**COLUMBIA COUNTY COMMUNITY HEALTHCARE CONSORTIUM. INC.**

**MEETING NOTES**

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| **Committee: Budget and Finance** | | **Date: May 23, 2017** |
| **Board Members Attending: Robin Andrews, Ken Stall, Jim Campion, PJ Keeler, Chelly Hegan (by phone)**  **Board Members Absent: Lisa Evans** | | **Guests: Tim Bartholomew, TBOGC** |
| **Staff Members Attending: Claire Parde and John Ray** |
| **TOPIC** | **SUMMARY OF TOPIC DISCUSSED** | |
| Report from Tim Bartholomew on the Investment Account | Tim Bartholomew, Investment Advisor for the Bank of Greene County’s “Greene Investment Group,” provided an overview of the account’s performance since it was created. He provided the April statement from Infinex, as well as a statement from Essex at this time last year, to illustrate that current statements are more detailed and informative and also to highlight the account’s growth. Tim reported that the markets have ridden “the enthusiasm for administrative change at the presidential level.” Tim asserted that it is “too early to say” whether changes are required, but all seems to be “going in the right direction.” He described himself as being “very comfortable with where things are right now.” The account is heavily oriented toward mutual funds and can be considered moderately conservative.  Tim was asked how he would initiate changes should he feel they were warranted. Tim indicated that he initiates changes by making recommendations to the Committee and would not act independently unless the circumstances were catastrophic. He was not aware of a stop-loss provision in the agency’s Investment Policy.  Tim was queried about numerous administrative errors since we’ve started to work with him including, but not limited to, the delay in setting up the initial transfer of funds, his initial failure to set up an automatic transfer of funds as per our agreed upon investment plan, resulting in missed transfer dates on two separate occasions, then scheduling the wrong amount to be transferred, and his failure to stop automatics transfers once all monies had been transferred, thereby overdrawing our account, necessitating the reversal of funds, and impacting our financial statements. It was also noted that most of these errors were identified by Consortium staff and communicated to Tim, implying the concern that he has been inattentive to our account and required this prompting. Tim indicated that he was aware of these concerns, as they had been previously communicated, and were “duly noted.”  It was agreed that the Committee will invite Tim to return in the fall for the next semi-annual review of performance. | |
| Update on Medicaid Transportation | Claire reported that we resumed service delivery for PROS clientele on Monday, April 10th. We were subsequently contacted by MAS on April 27th and asked to submit a bid (flat fee per individual) to serve all clientele originating in Columbia County with a destination of 713 Union Street (MHA). We negotiated with MAS to submit a bid for PROS clientele originating at group homes only (with the addition of one client who we have historically transported at Whittier), which we did, for $17.00/person, on May 5th. MAS has indicated that they are aiming to transition from FFS to contracted service delivery effective June 1st.  In the meantime, MAS also contacted us again about pursuing a Volunteer Transportation Program. Claire indicated that we had conducted a preliminary investigation of this model and determined, with our Board of Directors, that it was not a suitable model to pursue at this time, to which they responded that they hoped our Board of Directors “finds it prudent” to do so in the future. | |
| Update on funding cuts | Claire reported that the state budget was unfavorable to public health programs, including three housed at the Consortium:   1. Our Rural Health Network Development Program contract (April 1, 2017-March 31, 2018) was reduced from $240,000 to $189,383, a difference of $50,617, or 21.1%. We are currently revising our work plans and budgets and will submit by week’s end. 2. Our Cancer Services Program Infrastructure contract for period 5 (April 1, 2017 – March 31, 2018) was reduced from $140,000 to $133,000, a difference of $7,000, or 5%, and the contract for period 6 (April 1, 2018 - September 30, 2018) will be $66,500 (instead of $70,000). Our Cancer Services Program Clinical Services contract for period 5 5 (April 1, 2017 – March 31, 2018) was reduced from $25,000 to $16,332, a difference of $8,668, or 34.7% and for period 6 (April 1, 2018 - September 30, 2018) will be $8,166 (instead of $12,500). Revised work plans and budgets due June 12th. 3. We have been advised that the NYConnects base funding ($43,987) was eliminated from the state budget for the next grant period beginning October 1, 2017.     In summary, the estimated reduction in revenue in FY17 is $60,711 and the estimated reduction in revenue for FY18 is $57,396. This does not reflect that the 5-year contract for the Rural Health Network Development Program ends with the current contract year. It is unclear whether future funding for the program will be at current reduced levels, if offered at all. | |
| Highlights from the Financial Reports | The Committee inspected the Organization’s Financial Reports, including the Accounts Receivable Aging Summary, the Statement of Financial Position (Balance Sheet), Statement of Activities (Income Statement) for the agency and transportation program, respectively, and the Statement of Revenues, Supports and Expenses, all of which are current to April 30, 2017. | |
| Next mtng | The next meeting is **July 18, 2017 at 3:00 p.m.** | |