

**Warren County Health Services
Health Services Committee Meeting Agenda
June 25, 2010
Information Submitted By: Patricia Auer, DPH/DPS**

Action Agenda: New Business

1. Request Resolution:

To ratify the actions of the Chairman of the Warren County Board of Supervisors in signing the application for ARRA (American Recovery and Reinvestment Act of 2009) funding for the 4410 Preschool Special Education Program.

Rationale:

The application for these funds was due on June 11, 2010, so we needed to get it submitted before this meeting.

We were informed by NYSAC, who met with the New York State Division of the Budget (DOB), it is the intention of the state of use ARRA funds for the purpose of reimbursing counties for the state's 59.5% share of the cost of services provided for the 2009-2010, and 2010-2011 School Years. Although it is not mandatory for counties to apply for this funding, if they don't, because of the New York State Budget situation, payments will be delayed for up to 2 years. Because of the cost of this program, this kind of delay would be a huge cash flow issue. Another issue, that we are concerned about is that we have yet to see what kind of information we will need to report to the state in order to be paid. In our experience with other grants this past year, ARRA grants are hugely labor intensive and come with many strings attached. NYSAC is reportedly going to be working with the State Education Department to assure that requirements on counties are reasonable. We will keep you posted.

2. Request Resolution:

To renew Contract C-021829 with New York State Department of Health Division of Family Health to allow receipt of continued funding for Early Intervention Administration activities for the period October 1, 2010 – September 30, 2011 in the amount of \$38,975.

Rationale:

This is the same amount of funding we received for the current grant year. Funds are paid quarterly by voucher submission after receipt of a state approved work plan for the use of the funds.

3. Request Resolution:

To renew the Contract (LA 201) with the New York State Department of Health to allow receipt of continued funding for the WIC Program for the contract year, October 1, 2010 – September 30, 2011 in an amount not to exceed \$534,730.

Rationale:

This amount will continue to cover all of the expenses for the WIC Program, and unlike last year when the contracts were sent out very late, timing is much better this year.

4. Request Referral to Personnel Committee:

For consideration to backfill a full time Community Health Nurse position. Grade 20 Base Salary: \$42, 082.

Rationale:

The vacancy is the result of a resignation. The nurse is going back to Glens Falls Hospital where she will work four eight hour days and be paid more than our nurses that work five eight hour days. With any job there are pros and cons. This nurse has been with us for six years and she will be a loss to the agency. Though we are sad to see her leave, it is best for her personal situation and she will continue to provide excellent care to patients in another health care arena. The position, although not mandated, is revenue generating and more than pays for itself. The expected revenue from the position is approximately \$144,000 per year, and it is funded in the 2010 Warren County Budget. The resigning nurse's salary is \$47,694, so there will be a net gain of \$5,612.

5. Request Resolution:

To authorize a contract agreement with Eileen Dashnaw to provide Orientation and Mobility evaluations and services, and occupational therapy services at the approved therapy contract rate.

Rationale:

We have a blind child in the preschool program that requires this service. We have no other children with this need, and have no current contractors certified to provide this type of service.

Pending Items: Old Business

6. Emergency Preparedness Activities

Please see the June Monthly report on **Attachment #1**

We have received feedback from the New York State Department of Health as to the equipment that has been approved for grant funding. Ginelle Jones, Assistant Director of Public Health, will provide specific information at the meeting.

7. Update on Preschool Provider Payment Issue

There is no further information to report.

8. Update on Point of Care Capital Project Status

We are in the process of securing the remainder of the items needed, and are moving forward toward closure, and will let the committee know as soon as we are complete.

Topics for Discussion/Information

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

Please see **Attachment #2**

10. Budget Transfer for WIC Program

Attachments:

#1 Emergency Preparedness Monthly Activities Report

#2 Report of Expenditures, Revenues, Overtime and Per Diem Use

WARREN COUNTY BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2010 AS OF 6/23/2010 3:12:15 PM

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

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

EXPENSES	2010 BUDGETED	2010 YTD ACTUAL	2009 Prior Year Totals
Salaries - Regular	\$3,010,719.79	\$1,231,004.92	\$2,972,776.51
Salaries - Overtime	\$158,054.20	\$71,042.39	\$181,571.28
Salaries - Part Time	\$406,599.22	\$98,762.41	\$268,308.45
Salaries - Sick Leave Incentive	\$3,575,373.21	\$1,400,809.72	\$800.00
100's PERSONAL SERVICES	\$80,800.00	\$4,197.43	\$3,423,456.24
200's EQUIPMENT	\$10,453,594.00	\$2,698,893.52	\$3,430.29
400's CONTRACTUAL	\$38,688.00	\$35,013.56	\$9,547,634.62
800's EMPLOYEE BENEFITS	\$14,148,455.21	\$4,138,914.23	\$59,899.69
TOTALS			\$13,034,420.84
REVENUES			
	2010 BUDGETED	2010 YTD ACTUAL	2009 Prior Year Totals
	\$13,204,527.00	\$3,043,301.10	\$11,688,704.48

Note: An accrual of \$43,906.69 has been made for May billing for CHHA, LTC and MCH. We are current at this point and continue to work on June data. Also accrued are May 2010 expenses for \$5,118.70 for the BT Grant and \$28,271 for WIC. Both WIC and BT are current with payments on vouchers submitted previously.

It should also be noted that the Preschool Program (which is mandated) has not paid anything in 2010 on any outstanding AVL's from previous years that are due. 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 6/6/10 for 12 payrolls

Total of All Depts	YTD 2010	YTD 2009	YTD 10v09	% Change	Annual Expenses Estimated	Budget 2010	Actual 2009
Regular Salaries	\$1,231,004.92	\$1,314,347.94	-\$83,343.02	-6.34%	\$2,667,177.33	\$3,010,719.79	\$2,977,994.12
Overtime Salaries	\$71,042.39	\$84,182.31	-\$13,139.92	-15.61%	\$153,925.18	\$155,554.20	\$181,571.28
Part Time Salaries	\$98,762.41	\$120,976.51	-\$22,214.10	-18.36%	\$213,985.22	\$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	\$1,400,809.72	\$1,519,506.76	-\$118,697.04	-7.81%	\$3,035,087.73	\$3,578,873.21	\$3,428,673.85
					Estimated Savings	-\$543,785.48	-\$393,586.12

*Source: Detail G/L report for all Salary Category from 1/1/XX-6/6/XX
Note: Payroll reflects the annual 3% increase in union salaries for 2010.

WARREN COUNTY HEALTH SERVICES
BT ACTIVITY SHEET

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

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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, Pan Flu
6/2/10	Meeting	Washington County ERP Committee	Laura Saffer		
6/4/10	Drill	GFH Evacuation Drill	Ginelle Jones et.al	Drill	
6/7/10	Presentation	E-Health Scheduling	Ginelle Jones, Barb Orton, Angela Meade et.al	Pan Flu	
6/8/10	Meeting	Monthly BT Coordinators	Barb Orton		
6/15/10	Presentation	Chemical Suicide Awareness Program	Barb Orton et. al	Chempack	
6/16/10	Meeting	Update Plans	Barb Orton, Irish Nenninger		
6/22/10	Tabletop	Monthly GFH - "Event" at children's camp	Barb Orton, Laura Saffer		
6/23/10	Meeting	SNS	Barb Orton, Amy Manney	SNS	
6/24/10	Trainings	Mandatory In-services	Barb Orton, Laura Saffer, Angela Meade et.al	Training	

RESOLUTION REQUEST FORM NO. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: Health Services

DATE: June 25, 2010

- (a) Purpose of Grant: To ratify actions of Chairman of the Board of Supervisors in executing an application to apply to receive ARRA funds for the 4410 Preschool Program
- (b) Name of Grantor: NYS Education Department
- (c) Address of Grantor: STAC, Special Aids and Medicaid Unit, 89 Washington Avenue, Room 514EB, Albany, NY 12234
- (d) Grantor's Contact Person and Telephone Number: Harold Matott, 474-7116
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? Yes
- (f) Effective Date of Grant: to be determined when grant agreement is received
- (g) Termination Date of Grant: to be determined when grant agreement is received
- (h) Total Dollar Amount Involved (not to exceed): 59.5% per child for preschool services
- (i) Deadline to Submit Grant Application and/or Grant Agreement: 6/11/10
- (j) Is a Budget amendment required? Not at this time If yes, also complete and submit Form No. 7.
- (k) Are the funds to go into a Capital Project or Capital Reserve Project? No If yes, also complete and submit Form No. 8 or Form No. 9, as applicable.
- (l) Is a Local Share Required? Yes If Yes, Where are the Funds? List Budget Code (with title), Object Code (with title), and Amount **OR** Capital Project **OR** Capital Reserve Project Number and Title and Amount: Remainder of Preschool 4410 costs not covered by NYSED; A4054.4277 Public Health Preschool Federal Stimulus

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Application for American Recovery and Reinvestment Act (ARRA) Grant Funds
State Fiscal Stabilization Fund – Government Services
2009-10 School Year

County Name: _____ Warren County (Warren County Health Services) _____

County Address: _____ 1340 State Route 9, Lake George, NY 12845 _____

Contact Name: _____ Patricia Auer _____

Telephone Number: (5_1_8) 761-6580

Email Address: _____ auerp@co.warren.ny.us _____

BEDS Code: _____ 6 3 0 7 0 1 6 4 0 0 8 8 _____

DUNS Code: _____ 0 9 8 3 3 4 7 3 3 _____

CCR Number: _____

CCR Valid Until (dd/mm/year): 05 /03 /2011

Instructions

- Enter the BEDS code as it appears in SEDREF.
- Enter your county's assigned Data Universal Numbering System (DUNS) Code and Central Contractor Registration (CCR) number. To be eligible for funds, ARRA requires that all primary grantees (New York State and the State Education Department) and their subgrantees (local agencies) have a DUNS number and register with CCR.
- Complete the Program Narrative by writing your county's name in the space provided or writing your own narrative and deleting the summary provided.
- Complete the Certification portion of this form and submit this original application and any supporting documentation directly to:

STAC, Special Aids and Medicaid Unit
89 Washington Avenue
Room 514EB
Albany, NY 12234
Attention: Harold Matott

- Your application should be received by the State Education Department by Friday, **June 11, 2010**.

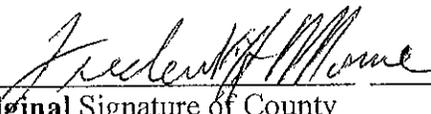
PROGRAM NARRATIVE

The County of WARREN will use ARRA funds to provide special education to preschool children with a disability in accordance with Article 89 of the Education Law.

Certification

The following assurances are required under Part A of the American Recovery and Reinvestment Act (ARRA) prior to the release of federal funds. By signing this assurance, you are ensuring required accountability and compliance with all applicable federal and State laws, regulations, and grants management requirements, including the requirements of the State Fiscal Stabilization Fund for Government Services. Additionally, you assure that you will comply with any required assurances, certifications, recordkeeping and reporting requirements for funds received through the ARRA.

I hereby certify that this application has been made pursuant to Chapter 53 of the Laws of 2010 as proposed by Section 1 of S.6603/A.9703 of 2010 for Federal funds allocated to New York State pursuant to the American Recovery and Reinvestment Act of 2009. I also hereby certify that the above named county will submit any and all reports prescribed by the New York State Education Department by any deadlines set in the future and understand that they will include, but may not be limited to, an accounting of all funds received and a report on the dollar amount associated with jobs saved, jobs created and programs delivered. I also certify that the above named county will comply with the requirements of the GEPA Sections 422 and 427.

	<u>Frederick H. Monroe</u>	<u>5/25/10</u>
Original Signature of County Chief Executive Officer (CEO)	County CEO Name (PLEASE PRINT)	Date

<u>monroef@co.warren.ny.us</u>	<u>518-761-7652</u>	<u>518-761-766535</u>
County CEO's Email Address	County CEO's Fax Number	Telephone Number

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: June 25, 2010

- (a) Purpose of Contract Change: To renew contract with NYSDOH Division of Family Health to allow receipt of continued funding for Early Intervention administration activities
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: R480/2009
- (c) Name of Contractor: NYSDOH Division of Family Health Fiscal Unit
- (d) Address of Contractor: Empire State Plaza, Corning Tower, Room 878, Albany, NY 12237-0657
- (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:
 - 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. voucher submission upon receipt of approved work plan)
- (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: A4054.0060.4451 EI Administration Revenue

Warren County Board of Supervisors

RESOLUTION NO. 480 OF 2009

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

AUTHORIZING AGREEMENT CONTINUING RELATIONSHIP WITH NEW YORK STATE DEPARTMENT OF HEALTH FOR FUNDING FOR EARLY INTERVENTION ADMINISTRATION PROGRAM - HEALTH SERVICES DEPARTMENT

RESOLVED, that Warren County continue the agreement (the previous contract being authorized by Resolution No. 403 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 Early Intervention Administration Program, for a term commencing October 1, 2009 and terminating September 30, 2010, said funding to be in an amount not to exceed Thirty-Eight Thousand Nine Hundred Seventy-Five Dollars (\$38,975), 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

June 2, 2010

Patricia Auer
Director of Public Health & Patient Services
Warren County on behalf of Warren County Health Services
1340 State Rte. 9
Lake George, NY 12845

Re: Early Intervention Administration
Contract Number: C-021829
Contract Period: October 1, 2010 – September 30, 2011

Dear Ms. Auer:

Enclosed please find the budget forms necessary to renew your Early Intervention Administration program contract number C-021829 for the period October 1, 2010 – September 30, 2011, in the amount of \$38,975. Also enclosed is the 2010-11 standardized workplan that will become part of the contract when renewed. When your budget is approved, you will receive contract signature pages under separate cover.

Please complete the necessary budget forms and return two copies of your contract submission package to my attention by **June 30, 2010** to:

New York State Department of Health
Division of Family Health Fiscal Unit
Empire State Plaza
Corning Tower, Room 878
Albany, NY 12237-0657

If you have fiscal questions or require assistance, please contact me at (518) 474-4569 or by e-mail at kxk02@health.state.ny.us. Programmatic workplan issues should be discussed with Terry Ayers at (518) 473-7016 or by e-mail at txb03@health.state.ny.us. Thank you.

Sincerely,

Kristin Kuentzel
Health Program Administrator
Fiscal Unit
Division of Family Health

cc: Terry Ayers

APPENDIX D

EARLY INTERVENTION ADMINISTRATION WORK PLAN

October 1, 2010 - September 30, 2011

The mission of the statewide Early Intervention Program (EIP) is to identify and evaluate as early as possible those infants and toddlers whose healthy development is compromised and provide appropriate intervention to improve child and family development.

Local governments have responsibility for administering the EIP, subject to regulations of the Commissioner of Health, Subpart 69-4 of subchapter H of Chapter II of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York. Administrative funds are provided to all municipalities to offset costs incurred in the implementation of the EIP, exclusive of due process costs. This funding is contingent upon a municipality's compliance with the following work plan developed by the Department:

Work Plan Responsibilities of Municipalities for 2010-2011:

Public Awareness and Child Find

Municipalities will ensure that primary referral sources are aware of their responsibilities; that required provisions related to initial service coordination are implemented; and that procedures to complete evaluations, determine eligibility, and report eligibility determinations are implemented according to all regulatory requirements.

To accomplish this, municipalities will:

- Establish a single point of entry for referral of children who are at risk for developmental delays or potentially eligible children to the EIP and have a process in place for immediate referral of children suspected of having a developmental delay to the Early Intervention Official/Designee (EIO/D) if public health officers are designated to receive referrals.
- Disseminate public awareness materials and materials related to the EIP and Child Health Plus (including standardized referral forms to be used by primary referral sources, e.g., hospitals, pediatricians, day care providers, etc.) and promote local awareness of the EIP.
- Educate and encourage primary health care providers to participate in the child find component of the EIP by conducting periodic developmental surveillance and refer children, as appropriate.
- Educate primary referral sources, such as local and regional newborn nurseries/ICUs, Child Health Plus providers, child care providers, and other organizations that deliver services to children under the age of three years, about the importance of developmental

screening, the availability of the EIP, and the requirement to refer children under the age of three years suspected of or at-risk for developmental disability to the EIO in the municipality that the child resides.

- Establish a working relationship with child protection agencies regarding the Child Abuse Prevention and Treatment Act (CAPTA) and address referral and screening requirements for children under the age of three years who are subjects of substantiated cases of abuse and neglect.
- Make other reasonable efforts to identify and locate children within the municipality who are potentially eligible for the EIP.
- Promote a local process to engage children in the primary health care system, including:
 - coordinating efforts to locate and recover at-risk children who have been disengaged from the primary health care system and reengage those children in primary care where they will receive periodic developmental surveillance and screening;
 - establishing linkages to other county health/community programs that currently have the responsibility to track at-risk children, and ensure that these children are followed and receive periodic developmental surveillance through those programs; and,
 - conducting follow-up activities with infants who have been referred by a hospital or have failed the initial newborn hearing screening and have not had a second screening.
- Ensure that any direct developmental screening conducted by the municipality is conducted as a last resort, is not duplicative, and is provided only to children who have been identified as outside the primary health care system who cannot be reengaged in that system successfully. Because children suspected of having a developmental delay or disability are entitled to a multidisciplinary evaluation, municipalities cannot “prescreen” or “rescreen” them (e.g., complete a developmental screening such as the ASQ or other type of screening) to determine whether an evaluation should be completed or what type should be administered.
- Ensure that parents are fully informed of and understand their rights and entitlements under the EIP, including providing *The Early Intervention Program: A Parent’s Guide* to parents by mail or other suitable means within seven business days, and communicating in the family’s dominant language unless it is clearly not feasible to do so.
- Ensure that the municipality appropriately designates in writing an initial service coordinator (SC) (either direct staff or through contracted, State-approved service providers) for each referred child, and that the initial SC performs required activities, including:
 - arranging a contact with the parent within five business days of receipt of referral from the EIO/D in a time, place and manner reasonably convenient for the parent;
 - assisting the parent in identifying and applying for Medicaid or other public benefit programs (such as Child Health Plus or SSI) for which the family may be eligible;
 - informing parents of potentially eligible children of their rights under the EIP;
 - collecting information necessary to establish third-party coverage for eligible children, including Medicaid, Child Health Plus, and commercial insurance; and

- assisting parents in gaining access to a multidisciplinary evaluation for their child for the purpose of determining eligibility according to regulatory requirements, including providing parents with all options for evaluation using the list provided by the municipality and objectively reviewing the list with parents to allow them to make an informed choice regarding the evaluator's specialties, availability, and location.
- Ensure that the municipality appropriately reimburses for evaluation services that are conducted by qualified personnel according to EIP regulatory requirements.
- Ensure that the parent and municipality receive the evaluation report in a timely manner prior to the initial Individualized Family Service Plan (IFSP) so the IFSP meeting can be held within 45 days of the child's referral.
- Ensure that only eligible children receive IFSP services.

Family-Centered Services

Municipalities will ensure that the development and implementation of the IFSP meets all regulatory requirements and is timely; there is oversight of services; and parents are involved in the planning and evaluation of service delivery.

To accomplish this, municipalities will:

- Ensure that the EIO/D provides for adequate time before the meeting date so that the family and other participants will be able to attend.
- Ensure that the EIO/D sends timely written notice (two or more days before the meeting) of all IFSP meetings to required participants.
- Ensure that the EIO/D and all other required members participate in IFSP meetings, including six-month reviews, and that the EIO/D attends the initial and annual IFSP meetings in person.
- Ensure that initial IFSPs are completed in a timely manner so that IFSPs are in compliance with the 45-day timeline from date of referral and that it is documented in the child's record and in the EI data system (KIDS/NYEIS) if the timeline is not met.
- Ensure that the development of IFSPs meet all regulatory requirements for every eligible child, including that IFSPs are held within the required time frames and that it is documented in the child's record and in the EI data system (KIDS/NYEIS) if the timeline is not met.
- Ensure that services agreed upon between the parent and EIO/D are clearly stated, in writing, in IFSPs authorized by the municipality.
- Ensure that due process rights of mediation, impartial hearing, and system complaints are provided to the parent whenever there is a dispute regarding services.

- Ensure that parents may accept or decline any early intervention service without jeopardizing other early intervention services.
- Secure written parental permission for the confidential exchange of information among parents, evaluators, service providers, service coordinators, and/or other individuals according to federal and state law and regulation.
- Ensure that families are included in all aspects of the early intervention process and have the services needed to maximize their involvement.

Service Delivery and Natural Environments

Municipalities will ensure that services are individualized and delivered in accordance with the IFSP; all services are delivered in environments appropriate to the unique needs of the child; and services are delivered in a timely fashion.

To accomplish this, municipalities will:

- Ensure that all models of early intervention service delivery (home/community-based individual/collateral visits, office/facility-based individual/collateral visits, parent-child groups, group developmental interventions, family/caregiver support groups) are continuously available.
- Ensure that ongoing service coordination services are provided (either directly or through contract with State-approved service providers) and that ongoing service coordinators appropriately monitor services and implement IFSPs so that services specified in IFSPs begin within 30 days of the effective date of the IFSP period and are provided continuously for the entire period that the IFSP is in effect.
- Ensure that all services use an individualized approach for both children and their families, including consideration and respect for cultural, ethnic, and other individual and family characteristics and lifestyles.
- Ensure that services are provided in natural environments to the maximum extent appropriate for the needs of the eligible child and, if services are not provided in natural environments, an explanation is provided in the IFSP. Natural environments include settings that are natural or normal for the child's age peers who do not have disabilities, including the home, a relative's home when child care is provided by the relative, a child care setting, or other community settings in which children without disabilities participate.
- Ensure that procedures are in place to change a service provider, including amending the IFSP, and to provide appropriate notification to the parent and other providers delivering IFSP services.
- Ensure that procedures are in place to ensure that respite services are available and that an

established criterion is utilized to authorize respite when needed by the family.

Transition

Municipalities will ensure that a transition plan is developed for all children, with the family, and included in the child's record/IFSP; that transition steps occur within the required timelines; that gaps in services do not occur for children who are potentially eligible for services under section 4410 of the Education Law; and that referrals to other appropriate early childhood programs are made.

To accomplish this, municipalities will:

- For every child exiting the EIP:
 - Ensure that a timely transition plan is developed according to regulatory requirements.
 - Ensure that, with parent consent, the transition plan is incorporated into the IFSP.
 - Ensure that, when requested by the parent, only children determined to be eligible for services under Section 4410 of the Education Law prior to their third birthday are eligible to receive early intervention services specified in an IFSP beyond their third birthday.
 - Ensure that municipal and contracted service coordinators review information concerning the transition procedures with the parent and obtain parent consent for the transfer of pertinent early intervention records.
- Ensure that children thought to be potentially eligible for services under Section 4410 of the Education Law can smoothly transition from the EIP to the Preschool Special Education Program including:
 - with parent consent, notifying the school district of the child's potential eligibility for services under Section 4410 at least 120 days before the child is first eligible for these services;
 - assisting the parent in sending a written consent referral to the child's school district requesting the school district to evaluate the child to determine if (s)he needs special education services;
 - at the parent's option and with parent consent, arranging for and participating in a transition conference for children potentially eligible for preschool services at least 90 days before the child is first eligible for services or the child's third birthday, whichever is first. The chair of the school district's Committee on Preschool Special Education (CPSE) must be invited;
 - ensuring that transition procedures are reviewed with parents either at the transition conference or, if no conference occurs, at another time at least 90 days before the child is first eligible for services or before the child's third birthday, whichever is first. This review should include parents' rights and responsibilities regarding the EIP and preschool system requirements;
 - with parent consent, establishing a transition plan and incorporating the plan into the IFSP, including the date the child will transition to 4410 services;
 - with parent consent, ensuring that pertinent records are transferred to the CPSE; and,
 - notifying and inviting the local social service commissioner/designee to participate in transition planning for children in care.

- Ensure that a transition plan to other childhood and support services is developed and implemented for children determined not eligible by the CPSE and that parents are assisted to access such services.
- Ensure that children determined not eligible by the CPSE are discharged from the EIP by their third birthday.

Administration and Oversight

Municipalities will strive to continuously improve the administration of the EIP in an effort to enhance the quality of services and maintain fiscal accountability.

To accomplish this, municipalities will:

- Ensure that early intervention services contracted for are delivered according to the standards provided in *Health and Safety Standards for the Early Intervention Program* issued by the Department.
- Comply with all federal and state laws and regulations regarding submission of data.
- Ensure that proper procedures exist to resolve disputes or complaints and that parents are made aware of their rights to due process procedures to resolve such disputes or complaints through mediation and an impartial hearing.
- Ensure that proper procedures exist to maximize third-party reimbursement for services by:
 - ensuring that children's social security numbers, Medicaid enrollment status, identification numbers, and/or information of any other insurance or health benefits plan is obtained upon initial referral or as early as possible by the municipality, maintained in a confidential manner, and periodically updated throughout the child's participation in the EIP;
 - ensuring that all information about service delivery necessary to obtain insurance and Medicaid reimbursement is submitted by providers who bill for services (e.g., ICD, CPT codes, NPIs, and professional license number, etc.); and
 - claiming to Medicaid, Child Health Plus, and commercial insurance prior to claiming to the Department, consistent with the *Guidance on Claiming Insurance for Early Intervention Services* document and other claim-related guidance issued by the Department.
- Ensure that required documentation to substantiate billing and claiming is maintained by the municipality and contracted providers.
- Adjust claims to the state to correct errors and credit additional payments received during the preceding year.
- Review and audit bills for services before payment is made to providers and report any fiscal irregularities to the Department.

- Notify the Department regarding:
 - an Agency that becomes bankrupt or insolvent or falsifies its records or reports or misuses its funds from whatever source;
 - the initial arrest and then upon conviction of an Individual Contractor or principal of an Agency contractor of a criminal offense by any court of competent jurisdiction, or action on license by the NYSDOH or NYSED;
 - an Agency Contractor that identifies an investigation and notification upon conviction of an employee or employees of a criminal offense on license by the NYSDOH or NYSED;
 - an Agency Contractor that knowingly fails to act upon the conviction of an employee or employees of a criminal offense or action on license by NYSDOH or NYSED;
 - an Agency or Individual Contractor who engages in any act which constitutes an unacceptable practice under the Medical Assistance Program as enumerated in Title 18 of the New York Code of Rules and Regulations Section 515.2(a) and (b)(1) through (b)(15).

- Claim for reimbursement for eligible administrative costs incurred during the preceding year through Medicaid administrative, EI Administration contract, and State Aid voucher processes.

- Provide notification to the Department regarding fiscal audits that will be or have been conducted by the municipality and ensure that the final results of fiscal audits are immediately reported to the Department according to regulatory requirements.

- Develop and implement activities to oversee and improve the delivery of services to eligible children, including:
 - establishing contracts with and ensuring that services are delivered only by state-approved, qualified evaluators, service coordinators and service providers, including direct employees and provider subcontractors, in a manner that is consistent with state law, regulations, and Department guidance;
 - establishing and maintaining a sufficient number of contracts with state-approved evaluators, service coordinators, and service providers to ensure adequate capacity so that all services and service delivery options are available and accessible to eligible children and their families;
 - using the Department's model municipal contract or similar contract with state-approved providers to ensure provider awareness and compliance with state law, regulations, and Department guidance;
 - ensuring that new contracts and changes in provider contract status are immediately reported to the Department, including terminations in whole or in part, and suspensions of enrollment of children and/or service delivery privileges by the municipality;
 - monitoring contracts of providers of early intervention services and reporting results to the Department, including immediate notification of problems with qualifications of providers, physical plant or other serious health and safety findings, including failure to report suspected child abuse or maltreatment, or failure to complete State Central Register clearances, as appropriate;
 - ensuring that all contracted providers receive Department-issued early intervention guidance documents, policy letters, and clarification letters; and
 - ensuring that all contracted agency providers provide their staff access to Department-

issued early intervention guidance documents, policy letters, and clarification letters.

- Develop and implement activities to oversee and improve the administration of the program, including:
 - Ensuring that Local Early Intervention Coordinating Councils (LEICCs) meet EIP regulatory requirements regarding public notice, composition, activities, and reporting;
 - including the LEICC in assessing local service delivery capacity and identifying gaps in available qualified personnel and unmet service needs;
 - developing mechanisms to support parents of young children with a developmental delay to participate in collaborative planning and policy development efforts with the municipality and state;
 - ensuring that the municipality and providers maintain early intervention records consistent with the early intervention records guidance document issued by the Department;
 - ensuring that municipal policies are consistent with federal and state law and regulation;
 - using the EIP computerized data system provided by the Department to enter valid data into all required data fields in a timely fashion;
 - identifying and reporting to the Department eligible foster or homeless children through the data system (KIDS/NYEIS);
 - routinely transmitting data, including electronic data transfers, in a method and to a location defined by the Department as detailed in “Reports - Early Intervention Administration, Appendix C, Section II”;
 - providing data and other information mandated by specific legislation or otherwise required by the Department for administrative purposes; and
 - conducting ongoing data validation, including providing timely corrections when invalid data is identified by the Department.

- Support and make available training and educational opportunities to municipal staff, providers, and families, including:
 - ensuring that appropriate municipal staff attend all relevant state-sponsored training and informational meetings;
 - ensuring that all contracted service coordination providers attend required state-sponsored service coordination trainings;
 - ensuring that contracted service providers attend other relevant state-sponsored trainings available in the region;
 - disseminating information regarding appropriate training opportunities available to primary referral sources, providers of early intervention services, families of potentially eligible children, and other key stakeholders; and
 - ensuring that all contracted agency providers notify their staff of training and educational opportunities.

- Implement proper procedures to protect the confidentiality of early intervention records and personally identifiable information of children and their families within the municipality and by contracted service providers according to EIP regulations, Section 69-4.17c, d, e, and applicable federal requirements. These are summarized in the attachment “Components to Include in Written Policy for Maintaining Municipality Early Intervention Records.”

- Participate in monitoring and quality assurance activities, including:
 - providing data, completing surveys, and conducting other activities that provide information about local program performance needed for federal or state monitoring and quality assurance initiatives and reports;
 - as necessary, developing and implementing a plan with realistic and achievable goals and timelines to improve local program performance as described in an individualized annual “determination” issued by the Department;
 - providing access to documents and personnel for municipal or provider monitoring, audits, investigations, or other reviews conducted by the State or its agents;
 - when required, completing and submitting Corrective Action Plans (CAPs) and quality improvement surveys to the State or its agents within the prescribed time frame;
 - implementing the terms of municipal CAPs when accepted by the State;
 - ensuring that the terms of provider CAPs accepted by the State are implemented, including in the area of health and safety and confidentiality;
 - ensuring that follow-up is conducted for contracted providers with health and safety findings; and
 - participating in State monitoring reviews, as resources allow.

- Ensure that procedures are in place in accordance with EIP regulations for children in care, including:
 - establishing agreements with local social services districts to identify children in need of a surrogate parent and ensuring prompt designation of a qualified surrogate parent; and
 - ensuring that information about children in care, including the IFSP, is transmitted to the municipality of residence.

- Utilize the centralized management information system, New York Early Intervention System (NYEIS), in the manner prescribed by the Department and the Bureau of Early Intervention.

- Ensure that contracted service providers prepare for and utilize the NYEIS data system.

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: June 25, 2010

- (a) Purpose of Contract Change: To renew contract with NYSDOH Bureau of Supplemental Foods Division of Nutrition to authorize continued funding for WIC Program in an amount not to exceed \$534,734.00
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: R1971/2010 - R664/2009 (see attached)
- (c) Name of Contractor: NYSDOH Bureau of Supplemental Foods Division of Nutrition
- (d) Address of Contractor: Riverview Center, 180 Broadway, Albany, NY 12204-2719
- (e) Contractor's Contact Person and Telephone Number: Timothy Mooney, 402-7099
- (f) Commencement Date of Amendment: 10/1/10
- (g) Termination Date of Extension: 9/30/11
- (h) Payment Provisions:
- i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, voucher submission after executed contract 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: WIC Various Expenditure Code A4013; WIC Federal Revenue Code A4013.4403

Warren County Board of Supervisors

RESOLUTION NO. 197 OF 2010

Resolution introduced by Supervisors Sokol, Thomas, Champagne, Taylor, Pitkin, Loeb and McDevitt

AMENDING RESOLUTION NO. 664 OF 2009; AUTHORIZING AMENDMENT AGREEMENT WITH NEW YORK STATE DEPARTMENT OF HEALTH TO DECREASE AMOUNT OF GRANT FOR SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR THE WIC PROGRAM - HEALTH SERVICES DEPARTMENT

WHEREAS, Resolution No. 664 of 2009 authorized Warren County to continue the contractual relationship with New York State Department of Health, Bureau of Supplemental Foods Division of Nutrition, for participation in the Special Supplemental Food Program for the WIC Program within Warren County, for the first year of a new five year contract cycle in an amount not to exceed Five Hundred Forty-Nine Thousand Nine Hundred Fifty-Three Dollars (\$549,953) for an initial term commencing October 1, 2009 and terminating September 30, 2010, and

WHEREAS, the Director of Public Health/Patient Services has been advised by the New York State Department of Health that it is necessary to decrease Warren County's grant award from Five Hundred Forty-Nine Thousand Nine Hundred Fifty-Three Dollars (\$549,953) to Five Hundred Thirty-Five Thousand Four Hundred Thirty-Two Dollars (\$535,432) a decrease of Fourteen Thousand Five Hundred Twenty-One Dollars (\$14,521), now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an amendment agreement and other necessary documents with the New York State Department of Health, New York State Department of Health, Bureau of Supplemental Foods Division of Nutrition, for participation in the Special Supplemental Food Program for the WIC Program within Warren County, decreasing the grant amount to Five Hundred Thirty-Five Thousand Four Hundred Thirty-Two Dollars (\$535,432) for a term commencing October 1, 2009 and terminating September 30, 2010 in a form approved by the County Attorney.

Warren County Board of Supervisors

RESOLUTION NO. 664 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 SPECIAL SUPPLEMENTAL
FOOD PROGRAM FOR THE WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM
- HEALTH SERVICES DEPARTMENT**

RESOLVED, that Warren County continue the contractual relationship (the previous contract being authorized by Resolution No. 566 of 2008) with the New York State Department of Health, Bureau of Supplemental Foods Division of Nutrition, Riverview Center, 180 Broadway, Albany, New York 12204-2719, for participation in the Special Supplemental Food Program for the WIC Program within Warren County, for the first year of a new five year contract cycle in an amount not to exceed Five Hundred Forty-Nine Thousand Nine Hundred Fifty-Three Dollars (\$549,953), for an initial term commencing October 1, 2009 and terminating September 30, 2010, and the Chairman of the Board of Supervisors be, and hereby is, authorized to execute said 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 and/or any other monies made available to the County under the initial term of the grant in a form approved by the County Attorney.



STATE OF NEW YORK
DEPARTMENT OF HEALTH

Riverview Center 150 Broadway Albany, New York 12204-2719

Richard F. Daines, M.D.
Commissioner

James W. Clyne, Jr.
Executive Deputy Commissioner

June 11, 2010

Fred Monroe
Chairman, Board of Supervisors
Warren County Health Services
Warren County Municipal Center
1340 State Route 9
Lake George, NY 12845

RE: LA # 201 - Warren County Health Services

Dear Mr. Monroe:

Enclosed is your agency's federal fiscal year (FFY) 2011 WIC contract renewal package and guidance documents for the submission of items needed for the October 1, 2010 – September 30, 2011 contract renewal period. The following documents are enclosed:

- Attachment A: Approved Site Listing
- Attachment B: FFY11 Contract Guidance
- Attachment C: Budget Guidance
- Attachment D: WIC Site Information Form
- Attachment E: Agency Contact Form
- Attachment F: Electronic Submission Instructions
- Attachment G: WICSIS Hardware Replacement Cost
- Attachment H: Cash Forecast Form and Instructions
- Attachment I: Contract Document Submission Checklist
- Attachment J: FFY11 Budget Worksheets

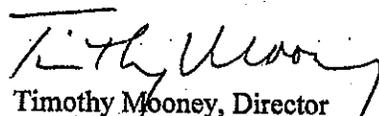
Your agency's budget for the October 1, 2010 – September 30, 2011 renewal period is **\$534,730**, with an assigned FFY 2011 caseload target of **1,685**. This budget amount represents a partial restoration of funding that was removed from last year's WIC contracts as part of the 2010 Deficit Reduction Program. Please see *Attachment B "FFY 2011 Contract Guidance"* for a summary of actions required on your part to begin the renewal process. **Your contract renewal package is due no later than June 25, 2010.**

To expedite processing of this contract renewal, WIC budget worksheets for FFY 2011 have been pre-populated with information recently collected for the FFY 2010 contract period. Please see *Attachment C* for additional information on this budget.

If your agency is requesting a FFY 2011 cash advance, please complete the enclosed standard voucher and "Cash Forecast Form" (Attachment H) and return them with the signed, notarized Appendix X contract pages. As soon as the contract is executed, cash advances will be released.

If you have technical questions relating to the submission of the forms, please contact the Resource Planning and Operations Unit at (518) 402-7099 (do not contact the WIC Help Desk). Questions pertaining to budgets, program services, completion of the enclosed forms, etc. should be directed to the regional office representative - regional office contact information is included in Attachment A.

Sincerely,



Timothy Mooney, Director
Bureau of Supplemental Food Programs
Division of Nutrition

Enclosures

cc: Regional Office Representative
Kathy Harriss, WIC Coordinator
Tawn Driscoll, Fiscal Manager, Warren County Health Services
Michael Rinkunas

Agency Code 12000
APPENDIX X

Contract Number: C025807 Contractor: Warren County Health Services

Amendment Number X - 2

This is an AGREEMENT between THE STATE OF NEW YORK, acting by and through NYS Department of Health, having its principal office at Albany, New York, (hereinafter referred to as the STATE), and Warren County Health Services (hereinafter referred to as the CONTRACTOR), for amendment of this contract.

This amendment makes the following changes to the contract (check all that apply):

- Modifies the contract period at no additional cost
- Modifies the contract period at additional cost
- Modifies the budget or payment terms
- Modifies the work plan or deliverables
- Replaces appendix(es) B-1, D with the attached appendix(es) B-2, D-1
- Adds the attached appendix(es) _____
- Other: (describe) _____

This amendment *is* *is not* a contract renewal as allowed for in the existing contract.

All other provisions of said AGREEMENT shall remain in full force and effect.

Prior to this amendment, the contract value and period were:

\$535,432 From 10 / 1 / 2009 to 9 / 30 / 2010
(Value before amendment) (Initial start date)

This amendment provides the following modification (complete only items being modified):

\$534,730 From 10 / 1 / 2010 to 9 / 30 / 2011

This will result in new contract terms of:

\$1,070,162 From 10 / 1 / 2009 to 9 / 30 / 2011
(All years thus far combined) (Initial start date) (Amendment end date)

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: June 25, 2010

- (a) Title of Vacant Position to be Filled: Community Health Nurse
- (b) Date position will become vacant: 7/9/10
- (c) Do You Anticipate Filling the Position In-House? No
If Yes, List Employee Number:
- (d) Annual Salary of Position (and Grade if Applicable):* \$42,082.00. Grade 20
*(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. 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: Community Health Nurse Base salary: 42,082

Budget code and title: A.4010.110 Health Services (CHAA) Full Time Salaries

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

Employee No. 10841

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

Source of reimbursement: Federal _____ % State _____ % Other private insurance %

Impact to Budget: all above revenue sources - percentages vary depending on patient payer sources - position is revenue generating and more than covers cost of salary and benefits

COMMISSIONER OF ADMINISTRATIVE & FISCAL SERVICES COMPLETES THIS SECTION

Name of Committee: Health Services Date: 6/25/10

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

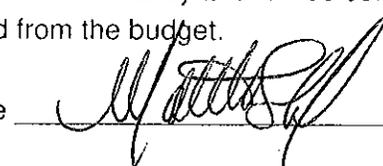
consequently
Revenue
estimate
\$ 144,000/yr

Commissioner Signature 

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee: Health Services Date: 6/25/10

- 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. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: June 25, 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 orientation, mobility, and occupational therapy services
- (c) Name of Contractor: Eileen Dashnaw
- (d) Address of Contractor: 42 Priest Road, Salem, NY 12865
- (e) Contractor's Contact Person and Telephone Number: Eileen Dashnaw, 260-6186, email: dash9540@gmail.com
- (f) Has or will the Contract be provided, if so, please attach: Use Occupational Therapist contract
- (g) Commencement Date of Contract: July 19, 2010
- (h) Termination Date of Contract: 30 days written notice by either party
- (i) Payment Provisions:
 - i) lump sum amount per service rate
 - 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 OT and/or orientation and mobility services at established rates upon receipt of documentation for each visit)
- (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: Health Services Contracts A4010.10.470

David Smith, AGENT/BROKER

Forrest T. Jones & Company, Inc.
o/o Fidelity Security Life Building
3130 Broadway - PO Box 418131
Kansas City Missouri 64141-9131

June 23, 2010

To: ~~Attention Michael Dashnaw~~
~~Elleen K. Dashnaw~~
Fax # 802-645-0587

From: Nancy Beard
Phone #: 800-821-7303 Ext. 1266
Fax: 816-968-0600
E-Mail: nbeard@ftj.com

Re: Certificates of Insurance
#042767

Comments:

As requested, following are the certificates of insurance.

Thank you.

Pages to follow: 3

* Elleen states she will get certificate of insurance with Warren County named as an additional insured as soon as county agrees to contract with her

CONFIDENTIALITY NOTE

The information contained in this facsimile message is confidential information intended for the use of only the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copy of this telecopy is strictly prohibited. If you have received this telecopy in error, please immediately notify us by telephone and return the original message to us at the address above via the United States Postal Service.

She submitted copies to show she has contracts with other counties and they are individually named as additional insured.



CERTIFICATE OF INSURANCE

INSURED

Date: 6/15/10

EILEEN K. DASHNAW
42 PRIEST RD
SALEM NY 12865

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend, or alter the coverage afforded by the policies below.

PRODUCER
David Smith, Agent/Broker
3130 Broadway
PO Box 418131
Kansas City, MO 64141-9131

COMPANY AFFORDING COVERAGE
Savers Property & Casualty Insurance Company

COVERAGES

This is to certify that the policy of insurance listed below has been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term, or condition of any contract or other document with the respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies. Limits shown may have been reduced by paid claims.

TYPE OF INSURANCE
OFF PREMISES LIABILITY FOR
EDUCATORS IN PRIVATE PRACTICE

POLICY NUMBER
PED0475520
TAB 042767

LIMIT OF LIABILITY
\$1,000,000 LIMIT PER CLAIM
\$3,000,000 AGGREGATE

DEDUCTIBLE
\$1,000

POLICY EFFECTIVE DATE
06/11/10

POLICY EXPIRATION DATE
06/11/11

CERTIFICATE HOLDER & ADDITIONAL INSURED
Washington County
Washington County Public Health
415 Lower Main St.
Hudson Falls, NY 12839

ADDITIONAL INSURED

The policy provision WHO IS AN INSURED (Section VI) is amended to include as an insured the certificate holder shown above, but only with respect to liability arising out of your **Off Premises Liability** coverage endorsement.

Should the above policy be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder &/or additional insured, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.



Authorized Signature

CERTIFICATE OF INSURANCE

INSURED

Date: 6/15/10

EILEEN K. DASHNAW
42 PRIEST RD
SALEM NY 12865

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend, or alter the coverage afforded by the policies below

PRODUCER

David Smith, Agent/Broker
3130 Broadway
PO Box 418131
Kansas City, MO 64141-9131

COMPANY AFFORDING COVERAGE

Savers Property & Casualty Insurance Company

COVERAGES

This is to certify that the policy of insurance listed below has been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term, or condition of any contract or other document with the respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies. Limits shown may have been reduced by paid claims.

TYPE OF INSURANCE

OFF PREMISES LIABILITY FOR
EDUCATORS IN PRIVATE PRACTICE

POLICY NUMBER

PED0475520
TAB 042767

LIMIT OF LIABILITY

\$1,000,000 LIMIT PER CLAIM
\$3,000,000 AGGREGATE

DEDUCTIBLE

\$1,000

POLICY EFFECTIVE DATE

06/11/10

POLICY EXPIRATION DATE

06/11/11

CERTIFICATE HOLDER & ADDITIONAL INSURED

Saratoga County
40 McMaster St.
Ballston Spa, NY 12020

ADDITIONAL INSURED

The policy provision WHO IS AN INSURED (Section VI) is amended to include as an insured the certificate holder shown above, but only with respect to liability arising out of your **Off Premises Liability** coverage endorsement.

Should the above policy be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder &/or additional insured, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.



Authorized Signature

CERTIFICATE OF INSURANCE

INSURED

Date: 6/15/10

EILEEN K DASHNAW
42 PRIEST RD
SALEM NY 12865

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend, or alter the coverage afforded by the policies below.

PRODUCER
David Smith, Agent/Broker
3130 Broadway
PO Box 418131
Kansas City, MO 64141-9131

COMPANY AFFORDING COVERAGE
Savers Property & Casualty Insurance Company

COVERAGES

This is to certify that the policy of insurance listed below has been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term, or condition of any contract or other document with the respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies. Limits shown may have been reduced by paid claims.

TYPE OF INSURANCE
OFF PREMISES LIABILITY FOR
EDUCATORS IN PRIVATE PRACTICE

POLICY NUMBER
PED0475520
TAB 042767

LIMIT OF LIABILITY
\$1,000,000 LIMIT PER CLAIM
\$3,000,000 AGGREGATE

DEDUCTIBLE
\$1,000

POLICY EFFECTIVE DATE
06/11/10

POLICY EXPIRATION DATE
06/11/11

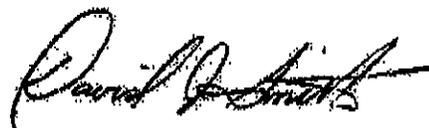
CERTIFICATE HOLDER & ADDITIONAL INSURED

Rensselaer County
c/o County Attorney
Ned Pattison Government Center
1600 Seventh Ave.
Troy, NY 12180

ADDITIONAL INSURED

The policy provision WHO IS AN INSURED (Section VI) is amended to include as an insured the certificate holder shown above, but only with respect to liability arising out of your **Off Premises Liability** coverage endorsement.

Should the above policy be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder &/or additional insured, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.



Authorized Signature

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

SIGNED: Patricia [Signature]

DATE: 6/25/10

FROM CODE
A.4013.410

TITLE
WIC-Supplies Expense

TO CODE
A.4013.840

TITLE
WIC-Worker's Compensation

AMOUNT
\$157.00

Total Transfers

\$157.00

Please state reason for transfers requested:

1. To transfer funds to cover expense related to Worker's compensation fees. Fully covered by WIC Grant.

CONTINGENT FUND TRANSFER REQUESTS

FROM CODE

TITLE

TO CODE

TITLE

AMOUNT

A.1990 469 Contingent Fund

Please state reason for transfer request:

Total

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