

**Warren County Health Services
Health Services Committee Agenda
March 25, 2011
Information Submitted By: Patricia Auer, DPH/DPS**

Action Agenda/New Business

Request Resolution:

To amend the Intermunicipal Agreement with Washington County Public Health Nursing Services to reflect the change in location of the clinic from 65 Ridge Street Glens Falls to the Warren County Municipal Center, and to more specifically define the 50% of the clinic costs that Washington County will contribute to Warren County in a form approved by the County Attorney.

Rationale:

This is a change that will allow Warren County to recoup 50% of the charges for the entire clinic costs, not just the physician and lab testing.

Request Resolution:

To continue the contract with New York State Department of Health Bureau of Immunization to allow receipt of funding in the amount of \$33,111 for the period April 1, 2011 – March 31, 2012.

Rationale:

This contract is a multiyear agreement with amounts funded on 1 year basis, hence the need for the resolution. The funding for this year is the same as last year.

Request Resolution:

To authorize a Memorandum of Understanding between Warren County Health Services and Warren-Washington Shelter Plus Care Program in order to allow the Shelter Plus Care Program, which is administered by the Office of Community Services for Warren and Washington Counties and the Glens Falls Housing Authority, to document, for reporting requirements to HUD, a formal collaboration between the two agencies.

Rationale:

The Office of Community Services for Warren and Washington Counties has requested this document. There will be no exchange of funds between our agencies. Any services we provide to individuals will be billed to their own payer sources. A copy of the brochure describing the Shelter Plus Care Program will be on file with the minutes of the meeting.

Request Resolution:

To amend the 2011 Warren County CHHA Budget to reflect revenues and expenses in the amount of \$923.68.

Rationale:

These funds were received from insurance for car repairs as a result of a motor vehicle accident involving one of the nurses. There were no injuries, and DPW staff will be able to repair the car.

Request Resolution:

To write off the Home Care Net balance of \$36,878.56 as bad debt.

Rationale:

The ending balance due Warren County Health Services when we transitioned from the Home Care Net System to our new Encore billing system was \$62,374.23. 41% of that amount has been collected, and the remaining amount is now considered bad debt and needs to be charged off as such. We have exhausted all avenues to collect.

Request Resolution:

To amend the 2011 Warren County Budget to reflect the COLA Revenues for the various grant programs, except WIC, which occurred at the March 18, 2011 Board of Supervisors Meeting by an Out of Committee Resolution because time frames for purchase orders needed to occur before the April Board of Supervisors Meeting.

Rationale:

Specific amounts and plans for utilization of the funds are delineated in the Topics for Discussion/Information part of the agenda.

Pending Items/Old Business**Report of Emergency Preparedness Activities**

Please see **Attachment #1** for the March report.

Topics for Discussion/Information**COLA (Cost of Living Adjustments)**

We have been notified of the following additional funds for grant programs through the New York State Department of Health.

Children With Special Health Care Needs: \$1,484

Rabies Program: \$1,126

Immunization Program: \$2,656

These funds will all be used to assist in offsetting salary fringe expenses of employees involved in the specific program activities.

WIC Program: \$38,932

Please see **Attachment #3** for details of proposed use of funds. (distributed at meeting)

The WIC program is a 100% grant funded program and the COLA is funds in addition to the grant.

Health Services Fleet Vehicles

Currently, there are 5 nurses who garage the county cars assigned to them outside the Municipal Center, in the following locations: 1 in Hague, 1 in North Creek, and 2 in Chestertown. None of these nurses are on our IV team. One of our new nurses resides in Pottersville and is an IV nurse. It would be helpful for the agency (and for her) if she could garage her car in Chester as well. With our IV Program we do many home chemotherapies that need to be disconnected in the afternoon. The territory she covers is also the up county area so garaging cars to minimize driving allows better productivity.

Questions: Is the Committee in favor of this? If so, what do we need to do to allow this to happen? Following conversation with Paul Dusek, County Administrator/Attorney, he stated he would review the county policy regarding this issue.

Report of Expenditures, Revenues, Overtime and Per Diem Use

Please see **Attachment #2**.

Budget Transfer Requests

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

Attachments:

#1 Emergency Preparedness Program Activities

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

#3 Detail of Proposed Utilization of WIC COLA Funds (distributed at meeting)

BT ACTIVITY SHEET

GY 11 - 8/10/2010 - 8/9/2011

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, Drill, Mass Fatality, SNS, Training, Pan Flu)
March 3/4/11	Fit Testing Training on-line	School Nurses (various times and dates) L-9 IS-00704	Laura Saffer Laura Saffer	Training
3/7/11	Training - Webinar	NIMS Communications & Information Management M-13	Ginelle Jones	Training
3/8/11	Meeting	Crisis & Emergency Risk Communication (CERC) 1/4 Monthly BT Coordinators (focus: Mind mapping software capabilities)	Barb Orton, Laura Saffer	
3/10/11	Webinar	FEMA re: Sheltering	Barb Orton, Laura Saffer, Angela Meade	Training
3/14/11	Training - Webinar	M-13	No one was able to participate	Training
3/15/11	Webinar	Crisis & Emergency Risk Communication (CERC) 2/4 L-5 SNS (3rd Quarter)	Barb Orton, Laura Saffer, Angela Meade	SNS
3/16/11	Tabletop	Monthly GFH-Release of nerve agent at correctional facility	Barb Orton	
3/16/11	Conf Call/Webinar	L-1 ERP Plan	Barb Orton, Laura Saffer, Angela Meade	
3/18/11	Meeting	Chempack Drill Planning Meeting	Laura Saffer	Drill
3/21/11	Training - Webinar	M-13 Crisis & Emergency Risk Communication (CERC) 3/4	?	Training
3/23		Student	Barb Orton	
3/23	Meeting	L-12 GFH Regional Functional Drill Planning Meeting	Barb Orton	Drill
3/28	Training - Webinar	M-13 Crisis & Emergency Risk Communication (CERC) 4/4	?	Training

Attachment #1

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2011 AS OF 3/22/2011 3:09:29 PM

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

	2011 BUDGETED	2011 YTD ACTUAL	2010 Prior Year Totals
EXPENSES			
Salaries - Regular	\$2,919,224.74	\$568,375.64	\$2,861,559.18
Salaries - Overtime	\$157,500.00	\$27,510.73	\$137,667.52
Salaries - Part Time	\$319,249.56	\$38,938.09	\$238,194.55
Salaries - Sick Leave Incentive			\$1,200.00
100's PERSONAL SERVICES	\$3,395,974.30	\$634,824.46	\$3,238,621.25
200's EQUIPMENT	\$13,112.75	\$2,477.49	\$72,543.64
400's CONTRACTUAL	\$10,246,562.08	\$577,894.23	\$7,029,823.32
800's EMPLOYEE BENEFITS	\$1,388,897.89	\$317,611.61	\$35,015.66
TOTALS	\$15,044,547.02	\$1,532,807.79	\$10,376,003.87
REVENUES			
	2011 BUDGETED	2011 YTD ACTUAL	2010 Prior Year Totals
	\$12,483,009.00	\$54,490.26	\$8,792,130.04

Note: The numbers above reflect YTD as of 3/22/11 for current year 2011. Also reflected are the YTD totals for 2010, however all Revenues and expenses are not finalized. State COLA (Cost of Living Adjustments) awards for 4/10 to 3/11 fiscal year have been added to 2011 revenues as follows: Rabies Grant \$1,126, CSHCN \$1,484, and IAP Grant \$2656. The WIC COLA however for \$38,932 has not been added as we are in the process of encumbering these expenses.

Also added to 2010 revenues are the following grants for October to December 2010: Lead \$6,063.86, IAP ARRA \$2,145.93, Rabies \$6,611.34 and Emergency Preparedness for til year end of \$26,085.29. To the 2011 revenues, we have accrued the WIC January Grant Revenue of \$32,455.

Additional notes: Revenues for Preschool billings from July to December 2010 will be calculated and accrued approximately by end of March 2011. We anticipate approximately \$900,000 in additional revenue to be accrued for 2010 for the Preschool Program.

*The State still has not allowed us to bill Medicaid for Preschool services from July 2009 to current. Therefore both 2009 and 2010 revenues are understated. We still anticipate to be able to start to retro bill for Preschool Medicaid by spring 2011.

Warren County Health Services Salaries Comparison

2010 vs 2011
 as of 3/13/11 Payroll date ending

Total of All Depts	YTD		YTD 11v10	% Change	Total Budget		Total Actual
	2011	2010			2011	2010	
Regular Salaries	\$568,375.64	\$572,070.44	-\$3,694.80	-0.65%	\$2,919,224.74	\$2,865,914.61	
Overtime Salaries	\$27,510.73	\$39,841.30	-\$12,330.57	-30.95%	\$157,500.00	\$137,667.52	
Part Time Salaries	\$38,938.09	\$45,286.76	-\$6,348.67	-14.02%	\$319,249.56	\$238,086.33	
Sick Leave Incentive	\$0.00	\$0.00	\$0.00	0.00%	\$0.00	\$1,200.00	
TOTALS	\$634,824.46	\$657,198.50	-\$22,374.04	-3.40%	\$3,395,974.30	\$3,242,868.46	

*Source: Detail G/L report for all Salary Category from 1/1/XX-3/22/XX
 Note: Payroll reflects the annual 3% increase in union salaries for 2011.

Attachment # 3

Proposed COLA Expenditures for WIC 2010-11

Awarded amount = \$38,932.00

2011 Ford Escape -	\$21,000
Vehicle Keys	274
Vehicle Signage	320
Directional Signage (Temporary clinics)	300
W.B. Mason (Tables, mats, misc. supplies)	1,250
Waiting room child's seating	2,026
Waiting room bookcase	565
Electronic Nutrition Manual	504
Portable totes and mat	113
Small Refrigerator	120
Sweeper	30
Promotional materials	1,178
Positive Promotions	300
Offset salaries of non-WIC staff support (Approximate)	9,000
Infantometer/scale	857
Scales	1,095

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: March 25, 2011

- (a) Purpose of Contract Change: To amend the Intermunicipal agreement with Washington County Public Health Nursing Services to reflect languages that encompasses 50% of entire costs for Sexually Transmitted Disease Clinic.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 607/2004 - please see attached.
- (c) Name of Contractor: Washington County Public Health Nursing Service
- (d) Address of Contractor: 415 Lower Main St. Hudson Falls, NY 12839
- (e) Contractor's Contact Person and Telephone Number: Patty Hunt – 746-2400
- (f) Commencement Date of Amendment: April 16, 2011
- (g) Termination Date of Extension: Per terms of current agreement
- (h) Payment Provisions: Quarterly – Voucher with clinic expense details
 - 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: A 4018.0030.1613 Disease Program

Copies

AMENDMENT AGREEMENT

THIS AMENDMENT OF AGREEMENT, amending the intermunicipal agreement between the COUNTY OF WARREN, acting for and on behalf of the WARREN COUNTY HEALTH SERVICES DEPARTMENT - PUBLIC HEALTH DIVISION, a municipal corporation and political subdivision established under the Laws of the State of New York, having its offices and place of business located at the Warren County Municipal Center with a mailing address of 1340 State Route 9, Lake George, New York 12845 ("Warren County"), and

COUNTY OF WASHINGTON, acting for and on behalf of the WASHINGTON COUNTY PUBLIC HEALTH NURSING SERVICE, a municipal corporation and political subdivision organized and existing under the Laws of the State of New York, having its principal offices and place of business located at 415 Lower Main Street, Hudson Falls, New York 12839, ("Washington County").

WHEREAS, an intermunicipal agreement was executed by the parties, whereby Washington County will reimburse Warren County for STD Clinics, and

WHEREAS, New York State Department of Health will no longer do the laboratory testing for the STD Clinics, and it must be done by Glens Falls Hospital Laboratory. Glens Falls Hospital Laboratory will bill Warren County at the Medicaid rate. Washington County will be billed the lab costs for their residents, as well as half the cost of the physician's time, necessitating an amendment agreement to increase the reimbursable amount due to Warren County from Washington County,

NOW, THEREFORE, it is agreed by and between the parties as follows:

1. Paragraph "1" shall be amended to read:

"1. *Warren County shall arrange for STD Clinics, and either provide directly or*

clinical

contract for, nursing oversight, physician services, lab services, equipment and medical supplies. Residents of both Warren and Washington Counties shall be allowed to utilize the benefits of the STD Clinics, held at 65 Ridge Street, Glens Falls, New York.

2. Paragraph "2" shall be amended to read:

"2. Washington County shall share with Warren County the costs associated with the clinic up to an amount payable by Washington County of \$10,000 as follows:

\$ 11,771.63 in 2010 they paid

a) Washington County shall reimburse Warren County for the actual lab costs incurred by Warren County for Washington residents using the clinic;

b) Washington County shall reimburse Warren County for one-half (1/2) of the amount paid by Warren County for Clinic Physician services;

c) Washington County will be billed for their share of services on a quarterly basis, and

d) In the event that, but for the \$10,000 cap, Washington County's share of the costs associated with the operation of the clinic according to the above formula should exceed \$10,000, Washington County shall not be liable for the same, but Warren county may terminate this agreement upon 10 days notice without any further liability or responsibility. In the event of such termination by Warren County, Washington County shall pay all amounts owed to the date of termination not to exceed the \$10,000 limitation set forth herein. Nothing contained herein shall prevent the parties from amending this agreement to provide for a higher cap on the amount to be paid by Washington County".

3. Other than as set forth above, the parties do not intend to change any other term, condition or provision of the original agreement. The agreement dated July 28, 2003 shall continue to remain in full force and effect between the parties as amended hereby.

Warren County Board of Supervisors

RESOLUTION NO. 607 OF 2004

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

AUTHORIZING AMENDMENT AGREEMENT WITH WASHINGTON COUNTY TO INCREASE AMOUNT OF REIMBURSEMENT TO WARREN COUNTY FOR PUBLIC HEALTH CLINICS FOR SEXUALLY TRANSMITTED DISEASES (STD) - HEALTH SERVICES DEPARTMENT

RESOLVED, that Warren County enter into an amendment agreement (the previous contract being authorized by Resolution No. 625 of 2002 and modified by Resolution No. 443 of 2003) with Washington County, to increase the amount of reimbursement to Warren County for STD Clinic expenses, from One Thousand Dollars (\$1,000) per year to Ten Thousand Dollars (\$10,000) per year, effective September 1, 2004, and the Chairman of the Board of Supervisors be, and hereby is, authorized to execute said amendment agreement in the form approved by the County Attorney.

Rev code 4018.0030
1613

Warren County Health Services

1340 State Route 9
Lake George, New York 12845
(518) 824-8741 Accounts Payable

AR Code .440

Betsy Taft
Washington County Public Health
415 Lower Main Street
Hudson Falls, New York 12839

Re: Reimbursement for STD Clinic expenses for the quarter ending 12/31/2010

STD Specimen Lab Expense for Chlamydia & Gonorrhea

Chlamydia & Gonorrhea Aptima urine specimen screening cost is \$40.00

Clinic Date: 10/5/2010	\$320.00
Clinic Date: 10/12/2010	\$120.00
Clinic Date: 10/19/2010	\$240.00
Clinic Date: 10/26/2010	\$120.00
Clinic Date: 11/2/2010	\$40.00
Clinic Date: 11/9/2010	\$400.00
Clinic Date: 11/16/2010	\$200.00
Clinic Date: 11/23/2010	\$160.00
Clinic Date: 11/30/2010	\$40.00
Clinic Date: 12/7/2010	\$80.00
Clinic Date: 12/14/2010	\$200.00
Clinic Date: 12/21/2010	\$80.00
Clinic Date: 12/28/2010	\$400.00
	<u>\$2,400.00</u>

Examining Physician, RN & Clerical Expenses

Clinic dates: Oct 5,12,19,26	\$1,151.78
Clinic dates: Nov 2,9,16,23,30	\$1,424.51
Clinic dates: Dec 7,14,21,28	\$1,276.50
	<u>\$3,852.79</u>

11/5/2010 R&S	Azithromycin Tabs 500mg (30)ct	\$14.49
12/14/2010 Moore Med	SaniHands wipes (5)tubs	\$29.45
		<u>\$43.94</u>

Total Expenses for 4th qtr 2010 \$6,296.73

Amount due @ 50% reimbursement rate **\$3,148.36**

Please remit payment to : **Warren County Health Services**
1340 State Rte 9
Lake George, NY 12845

Rev code 4018.0030
1613

Warren County Health Services

1340 State Route 9
Lake George, New York 12845
(518) 824-8741 Accounts Payable

AR Code .440

Betsy Taft
Washington County Public Health
415 Lower Main Street
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Please remit payment to : **Warren County Health Services**
1340 State Rte 9
Lake George, NY 12845

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: March 25, 2011

- (a) Purpose of Contract Change: To continue with NYSDOH Bureau of Immunization to allow receipt of continued funding for the Immunization Program in the amount of \$33,111.00
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: R 285/2009 – Please see attached.
- (c) Name of Contractor: NYSDOH Bureau of Immunization
- (d) Address of Contractor: Empire State Plaza, Corning Tower, Albany, NY 12237
- (e) Contractor's Contact Person and Telephone Number: Jodi Shoen (518) 473-4437
- (f) Commencement Date of Amendment: April 1, 2011
- (g) Termination Date of Extension: March 31, 2012
- (h) Payment Provisions: Quarterly – Voucher submission upon receipt of NYSDOH approved work plan
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount **OR** Capital Project **OR** Capital Reserve Project Number and Title and Amount: Rev 4018.0030.3407; Exp. 4018.0030 various codes; Disease Control Public Health State Revenue.



STATE OF NEW YORK DEPARTMENT OF HEALTH

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

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

March 10, 2011

Patricia Auer
Public Health Director
Warren County Health Services
1340 State Route 9
Lake George, New York 12845

Contractor Name: Warren
Contract Number: C-024186
Contract Amount: \$33,111

Dear Director Auer:

The New York State Department of Health, Bureau of Immunization is pleased to inform you that support for local immunization activities through our contracts with local health departments will continue at the 2010-2011 level. Your county's contract will be funded at the above amount for the period April 1, 2011 through March 31, 2012. Contract execution is contingent upon final approval by the Office of the State Comptroller. The workplan format, the recommended budget form, and forms for required reports will be provided to your county's Immunization Action Plan coordinator.

We look forward to continuing our work together to reduce vaccine preventable disease among children and adults. If you have any questions regarding this contract or other immunization issues, please contact your Regional Representative, or you may contact Jodi Schoen at (518) 473-4437.

Sincerely,

David R. Lynch
Assistant Director
Bureau of Immunization

cc: County IAP Coordinator
County Fiscal Contact
Regional Representative

RECEIVED

MAR 14 2011

WARREN CO. PHE

Warren County Board of Supervisors

RESOLUTION NO. 285 OF 2009

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

**AMENDING RESOLUTION NO. 512 OF 2008 RELATING TO
AGREEMENT WITH THE NEW YORK STATE DEPARTMENT
OF HEALTH FOR IMMUNIZATION PROGRAM
- HEALTH SERVICES DEPARTMENT**

WHEREAS, Resolution No. 512 of 2008 authorized a multi year Immunization Action Plan agreement with the New York State Department of Health Immunization Program ("Program") for a term commencing April 1, 2008 and terminating March 31, 2013, (initial term commencing April 1, 2008 and terminating March 31, 2009 in an amount not to exceed Thirty-Three Thousand One Hundred Eleven Dollars (\$33,111)), and

Whereas, the Director of Public Health/ Patient Services has now requested authorization for the receipt of Program funding for the current fiscal year term and subsequent terms, in accordance with the Program agreement, now, therefore, be it

RESOLVED, that Resolution No. 512 of 2008 is hereby amended to authorize the Chairman of the Board of Supervisors to execute any and all documents necessary to carry out the terms of Resolution No. 512 of 2008 over the term commencing April 1, 2009 and terminating March 31, 2013, in a form approved by the County Attorney, to the extent allowed by her budget appropriations and the Program agreement, and be it further

RESOLVED, that Resolution 512 of 2008 is further amended to authorize the Chairman of the Board of Supervisors 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 Program, in a form approved by the County Attorney.

RESOLUTION REQUEST FORM NO. 3

Request for New Memorandum of Understanding

DEPARTMENT NAME: Health Services

DATE: March 25, 2011

(a) Is this a Result of a Bid or Request for Proposal? No

(b) Purpose of Contract: To develop a Memorandum of Understanding between Warren County Health Services and Warren-Washington Shelter Plus Care Program in order for Shelter Plus Care Program to illustrate interagency collaboration for reporting purposes to obtain HUD funding in a form approved by the county attorney.

(c) Name of Agency: Warren-Washington Shelter Plus Care Program

(d) Address of Agency: Office of Community Service for Warren and Washington Counties, 230 Maple St., Suite 1, Glens Falls, NY 12801

(e) Agency's Contact Person and Telephone Number: Lisa Coutu, 792-7142

(f) Has or will the Contract be provided, if so, please attach: No, copy of current service fees and brochure describing Shelter Plus Care Program

(g) Commencement Date of Contract: April 25, 2011

(h) Termination Date of Contract: 30 days written notice by either party

(i) Payment Provisions: Updated fee schedule to be sent, as needed. No monies to be exchanged between involved agencies, services provided to be billed to individuals.

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

(j) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: N/A

**Memorandum of Understanding
Between
Warren County Health Services
and
Warren-Washington Shelter Plus Care Program**

The purpose of this agreement is to acknowledge the collaborative and mutually supportive agreement that exists between the above-mentioned entities to coordinate housing and supportive services for homeless persons with special needs.

Warren County Public Health Department Agrees to:

Provide the following supportive service to program participants, with the unit-of-service cost listed below:

<u>Service</u>	<u>Definition of Unit</u>	<u>Per Unit Rate</u>
VARIOUS health care SERVICES	each one visit. individual visit provided	\$170 See attached list of approved service charges will be updated annually as needed

The Warren/Washington Shelter Plus Care Program agrees to:

Provide a housing subsidy as long as the participant remains eligible for the program and funding continues.

This agreement will be valid and active once signed by both parties and may be terminated by either party with 30 days written notice.

Patricia Auer
Director, Warren Health Services

Date

Lisa M. Coutu, LCSW-R
Shelter Plus Care Program Coordinator

Date

Daniel Stec
Chairman,
Warren County Board of Supervisors

Warren County Board of Supervisors

RESOLUTION NO. 731 OF 2009

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

SETTING CERTIFIED HOME HEALTH AGENCY AND LONG TERM HOME HEALTH CARE PROGRAM CHARGES FOR 2010 - HEALTH SERVICES DEPARTMENT

RESOLVED, that Certified Home Health Agency and Long Term Home Health Care Program Charges for 2010 are set as follows:

<u>SERVICE</u>	<u>CHARGE</u>
Skilled Nursing	\$170 per visit
Physical Therapy	\$110 per visit
Speech Therapy	\$120 per visit
Occupational Therapy	\$110 per visit
Medical Social Worker	\$110 per visit
Nutritionist	\$110 per visit
Respiratory Therapy	\$110 per visit
Home Health Aide	\$ 50 per hour
Daily Telemed Monitoring	\$ 10 per day

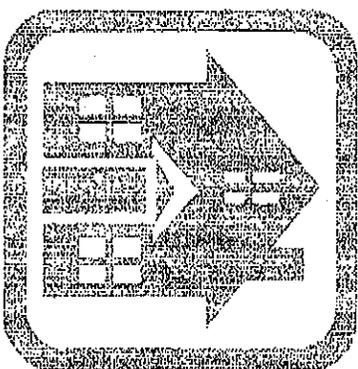
Office of Community Services
230 Maple Street
Glens Falls, NY 12801



Warren-Washington Shelter Plus Care



**A rental subsidy program
for people who are homeless**



Funded by the U.S. Department
of Housing and Urban Development

Administered by the Glens Falls Housing Authority
and the Office of Community Services
for Warren & Washington Counties

Shelter Plus Care is funded through the Continuum of Care, a local planning body that works in partnership with others to develop housing and supportive services aimed at the elimination of homelessness in Warren and Washington Counties.

For more information on the Continuum of Care, call Lisa Courtu at 792-7143.

<p>What is Shelter Plus Care?</p>	<p>Warren-Washington Shelter Plus Care is a two-pronged rental subsidy program for people who are homeless and disabled by severe mental illness or chronic substance abuse. The Community Program enables individuals to get their own apartment in the community by providing a rental subsidy directly to the landlord. The Housing First Program has subsidized apartments in an apartment building owned and operated by the Warren/Washington Association for Mental Health. Shelter Plus Care is a permanent housing program, which means individuals can stay in the program as long as they are eligible and funding continues.</p>
<p>Who is eligible for the program?</p>	<p>Individuals who meet all of the following criteria are eligible for the program:</p> <ol style="list-style-type: none"> 1. homeless* 2. disabled by mental illness, substance abuse, or HIV/AIDS* 3. low-income** 4. willing to participate in supportive services <p>*as defined by HUD</p> <p>**using the same financial criteria as HUD's Housing Choice Voucher Program (Section 8j)</p>
<p>How does someone apply?</p>	<p>Applications are usually submitted by a case manager, therapist, or other professional who, together with the applicant, has completed the necessary paperwork, including developing a supportive services plan. Applications can be mailed or faxed to Lisa Coultu at the Office of Community Services for Warren and Washington Counties.</p> <p>For more information or to request an application, call Lisa Coultu at 792-7143.</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: March 25, 2011

(a) Purpose of Request: To write off the Home Care Net balance of \$36,878.56.

(b) Details: The balance due Warren County Health Services when Home Care Net ended was \$62,374.23. 41% of this balance was collected and the remaining \$36,878.56 at this point is considered bad debt.

(c) Previous Resolution Number: N/A

At year end, December 31, 2010 100% of the amount was put in bad debt reserve. As noted, a portion has been received.

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

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

DEPARTMENT NAME: Warren County Health Services-Disease Program

DATE: March 25, 2011

(a) **Purpose of Amendment:** To amend the 2011 budget to adjust for the Division of Homcare (Health Services-CHHA) for the revenue and expense related to the repairs of a 2009 Ford Focus. Reimbursement received by insurance company, NYMIR.

(b) Appropriation Code (with title), Object Code (with title) and Amount:
A.4010.441 Health Services-Auto Supply and Repairs \$923.68

Revenue Code (with title), and Amount:

A.4010.2680 Health Services -Insurance Recoveries \$923.68

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget *

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

DEPARTMENT NAME: Warren County Health Services-Disease Program and Family Health

DATE: March 25, 2011

(a) **Purpose of Amendment:** To amend the 2011 budget to include the COLA (Cost of Living Adjustment) awarded for dates of service 4/1/10 to 3/31/11. They include the Rabies Grant for \$1,126.00, IAP Grant (Immunization Action Program) for \$2,656 and the CSHCN Grant (Children with Special Health Care Needs) for \$1,484.00. This will help offset expenses already budgeted, therefore we will adjust the Miscellaneous Expense line for these awards along with the appropriate Revenue codes.

(b) Appropriation Code (with title), Object Code (with title) and Amount: *

A.4018.0020.469 Family Health-Miscellaneous Expense \$1,484.00 (for the CSHCN COLA)

A.4018.0030.469 Disease Program –Miscellaneous Expense \$1,126.00 (for Rabies COLA)

A.4018.0030.469 Disease Program-Miscellaneous Expense \$2,656 (for the IAP COLA)

Revenue Code (with title), and Amount:

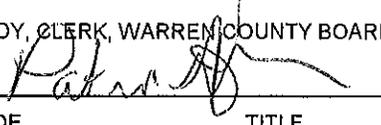
A.4018.0020.4452 Family Health-Children w/Spec Health Care Needs \$1,484.00

A.4018.0030.3407 Disease Program- Disease Control – Public Health \$1,126.00

A.4018.0030.3407 Disease Program-Disease Control – Public Health \$2,656.00

Request for Transfer of Funds

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

SIGNED: 

DATE: 3/25/11

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1910.418	Unallocated Insurance-General Liability	A.4010.410	Health Services-Supplies Expense	\$481.00
A.4013.469	WIC-Miscellaneous Expense	A.4013.230	WIC-Automotive Equipment	\$5,000.00
A.4010.410	Health Services-Supplies Expense	A.4010.260	Health Services-Other Equipment	\$3,000.00

Total Transfers

\$8,481.00

Please state reason for transfers requested:

1. To transfer funds from Unallocated Insurance fund to CHHA Supplies expense for refund received by Insurance Company NYMIR of overpayment from County
2. To transfer funds to Automotive Equipment from Miscellaneous Expense for WIC to cover vehicle purchase with COLA funds for WIC.
3. To transfer funds to cover laptop screen protectors due to implementation of electronic signature functionality in Medical records system.

CONTINGENT FUND TRANSFER REQUESTS

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

Please state reason for transfer request:

Total

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

RESOLUTION REQUEST FORM NO. 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: March 25, 2011

(a) Purpose of Request: To amend the Warren County Travel Policy to increase the number of Health Services' fleet vehicles parked at Chestertown Municipal Center by one and decrease the number by one that are parked at Warren County Municipal Center.

(b) Details: This is to minimize driving time and increase nursing productivity.

(c) Previous Resolution Number: Amended 748/09