

**Warren County Health Services
Health Services Committee Meeting
Additional Agenda Item
May 28, 2010**

Request Referral to Personnel Committee:

For approval to back fill a full time Public Health Nurse position created by a resignation.
Grade-21: Base Salary 43,150.

Rationale:

This position is funded in the 2010 Warren County Budget and is revenue generating. Conservatively, a full time nurse generates \$144,000 per year, and provides essential services to patients in our county.

**Warren County Health Services
Health Services Committee Meeting Agenda
May 28, 2010
Information Submitted By: Patricia Auer, DPH/DPS**

Pending Items

In response to Supervisor Loeb's request at last month's meeting, agenda items and corresponding attachments are now specifically identified.

A. Emergency Preparedness Activities Report

Please see **Attachment #1**

B. Update on Preschool Financial Issue

We would request that this item be moved to last on the agenda since it will involve an executive session.

New Business

C. Request Committee Approval:

To host the Annual Warren County School Nurse Breakfast in August of this year.

Rationale:

We have held this gathering since 1988, and it has always very well attended. It is important that we have the ability to network closely with this group of nurses since they are able to keep and provide up to date information on the entire school age population of children in the county. The cost is 100% funded by the Emergency Preparedness Grant, and we have secured quotes from 3 establishments in the county to assure fiscal accountability. We hold the meeting in August before the new school year begins in order to provide the most updated information we have, but we like to get a "save the date" out before the current school year ends.

D. Request Resolution:

To authorize a contract agreement with Deidre Convery-Bernard, MS, CCC-SLP to provide Speech Language services in a form approved by the county attorney at rates currently approved for therapy contractors.

Rationale:

This clinician is moving to the Johnsburg area with 14 years of experience. We can certainly use her skills, and will have ample work for her. All visits made are revenue generating.

E. Request Resolution:

To authorize a contract agreement with Stephanie Amigo Gulbrandsen, RD, CDN to provide Registered Dietician Services in a form approved by the county attorney at the currently approved per visit rates.

Rationale:

We recently had a dietician resign to take a full time job, and we are lucky to have been able to find a replacement. These services are billable, and hence, revenue generating.

F. Request Resolution:

To authorize a contract agreement with Kristin Starling-Doty, PT, DPT to provide Physical Therapy Services.

Rationale:

This clinician has significant experience in working with children. All therapy contractor services are revenue generating.

G. Request Resolution:

To renew the contract agreement with New York State Department of Health, Division of Family Health, to authorize continued receipt of funding for the Children With Special Health Care Needs Program for the contract year October 1, 2010 through September 30, 2011, in an amount not to exceed \$18,505.

Rationale:

This is a grant we receive annually, and the amount is the same as this contract year. The funds have been received in a timely manner.

H. Request Resolution:

To authorize an agreement with Kinney Management Services, LLC, to obtain a limited license to use the K-checks software and web site at a cost of \$600. per year, minus a 10% discount negotiated for counties by NYSAC for a total of \$540.00 per year in a form approved by the county attorney.

Rationale:

This is necessary as a part of our Compliance Plan in meeting the regulations set forth by the Office of the Medicaid Inspector General. K-checks is a web based software that allows users to the search specific data bases on a monthly basis to assure that any individuals or entities that we have contracts with have not been excluded from participating in any federally funded programs.

The software identifies the action taken on any matches found, and retains the history of the match resolution for use in any federal or state audits. It also allows the uploading of files containing the names of all our employees and contractors which we will update as needed. These files must be matched each month to demonstrate compliance that no funds are accepted by our agency while having contractors or employees who have been excluded from participating in any activities that been excluded from the ability to receive federal or state funds. The software will be a time saver in that even though we need to have a process where one of our employees checks the data base monthly and keeps it updated with contractors and employees, we will not need to individually search each website. Once our people are in the database, we will receive monthly reports only on any relevant changes.

I. Point of Care Capital Project Closure

In the April 26, 2010 Budget Analysis Report from the Warren County Treasurer, it was noted that this project should be reviewed for possible closure with any excess funds transferred to debt service.

Currently, there is a balance of \$45,892, and there are several pieces we still need to do before the project should be officially considered complete.

The specific items and associated costs will be discussed at the meeting.

J. Report of Free and Reduced Fee Care

Please see **Attachment #2**

K. Report of Revenues, Expenditures, Per Diem Use and Overtime Expenditures

Please see **Attachment #3**

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

L. Budget Transfers

Ginelle Jones, Assistant Director of Public Health, will discuss the specifics that are needed in order to maximize our Emergency Preparedness Grant. The funds need to be expended by July 31, with the grant year ending in August.

M. Request Resolution:

To ratify the action of the Chairman of the Board of Supervisors in executing an Amendment agreement to the Empire Health Choice HMO, Inc., Empire Health Choice Assurance, Inc Participating Home Health Care Provider Agreement to allow receipt of increased reimbursement for services rate, and to authorize this insurance to be placed on the list of insurances where amendments may be executed by the Chairman without coming to committee for approval.

Rationale:

When we are able to negotiate increased rates with insurance companies, and we don't need to go through the whole committee and board resolution process each time, it allows us to take advantage of the increased rates sooner.

2009 Annual Report

A copy of the report was distributed to each committee member last week. Any questions regarding the report will be answered at the meeting.

Request Resolution:

To accept the 2009 Annual Report for Warren County Health Services

Executive Session

Attachments:

Monthly report of Emergency Preparedness Activities (**Attachment #1**)

Report of Free and Reduced Fee Care (**Attachment #2**)

Report of Revenues, Expenditures, Per Diem Use and Overtime Expenditures (**Attachment #3**)

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 Drill, SNS,SNS,SNS)
5/5/10	Meeting	Sage Student at GFH	Barb Orton	
5/11/10	Meeting	Monthly BT Coordinators	Barb Orton, Laura Saffer	
5/13/10	Meeting	Various Plans/legal documents	Barb Orton, Amy Bartlett	
5/13/10	Meeting	SNS Plan	Barb Orton, Amy Manney	SNS
5/18/10	Meeting	SNS Plan	Barb Orton, Amy Manney	SNS
5/19/10	Tabletop	Monthly GFH - Pepper spray at area school/surge of patients to AMS site	Barb Orton, Laura Saffer	
5/25/10	Drill	Inter-operable communications drill with GFH	Barb Orton, et. al	Drill
5/26/10	Webinar	Crisis Management for school based incidents	Barb Orton, Laura Saffer, Angela Meade	

Attachment #1

Free and Reduced Care
01-12 / 2009

Free Care- \$54,680.00

Home care services in both CHHA/LTC and Public Health.

Reduced Care - \$3,716.00

Reduced home care in the CHHA

Total: \$58,396.00

Free and Reduced Care
01 & 02 / 2010

Free Care - \$10,850.00

Home care services for CHHA & LTC

Reduced Care – 0 \$

Free and Reduced Care
03/ 2010

Free Care - \$6,150.00

Reduced Care – 0

Free and Reduced Care
04/2010

Free Care - \$5,350.00

Reduced Care - 0

TOTAL --- \$22,350.00 Jan. – April, 2010

Note: When providing care for patients that have traditional Medicare insurance the agency has to provide all medical supplies except for Durable Medical Equipment (DME) needed to render care. We are seeing an increase in the number of patients requiring a medical supply called a pleurx drainage kit. These drains are specific for drainage if fluid in the pleural cavity (lung area). We order them on state contract for the lowest available cost. The cost runs us \$600.00/ case containing 10 drains / case. These drains need to be changed as frequently as 1-2 times per day .

To date we have had 3 plus cases and have spent about \$2,400.00 in pleurx.

Sharon Schaldone ADPS
Home Care Division

ATTACHMENT #2

WARREN COUNTY BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2010 AS OF 5/21/2010 11:42:28 AM

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

EXPENSES	2010 BUDGETED	2010 YTD ACTUAL	2009 Prior Year Totals
Salaries - Regular	\$3,010,719.79	\$1,010,644.57	\$2,972,776.51
Salaries - Overtime	\$158,554.20	\$58,996.91	\$181,571.28
Salaries - Part Time	\$420,599.22	\$80,810.10	\$268,308.45
Salaries - Sick Leave Incentive			\$800.00
100's PERSONAL SERVICES	\$3,589,873.21	\$1,150,451.58	\$3,423,456.24
200's EQUIPMENT	\$33,800.00	\$674.95	\$3,430.29
400's CONTRACTUAL	\$10,486,094.00	\$2,040,252.27	\$9,547,634.62
800's EMPLOYEE BENEFITS	\$38,688.00	\$35,013.56	\$59,899.69
TOTALS	\$14,148,455.21	\$3,226,392.36	\$13,034,420.84
REVENUES	2010 BUDGETED	2010 YTD ACTUAL	2009 Prior Year Totals
	\$13,204,527.00	\$2,236,092.57	\$11,688,704.48

Note: An accrual of \$397,968.32 has been made for April billing for CHHA, LTC and MCH. We are currently working on May data.
 Also accrued is \$10,439.33 for the March and April BT Grant.
 We also want to note that the state is still holding on allowing us to bill Medicaid for Preschool services from July 2009 to current. Therefore both 2009 and 2010 revenues are understated.
 A recent memo from the state noted that they hope to be able to give us permission soon to backbill but only retro to September 2009. We are anticipating to be able to start to retro bill for Preschool Medicaid by fall of 2010.

**Warren County Health Services
 Salaries Comparison**

2009 vs 2010
 as of 5/9/10 for 10 payrolls

Total of All Depts	YTD	YTD	YTD	% Change	Annual Expenses	Budget	Actual
	2010	2009	10v09			2010	2009
Regular Salaries	\$1,010,644.57	\$1,083,688.03	-\$73,043.46	-6.74%	\$2,627,675.88	\$3,010,719.79	\$2,977,994.12
Overtime Salaries	\$58,996.91	\$69,205.32	-\$10,208.41	-14.75%	\$153,391.97	\$155,554.20	\$181,571.28
Part Time Salaries	\$80,810.10	\$103,212.39	-\$22,402.29	-21.71%	\$210,106.26	\$412,599.22	\$268,308.45
Sick Leave Incentive	\$0.00	\$0.00	\$0.00	0.00%	\$0.00	\$0.00	\$800.00
TOTALS for 26 Pay periods	\$1,150,451.58	\$1,256,105.74	-\$105,654.16	-8.41%	\$2,991,174.11	\$3,578,873.21	\$3,428,673.85
					Based on 26 Pay periods Estimated		
					Estimated Savings	-\$587,699.10	-\$437,499.74

*Source: Detail G/L report for all Salary Category from 1/1/XX-5/9/XX
 Note: Payroll reflects the annual 3% increase in union salaries for 2010.

Warren County Request to Host Meeting or Conference

Name of Department: Health Services

Name of Meeting/Conference: Annual School Nurse Meeting

Date: August 25, 2010

Location: Howard Johnson / Jiki Resort

Purpose: Update on Emergency Preparedness, Immunizations

Contact Person: (If other than Department Head) Pat Auer

Phone No.: Ext 6571

Number of People attending:

10 County Employees Clinic Nurses, Health Educator

ADPH + CDC Nurse

2 State Employees

 Volunteers

(≈ 25) Others (specify) School Nurses from Warren County Schools (≈ 25)

Cost to County (please include amounts):

Room rental 0

Food/beverage \$8.25/person (includes gratuity)

Supplies 0

Other (specify)

* Total Cost: \$330 (based on 40)

(Quote is per person - depends on #. Participants not anticipated to exceed 40)

Dept Head Approval:

Pat Auer

Signature

5/10/10

Date:

Committee Chairman Approval:

Matthew

Signature

May 28, 2010

Date

* This meeting is fully covered for expense by the Emergency Preparedness Grant

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: May 28, 2010

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To authorize a contract agreement to provide speech therapy services
- (c) Name of Contractor: Deidre Convery-Bernard
- (d) Address of Contractor: 1E Forrest Road, Middle Grove, NY
- (e) Contractor's Contact Person and Telephone Number: Deidre Convery-Bernard, 845-453-7268, email: dcbmsccslp@optionline.net
- (f) Has or will the Contract be provided, if so, please attach: Use therapist contract
- (g) Commencement Date of Contract: 6/21/10
- (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 2: evals \$60, revisits \$60; OASIS: \$15 per patient; Meetings: \$40; EI: Region 1: 50, Region 2: \$57
- 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

Deidre M. Convery-Bernard, MS, CCC-SLP
Speech Language Pathologist
89 King Drive
Poughkeepsie, New York 12603
845-462-0984 home
845-453-7268 cell
dcbmseccslp@optonline.net

cell
1-845-453-
7268

4/8/2010

I will be relocating to Warren County, New York and am looking for a Speech Language Pathologist position. I have permanent certification as a teacher of the Speech and Hearing Handicapped, am licensed in New York, and have my Certificate of Clinical Competence (CCC). I have 14 years experience working in a school district and for the early intervention and preschool population. I also have experience working with adults in a variety of part-time jobs held over the past 14 years.

I look forward to speaking with you about opportunities you may have available in the near future.

Thank you for your time.

Sincerely,



Deidre M. Convery-Bernard, MS, CCC-SLP

Property:

Cobble Creek Rd
Noah Creek, NY

Camp:

IF Forest Road
Middle Grove, NY

Deidre M. Convery-Bernard, MS, CCC-SLP
Speech Language Pathologist
89 King Drive
Poughkeepsie, New York 12603
845-462-0984 home
845-453-7268 cell
dcbmssccslp@optonline.net

Credentials/Certification:

- Licensed New York State Speech Language Pathologist (9/4/2001 - current registration exp. 9/30/2011)
- Certificate of Clinical Competence - CCC-SLP (7/1/2001 – current registration exp. 12/31/2011)
- New York State Permanent Certification – Speech and Hearing Handicapped (effective 9/1/2000)

Work Experience:

Full Time Employment – 9/1996 - Present

Speech Language Therapist (9/1996 – 8/2001)/Speech Language Pathologist (9/2001 – Present)

Arlington Central School District, Poughkeepsie, New York

Noxon Road Elementary School (Blue Ribbon School Award 2007)

- Provide services to approximately 65-70 students in grades K-5.
- Administer screenings and comprehensive diagnostic evaluations.
- Design and provide intervention services for classified students with mild to severe speech/language delays associated with speech/language impairments, learning disabilities, autism, other health impairments, hearing impairments, multiple disabilities, emotional disabilities, and mental retardation.
- Report diagnostic findings in written Speech Language Reports, attend Initial Referral Meetings with the Special Education Committee for each student evaluated, and assist in developing Individual Education Plans or 504 Plans.
- Report yearly progress in written Annual Review Reports and attend Annual Review Meetings with the Special Education Committee for each classified student.
- Administer screenings and evaluations to design and provide intervention services for non-classified students with mild speech/language impairments associated with academic difficulties.
- Report screening/evaluation findings in written Speech Language Reports, attend parent meetings with staff for each non-classified child, and assist in developing strategies for home and the classroom.
- Schedule students according to needs and recommended frequencies and maintain daily therapy plans.
- Responsible for maintaining daily progress notes for each classified and non-classified student as well as reporting progress in written Quarterly Reports related to each student's specific goals.
- Participate actively in Special Education Team Meetings weekly to review students receiving services as well as implement creative solutions for students referred due to academic difficulties.
- Administer annual Kindergarten Screenings.
- Designed, implemented and update whole class program for Kindergarten students to address speech and language skills.
- Collaborate with parents, teachers, support staff, and administrators to support student needs.
- Act as a building representative on the RTI District Steering Committee to initiate Response to Intervention (RTI) strategies and plans.
- Designed Speech and Language Teacher Reference Guide for grades K-5.

Parochial/Private School placement (9/1999 to 6/2006) - in addition to placement at Noxon Road School

- Provided services to students in grades K-12 placed in private and/or parochial schools across the district.
- Administered annual Kindergarten Screenings for parochial schools.
- Administered screenings and comprehensive diagnostic evaluations for students referred to Special Education.

- Reported diagnostic findings in written Speech Language Reports, attended Initial Referral Meetings with the Special Education Committee for each student evaluated, assisted in developing Individual Education Plans or 504 Plans, and provided service as needed.
- Reported yearly progress in written Annual Review Reports and attended Annual Review Meetings with the Special Education Committee for each classified student.
- Responsible for maintaining daily progress for each student and reporting progress in written Quarterly Reports related to each student's specific goals.
- Collaborated with parents, school staff, and administrators to support student needs.

Summer Employment:

Coordinator/Lead Teacher/Speech Language Pathologist (2005, 2006, 2007, 2008, 2009)

- Pre-planning Responsibilities - Coordinator:
 - Schedule district special education students recommended for summer services in grades K-8.
 - Group students by age group and needs for special education support, occupational therapy, physical therapy and speech therapy (250-300 students).
 - Assign groups and individual sessions to teachers and therapists (25-30 staff members).
 - Work with Director of Special Education to coordinate busing, building accommodations, and staff meetings.
- Summer Program Responsibilities – Lead Teacher/Speech Language Pathologist:
 - Assist Director of Special Education as lead teacher to address staff, parent, and busing problems/concerns.
 - Review Individual Education Plans and specific Speech/Language Goals for each student resulting in personalized therapy plans.
 - Provide speech and language intervention services for approximately 35-40 classified students in grades K-12.
 - Responsible for maintaining a daily planner and student daily progress notes as well as developing summer progress reports related to each student's specific goals.
 - Collaborate with parents, teachers, support staff and administrators to support student needs.
 - Administer screenings and comprehensive diagnostic evaluations requested by the Director of Special Education.

Part Time Employment – 9/1996 - Present

Speech Language Therapist (9/1996 – 8/2001)/Speech Language Pathologist (9/2001 – Present)

Volz and Associates, P.O. Box 737, Lake Katrine, New York

- Provide services for children (birth to age 5) approved for early intervention and preschool services in their homes and/or daycare settings.
- Administer screenings and comprehensive diagnostic evaluations.
- Schedule students according to recommended frequencies and maintain daily therapy plans.
- Responsible for maintaining daily/monthly progress for each child, reporting progress in written Quarterly Reports related to each child's specific goals, reporting diagnostic findings in written Speech Language Reports, and attending Six-Month and Annual Review Meetings.
- Collaborate with parents, On-Service Coordinators, and support staff to support child needs.

Part Time Employment – 7/1999-10/2003

Speech Language Therapist (Summer 1999, 5/2000- 8/2001)/Speech Language Pathologist (9/2001 – 10/2003)

St. Francis Hospital, Communication Department, Poughkeepsie, New York

- Provided services for adults and children
- Administered comprehensive diagnostic evaluations to design and provide intervention service for adults and children for a variety of communication disorders in a variety of settings.
- Focused on working with developmentally disabled adults, early intervention/preschool, and school-aged clients. Services were provided at workshops for the MR/DD population, the hospital clinic, and homes.

- Provided coverage for Speech Language Pathologists during the summers in a variety of settings including nursing homes, specialized schools for developmentally delayed clients, and home visits for stroke patients.
- Responsible for maintaining daily progress for each client, reporting progress in written Progress Reports, reporting diagnostic findings in written Speech Language Reports, and attending various meetings with teams.
- Collaborated with parents, On-Service Coordinators, families and support staff to support client needs.

Part Time Summer Employment (July and August)

Speech Language Pathologist

Somers Central School District, Somers, New York (2003, 2005)

Pine Plains Central School District, Pine Plains, New York (2004)

Pawling Central School District, Pawling, New York (2002, 2003, 2004)

- Reviewed Individual Education Plans and specific Speech/Language Goals for each student resulting in personalized therapy plans.
- Schedule students according to needs and recommended frequencies and maintain daily therapy plans for classified students grade K-12.
- Responsible for maintaining a daily planner and student daily progress notes as well as developing summer progress reports related to each student's specific goals.
- Collaborated with parents, teachers, support staff, and administrators to support student needs.
- Administered screenings and comprehensive diagnostic evaluations requested by the Director of Special Education.

Part Time Summer Employment (July and August)

Speech Language Therapist

Ulster County BOCES, New Paltz, New York (1996, 1997, 1998)

- Reviewed Individual Education Plans and specific Speech/Language Goals for each student resulting in personalized therapy plans.
- Scheduled students according to needs and recommended frequencies and maintained daily therapy plans for classified students grade K-5.
- Responsible for maintaining a daily planner and student daily progress notes as well as developing summer progress reports related to each student's specific goals.
- Collaborated with teachers and support staff to support student needs.

Education:

5/2000 Graduate SUNY New Paltz, New Paltz, New York
MS in Communication Disorders

5/1996 Graduate SUNY New Paltz, New Paltz, New York
BS in Speech and Hearing

5/1994 Graduate Dutchess Community College, Poughkeepsie, New York
AA in Liberal Arts and Humanities

Professional Memberships:

- American Speech-Language-Hearing Association (ASHA)
- New York State Speech-Language-Hearing Association (NYSSLHA)
- Capital Area Speech-Language & Hearing Association (CASHA)

References: Will be sent on request.

ARLINGTON CENTRAL SCHOOL DISTRICT
NOXON ROAD ELEMENTARY SCHOOL
4 OLD NOXON ROAD, POUGHKEEPSIE, NEW YORK 12603
TELEPHONE: (845) 486-4950

MRS. LINDA M. ROY, PRINCIPAL

July 8, 2009

Letter of Recommendation – Deidre Convery-Bernard

Mrs. Deidre Convery-Bernard has served as the Speech and Language Pathologist at Noxon Road Elementary School since September 1996. She has done an excellent job in this assignment, working closely with the school psychologist, the special education teachers, and OT/PT specialists to provide a high quality overall program for the children with special learning needs in the school. Deidre is a dedicated professional who relates to students in a positive manner and communicates very well with both parents and colleagues.

Throughout her time at Noxon Road Elementary School, Deidre has continued to learn new instructional techniques and to gain knowledge in her field. She has completed her Masters Degree at the State University of New York at New Paltz and attained national certification through ASHA. She has also regularly attended professional conferences and workshops to keep up to date on current research in her area of expertise. In addition to her assignment at our school, Deidre has served as a speech and language pathologist for Dutchess County appointed agencies and St. Francis Hospital, primarily serving children requiring early intervention as well as developmentally disabled adults. She also worked for the Ulster County BOCES summer program. For the last six years, she has been an integral part of the Arlington District's Special Education Summer Program. In this program she has worked as a lead teacher responsible for scheduling all students in grades K-8 for special education, speech therapy, occupational therapy and physical therapy, as well as providing speech services to students. Deidre is currently representing our school on the newly formed Arlington district Response to Intervention committee.

Deidre Convery-Bernard would be a welcome addition to any school or program requiring a Speech and Language Pathologist. She leads by example through her strong work ethic and is always willing to share her knowledge with other professionals. I can recommend Deidre with no hesitation for any professional opportunity she pursues in the future.

A handwritten signature in black ink, appearing to read "L.M.B.", with a stylized flourish at the end.

Date - 4/12/2010

TO - Mary Lee Godrey / Division of Home/Health Care

FROM - Deidre Convery-Bernard
845-453-7268

Fax# 518-761-6418

Attached please find my license and insurance information. Thank you.

Deidre

The University of the State of New York
Education Department
Office of the Professions

REGISTRATION CERTIFICATE
Do not accept a copy of this certificate

License Number: 012907-1

Certificate Number: 6484016

CONVERY-BERNARD DEIDRE MARY
89 KING DRIVE
FOUGHEEPSIE NY 12603-0000

is registered to practice in New York State through 09/30/2011 as a(n)
SPEECH - LANGUAGE PATHOLOGIST

LICENSEE/REGISTRANT
Lawrence P. DeWane
EXECUTIVE SECRETARY

Paul Wink
COMMISSIONER OF EDUCATION
ASSOCIATE COMMISSIONER
OFFICE OF THE PROFESSIONS

This document is valid only if it has not expired, name and address are correct, it has not been suspended with and is an original - not a copy. To verify that this registration certificate is valid or for more information please visit www.dor.ny.gov.



Healthcare Providers Service
Organization Purchasing Group
Certificate of Insurance
OCCURRENCE POLICY FORM



Producer	Branch	Prefix	Policy Number	Policy Period
018098	970	HPG	0285693446-8	from: 12:01 AM Standard Time on: 03/15/10 to: 12:01 AM Standard Time on: 03/15/11
Named Insured and Address				Program Administrator
DEIDRE M CONVERY BERNARD 89 KING DR POUGHKEEPSIE NY 12603-3209 Medical Specialty: Speech Language Pathologist				Healthcare Providers Service Organization 159 East County Line Road Hatboro, PA 19040-1218
Code: 80716				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	\$1,000,000.00 each claim	\$3,000,000.00 aggregate
Good Samaritan Liability	Included above	
Personal Injury Liability	Included above	
Malplacement Liability	Included above	

B. Coverage Extensions

License Protection	\$25,000.00 per proceeding	\$25,000.00 aggregate
Defendant Expense Benefit		\$25,000.00 aggregate
Deposition Representation	\$10,000.00 per deposition	\$10,000.00 aggregate
Assault	\$25,000.00 per incident	\$25,000.00 aggregate
Medical Payments	\$25,000.00 per person	\$100,000.00 aggregate
First Aid		\$10,000.00 aggregate
Damage of Property of Others	\$10,000.00 per incident	\$10,000.00 aggregate

C. WORKPLACE LIABILITY

Coverage part C. does not apply if Coverage part D. is made part of this policy.

Workplace Liability	Included in A. Professional Liability Limit shown above	
Fire and Water Legal Liability	Included above subject to	\$150,000 sub-limit
Personal Liability		\$1,000,000.00 aggregate

D. GENERAL LIABILITY

Coverage part D. does not apply if Coverage part C. is made part of this policy.

General Liability	None	None
Fire & Water Legal Liability	None	None
Personal Liability		None

Total \$136.00

Premium reflects self-employed, full-time rate.

Policy forms and endorsements attached at inception

QUESTIONS? CALL: 1-800-982-9491

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

Master Policy: 188711433

Chairman of the Board

Secretary

Keep this document in a safe place. This and your cancelled check act as proof of coverage.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: May 28, 2010

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To authorize contract agreement with Stephanie Amigo Gulbrandsen to provide Registered Dietician services
- (c) Name of Contractor: Stephanie Amigo Gulbrandsen
- (d) Address of Contractor: 52 Fairview Street, Ext. 11. South Glens Falls, NY 12803
- (e) Contractor's Contact Person and Telephone Number: Stephanie Amigo Gulbrandsen, 366-3937, email: sgulbrandsen@nycap.rr.com
- (f) Has or will the Contract be provided, if so, please attach: Use therapist contract
- (g) Commencement Date of Contract: 6/21/10
- (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
 - 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

8/00 – 2002

Saratoga County Dept. of Health

Saratoga Springs, NY

Consultant

Planned and provided in-home nutrition intervention for patients referred by the visiting nurse or MD. Worked closely with the skilled nursing staff to provide in-services as needed and to develop an appropriate nutrition consult flow sheet.

6/98 – 8/01

Capital Cardiology Associates

Albany, NY

Clinical Dietitian

Provided one on one dietary counseling for the patients of the Albany Clinical Nutrition Specialists. Created and conducted a weekly weight loss program under the supervision of one of our physicians. Educated patients in the Cardiac Wellness Center to reduce dietary risk factors in group and individual settings pre and post cardiac events.

2/97 – 5/98

Albany Medical Center – AIDS Treatment Center

Albany, NY

Clinical Dietitian

Planned and executed nutritional care to HIV-infected patients. Participated in daily floor rounds, interacted with the medical team and patients to assure quality care, prevention and treatment of wasting and any other condition which interrupted nutrition & quality of life. Educated house staff and medical students on HIV and nutrition and assessed their understanding of topic by grading MD assigned projects.

8/96 – 2/97

St. Peters Hospital

Albany, NY

Clinical Dietitian

Assisted, developed and educated nutrition plans for cardiac, oncology, and pediatric patients.

Education:

1995-1996

Medical College of Virginia Hospital

Richmond, VA

Dietetic Internship

1992 – 1995

Russell Sage College

Troy, NY

Bachelor of Science in Nutrition

Deans List

Founder and Co-President of the Nutrition Club

Professional Affiliations:

American Dietetic Association

New York State Dietetic Association

Hudson Valley Dietetic Association

The University of the State of New York
Education Department
Office of the Professions

REGISTRATION CERTIFICATE

Do not accept a copy of this certificate

License Number: 004910-1 Certificate Number: 6432397

GULBRANDSEN STEPHANIE AMIGO
5 SANTEE DRIVE
GANSEVOORT NY 12831-0000

is registered to practice in New York State through 07/31/2011 as a(n)
CERTIFIED DIETITIAN-NUTRITIONIST

LICENSEE/REGISTRANT

Walter Laner
EXECUTIVE SECRETARY

R. Howard Mills
COMMISSIONER OF EDUCATION

John Hunk
ASSOCIATE COMMISSIONER
OFFICE OF THE PROFESSIONS

This document is valid only if it has not expired, name and address are correct, it has not been tampered with and is an original - not a copy. To verify that this registration certificate is valid or for more information please visit www.op.nysed.gov.

eat right. American Dietetic Association

MEMBERSHIP CARD FOR

Stephanie A Gulbrandsen

Membership Year June 1, 2009 - May 31, 2010

Class Active Member # 00847651

Signature: *Stephanie A Gulbrandsen*
Kathleen W. McClusky, MS, RD, FADA Treasurer

CDR certifies that
Stephanie A Gulbrandsen
has successfully completed
requirements for dietetic
registration.

Commission
on Dietetic
Registration

A member registry of the
American Dietetic
Association

Registration Payment Period: 09/01/2009 - 08/31/2010

Stephanie A Gulbrandsen Registered Dietitian (RD)
Signature
Registration ID Number

847651

Quay S. McCune MS, RD, SNS
Chair, Commission on Dietetic Registration



Healthcare Providers Service
Organization Purchasing Group



Certificate of Insurance

OCCURRENCE POLICY FORM

Producer 018098	Branch 970	Prefix HPG	Policy Number 423249336-8	Policy Period from: 12:01 AM Standard Time on: 05/01/10 to: 12:01 AM Standard Time on: 05/01/11
Name Insured and Address STEPHANIE A GULBRANDSEN 52 FAIRVIEW ST EXT APT 11 SOUTH GLENS FALLS, NY 12803-4887			Program Administrator Healthcare Providers Service Organization 159 East County Line Road Hatboro, PA 19040-1218	
Medical Specialty Dietitian		Code 80720		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	\$1,000,000.00 each claim	\$3,000,000.00 aggregate
Good Samaritan Liability	Included above	
Personal Injury Liability	Included above	
Malplacement Liability	Included above	

B. COVERAGE EXTENSIONS

License Protection	\$25,000.00 per proceeding	\$25,000.00 aggregate
Defendant Expense Benefit		\$25,000.00 aggregate
Deposition Representation	\$10,000.00 per deposition	\$10,000.00 aggregate
Assault	\$25,000.00 per incident	\$25,000.00 aggregate
Medical Payments	\$25,000.00 per person	\$100,000.00 aggregate
First Aid		\$10,000.00 aggregate
Damage to Property of Others	\$10,000.00 per incident	\$10,000.00 aggregate

C. WORKPLACE LIABILITY

Coverage part C. does not apply if Coverage part D. is made part of the policy.

Workplace Liability	Included in A. Professional Liability Limit shown above	
Fire and Water Legal Liability	Included above subject to \$150,000 sub-limit	
Personal Liability		\$1,000,000.00 aggregate

D. GENERAL LIABILITY

Coverage part D. does not apply if Coverage part C. is made part of the policy.

General Liability	None	None
Fire & Water Legal Liability	None	None
Personal Liability		None

Total \$94.00	Premium reflects self-employed, part-time rate
Policy forms and endorsements attached at inception	QUESTIONS? CALL: 1-800-982-9491
G-121500-D G-121501-C G-121503-C G-145184-A G-147292-A GSL3886 GSL3908 G-123819-D31 G-123846-D31 G-123813-C31 G-123814-D31 GSL10550NY	
Master Policy: 188711433	

Thomas F. Motamed

Chairman of the Board

John M. Zaker

Secretary

Keep this document in a safe place. This and your cancelled check act as proof of coverage.

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: May 28, 2010

- (a) Purpose of Request: To accept the 2009 Health Services Annual Report
- (b) Details: Per NYSDOH it is necessary that this report be compiled and accepted by Board of Supervisors Resolution
- (c) Previous Resolution Number: 546/2009

Warren County Board of Supervisors

RESOLUTION NO. 546 OF 2009

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

APPROVING WARREN COUNTY HEALTH SERVICES AGENCY EVALUATION OF SERVICES AND ANNUAL REPORT FOR 2008 FOR THE DIVISION OF HOME CARE AND THE DIVISION OF PUBLIC HEALTH - HEALTH SERVICES DEPARTMENT

WHEREAS, the Director of Public Health/Patient Services of the Warren County Health Services Department has submitted an annual evaluation of Services and Annual Report for 2008 for the Division of Home Care and the Division of Public Health to the Warren County Board of Supervisors for approval, now, therefore, be it

RESOLVED, that the Warren County Health Services Evaluation of Services and Annual Report for the year 2008, as presented to the Warren County Board of Supervisors be, and hereby is, accepted and approved.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: May 28, 2010

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To authorize a contract agreement to provide physical therapy services
- (c) Name of Contractor: Kristin Starling-Doty
- (d) Address of Contractor: 56 Grandview Lane, Warrensburg, NY 12885
- (e) Contractor's Contact Person and Telephone Number: Kristin Starling-Doty, 504-4227, cell: 369-1675, email: kkstarling@yahoo.com
- (f) Has or will the Contract be provided, if so, please attach: Use therapist contract
- (g) Commencement Date of Contract: 6/21/10
- (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 2: 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



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

Print Date: 05/10/10

Producer	Branch	Prefix	Policy Number	Policy Period
018098	970	HPG	0423291845	from: 12:01 AM Standard Time on: 05/05/10 to: 12:01 AM Standard Time on: 05/05/11
Named Insured and Address:				Program Administrator:
Kristin K. Starling-Doty 56 Grandview Ln Warrensburg, NY 12885-1232				Healthcare Providers Service Organization 159 East County Line Road Hatboro, PA 19040-1218
Medical Specialty:		Code:	Insurance Provided by:	
Physical Therapist		80995	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			
Malpractice Liability	included above			

B. COVERAGE EXTENSIONS:

License Protection	\$ 25,000	per proceeding	\$ 25,000	aggregate
Defendant Expense Benefit	included above			
Deposition Representation	\$ 10,000	per deposition	\$ 10,000	aggregate
Assault	\$ 25,000	per incident	\$ 25,000	aggregate
Medical Payments	\$ 25,000	per person	\$ 100,000	aggregate
First Aid	included above			
Damage to Property of Others	\$ 10,000	per incident	\$ 10,000	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			\$1,000,000	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: \$	306.00	QUESTIONS? CALL: 1-800-982-9491
Policy forms and endorsements attached at inception.		
G-121500-D GSL10550NY G-121503-C 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.

Thomas F. Motawa
Chairman of the Board

John M. Zaker
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: May 28, 2010

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To authorized agreement with Kinney Management Services LLC to obtain limited license to use k-checks software and website
- (c) Name of Contractor: Kinney Management Services LLC
- (d) Address of Contractor: 3 Tallow Wood Drive, Suite G, PO.Box 1047, Clifton Park, NY 12065
- (e) Contractor's Contact Person and Telephone Number: Jim Dale, 371-4322, x136
- (f) Has or will the Contract be provided, if so, please attach: Yes
- (g) Commencement Date of Contract: 6/21/10
- (h) Termination Date of Contract: Per terms of attached agreement and county attorney language
- (i) Payment Provisions:
 - i) lump sum amount \$540 per year
 - 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: A4010.428 Data Processing CHHA

Kchecks[®] Licensing/Subscription Agreement

1. Kinney Management Services, LLC grants you a non-exclusive, non-transferable, royalty-free, limited license to use the Kchecks[®] software and web site provided by Kinney Management Services, LLC for the licensee identified below. Use is limited to the licensee and may not be used for or by other agencies, departments, contractor, etc. Redistribution of programs owned by Kinney Management Services, LLC is strictly prohibited.
2. This agreement shall automatically renew as of the date of the expiration of the subscription for an additional period not to exceed one year from such date, subject to the payment of the next annual licensing fee prior to the expiration of the existing license period. If fees are not paid by the start of the next annual licensing period access will be suspended until the annual fee is paid.
3. The annual licensing fee is due at the beginning of each annual period. Access may be suspended if payment is not received by the start of the next annual period.
4. Users are the ones who have the knowledge of their encrypting keys. They have the sole responsibility to make sure their encrypting keys are kept in a safe and secure place. Kinney Management Services, LLC shall not be liable for any damages (including damages resulting from not being able to restore backup data or the disclosure of confidential information) resulting from loss/corruption/compromise of this key.
5. All content included on this site and in Kchecks[®], including text, graphics, logos, button icons, images and software, is the property of Kinney Management Services, LLC and is protected by international copyright laws. All programs used on this site are the property of Kinney Management Services, LLC or its software suppliers and protected by international copyright laws. Any attempt of reverse engineering, disassembly, or decompilation of programs, is prohibited by law.
6. Kchecks[®] software is provided on an "as is" basis with no warranties of any kind and Kinney Management Services, LLC will not be liable for any damages of any kind arising from its use. Kinney Management Services, LLC further disclaims all warranties, express and implied, including without limitation, any implied warranties concerning the accuracy of the information displayed or its fitness for a particular purpose.
7. This agreement represents the entire understanding between the parties with respect to the subject matter hereof, and supercedes all other agreements; oral and written, with respect thereto.
8. This annual licensing agreement will be changed from time to time and the licensee can find an updated version on the www.Kchecks.com web site.

9. Use of Kchecks[®] is subject to the terms of use and other policies as posted on the Kchecks[®] web site at the time of use. These terms are up dated from time to time and it is your responsibility to check for changes and to be aware of them. No additional notice will be given of changes.
10. Kinney Management Services, LLC may send notices to you via either email or regular mail. Kinney Management Services, LLC may also provide notices of changes to the terms or other matters by displaying notices, or links to notices, to you generally on the services provided by Kinney Management Services, LLC.
11. You are expected not to use the services provided by Kinney Management Services, LLC for any unlawful activities not otherwise covered above, including but not limited to, attempting to compromise the security of any networked account, a site or a country. Appropriate legal procedures will be pursued when Kinney Management Services, LLC is aware of any of these activities.
12. Kinney Management Services, LLC reserves the right to terminate access to the web site at any time, without refund or notice, in the event that the Kinney Management Services, LLC believes, in its sole discretion, that the licensee is not in compliance with the terms and conditions of this Agreement.
13. While it is not Kinney Management Services, LLC's intent to monitor your online communications, Kinney Management Services, LLC reserves the right to edit or remove content that we become aware of and determine to be harmful or offensive to the general public. Termination or suspension of your account may result as a consequence to the violation of this rule.
14. Kinney Management Services, LLC shall not be liable for any indirect, special, incidental or consequential damages (including damages for loss of business, loss of profits, loss of backup data, or the like), whether based on breach of contract, tort (including negligence), product liability or otherwise, even if Kinney Management Services, LLC or its representatives have been advised of the possibility of such damages and even if a remedy set forth herein is found to have failed of its essential purpose.
15. Kinney Management Services, LLC reserves the right at any time and from time to time to modify or discontinue, temporarily or permanently, the services (or any part thereof) with or without notice.
16. Governing Law. The laws of the State of New York shall govern this Licensing Agreement. In the event that any proceeding of a judicial nature is brought to determine any matter arising out of, or in connection with, this Agreement, the proceeding shall be brought in a court of competent jurisdiction in Saratoga County in the State of New York.

Please indicate the license being purchased, and forward this completed form with your check to the following address:

Kinney Management Services, LLC.
Kchecks[®] Licensing Fee
3 Tallow Wood Drive, Suite G
Clifton Park, New York 12065

- Small User - less than 25 staff - \$200 per year annual licensing fee.
- Large User - more than 25 staff - \$600 per year annual licensing fee per NPI
- School District - \$600 per year annual licensing fee per NPI
- Government Agency - \$600 per year annual licensing fee per Agency or Department (Not applicable to Government hospital or other multi-NPI operated providers.)

Signature: _____ Date: _____

Print Name: _____ Title: _____

Name of Company/District/Govt Entity: _____
(e.g. Government Department, Health care provider, etc.)

Address: _____

City: _____ State: _____ ZIP: _____

Email Address: _____

You will be notified by email as soon as your account is activated.



NYSAC

NEW YORK STATE
ASSOCIATION OF COUNTIES

540 Broadway, 5th Floor, Albany, New York 12207 | Phone: (518) 465-1473 | Fax: (518) 465-0506 | www.nysac.org

President: Hon. Thomas J. Santulli, Chemung County | Executive Director: Stephen J. Acquario, Esq.

April 2, 2010

Dear County Leader:

I am writing to you about some recent changes on the Federal level at the Centers for Medicaid Services (CMS), which have a direct impact on counties, who are considered Medicaid providers. The latest directive from CMS **mandates completing monthly checks of all employees and contractors to ensure they are not excluded providers**, and requires counties to retain documentation of such efforts. Please note that this process is not the same as an initial employee background check.

At the request of NYSAC member counties, NYSAC met with and previewed a software solution called Kchecks[®] which we believe will be helpful to counties in order to comply with this new mandatory procedure. The software solution was developed by Kinney Management Services, LLC and makes compliance easier to manage by eliminating the creation and storage of additional paper records. Hiring or continuing to employ individuals who have been sanctioned or excluded can jeopardize your county's ability to be reimbursed and could subject your county to Civil Monetary Penalties. Medicare and Medicaid requirements are clear, especially concerning sanctions and exclusions.

Kchecks[®] provides a cost-effective process to manage the risk of this complex challenge. The system allows users to upload electronic files containing the names of employees and contractors that the organization employs or does business with. These files are stored in Kchecks[®] and then automatically searched on a monthly basis against a central repository for individuals and entities that have been excluded from participating in federally funded healthcare programs, including Medicaid and Medicare.

Any new matches resulting from a monthly search will generate email notification of the new situation(s) requiring resolution to the user. Kchecks[®] then documents the action taken by the registered user on the identified matches, creating a complete electronic audit trail containing the history of all matches completed as well as an action taken throughout the resolution process of any issue. This audit trail will allow your county the ability to produce proof of compliance for Federal and/or State audits.

NYSAC has negotiated a discounted price for counties who purchase the Kchecks[®] system. We are planning a series of Webinars, free of charge, to demonstrate this product on:

Thursday, April 15 from 2pm – 3pm
Wednesday, April 21 from 2pm – 3pm
Friday, April 30 from 9am -10am

Please RSVP for any of the aforementioned Webinars by calling Jim Daley at Kinney Management at 518.371.0176 extension 136, or by email at jdaley@kinneyassoc.com.

Sincerely,

Stephen J. Acquario
Executive Director

Committed to counties since 1925

Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chautauque, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Kings, Lewis, Livingston, Madison, Monroe, Montgomery, Nassau, New York, Niagara, Oneida, Onondaga, Ontario, Orange, Orleans, Oswego, Otsego, Putnam, Rensselaer, Queens, Richmond, Rockland, St. Lawrence, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, Steuben, Suffolk, Sullivan, Tioga, Tompkins, Ulster, Warren, Washington, Wayne, Westchester, Wyoming, Yates

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: May 28, 2010

- (a) Purpose of Contract Change: To renew contract agreement with NYSDOH to authorize continued receipt of funding for Children With Special Health Care Needs Program in amount not to exceed \$18,505
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 665/2009, see attached
- (c) Name of Contractor: New York State Department of Health, Division of Family Health
- (d) Address of Contractor: Fiscal Unit, Corning Tower, Room 787, Empire State Plaza, Albany, NY 12237
- (e) Contractor's Contact Person and Telephone Number: Kristin Kventzel, 474-4569, email: kxk02@health.state.ny.us
- (f) Commencement Date of Amendment: 10/1/10
- (g) Termination Date of Extension: 9/30/11
- (h) Payment Provisions: Paid upon approval of work plan for funds
 - 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: 4018.0020.110 Exp. Family Health Salary; A4018.0020.4452 Rev. Family Health CSHCN

Warren County Board of Supervisors

RESOLUTION NO. 665 OF 2009

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

AUTHORIZING AGREEMENT CONTINUING CONTRACTUAL RELATIONSHIP WITH NEW YORK STATE DEPARTMENT OF HEALTH FOR FUNDING OF CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN) PROGRAM - HEALTH SERVICES DEPARTMENT

RESOLVED, that Warren County continue the agreement (the previous agreement being authorized by Resolution No. 271 of 2008) with New York State Department of Health, Division of Family Health, Fiscal Unit, Corning Tower, Room 878, The Governor Nelson A. Rockefeller Empire State Plaza, Albany, New York 12237, for funding for the Children with Special Health Care Needs (CSHCN) Program, for a term commencing October 1, ~~2009~~²⁰¹⁰ and terminating September 30, ~~2010~~²⁰¹¹, for an amount not to exceed Eighteen Thousand Five Hundred Five Dollars (\$18,505), and the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an agreement in the form approved by the County Attorney, and be it further

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute any and all documents necessary to accept any Cost of Living Adjustment (COLA) payments that the County may receive relating to the above-described grant renewal, in a form approved by the County Attorney.



STATE OF NEW YORK DEPARTMENT OF HEALTH

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

Richard F. Daines, M.D.
Commissioner

James W. Clyne, Jr.
Executive Deputy Commissioner

May 13, 2010

Patricia Auer
Director of Public Health & Patient Services
Warren County on behalf of Warren County Health Services
1340 State Route 9
Lake George, New York 12845

Dear Ms. Auer:

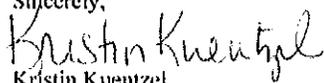
Enclosed please find the budget and workplan forms necessary to renew your Children with Special Health Care Needs program contract number C-024650 for the period October 1, 2010 - September 30, 2011, in the amount of \$18,505. When your budget and workplan are approved, you will receive contract signature pages under separate cover.

The contract amount includes optional additional funding in the amount of \$343. If accepted, these funds must be used to support families of children with special health care needs (CSHCN) and youth and young adults with special health care needs (YAYASHCN) in program involvement, empowerment or leadership activities. These nonpersonal service funds can be utilized for supports which include but are not limited to: projects or meetings which are for consumers (families of CSHCN or YAYASHCN); consumer stipends for involvement as participants or presenters in meetings or trainings; or consumer travel which facilitates participation in leadership, empowerment or program development activities. These funds are to be utilized to support families of CSHCN and YAYASHCN across the spectrum of birth to 21 years. These funds can not be used to support consumer involvement in Local Early Intervention Coordinating Council meetings or activities that are solely focused on the birth to age three population. These funds can not be utilized for staff development.

Please complete the enclosed budget and workplan forms and return to my attention to the following address by **June 10, 2010**:

NYS Department of Health
Division of Family Health, Fiscal Unit
ESP Corning Tower - Room 878
Albany, NY 12237-0657

Please contact me for budget related questions at (518) 474-4569 or by e-mail at kxk02@health.state.ny.us. Budget and workplan forms may also be requested electronically by contacting me. For programmatic questions or for guidance, please contact your Regional Office contact or Marina Sepowski at (518) 402-5706 or by e-mail at mfs12@health.state.ny.us. Upon review and approval of the budget and workplan, a contract will be sent under separate cover for signature and notarization. Thank you.

Sincerely,

Kristin Kuentzel
Health Program Administrator
Fiscal Unit, Division of Family Health

Enclosures

cc: Marina Sepowski

Contractor:
Contract No.: C-

APPENDIX B-1
TABLE A
BUDGET SUMMARY

Children with Special Health Care Needs Program
OPERATING BUDGET AND FUNDING REQUEST

Contract Period: October 1, 2010 - September 30, 2011

	=	+	+	+	=
	Total Expenses	Amount Requested from NYS	Other Source	Specify Other Sources	
Subtotal Personal Service (Total Line Only from Table A-1):	\$0	\$0	\$0	See Table A-1	
Subtotal Nonpersonal Service (Total Line Only from Table A-2):	\$0	\$0	\$0	See Table A-2	
GRAND TOTAL	\$0	\$0	\$0		
					<u>CFDA INFORMATION</u> Federal Funds 93.994: Maternal and Child Health Services Block Grant (100%)

CONTRACTOR NAME:
CONTRACT NUMBER:

**APPENDIX D-1
 CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN) PROGRAM WORKPLAN
 OCTOBER 1, 2010 – SEPTEMBER 30, 2011**

Program Goals	Objectives	Activities for Goal Accomplishment	Person(s) Responsible	Measurement	Person(s) Responsible
<p>Information & Referral: Families of CSHCN will receive information and referrals to insurance, health services, and community resources to address their identified needs.</p> <p>Data: All data will be reported in a timely manner in accordance with Appendix C, Section II of the Payment and Reporting Contract Requirements.</p>	<p>1) 100% of families of CSHCN who are uninsured or underinsured will be provided with information regarding health and dental insurance and gap-filling programs, referred to available public insurance and gap-filling programs, and enrolled as appropriate.</p> <p>2) 100% of families of CSHCN with health-related needs will be assisted in accessing appropriate community resources.</p> <p>1) Data will be reported quarterly throughout the year and submitted to the Division of Family Health - Fiscal Unit.</p>			<p>1) All reported services rendered each quarter will be entered into the CSHCN data application. Ongoing involvement, as in referrals made or in pending status, and/or receipt of needed services will be reflected in the data.</p> <p>2) Same as #1 above.</p> <p>1) Data will be received in the Division of Family Health Fiscal Unit no later than 45 days after the end of the quarter (i.e. 2/14/11 1st quarter, 5/15/11 2nd quarter, 8/14/11 3rd quarter; and 11/14/11 4th quarter).</p>	

CONTRACTOR NAME:
 CONTRACT NUMBER:

APPENDIX D-1
 CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN) PROGRAM WORKPLAN
 OCTOBER 1, 2010 – SEPTEMBER 30, 2011

Program Goals	Objectives	Activities for Goal Accomplishment	Person(s) Responsible	Measurement	Person(s) Responsible
<p>Quality Improvement: Gaps and barriers to access health care and related services and resources for families are identified.</p>	<p>1) Grantee will identify barriers to health care and related services and resources via: contacts with families, (particularly culturally diverse families) and providers; interactions with resources in the community; and involvement in community coalitions, professional organizations and other groups.</p> <p>2) Grantee will suggest strategy(ies) for addressing identified barriers, including those for culturally diverse families.</p> <p>3) Grantee will initiate proposed strategy(ies) to the extent possible, review and report progress to overcome the barriers, and permanently implement to the degree possible the strategy(ies) that are effective.</p>			<p>1) The grantee will report for each quarter the barriers encountered and the progress and successes in resolving them.</p> <p>2) Same as #1 above.</p> <p>3) Same as #1 above.</p>	

CONTRACTOR NAME:
CONTRACT NUMBER:

**APPENDIX D-1
 CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN) PROGRAM WORKPLAN
 OCTOBER 1, 2010 – SEPTEMBER 30, 2011**

Program Goals	Objectives	Activities for Goal Accomplishment	Person(s) Responsible	Measurement	Person(s) Responsible
<p>Outreach: Each grantee will perform outreach activities at a minimum of once a quarter.</p>	<p>1) At least quarterly, information about the CSHCN Program is disseminated to the community targeting families (including culturally diverse populations) of CSHCN and providers. Methods for dissemination may include provider detailing, meetings, email, and distribution through the Post Office.</p> <p>2) The CSHCN Program will have a culturally and linguistically appropriate current publication to use for outreach.</p> <p>3) Information about health insurance (including Medicaid, Child Health Plus, and Family Health Plus) and other resources targeting families of CSHCN are disseminated to the community. Methods may include website development, resource lists, and local phone information lines.</p>			<p>1) Outreach efforts are documented in the narrative quarterly report, including target audience, location and medium used. All relevant newly published literature is attached to the quarterly report.</p> <p>2) A publication describing the CSHCN Program is utilized in outreach efforts.</p> <p>3) Same as #1 above.</p>	

CONTRACTOR NAME:
 CONTRACT NUMBER:

APPENDIX D-1
 CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN) PROGRAM WORKPLAN
 OCTOBER 1, 2010 – SEPTEMBER 30, 2011

Program Goals	Objectives	Activities for Goal Accomplishment	Person(s) Responsible	Measurement	Person(s) Responsible
<p>Other (Optional): Please specify if offering any other services. These areas are suggested:</p> <p>Medical Homes: Foster awareness of the medical home concept as defined by the American Academy of Pediatrics (AAP).</p> <p>Staff Development: Staff development opportunities are provided to CSHCN staff to ensure they are an effective resource for families of CSHCN.</p>	<p>If you choose one or more of the optional activity areas, the corresponding objectives apply:</p> <ol style="list-style-type: none"> At least once a year, information is distributed to families and providers about the medical home concept. At least once a year, presentations are offered to families and providers about the medical home concept. At least once a year, staff is offered opportunities to learn about available resources, medical diagnoses, cultural competency, and program policy and procedures. 			<ol style="list-style-type: none"> Narrative reports will describe the target population, the information distributed, and the quantity of information distributed. Narrative reports will indicate the number of presentations given and the number of participants. Narrative reports will describe staff training and development and note staff attendance. 	

CONTRACTOR NAME:
 CONTRACT NUMBER:

APPENDIX D-1
 CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN) PROGRAM WORKPLAN
 OCTOBER 1, 2010 – SEPTEMBER 30, 2011

Program Goals	Objectives	Activities for Goal Accomplishment	Person(s) Responsible	Measurement	Person(s) Responsible
<p>Other (Optional): Please specify if offering any other services. These areas are suggested:</p> <p>Lending Library: Print and audio/visual resources will be made available to families and other community members.</p>	<p>1) A lending library of culturally and linguistically appropriate print and audio/visual resources is developed, maintained and made available for families of CSHCN and other community members.</p>			<p>1) Quarterly narrative reports detail the number of individuals served by the lending library.</p>	
<p>Transition: Youth and families are prepared for transition to the adult world of health, learning, living, and earning.</p>	<p>1) Effective initially at age 14, paper and electronic culturally appropriate resources are offered to 100% of youth and families regarding transition to adult health care providers, sources of health insurance, and vocational services.</p>			<p>1) Narrative reports describe resources and activities offered for youth and families related to transition.</p>	

CONTRACTOR NAME:
CONTRACT NUMBER:

**APPENDIX D-1
 CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN) PROGRAM WORKPLAN
 OCTOBER 1, 2010 – SEPTEMBER 30, 2011**

Program Goals	Objectives	Activities for Goal Accomplishment	Person(s) Responsible	Measurement	Person(s) Responsible
<p>If the additional OTPS funds are accepted, these funds must be utilized for consumer involvement.</p> <p>Consumer involvement: Increase consumer (families of CSHCN and youth and young adults with special health care needs) involvement in the local CSHCN Program.</p>	<p>1) At least once during the year, consumers, including those of culturally diverse populations, are involved in meetings, trainings or other types of activities which improve their own or others (i.e. providers) knowledge, attitudes or skills or enhance program development.</p> <p>2) Funding is provided for consumer stipends, travel, and attendant and/or childcare expenses while participating in these activities.</p>			<p>1) Narrative reports will document consumer involvement in meetings, trainings or other activities.</p> <p>2) Quarterly vouchers will document reimbursement for consumer stipends, travel, and attendant and/or child care.</p>	

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: May 28, 2010

- (a) Purpose of Request: To ratify the action of the Chairman of the Board of Supervisors in executing an Amendment agreement to the Empire Health Choice HMO, Inc., Empire Health Choice Assurance, Inc. Participating Home Health Care Provider Agreement to allow receipt of increased reimbursement for service rates, and to authorize this insurance to be placed on the list of insurances where amendments may be executed by the Chairman without coming to committee for approval.
- (b) Details:
- (c) Previous Resolution Number: 485/2006 attached

AMENDMENT TO
EMPIRE HEALTHCHOICE HMO, INC.
EMPIRE HEALTHCHOICE ASSURANCE, INC.
PARTICIPATING HOME HEALTH CARE PROVIDER AGREEMENT

This amendment (the "Amendment") effective as of May 15, 2010 ("Effective Date"), modifies the Participating Home Health Care Agreement dated April 1, 2008, including all attachments and rate schedules thereto (collectively, the "Agreement") between Empire HealthChoice HMO, Inc., Empire HealthChoice Assurance, Inc. and their respective affiliates and subsidiaries (collectively, "Empire") and Warren County Health Services ("Provider"). Empire and Provider may hereinafter be referred to as "Party" or "Parties." As of the Effective Date, this Amendment shall be incorporated into and become a part of the Agreement, and all references to the Agreement shall include this Amendment.

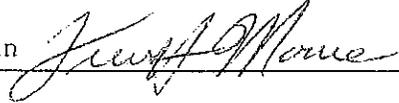
WHEREAS, the Parties entered into an Agreement for the provision of Home Health Care Services to Empire members; and

WHEREAS, the Parties desire to amend the Agreement to set forth revised reimbursement rates.

NOW, THEREFORE, the Parties hereby agree as follows:

1. Schedule B of the Agreement is hereby deleted in its entirety and replaced with a new Schedule B, a copy of which is attached hereto. The revised reimbursement rates summarized in the new Schedule B shall apply to dates of service on or after May 15, 2010.
2. As of the Effective Date, this Amendment shall be incorporated into and become a part of the Agreement, and all references to the Agreement shall include this Amendment. All other terms and conditions of the Agreement remain in full force and effect. In the event there is a conflict between such Agreement and this Amendment, the terms of this Amendment shall apply.

IN WITNESS WHEREOF, the parties have caused their duly authorized representatives to execute this Amendment as of the date(s) indicated below.

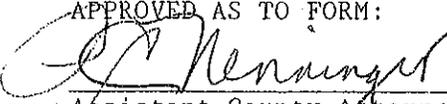
Provider: Warren County Health Services
Signature:  Date: 4/30/10
Print Name: Frederick H. Monroe, Chairman
Title: Chairman 

Empire HealthChoice Assurance, Inc.,
Empire HealthChoice HMO, Inc.

Signature: _____ Date: _____
Jill R. Hummel

Print Name: _____

Title: _____

APPROVED AS TO FORM:

Assistant County Attorney

RESOLUTION NO. 485 OF 2006

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

AMENDING RESOLUTION NO. 449 OF 2006 TO AUTHORIZE CHAIRMAN TO EXECUTE AGREEMENTS AND AMENDMENT AGREEMENTS FOR PRIVATE PAY REIMBURSEMENT - HEALTH SERVICES DEPARTMENT

WHEREAS, the Board of Supervisors, in Resolution No. 449 of 2006, authorized the Chairman to execute amendments to County agreements with insurance companies for rate increases for private pay reimbursement of services provided by the Health Services Department, and

WHEREAS, the Director of Health Services advises that the County would gain further cost savings by authorizing the Chairman to execute agreements or amendment agreements with insurance companies relating to rate increases for private pay reimbursement for any of the services contracted for and provided by the Health Services Home Care Division, and

WHEREAS, the Board of Supervisors desires to implement such cost effective measures, now, therefore be it

RESOLVED, that Resolution No. 449 of 2006 is hereby amended to authorize the Chairman of the Board of Supervisors to execute agreements or amendment agreements relating to rate increases with the insurance companies set forth in attached Exhibit "A", where such agreement or amendment agreement would authorize a rate increase for private pay reimbursement for any of the services contracted for and provided by the Warren County Health Services Home Care Division, provided that all other agreement terms remain substantially unchanged, and in a form approved by the County Attorney, and be it further

RESOLVED, that Warren County be and hereby is authorized to enter into an updated agreement with MVP Health Plan, Inc., MVP Select Care, Inc., MVP Health Services Corp., MVP Health Insurance Company, MVP Health Plan of New Hampshire, Inc. and MVP Health Insurance Company of New Hampshire, Inc. ("MVP"), 625 State Street, P. O. Box 2207, Schenectady, New York, 12301, for Warren County to provide contracted for Home Care services to members enrolled in said insurance plan, for a term and at new rates commencing on a date to be agreed to by the parties as prior to or upon execution of said agreement and shall be automatically renewed for successive one (1) year terms unless terminated as set forth in the agreement, and the Chairman of the Board of Supervisors, be and he hereby is, authorized to execute said agreement in the form approved by the County Attorney, and be it further

RESOLVED, that Exhibit "A" of Resolution No. 449 of 2006 be amended to add GHI and the above listed MVP Corporations, and to remove the individual company description of services, as set forth in the attached Exhibit "A", and be it further

RESOLVED, that all other terms and provisions of Resolution No. 449 of 2006 remain in full force and effect.

Exhibit "A"

Blue Shield of Northeastern New York
PO Box 15013
Albany, NY 12212

Capital District Physicians' Health Plan, Inc.
17 Columbia Circle
Albany, NY 12203

Empire Home Infusion Service, Inc.
10 Blacksmith Drive, Suite 2
Malta, NY 12020

Group Health Incorporated
PO Box 4332
Kingston, NY 12402

MVP Health Plan, Inc.
MVP Select Care, Inc.,
MVP Health Services Corp.
MVP Health Insurance Company
MVP Health Plan of New Hampshire, Inc.
MVP Health Insurance Company of New Hampshire, Inc
625 State Street
PO Box 2207
Schenectady, NY 12301

U.S. Healthcare d/b/a Aetna
15 Columbia Circle
Albany, NY 12203

United Healthcare
1 Penn Plaza, 8th Floor
New York, NY 10119

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

SIGNED: 

DATE: 5/28/10

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.4189.120	Bioterrorism-Overtime Salaries	A.4189.260	Bioterrorism-Other Equipment	\$500.00
A.4189.130	Bioterrorism-Part Time Salaries	A.4189.260	Bioterrorism-Other Equipment	\$14,000.00
A.4189.410	Bioterrorism-Supplies	A.4189.260	Bioterrorism-Other Equipment	\$12,000.00
A.4189.423	Bioterrorism-Telephone Expenses	A.4189.260	Bioterrorism-Other Equipment	\$8,000.00
A.4189.435	Bioterrorism-Medical Expenses/Supplies	A.4189.260	Bioterrorism-Other Equipment	\$10,000.00
A.4189.470	Bioterrorism-Contract	A.4189.260	Bioterrorism-Other Equipment	\$2,500.00
Total Transfers				<u>\$47,000.00</u>

Please state reason for transfers requested:

1.To transfer funds to Other Equipment from expense accounts to cover expenses for Equipment Purchases needed for Grant by 7/31/10.

Grant ends 8/9/10. New Grant will begin 8/10/10.

Equipment purchase list has been submitted to State for approval for current grant year. All purchases need to be made, received and paid for by 7/31/10 per State.

Will need to amend budget later to bring in new grant 2010/2011 monies to cover 8/10-12/31/10 expenses.

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

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: Public Health Nurse Base salary: 43,150

Budget code and title: Health Services CHHA Regular salaries A4010-110

This position is vacated due to: Retirement Resignation Termination Promotion
 Other _____

Employee No. 11217

Is this position mandated? Yes No Is the position reimbursable? Yes No

Source of reimbursement: Federal _____% State _____% Other private ins. _____%

Impact to Budget: all above REVENUE SOURCE - exact percentages vary depending on patient payor sources - position is revenue generating and more than covers the cost of its salary and benefits - conservative

COMMISSIONER OF ADMINISTRATIVE & FISCAL SERVICES COMPLETES THIS SECTION

Name of Committee: Health Services Date: 5/28/10

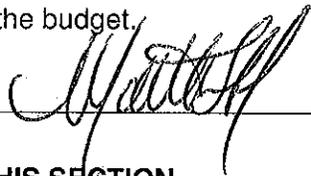
- The Commissioner has no objection to the filling of the vacancy.
- The Commissioner objects to the filling of the vacancy.

Commissioner Signature _____

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee: Health Services Date: 5/28/10

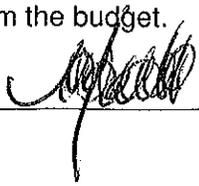
- The committee has no objection to the filling of the vacancy.
- The committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

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. 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: May 28, 2010

- (a) Title of Vacant Position to be Filled: Public Health Nurse
- (b) Date position will become vacant: 5/24/10
- (c) Do You Anticipate Filling the Position In-House? No
If Yes, List Employee Number:
- (d) Annual Salary of Position (and Grade if Applicable):* \$43,150.00. Grade 21
*(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:* As soon as possible after BOS approval, CSEA - 15 day posting, and recruitment of qualified candidate
*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): A4010.110 Health Services (CHHA) Regular Salaries
- (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: This is not a mandated position but is revenue-generating as nursing visits are billable services
- (m) Is there expected revenue from this position? If so, please explain: Yes, see above comment, conservative revenue estimate for position is \$144,000.00 per year

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: May 28, 2010

- (a) Purpose of Request: To authorize payment of claim for reimbursement of health care services in the amount of \$952.00 in a form approved by county attorney
- (b) Details: see above
- (c) Previous Resolution Number: n/a