

Countryside Adult Home
Meeting Agenda
July 25, 2008

1. Resolution request to extend the contract with Mahoney Notify to maintain and inspect our fire alarm system / sprinklers and notification.

There is an increase in price from \$721.00 per year to \$743.00 per year for the inspections and an increase in the technical service from \$68.00 per man hour to \$75.00 per man hour. (see attached for all other details). * Of note the copies presented here today are inaccurate, the date of service is written as August 1, 2008- July 1, 2009, it is to be through July 31, 2009. I have requested it be rewritten and sent back to me with the correct date. The original will be sent to the Chairman to be signed once I have received the corrected version.

2. ? Resolution request needed – to enter into a contract with Sanders Fire System to perform biannually inspections and service as needed to our fire extinguishing service in the kitchen. And to pay invoice #55655 in the amount of \$445.00

I have checked back and Sanders has been doing this service since 1984. They keep track of when it is needed and then they call to set up an appointment with us. The inspection cost less then \$200.00 a year for the inspection there is sometimes additional cost if there is needed service. This year we needed a few updates (please review attached invoice). They also provide the same service at Westmount.

When this invoice was sent it included the inspection for \$98.50 and 3 fusible links for \$13.50 and then \$333.00 for filters. I had received prices on the filters prior to them purchasing them and because they were under the \$350.00 was told we did not need a P.O. however I didn't realize they were going to be billed with the inspection which brought the entire bill up to \$445.00. Therefore I'm told in order to pay this I now need approval from committee and it was recommended by purchasing that we have a contract to cover this service at Westmount and Countryside.

3. Discussion #1 regarding transfer of duties from labor staff to kitchen helper:

We have a part-time kitchen helper position open, we have two labor positions which have been subject to conversation by this committee in recent meetings and the fate of those positions pending the hiring of a Building Maintenance Mechanic. I would like to propose the shifting of duties of one laborer to cover the part-time kitchen hours and the

remaining hours to cover the laborer duties. The vacant kitchen helper position saves about \$18,000.00 This position is a grade 2 as is the laborer position.

? do we need to post any position for this?

? do we need to change anything with this laborers title?

4. Discussion #2 also to include Westmount and Social Service regarding the policy to admit or not to admit pending Medicaid and / or Home Relief approval.

We did meet last month and we understand the HR has a 45 day waiting period before anything can happen. Medicaid does not take that long but still may be 30 days IF they have all the information they need and if it is accurate.

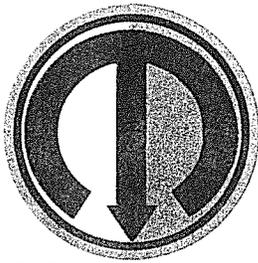
RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Countryside Adult Home

DATE: 7/24/08

- (a) Purpose of Contract Change: Extention of Contract
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract:
- (c) Name of Contractor: Mahoney Notify-Plus
- (d) Address of Contractor: P.O.Box 767, Glens Falls, New York, 12801
- (e) Contractor's Contact Person and Telephone Number: 518-793-7788
- (f) Commencement Date of Extension: August 1, 2008
- (g) Termination Date of Extension: July 31, 2009
- (h) Payment Provisions:
 - i) lump sum amount \$743.00
 - ii) hourly rate amount Per Contract
 - 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: Budget Department code 6030.



**Mahoney
Notify-Plus Inc.**

P.O. BOX 767
GLENS FALLS, NY 12801

PHONE: 518/793-7788 FAX: 518/793-0602
www.mahoneynotify-plus.com

July 2, 2008

Admin. Hal Payne
Countryside Adult Home
42 Gurney Lane
Queensbury, NY 12804

Effective **August 1, 2008 Fire and Security alarm system inspections** will be conducted **Semi-Annually** with 100% device inspection each semi-annual period and will include the following devices when applicable for the period August 1, 2008 – July 1, 2009

CONTROL PANEL
SMOKE & HEAT DETECTORS
MANUAL PULL STATIONS
HORN STROBE UNITS
POWER SUPPLY/BATTERIES
SIREN/BELLS
PANIC/HOLDUP
DOOR PROTECTION
MOTION DETECTORS
ANNUNCIATOR PANEL
TRANSMISSION TO AUTHORITIES
SPRINKLER MONITORING SWITCHES

Quotations made herein are with the provision that local on premise Maintenance will assist with the inspection.

This inspection contract will be billed at a rate of \$743.00 PER YEAR. Technical service rates will be billed at \$75.00* per man hour, portal to portal. Overtime rates of \$112.50 (1 1/2 times the above rates will apply to all calls responded to between the hours of 5:00pm and 8:00am Mondays thru Friday (after normal office hours) and all hours on Saturdays, Sundays and legal holidays. *Prevailing wages when applicable will be invoiced at the current prevailing wage rate. Each service call will be invoiced a fuel surcharge of \$7.50.

Charges for additional work over and above the semi-annual inspection will be in accordance with the labor rates as specified above plus any material which is necessary. A copy of the work order will be left at the premise following each inspection stating the results of same. The original work order will be returned to Mahoney Notify-Plus Inc and kept in the customers files.

This Inspection Agreement is also subject to the following conditions:

- A. All agreements are made contingent upon strikes, fires accidents or causes beyond our control.
- B. This proposal shall be valid if acceptance is made within 30 days from the date written and upon our receipt of your Purchase Order.
- C. It is further agreed that this contract shall be in effect for a minimum period of one year.
- D. Mahoney Notify-Plus Inc. shall be deemed the exclusive authorized service company and will not be responsible for any repairs or tampering made by third parties.
- E. Mahoney Notify-Plus Inc., will not be held responsible for any damages that occur to the system as a result of fires, strikes, floods, lightning or other acts of God.

The undersigned parties have read and understand the terms referred to in this contract and are in complete agreement with same.

AGREED & UNDERSTOOD: **COUNTRYSIDE ADULT HOME**

Accepted by; _____
Date: _____

AGREED AND UNDERSTOOD: MAHONEY NOTIFY-PLUS INC.

Accepted by Kevin Mahoney
Date:.....7-2-08.....

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Countryside Adult Home

DATE: 7/24/08

- (a) Is this a Result of a Bid or Request for Proposal?
- (b) Purpose of Contract: To maintain the Ancel System in the kitchen at Countryside and Westmount
- (c) Name of Contractor: Sanders Fire System
- (d) Address of Contractor: 1826 N. Ausable Street, Keesville, New York 12944
- (e) Contractor's Contact Person and Telephone Number:
- (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
 - 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:



INVOICE

Sanders Fire Systems

"We keep you in compliance"

INVOICE # 55655
DATE: JULY 2, 2008

1826 N. Ausable Street, Keeseville, NY 12944
Phone 518.670.4222 Fax 518.205.0220
sandersfiresystems@charter.net

TO Countryside Adult Home
353 Schroon River Road
Warrensburg, NY 12885

SALESPERSON	JOB	PAYMENT TERMS	DUE DATE
MJD	Inspection	Net Due	6/12/08

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
1	Inspection of PCL-460	98.50	98.50
3	450 deg. Fusible links	4.50	13.50
8	16 x 25 baffle filters	27.75	222.00
4	16 x 20 baffle filters	27.75	111.00
<i>Buendic Hayes</i>			
SUBTOTAL			\$445.00
SALES TAX			
TOTAL			\$445.00

Make all checks payable to Sanders Fire Systems
THANK YOU FOR YOUR BUSINESS!

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Countryside Adult Home

DATE: 7/24/08

- (a) Purpose of Contract Change: Extention of Contract
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- (d) Address of Contractor: P.O.Box 767, Glens Falls, New York, 12801
- (e) Contractor's Contact Person and Telephone Number: 518-793-7788
- (f) Commencement Date of Extension: August 1, 2008
- (g) Termination Date of Extension: July 31, 2009
- (h) Payment Provisions:
 - i) lump sum amount \$743.00
 - ii) hourly rate amount Per Contract
 - 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: Budget Department code 6030.

A.6030 A70

WESTMOUNT HEALTH FACILITY AND
COUNTRYSIDE ADULT HOME
COMMITTEE MEETING
FRIDAY, JULY 25, 2008
9:30 A.M.
MUNICIPAL BUILDING BOARD ROOM

WESTMOUNT HEALTH FACILITY

- 1.) Pages 1-11 AIR HANDLER UP DATE –
PROJECT COST
APPROVAL FOR CHANGE ORDER.
- 2.) APPROVAL FOR WORK PERFORMED BY SIEMEN NON-COGENERATION
RELATED.
- 3.) Page 12 RESOLUTION REQUEST FOR NEW CONTRACT WITH GFH
REHABILITATION SERVICES COMMENCEMENT DATE 08/01/08.
- 4.) Pages 13-17 REQUEST RESOLUTION FOR OUT OF CODE TRANSFERS.
- 5.) Page 18 &19 REQUEST RESOLUTION TO RE-CLASSIFY LPN POSITIONS FOR
2008.

BUDGET REQUEST FOR 2009

- 6.) Page 20 REQUEST TO RE-CLASSIFY LPN POSITIONS
Pages 21 – 23 REQUEST TO RE-CLASSIFY VAN DRIVER AND DIETARY
SUPERVISOR.
- 7.) Page 24 STAFFING LEVELS.
- 8.) Page 25 OVERTIME REPORT.
- 9.) FOR DISCUSSION:
ADMISSIONS OF MEDICAID PENDING APPLICATIONS.
INVENTORY OF UNCLAIMED PROPERTY FROM DECEASED RESIDENTS.
- 10) RESOLUTION REQUEST FOR NEW CONTRACT – SOCIAL WORK
CONSULTANT.

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

July 25th, 2008

Memo of Understanding (Estimated Cost of Professional Services)
\$ 24,170.00

Highlander Engineering Services, PPLC \$ 3,000.00
Resolution No. 163 of 2008

Mahoney-Notify-Plus, Inc. \$ 2,080.00
2 Coventional Duct Smoke Detectors
Resolution 04/18/08

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
05/01/08 Mahoney Notify-Plus Labor/Travel to Service Alarm Checked Duct Work for New Air Handler #2	\$ 106.13
05/07/08 Adirondack Air Balance Company, Inc. Testing Balancing for New AHU #2	\$ 865.00
05/12/08 Mahoney Notify - Plus, Inc. Labor/Travel to Service Alarm Prevailing Wage Labor (2 hours)	\$ 225.38
05/28/08 CP HVAC and Control Trouble Shot Pneumatic Controls	\$ 756.00
06/14/08 Siemens - Repaired Pneumatic Controls	\$ 420.00
05/30/08 Monahan & Loughlin, Inc Change order Steel Supports for Air Handler Unit #1 & 2	\$ 2,124.00 <u>\$250,124.51</u>

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: July 25, 2008

- (a) Purpose of Request: Approval for Change Order for Air Handler Capital Project to be performed by Monahan Loughlin, Inc. H270.9550 280

- (b) Details: Fabricate and intall structural steel supports for Air Handling Units No 1 & 2 for the additional amount of 2,124.00 dollars.

- (c) Previous Resolution Number: WC 86-07



Contract Administration

G701 Change Order

(Instructions on the reverse side)

Distribution List:
 Owner
 Architect
 Contractor
 Field
 Other

PROJECT (Name and address):

Westmount Healthcare Facility
 Air Handling Unit Replacement
 Town of Queensbury
 Warren County, N.Y.

CHANGE ORDER NUMBER: 1

DATE: July 21, 2008

TO CONTRACTOR (Name and address):

Monahan & Loughlin, Inc.
 4 Locust Street, P.O. Box 311
 Hudson Falls, N.Y. 12839

ARCHITECT'S PROJECT NUMBER: 15-101-08

CONTRACT DATE: January 7, 2008

CONTRACT FOR: General Contract

THE CONTRACT IS CHANGED AS FOLLOWS:

(Include, where applicable, any undisputed amount attributable to previously executed Construction Change Directives)

Furnish all labor, equipment and materials necessary to fabricate and install structural steel supports for Air Handling Units No. 1 & 2, to provide the required clearance between the base of the new units and the existing roof. (Reference attached supporting data)
 This change is necessary due to unforeseen conditions beneath the existing roofing system.

The original (Contract Sum) (Guaranteed Maximum Price) was	\$ 35,720.00
The net change by previously authorized Change Orders	\$
The (Contract Sum) (Guaranteed Maximum Price) prior to this Change Order was	\$ 35,720.00
The (Contract Sum) (Guaranteed Maximum Price) will be (increased) (decreased) (unchanged) by this Change Order in the amount of	\$ 2,134.00
The new (Contract Sum) (Guaranteed Maximum Price) including this Change Order will be	\$ 37,854.00
The Contract Time will be (increased) (decreased) (unchanged) by _____ (0) days.	
The date of Substantial Completion as of the date of this Change Order therefore is _____	

NOTE: This Change Order does not include changes in the Contract Sum, Contract Time or Guaranteed Maximum Price which have been authorized by Construction Change Directive until the cost and time have been agreed upon by both the Owner and Contractor, in which case a Change Order is executed to supersede the Construction Change Directive.

NOT VALID UNTIL SIGNED BY THE ARCHITECT, CONTRACTOR AND OWNER.

Highlander Engineering Services, PLLC	Monahan & Loughlin, Inc.	Warren Co./Westmount
ARCHITECT (Firm name)	CONTRACTOR (Firm name)	OWNER (Firm name)
182 CR 44	4 Locust St., P.O. Box 311	42 Gunsey Lane
ADDRESS	ADDRESS	ADDRESS
Argyle, N.Y. 12809	Hudson Falls, N.Y. 12839	Queensbury, N.Y. 12804
Dan Bruno		Deetta Sager
BY (Signature)	BY (Signature)	BY (Signature)
DAN BRUNO		Barbara B. Thayer
(Typed name)	(Typed name)	(Typed name)
July 21, 2008		July 22, 2008
DATE	DATE	DATE

CAUTION: You should sign an original AIA Contract Document, on which this text appears in RED. An original assures changes will not be obscured.



Contract Administration

G701 Change Order Instructions

GENERAL INFORMATION

PURPOSE. AIA Document G701 is for implementing changes in the Work agreed to by the Owner, Contractor and Architect. Execution of a completed G701 indicates agreement upon all the terms of the change, including any changes in the Contract Sum (or Guaranteed Maximum Price) and Contract Time.

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COMPLETING THE G701 DOCUMENT

DESCRIPTION OF THE CHANGE IN THE CONTRACT

Insert a detailed description of the change or reference specific exhibits describing, in detail, the change to be made in the Contract by this Change Order. Include any drawings, specifications, documents, or other supporting data that clarify the scope of the change.

DETERMINATION OF COSTS

Insert in the blanks provided, or strike out the terms in parentheses that do not apply, the original Contract Sum or Guaranteed Maximum Price; the net change by previously authorized Change Orders (note that this does not include changes authorized by Construction Change Directive unless such changes were subsequently agreed to by the Contractor and recorded as a Change Order); the Contract Sum or Guaranteed Maximum Price prior to this Change Order; the amount of increase or decrease, if any, in the Contract Sum or Guaranteed Maximum Price; and the new Contract Sum or Guaranteed Maximum Price as adjusted by this Change Order.

CHANGE IN CONTRACT TIME

Insert in the blanks provided, and strike out the unused terms in parentheses, the amount (in days) of the increase or decrease, if any, in the Contract Time. Also insert the date of Substantial Completion, including any adjustment effected by this Change Order.

EXECUTION OF THE G701 DOCUMENT

When the Owner and Contractor, in concurrence with the Architect, have reached agreement on the change to be made in the Contract, including any adjustments in the Contract Sum (or Guaranteed Maximum Price) and Contract Time, the G701 document should be executed in triplicate by the two parties and the Architect, each retaining an original.



Change Order
MONAHAN & LOUGHLIN, INC.

ROOFING & SHEET METAL SPECIALISTS

4 Locust St., Hudson Falls, N.Y.12839 - Telephone: 518-747-4191 Fax: 518-747-8439

CHANGE ORDER #001

DATE: 7/17/08

JOB NAME: Westmount Health Facility - General Contract

M&L JOB NUMBER: 58704

CHANGE ORDER NUMBER: 001

CUSTOMER NAME: County of Warren Department of Public Works

CUSTOMER NUMBER:

CONTACT NAME: Dan Bruno

DESCRIPTION OF CHANGE:

Additional 5" tube steel to raise both Roof Top Units. Tube steel was required to achieve the minimum distance of 8" above roof level for the Roofing Warranty. The tube steel was installed on the new W10 steel beams and stitch welded in place.

LABOR: \$288.00

MATERIALS: \$1,836.00

TOTAL: \$2,124.00

SUBMITTED BY: EDWARD D. STEVES JR.

----Acceptance of Change Order ----

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made per previous contract agreement.

Date _____ 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: WESTMOUNT HEALTH FACILITY

DATE: July 25, 2008

- (a) Purpose of Request: Approval for payment regarding work performed by Siemens building Technologies, Inc.

- (b) Details: Repair to leaking Heat Plate Exchanger Engine non-covered by Cogeneration Agreement provided by Siemens Building Technologies, Inc. completed January 3rd, 2008.

- (c) Previous Resolution Number:

Cust PO No Signature	Cust PO Date 01/03/2008	Quotation No	Invoice No 5440652609	Date 01/17/2008
Sales Order No 3800170640	Sales Ord Date 01/11/2008	Lock Box No	Customer No 30101486	Page 1 of 2

Bill To: COUNTY OF WARREN 42 GURNEY LN QUEENSBURY NY 12804-8250	Ship To: Westmount Health Facility 42 Gurney Lane Queensbury NY 12804
---	---

Remit To: Siemens Building Technologies, Inc. % Bank of America 7850 Collections Center Drive Chicago IL 60693	Sold To: COUNTY OF WARREN 42 GURNEY LN QUEENSBURY NY 12804-8250
---	---

Delivery#:	Ship Date:
Freight Terms: Prepaid and Add	Carrier/Route: Best Way 049081
	Tracking No:

Line Item	Material Number/Description	U/M	Invoice Qty	Unit Price	Total Price
100	A7F55000016 Mechanic - work normal time ECCN: NLR Customer PO item #: 000100 Notes: Contact: Customer Service Siemens Building Technologies, Inc. Syracuse Sales Office 6075 E. Molloy Rd. Suite 4 Rodax Comm Park Syracuse NY 13211 Phone: (315)437-2726 Fax: (315)437-9049	HR	11.0	96.00	1,056.00
	State Taxes				0.00

Currency: USD	Invoice Total: 1,056.00
Payment Terms: Net Due 30 Days	Net Due By: 02/16/2008

If this invoice, delivery note, or packing list represents an export transaction, then these commodities, technology or software (items) were exported from the United States in accordance with the Export Administration Regulations. In all cases, diversion contrary to U.S law is prohibited. These items are not to be used, directly or indirectly, in prohibited nuclear, chemical/biological or missile weapons activities. This is to certify that the information on this invoice, delivery note, ASN or packing list is true and correct and that the contents of this shipment are as stated thereon.

We hereby certify that these goods were produced in compliance with all the applicable requirements of Section 6, 7, and 12 of the Fair Labor Standards Act, as amended, and regulations and orders of the United States Department of Labor issued under Section 14, thereof.

For shipment to California, "Displays exceeding 4" include the e-Waste recycle fee up to \$10 per item.

Work Report

Requested By ADAM POLLOCH (SIEMENS TECH)	Phone 518-859-0582	Date Received 11/05/2007	Scheduled Date 12/14/2007	Contract No. 2600027466	Service Order No. 5000456663-0014
Customer No: 30101486 Customer Name: COUNTY OF WARREN FL No: 4433-12804-00001 FL Name: Westmount Health Facility FL Address: 42 Gurney Lane Queensbury NY 12804		Bill To COUNTY OF WARREN 42 GURNEY LN QUEENSBURY NY 12804-8250		Call Type: NAM Field Service Equipment ID: 60581305 Customer PO: contract Order Type: CS.Order for Contract - Call Handling	
Instructions / Problem Description Westmount/Mech/November 11/05/2007 08:11:47 Kathleen Clark (Z000K5TH) Phone 518 782 0131 November visit.					
Work Description/ Customer Benefits/ Recommendations Delivery Mode: Refrigerant Usage Document No.: installed new heatexchanger engine 1. 1-heatexchanger System Restored Date : Time : 00:00:00					
Material No.	Description Of Material Used				Qty
Labor Date	Technician (Christopher Bartholomew)				Hours
12/24/2007	WORK NORM TIME MECH5				8.00
Additional Items Mileage Description					

Customer Signature / Date

Employee Signature / Date

NA

12/26/2007



12/26/2007
Christopher Bartholomew

SIEMENS

AUTHORIZATION TO PROCEED

We are responding to a request for service at your facility. It is possible the service you are requesting is considered billable. **We require written authorization before we can perform work.**

For your convenience, we are providing a copy of our most recent published service rates. If you are a Technical Support Program customer, you will be entitled to your contracted discount for all labor in the event this service call is billable. **Payment terms – net 30.** We accept VISA credit card payment.

EFFECTIVE 1/1/07 through 12/31/07

SERVICE AGREEMENT EXTRA:

For customers with Service contracts

	<u>MECHANIC</u>	<u>SPECIALIST</u>	<u>ENGINEER</u>	<u>Helper</u>	<u>FIRE</u>
STRAIGHT TIME	\$96.00	\$98.00	\$115.00	\$55.00	\$98.00
OVERTIME	\$130.00	\$135.00	\$140.00	\$82.50	\$135.00
DOUBLETIME	\$150.00	\$155.00	\$175.00		\$155.00

TIME & MATERIAL RATES:

Four hour minimum

For customers without service contracts

	<u>MECHANIC</u>	<u>SPECIALIST</u>	<u>ENGINEER</u>	<u>FIRE</u>
STRAIGHT TIME	\$115.00	\$120.00	\$130.00	\$120.00
OVERTIME	\$145.00	\$155.00	\$165.50	\$155.00
DOUBLE TIME	\$170.00	\$175.00	\$185.00	\$168.75

EXPENSES:

MILEAGE -----\$0.60 PER MILE PORTAL TO PORTAL
 PER DIEM 75+ MILES (ONE WAY) =\$100.00

Parts Description	Quantity	Price Each	Total Price

Description of Work - Emergency Service Call Cogen Engine #1
Leaking at Heat Exchanger.

Facility Name Westmant

Purchase Order Number: _____ Date _____

Signature/ print [Signature] 1-3-08

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Westmount Health Facility

DATE: July 25, 2008

- (a) Is this a Result of a Bid or Request for Proposal? RFP WC 60-08
- (b) Purpose of Contract: Rehabilitation Services regarding PT, OT ST
- (c) Name of Contractor: Glens Falls Hospital
- (d) Address of Contractor: 25 Willowbrook Road, Queensbury, NY 12804
- (e) Contractor's Contact Person and Telephone Number: Sharon Luckenbaugh,
Executive Director Rehab Services 926-2201
- (f) Has or will the Contract be provided, if so, please attach:
- (g) Commencement Date of Contract: August 1st, 2008
- (h) Termination Date of Contract: July 31, 2009, with two, one year extensions.
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount PT 52.00/hr, OT 52.00/hr, ST 62.00/hr
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. monthly
- (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.73300.6802 470 Westmount, Physical Therapy, Contracted \$72,000.00 EF.73400.6802 470 Westmount, Occupational Services \$70,000.00 EF.73500.6802 470 Westmount, Speech Services \$10,204.00

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: WESTMOUNT HEALTH FACILITY
Name of Department

SIGNED: _____ **DATE:** July 25, 2008

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.8300.5906 410	Westmount, Administrative Services, Supplies	EF.83500.5802 210	Westmount, Adm Services, Furniture Equipment	55.00
EF.60200.5803 260	Westmount,Nursing- Nurses' Stations, Other Equipment	EF.60200.5802 210	Westmount,Nursing- Nurses' Station, Furniture Equipment	1,865.00

Please state reason for transfers requested: 2 Quark Boards, 2 Mattresses, 8 Task Chairs

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 439	Contingent Fund			

Please state reason for transfer request:

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

STOCKROOM INVOICE

WARREN COUNTY MUNICIPAL CENTER

Run Date
07-01-2003

JUNE 2003

WESTMOUNT - EF6020 - A.330

Depr Code: 42

Quantity	Description of Items	Item #	Unit Price	Amount
20	2 1/4 ADD MACH TAPE	1001	\$0.280	\$5.60
4	EA. TUBE ULTRA FINE REFILL LEAD	1015	\$0.070	\$0.28
24	EA. CARTERS FELT TIP MARKER	1019	\$0.130	\$3.12
12	EA. FINE PT BIC BLUE PENS	1026	\$0.080	\$0.96
24	EA. BLACK FINE PT BIC	1030	\$0.083	\$1.99
24	EA. POST-IT-NOTE PAD 3X3 NO 654	1036	\$0.166	\$3.98
12	EA. 1 1/2X2 IN. POST IT NOTE PAD	1038	\$0.091	\$1.09
24	EA. SMALL BINDER CLIP	1124	\$0.008	\$0.19
24	EA. SMALL BINDER CLIP	1124	\$0.008	\$0.19
24	EA. MEDIUM BINDER CLIP	1126	\$0.016	\$0.38
24	EA. MEDIUM BINDER CLIP	1126	\$0.016	\$0.38
5	BTL. WITE-OUT CORRECTION LIQUID	1128	\$0.710	\$3.55
6	BX. GIANT PAPER CLIPS	1152	\$0.450	\$2.70
1,000	EA. LETTER SIZE FILE FOLDERS	1320	\$0.037	\$37.00
2	EA. 3 RING BINDER BLACK VINYL	1378	\$1.790	\$3.58
150	EA. SET LETTER SIZE BINDER INDE	1571	\$0.453	\$73.28
2	EA. HP51645A	2005	\$23.460	\$46.92
2	EX. BOX 3.5 DSHD 2.0 MEGABYTE D	3061	\$1.200	\$2.40
50	3 1/2X11 WHITE REAM	7001	\$2.553	\$127.90
2	3 1/2X11 GREEN REAM	7002	\$3.200	\$6.40
6	AVE74806 JOB TICKET	obj -.410	\$4.460	\$26.76
2	QRT304 BOARD	obj -.210	\$27.220	\$54.44
DEPARTMENT TOTALS:				\$403.09

STORE KEEPER _____ DATE _____

NOTE: UNDER THIS SYSTEM, ENCUMBRANCES AND COUNTY VOUCHERS ARE NOT REQUIRED! HOWEVER, SINCE THE COST OF THESE SUPPLIES WILL BE CHARGED BACK TO YOUR PROPER CODE, IT WILL BE IMPORTANT THAT THE DEPARTMENTS ASCERTAIN IF SUFFICIENT FUNDS ARE AVAILABLE AT ALL TIMES!

DEPT. ORDERING SUPPLIES

CHARLIE'S OFFICE FURNITURE, INC.

5 HIGHLAND AVE.
 QUEENSBURY, NY 12804

Phone: 793-2435
 Fax: 793-2529

info@charliesofficefurniture.com
 charliesofficefurniture.com

QUOTE

QUO 1172
 07/18/2008

Page: 1

Prepared for: WEST MOUNT

WEST MOUNT HEALTH FACILITY
 42 GURNEY LANE
 QUEENSBURY, NY 12804

Due Date:

Job:

Other Info:

Contact: BARB TAGGART

Phone: 518-761-6540

Fax: 518-761-6590

Email:

Req. By: BARB TAGGART

Ship Via: OUR TRUCK

Terms: NET 30

Qty	UM	Item	Description	Price	Total
8	EA	EUR-RG33	EUROTECH ARMLESS TASK CHAIR WITH MUTI ADJUSTMENTS.	164.00	1312.00
3	EA	EUR-PU20	HEIGHT AND WIDTH ADJUSTABLE ARM PACKAGE FOR RG33 TASK CHAIR	43.00	129.00
1			DELIVERY	20.00	20.00

Thank you for the opportunity to earn your business.

Subtotal: \$1,461.00
 S&H: \$0.00
 Tax: \$0.00

Total: \$1,461.00



CORPORATE OFFICES
414-358-2805
414-358-2397 FAX

SALES OFFICES
800-634-7328
FAX 800-770-1707

Jun-25-2008
Quote:4884402B

Ms. Maura Mellon
Ward Clerk
Westmount Health Facility-AHSA
42 Gurney Ln
Queensbury, NY 12804

Dear Maura:

Thanks again for the opportunity to provide you with the information and pricing on the products we discussed earlier.

The AAHSA pricing available to Westmount Health Facility-AHSA is as follows:

Item #	Item Description	UM	Qty	Price Each	Extended Price
92773	Panacea Tender Mattress, 76i or 80iL, 16CFR1633/CA129/TB603 Direct Supply Manufacturing 1403023	EACH	5	\$132.67	\$663.35

Weight: 28.7 lb(s)

-Length=80iL

-Annual Catalog (#1818), page A444A

UPSELL: upsell to Panacea Original: Larger weight capacity (350lbs vs. 250lbs), longer warranty (5-year vs. 3-year), softer, better middle layer heel section, better clinical efficiency and presure redistribution

WEIGHT CAPACITY: 250 lbs.

WARRANTY: 3-year full, non-prorated warranty on entire mattress

WOUND STAGE: Prevention - Stage II. Guideline only - full clinical assessment is recommended

COVER: 2-way stretch cover with moisture vapor transfer rate of 3.6 grams/sq.meter/hour. Concealed zipper prevents skin tears and protects foam from liquids. Anti-microbial, fluid resistant. Bottom has non-skid strips to keep mattress in place.

Order Online at: www.DirectSupply.net
6767 North Industrial Road • Milwaukee, WI 53223

RESOLUTION REQUEST FORM NO. 14

Request to Reclassify Position

DEPARTMENT NAME: Westmount Health Facility

DATE: July 25, 2008

- (a) Title of Reclassified Position: LPN

- (b) Annual Salary of Reclassified Position (and Grade if Applicable):*
*(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. 2008 Base \$ 28,697 Grade 8, Reclassify to 2008 Base \$ 30, 867 Grade 10.

- (c) Title and Employee Number of Position to be Deleted: LPN Employee numbers: 11259, 8861, 7807,9989, 7705, 5963, 6528, 11454, LPN Call-Ins Emp no: 11017, 11180, 11082, 10545, 11256, 11371, 11402, 10863, 11366, 10789.

- (d) Annual Salary of Position to be Deleted (and Grade if Applicable):*
*(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, was noted in August 27, 2007 Committee Minutes.
*Please do not backdate unless the purpose is to correct an error.

- (f) Where are the Funds in the Budget for this Position? List Budget Code (with title), Object Code (with title), and Amount: EF.60200.400 110 \$ 291,023. Also have HCRA RR Funds available for Transfer.

- (g) Has Personnel Officer Reviewed and Approved of the New Position Title?:*
*This is necessary **BEFORE** bringing the request to committees.

Motion was made by Mr. Geraghty and seconded by Mr. O'Connor to increase the pay rate for RN's at Westmount Health Facility to \$20 per hour.

Mr. Payne stated that increases needed to be done by pay grade. Mr. Haskell said that the matter had to be forwarded to the County Attorney and the Committee was merely making a recommendation. Mr. Payne noted that Mr. Dusek said the increase could be approved now without waiting for negotiations. Mr. Haskell asked if Mr. Payne would research which grade level the \$20 per hour would fall under and request Mr. Dusek to prepare the resolution for the next Board meeting. Mr. Payne stated that there were available funds in the Budget for this increase due to the vacant positions. Betsy Henkel, Comptroller for Westmount Health Facility, said that there were also HCRA (Health Care Reform Act) funds available. Mr. Caimano stated that if the Committee was going to approve an increase it should be done this year while the funds were available within the 2007 Budget.

Mr. Haskell called the question and the motion was carried unanimously to approve the hourly wage for Registered Nurses at Westmount Health Facility be increased to \$20 per hour.

* Ms. Fiore said that they were requesting to increase the LPN (Licensed Practical Nurse) salary from a pay grade 8 to a pay grade 9. Mr. Haskell asked if an increase of one pay grade would be adequate to keep the salary competitive. Ms. Fiore said that an increase of one pay grade would be competitive with other county-run facilities.

* Motion was made by Mr. Champagne, seconded by Mr. Tessier and carried unanimously to increase the LPN'S at Westmount Health Facility from pay grade 8 to pay grade 10.

Ms. Fiore stated that the RN Supervisor position was a pay grade 20 which was the highest grade available. Mr. Haskell said that the issue of an increase above a pay grade 20 would have to be referred to the Civil Service Department. He asked Mr. Payne if he would set a meeting with the Civil Service Department to discuss this issue, as well as the issue of weekend differential and Mr. Payne affirmed. Mr. Caimano said that all the requests should be put together in a plan and brought back to the next meeting of the Westmount Health Facility & Countryside Adult Home Committee for consideration before the Budget was approved. Mr. Geraghty noted that the RN Supervisor position was currently making 4.3% more than an RN position.

Ms. Taggart said that she was requesting to add two Personal Care Provider positions, one for nursing and one for activities. She stated that they would work

REQUESTED PERSONNEL CHANGES FOR 2009*

*****PLEASE NOTE: ITEM NO. 3 MUST BE COMPLETED*****

DEPARTMENT: Westmount Health Facility

BUDGET CODE: EF.60200.400 110 SALARY BUDGET CODE: 41.03 10 LPN

1) REQUEST FOR NEW POSITION OR DELETE POSITION: NEW DELETE

TITLE:

SALARY: \$ HIRE DATE: GRADE:

REASON FOR REQUEST:

IS ANY POSITION TO BE DELETED? YES NO

IF YES: TITLE: SALARY: \$ GRADE:

IS POSITION REQUESTED TO BE OUTSIDE OF BARGAINING UNIT: YES NO

IF YES, REASON:

2) REQUEST FOR RECLASSIFICATION OF POSITION:

EMPLOYEE NUMBER: 11259,8861, 7807,9989, 7705, 5963, 6528, 11454 - LPN, 11017, 11180, 11082, 10545, 11256, 11371, 11402, 10863, 11366, 10789 - LPN Call-Ins.

CURRENT TITLE: LPN

HIRE DATE:

2008 BASE SALARY: \$ 28,697

GRADE: 8

2009 BASE SALARY: \$ 29,199

GRADE: 8

PROPOSED TITLE: LPN

2009 BASE SALARY: \$ 31,407

GRADE: 10

REASON FOR REQUEST: To be competitive with current salary structure

3) DATE OF SUPERVISORY COMMITTEE APPROVAL: _____

***Following any Approval, a New Position Duty Statement OR Job Classification information Must be completed by the department head and submitted to the Personnel Officer for position classification.**

NOTE: If request for reclassification of position is approved, the current position (one to be reclassified) will be abolished after the candidate successfully completes examination (if required), or 1/1/09, if examination is not required.

**REQUESTED SALARY CHANGES FOR 2009
(NON-UNION TITLES ONLY)
PLEASE NOTE: ITEM 2 MUST BE COMPLETED**

DEPARTMENT: Westmount Health Facility

BUDGET CODE: EF.82100.100 110

SALARY BUDGET CODE: 41.09 24 Dietary

1) **REQUEST FOR SALARY CHANGE - NON-UNIT POSITION:**

EMPLOYEE NAME: MARIE GROOM

EMPLOYEE NUMBER: 5709

TITLE: DIETARY SUPERVISOR **HIRE DATE:** 01/15/1981

2008 BASE SALARY: \$ 39,851.00

2009 REQUESTED BASE SALARY: \$ 43,851.00

REASON FOR REQUEST: See Attached Memo

2) **DATE OF SUPERVISORY COMMITTEE APPROVAL:** _____

(If this is a reclassification request, please use proper form.)

To: Fred Monroe
Chairman- Warren County Board of Supervisors

From: Marie Groom
Dietetic Service Supervisor
Westmount Health Facility

Dear Mr.Monroe,

Please allow me to submit for your consideration,a request for my salary to be increased by \$4,000 for the year 2009.

This would increase my salary to approximately \$48,200. (This figure would also include any longevities accumulated since the onset of my employment).

(With the exception of yearly raises given in accordance with the CSEA contract,my salary has not increased in over twelve years.)

I have been a long-standing employee of Westmount's Dietary Department for 27 years,starting in 1981,as a Food Service Helper, training for,and then working as Cook,and then continuting my education to be qualified as a Dietetic Service Supervisor,a position I have held here at Westmount since 1988.

Thank you for considering this request

Respectfully submitted,

Marie Groom DSS

Marie Groom
Dietetic Service Supervisor
7/17/2008

WESTMOUNT CURRENT STAFFING LEVELS - JULY 2008

		POSITIONS	CURRENT STAFF	EMPLOYEE STATUS
7AM - 3PM	RN F/T	4	4	
	RN P/T	1	0	
	LPN F/T	3	1	2 MLOA
	CNA F/T	18	17	1 VACANCY
	CNA P/T	2	2	
SUBTOTALS		28	24	

3PM - 11PM	RN F/T	1	1	
	RN Relief F/T	1	1	
	RN PER-DIEM	8	7	4 VERY LIMITED AVIALABILITY; 1 MLOA
	LPN F/T	3	2	1 VACANCY
	LPN PER-DIEM	8	7	VERY LIMITED AVAILABILITY
	CNA F/T	12	11	1 MLOA
CNA PER-DIEM	7	7	VERY LIMITED AVAILABILITY; 1 MLOA	
SUBTOTALS		40	36	

11PM - 7AM	RN F/T	1	0	1 MLOA
	RN Relief F/T	1	1	
	LPN F/T	3	2	1 MLOA
	CNA F/T	8	5	2 MLOA, 1 LIGHT DUTY
SUBTOTALS		13	8	

GRAND TOTALS 81 68

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

July 25, 2008

#4100	Nursing Administration	.45 Hours - Overtime
#4101	RN Supervisors	76.20 Hours - Overtime
#4102	RN	44.05 Hours - Overtime
#4103	LPN	120.30 Hours - Overtime
#4104	CNA	417.75 Hours - Overtime
#4105	Activities	.00 Hours - Overtime
#4109	Dietary	99.00 Hours - Overtime
#4110	Maintenance	0.00 Hours - Overtime
#4111	Housekeeping	16.00 Hours - Overtime
#4112	Laundry	8.00 Hours - Overtime
#4114	Fiscal Services	12.70 Hours - Overtime

Report Dates - 06/09/08 - 06/26/08

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Westmount Health Facility

DATE: July 25, 2008

- (a) Is this a Result of a Bid or Request for Proposal? No

- (b) Purpose of Contract: Social Worker Consultation Services and In-Service Education.

- (c) Name of Contractor: Patricia Pedone, LMSW

- (d) Address of Contractor: 53 Farr Lane, Queensbury, NY 12804

- (e) Contractor's Contact Person and Telephone Number: 518 793-7175

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

- (g) Commencement Date of Contract: Upon execution of Agreement.

- (h) Termination Date of Contract: Upon 30 days notice either party.

- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount 45.00/hr
 - iii) total amount not to exceed 2,000.00/yr
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. per visit

- (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 \$2,000.00.

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: WESTMOUNT HEALTH FACILITY
Name of Department

SIGNED: _____ **DATE:** July 25, 2008

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.82200.5906 410	Westmount, Plant Operation, Supplies	EF.82200.5803 260	Westmount, Plant Operation, Other Equipment	66.00

Please state reason for transfers requested: **Grinder**

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 439	Contingent Fund			

Please state reason for transfer request:

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

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: August 1, 2008

- (a) Purpose of Request: To rescind resolution which had authorized an agreement with Hudson Headwaters Health Network.

- (b) Details: Due to lack of Liability Insurance, Social Work Consultant is unable to provide services to Westmount.

- (c) Previous Resolution Number: 132 of 2008.

WESTMOUNT HEALTH FACILITY
CORDIALLY INVITES
YOU TO ATTEND THE
NYAHSА LONG TERM CARE
EMPLOYEE OF DISTINCTION AWARD
GIVEN TO

DONNA BARRANT, CNA

WHEN: SEPTEMBER 8, 2008

TIME: 1:00PM

**WHERE: CEREMONY & RECEPTION IN
RESIDENT DINING ROOM**

WESTMOUNT HEALTH FACILITY
CORDIALLY INVITES
YOU TO ATTEND THE
NYAHS LONG TERM CARE
EMPLOYEE OF DISTINCTION AWARD
GIVEN TO

DONNA BARRANT, CNA

WHEN: SEPTEMBER 8, 2008

TIME: 1:00PM

**WHERE: CEREMONY & RECEPTION IN
RESIDENT DINING ROOM**

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: WESTMOUNT HEALTH FACILITY
Name of Department

SIGNED:  **DATE:** July 25, 2008

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.82200.5906 410	Westmount, Plant Operation, Supplies	EF.82200.5803 260	Westmount, Plant Operation, Other Equipment	66.00

Please state reason for transfers requested: Grinder

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 439	Contingent Fund			

Please state reason for transfer request:

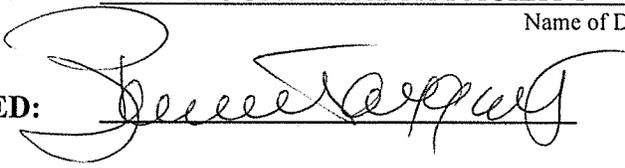
Please file original request with Clerk of the Board and retain copy for your records.

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: WESTMOUNT HEALTH FACILITY
Name of Department

SIGNED:  **DATE:** July 25, 2008

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.8300.5906 410	Westmount, Administrative Services, Supplies	EF.83500.5802 210	Westmount, Adm Services, Furniture Equipment	55.00
EF.60200.5803 260	Westmount, Nursing- Nurses' Stations, Other Equipment	EF.60200.5802 210	Westmount, Nursing- Nurses' Station, Furniture Equipment	1,865.00

Please state reason for transfers requested: 2 Quark Boards, 2 Mattresses, 8 Task Chairs

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 439	Contingent Fund			

Please state reason for transfer request:

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

Warren County Board of Supervisors

RESOLUTION NO. 132 OF 2008

Resolution introduced by Supervisors Sokol, Sheehan, Haskell, Thomas, Tessier, Champagne and O'Connor

**AUTHORIZING AGREEMENT WITH HUDSON HEADWATERS
HEALTH NETWORK TO PROVIDE SOCIAL WORK CONSULTING
SERVICES TO WESTMOUNT HEALTH FACILITY
- WESTMOUNT HEALTH FACILITY**

WHEREAS, Barbara Taggart, Administrator for the Westmount Health Facility is desirous of entering into an agreement with Hudson Headwaters Health Services to provide social work consulting services for Westmount Health Facility at the rate of Fifty Dollars (\$50) per hour for quarterly and additionally requested in-service visits for an amount not to exceed Two Thousand Dollars (\$2,000) for a term to commence upon execution of the agreement and terminating upon thirty (30) days notice and the Health Services Committee has recommended that the County enter into said agreement, now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to enter into an agreement with Hudson Headwaters Health Network, 1 Broad Street Plaza, PO Box 357, Glens Falls, New York 12801, for social work consulting services at the rate of Fifty Dollars (\$50) per hour for quarterly and additionally requested in-service visits for an amount not to exceed Two Thousand Dollars (\$2,000) for a term commencing upon execution of the agreement and terminating upon thirty (30) days notice in a form approved by the County Attorney.

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

Pending Items

Update on Point of Care Initiative

Our contract with Delta Health Technologies is finally signed, and preliminary preparations are underway to begin the project rollout. On August 12, 2008, staff from Delta will arrive on site, and the formal fun will begin! We are anxious to get underway, and at next month's meeting we will provide a timeline of the anticipated completion of project milestones. On the first day Delta is here, we will have an "Entrance Conference" which will discuss the scope of the project and how it will be implemented. We have identified a "Core Team" of initial staff from our department who will be involved, and we have also invited Mr. Monroe, Mr. Sokol and Mr. Payne to come if their schedules permit. It is a costly project, and we want to make sure county administrators understand the project and what the monies are buying.

Tammie DeLorenzo, Clinical and Fiscal Informatics Coordinator, will be present at the meeting to provide a brief overview as to what has been done to date, and answer any questions the committee members may have.

Emergency Preparedness Program

Please see the attached information on the past month activities.

We have received notification from the New York State Department of Health that our Emergency Preparedness Grant for the coming year has been increased from the past year's amount of \$73,060 to \$85,000.

Request Resolution:

To continue the contractual relationship with Health Research, Inc. to authorize receipt of continued funding for the Public Health Preparedness and Response to Bioterrorism Plan in the amount not to exceed \$85,000. for the grant year commencing August 10, 2008, and terminating August 9, 2009.

Rationale:

Since the beginning of the Emergency Preparedness grants in 2002, Warren County, except for the past year, has received an allocation of \$85,000. Since we were told last year that funding would probably become less over time, it is surprising that it is back up this year. The funding comes from the federal government to the Centers for Disease Control (CDC) and then to the states that disperse and oversee the use of the funds. CDC staff monitors States' emergency preparedness efforts. We have not been told definitely whether this funding will be subject to the 2% reduction because it is federal funding, and we have never received any COLA increases.

New Business

Request Resolution:

To accept the annual updated Warren County Public Health Emergency Response and Preparedness Plan.

Rationale:

This is required by the New York State Department of Health and is included as part of Warren County's Comprehensive Emergency Response Plan.

Request Resolution:

To authorize the execution of the following grant contracts to reflect the 2% reductions based upon the current New York State budget, and to allow the receipt of COLA funds for the same contracts should they be offered in a form approved by the county attorney.

- WIC
- Children with Special Health Care Needs
- Lead Poisoning Prevention Program
- Early Intervention Administration
- Rabies
- Immunization Action Program
- Bioterrorism (Emergency Preparedness)

Rationale:

The anticipated changes were detailed on the Budget Impact information that was provided at last month's meeting.

The committee appeared to be in agreement that it is a good deal of extra work to come back to committee with each and every grant so if the members are agreeable we would suggest a blanket resolution to encompass all the grants.

Request Resolution:

To authorize a contract agreement with Fort Hudson Home Care, Inc d/b/a Fort Hudson Social Day Care to provide social day care services for appropriate clients in our Long Term Home Health Care Program at New York State Medicaid approved rates.

Rationale:

This is a Medicaid waived service that must be available for clients in the Long Term Home Health Care Program if there is such a program in the area. The social day care model is a new program for us, as up until now we have only had the availability of the medical day care model.

Request Resolution:

To develop a contract agreement with Kerri Bondy to provide occupational therapy services.

Request Resolution:

To develop a contract agreement with Jessica Woods to provide occupational therapy services.

Rationale:

Occupational therapy visits are billable services and hence, revenue generating.

Request Resolution:

To renew the grant with the New York State Department of Health, Division of Nutrition, Bureau of Supplemental Foods to allow receipt of funding for the Special Supplemental Food Program for the WIC Program for the contract year commencing October 1, 2008 and terminating September 30, 2009 in an amount not to exceed \$435,808.00.

Rationale:

This funding will cover the expenses for the WIC Program. The amount is greater than last year because there are several new initiatives that must be undertaken for which the additional dollars will be utilized. It is positive that additional requirements are not proposed and expected without funding.

Report of Free and Reduced Fee Care**Report of Expenditures and Revenues**

(please see the attached information)

Transfer of Funds Request**Mid Year Status Report of 2008 Goals for Health Services Department**

At Mr. Champagne's request, attached please note the summary of our progress with regard to our goals for this year. Thank you for asking for this update. I expect I am in the minority, but even if goals are ongoing forever, departmental planning, thinking ahead, identifying problems, and evaluating where we are as well as where we want to be are extremely important. If the committee has input, we need to hear it.

Request Resolution:

To award the Transportation Contract for Preschool Children With Disabilities to Stanski Transportation Corporation.

Rationale:

Stanski was the second lowest bidder of the 3 bids received. The lowest bidder, North Country Transport, did not meet the reference information required in the bid specifications. The county attorney and the purchasing agent have been consulted regarding this contract, and are in agreement with awarding the contract to Stanski Transportation. A bid tabulation sheet will be distributed at the meeting. Trish Nenninger, Second Assistant County Attorney will also be present to answer any questions.

Executive Session (if needed)**Attachments:**

Emergency Preparedness Activities Monthly Report

Warren County Public Health Emergency Response and Preparedness Plan (updated)

(will be distributed at meeting)

Free and Reduced Fee Care Report

Report of Expenditures and Revenues

Rabies Program Report

Mid Year Status Report of 2008 Goals for Health Services Department

Warren County Health Services

1340 State Route 9, Lake George NY 12845

Patricia Auer, Director

Phone: 518-761-6580 / Fax: 518-761-6422

Email: auerp@co.warren.ny.us

Health Services Committee Meeting

Date: July 25, 2008

Emergency Response and Preparedness Activities

DATE	TYPE	SUBJECT	ATTENDEES
7/1/08	Meeting	Regional Resource Center @ GFH	Barb Orton
7/1/08	Test	HIN/HAN Equipment Test - worked fine	Angela Meade, Barbara Orton
7/8-7/9/08	Training	Radiological Training at Great Escape Lodge	Barb Orton
7/8/08	Drill	Beeper	Angela Meade
7/9/08	Meeting	Quarterly PH ERP Committee Meeting	Barb Orton, et.al
7/9/08	Meeting	Mental Health Committee	Barb Orton, Laura Saffer, et.al
7/14/08	Meeting (a.m.)	Alternate Care Site planning meeting@ GFH	Ginelle Jones, Kathy Sandwell (Intern)
7/14/08	Meeting (p.m.)	Alternate Care Site @ GFH (Understanding & Responding to the Needs of Children After Large-Scale Disasters	Ginelle Jones, Barb Orton
7/15/08	Meeting	@Washington County Sheriff's re: Pan Flu Planning	Barb Orton
7/17/08	Satellite Broadcast	Erie County Hepatitis A Incident Response	Barb Orton, Robin Andre, Kathy Sandwell (Intern),
7/17/08	Drill	L-10 (GY8) Alternate Communication Drill (after hour) received from NYSDOH - successfully completed the drill	Ginelle Jones
7/21/08	Meeting	Alternate Care Site planning meeting @ GFH	Ginelle Jones, Kathy Sandwell (Intern)
7/21/08	Blast Fax	To Providers asking them to attend Alternate Care Site Presentation @ GFH on 7/22/08.	Ginelle Jones
7/22/08	Meeting	Alternate Care Site @ GFH (Surge Capacity Assessments & Regionalization Issues) 7:30 a.m. - 12 noon	Barb Orton, Ginelle Jones
7/22/08	Training	Psychological First Aid Train the Trainer	Laura Saffer
7/24/08	Training	Disaster Mental Health	Rob York

Ginelle Jones
Assistant Director Public Health
Phone: 518-761-6580
Fax: 518-761-6422
Email: jonesg@co.warren.ny.us

Sharon Schaldone
Assistant Director Home Care
Phone: 518-761-6415
Fax: 518-761-6562
Email: schaldones@co.warren.ny.us

Tawn Driscoll
Fiscal Manager
Phone: 518-761-6415
Fax: 518-761-6562
Email: driscollt@co.warren.ny.us

**Warren County Public Health
Rabies Program
APRIL- JUNE 2008**

Town	Not Vaccinated			Vaccinated			Out of Town			Stray		
	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets
Bolton	1											
Chester		1		1	1							
Glens Falls		3		5	10		1	1		1	2	
Hague												
Horicon								1				
Johnsburg	1	1			3			1				
Lake George	3			4	5							
Lake Luzerne					2							
Queensbury	2	1		4	16			3		1		
Stony Creek												
Thurman					1							
Warrensburg					5					1		
Totals	7	6		14	43		1	6		3	2	

Bites Reported by Month

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2008	12	18	14	33	23	26							126

From: Schaldone, Sharon

Sent: Wednesday, July 23, 2008 12:28 PM

To: Auer, Pat

Subject: Free Care Report 2008

Free Care Report 2008- Homecare Division

Jan. 2008--\$7,692.27

Feb.2008--\$5,520.63

Mar. 2008--\$7,521.16

April 2008--\$10,367.85 * Please note that nutritional and MSW services were up in April secondary to the addition of a Dietician and a Medical Social Worker, increasing availability. The RD and MSW services are not reimbursable with PPS (Prospect Payment System) and Medicare. They are only billable in the Long Term Care Program. We are inquiring if they are billable to Medicaid without Long Term Care. In the past we did not bill for MSW and RD services as they were not on our operating certificate. RD and MSW are now on our operating certificate.

May, 2008-- \$7,655.07

Total-----\$38,756.98

Our operating costs for 2007 were \$4,151,644.00. 3.3% of our operating cost is the required amount of free care that the agency is mandated to provide. 3.3% of 2007 operating cost would be \$137,054.00 the required free care for 2008.

Sharon Schaldone ADPS

WARREN COUNTY BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2008 AS OF 7/23/2008 3:51:47 PM

FUND(S): A, CL, D, DM, EF, GI, MS, SD, V

CODE(S): 4010, 4011, 4013, 4016, 4018, 4046, 4054, 4189, 9061, 4025

	2008 BUDGETED	2008 YTD ACTUAL	2007 Prior Year Totals
EXPENSES			
Salaries - Regular	\$3,089,937.00	\$1,406,098.93	\$2,852,970.52
Salaries - Overtime	\$172,838.00	\$107,355.84	\$197,398.54
Salaries - Part Time	\$379,995.00	\$142,668.12	\$309,079.69
Salaries - Sick Leave Incentive			\$1,200.00
100's PERSONAL SERVICES	\$3,642,770.00	\$1,656,122.89	\$3,360,648.75
200's EQUIPMENT	\$41,000.00	\$5,310.01	\$74,772.07
400's CONTRACTUAL	\$8,535,872.00	\$3,871,200.92	\$9,173,710.39
800's EMPLOYEE BENEFITS	\$63,091.00	\$57,413.36	\$59,089.23
TOTALS	\$12,282,733.00	\$5,590,047.18	\$12,668,220.44
REVENUES			
	2008 BUDGETED	2008 YTD ACTUAL	2007 Prior Year Totals
	\$11,688,136.00	\$3,521,343.57	\$11,957,410.15

Note: Revenues reflect an accrual for the April CHHA, LTC and MCA billing of \$424,189.45 and they are currently finalizing the May 2008 billing. An accrual is also reflected for \$729,948.98 for a recent '07/08 school year AVL to the State for the Preschool program. We anticipate to be on target for revenues by year end with the continuation of billing grant funding and daily receipts for clinics.

Warren County Health Services Department Goals and Objectives
2008
Midyear Progress Report

Continue to recruit and retain competent, knowledgeable and caring staff

- Provide optional and mandated opportunities for professional and job related in-service education
- Status:** Ongoing
Comment: Currently we have no open full time nursing positions. We continue to recruit per diem nurses in an attempt to decrease over time costs and meet patient demands.

Continue to assure that safe and appropriate Skilled Home Health Care and Public Health Services are available to all Warren County Residents in a timely manner

- Status:** Ongoing
Comment: We continue to have staff available to respond to referrals received in the Certified Home Health Agency 24-hours/seven-days a week.

Communicate monthly and as needed with the Health Services Committee concerning any issues that occur in the department

- Status:** Ongoing
Comment: Assigned meeting time each month which is very helpful in planning. We hope this will continue to be the case next year.

Develop a Division of Fiscal and Information Services

- Hire and orient a Clinical and Fiscal Informatics Coordinator as a member of the department's Senior Management Team to oversee all fiscal and information support staff in the department, and interact with all individuals involved with financial and technology matters – Redo the Department Table of Organization to reflect the new division
- Status:** Accomplished
Comment: Tammie DeLorenzo has been hired in this position and a new Table of Organization has been created.

- Transition Certified Home Health Agency and Long Term Home Health Care Program to utilizing the Point of Care Electronic Medical Record System

Status: In Process
Comment: Delta Healthcare Technologies has been awarded the contract for this project which will officially begin August 12, 2008.

- Maximize all reimbursements for services provided in as timely a manner as possible
- Status:** Ongoing
Comment: Billing process will be much faster with the Point of Care system.
- Apply and receive approval to begin billing for Telemedicine services
- Status:** Ongoing

Comment: We have been approved to bill for Tier 1 Telemedicine services beginning 10/07. NYSDOH has yet to send procedural instructions for how to bill. We will be able to retroactively bill.

^When we become inter-operational between Point of Care and Telemedicine, we will move to Tier 2 reimbursement methodology and will receive increased funding from Medicaid.

^More insurances are looking to pay for Telemmed services.

^We have several patients utilizing telemonitoring on a private pay basis.

Work in conjunction with the Office for the Aging and the Department of Social Services in the development of the Point of Entry Program

Status: Ongoing

Comment: We are beginning to work with the new software program that will bring this program farther along as it will allow the 3 agencies to see what has been/is being done for clients by all agencies and thus avoid duplication and confusion with clients. Soon the '800' telephone information number for "New York Connects" will be publicized and there will be tracking of numbers and types of calls received.

We are working with the new Social Services Commissioner to assure agency cooperation and interaction continues on a consistent and timely basis.

Develop policies and procedures to build the Division of Public Health infrastructure to include all calls received after business hours relating to Public Health issues as opposed to Division of Patient Services issues are taken and handled by Public Health Division staff

Status: Accomplished

Comment: Much staff training has been done during the first half of the year and will continue.

Research and prepare for the possible development of offering a "Travel Clinic" on a fee for service basis

Status: In process

Comment: We received a one-time grant/gift (\$1500.00) from Sanofi Pasteur that was used for a full day intensive and worthwhile inservice presented by a nurse practitioner from Westchester County who has been in the Travel Medicine business for many years. All nurses in the Division of Public Health attended. As a result, we are taking the next steps to prepare for offering Travel Clinic Services beginning in January 2009. We will keep the committee posted in regard to this initiative.

Pursue opportunities as they present for enhancement of health services to the citizens of Warren County

Status: Ongoing

Comment: We are keenly aware with economic times as they are currently, we must be extremely watchful that staff time and effort is spent wisely so, at a minimum, services for our citizens can be preserved without risk of being diminished. Collaboration with other agencies is extremely crucial.

**Warren County Health Services
Health Services Committee
Additional Agenda Item
July 25, 2008**

Request Resolution:

To amend the 2008 Warren County Budget to reflect the following changes:

Appropriation Codes: A.4189.260 Bioterrorism Other Equipment - \$5,000. and
A.4189.410 Bioterrorism Supplies - \$35,000.

Revenue Code: A.4189.4401 Bioterrorism Revenue - \$40,000.

Rationale:

This was recommended by Rick Murphy, Warren County Deputy Commissioner of Fiscal Services, and will allow for maximizing the Bioterrorism Grant for the contract year 2008-2009. The amendment will provide the funding for the period between August 10, 2008 through December 31, 2008. The remainder of the grant funds will be budgeted in the 2009 Warren County Budget.

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: July 25, 2008

- (a) Purpose of Contract Change: To renew contract with Health Research Institute (HRI) to authorize receipt of funding for Emergency Preparedness Program in the amount of \$85,000.00
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 589/2007, see attached
- (c) Name of Contractor: Health Research Institute
- (d) Address of Contractor: One University Place, Rensselaer, NY 12144-3455
- (e) Contractor's Contact Person and Telephone Number: Beth Ryan, 408-2063
- (f) Commencement Date of Amendment: 8/10/08
- (g) Termination Date of Extension: 8/10/09
- (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.

Quarterly, vouchers paid upon receipt and approval of contract deliverables
- (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: A4401, A4189 Bioterrorism

Warren County Board of Supervisors

RESOLUTION NO. ~~589~~ OF 2007

~~589~~ 2008

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

AUTHORIZING AGREEMENT CONTINUING CONTRACTUAL RELATIONSHIP WITH HEALTH RESEARCH, INC. TO DEVELOP A "PUBLIC HEALTH PREPAREDNESS AND RESPONSE TO BIOTERRORISM PLAN" - HEALTH SERVICES DEPARTMENT

RESOLVED, that Warren County continue the contractual relationship (the previous contract being authorized by Resolution No. ~~602~~ of ~~2006~~ ^{589 2007}) with Health Research, Inc., One University Place, Rensselaer, New York 12144-3455, for funding to develop a "Public Health Preparedness and Response to Bioterrorism Plan", in an amount not to exceed ~~Seventy-Three Thousand Sixty~~ ^{Eighty five} Dollars (~~\$73,060~~ ^{85,000}), 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.

Auer, Pat

From: Jones, Ginelle
Sent: Monday, July 21, 2008 10:31 AM
To: Auer, Pat
Subject: FW: Public Health Preparedness: LHD Allocations 2008-2009



HEP BT Matrix
08-09.xls

-----Original Message-----

From: Elizabeth A. Ryan [mailto:ean01@health.state.ny.us]
Sent: Wednesday, July 09, 2008 3:15 PM
To: cwelge@albanycounty.com; gnocella@albanycounty.com; hullte@alleganyco.com; cocklepl@alleganyco.com; bkrakauer@co.broome.ny.us; tgeorge@co.broome.ny.us; kmellis@cattco.org; DLFrank@cattco.org; lholmes@cattco.org; kathleen.cuddy@dfa.state.ny.us; alex.holak@dfa.state.ny.us; lyonm@co.chautauqua.ny.us; probstl@co.chautauqua.ny.us; hshepard@co.chemung.ny.us; ericd@co.chenango.ny.us; eddyd@co.clinton.ny.us; nicholse@co.clinton.ny.us; nbaker@govt.co.columbia.ny.us; jgailor@cortland-co.org; hwebb@cortland-co.org; liz.bowie@co.delaware.ny.us; kdhupaguntla@co.dutchess.ny.us; smarzouka@co.dutchess.ny.us; jmcdermott@co.dutchess.ny.us; tracy.chalmers@erie.gov; thomas.harvey@erie.gov; straubet@erie.gov; eaycock@co.essex.ny.us; plight@co.essex.ny.us; ldonaldson@co.essex.ny.us; rmartin@co.franklin.ny.us; j.little@co.fulton.ny.us; tferringer@co.genesee.ny.us; dvanslyke@co.genesee.ny.us; kmiller@discovergreene.com; tskinner@discovergreene.com; karen.levison.hcphns@frontiernet.net; kristen.king.hcphns@frontiernet.net; crhymestine@herkimercounty.org; gokeefe@herkimercounty.org; dorenak@co.jefferson.ny.us; randy@health.co.lewis.ny.us; jperaino@co.livingston.ny.us; ehenderson@co.livingston.ny.us; shawn.priev@co.madison.ny.us; msayers@monroecounty.gov; spersell@monroecounty.gov; dauriemma@co.montgomery.ny.us; kconboy@co.montgomery.ny.us; toni.mason@dfa.state.ny.us; eileen.scanlon@hhsnassaucountyny.us; rosemary.swiencki@hhs.nassaucountyny.us; elaine.roman@niagaracounty.com; jill.kwoka@niagaracounty.com; jeffrey.beach@niagaracounty.com; jraflowski@ocgov.net; kshilkret@co.oneida.ny.us; Tingle@co.oneida.ny.us; StephenSmorol@ongov.net; hlscibu@ongov.net; mary.washo@ongov.net; sandra.seeber@co.ontario.ny.us; shelly.youngs@co.ontario.ny.us; avradenburgh@co.orange.ny.us; ppettit@orleansny.com; alucyszyn@orleansny.com; kcastricone@orleansny.com; johnr@oswegocounty.com; steff@oswegocounty.com; cusworthd@otsegocounty.com; barbara.ilardi@putnamcountyny.com; nancy.collier@putnamcountyny.com; mayers@rensko.com; hansenr@co.rockland.ny.us; abisd@co.rockland.ny.us; dlarock@co.st-lawrence.ny.us; ttracy@co.st-lawrence.ny.us; akempf@saratogacountyny.gov; joanne.cocozzoli@schenectadycounty.com; lisa.mell@schenectadycounty.com; hathaways@co.schoharie.ny.us; dthomaris@co.schuyler.ny.us; mkelly@co.schuyler.ny.us; kvanauken@co.seneca.ny.us; chris@co.steuben.ny.us; carolyn.kagan@suffolkcountyny.gov; mary.wood@suffolkcountyny.gov; elena.fortune-jones@suffolkcountyny.gov; marilyn.bonfiglio@scgnet.us; mccannd@co.tioga.ny.us; mccormickb@co.tioga.ny.us; bcrosby@tompkins-co.org; kjohnson@tompkins-co.org; emor@co.ulster.ny.us; etro@co.ulster.ny.us; Jones, Ginelle; Driscoll, Tawn; tmcDougall@co.washington.ny.us; ssmith@co.wayne.ny.us; ccomfort@co.wayne.ny.us; hag1@westchestergov.com; saa7@westchestergov.com; lcc7@westchestergov.com; smatthews@wyomingco.net; mdelcour@yatescounty.org; lsnyder@yatescounty.org
Cc: Kathleen A. Carlton; mjfl2@health.state.ny.us; Deborah A. Kennedy; Luis A. Lopez; Audrey C. Pulver; btlhd@health.state.ny.us
Subject: Fw: Public Health Preparedness: LHD Allocations 2008-2009

Hello Everyone,

The attached Public Health Emergency Preparedness LHD 2008 - 2009 Allocation document was

sent out to each county's Public Health Directors or Commissioners today. I will be providing the 2008 - 2009 budget request template and instructions shortly to all of the county's individually. I would like to make everyone aware that the deadline for submitting the completed budget request template and updated equipment inventory will be no later than COB Friday, August 8, 2008.

If you have any questions or concerns, please do not hesitate to contact me.

Thank you.
Beth

Beth Ryan
Health Program Administrator
Grants Administration
Office of Science
New York State Department of Health
Phone: (518) 408-2063
Fax: (518) 408-2147
e-mail: ean01@health.state.ny.us

----- Forwarded by Elizabeth A. Ryan/OSPH/DOH on 07/09/2008 12:35 PM -----

Deborah A.
Kennedy/OSPH/DOH

07/09/2008 10:53
AM

LHD2

To

cc

Kathleen A.
Carlton/OSPH/DOH@NYSDOH, Luis A.
Lopez/OSPH/DOH@NYSDOH, Elizabeth A.
Ryan/OSPH/DOH@NYSDOH, Robert L.
Burhans/OSPH/DOH@NYSDOH, Rebecca
Hathaway/OSPH/DOH@NYSDOH

Subject

Fw: Public Health Preparedness: LHD
Allocations 2007-2008

In my haste to get this email out, I failed to attach your allocations. See below. Thank you.

(See attached file: HEP BT Matrix 08-09.xls)

Deborah A. Kennedy
Assistant Director
Grants Administration Unit
Office of Science
NYS Department of Health
Phone: 518/474-8166
Fax: 518/408-2147
e-mail: dak04@health.state.ny.us

----- Forwarded by Deborah A. Kennedy/OSPH/DOH on 07/09/2008 10:50 AM -----

Deborah A.
Kennedy/OSPH/DOH

07/09/2008 10:45
AM

LHD2

To

cc

Kathleen A.
Carlton/OSPH/DOH@NYSDOH, Luis A.
Lopez/OSPH/DOH@NYSDOH, Elizabeth A.
Ryan/OSPH/DOH@NYSDOH, Robert L.
Burhans/OSPH/DOH@NYSDOH, Rebecca
Hathaway/OSPH/DOH@NYSDOH

Subject

Public Health Preparedness: LHD
Allocations 2007-2008

Since 2002, New York State has been financing Local Health Department's (LHD) public health emergency preparedness activities through funding provided by the Centers for Disease Control and Prevention (CDC). Over the past several years, New York State's CDC award has been significantly reduced. To ensure local health departments maintain their level of capability, the Department of Health will support preparedness functions with State-Local Assistance funding. Funds will be provided, via the state contract mechanism, for the period of August 10, 2008 through August 9, 2009 (contingent upon availability of funding). Funding levels will be restored to the original award levels provided in 2002 (see attached 2008-2009 LHD Allocations).

LHDs designated to participate in the Cities Readiness Initiative (CRI) or the Laboratory Response Network (LRN) will continue to receive CDC supplemental funding for these activities through a contractual agreement with Health Research, Inc. (HRI).

Deliverables for this time period will be sent under separate cover after they have been formulated in consultation with NYSACHO. Detailed instructions and templates for the new period will be communicated directly to the LHD fiscal contacts.

Please contact me or Beth Ryan at (518) 408-2063 if you have questions or concerns. Thank you.

Deborah A. Kennedy
Assistant Director
Grants Administration Unit
Office of Science
NYS Department of Health
Phone: 518/474-8166
Fax: 518/408-2147
e-mail: dak04@health.state.ny.us

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Funding Matrix
 Health Emergency Preparedness Grants
 Local Health Department Initiative
 8/10/08 - 8/9/09

Budget Analyst Signature _____

Contractor	Contract #	Funding	FY08 Funding	FY09 Funding
			8/10/08 - 3/31/09	4/1/09 - 8/9/09
			Cost Center/Var/Obj Code	Cost Center/Var/Obj Code
			(State-Local Assistance)	(State-Local Assistance)
Cayuga County	C023306	\$96,963	\$62,094	\$34,869
Albany County	C023314	\$294,565	\$188,635	\$105,930
Alleghany County	C023315	\$75,000	\$48,029	\$26,971
Broome County	C023316	\$200,536	\$128,420	\$72,116
Cattaraugus County	C023317	\$98,955	\$63,369	\$35,586
Clinton County	C023318	\$94,894	\$60,769	\$34,125
Chemung County	C023319	\$106,070	\$67,926	\$38,144
Chenango County	C023320	\$85,000	\$54,433	\$30,567
Chautauqua County	C023321	\$154,750	\$99,100	\$55,650
Columbia County	C023322	\$85,000	\$54,433	\$30,567
Cortland County	C023323	\$75,000	\$48,029	\$26,971
Delaware County	C023324	\$75,000	\$48,029	\$26,971
Dutchess County	C023325	\$280,150	\$179,404	\$100,746
Erie County	C023326	\$950,265	\$608,535	\$341,730
Essex County	C023327	\$75,000	\$48,029	\$26,971
Franklin County	C023328	\$85,000	\$54,433	\$30,567
Fulton County	C023329	\$85,000	\$54,433	\$30,567
Genessee County	C023330	\$85,000	\$54,433	\$30,567
Greene County	C023331	\$75,000	\$48,029	\$26,971
Hamilton County	C023332	\$75,000	\$48,029	\$26,971
Herkimer County	C023333	\$85,000	\$54,433	\$30,567
Jefferson County	C023334	\$126,738	\$81,161	\$45,577
Lewis County	C023335	\$75,000	\$48,029	\$26,971
Livingston County	C023336	\$85,000	\$54,433	\$30,567
Madison County	C023337	\$85,000	\$54,433	\$30,567
Monroe County	C023338	\$735,343	\$470,902	\$264,441
Montgomery County	C023339	\$75,000	\$48,029	\$26,971
Nassau County	C023340	\$1,334,544	\$854,621	\$479,923
Niagara County	C023341	\$219,846	\$140,786	\$79,060
Oneida County	C023342	\$235,469	\$150,791	\$84,678
Onondaga County	C023343	\$458,336	\$293,511	\$164,825
Ontario County	C023344	\$115,224	\$73,788	\$41,436
Orange County	C023345	\$341,367	\$218,606	\$122,761
Orleans County	C023346	\$75,000	\$48,029	\$26,971
Oswego County	C023347	\$137,377	\$87,974	\$49,403
Otsego County	C023348	\$85,000	\$54,433	\$30,567
Putnam County	C023349	\$110,745	\$70,919	\$39,826
Rensselaer County	C023350	\$167,538	\$107,289	\$60,249
Rockland County	C023351	\$286,753	\$183,632	\$103,121
Saratoga County	C023352	\$200,635	\$128,484	\$72,151
Schenectady County	C023353	\$161,555	\$103,457	\$58,098
Schoharie County	C023354	\$75,000	\$48,029	\$26,971
Schuyler County	C023355	\$75,000	\$48,029	\$26,971
Seneca County	C023356	\$75,000	\$48,029	\$26,971
St. Lawrence County	C023357	\$126,931	\$81,285	\$45,646
Steuben County	C023358	\$113,726	\$72,828	\$40,898
Suffolk County	C023359	\$1,419,369	\$908,942	\$510,427
Sullivan County	C023360	\$88,966	\$56,972	\$31,994
Tioga County	C023361	\$85,000	\$54,433	\$30,567
Tompkins County	C023362	\$111,501	\$71,404	\$40,097
Ulster County	C023363	\$192,749	\$123,433	\$69,316
Warren County	C023364	\$85,000	\$54,433	\$30,567
Washington County	C023365	\$85,000	\$54,433	\$30,567
Wayne County	C023366	\$108,765	\$69,651	\$39,114
Westchester County	C023367	\$923,459	\$591,369	\$332,090
Wyoming County	C023368	\$75,000	\$48,029	\$26,971
Yates County	C023369	\$75,000	\$48,029	\$26,971
TOTAL		\$12,064,084	\$7,725,654	\$4,338,430

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: July 25, 2008

- (a) Purpose of Request: To accept the annual updated Warren County Public Health Emergency Response and Preparedness Plan
- (b) Details: See attached previous resolution
- (c) Previous Resolution Number: 440/2007

Warren County Board of Supervisors

RESOLUTION NO. 440 OF 2007

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

APPROVING 2007 EMERGENCY RESPONSE AND PREPAREDNESS PLAN FOR WARREN COUNTY HEALTH SERVICES - HEALTH SERVICES DEPARTMENT

WHEREAS, the Director of Public Health/Patient Services of the Warren County Health Services Department, pursuant to New York State Department of Health requirement, has submitted the ²⁰⁰⁸~~2007~~ Emergency Response and Preparedness Plan for Warren County to the Warren County Board of Supervisors for approval, now, therefore, be it

RESOLVED, that the Warren County Health Services Emergency Response and Preparedness Plan for 2007, as presented to the Warren County Board of Supervisors, be, and hereby is, accepted and approved.

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: July 25, 2008

- (a) Purpose of Request: To authorize the execution of attached grant contracts to reflect 2% reductions based on current NYS budget and to allow receipt of COLA funds for the same contracts should they be offered in a form approved by county attorney
- (b) Details:
- (c) Previous Resolution Number: n/a

2008 Estimate of Impact of 2% Reduction based upon State Budget

Article 6 01/01/2008 - 12/31/2008 \$ 698,250 \$ 13,965

<i>Grant</i>	<i>Fiscal Year</i>	<i>Total</i>	<i>Impact</i>
Lead	04/01/2008-03/31/2009	\$ 25,000	\$ 375
Rabies	04/01/2008-03/31/2009	\$ 19,000	\$ 285
EI Administration	10/01/2008-09/30/2009	\$ 41,805	\$ 209
CSHCNP	10/01/2008-09/30/2009	\$ 18,533	\$ 93
WIC	10/01/2008-09/30/2008	\$ 411,361	\$ 2,057
BT	08/10/2008-08/30/2009	\$ 73,060	\$ 609
IAP	04/01/2008-03/31/2009	\$ 33,111	\$ 497

Article 25 Cuts to Early Intervention: \$ 632,621 \$ 12,652

Total Estimated Impact \$ 30,742

Assumptions:

Article 6 vouchers paid after 04/01/2008 will be reduced by 2%

NYS Grants for Fiscal Years starting on or after 04/01/08 will be reduced by approximately 2%

Removal of Medicaid Reimbursement for PS Transportation

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: July 25, 2008

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To authorize a contract agreement with Fort Hudson Home Care Inc. to provide social daycare services for appropriate clients in the Long Term Care Program
- (c) Name of Contractor: Fort Hudson Home Care Inc. d/b/a Fort Hudson Social Day Care
- (d) Address of Contractor: 319 Broadway, Fort Edward, NY 12828
- (e) Contractor's Contact Person and Telephone Number: Beth Bruno, 747-9019
- (f) Has or will the Contract be provided, if so, please attach: Yes
- (g) Commencement Date of Contract: 8/18/08
- (h) Termination Date of Contract: per #21 specifications in attached contract
- (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.Monthly, per NYS Medicaid approved rates paid per patient upon submission of required documentation of services provided
- (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: 4016.470 Long Term Care Program

Question for Trish in
developing contract

Do we need "specific"
Rates if the
New York State
Medicaid rate
is paid

Proposed
Contract
needs rates -
any questions
please call

Beth
Breed
747-9019

~~will send specific rates~~
~~\$20.05 per day~~

CONTRACT BETWEEN

Warren County Long Term Home Health Care Program

AND

Fort Hudson Home Care, Inc.
d.b.a. Fort Hudson Social Day Care

Agreement made this _____ day of _____, 2008 between Warren County Long Term Home Health Care Program, located at _____ and Fort Hudson Home Care, Inc., d.b.a. Fort Hudson Social Day Care, located at 319 Broadway, Fort Edward, NY 12828.

Whereas Warren County operates a Long Term Home Health Care Program (herein after "LTHHCP") AND

Whereas Fort Hudson Home Care, Inc. operates a Social Adult Day Care Program (herein after "Fort Hudson") AND

Whereas, LTHHCP desires to purchase Social Day Care Services from Fort Hudson, and, whereas, Fort Hudson desires to provide said services of a Social Day Care Program to LTHHCP patients; now therefore, the parties agree as follows:

1. Fort Hudson shall provide Social Day Care Services to LTHHCP patients designated by LTHHCP. The Social Day Care Program also shall provide round trip transportation for LTHHCP patients participating in the Social Day Care Program when and if Fort Hudson has the ability to provide such transportation services.
2. As compensation for Social Day Care Services, LTHHCP shall pay the same rate paid by the New York State Department of Health as Medicaid reimbursement to LTHHCP for provision of Social Day Care Services to LTHHCP patients (currently _____ per day). LTHHCP shall notify Fort Hudson if Medicaid Rate changes. Such rate of payment to Fort Hudson shall apply to all LTHHCP patients designated for such services regardless of the patient's payor source for LTHHCP services.
3. Upon approval by Medicaid through Waiver Service application, LTHHCP will pay for social transportation costs on a patient by patient basis. Upon approval by Medicaid, LTHHCP will pay Fort Hudson for transportation costs in the amount of \$ _____ round trip for ambulatory and \$ _____ round trip for wheelchair patients.
4. LTHHCP shall pay Fort Hudson all amounts due and owing for services rendered to LTHHCP patients within thirty (30) days following receipt of invoice from Fort Hudson.

5. Notwithstanding any other provisions in this contract, LTHHCP remains responsible for:
 - a. Ensuring that any service provided pursuant to this contract complies with all applicable federal, state and local laws, statutes, rules and regulations in connection with services provided hereunder;
 - b. Planning, coordinating, and ensuring the quality of all services;
 - c. Ensuring adherence to the service plan established for patients.
6. Neither Fort Hudson nor LTHHCP shall discriminate against any LTHHCP or any other person on the basis of race, creed, religion, color, national origin, age, sex, sexual preference, marital status, disability, source of payment or sponsorship in rendering services pursuant to this agreement.
7. LTHHCP shall retain full responsibility in determining whether social day care services are appropriate. Notwithstanding anything to the contrary, Fort Hudson shall, in its sole discretion, retain the right to admit or discharge a patient from the program.
8. Fort Hudson shall, at its own cost and expense, procure and maintain during the term of this Agreement and any renewal thereof the following insurance coverage:
 - a. General comprehensive liability insurance, including contractual liability coverage, in the of \$1,000,000 per occurrence/\$3,000,000 aggregate and;
 - b. Automobile/motor vehicle insurance coverage for owned, hired and non-owned vehicles with minimum limits of liability of \$1,000,000 for bodily injury and \$100,000 for property damage.
9. LTHHCP shall not be liable for any act or omission of Fort Hudson, its employees or agents.
10. Fort Hudson agrees to defend, indemnify and hold harmless LTHHCP, its officers, directors and employees from any and all losses, damages, costs, expenses, claims, causes of action and other liabilities whatsoever that arise from any omission, fault, negligence or other misconduct by Fort Hudson, its agents or employees, in connection with services provided pursuant to this Agreement. This indemnification obligation shall survive any termination or expiration of this Agreement.
11. Fort Hudson agrees to permit LTHHCP personnel providing patient care to participate in patient care conferences upon request of LTHHCP.
12. Upon request by LTHHCP, Fort Hudson shall provide to LTHHCP weekly progress notes on LTHHCP patients, and/or status summary reports on LTHHCP patients every three months.

13. Fort Hudson shall notify LTHHCP immediately if there is a change in patient's condition while at the Social Day Care Program.
14. It is expressly agreed and understood that Fort Hudson and its staff and personnel shall not, for any purpose, be deemed employees of LTHHCP.
15. This agreement shall be governed by and construed in accordance with the laws of New York State and may be terminated on at least thirty (30) days written notice by either party. This Agreement will be subject to immediate termination when:
 - a. Either party's license, certification or other authorization to operate its program is suspended, revoked or otherwise terminated;
 - b. Either party has been convicted of a criminal offense related to the delivery of any item or service under Medicare or a state health care program, conviction for a criminal offense for neglect or abuse of residents in connection with a delivery of a health care item or service, conviction for an offense relating to health care fraud or conviction for an offense relating to obstruction of an investigation of a criminal offense relating to the delivery of an item or service under Medicare or a state health care program, and
 - c. Either party is disbarred, excluded or otherwise ineligible for participation in any federal health care program, including Medicare, Medicaid or any plan or program that provides health benefits whether directly, through insurance or otherwise, which is funded directly in whole or in part, by the United States government or any state health care program.
16. All written notice affecting agreement termination must be delivered by certified or registered mail. The date of deposit of any notice in the United States Post Office box with all postage prepaid shall be deemed the date of delivery thereof.
17. All notices to parties hereunder must be in writing and signed by the party giving it and shall be served by certified mail, return receipt requested and addressed as follows:

To: Warren County LTHHCP

 Attention: _____

To: Fort Hudson Home Care, Inc.
 319 Broadway
 Fort Edward, NY 12828
 Attention: Director of Home and Community Services

18. If the services provided under this Agreement have an aggregate value or cost of \$10,000 or more over a 12 month period, Fort Hudson shall, upon expiration of four years after the furnishing of the services provided under this Agreement,

make available to the Secretary, United States Department of Health and Human Services, the United States Comptroller General and their representatives, this Agreement and all books, documents and records necessary to certify the nature and extent of the cost of services provided hereunder by Fort Hudson.

19. This Agreement may be modified or amended by mutual consent of the parties. Any such modification or amendment to be effective must be in writing and duly executed by all parties and shall be attached and become a part of this Agreement.
20. This Agreement shall not be assigned nor transferred by either party.
21. This contract will remain in effect for a period of two years from the effective date of the Agreement, unless terminated sooner by either party, and will automatically renew for successive one year periods.

IN WITNESS WHEREOF, this Agreement has been duly executed and signed by:

Fort Hudson Social Day Care Program

Date

Warren County LTHHCP

Date

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: July 25, 2008

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To authorize a contract agreement to provide Occupational Therapy services with Kerri Bondy
- (c) Name of Contractor: Kerri Bondy
- (d) Address of Contractor: 10 Heinrick Circle, Queensbury, NY 12804
- (e) Contractor's Contact Person and Telephone Number: Kerri Bondy, H: 793-9459, C: 744-6706
- (f) Has or will the Contract be provided, if so, please attach: Use therapist contract
- (g) Commencement Date of Contract: 8/18/08
- (h) Termination Date of Contract: 30 days written notice by either party
- (i) Payment Provisions:
 - i) lump sum amount at agreed upon established per individual visit or meeting rate upon receipt of required documentation for each visit at following rates: Region 1: evals \$55, revisits \$53; Region 1: evals \$60, revisits \$60; OASIS: \$15 per patient; Meetings: \$40
 - 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)
- (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: A4010.10.470 Health Services CHHA; A4016.10.470 Long Term Care Program

MEDICAL PROFESSIONAL LIABILITY OCCURRENCE INSURANCE POLICY

Region	Producer	Issued	Prior Certificate Number	Purchasing Group Policy Number
23	0001614	07/14/08	NEW	44-2010129

Offered through Allied Health Purchasing Group Association

SECTION I

DECLARATIONS

Item **CERTIFICATE NUMBER: AHL 2943674**

1. Named Insured: **KERRI BONDY**
2. Mailing Address: C/O **10 HEINRICK CIRCLE
QUEENSBURY, NY 12804**
3. Policy Period: From: **08/15/2008** To: **08/15/2009**
12:01 A.M. Standard Time At Location of Designated Premises
4. Business or Profession: Affiliation: **AMN. OCCUPATIONAL THERAPY ASSOCIATION
OCCUPATIONAL THERAPIST
S/E 20 HOURS OR LESS A WEEK**
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"/>	\$99.00
B.	General Liability <input checked="" type="checkbox"/>	\$120.00
	Endorsements <input type="checkbox"/>	
TOTAL:		\$219.00
LIMITS OF LIABILITY		
\$ 1,000,000	each Incident and each Occurrence	\$ 3,000,000 Aggregate

SECTION III

SUPPLEMENTARY PAYMENTS

- First Party Assault
- Licensing Board Reimbursement
- Wage Loss and Expense
- Deposition Expense
- 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: July 25, 2008

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To authorize a contract agreement to provide Occupational Therapy with Jessica Woods
- (c) Name of Contractor: Jessica Woods
- (d) Address of Contractor: 847 Hogback Road, Crown Point, NY
- (e) Contractor's Contact Person and Telephone Number: Jessica Woods, H:518-597-9465, C: 586-2045
- (f) Has or will the Contract be provided, if so, please attach: Use therapist contract
- (g) Commencement Date of Contract: 8/18/08
- (h) Termination Date of Contract: 30 days written notice by either party
- (i) Payment Provisions:
 - i) lump sum amount at agreed upon established per individual visit or meeting rate upon receipt of required documentation for each visit at following rates: Region 1: evals \$55, revisits \$53; Region 1: evals \$60, revisits \$60; OASIS: \$15 per patient; Meetings: \$40
 - 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)
- (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: A4010.10.470 Health Services CHHA; A4016.10.470 Long Term Care Program



**HEALTHCARE PROVIDERS
SERVICE ORGANIZATION
PURCHASING GROUP
CERTIFICATE OF INSURANCE
OCCURRENCE POLICY FORM**

Print Date: 07/23/08

Producer	Branch	Prefix	Policy Number	Policy Period
018098	970	HPG	0312629359	from: 12:01 AM Standard Time on: 09/01/08 to: 12:01 AM Standard Time on: 09/01/09
Named Insured and Address:			Program Administrator:	
Jessica L Woods 847 Hogback Rd Crown Point, NY 12928-1831			Healthcare Providers Service Organization 159 East County Line Road Hatboro, PA 19040-1218	
Medical Specialty: Occupational Therapist		Code: 80721	Insurance Provided by:	
			American Casualty Company of Reading, Pennsylvania 333 S. Wabash Avenue, Chicago, IL 60604	
COVERAGE PARTS			LIMITS OF LIABILITY	

A. PROFESSIONAL LIABILITY

Professional Liability (PL)	\$ 1,000,000	each claim	\$ 3,000,000	aggregate
Good Samaritan Liability	included above			
Personal Injury Liability	included above			
Malplacement Liability	included above			

B. COVERAGE EXTENSIONS:

License Protection	\$ 10,000	per proceeding	\$ 25,000	aggregate
Defendant Expense Benefit			\$ 10,000	aggregate
Deposition Representation	\$ 2,500	per deposition	\$ 5,000	aggregate
Assault	\$ 10,000	per incident	\$ 25,000	aggregate
Medical Payments	\$ 2,000	per person	\$ 100,000	aggregate
First Aid			\$ 2,500	aggregate
Damage to Property of Others	\$ 500	per incident	\$ 10,000	aggregate

C. WORKPLACE LIABILITY

Coverage part C. Workplace Liability does not apply if Coverage part D. General Liability is made part of this policy.

Workplace Liability	included in A. PL limit shown above		
Fire & Water Legal Liability	included in A. PL limit shown above subject to \$150,000 sub-limit		
Personal Liability		\$1,000,000	aggregate

D. GENERAL LIABILITY

Coverage part D. General Liability does not apply if Coverage part C. Workplace Liability is made part of this policy.

General Liability (GL)	none	none
Hired Auto & Non Owned Auto	none	
Fire & Water Legal Liability	none	none
Personal Liability		none

Total Premium: \$ 224.00	QUESTIONS? CALL: 1-800-982-9491
Policy forms and endorsements attached at inception:	
G-121500-C G-121503-C G-121501-C G-145184-A G-147292-A G-144872-A G-123813-C31 G-123814-D31 G-123846-D31 G-123819-D31	
Master Policy # 188711433	

Keep this document in a safe place. It and proof of payment are evidence of your insurance coverage.

Chairman of the Board

Secretary

G-141241-A (07/2001)

Coverage Change Date:

Endorsement Change Date:

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: July 25, 2008

- (a) Purpose of Contract Change: To renew contract with NYSDOH WIC Program to administer the Social Supplemental Food Program for WIC for the FFY (Federal Fiscal Year) October 1, 2008 - September 30, 2009 and authorize receipt of funds in an amount not to exceed \$435,808.00
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 537/2006 see attached
- (c) Name of Contractor: NYSDOH Resource Planning and Operations Unit
- (d) Address of Contractor: Riverview Center, 150 Broadway, Albany, NY 12204-2719
- (e) Contractor's Contact Person and Telephone Number: Tim Mooney, Director Bureau of Supplemental Food Programs, 402-7099
- (f) Commencement Date of Amendment: 10/1/08
- (g) Termination Date of Extension: 9/31/09
- (h) Payment Provisions: Quarterly voucher submission
 - 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: WIC Exp: A4013.4410, Rev: A4013.4403

Warren County Board of Supervisors

RESOLUTION NO. 353 OF 2007

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

AUTHORIZING EXECUTION OF APPENDIX X REGARDING INCREASE IN FUNDING FROM NEW YORK STATE DEPARTMENT OF HEALTH FOR SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR THE WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM - HEALTH SERVICES DEPARTMENT

WHEREAS, Resolution No. 537 of 2006 authorized an agreement continuing the contractual relationship with New York State Department of Health, Division of Nutrition, Bureau of Supplemental Foods, for funding for the Special Supplemental Food Program for the Women, Infants and Children (WIC) Program (Contract No. C-019305), for a term commencing October 1, ²⁰⁰⁷~~2006~~ and terminating September 30, ²⁰⁰⁷~~2007~~, for an amount of ^{not to exceed}

~~Three Hundred Forty-Two Thousand Eight Hundred Ninety-Seven Dollars (\$342,897),~~
Four hundred thirty five thousand eight hundred eight ^{435,808.}
and ~~Four~~ ⁰ dollars

WHEREAS, since the time the agreement was executed, the Director of Public Health/Patient Services has been advised that there has been an additional One Hundred Seven Thousand Seven Hundred Eighteen Dollars (\$107,718) added in the personal service and fringe benefits funding for the above Program,, and

WHEREAS, as such, it is necessary to execute an Appendix X with the New York State Department of Health in order to receive the additional funds, now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute Appendix X for Contract No. C-019305, Special Supplemental Food Program for the Women, Infants and Children (WIC) Program, in order to receive the above-described additional funds, with said Appendix X to be in a form approved by the County Attorney.

FFY 2009 Call Letter Figures
June 12, 2008

WIC Grant Call Letter	\$383,205
Healthy Lifestyle Call Letter	7,310
Enhanced Peer Counseling Call Letter	12,384
Projected COLA	<u>32,909</u>
Total	\$435,808

Target Caseload 1,444 per Month



STATE OF NEW YORK DEPARTMENT OF HEALTH

Riverview Center 150 Broadway Albany, New York 12204-2719

Richard F. Daines, M.D.
Commissioner

Wendy E. Saunders
Chief of Staff

June 10, 2008

Patricia Auer, R.N., M.A.
Director of Public Health
Warren County Health Services
Municipal Center
Lake George, NY 12845

RE: LA #201, Warren County Health Services

Dear Ms. Auer:

Due to delays in the release of the Request for Applications to procure agencies to administer the Special Supplemental Food Program for Women Infants and Children (WIC), the New York State Department of Health has received approval to enter into a new, single-year contract with current WIC providers for Federal Fiscal Year (FFY) 2009. The existing WIC contracts will expire on September 30, 2008; the new contracts will be effective October 1, 2008 and end on September 30, 2009.

In FFY 2009, the Department will provide \$95.3 million statewide in funding to support WIC local agency contracts, a \$4.8 million increase over FFY 2008. This record level of this funding will afford all WIC contractors the opportunity to participate in the Healthy Lifestyles initiative and the Enhanced Peer Counseling program.

Enclosed is your agency's FFY 2009 WIC program funding level and caseload target (see Attachment A) along with an electronic version of the budget forms on a writeable disc to be used for preparing your FFY 2009 WIC program budget proposal. Attachment A includes a COLA estimated at 8.0%; revised COLA figures will be provided to each agency when finalized.

Below is a timetable for the submission of FFY 2009 WIC budget and contract process, leading to fully executed agreements with the New York State Department of Health:

- **WIC local agency budget proposals are due to the regional offices by June 20, 2008.**
- **Regional offices will review and forward budget proposals to central office by July 3, 2008.**
- **Central office will send out the FFY 2009 contract package to the sponsoring agency for authorized signature on July 21, 2008.**
- **Signed contract renewal packages due to central office no later than August 15, 2008.**

Note: Failure to comply with this contract timetable may result in a delay in funding.

FFY 2009 Budget forms -

Enclosed is a writeable disc containing the budget forms and instructions to complete your proposal. In an effort to streamline the FFY 2009 budget process, budget forms are populated with your agency's FFY 08 WIC information. Use this information as a starting point, making revisions that reflect your budgetary needs for FFY 09. The budget forms for the Healthy Lifestyle initiative and the Enhanced Peer Counseling grant have also been revised.

Equipment Inventory

As noted on the Equipment Budget Justification form, the equipment inventory must be updated annually. This inventory should be submitted along with the budget proposal. Instructions for preparing this inventory are detailed in NYS WIC Program Manual Section 1419.

Agency Contact Form

Please complete the enclosed Agency Contact form indicating the name, current mailing address, E-mail address, telephone and fax numbers of the individuals with the authority to make decisions in the titled categories.

Guidance:

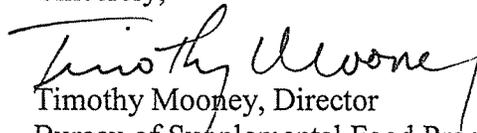
The NYS WIC Program Manual is to be used for the preparation of local agency administrative budgets:

- Section 1411, Administrative Budget Process Overview (4/99)
- Section 1412, Administrative Budget Line Item Definitions, Justification of Costs and Budget Forms (9/03)
- Section 1413, Advance Requests (6/03)
- Section 1419, Equipment Purchases (8/02)
- 1227-C, Breastfeeding Aids – Allowable Expenses (11/01)
- 1227-C1, Breastfeeding Aids, Funding and Allowable Expenses (11/01)

Descriptions of funding methodologies and additional guidance related to the Healthy Lifestyles initiative, Breastfeeding Coordinator funding, the Enhanced Peer Counseling program and the Cost Of Living Adjustment (COLA) are enclosed.

Refer to the enclosed guidance on how to submit your agency's FFY 09 WIC budget for review and approval. If you experience any problems with electronic submission, please do NOT refer to the Help Desk; contact the Resource Planning and Operations Unit at (518) 402-7099 with technical questions relating to the submission of the forms. Questions pertaining to funding methodologies, completion of the forms, etc. should be directed to the regional office representative for your agency.

Sincerely,



Timothy Mooney, Director
Bureau of Supplemental Food Programs
Division of Nutrition

Enclosures

cc: Jean Spencer
Michelle Locke
Michael Rimkunas

Attachment – B

Breastfeeding Coordinator

In FFY 2009 each local agency will receive an additional funding to support the program's requirement to designate a Breast Feeding Coordinator.

This funding is provided to allow Breastfeeding Coordinators to direct a larger portion of their time to managing breastfeeding activities. Agencies may utilize this funding to offset the amount of CPA and Program Support time that will be increased from the reallocation of staff duties to those positions.

The Breastfeeding Coordinator funding methodology was determined by using average caseload served for pregnant and breastfeeding categories. The staffing level was determined based on the following scale. If an agency's total pregnant and breastfeeding caseload is:

- Less than 1,000; funding for .25 FTE provided;
- Less than 1,500; funding for .50 FTE provided;
- Less than 2,000; funding for .75 FTE provided;
- Greater than 2,000; funding for .1.0 FTE provided.

Funding for personal service costs for Breastfeeding Coordinator FTE's are based on an annual statewide average of \$35,000 per year and include agency specific fringe benefits based on 2008 fringe benefit rates.

Please be reminded that your BF Coordinator must spend at least the indicated amount of time in dedicated breastfeeding coordination activities. The annual NSA time and effort study will provide an opportunity for your agency to verify that these guidelines have been followed.

Attachment – C

Healthy Lifestyle Initiative



In FFY 2009, the Department of Health is providing \$2.3 million in statewide funding to local agencies to continue/implement a Healthy Lifestyle initiative. This level of funding is an increase of \$830,000 over FFY 2008. In FFY 09, **all agencies** have been assigned a Healthy Lifestyle budget; funding levels were established based on a cost per participant (children) methodology. Individual agency's FFY 08 average caseload for Children was calculated and \$10 per participant was provided. Although the funding methodology was developed using the Children category, initiatives do not need to target children only, an agency's entire caseload is eligible for Healthy Lifestyles. Healthy Lifestyle funding has been included in your call letter amount; Healthy Lifestyles funds are earmarked for this initiative and are not to be used for other purpose.

In FFY 2009, there is no application or proposal required to receive Healthy Lifestyles funding - funding is included to each WIC agency in the call letter. A mid-year narrative report, providing the status of implementation of the project and an interim assessment of its impact and level of success, will be due by May 15, 2009. A final report that evaluates the success of the project, including a comparison of cost to accomplishments and anticipated long term results, will be due by November 5, 2009. Reports should be submitted to your Regional Office representative.

Agencies must incorporate Healthy Lifestyle principles into nutrition/health education (including breastfeeding support), obesity prevention, FitWIC, and propose a strategy to encourage participants to adopt lifestyle changes that improve nutritional habits and increase exercise, promoting long term health. This strategy should focus on the participant's life activities outside of the WIC clinic.

This attachment contains a listing of incentive ideas for children and adults and nutrition resource information available on the web. Allowable costs are those reasonable and necessary to support the proposal. Items intended primarily for staff use or items that could be perceived extravagant are not allowable. Examples of **Non-Allowable Costs**:

- Personal Service, Space, Fringe Benefits and Travel Expenses
- Trainer and speaker fees;
- Conference registration fees;
- Indirect costs;
- Department/Apparel store Gift Certificates, Grocery store Cards;
- Incentive items intended for persons who are not participants; potential participants or their parents/guardians

EXAMPLES OF ALLOWABLE INCENTIVES AND ACTIVITIES

- ACTIVE TOYS; beach balls, jump ropes, soft toss balls, Hula hoops, kites, etc.
- SNOWMAN MAKING KITS, CHILDREN SIZED HATS and MITTENS
- BUTTERFLY/BUG NETS
- PLASTIC PAIL and SHOVEL
- SIDEWALK CHALK
- SIPPY CUPS with WIC LOGO, JUVENILE SIZED SILVERWARE
- WIC APPROVED CEREAL SAMPLES AND CEREAL BOWLS
- BIBS with WIC LOGO
- COOKING UTENSILS, measuring spoons & cups, spatulas, etc.
- POT HOLDERS with WIC or 5 A DAY LOGO
- Taste Testing
- WIC ALLOWABLE FOOD DEMONSTRATIONS
- FARMER’S MARKET FOOD DEMONSTRATIONS
- LOW FAT MILK COMPARISONS

EXAMPLE OF CONTENTS FOR FIT WIC ACTIVITY BAGS

What	Price *	Vendor
FIT WIC bags	\$4.11	4Imprint Kevin Roach 101 Commerce St. PO Box 320 OskKosh, WI 54901 877-446-7746
Pedometer		
Can Cockatoos Count By Two CD	\$7.88	Hal-Pal Music, Inc. P.O. Box 8343 Northridge, CA 91326- 9998 818-885-0200
Bernstein Bears Too Much TV book		
Bean Bags (3 each)	\$1.92	Oriental Trading Company 1-800-526-7400
Beach Ball	\$0.71	Oriental Trading Company 1-800-526-7400

Scarves (3)	\$2.37	The Illinois Juggling Institute 206 Oak Dr. Shorewood, IL 60431 800-766-1437 815-725-9670 (Fax)
FIT WIC activity book	\$??	In house printing

*Price is per 300

WIC NUTRITION RESOURCE AVAILABLE ON THE WEB

General Nutrition Information

www.kidsnutrition.org/resources/general.html

Makestuff.com-Food,Recipes,Cooking Tip

<http://www.makestuff.com/foodstuff/kids.html>

Just for Kids

<http://ag.udel.edu/extension/fam/4kids.htm>

Kid's Health

<http://www.kidshealth.org/kid/>

Kids in the Kitchen

<http://www.sinc.sunysb.edu>

Kids Kooking-Whole Food Markets

<http://wholefoodmarket.com/kids/kooking.htm>

Kids Stuff-Kitchen Fun for Kids

http://www.scpinet.org/smartmouth/recipes_articles/

Moo-Milk

<http://www.moomilk.com>

Pear Bear Healthy Kids

<http://www.usapears.com/justforkids/default.asp>

The Family Food Zone

<http://www.familyfoodzone.com>

Recipes

www.epicurious.com
www.meals.com
www.recipesource.com

Physical Activity

www.usda.gov.cnnp

Attachment - D

Enhanced Peer Counseling Grant

In FFY 2009, the Department of Health is providing \$3.6 million in funding to WIC local agencies to implement or continue Enhanced Peer Counseling (EPC) programs. This level of funding represents an increase of \$2 million over FFY 2008. Currently 55 of the 100 WIC agencies statewide receive EPC funding and have developed successful peer counseling programs. In FFY 09, all WIC agencies are required to participate in EPC or develop EPC programs.

WIC peer counselor programs are recognized by the Center for Disease Control and Prevention (CDC) in its *Guide to Breastfeeding Interventions* as effective evidence-based interventions to support breastfeeding. Peer counseling programs are among the strategies that represent cost effective, individually-tailored, and culturally competent ways to promote and support breastfeeding for women of varying socioeconomic backgrounds.

In 2004, the USDA launched a national initiative, *Loving Support © through Peer Counseling*, to increase breastfeeding rates among WIC participants, and assist WIC Program staff in the implementation and expansion of breastfeeding peer counseling programs. In 2005, the New York State WIC Program piloted an Enhanced Peer Counselor Program; agencies found peer support to be effective in increasing initiation and duration rates for breastfeeding.

Each agency's FFY 2009 EPC budget was developed by applying a methodology based on the estimated number of peer counselor (PC) hours required to provide PC service to your agency's prenatal and breastfeeding women. A goal in FFY 2009 is to focus EPC program funds to primarily supporting peer counselor expenses including salaries, stipends, local travel for peer counselors, peer counselor telephone expenses, etc. In FFY 2009, although considered allowable in the past, expenses such as the breastfeeding coordinator's salary, administrative and non-personal expenses not directly attributable to peer counselors are not to be included when developing the 2009 EPC budget; these costs should be shifted to the WIC budget. A summary of the methodology used to determine the number of peer counselors and the necessary funding is below:

- Caseload Served – a 75% initiation rate was applied to the pregnant women category and added to the breastfeeding women category to arrive at caseload served.
- Number of Contacts – estimated 17 contacts for each breastfeeding woman and 7 contacts for each pregnant woman.
- Length of Each Contact – contacts average 15 minutes in duration per visit based on Loving Support © guidelines and current EPC program data.

- Total Contact Hours – applied number of contacts to pregnant and breastfeeding women categories; divided by 52 weeks to arrive at number of contact hours per week.
- Number of Peer Counselors Required – assuming a 10 hour work week for peer counselors (9 hrs of counseling and 1 hr for administrative tasks), divided weekly contact hours by 9 rounded to the next whole number to determine peer counselors needed.
- Annual Peer Counselor Costs – applied a statewide average of \$10 per hour and a 10-hourwork week to the number of peer counselors for 4.3 weeks per month for 12 months.
- Non-Personal Service – applied a 20% NPS rate to annual peer counselor costs to provide funding for telephone, travel, etc. associated with the peer counselors.

Agency Name	Avg. Pregnant 10/07-2/08	Avg. BF Woman 10/07-2/08	x .75% initiation rate	# BF woman x 4.25	# prenatal x 1.75hrs	Total Contact Hrs	div. by 52 wks	# of PCs based on 10hrs*	x \$10 hr	hrs x 4.3 wks	Yearly PC expense	20% ONPS	Proposed FFY 09 EPC funding**
Example of EPC Methodology	100	100	75	425	131	556	11	2	\$200	\$860	\$10,320	\$2,064	\$12,384

Agencies with existing EPC programs that have concerns for FFY 09 should consult with their regional office. Enhanced Peer Counselor Program budgets are to be completed and submitted as part of the FFY 09 budget process and are due to the regional office by June 20, 2008.

Attachment - E

COLA 

At the time of this mailing, the SFY 2008-09 Cost of Living Adjustment (COLA) details have not been finalized. When available, information regarding the COLA will be forthcoming under separate cover and will include a standard voucher, a budget justification page and a certification statement for your agency to complete and return to your regional office representative.

The SFY 2008-09 COLA funds are being provided to promote the recruitment and retention of staff or to respond to other critical non-personal service costs during the state fiscal year the COLA was appropriated. A few things to keep in mind when determining how COLA funds should be handled:

- COLA is **not** added to the WIC contract and should not increase the BSROE.
- COLA can be spent on **any necessary/allowable WIC expense**, including expenses related to Enhanced Peer Counseling and Healthy Lifestyles - provided that contract managers authorize the expenditure.
- WIC Contractors must follow agency procurement guidelines.
- Keep purchases below the federal \$25,000 procurement threshold (to avoid confusion on federal financial management reviews)
- Document and retain records to show how the COLA funds were used - use WIC record retention rules as a standard.

When evaluating the FFY 2009 WIC budget, COLA funding should be included to provide a complete overview of funds available to support FFY 2009 WIC program activities. The COLA funds are State general-fund dollars (not federal); to maintain fiscal year integrity, COLA funds must be spent on SFY 2008-09 expenses.

Attachment – F

Caseload Target

Each year, the statewide caseload target is determined based upon projected funding support from federal, state, and infant cereal and formula rebate funding sources. Caseload was not used to determine FFY 09 funding levels. We anticipate that sufficient funding will be available to support each agency's FFY 2009 caseload assignment. However, during the year, if the state's revenue is less than expected and is insufficient to support the statewide caseload target, we may find it necessary to reduce agency caseload and commensurate funding.

FFY 09 Statewide local agency caseload targets were increased for those agencies serving over a 100% of their FFY 08 target as of 3/08 (CM016T). The Local agency's target was increased to match their actual participation for the same time period. If an agency was serving less than 100% of their assigned FFY 08 target, their FFY 09 target was not adjusted.

No new agencies were designated for Caseload Expansion funds in FFY 09. The only agencies that will receive Expansion funding are those which were designated as being in need of caseload growth in FFY 07. This Expansion funding was annualized and is incorporated in participating agency's Call Letter funding level.

Applying the above methodology will increase the level of statewide caseload distributed to 506,318. This represents an increase of 14,000 in caseload over FFY 08's target.

Attachment G
FFY09 WIC Budget Electronic Submission Instructions

1. Make sure contact information has been updated. The exact name and address that appear for the Contract Signatory will be used for the NYS Contract document.
2. Double check that your budget proposal has not exceeded your allotted Call Letter amount (unless you have had specific instruction from your Regional Office).
3. Attach the PDF to an email with the Subject:

Budget Submission: 201 - Warren County Health Services

4. Add any additional messages for your Regional Office in the email's message
5. Email the file to:
WICBudget09Capital@health.state.ny.us
6. Once your budget has been approved, you will be emailed a copy of the approved budget backup sheets to the address the submission was sent with.

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

*If this is the result of a grant award, also complete and submit
Form No. 5 or 6

DEPARTMENT NAME: Health Services

DATE: July 25, 2008

- (a) Purpose of Amendment: To amend the 2008 Warren County Budget to reflect the following to allow for maximizing the Bioterrorism Grant for the contract year 2008-2009 (through December 2008)
- (b) Appropriation Code (with title), Object Code (with title) and Amount: A4189.260 Bioterrorism - Other Equipment \$5000.00; A4189.410 Bioterrorism - Supplies ~~\$3500.00~~ 35,000.00
- (c) Revenue Code (with title), and Amount: A4189.4401 Bioterrorism Revenue \$40,000.00

Jones, Ginelle

From: Elizabeth A. Ryan [ean01@health.state.ny.us]
Sent: Wednesday, July 09, 2008 3:15 PM
To: cwelge@albanycounty.com; gnocella@albanycounty.com; hullte@alleganyco.com; cocklepl@alleganyco.com; bkrakauer@co.broome.ny.us; tgeorge@co.broome.ny.us; kmellis@cattco.org; DLFrank@cattco.org; lholmes@cattco.org; kathleen.cuddy@dfa.state.ny.us; alex.holak@dfa.state.ny.us; lyonm@co.chautauqua.ny.us; probstl@co.chautauqua.ny.us; hshepard@co.chemung.ny.us; ericd@co.chenango.ny.us; eddyd@co.clinton.ny.us; nicholse@co.clinton.ny.us; nbaker@govt.co.columbia.ny.us; jgailor@cortland-co.org; hwebb@cortland-co.org; liz.bowie@co.delaware.ny.us; kdhipaguntla@co.dutchess.ny.us; smarzouka@co.dutchess.ny.us; jmcdermott@co.dutchess.ny.us; tracy.chalmers@erie.gov; thomas.harvey@erie.gov; straubet@erie.gov; eaycock@co.essex.ny.us; plight@co.essex.ny.us; ldonaldson@co.essex.ny.us; rmartin@co.franklin.ny.us; j.little@co.fulton.ny.us; tferringer@co.genesee.ny.us; dvanslyke@co.genesee.ny.us; kmiller@discovergreene.com; tskinner@discovergreene.com; karen.levison.hcphns@frontiernet.net; kristen.king.hcphns@frontiernet.net; crhymestine@herkimercounty.org; gokeefe@herkimercounty.org; dorenak@co.jefferson.ny.us; randy@health.co.lewis.ny.us; jperaino@co.livingston.ny.us; ehenderson@co.livingston.ny.us; shawn.prievio@co.madison.ny.us; msayers@monroecounty.gov; spersell@monroecounty.gov; daurienma@co.montgomery.ny.us; kconboy@co.montgomery.ny.us; toni.mason@dfa.state.ny.us; eileen.scanlon@hhsnassaucountyny.us; rosemary.swiencki@hhs.nassaucountyny.us; elaine.roman@niagaracounty.com; jill.kwoka@niagaracounty.com; jeffrey.beach@niagaracounty.com; jraflowski@ocgov.net; kshilkret@co.oneida.ny.us; Tengle@co.oneida.ny.us; StephenSmorol@ongov.net; hlscibu@ongov.net; mary.washo@ongov.net; sandra.seeber@co.ontario.ny.us; shelly.youngs@co.ontario.ny.us; avradenburgh@co.orange.ny.us; ppettit@orleansny.com; alucyszyn@orleansny.com; kcastricone@orleansny.com; johnr@oswegocounty.com; steff@oswegocounty.com; cusworthd@otsegocounty.com; barbara.ilardi@putnamcountyny.com; nancy.collier@putnamcountyny.com; mayers@renesco.com; hansenr@co.rockland.ny.us; abisd@co.rockland.ny.us; dlarock@co.st-lawrence.ny.us; ttracy@co.st-lawrence.ny.us; akempf@saratogacountyny.gov; joanne.cocozzoli@schenectadycounty.com; lisa.mell@schenectadycounty.com; hathaways@co.schoharie.ny.us; dthomaris@co.schuyler.ny.us; mkelly@co.schuyler.ny.us; kvanauken@co.seneca.ny.us; chrisc@co.steuben.ny.us; carolyn.kagan@suffolkcountyny.gov; mary.wood@suffolkcountyny.gov; elena.fortune-jones@suffolkcountyny.gov; marilyn.bonfiglio@scgnet.us; mccannd@co.tioga.ny.us; mccormickb@co.tioga.ny.us; bcrosby@tompkins-co.org; kjohnson@tompkins-co.org; emor@co.ulster.ny.us; etro@co.ulster.ny.us; Jones, Ginelle; Driscoll, Tawn; tmcdougall@co.washington.ny.us; ssmith@co.wayne.ny.us; ccomfort@co.wayne.ny.us; hag1@westchestergov.com; saa7@westchestergov.com; lcc7@westchestergov.com; smatthews@wyomingco.net; mdelcour@yatescounty.org; lsnyder@yatescounty.org

Cc: Kathleen A. Carlton; mjf12@health.state.ny.us; Deborah A. Kennedy; Luis A. Lopez; Audrey C. Pulver; btlhd@health.state.ny.us

Subject: Fw: Public Health Preparedness: LHD Allocations 2008-2009

Attachments: HEP BT Matrix 08-09.xls



HEP BT Matrix
08-09.xls (27 KB...)

Hello Everyone,

The attached Public Health Emergency Preparedness LHD 2008 - 2009 Allocation document was sent out to each county's Public Health Directors or Commissioners today. I will be providing the 2008 - 2009 budget request template and instructions shortly to all of the county's individually. I

would like to make everyone aware that the deadline for submitting the completed budget request template and updated equipment inventory will be no later than COB Friday, August 8, 2008.

If you have any questions or concerns, please do not hesitate to contact me.

Thank you.
Beth

Beth Ryan
Health Program Administrator
Grants Administration
Office of Science
New York State Department of Health
Phone: (518) 408-2063
Fax: (518) 408-2147
e-mail: ean01@health.state.ny.us

----- Forwarded by Elizabeth A. Ryan/OSPH/DOH on 07/09/2008 12:35 PM -----

Deborah A.
Kennedy/OSPH/DOH

07/09/2008 10:53
AM

LHD2

To

CC

Kathleen A.
Carlton/OSPH/DOH@NYSDOH, Luis A.
Lopez/OSPH/DOH@NYSDOH, Elizabeth A.
Ryan/OSPH/DOH@NYSDOH, Robert L.
Burhans/OSPH/DOH@NYSDOH, Rebecca
Hathaway/OSPH/DOH@NYSDOH

Subject

Fw: Public Health Preparedness: LHD
Allocations 2007-2008

In my haste to get this email out, I failed to attach your allocations.
See below. Thank you.

(See attached file: HEP BT Matrix 08-09.xls)

Deborah A. Kennedy
Assistant Director
Grants Administration Unit
Office of Science
NYS Department of Health
Phone: 518/474-8166
Fax: 518/408-2147
e-mail: dak04@health.state.ny.us

----- Forwarded by Deborah A. Kennedy/OSPH/DOH on 07/09/2008 10:50 AM -----

Deborah A.
Kennedy/OSPH/DOH

07/09/2008 10:45

LHD2

To

AM

CC

Kathleen A.
Carlton/OSPH/DOH@NYSDOH, Luis A.
Lopez/OSPH/DOH@NYSDOH, Elizabeth A.
Ryan/OSPH/DOH@NYSDOH, Robert L.
Burhans/OSPH/DOH@NYSDOH, Rebecca
Hathaway/OSPH/DOH@NYSDOH
Subject
Public Health Preparedness: LHD
Allocations 2007-2008

Since 2002, New York State has been financing Local Health Department's (LHD) public health emergency preparedness activities through funding provided by the Centers for Disease Control and Prevention (CDC). Over the past several years, New York State's CDC award has been significantly reduced. To ensure local health departments maintain their level of capability, the Department of Health will support preparedness functions with State-Local Assistance funding. Funds will be provided, via the state contract mechanism, for the period of August 10, 2008 through August 9, 2009 (contingent upon availability of funding). Funding levels will be restored to the original award levels provided in 2002 (see attached 2008-2009 LHD Allocations).

LHDs designated to participate in the Cities Readiness Initiative (CRI) or the Laboratory Response Network (LRN) will continue to receive CDC supplemental funding for these activities through a contractual agreement with Health Research, Inc. (HRI).

Deliverables for this time period will be sent under separate cover after they have been formulated in consultation with NYSACHO. Detailed instructions and templates for the new period will be communicated directly to the LHD fiscal contacts.

Please contact me or Beth Ryan at (518) 408-2063 if you have questions or concerns. Thank you.

Deborah A. Kennedy
Assistant Director
Grants Administration Unit
Office of Science
NYS Department of Health
Phone: 518/474-8166
Fax: 518/408-2147

e-mail: dak04@health.state.ny.us

IMPORTANT NOTICE: This e-mail and any attachments may contain confidential or sensitive information which is, or may be, legally privileged or otherwise protected by law from further disclosure. It is intended only for the addressee. If you received this in error or from someone who was not authorized to send it to you, please do not distribute, copy or use it or any attachments. Please notify the sender immediately by reply e-mail and delete this from your system. Thank you for your cooperation.

Funding Matrix
 Health Emergency Preparedness Grants
 Local Health Department Initiative
 8/10/08 - 8/9/09

Budget Analyst Signature

Contractor	Contract #	Funding	FY08 Funding	FY09 Funding
			8/10/08 - 3/31/09	4/1/09 - 8/9/09
			Cost Center/Var/Obj Code (State-Local Assistance)	Cost Center/Var/Obj Code (State-Local Assistance)
Cayuga County	C023306	\$96,963	\$62,094	\$34,869
Albany County	C023314	\$294,565	\$188,635	\$105,930
Alleghany County	C023315	\$75,000	\$48,029	\$26,971
Broome County	C023316	\$200,536	\$128,420	\$72,116
Cattaraugus County	C023317	\$98,955	\$63,369	\$35,586
Clinton County	C023318	\$94,894	\$60,769	\$34,125
Chemung County	C023319	\$106,070	\$67,926	\$38,144
Chenango County	C023320	\$85,000	\$54,433	\$30,567
Chautauqua County	C023321	\$154,750	\$99,100	\$55,650
Columbia County	C023322	\$85,000	\$54,433	\$30,567
Cortland County	C023323	\$75,000	\$48,029	\$26,971
Delaware County	C023324	\$75,000	\$48,029	\$26,971
Dutchess County	C023325	\$280,150	\$179,404	\$100,746
Erie County	C023326	\$950,265	\$608,535	\$341,730
Essex County	C023327	\$75,000	\$48,029	\$26,971
Franklin County	C023328	\$85,000	\$54,433	\$30,567
Fulton County	C023329	\$85,000	\$54,433	\$30,567
Genessee County	C023330	\$85,000	\$54,433	\$30,567
Greene County	C023331	\$75,000	\$48,029	\$26,971
Hamilton County	C023332	\$75,000	\$48,029	\$26,971
Herkimer County	C023333	\$85,000	\$54,433	\$30,567
Jefferson County	C023334	\$126,738	\$81,161	\$45,577
Lewis County	C023335	\$75,000	\$48,029	\$26,971
Livingston County	C023336	\$85,000	\$54,433	\$30,567
Madisoon County	C023337	\$85,000	\$54,433	\$30,567
Monroe County	C023338	\$735,343	\$470,902	\$264,441
Montgomery County	C023339	\$75,000	\$48,029	\$26,971
Nassau County	C023340	\$1,334,544	\$854,621	\$479,923
Niagara County	C023341	\$219,846	\$140,786	\$79,060
Oneida County	C023342	\$235,469	\$150,791	\$84,678
Onondaga County	C023343	\$458,336	\$293,511	\$164,825
Ontario County	C023344	\$115,224	\$73,788	\$41,436
Orange County	C023345	\$341,367	\$218,606	\$122,761
Orleans County	C023346	\$75,000	\$48,029	\$26,971
Oswego County	C023347	\$137,377	\$87,974	\$49,403
Otsego County	C023348	\$85,000	\$54,433	\$30,567
Putnam County	C023349	\$110,745	\$70,919	\$39,826
Rensselaer County	C023350	\$167,538	\$107,289	\$60,249
Rockland County	C023351	\$286,753	\$183,632	\$103,121
Saratoga County	C023352	\$200,635	\$128,484	\$72,151
Schenectady County	C023353	\$161,555	\$103,457	\$58,098
Schoharie County	C023354	\$75,000	\$48,029	\$26,971
Schuyler County	C023355	\$75,000	\$48,029	\$26,971
Seneca County	C023356	\$75,000	\$48,029	\$26,971
St. Lawrence County	C023357	\$126,931	\$81,285	\$45,646
Steuben County	C023358	\$113,726	\$72,828	\$40,898
Suffolk County	C023359	\$1,419,369	\$908,942	\$510,427
Sullivan County	C023360	\$88,966	\$56,972	\$31,994
Tioga County	C023361	\$85,000	\$54,433	\$30,567
Tompkins County	C023362	\$111,501	\$71,404	\$40,097
Ulster County	C023363	\$192,749	\$123,433	\$69,316
Warren County	C023364	\$85,000	\$54,433	\$30,567
Washington County	C023365	\$85,000	\$54,433	\$30,567
Wayne County	C023366	\$108,765	\$69,651	\$39,114
Westchester County	C023367	\$923,459	\$591,369	\$332,090
Wyoming County	C023368	\$75,000	\$48,029	\$26,971
Yates County	C023369	\$75,000	\$48,029	\$26,971
TOTAL		\$12,064,084	\$7,725,654	\$4,338,430

CMS Code:

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

SIGNED: Patricia [Signature]

DATE: 7/25/08

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.4189.130	Bioterroism-Part Time Salaries Expense	A.4189.110	Bioterrorism -Full time Salaries Expense	\$2,600.00
A.4189.423	Bioterroism-Telephone Expense	A.4189.220	Bioterrorism-Office Equipment	\$550.00
		A.4189.260	Bioterrorism-Other Equipment	\$150.00
Total Transfers				<u>\$3,300.00</u>

Please state reason for transfers requested:

1. Transfer funds to cover expenses for BT on Call. Total is \$7800 per year. Budget reflects \$5200 in .110 and \$2600 in .130. All needs to be in .110 code.
2. Transfer funds to cover expense for BT purchase of Computer and Portable Measuring Mat covered in full by BT Grant year ending 8/9/08.

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Fund			

Please state reason for transfer request:

Total

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

RESOLUTION REQUEST FORM NO. 3

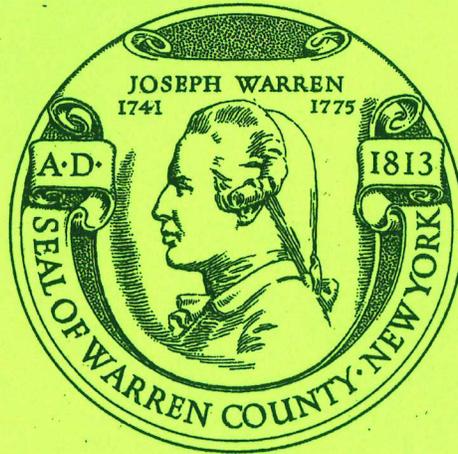
Request for New Contract

DEPARTMENT NAME: Health Services

DATE: July 25, 2008

- (a) Is this a Result of a Bid or Request for Proposal? Yes
- (b) Purpose of Contract: to award transportation contract of Preschool Children With Disabilities to Stanski Transportation Corp.
- (c) Name of Contractor: Stanski Transportation Corp.
- (d) Address of Contractor: 1611 State RT 9, Fort Edward, NY 12828
- (e) Contractor's Contact Person and Telephone Number: Joseph Stanislawsky, 743-9509
- (f) Has or will the Contract be provided, if so, please attach: Use model on file for Blueline Commuter Inc.
- (g) Commencement Date of Contract: 9/1/08
- (h) Termination Date of Contract: 8/31/09
- (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.

Monthly, upon receipt of required documentation per bid specifications at bid rates: \$20/child/day, \$200/aide/day, \$100child/in wheelchair/day
- (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: A4054.444 Preschool Program; A4054.0060.444 Early Intervention Program



WARREN COUNTY PUBLIC HEALTH EMERGENCY RESPONSE AND PREPAREDNESS PLAN

Warren County Health Services

Patricia Auer RN MA
Director of Health Services

Ginelle Jones BSN MS FNP
Assistant Director of Public Health

Barbara Orton BS MSN
BT Coordinator

Angela Meade
Public Health Liaison

Medical Advisors

Richard P. Leach, Jr. MD
Daniel C. Larson MD
David F. Mousaw MD F.A.A.P.

Emergency Response And Preparedness Committee

June, 2008
(updated annually)