

AGENDA
HEALTH AND MEDICAL SERVICES COMMITTEE
Monday, October 5th 10:00 a.m.
County Clerk's Building—9 Pearl Street—2nd Floor

Members: Jacobs, Groat, Kolczynski, Bender and Leonard

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

Regular meeting/Budget Meeting

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

Performance Report

[MH Dept Payments & AR 2020 YTD Aug.xls](#)

[Projected OMH Forensic Hosp Fees 2020 Wayne Co.xlsx](#)

TRANSMITTAL:

- Authorization to amend budget [MH10RES01 Budget Amend Forensic Hospitalization Costs.docx](#)

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

Monthly Report

[NH10RPT01 Stat Report.pdf](#)

[NH10RPT1PersonnelSept2020.xls](#)

TRANSMITTAL:

- Authorization to contract with Reliant Staffing Systems [NH10RES1ReliantStaffing.REV.doc](#)
- Authorization to sign agreements with Liberty Healthcare [NH10RES2LibertyHealthSupply REV1.doc](#)
- Authorization to establish Practical Nursing Education Program [NH10RES3FLBOCES.doc](#)

10:25 a.m. **Public Health, Diane Devlin**

Activities Report

TRANSMITTALS:

- Authorization to sign agreement with Nazareth College [PH10RES01 Nazareth College Intern.doc](#)
- Authorization to sign contract with State Department of Health [PH10RES02 CYSHCN Contract 10.1.2020 - 9.30.2025.doc](#)

2020	Payments	AR	TOTAL REV	Monthly Rev	Aged AR 0-30 Days	Aged AR 31-60	Aged AR 61-90	Aged AR 91-120	Aged AR 121+
1/1-1/31	\$ 69,137.14	\$ 419,223.63	\$ 488,360.77	\$ 488,360.77					
1/1-2/29	\$ 624,279.07	\$ 406,215.04	\$ 1,030,494.11	\$ 542,133.34					
1/1-3/31	\$ 859,104.98	\$ 415,966.75	\$ 1,275,071.73	\$ 244,577.62					
1/1-4/30	\$ 1,286,414.26	\$ 310,681.38	\$ 1,597,095.64	\$ 322,023.91					
1/1-5/31	\$ 1,714,244.53	\$ 487,832.31	\$ 2,202,076.84	\$ 604,981.20					
1/1-6/30	\$ 2,347,444.12	\$ 514,174.87	\$ 2,861,618.99	\$ 659,542.15					
1/1-7/31	\$ 2,905,098.08	\$ 503,773.99	\$ 3,408,872.07	\$ 547,253.08					
1/1-8/31	\$ 3,381,637.70	\$ 567,628.66	\$ 3,949,266.36	\$ 540,394.29	\$101,216	\$ 90,346	\$ 88,025	\$ 60,944	\$227,197
1/1-9/30									
1/1-10/31									
1/1-11/30									
1/1-12/31									
	85%	14%		Total \$ 3,949,266.36					
				Billed Revenues					
Financial Summary for Month 8									
	Budget Annual	Budgeted YTD	Adjusted Actual YTD	Budget/Actual YTD					
Billed Rev	\$ 6,940,913.00	\$ 4,627,275.33	\$ 3,949,266.36	\$ (678,008.97)	B&G Maint & Utilities				
Other Rev	\$ 2,669,251.00	\$ 1,779,500.67	\$ 2,490,857.74	\$ 711,357.07	\$251,450				
Total Rev	\$ 9,610,164.00	\$ 6,406,776.00	\$ 6,440,124.10	\$ 33,348.10	PAID FULL				
					\$20,954/month				
Expense	\$ 9,693,316.00	\$ 6,462,210.67	\$ 5,447,012.11	\$ 1,015,198.56	IT				
Annualization Adjustment for B&G Maint.			\$ (83,817)		\$161,600				
Annualization Adjustment for IT			\$ (53,867)		PAID FULL				
Annualization Adjustment for Retirement			\$ 453,445		\$13,467/month				
Total Exp	\$ 9,693,316.00	\$ 6,462,210.67	\$ 5,762,774.11	\$ 699,436.56	Retirement				
					\$680,168				
TOTAL	\$ (83,152.00)	\$ (55,434.67)	\$ 677,349.99	\$ 732,784.66	\$56,681/month				

2020 OMH Forensic Hospitalization Costs - Mental Health Dept.

Jan.	\$	-					
Feb.	\$	6,389.20					
Mar.	\$	19,806.52					
Apr.	\$	62,044.75					
May	\$	71,569.39					
June	\$	69,260.70					
July	\$	69,507.69					
Aug.	\$	39,613.04	Projected Costs for these months should the one inmate remain hospitalized				
Sept.	\$	38,335.20					
Oct.	\$	39,613.04					
Nov.	\$	38,335.20					
Dec.	\$	39,613.04					
TOTAL	\$	494,087.77					
	\$	375,000	2020 Budgeted Amt A43354-54571				
	\$	(119,087.77)	Remaining Budget Balance After Expense				

RESOLUTION TRANSMITTAL

Committee No: 6

Date: 10/05/2020

Committee Chair: Mrs. Jacobs
Department Head: James Haitz

AUTHORIZATION TO AMEND THE MENTAL HEALTH DEPARTMENT 2020 BUDGET FOR NEW YORK STATE FORENSIC HOSPITALIZATION COSTS

WHEREAS, there are certain situations and legal statues and proceedings involving Criminal Courts, the County Mental Hygiene Department, and the Wayne County Sheriff's Office & Jail, that sometimes requires individuals who may be incarcerated in the Wayne County Jail, or who are not in custody and residing in the community, to be involuntarily hospitalized in a New York State Forensic Psychiatric Center; and

WHEREAS, some individuals who are in the custody of the Sheriff and incarcerated in the Wayne County Jail, or are not in custody and are residing in the community, though are involved in a Criminal Court proceeding under NYS Criminal Procedure Law Section 730 "Fitness to Proceed", which involves a psychiatric evaluation to determine if the defendant is an incapacitated person, or when the individual is in custody of the Sheriff and incarcerated in the Wayne County Jail and if a prisoners state of mental health requires involuntary care and treatment, and the prisoner should be removed to a psychiatric hospital for treatment, NYS Correction Law Section 508 "Removal of Sick Prisoners From Jail" provides the legal means to do so; and

WHEREAS, when the defendant is found to be an incapacitated person under Criminal Procedure Law Section 730, the court may order the individual to be sent to a state forensic hospital/institution to undergo restorative treatment, or when an incarcerated person is in need of immediate psychiatric care and treatment and is hospitalized in a state forensic hospital, they may be removed from jail to do so under Correction Law Section 508; and

WHEREAS, the County Cost per day for a forensic hospitalization generally runs in excess of \$1,000 per day, and the length of hospitalization stay is unpredictable, though in some cases could last as long as a year or more; and

WHEREAS, this year two Wayne County Jail inmates were admitted into forensic hospitalization institutions for restorative care, and one inmate remains hospitalized and may remain so the remainder of 2020; and

WHEREAS, due to the unpredictability of the annual need for funding of forensic hospitalization, and the high cost per case per day for hospitalization, the County budgets a nominal amount annually in order to facilitate immediate hospitalization, then adjusts the budget as additional funding is needed; and

WHEREAS, that an the Director of Mental Health and the County Deputy Budget Director are desirous on increasing the 2020 Adopted appropriations by an additional \$120,000 to fund current hospitalizations anticipated through December 2020, and

WHEREAS, that the County Deputy Budget Director suggests transferring \$120,000 from the Unassigned General Fund Balance to fund the appropriation, now therefore be it

RESOLVED, that the County Treasurer is authorized to transfer \$120,000 from the Unassigned General Fund Balance, and further be it

RESOLVED, that the County Treasurer is authorized to make the following 2020 Budget amendment:

A4335 Forensic Hospitalization

(Appropriations)

\$120,000 to 54571 CPL Costs

Budgeted: No Proposed Cost: \$120,000 Reimbursed Amount \$0 County Cost \$120,000

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: _____

Wayne County Nursing Home STATISTICAL DASHBOARD

	YTD 8/31/2020	Prior Year 2019
Revenue	\$ 12,972,507	\$ 20,681,146
Expenses	\$ 12,930,755	\$ 20,185,374
Net Operating Margin	\$ 41,752	\$ 495,772
Other Income (IGT)	\$ 2,591,565	\$ 5,868,752
Other Income (Cares Act - Stimulus Funds)	\$ 932,589	\$ -
Profit (Loss)	\$ 3,565,906	\$ 6,364,524
Budget Income (loss) Does include Retirement	\$ 753,348	\$ (214,012)
Variance from Budget (Over) Under	\$ 2,812,558	\$ 6,578,536
Net Operating Margin	0.3%	2.4%
Operating Margin with IGT	27.5%	30.8%

Fund Balance Cash		
Cash Balance as of 08/31/2020	\$ 5,515,325	\$ 6,598,550
Days Cash	90	110
Investments = Short Term T-Bills	\$ 34,587,792	\$ 29,607,163
A/R <30 days	\$ 962,524	\$ 929,966
A/R 31 - 120 days	\$ 1,855,364	\$ 1,860,169
A/R >120 days	\$ 865,390	\$ 974,150
Average Daily Rate	\$ 283.96	\$ 274.62
Average PPS/PDPM Rate	\$ 494.37	\$ 471.93

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

Meals/Catering income vs. projected income	Current	Budget	Prior Year
Jail	\$ 58,679.00	\$ 107,979.33	\$ 149,917.00
Café	\$ 18,179.00	\$ 44,666.67	\$ 71,091.00
	\$ 76,858.00	\$ 152,646.00	\$ 221,008.00

	Current	YTD Actual	Prior Year
Facility Occupancy Rate - % (Budget 97%)	90.09%	93.78%	96.82%
Number of Admissions	7	91	216
% Discharges Home - All	21.43%	29.63%	46.25%

% 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

	Jan-19	Jan-18	Jan-17
Total Number of Residents	190	183	189
Average CMI for Full House	1.05	1.02	1.07
Total Number of Medicaid Residents	143	144	136
Average CMI for Medicaid Residents	0.95	0.98	1.01

Medicare 5-Star Overall Rating	2020	2019	2018
5-Star Health Inspections	3	3	2
5-Star Staffing Rating	2	2	3
5-Star Quality Measure Rating	4	4	5

Open Positions	61		
Nursing Openings	23		
Aide Openings	31		
Other Positions	7		
Employee Turnover 3 mo. (6/1/20 -8/31/20) = 10/176	5.7%	20.3%	20.5%
Employee 6 mo Retention (3/1/20 -8/31/20) = 6/7	86%		
Employee 2 yr Retention (9/1/18 - 8/31/20) = 26/49	53%		

Open Positions 2020												
Department	1/27/20	2/27/20	3/27/20	4/28/20	5/26/20	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	1	1	1	1	1	1	1	1	1		
Receptionist, PT	0	0	1	1	1	1	1	1	1	1		
Clerk Typist Substitute (created Feb 2020)		1	1	1	1	1	1	1	1	0		
Fiscal												
Account Clerk	1	1	1	1	1	1	1	1	1	1		
Residential Services												
Resident Attendant	2	2	2	2	2	2	2	2	3	3		
Activity Aide, PT									1	1		
Nursing												
RN Supervisor, FT	4	4	3	4	4	5	5	5	5			
RN Supervisor, Sub	2	2	1	1	1	1	1	1	1	1		
RN, FT	3	3	3	3	3	3	3	3	5	5		
RN,sub	2	3	3	3	3	3	3	3	1	1		
LPN, FT	7	7	6	6	6	6	6	6	7	8		
LPN, PT	1	1	1	1	1	1	1	1	1	0		
LPN, Sub	1	1	1	3	3	3	3	3	3	3		
CNA, FT	5	6	5	5	7	10	10	13	14			
CNA,PT	6	7	8	8	8	10	10	10	10			
CNA,Sub	7	7	6	6	6	6	6	6	7	7		
Total:	43	46	43	46	48	54	54	61	61			

RESOLUTION TRANSMITTAL

Committee No. 6
Date: 10/5/2020

Committee Chair: Susie Jacobs
Department Head: Denis Vinnik

AUTHORIZATION TO EXECUTE A CONTRACT WITH RELIANT STAFFING SYSTEMS FOR THE WAYNE COUNTY NURSING HOME

WHEREAS, the Wayne County Nursing Home has had a difficult time recruiting nursing staff and would like to contract with a staffing company to assist with recruitment of licensed staff;

WHEREAS, Wayne County Nursing Home wishes to contract with Reliant Staffing Systems services for the provision of nursing staffing; and

WHEREAS, Reliant Staffing Systems professional licensed staff and certified nursing assistants at the following fees:

Job Title	Bill Rate
LPN	\$41.50
C N A	\$26.25
RN	\$51.50
Time and one half applies for working holidays	

WHEREAS, Wayne County Nursing Home has the option to retain staff for a fee if employee has worked less than 675 hours and no fee if worked over 675 hours for the year; now, therefore, be it

Hours Worked	% of Annualized Salary
1-180	16%
181-360	14%
361-540	8%
541-675	5%
675+	No fee

RESOLVED, that the Chairman of the Board of Supervisors is authorized and directed to execute an agreement with Reliant Staffing Systems for the provision of Registered Nurse, Licensed Practical Nurse and Certified Nursing Assistants coverage at the Wayne County Nursing Home, effective November 1, 2020 to December 31, 2021, with the option to renew for two (2) successive one-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: 10/5/2020

Committee Chair: Susie Jacobs
Department Head: Denis Vinnik

Transmittal Title: Authorization to sign agreements with Liberty Healthcare, LLC for Provision of Medical Supplies

WHEREAS, the contract with Liberty Health Supply, Inc expires December 31, 2020; and

WHEREAS, Wayne County Nursing Home desires to renew the contract for the provision of medical supplies at a cost to the nursing home pending Med A payments; and now therefore be it

RESOLVED, that the Chairman of the Wayne County Board of Supervisors is hereby authorized to execute agreements for third party payors and Medicare Part A, on behalf of the Wayne County Nursing Home, with Liberty Health Supply Inc, for the provision of medical supplies effective January 1, 2021 to December 31, 2023 subject to the County Attorney's approval as to form and content.

Budgeted: yes X ___ 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: 10/5/2020

Committee Chair: Susie Jacobs
Department Head: Denis Vinnik

Authorizing Agreement to Establish Practical Nursing Educational Programs with Wayne Finger Lakes BOCES at the Wayne County Nursing Home

WHEREAS, Wayne Finger Lakes BOCES would like to utilize our facility for their long term care Practical Nursing training; and

WHEREAS, the Wayne County Nursing Home is a facility suited to provide clinical training and experience for their practical nursing program; and now therefore be it

RESOLVED, that the Chairman of the Board of Supervisors is authorized to execute an agreement on behalf of the Wayne County Nursing Home, with Finger Lakes BOCES for the provision of long term care Practical Nursing training effective January 1, 2021 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: 10/5/2020

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

AUTHORIZATION TO ESTABLISH AN AFFILIATION AGREEMENT BETWEEN NAZARETH COLLEGE AND WAYNE COUNTY PUBLIC HEALTH

WHEREAS, Wayne County Public Health (WCPH) is desirous of having a Public Health Student Intern per semester, when able, during the Fall and Spring semesters from Nazareth College; and

WHEREAS, such student will be un-paid and will assist Public Health (PH) Nurses perform data analysis of PH programs and COVID-19 Response activities and community educational efforts; and

WHEREAS, WCPH wishes to enter into an Affiliation Agreement with Nazareth College for the period of three years beginning on the date of the Agreement being fully executed, now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized to execute an Affiliation Agreement between Nazareth College and Wayne County Public Health for the health department to provide a site for a Public Health Student Intern per semester, when able, for the period of three years beginning on the date of the Agreement being fully executed, subject to the County Attorney 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

Date: October 5, 2020

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

AUTHORIZATION TO SIGN CONTRACT WITH THE NEW YORK STATE DEPARTMENT OF HEALTH FOR CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS FUNDING FOR WAYNE COUNTY PUBLIC HEALTH.

Wayne County Public Health (WCPH) currently contracts annually with the New York State Department of Health (NYSDOH) for funding for the Children and Youth with Special Health Care Needs (CYSHCN) program; and

WHEREAS, WCPH will continue to support outreach, information, referral to services, and follow up with families of CYSHCN; and

WHEREAS, WCPH will receive \$25,039 annually for the period of October 1, 2020 to September 30, 2025 for a total contractual amount of \$125,195; now, therefore, be it further

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized to sign a contract with the NYSDOH Children and Youth with Special Health Care Needs program for the period of October 1, 2020 to September 30, 2025 for an amount of \$25,039 annually with a five year contract amount not to exceed \$125,195, subject to the approval of the County Attorney as to form and content.

Budgeted: yes x__ no __ Proposed Cost: __\$125,195__ Reimbursed Amount \$125,195__ 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: _____