

**Warren County Health Services
Health Services Committee Meeting
August 23, 2013
Information Submitted By: Patricia Auer, DPH/DPS**

Action Agenda/New Business

Request Referral to the Personnel Committee:

For consideration of amending the Table of Organization for the WIC Program as follows:

Delete: Grade 6 WIC Nutrition Aide Base Salary \$27,496

Delete: Grade 3 WIC Program Aide Base Salary \$24,215

Create: Grade 5 WIC Assistant Base Salary \$26,370

Increase Salary of WIC Coordinator at an amount to be suggested at the Personnel Committee following the salary information obtained from other county sponsored WIC Programs.

Rationale:

The WIC Program is 100% funded by a contract grant received from New York State Department of Health. Given the fact that many of the WIC employees do essentially the same job, and with the cost of benefits increasing it seems prudent to make the proposed adjustments, which would become effective at the beginning of the new contract year, October 1, 2013. The changes will result in one less employee, but the WIC Coordinator is confident the plan is solid and neither the program nor the employees will be compromised.

The current WIC Program Aide will take a promotional Civil Service Exam for the to be created Grade 5 WIC Assistant position. No jobs will be lost, we will just not backfill the currently vacant Grade 6 WIC Nutrition Aide Position, but will instead delete that position. NYSDOH has approved this plan.

As for the Coordinator's salary, it is currently significantly less than the other WIC Coordinators who manage county sponsored programs. It is also \$3,514 less than one of the staff nutritionists. NYSDOH has approved covering a new salary once the information is presented and a recommendation is prepared for the Personnel Committee.

These changes have been reviewed with the County Administrator, and the Personnel Officer, and all needed "paperwork" has been completed.

Based upon the changes, there will be a small amount of money left in the WIC grant that we will place in a per diem salary line to be used if needed for temporary help during busier times or busier clinics.

Request Resolution:

To accept the updated Response and Preparedness Plan for Warren County Public Health as required by the New York State Department of Health.

Rationale:

This update is required annually, and is sent to the Office of Emergency Services to be included as part of the overall Warren County Emergency Plan.

A copy of the plan will be available at the meeting should any members wish to review it, and a copy will also be submitted to be kept with the minutes of the meeting.

Request Resolution:

To increase the charge for Influenza Vaccine (Flu Shots) from \$25.00 to \$30.00 for those individuals who choose to pay cash or do not have insurance coverage.

Rationale:

This increase is requested to cover the increase in the cost of vaccine, supplies and clinic nurse time. It also reflects what pharmacies and super markets are charging. We last increased the cost in 2010. For county employees and much of the public we are able we will bill Medicare or Private Insurance. As has been the case for the past several years, the vaccine is plentiful and can be accessed in a variety of settings.

Request Resolution:

To amend the contract agreement with the New York State Department of Health and Health Research Inc. as the grant administrator to change the terms of the Public Health Emergency Preparedness Grant contract to reflect a multiyear agreement for the period of July 1, 2012-June 30, 2017 in a form approved by the County Attorney.

Rationale:

The New York State Department of Health/Health Research Inc. has requested this change. The allocation amounts will continue to be awarded in one year increments, and funding will be available for reimbursement of expenses following the submission, review and approval of annual budgets. The multi-year agreement, if approved by the County Attorney, would allow us to accept the funding for the multi-year agreement without needing to return to committee each year.

Request Resolution:

Budget Transfer: Please see **Attachment #5**.

Rationale:

Tawn Driscoll, Fiscal Manager, will explain the reasons at the meeting.

Pending Items

Update on Referral Numbers and Impact of New CON Agencies: Please See **Attachment #4**.

Items for Discussion/Information

Emergency Response and Preparedness Activities: Please see **Attachment #1** for the monthly report.

Report of Expenditures, Revenues, Overtime and Per Diem Use: Please see **Attachment #2**.

Revenue and Expense Comparison Report for 2012 vs 2013: Please see **Attachment #3**.

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

Update on Early Intervention Program Issues

Attachments:

Copy: Warren County Public Health Emergency Preparedness and Response Plan July 2013

#1 Emergency Response and Preparedness Activities Report

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

#3 Revenue and Expense Comparison Reports for 2012 vs 2013

#4 Referral Number Comparisons

#5 Budget Transfer Request

BT ACTIVITY SHEET
BP2 - 7/1/13 - 6/30/14

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)
8/7/13	Meeting	Capital District Sub-Region	Dan Durkee	
8/13/13	Training	CPR – Health Services Nurses	Laura Saffer	
8/15/13				
8/27/13				
8/16/13	Drill	"Duck & Cover" (Municipal Center)	All employees	Drill
8/21/13	Tabletop	GFH-Incident at Data Center/Communication Loss (follow up to Downtime event)	Dan Durkee	
8/27/13	Training	CPR – Health Services Nurses	Laura Saffer	
8/28/13	Webinar	ClinOps – "Legal Issues and Medical Countermeasure Clinical Operations"	Laura Saffer, Angela Meade, Amy Bartlett	

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2013 AS OF 8/19/2013 6:11:02 PM

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

EXPENSES	2013 BUDGETED	2013 YTD ACTUAL	2012 Prior Year Totals
Salaries - Regular	\$2,847,301.96	\$1,718,314.55	\$2,792,734.39
Salaries - Overtime	\$137,500.00	\$104,513.65	\$134,883.37
Salaries - Part Time	\$292,284.04	\$146,213.57	\$219,854.62
Salaries - Sick Leave Incentive			\$800.00
100's PERSONAL SERVICES	\$3,277,086.00	\$1,969,041.77	\$3,148,272.38
200's EQUIPMENT	\$112,120.90	\$103,056.13	\$180,916.48
400's CONTRACTUAL	\$8,382,682.50	\$2,798,309.03	\$6,668,622.53
800's EMPLOYEE BENEFITS	\$1,798,450.62	\$1,147,571.48	\$1,613,292.82
TOTALS	\$13,570,340.02	\$6,017,978.41	\$11,611,104.21
REVENUES	2013 BUDGETED	2013 YTD ACTUAL	2012 Prior Year Totals
	\$11,107,737.00	\$3,785,713.68	\$9,525,798.76

Notes: We are currently working on July billing for our CHHA, LTC and MCH programs. Also, we have accrued WIC revenue of \$185,135 which reflects amounts for March to July 2013, which will be vouchered as soon as we get approval for a budget amendment. Reminder also, preschool revenues are booked periodically throughout the year, however final balances will be reflected by year end.

While payroll categories may seem a bit skewed, overall total personal services to date are 60.09% of budget as of 8/19/2013, which is on target for the year. (see detail below).

Warren County Health Services

Salaries Comparison

2012 vs 2013

as of 8/11/13 Payroll date ending

Total of All Depts	YTD 2013	YTD 2012	YTD 13v12	% Change	Total Budget 2013	Total Actual 2012
Regular Salaries	\$1,718,314.55	\$1,741,060.84	-\$22,746.29	-1.31%	\$2,847,301.96	\$2,792,734.39
Overtime Salaries	\$104,513.65	\$79,144.58	\$25,369.07	32.05%	\$137,500.00	\$134,883.37
Part Time Salaries	\$146,213.57	\$131,842.75	\$14,370.82	10.90%	\$292,284.04	\$219,854.62
Sick Leave Incentive	\$0.00	\$0.00	\$0.00	0.00%	\$0.00	\$800.00
TOTALS	\$1,969,041.77	\$1,952,048.17	\$16,993.60	0.87%	\$3,277,086.00	\$3,148,272.38
% current YTD Salary to Total Budget	60.09%	62.00%				

*Source: Detail G/L report for all Salary Category from 1/1/XX-8/11/XX

Note: Regular salaries are below last year due to nursing positions that were open and the time difference throughout year to fill those positions, however, overtime & Part time salaries for 2013 YTD are above 2012 YTD since coverage was needed for patients due to these staffing shortages. Positions still remain to be filled, and when finalized, both overtime and part time salaries should decrease before year end. Also in 2013, all union members got increases which are reflected above.

ATTACHMENT #2

**Revenue and Expense Comparison for 2012 vs 2013
as of 8/23/13 meeting**

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

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

EXPENSES	8/23/13 Meeting	8/20/2012	Variance
	2013 YTD Actual as of 8/19/13 G/L	2012 YTD Actual as of 8/20/12 G/L	
Salaries - Regular	\$1,718,314.55	\$1,741,060.84	(\$22,746.29)
Salaries - Overtime	\$104,513.65	\$79,144.58	\$25,369.07
Salaries - Part Time	\$146,213.57	\$131,842.75	\$14,370.82
Salaries - Sick Leave Incentive	\$0.00	\$0.00	\$0.00
100's PERSONAL SERVICES	\$1,969,041.77	\$1,952,048.17	\$16,993.60
200's EQUIPMENT	\$103,056.13	\$119,823.69	(\$16,767.56)
400's CONTRACTUAL	\$2,798,309.03	\$3,333,622.48	(\$535,313.45)
800's EMPLOYEE BENEFITS	\$1,147,571.48	\$1,040,620.04	\$106,951.44
TOTALS	\$6,017,978.41	\$6,446,114.38	(\$428,135.97)
		2012 Prior	
REVENUES	2013 YTD ACTUAL	Year Totals	
	\$3,785,713.68	\$3,305,162.25	\$480,551.43

Note: There was no committee meeting in August 2012. Therefore source is the Budget Performance Report as of 8/20/12. Therefore comparisons are for the 8/23/13 Health Services Committee meeting (YTD detail as of 8/19/13) to 8/20/12 Budget Performance Report.

Also note that in 2013 there were both salary and fringe benefit increases made per CSEA contract.

**Warren County Health Services
Patient Evaluations
CHHA Division**

<u>CATEGORY</u>	01/2012						
	06/2012	07/2012	08/2012	09/2012	10/2012	11/2012	12/2012
SN eval	801	132					
SN IV eval	52	3					
CDPAP	67	8					
PRI	60	8					
SN Evals per month	163.00	151.00					
PT evals	523	89					
PT only	117	40					
Pt only evals per mo	20	40					
Total Evals per month	183	191					

<u>CATEGORY</u>	01/2013						
	06/2013	07/2013	08/2013	09/2013	10/2013	11/2013	12/2013
SN eval	811	151					
SN IV eval	40	4					
CDPAP	54	7					
PRI	62	13					
SN Evals per month	161.00	175.00					
PT evals	510	96					
PT only	141	37					
PT only evals per mo	24	37					
Total Evals per month	185	212					

Attachment # 4

RESOLUTION REQUEST FORM NO. 11

Request to Create New Position

DEPARTMENT NAME: Health Services

DATE: 08/23/2013

- (a) Title of Requested Position: WIC Assistant
- (b) Annual **Base** Salary (and Grade if Applicable): Grade 5 \$26,370
- (c) Effective Date for New Position:* 10/01/2013
*Please do not backdate unless the purpose is to correct an error.
- (d) List Any Position in the Department's Table of Organization Being Deleted as a Result of this Request: (Include annual salary and grade if applicable): Grade 6 WIC Nutrition Aide Base \$27,496
Grade 3 WIC Program Aide Base \$24,215
- (e) Where are Funds in the Budget for this Position? List Budget Code (with title), Object Code (with title), and Amount: A.4013.110
- (f) Has Personnel Officer Reviewed and Approved of the New Position Title?: (This is necessary **BEFORE** bringing the request to committees.) YES
- (g) Is this a mandated position? If so, please explain: Not mandated, 100% reimbursable
- (h) Is there expected revenue from this position? If so, please explain: Yes, 100% reimbursed by NYSDOH WIC contract grant

RESOLUTION REQUEST FORM NO. 11

Request to Create New Position

DEPARTMENT NAME: Health Services

DATE: 7/26/13

(a) Title of Requested Position: wic Assistant

(b) Annual Base Salary (and Grade if Applicable): Gr 5 - Base 26,370

(c) Effective Date for New Position:* 7-1-13

*Please do not backdate unless the purpose is to correct an error.

(d) List Any Position in the Department's Table of Organization Being Deleted as a Result of this Request: (Include annual salary and grade if applicable):

Gr 6 wic Nutrition Aide 27,496

Gr 3 wic Program Aide 24,215

(e) Where are Funds in the Budget for this Position? List Budget Code (with title), Object Code (with title), and Amount:

A4013 110 WIC Full Time

(f) Has Personnel Officer Reviewed and Approved of the New Position Title?:

yes (This is necessary BEFORE bringing the request to committees.)

(g) Is this a mandated position? If so, please explain: NO

(h) Is there expected revenue from this position? If so, please explain:

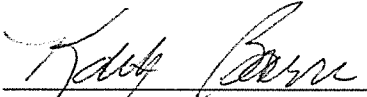
The position is 100% funded by the wic program grant

WARREN COUNTY DEPARTMENT CIVIL SERVICE
WARREN COUNTY MUNICIPAL CENTER
LAKE GEORGE, NY 12845
TELEPHONE: (518) 761-6439, 6440, 6441
Kathleen Barrie, Personnel Officer

TO: Pat Auer, Director of PH/PS
FROM: Kathy Barrie, Personnel Officer
RE: New position, W.I.C. Assistant
DATE: Aug. 23, 2013

Based on the New Position Duties Statement submitted and signed on 8/23/13 it appears the most appropriate classification is W.I.C. Assistant.

Should the Board act favorably to add this position to your table of organization, please have the Clerk of the Board complete Section 9 and return to my office.


Kathy Barrie

Names and Titles of Persons Supervising this position (General, Direct, Administrative, etc.)		
Name	Title	Type of Supervision
Antoinette P. Roth	WIC Coordinator	Direct

4. Names and Titles of Persons Supervised by Employee in this position

Name	Title	Type of Supervision
Pat Auer	Director, Warren County Health Services	Administration

5. Names and Titles of Persons doing substantially the same kind and level of work as will be done by the incumbent of this new position

Name	Title	Location of Position

6. What minimum qualifications do you think should be required for this position?

Education: High School Diploma / 6 years
 College _____ Years, with specialization in _____
 College _____ Years, with specialization in _____

Experience: (list amount and type)
 1 year of experience with children + family services

Essential knowledge, skills and abilities: General office management; operation of basic office equipment; math skills; sound judgment; multi-task under stressful situations; team player; flexible; knowledge of WIC services; knowledge of DHS services; community referrals; basic nutrition education; operation of IUS WIC SIS; driver's license

Type of license or certificate required: None

7. The above statements are accurate and complete.

Date: 8/23/13 Title: DPN/DPS Signature: Patricia [Signature]

Certificate of Civil Service Commission

8. In accordance with the provisions of Civil Service Law Section 22, the Warren County Civil Service Department certifies that the appropriate civil service title for the position described is:

Title: W.I.C. ASST
 Jurisdictional Classification: COM 2

Date: 8/23/13 Signature: Kath [Signature]

Action by Legislative Body or Other Approving Authority

9. Creation of described position

Approved
 Disapproved

Date: _____ Signature: _____

Civil Service Law, Section 22: Certification for positions. Before any new position in the service of a civil division shall be created or any existing position in such service shall be reclassified, the proposal therefore, including a statement of the duties of the position, shall be referred to the municipal commission having jurisdiction and such commission shall furnish a certificate stating the appropriate civil service title for the proposed position or the position to be reclassified. Any such new position shall be created or any such existing position reclassified only with the title approved and certified by the commission. Effective 1978

Warren County Civil Service
1340 State Rte 9, Lake George, NY 12845
New Position Duties Statement

Department head or other authority requesting the creation of a new position, prepare a separate description for each new position to be created except that one description may cover two or more identical positions in the same organizational unit.

Forward one typed copy to this Commission.

1. Department: *Warren County Health Services* Bureau, Division, Unit or Section: *WIC* Location of Position: *Municipal Center*

2. Description of Duties: Describe the work in sufficient detail to give a clear word picture of the job. Use a separate paragraph for each kind of work and describe the more important or time-consuming duties first. In the left column, estimate how the total working time is divided.

Percent of Work Time

Job Duty

Please see attached.

(Attach additional sheets if more space is needed)

Amended, Warren County Personnel, June 15, 2011

W.I.C. ASSISTANT

DISTINGUISHING FEATURES OF THE CLASS: This person is primarily responsible for check dissemination, record keeping, submitting reports and other duties associated with the food delivery system. Additional responsibilities include vendor monitoring, providing general nutrition information, scheduling of appointments and supervision of any existing waiting list.

TYPICAL WORK ACTIVITIES: (Illustrative only)

Conducts initial interviews with applicants to assist in determining eligibility for the W.I.C. program;
Schedules appointments at appropriate clinics and within W.I.C. established time limits;
Answers telephone providing information to callers, takes messages and directs them to other departments as necessary;
Organizes and packs clinic materials for transport to satellite sites;
Provides services via the W.I.C. Statewide Information System, including downloading data before traveling to satellite sites and uploading data to Albany upon return to the permanent site;
Assists in driving the W.I.C. van, transporting staff and supplies to the satellite sites;
Issues food vouchers to clients and provides orientation regarding participation in the program;
Issues manual checks according to prescribed food packages;
Directs and records designation of proxies;
Serves as a vendor liaison between W.I.C. vendors and W.I.C. participants;
Orders, receives and secures food vouchers, check paper and manual check stock;
Maintains daily inventories of manual checks, special formula food instruments and check stock;
Maintains an adequate supply of office supplies;
Maintains an on-going waiting list according to the W.I.C. Priority System;
Conducts quality assurance measures following each clinic;
Maintains on file and has available for review and audit, all pertinent data regarding the food delivery system;
Supervises and trains all support staff:

(cont.)

Weighs and measures women, infants and children and records data;
Performs finger stick blood collection, after training in this
procedure, for hematocrit or hemoglobin blood analysis;
Participates in distribution of vouchers to W.I.C. participants.

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL

CHARACTERISTICS: Good knowledge of the methods used in keeping both business records and individual participant files; good knowledge of office terminology, procedures, routines and equipment; ability to understand and carry out oral and written directions; ability to get along well with others; clerical aptitude; mental alertness; good judgment; integrity, tact; physical condition commensurate with the demands of the position.

MINIMUM QUALIFICATIONS: Graduation from high school or possession of a high school equivalency diploma and three years of experience in the compilation and maintenance of accounts and records.

RESOLUTION REQUEST FORM NO. 13

Request to Increase or Decrease Salary of Non-Union Position

DEPARTMENT NAME: Health Services

DATE: 08/23/2013

- (a) Employee Name, Title and Employee No.: Antoinette Roth, WIC Program Coordinator
- (b) **Proposed Annual Base Salary** (and Grade if Applicable): Per Personnel Committee Recommendation
- (c) Former Annual **Base** Salary (and Grade if Applicable): \$44,406
- (d) Effective Date for Salary Change:* 10/01/2013
*Please do not backdate request unless the purpose is to correct an error.
- (e) If This is a Request for a Salary Increase, Where are Funds in the Budget for this Position? List Budget Code, (with title), Object Code (with title), and Amount): A.4013.110 WIC full time salaries
- (f) Justification of Request: See attached information

will provide by the personnel committee after conversation with administrator.

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: 08/23/2013

- (a) Purpose of Request: To accept the updated Emergency Response and Preparedness Plan for Warren County Public Health as required by the New York State Department of Health.
- (b) Details:
- (c) Previous Resolution Number: R475/2012 (copy attached)

Warren County Board of Supervisors

RESOLUTION NO. 475 OF 2012

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

APPROVING UPDATED EMERGENCY RESPONSE AND PREPAREDNESS PLAN FOR WARREN COUNTY HEALTH SERVICES

WHEREAS, the Director of Public Health/Patient Services of the Warren County Health Services Department, pursuant to New York State Department of Health requirement, has submitted the updated Emergency Response and Preparedness Plan for Warren County to the Warren County Board of Supervisors for approval, now, therefore, be it

RESOLVED, that the updated Warren County Health Services Emergency Response and Preparedness Plan, as presented to the Warren County Board of Supervisors, be, and hereby is, accepted and approved.

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: 08/23/2013

- (a) Purpose of Request: To authorize increase in the cost for influenza vaccine from \$25.00 to \$30.00 for those individuals who do not have insurance that can be billed.
- (b) Details:
- (c) Previous Resolution Number: R200/2010 (see attached)
See also R 228/2013 which included vaccine chargers but no influenza.

Warren County Board of Supervisors

RESOLUTION NO. 200 OF 2010

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

INCREASING CHARGE FOR IMMUNIZATIONS ADMINISTERED IN THE PUBLIC HEALTH DIVISION - HEALTH SERVICES DEPARTMENT

RESOLVED, that the charge for immunizations (last amended by Resolution No. 120 of 2009) administered in the Public Health Division be, and hereby are, increased, with new costs as per Schedule "A" attached, in order to cover the cost of pharmaceuticals and related clinic expenses of the Health Services Department.

RESOLUTION NO. 200 OF 2010

PAGE 2 OF 2

SCHEDULE "A"

WARREN COUNTY PUBLIC HEALTH PRICE LIST FOR IMMUNIZATIONS

Appointments: Tues. 3:00-4:30pm, Wed. 9:00-11:00am, Fri. 3:00-4:30pm, Travel Clinic: Wed. 4:00-6:00pm

If someone needs to come at a different time, check with nurses to see who is available.

Adacel (TdaP)	\$58.00 \$15.00 for VFC-qualified children 11 to 18 years old
Boostrix (TdaP)	\$58.00 \$15.00 for VFC-qualified children 10 to 18 years old
Hepatitis A	\$46.00 for each in a series of two shots \$15.00 for VFC-qualified children or "at-risk" adults
Hepatitis B	\$53.00 for each in a series of three shots \$15.00 for VFC-qualified children or "at-risk" adults
HPV (Gardasil)	\$15.00 for VFC-qualified girls \$155.00 for older
Influenza (Flu) Injection or Mist Encourage public clinics if possible	\$25.00 or Medicare Part B \$15.00 VFC-qualified children
IPV (Polio)	\$15.00 for VFC-qualified children for each in a series of 3 shots \$49.00 for older
IXIARO (Japanese Encephalitis)	\$220.00 for each in a series of two shots
Menactra	\$15.00 VFC-qualified children \$124.00 for adults up to age 55
Menomune	\$15.00 VFC-qualified children \$126.00 for adults up to age 55 and older
MMR (Measles/Mumps/Rubella)	\$15.00 for child/adult student or health care workers, \$71.00 otherwise
Pneumovax	\$67.00 (if not Medicare Part B or other insurance eligible)
PPD (TB Test)	\$28.00 If patient comes back to Public Health office in 2-3 days to have site read. If read by Clinic Nurse off-site, there will be an additional 5.00 charge.
Pre-Rabies	\$203.00 for each in a series of three shots, given over a period of 3 weeks. MUST have prescription from MD.
Td (Tetanus)	\$45.00
Twinrix (Combination Hep B & A)	\$69.00 for each in a series of three shots \$15.00 for "at-risk" adults
Typhim (Typhoid Fever)	\$69.00
Varivax (Chickenpox Vaccine)	\$15.00 for VFC-qualified children \$92.00 for older
Zostavax (Shingles vaccine)	\$179.00 for people 60 years old and older
4F-VAX (Yellow Fever)	\$100.00

Uninsured children 18 years old and younger qualify for the VFC (Vaccine for Children) Program. If child (or adult) is insured, encourage going to their physician. VFC Vaccine is provided to us free of charge by NYSDOH to which we add an administration fee of \$15.00, however no child is denied vaccine. Cash, checks, and charge cards accepted.

Warren County Board of Supervisors

RESOLUTION NO. 228 OF 2013

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

UPDATING CHARGES TO INSURANCE OR INDIVIDUALS TO REFLECT CURRENT COSTS OF PHARMACEUTICALS, CLINICAL COSTS AND NURSING TIME FOR IMMUNIZATIONS ADMINISTERED

RESOLVED, that the charge for pharmaceuticals, clinical costs and nursing time for immunizations administered in the Public Health Division be, and hereby are, increased, with new costs as per Schedule "A" attached, in order to cover the cost of pharmaceuticals and related clinic expenses of the of the Health Services Department.

RESOLUTION NO. 228 OF 2013

PAGE 2 OF 2

SCHEDULE "A"

Cost for Vaccines 2013

Vaccines	Cost to Us	Suggested Price	Current Price	
DTaP	18.65	43.65	X	
Hep A Pediatric	18.00	43.00	X	
Hep A Adult	25.85	50.85	47.00	
Hep B Pediatric	12.50	37.50	X	
Hep B Adult	32.75	57.75	54.00	
Hib	18.40	43.40	X	
HPV	129.58	154.58	148.00	
Japanese Encephalitis	229.47	254.47	241.00	
Kinrix	41.20	66.20	X	
Menactra	109.00	134.00	131.00	
Menomune	113.19	138.00	133.00	
MMR	51.76	76.76	73.00	
Pediarix (DTap, Hep B, IPV)	X	X	X	
Pentacel (DTap, IPV, Hib)	76.67	101.67	X	
PPD Screening	3.50	28.50	28.00	
Polio	27.44	52.44	49.00	
Pneumovax	62.49	87.49	74.00	
Prevnar (Pneumococcal 13-Valent Conjugate)	61.56	86.56	X	
Rabies PreExposure	198.32	223.00	211.00	
Rotateg	X	X	X	
Td Adult	X	X	X	
Tdap	30.77	55.77	58.00	
Twinrix	51.00	76.00	71.00	
Typhoid (injection)	51.50	76.50	78.00	20 dose vials
Varivax	90.00	115.00	112.00	
Yellow Fever	98.51	123.51	110.00	
Zostavax (Shingles)	159.00	184.00	179.00	
Influenza (age 6 mos - 18yrs)				
Influenza (Adult)				
Influenza Intranasal				
Other				
Administration Fee				
Travel Clinic Consultation Fee: Initial				
Travel Clinic Consultation Fee: Revisit				

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or **Amending** Resolution

DEPARTMENT NAME: Health Services

DATE: 08/23/2013

- (a) Purpose of Contract Change: To amend the contract agreement with the New York State Department of Health and Health Research Inc. as the grant administrator to change the terms of the Public Health Emergency Preparedness Grant contract to reflect a multiyear agreement for the period of July 1, 2012- June 30, 2017 in form approved by the County Attorney.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: R 412/2013 (see attached)
- (c) Name of Contractor: Health Research Inc.
- (d) Address of Contractor: Riverview Center, 150 Broadway, Suite 560
Menands, NY 12204-2719
- (e) Contractor's Contact Person and Telephone Number:
K. Whaley (518)431-1209
Email KHW02@healthresearch.org
- (f) Commencement Date of Amendment: April 12, 2013
- (g) Termination Date of Extension: June 30, 2017
- (h) Payment Provisions: Per terms of current agreement
- 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:
Revenue A4189.4401 Bioterrorism
Expense A4189 miscellaneous codes Bioterrorism

Exhibit B Addition – Amendment April 2013

**New York State Department of Health / Health Research Inc.
Public Health Emergency Preparedness Program**

**Budget Years 2-5
July 1, 2013 – June 30, 2017**

It is the intent of the New York State Department of Health / Health Research Inc. to contract with local health departments for Public Health Emergency Preparedness activities for the period of July 1, 2012 through June 30, 2017, contingent upon availability of funding. This amendment addresses estimated funding for contract years 2 through 5; July 1, 2013 through June 30, 2017.

The allocation for each year will be awarded in one year increments. Funds will be available for reimbursement of expenses following the submission, review and approval of annual budgets.

As funds are released and committed to the contract, Grants Administration will send a notification by email and HRI will notify LHDs with a letter stating that the contract maximum reimbursable amount has increased. LHDs will then be sent an electronic budget template to submit annual budget details.

Recommended future year total awards are subject to the availability of funds and satisfactory progress in meeting program deliverables.

Following the end of each budget period, an interim final voucher will be required to "close out" the year. Funds remaining at the end of each year will not be available for use in future budget periods. Future allocations may be offset by previous years unexpended balance.

Listed below is a summary of funding for all contract years.

Year	Award	Cumulative Totals	Estimated Award Date
1	\$53,500	\$53,500	7/1/2012
2	\$53,500	\$107,000	7/1/2013
3	\$53,500	\$160,500	7/1/2014
4	\$53,500	\$214,000	7/1/2015
5	\$53,500	\$267,500	7/1/2016

ATTACHMENT C
PROGRAM SPECIFIC CLAUSES

1. **Maximum Reimbursable Amount:** In the event that a **Maximum Reimbursable Amount** has been specified on the face page of this Agreement, it is understood and accepted by the Contractor that while the Budget attached hereto as Exhibit B is equal to the Total Contract Amount specified on the face page of this Agreement, the aggregate of all allowable costs reimbursed under this reimbursement contract *will not exceed the Maximum Reimbursable Amount*. The Contractor may incur allowable costs in all categories as noted in the Budget Exhibit B; however, the aggregate amount reimbursed by HRI under this Agreement shall not exceed the Maximum Reimbursable Amount. In the event the Maximum Reimbursable Amount is increased by HRI, the Contractor will be notified in writing by HRI.

AMENDMENT #1

This Agreement, made this 12th day of April, 2013 by and between **HEALTH RESEARCH INC.**, hereinafter referred to as "HRI," a domestic not-for-profit corporation, and **WARREN CO. ON BEHALF OF WARREN CO. HEALTH SERV.**, hereinafter referred to as "Contractor."

WHEREAS, heretofore on or about the 6th day of August, 2012, the parties hereto entered into a certain agreement regarding "Public Health Emergency Preparedness Program", HRI Contract Number 1628-10; and,

WHEREAS it is now desired to amend those provisions of such contract designated as "Contract End Date", "Total Contract Amount" and to add a "Maximum Reimbursable Amount", and to attach Exhibit "A" Addition and Exhibit "B" Addition and to attach Attachment "C".

NOW THEREFORE, it is mutually agreed by both parties the "Contract End date" of Agreement HRI Contract Number 1628-10 will be **6/30/2017**; and,

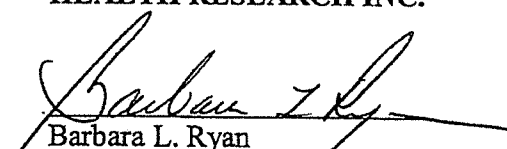
It is mutually agreed by both parties that "Total Contract Amount" of Agreement HRI Contract Number 1628-10 will be **\$267,500**; and,

It is mutually agreed by both parties the "Maximum Reimbursable Amount" of Agreement HRI Contract Number 1628-10 will be **\$80,250**.

It is further agreed, by and between the parties hereto, that said Agreement in all portions thereof, as heretofore and herein amended, shall remain in full force and effect in accordance with the terms thereof.

IN WITNESS WHEREOF, the parties hereto have agreed and executed this amendment.

HEALTH RESEARCH INC.


Barbara L. Ryan
Executive Director

**WARREN CO. ON BEHALF OF
WARREN CO. HEALTH SERV.**

Name: _____

Title: _____



Contractor:

Warren Co. on behalf of Warren Co. Health Serv.
1340 State Route 9

Lake George, NY 12845

HRI Account Number(s):
15-0073-12, 15-0687-01

Contract Date:
07/01/2012 - 06/30/2017

HRI Contract Number:
1628-10

Payee's Reference #:

Contractor Project Director

Report for Period: _____ to _____

Budget Items	Budget Amount	Cumulative Expenditures Prior Periods	Expenditures Current Period	Expenditures to Date	Balances
* Salary	\$43,988				
Fringe	\$6,842				
Supplies	\$170				
Travel	\$200				
* Equipment	\$0				
* Miscellaneous	\$2,300				
* Contractual	\$0				
* Admin/Indirect	\$0				
Restricted	\$214,000				
Total Costs:	\$267,500				

Reimbursement Requested: \$

Expenditures under this contract may NOT exceed the maximum reimbursable amount of \$80,250.

* NOTE: Please attach REPORT OF EXPENDITURES to provide detail.

I hereby certify that the above claimed expenditures represent the costs actually incurred by the contractor organization either directly in performance of or properly allocable to the contract referenced above; that contractor has on file documentation to support allocation of such costs to this contract in accordance with applicable regulations; that the costs herein claimed were within the dates specified herein; that this claim is just, true, and correct; that no part thereof has been paid by HRI or any third party and that the balance therein is actually due and owing.

Approvals:

HRI PI/Contract Manager: _____

Administration: _____

HRI: _____

Contractor Signature: _____

Name: _____
(Please Print)

Title: _____

Email: _____

Phone #: _____

Date: _____

Exhibit A Addition – Amendment April 2013

**New York State Department of Health / Health Research Inc.
Public Health Emergency Preparedness Program**

**Deliverables Years 2-5
July 1, 2013 – June 30, 2017**

Deliverables for contract Years 2 through 5 will be provided at the beginning of each annual budget period and will include new year deliverables and maintenance deliverables. Cities Readiness Initiative (CRI) deliverables will be provided for local health departments receiving funding for that initiative.

All deliverables will be communicated electronically and posted on the New York State Department of Health (NYSDOH) Health Commerce System (HCS). Recipients will be expected to perform activities in support of the annual deliverables posted on the HCS.

Documents will be entitled as follows:

- Public Health Emergency Preparedness Program, Local Health Department Deliverables
- Public Health Emergency Preparedness Program, Local Health Department Maintenance Deliverables
- Public Health Emergency Preparedness Program, Local Health Department Cities Readiness Initiative Deliverables

Jones, Ginelle

From: Auer, Pat
Sent: Thursday, August 15, 2013 10:33 AM
To: Jones, Ginelle
Subject: FW: Amendment Contract 1628-10-Warren County Health Services
Attachments: Document.pdf

?

From: Ki H. Whaley [<mailto:khw02@healthresearch.org>] **On Behalf Of** HRI Subcon Unit BML
Sent: Wednesday, August 14, 2013 4:34 PM
To: Auer, Pat
Cc: Bioterrorism Local Health Dept Co Contracts BML; Jones, Ginelle
Subject: Re: Amendment Contract 1628-10-Warren County Health Services

Dear Ms. Auer,

I am following up on my request below. Your reply is appreciated.

Thank you.

Ki Whaley
Contract Administrator
Health Research, Inc.
Riverview Center
150 Broadway, Suite 560
Menands NY 12204-2719
Phone: (518) 431-1209
Fax: (518)431-1234
e-mail: khw02@healthresearch.org

HRI Subcon Unit BML---07/08/2013 08:04:16 AM---Dear Ms. Auer, I am following up on my request below. Your reply is appreciated.

From: HRI Subcon Unit BML/BML/DOH
To: auerp@co.warren.ny.us
Cc: Bioterrorism Local Health Dept Co Contracts BML/BML/DOH@NYSDOH, jonesg@co.warren.ny.us
Date: 07/08/2013 08:04 AM
Subject: Re: Amendment Contract 1628-10-Warren County Health Services
Sent by: Ki H. Whaley

Dear Ms. Auer,

I am following up on my request below. Your reply is appreciated.

Thank you.

Ki Whaley
Contract Administrator
Health Research, Inc.
Riverview Center
150 Broadway, Suite 560
Menands NY 12204-2719
Phone: (518) 431-1209
Fax: (518)431-1234
e-mail: khw02@healthresearch.org

HRI Subcon Unit BML---04/12/2013 02:10:21 PM---Dear Ms. Auer, Attached is the proposed amended agreement for \$267,500 between HRI and yourself for

From: HRI Subcon Unit BML/BML/DOH
To: auerp@co.warren.ny.us,
Cc: jonesg@co.warren.ny.us, Bioterrorism Local Health Dept Co Contracts BML/BML/DOH@NYSDOH
Date: 04/12/2013 02:10 PM
Subject: Amendment Contract 1628-10-Warren County Health Services
Sent by: Ki H. Whaley

Dear Ms. Auer,

Attached is the proposed amended agreement for \$267,500 between HRI and yourself for the above referenced activity. Please sign the amendment and email back to me.

(See attached file: Document.pdf)

Thank you.

Ki Whaley
Contract Administrator
Health Research, Inc.
Riverview Center
150 Broadway, Suite 560
Menands NY 12204-2719
Phone: (518) 431-1209
Fax: (518)431-1234
e-mail: khw02@healthresearch.org



HEALTH RESEARCH
I N C O R P O R A T E D

April 12, 2013

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

HRI Contract #: 1628-10
HRI Account #: 15-0073-12/15-0687-01
Dates: 7/01/12-6/30/17

Dear Ms. Auer:

Enclosed is copy of the proposed amended subcontract for \$267,500 between HRI and your organization.

Please sign, scan and email one fully executed copy to my attention as soon as possible.

The "Maximum Reimbursable Amount" is now \$80,250.

Enclosed is a revised voucher coverpage.

If you have any questions, please feel free to contact me at 518-431-1209 or khw02@healthresearch.org.

Respectfully,

Ki Whaley
Contract Administrator

Enc.

cc: Marie Desrosiers – 260 Washington Ave Ext – Suite 101

Warren County Board of Supervisors

RESOLUTION NO. 412 OF 2013

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

AUTHORIZING AGREEMENTS WITH THE NEW YORK STATE DEPARTMENT OF HEALTH AND HEALTH RESEARCH, INC. RELATING TO PUBLIC HEALTH PREPAREDNESS AND RESPONSE PLAN FUNDING

RESOLVED, that Warren County continue its contractual agreement with New York State Department of Health, 260 Washington Avenue Extension, Albany, New York 12203, relating to Public Health Preparedness and Response Plan funding, in an amount not to exceed Fifty Thousand Eight Hundred Twenty-Five Dollars (\$50,825) for a term commencing July 1, 2013 and terminating June 30, 2014, and be it further

RESOLVED, that Warren County continue its contractual relationship with Health Research, Inc., One University Place, Rensselaer, New York 12144, relating to Public Health Preparedness and Response Plan funding, in an amount not to exceed Fifty Thousand Eight Hundred Twenty-Five Dollars (\$50,825) for a term commencing July 1, 2013 and terminating June 30, 2014, and be it further

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute agreements relating to Public Health Preparedness and Response Plan funding with the New York State Department of Health and Health Research, Inc., either individually or jointly, at the addresses described in the preambles of this resolution, in an amount not to exceed Fifty Thousand Eight Hundred Twenty-Five Dollars (\$50,825) for a term commencing July 1, 2013 and terminating June 30, 2014, in a form approved by the County Attorney, and be it further

RESOLVED, that if any further federal or state funding becomes available during the term of this contract, no further resolution to accept said monies is necessary and the Chairman of the Board of Supervisors is authorized to execute any documents necessary to receive the additional funds in a form approved by the County Attorney.

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

SIGNED: Patricia Ann O'Neil
DP

DATE: 8/23/13

	<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
1.	A.4010.110	Health Services-Full Time Salaries	A.4010.120	Health Services-Overtime Expense	\$10,000.00
	A.4010.110	Health Services-Full Time Salaries	A.4010.130	Health Services-Part Time Salary Expense	\$15,000.00
2.	A.4013.469	WIC-Other Expense	A.4013.210	WIC-Furniture Expense	\$2,000.00

Total Transfers \$27,000.00

1. To transfer funds for both Overtime and Part time salaries from Full time salary. With vacant positions, staff have had to cover FT Salaries covered during day.
2. To transfer funds to cover furniture to be purchased for WIC. Totally funded by WIC Grant.

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