

Health Services Committee

Warren County Health Services

AGENDA

March 27, 2015

Information Submitted By: Patricia Auer, DPH/DPS

Health Services Committee Members: Sokol, Conover, Frasier, McDevitt, Westcott

- I. Committee meeting called to order by Chairman
- II. Motion to approve minutes of March 16, 2015 Health Services Committee meeting

III. Action Agenda/New Business

**Request Resolution:**

To renew the agreement with SHP (Strategic Health Care Programs, LLC) Solutions for Agencies Data Services in the amount of \$8,195.00 and SHP Solutions for HH-CSHPS (patient satisfaction surveys) in the amount of \$1.95 per survey, for the contract period July 1, 2015 – June 30, 2016.

The contract will renew automatically for successive terms unless terminated by either party with thirty days written notice, or unless there is a change in fee for services that would necessitate further approval.

**Rationale:**

The amount for the coming contract year is an increase of \$115.77 over the cost of this year's contract. We are required to have these services in place. The data provides our benchmarking and consumer assessment of health care providers and systems.

**Request Committee Approval:**

To backfill the Public Health Liaison position. It is Grade 7, Entry level salary \$30,204, prorated to 24 hours. The title is in the CSEA bargaining unit, and receives prorated benefits, except for health insurance.

**Rationale:**

The vacancy is created due to a retirement slated to begin April 30, 2015. The position is 100% funded by the Emergency Preparedness Grant, and continuity of employment is dependent on continuation of funding. The Human Resources Director, County Administrator, and Budget Officer are in agreement with backfilling the position, but Health Services Committee approval is needed according to county policy before the position can be filled.

**Request Resolution:**

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

To Transfer funds from Disease Program to Bioterrorism in the amount of \$10,127.40 to cover the retirement cash out for a part time employee.

**Request Resolution:**

Budget Amendment: Please see **Attachment #6**.

To amend the 2015 Warren County Budget to reflect the Ebola grant funding in the amount of \$38,000. This was an unanticipated grant so it was not included in the 2015 Budget.

**Referral/Pending Items**

There are no pending items for this month.

**IV. Information for Discussion/Review**

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

**Report of Emergency Preparedness Drill**

**Status of Referrals:** Please see **Attachment #4** for the detailed report. Sharon Schaldone, Assistant Director of Patient Services, will provide comment on the report at the meeting.

**Update on Animal Control Situation**

**Reports of Expenditures, Revenues, Overtime and Per Diem Use for 2014:** Please see **Attachment #2**.

**2015 Year to Date Expenditure and Revenue Report:** Please see **Attachment #2A**.

**Revenue and Expense Comparison Report for 2013 vs 2014:** Please see **Attachment #3**. Tawn Driscoll, Fiscal Manager, will be present at the meeting to review the reports and answer any questions.

**V. Privilege of the Floor to discuss any additional items to come before Committee**

**VI. Motion to adjourn**

**Attachments:**

**#1** Emergency Response and Preparedness Activities Report

**#2** Reports of Expenditures, Revenues, Overtime and Per Diem Use for 2014

**#3** Revenue and Expense Comparison Report for 2014 vs 2015

**#4** Report of Referral Status

**#5** Budget Transfer

**#6** Budget Amendment

BT ACTIVITY SHEET  
BP3 - 7/1/14 - 6/30/15

Page 1

Topic Color Codes

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

# Attachment 1

3rd QUARTER ACTIVITIES (January 1, 2015 – March 31, 2015) ▶ To be recorded on NYSDOH Deliverable template

<i>Date</i>	<i>Type</i>	<i>Subject/Comments</i>	<i>Attendees</i>	<i>Topic (i.e. Chempack, Drill, Mass Fatality, SNS, Training, Pan Flu, Special Needs)</i>
Various ongoing	<b>EBOLA</b>		Pat Auer, Ginelle Jones, Pat Belden, Dan Durkee, etc.	Pandemic Response
Various ongoing	<b>MCM Drill</b> 3/12/15	▶ <b>L-5 Activities:</b> <ul style="list-style-type: none"> <li>• 3/5 Final Planning Meeting</li> <li>• <b>3/12 THE DRILL!!!</b></li> <li>• 3/16 Recovery Phase</li> </ul>	Dan Durkee, Ginelle Jones, Angela Meade, Kelsey, (et.al).	<b>Drill</b>
3/6/15	Meeting	HAZNY Review with OES	Dan Durkee, OES	
3/10/15	Meeting	BT Coordinators	Dan Durkee	
3/18/15	Tabletop	GFH "Classroom of students taken hostage at SUNY Adirondck"	Dan Durkee	

**WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS**

REVENUE AND EXPENDITURES FOR 2015 AS OF 3/23/2015 10:13:27 AM

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

EXPENSES	2015 BUDGETED		2015 YTD ACTUAL		2014 Prior Year Totals	
	2015	YTD	2015	% Change	2015	2014
Salaries - Regular	\$2,893,227.00	\$510,778.78	\$2,814,172.31		\$2,893,227.00	\$2,814,172.31
Salaries - Overtime	\$134,500.00	\$25,018.13	\$130,843.90	-1.83%	\$134,500.00	\$130,843.90
Salaries - Part Time	\$284,721.00	\$51,211.47	\$262,705.45	-6.46%	\$284,721.00	\$262,705.45
100's PERSONAL SERVICES	\$3,312,448.00	\$587,008.38	\$3,207,721.66	-9.11%	\$3,312,448.00	\$3,207,721.66
200's EQUIPMENT	\$6,365.00	\$390.00	\$130,183.64		\$6,365.00	\$130,183.64
400's CONTRACTUAL	\$6,814,707.20	\$440,177.94	\$4,966,525.66		\$6,814,707.20	\$4,966,525.66
800's EMPLOYEE BENEFITS	\$1,765,250.00	\$400,474.25	\$1,801,449.36		\$1,765,250.00	\$1,801,449.36
<b>TOTALS</b>	<b>\$11,898,770.20</b>	<b>\$1,428,050.57</b>	<b>\$10,105,880.32</b>		<b>\$11,898,770.20</b>	<b>\$10,105,880.32</b>
<b>REVENUES</b>	<b>2015 BUDGETED</b>	<b>2015 YTD ACTUAL</b>	<b>2014 Prior Year Totals</b>			
	\$9,688,454.00	\$843,843.65	\$7,555,080.74			

Note: Revenues reflect an accrual for February billing for CHHA, LTC and MCH of \$353,943.77.

**Warren County Health Services**  
**Salaries Comparison**  
 2014 vs 2015  
 as of 3/8/15 Payroll

	YTD 2015	YTD 2014	YTD 14v15	% Change	Total Budget 2015	Total Actual 2014
Total of All Depts	\$510,778.78	\$520,275.23	-\$9,496.45	-1.83%	\$2,893,227.00	\$2,814,172.31
Regular Salaries	\$25,018.13	\$26,746.53	-\$1,728.40	-6.46%	\$134,500.00	\$130,843.90
Overtime Salaries	\$51,211.47	\$56,346.01	-\$5,134.54	-9.11%	\$284,721.00	\$262,705.45
Part Time Salaries	\$587,008.38	\$603,367.77	-\$16,359.39	-2.71%	\$3,312,448.00	\$3,207,721.66
TOTALS	\$17.722%	\$18.811%				

Source: Detail G/L report for all Salary Category from 1/1/XX-3/8/XX  
 Note: Total Salaries YTD are 17.72% of 2015 budget, while at this time last year salaries were 18.81% of salaries. Actual regular FT salaries are \$9,496.45 or 1.83% under  
 Part Time Salaries in 2014. Due to staffing shortages in nursing, per diem nurses have been utilized to cover referrals, therefore keeping over time salaries down from last year.  
 Part time salaries YTD are below 2014,

**Revenue and Expense Comparison 2015 vs 2014  
as of 3/27/15 meeting**

	3/27/15 Meeting	3/28/2014	Variance
<b>EXPENSES</b>	2015 YTD Actual as of 3/23/15 G/L	2014 YTD Actual as of 3/25/14 G/L	
Salaries - Regular	\$510,778.78	\$520,275.23	(\$9,496.45)
Salaries - Overtime	\$25,018.13	\$26,746.53	(\$1,728.40)
Salaries - Part Time	\$51,211.47	\$56,346.01	(\$5,134.54)
100's PERSONAL SERVICES	\$587,008.38	\$603,367.77	(\$16,359.39)
200's EQUIPMENT	\$390.00	\$2,494.65	(\$2,104.65)
400's CONTRACTUAL	\$440,177.94	\$403,020.19	\$37,157.75
800's EMPLOYEE BENEFITS	\$400,474.25	\$458,498.45	(\$58,024.20)
<b>TOTALS</b>	<b>\$1,428,050.57</b>	<b>\$1,467,381.06</b>	<b>(\$39,330.49)</b>

<b>REVENUES</b>	2015 YTD ACTUAL	2014 Prior Year Totals	
	\$843,843.65	\$468,539.01	\$375,304.64

**Notes:**

Overall, we are above in Revenues and below Expenses YTD for 2015 compared to 2014.

The variance in Revenues is due to the accrual in 2015 of the CHHA, LTC and MCH revenues for February, where last year we had not closed February billing at that time.

**Salaries:**

We continue to remain below last year's Salary expense as noted on the previous financial page. Per Diem Staff (expensed within Part time salary) continue to be utilized to assist in nursing coverage, therefore keeping the overtime down while other salary expenses reflect annual salary increases as outlined in the CSEA contract.

Warren County Health Services  
Patient Evaluations  
CHHA Division

Attachment #4

CATEGORY	01/2013	02/2013	03/2013	04/2013	05/2013	06/2013	07/2013	08/2013	09/2013	10/2013	11/2013	12/2013
SN eval	156	115	135	128	146	101	151	135	126	141	113	145
SN IV eval	9	4	0	6	12	5	4	6	7	5	7	10
CDPAP	11	8	9	10	9	8	7	11	7	6	12	16
PRI	13	4	8	12	14	11	13	14	8	14	7	2
SN Evals per month	189	131	152	156	181	125	175	166	148	166	139	163
PT evals	103	88	75	84	81	61	96	95	83	104	76	80
PT only	22	7	20	23	37	24	37	28	21	30	18	19
PT only evals per mo	22	7	20	23	37	24	37	28	21	30	18	19
Total Evals per month	211	138	172	179	218	149	212	194	169	196	157	183

TOTAL EVALS=2178

CATEGORY	01/2014	02/2014	03/2014	04/2014	05/2014	06/2014	07/2014	08/2014	09/2014	10/2014	11/2014	12/2014
SN eval	127	110	132	114	139	85	116	122	106	103	109	116
SN IV eval	7	4	6	2	5	7	5	5	6	15	4	7
CDPAP	7	2	0	0	0	0	0	0	0	0	0	0
PRI	3	2	3	4	0	5	3	3	6	3	5	5
UASNY	15	11	18	14	12	23	26	21	19	16	15	26
SN Evals per month	159	125	159	134	156	120	150	151	137	137	133	154
PT evals	88	82	78	69	84	61	75	76	67	74	70	70
PT only	33	32	35	25	25	27	27	21	18	21	24	21
PT only evals per mo	33	32	35	25	25	27	27	21	18	21	24	21
Total Evals per month	192	157	194	159	181	147	177	172	155	158	154	175

TOTAL EVALS =2021

-4% TOTAL EVALS DOWN 7% FROM 2013

CATEGORY	01/2015	02/2015	03/2015	04/2015	05/2015	06/2015	07/2015	08/2015	09/2015	10/2015	11/2015	12/2015
SN eval	122	110										
SN IV eval	9	6										
CDPAP	1	0										
PRI	5	5										
UASNY	18	15										
SN Evals per month	155	136										
PT evals	80	75										
PT only	25	26										
PT only evals per mo	25	26										
Total Evals per month	180	162										

TOTAL EVALS=2178

-7% 3%

**RESOLUTION REQUEST FORM NO. 10**

**Request for Transfer of Funds**

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

SIGNED: Patricia Am

DATE: 3/27/15

	<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
1.	A.4018.0030.130	DiseaseProgram-Part Time Salary	A.4189.130	Bioterrorism -Part Time Salary	\$9,407.71
	A.4018.0030.830	Disease Program-Social Security Expense	A.4189.830	Bioterrorism-Social Security Expense	\$583.28
	A.4018.0030.831	Disease Program-Medicare Expense	A.4189.831	Bioterrorism-Medicare Expense	\$136.41

**Total Transfers**

**\$10,127.40**

1. To Transfer funds from Disease Program to BT to pay for Retirement cash out for part time employee for April 2015.

**CONTINGENT FUND TRANSFER REQUESTS**

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Fund			

Please state reason for transfer request:

Total

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

# RESOLUTION REQUEST FORM NO. 7

## Request to Amend County Budget\*

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

**DEPARTMENT NAME:** Warren County Health Services-Ebola Program

**DATE:** March 27, 2015

(a) **Purpose of Amendment:** To amend the 2015 budget to add a new grant for Ebola. Grant in the amount of **\$38,000.00**.

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

A.4190.130	Ebola Program-Part time salary	\$ 3,775
A.4190.220	Ebola Program-Office equipment	\$ 3,600
A.4190.260	Ebola Program-Other Equipment	\$20,000
A.4190.410	Ebola Program-Office Supplies	\$ 200
A.4190.435	Ebola Program –Medical Supplies	\$ 2,436
A.4190.437	Ebola Program-Consulting Fees	\$ 7,500
A.4190.444	Ebola Program-Travel/Education Expense	\$ 200
A.4190.830	Ebola Program-Social Security Expense	\$ 234
A.4190.831	Ebola Program-Medicare Expense	\$ 55

Revenue Code (with title), and Amount:

**A.4190.4402 Public Health –Ebola Revenue \$38,000.00**

## RESOLUTION REQUEST FORM NO. 4

### Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: 03/27/2015

- (a) Purpose of Contract Change: To renew the agreement with SHP (Strategic Healthcare Programs LLC) solutions for Agencies Data Services and SHP Solutions for HH-CSHPS
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: R 388/2014 (see attached)
- (c) Name of Contractor: Strategic Healthcare Programs LLC
- (d) Address of Contractor: 510 Castillo, Santa Barbara, CA 93101
- (e) Contractor's Contact Person and Telephone Number: Lauren Lynch, Direct telephone # (805)845-9507, email www.SHPdata.com
- (f) Commencement Date of Amendment: 07/01/2015
- (g) Termination Date of Extension: 06/30/2016 with automatic renewals unless 30 termination by either party
- (h) Payment Provisions: \$8,195.77 annual fee, plus \$1.95 per HH-CSHPS survey paid quarterly
  - i) lump sum amount
  - ii) hourly rate amount
  - iii) total amount not to exceed
  - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount OR Capital Project OR Capital Reserve Project Number and Title and Amount:

A.4010425 Health Services, Data Processing and Internet fees



# Warren County Board of Supervisors

## RESOLUTION NO. 388 OF 2014

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

### AUTHORIZING RENEWAL OF CLIENT AGREEMENT WITH STRATEGIC HEALTHCARE PROGRAMS, LLC TO PROVIDE BENCHMARKING AND CONSUMER ASSESSMENT OF HEALTH CARE PROVIDERS AND SYSTEMS (CAHPS) SURVEY ADMINISTRATION AS REQUIRED BY CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

WHEREAS, the Director of Public Health/Patient Services is requesting a renewal of the Client Agreement with Strategic Healthcare Programs, LLC to provide benchmarking and consumer assessment of health care providers and systems for an annual lump sum of Eight Thousand <sup>one hundred ninety five</sup> ~~Seventy-Nine~~ Dollars and ~~Seventy-seven~~ <sup>(8,195.77)</sup> ~~Twenty-Three~~ Cents (\$8,079.23) and a fee of One Dollar and Ninety-Five Cents (\$1.95) per CAHPS survey, for a term commencing July 1, <sup>2015</sup> ~~2014~~ and terminating June 30, <sup>2016</sup> ~~2015~~, now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute a renewal of the Client Agreement with Strategic Healthcare Programs, LLC to provide benchmarking and consumer assessment of health care providers and systems for an annual lump sum of Eight Thousand <sup>one hundred ninety five</sup> ~~Seventy-Nine~~ Dollars and <sup>seventy seven (8,195.77)</sup> ~~Twenty-Three~~ Cents (\$8,079.23) and a fee of One Dollar and Ninety-Five Cents (\$1.95) per CAHPS survey, for a term commencing July 1, <sup>2015</sup> ~~2014~~ and terminating June 30, ~~2015~~ in a form approved by the County Attorney, and be it further <sup>upon 30 days written notice by either party</sup>

RESOLVED, that the funds shall be expended from Budget Code A.4010 428 Health Services, Data Processing & Internet Fees.



## DeCesare, Diane

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**From:** Lauren Lynch <LLynch@shpdata.com>  
**Sent:** Tuesday, March 10, 2015 6:03 PM  
**To:** DeCesare, Diane  
**Cc:** Trish Stone-Damen; Sean Marnane  
**Subject:** Warren County Health Services (E2203) - Renewal Amendment  
**Attachments:** Warren County Health Services - Sch A to Renewal Amend Ag HHCAHPS.xlsx; Warren County Health Services - Renewal Amend Ag HHCAHPS.pdf

Dear Daine,

Thank you for the opportunity to provide SHPSolutions for Agencies and HH-CAHPS to Warren County Health Services.

Attached per your request is a Renewal Amendment along with an associated Schedule A. Please review the information requested on Schedule A and complete as thoroughly as possible. This information is necessary for initial set up.

Completed and executed documents may be returned via email to [fulfillment@shpdata.com](mailto:fulfillment@shpdata.com).

If you have any questions, let me know and I will be happy to assist.

Best,

Lauren Lynch  
Strategic Healthcare Programs  
Main: +1 805 963 9446  
Direct: +1 805 845 9507  
510 Castillo, Santa Barbara, CA 93101  
[www.SHPdata.com](http://www.SHPdata.com)





**Renewal Amendment for SHP Data Services**

The additional provisions set forth below are hereby made a part of the current Agreement on file between Strategic Healthcare Programs, LLC (hereinafter SHP), and the organization below (hereinafter Client).

**Warren County Health Services (E2203)  
1340 State Route 9  
Lake George, NY 12845**

The Agreement is hereby amended as follows. All other terms and conditions of the Agreement remain in full force and effect.

**I. Renewal:**

Client wishes to renew the following SHP Solutions™ products for an additional year (July 1, 2015 through June 30, 2016):

<b>Programs:</b>	<b>SHP Solutions™ for Agencies™</b>
<b>Fees:</b>	\$8,195.00 per location/branch.
<b>Locations:</b>	One (1) – See attached Schedule A
<b>Programs:</b>	<b>SHP Solutions™ for HH-CAHPS™</b>
<b>Fees:</b>	\$0 - NOTE: \$1,500.00 per location/branch Annual fee is waived for SHP Solutions™ for Agencies Clients.
<b>Per Survey Fee:</b>	\$1.95 per mailed survey; estimated surveys to be mailed are determined and billed quarterly, in advance. NOTE: Second round survey mailings are subject to the \$1.95 per mailed survey fee. *Failure to transmit data by the HH-CAHPS upload deadline date will result in a \$250 Supplemental Mailing Fee.
<b>Locations:</b>	One (1) – See attached Schedule A
<b>Software Vendor:</b>	Delta
<b>Total Annual Fee:</b>	\$8,195.00

**Programs listed above hereinafter shall be referred to as "Program."**

**I. Commencement, Term, and Termination of Agreement**

This Amendment commences on the date of its execution by both parties and shall remain in effect for the Term set forth herein. This Amendment shall automatically renew for successive Terms unless terminated by either party with thirty (30) days' prior written notice to the other party. In the event Client terminates this Agreement before the end of this Term or any renewal Term, payments received from Client will not be refunded.

*Intentionally left blank.*





\_\_\_\_\_  
Authorized Client Signature

**Warren County Health Services (E2203)**  
**1340 State Route 9**  
**Lake George, NY 12845**

\_\_\_\_\_  
Date

\_\_\_\_\_  
SHP Signature

**Strategic Healthcare Programs, LLC**  
**510 Castillo Street, 2<sup>nd</sup> Floor**  
**Santa Barbara, CA 93101**

\_\_\_\_\_  
Date

*The proposed contract is valid only if executed by client within 30 days of signature by SHP.*



Average Monthly Census	What is your average monthly census?
Survey Choice	In order to achieve the best possible return rate, SHP recommends using the HHCAHPS base survey (35 questions) without any additional questions added. However, you may choose to add additional questions at your discretion. Click the link to review the four questionnaire templates that are available to you at no extra charge.
Sample Size	Does your organization plan on having SHP process more than the CMS-mandated minimum of 300 returned surveys per year?
Logo	Please attach your agency logo as SHP will include it on the HHCAHPS cover letter.
Admin User	This will be the person responsible for adding, removing, and modifying user accounts. We will assign an administrative user at each location who will then be responsible for adding additional users as needed.
Survey Admin	Please provide the email address for the person at each site responsible for ensuring your compliance with HHCAHPS. This person will receive automated emails if your data is not received by SHP or when your survey data is ready for review.



# Schedule A to Renewal A Warren C

Address	City	State	Zip	Phone
1340 State Route 9	Lake George	NY	12845	(518) 761-6415

Title	Phone	Email
	(518) 761-6463	<a href="mailto:schaldones@co.warren.ny.us">schaldones@co.warren. ny.us</a>



*Complete the Information Below*

<b>SHP ID</b>	<b>Location Name</b>
32136	Warren County Health Services

	<b>Name</b>
<b>Primary Contact</b>	Sharon Schaldone
<b>IT Contact</b>	

<b>INFORMATION KEY - Do Not Enter</b>	
Medicare Provider #/CCN	This is the 6 digit number assigned by Medicare.
HHA Agency ID	This is the state assigned agency ID (e.g. - HH19964868, HH19964498, WHHA63002, MHHA33004, OHHA35052, etc).
Branch ID	This is the Branch ID assigned by Medicare (M0016 on the OASIS Assessment).
HHCAHPS Sample Month	SHP will mail surveys the month following the Sample Month based on Sample Month data.
Survey Name	What is the agency name that you would like to appear on the survey and cover letter?



**Amendment for SHP Data Services dated XXXXX  
County Health Services (E2203)**

Software Vendor	Medicare Provider Number	HHA ID	Branch ID (M0016)	HHCAHPS Sample Month
Delta	337045	1788		



**X**

Survey Name	Average Monthly Census	Survey Choice	Sample Size	Admin User (Email)



# RESOLUTION REQUEST FORM NO. 12

Schedule "A"

## NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an *existing* funded position in their budget that is vacated due to a retirement, resignation, termination or promotion. This notice may not be used for requests to create a new position. For complete instructions on the procedure to be followed, see the reverse of this form.

### DEPARTMENT HEAD COMPLETES THIS SECTION

Department: Health Services Payroll Dept. No: 37.05  
Title of Position: Public Health Liaison Base Salary of Position: 30,204 Grade: 7  
Filling at Step # (If Known): Entry Level Request to Backfill Due to Promotion:  Yes  No *Salary prorated to 24 hr position*  
Budget code and title: A4189.130 Bioterrorism Part Time Salaries Union  Non-Union  *position contingent grant funding*  
This position is vacated due to:  Retirement  Resignation  Termination  Promotion  Other upon *grant funding*  
Employee No.: 8228 Is this position mandated?  Yes  No Is the position reimbursable?  Yes  No  
Source of reimbursement:  Federal \_\_\_\_\_ %  State 100 %  Other \_\_\_\_\_ %  
*NYS DOH Bioterrorism Grant (Emergency Preparedness Program)*

### CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list  Competitive-no list (*hiring would be provisional*)  Non-Competitive  Other \_\_\_\_\_

Actual Impact to Budget Report will be provided monthly by Human Resources Director.

Candidate's qualifications must be approved by Personnel Officer prior to hiring.

Human Resources Director has approved this form when Initialed. gs 2/10/15

### COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature [Signature]

Date 2/10/15

### BUDGET OFFICER COMPLETES THIS SECTION

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

Budget Officer Signature [Signature]

Date 3/11/15

### SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health Services

- The committee has no objection to the filling of the vacancy.  
 The committee objects to the filling of the vacancy.  
 In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.  
 In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature [Signature]

Date March 11, 2015