

AGENDA

HEALTH AND MEDICAL SERVICES COMMITTEE

September 6th, 2016

Members: Baldrige, Marini, Manktelow, Chatfield, Crane

9:30 a.m. **Approve Minutes from Previous Meetings**

9:35 a.m. **Mental Health, Jim Haitz**

Financial Report
Activities Report

TRANSMITTAL:

- Authorization to appoint member to Community Services Board [MH09RES1 CSB Appointment.doc](#)

9:45 a.m. **Public Health, Diane Devlin**

DISCUSSION:

- 2SAY Rural Health Network Return on Investment
- RPCN Community Dentistry Program Report
- Proposed 2017 new positions
- Health Services Advisory Board
- Approve PAC Minutes [PAC2016AUG3.doc](#)

TRANSMITTALS:

- Authorization to establish Medical Counter Measures Push POD with WC Nursing Home [PH9RES1 WCNH PUSH POD MOU.doc](#)
- Authorization to sign business associate agreement with Encompass Health [PH9RES2 Catholic Charities of Broome County \(Encompass\) BAA.doc](#)
- Authorization to sign partnership agreement with Bishop Sheen Ecumenical Housing Foundation [PH9RES3 Bishop Sheen Partnership Agreement.doc](#)
- Authorization to sign agreement with Regional Primary Care Network [PH9RES4 RPCN Community Dentistry Program.doc](#)

10:15 a.m. **Nursing Home, Denis Vinnik**

MONTHLY REPORTS
[NH July Stat Report.pdf](#)
[Personnel Aug2016.xls](#)

TRANSMITTALS:

- Authorization to purchase equipment [NH9RES1EquipmentPurchase.doc](#)
- Authorization to relocate dry sprinkler heads [NH9RES2SprinklerHeadsProposal.doc](#)
- Authorization to contract with Minimum Data Set Solutions [NH9RES3MDSScores.doc](#)

RESOLUTION TRANSMITTAL

Committee No. 6

Date: Sept. 6, 2016 Committee Chair: Kenan Baldrige
Department Head: James Haitz

Transmittal Title: **Appointment of Member to the Wayne County Community Services Board**

Brief Explanation: WHEREAS, the Wayne County Community Services Board (CSB) currently has a vacancy on the Board due to the resignation of Board Member LaVaughn Rynearson; and

WHEREAS the CSB would like to nominate Dr. Haidee Pidor, MD who is a Wayne County resident who has agreed to serve on the Wayne County Community Services Board; and

WHEREAS, the Director of Community Services, CEO for the Wayne County Community Services Board, on behalf of the CSB, presents this individual to the Wayne County Board of Supervisors for appointment to serve on the Wayne County Community Services Board for the term period noted below; now, therefore be it

RESOLVED that the Wayne County Board of Supervisors, upon recommendation of the Director of Community Services for the Wayne County Community Services Board, hereby appoints the following individual to serve on the Wayne County Community Services Board for the duration of the term as noted below, and pursuant to Article 41 of the New York State Mental Hygiene Law:

Term through 12/31/2019

- Dr. Haidee Pidor, MD, Psychiatrist - Sodus

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

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

County Administrator Approval: yes ___ no ___ by: _____

Fiscal Manager 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

Committees referred to:

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

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

	<p>Project to address this ongoing issue.</p> <p>Dr. Nagpaul questioned if this was an internal or an external problem, and Carol stated it was largely internal. Dr. Nagpaul thinks the issue needs to improve whether it is in-house or external.</p> <p>I PRO is starting to audit in other counties like Clinton which is similar to Wayne in size, demographic, geographic, etc. Carol hopes their audit will help us gauge what auditors are looking for, for the state review of municipality.</p> <p>LHCSA Audit:</p> <p>TB – 7 admission – 100% 1 discharges – 100% MCH - 1 admissions – 100% 0 discharges Lead – 0 admissions 0 discharges</p> <p>Prevent Program Audit: Adult Immunization – 10 records were reviewed with one finding which was nurse using Gardasil instead of HPV to identify. She will remind nurses not to use product name. (see report) Children’s Immunization – 10 records reviewed at 100%. (see report).</p>	<p>PAC approved.</p>	<p>Tina</p>	<p>Closed</p>
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	<p>Dr. Nagpaul questioned immunization numbers and Tina explained that although she had no data to present, she felt the numbers were down. Many people are using primary care doctors now and our clients are largely those who can't afford the administrative fees associated with doctor's offices immunizing.</p>			
<p>New Documents and Policy & Procedure and Manual Approvals</p>	<p><u>Policies</u> – Tina reviewed the Interferon Gamma Release Assay Testing (IGRA) guidelines stating that this would be added to policy for the TB program to be offered to those who are insured. This is a blood draw which is sent to a lab making it unnecessary for the patient to return unless there is a positive finding. Currently, we only offer TST's and the patient must return in a certain timeframe to have it read and interpreted. Uninsured would still receive the skin test. IGRA is simply another option for the insured. Oxford Company did an in-service and Tina stated that PH nurses were more than capable of doing blood draws. Public health would receive the results and inform the patient.</p> <p><u>Manuals</u> – Tina reviewed several manuals including Administrative, MCH,</p>	<p>PAC approved</p>	<p>Tina</p>	

	<p>Infection Control, HIV, Article 28, Nursing Procedures, Equipment and Supplies, PHN Orientation and CSHCN. Some highlights included: HIV revamped to address the current setting which is PH no longer having a hands-on clinic. HIV testing is still offered under the TB Program and that Manual reflects policy regarding that testing. Tina would like to see more advertising regarding HIV and resources. She explained that the client has the right to <u>not</u> use insurance and that the county is the payer of last resort for the STD Clinic after insurance, self pay and STD Medicaid are declined. Dr. Nagpaul would like to see a report from the STD Clinic at least 1X/year. Under Nursing Procedures, the manuals were changed to reflect the removal of the Oximeter and Z-Track. Also, Neonatal vital signs removed. Administration Manual revamped to meet PHAB standards. 24/7 Protocol added and acronyms updated. CSHCN added an introduction page. Lisa maintains this manual, S2AY Network works with WCPH on the others.</p> <p>Dr. Nagpaul questioned if the</p>			
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	<p>manuals would change much with accreditation standards. Diane indicated that our policies are our policies and would not change much. She added that we collaborate with S2AY Network both for accreditation and to develop and maintain the manuals, and that although they were very uniform, they were specific to each individual agency.</p>			
<p>Performance Measures</p>	<p>Tina identified two areas where measures have not been met; Communicable Disease and Maternal Child Health. Under MCH, referrals are way down and there was much discussion regarding how to raise the number which included collaborating with the hospital to supplement what they are offering there. The idea of having welcome packets with information was discussed and all agreed it would be beneficial. Dr. Nagpaul added that every patient should get something and not just a specific identified target group. He also voiced a concern in an overlap of service and Diane reiterated that supplementing what the hospital already offers is PH goal. PH could address issues such as transportation,</p>		<p>Tina</p>	<p>Open</p>

	<p>outreach to homebound, etc. It was suggested that the topic could be a regional project with S2AY Network. Under Communicable Disease (CD), expedited partner therapy (EPT) number is low. This project is new and just getting off of the ground. Information to go out to pharmacies and doctors regarding EPT, as well as a copy of the law. Dr. Nagpaul said from a provider standpoint, he would not feel comfortable writing scripts for patients he's never seen. He felt he was speaking for other professionals as well. Diane stated that pharmacies would review the scripts for medication compatibility, patient health and risks, etc. Dr. Nagpaul felt that the prescribing physician was ultimately responsible. Carol would like this information to be distributed in Spanish as well. Dr. Nagpaul asked for confirmation that the scripts didn't even name the patient, but rather read EPT – Expedited Partner Therapy, and Diane confirmed that to be true. Diane reiterated that it is not our goal to defeat the virus, but to drastically minimize it.</p>			
Satisfaction Surveys	Survey's including Early Intervention, Prevent and Car Seats		Tina/Carol	closed

	were reviewed (attached) and all were positive. Carol is now writing the service provider name on the surveys she sends out in order to help address negative answers and comments.			
Risk analysis	Shane indicated that the Risk Assessment revealed no problems this quarter meaning there were no HIPPA violations found. It was noted that Risk Analysis was a component of Corporate Compliance.		Shane	closed
Meeting adjourned	Meeting adjourned at 9:00 a.m.			
	Next Meeting is on October 26, 2016 @ 8:00 a.m.			

RESOLUTION TRANSMITTAL

Committee No. 6

Date: 9/6/16

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 NURSING HOME

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 the Wayne County Nursing Home (WCNH) is such an organization that a Push POD could easily be implemented; and

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

WHEREAS, WCPH wishes to establish a Memorandum of Understanding with WCNH 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; 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 WCNH 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 x 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: 9/6/16

Committee Chair: Kenan Baldrige

Department Head: Diane M. Devlin

Transmittal Title: AUTHORIZATION TO SIGN BUSINESS ASSOCIATE AGREEMENT WITH ENCOMPASS HEALTH HOME

WHEREAS, Wayne County Public Health (WCPH) currently has a Memorandum of Understanding with Encompass Health Home to refer children for services that are enrolled into the Encompass Health Home; and

WHEREAS, WCPH expects Early Intervention children with Medicaid to be enrolled into the Encompass Health Home sometime during 2017; and

WHEREAS, such referrals may constitute sharing of Protected Health Information and therefore, Encompass is requesting a Business Associate Agreement to be executed with WCPH; now, therefore, be it

RESOLVED that the Chairman of the Board of Supervisors is hereby authorized to sign the Business Associate Agreement with Encompass Health Home for WCPH, subject to the approval of the County Attorney 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: _____

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: 9/6/16

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

Transmittal Title: AUTHORIZATION TO SIGN PARTNERSHIP AGREEMENT WITH BISHOP SHEEN ECUMENICAL HOUSING FOUNDATION, INC.

Brief Explanation:

WHEREAS, Bishop Sheen's mission is to improve access to information, referrals and services to enable lower income residents to live with the greatest possible independence, dignity and quality of life; and

WHEREAS, Bishop Sheen wishes to establish a Partnership Agreement with Wayne County Public Health (WCPH) to provide timely referral and services to our lower income residents; now, therefore, be it

RESOLVED that the Director of Public Health is hereby authorized to sign the Partnership Agreement with Bishop Sheen Ecumenical Housing Foundation, Inc, subject to the approval of the County Attorney 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: _____

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: 9/6/16

Committee Chair: Kenan Baldrige

Department Head: Diane M. Devlin

Transmittal Title: **AUTHORIZATION TO EXECUTE AGREEMENT WITH REGIONAL PRIMARY CARE NETWORK'S COMMUNITY DENTISTRY PROGRAM FOR WAYNE COUNTY PUBLIC HEALTH**

WHEREAS, the Regional Primary Care Network (RPCN) Community Dentistry Program provides school-based dental services to children who might not otherwise receive care; and

WHEREAS, RPCN has signed MOUs with school districts and the NYSDOH to offer dental services at the following Wayne County locations: Clyde Head Start, Clyde-Savannah Elementary, Creative Environment Children's Learning Center, Huron Head Start, Kelley Intermediate, Lincoln Elementary, Lyons Elementary, Lyons Head Start, MW Cuyler Elementary, Newark Education Center, Newark Head Start, North-Rose Wolcott Elementary, Palmyra-Macedon Primary & Intermediate Schools, Perkins Elementary, Red Creek Middle & High Schools, Roosevelt's Children Center, Sodus Head Start, Sodus Primary, Intermediate & Junior/Senior Schools, and Wayne Educational Center; and

WHEREAS, Wayne County Public Health (WCPH) provides \$2,000 for disposable dental supplies for this program; now, therefore, be it

RESOLVED that the Chairman of the Board of Supervisors is hereby authorized to execute an agreement with Regional Primary Care Network's Community Dentistry Program for Wayne County Public Health to provide \$2,000 for disposable dental supplies for the 2016 – 2017 school year, subject to the approval of the County Attorney as to form and content.

Budgeted: yes no Proposed Cost: \$2,000 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: _____

Revised 1/2008

Wayne County Nursing Home STATISTICAL DASHBOARD

	YTD	Prior Year
	7/31/2016	Final 2015
Revenue	\$ 11,294,526	\$ 20,368,722
Expenses	\$ 11,723,792	\$ 21,538,555
Net Operating Margin	\$ (429,266)	\$ (1,169,833)
Other Income (IGT)	\$ -	\$ -
Profit (Loss)	\$ (429,266)	\$ (1,169,833)
Budget Income (loss) Does not include Retirement	\$ (1,643,967)	
Variance from Budget (Over) Under	\$ 1,214,701	\$ (1,169,833)
Operating Margin	-3.8%	-5.7%

Fund Balance Cash	\$ 5,158,852	\$ 5,588,118
Cash Balance as of 7/31/2016	\$ 5,675,282	
Days Cash	87	\$ 113
A/R <30 days	\$ 1,062,369	\$ 1,097,671
A/R 31 - 120 days	\$ 732,656	\$ 1,098,805
A/R >120 days	\$ 753,287	\$ 855,214

Average Daily Rate	\$ 261.21	\$ 257.70
Average PPS Rate	\$ 485.64	\$ 486.75

Outpatient Services visits	75	513	1,144
Outpatient Services Gross Profit Margin	\$ 960	\$ 8,398	\$ 17,439

Meals/Catering income vs. projected income

	Current	Budget	Prior Year
MDW	\$ 22,718.00	\$ 20,416.67	\$ 31,946.40
Jail	\$ 126,479.00	\$ 116,666.67	\$ 231,355.78
Café	\$ 33,468.00	\$ 32,083.33	\$ 44,684.25
Catering	\$ 3,695.00	\$ 3,500.00	\$ 10,818.75
	\$ 186,360.00	\$ 172,666.67	\$ 318,805.18

Avg. Facility Occupancy - % (Budget 96%)	97.80%	97.90%	96.96%
Short Term Occupancy - % (Budget 78%)	84.90%	85.20%	82.30%
Long Term Occupancy - % (Budget 98%)	99.70%	99.30%	98.60%

Number of Admissions	14	145	316
% Discharges Home - All	46.15%	49.73%	42.27%
% Discharges Home - Rehab	57.14%	69.77%	62.02%

% Hospitalized Since Admission (Short Stay)		21.6%	16%
Re-Hospitalization w/ 30 days of Admission		19.2%	15.1%

	Jan-16	Jul-15	Jan-15
Total Number of Residents	185	186	183
Average CMI for Full House	1.05	1.07	1.03
Total Number of Medicaid Residents	137	143	136
Average CMI for Medicaid Residents	0.97	0.99	0.93

Medicare 5-Star Overall Rating

	2016	2015	2014
5-Star Health Inspections	1	2	4
5-Star Staffing Rating	2	2	4
5-Star Quality Measure Rating	2	3	3
5-Star Quality Measure Rating	1	2	4

Open Positions	11
Nursing Openings	6
Aide Openings	4

Employee Turnover 3 mo. (5/1/16 - 7/31/16) = 17/212	8.0%	17%
Employee 6 mo Retention (2/1/16 - 7/31/16) = 24/31	77%	
Employee 2 yr Retention (8/1/14 - 7/31/16) = 62/99	63%	

Open Positions 2016

Department	1/25/16	2/22/16	3/25/16	4/22/16	5/24/16	6/30/16	7/25/16	8/25/16	9/29/16	10/26/16	11/23/16	12/21/16
Administration												
Receptionist, PT	1	0	0	0	0	0	0	0	1			
Fiscal												
Medical Billing Clerk	1	1	1	1	1	1	1	1	0			
Nursing												
ADON												
RN, Coordinator of Nursing Education	1	1	0	0	0	0	0	0	0			
RN Supervisor, FT	1	0	1	1	1	1	1	0	0			
RN Supervisor, Sub	0	0	0	0	0	0	0	1	1			
RN, FT	3	4	2	1	1	0	0	0	0			
RN,PT	0	0	0	0	0	0	0	0	0			
Transitional Care coord												1
LPN, FT	0	2	2	1	3	3	3	3	3			
LPN, PT	1	0	0	0	0	0	0	0	0			
LPN, Sub	0	1	1	0	0	0	0	0	0			
CNA, FT	0	2	2	1	4	1	0	0	0			
CNA,PT	8	7	6	2	2	1	4	3				
CNA,Sub	3	3	2	1	2	1	1	1	1			
Sitter	2	2	2	1	2	2	2	0				
Total:	21	23	19	9	16	11	13	11	0	0	0	0
Temp positions are not counted in total positions												
2016 budget: added 2 CNA FT, 1 LPN Sub												
2016 budget: removed 1 CNA sub												
created new 3/15/16: RN FT Super												
removed 3/15/16: 2 RN FT												
Total positions (FT,PT,Sub) = 224												
Total employed as of 8/25/16 = 212												
Employee Turnover 3 mo. (5/1/16 - 7/31/16) = 17/212	8.0%											
Employee 6 mo Retention (2/1/16 - 7/31/16) = 24/31	77%											
total 31 hired (7 left, 24 still employed)												
Employee 2 yr Retention (8/1/14 - 7/31/16) = 62/99	63%											
total 99 hired (37 left, 62 still employed)												

RESOLUTION TRANSMITTAL

Committee No. 6

Date: 9/6/16

Committee Chair: Kenan Baldrige

Department Head: Denis Vinnik

Transmittal Title: Authorization to Purchase Equipment

WHEREAS, the Sit to Stand Lifts were included in the 2016 budget for \$10,000; and

WHEREAS, the current purchase price of \$14,129 is over the budgeted amount by \$4,129; and

WHEREAS, the pulse oximeters budgeted for \$5,600 will not be purchased; now therefore, be it

RESOLVED, that the Wayne County Nursing Home is authorized to purchase the Sit to Stand Lifts for \$14,129 and reduce the amount budgeted for the Pulse Oximeters by \$4,129 to remain budget neutral.

Item #	Description	Requisition #	Qty	Unit Price	Total
1.	Sit to Stand Lifts Quotes: <ul style="list-style-type: none"> • Direct Supply -* \$14,129 • BHS- \$17,840 • Direct Supply- \$15,573.05 		5	\$2,825.84	\$14,129.20

Budgeted: yes X (\$10,000) no__ Proposed Cost: _\$14,129 Reimbursed Amount: \$14,129 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: 9/6/2016

Committee Chair: Kenan Baldrige

Department Head: Denis Vinnik

Transmittal Title: Relocating of dry Sprinkler Heads in the Wayne County Nursing Home Boiler Room

WHEREAS, during the Annual New York State Department of Health Recertification Survey, the surveyor recommended relocating two (2) dry sprinkler heads in the boiler room; and

WHEREAS, the Wayne County Nursing Home Administrator understands the significance of this Life Safety Code recommendation and requested quotes from authorized vendors; and

WHEREAS, quotes were requested from Monroe Piping, Davis Ulmer and Simplex Grinnell; and

WHEREAS, Simplex Grinnell declined to provide a quote; and

WHEREAS, a quote from Monroe Piping was received proposing an amount of \$800.00; and, now, therefore, be it

Item #	Description	Requisition #	Qty	Unit Price	Total
1.	Boiler Room- Fire Sprinkler Head Quotes: <ul style="list-style-type: none"> • Monroe Piping-* \$800.00 • Davis- Ulmer- \$ 2,030.00 • Simplex Grinnell- did not provide quote 		1	\$800.00	\$800.00

RESOLVED, that said quote is hereby accepted for the amount of \$800.00 and the proposal for relocating the two (2) dry sprinkler heads the Wayne County Nursing Home is hereby awarded to Monroe Piping

Budgeted: yes ___ no X Proposed Cost: \$800 ___ 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: 9/6/2016

Committee Chair: Kenan Baldrige

Department Head: Denis Vinnik

Transmittal Title: Authorization to Contract with Minimum Data Set Solution for Scores Software End-User License Agreement (EULA)

WHEREAS, Scores Software is a software developed by Minimum Data Set Solutions, Inc. (MDS) and licensed to MDS; and

WHEREAS, the current agreement expires October 31, 2016; and

WHEREAS, the Wayne County Nursing Home desires to continue on utilizing the software and documentation, and any ancillary and supportive materials to potentially increase reimbursement for the nursing home; and

WHEREAS, the fee is \$600 a month (no change from previous agreement); and

WHEREAS; the term shall be from November 1, 2016 to October 31, 2019; now therefore, be it

RESOLVED, that the Administrator of the Wayne County Nursing Home be authorized and directed to execute an agreement with Minimum Data Set Solutions, Inc. for the provision of Scores Software End-User License, subject to the County Attorney's approval as to form and content, for the period of November 1, 2016 to October 31, 2019 at a fee of \$600 a month.

Budgeted: yes no Proposed Cost: \$7,200 a year 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