

**Warren County Health Services
Health Services Committee Meeting
November 22, 2013
Information Submitted By: Patricia Auer, DPH/DPS**

Action Agenda/New Business

Request Resolution:

To appoint and reappoint members of the Professional Advisory Committee for the period January 1, 2014 – December 1, 2014.

Rationale:

This committee and the composition of certain agency representation is mandated by the New York State Department of Health and must be appointed by resolution annually. The meetings are held quarterly, and minutes of the meetings are reviewed at all state surveys. The membership list will be available at the meeting for any committee members who wish to review it, and it will be on file with the minutes of the meeting. Upon the advice of the County Administrator, it is requested that the committee take action to approve these appointments, and that they be ratified at the January Board Organization Meeting in January 2014, as opposed to the December 2013 Board Meeting.

Request Resolution:

To appoint and reappoint members of the Local Early Intervention Coordinating Council for the year January 1, 2014 – December 31m 2014.

Rationale:

The committee must be appointed annually per New York State Department of Health Regulations. The list of committee members will be available at the meeting and will be on file with the minutes of the meeting. Members from various agencies in the community as well as parent members must be represented. The meetings are held semi- annually, or could be scheduled more often if needed. Upon the advice of the County Administrator, it is requested that the committee take action to approve the appointments, and that they be ratified at the January 2014 Board of Supervisors Organizational Meeting as opposed to the December 2013 Board Meeting.

- A "new board "will be seated effective January 2014, and because the above committee appointments are for the 2014 year, it is necessary for the new board to ratify the appointments.

Request Resolution:

To renew the contract agreement with New York State Department of Health Bureau of Community Environmental Health and Food Protection to allow receipt of continued funds for the Lead Poisoning Prevention Program for the Contract Year October 1, 2013 – September 30, 2014 in the amount of \$21,906 in a form approved by the county attorney.

Rationale:

This is a multi - year agreement that will expire September 30, 2015, but the amounts are awarded annually for one contract year at a time, with a new agreement that must be signed annually. We have had a Lead Poisoning Prevention Grant for years and the amounts have varied between 21,000 and 25,000 plus COLA awards. We utilize the funds to offset some of the salaries for the employees who carry out the tasks specified in the grant work plan.

Request Resolution:

To renew the contract agreement with North Country Home Aides to provide paraprofessional care services (home health aides) for the period January 1, 2014 – December 31, 2014 at a cost of \$26.12 per hour.

Rationale:

This agency does not provide a lot of service for us but they do serve patients in the northern part of the county. They are requesting a 1% increase over last year's fee, going from \$25.86 per hour to \$26.12 per hour.

Request Resolution:

To renew the contract agreement with Greater Adirondack Home Aides for Home Health Aides and Personal Care Aides for the year January 1, 2014 – December 31, 2014 with no change in rates.

Rationale:

This agency has not changed its rates in several years, and we are very appreciative of that as we receive the majority of our aide services from them.

Request Resolution:

To renew the contracts with the following agencies for paraprofessional services for the contract year January 1, 2014 – December 31, 2014:

ENS Health Care Management LLC d/b/a Interim Health Care of New York

No changes in rates

Visiting Nurse Association of Albany Home Care Corporation:

Looking for 4% increase

Personal Care Aide Level 1: From \$22.05 to \$22.93 per hour (increase of \$0.88 per hour)

Personal Care Aide Level II: From \$22.59 to \$23.49 per hour (increase of \$0.90 per hour)

Rationale:

We currently have only 4 clients in the Long Term Home Health Care Program, and after these clients are discharged we will not be using VNS any more, due to upcoming changes in the Long Term Home Health Care Program. This agency was the only one who raised their rates last year, and this year we are told we are getting a smaller increase than other agencies that are getting a 6% to 6.5% increase.

Request Resolution:

To authorize a contract agreement with Mieka LeClair-Lundy to provide speech therapy services for children in need of Early Intervention or Preschool Services.

Rationale:

This therapist is willing to see children who live in the northern parts of the county where it is always difficult to find therapists. She has much professional experience and will be an excellent addition to our business associates.

Budget Transfers:

Please see attachment #5. (to be distributed at the meeting)

Tawn Driscoll, Fiscal Manager, will be present at the meeting to review the need for the changes.

Pending Items

Update on Referral Numbers and Impact of New Certified Home Health Agencies:

Please see **Attachment #4**.

We have seen no significant changes to date in our business. As for the agencies that have been granted CONs for Warren County, we will continue to monitor the situation.

Our new brochure has been completed and we will have copies available at the meeting.

Information for Discussion

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

Report of Expenditures, 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 information and answer any questions.

Attachments:

#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 Numbers Comparisons

#5 Budget Transfer (to be distributed at the meeting)

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

2nd QUARTER ACTIVITIES (October 1, 2013 – December 31, 2013)  = entered on NYSDOH Quarterly Reporting Template

| Date | Type | Subject/Comments | Attendees | Topic (i.e. Chempack, Drill, Mass Fatality, SNS, Training, Pan Flu, Special Needs) |
|----------|---------------|---|----------------------------|--|
| 11/1/13 | Fire Drill |  M-5 Municipal Center | All employees | Drill |
| 11/5/13 | Press Release |  M-15 Special Needs Registry (newspapers and radio stations) | Laura Saffer | Special Needs |
| 11/6/13 | Meeting |  L-5 - Healthcare Evacuation Coordination Center (HEC) informational session  L-13 - 2 nd Quarter Capital District Sub-region meeting | Dan Durkee | |
| 11/7/13 | Meeting |  M-2 Washington County BT Committee | Laura Saffer | |
| 11/12/13 | Meeting | BT Coordinators meeting in Ballston Spa | Dan Durkee | |
| 11/19/13 | Student | New Visions (Lydia Kenny) | Laura Saffer | |
| 11/20/13 | Webinar |  M-5 ClinOps "Whole Community Inclusion: What does this really mean & how can it successfully impact our preparedness efforts?" | Angela Meade, Laura Saffer | |
| | | | | |

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2013 AS OF 11/20/2013 10:37:12 AM

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 | \$2,817,301.96 | \$2,364,506.88 | \$2,792,734.39 |
| Salaries - Overtime | \$152,500.00 | \$138,109.22 | \$134,883.37 |
| Salaries - Part Time | \$307,284.04 | \$205,986.81 | \$219,854.62 |
| Salaries - Sick Leave Incentive | | | \$800.00 |
| 100's PERSONAL SERVICES | \$3,277,086.00 | \$2,708,602.91 | \$3,148,272.38 |
| 200's EQUIPMENT | \$221,050.90 | \$121,281.17 | \$180,916.48 |
| 400's CONTRACTUAL | \$8,373,623.00 | \$3,781,173.30 | \$6,668,622.53 |
| 800's EMPLOYEE BENEFITS | \$1,805,510.12 | \$1,484,964.24 | \$1,613,292.82 |
| TOTALS | \$13,677,270.02 | \$8,096,021.62 | \$11,611,104.21 |
| REVENUES | 2013 BUDGETED | 2013 YTD ACTUAL | 2012 Prior Year Totals |
| | \$11,107,737.00 | \$5,850,878.15 | \$9,525,798.76 |

Notes: We currently are working on October billings for CHHA, LTC and MCH. Accrued above is \$55,884 for WIC for September, \$11,141 for Lead, and \$8,971 for preschool evaluations completed during the 12/13 school year.
 While payroll categories may seem a bit skewed, overall total personal services to date are 82.65% of budget as of 11/3/2013, which is on target in total for the year.
 Last year at this time we were at 84.82% of budget for Personal Services. (See detail below)

Warren County Health Services
 Salaries Comparison

2012 vs 2013
 as of 11/03/13 Payroll date ending

| Total of All Depts | YTD 2012 | YTD 13v12 | % Change | Total Budget 2013 | Total Actual 2012 |
|--------------------------------------|----------------|--------------|----------|-------------------|-------------------|
| Regular Salaries | \$2,376,545.27 | -\$12,038.39 | -0.51% | \$2,847,301.96 | \$2,792,734.39 |
| Overtime Salaries | \$110,428.66 | \$27,680.56 | 25.07% | \$137,500.00 | \$134,883.37 |
| Part Time Salaries | \$183,499.68 | \$22,487.13 | 12.25% | \$292,284.04 | \$219,854.62 |
| Sick Leave Incentive | \$0.00 | \$0.00 | 0.00% | \$0.00 | \$800.00 |
| TOTALS | \$2,670,473.61 | \$38,129.30 | 1.43% | \$3,277,086.00 | \$3,148,272.38 |
| % current YTD Salary to Total Budget | 84.82% | | | | |

*Source: Detail G/L report for all Salary Category from 11/1/13-11/3/13

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 have all been filled, therefore both overtime and part time salaries are currently being less utilized currently. Also during 2013, all union members got cost of living increases in January and are receiving step increased throughout the year on their anniversaries.

**Revenue and Expense Comparison for 2012 vs 2013
as of 11/22/13 meeting**

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

| EXPENSES | 11/22/13 Meeting 2013 YTD Actual as of 11/20/13 G/L | 11/17/2012 2012 YTD Actual as of 11/17/12 | Variance |
|---------------------------------|---|--|-----------------------|
| Salaries - Regular | \$2,364,506.88 | \$2,376,545.27 | (\$12,038.39) |
| Salaries - Overtime | \$138,109.22 | \$110,428.66 | \$27,680.56 |
| Salaries - Part Time | \$205,986.81 | \$183,499.68 | \$22,487.13 |
| Salaries - Sick Leave Incentive | \$0.00 | \$0.00 | \$0.00 |
| 100's PERSONAL SERVICES | \$2,708,602.91 | \$2,670,473.61 | \$38,129.30 |
| 200's EQUIPMENT | \$121,281.17 | \$123,534.91 | (\$2,253.74) |
| 400's CONTRACTUAL | \$3,781,173.30 | \$4,499,907.51 | (\$718,734.21) |
| 800's EMPLOYEE BENEFITS | \$1,484,964.24 | \$1,424,468.28 | \$60,495.96 |
| TOTALS | \$8,096,021.62 | \$8,718,384.31 | (\$622,362.69) |

| REVENUES | 2013 YTD ACTUAL | 2012 Prior Year Totals | |
|----------|--------------------|---------------------------|--------------|
| | \$5,850,878.15 | \$5,547,473.11 | \$303,405.04 |

Note: The committee meeting was held on December 6th in 2012, compared to our current meeting date of 11/22/13, therefore source was Budget Performance Report as of 11/17/12 for comparison above to reflect the one payroll in November.

As noted on financial page, Salary differences are due to open positions within the CHHA department. We are currently fully staffed.

Also, it should be noted that as of 11/20/13, the contractual expenses related to both the EI and Preschool programs are down compared to the expenses in 2012.

Within the EI program, the State is now paying all invoices, and due to issues with insurance companies paying first, other payments have been delayed therefore less reflected year to date for 2013. Preschool for 2013 still does not yet reflect any expenses for tuition for the 13/14 school year because rates have not yet been determined by the State. Once those rates are set, vouchers for tuition will be paid. Also, within the CHHA and LTC programs, Contractual expenses for therapies are also down compared to 2012. Within contractual expenses listed above, 98% of the variance is due to the EI/PS and CHHA/LTC programs and related services.

ATTACHMENT #3

Attachment # 4

Warren County Health Services
Patient Evaluations
CHHA Division

| CATEGORY | 01/2012 | | | | | | |
|------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| | 06/2012 | 07/2012 | 08/2012 | 09/2012 | 10/2012 | 11/2012 | 12/2012 |
| SN eval | 801 | 132 | 124 | 128 | 138 | | |
| SN IV eval | 52 | 3 | 9 | 7 | 5 | | |
| CDPAP | 67 | 8 | 16 | 4 | 7 | | |
| PRI | 60 | 8 | 14 | 7 | 15 | | |
| SN Evals per month | 163 | 151 | 163 | 146.00 | 165.00 | | |
| PT evals | 523 | 89 | 94 | 75 | 108 | | |
| PT only | 117 | 40 | 30 | 15 | 29 | 25 | 19 |
| Pt only evals per mo | 20 | 40 | 30 | 15 | 29 | 25 | 19 |
| Total Evals per month | 183 | 191 | 193 | 161 | 137 | | |

| CATEGORY | 01/2013 | | | | | | |
|------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| | 06/2013 | 07/2013 | 08/2013 | 09/2013 | 10/2013 | 11/2013 | 12/2013 |
| SN eval | 811 | 151 | 135 | 126 | 141 | | |
| SN IV eval | 40 | 4 | 6 | 7 | 5 | | |
| CDPAP | 54 | 7 | 11 | 7 | 6 | | |
| PRI | 62 | 13 | 14 | 8 | 14 | | |
| SN Evals per month | 161 | 175 | 166 | 148.00 | 166.00 | | |
| PT evals | 510 | 96 | 95 | 83 | 104 | | |
| PT only | 141 | 37 | 28 | 21 | 30 | | |
| PT only evals per mo | 24 | 37 | 28 | 21 | 30 | | |
| Total Evals per month | 185 | 212 | 194 | 169 | 134 | | |

RESOLUTION REQUEST FORM NO. 1

Request to Appoint or Reappoint Member of Committee, Board or Agency*

*If more than one person is being appointed, please attach additional sheets

DEPARTMENT NAME: Health Services

DATE: 11/22/2013

- (a) Name of Appointee: Please see attached list appointments and reappointments
- (b) Is this a Reappointment? If so, please provide the Resolution No. which authorized the last appointment of this individual 699/2011 See attached
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If Person is Being Appointed as a Representative of a Specific Group/Agency, Please List their Affiliation and Title See attached list
- (e) Address of Appointee: See attached list
- (f) Title of Appointment: Professional Advisory Committee Member
- (g) Effective Date of Appointment: January 01, 2014
- (h) Termination Date of Appointment: December 31, 2014
- (i) Name of Person Being Replaced (if applicable): See list
- (j) Reason for Replacement: See list

Warren County Board of Supervisors

RESOLUTION NO. 705 OF 2012

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

APPOINTING MEMBERS OF PROFESSIONAL ADVISORY COMMITTEE

RESOLVED, that the following members of the Professional Advisory Committee for Health Services Department, as listed on Schedule "A" annexed hereto and made a part hereof, be, and hereby are appointed for a one-year term commencing January 1, 2013 and terminating December 31, 2013.

~~2013~~ 2014

~~2013~~ 2014

**WARREN COUNTY
PROFESSIONAL ADVISORY COMMITTEE**

For in-house use only

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| <i>Name</i> | <i>Title</i> | <i>Address</i> | <i>Phone</i> | <i>Email</i> | <i>Other Information</i> |
|------------------|---|---|-------------------------|--|--------------------------|
| Patricia Auer | Director Public Health/Patient Services Warren Co. Health Services | via inter-office mail | x6571 | Auerp@warrencountyny.gov | |
| Patricia Belden | Public Health Nurse Communicable Disease Program Warren Co. Health Services | via inter-office mail | x7690 | beldenp@warrencountyny.gov | |
| Tammie DeLorenzo | Clinical Fiscal Informatics Coordinator Warren Co. Health Services | via inter-office mail | x8772 | delorenzot@warrencountyny.gov | |
| Tawn Driscoll | Financial Manager Warren Co. Health Services | via inter-office mail | x8730 | driscollt@warrencountyny.gov | |
| Joseph Dufour | FNP Irongate Family Practice | Three Irongate Center Glens Falls NY 12801 | x8758 | jdufour@nycap.rr.com | |
| Daniel Durkee | Health Educator Warren Co. Health Services | via interoffice mail | x6584 | durkeed@warrencountyny.gov | |
| Stephen Bassin | Physical Therapist | 32 Sherman Ave Glens Falls, NY 12801 | 793-7136 c- 361-2384 | geotpc@msn.com | |
| Joan Grishkot | Community Member | 202 Ridge Street Glens Falls NY 12801 | 792-2600 | wgrishko@nycap.rr.com | |
| Ginelle Jones | Assistant Director Public Health Warren County Health Services | via inter-office mail | x6583 | jonesg@warrencountyny.gov | |
| Mary Lamkins | LTHHCP Supervisor Warren County Health Services | via inter-office mail | x6581 | lamkinsm@warrencountyny.gov | |

**WARREN COUNTY
PROFESSIONAL ADVISORY COMMITTEE**

For in-house use only

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| <i>Name</i> | <i>Title</i> | <i>Address</i> | <i>Phone</i> | <i>Email</i> | <i>Other Information</i> |
|------------------|--|---|---------------------|-------------------------------|--------------------------|
| Daniel Larson | MD, Public Health Medical Director Upper Hudson Primary Care Consortium | PO Box 3253 Glens Falls NY 12801 | 761-0300 (5) (1) | dlarson@hhhn.org | |
| Richard Leach | MD, Tuberculosis & Infectious Disease Program Consultant | 28 Sherman Avenue Glens Falls NY 12801 | 793-6619 | leachpad@hhhn.org | |
| Richard Mason | Community Member | 64 Webster Avenue Glens Falls NY 12801 | 793-1789 | Mail Only | |
| David Mousaw | MD | 20 Centennial Drive Queensbury NY 12804 | 792-8942 | dpmousaw@verizon.net | |
| Kendra Raymond | Westmount Health Facility Warren County | Via inter-office mail | x 8781 | raymondk@warrencountyny.gov | |
| John Ruggie | MD | P.O. Box 3253 Glens Falls, NY | 761-0300 (5) (1) | jruggie@hhhn.org | |
| Christie Sabo | Director Warren Hamilton Counties Office for the Aging | via inter-office mail | x6347 | saboc@warrencountyny.gov | |
| Sharon Schaldone | Assistant Director Patient Services Warren County Health Services | via inter-office mail | x6416 | schaldones@warrencountyny.gov | |
| Julie Smith | Director of Patient Services Greater ADK Home Health Aides | PO Box 678 Glens Falls NY 12801 | GAHHA 926-7070 | juliesmith@glensfallshosp.org | |

**WARREN COUNTY
PROFESSIONAL ADVISORY COMMITTEE**

For in-house use only

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| <i>Name</i> | <i>Title</i> | <i>Address</i> | <i>Phone</i> | <i>Email</i> | <i>Other Information</i> |
|----------------------|---|-----------------------|--------------|--|--------------------------|
| Helen Stern | Public Health Nurse Immunization Program Coordinator Warren County Health Services | via inter-office mail | x8767 | cmt37@roadrunner.com | |
| Suzanne Wheeler | Commissioner , Warren County Department of Social Services | via inter-office mail | X7647 | Suzanne.wheeler@dfa.state.ny.us | |
| Glens Falls Hospital | New Persons Pending | | | | |

RESOLUTION REQUEST FORM NO. 1

Request to Appoint or Reappoint Member of Committee, Board or Agency*

***If more than one person is being appointed, please attach additional sheets**

DEPARTMENT NAME: Health Services

DATE: 11/22/2013

- (a) Name of Appointee: See attached list of appointments and reappointments
- (b) Is this a Reappointment? If so, please provide the Resolution No. which authorized the last appointment of this individual
R 697/2011
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If Person is Being Appointed as a Representative of a Specific Group/Agency, Please List their Affiliation and Title See attached list
- (e) Address of Appointee: See attached list
- (f) Title of Appointment: Local Early Intervention Coordinating Council Member
- (g) Effective Date of Appointment: January 01, 2014
- (h) Termination Date of Appointment: December 31, 2014
- (i) Name of Person Being Replaced (if applicable): See attached list
- (j) Reason for Replacement: See list

Warren County Board of Supervisors

RESOLUTION NO. 706 OF 2012

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

APPOINTING MEMBERS OF THE LOCAL EARLY INTERVENTION COORDINATING COUNCIL (LEICC) FOR THE EDUCATION OF PHYSICALLY HANDICAPPED CHILDREN'S PROGRAM

WHEREAS, Resolution No. 216 of 1993 authorized the establishment of a Local Early Intervention Coordinating Council (LEICC) for the Education of Physically Handicapped Children's Program within Warren County, and

WHEREAS, it is necessary to appoint members for a term commencing January 1, 2013 and terminating December 31, 2013, now, therefore, be it

RESOLVED, that the persons named on Schedule "A" attached hereto and made a part hereof, are hereby appointed as members of the LEICC through December 31, 2013.

WCPH LOCAL EARLY INTERVENTION COORDINATING COUNCIL

| | | | |
|--|-----------------------------------|---------------------------|--|
| Auer, Patricia Jones, Ginelle LaLone, Emily Myhrberg, Patty Mastrianni, Erik | Merritt, Jackie Cheryl Sharron | 761-6580 Fax: 761-6422 | Warren County Public Health 1340 State RT 9, Lake George, NY 12845 |
| Collins, Bonnie (Parent) | | 743-1994 | 31 Ferris Drive, Queensbury, NY 12804 Bonnielee1564@yahoo.com |
| Conine, Pam | | 798-7972 | Southern Adirondack Child Care Network 88 Broad Street, Glens Falls, NY 12801 coninep@saccn.org |
| Daigle, JoAnn | | 798-7555 x216 | Warren County Head Start 11 Pearl Street, Glens Falls, NY 12801 disability@warrencountyheadstart.org |
| Dunbar, Melissa Speech Language Pathologist | | 307-3494 | 25 Brookfield Run, Queensbury, NY 12804 |
| Lee, Carrie (Parent) | | 650-776-4532 | 12 Danford Court, Queensbury NY 12804 |
| Mousaw, David MD | | 792-8942 | 20 Centennial Drive, Queensbury, NY 12804 |
| Reyes, Monique (Parent) | | 232-3410 | 10-102 Regency Park North, Queensbury NY 12804 |
| Schmidt, Maureen | | X6362 | Warren County DSS Human Services Bldg., Lake George, NY 12845 Maureen.schmidt@dfa.state.ny.us |
| Thompson, Pat | | 798-0170 | Prospect Child & Family Center 133 Aviation Road, Queensbury, NY 12804 pthompson@cfdsnny.org |
| Utz-Meagher, Kevin | | 581-3069 | Capital District DDSO 3 Care Lane Suite 200 Saratoga Springs, NY 12866 |
| York, Robert | | 792-7143 | Office of Community Services for Warr. and Wash. Co 230 Maple Street Suite 1, Glens Falls, NY 12801 |

Warren County Board of Supervisors

RESOLUTION NO. 596 OF 2012

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

**AUTHORIZING GRANT AGREEMENT RENEWAL WITH NEW YORK
STATE DEPARTMENT OF HEALTH, BUREAU OF MATERNAL AND
CHILD HEALTH FOR CHILDHOOD LEAD POISONING PREVENTION PROGRAM**

RESOLVED, that Warren County enter into a grant agreement renewal (the previous renewal having been authorized by Resolution No. 530 of 2011) with New York State Department of Health, Center of Environmental Health Bureau of Community Environmental Health and Food Protection, ESP Corning Tower, Room 1395, Albany, New York 12237, for the receipt of grant funds for the continuation of a Childhood Lead Poisoning Prevention Program within Warren County, for an amount not to exceed Twenty-Two Thousand Four Hundred Five Dollars (\$22,405), for a term commencing October 1, 2012 and terminating September 30, 2013, and the Chairman of the Board of Supervisors be, and hereby is, authorized to execute the said grant agreement renewal 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, also 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, from time to time, in a form approved by the County Attorney.

STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE

| | |
|--|---|
| <p>STATE AGENCY (Name & Address):</p> <p>NYS Department of Health Bur. of Community Environmental Health & Food Protection Empire State Plaza, Corning Tower Bldg., Room 1395 Albany, NY 12237</p> | <p>BUSINESS UNIT/DEPT. ID: DOH01/3450000</p> <p>CONTRACT NUMBER: C026544-3</p> <p>CONTRACT TYPE:</p> <p><input type="checkbox"/> Multi-Year Agreement <input checked="" type="checkbox"/> Simplified Renewal Agreement <input type="checkbox"/> Fixed Term Agreement</p> |
| <p>CONTRACTOR SFS PAYEE NAME:</p> <p>Warren County Department of Health</p> | <p>TRANSACTION TYPE:</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Amendment</p> |
| <p>CONTRACTOR DOS INCORPORATED NAME:</p> | <p>PROJECT NAME:</p> <p>Lead Poisoning Prevention Program</p> |
| <p>CONTRACTOR IDENTIFICATION NUMBERS:</p> <p>NYS Vendor ID Number: 1000002438 Federal Tax ID Number: 146002576 DUNS Number (if applicable): 098334733</p> | <p>AGENCY IDENTIFIER:</p> <p>CFDA NUMBER (Federally Funded Grants Only):</p> |
| <p>CONTRACTOR PRIMARY MAILING ADDRESS:</p> <p>1340 State Route 9 Lake George, NY 12845</p> <p>CONTRACTOR PAYMENT ADDRESS:</p> <p><input type="checkbox"/> Check if same as primary mailing address</p> <p>Michael R. Swan 1340 State Route 9 Lake George, NY 12845</p> <p>CONTRACT MAILING ADDRESS:</p> <p><input checked="" type="checkbox"/> Check if same as primary mailing address</p> | <p>CONTRACTOR STATUS:</p> <p><input type="checkbox"/> For Profit <input checked="" type="checkbox"/> Municipality, Code: 52-0100000 <input type="checkbox"/> Tribal Nation <input type="checkbox"/> Individual <input type="checkbox"/> Not-for-Profit</p> <p>Charities Registration Number:</p> <p>Exemption Status/Code:</p> <p><input type="checkbox"/> Sectarian Entity</p> |

Contract Number: # C026544-3

STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE

| | |
|---|--|
| <p>CURRENT CONTRACT TERM: From: 10/01/2010 To: 09/30/2015</p> <p>CURRENT CONTRACT PERIOD: From: 10/01/2013 To: 09/30/2014</p> <p>AMENDED TERM: From: To:</p> <p>AMENDED PERIOD: From: To:</p> | <p>CONTRACT FUNDING AMOUNT (<i>Multi-year</i> - enter total projected amount of the contract; <i>Fixed Term/Simplified Renewal</i> - enter current period amount):</p> <p>CURRENT: \$ 21,906</p> <p>AMENDED:</p> <p>FUNDING SOURCE(S)</p> <p><input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> Other</p> |
|---|--|

FOR MULTI-YEAR AGREEMENTS ONLY - CONTRACT PERIOD AND FUNDING AMOUNT:
(Out years represent projected funding amounts)

| # | CURRENT PERIOD | CURRENT AMOUNT | AMENDED PERIOD | AMENDED AMOUNT |
|---|----------------|----------------|----------------|----------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

ATTACHMENTS PART OF THIS AGREEMENT:

- | | |
|---|---|
| <p><input checked="" type="checkbox"/> Attachment A:</p> <p><input checked="" type="checkbox"/> Attachment B:</p> <p><input checked="" type="checkbox"/> Attachment C: Work Plan</p> <p><input checked="" type="checkbox"/> Attachment D: Payment and Reporting Schedule</p> <p><input type="checkbox"/> Other:</p> | <p><input checked="" type="checkbox"/> A-1 Program Specific Terms and Conditions</p> <p><input checked="" type="checkbox"/> A-2 Federally Funded Grants</p> <p><input checked="" type="checkbox"/> B-1 Expenditure Based Budget</p> <p><input type="checkbox"/> B-2 Performance Based Budget</p> <p><input type="checkbox"/> B-3 Capital Budget</p> <p><input type="checkbox"/> B-1(A) Expenditure Based Budget (Amendment)</p> <p><input type="checkbox"/> B-2(A) Performance Based Budget (Amendment)</p> <p><input type="checkbox"/> B-3(A) Capital Budget (Amendment)</p> |
|---|---|

Auer, Pat

From: Margaret A. Devoe <mad16@health.state.ny.us> on behalf of BCEHFP Calendar BML <bcehfp@health.state.ny.us>
Sent: Wednesday, August 07, 2013 12:49 PM
To: Auer, Pat
Cc: Thomas J. Carroll; Linda J. Freligh; Kenneth A. Boxley; Steven F Martin; Patricia A. Burl; Robert A Swider
Subject: Warren County LPPP Contract for the Period - 10/1/13 - 9/30/14
Attachments: Face_page_4813_enabled.pdf; Signature_page_enabled.pdf; Standard Terms & Conditions_enabled V2.pdf; Attachment A-1 - Agency & Program Specific Clauses.docx; Att A-1 Part B - Program Specific Clauses.docx; Att A-1 Part B Worksheet.doc; Att A-2 Part A - Federally Funded Grants - Agency Specific Clauses.docx; Attachment B-1 Expenditure Based Budget.xlsx; Attachment C - Workplan.docx; Attachment D - Payment & Reporting_enabled.pdf; PS Duties Description & NPS Description Form.xls; New Standard Voucher Form ac3253s_fe.pdf; 2013-14 LHD LPPP Staff Contact Info.xls

The attached documents are being sent by Michael J. Cambridge, Director
Division of Environmental Health Protection

TO: Patricia Auer
Warren County Department of Health

SUBJECT: Warren County LPPP Contract for the Period - 10/1/13 - 9/30/14

Greetings:

Attached is the Lead Poisoning Prevention Program contract packet for the period 10/1/13 - 09/30/14. After completing the packet, please print out 3 **single-sided** originals, sign, notarize and return, by mail, all 3 originals to Thomas Carroll, NYS Department of Health, Bureau of Community Environmental Health and Food Protection, Empire State Plaza, Corning Tower Bldg., Room 1395, Albany, NY 12237. Please include your contract number on **ALL** documents in the footer area. In order to see all checked boxes, open "Face page" and "Attachment D" with Adobe Reader X. Please send in your budget and workplan electronically to the LPPP mail log (LPPP@health.state.ny.us) for prior approval as you have in the past.

(See attached file: Face_page_4813_enabled.pdf)(See attached file: Signature_page_enabled.pdf)(See attached file: Standard Terms & Conditions_enabled V2.pdf)(See attached file: Attachment A-1 - Agency & Program Specific Clauses.docx)(See attached file: Att A-1 Part B - Program Specific Clauses.docx)(See attached file: Att A-1 Part B Worksheet.doc)(See attached file: Att A-2 Part A - Federally Funded Grants - Agency Specific Clauses.docx)(See attached file: Attachment B-1 Expenditure Based Budget.xlsx)(See attached file: Attachment C - Workplan.docx)(See attached file: Attachment D - Payment & Reporting_enabled.pdf)

As you can see, NYS is transforming to a new contract packet that will eventually be used in the new 'Grants Reform' gateway. Unfortunately there are 10 different documents, and they could not be easily merged because of being in different software styles/formats. If you have any questions, please give us a call at 518/402-7600.

Please note, on the new Attachment B-1 Expenditure Budget there is no place to refer to your "in-kind" services. We

request that you **send information on your "in-kind" services**, if any, on a separate document. In addition, on page 2 of the budget form, please include the name of the employee with their position title. On this new budget form, there is no place to include the staff duties or a description of the Non-Personal Services items, so **please include the duties for each position and a description of the non-personal services items** on the attached form and return with your contract package.

(See attached file: PS Duties Description & NPS Description Form.xls)

Also attached is the new standard voucher form for your use when submitting your quarterly vouchers. Please complete the LPPP staff contact information form (attached), a current table of organization, and an updated sliding fee schedule for lead screenings and submit with your contract for our records.

(See attached file: New Standard Voucher Form ac3253s_fe.pdf)(See attached file: 2013-14 LHD LPPP Staff Contact Info.xls)

IN WITNESS THEREOF, the parties hereto have executed or approved this Master Contract on the dates below their signatures.

CONTRACTOR:

By: _____

Printed Name

Title: _____

Date: _____

STATE AGENCY:

NYS Department of Health
Center for Environmental Health

By: _____

Printed Name

Title: _____

Date: _____

STATE OF NEW YORK

County of _____

On the ___ day of _____, _____, before me personally appeared _____, to me known, who being by me duly sworn, did depose and say that he/she resides at _____, that he/she is the _____ of the _____, the contractor described herein which executed the foregoing instrument; and that he/she signed his/her name thereto as authorized by the contractor named on the face page of this Master Contract.

(Notary) _____

ATTORNEY GENERAL'S SIGNATURE

Printed Name

Title: _____

Date: _____

STATE COMPTROLLER'S SIGNATURE

Printed Name

Title: _____

Date: _____

Contract Number: # _____

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: 11/22/2013

- (a) Purpose of Contract Change: To renew contract with North Country Home Aides to provide paraprofessional Care Services for Certified Home Health Agency and Long Term Health Care Program
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: R 711/2012
- (c) Name of Contractor: North Country Home Services, Inc.
- (d) Address of Contractor: Per current contract on file – No changes
- (e) Contractor's Contact Person and Telephone Number: Rebecca Leahy (518)891-2641
- (f) Commencement Date of Amendment: January 1, 2014
- (g) Termination Date of Extension: December 31, 2014
- (h) Payment Provisions: Hourly pay rate per individual service, paid upon receipt of documentation for each individual patient visit – Home Health Aides \$26.12/hr
- i) lump sum amount
 - ii) **hourly rate amount –per contract rate**
 - 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:

Exp. - A.4010.470 Home Health Agency Contract Service

Exp. – A.4016.470 Long Term Home Health Care Program- Contract Services

Warren County Board of Supervisors

RESOLUTION No. 711 OF 2012

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

AUTHORIZING AMENDMENT AGREEMENT WITH NORTH COUNTRY HOME SERVICES, INC. FOR PARAPROFESSIONAL CARE SERVICES UNDER THE LONG TERM HOME HEALTH CARE (LTHHC) AND CERTIFIED HOME HEALTH AGENCY (CHHA) PROGRAMS

WHEREAS, Resolution No. ~~700~~^{711 2012} of ~~2011~~ authorized, among other things, the continuation of the contractual relationship with North Country Home Services, Inc. (the "Agency") for paraprofessional care services under the LTHHC and CHHA Programs, and

WHEREAS, the Director of Public Health/Health Services has been advised by North Country Home Services, Inc. that the Home Health Aide rate for ~~2013~~²⁰¹⁴ is Twenty-Five Dollars and ~~Eighty Six~~^{SIX} Cents (~~\$25.86~~^{26.12}) per hour, now, therefore, be it

RESOLVED, that the rates for the services for 2013 described be and hereby are, amended as follows:

| <u>CONTRACTOR/ AGENCY</u> | <u>PURPOSE</u> | <u>ESTIMATED CONTRACT AMOUNTS/RATES</u> |
|-----------------------------------|---------------------------------------|---|
| North Country Home Services, Inc. | Paraprofessional Care Services - CHHA | Home Health Aide \$25.86/hr ^{26.12} |

and be it further

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an amendment agreement with North Country Home Services, Inc. showing the above rate change, effective January 1, 2013, in the form approved by the County Attorney, and be it further

RESOLVED, that all other terms and conditions of the agreement with North Country Home Services, Inc. remain in full force and effect, and be it further

RESOLVED, that the funds shall be expended from Budget Code A.4010 470 Health Services Contract and Budget Code A.4016 470 Long Term Home Health Care, Contract.

Auer, Pat

From: Becky <becky@nchs-intranet.com>
Sent: Wednesday, November 13, 2013 9:04 AM
To: Auer, Pat
Cc: 'Scott Tooker'
Subject: Medicare Rates

Pat,
Our 2014 rates for home health aide will be \$26.12 per hour .
We thank you for your business and enjoy working with Warren County.
Becky Leahy

Rebecca Leahy
North Country Home Services, Inc.
25 Church St.
Saranac Lake,
New York 12983
Tel # 518-891-5611
Fax # 518-891-2055
becky@nchs-intranet.com

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: 11/22/2013

- (a) Purpose of Contract Change: To extend contract agreement with Greater Adirondack Home Health Aides, Inc. to provide paraprofessional Care Services for patients in the Certified Home Health Agency and the Long Term Home Health Care Program with no rate changes.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: R 708/2012 (See Attached)
- (c) Name of Contractor: Greater Adirondack Home Health Aides, Inc.
- (d) Address of Contractor: 25 Willowbrook Road
Queensbury, NY 12804
- (e) Contractor's Contact Person and Telephone Number:
Julie Smith 926-7070 Ext. 204
- (f) Commencement Date of Amendment: January 1, 2014
- (g) Termination Date of Extension: December 31, 2014
- (h) Payment Provisions: Hourly pay rate per individual service, paid upon receipt of documentation for each individual patient visit.
- i) lump sum amount
 - ii) hourly rate amount - **Per contract, no rate changes from 2013**
 - 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:
- Exp. – A.4010.470 Home Health Agency – Contract Services
Exp. – A.4016.470 Long Term Home Health Care Program – Contract Services

Warren County Board of Supervisors

RESOLUTION No. 708 OF 2012

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

AUTHORIZING AGREEMENT WITH GREATER ADIRONDACK HOME HEALTH AIDES, INC. TO PROVIDE PARAPROFESSIONAL CARE SERVICES FOR THE CERTIFIED HOME HEALTH AGENCY (CHHA) AND LONG-TERM HOME HEALTH CARE (LTHHC) PROGRAMS

RESOLVED, that Warren County continue the contractual relationship (the previous agreement being authorized by Resolution No. 703 of 2011) with Greater Adirondack Home Health Aides, Inc., 25 Willowbrook Road, Queensbury, New York 12804, to provide paraprofessional care services for the Certified Home Health Agency (CHHA) and Long-Term Home Health Care (LTHHC) Programs, for a term commencing January 1, ~~2013~~²⁰¹⁴ and terminating December 31, ~~2013~~²⁰¹⁴, at rates not to exceed those set forth below, and the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an agreement in a form approved by the County Attorney:

| <u>PROGRAM</u> | <u>SERVICES</u> | <u>RATES/HOUR</u> |
|----------------|--------------------|-------------------|
| CHHA | Home Health Aide | \$25.54 |
| LTHHC | Home Health Aide | \$25.54 |
| | Personal Care Aide | \$25.28 |

and be it further

RESOLVED, that the funds shall be expended from Budget Code A.4010 470 Health Services, Contract and Budget Code A.4016 470 Long Term Home Health Care, Contract.



GREATER ADIRONDACK HOME AIDES, INC.

Caring for the Community Since 1965
25 Willowbrook Road Suite 4 Queensbury, NY 12804
www.GreaterAdirondackHomeAides.org

BOARD OF DIRECTORS

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Chair

Michael Niles.
Vice Chair

Richard Norman
Treasurer

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Dr. Barbara Chick

Dr. Robert Wescott

Executive Director

Julie Smith

November 15, 2013

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

Dear Pat:

Per our conversation, Greater Adirondack Home Aides will not be requesting a rate increase for 2014. We would like to request a continuation of our current contracted rates of \$25.54 for Home Health Aide and \$25.28 for Personal Care Aide for the CHHA and LTHHCP programs.

Thank you for your consideration.

Sincerely,

Julie A. Smith
Executive Director

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: 11/22/2013

- (a) Purpose of Contract Change: To renew contract agreements with Interim Health Care of New York and Visiting Nurse Association of Albany Home Care Corporation to provide paraprofessional services with rate changes on attached resolution form.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: R 698/2011 (See Attached)
- (c) Name of Contractor: ENS Health Care Management, LLC d/b/a Interim Health Care of New York
Visiting Nurse Association of Albany Home Care Corporation
- (d) Address of Contractor: On File – No Changes
- (e) Contractor's Contact Person and Telephone Number:
Interim – Lisa Evans (518)452-3655
VNA – John Fraher (518) 489-2681 Ext. 1
- (f) Commencement Date of Amendment: January 1, 2014
- (g) Termination Date of Extension: December 31, 2014
- (h) Payment Provisions: Hourly pay rate per individual service, paid upon receipt of documentation for each individual patient visit
- i) lump sum amount
 - ii) hourly rate amount- Paid monthly per contract rate (See attached resolution copy for rates)
 - 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:

Exp.A.4010.470 Home Health Agency – Contract Services

Exp.A.4016.470 Long Term Home Health Care Program-Contract Service

Warren County Board of Supervisors

RESOLUTION NO. 709 OF 2012

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

AUTHORIZING AN AMENDMENT AGREEMENT WITH VISITING NURSE ASSOCIATION OF ALBANY HOME CARE CORPORATION FOR PARAPROFESSIONAL CARE SERVICES AS A RESULT OF RATE INCREASE

WHEREAS, Resolution No. 726 of 2004 authorized, among other things, the continuation of the contractual relationship with ENS Health Care Management, LLC d/b/a Interim Health Care of New York and Visiting Nurse Association of Albany Home Care Corporation for paraprofessional care services under the Long Term Home Health Care Program and Certified Home Health Agency Program, said agreements to terminate upon thirty (30) days notice by either party, and

WHEREAS, Resolution No. 726 of 2004 also included a provision that no further resolutions would be necessary to indefinitely continue the agreements, unless there was a change in rates, and

WHEREAS, the rates were most recently amended in Resolution No. 698 of 2011, and

WHEREAS, the Director of Public Health/Patient Services has been advised by the Visiting Nurse Association of Albany Home Care Corporation that effective January 1, ²⁰¹⁴~~2013~~, there will be a change in the rates, which rates differ from the rates authorized in Resolution No. 698 of 2011, and, as a result, an amendment to the agreement with the Visiting Nurse Association of Albany Home Care Corporation is necessary, and

WHEREAS, the Director further advises that there are no rate changes for ENS Health Care Management, LLC d/b/a Interim Health Care of New York, and, as a result, no amendment is proposed to the agreement with ENS Health Care Management, LLC d/b/a Interim Health Care of New York is necessary, now, therefore, be it

RESOLVED, that the rates shown on Resolution No. ^{709 of 2012}~~698~~ of 2011 for the Visiting Nurse Association of Albany Home Care Corporation, be and hereby are, amended as follows:

CONTRACTOR/
AGENCY

Visiting Nurse Association of
Albany Home Care Corporation

and be if further

PURPOSE

Paraprofessional
Care Services -
LTHHCP & CHHA

ESTIMATED CONTRACT
AMOUNTS/RATES

Personal Care Aide Level II
Home Health Aide \$22.59/hr → 23.49
Personal Care Aide \$22.05/hr → 22.93/hr
Level I ~~II~~

RESOLUTION NO. 709 OF 2012

PAGE 2 OF 2

RESOLVED that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an amendment agreement with the Visiting Nurse Association of Albany Home Care Corporation showing the above rate changes, effective January 1, ²⁰¹⁴~~2013~~, in the form approved by the County Attorney, and be it further

RESOLVED, that all other terms and conditions of the agreement with the Visiting Nurse Association of Albany Home Care Corporation, as well as all other terms and conditions of Resolution No. 726 of 2004 and Resolution No. 698 of 2011 regarding the agreement, remain in full force and effect, and be it further

RESOLVED, that the funds shall be expended from Budget Code A.4010 470 Health Services Contract and A.4016 470 Long Term Home Health Care, Contract.

Auer, Pat

From: Lisa Evans <LEvans@interimhealthcr.com>
Sent: Friday, November 08, 2013 3:33 PM
To: Auer, Pat
Subject: Rate request for 2014

PCA and HHA...20.00 per hour
Homemaker...19.50 per hour

Lisa L. Evans, CoPresident
Interim HealthCare
1735 Central Ave.
Albany, NY 12205
(p) 518-452-3655
(f) 518-452-0765
levans@interimhealthcr.com

This e-mail and any attachments may contain information which is confidential, proprietary, privileged or otherwise protected by law. The information is solely intended for the named addressee (or a person responsible for delivering it to the addressee). If you are not the intended recipient of this message, you are not authorized to read, print, retain, copy or disseminate this message or any part of it. If you have received this e-mail in error, please notify the sender immediately by return e-mail and delete it from your computer.

Auer, Pat

From: John Fraher <jfraher@vnaalbany.org>
Sent: Friday, November 15, 2013 4:10 PM
To: Auer, Pat
Cc: Brian Leamy
Subject: VNA of Albany Home Care Corp (VNHC) -- RE: Warren Co. PHN

To: Patricia Auer at Warren County Public Health Network

Hello Pat:

You telephoned me earlier this week, in order for us to request a proposed Year 2014 adjusted reimbursement rate for our contract with Warren County.

Thank you for initiating this dialogue. While we are negotiating between 6% to 6.5% reimbursement rate increases with our other referral sources for the Year 2014, we wish to offer Warren County a smaller rate increase at 4%.

Therefore, we request an increase our Warren County reimbursement rates as follows:

| | <u>From</u> | <u>To</u> | <u>Dollar</u> | <u>Percent</u> |
|------------------------------|-------------|-----------|---------------|----------------|
| Level I PCA rate (per hour) | \$ 22.05 | \$ 22.93 | \$.88 | 4.0% |
| Level II PCA rate (per hour) | \$ 22.59 | \$ 23.49 | \$.90 | 4.0% |

Thank you for contacting us. We appreciate the long relationship our organizations have shared over the years, and we look forward to working with you further. Please contact me with any comments or questions.

JOHN E. FRAHER, CPA, CFE, CVA, CSEP, CBM, CGMA
Chief Financial Officer

VNAs of Albany & Affiliates

35 Colvin Avenue / 150 Broadway, Suite 310
Albany, New York 12206 / Menands, New York 12204
Ph: (518) 489 - 2637, ext. 229 / (518) 694 - 9907, ext. 232
FAX: (518) 435 - 0615 / (518) 694 - 9913
E-Mail: JFraher@vnaAlbany.org

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: 11/22/2013

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To authorize contract agreement with Mieka LeClair-Lundy to provide speech therapy services
- (c) Name of Contractor: Mieka LeClair-Lundy
- (d) Address of Contractor: 44 Wilton Road, Greenfield Center, NY 12833
- (e) Contractor's Contact Person and Telephone Number: Mieka LeClair-Lundy (518)598-8050, email miekaleclair@hotmail.com
- (f) Has or will the Contract be provided, if so, please attach: Please use the therapist contract
- (g) Commencement Date of Contract: 12/23/2013
- (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
 - 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, upon receipt of required documentation for each individual visit)

| | |
|----------------------------|----------------|
| <u>Evaluation Region 1</u> | <u>\$55.00</u> |
| <u>Revisit Region 1</u> | <u>\$53.00</u> |
| <u>Evaluation Region 2</u> | <u>\$60.00</u> |
| <u>Revisit Region 2</u> | <u>\$60.00</u> |
| <u>OASIS</u> | <u>\$15.00</u> |
| <u>Meetings</u> | <u>\$40.00</u> |

Early Invention Service Only

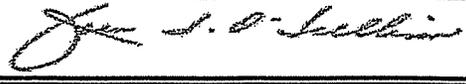
| | |
|----------------------------|----------------|
| <u>Region 1 Evaluation</u> | <u>\$50.00</u> |
| <u>Region 1 Revisit</u> | <u>\$50.00</u> |

Region 2 Evaluation \$57.00
Region 2 Revisit \$57.00

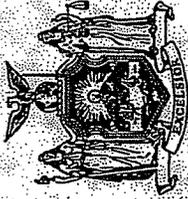
- (j) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, and Title, and Amount:

A 4010.10.470 Health Services

A 4016.10.470 Long Term Home Health Care Program

| | | | | |
|--|---------------------------|--|------------------------|---|
| MEMORANDUM OF INSURANCE | | Date Issued 11/14/2013 | | |
| 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 Mieka LeClair-Lundy 44 Wilton Rd Greenfield Cente NY 12833 | | 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 SpeechLangH SE Speech Language Pathologist | AHY-726204001 | 11/15/2013 | 11/15/2014 | 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 | | |
| | |  | | |

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT



BE IT KNOWN THAT

MIEKA LYNN LECLAIR

HAVING GIVEN SATISFACTORY EVIDENCE OF THE COMPLETION OF PROFESSIONAL
AND OTHER REQUIREMENTS PRESCRIBED BY LAW IS QUALIFIED TO PRACTICE AS A

SPEECH - LANGUAGE PATHOLOGIST

IN THE STATE OF NEW YORK

IN WITNESS WHEREOF THE EDUCATION DEPARTMENT GRANTS THIS LICENSE
UNDER ITS SEAL AT ALBANY, NEW YORK
THIS SIXTEENTH DAY OF OCTOBER, 2002.

Richard P. Will
PRESIDENT OF THE UNIVERSITY
AND COMMISSIONER OF EDUCATION

LICENSE NUMBER
013714

Johanna Duncan-Pittier
DEPUTY COMMISSIONER
OFFICE OF THE PROFESSIONS

Ronnie Harshbarger



EXECUTIVE SECRETARY
STATE BOARD FOR
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

American Speech-Language-Hearing Association



THE CLINICAL CERTIFICATION BOARD OF THE
AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION
HEREBY AWARDS THE

Certificate of Clinical Competence *IN* *Speech-Language Pathology*

TO

Mieka L. LeClair

IN RECOGNITION OF THE SUCCESSFUL COMPLETION
OF ALL SPECIFIED REQUIREMENTS FOR THE CERTIFICATE.

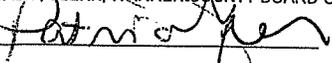
EFFECTIVE: OCTOBER 2000

Qui A. Segeman
PRESIDENT

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

SIGNED: 

DATE: 11/22/13

| FROM CODE | TITLE | TO CODE | TITLE | AMOUNT |
|--|---|---|--|---|
| 1. A.4010.860 | Health Services-Hospitalization Expense | A.4010.110 A.4010.120 A.4010.810 A.4010.865 | Health Services-Full Time Salary Health Services-Overtime Salary Health Services-Retirement Expense Health Services-Dental Expense | \$21,000.00 \$15,000.00 \$1,200.00 \$54.00 |
| 2. A.4016.110 | Long Term Care-Full Time Salary | A.4016.810 A.4016.860 A.4016.865 | Long Term Care-Retirement Expense Long Term Care-Hospitalization Expense Long Term Care-Dental Expense | \$760.00 \$322.00 \$6.00 |
| 3. A.4018.865 A.4018.130 A.4018.130 | Preventive Program-Dental Expense Preventive Program-Part Time Salary Preventive Program-Part Time Salary | A.4018.860 A.4018.860 A.4018.861 | Preventive Program-Hospitalization Expense Preventive Program-Hospitalization Expense Preventive Program-Retiree Hospitalization | \$158.00 \$74.00 \$212.00 |
| 4. A.4018.0030.120 | Disease Program-Overtime Salary | A.4018.0030.110 A.4018.0030.860 A.4018.0030.865 | Disease Program-Full Time Salary Disease Program-Hospitalization Expense Disease Program-Dental Expense | \$3,800.00 \$285.00 \$5.00 |
| 5. A.4018.0040.260 A.4018.0040.442 A.4018.0040.444 A.4018.0040.436 A.4018.0040.445 A.4018.0040.445 A.4018.0040.445 | Health Education-Other Equipment Health Education-Gasoline Expense Health Education-Education Expense Health Education-Advertising Expense Health Education -Food Expense Health Education -Food Expense Health Education -Food Expense | A.4018.0040.810 A.4018.0040.810 A.4018.0040.110 A.4018.0040.110 A.4018.0040.110 A.4018.0040.830 A.4018.0040.831 | Health Education-Retirement Expense Health Education-Retirement Expense Health Education-Full Time Salary Health Education -Full Time Salary Health Education-Full Time Salary Health Education-Social Security Expense Health Education- Medicare Expense | \$400.00 \$300.00 \$281.00 \$50.00 \$19.00 \$25.00 \$6.00 |
| 6. A.4054.130 | Preschool-Part Time Salary | A.4054.110 A.4054.810 A.4054.860 A.4054.865 | Preschool-Full Time Salary Preschool-Retirement Expense Preschool-Hospitalization Expense Preschool -Dental Expense | \$300.00 \$100.00 \$145.00 \$3.00 |
| 7. A.4054.0060.130 | Early Intervention-Part Time Salary | A.4054.0060.110 A.4054.0060.810 A.4054.0060.860 A.4054.0060.865 | Early Intervention-Full time salary Early Intervention-Retirement Expense Early Intervention-Hospitalization Expense Early Intervention-Dental Expense | \$1,600.00 \$900.00 \$135.00 \$1.00 |
| 8. A.4189.110 A.4189.130 A.4189.810 A.4189.830 A.4189.831 | Bioterrorism-Full Time Salary Bioterrorism-Part Time Salary Bioterrorism-Retirement Expense Bioterrorism-Social Security Expense Bioterrorism-Medicare Expense | A.4018.0020.110 A.4018.0020.130 A.4018.0020.810 A.4018.0020.830 A.4018.0020.831 | Preventive pgm-Family Health-Full Time salary Preventive pgm-Family Health-Part Time salary Preventive pgm-Family Health-Retirement Expense Preventive pgm-Family Health-Social Security Exp Preventive pgm-Family Health-Medicare Expense | \$1,071.07 \$4,986.45 \$819.83 \$375.57 \$87.84 |
| 9. A.4189.110 A.4189.130 A.4189.810 A.4189.830 A.4189.831 | Bioterrorism-Full Time Salary Bioterrorism-Part Time Salary Bioterrorism-Retirement Expense Bioterrorism-Social Security Expense Bioterrorism-Medicare Expense | A.4018.0020.110 A.4018.0020.130 A.4018.0020.810 A.4018.0020.830 A.4018.0020.831 | Preventive pgm-Family Health-Full Time salary Preventive pgm-Family Health-Part Time salary Preventive pgm-Family Health-Retirement Expense Preventive pgm-Family Health-Social Security Exp Preventive pgm-Family Health-Medicare Expense | \$898.38 \$3,866.87 \$768.98 \$295.45 \$69.10 |
| Total Transfers | | | | \$60,380.54 |

- To transfer funds to cover salary expense and fringe to year end for Health Services.
- To transfer funds to cover salary/fringe expenses to year end for Long Term Care Program.
- To transfer funds for Preventive Program to cover Hospitalization and Retiree Hospitalization expenses to year end.
- To transfer funds for the Disease Program to cover salary/fringe expenses to year end.
- To transfer funds for the Health Education Program to cover salary/fringe expenses to year end.
- To transfer funds for the Preschool Program to cover salary/fringe expenses to year end.
- To transfer funds for the Early Intervention Program to cover salary/fringe expenses to year end.
- To transfer funds related to Full time and Part time salaries for the Lead Program from the Bioterrorism salary lines from April to September 2013. (Staff work on both grants)
- Estimate of transfer of funds needed for Full time and Part time salaries from BT program to Lead to cover last quarter October to December 2013.

CONTINGENT FUND TRANSFER REQUESTS

| FROM CODE | TITLE | TO CODE | TITLE | AMOUNT |
|------------|-----------------|---------|-------|--------|
| A.1990 469 | Contingent Fund | | | |

Please state reason for transfer request: Total

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