

SOCIAL SERVICES COMMITTEE

January 29, 2009

AGENDA

Motion to accept minutes of previous meeting (12/05/2008)

1. Overtime Report
2. Request permission to hire a consultant for the POE NY Connects project with a salary of \$50,000.00. This position is 100% grant funded through Office for the Aging. An RFP has been issued.
3. Request permission to enter into a contract to hire consultant for POE NY Connects after results of RFP have been received on 2/5/09.
4. Request permission to enter into a contract with Adirondack Manor for Assisted Living Program. This is 100% funded through Medicaid.
5. Permission to enter into a contract with the Bonadio Group for Medicaid fraud services. This is 100% funded under the Medicaid Cap.
6. The following travel permissions were signed by Mr. Tessier:
 - a. Request permission for 8 staff to attend the NYPWA winter conference in Albany. No hotel accommodations necessary
 - b. Request permission for a staff person to attend the Medicaid New Worker Institute in Albany from 1/12 – 1/16/09 and 1/26 – 1/30/09. Hotel rate of \$55.50 per night.
 - c. Request permission for three staff to attend the Institute for Temporary Assistance in Albany from 1/12 – 1/16/09 and 1/26 – 1/30/09. Hotel rate of \$39.50 per night.

Request permission for three staff to attend the CPS Response Training in Albany from 2/2 – 2/6/09 and 2/23 – 2/27/09. Hotel rate of \$50.00 per night.

7. Request permission to pay the Youth Bureau for \$12,441.90 for the Community Optional Preventive Services Program for the months of October – December 2008 as the funding ended retroactively to 9/30/08. We do have the monies in our budget but it will be non-reimbursable. However the contract states that we do not have to make payment if our funding is cut.
8. Request permission to appropriate \$384,755.33 to pay for State Training for the first quarter of 2008 and rate changes for 2002 – 2005. This is 100% local funds. We do have \$172,650.00 appropriated but have a shortage of \$159,755.33 and then an estimated \$225,000.00 for the remainder of 2008.
9. Request permission to renew contract with IT for an amount not to exceed \$197,000.00. We do have monies in our budget.
10. Request permission to be the Lead Agency for the County for the new Youth Programs Block Grant. This is a consolidation of the current youth programs and juvenile detention services by the Executive Budget and is effective 1/1/09. It would include YDDP, SDPP, Alternatives to Detention, Alternatives to Residential Placement, Secure and Non-Secure Detention and will be an overall reduction of 24 ½% in funding.
11. Request permission to sign the contract for Community Optional Preventive Services with the Youth Bureau. At this point in time we are uncertain of the funding. We were advised that it was cut retroactively to 9/30/08 but we may be able to continue the funding through 3/30/09.
12. Request permission to fill one typist/keyboard specialists that were created and approved in the budget. It is in Medicaid and is 100% funded. They will be doing imaging and IAD creation.
13. Request for executive discussion to discuss employment history and grievance.
14. Request permission to abolish a Keyboard Specialist/Typist position and create a Community Services Assistant

15. Permission to fill a Community Services Assistant vacancy.
16. Request permission to fill a Caseworker vacancy.
17. FYI – We received the bill from MMIS so we are \$267,426.00 short. This was due to the fact that there were 53 weeks in 2008.
18. Referral update:
 - Frank will come to my February Committee meeting and give a comparison.
 - Mr. Dusek is obtaining information from the County's insurance agent regarding liability issues in connection to the transporting of children in the county vehicles used by DSS staff. IT is quite complicated but he hopes to have an answer within 2 weeks.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Social Services

DATE: 1/16/09

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

- (b) Purpose of Contract: To facilitate the Point of Entry

- (c) Name of Contractor: To be determined after review of RFP's on February 12, 2009.

- (d) Address of Contractor:

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

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

- (g) Commencement Date of Contract: 2/9/09

- (h) Termination Date of Contract: 1/31/10 or when funding expires

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

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Social Services

DATE: 12/12/08

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To pay for Assisted Living Program
- (c) Name of Contractor: Adirondack Manor
- (d) Address of Contractor: 4 Chelsey Place, Suite 1, Clifton Park, NY12065
- (e) Contractor's Contact Person and Telephone Number: James Kane Jr., 371-4265
- (f) Has or will the Contract be provided, if so, please attach: Provided to Amy Bartlett on 12/12/08
- (g) Commencement Date of Contract: 2/1/09
- (h) Termination Date of Contract: 1/31/10 or when funding expires
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. upon billing through Medicaid
- (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: Medicaid money

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Social Services

DATE: 12/12/08

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To reduce self-employed Medicaid expenditures
- (c) Name of Contractor: Bonadio Group
- (d) Address of Contractor: Corporate Crossings, 171 Sully's Trail, Pittsford, NY14534
- (e) Contractor's Contact Person and Telephone Number: Brain La Fountain, (585)249-2717
- (f) Has or will the Contract be provided, if so, please attach: Provided to Amy Bartlett on 12/12/08
- (g) Commencement Date of Contract: 2/1/09
- (h) Termination Date of Contract: 1/31/10 or when funding expires
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount \$150.00 per hour per person
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Monthly
- (j) Where are the Funds for this Contract? List Budget Code, (with title), Object Code (with title), and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, and Title, and Amount: Medicaid money

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: Social Services

DATE: 2/10/09

- (a) Purpose of Request: Authorizing payment to the Youth Bureau's COPS program in the amount of \$12,441.90

- (b) Details: For October through December 2008.

- (c) Previous Resolution Number: 839 of 2008

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Social Services

DATE: 2/2/09

- (a) Purpose of Contract Change: Increase the amount and renew contract with Warren County Information Technology Department
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 103 of 2006
- (c) Name of Contractor: Warren County Information Technology Department
- (d) Address of Contractor: 1340 State Route 9, Lake George, NY
- (e) Contractor's Contact Person and Telephone Number: Rob Metthe, 6407
- (f) Commencement Date of Extension: 1/30/09
- (g) Termination Date of Extension: 2/1/10
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$197,000.00
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Quarterly based on voucher submittal
- (i) Where are the Funds for this Contract? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: A 6010 .4, Contractual Expense

RESO
NOT
needed
see
attached

Warren County Board of Supervisors

RESOLUTION NO. 103 OF 2006

Resolution introduced by Supervisors Sheehan, Barody, Kenny, Monroe, VanNess, Gabriels and Geraghty

AUTHORIZING A MEMORANDUM OF UNDERSTANDING BETWEEN WARREN COUNTY DEPARTMENT OF SOCIAL SERVICES AND WARREN COUNTY INFORMATION TECHNOLOGY DEPARTMENT FOR COMPUTER SUPPORT SERVICES

RESOLVED, that the Warren County Board of Supervisors enter into a Memorandum of Understanding between the Warren County Department of Social Services and the Warren County Information Technology Department for the provision of computer support services for the year 2006, in an amount not to exceed Ninety-Eight Thousand Two Hundred Twenty-Eight Dollars (\$98,228), and, be it further

RESOLVED, that the Commissioner of the Department of Social Services be, and hereby is, authorized to execute all future agreements/Memorandums of Understanding with the Information Technology Department, to the extent allowed by his budget appropriations, in a form approved by the County Attorney.

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

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

DEPARTMENT NAME: Social Services

DATE: 2/10/09

- (a) Purpose of Request: Permission to be Lead Agency for the County for the Youth Programs Block Grant

- (b) Details: This is a consolidation of the current youth programs and juvenile detention services by the executive budget and is effective 1/1/09.

- (c) Previous Resolution Number:

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Social Services

DATE: 2/10/09

- (a) Purpose of Contract Change: Amending Resolution No. 839 of 2008 to change the termination date of the agreement to 3/31/09 and reduce the amount of the agreement to \$15,000.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 839 of 2008
- (c) Name of Contractor: Warren County Youth Bureau
- (d) Address of Contractor: 333 Glen Street, 3rd Floor, Suite 306, Glens Falls, NY 12801
- (e) Contractor's Contact Person and Telephone Number: Margaret Sing Smith 761-6498
- (f) Commencement Date of Extension: 1/30/09
- (g) Termination Date of Extension: 3/31/09
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$15,000.00
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Monthly based on voucher submittal
- (i) Where are the Funds for this Contract? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: A 6010 .4, Contractual Expense

Warren County Board of Supervisors

RESOLUTION NO. 732 OF 2007

Resolution introduced by Supervisors Gabriels, F. Thomas, Champagne, Girard and Merlino

**AUTHORIZING MEMORANDUM OF UNDERSTANDING WITH WARREN COUNTY
DEPARTMENT OF SOCIAL SERVICES TO PROVIDE PREVENTIVE SERVICES
UTILIZING NEW YORK STATE COMMUNITY OPTIONAL PREVENTIVE (COPS)
FUNDS - YOUTH BUREAU**

RESOLVED, that the Warren County Youth Bureau enter into a Memorandum of Understanding with the Warren County Department of Social Services to provide preventive services utilizing the New York State Community Optional Preventive (COPS) funds, for a term commencing January 1, 2008 and terminating December 31, 2008, in an amount not to exceed Forty-Two Thousand Seven Hundred Six Dollars (\$42,706), and the Chairman of the Board of Supervisors be, and hereby is, authorized to execute said Memorandum of Understanding in a form approved by the County Attorney, and be it further

RESOLVED, that the Youth Bureau, in turn, will subcontract with the Council for Prevention of Alcohol and Substance Abuse to operate the Warren County Youth Court, under separate agreement, using the funds outlined above.

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

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

The Social Services Committee hereby authorizes Nicole Yell
Joanna Brierton
Denise Mahlstedt
(Supervisory Committee) (Employee Name)

to attend Institute for Temporary Assistance
(Name of meeting or organization)

at PDP Albany Training Ctr., Western Ave. Albany, N.Y.
(Address)

on 1/12-1/16/09 Mode of transportation to be used N/A
1/26-1/30/09 (Dates) (County Vehicle or Mass Transportation)

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

per the discretion of the Commissioner

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

- Notice of meeting or convention including cost.

For Overnight Travel

- Room rate \$ 39.50^{50.00}/night GSA* Rate \$ _____
 - Meal costs - GSA* per diem rate \$ 13.00 (no lunch) cm
- *www.gsa.gov

Date: 12/18/08

Shirley M. Wilson
Department Head Signature

Date: 1/9/09

[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.

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

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

The Social Services Committee hereby authorizes Diane Perry
(Supervisory Committee) (Employee Name)

to attend Medicaid New Worker Institute
(Name of meeting or organization)

at Hilton Garden Inn 500 Albany-Shaker Rd., Albany ny
(Address)

on 1/12/09 - 1/16/09 Mode of transportation to be used N/A
(Dates) (County Vehicle or Mass Transportation)

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

per the discretion of the Commissioner

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

- Notice of meeting or convention including cost.

For Overnight Travel

- Room rate \$ 55.50/night GSA* Rate \$ _____
 - Meal costs - GSA*per diem rate \$ N/A - provided by training provider
- *www.gsa.gov

Date: 12/17/08

[Signature]
Department Head Signature

Date: 1/9/09

[Signature]
Committee Chairman Signature

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

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5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

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

The Social Services Committee hereby authorizes Patrick Haggren
(Supervisory Committee) Tracy Terry & Elizabeth DeVitt
(Employee Name)

to attend APS Response Training
(Name of meeting or organization)

at CDHS, 3 Marcus Blvd. Albany, NY
(Address)

on 2/23-2/27/09 Mode of transportation to be used N/A
(Dates) (County Vehicle or Mass Transportation)

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

per the discretion of the Commissioner

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

- Notice of meeting or convention including cost.

For Overnight Travel

- Room rate \$ 50.00/night GSA* Rate \$ _____
 - Meal costs - GSA* per diem rate \$ \$13.00/day - lunch
- *www.gsa.gov

Date: 1/6/09

Shirley M. Weaver
Department Head Signature

Date: 1/9/09

[Signature]
Committee Chairman Signature

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

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REQUEST FOR USE OF FLEET VEHICLE

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5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

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

The Social Services Committee hereby authorizes See attached
 (Supervisory Committee) (Employee Name)

to attend NYPWA Winter Conference
 (Name of meeting or organization)

at Albany Marriott Wolf Rd. Albany, ny
 (Address)

on 1/28-1/30/09 Mode of transportation to be used N/A
 (Dates) (County Vehicle or Mass Transportation)

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

per the discretion of the Commissioner

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

- Notice of meeting or convention including cost.

For Overnight Travel

- Room rate \$ N/A GSA* Rate \$ 0
 - Meal costs - GSA*per diem rate \$ 13.00 (per diem)
- *www.gsa.gov

Date: 12/12/08

Shirley M. Weaver
 Department Head Signature

Date: 1/9/09

[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:

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2. Copy to Frank Morehouse if fleet vehicle is needed.
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4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

Collins, Joanne

From: Weaver, Sheila (DFA4-A52) [Sheila.Weaver@dfa.state.ny.us]
Sent: Tuesday, February 10, 2009 10:34 AM
To: Collins, Joanne
Subject: RE: Travel Request detail

Joanne,

The following people attended:

Sheila Weaver
Harold B. McGee
Douglas Herschleb
Maureen Schmidt
Doris Gonnely

Sheila M. Weaver, Commissioner
Warren County Department of Social Services
Phone: (518) 761-6310

From: Collins, Joanne [mailto:collinsj@co.warren.ny.us]
Sent: Tuesday, February 10, 2009 10:21 AM
To: Weaver, Sheila
Subject: Travel Request detail

Sheila:

Could you let me know the name(s) of staff that attended the NYPWA Winter Conference. We have your requests, but the name is not stated on it. No need to do more paperwork if you can send me the attendee names for that conference.

Thank you again,

Joanne Collins
Legislative Office Specialist
Warren County Board of Supervisors
1340 State Route 9
Lake George, NY 12845
518.761.6532
collinsj@co.warren.ny.us

2/10/2009