

**Warren County Health Services
Health Services Committee Meeting Agenda
January 27, 2012
Information Submitted By: Patricia Auer, DPH/DPS**

Action Agenda/New Business

We would like to welcome Mrs. Edna Frasier as a new member to the Health Services Committee, and also thank our returning members for continuing with us.

Request Resolution:

To authorize Dorothy Muessig, RN, Community Health Nurse, to enroll in a job related required course leading to a Bachelor of Science Degree in Nursing, and receive reimbursement for 50% of the course tuition and associated books and fees. This amount would equate to a county share of \$462.14 payable upon completion of the course with proof of a grade of "C" or better.

Rationale:

This situation is allowable based on the current CSEA Contract. We also encourage nurses or any staff to pursue further education that will provide them increased knowledge and skills for their jobs.

Request Resolution:

To amend the contract with VNS (Visiting Nurse Service) Choice Community Care to reflect a change in the organization's name to VNSNY (Visiting Nurse Service New York) Choice.

Rationale:

The County Attorney has requested this amendment be authorized as the name of the legal entity providing the services has changed. All other terms of the agreement remain the same.

Request Resolution:

To amend the 2012 Warren County Budget to reflect the addition of COLA funds for the following grants:

Lead Poisoning and Prevention Program Grant: \$1,903.00

WIC Program: \$39,021.00

Immunization Action Program Grant: \$2,656.00

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

Rationale:

It is not necessary to do any contract amendments as the contracts are written to allow acceptance of any COLA funds that are available, but we do need to adjust the budget accordingly.

Request Resolution:

Budget Transfers – Please see **Attachment #4** describing the specific amounts and reasons.

Request Resolution:

To authorize entering a contract agreement with POMCO Group to allow for reimbursement for services provided to patients having insurance with this company.

Rationale:

This reimbursement contributes to revenues in the Certified Home Health Agency.

Request Resolution:

To renew the contract (Contract No. CO27516) with New York State Department of Health for the period October 1, 2011 – September 30, 2012 to allow for continued funding in the amount of \$38,608 for Early Intervention Administration activities, and amend the 2012 Warren County Budget accordingly. This will be a five year contract, October 1, 2011 – September 30, 2016, renewable annually contingent upon funding availability and contractor performance.

Rationale:

The Department of Health is late in getting the budget package out this year, but better late than not at all. We will need to renew the contracts annually even though it will be a multi year agreement, because the annual amounts may change as they are calculated based on the number of children served in the Early Intervention Program.

Request Resolution:

To amend the contract agreement with Richard Leach, MD to reflect the following changes:

- Increase the hourly rate for Travel Clinic Consultations from \$75.00 to \$100.00
- Establish a rate of \$100.00 per hour to provide pre employment physicals or medical clearance physicals if needed

Rationale:

The Travel Clinic is much busier than we anticipated, and the rate adjustment is more than reasonable. The revenues generated from the clinic will be sufficient to cover this cost. As for the rate for physicals, periodically we have this need, and it would be more convenient and cost effective to have a physician able to do this. The physicals would be provided at our clinic office.

Pending Items/Old Business

There are no pending items or old business this month.

Topics for Discussion/Information

Emergency Response and Preparedness Activities

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

These reports are maintained routinely for the Emergency Preparedness Contract deliverables. Since we are beginning a new year, does the committee still wish to receive this report monthly?

Report of Expenditures, Revenues, Overtime and Per Diem Use

Please see **Attachment #2**

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

Free and Reduced Fee Care Report for 2011

Please see **Attachment #3**

Vehicle Fleet Issues

As you are aware from the 2012 Budget Discussions, because we have not purchased any new vehicles for a few years, our cars have many miles and many issues in need of extensive and expensive repairs. Since October 2011, we have lost 5 vehicles that the Warrensburg DPW Shop Personnel advised us were not worth keeping. We have funding in the 2012 Budget to purchase 6 vehicles, including one four wheel drive. Currently, we are working with the Purchasing Department to assist us in securing new vehicles as soon as possible.

Attachments:

#1 Emergency Preparedness Activities

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

#3 Report of Free and Reduced Fee Care for 2011

#4 Budget Transfer Form

BT ACTIVITY SHEET

GY 11 - 8/10/2011 - 8/9/2012

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,
Dec 2011	Fit Testing	Health Services Nurses (various times & dates)	Laura Saffer	
12/1/11		GETS-WPS Organization Revalidation	Ginelle Jones	
12/7/11	Meeting	17 - AAR	Barb Orton, et.al	
12/13/11	Meeting	BT Coordinators - Ballston Spa	Barb Orton, Laura Saffer	
12/15/11	Training	AAR Preparation @ HANYS	Laura Saffer	Training

Date	Type	Subject/Comments	Attendees	Topic (i.e. Chempack, Drill, Mass Fatality, SNS, Training, Pan Flu,
1/4/12	Meeting	BT 2012 Update Meeting	Ginelle Jones, Barb Orton, Laura Saffer, Angela Meade	
1/10/12	Meeting	BT Coordinators - Ballston Spa	Barb Orton, Laura Saffer	
1/12/12	Training	18 ServNY Incident Response Management (IRM) Module Training (Part 1 of 2)	Laura Saffer	Training
1/12/12	Fit Testing	All Glens Falls School Nurses	Laura Saffer	
1/12/12	Tests	HCS Alternate Internet Connections; discussion with WC IT Dept.	Barb Orton, Tammie DeLorenzo, Angela Meade, Dave Kenyon	
1/18/12	Webinar/Conf Call	CliniOps - Review of 2011 Activities & Priority Initiatives for 2012	Barb Orton, Laura Saffer, Angela Meade	
1/18/12	Tabletop	Monthly GFH - Internal Explosion in construction area	Barb Orton	
1/18/12	Presentation	M-16 AARP Community Engagement @ Queensbury Senior Center.	Laura Saffer	
1/19/12	Meeting	L-11 Regional Planning Meeting @ GFH	Laura Saffer	
1/25/12	Meeting	Quarterly PH EPR Committee	Laura Saffer et.al	
1/25/12	Staff Meeting (mandatory)	"Workplace Violence"	All Health Services Staff	Training
1/31/12	Training	L-5 SNS overview of the updated CDC LTAR guidance	Barb Orton, Laura Saffer, Angela Meade	SNS

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2011 AS OF 1/25/2012 7:22:16 PM

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

CODE(S): 4010, 4011, 4013, 4016, 4018, 4046, 4054, 4189, 9061, 4025

EXPENSES	2011 BUDGETED	2011 YTD ACTUAL	2010 Prior Year Totals
Salaries - Regular	\$2,909,003.74	\$2,857,496.54	\$2,861,559.18
Salaries - Overtime	\$157,520.00	\$125,594.50	\$137,667.52
Salaries - Part Time	\$328,634.56	\$217,841.31	\$238,194.55
Salaries - Sick Leave Incentive	\$2,000.00	\$2,000.00	\$1,200.00
100's PERSONAL SERVICES	\$3,397,158.30	\$3,202,932.35	\$3,238,621.29
200's EQUIPMENT	\$73,567.21	\$67,149.40	\$72,543.64
400's CONTRACTUAL	\$10,296,130.08	\$6,028,599.17	\$7,960,554.03
800's EMPLOYEE BENEFITS	\$1,399,659.89	\$1,301,581.95	\$35,015.66
TOTALS	\$15,166,515.48	\$10,600,262.87	\$11,306,734.55
REVENUES	2011 BUDGETED	2011 YTD ACTUAL	2010 Prior Year Totals
	\$12,604,345.46	\$7,930,300.83	\$10,735,536.33

Note: We have accrued above the following additional revenues of \$91,373 for various year end grants and a Preschool AVL for 10/11 school year. We are currently working on finalizing the December Billing for CHHA, LTC and MCH.

It should also be noted, we are still finalizing year end for 2011 but we anticipate additional Revenues of approximately \$2.5 million related to Preschool services for the 11/12 school year, WIC food vouchers for 2011, December billings, retro Medicaid Payments for Health Services, and reimbursements to our CHHA for providing therapy services to EI/Preschool programs for November and December 2011.

We also anticipate adding to expenses for 2011 an estimate of over \$1 million for WIC Food Vouchers and other miscellaneous expenses. Overall expecting a more positive impact to the bottom line than was budgeted.

Warren County Health Services
Salaries Comparison

2010 vs 2011
as of 12/31/11 Payroll date ending

Total of All Depts	YTD 2011	YTD 2010	YTD 11v10	% Change	Total Budget 2011	Savings from 2011 Budget
Regular Salaries	\$2,857,496.54	\$2,861,559.18	-\$4,062.64	-0.14%	\$2,909,003.74	-\$51,507.20
Overtime Salaries	\$125,594.50	\$137,667.53	-\$12,073.03	-8.77%	\$157,520.00	-\$31,925.50
Part Time Salaries	\$217,841.31	\$238,194.54	-\$20,353.23	-8.54%	\$328,634.56	-\$110,793.25
Sick Leave Incentive	\$2,000.00	\$1,200.00	\$800.00	66.67%	\$2,000.00	\$0.00
TOTALS	\$3,202,932.35	\$3,238,621.25	-\$35,688.90	-1.10%	\$3,397,158.30	-\$194,225.95

*Source: Detail G/L report for all Salary Category from 1/1/XX-12/31/XX

Note: Payroll reflects the annual 3% increase in union salaries for 2011.

Attachment #3

WARREN COUNTY HEALTH SERVICES

HOME CARE DIVISION

FREE AND REDUCED CARE

Quarter 1 2011

Jan. – Feb. – Mar.

Free Care - \$17,760.00

Reduced Care - \$0.00

Quarter II 2011

April – May – June

Free Care - \$20,810.00

Reduced Care - \$0.00

Quarter III 2011

July – Aug – Sept

Free Care - \$32,005.00

Reduced Care - \$1,088.00

Quarter IV 2011

Oct. – Nov. – Dec

Free Care - \$12,920.00

Reduced Care - \$0.00

Total 2011

Total 2011

Free Care - \$83,495.00

Reduced Care - \$1,088.00

Sharon Schaldone ADPS

RESOLUTION REQUEST FORM NO. 19

Application for Approval to Enroll in Job-Related Courses by Employee

- 1. Employee's Name: Dorothy Muessey
- 2. Position: Registered Nurse
- 3. Department: LTHHCP
- 4. Course Title: ENG 295
- 5. Institution or School: Sony Plattsburgh
- 6. How Course Relates to Current Position: Pursuing BSN
- 7. Starting Date: 1/30/12
- 8. Completion Date: 5/14
- 9. Cost: ~~\$925.00~~ 924.29 - first semester includes books + fees
- 10. Employee's Signature: Dorothy Muessey Date: 1/17/12
- 11. Supervisor's Comments (Approval/Denial):
Supervisor's Signature: Mary Loukin's cos Date: 1/17/12
- 12. Department Head's Comments (Approval/Denial):
Department Head's Signature: Patricia Date: 1/17/12
- 13. Committee's Recommendation:
Committee Chairman's Signature: [Signature] Date: 1/27/12
Signature: _____ Date: _____
Chairman of the Board of Supervisors

Anticipated cost to county with 50% reimbursement per CSEA contract 462.14

If approved by Committee, and resolution approving the course if adopted by the Board of Supervisors, candidate may enroll and be eligible for 50% reimbursement for costs as itemized in Item #9. Employee must complete the course with at least a "C", its equivalent, or better. Employee then submits a voucher with receipts verifying costs as listed and a copy of their final grade.

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: January 19, 2012

- (a) Purpose of Contract Change: To authorize a name change with contractor from VNS Choice Community Care to VNSNY Choice
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: R 556/2011
- (c) Name of Contractor: VNSNY (Visiting Nurse Service New York) Choice
- (d) Address of Contractor: 107 East 70th Street
New York, NY 10021
- (e) Contractor's Contact Person and Telephone Number:
Nancy Kelly-Sullivan, (516) 662-6969
- (f) Commencement Date of Amendment: October 24, 2011
- (g) Termination Date of Extension: Automatically renewed annually unless terminated in writing by either party in a form approved by the County Attorney
- (h) Payment Provisions: 90% of New York State approved Medicaid Rates (paid for each authorized individual patient visit)
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly billing, 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 4010.1610 Health Services (CHHA) Revenue
A 4016.1602 Long Term Home Health Care Program Revenue

WARREN COUNTY ATTORNEY'S OFFICE

Warren County Municipal Center
1340 State Route 9
Lake George, New York 12845
Telephone 518 - 761 - 6463
Fax 518 - 761 - 6377

LAW DEPARTMENT

DATE: January 13, 2012
TO: Patricia Auer, Director
Public Health/Patient Services
FROM: Martin D. Auffredou, Warren County Attorney 
RE: VNSNY CHOICE

Pat,

Per your telephone conversation with Shelly, enclosed please find proposed resolution for the February Board meeting.

Please call with any questions you may have.

Martin

Warren County Board of Supervisors

RESOLUTION NO. ___ OF 2012

Resolution introduced by Supervisors Sokol, Thomas, Frasier, Taylor and McDevitt

**AMENDING RESOLUTION NO. 556 OF 2011; AUTHORIZING
AGREEMENT WITH VNS CHOICE COMMUNITY CARE TO
PROVIDE CARE MANAGEMENT AND HOME CARE SERVICES
FOR THE CERTIFICATE HOME HEALTH AGENCY
AND LONG TERM HOME HEALTH CARE PROGRAMS**

WHEREAS, by Resolution No. 556 of 2011 the Warren County Board of Supervisors authorized an agreement with VNS CHOICE Community Care to provide care management and home care services for the Certified Home Health Agency and Long Term Home Health Care Programs to meet the needs of the elderly individuals who are enrolled in the New York State Medical Assistance Program for a term commencing October 24, 2011 and automatically renewing on an annual basis unless terminated in writing by either party, in a form approved by the County Attorney, and

WHEREAS, the name of the legal entity that will providing said services is VNSNY CHOICE, now, therefore, be it

RESOLVED, that Resolution No. 556 of 2011 is hereby amended to authorize and direct the Chairman of the Board of Supervisors to execute an agreement with VNSNY CHOICE to provide care management and home care services for the Certified Home Health Agency and Long Term Home Health Care Programs to meet the needs of the elderly individuals who are enrolled in the New York State Medical Assistance Program for a term commencing October 24, 2011 and automatically renewing on an annual basis unless terminated in writing by either party, in a form approved by the County Attorney.

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-Family Health Program

DATE: January 27, 2012

(a) **Purpose of Amendment:** To amend the 2012 budget to adjust the Family Health Program to reflect the COLA (Cost of Living Adjustment) funds given for the Lead Grant in the amount of \$1,903.00.

(b) Appropriation Code (with title), Object Code (with title) and Amount:
A.4018.0020.469 Family Health Miscellaneous Expense \$1,903.00

Revenue Code (with title), and Amount:
A.4018.0020.4457 Family Health –Lead Revenue \$1,903.00

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-WIC Program

DATE: January 27, 2012

(a) **Purpose of Amendment:** To amend the 2012 budget to adjust the WIC Program to reflect the COLA (Cost of Living Adjustment) funds given in the amount of \$39,021.

(b) Appropriation Code (with title), Object Code (with title) and Amount:
A.4013.469 WIC-Miscellaneous Expense 39,021.00

Revenue Code (with title), and Amount:
A.4013.4403 WIC Revenue \$39,021.00

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: January 27, 2012

(a) **Purpose of Amendment:** To amend the 2012 budget to adjust the Disease Program to reflect the COLA (Cost of Living Adjustment) funds given for the IAP Grant in the amount of \$2,656.00.

(b) Appropriation Code (with title), Object Code (with title) and Amount:
A.4018.0030.469 Disease Program- Miscellaneous Expense \$2,656.00

Revenue Code (with title), and Amount:
A.4018.0030. 3407 Disease Program-Public Health Revenue \$2,656.00

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-Family Health Program

DATE: January 27, 2012

(a) **Purpose of Amendment:** To amend the 2012 budget to adjust the Family Health Program to reflect the COLA (Cost of Living Adjustment) funds given for the CSHCN (Children with Special Health Care Needs) Grant in the amount of \$1,484.00.

(b) Appropriation Code (with title), Object Code (with title) and Amount:
A.4018.0020.469 Family Health Miscellaneous Expense \$1,484.00

Revenue Code (with title), and Amount:
**A.4018.0020.4452 Family Health –Children With Special Health Care Needs
Revenue \$1,484.00**

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

SIGNED: Patricia Saday 01/27/12

DATE: 1/27/12

	<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
1.	A.4054.0060.444	Early Intervention-Education Expense	A.4054.0060.860	Early Intervention-Hospitalization Expense	\$5,825.00
2.	A.4013.446	WIC-Food Vouchers	A.4013.260	WIC-Other Equipment	\$6,000.00

Total Transfers

\$11,825.00

Please state reason for transfers requested:

1. To transfer funds in 2012 to cover change from individual to 2 person coverage for health insurance for employee.
2. To transfer funds for WIC 2012 to cover equipment to be purchased that will be covered by the WIC COLA funds.

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. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: January 27, 2012

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To authorize a contract agreement with POMCO Group to allow receipt of reimbursement for various services.
- (c) Name of Contractor: POMCO Group
- (d) Address of Contractor: 2425 James Street, Syracuse, NY 13206
- (e) Contractor's Contact Person and Telephone Number:
Lynn Sorbello
(w) 315-432-9171 Ext. 4232
(f) 315-433-5474
E-mail: lsorbello@pomcogroup.com
- (f) Has or will the Contract be provided, if so, please attach: Yes
- (g) Commencement Date of Contract: February 20, 2012
- (h) Termination Date of Contract: In form approved by County Attorney
- (i) Payment Provisions: Per rates specified in contract
- 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: A.4010.1610 - Health Services (CHHA) - Revenue

Auer, Pat

From: Lynn Sorbello [LSorbello@pomcogroup.com]
Sent: Friday, January 20, 2012 8:36 AM
To: Auer, Pat
Subject: RE: Contract with Warren County Health Services
Attachments: Facility Credentialing Application.doc; W9.pdf; Warren Cty Health Serv 1.12.doc

Hello Pat,
 Thank you for taken some time to review participation with POMCO. I have attached the contract, credentialing and W9 for you. If you need to review, let me know.
 Take care,

Lynn Sorbello
Recruiter
Network Development
POMCO Group
2425 James Street
Syracuse, NY 13206
(w) 315.432.9171 x4232 (f) 315.433-5475 (t) 800.766.2687
(e) lsorbello@pomcogroup.com (u) www.pomcogroup.com

NOTICE OF CONFIDENTIALITY - This communication is from POMCO Group and is intended to be confidential and solely for the use of the persons or entities addressed above. If you are not an intended recipient, be aware that the information contained herein may be protected from unauthorized use by privilege or law, and any copying, distribution, disclosure, or other use of this information is prohibited. If you have received this communication in error, please immediately contact the sender by return e-mail and delete or destroy all copies. Thank you for your cooperation.

From: Auer, Pat [mailto:auerp@warrencountyny.gov]
Sent: Thursday, January 19, 2012 8:55 AM
To: Lynn Sorbello
Subject: Contract with Warren County Health Services

Good morning Lynn,
 I received your e-mail, and Warren County Health Services would be very interested in developing a contract with POMCO. Please call me at your convenience and we can discuss the procedures for the contract and the services our agency provides.
 I look forward to hearing from you.

Patricia Auer
 Director of Public Health/Patient Services
 Warren County Health Services
 1340 State Route 9
 Lake George, New York 12845
 Tel: 518-751-6580
 Fax: 518-761-6354
 E-mail: auerp@warrencountyny.gov

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: January 27, 2012

- (a) Purpose of Contract Change: To renew the contract with New York State Department of Health Bureau of Early Intervention for the contract year October 1, 2011 to September 30, 2012 to allow receipt of funding for Early Intervention Administration Activities in the amount of \$38,608.00
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: R 466/2010
- (c) Name of Contractor: NYSDOH Bureau of Early Intervention
- (d) Address of Contractor: Administrative Services Unit
ESP Corning Tower, Room 878
Albany, NY 12237-0657
- (e) Contractor's Contact Person and Telephone Number:
Terry Ayers
518-473-7016
beifiscal@health.state.ny.us
- (f) Commencement Date of Amendment: October 1, 2011
- (g) Termination Date of Extension: September 30, 2016
- (h) Payment Provisions: Quarterly voucher submission, paid upon receipt of 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:
A.4054.0060.4451 - Early Intervention Administration

* Will send contract when it is received - Have already submitted budget work plan

Warren County Board of Supervisors

RESOLUTION NO. 466 OF 2010

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

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. 480 of 2009) with New York State Department of Health, Division of Family Health, Fiscal Unit, Empire State Plaza, Corning Tower, Room 878, Albany, New York 12237-0657, for funding for the Early Intervention Administration Program, for a term commencing October 1, 2010 and terminating September 30, 2011, 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.

Auer, Pat

From: Michele A Kohrs [mak19@health.state.ny.us] on behalf of BEI Fiscal BML [beifiscal@health.state.ny.us]
Sent: Friday, January 13, 2012 11:41 AM
To: Auer, Pat
Cc: Driscoll, Tawn; Jones, Ginelle
Subject: Contract No: C027516 Warren County Early Intervention Administration Contract Period: October 1, 2011 - September 30, 2012
Attachments: BUDTAB and forms.xls

Dear Ms. Auer:

This is to inform you of the Department's intention to provide funding for the administration of the Early Intervention Program for the period October 1, 2011 - September 30, 2012. The Department will seek Office of the State Comptroller (OSC) approval for a five year contract term: October 1, 2011 – September 30, 2016. Contracts are renewable annually contingent upon funding availability and contractor performance. While this initiative has not yet been approved by OSC, we request that you prepare and submit a budget at this time for the period October 1, 2011 – September 30, 2012. Your funding amount for this period is expected to be \$38,608. Your new contract number is C027516. Please include this contract number on all correspondence related to your Early Intervention Administration contract.

The enclosed budget package consists of two parts:

- Part 1, the Operating Budget and Funding Request, which will become Appendix B of the contract, and
- Part 2, the Budget Narrative/Justification forms.

Questions should be referred to Cori Lewis or Gwyn Marschman at (518) 473-7016 or beifiscal@health.state.ny.us. Please complete the enclosed budget package and return it to beifiscal@health.state.ny.us by February 10, 2012.

Upon Departmental review and approval of the budget, two copies of the contract will be sent to you for signature and notarization.

(See attached file: BUDTAB and forms.xls)

Terry Ayers, Manager
Administrative Services Unit
Bureau of Early Intervention
(518) 473-7016

IMPORTANT NOTICE: This e-mail and any attachments may contain confidential or sensit

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: January 27, 2012

- (a) Purpose of Contract Change: To amend the contract with Richard Leach, MD to increase reimbursement from \$75.00 per hour to \$100.00 per hour for travel clinic consultation and also add provisions for doing pre-employment employee physicals, if needed at a rate of \$100.00 per hour.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: R 195/2010
- (c) Name of Contractor: Richard Leach, MD
- (d) New Address of Contractor: 185 Chestnut Ridge Road
Queensbury, NY 12804
- (e) Contractor's Contact Person and Telephone Number: Richard Leach, MD
(Cell) 926-9926
- (f) Commencement Date of Amendment: January 1, 2012
- (g) Termination Date of Extension: Per terms of current agreement
- (h) Payment Provisions: Quarterly voucher submission
 - 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.40148.0030.437 - Disease Program Consulting Fees

Warren County Board of Supervisors

RESOLUTION NO. 195 OF 2010

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

AMENDING RESOLUTION NO. 142 OF 2008; AUTHORIZING AMENDMENT AGREEMENT WITH RICHARD LEACH, MD TO INCLUDE ON-SITE MEDICAL CONSULTATION SERVICES FOR TRAVEL CLINIC - HEALTH SERVICES DEPARTMENT

WHEREAS, Resolution No. 142 of 2008 increased the rates paid to Richard Leach, M.D., to provide medical direction services for the Tuberculosis Program and all other infectious disease related illnesses within the Warren County Health Services Department, and

WHEREAS, the Director of Public Health/Patient Services is requesting that the above described agreement with Richard Leach, M.D. be amended to include weekly on-site medical consultation services for the travel clinic held at the Warren County Health Services Department, such services to be provided at a rate of ~~Seventy-Five Dollars (\$75)~~ ^{\$100} per hour, for a term commencing ~~March 22, 2010~~ ^{Jan 1, 2012} and terminating upon thirty (30) days written notice by either party, now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an amendment agreement with Richard Leach, M.D., to include weekly on-site medical consultation services for the Travel Clinic at a rate of ~~Seventy-Five Dollars (\$75.00)~~ ^{\$100} per hour, for a term commencing ~~March 22, 2010~~ ^{Jan 1 2012} and terminating upon thirty (30) days written notice by either party, in a form approved by the County Attorney.