

AGENDA
HEALTH AND MEDICAL SERVICES COMMITTEE
Monday, March 2nd 10:00 a.m.

Members: Jacobs, Groat, Kolczynski, Bender and Leonard

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

10:00 a.m. **Nursing Home, Denis Vinnik**

Monthly Report [NH Personnel Feb2020.xls](#) [NH3RPT1JanStatReport.pdf](#)
Annual Report [WCNH Annual Report 2019 Final.pdf](#)

TRANSMITTAL:

- Authorization to sign agreement with Lisa Pappa [NH3RES1PsychiatricNP REV1.doc](#)

10:20 a.m. **Mental Health, Jim Haitz**

Monthly Report [MH Dept Payments & AR 2020 YTD.xls](#)
Annual Report [Mental Health Dept 2019 Annual Report Color.pdf](#)

TRANSMITTALS:

- Authorization to sign memorandum of understanding with FLCC [MH03RES1 FLCC MOU.doc](#)
- Authorization to sign service agreement with BioServUSA [MH03RES2 BioServUSA Service Agreement.doc](#)
- Authorization to sign renewal contract with ACM Medical Laboratory [MH03RES3 ACM Medical Lab 2020 Contract.doc](#)
- Authorization to sign renewal contract with Coordinated Care Services [MH03RES4 Coordinated Care Services, Inc. 2020 Contract REV.doc](#)
- Authorization to sign contract with MVP Health Insurance [MH03RES5 MVP Contract.doc](#)
- Authorization to disburse prior year State Aid funding [MH03RES6 Auth Payment to Wayne ARC Prior Year Funds.doc](#)

DISCUSSION:

- State Forensic Hospital Costs
- Intergovernmental cost sharing opportunity

10:40 a.m. **Public Health, Diane Devlin**

TRANSMITTAL:

- Authorization to transfer and dispose of equipment [PH03RES01 Equipment Disposal.Transfer REV.doc](#)

Activities Report
Annual Report
Health Officer information
COVID 2019 update

Open Positions 2020												
Department	1/27/20	2/27/20	3/27/20	4/23/20	5/24/20	6/25/20	7/25/20	8/27/20	9/23/20	10/25/20	11/22/20	12/28/20
Administration												
Clerk Typist, PT	2	2										
Compliance Officer	0	0										
Receptionist, PT	0	0										
Fiscal												
Account Clerk	1	1										
Purchasing Clerk	0	0										
Residential Services												
Resident Attendant	2	2										
Nursing												
RN Supervisor, FT	4	4										
RN Supervisor, Sub	2	2										
RN, FT	3	3										
RN, sub	2	3										
LPN, FT	7	7										
LPN, PT	1	1										
LPN, Sub	1	1										
CNA, FT	5	6										
CNA, PT	6	7										
CNA, Sub	7	7										
Total:	43	46										
Total positions 2020 (FT, PT, Sub) = 237												
Total employed as of 1/31/2020=190												
Employee Turnover 3 mo. (11/1/2019 - 1/31/2020) = 6/190	3.2%											
Employee 6 mo Retention (8/1/2019-1/31/2020) = 11/13	85%											
(2 left, 11 still employed)= total 13												
Employee 2 yr Retention (2/1/2018 - 1/31/2020) = 40/70	57%											
(30 left, 40 still employed) = total 70												

Wayne County Nursing Home STATISTICAL DASHBOARD

	YTD 1/31/2020	Prior Year 2019
Revenue	\$ 1,635,481	\$ 20,681,146
Expenses	\$ 1,628,649	\$ 20,185,374
Net Operating Margin	\$ 6,831	\$ 495,772
Other Income (IGT)	\$ -	\$ 5,868,752
Profit (Loss)	\$ 6,831	\$ 6,364,524
Budget Income (loss) Does include Retirement	\$ 753,348	\$ (214,012)
Variance from Budget (Over) Under	\$ (746,517)	\$ 6,578,536
Net Operating Margin	0.4%	2.4%
Operating Margin with IGT	0.4%	30.8%

Fund Balance Cash		
Cash Balance as of 09/30/2019	\$ 1,706,705	\$ 6,598,550
Days Cash	28	110
Investments = Short Term T-Bills	\$ 34,415,364	\$ 29,607,163
A/R <30 days	\$ 1,039,466	\$ 929,966
A/R 31 - 120 days	\$ 1,506,109	\$ 1,860,169
A/R >120 days	\$ 968,890	\$ 974,150

Average Daily Rate	\$ 280.63	\$ 274.62
Average PPS/PDPM Rate	\$ 439.32	\$ 471.93

Outpatient Services visits	0	-	-
Outpatient Services Gross Profit Margin	\$ -	\$ -	\$ -

	Current	Budget	Prior Year
Jail	\$ -	\$ 13,497.42	\$ 149,917.00
Café	\$ 5,564.46	\$ 5,583.33	\$ 71,091.00
	\$ 5,564.46	\$ 19,080.75	\$ 221,008.00

	Current	YTD Actual	Prior Year
Facility Occupancy Rate - % (Budget 97%)	93.01%	93.01%	96.82%
Number of Admissions	24	24	216
% Discharges Home - All	37.50%	37.50%	46.25%

Re-Hospitalization w/in 30 days of Admission	10.0%	9.0%
Average Length of Stay (days)	14	17.5

	Jul-19	Jan-18	Jan-17
Total Number of Residents	202	183	189
Average CMI for Full House	1.08	1.02	1.07
Total Number of Medicaid Residents	137	144	136
Average CMI for Medicaid Residents	1.00	0.98	1.01

	2019	2018	2017	2016
Medicare 5-Star Overall Rating	3	2	2	1
5-Star Health Inspections	3	2	2	2
5-Star Staffing Rating	2	3	3	2
5-Star Quality Measure Rating	4	5	3	1

Open Positions	46
Nursing Openings	21
Aide Openings	20

Employee Turnover 3 mo. (8/1/19 - 1/31/2020) = 6/190	3.2%	20.3%	20.5%
Employee 6 mo Retention (8/1/19 - 1/31/2020) = 11/13	85%		
Employee 2 yr Retention (2/1/18 - 1/31/2020) = 40/70	57%		

RESOLUTION TRANSMITTAL

Committee No. 6
Date: 3/2/2020

Committee Chair: Susie Jacobs
Department Head: Denis Vinnik

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

WHEREAS, the nursing home residents require behavioral and mental health services; and

WHEREAS, Lisa Pappa, Psychiatric Nurse Practitioner, provides such services; and

WHEREAS, the Nursing Home is looking to contract with Lisa Pappa, NP, effective April 1, 2020 to December 31, 2022 at \$80 per hour not to exceed \$23,040 annually; and

WHEREAS, it is necessary to transfer funds from the nursing home budgeted contingency fund to accommodate said services; now, therefore, be it

RESOLVED, the Chairman of the Board of Supervisors is authorized to sign the agreement with Lisa Pappa, NP for the provision of these services from April 1, 2020 to December 31, 2022 at an hourly rate of \$80 for an annual cost not to exceed \$23,040, subject to the County Attorney’s approval as to form and content; and, further be it

RESOLVED, that the County Treasurer is authorized to make the following budget adjustments:

E1990 Contingent Fund – Nursing Home

(Appropriations)
\$23,040 from 54000 Contingency Fund

E6000 Nursing Home

(Appropriations)
\$23,040 to 54932 – E7310 Psychiatric Nurse Practitioner

Budgeted: yes no Proposed Cost: \$23,040 Reimbursed Amount \$23,040 County cost \$ 0

Departmental transfer \$23,040 from Account No. E19904 5400 to Account No. E60004 54932 – E7310

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: _____

2020	Payments	AR	TOTAL REV	Monthly Rev	Asesd AR 1-30 Data	Asesd AR 1-120	Asesd AR 121-180	Asesd AR 181-270	Asesd AR 271-365
1/1-1/31	\$ 69,137.14	\$ 419,223.63	\$ 488,360.77	\$ 488,360.77					
1/1-2/29									
1/1-3/31									
1/1-4/30									
1/1-5/31									
1/1-6/30									
1/1-7/31									
1/1-8/31									
1/1-9/30									
1/1-10/31									
1/1-11/30									
1/1-12/31									
	14%	86%	\$ 488,360.77	Total \$ 488,360.77					
Billed Revenues									

Financial Summary for Month 1				
	Budget Annual	Budgeted YTD	Adjusted Actual YTD	Budget/Actual YTD
Billed Rev	\$ 6,940,913.00	\$ 578,409.42	\$ 488,360.77	\$ (90,048.65)
Other Rev	\$ 2,669,251.00	\$ 222,437.58	\$ 473,061.13	\$ 250,623.55
Total Rev	\$ 9,610,164.00	\$ 800,847.00	\$ 961,421.90	\$ 160,574.90
Expense	\$ 9,623,672.00	\$ 801,972.67	\$ 833,632.91	\$ (31,660.24)
Annualization Adjustment for B&G Maint.			\$ (230,496)	
Annualization Adjustment for IT			\$ -	
Annualization Adjustment for Retirement			\$ 56,167	
Total Exp	\$ 9,623,672.00	\$ 801,972.67	\$ 659,303.66	\$ 142,669.01
TOTAL	\$ (13,508.00)	\$ (1,125.67)	\$ 302,118.24	\$ 303,243.91

B&G Maint & Utilities

\$251,450
PAID FULL
\$20,954/month

IT
\$0
PAID FULL
\$13,467/month

161600

Retirement
\$673,999
\$56,167/month

RESOLUTION TRANSMITTAL

Committee No. 6 Health & Medical

Date: March 2, 2020

Committee Chair: Susie Jacobs
Department Head: James Haitz

Authorization for Wayne Behavioral Health Network to establish Memorandum of Understanding (MOU) with Finger Lakes Community College

WHEREAS, Finger Lakes Community College (FLCC) and Wayne Behavioral Health Network (WBHN) share the goal of supporting students so that they can obtain their educational and/or career goals by offering services in collaboration with one another to the FLCC student body; and

WHEREAS, FLCC & WBHN wish to establish an MOU which formalizes the commitment of the parties to work together to provide programs and services to FLCC students to improve overall mental and emotional health; and

WHEREAS, the MOU will enhance our collaborative efforts to provide additional services to FLCC students at the Newark Campus who are experiencing social, emotional, behavioral and/or family issues that extend beyond the scope and coping ability of the student and/or beyond the colleges counseling or student health staffs ability to assist the student; and

WHEREAS, WBHN has the ability to provide the professional mental health & addiction treatment services along with its multidisciplinary staff of licensed professionals, and as such WBHN plans to establish a licensed mental health clinic at the FLCC Newark Campus, and the college will provide in-kind office space and supports to WBHN at no cost, in addition the professional services provided by WBHN will be billable services that will generate more than sufficient revenues to cover WBHN costs; now therefore be it

RESOLVED that the Chairman of the Board is authorized to sign and MOU with FLCC (pending County Attorney review and approval), and WBHN is authorized to establish the working relationship as outlined in the MOU with FLCC to provide behavioral health services to FLCC students and to establish a mental health clinic at the FLCC Newark Campus.

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 Health & Medical

Date: March 2, 2020

Committee Chair: Susie Jacobs
Department Head: James Haitz

Authorization for Wayne Behavioral Health Network to Establish Updated Service Agreement with BioServUSA for Biomedical Waste Management Services

WHEREAS, in the normal course of business Wayne Behavioral Health Network (WBHN) operates medical clinics and as such has need for ongoing professional and regulatory compliant medical & pharmaceutical waste management services; and

WHEREAS, BioServUSA has been a long time vendor for WBHN and has provided medical/pharmaceutical waste manages services WBHN; and

WHEREAS, the vendor has asked to establish an updated service agreement with WBHN, and WBHN wishes to continue this service; and

WHEREAS, services are provided as needed/ordered by WBHN and the service agreement includes an "a la carte" service menu with separate pricing depending on the service ordered; now therefore be it

RESOLVED the Chairman of the Board is authorized to sign a service agreement including service menu (pending County Attorney review and approval) with BioServUSA to provide medical & pharmaceutical waste management services to Wayne Behavioral Health Network effective upon signature by all parties and through January 27, 2022.

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 - Health and Medical Services - Mental Health Dept.
Committee Chair: Susie Jacobs

Date: March 2, 2020
Department Head: James Haitz

Authorization to Wayne Behavioral Health Network to renew its annual contract with ACM Medical Laboratory

WHEREAS, Wayne Behavioral Health Network (WBHN) wishes to renew its annual contract with ACM Medical Laboratory for medical laboratory testing, analysis, and specimen pick-up, as the need for these ongoing services is medically necessary to the operation of the agency; and

WHEREAS, there is no cost to WBHN for this service; now therefore be it

RESOLVED, that the Chairman of the Board is authorized to sign a renewal contract with ACM Medical Laboratory for the period of January 1, 2020 to December 31, 2023, subject to the County Attorney's review and approval of the contract 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: _____

RESOLUTION TRANSMITTAL

Committee No. 6 - Health and Medical Services - Mental Health Dept.
Committee Chair: Susie Jacobs

Date: March 2, 2020
Department Head: James Haitz

Authorization to the Mental Health Department to Renew its Annual Contract with Coordinated Care Services

WHEREAS, the Mental Health Department wishes to renew its annual contract for the 2020 County budget year with CCSI for the purposes of State Aid Auditing, Contract & Statistical Management and required regulatory State Fiscal Reporting Services associated with State Agency state aid funding passed through and provided to Wayne County; and

WHEREAS, the corresponding services provided shall not exceed \$25,000 as per the 2020 County budget; and

WHEREAS, in order to remain competitive, Request for Proposals (RfP) will be issued in 2021 for such services; now therefore be it

RESOLVED, that the Chairman of the Board is authorized to sign a renewal contract with CCSI, Inc., not to exceed \$25,000, for the provision of mental hygiene fiscal reporting services on behalf of Wayne County for the period January1, 2020 to December 31, 2020.

Budgeted: yes no Proposed Cost: up to \$25,000 Reimbursed Amount: \$25,000 County cost: 0

Departmental transfer \$ _____ from Account No. A4300.54501 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 Health & Medical

Date: March 2, 2020

Committee Chair: Susie Jacobs
Department Head: James Haitz

Authorization to Establish Contract Between Wayne Behavioral Health Network and MVP Health Insurance

WHEREAS, Wayne Behavioral Health Network (WBHN) and MVP Health Insurance (MVP) wish to establish a formal relationship and contractual agreement in order for WBHN to provide reimbursable behavioral health and related support services to persons covered by MVP insurance plans; and

WHEREAS, MVP requires WBHN to have a contract established with them in order to bill and receive payments from MVP insurance and MVP Medicaid Managed Care insurances, for services provided as one of their network providers; now therefore be it

RESOLVED that the Chairman of the Board of Supervisors, pending approval of the County Attorney as to form and content, is authorized to sign a contractual agreement between MVP Health Insurance & WBHN effective upon obtaining signatures of all required parties and MVP's acceptance & approval of WBHN to their network panel and continuing through December 31, 2021.

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: _____

RESOLUTION TRANSMITTAL

Committee No. 6 Health & Medical

Date: March 2, 2020

Committee Chair: Susie Jacobs
Department Head: James Haitz

Authorization to Disburse Prior Year State Aid Funding and Make Payment to Wayne ARC and amend the 2020 County Budget

WHEREAS, the Director of Mental Health and County Treasurer have consulted and determined that the New York State Office for People with Developmental Disabilities (OPWDD) in a prior fiscal year (2012) had advanced state aid funding to Wayne County, which was designated for Wayne ARC and should have been disbursed to Wayne ARC; and

WHEREAS, the County Treasurer has determined that the state aid funding previously received by Wayne County was unintentionally never paid out to Wayne ARC, and those funds received by the County were consequently at a prior year-end closeout moved to the County General Fund Unassigned Fund Balance following the County Independent Auditing Process; and

WHEREAS Wayne ARC is still entitled to those state aid dollars still due to them; now therefore be it

RESOLVED that the Department of Mental Health is authorized to process and make payment of the previously received state aid funding to Wayne ARC in the amount of \$30,777, and be it further

RESOLVED, that the County Treasurer is authorized to transfer \$30,777 from the General Fund Unassigned Fund balance and amend the 2020 County Budget as follows:

A4322 Community Providers

Contractual Expense:
\$30,777 to 54608 Wayne ARC MR

Budgeted: yes ___ no X Proposed Cost: \$30,777 Reimbursed Amount \$30,777 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: 3/2/20

Committee Chair: Susie Jacobs
Department Head: Diane M. Devlin

AUTHORIZATION TO TRANSFER AND DISPOSE OF EQUIPMENT IN THE PUBLIC HEALTH DEPARTMENT

WHEREAS, Wayne County Public Health (WCPH) wishes to transfer the following equipment in good working order to the Wayne County Nursing Home due to the equipment is no longer needed or used by the department:

- 2 - BCI Digit Finger Pulse Oximeters; SN#s: 073901968, 084900435

and

WHEREAS, WCPH wishes to dispose of the following equipment due to being outdated and in poor condition:

- 3 – HP Compaq dc Micro-tower Personal Computer; Model AJ408AV; SN#s: 2UA84007WY, 2UA8410KF9, 2UA91212FZ
- 3 – HP Compaq 6005 SFF Personal Computers; Model # AT496AV; SN#s: 2UA03008FQ, 2UA03008FT, 2UA03008FS
- 1 – HP Compaq DC 7900 Minitower Personal Computer; Model KP719AV; SN# 2UA0180QJF
- 1 – 2008 HP Laptop; Model RJ460AV; SN# CNU8050QN1
- 1 – Ascensia Contour Blood Glucose Meter; SN# 415297602824

Now, therefore, be it

RESOLVED, that the Director of Public Health is hereby authorized to transfer and dispose of the above mentioned equipment as per the Wayne County Equipment Disposition policy.

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: _____