

**Warren County Health Services
Health Services Committee Meeting Agenda
January 22, 2010
Information Submitted By: Patricia Auer, DPH/DPS**

We would like to welcome new members, William Loeb, Peter McDevitt and Bud Taylor to our committee, and also thank our returning Chairman, Matt Sokol, and the rest of our faithful committee members for staying on with us.

Pending Items

Emergency Preparedness Update

Please see the attached sheet for monthly activities. We have been providing this report monthly, and would ask the committee whether they wish the report to continue this year. Whether the committee receives the report or not, the information is still tracked as the activities are part of the Emergency Preparedness grant deliverables.

Update on H1N1 and Influenza Vaccines

Currently, we have plenty of vaccine for anyone who wants to receive it. Because of the amount of vaccine available, it is no longer necessary to prioritize eligible groups. Whether there will be another wave of H1N1 virus remains unknown, but right now since illness numbers are down, the demand for the vaccine is low. There is also much influenza vaccine (regular flu) still available. We have done many clinics throughout the county and redistributed vaccine received by New York State Department of Health to medical care providers throughout the county. Our nurses have done a great job rising to the occasion of the need to conduct many more clinics than last year and we are appreciative for their efforts. At the end of the season, we will provide a summary of the amounts of vaccines administered and the number of clinics offered. We did offer H1N1 clinics to all school districts. Surprisingly, not all chose to take us up on the opportunity.

Point of Care Update

Compared to where we were last year at this time, we are living in a new world with our patient care documentation. Tammie DeLorenzo, Fiscal and Informatics Coordinator, will present information on where we are and where we are going in relation to the new billing systems, and Sharon Schaldone, Assistant Director of Patient Services will briefly describe the new required benchmarking data that will be collected. We are aware that Mr. Taylor is spearheading a new plan for benchmarking data as well, and expect that this initiative will be very useful in meeting county goals as well. Documentation has always been part of our professional lives in the arena of Health Services.

Ms. Delorenzo will also discuss/explain the TPL (Third Party Liability) Project, which in light of tracking expenditures and revenues, is important for the committee to understand. A chart detailing the situation will be distributed at the meeting.

Request Resolution:

To renew the contract agreement with Upper Hudson Primary Care Consortium in the amount of \$5,000 for the period January 1, 2010 through December 31, 2010 to continue the Community Health Assessment Project.

Rationale:

This is budgeted funding and the project has been in place for the past few years. It is a successful, cooperative effort of all the counties in the Rural Health Network, and it is necessary to provide ongoing data to the New York State Department of Health in conjunction with our county Municipal Public Health Services Plan in order to receive our state aid. A summary of the project deliverable will be distributed at the meeting that will demonstrate that product is received in exchange for the monies paid.

Warren County has been invited to present on this project at the upcoming February NYSAC Conference in Albany. Dan Durkee, our Health Educator, who has worked on the initiative since its inception will present.

Request Resolution:

To develop a contract agreement with Capital Care Developmental Pediatrics in Latham to provide supplemental medical evaluations to specifically approved children enrolled in the Early Intervention (Birth – 3 years) or Preschool Special Needs Program (3-5 years) at reimbursement of rates approved by the New York State Department of Health for Early Intervention or the New York State Education Department for Preschool.

Rationale:

This is the same contract we have in place with Developmental Pediatrics PLLC in Latham, but it is necessary to do a new contract, as the group will now be part of Capital Care Medical Group. Very few children receive this service annually (less than 10) that is paid for by the county, as we try to always maximize the child's private insurance first. We do need to have the contract in place in case the service is needed and there is no other reimbursement available.

Request Referral to Personnel Committee for Consideration of the Following:

- **Adjust the salary rates of the Per Diem Nurses to reflect the recent salary upgrades the CSEA Members received as of January 1, 2010**

Per Diem rates were established and approved at the beginning of the last CSEA contract for the entire contract period, and were set slightly higher than the hourly rate for nurses since no benefits are included. Human Resources has notified us that a Board Resolution that states no one outside the bargaining unit will receive salary increases now overrides this approval. This is not a good scenario for us as Per Diem nurses, when we use them save us from paying overtime salaries, which equate to much more than the hourly per diem rate. We hope to be able to use Per Diem more for weekend and holidays, but we will not get nurses, including the ones we are currently lucky enough to have, to do the same work for no salary adjustment. The pay scale will be available at the meeting for members, and would be forwarded to the Personnel Committee if the Health Services Committee authorizes it.

- **Create the position of a Per Diem, 100% grant funded, grant dependent position of Grant Administrator to assure that all contract deliverables and reimbursement is maximized, and county cash flow is not compromised.**

Grant maximization is taking on a new life that includes much more time to assure that all possible revenues are realized and cash is received in a timely manner. This year with the large amount of money available due to H1N1 and the different grant administrators at the state level, large amounts of staff time that has not been the case in the past is needed. As well, due to the state fiscal crisis, our regular grants that we have routinely received are being much more scrutinized even after the contract work plan has been approved and contributes to delays in receiving our money.

Each of our grants allows for a portion of the grant to be utilized for grant administration, and up until now we have absorbed this into our general duties. This really is no longer a good plan, and dedicated time by an individual is needed. We would propose taking a small amount of money from each grant to pay the individual. It is anticipated that only about 10 hours a week would be necessary.

I spoke with Rich Kelly, Civil Service Director, and obtained the county approved job description for a grant administrator. Given the fact that the county currently has a hiring freeze, I haven't gone any further until the Health Services Committee discusses the issue.

- **Authorize reimbursement of 50% in accordance with CSEA Contract Guidelines for books and associated course fees, if any, for Patricia Belden, PHN upon completion of the required courses for the degree with a grade of "C" or better.**

This employee is in the process of completing her Master's Degree in Public Health. She has been awarded a full tuition scholarship at the SUNY Albany School of Public Health, so no reimbursement for tuition is requested. She has completed 18 credits in the certificate program in December, also on a full tuition scholarship, and will now work to finish the degree. All the courses are pertinent to her job as our Communicable Disease Coordinator, and from a succession standpoint for the agency, any Master's Degree prepared individuals are important to the future of the agency.

Reimbursement for Parent Transporters of Children With Special Needs

To date, Warren County has always reimbursed the few parents who transport their children to and from their approved programs at the IRS rate. For the committee's information, and in keeping with attempts to contain costs, we have learned that not all counties reimburse at this rate, and the county may set a specific reimbursement for this purpose.

For example, the current IRS Rate is \$0.50 per mile. Based on the current number of parent transporters and given a 184-day school year, if the reimbursement were lowered to \$0.40 per mile, an overall savings of \$5,709.52 would be realized. It is the committee's call over how to proceed in this matter.

Request Resolution:

To amend the contract with New Meadow Preschool to enable them to provide evaluation services to children.

Rationale:

Currently, the facility provides program services for children, and we have had no issues. When the contract was first initiated the facility was located in Malta so we did not include evaluations. The program now has a program site in Queensbury, so it is reasonable to amend the contract to allow the evaluation component.

Request Resolution:

To ratify the action of the Chairman of the Board of Supervisors in requesting a certificate of insurance that will allow coverage for the weekly Sexually Transmitted Clinic (held 6:30pm to 8:30pm on Tuesdays) to be moved from the McEachron House in Glens Falls to 526 Glen Street in Glens Falls.

Rationale:

As many are aware, the City of Glens Falls is in the process of selling the McEachron House, where the clinic has operated rent-free since 1974. We are fortunate to have another rent-free site at 526 Glen Street. Trish Nenninger, Second Assistant County Attorney, has advised that this resolution is necessary.

Report of Free and Reduced Fee Care for 2009**Report of Expenditures and Revenues****Report of Overtime and Per Diem Use****Bad Dept and Charity Care Write Off (will need Resolution)**

Please see the attached information.

Tawn Driscoll, Fiscal Manager, will be present at the meeting to review the reports and answer any questions

Executive Session:**Attachments:**

Emergency Response Monthly Activity Report

Third Party Liability (TPL) Report (to be distributed at the meeting)

Report of Free and Reduced Fee Care for 2009 (to be distributed at the meeting)

Report of Revenues and Expenditures

Report of Overtime and Per Diem Use

Rabies Program Report

WARREN COUNTY BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2009 AS OF 1/20/2010 4:32:34 PM

FUND(S): A, CL, D, DM, EF, GI, MS, SD, V
 CODE(S): 4010, 4011, 4013, 4016, 4018, 4046, 4054, 4189, 9061, 4025

EXPENSES	2009 BUDGETED	2009 YTD ACTUAL	2008 Prior Year Totals
Salaries - Regular	\$3,152,422.00	\$2,977,994.12	\$3,019,322.32
Salaries - Overtime	\$183,905.00	\$181,571.28	\$209,579.17
Salaries - Part Time	\$397,601.00	\$268,162.29	\$327,600.22
Salaries - Sick Leave Incentive	\$800.00	\$800.00	\$800.00
100's PERSONAL SERVICES	\$3,734,728.00	\$3,428,527.69	\$3,557,301.71
200's EQUIPMENT	\$19,100.00	\$3,430.29	\$69,518.54
400's CONTRACTUAL	\$9,808,045.76	\$7,853,432.99	\$9,708,382.75
800's EMPLOYEE BENEFITS	\$62,422.00	\$59,899.69	\$57,581.33
TOTALS	\$13,624,295.76	\$11,345,290.66	\$13,392,784.33
REVENUES	2009 BUDGETED	2009 YTD ACTUAL	2008 Prior Year Totals
	\$12,338,428.00	\$8,679,580.04	\$11,961,592.19

Note: Revenues for 2009 do not yet reflect Preschool billings for the 2009 school year, revenue billing accruals, and year end totals for grants.
 The 2009 YTD Revenues do however reflect an accrual for November 2009 billings of \$309,000 for the CHHA, LTC and MCH Programs and \$18,319 to the state for Early Intervention.
 An accrual of \$65,576 has also been made for the Lead, CSHCN, EI and WIC grant totals to be vouchered.

Warren County Health Services

Salaries Comparison

2008 vs 2009
 as of 12/31/09 for 26 payrolls

Total of All Depts	YTD 2009	YTD 09v08	Percentage Change	Annual Expenses	Budget 2009	Actual 2008
Regular Salaries	\$2,977,994.12	-\$41,328.20	-1.37%	\$2,977,994.12	\$3,152,422.00	\$3,019,322.32
Overtime Salaries	\$181,571.28	-\$28,007.89	-13.36%	\$181,571.28	\$183,905.00	\$209,579.17
Part Time Salaries	\$268,162.29	-\$59,437.93	-18.14%	\$268,162.29	\$397,601.00	\$327,600.22
Sick Leave Incentive	\$800.00	\$0.00	0.00%	\$800.00	\$800.00	\$800.00
TOTALS for 26 Pay periods	\$3,428,527.69	-\$128,774.02	-3.62%	\$3,428,527.69	\$3,734,728.00	\$3,557,301.71
				Estimated Savings	-\$306,200.31	-\$128,774.02

*Source: Detail G/L report for all Salary Category from 1/1/XX-12/31/XX
 Note: Payroll reflects the annual 3% increase in salaries for 2009 plus the Payroll accrual of \$110,226.66 from 12/20-12/31/09

-WCHS salary expenses are \$306,200 lower than the 2009 budgeted figures and \$128,774 lower than 2008 actual salary expenses.
 -During September through December 31st, Part time and Overtime BT salaries reflect extra hours for Flu/H1N1 clinics which are 100% reimbursable through the BT grants.

Free and Reduced Care ~~for 2008~~
01-12 / 2009

Free Care- \$54,680.00

These are patients that receive home care services in both CHHA and Public Health.

Reduced Care - \$3,716.00

These are patients that receive reduced home care in the CHHA.

Total: \$58,396.00

Sharon Schaldone ADPS
Home Care 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 Chempack, Mass Fatality, Training, Pan Flu	(i.e. Drill, SNS,
January	H1N1	Fit Testing, education, meetings, NYSDOH surveys, clinics, NYSIS data entry etc. (See also 1st quarter H1N1 Deliverables submitted to state)	All	Pan Flu	
1/5/10	Meeting	re: CART Plan	Barb Orton, Pat Belden, Amy Manney		
1/6/10	Meeting	LEPC	Laura Saffer et.al		
1/12/10	Meeting	Monthly BT Coordinators	Barb Orton, Laura Saffer		
1/13/10	Meeting	Quarterly PH ERP	Barb Orton, et.al		
1/14/10	Meeting	Chempack	Barb Orton, Amy Manney	Chempack	
1/19/10	Test	H1N/HAN Equipment	Barb Orton, Angela Meade, DeLafayette		
1/20/10	Tabletop	Monthly GFH - Violent situation in Behavioral Health	Barb Orton		
1/26/10	Webinar	ServNY Updates	Barb Orton, Angela Meade		
1/27/10	Webinar	Clinic Ops - H1N1 Review	Barb Orton, et.al	Pan Flu	

Warren County Health Services

TPL CASH Thru Medicare 2009

	<u>TPL Rap Pd</u>	<u>TPL Take Back</u>	<u>TPL final Pd</u>	<u>Net</u>	<u>Balance</u>
September	\$21,287.52			\$21,287.52	\$21,287.52
October	\$55,044.39	-\$20,592.00	\$1,431.62	\$35,884.01	\$57,171.53
November	\$36,352.38	-\$32,858.40	\$1,159.20	\$4,653.18	\$61,824.71
December	\$8,968.08	-\$15,197.17	\$0.00	-\$6,229.09	\$55,595.62
Totals	\$121,652.37	-\$68,647.57	\$2,590.82	\$55,595.62	

Warren County Public Health Rabies Program

October-December 2009

Town	Not Vaccinated			Vaccinated			Out of Town			Stray		
	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets
Bolton					1							
Chester				1	2							
Glens Falls	2	1		3	8					2		
Hague												
Horicon				1								
Johnsburg												
Lake George				1	3							
Lake Luzerne				1	2							
Queensbury	2	1		4	17			1		5		
Stony Creek												
Thurman					1							
Warrensburg				2	3						2	
Totals	4	2		13	37			1		7	2	

Bites Reported by Month

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
18	11	16	23	18	23	31	30	20	20	23	23	256

Rabies Clinics to resume in February 2010

OK = Not a problem

C = See comment page (pg 3)

Warren County Health Services 2010 Fiscal Accountability Goals
 Submitted by Patricia Auer, DPH, DPS
 January 2010

DRAFT

GOALS	TRACKING COMMENTS							
	March	June	September	December	March	June	September	December
1. Department will remain within the 2010 Appropriated Budget.								
2. All state and federal grants, and state aid claims will be submitted in a timely basis and in accordance with grant and aid specifications.								
3. Grant deliverables that depend upon expenditure verification in order to receive reimbursement (revenue from grant) will be evaluated before expenditure in order to minimize cash flow issues for the department budget.								
4. Reports of revenues, expenditures, free and reduced fee care, overtime and per diem staff use will be submitted to the Health Services Committee at all monthly meetings.								
5. Mandated programs' expenses will be tracked and reported to the Health Services Committee on a quarterly basis.								
6. All Home visit receivables will be billed at least monthly in order to maximize revenues and improve cash flow.								
7. Per visit rates will be negotiated with private insurances in order to keep pace with actual cost of services.								
8. Medicare and Medicaid revenues will be fully pursued in accordance with federal and state guidelines.								

GOALS

TRACKING COMMENTS

	March		June		September		December	
	Dept Head Comment	Committee Chairman Comment						
9. A Medicaid Corporate Compliance plan for the department will be maintained.								
10. Potential changes in reimbursement from a state and federal perspective will be monitored and reported to Health Services Committee if impacts expected.								
11. All required documentation for services provided will be kept updated and maintained according to state mandates and in accordance with HIPPA requirements.								
12. Information required by the Warren County Treasurer's office will be submitted according to requested timelines.								
13. A proposed 2011 Budget with justification will be presented within the required county timeframe.								
14. All potential, realistic revenue sources will be pursued during the course of the year, and discussed with the Health Services Committee.								
15. Any concerns/obstacles pertinent to all the foregoing goals will be communicated to the Health Services Committee, Deputy Commissioner of Fiscal Services and County Budget Officer as soon as identified.								

DRAFT

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: January 22, 2010

- (a) Purpose of Contract Change: To renew agreement with Upper Hudson Primary Care Consortium to continue with the Community Health Assessment Initiative as outlined on attached resolution
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 122/2009 - see attached
- (c) Name of Contractor: Upper Hudson Primary Care Consortium
- (d) Address of Contractor: 5 Carey Road, Queensbury, NY 12804
- (e) Contractor's Contact Person and Telephone Number: Vicky Wheaton-Seriani, 761-0300, X210, vwheaton@medserv.net
- (f) Commencement Date of Amendment: 1/1/10
- (g) Termination Date of Extension: 12/31/10
- (h) Payment Provisions: Payable on receipt of project reports - not to exceed \$5000.00 for contract period
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount **OR** Capital Project **OR** Capital Reserve Project Number and Title and Amount: A4018.470 Contract

Warren County Board of Supervisors

RESOLUTION NO. 122 OF 2009

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

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

WHEREAS, Resolution No. 146 of 2008, authorized an agreement with the Upper Hudson Primary Care Consortium to provide Warren County Health Services assistance in developing 1) an online tool to allow interactive analysis of telephone survey data by selected independent variables, such as age, gender, county, etc.; 2) set up an interactive CHA database that will allow Warren County to update their community health indicators and track them over time; 3) develop a password protected online area on the Upper Hudson Primary Care Consortium/Adirondack Rural Health Network website for accessing the new online tools previously listed herein and manage it so only authorized staff has access; and 4) provide assistance to Warren County Public Health staff in analyzing the health data compiled in the tools outlined in numbers 1 through 3, and

WHEREAS, the Health Services Committee recommends continuing said agreement for a term commencing January 1, ²⁰¹⁰~~2009~~ and terminating December 31, ²⁰¹⁰~~2009~~, for an amount not to exceed Five Thousand Dollars (\$5,000) payable upon submission of an annual report and a valid County voucher, now, therefore, be it

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

RESOLUTION NO. 122 OF 2009

Page _____, Continued

5 Carey Road Queensbury
Rural Health Network, One Broad Street Plaza, Glens Falls, New York 12801, for a
term commencing January 1, ²⁰¹⁰~~2009~~ and terminating December 31, ²⁰¹⁰~~2009~~ for an
amount not to exceed Five Thousand Dollars (\$5,000) payable upon submission of an
annual report and a valid County voucher in a form approved by the County Attorney.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: January 22, 2010

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To authorize contract agreement with Capital Care Medical Group to provide supplemental medical evaluations for approved children enrolled in EI or Preschool Special Needs programs
- (c) Name of Contractor: Capital Care Medical Group
- (d) Address of Contractor: 7B Johnson Road, Crossroads Center Plaza, Latham, NY 12110
- (e) Contractor's Contact Person and Telephone Number: Rachelle Vline, 782-7733
- (f) Has or will the Contract be provided, if so, please attach: Same contract as for Development Pediatrics
- (g) Commencement Date of Contract: 2/22/10
- (h) Termination Date of Contract: 30 day written term by either party
- (i) Payment Provisions: per evaluation note
 - 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: Preschool : A4054.444 Preschool Education Expense, A4054.3277 Preschool State Revenue; Early Intervention: A4054.0060.3278 Revenue, A4054.0060.444 Expense

PER DIEM RATE CHART 2008 - 2011

	2008		2009		2010		2011	
	Yearly/	Hourly	Yearly/	Hourly	Yearly/	Hourly	Yearly/	Hourly
Nurse Technician	32,926	15.83	34,070	16.38	35,256	16.95	36,483	17.54
Registered Nurse	41,954	20.17	43,430	20.88	44,949	21.61	46,530	22.37
Community Health Nurse (or RPN 2)	42,848	20.60	44,346	21.32	45,906	22.07	47,507	22.84
Public Health Nurse	44,803	21.54	46,363	22.29	47,986	23.07	49,670	23.88

APPLICATION FOR APPROVAL TO ENROLL IN JOB RELATED COURSES BY EMPLOYEE

1. EMPLOYEE'S NAME: Pat Belden 2. POSITION: PHN
3. DEPARTMENT: Health Services 4. COURSE TITLE: Introduction to Family & Community Health
5. INSTITUTION OR SCHOOL: Albany School of PH
6. HOW COURSE RELATES TO CURRENT POSITION: This course provides key issues & contributing factors R/T the health of families & communities. It includes strategies for intervention & promotion of health & wellness.
7. STARTING DATE: 1/20/2010 8. COMPLETION DATE: 5/2010
9. COST: I have received scholarship money through Public Health Leaders of Tomorrow to cover the majority of class. My responsibility would be ~\$150. Dep course + books (~\$76).
10. EMPLOYEE'S SIGNATURE: Pat Belden DATE: 1/14/2010
11. SUPERVISOR'S COMMENTS (APPROVAL/DENIAL) _____

SUPERVISOR'S SIGNATURE: Patricia [Signature] DATE: 1/15/2010

12. DEPARTMENT HEAD'S COMMENTS (APPROVAL/DENIAL) _____
please note information on agenda.

DEPARTMENT HEAD'S SIGNATURE: Pat [Signature] DATE: 1/15/2010

13. COMMITTEE'S RECOMMENDATION: _____

COMMITTEE CHAIRMAN'S SIGNATURE: _____ DATE: _____

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% RE-IMBURSEMENT 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.

Disease control
4018 0030 .410

APPLICATION FOR APPROVAL TO ENROLL IN JOB RELATED COURSES BY EMPLOYEE

1. EMPLOYEE'S NAME: Pat Belden 2. POSITION: PHN
3. DEPARTMENT: HR/HR Services 4. COURSE TITLE: Introduction to Family & Community Health
5. INSTITUTION OR SCHOOL: Albany School of PH
6. HOW COURSE RELATES TO CURRENT POSITION: This course provides key issues & contributing factors R/T the health of families & communities. It includes strategies for intervention & promotion of health & wellness.
7. STARTING DATE: 1/20/2010 8. COMPLETION DATE: 5/2010
9. COST: I have received scholarship money through Public Health Leaders of Tomorrow to cover the majority of class. My responsibility would be \$150. for journal + books (~\$76.)
10. EMPLOYEE'S SIGNATURE: Pat Belden DATE: 1/14/2010
11. SUPERVISOR'S COMMENTS (APPROVAL/DENIAL) _____

SUPERVISOR'S SIGNATURE: Patricia DATE: 1/15/2010

12. DEPARTMENT HEAD'S COMMENTS (APPROVAL/DENIAL) _____
please note information on gender-

DEPARTMENT HEAD'S SIGNATURE: Patricia DATE: 1/15/2010

13. COMMITTEE'S RECOMMENDATION: _____

COMMITTEE CHAIRMAN'S SIGNATURE: [Signature] DATE: 1/22/10

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% RE-IMBURSEMENT 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.

Disease control
4018 0030 410

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: January 22, 2010

- (a) Purpose of Contract Change: To amend contract with New Meadow Preschool to include provision of evaluations for preschool children
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 391/2004 - see attached
- (c) Name of Contractor: New Meadow Inc.
- (d) Address of Contractor: 100 Saratoga Village Blvd., Suite 35, Malta, NY 12020
- (e) Contractor's Contact Person and Telephone Number: Dawn Wheeler, 899-9235
- (f) Commencement Date of Amendment: 2/22/10
- (g) Termination Date of Extension: 30 day written term by either party
- (h) Payment Provisions: State Education Dept. establishes rate, monthly per evaluation paid upon receipt of written evaluation
 - 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: A4054.444 Preschool Education Expense, A4054.3277 Preschool State Revenue

NEWMEADOW SARATOGA SCHOOL
100 Saratoga Village Boulevard, Suite 35
Malta, NY 12020

January 15, 2010

Patricia Auer
Warren County Health Services
Division of Public Health
1340 State Rt. 9
Lake George, NY 12845

Dear Pat:

Thank you for clarifying our inquiry regarding preschool multidisciplinary and supplemental evaluations. Currently, our contract allows us to provide 4410 and EI services to children residing in Warren County. This does not include evaluations.

At this time we request Warren County consider amending our contract to allow Newmeadow Inc. to be added to the list of evaluators available to families through the 4410 Preschool system to provide multidisciplinary and supplemental evaluations. As school districts, service coordinators and families become familiar with our Queensbury site, we have received requests to provide evaluations.

Thank you for your consideration. If you have any questions or require further information, please contact me at 518-899-9315 or dwheeler@newmeadow.org

Sincerely,

Dawn Wheeler

Dawn Wheeler
Administrative Assistant

Warren County Board of Supervisors

RESOLUTION NO. 391 OF 2004

Resolution introduced by Supervisors Haskell, Quintal, Sheehan, F. Thomas and Barody

AUTHORIZING AGREEMENTS CONTINUING CONTRACTUAL RELATIONSHIPS WITH VARIOUS AGENCIES - HEALTH SERVICES DEPARTMENT

RESOLVED, that Warren County continue the contractual relationships (the previous contracts being authorized by Resolution No. 402 of 2003), with the following agencies, pursuant to Section 4410 of the Education Law, to provide certain educational and/or health supportive services to children with disabling conditions under the Early Intervention and/or Preschool Children with Disabilities Programs, for amounts not to exceed the statutory provisions governed by the Commissioner of Education and/or Commissioner of Health, and for the term commencing July 1, 2004 and renewing automatically for successive one-year periods unless terminated with thirty (30) days written notice by either party:

<u>AGENCY</u>	<u>ADDRESS</u>
RD #1 Werner Rd., Ltd.	41 Werner Road Clifton Park, New York 12065
United Cerebral Palsy Association of the Tri Counties, Inc. d/b/a Prospect Child & Family Center	133 Aviation Road Queensbury, New York 12804
Washington-Saratoga-Warren-Hamilton- Essex BOCES	10 LaCrosse Street Hudson Falls, New York 12839
Crossroads Center for Children, Inc.	50 Cypress Drive Glenville, New York 12302
Warren County Health Services - Home Care Division	1340 State Route 9 Lake George, New York 12845

RESOLUTION NO. 391 OF 2004

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<u>AGENCY</u>	<u>ADDRESS</u>
Psychological Associates of Northeastern NY, Inc., PC d/b/a Psychological Associates	551 Bay Road Queensbury, New York 12804
NewMeadow, Inc.	100 Saratoga Village Boulevard Suite 35 Malta, New York 12020

and be it further

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute said renewal agreements in the form approved by the County Attorney.

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS*

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

DEPARTMENT NAME: Health Services

DATE: January 22 2010

- (a) Purpose of Request: Ratify action of the Chairman of the Board of Supervisors to request certificate of insurance that will allow the Sexually Transmitted Disease Clinic to be held at 526 Glen Street, Glens Falls
- (b) Details: see above
- (c) Previous Resolution Number: n/a

Request for Certificate of Insurance for Warren County

Fax (783-8754) or email (js Sexton@coolins.com)

to Jane Sexton, Cool Insuring

Name and address of who is requesting : Peter Hughes, MD
the certificate from you (also referred 526 Glen Street
to as the Certificate Holder): Glen Falls, New York 12801

Fax # for Cert Holder: (518) 792-5908

Phone # for Cert Holder: (518) 792-5340

Contact Name for Cert Holder: Peter Hughes

Description of sexually transmitted
Job/Lease/Contract: office space for weekly ^{disease} clinic

Are they requesting Additional Insured Status? Y N

Are they requesting a Waiver of Subrogation? Y N

If yes to either of the above, please fax us a copy of the portion of the signed contract/agreement referencing insurance requirements. We need this prior to giving Additional Insured status on a certificate.

Contact Information for County Department requesting the certificate:

Name: Warren County

Dept.: Health Services

Phone #: 761-6580

Fax #: 761-6422

Email Address: awep@co.warren.ny.us
(Pat Auer, Director Public Health / Patient Services
(Individual Departments should use this form only if the request is NOT part of a Contract.)

Questions, please call Jane Sexton at Cool Insuring, 793-5133 or email at js Sexton@coolins.com

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: 1/22/2010

- (a) Purpose of Request: Charge off of Uncollectible accounts of \$182,100.74 for 2007.
- (b) Details: Uncollectibles for 2007 from Homecare Net system, of which as of 12/31/08 an Allowance for Doubtful Accounts was reserved in the anticipation of write offs of \$137,961.48.
- (c) Previous Resolution Number:

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS*

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

DEPARTMENT NAME: Health Services

DATE: January 22, 2010

- (a) Purpose of Request: To establish a rate of _____ per mile for reimbursement to parents who transport approved eligible children to Preschool or EI programs
- (b) Details: Counties are obligaged to cover cost of transportation to and from these mandated service programs
- (c) Previous Resolution Number: n/a