

AGENDA

HEALTH AND MEDICAL SERVICES COMMITTEE

August 1st, 2016

Members: Baldrige, Marini, Manktelow, Chatfield, Crane

11:00 a.m. [Approve Minutes from Previous Meetings](#)

11:00 a.m. [Mental Health, Jim Haitz](#)

Financial Report
Activities Report

11:10 a.m. [Public Health, Diane Devlin](#)

TRANSMITTALS:

- Authorization to establish medical counter measure push POD at DeMay Nursing Home [PH8RES1 NWCH and DeMay NH Push POD.doc](#)
- Authorization establish medical counter measure push POD at County Jail [PH8RES2 Push POD MOUS with WCBH and WC Jail.doc](#)
- Authorization to amend Resolution No. 336-15 [PH8RES4 Liberty Resources POST, PLLC Pre-K 4410 Contract.doc](#)
- Authorization to amend Resolution No. 334-15 [PH8RES3 Liberty Resources POST, PLLC Pre-K Related Services contract.doc](#)

DISCUSSION:

- Worksite Wellness Proposal Summary
- Mosquito Spraying Proposal
- Monthly Activities Report

11:30 a.m. [Nursing Home, Denis Vinnik](#)

MONTHLY REPORTS

TRANSMITTALS:

- Authorization to amend Resolution No. 753-12 [NH8RES1Optometry REV1.doc](#)
- Authorization to renew contract with Michael Adsit for dental services [NH8RES2DentalServices REV1.doc](#)
- Authorization to rent equipment from Mission Health Concepts [NH8RES3EquipmentRental REV1.doc](#)
- Authorization to amend contract with VNA Homecare Options [NH8RES4AmendVNAHomecareOptions.doc](#)
- Authorization to purchase industrial mixer [NH8RES5EquipmentPurchase-RobotCoupeBlixer REV2.doc](#)
- Authorization to purchase industrial electric can opener [NH8RES6EquipmentPurchase- ElectricCanOpener REV1.doc](#)
- Authorization to contract with SigmaCare [NH8RES7FinancialBillingPackage.doc](#)
- Authorization to sign a contract with MDS Consultants [NH8RES8MDSConsultant.doc](#)

RESOLUTION TRANSMITTAL

Committee No. 6

Date: 8/1/16

Committee Chair: Kenan Baldridge
Department Head: Diane M. Devlin

Transmittal Title: AUTHORIZATION TO ESTABLISH A MEDICAL COUNTER MEASURE PUSH POD (POINT OF DISPENSING) MEMORANDUM OF UNDERSTANDING WITH WAYNE COUNTY BEHAVIORAL HEALTH AND THE WAYNE COUNTY JAIL

WHEREAS, Wayne County Public Health (WCPH) is required to be able to respond to a disease outbreak, biological toxin release, and a weather emergency event at all times; and

WHEREAS, WCPH has identified that establishing Push PODS (Point of Distribution) Clinics throughout the county to provide mass prophylaxis of clients, employees and employee family members of an organization to be an efficient way to dispense oral medications and/or vaccinations in a timely manner; and

WHEREAS, WCPH has identified that Wayne County Behavioral Health (WCBH) and the Wayne County Jail are such organizations that a Push POD could easily be implemented; and

WHEREAS, all oral medication and/or vaccinations will be provided "pushed" to WCBH and the Wayne County Jail and just-in-time training would occur for each situation; and

WHEREAS, WCPH wishes to establish a Memorandum of Understanding with WCBH to establish a Push POD in disease outbreak, biological toxin release or severe weather event situations to prophylaxis their clients, employees and employee's family members; and

WHEREAS, WCPH wishes to establish a Memorandum of Understanding with the Wayne County Jail to establish a Push POD in disease outbreak, biological toxin release or severe weather event situations to prophylaxis the inmates and employees; now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized to establish a Memorandum of Understanding between Wayne County Public Health and WCBH and the Wayne County Jail to establish a Push POD (Point of Dispensing) Clinic to dispense oral medications and/or vaccination to their clients, employees and employee's family members in a disease outbreak, biological toxin release or severe weather event situations, subject to the approval of the County Attorney as to the form and content.

Budgeted: yes no Proposed Cost: _____ Reimbursed Amount _____ County cost _____

Departmental transfer \$ _____ from Account No. _____ to Account No. _____

County Administrator's Review \$ Approval: yes no by: _____

Human Resources Office Review & Approval: yes no by: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec'd: _____ Clerk, Board of Supervisors

Referred to:
Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

RESOLUTION TRANSMITTAL

Committee No. 6

Date: 8/1/16

Committee Chair: Kenan Baldrige
Department Head: Diane M. Devlin

Transmittal Title: AUTHORIZATION TO AMEND RESOLUTION NO. 334-15 TO EXECUTE A CONTRACT WITH A NEW PROVIDER OF RELATED SERVICES FOR PRESCHOOL CHILDREN WITH HANDICAPPING CONDITIONS

WHEREAS, the County must contract for the provision of related services for preschool age children with handicapping conditions pursuant to Section 4410 Education Law; and

WHEREAS, Wayne County Public Health wishes to contract with Liberty Resources POST, PLLC, 1045 James Street, Syracuse, NY 14618, for the period of August 1, 2016 to June 30, 2018, for the following services:

- Occupational Therapy, Speech Therapy, Physical Therapy, Psych services, Music Therapy, Counseling, Parent Counseling/Training, Social Work at \$59 / .5hr
- Group (up to 5) \$40 / .5hr / child
- 1:1 Aid, Paraprofessional Aid \$10 / .5hr
- Coordination of Services \$20 / .5hr

Now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized to amend Resolution No. 334-15 execute a new contract, subject to the County Attorney's approval as to form and content, for the provision of related services for preschool age children with handicapping conditions for the period August 1, 2016 to June 30, 2018 with Liberty Resources POST, PLLC for the above listed services and fees

Budgeted: yes no Proposed Cost: _____ Reimbursed Amount _____ County cost _____

Departmental transfer \$ _____ from Account No. _____ to Account No. _____

County Administrator's Review \$ Approval: yes no by: _____

Human Resources Office Review & Approval: yes no by: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec'd: _____ Clerk, Board of Supervisors

Referred to:
Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

RESOLUTION TRANSMITTAL

Committee No. 6

Date: 8/1/16

Committee Chair: Kenan Baldrige

Department Head: Denis Vinnik

Transmittal Title: Authorization to amend Res. No. 753-12 and sign contract with OnHealthcare dba 360care

WHEREAS, OnHealthcare currently provides optometry services to the nursing home's residents; and

WHEREAS, OnHealthcare has merged with 360care; and

WHEREAS, that the Wayne County Nursing Home is desirous in amending the contract to reflect the name change; and now, therefore, be it

RESOLVED, the Chairman of the Board of Supervisors is authorized to amend and sign the contract with OnHealthcare dba 360care effective June 17, 2016 and subject to the County Attorney's approval as to form and content.

Budgeted: yes x ___ no ___ Proposed Cost: _none___ Reimbursed Amount _____ County cost _0__

Departmental transfer \$_____ from Account No. _____ to Account No. _____

County Administrator's Review & Approval: yes ___ no ___ by: _____

Personnel Office Review & Approval: yes ___ no ___ by: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec'd: _____ Clerk, Board of Supervisors

Referred to:

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Revised 1/2008

RESOLUTION TRANSMITTAL

Committee No. 6

Date: 8/1/16

Committee Chair: Kenan Baldrige

Department Head: Denis Vinnik

Transmittal Title: Authorizing renewal of contract with Michael Adsit, DDS for Dental Services

Brief Explanation:

WHEREAS, Michael Adsit, DDS, has been providing dental services at the Wayne County Nursing Home; and

WHEREAS, the current contract expires September 30, 2016; and

WHEREAS, the Wayne County Nursing Home desires to renew said contract with Michael Adsit, DDS for the provision of Dental Services at the Wayne County Nursing Home effective October 1, 2016 through December 31, 2016, and

WHEREAS, the Wayne County Nursing Home is authorized to automatically renew on an annual basis through December 31, 2020; and

WHEREAS, the cost shall remain the same as the current contract until December 31, 2016, and then 3% yearly increase effective January 1, 2017:

- 2017 - 34,203.33 (\$2,850.28 a month)
- 2018 - 35,229.43 (\$2,935.79 a month)
- 2019 - 36,286.31 (\$3,023.86 a month)
- 2020 - 37,374.90 (\$3,114.58 a month)

and now therefore be it

RESOLVED, that the Chairman of the Wayne County Board of Supervisors is hereby authorized and directed to execute a contract with Michael Adsit, DDS for Dental Services at the Wayne County Nursing Home at an annual rate of \$33,207.12 payable in 12 monthly installments \$2,767.26 a month until December 31, 2016, and then 3% yearly increase effective January 1, 2017, subject to the County Attorney's approval as to form and content.

Budgeted: yes no Proposed Cost: \$34,203.33 Reimbursed Amount \$ _____ County cost _____

Departmental transfer \$ _____ from Account No. _____ to Account No. _____

County Administrator's Review & Approval: yes no by: _____

Personnel Office Review & Approval: yes no by: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec'd: _____ Clerk, Board of Supervisors

Referred to:

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

RESOLUTION TRANSMITTAL

Committee No. 6

Date: 8/1/16

Committee Chair: Kenan Baldrige

Department Head: Denis Vinnik

Transmittal Title: AUTHORIZING TO RENTAL EQUIPMENT AGREEMENT WITH MISSION HEALTH CONCEPTS, INC. FOR THE WAYNE COUNTY NURSING HOME

WHEREAS, the nursing home's residents benefit from the skin care specialty mattresses; and

WHEREAS, the Nursing Home has an agreement with Mission Health Concepts, Inc. to provide rental equipment which expires September 30, 2016; and

WHEREAS, the nursing home wishes to renew the agreement with Mission Health Concepts, Inc. for the provision of equipment rental; and

WHEREAS, the nursing home negotiated to include 6 Bariatric Beds in the proposed contract and increase the monthly amount by \$1,000 because based on current usage the nursing home is paying \$2,520 a month for the Bariatric Bed rentals, since they are not included in the current contract; and

WHEREAS, the monthly cost to rent 50 cushions, 40 mattresses and 6 Bariatric Beds is \$4,500.00 per month effective October 1, 2016 and ending September 30, 2019; and

WHEREAS, Mission Health Concepts, Inc. also agreed to lower their daily rates for excess rentals by an average of \$2 dollars a day; and

WHEREAS, it is determined that the cost of renting under a contract is cost-saving versus monthly renting; now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized to renew an amended contract with Mission Health Concepts, Inc. for the provision of equipment rental for 50 cushions, 40 mattresses and 6 Bariatric Beds for the monthly cost of \$4,500 per month effective October 1, 2016 to September 30, 2019, subject to the County Attorney's approval as to form and content.

Budgeted: Yes No Proposed Cost \$54,000_ Reimbursable Amount _____ County Cost _____

Departmental Transfer \$ _____ from Account No. _____ to Account No. _____

County Administrator's Review & Approval yes no By: _____

Personnel Office Review & Approval: yes no By: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec'd: _____ Clerk, Board of Supervisors

Referred to:

Committee _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Revised 1/2008

RESOLUTION TRANSMITTAL

Committee No. 6

Date: 8/1/16

Committee Chair: Kenan Baldrige

Department Head: Denis Vinnik

Transmittal Title: **Authorization To Amend Contract with VNA Homecare Options, LLC**

WHEREAS, Resolution No. 068-16 authorized a contract with VNA Homecare Options, LLC for the provision of long term care and outpatient services; and

WHEREAS, the original contract did not include outpatient therapy services fees schedule; and

WHEREAS, there is no cost to the nursing home; and now, therefore be it

RESOLVED, that the Chairman of the Board is hereby authorized to amend the contract with VNA Homecare Options, LLC on behalf of the Wayne County Nursing Home to include outpatient Therapy services fees at no cost to the nursing home. Amendment is subject to the County Attorney's approval as to form and content.

Budgeted: yes x__ no__ Proposed Cost: 0 Reimbursed Amount _____ County cost ____

Departmental transfer \$_____ from Account No. _____ to Account No. _____

County Administrator's Review & Approval: yes __ no__ by: _____

Personnel Office Review & Approval: yes __ no __ by: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec'd: _____ Clerk, Board of Supervisors

Referred to:

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Revised 1/2008

RESOLUTION TRANSMITTAL

Committee No. 6

Date: 8/1/16

Committee Chair: Kenan Baldrige

Department Head: Denis Vinnik

Transmittal Title: Authorization to Purchase Equipment

WHEREAS, the speech therapist conducts a swallow evaluation and recommends either a puree or ground diet to prevent residents from aspirating on regular foods; and

WHEREAS, the robot coupe blixer is the only piece of kitchen equipment that is used to properly puree and ground foods to appropriate diet consistencies for the residents that are on these specialized diets; and

WHEREAS, the current unit is at least 10 years old and parts for repair are hard to find; and

WHEREAS, the purchase cost for the Robot Coupe Blixer is \$3,279.30; and

WHEREAS, these items are not in the budget addendum for 2016; and

WHEREAS, the Wayne County Nursing Home desires to purchase the robot coupe blixer and this year to and will not be purchasing the ceiling lifts included in the 2016 budget; now therefore be it

RESOLVED, that the Nursing Home Administrator is hereby authorized to purchase the robot coupe blixer from Performance Interiors for \$3,279.30.

Item #	Description	Requisition #	Qty	Unit Price	Total
1.	Robot Coupe Blixer Quotes: <ul style="list-style-type: none"> • Performance Interior-* \$3,279.30 • Hubert- \$ 3,629.00 • Direct Supply- \$3,789.00 		1	\$3,279.30	\$3,279.30

Budgeted: yes ___ no x Proposed Cost: _____ Reimbursed Amount _____ County cost ___

- Ceiling lifts on budgeted addendum will not be purchased

Departmental transfer \$ _____ from Account No. _____ to Account No. _____

County Administrator's Review & Approval: yes ___ no ___ by: _____

Personnel Office Review & Approval: yes ___ no ___ by: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec'd: _____ Clerk, Board of Supervisors

Referred to:

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Revised 1/2008

RESOLUTION TRANSMITTAL

Committee No. 6

Date: 8/1/16

Committee Chair: Kenan Baldrige

Department Head: Denis Vinnik

Transmittal Title: Authorization to Purchase Equipment

WHEREAS, the Wayne County Nursing Home has one electric can opener that is currently out of service and is in disrepair requiring the kitchen staff to use the manual can opener; this is a is a very rigorous and repetitive process and is a safety concern for the dietary director; and

WHEREAS, the manual can opener is a an older unit and is inefficient for the high volume of canned goods that need to be processed daily;

WHEREAS, the dietary director recommends the use of the electric can opener for safety and efficiency purposes; and

WHEREAS, the purchase cost for the electric can opener is \$1,274.00 and

WHEREAS, these items are not in the budget addendum for 2016; and

WHEREAS, the Wayne County Nursing Home desires to purchase the electric can opener this year and will not be purchasing the ceilings lifts that are included in the 2016 budget; now therefore be it

RESOLVED, that the Nursing Home Administrator is hereby authorized to purchase the electric can opener Direct Supply for \$1,274.00

Item #	Description	Requisition #	Qty	Unit Price	Total
1.	Electric Can Opener Quotes: <ul style="list-style-type: none"> • Direct Supply* -\$1,274.00 • Hubert - \$1,414.00 • Edward Don & Company- \$1,510.20 		1	\$1,274.00	\$1,274.00

Budgeted: yes ___ no_x_ Proposed Cost: _____ Reimbursed Amount _____ County cost ___

- Ceiling lifts on budgeted addendum will not be purchased

Departmental transfer \$_____ from Account No. _____ to Account No. _____

County Administrator's Review & Approval: yes ___ no ___ by: _____

Personnel Office Review & Approval: yes ___ no ___ by: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec'd: _____ Clerk, Board of Supervisors

Referred to:

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Revised 1/2008

RESOLUTION TRANSMITTAL

Committee No. 6

Date: 8/1/16

Committee Chair: Kenan Baldrige

Department Head: Denis Vinnik

Transmittal Title: AUTHORIZATION TO CONTRACT WITH A SOFTWARE VENDOR TO PROVIDE A FINANCIAL BILLING PACKAGE TO WAYNE COUNTY NURSING HOME

WHEREAS, the Wayne County Nursing Home is currently using two independent software programs for electronic medical records and billing;

WHEREAS, the nursing home determined that there is a significant opportunity for error in having two programs that do not communicate or share data automatically and require a user to manually input and/or transfer resident medical or financial information between the two programs; and

WHEREAS, the previous nursing home administrator budgeted \$200,000 for a whole new package that included one program for the electronic medical records and financial billing; and

WHEREAS, the current nursing home administrator and comptroller recognized the financial impact of this type of project would exceed the \$200,000 and decided to explore other options to meet the expectations of the nursing home; and

WHEREAS, after discussions with nursing home medical records and Wayne County IT department, the nursing home determined it would be more efficient to add the billing functions to our current electronic medical record program; and

WHEREAS, this would require training of fewer staff and less data transfer during the implementation phase; and

WHEREAS, the nursing home determined that the additional software must be fully compatible with SigmaCare, the nursing homes current electronic medical record; and

WHEREAS, the nursing home obtained quotes from vendors whose software would meet this requirement; and

WHEREAS, after thoroughly reviewing the quotes it was determined that SigmaCare had the best price for financial billing package;

RESOLVED, to authorize the Chairman of the Board of Supervisors to execute a Contract on behalf of the Wayne County Nursing Home, subject to the County Attorney's approval with SigmaCare, an affiliate of eHealth Services Inc. for the provision of a financial billing package from September 1, 2016 and shall automatically renew for additional one year terms annually unless either party provides at least 60 day written notification to the other.

	Implementation	Professional Services	Annual Maintenance	First Year Total
AOD	\$27,930.00	\$13,500.00	\$ 6,530.00	\$47,960.00
Point Click Care	\$ 2,500.00	\$ 6,000.00	\$28,678.08	\$37,178.08
SigmaCare Proposal	\$ 9,035.00		\$10,512.00	\$21,649.40
Rehab add on			\$ 2,102.40	

Budgeted: yes no Proposed Cost: _____ Reimbursed Amount _____ County cost _____

Departmental transfer \$ _____ from Account No. _____ to Account No. _____

County Administrator's Review & Approval: yes no by: _____

Personnel Office Review & Approval: yes no by: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec'd: _____ Clerk, Board of Supervisors

Referred to:

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Revised 1/2008

RESOLUTION TRANSMITTAL

Committee No. 6

Date: 8/1/16

Committee Chair: Kenan Baldrige

Department Head: Denis Vinnik

Transmittal Title: AUTHORIZATION TO CONTRACT WITH MDS CONSULTANT, LLC TO CONDUCT MDS TRAINING FOR THE NURSING DEPARTMENT

WHEREAS, the Minimum Data Set (MDS) is a process of capturing all aspects of a residents care plan and accurately reporting that information for MDS documentation; and

WHEREAS, it is essential for the Wayne County Nursing Home to make sure all nursing staff are well versed on many of these factors of the MDS; and

WHEREAS, the Wayne County Nursing Home Nursing has recently filled many vacant nursing positions that require more training in the area of the Minimum Data Set;

WHEREAS, nursing positions require special training in the management of the Minimum Data Set and related procedures; and

WHEREAS, the Wayne County Nursing Home identified a learning opportunity and improvement of current policies and procedures to expand MDS knowledge and maximize facility reimbursement; and

WHEREAS, the Wayne County Nursing Home has received a quote for MDS Consultant services from the same vendor that provides and supports the software that that facility current uses for daily resident care documentation; and

- **Minimum Data Set Consultant, LLC at a fee of \$125.00 per hour plus mileage expense of .56 cents per mile**

WHEREAS, Minimum Data Set Consultant, LLC has the quote best meeting the needs of the nursing home; now, therefore, be it

RESOLVED, that the Chairman of Board of Supervisors is hereby authorized to execute a contract with Minimum Data Set Consultant, LLC, on behalf of the Wayne County Nursing Home, at a fee of \$125.00 per hour plus mileage expense of .56 cents per mile effective date of the contract for the provision of MDS training. Contract is subject to the County Attorney's approval as to form and content.

Budgeted: yes ___ no ___ Proposed Cost: _____ Reimbursed Amount _____ County cost ___

Departmental transfer \$ _____ from Account No. _____ to Account No. _____

County Administrator's Review & Approval: yes ___ no ___ by: _____

Personnel Office Review & Approval: yes ___ no ___ by: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec'd: _____ Clerk, Board of Supervisors

Referred to:

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Revised 1/2008