

**ORLEANS COUNTY BOARD OF HEALTH
BY-LAWS**

Adopted August 1976
Revised April 1986
Revised July 2008

ARTICLE I - NAME OF BOARD

The name of this Board shall be the Orleans County Board of Health.

ARTICLE II – MEMBERSHIP

The Members of the Board of Health shall consist of a total of seven (7) members, one (1) of whom shall be a member of the Orleans County Legislature, and three (3) whom shall be physicians licensed to practice medicine in the state.

The members of the Board of Health shall be residents of Orleans County.

The members of the Board of Health shall be appointed by the Orleans County Legislature.

Three (3) unexcused absences shall constitute resignation from the board. Excuses shall be defined as a phone call prior to the meeting to the Secretary or President describing a reasonable need to miss the meeting.

ARTICLE III – TERMS OF OFFICE - VACANCIES

The term of office of each appointive member of the Board of Health shall be six (6) years, except that the term of office of the representative member of the Orleans County Legislature shall be for one (1) year, but not to exceed six (6) years.

Vacancies shall be filled by appointment for the unexpired terms.

The Public Health Director will be an ex-officio member, who shall not have voting privileges, but will represent the Orleans County Health Department as Departmental Head at board meetings.

ARTICLE IV – OFFICERS AND TERMS OF OFFICE

The officers of the Board shall be President, Vice President and Secretary. Their duties shall consist of those normally assigned to such positions.

All officers shall assume office immediately following elections and serve for a term of one (1) year, or until their successors have been elected and qualified to take office.

These officers shall be elected annually by the Orleans County Board of Health at their first meeting of the year (reorganizational meeting).

ARTICLE V- MEETINGS – QUORUM

1. Meetings shall be held monthly in the Health Department offices, 14012 Route 31 West, Albion, New York. Monthly meeting day and time will be decided at the reorganization meeting each year (any change in day and time must be unanimous by all board members). Should no meeting be called, vouchers, pertinent Board of Health reports and other matters of business may be circulated by mail or otherwise for approval. Upon return of notification of approval from a quorum, the Secretary will so instruct the President of the Board of Health that the Public Health Director has been authorized to proceed as though a formal meeting has been held.
2. Four (4) members shall constitute a quorum.

ARTICLE VI – OPERATION AND RESPONSIBILITIES

1. The operation and responsibilities of the Board shall be governed by the New York State Public Health law, the New York State Sanitary Code, the Sanitary Code of the Orleans County Health District, and other applicable laws, rules and regulations pertinent thereto and contingent thereon.
2. Notwithstanding the provision of Paragraph I of this Article VI, the Board of Health, being the duly constituted board of the Orleans County government, is responsible for the management, operation of evaluation of all Health Department programs, including the certified home health agency, as part of the Orleans County government.
3. Orleans County government is considered the employer and the Orleans County Legislators have ultimate responsibility for the Health Department.
4. The Board of Health, henceforth known as the governing authority, shall be responsible for the management, operation and evaluation of the agency and shall:
 - a. Ensure compliance of the agency with all applicable federal, state and local statutes, rules and regulations;
 - b. Ensure availability of services 24 hours a day, 7 days a week, as required by Part 764 of Article 7:
 - c. Ensure Adequate staff resources to:
 1. effectively conduct administrative functions of the agency; and
 2. provide continuity of care in the home, based on the needs of the persons served;
 - d. Adopt the agency's budget, control assets and funds, and provide for annual fiscal audits;
 - e. Prohibit personnel of the certified home health agency from being reimbursed by any party other than the agency for services provided by the certified home health agency;

- f. Prohibit the splitting or sharing of fees between a referral agency, facility or individual and the certified home health agency;
- g. Ensure the prompt submission of all records and reports required by the department;
- h. Adopt and amend policies regarding management and operation of the certified home health agency and the provision of patient care services;
- i. enter into agreements and contracts, where applicable, to provide agency services or to assure services needed by the agency;
- j. Ensure the development and implementation of a patient grievance or complaint procedure to include:
 - 1. Documentation of receipt and resolution of any grievance or complaint regarding problem areas in the delivery of care which appear to threaten the health and well-being of the patient;
 - 2. review of each written complaint or grievance with a written response to the complainant explaining decisions rendered by the agency within fifteen (15) days of receipt of such complaint or grievance; and
 - 3. An appeals process with review by a member or committee of the governing authority within thirty (30) days of receipt of the appeal;
- k. make available to the public information concerning the health care services which it offers, the geographic area in which these services are made available, the charges for the various types of services and the payment sources which may be available to pay for such services;
- l. provide an office facility or facilities equipped and sufficient in size to permit efficient conduct of business including access to patient records by all staff providing care and prompt telephone contact to and from patients, referral agencies or facilities, and other home care service agencies;
- m. ensure development of a quality assurance process including the conduct of a comprehensive evaluation of the administrative and clinical practices of the agency at least annually and
- n. ensure the provision of charity care in each fiscal year of the agency in an amount no less than two percent (2) of the projected total annual operating costs of the agency in that fiscal year for not-for-profit and for-profit agencies and agencies operated by public benefit corporations and three and one-third percent (3.33%) of projected total annual operating costs of the agency for public agencies. Charity care is care provided at no charge or reduced charge for the services the agency is certified to provide to patient who are unable to pay full charges, are not eligible for covered benefits under Title XVIII or XIX of the Social Security Act, are not covered by private insurance, and whose household income is less than two hundred percent (200%) of the federal poverty level. Adjustments to the required percentages of charity

care may be made by the department upon recommendation of the appropriate health systems agency to reflect significant county variations from the state average with respect to the proportion of indigent and medically uninsured persons to the total population.

1. To assist the governing authority with executing the responsibility specified in subdivision (a) of this section, the governing authority shall:
 - a. appoint a Public Health Director, who may also be the Director of Environmental Health, Director of Patient Services, who is responsible for the day to day management of the agency;
 - b. employ a full time Director of Patient Services responsible for clinical direction and supervision of patient care services;
 - c. appoint a professional advisory committee whose members shall include, but not be limited to, one (1) or more physicians, registered professional nurses, and representatives of the professional and therapeutic services provided. The professional advisory committee shall meet at least four (4) times a year to:
 - i. review policies pertaining to the delivery of the health care services provided by the agency and, when revisions are indicated, recommend such policies to the governing authority for adoption:
 - ii. make recommendations to the governing authority on professional issues, including the adequacy and appropriateness of services based on an assessment of health care resources in the community, patients' needs, available reimbursement mechanisms and availability of qualified staff: and
 - iii. assist the agency in maintaining liaison with other health care providers in the community: and
 - iv. appoint a utilization review committee whose members shall include, but not limited to, representatives of the professional and therapeutic services provided. The utilization review committee shall meet at least quarterly to carry out the requirements of Section 763.7 of this Part.
5. The governing authority shall delineate in writing the organizational lines of responsibility and accountability of the administrator, director of patient services, professional advisory committee, utilization review committee and other committees and staff.
6. Except when a management contract has been approved pursuant to this section, the governing authority may not delegate its responsibility for the operation of the agency to another organization, a parent of Subsidiary Corporation or through a managing authority contract. An improper delegation may be found to exist where the governing authority no longer retains authority over the operation and management of the agency, including, but not limited to, such areas as:
 1. authority to hire or fire the administrator;
 2. authority over the disposition of assets and the incurring of liabilities on behalf of the agency; or

3. authority over the disposition of assets and the incurring of liabilities on behalf of the agency; or
 4. authority over the adoption and enforcement of policies regarding the operation of the agency.
7. If the governing authority enters into a management contract the requirements of; this subdivision shall be met.
8. The governing authority may enter into contracts with individuals, organizations, agencies or facilities, when necessary, to provide for those services required by patients. Such contracts shall specify:
1. the contracting parties' agreements including but not limited to:
 - i. the services to be provided;
 - ii. the manner in which services will be supervised and evaluated;
 - iii. charges, reimbursement and other financial arrangements; and
 - iv. any provisions made for indemnification between the agency and the contract provider;
 2. that contracted personnel meet the personnel requirements as set forth in Section 763.4 of this Part, which can be verified by written documented evidence and examined by the agency and the department on request;
 3. that services provided to the patient by contract shall be in accordance with the plan of care developed by the agency and that the contracting party agrees to abide by the patient care policies established;
 4. that the certified agency to which the patient is admitted retains full responsibility for coordination of patient care;
 5. that the contracting party agrees to permit any staff person providing patient care to participate in patient care conferences upon request of the agency;
 6. that the contracting party submits patient clinical record entries to the agency as frequently and promptly as necessary to reflect the current condition of the patient but at least within a week of each visit; and
 7. the following terms and conditions: "Notwithstanding any other provision in this contract, the certified home health agency remains responsible for:
 - i. ensuring that any service provided pursuant to this contract complies with all pertinent provisions of federal, state and local statutes, rules and regulations;
 - ii. planning, coordinating and ensuring the quality of all services provided; and
 - iii. ensuring adherence to the plan of care established for patients".

ARTICLE VII- RECORDS

1. The Board must keep a record of all its proceedings.

ARTICLE VIII- RULES OF ORDER

1. The deliberations of the Board shall be governed by parliamentary usage as contained in Robert's "Rules of Order" when not in conflict with the laws of the State of New York or the New York State Sanitary Code.
2. Amendments made obligatory by the law of New York State, pertaining to Public Health, or an enactment by and in the New York State Sanitary Code, shall be considered as adopted, and thereby a part of these By-Laws.