

**Warren County Health Services
Health Services Committee Meeting
March 27, 2009
Information Submitted By: Patricia Auer, DPH/DPS**

Pending Items

Emergency Preparedness Program:

Please see the attached monthly report of program activities.

Update on Emergency Preparedness Grant:

There is movement on this front, and no surprise, not for the positive. There still remain many unknowns. Ginelle Jones, Assistant Director of Public Health, will provide an overview at the meeting of what we have been told and the implications we anticipate for the program.

Point of Care Initiative:

The contractor therapist amendment agreements have been completed, and as soon as they are all returned (by April 17, 2009), the laptops will be assigned and the training will commence. This will complete initial training for all individuals who will be involved in providing care to patients in the Certified Home Health Agency and the Long Term Home Health Care Program. Aside from an extreme amount of time and effort, we are progressing. Tammie DeLorenzo and Sharon Schaldone will comment and answer questions at the meeting.

Life After Point of Care and Telehealth ... We Will Be There Ready, Willing and Able!

As we have discussed in the past, electronic medical records and the processing of health information between care providers for the continuity and betterment of patient care is an exciting and challenging opportunity that Warren County Health Services is ready to be a real player. Collaborative opportunities are starting to take shape, and we will be at the table. Sharon Schaldone, from the clinical side, and Tammie Delorenzo, from the informational technology side will represent us in "Care Transitions" as patients move between health care settings and experience different health care needs.

On Wednesday, March 25, Sharon was asked to present in Albany at an IPRO sponsored "Person-Centered Health Care: Community – Wide Event". Her topic was "How Telehealth Revolutionizes Home Health." We are proud of our agency and services and are always happy when opportunities to showcase our efforts present.

Fluoride Presentation:

Due to time constraints, Mr. Sokol suggested we postpone this presentation to next month, if time allows.

Prospect Child and Family Center

In follow-up to last month's meeting and the discussion on staffing and services at Prospect Child and Family Center, Larrie Gouge, Executive Director, has requested to speak with the committee. If the committee is agreeable, I would recommend, placing this topic at the end of the agenda.

New Business

Request Resolution:

To re-establish a petty cash fund (original Resolution to establish was 637/2001 in the amount of \$100.00) in the amount of \$200.00.

Rationale:

We disbanded this fund a number of years ago, as it wasn't used. Now, with more programs that require small amounts of monies for various activities, it would be more convenient to use cash and keep the required documentation rather than use the county credit card. It is our understanding other departments utilize this plan as well.

Request Resolution:

To renew the Contract with New York State Department of Health Bureau of Immunization to allow receipt of funding in the amount of \$33,111 for the contract year April 1, 2009-March 31, 2010 in a form approved by the County Attorney.

Rationale:

We have only received the letter of intent from NYSDOH to renew the contract. We have yet to receive the work plan. As soon as it is received, it will be completed and returned to the state. As are many grants at the state, including payment processing, things are behind.

Request Resolution:

To renew the Contract with New York State Department of Health to allow receipt of funding for the Childhood Lead Poisoning and Prevention Program for the period April 1, 2009 – March 31, 2010 in the amount of \$23,732.

Rationale:

This is money that is essentially used to offset salaries. We do have a work plan that requires activities to be completed before we can receive the funds. Up until this past year, we have always received \$25,000. Now there has been a reduction in funds for two consecutive years, (this past year we were reduced mid year with other contract reductions to \$24,500) but no reduction in the scope of work. NYSACHO has tried to argue this point, but to date has not been successful. Luckily, lead "poisoning" is not a large issue in Warren County, but there is still a good bit of work to be done on lead "poisoning prevention."

Request Resolution:

To amend the contract with New York State Department of Health Childhood Lead Poisoning and Prevention program to allow receipt of COLA funds in the amount of \$2,005.00 for the contract year, April 1, 2008 – March 31, 2009.

Rationale:

Yes, the dates are correct, and we have been notified of the COLA one week before the grant year ends. This means the COLA funds must be spent by March 31, 2009, and must be used for staff recruitment and retention. Our plan is to look back over the past year and see what activities have occurred that would be eligible to recoup expenses.

Request Resolution:

To ratify the actions of the Chairman of the Board of Supervisors executing the Lifestream Interface Agreement and further to amend Resolution 908/2008 to add authorization for terms of the agreement to include subscription fees in an amount not to exceed \$3.00 per month per monitor.

Rationale:

This is a technical amendment requested by the County Attorney's office. When the resolution was done, although all the approvals were in place and the expenses were not changed, the language in the resolution did not capture all of what was needed in all the correct places. This amendment will correct the problem. In the event you don't recall what the Lifestream Interface Agreement was, it is to connect the Telemonitors to the Point of Care System.

Fee Care Report

Please see the attached information.

Expenditures and Revenues

Please see the attached information.

Transfer of Funds Request

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

Secondhand Smoke Policy

We have been receiving an increasing number of complaints from nurses regarding patients and or their families smoking during home visits. Because it is a known fact that secondhand smoke is a real health issue, we would like to develop a policy for the committee's review and discussion. I would plan to solicit through NYSACHO policies other agencies may have and we will, with the committee's approval bring a suggested policy to next month's meeting.

Informational

As you are aware, we have had 4 Health Services Fleet Vehicles used by nurses parked outside of the Municipal Center, 1 in Hague, 1 in Chestertown, and 2 in North Creek. We now have 2 in Chestertown and 1 in North Creek, and 1 in Hague. One of the nurses who previously worked on the "Up-County Team" and kept the car in North Creek has transferred to the Glens Falls-Queensbury Team and now drives her own vehicle to work. She has been replaced on the "Up County Team" by a nurse who lives in Chestertown so she will start her day from there and the car will be parked at the Chestertown Municipal Center. This has been cleared with the Chester Town Clerk, and Mr. Monroe's Assistant. When I reported this change to Hal Payne, he suggested I apprise the committee.

Attachments:

Emergency Preparedness Activities

Emergency Preparedness Grant Proposed Changes (to be distributed at the meeting)

Report of Free and Reduced Fee Care

Report of Revenues and Expenditures

WARREN COUNTY BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2009 AS OF 3/25/2009 6:21:43 PM

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

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

EXPENSES	2009 BUDGETED	2009 YTD ACTUAL	2008 Prior Year Totals
Salaries - Regular	\$3,177,622.00	\$506,098.53	\$3,019,968.32
Salaries - Overtime	\$172,838.00	\$38,718.50	\$209,579.17
Salaries - Part Time	\$371,256.00	\$42,642.54	\$329,546.87
Salaries - Sick Leave Incentive			\$800.00
100's PERSONAL SERVICES	\$3,721,716.00	\$587,459.57	\$3,559,894.36
200's EQUIPMENT	\$15,000.00	\$498.45	\$69,518.54
400's CONTRACTUAL	\$9,761,157.76	\$1,309,641.02	\$9,708,447.75
800's EMPLOYEE BENEFITS	\$62,422.00	\$58,421.66	\$57,581.33
TOTALS	\$13,560,295.76	\$1,956,020.70	\$13,395,441.98

REVENUES	2009 BUDGETED	2009 YTD ACTUAL	2008 Prior Year Totals
	\$12,274,428.00	\$133,517.69	\$11,994,209.45

Note: 2009 Revenues does not reflect revenue for the CHHA and LTC. We currently are finalizing the January billing and soon to follow will be the February billing.
 For 2008, I have accrued EI Revenue of \$52,701.22 for the State Health Bill and \$101,807.47 for Preschool billing to be billed to the State
 awaiting for STAC approval from school districts.

Auer, Pat

From: Schaldone, Sharon
Sent: Monday, March 23, 2009 3:06 PM
To: Auer, Pat
Cc: Driscoll, Tawn; DeLorenzo, Tammie
Subject: Free Care Report 2008

Free Care report for 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

Nov. - Dec.---\$6950.00

Total-----\$83,277.00 to Date (1/08 - 12/08)

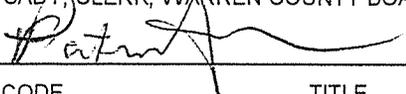
Our operating costs for 2007 were \$4,151,644.00. 3.3% of our operating cost is the required amount of free care that the agency is mandated to provide. 3.3% of 2007 operating cost would be \$137,054.00 the required free care for 2008.

3/23/2009

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

SIGNED: 

DATE: 2/27/09

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.4189.4401	Bioterrorism-Federal Revenue	A.4189.3301	Bioterrorism-State Revenues	\$69,700.00

Total Transfers \$69,700.00

Please state reason for transfers requested:

1. Transfer funds to State funded Revenue account for BT. Covered through the State Funding no longer Federally funded.

CONTINGENT FUND TRANSFER REQUESTS

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

Please state reason for transfer request:

Total

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

Warren County Health Services

1340 State Route 9, Lake George NY 12845

Patricia Auer, Director

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

Email: auerp@co.warren.ny.us

Health Services Committee Meeting

Date: March 27, 2009

Emergency Response and Preparedness Activities

DATE	TYPE	SUBJECT	ATTENDEES
3/3/09	Conference Call	With NYSDOH re: 3 rd quarter performance goals	Barb Orton, Angela Meade, Laura Saffer
3/4/09	Meeting	Monthly BT Team via conference call	Ginelle Jones, Barb Orton, Angela Meade, Laura Saffer
3/10/09	Presentation	To Hague Town Board re: Pan Flu & ERP (apx. 15)	Laura Saffer
3/10/09	Meeting	Monthly BT Coordinators via: Conference Call	Barb Orton
3/18/09	Tabletop	Monthly GFH - Train derailment in Ft. Edward	Barb Orton
3/18/09	Webinar	L-11 re: Ham Radio	Ginelle Jones, Angela Meade
3/18/09	Presentation	To Qby Safety & Health Committee members (4) re: Pan Flu & ERP	Laura Saffer
3/18/09	Tabletop & Meeting	1. Monthly GFH - Chemical Release in the Emergency Care Center (HazMat) event). 2. This tabletop followed by a Chempack Meeting	Barb Orton
3/19/09	Presentation	To Horicon Town Board re: Pan Flu & ERP	Laura Saffer
3/20/09	Presentation	To WC BOS - NYAlert	Laura Saffer
3/24/09	Presentation	To City of GF re: Pan Flu & ERP	Laura Saffer
3/25/09	Conference Call	Clinic Ops	Angela Meade, Laura Saffer
3/26/09	Meeting	Re: Pan Flu - Jail @ Washington County	Laura Saffer
3/26/09	Satellite	Re: Drive-through PODS	Helen Stern, Angela Meade

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

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

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

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: March 27, 2009

- (a) Purpose of Request: To re-establish a petty cash fund for Health Services in the amount of \$200.00
- (b) Details: Previously established fund of \$100.00 was discontinued due to not being used. Now more programs are sometimes in need of small amounts of money and petty cash fund would be more appropriate than having a county credit card for each occurrence
- (c) Previous Resolution Number: 637/2001; Exp A.210.00, Exp. A.200.00

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: March 27, 2009

- (a) Purpose of Contract Change: to renew contract with NYSDOH Bureau of Immunization to continue to allow receipt of funding in the amount of \$33,111.00 for period 4/1/09 to 3/31/10
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 512/2008, see attached
- (c) Name of Contractor: New York State Department of Health
- (d) Address of Contractor: Corning Tower, Empire State Plaza, Albany, NY 12237
- (e) Contractor's Contact Person and Telephone Number: James Antoniak, 473-4437
- (f) Commencement Date of Amendment: 4/1/09
- (g) Termination Date of Extension: 3/31/10
- (h) Payment Provisions: Quarterly voucher submission upon approval of submitted work activity plan
 - 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: A4018.0030.3407 State Revenue Disease, A4018.0030 various expense codes



STATE OF NEW YORK
DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Richard F. Daines, M.D.
Commissioner

Wendy E. Saunders
Executive Deputy Commissioner

March 6, 2009

Patricia Auer
Public Health Director
Warren County Health Services
1340 State Route 9
Lake George, New York 12845

Contract Number: C024186

Dear Director Auer:

The New York State Department of Health Bureau of Immunization is pleased to inform you that support for local immunization activities through our contracts with local health departments will continue. Your county's contract will be funded at the amount of \$33111.00 for the period April 1, 2009 through March 31, 2010. Contract execution is contingent upon final approval by the Office of the State Comptroller. The workplan format, the recommended budget form, and forms for required reports will be provided to your county's Immunization Action Plan coordinator.

We look forward to continuing our work together to reduce vaccine preventable disease among children and adults. If you have any questions regarding this contract or other immunization issues, please contact your Regional Representative, or you may contact James Antoniak at (518) 473-4437.

Sincerely,

David R. Lynch
Assistant Bureau Director
Bureau of Immunization

cc: County IAP Coordinator
County Fiscal Contact
Regional Representative

Warren County Board of Supervisors

RESOLUTION NO. 512 OF 2008

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

AUTHORIZING AGREEMENT WITH NEW YORK STATE DEPARTMENT OF HEALTH FOR IMMUNIZATION PROGRAM - HEALTH SERVICES DEPARTMENT

WHEREAS, the Director of Public Health/Patient Services has requested and the Health Services Committee has recommended the County enter into a multi year Immunization Action Plan agreement with the New York State Department of Health Immunization Program for a term commencing April 1, 2008 and terminating March 31, 2013, (initial term commencing April 1, ~~2008~~²⁰⁰⁷ and terminating March 31, ~~2009~~²⁰¹⁰ in an amount not to exceed Thirty-Three Thousand One Hundred Eleven Dollars (\$33,111), now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an agreement with the New York State Department of Health Immunization Program, Room 649, Corning Tower ESP, Albany, New York 12237-4437, relating to an Immunization Action Plan agreement for a multi year term commencing April 1, 2008 and terminating March 31, 2013, with the initial term commencing April 1, 2008 and terminating March 31, 2009, (in an initial term funding award amount not to exceed Thirty-Three Thousand One Hundred Eleven Dollars (\$33,111)).

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: March 27, 2009

- (a) Purpose of Contract Change: To renew contract with NYSDOH for the Childhood Lead Poisoning and Prevention Program in the amount of \$23,732.00 for period 4/1/09 to 3/31/09
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 272/2008, see attached
- (c) Name of Contractor: New York State Department of Health Division of Family Health
- (d) Address of Contractor: Fiscal Unit, Room 878, Empire State Plaza, Albany, NY 12237
- (e) Contractor's Contact Person and Telephone Number: Donna Hoinski, 474-4569, email: dmh01@health.state.ny.us
- (f) Commencement Date of Amendment: 4/1/09
- (g) Termination Date of Extension: 3/31/09
- (h) Payment Provisions: Quarterly upon approval of completed workplan
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount OR Capital Project OR Capital Reserve Project Number and Title and Amount: A.4018.0020.4457 Family Health Paint Poison Prevention; A.4018.0020 Expenses Family Health

Note: will send contract up for signature as soon as returned from state after approval of workplan



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Richard F. Daines, M.D.
Commissioner

Wendy E. Saunders
Executive Deputy Commissioner

February 27, 2009

Ginelle Jones, Assistant Director of Public Health
Warren County Health Department
1340 State Route 9
Lake George, NY 12845

Re: C-020637
April 1, 2009 – March 31, 2010

Dear Ms. Jones:

This is to inform you of the Department's intention to provide an award of \$23,732.00 for the grant term April 1, 2009 – March 31, 2010 to support the Childhood Lead Poisoning Prevention Program in your county. Funding levels remain contingent upon approval of your work plan and budget. As always, approval of the Office of the State Comptroller is required for contract execution.

All contractors are required to complete the enclosed work plan in its entirety; the format cannot be modified or changed. The work plan has been revised to streamline completion and consolidate related objectives where relevant in our effort to reduce time necessary to complete documents. We will not be able to accept work plan submissions using prior year templates, as all required information will not be included.

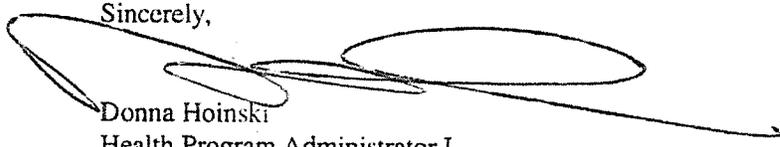
A copy of the budget and work plan attachments has also been forwarded to you via e-mail. We are asking that you complete and return the Operating Budget and Funding Request, budget justification forms and work plan to my attention via e-mail by March 27, 2009 at the following address:

dmh01@health.state.ny.us

When returning via e-mail, please attach budget and work plan pages as WORD or EXCEL documents. Please do not send in PDF format.

I may be reached at (518) 474-4569, please call me if you have any budget related questions, or concerns regarding e-mail submittal of your budget and work plan pages. You may reach Ann Whitfield-Green at (518) 402-5706 with any programmatic questions.

Sincerely,



Donna Hoinski
Health Program Administrator I
Fiscal Unit
Division of Family Health

ESP Room 878

Enclosures

cc: Ann Whitfield-Green
Theresa Baird
Lynn Lauzon-Russom

Warren County Board of Supervisors

RESOLUTION NO. 272 OF 2008

REVISED

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

AUTHORIZING GRANT AGREEMENT RENEWAL WITH NEW YORK STATE DEPARTMENT OF HEALTH FOR CHILDHOOD LEAD POISONING PREVENTION PROGRAM - HEALTH SERVICES DEPARTMENT

RESOLVED, that Warren County enter into a grant agreement renewal (the previous renewal having been authorized by Resolution No. 301 of 2007) with New York State Department of Health, Empire State Plaza, Corning Tower, Room 878, Albany, New York 12237, for the receipt of grant funds for the continuation of a Childhood Lead Poisoning Prevention Program within Warren County, for an amount not to exceed ~~Twenty-Five Thousand Dollars (\$25,000)~~ ^{\$23,732}, for a term commencing April 1, 200~~8~~⁹ and terminating March 31, 200~~9~~¹⁰, and the Chairman of the Board of Supervisors be, and hereby is, authorized to execute the said grant agreement renewal in the form approved by the County Attorney.

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: March 27, 2009

- (a) Purpose of Contract Change: To amend Childhood Lead Poisoning and Prevention Program contract to allow receipt of COLA funds in the amount of \$2005.00
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 301/2007, see attached
- (c) Name of Contractor: New York State Department of Health Division of Family Health
- (d) Address of Contractor: Room 878, Fiscal Unit, Empire State Plaza, Albany, NY 12237
- (e) Contractor's Contact Person and Telephone Number: Donna Hoinski, 474-4569, email: dmh01@health.state.ny.us
- (f) Commencement Date of Amendment: 4/1/08
- (g) Termination Date of Extension: 3/1/09
- (h) Payment Provisions: Not to exceed COLA amount of \$2005.00
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount OR Capital Project OR Capital Reserve Project Number and Title and Amount: A.4018.0020.4457 Family Health Paint Poison Prevention; A.4018.0020 Expenses Family Health



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Richard F. Daines, M.D.
Commissioner

Wendy E. Saunders
Executive Deputy Commissioner

March 24, 2009

Contractor Name: Warren County Health Department
Contract Number: C-020637
COLA Amount: \$2,005.00
Contract Initiative: Childhood Lead Poisoning Prevention Program

Dear Contractor:

Chapter 57, Laws of 2006 provide for the Commissioner of Health to establish an annual cost of living adjustment (COLA) for programs outlined in the statute. This COLA is based on a Congressional Budget Office calculation for state fiscal year 2008-09, and has been established at 8.53% less a reduction of 6% pursuant to Chapter 496 of the Laws of 2008.

The COLA amount for this contract is noted above. You must certify that these funds have been or will be used for expenditures associated with the recruitment and retention of staff or other critical non-personal service costs. All expenditures of the funds must occur between April 1, 2008 and March 31, 2009.

Payment of the COLA amount associated with this contract will be made separately from authorized contract payments. The COLA amount will not be applied toward nor amend amounts payable under Appendix B of your contract.

Please sign the following certification, complete the enclosed standard voucher and return both to the payment office designated in the contract in order for payment of the COLA amount be processed for your organization. The certification and standard voucher should be returned to this office no later than August 1, 2009.

Sincerely,


Donna Hoinski
Health Program Administrator I
Fiscal Unit
Division of Family Health

This is to certify that cost of living funds, as described above and in Part C.1.5 of Chapter 57 of the Laws of 2006, will be used to promote the recruitment and retention of staff or respond to other critical non-personal service costs during the 2008-09 State fiscal year.

Signed: _____

Title: _____

Date: _____

Attachment - Standard Voucher
cc: Ms. Ginelle Jones
Jane Barnard/Lynn Lauzon-Russom

Warren County Board of Supervisors

RESOLUTION NO. 272 OF 2008

REVISED

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

**AUTHORIZING GRANT AGREEMENT RENEWAL WITH NEW YORK
STATE DEPARTMENT OF HEALTH FOR CHILDHOOD LEAD
POISONING PREVENTION PROGRAM - HEALTH SERVICES DEPARTMENT**

RESOLVED, that Warren County enter into a grant agreement renewal (the previous renewal having been authorized by Resolution No. 301 of 2007) with New York State Department of Health, Empire State Plaza, Corning Tower, Room 878, Albany, New York 12237, for the receipt of grant funds for the continuation of a Childhood Lead Poisoning Prevention Program within Warren County, for an amount not to exceed Twenty-Five Thousand Dollars (\$25,000), for a term commencing April 1, 2008 and terminating March 31, 2009, and the Chairman of the Board of Supervisors be, and hereby is, authorized to execute the said grant agreement renewal in the form approved by the County Attorney.

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: March 27, 2009

- (a) Purpose of Contract Change: To ratify the actions of the Chairman of the Board of Supervisors executing the Lifestream Interface Agreement and further to amend Reso 980/2008 to add authorization for terms of agreement to include subscription fees in an amount not to exceed \$3.00 per month
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 980/2008
- (c) Name of Contractor: Honeywell HomMed LLC
- (d) Address of Contractor: 3400 Intertech Drive, Suite 200, Brookfield, WI 53045
- (e) Contractor's Contact Person and Telephone Number: Don Frolo, 412-780-0307, Email: don.frolo@honeywell.com
- (f) Commencement Date of Amendment: 12/5/08
- (g) Termination Date of Extension: 30 days written notice
- (h) Payment Provisions: \$5000.00 initial fee per installation, subscription fee \$3.00/month for less than 50 monitors, \$2.00/month for 51-300 monitors
- i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount OR Capital Project OR Capital Reserve Project Number and Title and Amount: A4010.428 Health Services Data Processing and Internet Fees

Warren County Board of Supervisors

RESOLUTION NO. 908 OF 2008

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

AMENDING RESOLUTION NO. 468 OF 2005 - AUTHORIZING AGREEMENTS WITH HONEYWELL HOMMED FOR THE PROVISION OF LIFESTREAM INTERFACE SOFTWARE - HEALTH SERVICES DEPARTMENT

WHEREAS, Resolution No. 468 of 2005 (which was further amended by Resolution No. 136 of 2008) authorized an agreement with Honeywell HomMed, LLC to provide equipment and monitor communications for the Telemedicine Demonstration Program, and

WHEREAS, the Director of Public Health/Patient Services advises that software upgrades to the Telemedicine Program are necessary for interoperability with Point of Care program software , and

WHEREAS, the Director of Public Health/Patient Services is requesting an agreement with Honeywell HomMed, LLC for the purchase and installation of Lifestream Interface software which will provide for telemonitor connectivity to the Point of Care software, for a term commencing December 5, 2008 and terminating upon thirty (30) days written notice, for an initial installation fee in an amount not to exceed Five Thousand Dollars (\$5,000) , and

WHEREAS, the Director of Public Health/Patient Services is further requesting approval for an Addendum of the existing Honeywell HomMed Agreement, in an amount not to exceed 1) Five Thousand Dollars(\$5,000) for utilization of Lifestream software, and 2) related communications and license fees of Ten Dollars (\$10) per month for each monitor; Three Dollars (\$3) per month for each ID card for use on a

RESOLUTION NO. 908 OF 2008

Page 2, Continued

monitor with a swipe card reader; Fifteen Dollars (\$15) per month for each GPRS module; and Twenty-Five Dollars (\$25) per month for each Health Center for a term commencing December 5, 2008 and terminating upon thirty (30) days written notice, now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an agreement with Honeywell HomMed, LLC, 3400 Intertech Drive, Suite 200, Brookfield, WI 53045 for the services described in the third paragraph of this Resolution in a form approved by the County Attorney, and be it further

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an Addendum to System Supply Agreement with Honeywell HomMed, LLC, 3400 Intertech Drive, Suite 200, Brookfield, WI 53045 for the services described in the fourth paragraph of this Resolution in a form approved by the County Attorney, and be it further

RESOLVED, that other than the amendments described in the preambles of this Resolution, Resolution Nos. 468 of 2005 and 136 of 2008, shall remain in full force and effect, and be it further

RESOLVED, that the funds shall be expended from Code A4010 428 - Health Services - Data Processing & Internet Fees.

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

SIGNED: *Patricia*

DATE: 2/27/09

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.4189.4401	Bioterrorism-Federal Revenue	A.4189.3301	Bioterrorism-State Revenues	\$69,700.00

Total Transfers	<u><u>\$69,700.00</u></u>
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Please state reason for transfers requested:

1. Transfer funds to State funded Revenue account for BT. Covered through the State Funding no longer Federally funded.

CONTINGENT FUND TRANSFER REQUESTS

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

Please state reason for transfer request:

Total

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

Funding Matrix for 4.1.09 - 8.9.09 Close Out Period
 Health Emergency Preparedness Program
 Local Health Department Initiative

Contractor	Original Allocation	FY08 Funding 8/10/08 - 3/31/09	Close Out Funding 4/1/09 - 8/9/09	Total Annual Funding	Close Out Reduction
Albany County	\$294,565	\$188,635	\$61,439	\$250,074	\$44,491
Allegany County	\$75,000	\$48,029	\$15,643	\$63,672	\$11,328
Broome County	\$200,536	\$128,420	\$41,827	\$170,247	\$30,289
Cattaraugus County	\$98,955	\$63,369	\$20,640	\$84,009	\$14,946
Cayuga County	\$96,963	\$62,094	\$20,224	\$82,318	\$14,645
Chautauqua County	\$154,750	\$99,100	\$32,277	\$131,377	\$23,373
Chemung County	\$106,070	\$67,926	\$22,124	\$90,050	\$16,020
Chenango County	\$85,000	\$54,433	\$17,729	\$72,162	\$12,838
Clinton County	\$94,894	\$60,769	\$19,793	\$80,562	\$14,332
Columbia County	\$85,000	\$54,433	\$17,729	\$72,162	\$12,838
Cortland County	\$75,000	\$48,029	\$15,643	\$63,672	\$11,328
Delaware County	\$75,000	\$48,029	\$15,643	\$63,672	\$11,328
Dutchess County	\$280,150	\$179,404	\$58,433	\$237,837	\$42,313
Erie County	\$950,265	\$608,535	\$198,203	\$806,738	\$143,527
Essex County	\$75,000	\$48,029	\$15,643	\$63,672	\$11,328
Franklin County	\$85,000	\$54,433	\$17,729	\$72,162	\$12,838
Fulton County	\$85,000	\$54,433	\$17,729	\$72,162	\$12,838
Genessee County	\$85,000	\$54,433	\$17,729	\$72,162	\$12,838
Greene County	\$75,000	\$48,029	\$15,643	\$63,672	\$11,328
Hamilton County	\$75,000	\$48,029	\$15,643	\$63,672	\$11,328
Herkimer County	\$85,000	\$54,433	\$17,729	\$72,162	\$12,838
Jefferson County	\$126,738	\$81,161	\$26,435	\$107,596	\$19,142
Lewis County	\$75,000	\$48,029	\$15,643	\$63,672	\$11,328
Livingston County	\$85,000	\$54,433	\$17,729	\$72,162	\$12,838
Madison County	\$85,000	\$54,433	\$17,729	\$72,162	\$12,838
Monroe County	\$735,343	\$470,902	\$153,376	\$624,278	\$111,065
Montgomery County	\$75,000	\$48,029	\$15,643	\$63,672	\$11,328
Nassau County	\$1,334,544	\$854,621	\$278,355	\$1,132,976	\$201,568
Niagara County	\$219,846	\$140,786	\$45,855	\$186,641	\$33,205
Oneida County	\$235,469	\$150,791	\$49,113	\$199,904	\$35,565
Onondaga County	\$458,336	\$293,511	\$95,598	\$389,109	\$69,227
Ontario County	\$115,224	\$73,788	\$24,033	\$97,821	\$17,403
Orange County	\$341,367	\$218,606	\$71,201	\$289,807	\$51,560
Orleans County	\$75,000	\$48,029	\$15,643	\$63,672	\$11,328
Oswego County	\$137,377	\$87,974	\$28,654	\$116,628	\$20,749
Otsego County	\$85,000	\$54,433	\$17,729	\$72,162	\$12,838
Putnam County	\$110,745	\$70,919	\$23,099	\$94,018	\$16,727
Rensselaer County	\$167,538	\$107,289	\$34,945	\$142,234	\$25,304
Rockland County	\$286,753	\$183,632	\$59,810	\$243,442	\$43,311
Saratoga County	\$200,635	\$128,484	\$41,848	\$170,332	\$30,303
Schenectady County	\$161,555	\$103,457	\$33,697	\$137,154	\$24,401
Schoharie County	\$75,000	\$48,029	\$15,643	\$63,672	\$11,328
Schuyler County	\$75,000	\$48,029	\$15,643	\$63,672	\$11,328
Seneca County	\$75,000	\$48,029	\$15,643	\$63,672	\$11,328
St. Lawrence County	\$126,931	\$81,285	\$26,475	\$107,760	\$19,171
Steuben County	\$113,726	\$72,828	\$23,721	\$96,549	\$17,177
Suffolk County	\$1,419,369	\$908,942	\$296,048	\$1,204,990	\$214,379
Sullivan County	\$88,966	\$56,972	\$18,556	\$75,528	\$13,438
Tioga County	\$85,000	\$54,433	\$17,729	\$72,162	\$12,838
Tompkins County	\$111,501	\$71,404	\$23,257	\$94,661	\$16,840
Ulster County	\$192,749	\$123,433	\$40,203	\$163,636	\$29,113
Warren County	\$85,000	\$54,433	\$17,729	\$72,162	\$12,838
Washington County	\$85,000	\$54,433	\$17,729	\$72,162	\$12,838
Wayne County	\$108,765	\$69,651	\$22,686	\$92,337	\$16,428
Westchester County	\$923,459	\$591,369	\$192,612	\$783,981	\$139,478
Wyoming County	\$75,000	\$48,029	\$15,643	\$63,672	\$11,328
Yates County	\$75,000	\$48,029	\$15,643	\$63,672	\$11,328
TOTAL	\$12,064,084	\$7,725,654	\$2,516,287	\$10,241,941	\$1,822,143

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: Countryside Adult Home

DATE: 3/27/09

- (a) Purpose of Request: To add to our Admissions to include allowing admissions from other counties up to a census of 55 beds.

- (b) Details: Countryside will allow admissions from outside Warren County provided our census is 55 or less and it does not exclude a resident who is a Warren County Resident from being admitted.

- (c) Previous Resolution Number: