0	0	0
Silver Bay	0	0	1	1	1	1	0	0	0	0	0	0
Stony Creek	2	0	1	2	2	2	1	1	2	2	2	2
Warrensburg	13	12	10	8	7	8	12	13	13	13	13	13
Wevertown	0	1	1	1	1	1	2	2	1	1	1	1
Total	115	130	126	124	122	133	124	116	116	0	0	0

BT ACTIVITY SHEET
BP4 (new) - 7/1/22 - 6/30/23

Page 1

Topic Color Codes

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

September COVID-19 Vaccination Clinics Ongoing	In Person	Warren County Immunization Clinic Team	Nancy Parsons, Clinic Staff	Response/recovery
September 2nd	Virtual	World University Games Planning Meeting	Dan Durkee	Planning
September 7th	In Person	Annual Glens Falls Hospital Chempack Drill	Dan Durkee, Don Stack	Drill/Exercise
September 12th	Virtual	ELC Grant Meeting	Dan Durkee, Marie Delorenzo, Ginelle Jones	Response/Planning
September 13th	Virtual	Region BT Coordinators Meeting	Dan Durkee	Networking
September 15th	Webinar	Disaster Recovery Center Training (rq'd deliverable)	Dan Durkee	Training
September 20th	In Persons	Mandatory Quarterly Health Emergency Preparedness Coalition Meeting (providing a presentation)	Dan Durkee	Planning/Networking

BT ACTIVITY SHEET
BP4 (new) - 7/1/22 - 6/30/23

Page 2

Topic Color Codes

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

October COVID-19 Second Booster Clinics Ongoing	In Person	Warren County Immunization Clinic Team	Nancy Parsons, Clinic Staff	Response/Recovery
October 7th	Virtual	World University Games Monthly Planning Meeting	Dan Durkee	Planning
October 11th	Virtual	Regional BT Coordinators Meeting	Dan Durkee	Networking
October 11-13th	Virtual	NYSACHO Leadership Summit	Ginelle Jones	Planning/Networking
October 14th	Webinar	MCM 3 of 3 Drill Planning Webinar	Dan Durkee	Planning

Warren County Public Health Rabies Program September 2022

Town	Different Address Owner/Victim *Follow up by Town ACO				Same Address Owner/Victim *Follow up by Public Health				Out of Town Owner *Follow Up by Public Health				Strays Follow Up by Public Health • Vet's Office • Victim Watching • Victim Treated Rabies PEP • Euthanized Follow Up by ACO Animal needs to be captured and taken to Animal Hospital. Public Health to check after confinement				
	Cats		Dogs		Cats		Dogs		Cats		Dogs		Vet Watched	Treated with PEP	Refused PEP	Euthanized	ACO Capture
	UTD	NOT UTD	UTD	NOT UTD	UTD	NOT UTD	UTD	NOT UTD	UTD	NOT UTD							
Bolton																	
Chester																	
Glens Falls			1				1										1 (dog bite)
Hague																	
Horicon							1										
Johnsburg																	
Lake George																	
Lake Luzerne																	
Queensbury			1				7				3						
Stony Creek																	
Thurman			1														
Warrensburg								1									
Totals			3				9				3						1

*UTD- Up to date

*PEP- Post exposure prophylaxis

Total Bites for August – 18
 Specimens tested for rabies this month- 4
 Positive specimens for rabies- 0
 People pre-approved for rabies post exposure treatment- 3 (1 refused)
 Rabies Clinics this month- 1
 Next Rabies Clinic- November 5th at the Queensbury Community Center all taking place from 10 AM- 12 PM

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds FOR 2022

TO: Amanda Allen, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

TRANSFERS FOR 2022 BUDGET

DATE: October 24, 2022

SIGNED: _____

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
1 A.4018.0020.110	Family Health-Full Time Salaries	A.4018.0020.130	Disease Program-Part time Salary Expense	\$2,000.00

Total Transfers

\$2,000.00

1 To transfer funds from FT to PT for CSHCN Grant to Year end 2022. New Grant started 10/1/22. Utilizing both FT and PT salaries for Grant.

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Fund			

Please state reason for transfer request:

Total

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