

*AGENDA*  
*HEALTH AND MEDICAL SERVICES COMMITTEE*  
*Monday, October 31, 2022 10:00 a.m.*

*Members: Robusto, Groat, Bender, Brady, Miller*

10:00 a.m. Approve minutes from previous meeting

10:00 a.m. Mental Health, Jim Haitz

Monthly Report

OOS Travel [OOS Travel MH & PH.pdf](#)

10:15 a.m. Nursing Home, Jeffrey Stalker

Monthly Reports [NHRPT1STATSeptember2022.pdf](#)  
[NH11RPT2PersonnelOct.xls](#)

TRANSMITTALS:

- Authorization to Contract with Nursecore Management Services  
[NH11RES1NurseCore2023 REV1.doc](#)
- Authorization to Sign Contract Amendment with Lisa Pappa  
[NH11RES2PsychiatricNP REV1.doc](#)
- Authorization to Sign Agreement for Podiatry Services  
[NH11RES3Podiatry.doc](#)
- Authorization to Sign Rental Equipment Contract  
[NH11RES4EquipmentRental REV1.doc](#)
- Authorization to Reject RFPs for Psychiatric Services and  
Authorize Project ECHO [NH11RES5RFPDecisiondoc.doc](#)
- Increase OPTUM rates [NH11RES06OptumRates rev1.doc](#)

10:30 a.m. Public Health, Diane Devlin

Monthly Report

**Wayne County  
Out of State Travel Request**

Date: 10/07/22

Department Name: Mental Health Dept. No.: 6-4300

Meeting Seminar or Conference Name: Community School Intitatives-Kern County

Location: Bakersfield , California Date(s): 11/29/22-12/3/22

Mandated? Yes \_\_\_ (Federal, State, other) No  Required Educational Training? Yes \_\_\_ No \_\_\_

Paid for with Grant Funds? Yes  No \_\_\_ Required By: \_\_\_\_\_

Person(s) attending:  
James Haitz and Diane Devlin

Org	Object	Project Code	Object Name	Available Budget	Amount
	54410		Conference	\$	\$
	54483		Training-Seminars-Schools	\$	\$
	54485		Travel (Airfare, Train, Taxi, Subway, etc.)	\$	\$
	54485		Lodging	\$	\$
	54485		Tolls/Parking/(Fuel county cars only)	\$	\$
	54485		Meals	\$	\$
	54919		Mileage ( _____ X IRS Prevailing Rate)	\$	\$
			TOTAL	\$	\$no cost

Is there a county car available? Yes \_\_\_ No \_\_\_

If no, please provide explanation \_\_\_\_\_

Is this training/travel required for continuing professional certification or credits? Yes \_\_\_ No

If yes, how many credits are required in this year (Jan-Dec)? \_\_\_ How many have already been attained? \_\_\_

Overnight travel required a detailed description of the conference or seminar agenda or schedule. Out of State travel requires the approval of the Standing Committee and the Board of Supervisors, after review by the County Administrator.

Department Head Approval: [Signature] Date: 10-11-22  
 Budget Officer Review for Availability of Funds: [Signature] Date: 10/13/22  
 County Administrator's Approval: [Signature] Date: 10-13-22  
 Committee Chair: \_\_\_\_\_ Date: \_\_\_\_\_  
 Chairman of the Board: \_\_\_\_\_ Date: \_\_\_\_\_

**Wayne County Nursing Home STATISTICAL DASHBOARD**

		<b>PRELIMINARY</b>	
		<b>YTD</b>	<b>Prior Year</b>
		<b>9/30/2022</b>	<b>2021</b>
Revenue		\$ 12,014,456	\$ 17,564,104
Expenses	2022 Covid-19 Expenses = \$ 30,826	\$ 13,670,033	\$ 18,339,603
Net Operating Margin		\$ (1,655,577)	\$ (775,499)
Other Income (IGT) = 2/24/2022		\$ 1,534,354	\$ 3,140,258
Other Income (Cares Act - Stimulus Funds & NYS)		\$ -	\$ 23,081
Profit (Loss)		\$ (121,224)	\$ 2,387,840
Budget Income (loss) Does include Retirement		\$ 705,699	\$ 753,348
Variance from Budget (Over) Under		\$ (826,923)	\$ 1,634,492
Net Operating Margin		-13.8%	-4.4%
Operating Margin with IGT		-1.0%	13.6%
<b>Cash Balance:</b>			
Cash Balance as of 09/30/2022		\$ 4,871,798	\$ 25,775,542
Days Cash on Hand		74	411
Investments = Short Term T-Bills & Other Investments		\$ 29,097,332	\$ 15,574,037
A/R <30 days		\$ 715,503	\$ 1,333,747
A/R 31 - 120 days		\$ 748,358	\$ 1,579,860
A/R >120 days		\$ 2,981,683	\$ 852,672
Average Daily Rate		\$ 243.35	\$ 271.80
Average PPS/PDPM Rate	**	\$ 514.43	\$ 567.39
Outpatient Services visits		0	-
Outpatient Services Gross Profit Margin	\$	- \$	- \$
<b>Meals/Catering income vs. projected income</b>			
		<b>Current</b>	<b>Budget</b>
Jail		\$ 88,623.00	\$ 105,298.50
Café		\$ 1,984.00	\$ 3,633.00
		<u>\$ 90,607.00</u>	<u>\$ 121,965.17</u>
			<u>\$ 133,163.00</u>

	Current	YTD Actual	Prior Year
Facility Occupancy Rate - % (Budget 97%)	77.12%	82.70%	90.13%
Number of Admissions	6	48	153
% Discharges Home - All	5.89%	14.81%	26.64%

% Hospitalized Since Admission (Short Stay)	n/a	n/a
Re-Hospitalization w/in 30 days of Admission	n/a	n/a
Long Term Occupancy	n/a	n/a

	2021	2020	2019
Total Number of Residents	186	190	183
Average CMI for Full House	1.067	1.05	1.02
Total Number of Medicaid Residents	139	143	144
Average CMI for Medicaid Residents	0.979	0.95	0.98

	2022	2021	2020
Medicare 5-Star Overall Rating	3	4	3
5-Star Health Inspections	3	3	3
5-Star Staffing Rating	4	2	2
5-Star Quality Measure Rating	4	5	4

Open Positions	81		
Nursing Openings	30		
Aide Openings	48		
Other Positions	3		
	2022	2021	2020
Employee Turnover 3 mo. (7/1/22 - 9/30/22) = 26/151	17%	27.0%	14.0%
Employee 6 mo Retention (4/1/22 - 9/30/22) = 18/31	58%		
Employee 2 yr Retention (10/1/20 - 9/30/22) = 75/112	67%		



**RESOLUTION TRANSMITTAL**

Committee No. 6

Date: 10/31/2022

Committee Chair: Frank Robusto  
Department Head: Jeffrey Stalker

**Authorization to contract with Nursecore Management Services, LLC d/b/a Nursecore of Rochester**

WHEREAS, the contract between the County of Wayne and Nursecore Management Services for Registered Nurse and/ or Licensed Practical Nurse coverage expire on December 31,2022; and

WHEREAS, the Wayne County Nursing Home wishes to renew said contract for the period of January 1, 2023 – December 31, 2023 at the following rates:

**BILLING RATE (Per Hour)**

	Monday -Friday	Weekends
Registered Nurse	\$63.00	\$65.00
RN critical pay	\$68.00	\$70.00
Licensed Practical Nurse	\$53.00	\$55.00
LPN critical pay	\$58.00	\$60.00
Certified Nursing Aide	\$32.00	\$34.00
CNA critical pay	\$37.00	\$39.00

and,

WHEREAS, Overtime is defined as those hours worked in excess of forty (40) hours in a one week pay period. Overtime must have Facility supervision approval. The overtime rate is one and one-half (1½) times the regular billing rate for each hour worked; and,

WHEREAS, Holiday rates are paid for the day, evening and night shifts on New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas and for the evening and night shifts on Christmas Eve and New Year's Eve. The holiday billing rate is one and one-half (1½) times the regular billing rate for each hour worked; now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors is authorized and directed to execute an agreement, with Nursecore Management Services for the provision of licensed nursing staff coverage at the Wayne County Nursing Home effective January 1, 2023 to December 31, 2023 subject to the County Attorney's approval as to form and content.

Budgeted: yes  no  Proposed Cost: \_\_\_\_\_ Reimbursed Amount \_\_\_\_\_ County cost 0

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

County Administrator's Review: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Office Review: yes  no  N/A  Signature: \_\_\_\_\_

County Attorney Review: yes  no  N/A  Signature: \_\_\_\_\_

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: 10/31/2022

Committee Chair: Frank Robusto  
Department Head: Jeffrey Stalker

Authorize Contract Amendment with Lisa Pappa, Psychiatric Nurse Practitioner, for the Wayne County Nursing Home

WHEREAS, Resolution 193-20 authorized the agreement between the Wayne County Nursing Home (WCNH) and Lisa Pappa, NP for the provision of behavioral and mental health (psychiatry) services, which ends on December 31, 2022; and

and WHEREAS, the agreement stipulated an annual cost not to exceed twenty-three thousand forty dollars (\$23,040);

and WHEREAS, due to an increase in Nursing Home residents that require this service, it has led to insufficient funds in the current agreement for 2022; and

WHEREAS, WCNH is desirous to increase the maximum amount payable in 2022 to not exceed thirty-two thousand four hundred dollars (\$32,400) to ensure that the residents continue to receive this service; and

WHEREAS, WCNH will begin utilizing psychiatric services from the University of Rochester Medical Center (URMC) at no county or Nursing Home resident cost going forward; and

WHEREAS, the continuity of Nursing Home resident care is of the upmost importance; and

WHEREAS, WCNH is desirous to continue utilizing the services of Lisa Pappa, NP, during the full transition to URMC until March 31, 2023, at the current fee of eighty dollars (\$80) per hour, not to exceed six thousand dollars (\$6,000); and now, therefore, be it

RESOLVED, the Chairman of the Board of Supervisors is authorized to sign the amended agreement with Lisa Pappa, NP for the provision of psychiatry services from January 1, 2022 to March 31, 2023 at an hourly rate of \$80 for a cost not to exceed \$32,400 in 2022 and \$6,000 in 2023, subject to the County Attorney's approval as to form and content.

Budgeted: yes  no  Proposed Cost: \$ \_\_\_\_\_ Reimbursed Amount \$ 0 County cost \$ 0

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

County Administrator's Review: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Office Review: yes  no  N/A  Signature: \_\_\_\_\_

County Attorney Review: yes  no  N/A  Signature: \_\_\_\_\_

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: 10/31/2022

Committee Chair: Frank Robusto  
Department Head: Jeffrey Stalker

Authorizing Agreement for Podiatry Services for the Wayne County Nursing Home

WHEREAS, Complete Foot Care of Finger Lakes, PLLC provides in-house licensed podiatry services to the residents at Wayne County Nursing Home; and

WHEREAS, said services are provided at no cost to the nursing home; and

WHEREAS, the Wayne County Nursing Home wishes to contract with Complete Foot Care of Finger Lakes, PLLC for the provision of podiatry services effective January 1, 2023 to December 31, 2025; and now, therefore, be it

RESOLVED, the Chairman of the Board of Supervisors is authorized to execute the agreement with Complete Foot Care of Finger Lakes, PLLC for the provision of podiatry services to the residents at the Wayne County Nursing Home effective January 1, 2023 to December 31, 2025 at no cost to the nursing home; 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: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Office Review: yes \_\_\_ no \_\_\_ N/A \_\_\_ Signature: \_\_\_\_\_

County Attorney Review: yes \_\_\_ no \_\_\_ N/A \_\_\_ Signature: \_\_\_\_\_

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: 10 /31/2022

Committee Chair: Frank Robusto  
Department Head: Jeffrey Stalker

**AUTHORIZATION OF RENTAL EQUIPMENT AGREEMENT WITH MISSION HEALTH CONCEPTS, INC. FOR THE WAYNE COUNTY NURSING HOME**

WHEREAS, the nursing home has a need for bariatric and specialty equipment that benefits the residents by improving the overall skin health and lowering the incidents of pressure related injuries through the use of these the skin care specialty mattresses; and

WHEREAS, the Nursing Home has an agreement with Mission Health Concepts, Inc. to provide rental equipment which expires October 31, 2022; and

WHEREAS, the nursing home has reviewed their current needs and trends with the vendor and wishes to renew the agreement with Mission Health Concepts, Inc. for the provision of equipment rental; and

WHEREAS, the monthly cost the equipment rental is \$6,250.00 per month effective November 1, 2022 and ending October 31, 2023 with an option to renew for two (2) additional one (1) year periods; and

WHEREAS, the varying nature of resident needs make rental of equipment advantageous for patient care; 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 at \$6,250.00 per month effective November 1, 2022 to October 31, 2023 with an option to renew for two (2) additional one (1) year periods, 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: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Office Review: yes \_\_\_ no \_\_\_ N/A \_\_\_ Signature: \_\_\_\_\_

County Attorney Review: yes \_\_\_ no \_\_\_ N/A \_\_\_ Signature: \_\_\_\_\_

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: 10/31/2022

Committee Chair: Frank Robusto  
Department Head: Jeffrey Stalker

**AUTHORIZATION TO REJECT RFP'S FOR PSYCHIATRIC SERVICES AND UTILIZE PROJECT ECHO FOR THE WAYNE COUNTY NURSING HOME**

WHEREAS, The Wayne County Purchasing Department issued a Request for Proposals (RFP) for the provision of psychiatry services for the Wayne County Nursing Home (WCNH); and

WHEREAS, proposals to provide these services were received from:

**Adelphi Medical Staffing**  
965 Geneva Walk  
Kennesaw, Georgia 30152

**Alumni Staffing LLC**  
1031 US Highway 22  
Bridgewater, NJ 08807

WHEREAS, the WCNH has been approached by the University of Rochester Medical Center (URMC) to expand the collaborative program known as Project ECHO (Extension of Community Healthcare Outcomes) to cover the needs for psychiatry services of the WCNH at no cost to the WCNH or WCNH residents; and

WHEREAS, Resolution 069-16 authorized the initial agreement between URMC and the WCNH regarding Project ECHO; and

WHEREAS, the WCNH Administrator is desirous to continue and expand this relationship; and

WHEREAS, the WCNH would like URMC and Project Echo to begin seeing eligible residents as soon as an agreement is in place; now, therefore, be it

RESOLVED, that Wayne County is exercising its option to reject all proposals for this solicitation; and be it further

RESOLVED, the Chairman of the Board of Supervisors is authorized to execute the agreement or amended agreement with URMC for the provision of psychiatry service for a period of November 1, 2022 to October 31, 2023 with options to renew for two additional one year terms, subject to the County Attorney's approval to form and content.

Budgeted: yes \_\_\_ no \_\_\_ Proposed Cost: \_\$0\_\_\_ Reimbursed Amount \_\_\_\$0\_\_\_ County cost \_\_\_\$0\_\_\_

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

County Administrator's Review: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Office Review: yes \_\_\_ no \_\_\_ N/A \_\_\_ Signature: \_\_\_\_\_

County Attorney Review: yes \_\_\_ no \_\_\_ N/A \_\_\_ Signature: \_\_\_\_\_

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: 10/31/2022

Committee Chair: Frank Robusto  
Department Head: Jeffrey Stalker

**AUTHORIZATION TO INCREASE OPTUM RATES FOR THE WAYNE COUNTY NURSING HOME**

WHEREAS, Resolutions 209-19, 276-20 and 481-20 established a contractual relationship between the Wayne County Nursing Home (WCNH) and United Health Care (UHC); and  
WHEREAS, Resolutions 054-20 and 071-21 authorized rates between the Wayne County Nursing Home (WCNH) and the United Health Care (UHC) Shared Savings Plan (also known as Optum); and  
WHEREAS, UHC is updating the shared savings plan from a fixed medical expense target to a benefit cost ratio of eighty-five (85) percent; and  
WHEREAS, UHC has informed the WCNH of capitated rate increases effective February 1, 2023, as follows:

- Part A: Increase from \$300 to \$350
- Part B: Increase from \$200 to \$250; and

WHEREAS, the resulting revenue increase to the WCNH will be approximately six-thousand dollars (\$6,000) per month; and  
WHEREAS, WCNH desires to accept the increased rates from UHC for this program; now, therefore, be it  
RESOLVED, that the Chairman of the Board of Supervisors is authorized to sign the agreement with United Health Care for increased rates to the shared savings plan for the Wayne County Nursing Home, effective February 1, 2023, subject to the County Attorney’s approval as to form and content.

Budgeted: yes  no  Proposed Cost: \$ 0 Reimbursed Amount \$ County cost \$ 0

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

County Administrator’s Review: Date:

Human Resources Office Review: yes no N/A Signature:

County Attorney Review: yes no N/A Signature:

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: