

**Warren County Health Services
Health Services Committee Meeting
August 28, 2009
Information Submitted By: Patricia Auer, DPH/DPS**

Pending Items

Emergency Preparedness Program

We have been informed that we will receive a base grant for the coming year of \$75,328 for Emergency Preparedness activities, plus an additional grants of \$27,778 for H1N1, Phase 1, and Phase 2. The grants will be in the form of 2 different contracts. The \$75,328 will be a continuation of the grant with the New York State Department of Health and will be administered through the Health Research Institute (HRI). The grants for the 2 phases of H1N1 will be through the Office of Homeland Security. You will note that this is more funding than we originally anticipated and the increase is due to the anticipated activities that will be associated with the H1N1 virus.

Request Resolution:

To renew the Emergency Response and Preparedness Contract with New York State Department of Health to authorize receipt of funding in the total amount of \$75,328. for the funding year August 10 2009- August 9, 2010 and to amend the county budget accordingly.

Request Resolution:

To authorize a contract agreement with the Office of Homeland Security to allow the acceptance of grant funding for H1N1 virus control activities in the amount of \$27,778 for the grant year August 10, 2009 through August 9, 2010 and to amend the county budget accordingly.

Rationale:

This will allow us to cover the expenses for our staff involved in the Emergency Preparedness Program and the associated costs for the program.

Plans for the administration and target groups of people for receiving the H1N1 vaccine are still unfolding. Ginelle Jones and I attended a Health Commissioner's Call (Mandatory Meeting) on August 7th, where many issues were discussed. The bottom line is there remain many unknown/unresolved issues. We have been told that the state will provide the vaccine, but there are still unknowns there also. We will keep you updated, as we know more information.

We are preparing to begin our "regular flu clinics" earlier this year as has been recommended by the Centers for Disease Control and New York State Department of Health. We are in the process of finalizing the schedule, and have been informed by the supplier, vaccine will be in our possession within the next several weeks. Stay tuned for what appears to be shaping up to be an unusual and unknown season. This topic should be left as a pending agenda at this time.

Request Resolution:

To authorize contract amendments to more specifically delineate payment processes for the following contract agencies that provide services for children in the Early Intervention and/or Preschool Programs in a form approved by the County Attorney.

- WSWHEBOCES
- Prospect Child and Family Center
- New Meadow Preschool
- Glens Falls Hospital Rehabilitation Center
- Aspire
- Adirondack Enrichment
- Achievements
- Capital District Beginnings

Rationale:

In follow-up to the concerns we experienced earlier this year with Prospect School, Trish Nenninger, Second Assistant County Attorney, has been in conversations with the New York State Education Department, but has not received any specific information except to tighten county contracts with providers of services.

Trish and I have been working on trying to find contract models in other counties that have "tighter payment policies" for these services. We have found several that she will incorporate into a contract amendment. With the start of a new school year, this is a good time to make changes. Providers could elect not to sign the amendment, but if they did, they would no longer be able to contract with Warren County, so this is very unlikely to happen.

As you are aware, payments for these mandated services remain a large financial burden for counties. Does the committee wish to refer this matter to the Legislative Committee for discussion and plan to formally communicate with our state legislators, Senator Little, and Assemblywoman Sayward?

New Business**Request Committee Approval:**

To authorize WIC staff to attend the Annual WIC Convention in Albany on October 25-28, 2009 at a cost of \$310.00 per person for 5 staff. Meals are included in the conference fee, and the expense is covered by the WIC Program grant. This is mandatory training that occurs annually. We are lucky the conference is in Albany as it saves overnight and additional meal costs.

Request Committee Approval:

To authorize Stella Racicot, CHN, and Dorothy Muessig, CHN to attend the IPRO sponsored training for PRI and Screen in Albany on November 4, 2009 for a fee of \$228.00 per person. Lunch is included in the fee.

Rationale:

Funding is available in the education/conference line of our budget. These visits are billable services, and we must have staff trained.

Request Committee Approval:

To authorize Sharon Schaldone, Assistant Director of Patient Services, to attend the OASIS B to OASIS C workshop in Latham on September 28 and 29, 2009 at a cost of \$499.00.

Rationale:

This is a critical training, and Sharon needs to attend in order that she may gain the information needed to train our staff. This education provides the rules for clinical data collection as the transition occurs to the Prospective Payment System (our reimbursement). Sharon will be present at the meeting to answer any questions the committee members may have. Funds are available in our budget to cover the expense.

Request Committee Approval:

To continue to allow payment for breakfast meetings (7:30 am) for the following meetings:

- Professional Advisory Committee – meets quarterly
- Utilization Review Committees for the Division of Home Care and the Division of Public Health – each committee meets quarterly

Rationale:

These committees are mandated by NYSDOH and meeting minutes are reviewed as part of the survey process. Since we need members that are not from our staff, the breakfast meetings work well. The total cost for all meetings for the year (12) is approximately, on the high side, \$1,000. In light of fiscal constraints, although this is a working system, we are planning to look at different scheduling that will not involve breakfast meetings for the Utilization Review Committees (8 meetings), but the breakfast time needs to continue for Professional Advisory Committee because we need to have medical directors able to attend. We are looking for the approval to continue only until we can make the transition accommodations.

Request Resolution:

To authorize a contract agreement with Kathleen Salgado Wyka to provide Respiratory Therapy Services.

Rationale:

This service is on our operating certificate for the Long Term Home Health Care Program, and must be available for patients if needed. The services are billable. Currently, we have only one individual contracted with us to provide this service, and his availability is limited. We do not have large numbers of patients where this service is needed.

Request Resolution:

To authorize a contract agreement with Jill Hodgson to provide Occupational Therapy services.

Rationale:

These are billable services and this individual will provide visits for both adults and children.

Request Referral to Personnel Committee:

For consideration and approval to abolish an Office Specialist Position and amend the Department Table of Organization accordingly.

Grade 7 Base Salary: \$27,559. Effective October 1, 2009.

Rationale:

The position is no longer needed, as we are now able to absorb the job duties with other support staff.

Request Referral to Personnel Committee:

For authorization to reclassify a Senior Typist Position to a Senior Clerk Position effective October 1, 2009, and amend the Department's Table of Organization to reflect the change.

Both positions are Grade 4 Base Salary: \$24,480

Rationale:

We have recently had a resignation of a Senior Typist. With the abolishment of the Office Specialist position, the Senior Clerk position, although a lower grade and a demotion for the affected employee, it would allow for her to keep her job in the county. Upon research with the Civil Service Department and the Personnel Officer, because the Office Specialist position is in the "clerical series," and the employee has passed the test, it is not necessary for her to take another test for a clerical position of a lower grade.

With longevity salary payments for both the employee who has resigned, and the employee being reclassified from the abolished position considered, there is a total savings for the county in the amount of \$38,171 (\$27,559 in salary and \$10,612 in fringe benefits).

Request Referral to Personnel Committee:

For approval to backfill a 30 hour per week Senior Clerk position. Grade 4: Base Salary \$24,480. Salary and benefits are prorated to 30 hours per week making the actual salary, \$18,361. No health insurance is involved since the position is part time. It is 34% reimbursed by state aid. Total cost to the county is \$12,119.

Rationale:

This vacancy is the result of the resignation of an employee who is returning to school. The position duties include among other supportive clerical services, assuring that insurance prior approvals are secured and maximized for Maternal Child Related Home Visits and compiling needed documentation to receive Medicaid reimbursement for Early Intervention and Preschool Services. These reimbursement opportunities are time sensitive, so we must keep up to date.

Request Referral to Personnel Committee or Back to Full Board of Supervisors:

For consideration of "untabling" the Resolution from the August 21, 2009 Board of Supervisors Meeting to backfill a Community Health Nurse vacancy created by a resignation.

Rationale:

The justification for the position has been discussed at length at all involved committee meetings and most recently at our Budget Meeting August 25, 2009. All necessary paperwork is on file. In answer to the question asked by Mr. Pitkin at the Budget Meeting as to what the revenue expectation of the Community Health Nurse position is for the county, Tammie DeLorenzo has developed the attached Nursing Cost Benefit Analysis.

Discussion Item:

Earlier this year when we approved the charges for the vaccines we administer, the price for Influenza (Flu shots) was approved at \$25.00.

For the past few years, we have charged county employees \$20.00 and our Resolution authorizes us to continue to do this annually unless it is changed by the Board. It is up to the Committee whether you wish to recommend raising the price for employees. We are still able to meet costs with the \$20.00, but revenues for the Flu Clinic Initiative will not be as high.

Transfer of Funds Request

Report of Free Care

Report of Expenditures and Revenues

Report of Overtime Expenses and Salaries (to be distributed at the meeting)

Please see the attached sheets for details.

Attachments:

Report of Emergency Response and Preparedness Monthly Activities

Nursing Cost Benefit Analysis

Report of Free and Reduced Fee Care

Report of Expenditures and Revenues

Report of Overtime Expenses

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS
 REVENUE AND EXPENDITURES FOR 2009 AS OF 8/25/2009 1:47:06 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	
	Budget	Actual	Budget	Actual	Budget	Actual
Salaries - Regular	\$3,150,622.00	\$1,895,414.71	\$1,895,414.71	\$1,895,414.71	\$3,019,322.32	\$3,019,322.00
Salaries - Overtime	\$172,838.00	\$115,981.85	\$115,981.85	\$115,981.85	\$209,579.17	\$209,579.00
Salaries - Part Time	\$371,256.00	\$169,130.69	\$169,130.69	\$169,130.69	\$327,600.22	\$327,600.00
Salaries - Sick Leave Incentive					\$800.00	\$800.00
100's PERSONAL SERVICES	\$3,694,716.00	\$2,180,527.25	\$2,180,527.25	\$2,180,527.25	\$3,557,301.71	\$3,557,301.71
200's EQUIPMENT	\$15,000.00	\$1,644.97	\$1,644.97	\$1,644.97	\$69,518.54	\$69,518.54
400's CONTRACTUAL	\$9,792,157.76	\$5,185,494.56	\$5,185,494.56	\$5,185,494.56	\$9,708,382.75	\$9,708,382.75
800's EMPLOYEE BENEFITS	\$62,422.00	\$59,874.93	\$59,874.93	\$59,874.93	\$57,581.33	\$57,581.33
TOTALS	\$13,564,295.76	\$7,427,541.71	\$7,427,541.71	\$7,427,541.71	\$13,392,784.33	\$13,392,784.33

REVENUES	2009 BUDGETED	2009 YTD ACTUAL	2008 Prior Year Totals
	\$12,278,428.00	\$5,068,019.01	\$11,961,592.19

Note: 2009 Revenues reflect a total accrual for May and June of \$789,587 for the CHHA, LTC and MCH programs. We are currently working on finalizing July.

Warren County Health Services
Salaries Comparison
 2008 vs 2009
 as of 8/16/09 for 17 payrolls

	2009	2008	YTD 09V08	Percentage Change	Estimated	Budget	Actual
Total of All Depts	\$1,895,414.71	\$1,867,823.97	\$27,590.74	1.48%	\$2,898,869.56	\$3,177,622.00	\$3,019,322.00
Regular Salaries	\$115,981.85	\$137,644.25	-\$21,662.40	-15.74%	\$177,384.01	\$172,838.00	\$209,579.00
Overtime Salaries	\$169,130.69	\$201,163.04	-\$32,032.35	-15.92%	\$258,670.47	\$371,256.00	\$327,600.00
Part Time Salaries	\$2,180,527.25	\$2,206,631.26	-\$26,104.01		\$3,334,924.03	\$3,721,716.00	\$3,556,501.00
TOTALS for 13 Pay periods							

Estimated Savings -\$386,791.97 -\$221,576.97

*Source: Detail G/L report for all Salary Category from 1/1/XX-8/16/XX
 Note: Payroll reflects the annual 3% increase in salaries for 2009.

Nursing Position Cost Benefit Analysis:

Anticipated Revenue

15 Average Nursing case load

\$ 2,500 Average Reimbursement per 60 day episode

6 Number of 60 day episodes per year

\$ 225,000 Total Anticipated Revenue

\$ 65,166 Expense (average sal & benefits @ 40%):

\$ 159,834 Net Revenue

Assumptions:

Revenue is conservative as Average Length of Stay 36 days allowing for more than 6 Episode cycles per year

An SN is required as Case Manager for each case with the exception of PT only cases

Free Care Report 2009

1/01/ 2009 – 7/31/2009

\$ 32,250.00

This total includes the free care for CHHA services only. This total does not include reduced care.

Sharon Schaldone ADPS/ Homecare Division

WARREN COUNTY HEALTH SERVICES

BT ACTIVITY SHEET

GY 10 - 8/10/2009 - 8/9/2010

Page 1

Topic Color Codes

Red/Chempack; Green/SNS; Blue/Mass Fatality; Black/Training; Orange/Drill; Purple/Pan Flu

Date	Type	Subject/Comments	Attendees	Topic (i.e. Chempack, Mass Fatality, Training, Pan Flu)	(i.e. Drill, SNS, Training, Pan Flu)
8/5/09	Training	SNS- with local staging site personnel	Barb Orton, Laura Saffer, Angela Meade, et.al	SNS/Training	
8/7/09	Meeting	Commissioner's Call re: H1N1	Pat Auer, Ginelle Jones	Pan Flu	
8/7/09	Drill	NYSDOH testing Health Alert Network System	Ginelle Jones, Barb Orton	Drill	
8/11/09	Training	Volunteer nurses for GFH ACS drill in Fall 2009	Barb Orton, et. al	Training	
8/11/09	Meeting	Monthly BT Coordinators	Laura Saffer		
8/11/09	Meeting	BT Team - re: BT Updates	Ginelle Jones, Barb Orton, Laura Saffer, Angela Meade		
8/12/09	Meeting	Mass Fatality Committee	Barb Orton, et.al	Mass Fatality	
8/13/09	Meeting	Re: SNS Plan	Barb Orton, Amy Manney	SNS	
8/19/09	Tabletop	Monthly GFH re: East coast communication blackout	Barb Orton		
8/26/09	Meeting	Annual Nurses Meeting	Barb Orton, et.al	Pan Flu	
8/28/09	Conference Call	Re: H1N1 vaccination for health care workers	Helen Stern	Pan Flu	
8/31/09	Meeting	Re: Planning for GFH ACS Drill on 10/3/09	Barb Orton	Pan Flu	

RESOLUTION REQUEST FORM NO. 19

Application for Approval to Enroll in Job-Related Courses by Employee

1. Employee's Name: ROBERT GREEN

2. Position: MAINTENANCE ENGINEER 3. Department: COUNTRYSIDE ADULT HOME

4. Course Title: SERVICE TECHNICIAN TRAINING FOR HVAC

5. Institution or School: WARREN/WASHINGTON/ESSEX COUNTIES BOCES

6. How Course Relates to Current Position: IT WILL TRAIN ROB TO BETTER UNDERSTAND AND SERVICE HEATING/AIR CONDITIONING IN OUR BUILDING, AS WELL AS BE A RESOURCE THROUGHOUT THE COUNTY FACILITIES.

7. Starting Date: SEPT. 29, 2009 8. Completion Date: 5 MODULES
COMPLETING 1/28/10

9. Cost: THE FIRST FOUR SESSIONS ARE \$375.00 PER SESSION AND THE LAST ONE IS \$575.00. WE WOULD PAY 50% AFTER EACH SESSION. WE HAVE ENOUGH IN THE BUDGET THIS YEAR TO COVER THE 50% FOR THE FIRST THREE AND I HAVE INCLUDED FUNDS IN THE 2010 BUDGET FOR THE 50% COST OF THE LAST TWO.

10. Employee's Signature: _____ Date: _____

11. Supervisor's Comments (Approval/Denial)

Supervisor's Signature: _____ Date: _____

12. Department Head's Comments (Approval/Denial)

Department Head's Signature: _____ Date: _____

13. Committee's Recommendation:


Committee Chairman's Signature: _____ Date: 8/28/09

- Signature: _____ Date: _____
Chairman of the Board of Supervisors

If approved by Committee, and resolution approving the course is adopted by the Board of Supervisors, candidate may enroll and be eligible for 50% reimbursement for costs as itemized in Item #9. Employee must complete the course with at least a "C", its equivalent, or better. Employee then submits a voucher with receipts verifying costs as listed and a copy of their final grade.

PRE/POST-COMMITTEE MEETING
RESOLUTION REQUEST FORM

Department Name:

Date:

COUNTRYSIDE ADULT HOME

8/20/09

Purpose of Resolution Request (*Attach Backup, including Standard Resolution Request Form*):

Consent for Rob Green to attend job related courses at BOCES

Details of Resolution Request (*Add Past Resolution Number, if applicable*):

Courses - Service Technician Training for HVAC Industries- 5 Modules / 4 session each. Modules 1-4 \$375. each, Module 5 \$575. The first 3 modules to be paid from the 2009 budget, module 4 and 5 to be paid from the 2010 budget. These are pass / fail courses and Rob understands he must pass each module prior to being reimbursed 50% for that module, He will be reimbursed after completion and passing each module. At the completion of the entire training and taking the exam he will receive certification.

Reason(s) Why This Request was not Addressed at the Scheduled Committee Meeting:

No meeting scheduled before classes to start

Approved (Initials) - *All Must Initial Before Request can be Processed:*

Chairman of the Board

JM

Committee Chairman

Verbal consent given by Matt Sokol on 8/18/09

Administrator

JP

Clerk of the Board

JA

Department Head

Clenda Hayes

County Attorney

ALB

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: August 28, 2009

- (a) Purpose of Contract Change: To renew contract with NYSDOH to authorize continued receipt of funds for Emergency Response and Preparedness in the amount not to exceed \$75,328 for contract year
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 570/2008
- (c) Name of Contractor: NYSDOH Office of Science Health Research Institute
- (d) Address of Contractor: DA1 120 New Scotland Avenue, Albany, NY 12208
- (e) Contractor's Contact Person and Telephone Number: Marie Desrosiers, 408-2063, email: mif12@health.state.ny.us
- (f) Commencement Date of Amendment: 8/10/09
- (g) Termination Date of Extension: 8/9/10
- (h) Payment Provisions: Monthly voucher submission upon approval of completed deliveries
 - 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: Rev. A4189.3301 Bioterrorism; Exp. A4189.2s Equipment, A4189.4s Contracted Expenses, A4189.130s Salary Expenses

Warren County Board of Supervisors

RESOLUTION NO. 570 OF 2008

REVISED

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

and Health Research Inc

**AUTHORIZING AGREEMENT WITH NEW YORK STATE DEPARTMENT
OF HEALTH TO DEVELOP A "PUBLIC HEALTH PREPAREDNESS
AND RESPONSE TO BIOTERRORISM PLAN"
- HEALTH SERVICES DEPARTMENT**

RESOLVED, that Warren County enter into an agreement with New York State Department of Health, Office of Science, DAI 120 New Scotland Avenue, Albany, New York 12208, for funding to develop a "Public Health Preparedness and Response to Bioterrorism Plan", in an amount not to exceed ^{\$ 75,328} ~~Eighty-one thousand three thousand one hundred sixty dollars (\$103,100)~~ Five Thousand Dollars (\$85,000), and the Chairman of the Board of Supervisors be, *Seventy five thousand three hundred twenty eight dollars* and hereby is, authorized to execute an agreement in the form approved by the County Attorney, and be it further

RESOLVED, that if any further federal or state funding becomes available during the term of this contract, no further resolution to accept said monies is necessary and the Chairman of the Board of Supervisors is authorized to execute any documents necessary to receive the additional funds in a form approved by the County Attorney.

Jones, Ginelle

From: Deborah A. Kennedy [dak04@health.state.ny.us] on behalf of Bioterrorism Local Health Dept Co Contracts BML [btlhd@health.state.ny.us]

Sent: Monday, August 24, 2009 4:33 PM

To: hullte@alleganyco.com; BKrakauer@co.broome.ny.us; kmellis@cattco.org; dlfrank@cattco.org; Kathleen.Cuddy@dfa.state.ny.us; lyonm@co.chautauqua.ny.us; HShepard@co.chemung.ny.us; ericd@co.chenango.ny.us; nicholse@co.clinton.ny.us; nbaker@govt.co.columbia.ny.us; jgailor@cortland-co.org; liz.bowie@co.delaware.ny.us; smarzouka@co.dutchess.ny.us; Plight@co.essex.ny.us; rmartin@co.franklin.ny.us; d.woods@co.fulton.ny.us; dvanslyke@co.genesee.ny.us; kmiller@discovergreene.com; Karen.levison.hcphns@frontiernet.net; gokeefe@herkimercounty.org; jeffreyl@co.jefferson.ny.us; randy@health.co.lewis.ny.us; jperaino@co.livingston.ny.us; Shawn.Prievio@co.madison.ny.us; msayers@monroecounty.gov; KConboy@co.montgomery.ny.us; lworden@ocgov.net; hlscibu@ongov.net; shelly.youngs@co.ontario.ny.us; AVradenburgh@co.orange.ny.us; ppettit@orleansny.com; estonge@oswegocounty.com; dOldenburg@oswegocounty.com; bondh@otsegocounty.com; DThomaris@co.schuyler.ny.us; kvanauken@co.seneca.ny.us; vswinehart@co.seneca.ny.us; Bwells@co.st-lawrence.ny.us; ChrisC@co.steuben.ny.us; Marilyn.Bonfiglio@co.sullivan.ny.us; mccannnd@co.tioga.ny.us; Bcrosby@tompkins-co.org; etro@co.ulster.ny.us; Jones, Ginelle; tmcDougall@co.washington.ny.us; ssmith@co.wayne.ny.us; smatthews@wyomingco.net; dminor@yatescounty.org

Cc: Audrey C. Bell; Elizabeth A. Tremblay; cacklepl@alleganyco.com; TGeorge@co.broome.ny.us; lmholmes@cattco.org; alex.holak@dfa.state.ny.us; ProbstL@co.chautauqua.ny.us; kdhpuguntla@co.dutchess.ny.us; dabrahamsen@co.essex.ny.us; jknox@co.essex.ny.us; j.Little@co.fulton.ny.us; tferringer@co.genesee.ny.us; tskinner@discovergreene.com; Kristen.King.hcphns@frontiernet.net; crhymestine@herkimercounty.org; DorenaK@co.jefferson.ny.us; ehenderson@co.livingston.ny.us; Spersell@monroecounty.gov; kristi.lynych@dfa.state.ny.us; dauriemma@co.montgomery.ny.us; Tenge@co.oneida.ny.us; ssmorol@ongov.net; kcastricone@orleansny.com; mkelly@co.schuyler.ny.us; ttracy@co.st-lawrence.ny.us; mccormickb@co.tioga.ny.us; kjohnson@tompkins-co.org; emor@co.ulster.ny.us; Driscoll, Tawn; ccomfort@co.wayne.ny.us; mdlcour@yatescounty.org

Subject: 2009-2010 Public Health Emergency Preparedness Contracts

Attachments: Budget RequestTemplate LHD 2009-2010.doc; Budget Request Guidelines 2009-2010.pdf; Attachment B Special Clauses 2009-2010.pdf; LHD Allocations 2009-2010 HRI Contract.pdf; GY 10 LHDs Maintenance Deliverables.pdf; GY 10 LHDs Deliverables.pdf

Attached is a document containing the Local Health Department (LHD) allocations which the New York State Department of Health / Health Research, Inc. intends to award for the Public Health Emergency Preparedness Cooperative Agreement activities.

The awards for 2009-2010 are comprised of Base and H1N1 funds. Select LHDs will also receive Cities Readiness Initiative (CRI) funds. The funds will be awarded through a contractual agreement for the time period of August 10, 2009 through August 9, 2010. In an effort to make this process as easy as possible, the documents listed below are also attached to assist you in preparing your budget:

- Budget Template for 2009-2010
- Budget Request Guidelines for 2009-2010
- Program Specific Clauses with Confidentiality Language
- Contract Deliverables for 2009-2010

(See attached file: Budget RequestTemplate LHD 2009-2010.doc)(See attached file: Budget Request Guidelines 2009-2010.pdf)(See attached file: Attachment B Special Clauses 2009-2010.pdf)
(See attached file: LHD Allocations 2009-2010 HRI Contract.pdf)(See attached file: GY 10 LHDs Maintenance Deliverables.pdf)(See attached file: GY 10 LHDs Deliverables.pdf)

BUDGET REQUEST 2009 - 2010

8/21/09

County: [Insert Name]

Contract #: _____

Contract Dates: 8/10/09-8/9/10

HRI Account #'s: 15-0073-10/ 15-0444-01

The use of these funds must adhere to the approved activities as specified in the CDC Cooperative Agreement Guidance documents and must support your deliverables.

Table 1

Budget Categories	Original Budget
Salary	\$0
Benefits	\$0
Supplies	\$0
Travel	\$0
Equipment	\$0
Miscellaneous	\$0
Contractual	\$0
Admin/Indirect	\$0
Deliverable/Restricted	\$0
Total	\$0

Please record the planned allocation for Base and H1N1 expenditures based on the project needs to satisfy the required activities.

Table 2

Budget Categories	Base	H1N1	TOTAL
Salary			
Fringe Benefits			
Supplies			
Travel			
Equipment			
Miscellaneous			
Contractual			
Admin/Indirect			
Restricted (NYSDOH)			
Total	\$0	\$0	\$0

BUDGET ELABORATION

Special Requirements: (For additional requirements see Attachment B: Program Specific Clauses)

Budget increases or changes to contract personnel, new equipment and new or increased costs of contractual/consultant agreements require prior approval.

Salaries/Personnel

\$ _____

NOTE: Prohibition on Supplanting of Funds – Per Centers for Disease Control and Prevention (CDC) guidance “Cooperative agreement funds under this program may not be used to replace or supplant any current state or local expenditures of the Public Health Service Act.”

Position Title/Incumbent Name(s)	Annual Salary	# of months or pay periods funded on this contract	% of effort funded by this contract	Amount Requested	
				BASE	H1N1
List only those positions funded on this contract. If salary for position will change during the contract period, use additional lines to show salary levels for each period of time.	Salary for 12 months, regardless of funding source				

Position Descriptions:

For each position listed above, provide a brief description of the duties supported by this contract.

Name, Title:

Contract Duties:

Name, Title:

Contract Duties:

Fringe Benefits

\$ _____

Counties with federally approved fringe benefit rate:

Contractor must attach a copy of federally approved rate agreement

Approved Rate: _____%

Amount Requested: \$ _____

Counties without a federally approved fringe benefit rate:

Total salary expense based on most recent audited financial statements:

\$ _____

Total fringe benefits expense based on most recent audited financial statements:

\$ _____

Agency Fringe Benefit Rate: (amount total fringe divided by amount total salary)

_____ %

Date of most recently audited financial statements

Attach a copy of financial pages supporting amounts listed in above.

Requested rate and amount for fringe benefits:

Rate Requested: _____ %

Amount Requested: (Record Base and H1N1 allocations below)

Base: \$ _____ H1N1: \$ _____

Supplies

\$ _____

Include items with an individual unit cost under \$1,000. (Items that cost \$1,000 or more are considered equipment.)
 Provide a justification for all supplies, including a description of how it relates to specific program objectives.

<u>Base</u>	<u>H1N1</u>
\$ _____	\$ _____
\$ _____	\$ _____

Office Supplies (paper, pens, toner, etc.)
 Program Supplies (personal protective equipment, books, etc.)

Justification:

Travel

\$ _____

Include staff and conference travel, as well as travel to regional meetings and training sessions. Contractors without reimbursement policies should use New York State travel reimbursement policy.

Is mileage requested? (personal auto or agency auto) ___ Yes ___ No

<u>Base</u>	<u>H1N1</u>
\$ _____	\$ _____

Justification:

Equipment

\$ _____

Funds may be used to purchase program-related equipment priced at less than \$25,000 for any one item. Items costing \$1,000 or more are considered equipment. Each item will require a copy of the invoice, proof of payment and equipment serial numbers when submitting vouchers for reimbursement. NOTE: Any single item priced at \$25,000 or more will require three quotes and prior approval. All furniture and equipment purchased must be inventoried on the attached form

<u>Base</u>	<u>H1N1</u>	<u>Item</u>
\$ _____	\$ _____	
\$ _____	\$ _____	

Justification:

Miscellaneous

\$ _____

Funds may be used to support program-related miscellaneous costs. These costs can include services such as; mailing costs for educational materials, software, recruitment advertising, meeting room rental for training sessions, meeting registration, cell phone/pager services, video conferencing usage, and maintenance agreements for equipment and software. All services must be provided within the contract period, i.e. services provided after the end date of the contract are not an allowable cost for reimbursement. (Base %, H1N1 %, CRI %)

<u>Base</u>	<u>H1N1</u>	<u>Item</u>
\$ _____	\$ _____	
\$ _____	\$ _____	

Justification:

Contractual/Consultant

\$ _____

Provide a listing of all subcontracts, including consultant contracts. Funds for regional consortia with another county should be included as contractual. If the subcontractor/consultant has not been selected, please indicate "TBA" in Name. Contractors are required to use a structured selection process consistent with agency policy and maintain copies of all subcontracts and documentation of the selection process. Administrative/Indirect costs for all contractual/consultant agreements must be limited to a maximum of 10% as described in the Administrative Costs section of this document.

Name of Contractor:

Method of Selection:

Period of Performance:

Scope of Work:

Method of Accountability:

Itemized Budget and Justification: (Detail items and costs)

Amount Requested: (Record Base and H1N1 allocations below)

Base: \$ _____ H1N1: \$ _____

Name of Consultant:

Organizational Affiliation:

Period of Performance:

Nature of Services to be Rendered:

Relevance of Service to the Project:

Number of Days of Consultation:

Expected Rate of Compensation:

Amount Requested: (Record Base and H1N1 allocations below)

Base: \$ _____ H1N1: \$ _____

Method of Accountability:

**Public Health Emergency Preparedness
Budget Guidelines 2009-2010**

The use of these funds must adhere to the approved activities as specified in the CDC Cooperative Agreement guidance documents and must support the contract deliverables. Per Centers for Disease Control and Prevention (CDC) guidance "Cooperative agreement funds under this program may not be used to replace or supplant any current state or local expenditures of the Public Health Service Act."

Each Local Health Department (LHD) will receive an allocation for Base and H1N1 funding and 12 counties will also receive Cities Readiness Initiative (CRI) funding (Albany, Erie, Nassau, Niagara, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Suffolk, and Westchester). Each LHD will be awarded one contract encompassing all of the allocations. This should simplify the process and reduce the amount of paperwork. However, Base, H1N1, and CRI funds must be tracked separately and this is reflected in revisions made to the budget template. Below are general guidelines, which have been distributed in the past, as well as additional guidelines for the 2009-2010 budget year.

Budget Coversheet with Summary Tables

- Table 1 – This summary table should contain the total budget by category regardless of funding stream (i.e. Base, H1N1, or CRI)
- Table 2 – This summary table should include the amount budgeted for each category by individual funding stream. The final "Total" column should match the total budget as indicated in Table 1.

Salaries/Personnel

- Funds may be used to support positions approved in the previous year whose responsibilities directly relate to the accomplishment of program deliverables.
- For each employee, indicate a funding designation of Base, H1N1, or CRI in the staffing table. In the case where individual staff are split-funded across these initiatives, please include the total amount to be spent on each. For example:

Position Title/Incumbent Name(\$)	Annual Salary	# of Months	% effort	Amount Requested		
				BASE	H1N1	CRI
List only those positions funded on this contract.	Salary for 12 months, regardless of funding source.	# of months or pay periods funded on this contract	% of effort funded by this contract			
Jane Smith, BT Coordinator	\$45,000	12	100%	\$22,500	\$22,500	
Joe Brown, PH Educator	\$35,000	12	50%	\$5,000	\$25,000	\$5,000

Position Descriptions:

For each position listed above, provide a brief description of the duties supported by this contract.

Name, Title: Jane Smith, BT Coordinator

Contract Duties: Ms. Smith is responsible for overall coordination of this program. She will

Name, Title: Joe Brown, PH Educator

Contract Duties: Mr. Brown is responsible for Public Health education for both general issues related to Bioterrorism Preparedness as well as efforts to educate the public regarding.....

- Overtime pay for existing county employees to participate in after-hours/weekend drills, training, or education activities is an allowable cost if it is justified and approved in the contract budget. Overtime pay for existing county employees must be on a reasonable per-hour pay rate, not a flat rate.

- The costs must be broken down by funding stream (Base, H1N1, or CRI) and must be indicated in Summary Table 2 of the Budget Request Template.

Fringe Benefits

- Funds may be used to support fringe benefits for approved staff.
- The costs must be broken down by funding stream (Base, H1N1, or CRI) and must be indicated in Summary Table 2 of the Budget Request Template.

Supplies

- Funds may be used to purchase program related supplies. Provide a justification for all supplies, including a description of how it relates to specific program objectives.
- Each item or group of items must have a funding designation (Base, H1N1, or CRI). In the case where funding for an item(s) is to be split across these initiatives, please include the amounts to be spent on each funding stream.
- The cost of supplies must be broken down by funding stream (Base, H1N1, or CRI) and must be indicated in Summary Table 2 of the Budget Request Template.

Travel

- Funds may be used to support program related travel costs. This includes funds needed to travel to regional meetings and training sessions. LHDs without reimbursement policies should use HRI travel reimbursement policy. This can be provided if needed.
- Each request must have a funding designation (Base, H1N1, or CRI). In the case where funding is to be split across these initiatives, please include the amounts to be spent on each funding stream.
- The cost of travel must be broken down by funding stream (Base, H1N1, or CRI) and must be indicated in Summary Table 2 of the Budget Request Template.

Equipment

- Funds may be used to purchase program related equipment priced at less than \$25,000 for any one item. Generally, items costing \$1,000 or more and computers/electronics costing \$500 or more are considered equipment. Items listed in the Equipment category should follow your institution's threshold for equipment. For example, if your institution's threshold for equipment is \$1,000, it is recommended that items with a unit cost under \$1,000 be moved to the Supplies category. If your institution's threshold for equipment is \$500, all items with a unit cost under \$500 can be moved to the Supplies category. Each item will require a copy of the invoice, proof of payment (check number and check date) and equipment serial numbers when submitting vouchers for reimbursement.
- Each item or group of items must have a funding designation of (Base, H1N1, or CRI). In the case where funding for an item(s) is to be split across these initiatives, please include the amount to be spent on each funding stream.
- NOTE: Any single item priced at \$25,000 or more will require three quotes and prior approval. Please contact btlhd@health.state.ny.us to coordinate.
- The costs of equipment must be broken down by funding stream (Base, H1N1, or CRI) and must be indicated in Summary Table 2 of the Budget Request Template.

Miscellaneous

- Funds may be used to support program related miscellaneous costs. These costs can include services such as: mailing costs for educational materials, software, meeting room rental for training sessions, meeting registration, cell phone/pager services, video conferencing usage, and maintenance agreements for equipment and software.
- All services must be provided within the contract period, i.e. services provided before the start date and after the end date of the contract are not an allowable cost for reimbursement.
- Each request must have a funding designation of (Base, H1N1, or CRI). In the case where funding is to be split across these initiatives, please include the amount to be spent on each funding stream.
- These costs must be broken down by funding stream (Base, H1N1, or CRI) and must be indicated in Summary Table 2 of the Budget Request Template.

Contractual/Consultant

- Funds may be used to support contractual and/or consultant agreements.
- All contract/consultant agreements must fall within LHD's contract period and must be cost reimbursable.
- The following information must be provided for approval prior to entering into agreements: name, method of selection, period of performance, scope of work, method of accountability, and detailed budget. Funds for regional consortia with another county should be included as contractual. If the subcontractor/consultant has not been selected, please indicate "TBA" in name.
- Contractors are required to use a structured selection process consistent with your individual LHD policy and maintain copies of all subcontracts and documentation of the selection process.
- Administrative/Indirect costs for all contractual/consultant agreements must be limited to a maximum of 10% of total direct costs as described in the Administrative Costs section of this document.
- Each contract or consultant agreement item must have a funding designation of (Base, H1N1, or CRI). In the case where funding for an agreement is to be split across these initiatives, please include the amount to be spent on each funding stream.
- These costs must be broken down by funding stream (Base, H1N1, or CRI) and must be indicated in Summary Table 2 of the Budget Request Template.

Administrative/Indirect Costs

- Funds may be used to support administrative/indirect costs up to 10% of the total direct costs.
- Organizations that have a federally approved indirect cost rate must attach a copy of the agreement (all pages). These organizations should calculate their costs based on their approved rate and methodology up to a maximum of 10% of total direct costs. The federally approved rates must be calculated using the same base (i.e. total direct costs, modified direct costs . . .) as that used in the federally approved agreement.
- For those agencies that do not have a federally approved indirect cost rate, administrative costs will be allowed up to a maximum of 10% of total direct costs. Attach a copy of the financial page(s) from the most recent audited financial statements, which supports the amount requested.
- These costs must be broken down by funding stream (Base, H1N1, or CRI) and must be indicated in Table 2 of the Budget Coversheet.

Attachment "B" Program Specific Clauses

1. Progress report template and instructions will be provided under separate cover.
2. Budget Flexibility Percentage – Re-budgets/transfers among total cost categories are allowed up to 25% of the total contract budget, or \$250,000 whichever is less, without prior approval. Budget increases or changes to contract personnel, new equipment and new or increased costs of contractual/consultant agreements require prior approval.
3. All subcontracts entered into must be executed as line item cost reimbursable. All of the requirements listed in Attachment A "General Terms and Conditions" and Attachment B "Program Specific Clauses" must be flowed down to all subcontractors as defined in the contract executed between Health Research, Incorporated and the County.
4. The following replaces the last sentence in Attachment A, Paragraph 4 b). Payments. "Contractor shall submit a final voucher designated by the Contractor as the "Completion Voucher" no later than Thirty (30) days from termination of the Agreement."
5. Prohibition on Supplanting of Funds – Per Centers for Disease Control and Prevention (CDC) guidance "Cooperative agreement funds under this program may not be used to replace or supplant any current state or local expenditures of the Public Health Service Act."
6. Laboratory capacity building costs are limited to designated Regional Level B Laboratories.
7. Construction, vehicles, rent/leases, pharmaceuticals, incentive items, and laboratory testing are not allowable direct costs on this contract.
8. The New York State Department of Health (NYSDOH) Communications Directory and Health Alert Network (HAN) are the official directory and alerting system for emergencies for healthcare organizations and local health departments. Hospital Emergency Reporting Data System (HERDS) is the official response system.
 - The NYSDOH will not support systems that alter the established reporting procedures/privileges for public health and health systems management.
 - Local (hospital/Regional Resource Centers/Consortium) systems developed with any HRI funding are not proprietary to the jurisdiction. Systems developed with HRI grant funds are the property of HRI.
 - NYSDOH will not support the development of local stand-alone systems that compete with NYSDOH systems on the HIN/HPN.
 - The contract will not support locally developed electronic systems to be used instead of reporting through the Health Information Network and Health Provider Network (HIN/HPN) web systems, including Electronic Clinical Laboratory Reporting System (ECLRS), HERDS, Emergency Department Surveillance and disease reporting.
9. All systems development will follow Public Health Information Network (PHIN) and National Health Information Infrastructure (NHII) standards as implemented on NYSDOH HIN/HPN. In line with this there are three methods of PHIN compliant data exchange with NYSDOH HIN/HPN:
 - Secure Web based manual data entry on the HIN/HPN
 - Secure file upload (manual uploading of data in standardized formats in batch/bulk)
 - Automated file submission using PHIN messaging system.

This system is the national standard and required of HRI funded projects. The PHIN is free of charge and easy to install. It provides multiple layers of strong encryption and protection of information in transport. Technical support is provided by Regional HAN Information Technology staff. The system is used by multiple New York City hospitals and large commercial clinical laboratories. PHIN is the NYSDOH strategic architecture being positioned for all large scale batch data submission activities to NYSDOH on the HPN by health care facilities. Other methodologies are not within the required standards and are not supported by these contract funds.
10. The use of these funds must adhere to the approved activities as specified in the CDC Cooperative Agreement Guidance documents and must support your contract deliverables.
11. All subcontracts that involve confidential information and data require inclusion of the attached confidentiality language.

**Attachment "B" Program Specific Clauses
Subcontract Confidentiality Language**

Dear Commissioner/Public Health Director:

The following language was developed to help ensure the confidentiality of patient data accessed by sub-contractors to local health departments. The language was developed by a workgroup consisting of representatives from the New York State Department of Health and the New York State Association of County Health Officials. The confidentiality language must be included as part of any subcontract, involving confidential patient data, between a local health department and an outside entity (University of Rochester, Tobin Associates, etc.). In addition, this language must be a part of any further assignment or subcontract between the subcontractor (e.g. University of Rochester) and another entity (e.g. Tobin Associates) when confidential patient data is involved. The name of the County for which services are ultimately being performed must be specified in such subcontracts and assignments whenever the term "County" is used in this language. These confidentiality provisions must flow to all subcontractors.

If you have questions about this matter, please contact one of the individuals listed below. Thank you.

Legal Issues:

Barbara Asheld
518-473-3233
bx01@health.state.ny.us

Contract Issues:

Deborah Kennedy
518-408-2063
dak04@health.state.ny.us

- or -

Marie Desrosiers
518-408-2063
mjf12@health.state.ny.us

Local Health Department HRI-PHEP Funding Allocations for 2009-2010

County	Total Population	PHP HRI	CRI	H1N1	Total HRI Award
Albany	294,565	\$74,770	\$166,250	\$240,070	\$481,090
Allegany	49,927	\$22,222		\$48,223	\$70,445
Broome	200,536	\$57,996		\$163,437	\$221,433
Cattaraugus	83,955	\$37,199		\$68,424	\$105,623
Cayuga	81,963	\$36,844		\$66,799	\$103,643
Chautauqua	139,750	\$47,152		\$113,897	\$161,049
Chemung	91,070	\$38,468		\$74,223	\$112,691
Chenango	51,401	\$22,222		\$48,761	\$70,983
Clinton	79,894	\$36,474		\$65,113	\$101,587
Columbia	63,094	\$22,222		\$53,029	\$75,251
Cortland	48,599	\$22,222		\$47,739	\$69,961
Delaware	48,055	\$22,222		\$47,540	\$69,762
Dutchess	280,150	\$72,198		\$228,323	\$300,521
Erie	950,265	\$191,742	\$237,500	\$774,466	\$1,203,708
Essex	38,851	\$22,222		\$34,181	\$56,403
Franklin	51,134	\$22,222		\$48,664	\$70,886
Fulton	55,073	\$22,222		\$50,102	\$72,324
Genessee	60,370	\$22,222		\$52,035	\$74,257
Greene	48,195	\$22,222		\$47,591	\$69,813
Hamilton	5,379	\$22,222		\$21,963	\$44,185
Herkimer	64,427	\$22,222		\$53,516	\$75,738
Jefferson	111,738	\$42,155		\$91,066	\$133,221
Lewis	26,944	\$22,222		\$29,835	\$52,057
Livingston	64,328	\$22,222		\$53,480	\$75,702
Madison	69,441	\$22,222		\$56,594	\$78,816
Monroe	735,343	\$153,401		\$599,304	\$752,705
Montgomery	49,708	\$22,222		\$48,143	\$70,365
Nassau	1,334,544	\$260,293	\$156,275	\$1,087,654	\$1,504,222
Niagara	219,846	\$61,441	\$95,000	\$179,175	\$335,616
Oneida	235,469	\$64,228		\$191,907	\$256,135
Onondaga	458,336	\$103,985		\$373,544	\$477,529
Ontario	100,224	\$40,101		\$81,683	\$121,784
Orange	341,367	\$83,119		\$278,214	\$361,333
Orleans	44,171	\$22,222		\$36,122	\$58,344
Oswego	122,377	\$44,053		\$99,738	\$143,791
Otsego	61,676	\$22,222		\$52,512	\$74,734
Putnam	95,745	\$39,302	\$71,250	\$78,032	\$188,584
Rensselaer	152,538	\$49,434	\$71,250	\$124,318	\$245,002
Rockland	286,753	\$73,377	\$71,250	\$233,704	\$378,331
Saratoga	200,635	\$58,014	\$71,250	\$163,518	\$292,782
Schenectady	146,555	\$48,366	\$71,250	\$119,443	\$239,059
Schoharie	31,582	\$22,222	\$71,250	\$31,527	\$124,999
Schuyler	19,224	\$22,222		\$27,017	\$49,239
Seneca	33,342	\$22,222		\$32,170	\$54,392
St. Lawrence	111,931	\$42,190		\$91,224	\$133,414
Steuben	98,726	\$39,834		\$80,462	\$120,296
Suffolk	1,419,369	\$275,425	\$97,375	\$1,156,786	\$1,529,586
Sullivan	73,966	\$22,222		\$60,283	\$82,505
Tioga	51,784	\$22,222		\$48,901	\$71,123
Tompkins	96,501	\$39,437		\$78,648	\$118,085
Ulster	177,749	\$53,931		\$144,865	\$198,796
Warren	63,303	\$22,222		\$53,106	\$75,328
Washington	61,042	\$22,222		\$52,280	\$74,502
Wayne	93,765	\$38,949		\$76,418	\$115,367
Westchester	923,459	\$186,958	\$114,475	\$752,620	\$1,054,053

Wyoming	43,424	\$22,222		\$35,850	\$58,072
Yates	24,621	\$22,222		\$28,987	\$51,209

Total	10,968,179	\$2,990,830	\$1,294,375	\$9,077,226	\$13,362,431
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Contract Confidentiality Language

For county subcontracts agreements:

Section 1. Assignment or Subcontracting

Contractor may assign or transfer this Agreement or any interest arising herein, and may enter into any subcontract for the performance of the services provided for herein only with the prior written consent of the County. Prior to the performance of any Services in connection with this Agreement, Contractor shall obtain from each assignee of this Agreement and /or each subcontractor under this Agreement, and deliver to County, a written confidentiality agreement running to the benefit of the County and substantively the same as Section 2 of this Agreement, and an agreement regarding ownership of Confidential Information substantively the same as Section 3 of this Agreement. Contractor shall train its subcontractors and assignees and their employees in the proper handling of Confidential Information as defined by County and shall produce evidence of such training upon County request. Contractor shall require all subcontractors and assignees to provide written notice of any violation of the provisions of Section 2 of this Agreement within 24 hours of such violation, and shall address such violations as required by County. The obligations of this Section 1 shall survive and continue for six (6) years after the termination or expiration of this agreement.

Section 2. Confidentiality

A. The term "Confidential Information" as used in this Agreement shall mean all material and information, whether written, electronic, or oral, received by Contractor from, through or on behalf of the County or any other person connected with the County, or developed, produced, or obtained by Contractor in connection with the performance of services under this agreement. Confidential Information shall include, but not be limited to medical records and medical information, samples, substances and other materials, conversations, correspondence, records, notes, reports, plans, drawings, specifications and other documents in draft or final form, including any documentation or data relating to the results of any investigation, testing, sampling in laboratory or other analysis, and all conclusions, interpretations, recommendations and/or comments relating thereto.

The term "Contractor" as used in this Section 2 shall include all officers, directors, employees, agents, and representatives of Contractor.

B. Contractor shall keep all Confidential Information in a secure location and manner. The County shall have the right, but not the obligation, to enter Contractor's offices in order to inspect Contractor's arrangement for keeping Confidential Information secure. No inspection or failure to inspect by the County shall relieve Contractor of the responsibility for the performance of its obligations under this Section 2.

Contractor shall hold Confidential Information in trust and confidence, shall not disclose Confidential Information, or any portion thereof, to anyone other than the County without the prior written consent of the County, and shall not use Confidential Information, or any portions thereof, for any purpose whatsoever except in connection with the performance of Services under this Agreement.

Contractor shall notify the County immediately upon its receipt of a request by anyone other than the County for, or any inquiry related to, Confidential Information. Contractor may disclose portions of Confidential Information if, and to the extent that (i) such disclosure is authorized by the County, or (ii) disclosure of such portions is required by subpoena, warrant or court order; provided, however, that in the event anyone other than the County requests all or a portion of Confidential Information, Contractor shall oppose such request and cooperate with the County in obtaining a protective order or other appropriate remedy unless and until the County in writing waives compliance with the provisions of this Article or determines that disclosure is legally required or permissible. In the event that such protective order or other remedy is not obtained, or the County waives compliance with this Article or determines disclosure is legally required or permitted, Contractor shall disclose only such portions of Confidential Information that, in the opinion of the County, contractor is legally required or permitted to disclose, and Contractor shall use its best efforts as to obtain from the party to whom Confidential Information is disclosed written assurance that confidential treatment will be given to such portions of Confidential Information as are disclosed, to the extent permitted by law.

County shall train Contractor's officers, directors, agents and employees in the proper handling of Confidential Information. Contractor shall permit only those who have completed such training to handle such Confidential Information and shall obtain and deliver to County a written agreement from its officers, directors, agents or employees who handle Confidential Information to handle it as required by the County and in accordance with this Section 2.

C. The obligations of this Section 2 shall survive and continue for six (6) years after the termination or expiration of this agreement.

Section 3. Ownership of Confidential Information

Notwithstanding any other provision herein to the contrary:

A. All Confidential Information as defined in Section 2, including hard and electronic copies thereof, shall be the exclusive property of the County regardless of whether it is delivered to the County. Contractor and its subcontractors and assignees shall deliver Confidential Information and all copies thereof to the County upon County's request.

7/16/09

**Local Health Department
Maintenance Deliverables GY 10 (2009-2010)**

Planning	
M - 1.	Complete Local Health Department Critical Asset Survey, and update semi-annually.
M - 2.	Consistent with the roles and responsibilities designated in the county's Comprehensive Emergency Management Plan (CEMP), or as requested by local Emergency Management, participate in the development and/or implementation of special needs sheltering plans.
M - 3.	Respond to emergency operations in an efficient and timely manner to provide the public health support required to mitigate the threat.
M - 4.	Counties with international and/or Tribal Nation borders are to continue to participate in cross -border public health preparedness planning.
M - 5.	Continue on-going recruitment of volunteers to enhance public health workforce during emergencies.
M - 6.	Participate in the coordination of CHEMPACK planning activities with local response partners.
Training	
M - 7.	Staff involved in preparedness activities: including epidemiology staff, local Public Health Response Team (PHRT) members, and/or or those that have emergency response roles will attend/participate in state-wide, regional and local scheduled training activities, small pox training, clinical operations/POD trainings, workshops, and conference calls as part of the State-wide plan for preparedness.
M - 8.	Ensure that key staff and/or public health employees with emergency response roles are appropriately trained (ICS 100, ICS 200, IS 700 and IS 800.b*) and compliant with NIMS through participation in regional, jurisdictional and/or State ICS/NIMS training(s) and other NIMS -related activities.
M - 9.	Ensure that at least one* staff is trained in the Homeland Security Exercise and Evaluation Program (HSEEP). <i>* It is recommended that multiple LHD staff be HSEEP trained.</i>
M - 10.	Participate in State's electronic learning management system to categorize training activities, and track by individual learner.
Exercises/Drills	
M - 11.	Participate in the coordination of CHEMPACK exercises and drills activities with local response partners.
M - 12.	Submit Homeland Security Exercise and Evaluation Program (HSEEP) compliant After Action Reports (AAR) and Improvement Plans electronically to NYSDOH Regional Office within 60 days after an exercise or the deactivation of the local EOC after a real event. If the AAR is written after a real event, it should address the local public health response. Re-test (and submit AAR) at least one area identified for improvement in a previous submitted AAR (GY 7, GY 8, or GY 9) by the end of the grant year (8/2009). <i>Note: the improvement area can also be re-tested as a result of a LHD response to an actual event.</i>

The GY 10 LHD Deliverables may be subject to change based on the possibility of Novel H1N1 Influenza activities

7/16/09

**Local Health Department
Maintenance Deliverables GY 10 (2009-2010)**

Risk Communications	
M - 13.	Ensure that key public health spokesperson(s) and PIO(s) have received Risk Communications Training.
M - 14.	Identify programs/providers within the jurisdiction that serve special needs populations and maintain the ability to provide emergency information through these channels, as appropriate.
Epidemiology	
M - 15.	When appropriate, participate in Biohazard Detection System (BDS) planning, response, and notification drills and exercises with neighboring counties, the NYSDOH Regional Office, and the United States Postal Service/United States Postal Inspection Service.
M - 16.	LHD communicable disease staff will ensure availability 24-hour basis, and maintain close communications with key reporting partners in the county, including infection control practitioners, emergency rooms, physicians, laboratories and veterinarians. During the periods of heightened concern this may include daily communications with hospitals, as required by the NYSDOH.
M - 17.	Ensure at least two local health department users maintain access to the Electronic Syndromic Surveillance System.
M - 18.	<p>Routinely investigate and report communicable disease in a timely manner, including but not limited to the following activities:</p> <ul style="list-style-type: none"> • Monitor, on at least a weekly basis, output from the Electronic Syndromic Surveillance System • During urgent outbreaks, monitor at least daily, emails, faxes, and Commerce system web pages, resources and applications, such as the Executive Dashboard and all public health preparedness applications (HERDS for hospitals, nursing homes* Local health departments**) • Use of case investigation forms and appropriate supplemental; contact tracing forms, case definitions and other surveillance tools such as CDESS, ECLRS and the Electronic Syndromic Surveillance System provided by the NYSDOH to ensure statewide consistency. • Respond to reports of unusual illnesses in animals or illnesses in animals associated with concurrent human illness. <p>* <i>Previously known as "NuSuR" or the Nursing Home Surveillance and Response System</i> ** <i>Previously known as "CoSuR" or the County Surveillance and Reporting System</i></p>
M - 19.	Maintain capacity to conduct POD operations.

The GY 10 LHD Deliverables may be subject to change based on the possibility of Novel H1N1 Influenza activities

7/16/09

**Local Health Department
Maintenance Deliverables GY 10 (2009-2010)**

Informatics	
M - 20.	When required, complete surveys (using the LHD HERDS*, or other templates and tools located on the HIN) that support CDC PHP progress reports, performance measures, and other public health preparedness activities within deadlines set by NYSDOH. <i>* Previously known as "CoSuR" or the County Surveillance and Reporting System</i>
M - 21.	Use and maintain the Commerce communications directory for source role and contact information for Public Health Emergency Preparedness.
M - 22.	Maintain a cadre of staff certified in the use of the NYSDOH Notification System.
M - 23.	Ensure that the Local Health Department maintains primary, secondary, and wireless modes of communications to ensure connectivity to Commerce and communication both during emergencies. Services may include, but are not limited to: internet and non-internet connectivity to Commerce, WPS, TSP and GETS services, wireless portable and emergency communications devices and services for key response LHD roles (to include: Commissioner/ Public Health Director; BT Coordinator, Communicable Disease Director, Environmental Health Director, and Laboratory Director where these roles exist).
Hospital and Health Care Facility Collaboration	
M - 24.	Continue to collaborate with state, local, and healthcare/hospital partners in the development of plans and drills/exercises that address public health and hospital surge capacity. Participate in Regional Resource Center's (RRC) meetings and activities.
Laboratory	
M - 25.	Continue to update county plans with the names, contact information, and testing capability / capacity of clinical laboratories that can rule out biological select agents in your county, regional, and state. List can be generated from the searchable tool found in the electronic real-time "LRN Laboratory Profile" database (on the HPN).
M - 26.	Review guidance documents located on the HPN regularly (monthly) and retain revised back-up hardcopies of LRN reference laboratory guidance documents regarding contact information, collection, packaging, and submission/pre-notification requirements, and chain of custody/law enforcement issues associated with clinical specimens and environmental samples to be submitted for biological and/or chemical analysis. Ensure compliance with DOT and IATA certification requirements for packaging and shipping.
M - 27.	Retain updated variola /vaccinia collection kits (i.e., include new components when required) and guidance documents regarding their use, including case assessment criteria and specimen collection, packaging, shipping and notification requirements.

The GY 10 LHD Deliverables may be subject to change based on the possibility of Novel H1N1 Influenza activities

7/17/09

NOTE: CRI counties will have additional deliverables

**Local Health Department
Deliverables GY 10 (2009-2010)**

Planning

- L - 1. Submit an updated LHD Public Health Emergency Preparedness and Response Plan with the cross walked Standard Table of Contents consistent with State Planning guidance tools. (TC 1A, CT 3) 4th Qtr
- L - 2. Update and submit the County Strategic National Stockpile Plan. The base plan must be submitted along with a self review using the Local Technical Assistance Review Tool (LTAR Version April 2009 or latest version as posted on the HIN). All sections receiving a LTAR of less than 79 must be updated and submitted. All attachments or reference documents that have been updated or changed must be submitted. (TC 6E, CT 1, 2) 3rd Qtr
- L - 3. Using local experience and information provided in radio net training during 2008-2009 grant year, LHDs who have or are planning on establishing a local radio net in their Emergency Operations Center (EOC) will develop a plan for establishing a local radio net with their EOCs, and at least one other partner in emergency response, e.g., NYSDOH regional or central office, hospitals, local law enforcement, fire. (TC 6A, CT 1-3). 3rd Qtr

Risk Communications

- L - 4. Conduct a community engagement activity to solicit public input on planned health emergency preparedness strategies. (TC 6B, CT 1-7) 4th Qtr

Training

- L - 5. Attend one (1) Regional training on Medical Counter Measure Distribution and Dispensing focusing on H1N1. (TC 6E, TC 1-3) 1st Qtr
- L - 6. Attend one (1) regional training on School based Points of Distribution (POD) vaccination strategies focusing on the possibility of a Fall 2009 Novel H1N1 Influenza School Vaccination Campaign. (TC 6E, CT 1, TC 8A, CT 1-3) 1st Qtr
- L - 7. Ensure that appropriate staff completes ICS 400. (TC 1A, CT 3b) 3rd Qtr

Exercises

- L - 8. Attend one (1) regional tabletop exercise on Recovery and Administration/ Mass Fatalities, as related to Raising the Bar 3 exercise. (TC 8A, CT 1-3) 3rd Qtr
- L - 9. Participate in a series notification system drills designed to demonstrate complete contact information is available in the Commerce communications directory for a set of key roles in the Communications Directory. (TC 6A, CT 1-3) 2nd Qtr
- L - 10. Conduct an Influenza Point of Dispensing (POD) exercise that includes mass distribution of vaccine, alerting of volunteers and use of Clinic Data Management System (CDMS). **IF** a Mass Vaccination Campaign is conducted in response to Novel H1N1 Influenza, LHDs will submit required doses administered data for all H1N1 vaccinations as required through systems designated by NYSDOH (weekly). Data points and submission requirements will be available prior to vaccination campaigns. (TC 6E, CT 1, TC 8A, CT 1-3) 1st or 2nd Qtr

The GY 10 LHD Deliverables may be subject to change based on the possibility of Novel H1N1 Influenza activities

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: August 28, 2009

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To authorize contract agreement with Office of Homeland Security to allow receipt of funding for the Emergency Preparedness Program in an amount not to exceed \$27,778
- (c) Name of Contractor: Office of Homeland Security
- (d) Address of Contractor: New York State Harriman State Office Campus 1220 Washington Avenue, Bld. 7A, 6th Floor, Albany, NY 12242
- (e) Contractor's Contact Person and Telephone Number: Shelly Wahrlich, 866-837-9133
- (f) Has or will the Contract be provided, if so, please attach: no, will be sent and filed electronically, will send completed application to Joan Sady for Chairman Monroe's electronic signature
- (g) Commencement Date of Contract: 8/10/09
- (h) Termination Date of Contract: 8/9/10
- (i) Payment Provisions: Quarterly electronic voucher submission with report of deliverables activities
- i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (j) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: Rev. A4189.3301 Bioterrorism, Exp. A4189.2s Equipment, A4189.4s Contractual Expenses, A4189.130s Salary Expenses

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: August 28, 2009

- (a) Purpose of Request: To authorize contract amendments to more specifically delineate payment processes for the below contract agencies that provide services for children in the Early Intervention and/or Preschool Programs in a form approved by the County Attorney
- (b) Details: (see above)
- (c) Previous Resolution Number: n/a
- WSWHE BOCES
 - Prospect Child and Family Center
 - New Meadow Preschool
 - Glens Falls Hospital Rehabilitation Center
 - Aspire
 - Adirondack Enrichment
 - Achievements
 - Capital District Beginnings

SCHEDULE "A"

AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

In-State (needs Supervisory Committee authorization)

Out-Of State (needs Board resolution)

The Health Services hereby authorizes
(Supervisory Committee)

Raphy Harris, Sandy Watson,
Nancy Pieper, Jamie Clark,
Beth Parquette
(Employee Name)

to attend Annual WIC Association Conference
(Name of meeting or organization)

at Desmond Americans Albany, New York 12211
(Address)

on Oct 25-28 2009
(Dates)

Mode of transportation to be used Health Services WIC 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.

310.00 per person
\$1550.00 x 5 staff

For Overnight Travel

Room rate \$

GSA* Rate \$

Meal costs - GSA*per diem rate \$ included in conference fee
*www.gsa.gov

Date: 8/28/09

Patricia [Signature]
Department Head Signature

Date: 8/28/09

[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.



33rd ANNUAL WIC CONFERENCE

OCTOBER 25-28, 2009

Conference Goals and Objectives

This year's conference, our 33rd, will offer attendees an exciting opportunity to catch up on the latest research on nutrient needs, the effect of parental behavior on children's obesity, breastfeeding initiation and duration, and the effect of the media on food choices and behavior. In addition, the conference will offer some much needed information and advice on customer relations, ethics on the job and in the home, time management techniques, and insight into the dynamics of multi-cultural and multi-generational workforces. Attendees will also get a chance to laugh as they learn how to use humor to diffuse difficult situations and lessen stress.

At this year's conference, attendees will:

- Hear from experts in the field of nutrition, breastfeeding, management and public health;
- Learn about the latest research findings and how to apply them in their practice
- Develop new skills and improve existing competencies;
- Earn Continuing Education credits and fulfill NYS WIC mandatory training requirements;
- Learn best practices that can be implemented in their agency;
- Share their own public health experiences with peers and leaders; and,
- Discover the latest public health products and services.

Who Should Attend

Nutritionists, Dietitians, WIC Program staff, Health Educators, Social Workers, Nurses, Health Care Providers, Lactation Counselors, Breastfeeding Coordinators, Breastfeeding Peer Counselors, Vendor Management Agency staff, WIC Advocates, and WIC Consumers.

Registration Information

This packet contains the following forms:

- General Conference Registration Form
- Hotel Registration Form
- Consumer Conference Registration Form

All conference forms can be downloaded from The WIC Association of NYS, Inc. website at

www.nyswica.org.

WIC Program Pays Healthy Dividends

Program Agenda

SUNDAY, OCTOBER 25, 2009

EVENT	SPEAKER	TIME
Registration		2:00 – 8:30 PM
<i>Pre-Conference Workshops</i>		
1. The Branding of WIC: How and Why We Need to be Known	Timothy Mooney	4:00– 5:30 PM
2. Say It With Feeling! New Mom-Tested Nutrition Messages	Patricia Jordan, RD Patricia Race, RD	4:00– 5:30 PM
3. The Key to Good Customer Service	NYS WIC Staff Cicatelli Associates,Inc	4:00 – 5:30 PM
Workshop and Event Managers Meeting	Lisa Cogswell Sue Kowaleski	5:30 – 6:00 PM
Breastfeeding Peer Counselor and Breastfeeding Coordinators Meeting	Kathleen Carpenter Lisa Cogswell Pattie Garrett	7:30 – 8:30 PM
Coordinators “Meet & Greet”	Alma Lou Brandiss Cathryn Mizbani	7:30 – 8:30 PM
Exhibits		8:30 – 10:00 PM
Opening Night Reception		8:30 – 10:00 PM

Please note that this is a preliminary agenda; times and speakers are subject to change.

MONDAY, OCTOBER 26, 2009

EVENT	SPEAKER	TIME
Morning Exercise		6:30 – 7:00 AM
Breakfast		7:00 – 8:30 AM
Registration		8:00 – 3:00 PM
Exhibits		8:00 – 6:00 PM
<i>Welcome and Opening Remarks</i>	Alma Lou Brandiss Timothy Mooney	8:30 – 9:00 AM
<i>Keynote Address</i>	TBA	9:00 – 10:00 AM
Break		10:00 – 10:30 AM
<i>Concurrent Workshops</i>		
1. What's Hot/What's Not in Nutrition Right Now	Lorena Drago, MS, RD, CDE	10:30 – 12:00 PM
2. Training: It is for Everyone!	Timothy Mooney Barbara Cicatelli	10:30 – 12:00 PM
3. Adult Immunizations: Are You Up to Date?	Judith Coates, RN	10:30 – 12:00 PM
4. Value of Human Milk: For Mothers, Infants, and Society	Irene Zoppi, IBCLC	10:30 – 12:00 PM
5. Lactose Intolerance and Its Significance for WIC	Carolyn Britton, MD	10:30 – 12:00 PM
6. Why Kids Eat Badly & What We Can Do About It	Susan Carnell, PhD	10:30 – 12:00 PM
Lunch Buffet		12:30 – 1:30 PM
<i>Regional Network Meetings</i>		
1. Capital Region		1:45 – 3:15 PM
2. Central Region		1:45 – 3:15 PM
3. Metropolitan Area Region		1:45 – 3:15 PM
4. Western Region		1:45 – 3:15 PM
Break		3:15 – 3:30 PM
<i>General Afternoon Session</i>		
Making Our Investments Pay Off	Timothy Mooney NYS WIC Staff	3:30 – 5:00 PM

TUESDAY, OCTOBER 27, 2009

EVENT	SPEAKER	TIME
Morning Exercise		6:30 – 7:00 AM
Breakfast		7:00 – 8:30 AM
Registration		8:00 – 12:00 PM
Exhibits		8:00 – 4:00 PM
<i>Concurrent Workshops</i>		
1. Working Lean: How to Get Out from Under Paper, E-mail, Stress	Daniel Markovitz	8:30 – 10:00 AM
2. Raising Ethical Children in an Ethics-Challenged World	Jeanine Fitzgerald	8:30 – 10:00 AM
3. Skin to Skin Contact and Breastfeeding	Dawn Frank, RN, IBCLC	8:30 – 10:00 AM
4. Vitamin D for Health: A D-Lightful Story	Michael Holick, PhD, MD	8:30 – 10:00 AM
5. Diabetes Prevention and Management	Lorena Drago, MS, RD	8:30 – 10:00 AM
6. New Service Provider	NYS Bureau of Information Technology Services	8:30 – 10:00 AM
Break		10:00 – 10:30 AM
<i>Concurrent Workshops</i>		
1. Working Lean: How to Get Out from Under Paper, E-mail, Stress	Daniel Markovitz	10:30 – 12:00 PM
2. Behave Yourself: Negotiating Better Behavior at the Worksites	Jeanine Fitzgerald	10:30 – 12:00 PM
3. Skin to Skin Contact and Breastfeeding	Dawn Frank, RN, IBCLC	10:30 – 12:00 PM
4. Vitamin D for Health: A D-Lightful Story	Michael Holick, PhD, MD	10:30 – 12:00 PM
5. Issues and Ethics of Breastfeeding	Liz Brooks, JD, IBCLC	10:30 – 12:00 PM
6. Diversity Without Adversity	Calvin Morgan	10:30 – 12:00 PM
Lunch Buffet		12:30 – 1:30 PM
<i>General Afternoon Session</i>		
NYS Commissioner of Health NYS Commissioner of Agriculture and Markets	Richard Daines, MD-Invited Patrick Hooker-Invited	1:30 – 3:30 PM
Consumer “Meet & Greet”		3:30 – 5:30 PM
<i>Dinner Session and Annual Meeting</i>		
Tickling Stress Before it Tackles You: The Positive Power of Humor	Joel Goodman, EdD	6:30 – 8:30 PM

WEDNESDAY, OCTOBER 28, 2009

EVENT	SPEAKER	TIME
Morning Exercise		6:30 – 7:00 AM
Breakfast		7:30 – 9:00 AM
Registration		8:00 – 9:00 AM
<i>Concurrent Workshops</i>		
1. Breastfeeding Challenges of the Late Preterm Infant	Lawrence Noble, MD	9:00 – 10:30 AM
2. Puppets, Puppets, Puppets!	Judy Greengold Brett Alters	9:00 – 10:30 AM
3 Using The ABC's and Humor to Diffuse Difficult Situations	Margie Ingram	9:00 – 10:30 AM
4. Managing a Multi-Generational Workplace	Jim DeMeo	9:00 – 10:30 AM
5. Vulnerable Periods for the Development of Obesity in Early Childhood: What Can We Do?	Eugene Dinkevich, MD	9:00 – 10:30 AM
Break		10:30 – 11:00 AM
<i>Closing Session</i>		
The Magic of Change: Take-Home Tips for Challenging Times	Jim Snack	11:00 – 12:30 PM
Boxed Lunch		12:30 – 1:30 PM

Continuing Education Credits

Continuing education credits will be available for several professions. Take advantage of this Annual Meeting to earn continuing education units if you are a WIC CPA, Registered Dietitian, IBCLC, or CLC.

Exhibitors

An interactive and comprehensive exchange of information and ideas related to breastfeeding, nutrition and fitness products will take place in a central location where attendees will be able to meet with manufacturers, health related agencies, and other companies.

Exhibit space is going fast. If you would like to exhibit, please contact Juliet Campbell, Exhibit Coordinator at (718) 857-4268 or by email at jcampbell.WIC@gmail.com



2009 WIC Annual Conference Registration Form and Invoice

Photocopy registration form for use by each additional registrant.

Please use black ink when completing form and be sure to print clearly.

Name: _____

First

Last

Organization: _____

WIC LA #

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

√ all that apply: WIC Coordinator CPA Support Staff Speaker BOD Member Other

CONFERENCE REGISTRATION FEES

(Place √ in all boxes that apply)

Before 10/2/09

After 10/2/09

Registration (staying at hotel 10/25/09-10/28/09) \$290 \$320

Registration (commuter) \$310 \$340

One Day Only: (Check date attending: 10/26 10/27 10/28) \$225 \$255

PLEASE CHECK ONE CHOICE FROM EACH OF THE THREE ITEMS BELOW:

- Conference fee includes breakfast and lunch on Monday, Tuesday and Wednesday, as well as dinner on Tuesday. Please indicate your selection for dinner: Chicken Salmon Vegetarian Prime Rib Not Attending Tuesday Dinner
- Conference registration fee does not cover hotel expenses. You must register for the hotel separately by completing the hotel registration form that is included in this packet.
Please indicate if you will be staying at the Desmond Hotel and Conference Center: YES NO
- Please indicate if you are interested in volunteering at the conference: YES NO

TOTAL CONFERENCE REGISTRATION FEE: \$ _____ Enclosed To Be Mailed

Please make checks payable to The WIC Association of NYS, Inc. and mail with registration form to:

The WIC Association of NYS, Inc.
 C/O Sherry M. Wilson
 238 Arsenal Street
 Watertown, NY 13601
 Phone: (315) 782-9450 Fax: (315) 782-2643

For more information visit The WIC Association of New York State, Inc. website at www.nyswica.org.

Confirmation of receipt of payment will be sent by fax or mail within 10 days. Cancellations received in writing by close of business October 2, 2009 will be refunded less a \$35.00 processing fee. No refunds after October 2nd. If you do not cancel your registration in writing and do not attend you will not receive a refund. You may, however, send a substitute in your place. If you have not registered or made arrangements to pay at the door, you will not be able to attend the event.

For Office use only:

Date Received	Processed by	Invoice #	Date Confirmation Sent
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SCHEDULE "A"

AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

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

The Health Services hereby authorizes Stella Raciwot CHN
 (Supervisory Committee) IPRO sponsored Linda Stafford CHN
 (Employee Name)

Dorothy Muehssig CHN

to attend PR1 and Screen Training
 (Name of meeting or organization)

at Albany, New York
 (Address)

on Nov. 4, 2009 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)

- Notice of meeting or convention including cost.

228.00 per person
 456.00 total
 lunch included
 w/ fee

For Overnight Travel

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

*www.gsa.gov

Date: 8/28/09

Patricia [Signature]
 Department Head Signature

Date: 8/28/09

[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.

Stella Raicot
Linda Slattery

Nov 4, 2009



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\$228 x 2
\$456.00
total

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 - PRI and SCREEN Training - Terms & Conditions

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PRI AND SCREEN TRAINING

ATTENTION: IPRO SCREEN Training Schedule 2009: Special Announcement

IMPORTANT NOTICE REGARDING SCREEN CERTIFICATION:

As of 9/01/09, only SCREENERS with a 10 digit SCREENER ID Number will be allowed to complete a SCREEN. The 6 digit SCREENER ID Numbers can only be used through 8/31/09. As of 9/01/09 the 6 digit SCREENER ID Numbers will no longer be valid.

On behalf of the New York State Department of Health, IPRO conducts training sessions for PRI and SCREEN.

▷ [Click here for Upcoming Session Dates](#)

▷ [Click to read Terms & Conditions](#)

Below are the details for these training sessions:

H/C PRI TRAINING OUTLINE

Training is provided to allow a Registered Nurse (RN) to complete the Hospital/Community patient reiew Instrument (H/C PRI). This is a clinical tool used to assess a person's condition and the amount of care required. The H/C PRI is required for admission to a Residential health care Facility (RHCF), for hospital patients on Alternative Level of Care (ALC), and for various other programs.

The course is for RNs in nursing facilities, hospitals (discharge planners or ALC determinations) or in community settings responsible for nursing facility placement. Only Registered Nurses (RN) currently licensed may be certified as a PRI Assessor. Social Workers or other health care professionals may find the training useful to understand the RHCF placement process.

Assessor numbers, required to complete the form, will be granted only to RNs who successfully complete the program. This

[Forgot your password?](#)

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LINKS

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[NY Home Care and Hospice Profiles](#)

[WhyNotTheBest.org](#)

educational activity has been approved by the New York State Nurses Association for 8.7 continuing education credits to be given to registered nurses who complete the H/C PRI training course.

Fee for PRI, H/C PRI Training: \$285.00

SCREEN TRAINING OUTLINE

Training is provided to allow social workers, nurses or other health care professionals involved in discharge planning to complete the SCREEN form. The SCREEN form is required for all persons seeking Residential Health Care Facility (RHCF) placement and to assess a person for Mental Illness (MI) or Mental Retardation/Developmental Disability (MR/DD).

The course is for RNs, social workers or other health care providers responsible for discharge planning and Residential Health Care Facility placement. Social workers, discharge planners and other professionals with experience in psychosocial assessments who successfully complete the course will be issued a 10-digit SCREENER Identification Number.

IMPORTANT NOTICE REGARDING SCREEN CERTIFICATION:

As of 9/1/09, only SCREENERS with a 10 digit SCREENER ID Number will be allowed to complete a SCREEN. The 6 digit SCREENER ID Numbers can only be used through 8/31/09. As of 9/01/09 the 6 digit SCREENER ID Numbers will no longer be valid.

This educational activity has been approved by the New York State Nurses Association for 5.3 continuing education credits to be given to registered nurses who complete the SCREEN training course.

Fee for SCREEN Training: \$228.00

** These LOCATIONS of H/C PRI and SCREEN Training Sessions will take place in Albany, Buffalo, Long Island, New York City, Syracuse and Rochester. Please note that walk-in registrations are highly discouraged due to space limitations.*

Upcoming Events:

For more information or for questions, please contact us at PRIscreeninfo@ipro.org or (516)326-7767 ext. 325.

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SCHEDULE "A"

AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

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

The Health Services hereby authorizes Sharon Schaldone ADPS
 (Supervisory Committee) (Employee Name)

to attend Home Care Association Sponsoresd OASIS B to OASIS C Blueprint for OASIS Accuracy
 (Name of meeting or organization)

at Latham, New York
 (Address)

on Sept. 28 + 29, 2009 Mode of transportation to be used see note below
 (Dates) (County Vehicle or Mass Transportation)

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

employee choosing to drive personal vehicle with no

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

- Notice of meeting or convention including cost.

mileage reimbursement

For Overnight Travel

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

*www.gsa.gov

\$ 499.00 plus lunch fee with submitted receipt

Date: 8/28/09

Patricia
 Department Head Signature

Date: 8/28/09

[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:

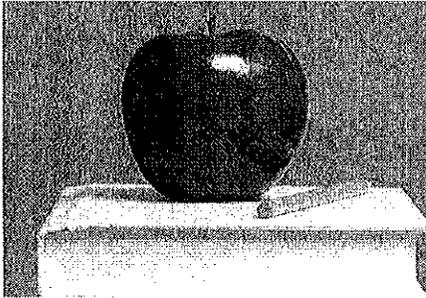
1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit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



OASIS B to OASIS C

Blueprint for OASIS Accuracy – 2-Day Workshop

New OASIS-C Data Collection Rules & Transition from OASIS-BI



TWO LOCATIONS & DATES

Latham, NY
Program
Sept 28 & 29
and
COS-C Exam
Sept 30

East Elmhurst, NY
Program
Sept 30 & Oct 1
and
COS-C Exam
Oct 2



OASIS answers

Contact Hour
Offering

Approved for
13 Contact Hours

Spend two intense and fun days learning all there is to know to collect the OASIS-C accurately. Understand the specifics of the new items, changed items and process measures. Learn what you need to know about changes to data collection rules and conventions. Demonstrate mastery of learned concepts through participation in application scenarios.

Educational Goals:

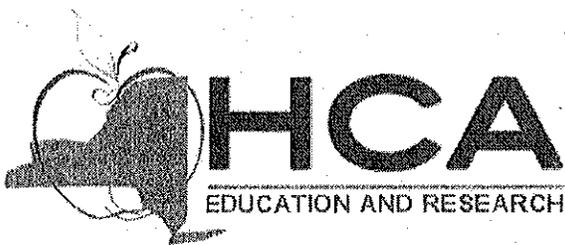
- To support the educational needs of home health clinicians in achieving comprehension and accuracy in OASIS data collection using guidelines established by the Centers for Medicare & Medicaid Services (CMS)
- To enhance compliance with the OASIS Prospective Payment System (PPS)
- To provide a preparatory review for candidates for the COS-C (Certificate for OASIS Specialist-Clinical) examination
- To provide recommendations for a smooth transition from OASIS BI to OASIS C
- To provide the learner with the latest CMS documents to facilitate researching answers to future questions and to support data collection in special situations

The **Blueprint for OASIS Accuracy** workshop offers effective, timely, comprehensive and at times, entertaining education necessary for the OASIS-C transition, directed at the **field data collectors and their supervisors**. Rather than provide opinions, assumptions, or unfounded interpretations, the "**Blueprint**" presenters will provide up-to-the-minute education on what information IS available and what questions remain unanswered.

Two OASIS experts at each training offer the motivated learner the highest quality and most preferred OASIS training available with unprecedented access for questions.

Join us in our commitment to enhancing OASIS accuracy by attending an upcoming workshop!

www.hcanys.org



OASIS B to OASIS C

Blueprint for OASIS Accuracy – 2-Day Workshop

New OASIS-C Data Collection Rules & Transition from OASIS-BI

REGISTRANT INFORMATION

Once complete please fax to: (518) 426-8788. Upon receipt of a completed registration form you will receive an email confirmation.

Register Online for the workshop only at www.eventville.org/hcanys

Name: _____

Title: _____

Agency: _____

Address: _____

City/State/Zip: _____

Phone: _____ Ext. _____ Fax: _____

Email: _____

(Required)

WORKSHOP REGISTRATION AND FEES

Please select a site: Latham East Elmhurst

Member Fee \$499

Non-Member Fee \$685

VNS 30 Participant

Workshop fee includes instructors for two days, lunch, breaks and handout material.

To register for the COS-C Exam use the attached form or go to www.oasiscertificate.org

PAYMENT

Please check method of payment:

_____ Check* _____ MasterCard _____ VISA _____ American Express

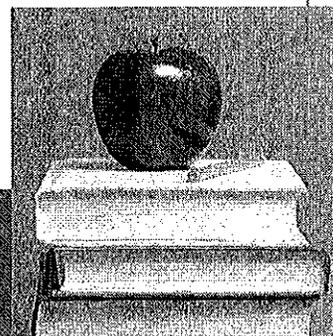
Make checks payable to: **HCA Education and Research**. Payment must be received by workshop date.

Card Number _____ Expiration Date _____

Name on Card _____

Authorized Signature _____

Fax to (518) 426-8788



Warren County Request to Host Meeting or Conference

Name of Department: Health Services

Name of Meeting/Conference: Professional Advisory Committee

Date: Meets quarterly 7:30-9:00am

Location: Presently Carl R's Restaurant, breakfast offered as incentive of attendance

Purpose: Committee is required by NYSDOH and must be comprised of members representing various agencies/individuals with specific expertise and function. Minutes are kept and must be made available to NYSDOH at surveys.

Contact Person: (If other than Department Head)

Phone No.: 761-6580

Number of People attending:

County Employees

State Employees

Volunteers

Others (specify) Members are appointed annually by resolution, see attached list

Cost to County (please include amounts):

Room rental \$

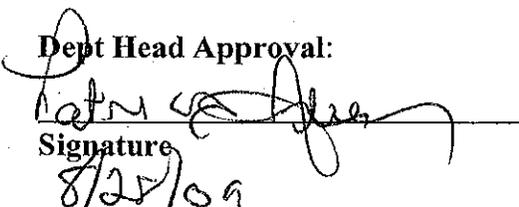
Food/beverage \$ 500.00/year for breakfast depending on attendance, some eat and some just get coffee or tea

Supplies \$

Other (specify) \$

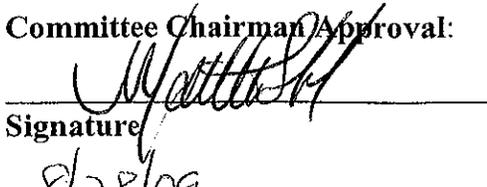
Total Cost: \$ 500.00

Dept Head Approval:


Signature

8/28/09
Date:

Committee Chairman Approval:


Signature

8/28/09
Date

PROFESSIONAL ADVISORY COMMITTEE MEMBERS

NAME	TITLE/ADDRESS
Patricia Auer	Director Public Health/Patient Services Warren County
Patricia Belden	Public Health Nurse Communicable Disease Program Warren County
Driscoll, Tawn	Financial Manager, Warren County Health Services
Durkee, Daniel	Health Educator Warren County
Joseph Dufour	FNP, Irongate Family Practice Three Irongate Center, Corner of Pine and Elm Streets Glens Falls, NY 12801
Gerhard Endal	Occupational Therapist PO Box 2615, Glens Falls, NY 12801
Joan Grishkot	Community Member 202 Ridge Street Glens Falls, NY 12801
Ginelle Jones	Assistant Director Public Health Warren County Health Services
Candace Kelly	Director Warren Hamilton Counties Office for the Aging 333 Glen Street, Glens Falls, NY 12801
Mary Lamkins	Supervising Nurse Long Term Home Health Care Program Warren County Health Services
Daniel Larson	MD, Public Health Medical Director Upper Hudson Primary Care Consortium PO Box 3253, Glens Falls, NY 12801
Richard Leach	MD, Tuberculosis / Infectious Disease Program Consultant 28 Sherman Avenue, Glens Falls, NY 12801
Mason, Richard	64 Webster Avenue, Glens Falls, NY 12801

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

Warren County Request to Host Meeting or Conference

Name of Department: Health Services

Name of Meeting/Conference: Utilization Review committees: Division of Home Care and Division of Public Health

Date: Both meet quarterly 7:30-9:00am

Location: Currently at Carl R's Restaurant. Breakfast is offered as an incentive for attendance.

Purpose: Review of agency services provided for appropriateness and to determine if patient needs are being met and all needs accounted for. Minutes must be kept and are evaluated as part of survey process.

Contact Person: (If other than Department Head) Home Care: Sharon Schaldone; Public Health: Ginelle Jones

Phone No.: 761-6580

Number of People attending:

County Employees

State Employees

Volunteers

Others (specify)

Cost to County (please include amounts):

Room rental \$

Food/beverage \$ 500.00/year for breakfast depending on attendance, some eat and some just get coffee or tea

Supplies \$

Other (specify) \$

Total Cost: \$ \$500.00

Dept Head Approval:

Signature

8/28/09

Committee Chairman Approval:

Signature

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: August 28, 2009

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To authorize a contract agreement to provide Respiratory Therapy services
- (c) Name of Contractor: Kathleen Salgado Wyka
- (d) Address of Contractor: 19 Lakeview Circle Drive, Lake George, NY 12845
- (e) Contractor's Contact Person and Telephone Number: Kathleen Salgado Wyka, 668-4770, email: kkwresp@msn.com
- (f) Has or will the Contract be provided, if so, please attach: Use therapist contract
- (g) Commencement Date of Contract: 9/21/09
- (h) Termination Date of Contract: 30 days written notice by either party
- (i) Payment Provisions:
 - i) lump sum amount at agreed upon established per individual visit or meeting rate upon receipt of required documentation for each visit at following rates: Region 1: \$60/visit; Region 2: \$65/visit; Meetings: \$40
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Bi-monthly)
- (j) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: A4010.10.470 Health Services CHHA, A4016.10.470 Long Term Home Health Care Program



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

Print Date: 10/23/08

Producer	Branch	Prefix	Policy Number	Policy Period
018098	970	HPG	0246606054	from: 12:01 AM Standard Time on: 11/01/08 to: 12:01 AM Standard Time on: 11/01/09
Named Insured and Address:				Program Administrator:
Kathleen Salgado Wyka 19 Lakeview Circle Dr Lake George, NY 12845-6410				Healthcare Providers Service Organization 159 East County Line Road Hatboro, PA 19040-1218
Medical Specialty: Respiratory Therapist		Code: 80717		Insurance Provided by: American Casualty Company of Reading, Pennsylvania 333 S. Wabash Avenue, Chicago, IL 60604
COVERAGE PARTS			LIMITS OF LIABILITY	

A. PROFESSIONAL LIABILITY

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

B. COVERAGE EXTENSIONS:

License Protection	\$ 5,000	per proceeding	\$ 12,500	aggregate
Defendant Expense Benefit			\$ 5,000	aggregate
Deposition Representation	\$ 1,250	per deposition	\$ 2,500	aggregate
Assault	\$ 5,000	per incident	\$ 12,500	aggregate
Medical Payments	\$ 1,000	per person	\$ 50,000	aggregate
First Aid			\$ 1,250	aggregate
Damage to Property of Others	\$ 250	per incident	\$ 5,000	aggregate

C. WORKPLACE LIABILITY

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

Workplace Liability	included in A. PL limit shown above		
Fire & Water Legal Liability	included in A. PL limit shown above subject to \$150,000 sub-limit		
Personal Liability		\$500,000	aggregate

D. GENERAL LIABILITY

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

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

Total Premium: \$ 112.00 **QUESTIONS? CALL: 1-800-982-9491**

Policy forms and endorsements attached at inception

G-121503-C G-121500-D GSL10550NY G-121501-C
GSL3886 GSL3908 G-145184-A G-147292-A G-123813-C31
G-123814-D31 G-123846-D31 G-123819-D31

Master Policy # 188711433

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

Chairman of the Board

Secretary

G-141241-A (07/2001)

Coverage Change Date:

Endorsement Change Date:

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: August 28, 2009

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To authorize a contract agreement to provide Occupational Therapy services
- (c) Name of Contractor: Jill Hodgson
- (d) Address of Contractor: Jill Hodgson, PO Box 121, 218 Antler Lake Road, Wevertown, NY 12886
- (e) Contractor's Contact Person and Telephone Number: 251-5434, email: adkbeechnut@frontiernet.net
- (f) Has or will the Contract be provided, if so, please attach: Use therapist contract
- (g) Commencement Date of Contract: 9/21/09
- (h) Termination Date of Contract: 30 days written notice by either party
- (i) Payment Provisions: i) lump sum amount at agreed upon established per individual visit or meeting rate upon receipt of required documentation for each visit at following rates: Region 1: evals \$55, revisits \$53; Region 1: evals \$60, revisits \$60; OASIS: \$15 per patient; Meetings: \$40
- ii) hourly rate amount
- iii) total amount not to exceed
- iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Bi-monthly)
- (j) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: A4010.10.470 Health Services CHHA, A4016.10.470 Long Term Home Health Care Program

MEDICAL PROFESSIONAL LIABILITY OCCURRENCE INSURANCE POLICY

Region 23	Producer 0001614	Issued 08/20/2009	Prior Certificate Number New	Purchasing Group Policy Number 44-2010129
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Offered through Allied Health Purchasing Group Association

SECTION I

DECLARATIONS

Item	CERTIFICATE NUMBER: AHL-2975376	
1. Named Insured:	Jill L Hodgson	
2. Mailing Address:	218 Antler Lake Road PO Box 121 Wevertown, NY 12886	
3. Policy Period:	From: 08/10/2009 12:01 A.M. Standard Time At Location of Designated Premises	To: 08/10/2010
4. Business or Profession:	Occupational Therapist Self-Employed 20 Hours or More Per Week Affiliation: American Occupational Therapy Assn.	
5. The Named Insured is a(n):	<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietor (with employees) <input type="checkbox"/> Other:	

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

PLJ-2037 (05/98), PLE-2087 (04/00), PON-2003 (01/04) (Ed. 03/09), POE-2151 (10/98),
05-PL-3501 NY (01/09)

SECTION II

Item	COVERAGE	Premium
A.	Professional Liability <input checked="" type="checkbox"/>	\$212.00
B.	General Liability <input checked="" type="checkbox"/>	\$120.00
	Endorsements <input type="checkbox"/>	

TOTAL PREMIUM: \$332.00

LIMITS OF LIABILITY

\$1,000,000 Each Incident and \$3,000,000 Aggregate
Each Occurrence

SECTION III

SUPPLEMENTARY PAYMENTS

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

Representative Agent or Broker

Marsh Affinity Group Services
a service of Seabury & Smith
12421 Meredith Drive
Urbandale, IA 50398
1-800-503-9230

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: August 28, 2009

- (a) Purpose of Request: To abolish the position of Office Specialist and amend the Department's Table of Organization accordingly effective 10/1/09
- (b) Details: The position is no longer needed as duties are now able to be absorbed by other support staff
- (c) Previous Resolution Number: n/a

Base salary: \$27,559, Grade 7

RESOLUTION REQUEST FORM NO. 14

Request to Reclassify Position

DEPARTMENT NAME: Health Services

DATE: August 28, 2009

- (a) Title of Reclassified Position: Senior Clerk
- (b) Annual Salary of Reclassified Position (and Grade if Applicable):*
\$28,735, Grade 4
*(This should be the Base Salary for the position if it is being filled by a **new** employee, **or** the salary, **including longevities**, for any **existing** employee who is filling the position.
- (c) Title and Employee Number of Position to be Deleted: Senior Typist, 8249
- (d) Annual Salary of Position to be Deleted (and Grade if Applicable):*
\$29,531 (includes longevities), Grade 4
*(This should be the Base Salary for the position if it is being filled by a **new** employee, **or** the salary, **including longevities**, for any **existing** employee who is filling the position.
- (e) Effective Date:* 10/1/09
*Please do not back date unless the purpose is to correct an error.
- (f) Where are Funds in the Budget for this Position? List Budget Code, (with title), Object Code, (with title), and Amount: 4018.0030.110, Full Time Salaries Disease Control
- (g) Has Personnel Officer Reviewed and Approved of the New Position Title?:* Yes *This is necessary **BEFORE** bringing the request to committees.

NOTICE OF INTENT TO FILL VACANT POSITION

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

DEPARTMENT HEAD COMPLETES THIS SECTION

Department Health Services
Title of Position senior clerk Base salary \$ 24,059
Budget code and title 4018 0030 110 Disease Control
This position is vacate due to: Retirement Resignation Termination
Employee No. 8249

* please see note below

COMMISSIONER OF ADMINISTRATIVE & FISCAL SERVICES COMPLETES THIS SECTION

Name of Committee Health Services Date 8/28/09

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

Commissioner Signature Harold Payne

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health Services Date 8/28/09

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

Ranking Committee Member Signature Matthew [Signature]

PERSONNEL COMMITTEE COMPLETES THIS SECTION

Date _____

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

Ranking Committee Member Signature _____

senior typist position reclassified to senior clerk position. Both positions are grade 4.

RESOLUTION REQUEST FORM NO. 12

Request to Fill Vacant Position*

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

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

DEPARTMENT NAME: Health Services

DATE: August 28, 2009

- (a) Title of Vacant Position to be Filled: Senior Clerk, part time, 30 hours/week
- (b) Date position will become vacant: 8/28/09
- (c) Do You Anticipate Filling the Position In-House? No
If Yes, List Employee Number:
- (d) Annual Salary of Position (and Grade if Applicable):* 424,480 prorated to 30 hours/week: \$18,361, Grade 4
*(This should be the Base Salary for the position if it is being filled by a **new** employee, **or** the salary, including longevities, for any **existing** employee who is filling the position.
- (e) Effective Date of Filling Position:* 9/21/09 (there is a current Civil Service list
*Please do not backdate unless the purpose is to correct an error.
- (f) Where are Funds in the Budget for this Position? (List budget code (with title), object code (with title), and amount): Early Intervention Part Time Salaries A4054.0060.130
- (g) Does the Vacant Position Show a Salary in the Budget? Yes
- (h) Will Lower Level Position be Vacated as a Result of Filling this Vacancy? No If yes, is there a Request to Fill that Position also?
- (i) If Yes, will it be Filled In-House? n/a
If Yes, List Current Title and Employee No.:
- (j) Salary of Lower Level Position:* n/a
*See notes under Item No. (c) concerning how the salary should be listed.
- (k) Effective Date of Filling Lower Level Position: n/a
- (l) Is this a mandated position? If so, please explain: No
- (m) Is there expected revenue from this position? If so, please explain: Yes, duties entail securing prior approvals from insurance company to assure nursing visits are reimbursed whenever/as much as possible. Also involved in compiling documentation necessary to receive Medicaid reimbursement for services provided to children in the Early Intervention Program. Reimbursement opportunities are time limited so we need a dedicated person to assure this is done.

NOTICE OF INTENT TO FILL VACANT POSITION

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

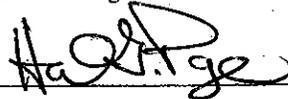
DEPARTMENT HEAD COMPLETES THIS SECTION

Department Health Services
Title of Position Senior Clerk Base salary \$ 24,480 promoted to 30 hrs. per wk. - 18,361
Budget code and title A 4054 0060 130 Early Intervention
This position is vacate due to: Retirement Resignation Termination
Employee No. 10738

COMMISSIONER OF ADMINISTRATIVE & FISCAL SERVICES COMPLETES THIS SECTION

Name of Committee Health Services Date 8/28/09

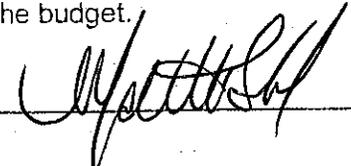
- The Commissioner has no objection to the filling of the vacancy.
- The Commissioner objects to the filling of the vacancy.

Commissioner Signature 

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health Services Date 8/28/09

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

Ranking Committee Member Signature 

PERSONNEL COMMITTEE COMPLETES THIS SECTION

Date _____

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

Ranking Committee Member Signature _____

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

SIGNED: _____

DATE: 6/26/09

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.4189.110	BT-Full time salaries	A.4018.0030.110	Disease Pgrm-Full Time Salaries	\$3,920.00
A.4189.110	BT-Full time salaries	A.4018.0030.130	Disease Pgrm-Part Time Salaries	\$1,200.00

Total Transfers

\$5,120.00

Please state reason for transfers requested:

1.To transfer funds from the Full time Salaries Expense in BT for the Call Pay to the Disease Program Full and Part time salaries. Call pay is now under the IAP (Immunization Action Plan) Grant.

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990.469	Contingent Fund			

Please state reason for transfer request:

Total

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

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

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

DEPARTMENT NAME: Warren County Health Services-Bioterrorism Program

DATE: August 28, 2009

(a) **Purpose of Amendment:** To amend the 2009 budget to accept a portion of Bioterrorism Grant which began 8/10/09 and ends 8/9/2010. This is an estimate for expenses related to the BT program along with the H1N1 services to be provided from 8/10/09 to 12/31/09. (Total Grant will be \$103,106) This grant stipulates that most of these funds need to be used for staffing of clinics for the H1N1 vaccinations. All expenses fully funded by the BT Grant.

- (b) **Appropriation Code (with title), Object Code (with title) and Amount:**
- | | | | |
|-----|---|------------|-----------|
| (c) | Bioterrorism Program-Full Time Salaries | A.4189.110 | \$10,000 |
| (d) | Bioterrorism Program-Part Time Salaries | A.4189.130 | \$ 30,000 |
| (e) | Bioterrorism Program-Other Equipment | A.4189.260 | \$ 5,000 |
| (f) | Bioterrorism Program -Supplies | A.4189.410 | \$ 1,000 |
| (g) | Bioterrorism Program-Medical Supplies | A.4189.435 | \$ 8,000 |
| (h) | Bioterrorism Program-Contract Expense | A.4189.470 | \$ 6,000 |

**Revenue Code (with title), and Amount: Bioterrorism Program- Grant Revenue A.4189.3301
\$60,000.00.**