

HEALTH SERVICES COMMITTEE

**WESTMOUNT HEALTH FACILITY AND
COUNTRYSIDE ADULT HOME**

FRIDAY, JANUARY 25, 2008

10:30 A.M.

TO BE HELD AT

MUNICIPAL BUILDING BOARD ROOM

WESTMOUNT HEALTH FACILITY

- 1) AIR HANDLERS UPDATE – RIST-FROST ASSOCIATES,
P.C. CONSULTING ENGINEERS & ARCHITECTS.
DAN BRUNO – SENIOR PROJECT MANAGER**
- 2) REQUEST TO TRANSFER FUNDS OUT OF CODE.**
- 3) RESOLUTION REQUEST FOR THE PROPOSED REMOTE
ACCESS SERVICE AGREEMENT WITH GLENS FALLS
HOSPITAL.**
- 4) RESOLUTION REQUEST TO AMEND LABORATORY &
PHLEBOTOMY SERVICES CONTRACT.**
- 5) REQUEST TO RECLASSIFY POSITIONS
ENVIRONMENTAL SERVICES.
RECLASSIFY ONE PERSONAL CARE PROVIDER (PT
POSITION) FROM NURSING AIDES TO ACTIVITIES.**
- 6) RESOLUTION REQUEST – TOP EXTEND SERVICES FOR
MAHONEY NOTIFY-PLUS, INC.**
- 7) RESOLUTION REQUEST – NEW CONTRACT FOR
SOCIAL WORKER CONSULTING SERVICES.**
- 8) NURSING SALARIES.**

**9) DISCUSSION – DR. BERNARDO R. VILLAJUAN –
MEDICAL LIABILITY INSURANCE.**

10) STAFFING LEVELS.

11) OVERTIME REPORT.

COUNTRYSIDE

**1) REQUEST TO ATTEND CONFERENCE MARCH 27TH,
NURSING DOCUMENTATION, IN ALBANY WITH NO
REQUEST FOR TRANSPORTATION.**

2) ADVERTISING IN THE VERIZON YELLOW PAGES.

RESOLUTION REQUEST FORM NO. 20

*MISCELLANEOUS

***Please List All Other Request Not Covered by Previous Resolution Request Forms Here. Please attach any backup information available and be as detailed as possible.**

DEPARTMENT NAME: Westmount Health Facility

DATE: JANUARY 25, 2008

- (a) Purpose of Request: To Amend Memo Of Understanding with Rist-Frost Associate, P. C.

- (b) Details: Revised Estimated Cost of Professional Engineering Services for \$34,645.00 dollars with regards to Air-Handling Unit Replacement. Capital Project No. H270.9550 280.

- (c) Previous Resolution Number: 89 of 2006

MEMO OF UNDERSTANDING

Warren County Westmount Healthcare Facility Air-Handling Unit Replacement

Objective: To replace two existing air-handling units with modern, more efficient units. The existing units have various problems and are in need of frequent repair due to their age.

Rist-Frost Scope of Professional Services

- Conduct field work to verify existing conditions, obtain necessary measurements.
- Review the existing system. Select new equipment.
- Design the necessary new ductwork and modifications of existing ductwork.
- Design required piping modifications to accommodate new air-handling units.
- Develop an alternate system design for consideration which includes heat recovery.
(Deleted)
- Perform a code review to insure compliance with current healthcare codes.
- Prepare removal and construction drawings to facilitate the installation of the new units.
- Prepare specifications to facilitate the procurement and installation of 2 new air-handling units.
- Prepare an estimate of probable construction costs.
- Bid Phase Services. (Added, budgeted 14 man-hours)
- Construction Phase Services. (Budgeted 40 man-hours)

* REVISED

Estimated Cost of Professional Services: \$34,645

Reasons for revision of estimated cost of Professional Services:

1. Coordination with A.H.U. vendor to minimize existing duct, piping and electrical modifications and disruption/conflicts with normal facility operations.
2. Additional effort on drawings and specifications due to four separate contracts requirement.

MEMO OF UNDERSTANDING
Warren County – Westmount Healthcare Facility
Air-Handling Unit Replacement
Page 2

Revised: November 28, 2007
Revised: February 22, 2007
December 19, 2006
RFA #06-4435

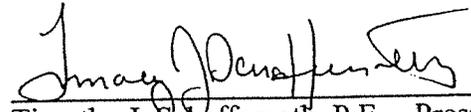
3. Additional time meeting with county and healthcare facility personnel.

Signed:

William E. Lamy, P.E.
Superintendent
Department of Public Works

DB/tl

cc: Betsy Henkel – Westmount Healthcare Facility



Timothy J. Schaffernoth, P.E. – President
Rist-Frost Associates, P.C.

Rist-Frost Associates, PC

Professional Services for Air-Handler replacement

Encumbrance Number 1008

Memorandum of Understanding February 22, 2007 **24,170.00**

Invoice No. 443501 Through 3/3/07	4/30/2007	-2,507.90	
Invoice No. 443502 3/31/07 - 5/27/07	6/13/2007	-3,325.00	
Invoice No. 443503 5/26/07- 6/29/07	7/11/2007	-1,231.25	
Invoice No. 443504 6/30/07 - 7/27/07	8/16/2007	-3,410.00	
Invoice No. 443505 7/28/07 - 8/31/07	9/26/2007	-4,550.90	
Invoice No. 443506 9/1/07-9/28/07	10/10/2007	<u>-5,875.37</u>	<u>-20,900.42</u>

Open balance 3,269.58

Invoice No. 443507 9/29/07 - 10/26/07 open	-6,089.12	
Invoice No. 443508 10/27/07 - 12/28/07 open	<u>-5,863.20</u>	-11,952.32

Revised Memorandum of Understanding November 28, 2007 (additional) **10,475.00**

The Balance of revised estimated cost of professional services
is for Construction Phase Services 1,792.26

October 26, 2007

INVOICE NO. 443507
RIST-FROST PROJECT NO. 06-4435-57

Attn: Betsy Henkel
Westmount Health Facility
42 Gurney Lane
Queensbury, NY 12804

RE: West Mount AHU Replacement

PROFESSIONAL SERVICES FOR THE PERIOD 09/29/07 THROUGH 10/26/07

Personnel	\$5,980.00
Reimbursable Expenses	<u>109.12</u>

(See Attached Computer Printout for Details)

TOTAL DUE THIS INVOICE **\$6,089.12**

dfb

ALL INVOICES ARE DUE AND PAYABLE UPON RECEIPT
PAYMENTS NOT RECEIVED WITHIN 30 DAYS OF INVOICE DATE
WILL BE SUBJECT TO A 1.5% PER MONTH LATE CHARGE



RIST-FROST ASSOCIATES, P.C.
 CONSULTING ENGINEERS & ARCHITECTS

TEL 518-793-4141
 FAX 518-793-4146

December 28, 2007

INVOICE NO. 443508
 RIST-FROST PROJECT NO. 06-4435-57

Attn: Betsy Henkel
 Westmount Health Facility
 42 Gurney Lane
 Queensbury, NY 12804

RE: West Mount AHU Replacement

PROFESSIONAL SERVICES FOR THE PERIOD 10/27/07 THROUGH 12/28/07

Personnel	\$5,438.75
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Reimbursable Expenses	<u>424.45</u>
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(See Attached Computer Printout for Details)

TOTAL DUE THIS INVOICE	\$5,863.20
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dfb

*(b) (7) question
 please
 not
 submitted
 yet.*

**ALL INVOICES ARE DUE AND PAYABLE UPON RECEIPT
 PAYMENTS NOT RECEIVED WITHIN 30 DAYS OF INVOICE DATE
 WILL BE SUBJECT TO A 1.5% PER MONTH LATE CHARGE**

WESTMOUNT HEALTH FACILITY

A SKILLED NURSING HOME operated by Warren County

42 GURNEY LANE - QUEENSBURY, NY 12804
Phone: (518)761-6540 Fax: (518) 761-6590

Barbara B. Taggart
Administrator

Rist-Frost Associates, P.C. Consulting Engineers & Architects	\$ 34,645.00
Purchase of two (2) Air-Handling Units for Westmount Health Facility Xetex, Inc. C/O Thermal Environment Sales, Inc.	\$129,640.00
Lewis Crane Services, Co. Queensbury Transport units to area in back of Facility.	\$ 760.00
Monahan & Loughlin, Inc General Contractor Hudson Falls Contract (1) General/Construction	\$ 35,720.00
Monahan & Loughlin will assume responsibility (financial) (Lewis' Crane Services, Co.) in transporting Air-Handlers from back of Westmount to front of building on rooftop over Administrative Office.	
Monahan & Loughlin, Inc. Contract (2) Mechanical	\$ 19,610.00
T. McElligott, Inc. 589 River Street Troy, New York 12180 Contract (3) Piping	\$ 25,400.00
I. McBain Electric, Inc. 658 River Street Troy, New York 12180 Contract (4) Electrical	\$ 5,248.00
TOTAL	\$251,023.00

INVOICE

XeteX, Inc.

9405 Holly St. NW
 Suite E
 Coon Rapids, MN 55433

Fax: 612-724-3372
 Voice: 612-724-3101

Invoice No: **11261**
 Invoice Date: Nov 19, 2007
 Page: 1

Bill To:
Warren County Municipal Center 1340 State Route 9 Lake George, NY 12845-9803

Ship to:
Warren County Municipal Center 1340 State Route 9 Lake George, NY 12845-9803

Job ID	Customer PO	Payment Terms	
11694,05,10	1601	Net 30 Days	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	UPS	11/19/07	12/19/07

Quantity	Item	Description	Unit Price	Amount
1.00	AVR-2250	Energy Recovery Heat Wheel Unit-RT-CW-HW (Tag AHU-2)	63,911.00	63,911.00
1.00	AVR-1750	Energy Recovery Heat Wheel Unit-RT-CW-HW-BP (Tag AHU-1) PROJECT NAME: WESTMOUNT HEALTH FACILITY CODE NO. H270.9550 280	65,729.00	65,729.00
Subtotal				129,640.00
Sales Tax				
Total Invoice Amount				129,640.00
Payment/Credit Applied				
TOTAL				129,640.00

Check/Credit Memo No:

XeteX, Inc.'s Limited Warranty

Scope of Warranty

XeteX warrants to the original purchaser that all products sold or distributed by XeteX will be free from defects in material and workmanship for a period of one year from the date of original installation, but in no event, for longer than eighteen months from the date of shipment from our factory, if installed, maintained, and operated under normal conditions of service in accordance with instructions of XeteX. This warranty applies to all products sold or distributed by XeteX in the United States or Canada unless XeteX contracts in writing for specific alternative warranty terms.

XeteX will repair or replace, at XeteX's option, F.O.B. Minneapolis, Minnesota any of the XeteX products or components that XeteX determines, after examination at its factory in Minneapolis, Minnesota, to have been defective.

Exclusions

The foregoing warranty does not apply to or include:

- Labor costs incurred in the removal, replacement, or adjustment of defective products or components.
- Transportation costs incurred in returning products or components to XeteX in Minneapolis, MN or in shipping replacement products or components.
- Correction of conditions arising from improper or incorrectly connected air duct piping, wiring, power supply, blown fuses, freezing, or any other condition resulting from improper installation, operation or maintenance by anyone other than an XeteX employee or authorized XeteX contractor.
- XeteX products or components that have been tampered with or altered, subject to misuse, abuse, or inadequate maintenance, or upon which any serial number has been altered, defaced or removed.
- Damage resulting from any contingency beyond XeteX's control.

Additional Terms and Conditions

This warranty may not be assigned or transferred without XeteX's prior written authorization. **XeteX shall not be liable to the original purchaser or any other party for any consequential, incidental, indirect, or secondary damages due to or resulting from the design, construction, installation, servicing, or operation of the XeteX products or components or for any other cause whatsoever.** XeteX neither assumes nor authorizes any person to assume for it any other obligation or liability in connection with the warranted XeteX's products or components. No change to this Warranty shall be effective unless specifically agreed to by XeteX on the face of the XeteX invoice.

The warranties in this document are exclusive and in lieu of all other warranties and remedies of any kind, expressed or implied, and all other obligations or liabilities on the part of XeteX. XETEX HEREBY DISCLAIMS ANY AND ALL OTHER WARRANTIES FROM ANY CONTRACT OR TRANSACTION RESULTING FROM XETEX'S QUOTATION OR FROM ANY SALE MADE TO THE ORIGINAL PURCHASER, INCLUDING WITHOUT LIMITATION, ANY WARRANTY OF MERCHANTABILITY OR WARRANTY OF FITNESS FOR A PARTICULAR PURPOSE. In no event shall XeteX be liable to the original purchaser or any other person for any amount in excess of the amount paid to XeteX by the original purchaser.

XeteX, Inc.'s Back Charge Notice

Back Charges of any kind will not be accepted unless pre-authorized in writing by XeteX. XeteX requires written submission of proposed charges.

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

FROM: WESTMOUNT HEALTH FACILITY

SIGNED: _____

DATE: JANUARY 25, 2008

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.73800.2900 437	Social Services Consulting	EF.73800.5830 220	Social Services Office Equipment	\$700.00

Please state reason for transfers requested: Workstation

Insufficient funds.

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
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Please state reason for transfer request:

Please file original request with Clerk of the Board and retain copy for your records.



QUOTATION

QUOTE #: 393083175
 Customer #: 52272415
 Contract #: 9915015

Customer Agreement #: PT55666

Quote Date: 10/23/07

Date: 10/23/07 9:36:20 AM

Customer Name: WARREN COUNTY INFORMATION TECH

TOTAL QUOTE AMOUNT:	\$690.70		
Product Subtotal:	\$690.70		
Tax:	\$0.00		
Shipping & Handling:	\$0.00		
Shipping Method:	Ground	Total Number of System Groups:	1

GROUP: 1	QUANTITY: 1	SYSTEM PRICE: \$685.97	GROUP TOTAL: \$685.97
Base Unit:	OptiPlex 740 Minitower,Athlon 64 X2 5000+(2.60GHz,512KBx2) (222-6389)		
Processor:	NTFS File System,Factory Install (420-3699)		
Memory:	2GB,Non-ECC,667MHz DDR2,2X1GB Dell OptiPlex 740 and 330 (311-6444)		
Keyboard:	Dell USB Keyboard,No Hot Keys English,Black,Optiplex (310-8010)		
Monitor:	No Monitor Selected, OptiPlex (320-3704)		
Video Card:	Digital Video Adapter Card, Full Height,Dell OptiPlex 740 (320-5010)		
Hard Drive:	160GB SATA, 7200 RPM Hard Drive with Data Burst Cache Dell OptiPlex 740 (341-4001)		
Floppy Disk Drive:	3.5 inch,1.44MB,Floppy Drive Dell OptiPlex 740,755 and 330 (341-4005)		
Operating System:	Windows XP Professional Service Pack 2,with Media,DellOptiPlex,English,Factory Install (420-6287)		
Operating System:	Thank you for choosing Dell (310-8617)		
Mouse:	Dell USB 2-Button Optical Mouse with Scroll,Black, OptiPlex (310-8009)		
TBU:	RoHS Compliant Lead Free Chassis and Motherboard,Dell OptiPlex (464-1131)		
CD-ROM or DVD-ROM Drive:	16X DVD+/-RW SATA,Roxio Creator Dell Edition,Dell OptiPlex 740 Desktop or Minitower (313-4551)		
Speakers:	Dell AS501 black Sound Bar forUltraSharp Flat Panel Displaysfor Optiplex, Precision, Latitude (313-4028)		
Documentation Diskette:	No Resource CD for Dell Optiplex,Precision and Latitude Systems (313-3673)		
Bundled Software:	WINDOWS XP STICKER, OPTI/PWS/LAT/INSP/DIM (466-2909)		
Factory Installed Software:	Energy Smart Settings,Dell OptiPlex (310-8344)		
Service:	Dell Hardware Warranty Plus Onsite Service, Initial Year (985-2677)		
Service:	Type 3 Contract -Next BusinessDay Parts and Labor On-Site Response, Initial Year (980-5530)		
Service:	Dell Hardware Warranty Plus Onsite Service, Extended Year (985-2678)		
Service:	Type 3 Contract -Next BusinessDay Parts and Labor On-Site Response, 2YR Extended (970-9362)		
Installation:	Standard On-Site Installation Declined (900-9987)		
	CFI Titan Code for CFI FIDA orBypass SI (364-1846)		
	CFI,Information, Validation,Select Any Microsoft OS (364-4107)		
	CFI Routing SKU (365-0257)		

	CFI,Information Client,Only (371-0941)
	CFI,Rollup,Asset Report Only (366-1042)
	CFI,B3RB,Display,Flat Panel Display,19,1908FPT,Black,19 Inch,VIS,Factory Install (372-7337)
	Program Management Services Logistics, Per Unit Rate (900-0209)

SOFTWARE & ACCESSORIES			
Product	Quantity	Unit Price	Total
GOVT DELL ONLY CUSTOMER NYS SYMC GHOST SOL STE 2.0BH (A1276025)	1	\$4.73	\$4.73
Number of S & A Items: 1		S&A Total Amount: \$4.73	

SALES REP:	Clay Davis	PHONE:	1-800-981-3355
Email Address:	Clay_Davis@dell.com	Phone Ext:	7230235

For your convenience, your sales representative, quote number and customer number have been included to provide you with faster service when you are ready to place your order. You may also place your order online at www.dell.com/quote

Unless you have a separate agreement with Dell, the terms and conditions found at <http://ftpbox.us.dell.com/slg/resellers/resellertcs.htm> shall govern the sale and resale of the Products and Services referenced in this quotation.

Prices and tax rates are valid in the U.S. only and are subject to change.

***Sales/use tax is a destination charge, i.e. based on the "ship to" address on your purchase order. Please indicate your taxability status on your PO. If exempt, please fax exemption certificate to Dell Tax Department at 512-283-9276, referencing your customer number. If you have any questions regarding tax please call 800-433-9019 or email Tax_Department@dell.com. ***

All product and pricing information is based on latest information available. Subject to change without notice or obligation.

LCD panels in Dell products contain mercury, please dispose properly. Please contact Dell Financial Services' Asset Recovery Services group for EPA compliant disposal options at US_Dell_ARS_Requests@dell.com. Minimum quantities may apply.

Shipments to California: For certain products, a State Environmental Fee Of Up to \$10 per item may be applied to your invoice as early as Jan 1, 2005. Prices in your cart do not reflect this fee. More Info: or refer to URL www.dell.com/environmentalfee

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Westmount Health Facility

DATE: January 25, 2008

- (a) Is this a Result of a Bid or Request for Proposal? Yes

- (b) Purpose of Contract: Access resident clinical data through Glens Falls Hospital respository with Power Chart

- (c) Name of Contractor: Glens Falls Hospital

- (d) Address of Contractor: 100 Park Street; Glens Falls, New York 12801

- (e) Contractor's Contact Person and Telephone Number: Mary Hanel, Director, Information Services.

- (f) Has or will the Contract be provided, if so, please attach: Yes

- (g) Commencement Date of Contract:

- (h) Termination Date of Contract:

- (i) Payment Provisions:
 - i) lump sum amount \$0.00
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.

- (j) Where are the Funds for this Contract? List Budget Code, (with title), Object Code (with title), and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, and Title, and Amount: NONE

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: January 25, 2008

- (a) Purpose of Contract Change: Laboratory and Phlebotomy Services

- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 823 2007

- (c) Name of Contractor: Hudson Headwaters Health Network

- (d) Address of Contractor: P.O. Box 357; 1 Broad Street Plaza,; Glens Falls, NY 12901

- (e) Contractor's Contact Person and Telephone Number:

- (f) Commencement Date of Extension: January 1, 2008

- (g) Termination Date of Extension: December 31, 2009

- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
 - v) AMEND: With a fee at Twenty Dollars (\$20) per hour prorated by every additional 15 minutes.
*Additional \$20/hour, pro-rated by the quarter hour.

- (i) Where are the Funds for this Contract? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount:

RESOLUTION REQUEST FORM NO. 14

Request to Reclassify Position

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: JANUARY 25, 2008

(a) Title of Reclassified Position: Building Maintenance Mechanic

(b) Annual Salary of Reclassified Position (and Grade if Applicable): *\$38,474.00

*(This should be the Base Salary for the position if it is being filled by a new employee, or the salary, including longevities, for any existing employee who is filling the position.

(c) Title and Employee Number of Position to be Deleted: Maintenance Worker Grade 6

(d) Annual Salary of Position to be Deleted (and Grade if Applicable): *\$31,234.00 Grade 6

*(This should be the Base Salary for the position if it is being filled by a new employee, or the salary, including longevities, for any existing employee who is filling the position.

(e) Effective Date* _____

*Please do not back date unless the purpose is to correct an error.

(f) Where are Funds in the Budget for this Position? List Budget Code (with title), Object Code (with title), and Amount: EF.82200.700 110 \$90,225.00 Westmount, Plant Operation and Maintenance, FSH HKLL Maintenance –Salaries-Regular

(g) Has Personnel Officer Reviewed and Approved of the New Position Title?

Yes. *This is necessary BEFORE bringing the request to committees.

**WARREN COUNTY CIVIL SERVICE DEPARTMENT
WARREN COUNTY MUNICIPAL CENTER
LAKE GEORGE, NY 12845
TELEPHONE: (518) 761-6439, 6440, 6441
Richard F. Kelly, Personnel Officer**

To: Barbara Taggart, Nursing Home Administrator
From: Richard F. Kelly, Personnel Officer
Re: Classification Request
Date: January 14, 2008

I have reviewed the comments and recommendations made by both yourself and Hal Payne. As noted in emailed correspondence, Mr. Seybolt performs a variety of journey-leveled assignments *and works independently* in the performance of duties, as noted on the job description for Building Maintenance Mechanic. Those activities include (as taken from the description):
"Installs and repairs electrical wiring and equipment;
Cleans, maintains and makes repairs to boilers, pumps, heaters, piping, valves, traps, compressor motors and generators;
Builds and/or installs cabinets, shelves, doors, paneling, flooring, windows and locks;
Installs and repairs plumbing fixtures such as sinks, toilets and showers;
Operate and/or perform minor repairs to motor vehicles, and other motorized equipment;
Repairs windows, doors, floors, walls, furniture, roofs, projectors, screens and sprinklers;
Performs masonry duties such as mixing plaster and concrete, laying brick or blocks, preparing forms and pouring concretes;
Prepares surfaces and paints exteriors and interiors of buildings and structures;
Performs general grounds maintenance activities;
May supervise the work of laborers or other subordinates."

Based on Mr. Seybolt's independent performance and tasks on a skilled trade level combined with his years of "hands on" experience, your recommendation for a reclassification to Building Maintenance Mechanic is appropriate.

Very Truly Yours,



WARREN COUNTY CIVIL SERVICE DEPARTMENT
WARREN COUNTY MUNICIPAL CENTER
LAKE GEORGE, NY 12845
TELEPHONE: (518) 761-6439, 6440, 6441
Richard F. Kelly, Personnel Officer

To: Barbara Taggart, Nursing Home Administrator
From: Richard F. Kelly, Personnel Officer
Re: Classification Request
Date: January 11, 2008

I have reviewed the job classification questionnaire completed by Brian Warner dated 12/14/07 and received this date.

Questionnaire indicates that Mr. Warner performs a bulk of activities and works independently in the performance of duties, as noted on the job description for Building Maintenance Mechanic, activities include: Installs and repairs electrical wiring and equipment;
Cleans, maintains and makes repairs to boilers, pumps, heaters, piping, valves, traps, compressor motors and generators;
Builds and/or installs cabinets, shelves, doors, paneling, flooring, windows and locks;
Installs and repairs plumbing fixtures such as sinks, toilets and showers;
Operate and/or perform minor repairs to motor vehicles, and other motorized equipment;
Repairs windows, doors, floors, walls, furniture, roofs, projectors, screens and sprinklers;
Performs masonry duties such as mixing plaster and concrete, laying brick or blocks, preparing forms and pouring concretes;
Prepares surfaces and paints exteriors and interiors of buildings and structures;
Performs general grounds maintenance activities;
May supervise the work of laborers or other subordinates.

Based on Mr. Warner's independent performance and tasks on a skilled trade level combined with his fourteen years of "hands on" experience, a reclassification to Building Maintenance Mechanic is appropriate.

Please review the attached description with supervisory personnel for appropriateness and comment.

Very Truly Yours,



BUILDING MAINTENANCE MECHANIC

DISTINGUISHING FEATURES OF THE CLASS: This work involves the repair and maintenance of buildings, grounds and equipment. The work performed is of a general mechanical nature and may include masonry, carpentry, painting, plumbing, heating or electrical maintenance and repair. The work may also involve the operation and routine maintenance of motor vehicles or other machinery and equipment. Although employees of this class, because of individual training or experience generally devote a greater part of their time to a particular specialized field, they are required to work in various mechanical fields as the occasion demands. Employees work under general supervision allowing for the exercise of independent judgment in carrying out the details of the work. Direct supervision may be exercised over the work of laborers or other subordinate employees. Does related work as required.

TYPICAL WORK ACTIVITIES:

Installs and repairs electrical wiring and equipment;
Cleans, maintains and makes repairs to boilers, pumps, heaters, piping, valves, traps, compressor motors and generators;
Builds and/or installs cabinets, shelves, doors, paneling, flooring, windows and locks;
Installs and repairs plumbing fixtures such as sinks, toilets and showers;
Operate and/or perform minor repairs to motor vehicles, and other motorized equipment;
Repairs windows, doors, floors, walls, furniture, roofs, projectors, screens and sprinklers;
Performs masonry duties such as mixing plaster and concrete, laying brick or blocks, preparing forms and pouring concretes;
Prepares surfaces and paints exteriors and interiors of buildings and structures;
Performs general grounds maintenance activities;
May supervise the work of laborers or other subordinates.

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES, AND PERSONAL

CHARACTERISTICS: Thorough knowledge of the practices, processes, materials and tools of the principal trade in which the experience has been gained; good knowledge of modern buildings and grounds maintenance and repair practices; good knowledge of the operation and maintenance of heating and ventilating equipment; ability to plan and supervise the work of others; ability to understand and carry out oral and written directions; mechanical aptitude; manual dexterity; physical condition commensurate with the demands of the position.

MINIMUM QUALIFICATIONS: Either:

- a) Four years of experience in general building maintenance, heavy construction or building trades work; or
- b) One year of experience as a journeyman in one of the recognized skilled trades; or
- c) An equivalent combination of training and experience as defined by the limits of (a) and (b) above.

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

****Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
Please attach any backup information available and be as detailed as possible.***

DEPARTMENT NAME: Westmount Health Facility

DATE: January 25, 2008

- (a) Purpose of Request: Amending the Table of Organization

- (b) Details: Reclass one Personal Care Provider Pt position from Nursing Aides to Activities.
- (c) EF.60200.500 130 Nurses-Nurses' Station, Aides, Orderlies, Assistants Salaries-Part-Time.
\$9,360.00
- (d) EF.72600.400 130 Activities Program, LPN, Activities Director Salaries - Part-Time.
\$9,360.00

- (c) Previous Resolution Number:

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: January 25, 2008

- (a) Purpose of Contract Change: extending existing contract
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 692
- (c) Name of Contractor: Mahoney Notify-Plus, Inc.
- (d) Address of Contractor: P.O. Box 767; Glens Falls, New York 12801
- (e) Contractor's Contact Person and Telephone Number: Kevin Mahoney, 793-7788
- (f) Commencement Date of Extension: March 1, 2008
- (g) Termination Date of Extension: February 28, 2009
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$1,140.00
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Bi-Annually.
- (i) Where are the Funds for this Contract? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: EF.82200.6822 470 Plant Operations/Contracted Services - \$23,000.00.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Westmount Health Facility

DATE: January 25, 2008

- (a) Is this a Result of a Bid or Request for Proposal? No
-
- (b) Purpose of Contract: Social Work Consulting Services
- (c) Name of Contractor: Karen Young
- (d) Address of Contractor: Hudson Headwaters Health Network; 3767 Main Street; Warrensburg, NY 12885
- (e) Contractor's Contact Person and Telephone Number: Trip Shannon; 761-0300 ext. 124.
-
- (f) Has or will the Contract be provided, if so, please attach: No
- (g) Commencement Date of Contract:
- (h) Termination Date of Contract:
- (i) Payment Provisions: i) lump sum amount
ii) hourly rate amount
iii) total amount not to exceed \$2,000.00
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (j) Where are the Funds for this Contract? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: EF.73800.2900 437 - Westmount, Social Services, Consulting Services - Consulting fees \$2,000.00

NURSING SALARIES

RN SUPERVISORS

K. BESSAW
R. BURNS
B. LANGE
L. MARTIN
R. MUSCATELLO
R. DUERS
P. FIORE

GRADE 20 TO 21 = #1,032.00 X 7 EMPLOYEES = \$7,224.00

FULL TIME RN, LPN, OR PER DIEMS

\$25.—PER 4 HOURS OR \$50.—PER 8 HOURS + REGULAR
HOURLY RATE.

WESTMOUNT CURRENT STAFFING LEVELS - JANUARY 2008

		POSITIONS	CURRENT STAFF	EMPLOYEE STATUS
7AM - 3PM	RN F/T	4	4	
	RN P/T	1	0	
	LPN F/T	3	3	
	CNA F/T	18	18	
	CNA P/T	2	2	
	PCP/PT	1	0	
	SUBTOTALS		29	27

3PM - 11PM	RN F/T	1	1	
	RN Relief F/T	1	0	
	LPN F/T	3	3	
	CNA F/T	12	12	
	SUBTOTALS		17	16

11PM - 7AM	RN F/T	1	1	
	RN Relief F/T	1	0	
	LPN F/T	3	2	
	CNA F/T	8	8	
SUBTOTALS		13	11	

GRAND TOTALS 59 54

Per-Diems	RN Per-diem		7	
	LPN Per-diem		11	
	CNA Per-diem		6	
TOTALS		0	24	

WESTMOUNT HEALTH FACILITY
42 GURNEY LANE
QUEENSBURY, N.Y. 12804

January 24, 2008

#4100	Nursing Administration	0.45 Hours - Overtime
#4101	RN Supervisors	66.35 Hours – Overtime
#4102	RN	6.15 Hours – Overtime
#4103	LPN	20.20 Hours – Overtime
#4104	CNA	47.30 Hours – Overtime
#4105	Activities	0.00 Hours - Overtime
#4109	Dietary	48.85 Hours – Overtime
#4110	Maintenance	3.45 Hours – Overtime
#4111	Housekeeping	0.00 Hours – Overtime
#4112	Laundry	0.00 Hours – Overtime
#4114	Fiscal Services	43.30 Hours – Overtime

Report Dates –12/24/07 – 1/20/08.

RESOLUTION REQUEST FORM NO. 11

Request to Create New Position

DEPARTMENT NAME: Nursing

DATE: February 1, 2008

- (a) Title of Requested Position: RN 2 Grade 21
- (b) Annual **Base** Salary (and Grade if Applicable): \$41,679.
- (c) Effective Date for New Position:* 03/01/2008
*Please do not backdate unless the purpose is to correct an error.
- (d) List Any Position in the Department's Table of Organization Being Deleted as a Result of this Request: (Include annual salary and grade if applicable): N/A
- (e) Where are Funds in the Budget for this Position? List Budget Code (with title), Object Code (with title), and Amount: EF.60200.100 110 Amount 270,202.00 Title: Westmount, Nursing - Nurses Stations, Management and Supervision - Salarie - Regular.
- (f) Has Personnel Officer Reviewed and Approved of the New Position Title? (This is necessary **BEFORE** bringing the request to committees.) Yes
- (g) Is this a mandated position? If so, please explain: No
- (h) Is there expected revenue from this position? If so, please explain: No

RESOLUTION REQUEST FORM NO. 14

Request to Reclassify Position

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: FEBRUARY 1, 2008

- A. Title of reclassified position: RN SUPERVISOR
- B. Annual Salary of Reclassified Position (and Grade if Applicable):* Grade 21-
\$41,679.00 (new base salary
Employee Numbers:
6683.
11388.
10368.
11043.
- C. Title and Employee Number of Position to be Deleted: Grade 20 RN Supervisor.
 - 1) 6683 - \$40,647.
 - 2) 11388 - \$40,647.
 - 3) 10368 - \$40,647.
 - 4) 11043 - \$40,647.
- D. Annual Salary of Position to be Deleted (and Grade if Applicable) – Grade 20 –
\$40,647.00
- E. Effective Date: March 1, 2008
- F. Where are Funds in the Budget for this Position? List Budget Code (with title),
Object Code (with title), and Amount: Same Code EH.60200.100 110 . Title:
Westmount, Nursing, Nurses Stations, Management and Supervision – Salary
Regular
- G. Has Personnel Officer Reviewed and Approved of the New Position Title? YES

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

****Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
Please attach any backup information available and be as detailed as possible.***

DEPARTMENT NAME: Westmount Health Facility

DATE: February 1, 2008

(a) Purpose of Request: To include an increase of an additional \$1,032.00 for the enclosed employees.

(b) Details: DON - 6837 2008 base 58,069.00

(c) ADON - 1356 2008 base 52,234.00

(d) NURSING SUPERVISOR - 10656 2008 base 45,260.00

(c) Previous Resolution Number: N/A

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Health Services hereby authorizes Brenda Brown-Hayes

(Supervisory Committee) (Employee Name)

to attend Nursing Documentation

(Name of meeting or organization)

at Albany, NY

(Address)

on March 27, 2008 Mode of transportation to be used Own Transportation

(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain:

Employee will use private vehicle @ no cost to the county

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

- Notice of meeting or convention including cost.

For Overnight Travel

- Room rate \$ _____ GSA* Rate \$ _____
- Meal costs - GSA*per diem rate \$ _____

*www.gsa.gov

Date: 1/8/2008

Brenda Brown-Hayes
Department Head Signature

Date: 1/25/08

Matthew Self
Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Health Services hereby authorizes Brenda Brown-Hayes

(Supervisory Committee) (Employee Name)

to attend Nursing Documentation

(Name of meeting or organization)

at Albany, NY

(Address)

on March 27, 2008 Mode of transportation to be used Own Transportation

(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain:

Employee will use private vehicle @ no cost to the county

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

- Notice of meeting or convention including cost.

For Overnight Travel

Room rate \$ _____ GSA* Rate \$ _____

Meal costs - GSA*per diem rate \$ _____

*www.gsa.gov

Date: 1/8/2008



Department Head Signature

Date: _____

Committee Chairman Signature

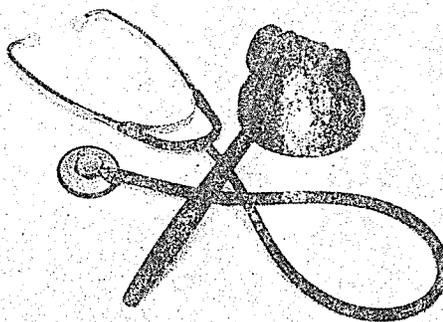
Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

NURSES • NURSE PRACTITIONERS • CLINICAL NURSE SPECIALISTS

Nursing Documentation



Legally-Proven
Strategies to Keep
You Out of the
Courtroom

Training For RNs, CNAs, BSN, RN-MS, CNS, DNP, and APRNs

Tarrytown, NY
Wednesday
March 26, 2008

Albany, NY
Thursday
March 27, 2008

East Syracuse, NY
Friday
March 28, 2008

The truth about “if it wasn’t charted,
it wasn’t done”

Ten ways to keep your documentation
from legal scrutiny

How to “write documentation right”

What to chart when situations are
sensitive and stressful

Review real testimony from actual court
cases



OBJECTIVES

1. Describe the application of the Nurse Practice Act/Laws to documenting care of patients.
2. List ten ways to keep your documentation notes and charts out of the court room.
3. Summarize the common documentation mistakes and how to avoid and/or correct them.
4. Integrate the correct practices into your documentation notes to keep your license unblemished.
5. Explain the standards or rules applicable to nursing documentation.
6. Specify five documentation types not to use and why.
7. Compare and contrast the different forms of nursing documentation and how they are used in the court room.
8. Analyze and interpret actual medical malpractice cases to learn how to improve your documentation.
9. Review and learn documentation tips from actual transcripts of nurses' testimony.
10. Demonstrate how to document precisely and completely when situations are sensitive and/or stressful.

Registration Information

How to Register:

- ON-LINE www.pesi.com
- MAIL the form with payment.
- PHONE 800-843-7763 Have credit card available.
- FAX the form with credit card information to 800-675-5026.

Call 800-843-7763, M-F 7:00-5:00 central time, if registering within one week of seminar, for space availability. Walk-ins welcome; admission cannot be guaranteed.

Call us early with your ADA needs.

The following individuals contributed to the planning of this educational event:

Content Expertise
Rachel Cartwright, RN, MS, CNS, LHRM, FNC, LNCC

Nurse Planner
Melissa Mitra, MSN, RN

Activity Planner
Jeanine Rossow, MS

Seminar Includes

Includes manual and refreshments. All registrations must be prepaid. Purchase order welcome (attach copy).

- \$164 – choose *one* of the options below
 - register online (www.pesi.com) - *or*
 - per person for 2 or more preregistered together - *OR*
 - single registration postmarked three weeks prior to seminar date

- \$169 standard seminar tuition

- \$24.95 *Legal and Ethical Standards for Nurses* (distributed at seminar - save shipping costs!)

Call 800-843-7763 for groups of 5 or more

Registration coordinator – \$60 tuition
Visit www.pesi.com/coord or call 800-843-7763 for description and availability.

Cancellation Policy: If you contact us before the seminar date, you can exchange for a refund less a \$30 cancel fee. Substitution is permitted at any time.



Fax Transmittal

The Official Publisher
of Verizon Print Directories

To:

Company: Brenda

Pages:
(including this cover sheet)

Fax Number: 518-623-5590

Date: 1-15-08

Brenda,
As per your request !!!!!

Michael Port
518-471-9838 Phone

1-866-896-3130 Fax

michael.f.port@idearc.com

37260

Idearc Media Corp.

Office Address (Street # & Name)
Office PO Box

T Office 800# TN
F Office Fax# TN

518-623-5590

Brenda,

As per our conversation on 1-14-08 in regards to your organization having representation in the Verizon Yellow Pages for the Glens Falls 2008 edition the price for a half inch ad would only be \$31.05 per month starting July 2008. **The absolute last day to have representation in this edition is March 10, 2008.**

Thank for considering Verizon Yellow Pages for advertising needs.

Regards,

Michael Port
518-471-9838

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

****Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
Please attach any backup information available and be as detailed as possible.***

DEPARTMENT NAME: Westmount Health Facility

DATE: February 1, 2008

- (a) Purpose of Request: To include an increase of an additional \$1,032.00 for the enclosed employees.

- (b) Details: DON- 6827 - 2008 base \$61,904.00. ADON - 1356 - 2008 base \$55,684.00.
NURSING SUPERVISOR - 10656 - 2008 BASE \$48,250.00.

- (c) Previous Resolution Number: N/A

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Westmount Health Facility

DATE: January 25, 2008

- (a) Is this a Result of a Bid or Request for Proposal? No
-
- (b) Purpose of Contract: Social Work Consulting Services
- (c) Name of Contractor: Karen Young
- (d) Address of Contractor: Hudson Headwaters Health Network; 3767 Main Street; Warrensburg, NY 12885
- (e) Contractor's Contact Person and Telephone Number: Trip Shannon; 761-0300 ext. 124.
-
- (f) Has or will the Contract be provided, if so, please attach: No
- (g) Commencement Date of Contract:
- (h) Termination Date of Contract:
- (i) Payment Provisions: i) lump sum amount
ii) hourly rate amount
iii) total amount not to exceed \$2,000.00
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.)
- (j) Where are the Funds for this Contract? List Budget Code, (with title), Object Code (with title), and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, and Title, and Amount: EF.73800.2900 437 - Westmount, Social Services, Consulting Services - Consulting fees \$2,000.00

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: January 25, 2008

- (a) Purpose of Contract Change: extending existing contract
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 692
- (c) Name of Contractor: Mahoney Notify-Plus, Inc.
- (d) Address of Contractor: P.O. Box 767; Glens Falls, New York 12801
- (e) Contractor's Contact Person and Telephone Number: Kevin Mahoney, 793-7788
- (f) Commencement Date of Extension: March 1, 2008
- (g) Termination Date of Extension: February 28, 2009
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$1,140.00
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Bi-Annually.
- (i) Where are the Funds for this Contract? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: EF.82200.6822 470 Plant Operations/Contracted Services - \$23,000.00.

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: January 25, 2008

- (a) Purpose of Contract Change: Laboratory and Phlebotomy Services

- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 823 2007

- (c) Name of Contractor: Hudson Headwaters Health Network

- (d) Address of Contractor: P.O. Box 357; 1 Broad Street Plaza,; Glens Falls, NY 12901

- (e) Contractor's Contact Person and Telephone Number:

- (f) Commencement Date of Extension: January 1, 2008

- (g) Termination Date of Extension: December 31, 2009

- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
 - v) AMEND: With a fee at Twenty Dollars (\$20) per hour prorated by every additional 15 minutes.
*Additional \$20/hour, pro-rated by the quarter hour.

- (i) Where are the Funds for this Contract? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount:

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Westmount Health Facility

DATE: January 25, 2008

- (a) Is this a Result of a Bid or Request for Proposal? Yes

- (b) Purpose of Contract: Access resident clinical data through Glens Falls Hospital respository with Power Chart

- (c) Name of Contractor: Glens Falls Hospital

- (d) Address of Contractor: 100 Park Street; Glens Falls, New York 12801

- (e) Contractor's Contact Person and Telephone Number: Mary Hanel, Director, Information Services.

- (f) Has or will the Contract be provided, if so, please attach: Yes

- (g) Commencement Date of Contract:

- (h) Termination Date of Contract:

- (i) Payment Provisions:
 - i) lump sum amount \$0.00
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.

- (j) Where are the Funds for this Contract? List Budget Code, (with title), Object Code (with title), and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, and Title, and Amount: NONE

**Warren County Health Services
Health Services Committee Meeting
January 25, 2008
Information Submitted By: Patricia Auer DPH/DPS**

Pending Items

Approval of Minutes of November 28, 2007 Meeting

We welcome Mr. Sokol as our new committee chairman, Mr. O'Connor as our new committee member, and we are also happy to acknowledge all of our returning members.

As you will note, this is a busy agenda with all the annual reappointments as well as other business, so there will not be room for the presentation on Transfats that has been lingering for a number of months. After conferring with Mr. Sokol, I would recommend removing the topic from the pending items, and we will present it when the agenda allows. If time were ever to permit our department could provide lots of interesting information, but reality takes precedence, and we must attend to the "have to get done stuff", over the "would be nice to hear about" topics.

Tobacco Usage Survey Administered by the Council for Prevention

Copies of the composite survey will be available at the meeting. The report is for the school year 2005-2006. The 2006-2007 Survey is currently being prepared.

Mr. Haskell had questioned at the last meeting whether the data was broken down between male and female usage, and you will note that it is. Each participating school is provided with their own survey information, and if any members of the committee are interested in their own district, we would recommend that you contact the school superintendent. Each school district has their own plan for sharing this data, but it is public information. You will note that tobacco use among our youth remains a significant problem.

Pandemic Flu Planning Efforts

Please see the attached detail of activities.

Annual Committee Appointments and Reappointments:

These committees/or individuals are all required by New York State Department of Health for our various programs, and must be done annually. Lists of the various committee memberships will be available at the meeting and on file with the minutes, but will not be distributed, unless specifically requested, to each Health Services Committee Member.

Request Resolution:

To reappoint Local Early Intervention Coordinating Council Members with no changes from the 2007 membership for the period January 1, 2008 – December 31, 2008.

Request Resolution:

To reappoint the medical directors for the Division of Public Health and the Division of Patient Services for the period January 1, 2008 – December 31, 2008.

John Ruge, MD Medical Director for Patient Services

Daniel Larson, MD Medical Director for Public Health Programs

David Mousaw, MD Medical Director for Pediatric Programs

Richard Leach, MD Medical Director of Infectious Disease

Request Resolution:

To reappoint professional individuals who serve in various public health clinics:

Kathleen Braico, MD

Mary Nevis, MD

Ann Dys, FNP

Joyce Heckler, PNP

Peter Hughes, MD

Joseph Dufour, FNP

Ruth Fish, FNP

Request Resolution:

To appoint and reappoint members to the Professional Advisory Committee.

Mr. Richard Mason is the only new member, and he replaces Barbara Chick who has resigned.

No Reappointment Needed:

Dr. David Welch in the past served on the Utilization Review Committee. He has not served in a number of years. Apparently, he had a multi-year appointment that expired on December 31, 2007. We do not need to appoint anyone in his place.

New Business

Request Resolution:

To authorize the WIC Program to apply to the Walmart Foundation for a Community Grant to purchase teaching tools for the Healthy Lifestyle Program.

The awards range from \$200.00 to \$1,000.00.

Request Resolution:

To amend the contract with Glens Falls Animal Hospital to reflect rate increases for services provided for the Rabies Control Program. (Please see the attached rates for specific services.)

Rationale:

No increases have been requested for several years, and the request is justifiable. State reimbursement is received to cover costs for the rabies program. Ginelle Jones, ADPH will answer any questions the committee members may have at the meeting.

Request Resolution:

To adjust and establish rates for immunizations administered in the Division of Public Health to cover the costs of purchasing pharmaceuticals and the related clinic expenses.

Rationale:

We adjust these rates annually as vaccine prices change, and new vaccines are offered.

Request Resolution:

To establish per visit charges for various skilled professional services per the attached listing.

Rationale:

These fees are updated as costs per visit change. The rates are developed by using the data generated from the Medicaid cost reports for the agency. The rates are used when negotiating for reimbursement with health care insurance companies.

Request Resolution:

To authorize the development of a contract agreement with The Center for Better Hearing to provide audiological services for clients in the Long Term Home Health Care Program.

Rationale:

The audiologist who we previously had under contract has stated in writing that he does not wish to continue his contract. Since this service is on our New York State Department of Health Operating Certificate for the Long Term Home Health Care Program, we must have a contract with someone who can provide the service should it be necessary. The need occurs very rarely; hence the reason the previous contractor does not wish to continue the contract.

Request Resolution:

To establish a contract agreement with Jaimi-Lyn Tudor to provide dietician services.

Rationale:

We are in huge need for this service and individuals who are credentialed to provide this service are very difficult to find.

Request Resolution:

To continue the contract agreement with Honeywell HomMed for yearly support and communication (transmittal of data) for all Telemed Equipment at an amount of \$5.00 per unit per month for a term to expire on an a thirty day written termination by either party.

Rationale:

Since we did not receive all of our telemonitor equipment at the same time, the fees for the monitors come at various times during the year.

Currently we receive bills on a total of 84 units; 31 units in February; 31 units in May, and 22 units in October. We need one Resolution that will cover all current units as well as any future units that may be received. In the event the rate per unit increases we would bring the request to the committee for consideration of amending the contract.

Request Resolution:

To continue the agreement with Upper Hudson Primary Care Consortium to keep the Community Health Assessment Data and website current. The cost of this service is \$5,000 and is approved in the 2008 Budget.

Rationale:

2007 was the first year for this multi county initiative and much progress was made. For 2008 the data will be kept updated and expanded to a greater degree. A Community Health Report Card will be developed this year, and it will become even clearer, substantiated by statistical information, in what particular areas health care challenges lie. This year we also hope that approval for Article 6 Funding from the New York State Department of Health will be received as NYS looks favorably upon regional collaborations.

Request Resolution:

To extend contract agreements with the following agencies to provide paraprofessional services:

Agency	Service	2007 Rate/Hour	2008 Rate/Hour
ENS d/b/a Interim Health Care of NY	Home Health Aide	\$19.05	\$19.00
	Personal Care Aide	\$18.60	\$18.75
	Housekeeper	\$17.85	\$18.20
VNA of Albany Home Care Corp	Home Health Aide	\$19.98	\$20.68
	Personal Care Aide	\$19.46	\$20.14
North Country Home Services Inc.	Home Health Aide	\$23.00*	\$23.68
	Personal Care Aide (Homemaker Tasks)	\$20.35	Personal Care Aide Rates are not set until later in the year when the Medicaid rates are set
	Personal Care Aide (Personal Care Tasks)	\$20.65	

Request Resolution:

To ratify the North Country Home Services 2007 Home Health Aide (HHA) Rate of \$23.00 per hour.

Rationale:

Last year the HHA rate was requested and approved by the committee, but not put through in resolution pending the arrival of the Personal Care Aide rates. When the PCA rates were received, the committee too approved them, but when the resolution was done, the Home Health Aide rates were not included. This year the Home Health Aide rates will be resolved, and we will attend to the Personal Care Rates when they are received.

Request Resolution:

To amend the contract agreement with Richard Leach, MD, Medical Director for Infectious Disease **from** an annual contract amount of \$4,120.00, \$75.00 per hour for meetings attended with at least one week's notice, and \$150.00 per hour for meetings attended with less than one week notice **to** an annual contract amount of \$1500. and a per visit fee for each patient he is requested to see of \$213.00 for initial consultation visit and \$85.00 for revisits. (For example, in 2007, 3 patients were referred for initial consultations and no revisits occurred), and \$175.00 per hour for any meeting attended at the request of the Director of Public Health/Patient Services. The contract will remain terminable with a 30 day written notice by either party.

Rationale:

Bearing any unusual disease circumstances, this amendment should allow for a savings to the county. I have spoken with Dr. Leach and he has agreed to these changes.

Request Resolution:

To amend the contract with Upper Hudson Primary Care Consortium to reflect the following changes: The contract will remain terminable by either party with 30 day written notice.

John Ruge, MD Medical Director for the Division of Patient Services; decrease annual contract amount **from** \$3500.**to** \$2700.

Daniel Larson, MD for Public Health Programs; decrease annual contract amount **from** \$6,180. **to** \$5,380.

David Mousaw, MD Medical Director for Pediatrics; decrease annual contract amount **from** \$4,120.**to** \$3,320.

Meeting reimbursement **from** \$75. per hour for meetings attended with at least one-week notice, and \$150. per hour for meetings attended with less than one-week notice **to** \$175. per hour for any meeting attended at the request of the Director of Public Health/Patient Services.

Rationale:

If there are no unforeseen circumstances, this contract will result in a savings to the county. I have met with Dr.Larson and as the representative for Upper Hudson Primary Care Consortium, and he has agreed to the changes. However, after the meeting Dr. Larson conferred with Dr. Ruge who called and voiced his concern about any part of the contract reimbursement being tied to attendance at meetings. I told him that the goal is to be able to demonstrate what actual services are provided for the contract reimbursement fees paid and meetings are one way to do this. I told him the Health Services Committee would be meeting on January 25, and I would bring his concerns up for discussion. Dr. Ruge stated he understood the need for fiscal accountability, but stated he is supportive of public health programs and he feels has always been available if needed.

Request Referral to Personnel Committee:

For consideration to backfill the following positions, all created by resignations.

Senior Account Clerk: Grade 7 – Base Salary: \$27,559

Rationale:

The employee in this position is taking a lateral move to DPW to work with Parks and Recreation. She resides in Warrensburg and will no longer need to travel. She has been with the department for eight years and it is anticipated that the learning curve will be significant for the individual who replaces her because there are so many rules and regulations and various agencies involved in the programs.

It is an important position that definitely needs to be replaced, as the job responsibilities are to oversee clerical and billing portions of the Early Intervention and Preschool Programs as well as overseeing and coordinating the transportation of the children involved in the programs.

There is a current Civil Service Senior Account Clerk list, so hopefully we will be able to recruit a pleasant, dedicated new employee that is excellent with details and multitasking.

Word Processing Operator: Grade 4 – Base Salary: \$24,059

Rationale:

The employee in this position has resigned to work at Social Services in a lateral move situation because she feels she will have a better chance for advancement. She has indicated that she is not finding word processing challenging.

It is important that we are able to backfill the position because documentation must be kept updated in order to generate timely physician orders and be able to receive reimbursement for services.

There is a current Civil Service list for this position.

WIC Program Aide: Grade 3 – Base Salary: \$22,988

Rationale:

The individual in the position has resigned to move out of state. It is necessary to backfill the position because the WIC Program has so few staff that minus one has significant impact on the daily operations of the clinics that are offered throughout the county. The salary is covered by the WIC Program Contract Grant from the New York State Department of Health.

The new part time individual that was authorized in December 2007, and is due to begin work on January 28, has expressed interest in the full time position, so in the event this works out, we would request to backfill the .5FTE WIC Program Aide position.

Expenditures and Revenues

We do not have a report this month, as getting year-end information together is in process.

Point of Care

We are in the process of developing the RFP. Hopefully, by the next meeting we will have received and opened bids and will have a recommendation, or be close to that point.

Update on Recruitment Efforts for Clinical and Fiscal Informatics Coordinator

Executive Session:

Attachments: (will be distributed at the meeting with the agenda information)

Pandemic Influenza/Emergency Response Planning Activities

Tobacco Use Survey Results

Rabies Program Report October – December 2007

Utilization Report for the Division of Public Health for 2007

Vaccine Prices

Glens Falls Animal Hospital Rates for Services for Rabies Control Program

Professional Services Cost per Visit Rates

SCHEDULE "A"

WARREN COUNTY PUBLIC HEALTH
PRICE LIST FOR IMMUNIZATIONS

Appointments taken: Tuesdays and Fridays, 3:00-4:30pm and Wednesdays, 9:00am-11:am
 (If someone needs to come at a different time, check with nurses to see who will be available)

Hepatitis A: Adult <i>Cost per dose to county: <u>\$18.11</u></i>	\$33.00 for each in a series of two shots, given over a period of at least 6 months.
Hepatitis B: Adult <i>Cost per dose to county: <u>\$23.98</u></i>	\$40.00 for each in a series of three shots, given over a period of at least 6 months.
HPV (Guardasil) <i>Cost per dose to county: <u>\$120.50</u></i>	\$15.00 for women 18 years old or younger \$136.00 for older
Influenza (Flu) Injection or Mist <i>Encourage public clinics if possible</i> <i>Cost per dose to county: <u>\$10.30</u></i>	\$20.00 or Medicare Part B
IPV (Polio) <i>Cost per dose to county: <u>\$22.79</u></i>	\$15.00 for VFC-qualified children \$40.00 for older
Menactra/Menomune <i>Encourage public clinics if possible</i> <i>Cost per dose to county: <u>\$94.93</u></i>	\$15.00 VFC-qualified children \$110.00 for older
MMR (Measles/Mumps/Rubella) <i>Cost per dose to county: <u>\$45.00</u></i>	\$15.00 for child/adult student or health care workers, \$60.00 otherwise
Pneumovax <i>Encourage public clinics if possible</i> <i>Cost per dose to county: <u>\$31.20</u></i>	\$46.00 or Medicare Part B
PPD (TB Test) <i>Cost per dose to county: <u>\$2.50</u></i>	\$18.00 If patient comes back to Public Health office in 2-3 days to have site read. If read by Clinic Nurse off-site, there will be an additional 5.00 charge.
Pre-Rabies <i>Cost per dose to county: <u>\$146.65</u></i>	\$188.00 for each in a series of three shots, given over a period of 3 weeks.
Td (Tetanus) <i>Encourage public clinics if possible</i> <i>Cost per dose to county: <u>\$19.14</u></i>	\$35.00
Tdap (Tetanus & Pertussis) <i>Cost per dose to county: <u>\$34.61</u></i>	\$50.00

Varivax (Chickenpox Vaccine) <i>Cost per dose to county: <u>\$70.30</u></i>	\$15.00 \$88.00 for older
Twinrix (Combination Hep B & A) <i>Cost per dose to county: <u>\$36.90</u></i>	\$52.00 for each in a series of three shots, given over a period of at least 6 months.
Travel Immunizations	Suggest looking on website: www.cdc.gov/travel to find out what shots are needed for a particular country OR call Whitney Young Health Center @ 465-4771 OR Saratoga Co. Public Health @ 584-7460
Zostavax (Shingles vaccine) <i>Cost per dose to county: <u>\$153.90</u></i>	\$169.00 for 60 years old and older

- Fees are requested at time of immunization, checks accepted, no charge cards. **No child is turned away because of an inability to pay.**
- All other immunizations (i.e. most children's shots) are administered at scheduled clinics around the county. No appointment is needed at these clinics.
- Above mentioned immunizations are also available at scheduled clinics except for TB test, Pre-Rabies, Zostavax, and Menactra/Menomune vaccines.

Warren County Health Services 2008 Requested Rate Increases

	<u>Current Rates</u>	<u>Suggested Rates</u>
Skilled Nursing	\$125.00	\$150.00
Physical Therapy	\$90.00	\$110.00
Occupational Therapy	\$90.00	\$110.00
Speech Therapy	\$90.00	\$110.00
Respiratory Therapy	\$90.00	\$110.00
Nutrition	\$90.00	\$110.00
Medical Social Worker (MSW)	\$90.00	\$110.00
HHA	\$45.00	\$50.00

NOTE:

*Based on 2006 Medicaid Cost report Projected costs

In 2007 Therapist received an increase in rate paid.

Last Quarter of 2006 Nursing staff received an increase too.

Therefore we assume rates need to significantly increase to cover these costs.

ROBERT O'CONNOR D.V.M.
 MICHAEL HOFFMAN D.V.M.
 JOHN O'CONNOR D.V.M.
 LAURA MALINCONICO D.V.M.

GLENS FALLS ANIMAL HOSPITAL

66 GLENWOOD AVENUE
 QUEENSBURY, NY 12804
 TELEPHONE (518) 792-6575
 FAX (518) 792-5136



Pricing for Warren County Health Department Effective 1/1/2008

	Euthanasia	Rabies Specimen Prep and Submission*	Cremation	Quarantine (per day)
Bats	\$10.00	\$20.00	NA	NA
Very Small Animals (<5 pounds)	\$10.00	\$25.00	\$8.00	NA
Small Animals (5-25 pounds)	\$20.00	\$30.00	\$35.00	\$7.00
Medium Animals (25-50 pounds)	\$25.00	\$40.00	\$45.00	\$8.00
Large Animals (50-100 pounds)	\$35.00	\$45.00	\$60.00	\$9.00
Larger Animals (Over 100 pounds)	\$45.00	\$50.00	\$80.00	\$10.00
Adult Deer	NA	NA	\$100.00	NA

*Shipping fees will be charged separately and based on current shipping rates.

Documentation of fvs to be sent with vouchers

Council.
for Prevention
of alcohol and substance abuse

September 5, 2006

Pat Auer
Director
Warren County Department of Public Health
Municipal Center
Route 9
Lake George, N.Y. 12845

Dear Pat;
Enclosed is the Warren County Tobacco Statistics derived from the Council for Prevention's Student Substance Use Survey of 2005-06. This survey included 4853 students in grades 6-12 from all eight public schools in Warren County. Please review the enclosed, if you have any questions or need additional information let us know.

Sincerely,



David Saffer, LCSW
Executive Director

Warren County Tobacco Statistics 2006 Student Substance Use Survey

The Council for Prevention of Alcohol and Substance Abuse administered its Substance Use Survey throughout the 2005 – 2006 school year to eight schools in Warren County. Five districts administered the survey to students in grades six through twelve and three districts administered the survey to students in grades seven through twelve. A total of 5034 responses were collected for Warren County, 181 were determined to be invalid, and the following data is calculated from 4853 surveys. Of those completing the survey, 49.3% are male, 50.7% are female. The breakdown by grade is as follows:

<u>6th</u>	<u>7th</u>	<u>8th</u>	<u>9th</u>	<u>10th</u>	<u>11th</u>	<u>12th</u>
341	773	812	777	821	693	621

Each question is listed with the response percentage indicated according to gender and grade. The responses from the 2004 survey, which 4302 students completed, are included in parentheses.

Each question also includes a brief synopsis of the results and what they indicate.

Overall there is virtually no change between the results of the 2004 and 2006 surveys, although if a significant change did occur, it will be noted next to each question.

Have you ever tried smoking, even 1 or 2 puffs?

Gender	Male	Female	Total
No	67.0 (67.0)	65.2 (62.9)	66.1 (64.9)
Yes	33.0 (33.0)	34.8 (37.1)	33.9 (35.1)

Grade	Six	Seven	Eight	Nine	Ten	Eleven	Twelve
No	88.3 (84.1)	81.0 (84.1)	76.7 (71.2)	68.3 (62.7)	57.6 (58.2)	54.3 (51.7)	43.9 (45.1)
Yes	11.7 (15.9)	19.0 (15.9)	23.3 (28.7)	31.7 (37.3)	42.4 (41.8)	45.7 (48.3)	56.1 (54.9)

The responses to this question indicate that males and females are equally likely to try smoking cigarettes, although there is a significant difference between students in sixth and twelfth grades.

Do you smoke cigarettes regularly?

Gender	Male	Female	Total
No	92.1 (92.3)	90.4 (89.5)	91.2 (90.9)
Yes	7.9 (7.7)	9.6 (10.5)	8.8 (9.1)

Grade	Six	Seven	Eight	Nine	Ten	Eleven	Twelve
No	98.2 (96.6)	96.5 (97.2)	94.1 (92.7)	90.2 (89.8)	87.6 (88.3)	89.9 (89.2)	85.0 (82.4)
Yes	1.8 (3.4)	3.5 (2.8)	5.9 (7.3)	9.8 (10.2)	12.4 (11.7)	10.1 (10.8)	15.0 (17.6)

The responses to this question indicate that regular cigarette use among youth has remained the same since 2004, although there are increases as students get older and the data can be used to make longitudinal comparisons.

(i.e. 7th grade students in 2004 and 9th grade students in 2006)

How many cigarettes do you smoke per day?

Gender	Male	Female	Total
1-5 cigarettes	4.1 (4.5)	6.4 (7.2)	5.2 (5.8)
5-15 cigarettes	3.3 (3.3)	3.4 (4.2)	3.4 (3.7)
20+ cigarettes	1.5 (1.8)	.8 (.7)	1.1 (1.3)
NA	91.2 (90.4)	89.4 (87.9)	90.3 (89.2)

Grade	Six	Seven	Eight	Nine	Ten	Eleven	Twelve
1-5 cigarettes	2.1 (5.0)	4.0 (2.4)	4.1 (5.7)	6.7 (5.9)	6.0 (6.7)	5.2 (7.7)	7.0 (7.9)
5-15 cigarettes	(0) (.5)	.5 (1.3)	2.3 (3.0)	2.3 (4.0)	6.0 (4.6)	4.8 (3.5)	6.1 (3.5)
20+ cigarettes	(0) (0)	.6 (.7)	.5 (1.2)	1.6 (1.4)	1.2 (1.2)	1.0 (1.5)	2.8 (1.5)
NA	97.9 (94.5)	94.8 (95.6)	93.1 (90.1)	89.4 (88.7)	86.8 (87.5)	89.0 (81.2)	84.1 (87.2)

The responses to this question indicate that the number of cigarettes that students use is remaining constant as they grow older, although the number of students using is increasing. The NA response indicates students who do not smoke.

How old were you when you started smoking?

Gender	Male	Female	Total
Less than 9 years	1.6 (1.8)	.9 (1.2)	1.2 (1.5)
9-11 years	2.4 (3.1)	3.6 (4.0)	3.0 (3.6)
12-14 years	5.5 (6.2)	3.4 (8.2)	5.9 (7.2)
15-17 years	2.6 (2.7)	2.2 (3.1)	2.4 (2.9)
18+ years	.2 (.6)	.2 (.2)	.2 (.5)
NA	87.6 (85.5)	86.8 (83.0)	87.2 (84.3)

Grade	Six	Seven	Eight	Nine	Ten	Eleven	Twelve
Less than 9 years	.6 (3.2)	1.2 (.9)	1.0 (2.1)	1.9 (2.1)	1.5 (1.2)	1.2 (1.3)	1.1 (.8)
9-11 years	2.4 (4.6)	3.6 (2.7)	3.6 (4.7)	3.5 (3.4)	3.3 (3.6)	2.0 (3.4)	1.9 (3.4)
12-14 years	.6 (1.3)	2.6 (2.3)	4.5 (7.5)	6.7 (8.5)	9.3 (9.0)	7.7 (7.9)	7.6 (11.3)
15-17 years	0 (0)	0 (.1)	.1 (.3)	1.2 (1.7)	2.8 (3.9)	4.3 (7.0)	8.2 (7.9)
18+ years	.3 (0)	0 (.6)	.2 (.4)	0 (.3)	.1 (0)	.1 (.8)	.6 (1.0)
NA	96.2 (90.7)	92.6 (93.4)	90.6 (84.9)	86.7 (84.1)	83.0 (82.3)	84.7 (79.5)	80.5 (75.6)

The responses to this question indicate that the age of first of use is lower for males than females. The most prevalent age of first use appears to be between the ages of 12 and 14. The NA response indicates students who do not smoke.

The following questions represent students' attitudes towards the availability of cigarettes and the ease of obtaining them.

How easy is it for you to get cigarettes?

Gender	Male	Female	Total
Very Easy	27.8 (27.6)	24.0 (25.9)	25.8 (26.8)
Somewhat Easy	10.7 (9.8)	14.4 (12.9)	12.6 (11.4)
Somewhat Difficult	2.8 (2.2)	2.9 (3.1)	2.8 (2.6)
Very Difficult	2.4 (2.9)	2.3 (1.5)	2.4 (2.2)
Don't Know	56.3 (57.4)	56.4 (56.5)	56.3 (56.9)

Grade	Six	Seven	Eight	Nine	Ten	Eleven	Twelve
Very Easy	3.4 (5.4)	9.5 (9.5)	13.0 (16.9)	23.2 (24.2)	28.5 (27.7)	38.5 (41.6)	58.3 (61.1)
Somewhat Easy	4.9 (4.1)	5.0 (5.6)	12.6 (10.7)	12.3 (11.2)	17.7 (16.7)	17.4 (17.4)	13.7 (10.2)
Somewhat Difficult	.3 (4.1)	1.9 (1.5)	3.2 (3.7)	3.6 (3.1)	4.4 (3.0)	2.7 (2.1)	2.0 (1.2)
Very Difficult	6.4 (3.3)	3.9 (5.6)	2.7 (2.1)	1.9 (1.3)	.9 (1.9)	2.2 (1.2)	.5 (.2)
Don't Know	85.0 (82.9)	79.7 (77.9)	68.4 (66.7)	58.9 (60.2)	48.5 (50.5)	39.2 (37.8)	25.5 (27.2)

In the past 30 days did you try to buy cigarettes for yourself?

Gender	Male	Female	Total
No	96.1 (95.0)	96.5 (96.1)	96.3 (95.5)
Yes	3.9 (5.0)	3.5 (3.9)	3.7 (4.5)

Grade	Six	Seven	Eight	Nine	Ten	Eleven	Twelve
No	98.5 (100)	99.2 (99.2)	98.7 (98.1)	96.2 (97.3)	97.4 (96.6)	95.7 (92.4)	87.8 (83.9)
Yes	1.5 (0)	.8 (.8)	1.3 (1.9)	3.8 (2.7)	2.6 (3.4)	4.3 (7.6)	12.2 (16.1)

If you try to buy cigarettes are you asked about your age?

Gender	Male	Female	Total
No	81.6 (84.1)	83.6 (85.6)	82.6 (84.9)
Yes	18.4 (15.9)	16.4 (14.4)	17.4 (15.1)

Grade	Six	Seven	Eight	Nine	Ten	Eleven	Twelve
No	87.9 (94.9)	92.2 (91.9)	87.9 (89.6)	84.1 (86.2)	81.9 (83.7)	80.9 (82.0)	63.1 (65.7)
Yes	12.1 (5.1)	7.8 (8.1)	12.1 (10.4)	15.9 (13.8)	18.1 (16.3)	19.1 (18.0)	36.9 (34.3)

How often are you asked about your age when you try to buy cigarettes?

Gender	Male	Female	Total
Always	10.6 (9.6)	9.2 (7.9)	9.9 (8.8)
Sometimes	4.1 (4.7)	3.8 (4.5)	3.9 (4.6)
Rarely	4.5 (5.2)	3.9 (4.5)	4.2 (4.9)
NA	80.8 (80.5)	83.2 (83.1)	82.0 (81.7)

Grade	Six	Seven	Eight	Nine	Ten	Eleven	Twelve
Always	9.5 (4.9)	3.3 (6.0)	6.5 (6.2)	9.8 (7.5)	11.1 (8.8)	10.2 (8.7)	20.9 (19.7)
Sometimes	.3 (.5)	1.2 (1.6)	1.8 (2.6)	2.9 (3.5)	3.8 (5.9)	6.0 (7.2)	11.2 (10.2)
Rarely	4.1 (2.5)	4.7 (1.9)	2.1 (4.9)	5.3 (6.9)	3.8 (4.3)	4.7 (6.2)	4.8 (6.3)
NA	86.1 (92.1)	90.7 (90.5)	89.6 (86.4)	82.0 (81.9)	81.2 (80.8)	79.2 (77.8)	63.0 (63.8)

According to the responses indicated by students, the availability of cigarettes has remained relatively unchanged since 2004, however, as is the case with other questions in the survey, students are finding it easier to get cigarettes as they age. A large majority of students are not attempting to purchase cigarettes as demonstrated by the percentages in the NA categories.

Do you use chewing tobacco?

Gender	Male	Female	Total
No	94.5 (94.8)	99.3 (99.7)	96.9 (97.2)
Yes	5.5 (5.2)	.7 (.3)	3.1 (2.8)

Grade	Six	Seven	Eight	Nine	Ten	Eleven	Twelve
No	98.5 (99.6)	99.1 (99.0)	97.9 (98.5)	95.6 (96.5)	96.9 (97.0)	95.5 (93.6)	95.2 (96.4)
Yes	1.5 (.4)	.9 (1.0)	2.1 (1.5)	4.4 (3.5)	3.1 (3.0)	4.5 (6.4)	4.8 (3.6)

How old were you when you started chewing tobacco?

Gender	Male	Female	Total
Less than 9 years	.8 (1.3)	.6 (.6)	.7 (1.0)
9-11 years	.5 (.5)	0 (.2)	.3 (.4)
12-14 years	2.3 (2.8)	.2 (.2)	1.3 (1.5)
15-17 years	2.2 (2.9)	.2 (.2)	1.2 (1.6)
18+ years	.5 (.2)	0 (0)	.3 (.1)
NA	93.6 (92.2)	98.9 (98.8)	96.3 (95.4)

Grade	Six	Seven	Eight	Nine	Ten	Eleven	Twelve
Less than 9 years	.3 (1.1)	.8 (1.0)	1.0 (.7)	.9 (1.7)	.9 (1.5)	.4 (4)	.5 (1.1)
9-11 years	.3 (.5)	.4 (.3)	.2 (.3)	.4 (0)	.1 (.9)	0 (4)	.5 (.5)
12-14 years	0 (.5)	.5 (.6)	1.1 (.9)	2.5 (3.3)	1.5 (1.2)	1.5 (2.8)	1.1 (.9)
15-17 years	0 (0)	0 (.1)	0 (.1)	1.0 (1.0)	1.5 (2.9)	3.2 (4.3)	2.7 (2.9)
18+ years	.3 (0)	0 (.1)	.1 (.1)	.3 (0)	0 (0)	.3 (2)	1.0 (0)
NA	99.1 (97.9)	98.3 (97.8)	97.5 (97.8)	94.9 (94.0)	96.1 (93.4)	94.6 (91.9)	94.2 (94.5)

If you smoke or chew, would you like to stop?

Gender	Male	Female	Total
No	7.0 (6.9)	5.0 (3.4)	6.0 (5.2)
Yes	7.7 (6.9)	6.2 (6.3)	7.0 (6.6)
Don't Chew	85.3 (86.1)	88.8 (90.3)	87.1 (88.1)

Grade	Six	Seven	Eight	Nine	Ten	Eleven	Twelve
No	2.4 (2.8)	3.4 (2.3)	4.4 (4.3)	7.3 (5.7)	7.0 (5.5)	7.0 (8.4)	9.2 (7.7)
Yes	6.1 (3.9)	4.2 (4.5)	6.9 (5.8)	6.6 (5.2)	7.5 (7.3)	8.1 (8.4)	9.2 (1.2)
Don't Chew	91.5 (93.3)	92.4 (93.2)	88.7 (89.9)	86.1 (89.1)	85.4 (87.2)	84.9 (83.2)	81.7 (80.3)

The prevalence of chewing tobacco use among students has not changed significantly between 2004 and 2006 and the increase of use due to age has not increased to the same extent as with cigarettes.

Conclusion

According to the Monitoring the Future Study, a survey of 50,000 students across the country, lifetime prevalence for use of cigarettes should be 26% in 8th grade, 39% in 10th grade and 50% in 12th grade. These statistics represent any use throughout the course of the student's lifetime.

The Council's survey in Warren County suggests that student tobacco use locally is marginally higher than national norms when looking at the percentage of students who have tried smoking at least once: 8th grade - 23%, 10th grade - 42%, 12th grade - 56%, however, the number of students who smoke cigarettes regularly is significantly lower.

According to the Center for Disease Control, using information obtained from the Youth Risk Behavior Surveillance System, lifetime cigarette use among high school students is 54%, with 9% reporting current and frequent use, whereas in Warren County 34% of students have tried cigarette smoking and 9% report being regular users.

The need for tobacco free messages and prevention education continues so as to assure that these statistics for Warren County remain low overall, but also to address the increase in use particularly as youth grow older.

Warren County Public Health Rabies Program

October-December 2007

Town	Not Vaccinated			Vaccinated			Out of Town			Stray		
	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets
Bolton				1								
Chester					2							
Glens Falls	1	2			4					1	1	
Hague					5							
Horicon												
Johnsburg				1	3							
Lake George	1			4	5			1				
Lake Luzerne					1					1		
Queensbury		5		2	11			4		5		
Stony Creek												
Thurman					2							
Warrensburg					5			1		1		
Totals	2	7		8	38			6		8	1	

Bites Reported by Month

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2007	13	19	12	20	31	24	31	32	18	26	21	23	270

RABIES CLINICS 2008

Rabies clinics to start in February 2008

We had an all time record high with animal bites this year. It has been very busy!

Warren County Health Services
Division of Public Health

Quality Assurance
2007
Annual MOMS Report

In 2007, the Utilization Review Committee reviewed 20 MOMS charts. Overall the charts were found appropriate, meaning the services, encounters and documentation were appropriate.

The charts went through all three levels of the Quality Assurance Program.

- Level I- Individual Nurse Review to ensure chart is complete, following the Chart Component Checklist.
- Level II- Peer Review to ensure documentation reflects program guidelines. This level also provides an opportunity for sharing creative problem solving and utilization of community resources.
- Level III- Utilization Review Committee to provide a subjective review from the professionals in the community, providing the MOMS referrals to the agency. This level also provides advice on any trends/ concerns identified.

Summary of UR Findings: The committee found all the 20 MOMS charts appropriate.

Strengths:

1. All the charts were well documented.
2. Communication with patients, referrals to appropriate agencies, and providers was well documented.
3. Documentation demonstrated good teaching.
4. Documentation demonstrated adequate frequency of visits and teaching from care plans.

Areas Needing Improvement/Follow Up Interventions: Although there were no areas identified as needing improvement, the following suggestion was made:

1. Adding gestational age to narrative, making chart easier to follow. In 2008, there will be an electronic chart. The feasibility of the suggestion will be explored.

Overall goals for 2008 include:

1. Continue efforts with the Current QA Program.
2. Continue to improve documentation requirements.
3. Have MOMS staff review MOMS procedures, admission packets, and other applicable documents and update, as needed each year (Jan).
4. In regard to MOMS contract providers; efforts will continue to facilitate more frequent communication to ensure transfer of information to better serve the MOMS client. Providers will continue to send ACOGs a minimum of each trimester in addition to when any remarkable changes are identified in the patient.
5. A charge is made to committee members to assist in challenging our efforts in the MOMS program, making the agency strive to a higher standard. Although the services are great, the documentation is great, and the program staff is great, Warren County wants to increase program publicity, outreach, and find unique ways to better serve clients.
6. Fully implement the electronic chart for all MOMS clients referred in 2008. Chart Program was completed in 11/07. Staff has received training and equipment. This system will have the capability to provide a variety of reports, which will be a useful and time saving feature.

Presented to: Dr. Dan Larson, Medical Director 1/22/08
UR Committee 1/22/08
Health Services Committee 1/25/08
PAC Committee 2/13/08

Warren County Health Services
 Division of Public Health
 Utilization Review Committee
 2007 Annual Report

Public Health has a three level Quality Assurance Program.

- Level 1 utilizes the standard Chart Component List. The staff ensures the charts are complete prior to discharge. The Assistant Director reviews all the charts at discharge as well for completion.
- Level 2 utilizes peer input with the intention of sharing creative interventions amongst staff and streamlining documentation.
- Level 3 utilizes subjective input from community referral sources on appropriateness of services and care rendered to families.

Public Health would like to thank the 2007 UR Committee members for their participation and dedication to Public Health and its services to the community.

Mary Anne Allen, PNP, Moreau Family Health
 Robin Andre, PHN Warren County MOMS/MCH Program*
 Pat Auer, RN, MA Director of Public Health, WCPH
 Pat Belden, PHN, Warren County Public Health Communicable Disease
 Judy Budner, RN Warrensburg Health Center
 Janet Cicarelli, Case Manager at GFH
 Stacie Dimezza PT, Glens Falls Rehabilitation Center @ Glens Falls Hospital
 Karen Doering, RN Lactation Consultant, GFH Snuggery
 Judy Fortini, RN Warren County Public Health EI Program*
 Nedra Frasier, RN Warren County Public Health MCH/MOMS Program*
 Nancy Getz, RN Warren County Public Health MOMS/MCH Program*
 Pat Hunt, ADPH, Washington County Public Health
 Joan Grishkot, RN, MS Past Director of Public Health, WCPH
 Gina Johnson, RN, Women's Care
 Ginelle Jones, RN, MSN, FNP Assistant Director of Public Health, WCPH
 Dr. Dan Larson, Medical Director, WCPH- **Provides Oversight to QA/UR Program**
 Patty Myhrberg, PHN Warren County Public Health Child Find Program
 Maureen Schmidt, CS, Supervisor Preventive Services, Warren County Department of Social Services
 Pat Tedesco, PHN Warren County Public Health Clinic Nurse
 Sandy Watson, Registered Dietician, Warren County WIC Program
 * Public Health Program Staff rotate attendance at the meetings.

Charts Reviewed: 2007 Total 63

Meeting Date	MOMS	MCH	Synagis
3/8/06	7	19	N/A
6/14/06	12	12	N/A
9/13/06	1	12	2
12/13/06	—	—	—
*No meeting			

Summary of Findings: Appropriate

Sixty-three charts were reviewed and overall the findings were appropriate. The QA policies that were changed several years ago are now apparent in the documentation. The charts are well organized and documented in a professional manner. The committee found interventions and documentation of efforts to be appropriate. Strengths included staff persistence in contacting clients, referring to appropriate agencies, and rendering adequate intervention in regard to contacts and frequency.

Patty Hawley, Warren County's Record Consultant, will review a sample of charts from each program in early 2008.

Areas Needing Improvement:

A few areas were found by the committee to need improvement. Most were not a reflection of care rendered to the client, but demonstrated an issue with the documentation.

- A MCH chart did not have documentation of a d/c or a discharge quick reply to the provider. The same chart utilized an abbreviation (OTA) not on the approved abbreviation list. The program nurses were reminded of the procedure.
- A MCH chart did not document plan for long-term follow up when discharged. This was discussed at a program nurse meeting. All agreed it should be documented in the future.
- A MCH chart, where patient required wound care from CHHA, updates were not documented in MCH chart, making it appear care was fragmented. This issue was discussed with the MCH nurses and all agreed to document in the future on the narrative.

2007 GOALS:

1. Continue with the current QA Program- It appears to be working.
2. Have all staff review applicable policies, program forms, and packets every January, to ensure updates are made.
3. Continue with Synagis chart reviews.
4. Implement Electronic for MOMS and possibly MCH charts.

Presented to: Dr. Larson 1/22/08
UR Committee 1/22/08
Health Services Committee 1/25/08
PAC 2/13/08

_____ MD initial (fax back to 761-6422)

**Warren County Health Services
Health Services Committee Meeting
January 25, 2008**

Additional Agenda Item

Request Resolution:

To increase the suggested donation for animals receiving rabies vaccinations at Warren County sponsored Rabies Clinics from \$5.00 to \$10.00.

Rationale:

Although we do not turn anyone away from clinics due to inability to pay, and this is a communicable disease control program, costs associated with the Rabies Program have risen, and this will assist in meeting these expenses.

RESOLUTION REQUEST FORM NO. 1

Request to Appoint or Reappoint Member of Committee, Board or Agency*

*If more than one person is being appointed, please attach additional sheets

DEPARTMENT NAME: Health Services

DATE: 1/25/08

- (a) Name of Appointee: Appointments are made annually, see attached list
- (b) Is this a Reappointment? If so, please provide the Resolution No. which authorized the last appointment of this individual 73/2007
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If Person is Being Appointed as a Representative of a Specific Group/Agency, Please List their Affiliation and Title Warren County Health Services Local Early Intervention Coordinating Council
- (e) Address of Appointee: See attached list
- (f) Title of Appointment: Committee member
- (g) Effective Date of Appointment: 1/1/08
- (h) Termination Date of Appointment: 12/31/08
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement: No new appointees

Committee Member Expiration Listing

Committee	Member Name	Resolution #	Cert. Of Appt.	Date of Appt.	Expiration Date
Local Early Intervention Coordinating Council (LEICC)	AUER, PATRICIA	R73/2007	NO	02/16/2007	12/31/2007
Local Early Intervention Coordinating Council (LEICC)	BOUCHER, SANDY	R73/2007	NO	02/16/2007	12/31/2007
Local Early Intervention Coordinating Council (LEICC)	BUSH, LINDA	R73/2007	NO	02/16/2007	12/31/2007
Local Early Intervention Coordinating Council (LEICC)	COLLINS, BONNIE	R73/2007	NO	02/16/2007	12/31/2007
Local Early Intervention Coordinating Council (LEICC)	DAIGLE, JOANN	R73/2007	NO	02/16/2007	12/31/2007
Local Early Intervention Coordinating Council (LEICC)	DUNBAR, MELISSA	R73/2007	NO	02/16/2007	12/31/2007
Local Early Intervention Coordinating Council (LEICC)	FORTINI, JUDY	R73/2007	NO	02/16/2007	12/31/2007
Local Early Intervention Coordinating Council (LEICC)	FRAISER, NEDRA	R73/2007	NO	02/16/2007	12/31/2007
Local Early Intervention Coordinating Council (LEICC)	FRENCH, MICHELLE	R73/2007	NO	02/16/2007	12/31/2007
Local Early Intervention Coordinating Council (LEICC)	HOFFIS, CHERYL	R73/2007	NO	02/16/2007	12/31/2007
Local Early Intervention Coordinating Council (LEICC)	HOMENICK Ph.D., MICHAEL	R73/2007	NO	02/16/2007	12/31/2007
Local Early Intervention Coordinating Council (LEICC)	JONES, GINELLE	R73/2007	NO	02/16/2007	12/31/2007
Local Early Intervention Coordinating Council (LEICC)	MERRITT, JACKIE	R73/2007	NO	02/16/2007	12/31/2007
Local Early Intervention Coordinating Council (LEICC)	MOSES, SHERRIE	R73/2007	NO	02/16/2007	12/31/2007
Local Early Intervention Coordinating Council (LEICC)	MOUSAW M.D., DAVID	R73/2007	NO	02/16/2007	12/31/2007
Local Early Intervention Coordinating Council (LEICC)	MYHRBERG, PATTY	R73/2007	NO	02/16/2007	12/31/2007
Local Early Intervention Coordinating Council (LEICC)	McGRAW, BETH	R73/2007	NO	02/16/2007	12/31/2007
Local Early Intervention Coordinating Council (LEICC)	SCHMIDT, MAUREEN	R73/2007	NO	02/16/2007	12/31/2007
Local Early Intervention Coordinating Council (LEICC)	THOMPSON, PATRICIA	R73/2007	NO	02/16/2007	12/31/2007
Local Early Intervention Coordinating Council (LEICC)	UTZ-MEAGHER, KEVIN	R73/2007	NO	02/16/2007	12/31/2007
Local Early Intervention Coordinating Council (LEICC)	VAISEY, CRYSTAL	R73/2007	NO	02/16/2007	12/31/2007
Local Early Intervention Coordinating Council (LEICC)	YORK, ROBERT	R73/2007	NO	02/16/2007	12/31/2007

TOTAL NUMBER OF MEMBERS EXPIRING

22

Selection Criteria

Committee equals Local Early Intervention Coordinating Council (LEICC)

Expiration Date between 12/01/2007 AND 12/31/2007

Warren County Board of Supervisors

RESOLUTION NO. 73 OF 2007

Resolution introduced by Supervisors Mason, Sheehan, Haskell, F. Thomas, Tessier, Champagne and Sokol

REAPPOINTING MEMBERS OF THE LOCAL EARLY INTERVENTION COORDINATING COUNCIL (LEICC) FOR THE EDUCATION OF PHYSICALLY HANDICAPPED CHILDREN'S PROGRAM - HEALTH SERVICES DEPARTMENT

WHEREAS, Resolution No. 216 of 1993 authorized the establishment of a Local Early Intervention Coordinating Council (LEICC) for the Education of Physically Handicapped Children's Program within Warren County, and

WHEREAS, it is necessary to reappoint members for a term commencing January 1, ²⁰⁰⁸~~2007~~ and terminating December 31, ²⁰⁰⁸~~2007~~, now, therefore, be it

RESOLVED, that the persons named on Schedule "A" attached hereto, are hereby reappointed as members of the LEICC through December 31, ²⁰⁰⁸~~2007~~.

WCPH LOCAL EARLY INTERVENTION COORDINATING COUNCIL

APPOINTMENT:

Hoffis, Cheryl, Speech Therapist	745-8457	29 Hall Road, Queensbury, NY 12804
Merritt, Jackie	761-6580	Warren County Public Health 1340 State RT 9, Lake George, NY 12845

REAPPOINTMENT:

Auer, Patricia	Frasier, Nedra	761-6580	Warren County Public Health
Bush, Linda	Myhrberg, Patty	Fax: 761-6422	1340 State RT 9, Lake George, NY 12845
Jones, Ginelle			
Fortini, Judy			
Boucher, Sandy	798-7972		Southern Adirondack Child Care Network 88 Broad Street, Glens Falls, NY 12801
Collins, Bonnie (Parent)	743-1994		31 Ferris Drive, Queensbury, NY 12804
Daigle, Joann	798-7555		Warren County Head Start 11 Pearl Street, Glens Falls, NY 12801
Dunbar, Melissa, Speech Ther.	792-8976		25 Brookfield Run, Queensbury, NY 12804
French, Michelle	494-3015 x763		North Warren Central School 6110 State RT 8 Chestertown, NY 12817
Homenick, Michael	798-4056		Psychological Associates 551 Bay Road, Queensbury, NY 12804
McGraw, Beth	746-3400		Preschool Program BOCES 1153 Burgoyne Avenue, Fort Edward, NY 12828
Moses, Sherrie	7938811 x549		Queensbury Elementary School 431 Aviation Road., Queensbury, NY 12804
Mousaw, David MD	792-8942		20 Centennial Drive, Queensbury, NY 12804
Schmidt, Maureen	X362		Warren County DSS Gurney Lane, Lake George, NY 12845
Thompson, Pat	798-0170		Prospect Child & Family Center 133 Aviation Road, Queensbury, NY 12804
Utz-Meagher, Kevin	743-0158 x113		Glens Falls DDSO Capital District 100 Glen Street, Glens Falls, NY 12801
Vaisey, Crystal (Parent)	623-9506		169 Alden Avenue, Warrensburg, NY 1885
York, Robert	792-7143		Office of Community Services for Warren and Washington Co 230 Maple Street Suite 1, Glens Falls, NY 12801

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS*

***Please List All Other Requests Not Covered by Previous Resolution Request Forms Here. Please attach any backup information available and be as detailed as possible.**

DEPARTMENT NAME: Health Services

DATE: 1/25/08

- (a) Purpose of Request: To authorize the below credentialed individuals to serve in Public Health clinics
- (b) Details: These individuals do not have contracts and are paid per clinic by several different sources
- (c) Previous Resolution Number: 75/2007

Kathleen Braico MD
Peter Hughes MD
Mary Nevins MD
Ann Dys FNP
Joyce Heckler PNP
Joseph DuFour FNP
Ruth Fish FNP

Warren County Board of Supervisors

RESOLUTION NO. 75 OF 2007

Resolution introduced by Supervisors Mason, Sheehan, Haskell, F. Thomas, Tessier, Champagne and Sokol

AUTHORIZING INDIVIDUALS TO SERVE WITHIN PUBLIC HEALTH CLINICS - HEALTH SERVICES DEPARTMENT

WHEREAS, the New York State Department of Health requires that credentialed individuals serve within Health Clinics within the Division of Public Health clinics, now, therefore, be it

RESOLVED, that the following persons are hereby engaged to serve individuals within Division of Public Health clinics:

Kathleen Braico, MD
Peter Hughes, MD
Mary Nevins, MD
Ann Dys, FNP

Joyce Heckler, PNP
Joseph Dufour, FNP
Ruth Fish, FNP

Committee Member Expiration Listing

Committee	Member Name	Resolution #	Cert. Of Appt.	Date of Appt.	Expiration Date
Medical Directors of the Division of Public Health Within the Warren County Health Services Department - Persons engaged to serve individuals within Division of Public Health Clinics	BRAICO, KATHLEEN MD	R75/2007	NO	02/16/2007	12/31/2007 2008
Medical Directors of the Division of Public Health Within the Warren County Health Services Department - Persons engaged to serve individuals within Division of Public Health Clinics	DUFOUR, JOSEPH	R75/2007	NO	02/16/2007	12/31/2007 2008
Medical Directors of the Division of Public Health Within the Warren County Health Services Department - Persons engaged to serve individuals within Division of Public Health Clinics	DYS, ANN	R75/2007	NO	02/16/2007	12/31/2007 2008
Medical Directors of the Division of Public Health Within the Warren County Health Services Department - Persons engaged to serve individuals within Division of Public Health Clinics	FISH, RUTH	R75/2007	NO	02/16/2007	12/31/2007 2008
Medical Directors of the Division of Public Health Within the Warren County Health Services Department - Persons engaged to serve individuals within Division of Public Health Clinics	HECKLER, JOYCE	R75/2007	NO	02/16/2007	12/31/2007 2008
Medical Directors of the Division of Public Health Within the Warren County Health Services Department - Persons engaged to serve individuals within Division of Public Health Clinics	HUGHES, PETER	R75/2007	NO	02/16/2007	12/31/2007 2008
Medical Directors of the Division of Public Health Within the Warren County Health Services Department - Persons engaged to serve individuals within Division of Public Health Clinics	NEVINS, MARY	R75/2007	NO	02/16/2007	12/31/2007 2008

Selection Criteria

Committee equals Medical Directors of the Division of Public Health Within the Warren County Health Services Department - Persons engaged to serve individuals within Division of Public Health Clinics
Expiration Date between 12/01/2007 AND 12/31/2007 →

1/1/08 - 12/31/08

RESOLUTION REQUEST FORM NO. 1

Request to Appoint or Reappoint Member of Committee, Board or Agency*

*If more than one person is being appointed, please attach additional sheets

DEPARTMENT NAME: Health Services

DATE: 1/25/08

- (a) Name of Appointee: Richard Mason
- (b) Is this a Reappointment? No If so, please provide the Resolution No. which authorized the last appointment of this individual See attached list for appointees and re-appointees
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If Person is Being Appointed as a Representative of a Specific Group/Agency, Please List their Affiliation and Title Warren County Health Services Professional Advisory Committee
- (e) Address of Appointee: See attached list
- (f) Title of Appointment: Committee member
- (g) Effective Date of Appointment: 1/1/08
- (h) Termination Date of Appointment: 12/31/08
- (i) Name of Person Being Replaced (if applicable): Barbara Chick MD
- (j) Reason for Replacement: Resigned

Committee Member Expiration Listing

Committee	Member Name	Resolution #	Cert. Of Appt.	Date of Appt.	Expiration Date
Professional Advisory Committee for Warren County Health Services	AUER, PATRICIA	R72/2007	NO	02/16/2007	12/31/2007
Professional Advisory Committee for Warren County Health Services	BELDEN, PATRICIA	R72/2007	NO	02/16/2007	12/31/2007
Professional Advisory Committee for Warren County Health Services	GHICK M.D., BARBARA	R72/2007	NO	02/16/2007	12/31/2007
Professional Advisory Committee for Warren County Health Services	DRISCOLL, TAWN	R72/2007	NO	02/16/2007	12/31/2007
Professional Advisory Committee for Warren County Health Services	DUFOUR, JOSEPH	R72/2007	NO	02/16/2007	12/31/2007
Professional Advisory Committee for Warren County Health Services	DURKEE, DANIEL	R72/2007	NO	02/16/2007	12/31/2007
Professional Advisory Committee for Warren County Health Services	ENDAL, GERHARD	R72/2007	NO	02/16/2007	12/31/2007
Professional Advisory Committee for Warren County Health Services	GRISHKOT, JOAN	R72/2007	NO	02/16/2007	12/31/2007
Professional Advisory Committee for Warren County Health Services	JONES, GINELLE	R72/2007	NO	02/16/2007	12/31/2007
Professional Advisory Committee for Warren County Health Services	KELLY, CANDACE	R72/2007	NO	02/16/2007	12/31/2007
Professional Advisory Committee for Warren County Health Services	LAMKINS, MARY	R72/2007	NO	02/16/2007	12/31/2007
Professional Advisory Committee for Warren County Health Services	LARSON M.D., DANIEL	R72/2007	NO	02/16/2007	12/31/2007
Professional Advisory Committee for Warren County Health Services	LEACH M.D., RICHARD	R72/2007	NO	02/16/2007	12/31/2007
Professional Advisory Committee for Warren County Health Services	MOUSAW M.D., DAVID	R72/2007	NO	02/16/2007	12/31/2007
Professional Advisory Committee for Warren County Health Services	MUSCATELLO, REGINA	R72/2007	NO	02/16/2007	12/31/2007
Professional Advisory Committee for Warren County Health Services	PENZER, JOHN	R72/2007	NO	02/16/2007	12/31/2007
Professional Advisory Committee for Warren County Health Services	PHELPS, ROBERT B.	R72/2007	NO	02/16/2007	12/31/2007
Professional Advisory Committee for Warren County Health Services	SCHALDONE, SHARON	R72/2007	NO	02/16/2007	12/31/2007

and appointment.

Mason, Richard
 Printed: 12/18/2007 09:38:11 AM
 64 Webster Avenue
 Gwyno Falls NY 12884

12/31/2008
 793-1789

Committee Member Expiration Listing

Committee	Member Name	Resolution #	Cert. Of Appt.	Date of Appt.	Expiration Date
Health Services	SELLIG, SARA	R72/2007	NO	02/16/2007	12/31/2007
Professional Advisory Committee for Warren County Health Services	SHIPPEY, CAROL	R72/2007	NO	02/16/2007	12/31/2007
Professional Advisory Committee for Warren County Health Services	STERN, HELEN	R72/2007	NO	02/16/2007	12/31/2007
Professional Advisory Committee for Warren County Health Services	TUCKER, MARTI	R72/2007	NO	02/16/2007	12/31/2007
TOTAL NUMBER OF MEMBERS EXPIRING					22

Selection Criteria

Committee equals 'Professional Advisory Committee for Warren County Health Services

Expiration Date between 12/01/2007 AND 12/31/2007

Warren County Board of Supervisors

RESOLUTION NO. 72 OF 2007

Resolution introduced by Supervisors Mason, Sheehan, Haskell, F. Thomas, Tessier, Champagne and Sokol

**APPOINTING AND REAPPOINTING MEMBERS OF PROFESSIONAL ADVISORY
COMMITTEE FOR HEALTH SERVICES DEPARTMENT
- HEALTH SERVICES DEPARTMENT**

RESOLVED, that the following members of the Professional Advisory Committee for Health Services Department, as listed on Schedule "A" annexed hereto, be, and hereby are, appointed and reappointed for a one-year term commencing January 1, 2007 and terminating December 31, 2007.

PROFESSIONAL ADVISORY COMMITTEE MEMBERS

NAME	TITLE/ADDRESS
Patricia Auer	Director Public Health/Patient Services Warren County
Patricia Belden	Public Health Nurse Communicable Disease Program Warren County
Barbara Chick	MD - Physician Member Ridge Road, Queensbury, NY 12804
Driscoll, Tawn	Financial Manager, Warren County Health Services
Durkee, Daniel	Health Educator Warren County
Joseph Dufour	FNP, Irongate Family Practice Three Irongate Center, Corner of Pine and Elm Streets Glens Falls, NY 12801
Gerhard Endal	Occupational Therapist PO Box 2615, Glens Falls, NY 12801
Joan Grishkot	Community Member 202 Ridge Street Glens Falls, NY 12801
Ginelle Jones	Assistant Director Public Health Warren County Health Services
Candace Kelly	Director Warren Hamilton Counties Office for the Aging 333 Glen Street, Glens Falls, NY 12801
Mary Lamkins	Supervising Nurse Long Term Home Health Care Program Warren County Health Services
Daniel Larson	MD, Public Health Medical Director Upper Hudson Primary Care Consortium PO Box 3253, Glens Falls, NY 12801
Richard Leach	MD, Tuberculosis and Infectious Disease

	Program Consultant One Irongate Center, Glens Falls, NY 12801
David Mousaw	MD, 20 Centennial Drive Queensbury, NY 12804
Regina Muscatello	Clinical Nurse Supervisor Westmount Health Facility Warren County
John Penzer	Executive Director Greater ADK Home Health Aides PO Box 678, Glens Falls, NY 12801
Robert Phelps	Commissioner, Department of Social Services Warren County
Sharon Schaldone	Assistant Director Patient Services Warren County Health Services
Sara Sellig	Speech Therapist 31 Overlook Drive, Queensbury, NY 12804
Carol Shippey	Vice President Patient Services and Chief Nursing Officer Glens Falls Hospital 100 Park Street, Glens Falls, NY 12801
Helen Stern	Public Health Nurse Immunization Program Coordinator Warren County
Marti Tucker	Physical Therapist 568 West Mountain Road, Queensbury, NY 12804

RESOLUTION REQUEST FORM NO. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: Health Services

DATE: 1/25/08

- (a) Purpose of Grant: To apply for grant funding to Walmart Teaching Tools for WIC Healthy Lifestyle Program
- (b) Name of Grantor: Walmart
- (c) Address of Grantor: Walmart Foundation.org
- (d) Grantor's Contact Person and Telephone Number: 1-800-530-9925
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? Yes
- (f) Effective Date of Grant: Not indicated - lump sum amount would be awarded
- (g) Termination Date of Grant:
- (h) Total Dollar Amount Involved (not to exceed): \$1000.00
- (i) Deadline to Submit Grant Application and/or Grant Agreement: Not indicated on form
- (j) Is a Budget amendment required? Not at this time If yes, also complete and submit Form No. 7.
- (k) Are the funds to go into a Capital Project or Capital Reserve Project? No If yes, also complete and submit Form No. 8 or Form No. 9, as applicable.
- (l) Is a Local Share Required? No If Yes, Where are the Funds? List Budget Code (with title), Object Code (with title), and Amount OR Capital Project OR Capital Reserve Project Number and Title and Amount:

Warren County Board of Supervisors

RESOLUTION NO. 566 OF 2005

Resolution introduced by Supervisors Haskell, Barody, Sheehan, F. Thomas, Quintal, Champagne and Mason

To authorize Warren County WIC Coordinator to
~~RATIFYING ACTIONS OF WARREN COUNTY WIC COORDINATOR REGARDING
SUBMISSION OF A GRANT APPLICATION TO THE WALMART GOOD WORKS
FOUNDATION; AUTHORIZING CHAIRMAN TO EXECUTE RESULTANT GRANT
AGREEMENT PAPERWORK - HEALTH SERVICES DEPARTMENT~~

WHEREAS, the Warren County WIC Coordinator ^{wishes to} submitted an application to

the WalMart Good.Works Foundation, in order to receive grant funds in the amount of
^{up to} One Thousand Dollars (\$1,000), said funds to be used for ^{purchasing} providing ~~inexpensive age-~~
~~teaching tools for Healthy Lifestyle Program~~
~~appropriate education object tools to parents of Five Hundred (500) area toddlers to~~
~~be used in the home setting, said tools would help parents by giving guidelines and~~
~~coaching on their use to help the toddlers improve specific skills, now, therefore, be~~

it

RESOLVED, that the ~~actions of the~~ Warren County WIC Coordinator ^{is} ~~are~~ hereby
~~ratified, and be it further~~ ^{authorizing to submit application}

RESOLVED, that upon notification of the award of said grant funds, the
Chairman of the Warren County Board of Supervisors be, and hereby is, authorized and
directed to execute any and all grant agreement paperwork relative to the above, in the
form approved by the County Attorney.

Note:

We did this before after application submitted.
Maybe this will be helpful drafting language
for this time -> we try to make life easier
when we can 😊

WARREN COUNTY



HEALTH SERVICES

MUNICIPAL CENTER, LAKE GEORGE, N.Y. 12845

(518) 761-6425

January 4, 2008

Dear Pat,

I'd like to apply for grant funding from our local Wal Mart to purchase teaching tools for our Healthy Lifestyle Program. The benefits could range between \$100 and \$1,000. Could we get approval?

Thank you
Jean



www.walmartfoundation.org 1-800-530-9925

Ver. 2/11

Application for Grant Funding

Return completed form to the Wal-Mart Store or SAM'S CLUB where you obtained this application.

Location Use Only:
 Grant Type: Matching Grant Community Grant
 Location #: _____ City: _____ ST: _____ Type: WM / SAM'S / DC / TO / Other _____
 Today's Date: ___ / ___ / ___ Date of Event: ___ / ___ / ___ Fundraiser Location: On Site Off Site Amount Requested: \$ _____
 How many associates will / did participate in the event? _____ (not required if held on site) Has the event been placed on the calendar? Y/N _____
 Specifically, what is the fundraiser? (matching grants only) _____
 Managers Name (signed and printed): _____
 Community Involvement Associate: _____
This application and a receipt letter (matching grants only) must be completed and ON FILE at your location for ALL grants

To Be Completed by the Organization:
 Select one: IRS designated 501c3 organization OR: 501c4 501c6 501c19 organization*
 *Must provide a valid Federal Tax ID / EIN #. Number will be validated using the IRS publicly available database
 OR: Faith Based Organization ** Public School Federal, State or Local Government Agency
 **Faith Based Organizations must be conducting projects that benefit the community as a whole. Grants cannot solely or primarily benefit, directly or indirectly, their adherents or members
 Organization Name: _____ Federal 501c3, c4, c6 or c19 Tax ID (EIN) #: (9 digits) _____
 Address: _____ City: _____ ST: _____ Zip: _____
 Contact Name: _____ Contact Phone: _____
 What service does your organization provide to the community? _____

Specifically, how will funds from this grant be utilized in your local community? _____
 Which of the following groups will this funding primarily benefit? This information is used solely to track our funding to specific diverse community groups and is NOT considered during the grant review or approval process. Please select only the most appropriate:
 Hispanic African American Asian American Native American General Population (benefits the entire community)
 Will these grant funds directly benefit your LOCAL community? Yes No

Organization Representative: By signing below I acknowledge that this form represents a request for funding, and is not a guarantee of funding. Final approval is subject to the guidelines of the Wal-Mart Foundation. All organizations holding fundraisers at any Wal-Mart Stores, Inc. location, or requesting grant funding, must abide by the rules and guidelines set forth by the location, Wal-Mart Stores, Inc., and the Wal-Mart Foundation. This request will not be processed unless signed by all parties.
 Signed: _____ Printed: _____ Date: _____

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: 1/25/08

- (a) Purpose of Contract Change: To amend contract with Glens Falls Animal Hospital to reflect rate changes provided for Rabies Control Program per attached fee schedule
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 767/2002, 83/2004
- (c) Name of Contractor: Robert O'Connor D/B/A Glens Falls Animal Hospital
- (d) Address of Contractor: 66 Glenwood Avenue, Queensbury, NY 12804
- (e) Contractor's Contact Person and Telephone Number: Robert O'Connor, 792-6575
- (f) Commencement Date of Amendment: 1/1/08
- (g) Termination Date of Extension: 30 days by either party, see attached contract
- (h) Payment Provisions: Monthly voucher submission accompanied by specific documentation for each individual service, Health Services staff prior approves each service
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount OR Capital Project OR Capital Reserve Project Number and Title and Amount: A.4018.0030.435 Disease Control - Medical Expenses

ROBERT O'CONNOR D.V.M.
 MICHAEL HOFFMAN D.V.M.
 JOHN O'CONNOR D.V.M.
 LAURA MALINCONICO D.V.M.

GLENS FALLS ANIMAL HOSPITAL

66 GLENWOOD AVENUE
 QUEENSBURY, NY 12804
 TELEPHONE (518) 792-6575
 FAX (518) 792-5136



Pricing for Warren County Health Department Effective 1/1/2008

	Euthanasia	Rabies Specimen Prep and Submission*	Cremation	Quarantine (per day)
Bats	\$10.00	\$20.00	NA	NA
Very Small Animals (<5 pounds)	\$10.00	\$25.00	\$8.00	NA
Small Animals (5-25 pounds)	\$20.00	\$30.00	\$35.00	\$7.00
Medium Animals (25-50 pounds)	\$25.00	\$40.00	\$45.00	\$8.00
Large Animals (50-100 pounds)	\$35.00	\$45.00	\$60.00	\$9.00
Larger Animals (Over 100 pounds)	\$45.00	\$50.00	\$80.00	\$10.00
Adult Deer	NA	NA	\$100.00	NA

*Shipping fees will be charged separately and based on current shipping rates.

Documentation of fees to be sent with vouchers

Warren County Board of Supervisors

RESOLUTION NO. 83 OF 2004

Resolution introduced by Supervisors Haskell, Quintal, Sheehan and F. Thomas

AUTHORIZING AGREEMENTS WITH DR. ROBERT O'CONNOR D/B/A GLENS FALLS ANIMAL HOSPITAL TO ADMINISTER RABIES INOCULATIONS FOR DOMESTIC DOGS AND CATS WITHIN WARREN COUNTY AT MANDATED RABIES CLINICS AND FOR THE PREPARATION OF ANIMAL HEADS AND/OR ANIMAL PARTS FOR LABORATORY TESTING; AND SCHROON RIVER ANIMAL HOSPITAL, P.C. TO ADMINISTER RABIES INOCULATIONS FOR DOMESTIC DOGS AND CATS WITHIN WARREN COUNTY AT MANDATED RABIES CLINICS - HEALTH SERVICES DEPARTMENT

RESOLVED, that Warren County continue the contractual relationship (the previous contracts being authorized by Resolution No. 767 of 2002) as follows, to administer rabies inoculations to domestic dogs and cats within Warren County at mandated rabies clinics implemented by the Warren County Health Services Department, and to prepare animal heads and/or other animal parts for submission to a laboratory for testing, at the following rates, for a term commencing January 1, 2004 and terminating December 31, 2004, and the Chairman of the Board of Supervisors be, and he hereby is, authorized to execute agreements in the form approved by the County Attorney:

NAME/AGENCY

RATES

Dr. Robert O'Connor d/b/a
Glens Falls Animal Hospital
66 Glenwood Avenue
Queensbury, NY 12804

\$60/hr. (veterinarian fee) - rabies clinics
\$25/hr. (animal handler fee) - rabies clinics
Specimen Preparation and Submission:
Bats - \$20
Small Animals - \$30
Medium Animals - \$40
Large Animals - \$50
Euthanasia - \$15 - for all animals except bats
\$10 - Quarantine period: \$40

Schroon River Animal Hospital, P.C.
150 Schoon River Road
Warrensburg, NY 12885

\$60/hr. (veterinarian fee) - rabies clinics
\$25/hr. (animal handler fee) - rabies clinics

RENEWAL AGREEMENT

THIS RENEWAL AGREEMENT (hereinafter referred to as the "Agreement"), made by and between the COUNTY OF WARREN, a municipal corporation and political subdivision established under the Laws of the State of New York, having its principal offices and place of business located at the Warren County Municipal Center with a mailing address of 1340 State Route 9, Lake George, New York 12845 (the "County"), and

ROBERT O'CONNOR D/B/A. GLENS FALLS ANIMAL HOSPITAL, having a principal office and place of business located at 66 Glenwood Avenue, Queensbury, New York 12804 (the "Contractor").

WITNESSETH, that the parties hereto mutually agree as follows:

1. That the Agreement previously entered into by the parties dated May 5, 1998 to administer rabies inoculations to domestic dogs and cats within Warren County and for the preparation of animal heads and/or other animal parts for submission to a laboratory for testing (hereinafter referred to as the "Previous Agreement"), is hereby renewed for the period commencing January 1, 2005 and terminating upon thirty (30) days notice under the same terms and conditions as set forth in said Previous Agreement except to the extent amended or changed as follows:

(a) Paragraph "2" is amended to read:

- "2. The County shall pay to the Contractor compensation in the amounts as set forth below:
- i. Sixty Dollars (\$60) per hour for veterinarian fee - rabies clinics;
 - ii. Twenty-Five Dollars (\$25) per hour for animal handler fees - rabies clinics;
 - iii. Twenty Dollars (\$20) for specimen preparation and submission for bats;
 - iv. Thirty Dollars (\$30) for specimen preparation and submission for small animals;

See attached fee sheet

see attached for schedule

- v. Forty Dollars (\$40) for specimen preparation and submission for medium animals;
- vi. Fifty Dollars (\$50) for specimen preparation and submission for large animals;
- vii. Fifteen Dollars (\$15) for euthanasia for all animals except bats;
- viii. Ten Dollars (\$10) for euthanasia for bats;
- ix. Forty Dollars (\$40) - Quarantine period.

(b) Paragraph "3" is amended to read:

"3. This Agreement shall be for a period commencing January 1, 200~~5~~²⁰⁰⁸ and terminating upon thirty (30) days written notice to the other of its intention to terminate."

(c) The terms and provisions of the above amended paragraphs shall supersede and amend any conflicting or contrary terms and/or provisions contained in any other paragraph of the previous agreement as if such other paragraph was specifically set forth herein and amended.

2. That the abbreviated description in Paragraph "1" hereof of the Previous Agreement entered into by the parties, is intended for reference and convenience purposes only and shall not be deemed to fully describe the Previous Agreement or any terms or conditions thereof.

3. The parties shall rely upon the full text of the Previous Agreement and the specific amendment or changes set forth in this Agreement for all understandings, terms, conditions, obligations and/or requirements of performance during the extended term provided by this Agreement.

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS*

***Please List All Other Requests Not Covered by Previous Resolution Request Forms Here. Please attach any backup information available and be as detailed as possible.**

DEPARTMENT NAME: Health Services

DATE: 1/25/08

- (a) Purpose of Request: To adjust cost of immunizations administered in the Division of Public Health in order to cover cost of pharmaceuticals and related clinic expenses
- (b) Details:
- (c) Previous Resolution Number: 71/2007

Warren County Board of Supervisors

RESOLUTION NO. 71 OF 2007

Resolution introduced by Supervisors Mason, Sheehan, Haskell, F. Thomas, Tessier, Champagne and Sokol

INCREASING COST OF IMMUNIZATIONS ADMINISTERED IN THE PUBLIC HEALTH DIVISION - HEALTH SERVICES DEPARTMENT

RESOLVED, that the cost of immunizations (last amended by Resolution No. 138 of 2006) administered in the Public Health Division be, and hereby are, increased, with new costs as per Schedule "A" attached, in order to cover the cost of pharmaceuticals and related clinic expenses of the Health Services Department.

SCHEDULE "A"

WARREN COUNTY PUBLIC HEALTH
PRICE LIST FOR IMMUNIZATIONS

Appointments taken: Tuesdays and Fridays, 3:00-4:30pm and Wednesdays, 9:00am-11:am
 (If someone needs to come at a different time, check with nurses to see who will be available)

Hepatitis A: Adult <i>Cost per dose to county: <u>\$18.11</u></i>	\$33.00 for each in a series of two shots, given over a period of at least 6 months.
Hepatitis B: Adult <i>Cost per dose to county: <u>\$23.98</u></i>	\$40.00 for each in a series of three shots, given over a period of at least 6 months.
HPV (Guardisil) <i>Cost per dose to county: <u>\$120.50</u></i>	\$15.00 for women 18 years old or younger \$136.00 for older
Influenza (Flu) Injection or Mist <i>Encourage public clinics if possible</i> <i>Cost per dose to county: <u>\$10.30</u></i>	\$20.00 or Medicare Part B
IPV (Polio) <i>Cost per dose to county: <u>\$22.79</u></i>	\$15.00 for VFC-qualified children \$40.00 for older
Menactra/Menomune <i>Encourage public clinics if possible</i> <i>Cost per dose to county: <u>\$94.93</u></i>	\$15.00 VFC-qualified children \$110.00 for older
MMR (Measles/Mumps/Rubella) <i>Cost per dose to county: <u>\$45.00</u></i>	\$15.00 for child/adult student or health care workers, \$60.00 otherwise
Pneumovax <i>Encourage public clinics if possible</i> <i>Cost per dose to county: <u>\$31.20</u></i>	\$46.00 or Medicare Part B
PPD (TB Test) <i>Cost per dose to county: <u>\$2.50</u></i>	\$18.00 If patient comes back to Public Health office in 2-3 days to have site read. If read by Clinic Nurse off-site, there will be an additional 5.00 charge.
Pre-Rabies <i>Cost per dose to county: <u>\$146.65</u></i>	\$188.00 for each in a series of three shots, given over a period of 3 weeks.
Td (Tetanus) <i>Encourage public clinics if possible</i> <i>Cost per dose to county: <u>\$19.14</u></i>	\$35.00
Tdap (Tetanus & Pertussis) <i>Cost per dose to county: <u>\$34.61</u></i>	\$50.00

Varivax (Chickenpox Vaccine) <i>Cost per dose to county: <u>\$70.30</u></i>	\$15.00 \$88.00 for older
Twinrix (Combination Hep B & A) <i>Cost per dose to county: <u>\$36.90</u></i>	\$52.00 for each in a series of three shots, given over a period of at least 6 months.
Travel Immunizations	Suggest looking on website: www.cdc.gov/travel to find out what shots are needed for a particular country OR call Whitney Young Health Center @ 465-4771 OR Saratoga Co. Public Health @ 584-7460
Zostavax (Shingles vaccine) <i>Cost per dose to county: <u>\$153.90</u></i>	\$169.00 for 60 years old and older

- Fees are requested at time of immunization, checks accepted, no charge cards. **No child is turned away because of an inability to pay.**
- All other immunizations (i.e. most children's shots) are administered at scheduled clinics around the county. No appointment is needed at these clinics.
- Above mentioned immunizations are also available at scheduled clinics except for TB test, Pre-Rabies, Zostavax, and Menactra/Menomune vaccines.

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS*

***Please List All Other Requests Not Covered by Previous Resolution Request Forms Here. Please attach any backup information available and be as detailed as possible.**

DEPARTMENT NAME: Health Services

DATE: 1/25/08

- (a) Purpose of Request: To establish per visit rates per the attached for individual patient service visits for individual disciplines
- (b) Details: These rates are determined by Medicaid cost reports
- (c) Previous Resolution Number:

Warren County Board of Supervisors

RESOLUTION NO. 698 OF 2005

Resolution introduced by Supervisors Haskell, Barody, Sheehan, F. Thomas, Quintal, Champagne and Mason

SETTING CERTIFIED HOME HEALTH AGENCY AND LONG TERM HOME HEALTH CARE PROGRAM CHARGES FOR 2006 - HEALTH SERVICES DEPARTMENT

RESOLVED, that Certified Home Health Agency and Long Term Home Health Care Program Charges for 2006 are set as follows:

<u>SERVICE</u>	<u>CHARGE</u>
Skilled Nursing	\$125 per visit
Physical Therapy	\$ 90 per visit
Speech Therapy	\$ 90 per visit
Occupational Therapy	\$ 90 per visit
Medical Social Worker	\$ 90 per visit
Nutritionist	\$ 90 per visit
Respiratory Therapy	\$ 90 per visit
Audiology	\$ 90 per visit
Home Health Aide	\$ 45 per hour
Personal Care Aide	\$ 45 per hour
Homemaker	\$ 45 per hour

Warren County Health Services 2008 Requested Rate Increases

	<u>Current Rates</u>	<u>Suggested Rates</u>
Skilled Nursing	\$125.00	\$150.00
Physical Therapy	\$90.00	\$110.00
Occupational Therapy	\$90.00	\$110.00
Speech Therapy	\$90.00	\$110.00
Respiratory Therapy	\$90.00	\$110.00
Nutrition	\$90.00	\$110.00
Medical Social Worker (MSW)	\$90.00	\$110.00
HHA	\$45.00	\$50.00

NOTE:

*Based on 2006 Medicaid Cost report Projected costs

In 2007 Therapist received an increase in rate paid.

Last Quarter of 2006 Nursing staff received an increase too.

Therefore we assume rates need to significantly increase to cover these costs.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: 1/25/08

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To authorize a contract agreement with The Center for Better Hearing
- (c) Name of Contractor: The Center for Better Hearing
- (d) Address of Contractor: 318 Ridge Road, Queensbury, NY 12804
- (e) Contractor's Contact Person and Telephone Number: Susan Boggia AUD Doctor of Audiology, 798-4800
- (f) Has or will the Contract be provided, if so, please attach: Use model for Paul Gancher
- (g) Commencement Date of Contract: 2/18/08
- (h) Termination Date of Contract: 30 days written notice by either party
- (i) Payment Provisions:
 - i) lump sum amount Bi-monthly
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.)
- (j) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: Long Term Home Health Care, A.4016.470, Long Term contracts expenses

INTERSTATE
INSURANCE
GROUP

CHICAGO INSURANCE COMPANY

Executive Offices
55 E. MONROE STREET
CHICAGO, ILLINOIS 60603

Client #
796865

MEDICAL PROFESSIONAL LIABILITY OCCURRENCE INSURANCE POLICY

Region	Producer	Issued	Prior Certificate Number	Purchasing Group Policy Number
23	0029457	06/05/07	NEW	ASH-2000000

Offered through ASHA Purchasing Group Association

SECTION I

DECLARATIONS

Item	CERTIFICATE NUMBER: AHL 2911582		
1. Named Insured:	SUSAN C BOGGIA DBA CENTER FOR BETTER HEARING		
2. Mailing Address: C/O	393 ATATEKA DR CHESTERTOWN, NY 12817		
3. Policy Period:	From: 07/01/2007 12:01 A.M. Standard Time At Location of Designated Premises	To: 07/01/2008	
4. Business or Profession: Affiliation:	AMN. SPEECH-LANGUAGE-HEARING ASSN. AUDIOLOGIST AUDIOLOGIST (S/E INDIVIDUAL/BUSINESS)		
5. The Named Insured is a(n):	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Individual
	<input type="checkbox"/> Sole Proprietor (with employees)		<input type="checkbox"/> Other:

This policy is made and accepted subject to the printed conditions of this policy together with the provisions, stipulations and agreements contained in the following forms(s) or endorsements(s):

PLE-2082, PLE-2087(04/00), PLJ-2037(05/98), PON-2003, PLE-2117(4/98), PLE-2151(10/98)

SECTION II

Item	COVERAGE	Premium
A.	Professional Liability <input checked="" type="checkbox"/>	\$167.00
B.	General Liability <input checked="" type="checkbox"/>	\$111.00
	Endorsements <input type="checkbox"/>	
TOTAL:		\$278.00

LIMITS OF LIABILITY

\$ 2,000,000 each Incident and
each Occurrence \$ 5,000,000 Aggregate

SECTION III

SUPPLEMENTARY PAYMENTS

- A. First Party Assault
- B. Licensing Board Reimbursement
- C. Wage Loss and Expense
- D. Deposition Expense
- E. First Aid Reimbursement

Representative Agent or Broker

MARSH Affinity Group Services
a service of SEABURY & SMITH
1440 RENAISSANCE DRIVE
PARK RIDGE, IL 60068
1-800-503-9230

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: 1/25/08

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To authorize the development of a contract agreement with Jaimi-Lyn Tudor to provide nutrition services
- (c) Name of Contractor: Jaimi-Lyn Tudor
- (d) Address of Contractor: 7 Gillespie Street, Hoosick Falls, NY 12090
- (e) Contractor's Contact Person and Telephone Number: Jaimi-Lyn Tudor, 857-8286
- (f) Has or will the Contract be provided, if so, please attach: Use model for Geraldine Torrence (not an active contractor)
- (g) Commencement Date of Contract: 2/18/08
- (h) Termination Date of Contract: 30 days written notice by either party
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
Bi-monthly at agreed upon established per individual visit or meeting rate upon receipt of required documentation for each visit at following rates: Region 1: \$53, evals \$55; Region 2: \$60, evals \$60; meetings \$40
- (j) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: CHHA A4010.10.470 Health Services Contract Expenses, LTHHC A.4016.470 Long Term Care Contract Expenses

**INTERSTATE
INSURANCE
GROUP**

CHICAGO INSURANCE COMPANY

Executive Offices
55 E. MONROE STREET
CHICAGO, ILLINOIS 60603

Client #
846920

MEDICAL PROFESSIONAL LIABILITY OCCURRENCE INSURANCE POLICY

Region	Producer	Issued	Prior Certificate Number	Purchasing Group Policy Number
23	0001614	12/17/07	NEW	44-2010129

Offered through Allied Health Purchasing Group Association

SECTION I DECLARATIONS

Item **CERTIFICATE NUMBER: AHL 2928389**

1. Named Insured: **JAIMI-LYN TUDOR**

2. Mailing Address: C/O **7 GILLESPIE STREET
HOOSICK FALLS, NY 12090**

3. Policy Period: From: **12/27/2007** To: **12/27/2008**
12:01 A.M. Standard Time At Location of Designated Premises

4. Business or Profession: Affiliation: **DIETICIAN INSURANCE PROGRAM**
DIETICIAN
EMPLOYED DIETITIAN

5. The Named Insured is a(n): Partnership Corporation Individual
 Sole Proprietor (with employees) Other:

This policy is made and accepted subject to the printed conditions of this policy together with the provisions, stipulations and agreements contained in the following forms(s) or endorsements(s):

PLE-2082, PLE-2087(04/00), PLJ-2037(05/98), PON-2003, POE-2151(10/98)

SECTION II

Item	COVERAGE	Premium
A.	Professional Liability <input checked="" type="checkbox"/>	\$76.00
B.	General Liability <input type="checkbox"/>	
	Endorsements <input type="checkbox"/>	
TOTAL:		\$76.00

LIMITS OF LIABILITY

\$ 1,000,000 each Incident and each Occurrence **\$ 3,000,000** Aggregate

SECTION III

SUPPLEMENTARY PAYMENTS

- A. First Party Assault
- B. Licensing Board Reimbursement
- C. Wage Loss and Expense
- D. Deposition Expense
- E. First Aid Reimbursement

Representative Agent or Broker

MARSH Affinity Group Services
a service of SEABURY & SMITH
1440 RENAISSANCE DRIVE
PARK RIDGE, IL 60068
1-800-503-9230

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: 1/25/08

- (a) Purpose of Contract Change: To extend agreement with Honeywell HomeMed to provide yearly support and communication (transmittal of data) contracts for Telemed equipment
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 468/2005
- (c) Name of Contractor: Honeywell HomeMed
- (d) Address of Contractor: 23262 Network Place, Chicago, ILL 60673
- (e) Contractor's Contact Person and Telephone Number: No specific contact, 1-888-353-5404 - trouble-shooting issues
- (f) Commencement Date of Amendment: 1/1/08
- (g) Termination Date of Extension: 30 days written notice by either party
- (h) Payment Provisions: Currently: 31 units/\$1860 due each February and May; 22 units/\$1320 due each October
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount OR Capital Project OR Capital Reserve Project Number and Title and Amount: A.4010.10.428 Data Processing Health Services

Warren County Board of Supervisors

RESOLUTION NO. 468 OF 2005

Resolution introduced by Supervisors Haskell, Barody, Sheehan, F. Thomas, Quintal, Champagne and Mason

AUTHORIZING AGREEMENT WITH HONEYWELL HOMMED, LLC TO PURCHASE EQUIPMENT AND SERVICES FOR TELEMEDICINE DEMONSTRATION PROGRAM - HEALTH SERVICES DEPARTMENT

WHEREAS, Warren County Health Services Department has applied for and was awarded a grant in the amount of One Hundred Eight Thousand Six Hundred Dollars (\$108,600) from the New York State Department of Health in order to start up a Telemedicine Demonstration Program for residents of rural Warren County, and

WHEREAS, specialized equipment, in the form of monitors and receivers, is necessary in order to implement said Telemedicine Demonstration Program, as well as a monthly fee for monitor communications once the program is up and running, and

WHEREAS, telephone quotes from vendors who would supply the aforesaid monitors and receivers were solicited, and three companies responded, with Honeywell HomMed being the lowest responsible bidder, now, therefore, be it

RESOLVED, that Warren County enter into an agreement with Honeywell HomMed, LLC, 19275 West Capital Drive, Suite 200, Brookfield, Wisconsin 53045, to provide equipment and monitor communications for the Telemedicine Demonstration Program, in an amount not to exceed One Hundred Thousand Seven Hundred Fifty Dollars (\$100,750) to purchase the necessary equipment, as well as a Five Dollar (\$5) per month, per monitor, communications fee, for a term commencing September 1, 2005 and terminating August 31, 2007; and the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an agreement in the form approved by the County Attorney.

2. **One-Time License Fee.** A one time license fee is charged for each user based upon the following schedule:

Number of Named Users Accessing the Receiver Unit	Cost Per User
1-5	No charge
6+	\$ 200.00 each

If Customer chooses the Client Network Option, additional software copies must be purchased at a cost of \$250.00 per copy.

3. **Monitor Upgrades.** For Monitors that Customer purchased or leased, Supplier agrees to allow Customer to upgrade Monitor units at any time after twenty-four (24) months by surrendering the old Monitor unit(s) in exchange for the new Monitor unit(s) and a) adding an additional two (2) years onto the existing Monitor lease; b) entering into a new two (2) year lease; or c) paying a cash price to be determined at the time of the exchange to cover the cost of the new Monitor units.

4. **Extended Term Pricing.** The pricing for any Extended Term shall be the then-current pricing offered by Supplier.

5. **Communication and License Fees.** Supplier shall invoice Customer annually in advance upon delivery a Monitor Communication and License Fee in an amount equal to \$5.00 per month for each Monitor.

6. **Service Fees and Reimbursable Expenses.** Customer shall be charged service fees for services necessary to develop the protocol for an Integrated System and for technical support after expiration of the Warranty Period ("Service Fees") in accordance with the following rate schedule:

Chief Technology Officer	\$250.00 per hour
Senior Software Engineer	\$150.00 per hour
Senior Hardware Engineer	\$125.00 per hour
Technical Support Personnel	\$75.00 per hour

Customer shall also be charged for reasonable travel, lodging and living expenses for on-site services and out-of-pocket expenses at cost for consulting or hardware ("Reimbursable Expenses").

7. **Other Costs.** The cost of the System is exclusive of all applicable federal and state sales, use, and excise taxes and all costs and expenses for certification of medical devices required by any country other than the United States of America (collectively, "Other Costs"). The Other Costs shall be separately invoiced to or paid by Customer, as applicable.

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: 1/25/08

- (a) Purpose of Contract Change: To continue agreement with Upper Hudson Primary Care Consortium Community Health Assessment, to keep information database and website updated
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 81/2007, see attached resolution
- (c) Name of Contractor: Upper Hudson Primary Care Consortium
- (d) Address of Contractor: One Broad Street Plaza, Glens Falls, NY 12801
- (e) Contractor's Contact Person and Telephone Number: Vicky Wheaton-Seracini, 761-0300
- (f) Commencement Date of Amendment: 1/1/08
- (g) Termination Date of Extension: 12/31/08
- (h) Payment Provisions: Amount not to exceed \$5000 payable on submission of annual report and valid Warren County voucher
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount **OR** Capital Project **OR** Capital Reserve Project Number and Title and Amount: 4018.470 Preventive Program Contract Expenses

Warren County Board of Supervisors

RESOLUTION NO. 81 OF 2007

Resolution introduced by Supervisors Mason, Sheehan, Haskell, F. Thomas, Tessier, Champagne and Sokol

continuation of
AUTHORIZING AGREEMENT WITH UPPER HUDSON PRIMARY CARE CONSORTIUM AND NEW YORK STATE DEPARTMENT OF HEALTH AS CONTRACTOR FOR ADIRONDACK RURAL HEALTH NETWORK - HEALTH SERVICES DEPARTMENT

WHEREAS, the Upper Hudson Primary Care Consortium is desirous or providing Warren County Health Services assistance in developing 1) an online tool to allow interactive analysis of telephone survey data by selected independent variables, such as age, gender, county, etc.; 2) set up an interactive CHA database that will allow Warren County to update their community health indicators and track them over time; 3) develop a password protected online area on the Upper Hudson Primary Care Consortium/Adirondack Rural Health Network website for accessing the new online tools previously listed herein and manage it so only authorized staff has access; and 4) provide assistance to Warren County Public Health staff in analyzing the health data compiled in the tools outlined in numbers 1 through 3, and

WHEREAS, the Health Services Committee recommends entering into said agreement for a term commencing January 1, ~~2007~~²⁰⁰⁸ and terminating December 31, ~~2007~~²⁰⁰⁸, for an amount not to exceed Five Thousand Dollars (\$5,000) payable upon submission of bi-annual report and a valid County voucher, now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to enter into an agreement with the Upper Hudson Primary Care Consortium and New York State Department of Health, Contractor for Adirondack Rural Health Network, One Broad Street Plaza, Glens Falls, New York 12801, for a term

RESOLUTION NO. 81 OF 2007

Page 2, Continued

commencing January 1, ²⁰⁰⁵~~2007~~ and terminating December 31, ²⁰⁰⁸~~2007~~ for an amount not to exceed Five Thousand Dollars (\$5,000) payable upon submission of bi-annual report and a valid County voucher in a form approved by the County Attorney.

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: 1/25/08

- (a) Purpose of Contract Change: To extend contracts with ENS Health Care of New York, Visiting Nurse Association of Albany Home Care Corporation, and North Country Home Services Inc. to provide paraprofessional care services for LTHHCP and CHHA
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 864/2006, see attached resolution
- (c) Name of Contractor: See attached information
- (d) Address of Contractor: See attached information
- (e) Contractor's Contact Person and Telephone Number: See attached information
- (f) Commencement Date of Amendment: 1/1/08
- (g) Termination Date of Extension: 12/31/08
- (h) Payment Provisions: Agreed upon rates, see attached. Monthly payments upon receipt of voucher and individual client documentation for each individual service provided
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount OR Capital Project OR Capital Reserve Project Number and Title and Amount: CHHA A.4010.470 Health Services Contract Expense, Long Term Home Health Care A.4016.470 Long Term Care Contract Expenses

Warren County Board of Supervisors

RESOLUTION NO. 864 OF 2006

Resolution introduced by Supervisors Sheehan, Haskell, F. Thomas, Tessier, Champagne and Mason

AUTHORIZING AMENDMENT AGREEMENT WITH VARIOUS AGENCIES AS A RESULT OF RATE INCREASE; AMENDING RESOLUTION NO. 696 OF 2005 - HEALTH SERVICES DEPARTMENT

WHEREAS, Resolution No. 696 of 2005 authorized, among other things, the continuation of the contractual relationship with ENS Health Care Management, LLC d/b/a Interim Health Care of New York, Visiting Nurse Association of Albany Home Care Corporation, and North Country Home Services, Inc. (the "Agencies") for paraprofessional care services under the Long Term Home Health Care Program and Certified Home Health Aide Program, said agreements to terminate upon thirty (30) days notice by either party, and

WHEREAS, Resolution No. 696 of 2005 also included a provision that no further resolutions would be necessary to indefinitely continue the agreements, unless there was a change in rates, and

WHEREAS, the Director of Public Health/Patient Services has been advised by the Agencies that effective January 1, ²⁰⁰⁸~~2007~~, there will be changes in their rates, which rates differ from the rates originally authorized in Resolution No. 696 of 2005 and, as a result, amendments are now necessary to the agreements and Resolution No. 696 of 2005, now, therefore, be it

RESOLVED, that the rates shown on Resolution No. 696 of 2005 for the above described Agencies, be and hereby are, amended as follows:

RESOLUTION NO. 864 OF 20 06

Page 2, Continued

<u>CONTRACTOR/ AGENCY</u>	<u>PURPOSE</u>	<u>ESTIMATED CONTRACT AMOUNTS/RATES</u>
ENS Health Care Management, LLC d/b/a Interim Health Care of New York	Paraprofessional Care Services - LTHHCP & CHHA	Home Health Aide \$ 19.05 <i>19.00/hr</i> Personal Care Aide \$18.60/hr <i>18.75/hr</i> Housekeeper \$17.85/hour <i>18.20/hr</i>
Visiting Nurse Association of Albany Home Care Corporation	Paraprofessional Care Services - LTHHCP & CHHA	Home Health Aide \$19.98/hr <i>20.68/hr</i> Personal Care Aide \$ 19.46 <i>20.14/hr</i>
North Country Home Services, Inc.	Paraprofessional Care Services - LTHHCP & CHHA	Home Health Aide* <i>23.68/hr</i> Personal Care Aide* (Levels 1 & 2)

and be it further

RESOLVED that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute amendment agreements with the Agencies showing the above rate changes, effective January 1, ~~2007~~ *2008*, in the form approved by the County Attorney, and be it further

RESOLVED, that all other terms and conditions of the agreements with the Agencies, as well as all other terms and conditions of Resolution No. 726 of 2004 regarding these agreements, remain in full force and effect.

*RATE EQUAL TO MEDICAID RATE TO BE SET AFTER 1/1/07

ADMINISTRATIVE OFFICE

Rebecca Leahy, R.N., Executive Director
D. Scott Tooker, Financial Director
25 Church Street, Saranac Lake, NY 12983
Phone (518) 891-5611
Fax (518) 891-2055

SERVICE OFFICES

Malone (518) 483-4502
Plattsburgh (518) 566-0183
Saranac Lake (518) 891-2641
Ticonderoga (518) 585-9820
Tupper Lake (518) 359-3336

NORTH COUNTRY



HOME SERVICES

25 Church Street • Saranac Lake, NY 12983 • (518) 891-2641 • Fax (518) 891-2055

November 21, 2007

Patricia C. Nenninger
Assistant County Attorney
Warren County Municipal Center
1340 State Route 9
Lake George, NY 12845

Dear Ms. Nenninger:

Thank you for sending us the contracts for 2008. Our Fiscal Director has reviewed the contracts for home health aide and personal care aide services and has requested that the following paragraph be added to the contract in the interest of accuracy. Please consider adding this paragraph to the contract for 2008.

“In the event that the Personal Care Aide I rate or Personal Care Aide II rate is changed during the term of this agreement, this agreement is automatically amended and modified so that such new rate shall be the amount of reimbursement to be paid to the Contractor to be effective as of the date that such rate change is established by the New York State Department of Health. “

Our Board of Directors has approved our home health aide rate for 2008 as follows:

<u>2007 Rate</u>	<u>2008 Rate</u>	<u>% Increase</u>
\$23.00	\$23.68	3%

We appreciate your considering adding this paragraph to the contract as we feel it would insure continued accuracy and compliance. Please call me at 518-891-5611 if you have any questions or concerns. Thank you very much and we continue to appreciate being able to provide services in Warren County.

Sincerely,

Rebecca Leahy, RN
Executive Director

RL/sb
CC: Pat Auer, Warren Co. Public Health

Auer, Pat

From: Kenneth J. Mooney [kmooney@vnhc.com]
Sent: Friday, January 11, 2008 4:06 PM
To: Auer, Pat
Subject: Proposed2008RatesforVNHC

Dear Pat,

I propose a 3.5% increase over last year's rates, to \$20.14/hr for PCA and \$20.68/hr for HHA. If acceptable please forward the agreement.

Thanks,

Visiting Nurses Home Care

Kenneth J. Mooney, Director

kmooney@vnhc.com

p 694-9907
f 694-9913

1/11/2008

Auer, Pat

From: Lisa Evans [levans@interimhealthcr.com]
Sent: Friday, January 11, 2008 3:56 PM
To: auerp@co.warren.ny.us.org
Cc: jboduch@nycap.rr.com
Subject: 2008 rate request

Warren County Health Services Rate Request-2008

HHA 19.00
PCA 18.75
Homemaker 18.20

Thank you for your consideration.

Lisa L. Evans, CoPresident
Interim HealthCare
1735 Central Ave.
Albany, NY 12205
(p) 518-452-3655
(f) 518-452-0765
levans@interimhealthcr.com

1/11/2008

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: 1/25/08

- (a) Purpose of Contract Change: To extend contract with North Country Home Services to approve 2007 Home Health Aide rates
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 643/2007
- (c) Name of Contractor: North Country Home Services Inc.
- (d) Address of Contractor: 25 Church Street, Saranac Lake, NY 12983
- (e) Contractor's Contact Person and Telephone Number: Rebecca Leahy, 891-5611
- (f) Commencement Date of Amendment: 1/1/07
- (g) Termination Date of Extension: 12/31/07
- (h) Payment Provisions: Upon receipt of documentation for each individual patient visit
 - i) lump sum amount
 - ii) hourly rate amount \$23.00/hour
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount OR Capital Project OR Capital Reserve Project Number and Title and Amount: A4010.10.470 Health Services CHHA Contract Expenses; A.4016.10.470 Long Term Home Health Care Contract Expenses

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: November 29, 2006

- (a) Purpose of Contract Change: To renew contract with North Country Home Services Inc. to provide home health aide and personal care aide services
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 696/05
- (c) Name of Contractor: North Country Home Services
- (d) Address of Contractor: 25 Church Street, Saranac Lake, NY 12983
- (e) Contractor's Contact Person and Telephone Number: Rebecca Leahy, 518-891-2641
- (f) Commencement Date of Amendment: 1/1/07
- (g) Termination Date of Extension: 12/31/07
- (h) Payment Provisions: Agreed upon per visit rate paid upon receipt of documentation for each service provided, see rates below
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount **OR** Capital Project **OR** Capital Reserve Project Number and Title and Amount: A4010.10.470 Health Services contracts, A4016.10.470 Long Term Home Health Care Program contracts. Home Health Aide 23.00/hour, Personal Care Aide: new rates cannot be set until after first of year when Medicaid rates are sent

Warren County Board of Supervisors

RESOLUTION NO. 643 OF 2007

Resolution introduced by Supervisors Mason, Sheehan, Haskell, F. Thomas, Tessier, Champagne and Sokol

AUTHORIZING AMENDMENT AGREEMENT WITH NORTH COUNTRY HOME SERVICES, INC. FOR PARAPROFESSIONAL CARE SERVICES UNDER THE LONG TERM HOME HEALTH CARE (LTHHC) AND CERTIFIED HOME HEALTH AIDE (CHHA) PROGRAMS - HEALTH SERVICES DEPARTMENT

WHEREAS, Resolution No. 726 of 2004 (most recently amended by Resolution No. 271 of 2006) authorized, among other things, the continuation of the contractual relationship with North Country Home Services, Inc. (the "Agency") for paraprofessional care services under the LTHHC and CHHA Programs, said agreement to terminate upon thirty (30) days notice by either party, and

WHEREAS, Resolution No. 726 of 2004 also included a provision that no further resolutions would be necessary to indefinitely continue the agreements, unless there was a change in rates, and

WHEREAS, the Director of Public Health/Patient Services has been advised by the Agency that the rates for services rendered by Personal Care Aides, effective 1/1/07 will differ from the rates originally authorized in Resolution No. 726 of 2004 and, as a result, an amendment is now necessary to the agreement, now, therefore, be it

RESOLVED, that the rates shown on Resolution No. 726 of 2004 (most recently amended by Resolution No. 271 of 2006) for the above described Agency, be and hereby are, amended as follows:

RESOLUTION NO. 643 OF 20 07

Page 2, Continued

<u>CONTRACTOR/ AGENCY</u>	<u>PURPOSE</u>	<u>ESTIMATED CONTRACT AMOUNTS/RATES</u>
North Country Home Services, Inc.	Paraprofessional Care Services - LTHHCP	Personal Care Aide \$20.35/hr (Homemaker tasks) Personal Care Aide \$20.65/hr (Personal Care Aide Tasks)

and be if further

RESOLVED that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an amendment agreement with North Country Home Services, Inc. showing the above rate changes, effective January 1, 2007, in the form approved by the County Attorney, and be it further

RESOLVED, that all other terms and conditions of the agreement with North Country Home Services, Inc. remain in full force and effect.

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: 1/25/08

- (a) Purpose of Contract Change: To amend contract with Richard Leach MD to reflect rate changes for medical direction services for infectious disease
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: On file - amended 84/2004
- (c) Name of Contractor: Richard Leach MD
- (d) Address of Contractor: 28 Sherman Avenue, Glens Falls, NY 12801
- (e) Contractor's Contact Person and Telephone Number: Dr. Leach, 793-6619
- (f) Commencement Date of Amendment: 1/1/08
- (g) Termination Date of Extension: 12/31/08
- (h) Payment Provisions: Quarterly voucher submission at agreed upon contractual rates, Health Services will add additional fees for any documented meetings attended at \$175/hour
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount OR Capital Project OR Capital Reserve Project Number and Title and Amount: A.4018.30.437 Disease Control Consulting Fees

(See attached resolution for changes.)

Warren County Board of Supervisors

RESOLUTION NO. 84 OF 2004

Resolution introduced by Supervisors Haskell, Quintal, Sheehan and F. Thomas

AUTHORIZING AGREEMENT WITH RICHARD LEACH, M.D., AS MEDICAL DIRECTOR FOR TUBERCULOSIS AND ALL OTHER INFECTIOUS DISEASE RELATED ILLNESSES WITHIN THE HEALTH SERVICES DEPARTMENT

RESOLVED, that Warren County continue the contractual relationship (the previous contract being authorized by Resolution No. 767 of 2002), with Richard Leach, M.D., 28 Sherman Avenue, Glens Falls, New York 12801, to provide medical direction services for the Tuberculosis Program and all other infectious disease related illnesses within the Warren County Health Services Department, ^{One thousand five hundred} ~~for an amount of Four~~ ^{Dollars (\$1,500)} ~~Thousand One Hundred Twenty Dollars (\$4,120)~~, with additional reimbursements for the following circumstances: ^{One Hundred Seventy-Five Dollars (\$175) per hour in the} ~~event of an unanticipated emergency requiring the presence of the Medical Director for Infectious Diseases; and Seventy-Five Dollars (\$75) for any public health related meeting attended at the request of the Director of Public Health/Patient Services with~~ ²⁰⁰⁸ ~~advance notice of at least one (1) week, for a term commencing January 1, 2004 and (30 days ^{written} notice by either party)~~ ~~terminating December 31, 2004~~, and the Chairman of the Board of Supervisors be, and he hereby is, authorized to execute an agreement in the form approved by the County Attorney.

\$ 223.00 FOR initial consultation patient visits
\$ 85.00 FOR revisit patient visit
FOR any patient referred by Director of Public Health/
Patient Services or her designee ^{for treatment}

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: 1/25/08

- (a) Purpose of Contract Change: to amend contracts with Upper Hudson Primary Care Consortium to reflect rate changes for medical direction services for John Rugge MD, Daniel Larson MD, and David Mousaw MD
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 136/2005
- (c) Name of Contractor: Upper Hudson Primary Care Consortium
- (d) Address of Contractor: Two Broad Street Plaza, Glens Falls, NY 12801
- (e) Contractor's Contact Person and Telephone Number: Paula Ives DeGrechie, 761-0300
- (f) Commencement Date of Amendment: 1/1/08
- (g) Termination Date of Extension: Written notice by either party
- (h) Payment Provisions: Quarterly voucher submission at agreed upon contractual rates. Health Services will add additional fees for any documented meetings attended at \$175/hour
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount **OR** Capital Project **OR** Capital Reserve Project Number and Title and Amount: A.4010.10.437 Health Services Consulting Fees (Dr. Rugge), A.4011.10.437 Physically handicapped Children Consulting Fees (Dr. Mousaw), A.4018.10.437 Preventive Program (Dr. Larson)

(See attached resolution for changes.)

Warren County Board of Supervisors

RESOLUTION NO. 136 OF 2005

Resolution introduced by Supervisors Haskell, Barody, Sheehan, F. Thomas, Quintal, Champagne and Mason

AMENDING RESOLUTION NO. 726 OF 2004 TO INCLUDE ADDITIONAL AGREEMENTS CONTINUING CONTRACTUAL RELATIONSHIPS WITH VARIOUS CONTRACTORS AND/OR AGENCIES - HEALTH SERVICES DEPARTMENT

WHEREAS, Resolution No. 726 of 2004 authorized, among other things, the Chairman of the Board to execute agreements continuing contractual relationships with various contractors and/or agencies engaged in business with the Health Services Department, and

WHEREAS, it has become necessary to amend said Resolution to include additional contractors continuing their contractual relationships with Warren County since the time that Resolution No. 726 of 2004 was adopted, now, therefore, be it

RESOLVED, that Resolution No. 726 of 2004 be, and hereby is, amended to include additional contractors and/or agencies that are continuing their contractual relationships with Warren County, as shown below:

<u>Contractor/Agency</u>	<u>Purpose</u>	<u>Estimated Contract Amount/Rates</u>	<u>Term</u>
Upper Hudson Primary Care Consortium (Daniel Larson, MD)	Medical Director	5,380 \$6,180 /yearly plus \$75/meeting \$175/hour emergency For attendance at meetings requested by DPH/DPS	30 terminable
Upper Hudson Primary Care Consortium (David Mousaw, MD)	Medical Director For Physically Handicapped Children and Children with Special Needs	3320 \$4,120 /yearly plus \$75 /meeting \$175/hour emergency For attendance at meetings requested by DPH/DPS	30 terminable
Upper Hudson Primary Care Consortium John Ruggend	Medical Director For Division of Patient Services	2700 yearly plus \$175/hour For attendance at meetings requested by DPH/DPS	30 term

Warren County Board of Supervisors

RESOLUTION NO. 88 OF 2004

Resolution introduced by Supervisors Haskell, Quintal, Sheehan and F. Thomas

AUTHORIZING AGREEMENT WITH JOHN RUGGE, M.D. FOR HIGH-TECH CONSULTATION SERVICES WITHIN THE HEALTH SERVICES DEPARTMENT

RESOLVED, that Warren County continue the contractual relationship (the previous contract being authorized by Resolution No. 767 of 2002), with John Rugge, M.D., 44 Garrison Road, Queensbury, New York 12804, for high-tech consultation services within the Warren County Health Services Department, for an amount not to exceed Three Thousand Five Hundred Dollars (\$3,500), for a term commencing January 1, 2004 and terminating December 31, 2004, and the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an agreement in the form approved by the County Attorney.

*Dr Rugge's contract is now listed with
Upper Hudson Primary Care Consortium not
with him at his private residence*

RESOLUTION REQUEST FORM NO. 12

Request to Fill Vacant Position*

*(Please Note: A Resolution IS NOT REQUIRED for approval IF the vacant position is funded in the Warren County Salary Budget. However, the request must be approved by the Personnel Committee BEFORE the position is filled as well as the Finance Committee if new dollars are involved.

A Resolution IS REQUIRED if the vacant position is NOT FUNDED in the Warren County Salary Budget.)

DEPARTMENT NAME: Health Services

DATE: 1/25/08

- (a) Title of Vacant Position to be Filled: WIC Nutrition Aide
- (b) Date position became vacant: 2/2/08
- (c) Do You Anticipate Filling the Position In-House? Yes, .5 part time WIC Nutrition Aide just hired and schedule to begin 1/25/08 interested in taking full time position
If Yes, List Employee Number:
- (d) Annual Salary of Position (and Grade if Applicable):* \$22,988.00, Grade 3
*(This should be the Base Salary for the position if it is being filled by a new employee, or the salary, including longevities, for any existing employee who is filling the position.
- (e) Effective Date of Filling Position:* 2/25/08
*Please do not backdate unless the purpose is to correct an error.
- (f) Where are Funds in the Budget for this Position? (List budget code (with title), object code (with title), and amount): A4013.10 WIC Salaries
- (g) Does the Vacant Position Show a Salary in the Budget? Yes
- (h) Will Lower Level Position be Vacated as a Result of Filling this Vacancy? Yes If yes, is there a Request to Fill that Position also? Yes
- (i) If Yes, will it be Filled In-House? No
If Yes, List Current Title and Employee No.:
- (j) Salary of Lower Level Position:* n/a
*See notes under Item No. (c) concerning how the salary should be listed.
- (k) Effective Date of Filling Lower Level Position:
- (l) Is this a mandated position? If so, please explain: Not mandated but nesscary to overall smooth functioning of WIC Program. WIC staff is minimal to begin with given scope of program tasks in offering clinics throughout the county
- (m) Is there expected revenue from this position? If so, please explain: Position is fully funded by NYSDOH WIC Program contract grant

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an *existing* funded position in their budget that is vacated due to a retirement, resignation or termination. This notice may not be used for requests to create a *new* position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department Health Services
Title of Position WIC Program Aide Base salary \$ 22,988 Grade 3
Budget code and title _____
This position is vacate due to: Retirement Resignation Termination
Employee No. 11186 employee moving out of state

COMMISSIONER OF ADMINISTRATIVE & FISCAL SERVICES COMPLETES THIS SECTION

Name of Committee Health Services Date 1-24-08

- The Commissioner has no objection to the filling of the vacancy.
- The Commissioner objects to the filling of the vacancy.

Commissioner Signature [Signature]

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health Services Date 1/25/08

- The committee has no objection to the filling of the vacancy.
- The committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature _____

PERSONNEL COMMITTEE COMPLETES THIS SECTION

Date _____

- The Personnel Committee has no objection to the filling of the vacancy.
- The Personnel Committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature _____

RESOLUTION REQUEST FORM NO. 12

Request to Fill Vacant Position*

*(Please Note: A Resolution IS NOT REQUIRED for approval IF the vacant position is funded in the Warren County Salary Budget. However, the request must be approved by the Personnel Committee BEFORE the position is filled as well as the Finance Committee if new dollars are involved.

A Resolution IS REQUIRED if the vacant position is NOT FUNDED in the Warren County Salary Budget.)

DEPARTMENT NAME: Health Services

DATE: 1/25/08

- (a) Title of Vacant Position to be Filled: Word Processing Operator
- (b) Date position became vacant: 1/28/08
- (c) Do You Anticipate Filling the Position In-House? No
If Yes, List Employee Number:
- (d) Annual Salary of Position (and Grade if Applicable):* \$24,059, Grade 4
*(This should be the Base Salary for the position if it is being filled by a new employee, or the salary, including longevities, for any existing employee who is filling the position.
- (e) Effective Date of Filling Position:* A current Civil Service list exists, as soon as possible with authorization
*Please do not backdate unless the purpose is to correct an error.
- (f) Where are Funds in the Budget for this Position? (List budget code (with title), object code (with title), and amount): A.4010.10.110 Health Services Salaries
- (g) Does the Vacant Position Show a Salary in the Budget? Yes
- (h) Will Lower Level Position be Vacated as a Result of Filling this Vacancy? No If yes, is there a Request to Fill that Position also?
- (i) If Yes, will it be Filled In-House?
If Yes, List Current Title and Employee No.:
- (j) Salary of Lower Level Position:*
*See notes under Item No. (c) concerning how the salary should be listed.
- (k) Effective Date of Filling Lower Level Position:
- (l) Is this a mandated position? If so, please explain: No, but necessary to process documentation required to obtain reimbursement for nursing services
- (m) Is there expected revenue from this position? If so, please explain: Yes, indirectly, see (l)

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an *existing* funded position in their budget that is vacated due to a retirement, resignation or termination. This notice may not be used for requests to create a *new* position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department Health Services
Title of Position Ward Processing Operator & Base salary \$24,059
Budget code and title Health Services A-4010-10 0110 52107ES
This position is vacate due to: Retirement Resignation Termination
Employee No. 8830

COMMISSIONER OF ADMINISTRATIVE & FISCAL SERVICES COMPLETES THIS SECTION

Name of Committee Health Service Date 1-24-08

- The Commissioner has no objection to the filling of the vacancy.
- The Commissioner objects to the filling of the vacancy.

Commissioner Signature 

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee _____ Date _____

- The committee has no objection to the filling of the vacancy.
- The committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature _____

PERSONNEL COMMITTEE COMPLETES THIS SECTION

Date _____

- The Personnel Committee has no objection to the filling of the vacancy.
- The Personnel Committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature _____

RESOLUTION REQUEST FORM NO. 12

Request to Fill Vacant Position*

*(Please Note: A Resolution IS NOT REQUIRED for approval IF the vacant position is funded in the Warren County Salary Budget. However, the request must be approved by the Personnel Committee BEFORE the position is filled as well as the Finance Committee if new dollars are involved.

A Resolution IS REQUIRED if the vacant position is NOT FUNDED in the Warren County Salary Budget.)

DEPARTMENT NAME: Health Services

DATE: 1/25/08

- (a) Title of Vacant Position to be Filled: Senior Account Clerk
- (b) Date position became vacant: 3/31/08
- (c) Do You Anticipate Filling the Position In-House? No
If Yes, List Employee Number:
- (d) Annual Salary of Position (and Grade if Applicable):* \$27,559, Grade 7
*(This should be the Base Salary for the position if it is being filled by a **new** employee, or the salary, **including longevities**, for any **existing** employee who is filling the position.
- (e) Effective Date of Filling Position:* A current Civil Service list exists, 3/31/08
*Please do not backdate unless the purpose is to correct an error.
- (f) Where are Funds in the Budget for this Position? (List budget code (with title), object code (with title), and amount): 4054.110 Ed. Phys. Handicapped Children (Preschool)
- (g) Does the Vacant Position Show a Salary in the Budget? Yes
- (h) Will Lower Level Position be Vacated as a Result of Filling this Vacancy? No If yes, is there a Request to Fill that Position also?
- (i) If Yes, will it be Filled In-House?
If Yes, List Current Title and Employee No.:
- (j) Salary of Lower Level Position:*
*See notes under Item No. (c) concerning how the salary should be listed.
- (k) Effective Date of Filling Lower Level Position:
- (l) Is this a mandated position? If so, please explain: No, but very critical - position is responsible for clerical oversight of billing and securing reimbursement for Early Intervention and Preschool Programs as well as Preschool transportation coordinating
- (m) Is there expected revenue from this position? If so, please explain: Revenues realized from a variety of streams in EI and Preschool Programs: NYSDOH, NYS Ed Dept., Medicaid, private ins.

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an *existing* funded position in their budget that is vacated due to a retirement, resignation or termination. This notice may not be used for requests to create a *new* position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department Health Services
Title of Position Senior account clerk Base salary \$ 27,559
Budget code and title 4054.110 Ed. Phys. Handicapped Children
This position is vacate due to: Retirement Resignation Termination
Employee No. 9992 lateral move to DPW - Parks + Rec.

COMMISSIONER OF ADMINISTRATIVE & FISCAL SERVICES COMPLETES THIS SECTION

Name of Committee Health Services Date 1-24-08

- The Commissioner has no objection to the filling of the vacancy.
- The Commissioner objects to the filling of the vacancy.

Commissioner Signature [Signature]

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health Services Date _____

- The committee has no objection to the filling of the vacancy.
- The committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature _____

PERSONNEL COMMITTEE COMPLETES THIS SECTION

Date _____

- The Personnel Committee has no objection to the filling of the vacancy.
- The Personnel Committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature _____

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS*

***Please List All Other Requests Not Covered by Previous Resolution Request Forms Here. Please attach any backup information available and be as detailed as possible.**

DEPARTMENT NAME: Health Services

DATE: 1/25/08

- (a) Purpose of Request: To adjust suggested donation from \$5.00 per animal to \$10.00 per animal at Public Health Rabies Clinics
- (b) Details:
- (c) Previous Resolution Number: Resolution from back about 10 years ago

RESOLUTION REQUEST FORM NO. 1

Request to Appoint or Reappoint Member of Committee, Board or Agency*

*If more than one person is being appointed, please attach additional sheets

DEPARTMENT NAME: Health Services

DATE: 1/25/08

- (a) Name of Appointee: See below
- (b) Is this a Reappointment? Yes If so, please provide the Resolution No. which authorized the last appointment of this individual 74/2007, see attached
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible. Credentials maintained annually in Health Services
- (d) If Person is Being Appointed as a Representative of a Specific Group/Agency, Please List their Affiliation and Title See previous resolution on file
- (e) Address of Appointee: On file
- (f) Title of Appointment: Medical Directors
- (g) Effective Date of Appointment: 1/1/08
- (h) Termination Date of Appointment: 12/31/08
- (i) Name of Person Being Replaced (if applicable): n/a
- (j) Reason for Replacement: n/a

Daniel Larson MD
David Mousaw MD
John Ruge MD
Richard Leach MD

Warren County Board of Supervisors

RESOLUTION NO. 74 OF 2007

Resolution introduced by Supervisors Mason, Sheehan, Haskell, F. Thomas, Tessier, Champagne and Sokol

REAPPOINTING DANIEL LARSON, MD AS MEDICAL DIRECTOR OF THE DIVISION OF PUBLIC HEALTH, DAVID MOUSAW, MD AS MEDICAL DIRECTOR OF THE PHYSICALLY HANDICAPPED CHILDREN'S AND CHILDREN WITH SPECIAL HEALTH CARE NEEDS PROGRAMS, JOHN RUGGE, MD AS MEDICAL DIRECTOR FOR THE DIVISION OF PATIENT SERVICES AND RICHARD LEACH, MD AS MEDICAL DIRECTOR FOR INFECTIOUS DISEASES - HEALTH SERVICES DEPARTMENT

WHEREAS, the New York State Department of Health requires that a Medical Director be appointed for the Division of Public Health and for the Physically Handicapped Children's and Children with Special Health Care Needs Programs within the Warren County Health Services Department, and

WHEREAS, the Public Health Director/Early Intervention Officer of the Health Services Department recommends the reappointment of Daniel Larson, MD as the Medical Director of the Division of Public Health and David Mousaw, MD as Medical Director of the Physically Handicapped Children's and Children with Special Health Care Needs Programs, and

WHEREAS, the Public Health Director of the Health Services Department also recommends the reappointment of John Rugge, MD as the Medical Director for the Division of Patient Services and Richard Leach, MD as Medical Director for Infectious Diseases, now, therefore, be it

RESOLVED, that Daniel Larson, MD and David Mousaw, MD, both of Upper Hudson Primary Care Consortium, Inc., 2 Broad Street, Glens Falls, New York 12801, be, and hereby are, reappointed as Medical Directors as described in the preambles of this resolution, for a term commencing January 1, ~~2007~~ and terminating December 31, ~~2007~~,
and be it further
2008 2008

RESOLUTION NO. 74 OF 20 07

Page 02, Continued

RESOLVED, that John Rugge, MD of Upper Hudson Primary Care Consortium, Inc., 2 Broad Street, Glens Falls, New York 12801, and Richard Leach, MD, of 28 Sherman Avenue, Glens Falls, New York 12801, be, and hereby are, reappointed as Medical Directors as described in the preambles of this resolution, for a term commencing January 1, ~~2007~~ and terminating December 31, ~~2007~~.

2008

2008

Committee Member Expiration Listing

Committee	Member Name	Resolution #	Cert. Of Appt.	Date of Appt.	Expiration Date
Medical Directors of the Division of Public Health Within the Warren County Health Services Department	LARSON M.D., DANIEL	R74/2007	NO	02/16/2007	12/31/2007
Medical Directors of the Division of Public Health Within the Warren County Health Services Department	LEACH M.D., RICHARD	R74/2007	NO	02/16/2007	12/31/2007
Medical Directors of the Division of Public Health Within the Warren County Health Services Department	MOUSAW M.D., DAVID	R74/2007	NO	02/16/2007	12/31/2007
Medical Directors of the Division of Public Health Within the Warren County Health Services Department	RUGGE, JOHN	R74/2007	NO	02/16/2007	12/31/2007

TOTAL NUMBER OF MEMBERS EXPIRING

4

Selection Criteria

Committee equals Medical Directors of the Division of Public Health Within the Warren County Health Services Department

Expiration Date between 12/01/2007 AND 12/31/2007

Grades	2008	2007	2006	2005	2004-02	2001-00	1999-95	1994-90	1989-85	1984-80	1979
	First	Second	Third	Fourth	Fifth	Eighth	Tenth	Fifteen	Twenty	Twentyfive	Thirty
1	21,921	22,305	22,695	23,092	24,015	25,506	26,226	26,726	27,226	27,726	28,226
2	22,503	22,897	23,298	23,706	24,654	26,134	26,853	27,353	27,853	28,353	28,853
3	22,988	23,390	23,799	24,215	25,186	26,658	27,378	27,878	28,378	28,878	29,378
4	24,059	24,480	24,908	25,344	26,358	27,812	28,532	29,032	29,532	30,032	30,532
5	25,032	25,470	25,916	26,370	27,424	28,861	29,581	30,081	30,581	31,081	31,581
6	26,101	26,558	27,023	27,496	28,596	30,015	30,734	31,234	31,734	32,234	32,734
7	27,559	28,041	28,532	29,031	30,193	31,587	32,308	32,808	33,308	33,808	34,308
8	28,697	29,199	29,710	30,230	31,439	32,814	33,534	34,034	34,534	35,034	35,534
9	29,702	30,222	30,751	31,289	32,540	33,899	34,619	35,119	35,619	36,119	36,619
10	30,867	31,407	31,957	32,516	33,817	35,154	35,874	36,374	36,874	37,374	37,874
11	31,351	31,900	32,458	33,026	34,349	35,678	36,398	36,898	37,398	37,898	38,398
12	31,839	32,396	32,963	33,540	34,882	36,203	36,923	37,423	37,923	38,423	38,923
13	32,812	33,386	33,970	34,564	35,949	37,255	37,974	38,474	38,974	39,474	39,974
14	33,590	34,178	34,776	35,385	36,799	38,092	38,813	39,313	39,813	40,313	40,813
15	34,564	35,169	35,784	36,410	37,868	39,144	39,864	40,364	40,864	41,364	41,864
16	35,587	36,210	36,844	37,489	38,988	40,246	40,966	41,466	41,966	42,466	42,966
17	37,282	37,934	38,598	39,273	40,846	42,075	42,795	43,295	43,795	44,295	44,795
18	38,133	38,800	39,479	40,170	41,777	42,992	43,712	44,212	44,712	45,212	45,712
19	38,978	39,660	40,354	41,060	42,703	43,905	44,625	45,125	45,625	46,125	46,625
20	40,647	41,358	42,082	42,818	44,532	45,705	46,425	46,925	47,425	47,925	48,425
21	41,679	42,408	43,150	43,905	45,620	46,740	47,490	47,990	48,490	48,990	49,490

1st yr -
Grade 19 \$18.74
20 \$19.54
21 \$20.04

RESOLUTION REQUEST FORM NO. 11

Request to Create New Position

DEPARTMENT NAME: Nursing

DATE: February 1, 2008

- (a) Title of Requested Position: RN 2 Grade 20
- (b) Annual **Base** Salary (and Grade if Applicable): \$40,647.00
- (c) Effective Date for New Position:* 03/01/2008
*Please do not backdate unless the purpose is to correct an error.
- (d) List Any Position in the Department's Table of Organization Being Deleted as a Result of this Request: (Include annual salary and grade if applicable): N/A
- (e) Where are Funds in the Budget for this Position? List Budget Code (with title), Object Code (with title), and Amount: EF.60200.100 110 Amount 270,202.00 Title: Westmount, Nursing - Nurses Stations, Management and Supervision - Salarie - Regular.
- (f) Has Personnel Officer Reviewed and Approved of the New Position Title? (This is necessary **BEFORE** bringing the request to committees.) Yes
- (g) Is this a mandated position? If so, please explain: No
- (h) Is there expected revenue from this position? If so, please explain: No

RESOLUTION REQUEST FORM NO. 14

Request to Reclassify Position

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: FEBRUARY 1, 2008

- A. Title of reclassified position: RN 2 – Grade 20
- B. Annual Salary of Reclassified Position (and Grade if Applicable):* \$40,647.00
*(This should be the Base Salary for the position if it is being filled by a new employee, or the salary, including longevities, for any existing employee who is filling the position.
- C. Title and Employee Number of Position to be Deleted:
- D. Annual Salary of Position to be Deleted (and Grade if Applicable)* N/A
*(This should be the Base Salary for the position if it is being filled by a new employee, or the salary, including longevities, for any existing employee who is filling the position.
- E. Effective Date: March 1, 2008
- F. Where are Funds in the Budget for this Position? List Budget Code (with title), Object Code (with title), and Amount: Same Code EH.60200.100 110 . Title: Westmount, Nursing, Nurses Stations, Management and Supervision – Salary Regular.
- G. Has Personnel Officer Reviewed and Approved of the New Position Title? YES