





# ULSTER COUNTY BOARD OF HEALTH

September 17, 2018

## AGENDA

### CALL TO ORDER

- **OLD BUSINESS**

- a. Approval of July 2018 minutes

- **NEW BUSINESS**

- a. UC Substance Use Task Force Update (Vin Martello)
- b. Board of Health Meeting Day and Time
- c. Commissioner's Report (Dr. Smith)
  - Medical Examiner Stats
- d. Patient Services Report (Nereida Veytia)
  - 2017 Annual Lead Primary Prevention Program (LPPP) Summary
  - Licensed Home Care Service Agency (LHCSA) NYSDOH Site Survey (8/1-8/3/2018)
    - a) Plan of Corrections 8/30/2018
    - b) Revised Policies (8/15/18)- Patient Liability for Payment and Health Provider Network (HPN)
    - c) Interventions
  - Diagnostic and Treatment Centers- Operating Cert. for Relocation
    - a) NYSDOH Environmental Inspection (9/7/2018)
    - b) Plan of Corrections-need to install wall mount sharps in clinic spaces

### MEETING CONCLUSION



**Ulster County Board of Health**  
**September 17, 2018**

**Members PRESENT:** Dominique Delma, MD, Vice Chair  
Mary Ann Hildebrandt, MPA, Secretary  
Anne Cardinale, RN GCNS-BC, Board Member  
Peter Graham, ESQ, Board Member  
Walter Woodley, MD, Chairperson  
Kathleen Rogan, Board Member

**DOH/DMH PRESENT:** Carol Smith, MD, MPH, Commissioner of Health  
Nereida Veytia, Deputy/Patient Services Director  
Vin Martello, Director of Community Relations

**GUESTS:** None

**ABSENT:** None

**EXCUSED:** Marc Tack, DO, Board Member  
Shelley Mertens, Environmental Health Director  
Douglas Heller, MD, Medical Examiner

- I. **Approval of Minutes:** A motion was made by Ms. Cardinale to approve the July 2018 minutes. The motion was seconded by Ms. Hildebrandt and unanimously approved.
- II. **Ulster County Opioid Prevention Task Force:** Vin Martello, UCDOH Director of Community Relations presented to the Board on the Ulster County Opioid Prevention Task Force (see attached).
- III. **Board Meeting Day and Time:** There was a discussion regarding the day and time of the monthly Board meeting. Ms. Cardinale requested that the Board meetings be moved to a different day as many holidays fall on a Monday. Mr. Graham recommended Tuesday. The Community Services Board, which is the Mental Health Board, meets on the second Monday of the month prior to the Board of Health. The Community Services Board has moved their October 8<sup>th</sup> meeting to October 15<sup>th</sup>. The Board agreed to do the same. The next Board of Health meeting will be October 15<sup>th</sup>.
- IV. **Board Attendance:** Dr. Woodley had concerns about poor Board attendance and asked the Board members if the meetings were meaningful. Ms. Cardinale stated that she read an article in a newspaper regarding a camp closure. She said it would be helpful if information could be pasted to the Board electronically when important issues such as a camp closure arise. Dr. Smith agreed to notify the Board via email of any priority issues.
- V. **Marijuana Legalization:** Mr. Graham expressed concerns regarding the potential legalization of Marijuana. Dr. Smith talked about NYS Association of County Health Official's (NYSACHO) approach to their concerns was to send a letter to the Governor outlining their concerns about this law. Dr. Smith will share NYSACHO's letter with the Board. Ms. Rogan suggested that the Board write their own letter to the Governor and requested that this be put on the agenda for the next meeting.
- VI. **Agency Reports:**
  - a. Commissioner's Report: Dr. Smith reported on the following:



- **Camp Rav Tov Kerhonkson:** Dr. Smith stated that the Department has received numerous complaints regarding the camp's septic issue. The situation had reached a point where the septic was not being fixed despite the warnings that the camp would be closed and not allowed to open again until the situation was corrected. Dr. Smith explained that DOH can revoke their permit and fine the camp based on the violations of the Ulster County Sanitary Code and the NYS Sanitary Code. DEC and the Town are other entities that have jurisdiction and can issue violations against the facility. A formal hearing was conducted on August 27<sup>th</sup> in which Ulster County DOH imposed a fine of \$7500. The Department is currently working with the camp and their engineers to remediate the septic on the ground issue.
- **Medical Examiner Stats:** The Medical Examiner stats were distributed to the Board for review. (see attached)

b. Patient Service's Report: Ms. Veytia reported on the following:

- **2017 Annual Lead Primary Prevention Program Summary:** This summary report was distributed and reviewed with the Board (see attached).
- **Licensed Home Care Service Agency (LHCSA) Site Survey:** NYSDOH conducted the LHCSA survey August 1<sup>st</sup> to August 3<sup>rd</sup>. Based on the findings the following actions were taken:
  - Health Provider Network Security and Use Policy and Procedure was amended. (see attached)
  - Patient Liability for Payment Policy and Procedure was amended. (see attached)
  - The Patient Liability Information Form was distributed to all active patients.

The Plan of Corrections was submitted to the State on August 18<sup>th</sup> and approved on August 30<sup>th</sup>.

- **Diagnostic and Treatment Centers Operating Certificate for Relocation:** NYSDOH conducted an environmental inspection on 9/7/2018. The Plan of Corrections required that sharp containers need to be mounted to the wall in clinic spaces verses locking them in a cabinet. Currently working with Buildings and Grounds to have this completed.

VII. **Adjournment:** A motion was made by Dr. Woodley to adjourn the meeting. The motion was seconded by Dr. Delma and unanimously approved.

VIII. **Next Meeting:** The next meeting is scheduled for October 15, 2018, 6:30 PM at the Golden Hill Office Building.

Respectfully submitted by:

Mary Ann Hildebrandt, MPA  
Secretary - Board of Health





# Structure: UC Opioid Prevention Task Force Final Report

## Title Page

- ⇒ **Executive Summary**
  
- ⇒ **Task Force Participants and Affiliation**
  
- ⇒ **National and Local Statistics and Trends**
  
- ⇒ **Genesis of the UC Opioid Prevention Task Force**
  
- ⇒ **Goals of the Task Force**
  
- ⇒ **Framing the Challenge: the 3 Pillars of Prevention (with a brief overview of each)**
  - **Reducing Supply**
  
  - **Reducing Demand**
  
  - **Improving Treatment and Recovery Services**
  
- ⇒ **Recommended Action Items (3) for Each Pillar**
  - **Process/Criteria for Evaluation**
  
  - **1-2 Page Summary (completed Action Item Template slotted in here) for each *Priority Action Item* (3 per)**
  
  - **Followed by *Other Promising Items Worthy of Further Exploration, Development***

⇒ **Conclusion and Follow-up**

⇒ **Appendices (research index, etc.)**

# Ulster County Department of Health

## Medical Examiner's Office - Autopsy Cases

### Date of Death between 1/1/2018 and 8/1/2018

Total Number of Cases: 101

<i>Cases by Gender</i>	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
F	7	4	4	1	3	3	3	0	0	0	0	0	25
M	10	6	15	5	14	12	14	0	0	0	0	0	76
<b>Grand Total</b>	<b>17</b>	<b>10</b>	<b>19</b>	<b>6</b>	<b>17</b>	<b>15</b>	<b>17</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>101</b>

<i>Cases by Manner</i>	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
Accidental	9	4	6	5	10	7	8	0	0	0	0	0	49
Homicide	2	1	0	0	0	0	0	0	0	0	0	0	3
Natural	5	2	6	1	7	7	5	0	0	0	0	0	33
Suicide	1	2	5	0	0	1	3	0	0	0	0	0	12
Undetermined	0	1	2	0	0	0	1	0	0	0	0	0	4
<b>Grand Total</b>	<b>17</b>	<b>10</b>	<b>19</b>	<b>6</b>	<b>17</b>	<b>15</b>	<b>17</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>101</b>

<i>Cases by Category</i>	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
Alcohol	0	1	0	1	1	2	0	0	0	0	0	0	5
Blunt Force Trauma - non-MVA	0	0	1	0	0	0	0	0	0	0	0	0	1
Carbon Monoxide	0	0	0	0	1	0	1	0	0	0	0	0	2
Cardiovascular	3	2	3	1	3	4	2	0	0	0	0	0	18
Cardiovascular and Diabetes	0	0	1	0	0	0	0	0	0	0	0	0	1
Diabetes	0	0	0	0	0	0	1	0	0	0	0	0	1
Drowning	0	0	1	1	0	1	0	0	0	0	0	0	3
Fall	0	0	0	0	0	0	2	0	0	0	0	0	2
Gunshot Wound	3	1	2	0	0	0	1	0	0	0	0	0	7
Hanging	0	1	1	0	0	0	0	0	0	0	0	0	2
Motor Vehicle Accident	2	0	0	1	3	2	1	0	0	0	0	0	9
Non-Opioid Substance	0	0	1	0	1	0	0	0	0	0	0	0	2
Non-Opioid Substance w/ Alcohol	0	0	0	0	1	0	0	0	0	0	0	0	1
Opioid	3	1	4	0	3	2	3	0	0	0	0	0	16
Opioid w/ Alcohol	0	0	0	0	0	1	0	0	0	0	0	0	1
Opioid w/ Other Substances	3	2	0	1	2	2	2	0	0	0	0	0	12
Other	2	0	3	0	1	0	1	0	0	0	0	0	7
Pneumonia	0	1	1	0	0	1	1	0	0	0	0	0	4
Pulmonary Disease	0	0	0	0	1	0	1	0	0	0	0	0	2
Smoke Inhalation	1	0	0	1	0	0	1	0	0	0	0	0	3
Stab Wound	0	1	0	0	0	0	0	0	0	0	0	0	1
Undetermined	0	0	1	0	0	0	0	0	0	0	0	0	1
<b>Grand Total</b>	<b>17</b>	<b>10</b>	<b>19</b>	<b>6</b>	<b>17</b>	<b>15</b>	<b>17</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>101</b>



## Ulster County DOH: Patient Services

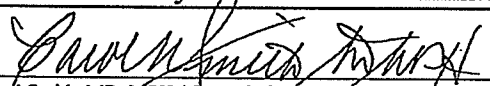
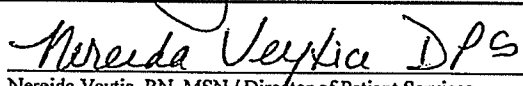
### 2017 Annual Lead Primary Prevention Program (LPPP) Report Summary

- a) Ulster County testing rate for the population 1 year olds was 57.64% and testing rate for 2 year olds was 57.61%. UCDOH promotes lead testing through outreaches to providers, daycares and WIC Program.
- b) Testing rates for April-June 2018 were up for 1 year olds to 58.51% and 57.88% for 2 year olds.
- c) Patient Services (PS) provided nursing educational visits to 22 out of the 24 children in Ulster County identified with blood lead levels of 10mg/dl or over. Two families refused visits.
- d) Environmental Health sanitarians completed 15 home inspections where children resided and identified with elevated blood lead levels of 15mg/dl. Nine of these visits were to newly identified cases.
- e) PS nursing staff continue to provide educational outreaches to providers to promote lead testing of children and pregnant women.



# ULSTER COUNTY DEPARTMENTS OF HEALTH AND MENTAL HEALTH

## Policy and Procedure

Name: <b>Health Provider Network (HPN) Security and Use</b>		
	( ) New (X) Revised	Issue Date:
Applicable To:	Patient Services Division	
Written By:	Nereida Veytia, RN, MSN, Dir. of Patient Services	Review Date: 8/15/2019
Revised By:	DPS Policy and Procedure Committee	Revised Date: 8/15/2018
Approved by:	 Carol Smith, MD, MPH / Commissioner of Health and Mental Health	Date: 8/22/18
Approved by:	 Nereida Veytia, RN, MSN / Director of Patient Services	Date: 8/15/2018

### BACKGROUND/PURPOSE:

New York Codes Rules and Regulations (NYCRR) Section 766.9 states the governing authority or operator of an agency shall obtain from the New York State Department of Health accounts for the Health Provider Network (HPN), for each agency that it operates. Each agency will ensure that sufficient and knowledgeable staff will be available to maintain and keep current such accounts. At a minimum, twenty-four hour, seven-day a week contacts for emergency communication and alerts, must be designated by each agency in the HPN Communications Directory.

### POLICY:

It is the policy of Ulster County Department of Health (DOH) Licensed Home Care Services Agency (LHCSA) to have authorized staff to rapidly respond to requests through the HPN. The DOH will maintain active HPN coverage within the hours of operation, Monday through Friday 9 a.m. to 5 p.m. and on-call coverage after hours and holidays through the DOH answering service.

### PROCEDURE:

1. The Director of Patient Services (DPS) will ensure sufficient designation of HPN Coordinator(s) to allow for individual HPN user access.
2. The HPN Coordinator(s) is assigned to oversee access/application and maintenance of the home care registry of the DOH on the Health Commerce System (HCS).
3. The HPN Coordinator(s) will sign on to the HCS and review for any alerts and current DOH information on at least a daily basis.
4. The HPN Coordinator(s) will maintain current and complete updates to the Communication Directory reflecting changes that include, but are not limited to, general information and personnel role changes as soon as they occur, and at least on a monthly basis.
5. To obtain user access or reassign employee role(s) in HCS:
  - a. The HPN Coordinator(s) will complete NYSDOH Employee Account Request form through Commerce Accounts Management Unit (CAMU).







- b. HPN Coordinator(s) will provide to employee the Employee Organization Security and Use Policy and Individual Security and Use Policy for review and signature. The form will be returned to the HPN Coordinator(s) for filing.
    - i. Violation of the Employee Organization Security and Use Policy and Individual Security and Use Policy will result in temporary suspension of the user's account privileges until required remedial action is taken by DOH.
  - c. The employee will login to the HCS to create their profile. The employee will download a barcode form for signature, and submit to HPN Coordinator(s) who will forward it to the Commissioner of Health and Mental Health for signature and to be notarized.
  - d. The form is sent to CAMU for approval, and a copy of the form is filed in DPS office.
6. If a user suspects their access codes have been compromised, they must contact the HPN Coordinator(s), who will immediately notify NYSDOH at [commerce-help@health.state.ny.us](mailto:commerce-help@health.state.ny.us).
  7. Upon termination of employment, employees will be directed to discontinue use of his or her user identification and password. The HPN Coordinator(s) will immediately delete the employee's HCS account.
  8. For quality assurance purposes, the policy will be reviewed no less than annually.



# ULSTER COUNTY DEPARTMENTS OF HEALTH AND MENTAL HEALTH

## Policy and Procedure

Name: Patient Liability for Payment		
	( ) New ( X ) Revised	Issue Date:
Applicable To: Patient Services Division		
Written By: Nereida Veytia, RN, MSN, Dir. of Patient Services		Review Date: 8/15/2019
Revised By: DPS Policy & Procedure Committee		Revised Date: 8/15/2018
Approved by:  Carol Smith, MD, MPH / Commissioner of Health and Mental Health		Date: 8/22/18
Approved by:  Nereida Veytia, RN, MSN / Director of Patient Services		Date: 08/15/18

### BACKGROUND/PURPOSE:

NYCRR (New York Codes Rules and Regulations) Section 766.1 states that prior to the initiation of care, patients have the right to be informed verbally and in writing of each service provision including frequency of visits to be provided, and any related charges.

### POLICY:

It is the policy of the Ulster County Department of Health (DOH) Licensed Home Care Services Agency (LHCSA) to ensure patients are notified of the service(s) and frequency they will receive, and personal liability for payment prior to initiation of care, and with any change in payor source.

### PROCEDURE:

1. At the start of care, the nurse will:
  - a. Complete the Payment Liability Information Form (PLIF) with input from the patient or patient representative.
  - b. Inform the patient or patient representative of the service of skilled nursing visit and the frequency of visits.
  - c. Inform the patient or patient representative of the charges for service(s) that will not be covered through third party payors prior to the initiation of care, and the charges they may need to pay, or if no fee will be incurred.
  - d. Obtain signature from patient or patient representative in acknowledgement of receipt of PLIF.
  - e. Sign and date the PLIF.
  - f. Provide a copy of PLIF to the patient or patient representative.
2. The PLIF will be reviewed, initialed and dated by Supervising Public Health Nurse (SPHN) within three business days following the initiation of start of care. The original PLIF will be maintained in patient record.



3. If the patient, patient representative or DOH is advised of any changes in the patient's liability for payment, the nurse will complete a new PLIF, checking the supplemental line as soon as possible, but no later than 30 calendar days from the date of change. Follow steps 1 a – f above.
4. On a quarterly basis, for quality assurance purposes, a Utilization Review Committee will audit the patient record PLIF to ensure all parameters of the PLIF are complete.



Check One:

Patient Name: \_\_\_\_\_

\_\_\_\_\_ Start of Care

Patient ID#: \_\_\_\_\_

\_\_\_\_\_ Supplemental

Date: \_\_\_\_\_

**Ulster County Department of Health  
Licensed Home Care Services Agency**

**Payment Liability Information Form**

The following table shows the service you will receive from this agency and you will be responsible for payment.

Service	Check if Service is Provided	Rate	Fee Payor Pays	No Fee Incurred	
Nursing Visits (Visit Frequency)		\$110	100%		*

\*A reduced rate may apply. Patient must complete a Fee Adjustment Form.

I have reviewed and understand the above information regarding my liability for payment for services provided by the Ulster County Department of health Licensed Home Care Services Agency.

Signature: \_\_\_\_\_  
(Patient or Patient Representative)

Date: \_\_\_\_\_

Nurse: \_\_\_\_\_

Date: \_\_\_\_\_

SPHN _____
Date _____

