

**Warren County Health Services  
Health Services Committee Meeting  
January 23, 2009  
Information Submitted By: Patricia Auer, DPH/DPS**

We welcome Mr. Pitkin and Mr. Strainer as new members to our committee and invite them to visit our department at their convenience to learn more about our services. We are also happy to see our returning chairman and committee members.

**Pending Items**

**Emergency Preparedness Planning Activities**

Please see the attached sheet for specific information regarding efforts in this program. Continued funding for this initiative for the next grant year which begins in August is unknown as to how much and what the grant deliverables will be. We will keep you posted, but one thing is sure, it won't be more than this year!

**Fluoride Presentation**

Dr. Schutze is not available to be here today, so we will try again for next month.

**Point of Care Initiative Update**

We will provide an overview of our progress and concerns to date at the meeting.

**Request Resolution:**

To amend the Business Associates' (individuals providing therapy services) contracts to include language relating to potential assignment/loan to laptop computers for visit documentation, and other related contract protocols in a form approved by the county attorney. There will be not additional cost to the county.

**Rationale:**

These changes are needed in order to proceed with the Point of Care Initiative. Trish Nenninger, 2<sup>nd</sup> Assistant County Attorney, will be present at the meeting if committee members have any questions.

**New Business**

**Request Resolution:**

To authorize a contract agreement with Aspire Programs, PLLC for the provision of Preschool Special Education Services (children ages 3-5 years old).

**Rationale:**

This is a new business that has recently received approval from the New York State Education Department and has requested a contract with Warren County. Prior to receiving state education department, approval it has been run as a private day care program for children with special needs along the autism spectrum. It is located on Warren Street in Glens Falls in the building that was previously the Glens Falls Home for Women. The rates for services will be set by the state education department.

**Request Resolution:**

To set various disciplines' per visit rates for 2009 for the Certified Home Health Agency and the Long Term Home Health Care Program effective February 1, 2009.

**Rationale:**

These rates are updated annually and are used in negotiating rates with insurance companies. The information is gleaned from the annual cost report. This year the only rates that need to be increased are Nursing visits from \$150.00 per visit to \$160.00 per visit and Speech Therapy from \$110.00 to \$120.00 per visit. A list of all charges will be available at the meeting if committee members wish to review. Tawn Driscoll, Fiscal Manager, will be at the meeting to answer any questions.

**Request Resolution:**

To amend Resolution 144 of 2008 to reflect updates in the charges for immunizations administered to private pay individuals in the Division of Public Health.

**Rationale:**

These charges are adjusted annually to assure that the costs for pharmaceuticals and nursing time for administration are met. Pharmaceutical prices vary and sometimes new vaccines become available and need to be added. This is a service that can be easily offered to residents by clinic appointment at no cost to the county. If committee members wish to see the list of vaccines offered, it will be available at the meeting.

**Request Resolution:**

To renew the annual agreements with the following agencies to provide paraprofessional services (home health aides and personal care aides) for the period January 1, 2009-December 31,2009:

- **ENS Health Care Management, LLC d/b/a Interim Health Care of New York**
- **Visiting Nurse Association of Albany Home Care Corporation**
- **North Country Home Services, Inc.**

No rate increases have been requested by either Interim or VNA.

North Country Home Services, Inc. have requested a rate increase of 3% for Home Health Aide Services – from \$23.00 per hour to \$23.68. Personal Care Aide rates are set by this agency later in the year when the Medicaid rates are set.

**Rationale:**

I have been in contact with Rebecca Leahy, Executive Director at North Country, and informed her that no rate increases in the other agencies providing aide services to Warren County have been requested or granted for 2009. She was understanding of current fiscal constraints and did ask the agency's board to reconsider. The board felt they still wished to request the 3% increase. North Country provides minimal services (approximately \$28,000 a year) but does have aides that service patients in the northern parts of the county. Although it is a committee decision, if we are unable to negotiate the rates down, I would recommend granting the request.

**Request Resolution:**

To renew the annual agreement with Upper Hudson Primary Care Consortium to allow for continued participation in the Community Health Assessment Project.

**Rationale:**

There is an annual cost of \$5,000 per county for this project. It includes the member counties involved in the Adirondack Rural Health Network, Warren, Washington, Saratoga, Fulton and Hamilton and provides and updates an important website and county specific health data for each individual county. A Community Health Assessment is required for submission to the New York State Department of Health with the Municipal Public Health Services Plan for each county, and this contract assures that data is kept up to date and in accordance with what the state requests. An approved Community Health Assessment and Municipal Public Health Service Plan is necessary in order to receive our State Aid base grant.

**Request Referral to Personnel Committee:**

To amend Resolution 658/2007 to include language to reflect when a RPN (Registered Professional Nurse) Grade 19 – 2009 Base Salary \$39,660 completes 2 years of full time home care/public health experience, he/she may move to a CHN (Community Health Nurse) Grade 20 – 2009 Base Salary \$41,358, and the budget and department table of organization will be adjusted accordingly. Also, the language should further reflect if a RPN or CHN completes his/her Bachelor's Degree in Nursing the grade may increase to reflect the change in title to PHN (Public Health Nurse) Grade 21 – 2009 Base Salary \$42,408.

**Rationale:**

The 2009 Base salaries for the above grades are only given as reference points for salaries. The situations could occur in any given year. Resolution 658/2007 addresses when a nurse is hired he/she may be placed at the grade appropriate for professional education and experience. The amended language is requested to allow for the same provision for individuals already on staff and to assist with recruitment and retention. This resolution amendment was requested by Todd Lunt, Warren County Human Resource Manager, and has also been discussed with Rich Kelly, Civil Service Personnel Officer.

**Request Health Services Committee Approval:**

- To allow Sheryl Havens, our new Supervising Nurse, to attend "Essential Skills for First Time Managers or Supervisors" in Albany on March 6, 2009. The fee for the program is \$199.00.
- To allow Sheryl Havens and Marietta Anderson, both Supervising Nurses, to attend the Home Care Association of New York State Program "The Starring Role of Clinician Decisions and Documentation on Agency Success in Albany on February 11, 2009. The cost for the program is \$329.00 per person.

**Rationale:**

We are aware and mindful of the need to be very judicious in spending monies for conferences. That said, even though it is early in the year, we feel the above programs are very important and worthy of expending some of our limited education funds.

**Request Resolution:**

To amend the contract with High Peaks Hospice to reflect a name change in the organization in the agency to High Peaks Hospice and Palliative Care Inc.

**Rationale:**

This contract extends automatically on an annual basis, and there are no charges to Warren County. The county attorney's office is requesting the amendment because of the name change.

**Report of Council for Prevention of Alcohol and Substance Abuse Survey for Warren County Schools in relation to tobacco usage for 2007-2008**

This survey is conducted every two years, and Warren County Health Services provides funding from the Tobacco Control Program in the amount of \$3,000 to have questions included in the survey and the resulting data analyzed. The information provides current trends and past comparison trends in tobacco usage for students in grades six through twelve throughout the county and allows us to evaluate the effectiveness of the educational efforts provided to students, and where further interventions appear most needed.

An overall report of the survey is attached, and should committee members wish information on a particular school district, they may contact the school superintendent.

**Report of Free and Reduced Fee Care**

Please see the attached information.

**Report of Expenditures and Revenues**

Please see the attached information.

Tawn Driscoll, Fiscal Manager, will be present at the meeting to answer questions.

**Budget Impact...**

Although there are a number of issues that hinge on the yet to be approved state budget, what we already know and expect is not good news. We have compiled the attached information detailing what we know to be certain to date, as well as potential impacts for the future. This will be distributed at the meeting. Early Intervention and Preschool Children With Special Needs Programs (our mandated and very expensive programs) have a number of budget proposals with implications, but it is still not known what will ultimately happen until the state budget is passed. There are intense lobbying efforts in process. We will keep you updated.

**2008 Department Goals Progress Update and Continuing Goals for 2009**

Formal progress report on all goals will be submitted semiannually or as specifically requested by the Health Services Committee

Please see the attached.

**Executive Session****Attachments:**

Emergency Preparedness Activities Report

Council for Prevention Report of Tobacco Usage Statistical Survey

Report of Free and Reduced Fee Care

Report of Expenditures and Revenues

Report of Known and Anticipated Budget Impacts (distributed at meeting)

Rabies Program Report

**From:** Schaldone, Sharon  
**Sent:** Wednesday, January 21, 2009 10:37 AM  
**To:** Auer, Pat  
**Subject:** Free Care Report 2008  
thru oct. 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

June, 2008--\$16,560.03 \* 2 cases one for \$2080.00 and the other for \$1,532.20 totaling \$3,612.20 were given care will Medicaid application was pending. Both cases were denied Medicaid. Theses cases will be billed individually with a letter offering a sliding fee repayment option.

\* \$1,650.00 were charges for a Public Health DOT case where services were not Medicare billable.

\*\$1,500.00 were MCH denials

Final June Total--\$9,798.03.

July, 2008 Total: -- \$4,694.42

August, 2008 -- \$8,018.35

September 2008 -- \$6,798.66

October 2008-- \$7,260.52

Total-----\$76,326.96 to Date ( 1/08 - 10/08 )

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 1/21/2009 12:33:28 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
<b>EXPENSES</b>			
Salaries - Regular	\$3,044,443.00	\$2,914,059.14	\$2,852,970.52
Salaries - Overtime	\$222,572.00	\$206,105.69	\$197,398.54
Salaries - Part Time	\$347,181.00	\$322,043.04	\$309,079.69
Salaries - Sick Leave Incentive	\$800.00	\$800.00	\$1,200.00
100's PERSONAL SERVICES	\$3,614,996.00	\$3,443,007.87	\$3,360,648.75
200's EQUIPMENT	\$81,236.00	\$69,307.07	\$74,772.07
100's CONTRACTUAL	\$9,653,297.00	\$7,877,696.55	\$9,173,710.39
300's EMPLOYEE BENEFITS	\$63,091.00	\$57,581.33	\$59,089.23
<b>TOTALS</b>	<b>\$13,412,620.00</b>	<b>\$11,447,592.82</b>	<b>\$12,668,220.44</b>
<b>REVENUES</b>			
	<b>2008 BUDGETED</b>	<b>2008 YTD ACTUAL</b>	<b>2007 Prior Year Totals</b>
	\$12,408,723.00	\$8,510,373.00	\$11,957,410.15

Note: Revenues reflect an accrual for the October CHHA, LTC and MCA billing of \$362,097.81 and \$361,682 for November with the Point of Care system. We currently are working with the new Point of Care system for our December billing. Also an accrual of \$53,762 has been accrued for EI billing recently done for 2008 services.

Additional revenues are anticipated of over \$1,000,000 in WIC Food vouchers for 2008 along with over \$1,000,000 in Preschool revenue to be billed in March 2009 for the 2008/2009 school year. Also 4th quarter grants and program revenues still need to be accrued for 2008.

## Warren County Health Services Department Goals and Objectives

2008

Year End Progress Report

Prepared January 14, 2009

\* Goal to Continue in 2009

### **\*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 nursing vacancies. We did, however, have a nursing supervisor retire January 4, 2009, and due to county fiscal constraints we were only able to back fill the position by deleting a Public Health Nurse position and promoting that employee to the supervisory position. Also, we have historically looked to recruit Per Diem nurses whenever possible in an attempt to decrease over time costs and meet patient demands. It is now necessary with the hiring freeze to request and receive approval from the Board of Supervisors before filling Per Diem positions so in the current climate we will not recruit knowing we might, or would likely not be granted the opportunity to offer the position. In the event, we would need to request backfilling a position; we will provide documentation for the need. In 2009, we will utilize nurses in the Division of Public Health when scheduling permits to decrease the need for Per Diem nurses.

### **\*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 either by phone or by home visit received in the agency 24-hours/seven-days a week. We also utilize our telemedicine program to further enhance the quality of patient care. The potential for nursing resignations to occur and be unable to hire replacements could be detrimental to our ability to keep pace with quality and timely services. Hopefully, when the transition to Point of Care is complete, nurses may be able to see more patients, but not if the amount of required and requested service increases, and with the increasing number of elderly population, and the acuity of patient needs that will happen.

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

Status: Ongoing

**Comment:** Having an assigned meeting time each month is very helpful in planning. We hope this plan will continue to be the case. As well, continuity of Health Committee Members who are familiar with our department is helpful, as they are in more advantageous positions to be able to provide guidance, share our “ups and downs” and assist us in decision-making processes. We are also happy to provide orientation to our department for new committee members or any members of the Board of Supervisors who may be interested.

### **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 was hired in this position and the department of Table of Organization was updated to reflect the changes.

- 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 was awarded the contract for this project, which officially began 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 Telemed services.
  - ^We have several patients utilizing telemonitoring on a private pay basis.

New 2009 Goal

Complete the Transition to the Point of Care Electronic Medical Record System and apprise the Health Services Committee of progress monthly.

**\*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 have a software program that allows the 3 agencies to see what has been/is being done for clients by all agencies and thus avoid duplication and confusion with clients. The '800'-telephone information number for "New York Connects" has been publicized and the tracking of numbers and types of calls received is being handled by the Department of Social Services. Written brochures have been developed and are being distributed. It is anticipated that an individual will be in place during early 2009 to attend to the grant deliverables necessary for the program funding. This individual will be under the Department of Social Services. We continue to work with the Social Services Commissioner, and the Director for the Office of the Aging to assure agency cooperation and interaction remains consistent and timely and all grant revenue is maximized.

**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 then Unaccomplished as far as “after hours plan”

**Comment:** Much staff training was done during the first half of the year to assure cross training of staff for all programs in the Division of Public Health. We tried the new after hours system and after about 3 months, the Division of Public Health Nursing staff felt they wanted more financial compensation than was originally planned and budgeted. Since this was/is not possible or in the opinion of management appropriate, we returned to the original after hours coverage plan and these nurses are again rotating through the weekend/holiday schedule with the Division of Home Care. All was not for naught, however, because we now have more nurses trained in more programs and more specific policies and procedures developed in the public health arena... (i.e. if the communicable disease nurse is out we have others who can fill in for that position).

**\*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 in-service 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. We are currently researching the implications in offering Travel Clinic Services beginning in 2009. We need to be able to assure that all costs are covered and there will be no added expense for the county. Currently, we are looking at how medical orders will be handled for administering vaccines and how to assure that appropriate vaccines for the type and place of travel are given. We will be looking to expend grant monies from the Immunization Action Plan Grant to purchase a software package to assist with this concern.

**\*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. We will continue to maximize revenues where possible, and be a voice for unfunded mandate relief. Collaboration with other agencies is extremely crucial and we will participate in these opportunities. We will also keep tuned to economic and program news from the state and federal perspectives, and prepare budget plans accordingly.

# Warren County Health Services

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## Health Services Committee Meeting

Date: January 23, 2009

## Emergency Response and Preparedness Activities

DATE	TYPE	SUBJECT	ATTENDEES
12/1/08	Conf. Call (2 of 3)	NYSDOH Pan Flu	Barb Orton, Laura Saffer
12/2/08	Conference Call	BT 2 <sup>nd</sup> Quarter Performance Goals	Barb Orton, Angela Meade, Laura Saffer
12/3/08	Presentation	Re: Pan Flu to Sheriff Communication Center (new employees)	Barb Orton, Laura Saffer
12/4/08	Test	Video Conferencing (worked very well)	Barb Orton, Angela Meade, Laura Saffer, Matt DeLafayette (NYSDOH)
12/9/08	Meeting	BT Team	Ginelle Jones, Barb Orton, Angela Meade, Laura Saffer
12/10/08	Meeting	BT Coordinators Meeting - Albany	Barb Orton
12/11/08	Meeting	NYSDOH IT to install software for updated CDMS forms	Matt DeLafayette, Angela Meade
12/15/08	Training	Chempack @ GFH	Barb Orton
12/16/08	Meeting	New Vision Student	Barb Orton
12/17/08	Meeting	AAR Meeting at GFH re: ACS	Barb Orton
12/18/08	Meeting	Sheltering Committee at ACC	Barb Orton
12/19/08	Conf. Call (3 of 3)	NYSDOH Pan Flu	
12/23/08	Meeting	Chempack Updates	Barb Orton, Amy Manney

DATE	TYPE	SUBJECT	ATTENDEES
1/8/09	Meeting	Quarterly Washington County ERP Committee	Laura Saffer
1/14/09	Meeting	Quarterly PH ERP Committee	Barb Orton et.al
1/20/09	Training	Mass Fatality - Lake Placid	Barb Orton et.al
1/20/09	Webinar	ServeNY Kickoff	Ginelle Jones, Laura Saffer
1/21/09	Tabletop	Monthly GFH - County wide extreme temperature-loss of power at a nursing home	Barb Orton
1/22/09	Satellite	Psychological First Aid	Laura Saffer
1/27/09	Meeting	Monthly BT Team	Ginelle Jones, Barb Orton, Angela Meade, Laura Saffer
1/28/09	Conference Call	Clinic Ops	Barb Orton, Angela Meade
1/28/09	Training	Psychological First Aid	Laura Saffer

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# Warren County Public Health Rabies Program

October-December 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				4							
Glens Falls		1		1	7			1		1	1	
Hague	1											
Horicon												
Johnsburg					3						1	
Lake George	1			2	1							
Lake Luzerne	1				2							
Queensbury	1			3	17			6		6		
Stony Creek		1										
Thurman												
Warrensburg		3			4							
<b>Totals</b>	<b>5</b>	<b>5</b>		<b>6</b>	<b>39</b>			<b>7</b>		<b>7</b>	<b>2</b>	

## Bites Reported by Month

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
<b>2008</b>	<b>12</b>	<b>18</b>	<b>14</b>	<b>33</b>	<b>23</b>	<b>26</b>	<b>42</b>	<b>29</b>	<b>24</b>	<b>25</b>	<b>18</b>	<b>28</b>	<b>292</b>

This was another record high year for animal bites!

2004 219  
 2005 179  
 2006 244  
 2007 270  
 2008 292

## RABIES CLINICS 2008

Rabies clinics to resume in February 2009.

We have had 3 specimens **positive for rabies** in 2008:

1. April 2008      fox      Lake George
2. May 2008      bat      Glens Falls
3. July 2008     bat      Queensbury

## Warren County Tobacco Statistics 2008 Student Substance Use Survey

The Council for Prevention of Alcohol and Substance Abuse administered the Student Substance Use Survey throughout the 2007 – 2008 school year to seven schools in Warren County. A total of 4609 responses were collected for Warren County, 80 were determined to be invalid, and the following data is calculated from 4529 surveys. The breakdown by grade is as follows:

<u>6<sup>th</sup></u>	<u>7<sup>th</sup></u>	<u>8<sup>th</sup></u>	<u>9<sup>th</sup></u>	<u>10<sup>th</sup></u>	<u>11<sup>th</sup></u>	<u>12<sup>th</sup></u>
448	660	681	785	699	663	585

Each question is listed with the response percentage indicated according to grade. The responses from the 2006 survey, which 4853 students completed, are included in parentheses.

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

Overall there are significant decreases in smoking rates, particularly among middle school age students, with the most dramatic changes occurring in experimentation.

**Have you ever tried smoking, even 1 or 2 puffs?**  
(Yes responses are given)

<b>Grade</b>	<b>Six</b>	<b>Seven</b>	<b>Eight</b>	<b>Nine</b>	<b>Ten</b>	<b>Eleven</b>	<b>Twelve</b>
<b>2008</b>	3.8	12.6	15.8	18.9	32.7	39.1	42.5
<b>2006</b>	11.7	19.0	23.3	31.7	42.4	45.7	56.1

The responses to this question indicate that students are significantly more likely to try smoking in high school, and the average increase in experimentation since 2006 is 12%, as determined by tracking the same group of students by grade level (i.e. comparing 2008 11<sup>th</sup> grade with 2006 8<sup>th</sup> grade).

**Do you smoke cigarettes regularly?**  
(Yes responses are given)

<b>Grade</b>	<b>Six</b>	<b>Seven</b>	<b>Eight</b>	<b>Nine</b>	<b>Ten</b>	<b>Eleven</b>	<b>Twelve</b>
<b>2008</b>	0.5	1.7	2.6	7.3	7.8	13.0	14.1
<b>2006</b>	1.8	3.5	5.9	9.8	12.4	10.1	15.0

The responses to this question indicate that the prevalence of smoking in grades six, seven and eight have decreased significantly since 2006.

**How many cigarettes do you smoke per day?**

<b>Grade</b>	<b>Six</b>	<b>Seven</b>	<b>Eight</b>	<b>Nine</b>	<b>Ten</b>	<b>Eleven</b>	<b>Twelve</b>
<b>1-5 cigarettes</b>	0.2 (2.1)	1.3 (4.0)	1.8 (4.1)	6.0 (6.7)	5.8 (6.0)	7.2 (5.2)	8.6 (7.0)
<b>5-15 cigarettes</b>	0.2 (0)	0.8 (.5)	1.4 (2.3)	2.5 (2.3)	2.5 (6.0)	4.7 (4.8)	5.7 (6.1)
<b>20+ cigarettes</b>	0.2 (0)	0 (.6)	0.3 (.5)	0.8 (1.6)	0.7 (1.2)	1.1 (1.0)	1.6 (2.8)
<b>NA</b>	99.3 (97.9)	98.0 (94.8)	96.5 (93.1)	90.7 (89.4)	90.9 (86.8)	87.0 (89.0)	84.1 (84.1)

The responses to this question indicate that the majority of students who do smoke are using 1 – 5 cigarettes per day. The NA response indicates students who do not smoke. The greatest change regarding the number of cigarettes smoked occurs between grades eight and nine.

### How old were you when you started smoking?

Grade	Six	Seven	Eight	Nine	Ten	Eleven	Twelve
< 9 years	1.2 (.6)	.2 (1.2)	.3 (1.0)	1.3 (1.9)	1.5 (1.5)	1.9 (1.2)	.9 (1.1)
9-11 years	.7 (2.4)	1.6 (3.6)	3.0 (3.6)	2.9 (3.5)	3.1 (3.3)	2.4 (2.0)	2.7 (1.9)
12-14 years	0 (.6)	1.9 (2.6)	3.5 (4.5)	8.8 (6.7)	6.4 (9.3)	8.0 (7.7)	7.0 (7.6)
15-17 years	0 (0)	.2 (0)	.2 (.1)	1.8 (1.2)	3.9 (2.8)	8.9 (4.3)	12.0 (8.2)
18+ years	.3 (.3)	0 (0)	0 (.2)	.1 (0)	.1 (.1)	.2 (.1)	1.3 (.6)
NA	98.1 (96.2)	96.3 (92.6)	93.1 (90.6)	85.1 (86.7)	84.9 (83.0)	78.6 (84.7)	76.3 (80.5)

The responses to this question indicate that the predominant age of first use for cigarettes occurs primarily between the ages of 12 and 14.

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

### How easy is it for you to get cigarettes?

Grade	Six	Seven	Eight	Nine	Ten	Eleven	Twelve
Very Easy	2.4 (3.4)	5.3 (9.5)	7.0 (13.0)	17.2 (23.2)	19.3 (28.5)	30.4 (38.5)	44.7 (58.3)
Somewhat Easy	2.4 (4.9)	3.3 (5.0)	6.4 (12.6)	8.2 (12.3)	11.5 (17.7)	12.6 (17.4)	10.3 (13.7)
Somewhat Difficult	.5 (.3)	1.7 (1.9)	2.3 (3.2)	3.4 (3.6)	2.2 (4.4)	3.2 (2.7)	1.4 (2.0)
Very Difficult	6.9 (6.4)	4.6 (3.9)	3.0 (2.7)	2.1 (1.9)	2.2 (.9)	1.8 (2.2)	1.1 (.5)
Don't Know	87.9 (85.0)	85.1 (79.7)	81.3 (68.4)	69.1 (58.9)	64.6 (48.5)	52.0 (39.2)	42.4 (25.5)

**In the past 30 days did you try to buy cigarettes for yourself?  
(Yes responses are given)**

Grade	Six	Seven	Eight	Nine	Ten	Eleven	Twelve
2008	0	1.3	.3	1.4	2.2	4.4	12.3
2006	1.5	.8	1.3	3.8	2.6	4.3	12.2

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

<b>Grade</b>	<b>Six</b>	<b>Seven</b>	<b>Eight</b>	<b>Nine</b>	<b>Ten</b>	<b>Eleven</b>	<b>Twelve</b>
<b>Always</b>	.2 (9.5)	.3 (3.3)	.5 (6.5)	.8 (9.8)	.7 (11.1)	2.6 (10.2)	9.1 (20.9)
<b>Sometimes</b>	0 (.3)	.5 (1.2)	0 (1.8)	.7 (2.9)	1.0 (3.8)	1.9 (6.0)	6.4 (11.2)
<b>Rarely</b>	.2 (4.1)	1.4 (4.7)	.6 (2.1)	2.0 (5.3)	3.6 (3.8)	4.0 (4.7)	3.7 (4.8)
<b>NA</b>	99.5 (86.1)	97.8 (90.7)	98.9 (89.6)	96.5 (82.0)	94.6 (81.2)	91.5 (79.2)	80.8 (63.0)

According to the responses given, fewer students overall are attempting to purchase cigarettes, with the largest decreases occurring in grades seven and twelve.

**Do you use chewing tobacco?  
(Yes responses are given)**

<b>Grade</b>	<b>Six</b>	<b>Seven</b>	<b>Eight</b>	<b>Nine</b>	<b>Ten</b>	<b>Eleven</b>	<b>Twelve</b>
<b>2008</b>	.2	.9	1.2	4.3	3.3	6.2	4.6
<b>2006</b>	1.5	.9	2.1	4.4	3.1	4.5	4.8

**How old were you when you started chewing tobacco?**

<b>Grade</b>	<b>Six</b>	<b>Seven</b>	<b>Eight</b>	<b>Nine</b>	<b>Ten</b>	<b>Eleven</b>	<b>Twelve</b>
<b>Less than 9 years</b>	.2 (.3)	.2 (.8)	.5 (1.0)	.1 (.9)	.6 (.9)	1.3 (.4)	.5 (.5)
<b>9-11 years</b>	0 (.3)	.2 (.4)	.2 (.2)	.1 (.4)	.3 (.1)	.3 (0)	.5 (.5)
<b>12-14 years</b>	0 (0)	.5 (.5)	.9 (1.1)	4.0 (2.5)	1.2 (1.5)	1.1 (1.5)	.2 (1.1)
<b>15-17 years</b>	0 (0)	0 (0)	0 (0)	.8 (1.0)	1.8 (1.5)	3.0 (3.2)	3.6 (2.7)
<b>18+ years</b>	0 (.3)	.3 (0)	0 (.1)	0 (.3)	.1 (0)	.3 (.3)	.5 (1.0)
<b>NA</b>	99.8 (99.1)	98.9 (98.3)	98.5 (97.5)	94.8 (94.9)	96.0 (96.1)	94.6 (91.9)	94.7 (94.2)

**If you smoke or chew, would you like to stop?  
(Yes responses are given)**

<b>Grade</b>	<b>Six</b>	<b>Seven</b>	<b>Eight</b>	<b>Nine</b>	<b>Ten</b>	<b>Eleven</b>	<b>Twelve</b>
<b>2008</b>	1.2	2.5	3.0	6.1	6.1	6.9	7.7
<b>2006</b>	6.1	4.2	6.9	6.6	7.5	8.1	9.2

The prevalence of chewing tobacco use among students has not changed significantly since 2006.

**How wrong would most adults in your neighborhood think it was for  
kids your age to smoke cigarettes?**

<b>Grade</b>	<b>Six</b>	<b>Seven</b>	<b>Eight</b>	<b>Nine</b>	<b>Ten</b>	<b>Eleven</b>	<b>Twelve</b>
<b>Very Wrong</b>	88.7	75.5	71.5	54.9	49.5	42.2	37.5
<b>Wrong</b>	7.0	16.1	17.8	25.0	29.6	30.6	29.8
<b>A Little Bit Wrong</b>	2.9	4.7	8.0	14.0	14.7	18.8	21.7
<b>Not Wrong</b>	1.4	3.6	2.6	6.1	6.2	8.4	11.0

**If you wanted to get some cigarettes, how easy would it be for you to get  
some?**

<b>Grade</b>	<b>Six</b>	<b>Seven</b>	<b>Eight</b>	<b>Nine</b>	<b>Ten</b>	<b>Eleven</b>	<b>Twelve</b>
<b>Very Hard</b>	86.3	66.8	57.9	38.5	25.0	20.0	9.7
<b>Sort of Hard</b>	6.2	16.4	16.3	20.6	18.4	15.7	11.5
<b>Sort of Easy</b>	2.6	8.7	14.9	18.2	27.7	26.5	24.2
<b>Very Easy</b>	4.9	8.1	11.0	22.6	28.9	37.8	54.6

## Conclusion

According to the Monitoring the Future Study, a survey of 50,000 students across the country, lifetime prevalence for use of cigarettes should be 22.1% in 8<sup>th</sup> grade, 34.6% in 10<sup>th</sup> grade and 46.2% in 12<sup>th</sup> grade. These statistics represent any use throughout the course of the student's lifetime.

The Council's survey in Warren County indicates that student tobacco use locally has decreased significantly in comparison to national trends when analyzing the percentage of students who have tried smoking at least once: 8<sup>th</sup> grade – 15.8%, 10<sup>th</sup> grade – 32.7%, 12<sup>th</sup> grade – 42.5%, and the number of students who smoke cigarettes regularly is significantly lower.

According to the Center for Disease Control, using information obtained from the Youth Risk Behavior Surveillance System, lifetime cigarette use among high school students is 50.3%, with 12.4% reporting current and frequent use, whereas in Warren County 25.9% of students have tried cigarette smoking and 6.8% report being regular users.

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

Warren County Health Services  
 2008/2009 Estimate of Impact of 2% Reduction based upon State Budget  
 as of January 22, 2009

Grant	Fiscal Year	Original total	Approved	Updated Total	%	Date of reduction	Additional Est. Reductions	Additional % decrease
		Total	Adjustment made	as of 12/31/08				
Article 6-State Aid	01/01/2008 - 12/31/2008	\$ 718,803	\$ 12,579	\$ 706,224	2%	Jul-08	\$ -	-
Lead	04/01/2008-03/31/2009	\$ 25,000	\$ 500	\$ 24,500	2%	Jul-08	\$ -	-
Rabies	04/01/2008-03/31/2009	\$ 19,000	\$ -	\$ 19,000	0%		\$ -	-
EI Administration	10/01/2008-09/30/2009	\$ 41,805	\$ 2,830	\$ 38,975	7%	Nov-08	\$ -	-
CSHCNP	10/01/2008-09/30/2009	\$ 18,883	\$ 378	\$ 18,505	2%	Jun-08	\$ -	-
WIC	10/01/2008-09/30/2009	\$ 411,361	\$ -	\$ 411,361	0%		\$ -	-
BT	08/10/2008-08/30/2009	\$ 85,000	\$ -	\$ 85,000	0%	Jan-09	\$ 29,750.00	35%
IAP	04/01/2008-03/31/2009	\$ 33,111	\$ 662	\$ 32,449	2%	Jun-08	\$ 1,192.00	4%
		\$ 1,352,963	\$ 16,949	\$ 1,336,014			\$ 30,942	

Notes: The "Additional Estimated Reductions" are based on communication from state about additional reductions that may occur. We are currently waiting for approval for the IAP reduction of \$1192 and have only been notified of possible reductions for BT. For those that have no adjustments made such as Rabies and WIC, this does not mean that there will not be a reduction, but that we have not been notified as of today.

## RESOLUTION REQUEST FORM NO. 4

### Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: January 23, 2009

- (a) Purpose of Contract Change: To amend the business Associates contracts to include language relating to assignment/loan of laptop computers and other related contract protocols in a form approved by county attorney. These changes will have no additional impact for the county.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: On file with County Attorney office
- (c) Name of Contractor: On file with County Attorney office
- (d) Address of Contractor: On file with County Attorney office
- (e) Contractor's Contact Person and Telephone Number: On file with County Attorney office
- (f) Commencement Date of Amendment: 2/23/09
- (g) Termination Date of Extension: 30 days written termination by either party
- (h) Payment Provisions: no changes in per visit rates, delete fees for OASIS completion
  - 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: Health Services A.4010.470 Contracts, Long Term Home Health Care Program A.4016.470 Contracts

## RESOLUTION REQUEST FORM NO. 3

### Request for New Contract

DEPARTMENT NAME: Health Services

DATE: January 23, 2009

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: to authorize contract agreement with Aspire Programs PLLC for provision of services for Preschool Children with Special Needs
- (c) Name of Contractor: Aspire Programs PLLC
- (d) Address of Contractor: 178 Warren Street, Glens Falls, NY 12801
- (e) Contractor's Contact Person and Telephone Number: Helen Bloomer, 798-7222, Cell: 466-7188
- (f) Has or will the Contract be provided, if so, please attach: No
- (g) Commencement Date of Contract: 2/16/09
- (h) Termination Date of Contract: 30 days written termination by either party
- (i) Payment Provisions: i) lump sum amount  
ii) hourly rate amount  
iii) total amount not to exceed  
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.)  
Upon receipt of required documentation provided for each service provided to each child at NYSED approved rates
- (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: Education Physically Handicapped Children A.4054.444 Contracts

**Aspire Programs, PLLC**  
“Aspire for the Provision of Physical Therapy, Occupational Therapy, Speech  
Language Pathology and Psychology, PLLC”  
178 Warren Street  
Glens Falls, NY 12801  
518-798-7222

December 22, 2008

To Whom It May Concern:

I, Helen Bloomer, as the Executive Director would like to obtain a contract for Aspire Programs with Warren County to provide Special Class in an Integrated Setting, Special Education Itinerant Services and Multidisciplinary Evaluations.

Enclosed please find copies of our liability insurances. I look forward to hearing from you and working with you in the future.

Sincerely,

A handwritten signature in cursive script, appearing to read "Helen Bloomer", followed by a horizontal line extending to the right.

Helen Bloomer, MS, BCBA

**COMMERCIAL GENERAL LIABILITY  
COVERAGE PART  
DECLARATIONS**

1. NEW HAMPSHIRE INSURANCE COMPANY
2. GRANITE STATE INSURANCE COMPANY
3. AMERICAN INTERNATIONAL PACIFIC INSURANCE COMPANY
4. AMERICAN INTERNATIONAL SOUTH INSURANCE COMPANY
5. NEW HAMPSHIRE INDEMNITY COMPANY, INC.
6. ILLINOIS NATIONAL INSURANCE COMPANY

Renewal of Number\*

Policy No. 01LX0044146190000

1

COVERAGE IS PROVIDED IN THE COMPANY DESIGNATED BY NUMBER. A STOCK INSURANCE COMPANY (HEREIN CALLED THE COMPANY)

Named Insured and Mailing Address (No., Street, Town or City, County, State, Zip Code) \*

- Aspire Programs
- 178 Warren Street
- Glens Falls, NY 12804



**MEMBER COMPANIES OF  
AMERICAN INTERNATIONAL GROUP, INC.**  
EXECUTIVE OFFICES  
70 PINE STREET • NEW YORK, N.Y. 10270

Policy Period \*: From 03/03/2008 to 03/03/2009

Producer: IRWIN SIEGEL AGENCY, INC.

at 12:01 A.M. Standard Time at your mailing address shown above.

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

**LIMITS OF INSURANCE**

General Aggregate Limit (Other Than Products-Completed Operations)	\$ 3,000,000	
Products-Completed Operations Aggregate Limit	\$ 3,000,000	
Personal and Advertising Injury Limit	\$ 1,000,000	
Each Occurrence Limit	\$ 1,000,000	
Damage to Premises Rented to You	\$ 50,000	Any One Fire
Medical Expense Limit	\$ 10,000	Any One Person

**DESCRIPTION OF BUSINESS AND LOCATION OF PREMISES**

- Individual   
  Joint Venture   
  Partnership   
  Limited Liability Company   
  Corporation
- Organization (Other than one indicated above)

Business Description\*:

**DEVELOPMENTAL DISABILITY**

Location of All Premises You Own, Rent or Occupy:

**AS PER STATEMENT OF VALUES ON FILE WITH COMPANY**

**PREMIUM-SUBJECT TO AUDIT\*\***

Classification	Code No.	Premium Basis	Rate		Advance Premium	
			Pr/Co	All Other	Pr/Co	All Other
<b>NOT APPLICABLE</b>					\$	\$
Terrorism Risk Insurance Act					\$ 17.00	
Taxes and Fees					\$ N/A	
Total Advance Premium					\$ INCLUDED	

\*\*Audit Period (if applicable): ( ) Annually ( ) Semi-Annually ( ) Quarterly ( ) Monthly  
 Premium shown is payable\*: \$ at inception; \$ 1st Anniversary; \$ 2nd Anniversary

**FORMS AND ENDORSEMENTS**

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue†:

**SEE ATTACHED SCHEDULE**

Countersigned:\*

*[Handwritten Signature]*

By \_\_\_\_\_ \*

\* Entry optional if shown in Common Policy Declarations.

† Forms and Endorsements applicable to this Coverage Part omitted if shown elsewhere in the policy.

Authorized Representative

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

**COMMERCIAL GENERAL LIABILITY DECLARATION  
PKG-DD NEW**

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
01LX0044146190000	03/03/2008	03/03/2009		NEW HAMPSHIRE INSURANCE CO.	88292-0491016
<b>Named Insured And Address</b>				<b>Agent</b>	
Aspire Programs 178 Warren Street Glens Falls, NY 12804				IRWIN SIEGEL AGENCY, INC. (DEV DISABLED) 25 LAKE LOUISE MARIE ROAD ROCK HILL, NY 12775	

**GENERAL LIABILITY FORMS AND ENDORSEMENTS**

FORM NUMBER	ED DATE	FORM TITLE
48382	03/92	NY Declarations Supplement - Employee Benefits
51767	04/91	Employee Benefits Liability Claims Made
52876	01/92	NY Amendatory Endorsement - EBL
52901	12/03	NY Amendatory Endorsement - Extended Reporting
65123	04/96	Abuse and Molestation Endorsement
69928	03/98	Asbestos Exclusion Endorsement
87295	12/07	Exclusion - Violation of Statutes - Sending, Transmitting or Communicating Info
CG0001	12/07	Commercial General Liability Coverage Form
CG0104	12/04	NY Changes - Premium Audit
CG0163	09/99	NY Changes - Amendatory Endorsement
CG2005	11/85	Additional Insured - Controlling Interest
CG2011	01/96	Additional Insured - Managers or Lessors of Premises
CG2013	11/85	Additional Insured - State/Political Subdivisions - Permits Premises
CG2018	11/85	Additional Insured - Mortgagee, Assignee, or Receiver
CG2024	11/85	Additional Insured - Owners/Other Interests-Land is Leased
CG2025	11/85	Additional Insured - Elective or Appointive Executive Officers
CG2026	07/04	Additional Insured - Designated Person or Organization
CG2027	11/85	Additional Insured - Co-Owner Of Insured Premises
CG2028	07/04	Additional Insured - Lessor Of Leased Equipment
CG2116	07/98	Exclusion - Designated Professional Services
CG2146	07/98	Abuse or Molestation Exclusion
CG2147	12/07	Employment - Related Practices Exclusion
CG2151	09/89	Amendment of Liquor Liability Excl-Excep. for Sched. Activity
CG2155	09/99	Total Pollution Exclusion With A Hostile Fire Exception
CG2230	07/98	Exclusion - Corporal Punishment
CG2244	07/98	Exclusion - Services Furnished by Health Care Providers
CG2403	11/85	Waiver Of Charitable Immunity
CG2407	01/96	Products/Completed Operations Hazard Redefined
CG2504	03/97	Designated Location(s) General Aggregate Limit
CG2621	10/91	NY Changes - Transfer of Duties

USE THIS DECLARATIONS SUPPLEMENT ON ALL NEW YORK CLAIMS-MADE LIABILITY POLICIES WHERE A THREE YEAR TAIL (EXTENDED REPORTING PERIOD OR DISCOVERY PERIOD) IS REQUIRED BY NEW YORK REGULATION 121.

## NEW YORK REGULATION 121 DECLARATIONS PAGE DISCLOSURE SUPPLEMENT FOR EMPLOYEES BENEFIT LIABILITY INSURANCE

"Us" and "we" where used in this supplement mean the insurance company issuing the policy. "You" means named insured.

"Claims-made relationship" means that period of time between the effective date of the first claims-made policy between us and you (the insured) and the cancellation of nonrenewal of the last consecutive claims-made policy between such parties, where there has been no gap in coverage, but does not include any period covered by tail coverage.

### Retroactive Date/Prior Acts Exclusion Date/"Nose" Coverage

Coverage for things that happened prior to the beginning of the policy period is referred to in this supplement as "nose" coverage. If the policy has a retroactive date feature, an exclusion or certain date (a prior acts exclusion), then nose coverage is limited (or non-existent) and THERE IS NO COVERAGE FOR THINGS THAT HAPPENED PRIOR TO THAT DATE.

### Claims-made policy

In this claims-made policy, generally, coverage is provided for liability ONLY IF THE CLAIM FOR DAMAGES IS FIRST MADE AGAINST THE INSURED AND REPORTED TO US IN WRITING DURING THE POLICY PERIOD. All coverage ceases upon termination of the policy, except for the tail coverage.

### Extended Reporting Period/Discovery Period/"Tail Coverage"

The Extended Reporting Period, or Discovery Period as it may be called, will increase the time within which a claim may be eligible for the policy's coverage. This is referred to in this supplement as "tail" coverage. The tail coverage helps to prevent the situation of a claim going uncovered because of cancellation or nonrenewal of the policy or other termination of the coverage provided by the policy. It provides for a period of time after termination of coverage during which claims first made against the Insured and reported to us in writing, for things that happened before the termination of coverage and otherwise covered by the policy, will be covered. Generally, this optional tail coverage can be purchased if coverage is terminated either by your or by us. If the optional tail is not purchased, an automatic tail coverage goes into effect upon termination of coverage; however, this automatic tail lasts for only 60 days, (90 days if the policyholder is a public entity as defined in section 107 (a) (51) of the New York Insurance Law). After the end of the tail, you will have a gap in your insurance coverage, unless you have obtained appropriate coverage to fill the gap. UPON TERMINATION OF COVERAGE IT IS VERY IMPORTANT THAT YOU CONSULT WITH YOUR INSURANCE AGENT OR BROKER OR OTHER PROFESSIONAL INSURANCE ADVISOR.

The length of the optional tail offered in the policy is THREE YEARS but will not be available in some circumstances. It will not be available if coverage is termination by us because of non-payment of premium or fraud and at the effective date such termination of coverage a claims-made relationship has continued for less than one year.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ENDORSEMENT #**

This endorsement, effective 03/03/2008 forms a part of Policy

No 01LX0044146190000 issued to Aspire Programs

By NEW HAMPSHIRE INSURANCE CO.

**EMPLOYEE BENEFITS LIABILITY INSURANCE  
PROVIDES CLAIMS MADE COVERAGE**

**- Please read carefully**

**ADDITIONAL DECLARATIONS**

LIMIT OF LIABILITY

\$1,000,000 Each Wrongful Act or series of related Wrongful acts.

\$1,000,000 Each Annual Aggregate

COVERAGE

Employee Benefits  
Liability Insurance

DEDUCTIBLE

\$1,000 Each Wrongful Act or  
series of related Wrongful Acts

No. of Employees

0

Estimated Annual Premium

(INCLUDED)

**INSURING AGREEMENTS**

EMPLOYEE BENEFITS LIABILITY

We will pay the "Insured" for those sums which the "Insured" shall become legally obligated to pay as damages because of any claim made against the "Insured" due to any "Wrongful Act" of the "Insured", or any other person for whose acts the "Insured" is legally liable, in the "Administration" of the "Insured's" Employee Benefits Programs", as defined in the Definitions section of this policy. This insurance applies only if a claim for damages covered by this endorsement is first made against the "Insured" during the policy period. We have the right and duty to defend any suit against the "Insured" seeking damages on account of such negligent act, error or omission, even if any of the allegations of the suit are groundless, false or fraudulent, and we may make such investigation and settlement of any claim or suit as we deem expedient.

## EXCLUSIONS

This endorsement does not apply to:

1. Any dishonest, fraudulent, criminal or malicious act, libel, slander, discrimination or humiliation;
2. Bodily injury to or sickness, disease or death, of any person, or to injury to or destruction of any tangible property, including the loss of use thereof;
3. Any claim for failure of performance of contract by an insurer;
4. Any claim based upon the "Insured's" failure to comply with any law concerning workmen's compensation, unemployment insurance, social security or disability benefits;
5. Any claim based upon:
  - A. failure of any investment(s) including but not limited to stock to perform as represented by any "Insured";
  - B. advice given by an "Insured" to an employee to participate in any investment plan including but not limited to stock subscription plans.
6. All sums which the "Insured" shall become legally obligated to pay as loss because of any Breach of Fiduciary Duty (as defined below) or because of any Breach of Fiduciary Duty by any person for which the "Insured" is legally responsible and arising out of the "Insured's" activity as a fiduciary of any Plan covered by this endorsement. The term, "Breach of Fiduciary Duty" shall mean the violation of any of the responsibilities, obligations or duties imposed upon fiduciaries by the EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 or amendments thereto with respect to any Plan covered by this endorsement.
7. Any claim made against the "Insured" based on or attributable to any failure or omission on the part of the "Insured" to effect and maintain insurance or bonding for Plan Property or Assets.

## CONDITIONS

### LIMITS OF LIABILITY

Regardless of the number of (a) "Insureds" under this policy (b) persons who sustain damage or (c) claims made or suits brought for such damages; the limit of liability stated in the ADDITIONAL DECLARATIONS of this endorsement as applicable to each "Wrongful Act" or series of related "Wrongful Acts" is the limit of our liability for all claims made on account of any "Wrongful Acts" or series of related acts by this policy for the period of liability stated in the ADDITIONAL DECLARATIONS as "Each Annual Aggregate" is, subject to the above provision, the total limit of our liability for all claims covered during the period this endorsement is in force.

### PREMIUM

The premium stated in the ADDITIONAL DECLARATIONS is an estimated premium only. Upon termination of each annual period of this endorsement the "Insured", on request, will furnish us a statement of the total number of employees at the end of the period. The earned premium shall be computed on the average of the number of employees at the end of the coverage period and that stated in the

ADDITIONAL DECLARATIONS. If the earned premium thus computed exceeds the estimated premium paid, the "Insured" shall pay the excess to us; if less, we shall return to the "Insured" the unearned portion paid by such "Insured".

This endorsement, effective \_\_\_\_\_ A.M. \_\_\_\_\_ forms a part of

Policy No. 01LX0044146190000 \_\_\_\_\_ issued to

By: \_\_\_\_\_

### ABUSE AND MOLESTATION ENDORSEMENT

This endorsement modifies insurance provided under the following:

#### Commercial General Liability Coverage Part-Occurrence

#### ADDITIONAL DECLARATIONS

1. Limits of Insurance

\$ 500,000 \_\_\_\_\_ For each **abuse or molestation incident**

\$ 1,000,000 \_\_\_\_\_ Aggregate Limit of Insurance for all **abuse or molestation incidents**

For the purposes of this endorsement, Coverage A., Bodily Injury and Property Damage, and Coverage B., Advertising Injury and Personal Injury, of the Commercial General Liability Coverage Part are each amended by adding the following to the end of each insuring agreement and the following shall be the only insuring agreement to apply to **abuse or molestation incidents**.

#### I. INSURING AGREEMENT

A. We shall pay those amounts that the insured becomes legally obligated to pay as damages for **bodily injury, mental injury, advertising injury or personal injury** arising out of:

1. Any **abuse or molestation incident** arising out of:

Negligent:

- a. Employment;
- b. Investigation;
- c. Supervision;
- d. Reporting to the proper authorities, or failure to report; or
- e. Retention;

of a person for whom the insured is or ever was legally responsible.

and **personal injury** arising from all **abuse or molestation incidents** shall be limited to the aggregate limit of insurance shown above in the Additional Declarations.

- C. These limits of insurance shall be the only limits of insurance available for coverage under this endorsement notwithstanding anything contained in Section III., Limits of Insurance, of the Commercial General Liability Coverage Part.
- D. All claims arising from continuous, related, or repeated **abuse or molestation incidents** shall be treated as arising out of one **abuse or molestation incident**. The limits of insurance in effect when the first **claim** was made shall apply to all such **claims**.
- E. The limits of insurance of this endorsement apply separately to each consecutive annual period and to any remaining period of less than twelve (12) months, starting with the beginning of the **policy period** shown in the Declarations, unless the **policy period** is extended after issuance for an additional period of less than twelve (12) months. In that case, the additional period shall be deemed part of the last preceding **policy period** for purposes of determining the limits of insurance.

#### IV. EXCLUSIONS

The endorsement shall not apply to any individual who:

- 1. Committed or is alleged to have committed in the act which results in an **abuse or molestation incident**;
- 2. Knowingly failed to prevent any expected or intended **abuse or molestation incident**;  
or
- 3. Intentionally neglected to notify the proper authorities of any **abuse or molestation incident**.

• All other terms, conditions and exclusions remain unchanged.

---

AUTHORIZED REPRESENTATIVE

- NEW HAMPSHIRE INSURANCE COMPANY
- GRANITE STATE INSURANCE COMPANY
- AMERICAN INTERNATIONAL PACIFIC INSURANCE COMPANY
- AMERICAN INTERNATIONAL SOUTH INSURANCE COMPANY
- NEW HAMPSHIRE INDEMNITY COMPANY, INC.
- ILLINOIS NATIONAL INSURANCE COMPANY

**SOCIAL SERVICES PROFESSIONAL LIABILITY**

**DECLARATIONS**

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE STATED IN THIS POLICY.

ITEM 1:      NAMED INSURED:    Aspire Programs  
              POLICY NUMBER:    01LX0044146190000  
  
              ADDRESS:        178 Warren Street  
                                  Glens Falls, NY 12804

ITEM 2:      POLICY PERIOD:  
  
                  From: 03/03/2008                    To: 03/03/2009  
                  (12:01 a.m. Standard Time, at the address stated in Item 1)

ITEM 3:      LIMITS OF COVERAGE:  
  
                  \$ 1,000,000 each Wrongful Act or Series of Continuous, Repeated or Related Acts  
  
                  \$ 3,000,000 aggregate

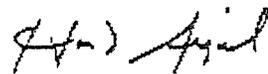
ITEM 4:      DEDUCTIBLE:  
  
                  \$   N/A   each Wrongful Act or Series of Continuous, Repeated or Related Acts

ITEM 5:      PREMIUM:        \$   INCLUDED    
                  Terrorism Risk Insurance Act: \$   INCLUDED  

ITEM 6:      FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION OF POLICY:  
  
                  67688

---

Producer Name and Address: IRWIN SIEGEL AGENCY, INC.  
25 Lake Louise Marie Road  
Rock Hill, New York 12775

  
Countersigned by: \_\_\_\_\_

**COMMERCIAL PROF LIABILITY DECLARATION  
PKG-DD NEW**

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
01LX0044146190000	03/03/2008	03/03/2009		NEW HAMPSHIRE INSURANCE CO.	88292-0491016
<b>Named Insured And Address</b>				<b>Agent</b>	
Aspire Programs 178 Warren Street Glens Falls, NY 12804				IRWIN SIEGEL AGENCY, INC. (DEV DISABLED) 25 LAKE LOUISE MARIE ROAD ROCK HILL, NY 12775	

**PROFESSIONAL LIABILITY FORMS AND ENDORSEMENTS**

FORM NUMBER	ED DATE	FORM TITLE
67688	04/97	Social Services Professional Liability Coverage Form
ENO	08/03	Unintentional Errors or Omissions

32 (Policy Provisions: WC 00 00 00 A)

35

HO INFORMATION PAGE

WEC WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

INSURER: TWIN CITY FIRE INSURANCE COMPANY  
HARTFORD PLAZA, HARTFORD, CONNECTICUT 06115

NCCI Company Number: 14974  
Company Code: 7



03977  
\*2500101HO35320101



POLICY NUMBER:

01 WEC HO3532

Previous Policy Number:

NEW

Suffix  
LARS RENEWAL  
00

HOUSING CODE: DW

1. Named Insured and Mailing Address: ASPIRE PROGRAMS  
(No., Street, Town, State, Zip Code)

FEIN Number: 261466675  
178 WARREN STREET  
QUEENSBURY, NY 12804

State Identification Number(s):  
UIN:

The Named Insured is: NON-PROFIT ORGANIZATION  
Business of Named Insured: SCHOOL - PRIVATE - ELEMENTARY,  
Other workplaces not shown above: 178 WARREN STREET  
GLENNS FALLS NY 12801

2. Policy Period: From 03/03/08 To 03/03/09  
12:01 a.m., Standard time at the insured's mailing address.

Producer's Name: JAEGER & FLYNN ASSOCIATES, INC/PHS

4401 MIDDLE SETTLEMENT RD  
NEW HARTFORD, NY 13413  
Producer's Code: 110745

Issuing Office: THE HARTFORD  
4401 MIDDLE SETTLEMENT ROAD, 2ND FLOOR  
NEW HARTFORD NY 13413  
(866) 467-8730

Total Estimated Annual Premium: \$1,155

Deposit Premium:

Policy Minimum Premium: \$276 NY

Audit Period: ANNUAL

Installment Term:

The policy is not binding unless countersigned by our authorized representative.

Countersigned by

Authorized Representative

03/11/08

Date

3. A. Workers Compensation Insurance: Part one of the policy applies to the Workers Compensation Law of the states listed here: NY

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

Bodily injury by Accident	\$100,000	each accident
Bodily injury by Disease	\$500,000	policy limit
Bodily injury by Disease	\$100,000	each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

ALL STATES EXCEPT ND, OH, WA, WV, WY, AND STATES DESIGNATED IN ITEM 3.A. OF THE INFORMATION PAGE.

D. This policy includes these endorsements and schedule:

WC 00 01 13 WC 00 04 21A WC 00 04 22 WC 31 03 05B WC 31 04 02  
 WC 00 04 19 WC 31 03 08 WC 31 03 19D

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications Code Number and Description	Premium Basis Total Estimated Annual Remuneration	Rates Per \$100 of Remuneration	Estimated Annual Premium
8868 SCHOOL - PROFESSIONAL EMPLOYEES & CLERICAL	110,000	.69	759
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM			759
EXPENSE CONSTANT (0900)			200
NEW YORK STATE ASSESSMENT (0932) 15.50 PERCENT			125
NY WC SECURITY FUND SURCHARGE (9749) 2.00 PERCENT			23
FOREIGN TERRORISM (9740) 110,000		.034	37
FOREIGN TERRORISM (9740) PER CAPITA 2.1 PERCENT			0
DTEC (9741) 110,000		.010	11
DTEC (9741) PER CAPITA 0.5 PERCENT			0
TOTAL ESTIMATED ANNUAL PREMIUM			1,155

Total Estimated Annual Premium: \$1,155  
 Deposit Premium:  
 Policy Minimum Premium: \$276 NY

Interstate/Intrastate Identification Number:

Labor Contractors Policy Number:

NAICS:  
 SIC: 8211  
 UIN:  
 NO. OF EMP: 000003

03978 \*2500101HO35320101





THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

VOCATIONAL AND EDUCATIONAL SERVICES FOR INDIVIDUALS WITH DISABILITIES  
Fiscal and Administrative Services  
Coordinator, Central Office Administrative Support Services Team (COASST)  
Room 1624, One Commerce Plaza • Albany, NY 12234  
Tel. (518) 473-6108, (518) 486-4734

December 9, 2008

RECEIVED  
DEC 10 2008  
WARREN CO. PHC

Ms. Helen Bloomer  
Executive Director  
ASPIRE FOR THE PROVISION OF PHYSICAL THERAPY, OCCUPATIONAL  
THERAPY, SPEECH LANGUAGE PATHOLOGY AND PSYCHOLOGY, PLLC  
178 Warren Street  
Glens Falls, NY 12801

Dear Ms. Bloomer:

We have reviewed your agency's application to serve preschool students with disabilities ages three and four under Section 4410 of the Education Law. Based upon a review of the material we are granting program approval of the application as shown in the attachment.

As a result of this approval it is expected that your agency will abide by all applicable laws and regulations and implement the program as approved. Your agency is eligible to receive public funding (approved tuition costs) for educating preschool students with disabilities placed in the approved program(s) pursuant to Section 4410 of the Education Law. Accordingly approved tuition rates will apply only to the preschool students served in this program pursuant to Section 4410 of the Education Law and not other students who may be enrolled if this approval is for a special class in an integrated setting program. Information relating to approved tuition costs is sent under separate cover.

All approved preschool programs and school-age programs for students with disabilities are required to submit special education data to the Department. If your school serves students on December 1 of any school year you are required to submit special education data to the Department and you are entitled to a share of federal funds under the Individuals with Disabilities Education Act (IDEA) from each Local Educational Agency (LEA) that places students in your program. Please contact the SEDCAR unit by phone at (518) 486-4678 or by e-mail at [vesidcar@mail.nysed.gov](mailto:vesidcar@mail.nysed.gov) to get the required special education data collection forms and the form you will need to submit to the LEAs for a share of the IDEA suballocation.



Please note: prior to implementing changes in any aspect of the program design the proposed program modification must be brought to the attention of the regional Quality Assurance office and approved by this Office in writing.

We appreciate your efforts to serve preschool students with disabilities ages three and four in New York State and we look forward to working with your agency relating to placement and services for preschool children with disabilities.

If you have any questions about the information contained in this letter, please contact your VESID Regional Associate, Rusty Kindlon at (518) 486-6366.

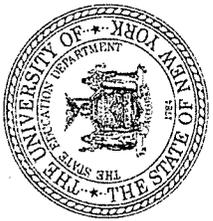
Sincerely,

A handwritten signature in black ink, appearing to read "Michael C. Plotzker", written in a cursive style.

Michael C. Plotzker

Attachment

cc: Andrew Jackowski  
Rusty Kindlon  
Inni Barone  
Nora Galto  
Harold Matott  
Warren County Section 4410 Designee  
Early Childhood Direction Center, Albany  
Bill Dorr



VOCATIONAL AND EDUCATIONAL SERVICES FOR INDIVIDUALS WITH DISABILITIES  
 Fiscal and Administrative Services  
 Coordinator, Central Office Administrative Support Services Team (COASST)  
 Room 1624, One Commerce Plaza • Albany, NY 12234  
 Tel. (518) 473-6108, (518) 486-4734

12/9/2008

**Name of Agency: ASPIRE FOR THE PROVISION OF PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH LANGUAGE PATHOLOGY AND PSYCHOLOGY, PLLC**

**Agency Code and County Name: 800000063631, WARREN**

**Type of Programs: Special Class in an Integrated Setting (9160), Special Education Itinerant Services (SEIS), Multidisciplinary Evaluation Program**

Program Site Address	Program Code	Overall Students/Teacher/Para Ratio	Special Ed Students/Teacher/Para Ratio	Bilingual Language	Half Day		Full Day		School Year Code		
					# of Classes	# of Classes	# of Hours	# of Hours	2 Month	10 Month	
ASPIRE FOR THE PROVISION OF PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH LANGUAGE PATHOLOGY AND PSYCHOLOGY, PLLC 178 WARREN STREET GLEN FALLS, NY 12801 MS. HELEN BLOOMER, EXECUTIVE DIRECTOR	9160	20:1:3	10:1:2	None		1	5	1	5	A	I
SEIS PROGRAM HOURS 9 AM – 3 PM MONDAY THROUGH FRIDAY.	9160	16:1:3	8:1:2	None		2	5	2	5	A	I
	9135	NA	NA	None	NA	NA	NA	NA	NA	S	S

**Note:** Half day classes are approved to provide 2.5 hours per day of instructional time. Tuition rates are established on a base of five hours per day and prorated using a full-time equivalent calculation (FTE) consistent with Section 175.6 of the Commissioner's Regulations.

## 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:** January 23, 2009

- (a) Purpose of Request: To update/set program per visit service charges for 2009 for Certified Home Health Agency and Long Term Home Health Care programs
- (b) Details: Per the attached sheet
- (c) Previous Resolution Number: 138/2008

# Warren County Board of Supervisors

RESOLUTION NO. 138 OF 2008

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

## SETTING CERTIFIED HOME HEALTH AGENCY AND LONG TERM HOME HEALTH CARE PROGRAM CHARGES FOR 2008 - HEALTH SERVICES

RESOLVED, that Certified Home Health Agency and Long Term Home Health Care Program Charges for 2008 are set as follows:

2009

<u>SERVICE</u>	<u>CHARGE</u>
Skilled Nursing	<del>\$ 150</del> \$150 per visit
Physical Therapy	\$110 per visit
Speech Therapy	<del>\$ 120</del> \$110 per visit
Occupational Therapy	\$110 per visit
Medical Social Worker	\$110 per visit
Nutritionist	\$110 per visit
Respiratory Therapy	\$110 per visit
Home Health Aide	\$ 50 per hour

## 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:** January 23, 2009

- (a) Purpose of Request: To amend Resolution 144 of 2008 to update charges for immunizations, administered to private pay individuals in the Division of Public Health
- (b) Details: Done annually to assure costs are met, prices vary and sometimes new vaccines need to be added
- (c) Previous Resolution Number: 144/2008

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 Sciences

DATE: 1/23/09

- (a) Purpose of Request: To amend Resolution 144 of 2008 to update charges for immunization private pay individuals administered in the Division of Public Health
- (b) Details: this is done annually to update information to assure costs for administration are met. prices vary and sometimes new vaccines need to be added
- (c) Previous Resolution Number: 144/2008

# Warren County Board of Supervisors

RESOLUTION NO. 144 OF 2008

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

## INCREASING CHARGE FOR IMMUNIZATIONS ADMINISTERED IN THE PUBLIC HEALTH DIVISION - HEALTH SERVICES DEPARTMENT

RESOLVED, that the charge for immunizations (last amended by Resolution No. 71 of 2007) administered in the Public Health Division be, and hereby are, increased, with new costs as per Schedule "A" attached, in order to cover the cost of pharmaceuticals and related clinic expenses of the Health Services Department.

SCHEDULE "A"

WARREN COUNTY PUBLIC HEALTH  
PRICE LIST FOR IMMUNIZATIONS

Appointments taken: Tuesdays and Fridays, 3:00 p.m.-4:30 p.m. and Wednesdays, 9:00 a.m. - 11:00 a.m.

(If someone needs to come at a different time, check with nurses to see who will be available)

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

<b>Tdap (Tetanus &amp; Pertussis)</b> Cost per dose to County: \$ <u>34.61</u>	\$50.00
<b>Varivax (Chickenpox Vaccine)</b> Cost per dose to County: \$ <u>70.30</u>	\$15.00 \$88.00 for older
<b>Twinrix (Combination Hep B &amp; A)</b> Cost per dose to County: \$ <u>36.90</u>	\$52.00 for each in a series of three shots, given over a period of at least 6 months.
<b>Travel Immunizations</b>	Suggest looking on website: <a href="http://www.cdc.gov/travel">www.cdc.gov/travel</a> to find out what shots are needed for a particular country OR call Whitney Young Health Center @465-4771 OR Saratoga Co. Public Health @584-7460
<b>Zostavax (Shingles vaccine)</b> Cost per dose to County: \$ <u>153.90</u>	\$169.00 for 60 years old or older

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

SCHEDULE "A"

WARREN COUNTY PUBLIC HEALTH  
**PRICE LIST FOR IMMUNIZATIONS**

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

<b>Hepatitis A: Adult</b> <i>Cost per dose to county: <u>\$20.59</u></i>	\$36.00 for each in a series of two shots, given over a period of at least 6 months.
<b>Hepatitis B: Adult</b> <i>Cost per dose to county: <u>\$27.03</u></i>	\$42.00 for each in a series of three shots, given over a period of at least 6 months.
<b>HPV (Guardasil)</b> <i>Cost per dose to county: <u>\$124.54</u></i>	\$15.00 for women 18 years old or younger \$140.00 for older
<b>Influenza (Flu) Injection or Mist</b> <i>Encourage public clinics if possible</i> <i>Cost per dose to county: <u>\$9.95</u></i> <i>Flumist cost: \$17.75</i>	\$25.00 or Medicare Part B (Cost for vaccine used by Home Care nurses: 11.25;) \$33.00 (Flumist)
<b>IPV (Polio)</b> <i>Cost per dose to county: <u>\$22.40</u></i>	\$15.00 for VFC-qualified children \$38.00 for older
<b>Menactra/Menomune</b> <i>Encourage public clinics if possible</i> <i>Cost per dose to county:</i> <i>Menactra: <u>93.11</u></i> <i>Menomune: <u>\$94.93</u></i>	\$15.00 VFC-qualified children \$110.00 for older
<b>MMR (Measles/Mumps/Rubella)</b> <i>Cost per dose to county: <u>\$44.29</u></i>	\$15.00 for child/adult student or health care workers, \$60.00 otherwise
<b>Pneumovax</b> <i>Encourage public clinics if possible</i> <i>Cost per dose to county: <u>\$35.91</u></i>	\$51.00 or Medicare Part B
<b>PPD (TB Test)</b> <i>Cost per dose to county: <u>\$2.50</u></i>	\$18.00 If patient comes back to Public Health office in 2-3 days to have site read. If read by Clinic Nurse off-site, there will be an additional 5.00 charge.
<b>Pre-Rabies</b> <i>Cost per dose to county: <u>\$146.65</u></i>	\$162.00 for each in a series of three shots, given over a period of 3 weeks. MUST have prescription from MD
<b>Td (Tetanus)</b> <i>Encourage public clinics if possible</i> <i>Cost per dose to county: <u>\$17.64</u></i>	\$33.00

<b>Tdap (Tetanus &amp; Pertussis)</b> <i>Cost per dose to county: <u>\$32.36</u></i>	\$48.00
<b>Varivax (Chickenpox Vaccine)</b> <i>Cost per dose to county: <u>\$76.76</u></i>	\$15.00 \$92.00 for older
<b>Twinrix (Combination Hep B &amp; A)</b> <i>Cost per dose to county: <u>\$43.01</u></i>	\$58.00 for each in a series of three shots, given over a period of at least 6 months.
<b>Travel Immunizations</b>	Suggest looking on website: <b><a href="http://www.cdc.gov/travel">www.cdc.gov/travel</a></b> to find out what shots are needed for a particular country OR call Whitney Young Health Center @ 465-4771 OR Saratoga Co. Public Health @ 584-7460
<b>Zostavax (Shingles vaccine)</b> <i>Cost per dose to county: <u>\$153.93</u></i>	\$169.00 for 60 years old and older

## RESOLUTION REQUEST FORM NO. 4

### Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: January 23, 2009

- (a) Purpose of Contract Change: To renew agreements with agencies on the attached Resolutions to provide paraprofessional care services for patients in the Certified Home Health Agency and Long Term Program and to authorize the following rate changes noted on Resolutions
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 145/2008
- (c) Name of Contractor: on file
- (d) Address of Contractor: on file
- (e) Contractor's Contact Person and Telephone Number: on file
- (f) Commencement Date of Amendment: 1/1/09
- (g) Termination Date of Extension: 12/31/09
- (h) Payment Provisions: Monthly, upon receipt of completed documentation for each individual service provided to each patient at established contract rates
  - 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: Health Services Certified Home Health Agency A.4010.470 Contracts; Long Term Home Health Care Program A.4016.470 Contracts

No Rtk  
changes  
Interim 0.\*

CHHA - 5,890.00+

LT - 22,275.06+  
002

28,165.06\*

Thru 12/26/08

---

Visiting Nurses

CHHA - 6,453.56+

LT - 33,966.75+  
002

40,420.31\*

Thru 12/19/08

---

No. Country

CHHA - 2,723.20+

LT - 25,429.15+  
002

28,152.35\*

Thru 12/19/08

ADMINISTRATIVE OFFICE

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

SERVICE OFFICES

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

NORTH COUNTRY



HOME SERVICES

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

November 21, 2007

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

Dear Ms. Nenninger:

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

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

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

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

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

Sincerely,

  
Rebecca Leahy, RN  
Executive Director

RL/sb

CC: Pat Auer, Warren Co. Public Health

**WARREN COUNTY ATTORNEY'S OFFICE**

Warren County Municipal Center  
1340 State Route 9  
Lake George, New York 12845  
Telephone 518 - 761 - 6463  
Fax 518 - 761 - 6377

LAW DEPARTMENT

**DATE:** November 17, 2008

**TO:** Patricia Auer, Director  
Public Health/Patient Services

**FROM:** Patricia C. Nenninger, Assistant County Attorney *PCN*

**RE:** NORTH COUNTRY HOME SERVICES \

Enclosed please find a copy of the November 12, 2008 letter from North Country Home Services which was received in this office on November 17, 2008.

Please contact me if you have any questions regarding amending this contract.

PCN:svn

enc.

ADMINISTRATIVE OFFICE

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

SERVICE OFFICES

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

NORTH COUNTRY



HOME SERVICES

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

RECEIVED

NOV 17 2008

County Attorney's Office

November 12, 2008

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

Dear Ms. Nenninger:

North Country Home Services Board of Directors has approved the home health aide rates for the 2009 year. The following are our rates:

	<u>2008 Rates</u>	<u>2009 Rates</u>	<u>% Increase</u>
HHA	\$23.68	\$24.39	3%

We thank you for the opportunity to work with you and look forward to doing our best to continue to meet your needs for quality home health aides. If I can provide further information, please contact me at 518-891-5611.

Sincerely,

Rebecca Leahy, RN  
Executive Director

RL/sb

**Auer, Pat**

**From:** Kenneth J. Mooney [kmooney@vnhc.com]  
**Sent:** Wednesday, January 07, 2009 3:09 PM  
**To:** Auer, Pat  
**Subject:** VNHC2009Rates

Dear Pat,

I've looked at our rates and am grateful that we were able to bring them up last year. In view of the difficult economy and in hopes of earning more of your business I propose no increase for 2009. The current rates are \$20.14/ HR. PCA and \$20.68/HR. HHA. These rates will support pay increases for staff of 3.5 to 4%. We would be interested in route aide as well as case by case placement if this would meet your needs. A route aide would be assigned for a given number of hours weekly, usually 40, to be at your sole disposal. Mileage between cases would follow the I.R.S. limits, i.e. \$0.55 per mile for 2009.

On behalf of all our staff thank you for the opportunity to be of continued service and Best Wishes for the New Year.

Sincerely,

Visiting Nurses Home Care

Ken Mooney, Director

p 694-9907  
f 694-9913

1/7/2009

# Warren County Board of Supervisors

RESOLUTION NO. 145 OF 2008

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

## AUTHORIZING AMENDMENT AGREEMENT WITH VARIOUS AGENCIES AS A RESULT OF RATE INCREASE - HEALTH SERVICES

WHEREAS, Resolution No. 864 of 2006 authorized, among other things, the continuation of the contractual relationship with ENS Health Care Management, LLC d/b/a Interim Health Care of New York, Visiting Nurse Association of Albany Home Care Corporation, and North Country Home Services, Inc. (the "Agencies") for paraprofessional care services under the Long Term Home Health Care Program and Certified Home Health Aide Program, said agreements to terminate upon thirty (30) days notice by either party, and

WHEREAS, Resolution No. 864 of 2006 also included a provision that no further resolutions would be necessary to indefinitely continue the agreements, unless there was a change in rates, and

WHEREAS, the Director of Public Health/Patient Services has been advised by the Agencies that effective January 1, ~~2008~~<sup>2009</sup>, there will be changes in their rates, which rates differ from the rates originally authorized in Resolution No. 864 of 2006 and, as a result, amendments are now necessary to the agreements and Resolution No. 864 of 2006, now, therefore, be it

RESOLVED, that the rates shown on Resolution No. 864 of 2006 for the above described Agencies, be and hereby are, amended as follows:

**RESOLUTION NO. 145 OF 2008**

**Page 2, Continued**

<u>CONTRACTOR/ AGENCY</u>	<u>PURPOSE</u>	<u>ESTIMATED CONTRACT AMOUNTS/RATES</u>
ENS Health Care Management, LLC d/b/a Interim Health Care of New York	Paraprofessional Care Services - LTHHCP & CHHA	Home Health Aide \$19.00/hr Personal Care Aide \$18.75/hr Housekeeper \$18.20/hour
Visiting Nurse Association of Albany Home Care Corporation	Paraprofessional Care Services - LTHHCP & CHHA	Home Health Aide \$20.68/hr Personal Care Aide \$20.14/hr
North Country Home Services, Inc.	Paraprofessional Care Services - LTHHCP & CHHA	Home Health Aide \$23.68/hr. Personal Care Aide \$20.80/hr. (Homemaker Tasks) Personal Care Aide \$21.13/hr. (Personal Care Aide Tasks)

2009  
no changes  
no changes  
24.39  
remain unchanged  
medicaid rates set  
later in year

and be if further

RESOLVED that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute amendment agreements with the Agencies showing the above rate changes, effective January 1, ~~2008~~<sup>2009</sup>, in the form approved by the County Attorney, and be it further

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

# Warren County Board of Supervisors

## RESOLUTION NO. 864 OF 2006

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

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

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

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

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

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

**RESOLUTION NO. 864 OF 20 06**

Page 2, Continued

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

and be if further

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

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

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

**Request Resolution:**

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

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

**Request Resolution:**

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

**Rationale:**

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

**Request Resolution:**

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

**Rationale:**

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

## RESOLUTION REQUEST FORM NO. 4

### Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: January 23, 2009

- (a) Purpose of Contract Change: To renew agreement with Upper Hudson Primary Care Consortium to allow continued participation in Community Health Assessment Project
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 146/2008
- (c) Name of Contractor: Upper Hudson Primary Care Consortium
- (d) Address of Contractor: 1 Broad Street Plaza, Glens Falls, NY 12801
- (e) Contractor's Contact Person and Telephone Number: Vicky Wheaton Saraceni, 761-0300, X210, email: vwheaton@medserv.net
- (f) Commencement Date of Amendment: 1/1/09
- (g) Termination Date of Extension: 12/31/09
- (h) Payment Provisions: Not to exceed \$5000 payable upon receipt of project documentation
  - 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: Preventive Contracts 4018.470

# Warren County Board of Supervisors

RESOLUTION NO. 146 OF 2008

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

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

WHEREAS, Resolution No. 81 of 2007, authorized an agreement with the Upper Hudson Primary Care Consortium to provide Warren County Health Services assistance in developing 1) an online tool to allow interactive analysis of telephone survey data by selected independent variables, such as age, gender, county, etc.; 2) set up an interactive CHA database that will allow Warren County to update their community health indicators and track them over time; 3) develop a password protected online area on the Upper Hudson Primary Care Consortium/Adirondack Rural Health Network website for accessing the new online tools previously listed herein and manage it so only authorized staff has access; and 4) provide assistance to Warren County Public Health staff in analyzing the health data compiled in the tools outlined in numbers 1 through 3, and

WHEREAS, the Health Services Committee recommends continuing said agreement for a term commencing January 1, <sup>2009</sup>~~2008~~ and terminating December 31, <sup>2009</sup>~~2008~~, for an amount not to exceed Five Thousand Dollars (\$5,000) payable upon submission of an annual report and a valid County voucher, now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an extension agreement with the Upper Hudson Primary Care Consortium and New York State Department of Health, Contractor for Adirondack

**RESOLUTION NO. 146 OF 2008**

**Page 2, Continued**

Rural Health Network, One Broad Street Plaza, Glens Falls, New York 12801, for a term commencing January 1, ~~2008~~<sup>2009</sup> and terminating December 31, ~~2008~~<sup>2009</sup> for an amount not to exceed Five Thousand Dollars (\$5,000) payable upon submission of an annual report and a valid County voucher in a form approved by the County Attorney.

## 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: January 23, 2009

- (a) Purpose of Request: To amend Resolution 658/2007
- (b) Details: to include language to reflect when an Registered Professional Nurse (RPN) (grade 19, base salary: \$39,660) completes 2 years of full time Home Care/Public Health experience, he/she may move to Community Health Nurse (CHN) (grade 20, base salary: \$41,358). The Budget and Department Table of Organization will be amended accordingly. Also, language should reflect if an RPN or CHN completed his/her Bachelor's Degree for Nursing the grade may increase to reflect the change in title to Public Health Nurse (PHN), grade 21, base salary: \$42,408

Resolution 658/2007 addresses when a nurse is hired he/she may be placed at the grade appropriate for professional education and experience. The amended language is to allow for the same provision for employees already on staff

- (c) Previous Resolution Number: 658/2007

# Warren County Board of Supervisors

RESOLUTION NO. 658 OF 2007

Resolution introduced by Supervisors Gabriels, Kenny, Haskell, Belden, Stec, F. Thomas and Sokol

**AUTHORIZING THE DIRECTOR OF HEALTH SERVICES TO BACKFILL ALL REGISTERED NURSING POSITIONS AT THE GRADES WHERE THE NEWLY RECRUITED NURSE'S EDUCATION AND EXPERIENCE LEVEL FALLS**

WHEREAS, whenever there is a vacancy for the position of Community Health Nurse the applicants often do not have the level of experience necessary for the position, and

WHEREAS, as a result, it has been necessary to reclassify the Community Health Nurse position to either Registered Nurse or Public Health Nurse in order to fill the position, and

WHEREAS, the Director of Public Health/Patient Services has requested that she be allowed to fill open positions as either Registered Nurse, Public Health Nurse or Community Health Nurse depending upon the candidates education and experience, now, therefore, be it

RESOLVED, that the Director of Health Services be allowed to fill all open positions in the manner requested as more specifically set forth in the preambles of this Resolution.

**Auer, Pat**

**From:** Lunt, Todd  
**Sent:** Friday, December 19, 2008 8:30 AM  
**To:** Auer, Pat  
**Subject:** Confirm?

Hello Pat, can you confirm that you are planning on going back to committee in January to discuss 658 of 2007 the resolution that changes the nurses' position based on education and experience and the change of Nichole Gillis to CHN? I am just checking, since I have her 426 here and we will keep it here until such time as we can proceed.

Thanks Todd

G. Todd Lunt PHR  
Human Resources Director  
Warren County Human Resources  
Direct Phone (518) 761-6349  
Email

**REPORT OF PERSONNEL CHANGE**

**To: Warren County Department of Personnel** 10841 Rechelle Bullard  
**Employee No. Employee**  
**From: Warren County Health Services** 23 Catherine Street, SGF, NY 12803  
 City County Town Village or District Address  
 36.00 CHN \$42,362.00  
**Dept. Number Department Title of Position Salary**  
 Veteran \_\_\_ Non-veteran \_\_\_  
 Disabled Veteran \_\_\_ Exempt Volunteer Fireman \_\_\_

096 68 1331

**Name and Title of Last Employee in Position Social Security Number**

Check Nature of Personnel Change	Date Effective		Action necessary by Appointing Officer
Permanent			Return report of certification
Provisional			Attach application (MSD 330)
Temporary	From	To	State length of employment
Substitute	From	To	Give facts under Remarks
For Term of Office	From	To	Give facts under Remarks
X Permanent Promotion	12/12/06		Return report of certification
Provisional Promotion			Attach nomination
Non-Competitive Class			Attach application (MSD 330)
Exempt Class			Submit this form only
Labor Class			Attach application (MSD 330)
Resignation			Submit Signed Resignation
Retirement			Give Effective Date
Deceased			Indicate Date
Removal			Attached copy of proceedings
Lay-off (Lack of Work or Funds)			Give facts under remarks
Military leave of absence			Give facts under remarks
Other leave of absence	From	To	Give facts under remarks
Transfer			Give facts under remarks
Demotion			Give facts under remarks
Suspension			Give facts under remarks
Reinstatement			Give facts under remarks
Change in classification			Give facts under remarks
New Position			Submit Form MSD222
Change in salary			Indicate New Salary
Change in name			Give facts under remarks
Other			Give facts under remarks

Remarks: (Continue on back if necessary)

Date of Birth 05/18/70

Effective 10/24/06 Rechelle is promoted to a CHN after having worked two years as a nurse in a public health capacity. Please pay her retroactively for period 10/24/06 through 12/31/06 at the 2006 salary. Also pay her retroactively for period January 1, 2007 through present using salary as above.

Do not write in this space

Date Received \_\_\_ BC Letter \_\_\_  
 Roster Card \_\_\_ Treasurer \_\_\_  
 Mins. \_\_\_ Date processing \_\_\_  
 File \_\_\_ Self-Insurance \_\_\_

Appointing Officer: \_\_\_\_\_

Title: Patricia Auer, Director Health Services  
 Address: 1340 State RT 9, Lake George, NY 12845

**REPORT OF PERSONNEL CHANGE**

**To:** Warren County Human Resources Dept. 11070 Barbara Moehringer  
**Employee No. Employee**  
**From:** Warren County Health Services 285 Stagecoach Road, Chestertown, NY 12817  
 City County Town Village or District Address  
 36.00 Home Care CHN \$42,082.00  
**Dept. Number Department Title of Position Salary**  
 Veteran \_\_\_ Non-veteran \_\_\_  
 Disabled Veteran \_\_\_ Exempt Volunteer Fireman \_\_\_

088 54 2072

**Name and Title of Last Employee in Position Social Security Number**

Check Nature of Personnel Change	Date Effective		Action necessary by Appointing Officer
Permanent			Return report of certification
Provisional			Attach application (MSD 330)
Temporary	From	To	State length of employment
Substitute	From	To	Give facts under Remarks
For Term of Office	From	To	Give facts under Remarks
<input checked="" type="checkbox"/> Permanent Promotion			Return report of certification
Provisional Promotion			Attach nomination
Non-Competitive Class			Attach application (MSD 330)
Exempt Class			Submit this form only
Labor Class			Attach application (MSD 330)
Resignation			Submit Signed Resignation
Retirement			Give Effective Date
Deceased			Indicate Date
Removal			Attached copy of proceedings
Lay-off (Lack of Work or Funds)			Give facts under remarks
Military leave of absence			Give facts under remarks
Other leave of absence	From	To	Give facts under remarks
Transfer			Give facts under remarks
Demotion			Give facts under remarks
Suspension			Give facts under remarks
Reinstatement			Give facts under remarks
Change in classification			Give facts under remarks
New Position			Submit Form MSD222
Change in salary			Indicate New Salary
Change in name			Give facts under remarks
Other			Give facts under remarks

Remarks: (Continue on back if necessary)

Date of Birth 9/16/64

Effective March 13, 2008, Barbara's title changes to CHN and salary will be as above.

**Do not write in this space**

Date Received \_\_\_ BC Letter \_\_\_  
 Roster Card \_\_\_ Treasurer \_\_\_  
 Mins. \_\_\_ Date processing \_\_\_  
 File \_\_\_ Self-Insurance \_\_\_

**Appointing Officer:** \_\_\_\_\_

**Title:** Patricia Auer, Director Health Services  
**Address:** 1340 State RT 9, Lake George, NY 12845

**REPORT OF PERSONNEL CHANGE**

**To:** Warren County Department of Personnel 10880 Dorothy Muessig  
**Employee No. Employee**  
**From:** Warren County Health Services 8 Lawton Avenue, Apt. 2, Glens Falls, NY 12801  
 City County Town Village or District Address  
 36.04 Home Care CHN \$41,115.00  
**Dept. Number Department Title of Position Salary**  
 Veteran \_\_\_ Non-veteran \_\_\_  
 Disabled Veteran \_\_\_ Exempt Volunteer Fireman \_\_\_

Kathy Mcgowin, RPN 104 58 8823  
**Name and Title of Last Employee in Position Social Security Number**

Check Nature of Personnel Change	Date Effective		Action necessary by Appointing Officer
Permanent			Return report of certification
Provisional			Attach application (MSD 330)
Temporary	From	To	State length of employment
Substitute	From	To	Give facts under Remarks
For Term of Office	From	To	Give facts under Remarks
X Permanent Promotion	2/14/07		Return report of certification
Provisional Promotion			Attach nomination
Non-Competitive Class			Attach application (MSD 330)
Exempt Class			Submit this form only
Labor Class			Attach application (MSD 330)
Resignation			Submit Signed Resignation
Retirement			Give Effective Date
Deceased			Indicate Date
Removal			Attached copy of proceedings
Lay-off (Lack of Work or Funds)			Give facts under remarks
Military leave of absence			Give facts under remarks
Other leave of absence	From	To	Give facts under remarks
Transfer			Give facts under remarks
Demotion			Give facts under remarks
Suspension			Give facts under remarks
Reinstatement			Give facts under remarks
Change in classification			Give facts under remarks
New Position			Submit Form MSD222
Change in salary			Indicate New Salary
Change in name			Give facts under remarks
Other			Give facts under remarks

Remarks: (Continue on back if necessary)

Date of Birth 04-15-63

Effective 2/14/07 Dorothy is promoted to a CHN after having worked two years as a nurse in a public health capacity. Please pay her retroactively for period 2/14/07 through present using salary as above.

**Do not write in this space**

Date Received \_\_\_ BC Letter \_\_\_  
 Roster Card \_\_\_ Treasurer \_\_\_  
 Mins. \_\_\_ Date processing \_\_\_  
 File \_\_\_ Self-Insurance \_\_\_

**Appointing Officer:** \_\_\_\_\_

**Title:** Patricia Auer, Director Health Services  
**Address:** 1340 State RT 9, Lake George, NY 12845

SCHEDULE "A"  
**AUTHORIZATION TO ATTEND MEETING OR CONVENTION**

**Check one:**

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

The Health Services Committee (Supervisory Committee) hereby authorizes Sheryl Havens (Employee Name)

to attend Essential Skills for First Time Manager or Supervisor (Name of meeting or organization)

at Best Western Airport Inn 200 Wolf Road Albany, NY (Address)

on 3/6/09 (Dates) Mode of transportation to be used Health Services Fleet vehicle (County Vehicle or Mass Transportation)

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

**Proper documentation must be attached when submitting for approval.**

(Please check documents attached)

- Notice of meeting or convention including cost.

**For Overnight Travel**

Room rate \$ \_\_\_\_\_ GSA\* Rate \$ \_\_\_\_\_

Meal costs - GSA\*per diem rate \$ lunch & seminar

\*www.gsa.gov

Date: 1/23/09

Patricia [Signature]  
Department Head Signature

Date: January 23, 2009

[Signature]  
Committee Chairman Signature

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

Please check to request a fleet vehicle.

**REQUEST FOR USE OF FLEET VEHICLE**

**Filing Instructions:**

1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

SCHEDULE "A"  
**AUTHORIZATION TO ATTEND MEETING OR CONVENTION**

**Check one:**

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

The Health Services Committee (Supervisory Committee) hereby authorizes Sheryl Havens (Employee Name)

to attend Essential Skills for First Time Manager or Supervisor (Name of meeting or organization)

at Best Western Airport Inn 200 Wolf Road Albany, NY (Address)

on 3/6/09 (Dates) Mode of transportation to be used Health Services Fleet Vehicle (County Vehicle or Mass Transportation)

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

\_\_\_\_\_

**Proper documentation must be attached when submitting for approval.**

(Please check documents attached)

- Notice of meeting or convention including cost.

**For Overnight Travel**

- Room rate \$ \_\_\_\_\_ GSA\* Rate \$ \_\_\_\_\_
- Meal costs - GSA\*per diem rate \$ lunch at seminar

\*[www.gsa.gov](http://www.gsa.gov)

Date: 1/23/09

Patricia [Signature]  
Department Head Signature

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

Committee Chairman Signature

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

\*\*\*\*\*

Please check to request a fleet vehicle.

**REQUEST FOR USE OF FLEET VEHICLE**

\*\*\*\*\*

**Filing Instructions:**

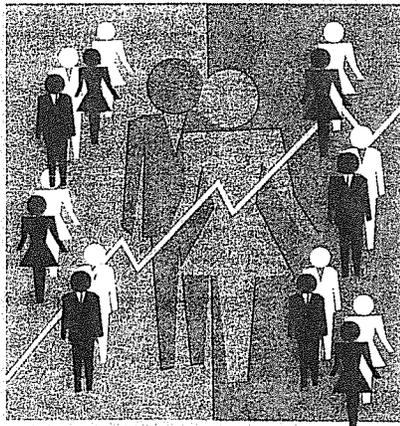
1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

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- ▣ 4 necessary steps that will reduce your staff members' resistance to change and motivate them to do more
- ▣ How to delegate work and ensure it's done right — without meddling
- ▣ The one key quality you can develop that determines your influence with others

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### DISTRICT OF COLUMBIA

Washington — March 25

### MARYLAND

Annapolis — March 26

Frederick — March 24

Towson — March 27

### MASSACHUSETTS

Pittsfield — March 4

### NEW YORK

Albany — March 6

Binghamton — March 20

Buffalo — March 17

Elmira — March 19

Glens Falls — March 5

Poughkeepsie — March 3

Rochester — March 18

Syracuse — March 24

Utica — March 25

Watertown — March 23

### PENNSYLVANIA

Erie — March 16

### VIRGINIA

Fairfax — March 13

Fredericksburg — March 12

Norfolk — March 11

Richmond — March 10

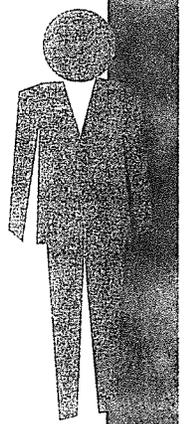
Roanoke — March 9

Winchester — March 23

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- What your boss wants (and doesn't want) from you
- The paperwork mountain: the 2-step process to make sure you never miss a "must read" document
- Important questions to ask during the first week at your new job
- Tips for supervising former peers — and current friends

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  - **your people** ... so you can minimize their weaknesses and maximize their strengths
  - **your team** ... so you can adopt the appropriate leadership style
- 4 necessary steps that will reduce your staff members' resistance to change and motivate them to do more
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- 6 ways to achieve personal excellence as a leader

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First-Time Manager or Supervisor**

[www.careertrack.com](http://www.careertrack.com) ■ 1-800-556-3009

## You'll discover ways to develop your employees ...

- What you should delegate — and what you must not
- How to delegate work and ensure it's done right — without meddling
- The delegation traps every manager must learn to avoid
- What motivates employees — according to *them* (Many managers have it backward. Do you?)
- How to help your employees find more meaning in (and better connection to) their work
- 5 proven motivators and rewards to help your employees succeed
- The basics of an effective performance evaluation
- The most common causes of unsatisfactory performance — and how to help your employees overcome them
- 5 critical factors in administering discipline, so you can correct people without destroying their motivation to change

## You'll see what's needed to build confidence and competence ...

- Management communication: skills for projecting authority and getting cooperation from your new staff
- The 5 most important ways people communicate
- How to recognize red flags of body language
- The one key quality you can develop that determines your influence with others
- The power of a positive mind-set: where it comes from, how to get it, and how to keep it, no matter what's happening to you



# Before you delegate your first job ... schedule your first meeting ... make your first move of any kind — get this training under your belt!

## You earned your supervisory position ...

*This seminar will help you make the most of it.*

In your previous position you did a great job. Yet, you're smart enough to know the skills that made you a great team player won't necessarily make you a great supervisor. For any new supervisor, training is key to success in this role.

- **It's not enough to follow directions ...**  
now you must give directions about what gets done, when, and by whom.
- **It's not enough that your projects are accurate and on time ...**  
you have to help others keep *their* projects on track, and see that everyone works together.
- **It's not enough to focus only on your department ...**  
suddenly you're a member of the management team. Your new peers will expect you to have a broader perspective, including *other* departments.
- **It's not enough to keep yourself motivated ...**  
you have to be a coach, cheerleader, and "strong shoulder" to people who have bad days, conflicts with each other, and demands that you might not be able to satisfy.

That's why you should attend this seminar — to help make your move into management smoother and more successful.

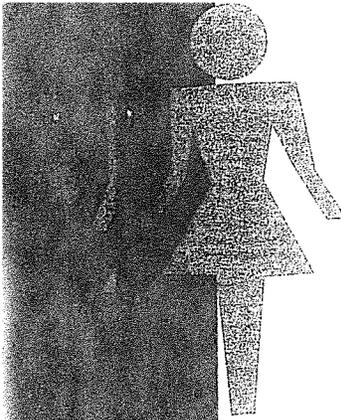
You'll use what you learn right away. If a tough people problem comes up, you'll know how to handle it. When you're faced with a crisis, you'll react with confidence. You'll be better equipped to keep your team motivated, productive, and on target.

## In just one day, you'll learn ...

- How to start producing positive results right away
- Ways to avoid the problems that sabotage many new supervisors
- How to get the unvarnished truth about a new employee's position and performance
- What it takes to get productivity from people who aren't used to you being the boss
- How to size up your supervisor — so you can give better support and get more backing in return
- How to increase your visibility and earn the respect your position deserves

## Plus: You'll take home these essential "how to" supervisory tools

1. **Leadership self-test:**  
Find out how you rate as a leader now — and how you can become more persuasive and powerful.
2. **Employee motivation survey:**  
Get your employees to tell you what would increase their productivity.
3. **Work-group assessment:**  
Determine your team's maturity, cohesion, and stress levels, and adjust your leadership style accordingly.
4. **Employee work-style assessment:**  
Pinpoint each team member's specific strengths and weaknesses.
5. **Delegation self-assessment:**  
Could you benefit from delegating more? Discover what's holding you back.



## **"Very informative. Gave me many new and good ideas."**

Melissa A. Gurule, assistant branch manager, Century Bank

### **Never been to one of our seminars?**

Here's the immediate payoff on your investment:

- You get a seminar created by our own staff of experts. Upwards of 600 hours of research, writing, editing, road testing, and critiquing go into developing a comprehensive course like this one.
- You get the tops in trainers. Our faculty members receive the best training in the industry. At a CareerTrack seminar, you can always count on learning from knowledgeable experts who know how to teach.
- You'll take away valuable skills and insights you can apply immediately in your workplace.
- You'll enjoy yourself in a convenient and comfortable learning environment.
- And you have our assurance of complete satisfaction, backed by the best guarantee in the business.

### **Want your people to have the same edge these organizations give theirs?**

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Then invest in CareerTrack — many of the Fortune 500 do it regularly.

**Enroll Today! Only \$199**

**www.careertrack.com ■ 1-800-556-3009**

### **Learn classic skills that will serve you well throughout your supervisory career ...**

*"Very insightful. The experience was encouraging and motivating. I'm very eager to apply what I've learned."*

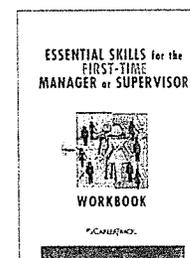
Stephanie Burns, customer care team leader  
The Netcor Group

*"I hoped that this seminar would be different, and it was. I will be able to take what I know to a professional level."*

Rosanna B. London, production supervisor  
L.C. Carbon

### **Who should attend?**

- Supervisors and managers with less than one year of experience
- Experienced supervisors with little or no formal supervisory training
- Aspiring and soon-to-be-promoted supervisors



**Comprehensive  
workbook makes  
sure everything you  
learn goes home  
with you ...**

Your tuition includes a detailed workbook that covers the seminar's key points, freeing you to listen more and learn more.

Your workbook is filled with specific techniques, skills, and ideas you'll use in making the move to your new position smoother and faster. After the seminar, you'll turn to it time and again to recall key points, validate opinions, and meet new challenges as they arise.

## Curious, but not yet convinced? Consider this:

In one fast-paced day, you'll gain an advantage that will continue to pay off for years to come ... starting the very next day.

But if that's not incentive enough, here are 3 more compelling reasons to sign up:

**1. You'll be among peers, free to learn without feeling pressured or judged.**

Right from the start, you'll find that your concerns are also the concerns of others in attendance. You'll be on common ground — free to ask questions and share experiences without fear of feeling clueless or posing “dumb” questions.

Together, you'll learn the strategies that can help you become a great supervisor, whether you're being groomed for a leadership position, have some experience but no formal training — or fall somewhere in between.

**2. You'll get your money's worth — and then some.**

We won't waste your time. You can count on learning the latest supervision strategies, designed for today's organizations and work force. And you'll learn them all in one day. This course is designed to keep your attention every step of the way and make what you learn stick.

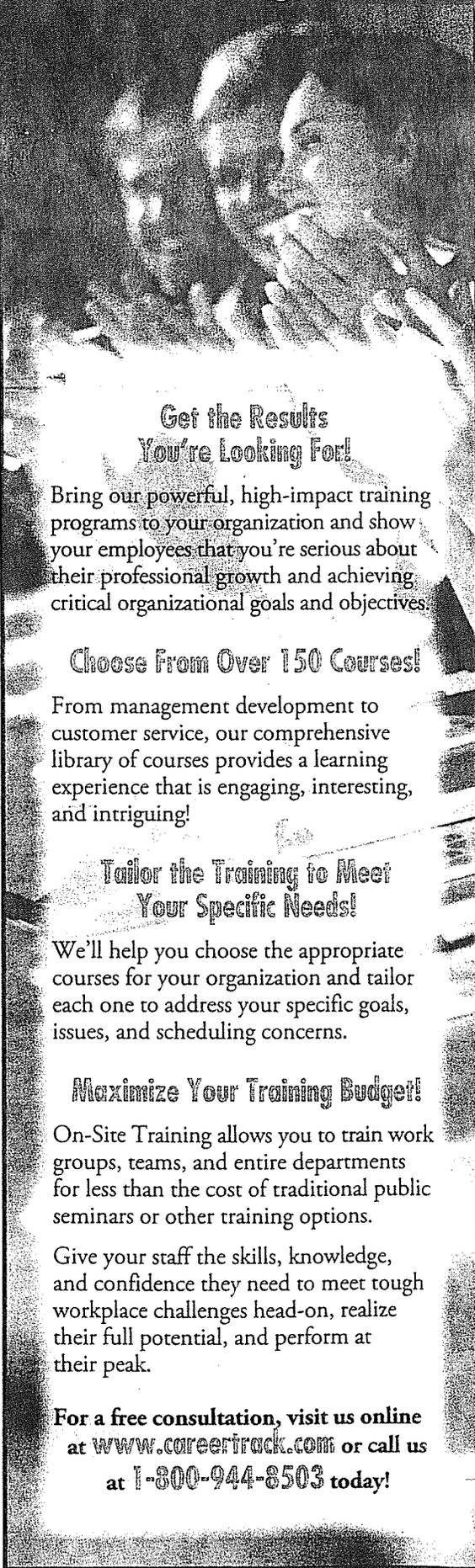
You'll probably be attending many more supervision seminars during the course of your career — we want you to remember *Essential Skills for the First-Time Manager or Supervisor* as the one that got you started off right.

**3. Your satisfaction is completely guaranteed — and that's that.**

Don't look for any fine print in our guarantee (page 6). There isn't any. We want to be up front with you, and urge you to be the same with us.

If this program does its job and you're happy with it — we've succeeded. If not, let us know and you'll get a certificate for a free seminar or your money back — *hassle-free*.

## On-Site Training Solutions



### Get the Results You're Looking For!

Bring our powerful, high-impact training programs to your organization and show your employees that you're serious about their professional growth and achieving critical organizational goals and objectives.

### Choose From Over 150 Courses!

From management development to customer service, our comprehensive library of courses provides a learning experience that is engaging, interesting, and intriguing!

### Tailor the Training to Meet Your Specific Needs!

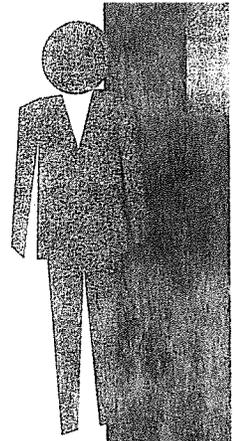
We'll help you choose the appropriate courses for your organization and tailor each one to address your specific goals, issues, and scheduling concerns.

### Maximize Your Training Budget!

On-Site Training allows you to train work groups, teams, and entire departments for less than the cost of traditional public seminars or other training options.

Give your staff the skills, knowledge, and confidence they need to meet tough workplace challenges head-on, realize their full potential, and perform at their peak.

For a free consultation, visit us online at [www.careertrack.com](http://www.careertrack.com) or call us at 1-800-944-8503 today!



## 4 Easy Ways to Enroll Today!



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Fax  
**913-967-8847**  
24 hours a day, 7 days a week



Mail  
CareerTrack  
P.O. Box 219468  
Kansas City, MO 64121-9468

### REGISTRATION INFORMATION

**Enroll Today!** \$199 per person; only \$189 per person for groups of 5 or more from the same organization attending the same event. Hurry, our seats fill *fast*. Guarantee your enrollment and pay your enrollment fee today! A confirmation will be e-mailed, faxed, or mailed to you once your registration is completed. Please make your preference known at time of registration. **Payment is due before the program.**

**Express Seminar Enrollment!** Please be sure to provide us with your e-mail address or fax number and check the Express Seminar Enrollment box on the registration form. You will receive your e-mailed or faxed confirmation within 48 hours of our receiving your e-mailed, faxed, or mailed registration form.

### PROGRAM SCHEDULE

Check-in: 8:30 a.m. - 9:00 a.m.  
Program: 9:00 a.m. - 4:00 p.m.

### CANCELLATIONS/SUBSTITUTIONS

You may cancel your registration up to 10 business days before the program and we will refund your tuition less a \$25 cancellation fee. If you need to cancel less than 10 business days prior to the program you may 1) send a substitute from your organization or 2) transfer your registration fee to another program of your choice that is scheduled within 12 months of your original event. Please note that if you don't cancel and don't attend, you are still responsible for payment. Substitutions may be made at any time.

### PLEASE NOTE

- ☐ We will e-mail, fax, or mail your confirmation to you once your registration is completed.
- ☐ You will be notified by e-mail, fax, and/or mail if any changes are made to your scheduled program (i.e., date, venue, city, or cancellation).
- ☐ Walk-in registrations will be accepted as space allows.
- ☐ Please, no audio or video recording. See your program leader for audio and video program availability.

- ☐ Lunch and parking expenses are not included.
- ☐ If using a purchase order, please attach it to a completed registration form and mail to us right away.
- ☐ You will receive an attractive take-home Certificate of Attendance at the end of the program — great for framing or including in your personnel file.
- ☐ Payment is due before the program.

### GUARANTEED RESULTS!

All of our seminars are **100% SATISFACTION GUARANTEED!** We're confident that this seminar will provide you with the tips and techniques you need to be successful as a supervisor. If for any reason you are dissatisfied, send us a letter (Attn: Customer Relations) within 30 days of your seminar attendance stating the reason you were not satisfied, and we'll arrange for you to attend another one of our seminars or receive a full refund — *hassle-free*.

### TAX-EXEMPT ORGANIZATIONS

If you are tax-exempt, enter your tax-exempt number in Section 6 on the Registration Form. Please mail or fax a copy of your Tax-Exempt Certificate to us for payment processing. *Thank you.*

### TAX DEDUCTION

If the purpose of attending a CareerTrack program is to help you maintain skills relating to employment or business, expenses relating to the program may be tax-deductible according to I.R.C. Reg. 1.162-5. Please consult your tax adviser.

### CONTINUING EDUCATION CREDIT

 CareerTrack has been approved as an Authorized Provider by the International Association for Continuing Education and Training (IACET). CareerTrack is authorized by IACET to offer 0.6 CEUs (6 contact hours) for this program. **Please verify applicability with your professional board before attending.**

### LET'S AVOID DUPLICATE MAILINGS

If you receive duplicates of the same brochure with different VIP numbers, please send the labels to us at P.O. Box 413884, Kansas City, MO 64141-3884. Please indicate which label is correct, and we'll change our records for the very next update. You may receive some duplicates for a while. Thanks!

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7 days a week



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registration form to  
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P.O. Box 219468  
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64121-9468

**DISTRICT OF COLUMBIA**

Washington – March 25  
Event #81707  
Courtyard by Marriott  
Embassy Row  
1600 Rhode Island Ave. NW

**MARYLAND**

Annapolis – March 26  
Event #81708  
Country Inn and Suites  
2600 Housley Rd.

Frederick – March 24  
Event #81706  
Residence Inn  
5230 Westview Dr.

Towson – March 27  
Event #81709  
Holiday Inn  
1100 Cromwell Bridge Rd.

**MASSACHUSETTS**

Pittsfield – March 4  
Event #81563  
Crowne Plaza Hotel  
One West St.

**NEW YORK**

Albany – March 6  
Event #81565  
Best Western Airport Inn  
200 Wolf Rd.

Binghamton – March 20  
Event #81573  
Regency Hotel  
One Sarbro Square

Buffalo – March 17  
Event #81570  
Holiday Inn Downtown  
620 Delaware Ave.

Elmira – March 19  
Event #81572  
Holiday Inn Riverview  
760 East Water St.

Glens Falls – March 5  
Event #81564  
The Queensbury Hotel  
88 Ridge St.

Poughkeepsie – March 3  
Event #81562  
Best Western Inn and  
Conference Center  
2170 South Rd.

Rochester – March 18  
Event #81571  
Rochester Plaza Hotel  
70 State St.

Syracuse – March 24  
Event #81567  
Comfort Inn and Suites  
6701 Buckley Rd.

Utica – March 25  
Event #81568  
Radisson Hotel  
200 Genesee St.

Watertown – March 23  
Event #81566  
Days Inn  
110 Commerce Park Dr.

**PENNSYLVANIA**

Erie – March 16  
Event #81569  
Days Inn  
7415 Schultz Rd.

**VIRGINIA**

Fairfax – March 13  
Event #81704  
Best Western Hotel  
3535 Chain Bridge Rd.

Fredericksburg – March 12  
Event #81703  
Fredericksburg Hospitality  
House  
2801 Plank Rd.

Norfolk – March 11  
Event #81702  
Hilton Hotel Airport  
1500 North Military Hwy.

Richmond – March 10  
Event #81701  
Comfort Inn Conference Center  
3200 West Broad St.

Roanoke – March 9  
Event #81700  
Holiday Inn Tanglewood  
4468 Starkey Rd. SW

Winchester – March 23  
Event #81705  
Country Inn and Suites  
141 Kernstown Commons Blvd.



**YES!** Please register me for the one-day, \$199 *Essential Skills for the First-Time Manager or Supervisor* seminar indicated in Section 5. Group Discounts available; see page 6 for details.



**IMPORTANT!** Please fill in VIP number as it appears on the address label.

ID# 232298

VIP 19 00 01 21 73 51 50 91 711



**ORGANIZATION INFORMATION**

Organization: Warren County Health Services  
Address: 1340 State Rte 9

City: Lake George St: Ny ZIP: 12845  
SIX-TELE: 761-6415 FAX: 518-761-6418

Approving Mgr's Name:  Mr.  Ms. Sharon Schaldone

Job Title: Associate Director Health Services

E-mail Address: Schaldones@co.warren.ny.us  Business  Home



**EXPRESS SEMINAR ENROLLMENT**

Please e-mail or fax my confirmation to me within 48 hours.  
My e-mail address or fax number is: decesared@co.warren.ny.us



**NAMES OF ATTENDEES** (Please list additional names on a separate sheet.)

#1 Attendee's Name  
Mr. Sheryl Havens  
Job Title: Supervising Nurse Event # 181151615  
E-mail Address: havenss@co.warren.ny.us  Business  Home

#2 Attendee's Name  
Mr. \_\_\_\_\_  
Ms. \_\_\_\_\_  
Job Title \_\_\_\_\_ Event # \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  Business  Home



**METHOD OF PAYMENT** (Payment is due before the program.)

Our federal ID# is 43-1830400 (FEIN).  
Please add applicable state and local tax to your payment for programs held in Hawaii (4.16%), South Dakota (5.92%), and West Virginia (6%).

Total amount due: \$ 199.00

Check # \_\_\_\_\_ (payable to CareerTrack) is enclosed.  
 Bill my organization. Attn: Accounts Payable  
 Purchase order # \_\_\_\_\_ is enclosed.  
(Attach purchase order to completed registration form.)  
 Charge to:  AmEx  Discover  MC  Visa

CARD NUMBER \_\_\_\_\_

Card Holder's Name \_\_\_\_\_

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Please attach a copy of your Tax-Exempt Certificate for payment processing.

Note: If you've already registered by phone, by fax, or online, please do not return this form.





# ESSENTIAL SKILLS for the FIRST-TIME MANAGER or SUPERVISOR

A Powerful One-Day Seminar!

Effectively communicate, delegate, and manage priorities to achieve management success.

### You'll discover how to:

- Take charge of your job and earn immediate respect from your employees
- Produce concrete, positive results right away
- Help your team members become top performers and stay motivated
- Build confidence, project authority, and gain cooperation from your staff
- Avoid the problems that sabotage many new supervisors

### 2009 Locations and Dates

#### DISTRICT OF COLUMBIA

Washington – March 25

#### MARYLAND

Annapolis – March 26

Frederick – March 24

Towson – March 27

#### MASSACHUSETTS

Pittsfield – March 4

#### NEW YORK

Albany – March 6

Binghamton – March 20

Buffalo – March 17

Elmira – March 19

Glens Falls – March 5

Poughkeepsie – March 3

Rochester – March 18

Syracuse – March 24

Utica – March 25

Watertown – March 23

#### PENNSYLVANIA

Erie – March 16

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Fairfax – March 13

Fredericksburg – March 12

Norfolk – March 11

Richmond – March 10

Roanoke – March 9

Winchester – March 23

Also valuable for veteran supervisors. Gain the skills you need — but maybe never received.



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LAKE GEORGE NY 12845-3484



SCHEDULE "A"  
**AUTHORIZATION TO ATTEND MEETING OR CONVENTION**

**Check one:**

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

The Health Services Committee (Supervisory Committee) hereby authorizes and Sheryl Havens CSN Marietta Anderson CSN (Employee Name)  
to attend Home Care Association of New York State Program The Starring Role of Clinician Decisions and Documentation on Agency Success (Name of meeting or organization)  
at Hilton Garden Inn Airport 800 Albany Shaker Rd. Albany NY 12211 (Address)

on Feb. 11, 2008 (Dates) Mode of transportation to be used Health Services Fleet Vehicle (County Vehicle or Mass Transportation)

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

**Proper documentation must be attached when submitting for approval.**  
(Please check documents attached)

- Notice of meeting or convention including cost.

**For Overnight Travel**

- Room rate \$ Not applicable GSA\* Rate \$ \_\_\_\_\_
  - Meal costs - GSA\*per diem rate \$ included in conference program fee
- \*www.gsa.gov

Date: 1/23/09 \_\_\_\_\_  
Patricia A. [Signature]  
Department Head Signature

Date: January 23, 2009 \_\_\_\_\_  
[Signature]  
Committee Chairman Signature

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

Please check to request a fleet vehicle.

**REQUEST FOR USE OF FLEET VEHICLE**

**Filing Instructions:**

1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

SCHEDULE "A"  
**AUTHORIZATION TO ATTEND MEETING OR CONVENTION**

**Check one:**

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

The Health Services Committee hereby authorizes and Sheryl Havens CSW  
(Supervisory Committee) (Employee Name) Marietta Anderson CSW  
to attend Home Care Association of New York State Program  
The Starring Role of Clinician Decisions and Documentation on  
(Name of meeting or organization) Agency Success  
at Hilton Garden Inn - Airport 800 Albany Shaker Rd. Albany NY 12211  
(Address)

on Feb. 11, 2008 Mode of transportation to be used Health Services Fleet Vehicle  
(Dates) (County Vehicle or Mass Transportation)

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

\_\_\_\_\_

**Proper documentation must be attached when submitting for approval.**

(Please check documents attached)

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- Room rate \$ Not applicable GSA\* Rate \$ \_\_\_\_\_  
 Meal costs - GSA\*per diem rate \$ included in conference program fee  
\*[www.gsa.gov](http://www.gsa.gov)

Date: 1/23/09

Patricia Allen  
Department Head Signature

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

\_\_\_\_\_  
Committee Chairman Signature

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

\*\*\*\*\*

Please check to request a fleet vehicle.

**REQUEST FOR USE OF FLEET VEHICLE**

\*\*\*\*\*

**Filing Instructions:**

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3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

# PPS 2008

## The Starring Role of Clinician Decisions and Documentation on Agency Success

February 11, 2009  
8:00am to 4:00pm  
Hilton Garden Inn – Airport  
800 Albany Shaker Road  
Albany, NY 12211



This program will support the educational needs of home health clinicians in the areas of coverage, documentation and the impact of the refinement of the reimbursement system

Didn't realize your job as a home health clinician was so glamorous?

You have a **STARRING ROLE** in ensuring your care appropriately results in **BLOCKBUSTER** clinical and financial outcomes! Let the OASIS Answers' experts show you how your patient's condition, your reactions and decisions, and your documentation writes the script by which your agency is evaluated and paid!

PPS 2009 is an innovative, fresh look at the ties between Medicare payment and the clinician. Ask the questions that you've wondered about, and refine your problem solving skills as you are brought up-to-date on features of PPS and the most recent expectations and instructions from CMS and its contractors.

Workshop topics include:

- Overview of the current PPS Model
- New OASIS payment items – rules and strategies
- ICD-9 Coding – new opportunities
- Care Planning – how to decide visit frequencies
- Minimize financial and compliance risks related to therapy services
- Documentation – protect your reimbursement and support; defend your care planning decisions
- Recertifications and Discharges – objective guidelines to reduce risk
- Quality – capturing credit for your care

**Workshop Facilitator:** Annette Lee RN, MS COS-C is an Associate Consultant with OASIS Answers, Inc. She is a registered nurse practicing since 1990. She presents nationally on OASIS, PPS, documentation and coverage. In 2000 she joined the home health intermediary Cahaba GBA providing education to home health providers on Medicare reimbursement issues and effective documentation strategies.

**Two Ways to Register:**

1.) Fax: (518) 426-8788

or

2.) Mail: Home Care Association • 194 Washington Ave., Suite 400 • Albany, NY 12210

Upon receipt of the completed registration form, you will receive a confirmation email with directions to the hotel. You must provide us with an email address in order for you to receive confirmation. A continental breakfast and lunch are included in the fee, as well as Education Materials. One registrant per form.

Please print clearly or type the information below:

Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ You must provide an email address, please print clearly.

In compliance with the Americans with Disabilities Act or dietary needs, please let us know how we may assist you: \_\_\_\_\_

**Registration Fees:** Please complete the information below:

- HCA Member Rate per person @ \$329.00
- Non-member Rate per person @ \$429.00

**Payment Information:**

Total Amount Due: \$ \_\_\_\_\_ . \_\_\_\_\_ Make all checks payable to: Home Care Association of NYS

Please check method of payment:  Check  MasterCard  VISA  AMEX

Card Number: \_\_\_\_\_ Expiration Date: (month/year) \_\_\_\_ / \_\_\_\_

Name on Card: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

**Cancellation Policy:** Refunds will be issued for those that cancel up to three days prior to the program, less a 25% administrative fee. Canceling less than three days or no shows will forfeit the registration fee. Cancellations must be received in writing via email at info@hcany.org. A \$25.00 service charge will be assessed on all returned checks.



## RESOLUTION REQUEST FORM NO. 4

### Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: January 23, 2009

- (a) Purpose of Contract Change: To amend contract with High Peaks Hospice to reflect change in agency name to High Peaks, Palliative Care Inc.  
*Hospice and*
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: on file with county attorney
- (c) Name of Contractor: on file with county attorney
- (d) Address of Contractor: on file with county attorney
- (e) Contractor's Contact Person and Telephone Number: on file with county attorney
- (f) Commencement Date of Amendment: Ongoing unless terminated by either party
- (g) Termination Date of Extension: Automatic annual renewal
- (h) Payment Provisions: n/a
- 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: no funds involved



# HIGH PEAKS HOSPICE & PALLIATIVE CARE, INC.



*Our mission is to provide excellent quality of service and care to patients and their families dealing with a life limiting illness. By emphasizing patient choice and dignity, hospice allows the individual to maintain the highest quality of life and to live each day as fully as possible.*

January 6, 2009

Warren County Board of Supervisors  
1340 State Route 9  
Lake George, NY 12845

Dear Board of Supervisors,

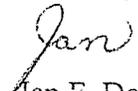
This letter is to notify you of our name change to "High Peaks Hospice and Palliative Care, Inc." Our services have not changed. This is to also confirm the continuation of our Patient Transfer Agreement with you, dated January 1, 2006, to provide services for our hospice patients for the coming year.

Also enclosed, for your files, is a Certificate of Liability Insurance for the period of 11/01/08-11/01/09.

Please sign both copies of this letter and return one to: High Peaks Hospice & Palliative Care, Inc., Attention: Compliance Officer, PO Box 840, Saranac Lake, NY 12983.

Thank you for working with High Peaks Hospice & Palliative Care, Inc. throughout the year. We look forward to another year of serving the needs of our patients and their families with Warren County Public Health Services and Social Services. Please do not hesitate to call me at (518) 891-9631, Ext 115 if you have any questions.

Sincerely,

  
Jan F. Demers  
Executive Director

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To: Jan F. Demers, Executive Director  
High Peaks Hospice & Palliative Care, Inc.

I concur with the above confirmation.

By: \_\_\_\_\_  
Chairman of the Board of Supervisors  
For Warren County Public Health and Social Services  
[www.highpeakshospice.com](http://www.highpeakshospice.com)

\_\_\_\_\_ Date

309 County Route 47  
PO Box 840  
Saranac Lake NY 12983  
877.324.1686

667 Bay Road, Suite 1  
Queensbury NY 12804  
800.730.9477

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