St. Lawrence County Board of Health
02/15/2011 Meeting

The St. Lawrence County Board of Health (hereafter typed SLCBOH) met on Tuesday, February 15, 2011 in the 2nd floor conference room of the Human Services Center, Canton, New York.

MEMBERS PRESENT: Dorothea Badenhausen; Benjamin Gruda; Gregory Healey; Robert Kimmes; and Jim Bunstone.

PUBLIC HEALTH STAFF PRESENT: Susan Hathaway, Director; Myrna Barney, Sanitarian; Anne Waite, Quality Assurance Coordinator/Agency Compliance Officer; Laura Duval, EI/Pre-K Coordinator; Debby Kent, Director of Patient Services and Sherry Cryderman, Administrative Assistant

MEETING TO ORDER: Vice-President, Ben Gruda called the meeting to order at 6:06 PM.

MINUTES OF NOVEMBER 2011 MEETING: Dr. Healey moved the minutes of the November 16, 2010 meeting be approved as written. Dr. Badenhausen seconded the motion. The motion was carried.

INTRODUCTIONS: Ms. Hathaway introduced Jim Bunstone as the newly appointed legislative representative to the St. Lawrence County Board of Health. Mr. Bunstone is filling the seat vacated by Tedra Cobb.

COMMUNICATION

COMMUNICATIONS: Ms. Hathaway read an email from Mr. Lewis Shepard requesting time on the January BOH agenda to speak as a member of Cancer Action NY on the topic of POPS. She also read a letter from Mr. Donald Hassig requesting information about action the BOH has taken following his November presentation to the board. Ms. Hathaway reported that a letter was prepared in November to Mr. Hassig for Dr. LoGalbo’s signature but because of a problem with the letterhead it did not get sent, then with no meeting in January this created a further delay. Dr. LoGalbo has reviewed the letter and Sherry has signed Dr. LoGalbo’s name to be able to send this letter out in the morning to Mr. Hassig along with the approved November minutes. We will email Mr. Shepard the same data. Ms. Hathaway stated that she will be addressing the EMC because they want to talk about the resolution Mr. Hassig has written having Public Health do education on POPS. Ms. Hathaway stated her response will be that she can not do that. That is not within Public Health scope to do that. Discussion followed on how this board would like to handle requests from the public to make presentations. Mr. Bunstone stated that since these are public meetings any member of the public may come to a meeting and be allowed up to 2 minutes to address their concern to the BOH during the public comment section on the agenda. Any request for a presentation outside of Public Comment must be submitted to the BOH through the Public Health Department
which will provide the information to the BOH members for review. Due to the many responsibilities of this BOH it will be at the board’s discretion whether or not they invite an agency or person to answer questions or gather additional information following review of the written data presented.

OLD BUSINESS

BY-LAWS: Mr. Kimmes reported that the revised by-laws were mailed prior to this meeting as the by-laws state changes must be sent out 7 days prior. He reported that the section that was added was public comment: “PUBLIC COMMENT: Members of the public may provide public comment at a Board of Health meeting for a maximum of two (2) minutes per person. The total time allotted for public comments at a Board of Health Meeting shall be limited to thirty (30) minutes.” Mr. Gruda moved the by-laws be revised as presented. Mr. Bunstone seconded the motion. The motion carried.

NEW BUSINESS:

COMMUNICABLE DISEASE STATISTICS: Ms. Hathaway reported that this 2010 year end data was being distributed for information only. This information is gathered and reported on a monthly basis within the Prevent Department of Public Health. Dr. Healey suggested that perhaps educational material on meningitis would be beneficial on the public health website. He stated that when someone phones his office with questions relating to exposure he refers them to Public Health.

CLINIC DATA: Ms. Hathaway explained that the data sheet listing these clinical services is also under the Prevent Department of Public Health. She reviewed the sheet and answered questions. She reported that currently Public Health is working with the Office for the Aging to do more education presentations at the senior nutrition sites. There are blood pressure clinics being held at the nutrition sites and at the same time educational presentations on topics such as diabetes, medications, etc. Dr. Badenhausen stated the blood pressure clinics have been offered for 30 years in Brasher and are well received. There was a discussion on the value of blood pressure clinics. All agreed it is a classic public health service. In these economic times, we may have to relook at this nonrevenue-generating service due to budget constraints.

IPRO AUDIT 3/29/11: Ms. Hathaway reported that we will have an IPRO audit starting March 29th, to audit our Early Intervention Services. IPRO is hired by the NYS Department of Health to conduct these audits; they come about every 4 years. We received a letter in late December informing us that they would arrive in March. We have had several meetings since then to prepare information in advance. Mrs. Duval explained that the main thing IPRO looks for is how consistently we follow regulations. They have probably a 20 page monitoring tool that they use. Because the program is based on Federal law there are a lot of family centered regulations. They are looking for very specific ways that we are meeting the Federal and State Laws. A lot of it is policy and procedures, record reviews. Ms. Hathaway stated there were a lot of regulation changes last year for EI.
NALBOH SURVEY: Ms. Hathaway reported that she had received a survey from NALBOH that she had reviewed. She stated that the survey looked like it was designed for Board’s of Health that had been established for some time. She contacted NALBOH and explained that our BOH has only been operating for six months and didn’t feel we could answer their questions. NALBOH said the survey did not have to be completed by our county at this time.

PERSONNEL: Ms. Hathaway reviewed the personnel changes that have happened since December. She noted they are due to retirement, internal promotions, and some movement to other departments. She reported that the Administrative Services Manager, Robert Santamoore left Public Health in January to become Deputy County Treasurer. At that time this position was taken out of the Union and moved to management and the title is now Fiscal Manager. We have hired someone for this position and he has taken the civil service exam. When the exam is scored and a list is established he needs to be reachable in the top three scores of the exam. If not we will need to re-canvas and fill the position. The process of filling vacancies was discussed. It is a minimum of three months before a position can be actually filled and in some cases even longer. Ms. Kent stated the staff is frustrated it takes so long to fill positions. She noted that when we are down nurses it hurts revenue and without the clerical support staff the documentation and billing is backlogged. Ms. Kent stated that she understands why the BOL did away with the backfill policy, but that adds to the frustration and time lag in filling CHN or RN positions because when promotions happen from within the department you must go through the whole process again for each position. Ms. Hathaway noted that with the revenue-generating positions the vacancy committee has been very good about moving them forward. Mr. Bunstone will seek additional information on the vacancies procedure currently being utilized by the Board of Legislators.

REPORTS:

EARLY INTERVENTION: Ms. Hathaway introduced Laura Duval, EI Manager to speak about the Early Intervention and Pre-K Programs. She noted that they are both mandated programs and are a big piece of the budget. She also stated that the programs are also very controversial programs because they are mandated and not very well funded by the State. Ms. Duval distributed some handouts on the programs. She explained that there are basically 5 programs. She explained that Early Intervention is for children birth to age 3 who might have a developmental delay. It is a program that is administered by New York State statewide under Federal Law. Counties are mandated to provide this service and in most counties this comes under Public Health. We have two roles: We administer the program locally. The PH Director is the Early Intervention Official, responsible for making sure that we provide services within the county to children with developmental delays. In doing this it does not mean that Public Health directly provides services but contracts for services to be provided to children. Since Public Health has a CHHA we do provide some services. Ms. Duval explained the qualification/evaluation procedures of the program. Some services are billable and some are not. There is county cost involved with this program. Our five service coordinators manage anywhere from 80 to 140 children at any
time. We have approximately 140-150 referrals per year. Not all these children qualify but each one receives an evaluation. The mission of the program is to teach the parents how to enhance their child’s development. The main issue now is the difficulty of finding providers to contract with for services. If we don’t have providers and are unable to provide services we will be out of compliance with State and Federal Law. We have and continue to look at the consequences of this.

**PRE-SCHOOL PROGRAM:** Ms. Duval explained that this program is for 3 to 5 year olds. This program is not administered by the county, but administered by the school districts. As an early intervention child approaches age 3 we refer them to a school district for evaluation and services. These services are our fiscal responsibility. All payments for this program are paid through our department and then we seek reimbursement for it from the State. She explained that each district has a committee (CPSE) that determines what the services are going to be. We don’t have much say in this regard but we are responsible for the payment of the authorized services. The most expensive cost under this program is transportation which is about $800,000 per year.

**LONG TERM CARE & CHHA:** Ms. Kent explained that CHHA means Certified Home Health Agency. LTC is a home care program that we are certified to administer. She stated that in the mid 80’s LTC was implemented and is known as the nursing home without walls. We have a little over 50 patients right now in LTC and were as high as 67 in 2010. We are certified for around 110 but have never reached that number. There is a budget cap for each patient which includes in-home services, ramps, and bathroom renovations. She reviewed statistics for the two programs.

Other than Home Health Aide (HHA), Skilled Nursing (SN) we provide Occupational, Speech, Physical Therapy Services, and Dietary Services. We also have to provide respite care under LTC. If the caregiver needs to do shopping, etc., then a personal care aide is placed in the home for say 5-6 hours a week to provide that break for the caregiver. We contract out for some of the home care services. The CHHA program is down to seven HHA from 21 three years ago. Five of the HHAs are LPN’s that we can also utilize for certain SN which is reimbursable at a higher rate.

Closing the Gouverneur office was chosen as a pilot program to have nurses work from their homes. Our nurses have Internet and are able to go to local library or hospital to connect and synchronize their laptop computers. So far this is working well.

NYSDOH came and audited CHHA and LTC in June 2010. We’re continuing to work on projects to improve nurses monitoring patient’s weights and medication review. Also, LTC clients need to be recertified every 6 months and they found that the evaluations didn’t match the score the clients received. Therefore they felt some clients were ineligible for the LTC program. We lost 4 patients due to this. Three of these patients have been very angry with us and have appealed to Medicaid. We have had additional training on the score sheets since the survey. Ms. Kent gave a brief outline of the scoring process. As part of Quality Assurance we have established a chart review committee and put other procedures in place to assure that we are closing the loop on each patient. We are
struggling with the Medicaid/Medicare regulation of having physicians orders returned within 30 days. Being down on clerical staff has created a backlog again.

There are some new Centers for Medicare and Medicaid Services (CMS) regulations in 2011. The physician who signed the initial plan of care must see the patient either 90 days prior to or thirty days following the start of care for the patient. The other new regulation affects rehabilitation services. For example, if a patient has a knee replacement and gets SN, occupational therapy and perhaps has diabetes so they have a nutritionist in the home this regulation requires that between the 10\textsuperscript{th}-13\textsuperscript{th} visits and the 16\textsuperscript{th}-19\textsuperscript{th} visits all the therapies need to complete a complete reassessment. If all reassessments aren’t documented between 10\textsuperscript{th}-13\textsuperscript{th} and the 16\textsuperscript{th}-19\textsuperscript{th} visits we won’t be reimbursed for these services.

**CORPORATE COMPLIANCE TRAINING:** Anne Waite, Quality Assurance Coordinator/Agency Compliance Officer presented the Corporate Compliance Training to the following Board of Health members: Dorothea Badenhausen; Benjamin Gruda; Robert Kimmes; and Jim Bunstone.

**ADJOURNMENT:** Mr. Bunstone moved to adjourn the meeting. Motion was seconded by Mr. Kimmes. Meeting adjourned at 8:35 p.m.

**NEXT MEETING:** The next meeting of the BOH is scheduled for March 15, 2011.

Respectfully Submitted,
Sherry Cryderman
Administrative Assistant