

**Warren County Health Services
Health Services Committee Meeting
September 28, 2012
Information Submitted By: Patricia Auer, DPH/DPS**

Action Agenda/New Business

Request Resolution:

To authorize an affiliation agreement in a form approved by the County Attorney with the State University of New York Empire State College to allow observational clinical experiences for nurses pursuing a Bachelor's Degree in nursing.

Rationale:

There is a student who is enrolled in this program who is looking for this opportunity. It is important whenever possible to be able to accommodate these needs as it will ultimately benefit the nursing profession. The college has been very cooperative and has sent a template of the agreement. It is similar to the ones we currently have with other colleges.

Request Resolution:

To authorize an affiliation agreement with the State University of New York College at Plattsburgh to allow a field work practicum for a WIC Program employee who is pursuing a degree in psychology.

Rationale:

The college will allow the employee to utilize the time she is working in her position as an Infant Feeding Advocate at the WIC Clinics, and submit written assignments for the objectives of the course. The WIC Coordinator will act as the preceptor and complete the required documentation as required by the college. No reimbursement for the practicum is requested. Although we have not done this before, it seems appropriate since the employee is seeking to further her education seeking a college degree, and the WIC Coordinator is in agreement with the plan. It will in no way compromise the operation of the clinics.

Request Resolution:

To authorize an agreement to purchase a Single User License Subscription from Health Forum LLC in the amount of \$150.00 in order to receive an electronic manual for processing UB-04 Claim Forms. This license fee will be an annual amount paid out of the data processing line of the Health Services Budget.

Rationale:

This claim form is used by health care providers to bill third-party insurers as well as government programs such as Medicare, Medicaid, and state Workers Compensation for health care services. We need to assure that we have the most updated information.

Request Referral to the Personnel Committee:

For consideration and approval to backfill a Community Health Nurse Position, Grade 20
Base Salary: \$42,818 due to a resignation.

Rationale:

The nurse is leaving for a job with higher pay and with no weekend or holiday commitments. She will continue to do IV coverage on a per diem basis.

Request Resolution:

To authorize a contract with Mary Elizabeth Moran to provide Occupational Therapy services.

Rationale:

Occupational Therapy visits are reimbursable services, and this individual will see adults and children.

Request Resolution:

To renew the contract agreement with New York State Department of Health Bureau of Community Environmental Health to allow continued receipt of funding for the Lead Poison Prevention Program for the contract year October 1, 2012 – September 30, 2012 in the amount of \$22,405.00

Rationale:

This is a grant that is received annually, and the amount is the same as last year. The monies are paid upon quarterly voucher submission with an approved plan for expenditure of the funds.

Budget Amendment: Please see **Attachment #4.** (to be distributed at the meeting.)

Budget Transfers: Please see **Attachment #5** (to be distributed at the meeting)

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

Pending Items

Update on the Certificate of Needs Applications

The only thing new to report is the New York State Department of Health is allowing any organizations that applied to establish a new or expand an existing Certified Home Health Agency and whose application was not recommended for approval are being given an opportunity to submit additional information to support their proposals. We view it as positive that Warren County has already been proactive in submitting documentation showing why we don't feel additional CHHAs are necessary in our county at this time.

We will continue to keep you updated as this process continues.

Items for Discussion/Information

Emergency Response and Preparedness Activities

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

You will note the report is longer this month since the Health Services Committee did not meet in August.

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 the report and answer questions.

Attachments:

#1 Emergency Response and Preparedness Activities Report

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

#3 Report of Free and Reduced Fee Care

#4 Budget Amendment

#5 Budget Transfers

BT ACTIVITY SHEET

BP1 - 7/1/12 - 6/30/13

Page 1

Topic Color Codes

Red/Chempack; Green/SNS; Blue/Mass Fatality; Black/Training; Purple/Special Needs; Orange/Drill; Black/Pan Flu

Attachment 1

Date	Type	Subject/Comments	Attendees	Topic (i.e. Chempack, Drill, Mass Fatality, SNS, Training, Pan Flu, Special Needs)
July	Finishing Up	GY11 4 th Quarter Deliverables due 9/15/12 and any other loose ends in light of Barb's retirement 8/9/12.	Barb Orton, Laura Saiffer, Angela Meade	
7/11/12	Webinar	"Suffolk County Special Needs Registry"	Laura Saiffer, Laura Stebbins	
7/12/12	Test	HCS via Time-Warner cable modem in 6-103 (laptop)	Barb Orton, Angela Meade	
7/17/12	On-line Course	M-5 CDC "Emergency Use Authorization"	Laura Saiffer	SNS
7/18/12	Tabletop	Monthly GFH - Rail car incident	Barb Orton, Dan Durkee	
7/19/12	Webinar	Social Media - School of Public Health	Laura Saiffer	
7/19/12	Webinar	L-10 Health Emergency Response Data Systems (HERDS v3) CoSur	Ginelle Jones, Laura Saiffer	
7/20/12	Webinar	L-10 Health Emergency Response Data Systems (HERDS v3) CoSur	Pat Belden, Dan Durkee	
7/24/12	Training	M-4 Lay Volunteers (3) "Disaster Myths & Realities"	Laura Saiffer	Training
7/25/12	Meeting	Quarterly EPR Committee	Barb Orton, et.al	
7/23/12	Training - On-line	M-7 ICS 100	Dan Durkee	Training
7/23/12	Video Conference	M-5 Vaccine Preventable Diseases: Policy, Practice, Preparedness	Helen Stern, Patty Myhrberg	
7/25/12	On-line course	M-5 FEMA IS-00907 "Active Shooter: What You Can Do"	Laura Saiffer	
7/26/12	Meeting	Update Chempack Plan	Barb Orton, Amy Drexel, Laura Stebbins	Chempack
7/30/12	Training - On-Line	M-7 ICS 700.a	Dan Durkee	Training
7/31/12	Training - On-Line	M-7 ICS 800.b	Dan Durkee	Training

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Red/Chempack; Green/SNS; Blue/Mass Fatality; Black/Training; Purple/Special Needs; Orange/Drill; Black/Pan Flu

Date	Type	Subject/Comments	Attendees	Topic (i.e. Chempack, Drill, Mass Fatality, SNS, Training, Pan Flu, Special Needs)
August 8/6/12	Various Times Training - On-Line	Inventory: clean up, re-organizing, etc. etc.	Dan Durkee, Tammy DeLorenzo, Angela Meade	Drill, Mass Fatality, SNS, Training, Pan Flu, Special Needs
8/7/12	Meeting	M-7 ICS 200 BT Team	Dan Durkee Ginelle Jones, Dan Durkee, Laura Saffer, Angela Meade, Barb Orton	Training
8/14/12	Webinar	8/14/12 - Sent draft RAD Plan to partners for review	Laura Saffer	
8/15/12	Tabletop	8/9 MCM/SNS Monthly GFH - Pesticide spray exposure in apple orchard	Laura Saffer, Angela Meade Dan Durkee	SNS
8/15/12	Drill	QES Phone Drill re: Lake Luzerne Dam	Ginelle Jones	Drill
8/16/12	Webinar	NYSACHO/NYSDOH - CDMS, NYSIIS, & Consent-20120816 1702-1	Ginelle Jones, Helen Stern, Patty Myhrberg, Tammie DeLorenzo	
8/17/12	Website Update	Sept. EPR Month - three videos placed on the public health webpage: Preparing makes sense; Preparing makes sense for Older Americans; and the most important of the three Preparing makes sense for people with disabilities	Laura Saffer	Special Needs
8/21/12	Webinar	8/9 MCM/SNS	Dan Durkee, et.al.	
8/28/12		Letter of interest to Special Needs Agencies to hold a forum on 9/25/12	Dan Durkee	Special Needs
8/29/12	Meeting	8/29 Planning Meeting (with focus on special needs)	Dan Durkee, Laura Saffer, Angela Meade, Helen Stern,	Special Needs
8/29/12	Meeting	NYSDOH Orientation (Abbie Archibald & Matt Delafayette & 8/29 Planning Meeting)	Dan Durkee, Laura Saffer, Angela Meade	
8/29/12	Real Event	Suspected Meningitis Case at QHS: <ul style="list-style-type: none"> • Many phone calls with school, providers, parents, media • Meeting with QHS • Blast fax to providers • TV news interviews 	Pat Auer, Ginelle Jones, Pat Belden, Dan Durkee, et.al	
8/30/12	Webinar	ServNY "Tracking Volunteer Training"	Laura Saffer, Dan Durkee	
8/31/12	Email	8/29 From NYSDOH LouAnn Lance re: 2012 Guidelines for Smallpox Vaccination and Adverse Event Reporting (placed in EPR Addendum H #11 and M-22 Smallpox Vaccinia Kit)	Angela Meade	

BT ACTIVITY SHEET

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Date	Type	Subject/Comments	Attendees	Topic (i.e. Chempack, Drill, Mass Fatality, SNS, Training, Pan Flu, Special Needs)
9/20/12	Various Presentations/Activities	<ol style="list-style-type: none"> 1. M=14 September Preparedness Month (distribute EPR information) 2. Update WCPH Website 3. 9/5/12 Senior Picnic 4. 9/18/12 - WIC Clinic 5. 9/24/12 - WIC Clinic 	Laura Saffer	Special Needs
9/10/12	CoSur	L=1 Responded to the County Surveillance and Reporting System (CoSur) and completed the Rabies Vaccine Survey within 24 hours.	Pat Belden	
9/11/12	Meeting	BT Coordinators (Ballston SPA)	Dan Durkee, Laura Saffer	
9/12/12	Test	Assessing HCS through Time Warner Modem	Angela Meade, Dan Durkee, Tammie Delorenzo	
9/19/12	Tabletop	Monthly GFH - "Hostage situation in a classroom"	Dan Durkee	
9/19/12	Webinar	ClinOps - CDMS Updates	Dan Durkee, Laura Saffer	
9/20/12	Meeting	M=14, M=15 with Special Needs Groups (ARC, CWI, Prospect School)	Dan Durkee, Laura Saffer, Angela Meade et al	Special Needs
9/21/12	Training	I-HANS	Dan Durkee	Training
9/24/12	Student	Various Topics	Laura Saffer	
9/25/12	Webinar	ServNY "Enhancing Your Volunteer Program with Membership Levels - Getting Your Volunteers to the Table"	Angela Meade	
9/27/12	Webinar	"Disaster Mental Health Assistance in PH Emergencies"	Laura Saffer	

Attachment #3

FREE AND REDUCED CARE
2012
Warren County Health Services
Home Care Division

Quarter 1

Jan. – Mar. 2012

Free Care = \$20,260.00

Reduced Care = \$0.00

Quarter 2

April – June 2012

Free Care = \$8,800.00

Reduced Care = \$0.00

Quarter 3

July – Aug. 2012

Free Care = \$3,070.00

Reduced Care = \$34.00

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2012 AS OF 9/24/2012 3:56:12 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	2012 BUDGETED	2012 YTD ACTUAL	2011 Prior Year Totals
Salaries - Regular	\$2,835,728.89	\$1,953,626.27	\$2,878,176.80
Salaries - Overtime	\$137,500.00	\$89,957.65	\$125,594.50
Salaries - Part Time	\$283,111.20	\$146,713.73	\$217,841.31
Salaries - Sick Leave Incentive			\$2,000.00
100's PERSONAL SERVICES	\$3,256,340.09	\$2,190,297.65	\$3,223,612.61
200's EQUIPMENT	\$133,577.02	\$120,413.69	\$68,065.47
400's CONTRACTUAL	\$9,479,454.29	\$3,522,461.77	\$7,251,995.51
800's EMPLOYEE BENEFITS	\$1,600,984.41	\$1,164,814.18	\$1,326,493.01
TOTALS	\$14,470,355.81	\$6,997,987.29	\$11,870,166.60
REVENUES	2012 BUDGETED	2012 YTD ACTUAL	2011 Prior Year Totals
	\$12,029,356.00	\$4,525,961.91	\$9,673,991.86

Notes: We are currently working on closing August billing for CHHA, LTC and MCH.
 Also to note for 2012, Health Services is currently \$33,486.19 below 2011 year to date totals for Personal Services. (see below)

**Warren County Health Services
 Salaries Comparison**

2011 vs 2012
 as of 9/9/12 Payroll date ending

	YTD 2012	YTD 2011	YTD 12v11	% Change	Total Budget 2012	Total Actual 2011
Total of All Depts	\$1,953,626.27	\$1,989,148.00	-\$35,521.73	-1.79%	\$2,835,728.89	\$2,878,176.80
Regular Salaries	\$89,957.65	\$84,436.24	\$5,521.41	6.54%	\$137,500.00	\$125,594.50
Overtime Salaries	\$146,713.73	\$150,199.60	-\$3,485.87	-2.32%	\$283,111.20	\$217,841.31
Part Time Salaries	\$0.00	\$0.00	\$0.00	0.00%	\$0.00	\$2,000.00
Sick Leave Incentive	\$0.00	\$0.00	\$0.00	0.00%	\$0.00	\$2,000.00
TOTALS	\$2,190,297.65	\$2,223,783.84	-\$33,486.19	-1.51%	\$3,256,340.09	\$3,223,612.61

*Source: Detail G/L report for all Salary Category from 1/1/XX-9/9/XX

Note: Effective 4/23/12 a few per diem and part time employees received salary increases. They have not had increases in a few years. Regular salaries are below last year due to absences within a few positions throughout the year. Overtime for 2012 YTD is slightly above 2011 YTD due to need for weekend coverage. This is primarily because of vacant positions and summer coverage needed.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: September 28, 2012

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To authorize an affiliation agreement in a form approved by the County Attorney with the State University of New York, Empire State College to allow observational clinical experiences for nurses pursuing a Bachelor's Degree in Nursing.
- (c) Name of Contractor: State University of New York, Empire State College
- (d) Address of Contractor: 113 West Avenue, Saratoga Springs, NY 12866
- (e) Contractor's Contact Person and Telephone Number: Raechel Hunt (518) 580-2963
E-Mail – Raechel.Hunt@esc.edu
- (f) Has or will the Contract be provided, if so, please attach: Yes
- (g) Commencement Date of Contract:
September 6, 2012 (No students are expected until January, 2013)
- (h) Termination Date of Contract: Per terms specified in contract.
- (i) Payment Provisions: No monies involved
- 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: Not applicable

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: September 28, 2012

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To authorize an affiliation agreement with the State University of New York College at Plattsburgh to allow a fieldwork practicum for a WIC Program employee who is pursuing a degree in Psychology.
- (c) Name of Contractor: State University of New York College at Plattsburgh
- (d) Address of Contractor: 110 Broad St., Plattsburgh, NY 12901
- (e) Contractor's Contact Person and Telephone Number: Diana M. LaPorte (518) 564-2539
E-Mail – contractagreements@plattsburgh.edu
- (f) Has or will the Contract be provided, if so, please attach: Yes
- (g) Commencement Date of Contract: August 24, 2012
- (h) Termination Date of Contract: Per terms of agreement
- (i) Payment Provisions: No monies involved
- 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: Not applicable

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: September 28, 2012

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To authorize the purchase of a single user license subscription in order to purchase an electronic manual for processing UB-04 claim forms from Health Forum, LLC.
- (c) Name of Contractor: AHA Services, Inc.
- (d) Address of Contractor: P.O. Box 933283, Atlanta, GA 31193-3283
- (e) Contractor's Contact Person and Telephone Number: Do not have individual name, it is all done electronically – 1-800-242-2626
- (f) Has or will the Contract be provided, if so, please attach: Yes
- (g) Commencement Date of Contract: October 22, 2012
- (h) Termination Date of Contract: Per terms of agreement
- (i) Payment Provisions:
 - i) lump sum amount - \$150.00
 - 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:
Health Services – A 4010.428 – Data Processing

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Description

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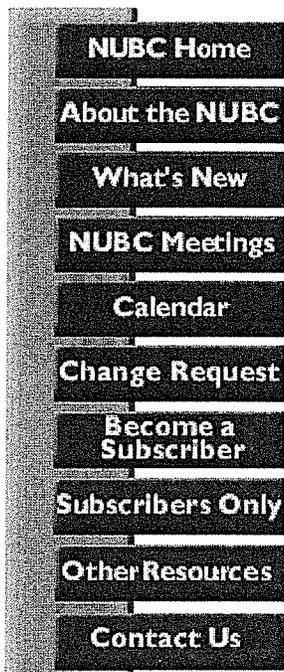
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National Uniform Billing Committee



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National Uniform Billing Committee Official Data Specifications Manual

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P.O. Box 933283
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2. Term, Termination. Unless terminated earlier in accordance with this Section 2, the term of this Agreement shall be one (1) year from the date of purchase of the Content. This Agreement shall automatically renew for successive one (1) year periods unless either party terminates this Agreement by providing the other party with written notice prior to the end of the then-current term. Either party may terminate this Agreement upon ten (10) business days’ notice if the other party breaches this Agreement and fails to cure such breach within such ten (10) day period. Upon termination or expiration of this Agreement for any reason whatsoever, you must return the Content to Licensor or destroy all copies of the Content in your possession or control. Upon request, you shall certify to Licensor that you have done so.

3. Payment Terms. Licensor reserves the right to require payment prior to delivering the Content or additional licenses to you. With respect to all other invoices, you shall pay the invoices within thirty (30) days of the date thereof unless otherwise specified in Licensor’s applicable order form. All renewal terms and license expansions are subject to Licensor’s then current rates.

4. Ownership; Confidentiality. You acknowledge and agree that all Content is the proprietary and confidential information of Licensor and its licensors, and that Licensor and its licensors own all copyrights, trademarks, patents, trade secrets and other proprietary rights in and to the Content. Nothing in this Agreement shall be construed to grant you any ownership interests or rights in or to the Content. You hereby agree that you will not challenge Licensor’s and its licensors’ proprietary rights in and ownership of the Content. You agree to keep the Content confidential, disclose the Content only to those of your employees that have a need to know such

information, and shall not disclose the Content to any third party or allow any third party to have access to the Content.

5. Disclaimer; Limitation of Liability. THE CONTENT IS PROVIDED “AS IS” AND LICENSOR EXPRESSLY DISCLAIMS ALL WARRANTIES, EXPRESS, IMPLIED OR STATUTORY, INCLUDING, WITHOUT LIMITATION, THE WARRANTIES OF NON-INFRINGEMENT, TITLE, MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE. LICENSOR DOES NOT WARRANT THE ACCURACY OR RELIABILITY OF THE CONTENT. YOUR USE OF THE CONTENT IS AT YOUR OWN RISK. UNDER NO CIRCUMSTANCES SHALL LICENSOR OR ITS LICENSORS BE LIABLE FOR ANY INDIRECT, CONSEQUENTIAL, SPECIAL OR PUNITIVE DAMAGES, INCLUDING BUT NOT LIMITED TO DAMAGES FOR LOSS OF DATA, COST OF PROCUREMENT OF SUBSTITUTE GOODS, DAMAGES RESULTING FROM DELAY OR INTERRUPTION OF SERVICE, VIRUSES, DELETION OF FILES OR ELECTRONIC COMMUNICATIONS, OR ERRORS, OMISSIONS OR OTHER INACCURACIES IN THE CONTENT, WHETHER OR NOT THERE IS NEGLIGENCE BY LICENSOR OR ITS LICENSORS. IN NO EVENT SHALL THE AGGREGATE LIABILITY OF LICENSOR AND ITS LICENSORS TO YOU UNDER ANY CAUSE OF ACTION (WHETHER IN CONTRACT, TORT (INCLUDING NEGLIGENCE) OR OTHERWISE) EXCEED THE FEES PAID BY YOU TO LICENSOR FOR THE APPLICABLE CONTENT DURING THE THEN CURRENT TERM.

6. Governing Law; Venue. This Agreement shall be governed in all respects and construed in accordance with the laws of the State of Illinois, without regard to its conflict of laws principles. All disputes arising out of this Agreement shall be exclusively brought in the state and federal courts in and near Chicago, Illinois, and you irrevocably submit to the personal jurisdiction of such courts.

7. Miscellaneous. You may not assign this Agreement without the prior written consent of Licensor. The waiver by either party of a breach or violation of any provision of this Agreement shall not operate as, or be construed to be, a waiver of any subsequent breach of the same or any other provision hereof. In the event any provision of this Agreement is held to be unenforceable, the remainder of this Agreement shall remain in full force and effect, and the invalid provision will be restated so as to be enforceable to the maximum extent permissible under law consistent with the original intent of the parties. This Agreement constitutes the entire agreement between you and Licensor with respect to its subject matter and supersedes all previous negotiations, understandings and agreements between the parties. Sections 4-7 shall survive termination or expiration of this Agreement.

The undersigned understands the conditions of the agreement, as stated on this form, and agrees to abide by same. All orders must contain a signature that acknowledges acceptance of these conditions.

Signature _____
Name & Title _____
Organization _____
Date _____

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, termination or promotion. 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 Payroll Dept. No. 4010.110
Title of Position Community Health Nurse Annual Salary 50,874.10 Grade 20.1
Budget code and title 4010.110 Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No. 10759

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

Source of reimbursement: Federal % State % Other private %

Impact to Budget: +6,556 (due to retiring nurses)

Personnel Officer has approved this form when initialed. [Signature] in surpluses nursing visits are reimbursable services

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Health Services Date _____

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

Administrator Signature _____

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health Services Date _____

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

Ranking Committee Member Signature _____

PERSONNEL/HUMAN RESOURCES COMMITTEE COMPLETES THIS SECTION

Date _____

- The Personnel/Human Resources Committee has no objection to the filling of the vacancy.
- The Personnel/Human Resources Committee objects to the filling of the vacancy.

Ranking Committee Member Signature _____

will recruit most qualified nurse possible, and depending upon education and experience will place at Grade 20 or 21

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: September 28, 2012

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To authorize a contract agreement with Mary Elizabeth Moran to provide Occupational Therapy Services.
- (c) Name of Contractor: Mary Elizabeth Moran
- (d) Address of Contractor: 70 Fifth St., Glens Falls, NY 12801
- (e) Contractor's Contact Person and Telephone Number: Mary Elizabeth Moran, 637-3450
- (f) Has or will the Contract be provided, if so, please attach: Please use therapist contract
- (g) Commencement Date of Contract: October 22, 2012
- (h) Termination Date of Contract: Upon 30 days written notice by either party
- (i) Payment Provisions:
 - i) lump sum amount at agreed upon established per individual visit or meeting rate upon receipt of required documentation for each visit at following rates: Region 1: evals \$55, revisits \$53; Region 2: evals \$60, revisits \$60; OASIS: \$15 per patient; Meetings: \$40. Early Intervention services only: Region 1 Eval: \$50.00; Region 1 Revisit: \$50.00; Region 2: Eval: \$57.00; Region 2: \$ 57.00
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Bi-monthly)
- (j) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project
Number, and Title, and Amount:
A4010.10.470 Health Services
A4016.10.470 Long Term Home Health Care Program

Client # 813660

MEMORANDUM OF INSURANCE Date Issued 09/20/2012

Producer
 Marsh U.S. Consumer
 a service of Seabury & Smith, Inc.
 P.O. Box 14576
 Des Moines, IA 50306-3576
 1-800-503-9230

This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.

Insured
 Mary Elizabeth Moran
 70 5th St
 Glens Falls NY 12801

Company Affording Coverage
 Liberty Insurance Underwriters Inc

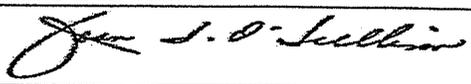
This is to certify that the Certificate listed below has been issued to the insured named above for the policy period indicated, not withstanding any requirement, term or condition of any contract or other document with respect to which this memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.

Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability OccupThp E Occupational Therapist	AHY-685744001	10/01/2012	10/01/2013	Per Incident/ Occurrence	\$1,000,000
				Annual Aggregate	\$3,000,000

PROOF OF INSURANCE

Memorandum Holder:
PROOF OF COVERAGE ONLY

Should the above describe Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative
 Joan O'Sullivan


RESOLUTION REQUEST FORM NO. 4

Request for Renewing, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: September 28, 2012

- (a) Purpose of Contract Change: To renew the contract for the Lead Poisoning and Prevention Program with New York State Department of Health to allow for continued funding in the amount of \$22,405.00 for the contract year 10/01/12 to 09/30/13.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: On file
- (c) Name of Contractor: NYSDOH Center of Environmental Health Bureau of Community Environmental Health and Food Protection
- (d) Address of Contractor: ESP Corning Tower, Room 1395
Albany, NY 12237
- (e) Contractor's Contact Person and Telephone Number:
Ken Boxley, 518-402-7600 E-Mail – Kab11@health.state.ny.us
- (f) Commencement Date of Amendment: October 1, 2012
- (g) Termination Date of Extension: September 30, 2013
- (h) Payment Provisions: Grant paid upon receipt of approved work plan for Lead Poisoning Prevention Program – 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 4018.0020.4457 – Family Health Lead Revenue
A 4018.0020 – Family Health Expenses Various Codes

* Will send contract for signature when approved work plan is received back, approved by DOH.

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: September 28, 2012

- (a) **Purpose of Amendment:** To amend the 2012 budget to adjust the Health Education Program to reflect the addition of revenues/costs related to CPR course training to be done at the end of October 2012 for Countryside Adult Home staff that was not budgeted.

- (b) **Appropriation Code (with title), Object Code (with title) and Amount:**
A.4018.0040.410 Health Education –Supplies Expense \$300.00

Revenue Code (with title), and Amount:
A.4018.0040.1617 Health Education Revenue \$300.00

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-Bioterrorism Program

DATE: September 28, 2012

(a) **Purpose of Amendment:** To amend the 2012 budget to accept a portion of Bioterrorism Grant which began 8/10/12 and ends 8/9/2013. This is an estimate for expenses related to the BT program for services provided 10/01/12 to 12/31/12. All expenses fully funded by the BT Grant.

(b)	Appropriation Code (<u>with title</u>), Object Code (with title) and Amount:		
(c)	Bioterrorism Program-Part Time Salaries	A.4189.130	\$ 12,256
(d)	Bioterrorism Program -Retirement Expenses	A.4189.810	\$ 1,063
(e)	Bioterrorism Program-Social Security Expense	A.4189.830	\$ 760
(f)	Bioterrorism Program-Medicare Expense	A.4189.831	\$ 178

Revenue Code (with title), and Amount: **Bioterrorism Program- Grant Revenue A.4189.3301 \$14,257.00.**

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

SIGNED: *Patricia M. [Signature]*

DATE: 9/28/12

	<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
1.	A.4010.428 A.4010.470	CHHA-Health Services-Data Processing Expense CHHA-Health Services-Contract Expense	A.4010.230 A.4010.230	CHHA-Health Services Automotive Equipment CHHA-Health Services Automotive Equipment	\$20,000.00 \$22,000.00
2.	A.4018.0040.260	Health Education-Other Equipment Expense	A.4018.0040.410	Health Education - Supplies Expense	\$500.00
3.	A.4018.0055.260	Tobacco Education-Other Equipment Expense	A.4018.0055.410	Tobacco Education - Supplies Expense	\$500.00
4.	A.4018.0030.130	Disease Program-Part Time Salaries	A.4018.0030.110	Disease Program-Full Time Salaries	\$1,370.00
5.	A.4010.110 A.4010.830 A.4010.831	Health Services-CHHA-Full Time Salary Health Services-CHHA-Social Security Expense Health Services-CHHA-Medicare Expense	A.4016.110 A.4016.830 A.4016.831	Long Term Care-Full Time Salary Long Term Care-Social Security Expense Long Term Care-Medicare Expense	\$22,106.00 \$1,371.00 \$321.00
6.	A.4010.110 A.4010.830 A.4010.831	Health Services-CHHA-Full Time Salary Health Services-CHHA-Social Security Expense Health Services-CHHA-Medicare Expense	A.4018.0020.110 A.4018.0020.830 A.4018.0020.831	Family Services-Full Time Salary Family Services-Social Security Expense Family Services-Medicare Expense	\$13,718.00 \$852.00 \$200.00
7.	A.4018.0020.469	Family Health-Other Payments	A.4018.0020.260	Family Health -Other Equipment	\$500.00
8.	A.4189.4000.130	FY10 Homeland Security-Part Time Salary	A.4018.4000.470	FY10 Homeland Security-Contract Expense	\$19.00
Total Transfers					<u>\$83,457.00</u>

Please state reason for transfers requested:

- To transfer funds to purchase 3 new vehicles per discussion with budget committee on 8/28/12. Will not be utilizing the \$20,000 budgeted in Data Processing for the offsite maintenance of Delta/Encore system until June 2013. Therefore utilize funds now for vehicle purchase. Estimate each car at \$14,000. Therefore total needed is \$42,000.
- To transfer funds to purchase supplies for Health Education from equipment line.
- To transfer funds from equipment line to supply line for Tobacco program.
- To Transfer funds within Disease Program from Part Time to Full time salaries to cover Bt On call. PT employee no longer taking On call pay.
- To Transfer funds for Employee #11706 whose hours have been shared between CHHA and LTC however all salary budgeted in CHHA. Transferring from 1/1/12-9/23/12 payroll those hours directly related to LTC.
- To Transfer funds for Employee #8409 whose hours have been shared between CHHA and MCH however all salary budgeted in CHHA. Transferring from 1/1/12-9/23/12 payroll those hours directly related to MCH.
- To Transfer funds to purchase equipment needed for CSCNH grant. Fully funded by grant.
- To Transfer funds within the Homeland Security Grant (OHS) to cover contract expense slightly under budget.

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