

Health Services Committee
Warren County Health Services

AGENDA
July 24, 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 June 26, 2015 Health Services Committee meeting**

III. **Action Agenda/New Business**

Request Resolution:

To ratify the action of the Chairman of the Health Services Committee in authorizing a contract agreement with Emily Russom to provide Occupational Therapy Services.

Rationale:

This action was necessary in order to have the agreement in place to assure continuity of services for a child in the Early Intervention Program. Occupational Therapy services are reimbursable.

Request Resolution:

To accept the 2013 Annual Report for Warren County Health Services.

Rationale:

This report is required by the New York State Department of Health. The report has been distributed to the committee members and the County Administrator for their review and ability to ask any questions. Once the report is ratified by the full Board of Supervisors, it will be posted on the Health Services Website. If any member of the Board of Supervisors other than the Health Services Committee members, or a member of the public wish to receive a hard copy of the document, they may request one, and we will be happy to provide one. Since it is a lengthy report, we do not print copies if they are not needed. A copy will be on file with the minutes of the meeting.

Request Resolution:

To authorize a contract agreement with Children's Development Group, to provide special education preschool services to include preschool multidisciplinary evaluations, itinerant therapy services and integrated classroom services in a form approved by the County Attorney.

Rationale:

This contract is necessary to provide services for a child who resides in Hague and is in the Ticonderoga School District. These services are mandated if a child qualifies through the multidisciplinary evaluation and is identified by the School District Committee for Preschool Special Education as a preschool child with a disability. The county is responsible for the cost of the service, and all reimbursements possible are pursued to recoup as much of the expense as possible.

Request Resolution:

To authorize a contract agreement with the New York State Department of Health to allow Warren County Health Services to continue as the sponsor agency for the WIC (Women, Infants and Children Nutrition Program) for the period October 1, 2015 – September 30, 2020 for a total projected amount of \$2,507,745, and further to authorize acceptance of funding for the first year of the grant October 1, 2015 - September 30, 2015, in the amount of \$501,549.00 in a form approved by the County Attorney. Contracts are renewed annually during the 5 year period.

Rationale:

The WIC contract fully covers the cost of the program, and should that not continue to be the case, the county could opt to discontinue its sponsorship as long as adequate notice is provided to the New York State Department of Health. At this point, this does not appear likely.

A full copy of the contract will be on file with the County Attorney, but due to the length of the contract we decided not to transmit all 75 pages with the agenda information.

Request Resolution:

To allow Tammie DeLorenzo, Fiscal and Informatics Coordinator, to travel to Altoona, Pennsylvania from September 14,- September 17, 2015 to attend the Delta 2015 National Customer Forum. The total cost will not exceed \$742.00. It is also requested that the Travel Policy rules be waived to accommodate the fact that the special conference room rate is \$99.00 per night and the GSA rate for that area of Pennsylvania is \$83.00 per night.

Rationale:

The Resolution is needed in addition to Committee Approval because out of state travel is involved.

It is important for attendance at this conference as Delta Health Technologies is the vendor and support for our Electronic Medical Records. The conference will focus on how to maximize the software applications in the system and discuss the vision of how information systems in the healthcare industry will help meet future challenges.

There are sufficient monies in the budget to cover the expense.

Tammie DeLorenzo will be present at the meeting to answer any questions the committee members may have.

Request Committee Approval:

To backfill 2 positions that have occurred as a result of resignations:

A full time Registered Nurse – Base Salary \$42,719

A 20 Hour Infant Feeding Advocate - hourly pay rate of \$12.11 – non competitive

Rationale:

Both positions are fully reimbursable, and are funded and included in the Health Services Budget and Table of Organization.

The backfilling paperwork according to county policy has been completed, and we are now at the point where committee approval is needed in order to backfill.

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 which includes June and July information since we had no meeting in June.

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

Please see **Attachment #5** for the Rabies Program Report.

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

Revenue and Expense Comparison Report for 2014 vs 2015: 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 Health Services Portion of Meeting

Attachments:

#1 Emergency Response and Preparedness Activities Report

#2 Reports of Expenditures, Revenues, Overtime and Per Diem Use for 2015

#3 Revenue and Expense Comparison Report for 2014 vs 2015

#4 Report of Referral Status

#5 Rabies Program Report

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

4th QUARTER ACTIVITIES (April 1, 2015 – June 30, 2015) ▶ To be recorded on NYSDOH Deliverable template

Date	Type	Subject/Comments	Attendees	Topic (i.e. Chempack, Drill, Mass Fatality, SNS, Training, Pan Flu Special Needs)
06/05/2015	Exercise	Submitted MCM Exercise AAR/IP	Dan Durkee	
06/09/2015	Meeting	Regional BT Meeting in Ballston Spa	Dan Durkee	
06/11/2015	Meeting	Chempack Drill Planning Meeting	Dan Durkee	Chempack
06/16/2015	Drill	Chempack Drill	Dan Durkee	Chempack
06/17/2015	Webinar	Completed L3 deliverable by participating in MCM distribution/Dispensing Webinar	Dan Durkee	
06/30/2015	Training	Hosted a training on Assessing and Responding to Victims of Domestic Violence during a Disaster	Dan Durkee	

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2015 AS OF 7/21/2015 3:29:26 PM

FUND(S): A, CL, D, DM, EF, GI, MS, SD, V
 CODE(S): 4010, 4011, 4013, 4016, 4018, 4046, 4054, 4189, 4025, 4190

EXPENSES	2015 BUDGETED		2015 YTD ACTUAL		2014 Prior Year Totals	
	2015	2014	2015	2014	2015	2014
Salaries - Regular	\$2,874,379.00	\$1,501,117.25	\$1,501,117.25	\$2,814,172.3	\$2,814,172.3	\$2,814,172.3
Salaries - Overtime	\$134,500.00	\$71,408.25	\$71,408.25	\$130,843.9	\$130,843.9	\$130,843.9
Salaries - Part Time	\$308,721.00	\$154,285.06	\$154,285.06	\$262,705.4	\$262,705.4	\$262,705.4
100s PERSONAL SERVICES	\$3,317,600.00	\$1,726,810.56	\$1,726,810.56	\$3,207,721.6	\$3,207,721.6	\$3,207,721.6
200s EQUIPMENT	\$30,165.00	\$17,955.58	\$17,955.58	\$130,183.6	\$130,183.6	\$130,183.6
400s CONTRACTUAL	\$6,824,843.20	\$2,248,780.17	\$2,248,780.17	\$5,844,841.3	\$5,844,841.3	\$5,844,841.3
800s EMPLOYEE BENEFITS	\$1,766,029.00	\$1,010,486.17	\$1,010,486.17	\$1,801,449.3	\$1,801,449.3	\$1,801,449.3
TOTALS	\$11,938,637.20	\$5,004,032.48	\$5,004,032.48	\$10,984,196.0	\$10,984,196.0	\$10,984,196.0
REVENUES	2015 BUDGETED		2015 YTD ACTUAL		2014 Prior Year Totals	
	\$9,728,321.00	\$2,956,685.26	\$2,956,685.26	\$8,776,039.6	\$8,776,039.6	\$8,776,039.6

Note: Revenues reflect an accrual for May billings for CHHA, LTC and MCH of \$328,560.35. We are in the process of closing June services.
 Also to note the following grants for April to June 2015 have been accrued: CSHCN \$5,417, Early Intervention \$6,503, Lead \$5,476 and Ebola for \$16,575.
 We recently received an Ebola Grant for \$38,000 and this is our first voucher to the state for expenditures related to fit-testing equipment purchased.

Warren County Health Services

Salaries Comparison
 2014 vs 2015
 as of 7/12/15 Payroll

	YTD		YTD		Total Budget		Total Actual	
	2015	2014	2015	2014	2015	2014	2015	2014
Total of All Depts	\$1,501,117.25	\$1,490,728.17	\$1,490,728.17	\$1,490,728.17	\$2,874,379.00	\$2,814,172.3	\$2,874,379.00	\$2,814,172.3
Regular Salaries	\$71,408.25	\$72,364.10	\$72,364.10	-\$955.85	\$134,500.00	\$130,843.9	\$134,500.00	\$130,843.9
Overtime Salaries	\$154,285.06	\$142,794.32	\$142,794.32	\$11,490.74	\$308,721.00	\$262,705.4	\$308,721.00	\$262,705.4
Part Time Salaries	\$1,726,810.56	\$1,705,886.59	\$1,705,886.59	\$20,923.97	\$3,317,600.00	\$3,207,721.6	\$3,317,600.00	\$3,207,721.6
TOTALS	\$1,501,117.25	\$1,490,728.17	\$1,490,728.17	-\$955.85	\$2,874,379.00	\$2,814,172.3	\$2,874,379.00	\$2,814,172.3
% current YTD Salary to Total Budget	52.05%	53.18%	53.18%	1.23%				

*Source: Detail G/L report for all Salary Category from 1/1/XX-7/12/XX

Note: Total Salaries YTD are 52.05% of 2015 budget, while at this time last year salaries were 53.18% of salaries. Actual regular FT salaries are \$10,389.08 or .70% over FT Salaries in 2014. Two retirements in July within the CHHA (totalled \$11,503) brought us over 2014 totals, otherwise we would be (\$1,114) under last year total. Part time salaries YTD are also above 2014 due to a retirement which occurred in May costing \$9,454. Otherwise we would be around \$2,037 over last years salaries. Therefore, if there were no retirements, we would be only \$33 under total salaries in 2015 compared to 2014 and \$1,41% of total budget.

**Revenue and Expense Comparison 2015 vs 2014
as of 7/24/15 meeting**

7/24/2015

7/25/2014

EXPENSES	2015 YTD Actual as of 7/21/15 G/L	2014 YTD Actual as of 7/22/14 G/L	Variance
Salaries - Regular	\$1,501,117.25	\$1,490,728.17	\$10,389.08
Salaries - Overtime	\$71,408.25	\$72,364.10	(\$955.85)
Salaries - Part Time	\$154,285.06	\$142,794.32	\$11,490.74
100's PERSONAL SERVICES	\$1,726,810.56	\$1,705,886.59	\$20,923.97
200's EQUIPMENT	\$17,955.58	\$75,910.60	(\$57,955.02)
400's CONTRACTUAL	\$2,248,780.17	\$2,046,936.81	\$201,843.36
800's EMPLOYEE BENEFITS	\$1,010,486.17	\$1,022,367.35	(\$11,881.18)
TOTALS	\$5,004,032.48	\$4,851,101.35	\$152,931.13

REVENUES	2015 YTD ACTUAL	2014 Prior Year Totals	
	\$2,956,685.26	\$3,432,877.84	(\$476,192.58)

Notes:

Revenues are below 2014 while Expenses YTD for 2015 are also slightly above 2014. The primary variance in Revenues is due to the the fact we are working on closing June for CHHA, LTC and MCH revenues for the month.

Salaries: (please see previous page)

Full time and part time salaries are above 2014 YTD due to three retirements which occurred between May and July totalling \$20,957. Otherwise total salaries YTD would be \$33 below 2014 YTD total salaries. Per Diem staff , which are expensed within Part time salaries, continue to be utilized to assist in nursing shortage coverage therefore keeping the overtime down while other salary expenses reflect annual salary increases as outlined in the CSEA contract. Employee benefits remain below 2014 due to the correlation with the reduction in full time salaries.

Contractual Expenses:

The preschool program expenses is the primary reason for contractactual expenses to be higher than 2014. This is due to timely billing and paying of vendors invoices. While vendors wait for state approval rates, billing to the county can be delayed and also if there are rate reconciliations from previous years, expenses are affected.

Warren County Health Services
Patient Evaluations
CHHA Division

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
PRU	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

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
PRU	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

-9% 12% 13% -11% -17% -1% -17% -11% -8% -19% -2% -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	114	109	122	109						
SN IV eval	9	6	8	13	5	7						
CDPAP	1	0	0	0	0	0						
PRU	5	5	5	6	5	2						
UASNY	18	15	23	16	10	13						
SN Evals per month	155	136	150	144	142	131						
PT evals	80	75	94	80	71	82						
PT only	25	26	34	30	31	24						
PT only evals per mo	25	26	34	30	31	24						
Total Evals per month	180	162	184	174	173	155						

-7% 3% -5% 8% -4% 1%
FIRST 6 MONTHS OF 2015 REFERRAL NUMBERS = FIRST 6 MONTHS 2014

Attachment #4

**Warren County Public Health
Rabies Program
April-June 2015**

Town	Not Vaccinated			Vaccinated			Out of Town			Stray		
	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets
Bolton												
Chester												
Glens Falls	3	11		1	6			1		2		
Hague												
Horicon					1							
Johnsburg		2		1	2							
Lake George					1			1		1		
Lake Luzerne		1			2							
Queensbury	3	4		4	8			5	pig			
Stony Creek												
Thurman												
Warrensburg		1			3					1		
Totals	6	19		6	23			7	1	4		

Bites Reported by Month

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2015	15	15	19	22	24	20							115

Attachment #5

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: 07/24/2015

- (a) Is this a Result of a Bid or Request for Proposal? NO
- (b) Purpose of Contract: To authorize a contract with Children's Development Group to provide preschool services for children with special needs
- (c) Name of Contractor: Children's Development Group
- (d) Address of Contractor: 1717 Front Street, Keeseville, NY 12944
- (e) Contractor's Contact Person and Telephone Number: Margi Carter, Executive Director (518) 874-7071
- (f) Has or will the Contract be provided, if so, please attach: NO (use Prospect Model)
- (g) Commencement Date of Contract: 08/24/2015
- (h) Termination Date of Contract: 30 days written notice be either party
- (i) Payment Provisions: At New York State Education Department approved rates
 - 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. monthly voucher submission accompanied by documentation for each individual service)
- (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 4054.444 Education Expense Preschool

Auer, Pat

From: cdg2010@charter.net
Sent: Friday, July 10, 2015 5:39 PM
To: Auer, Pat
Subject: FW: Do not reply
Attachments: 1883_001.pdf

Good afternoon,

Children's Development Group for Speech, OT, PT, and Psychological Services would like to enter into a contract with Warren County to provide special education preschool services to include preschool multi-disciplinary evaluations and integrated classroom services. I have attached the necessary certificate of liability insurance and certificate of NYS Workers' compensation insurance coverage. If you need any further information I would be happy to provide it to you.

Margi Carter, MA, CCC-SLP, CAS
Executive Director

From: "Cannon fax"
To: "Margi"
Cc:
Sent: Fri, 10 Jul 2015 12:00:33 -0500
Subject: Do not reply



CERTIFICATE OF LIABILITY INSURANCE

CHILD-1

OP ID: TP

DATE (MM/DD/YYYY)

03/11/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

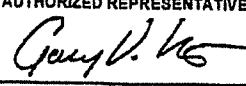
PRODUCER Agency Insurance Brokers, Inc. 41 Broad Street Plattsburgh, NY 12901 Agency Insurance Brokers Inc.		CONTACT NAME: Agency Insurance Brokers Inc. PHONE (A/C, No, Ext): 518-561-1000 E-MAIL ADDRESS: mailbox@agencyins.net FAX (A/C, No): 518-563-4327	
INSURED Children's Development Group, Margi Carter 1717 Front Street Keeseville, NY 12944		INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Indemnity Ins. Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 18058	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Prof Liab 1/3 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		PHPK1304494	03/12/2015	03/12/2016	EACH OCCURRENCE	\$ 1,000,000
				PHPK1304494	03/12/2015	03/12/2016	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Warren County is included as an additional insured on a primary & non-contributory basis per written contract.

CERTIFICATE HOLDER		CANCELLATION	
Warren County C/O Warren County Attorney's Office 1340 State Route 9 Lake George, NY 12845		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
		AUTHORIZED REPRESENTATIVE 	

STATE OF NEW YORK
WORKERS COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name and Address of Insured (Use Street Address Only) Children's Development Group, 1717 Front Street Keeseville, NY 12944 Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 518-834-7071</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured 08-12988</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number 27-1613280</p>				
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as Certificate Holder) Pat Auer, Director of Public Health & Patient Services Warren Co. Health Services 1340 State Route 9 Lake George, NY 12845</p>	<p>3a. Name of Insurance Carrier The State Insurance Fund</p> <p>3b. Policy Number of entity listed in box "1a" 2135747-0</p> <p>3c. Policy effective period 03/16/15 to 03/16/16</p> <p>3d. The Proprietor, Partners or Executive Officers are</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 30px; text-align: center;">X</td> <td style="border: none;">Included. (Only check box if all partners/officers included)</td> </tr> <tr> <td style="border: 1px solid black; width: 30px;"></td> <td style="border: none;">all excluded or certain partners/officers excluded.</td> </tr> </table>	X	Included. (Only check box if all partners/officers included)		all excluded or certain partners/officers excluded.
X	Included. (Only check box if all partners/officers included)				
	all excluded or certain partners/officers excluded.				

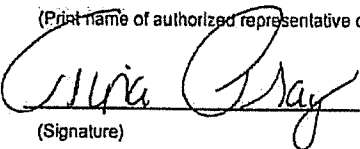
This certifies that the insurance carrier indicated above in box "3" insures the business referenced in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under **Item 3A** on the **INFORMATION PAGE** of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under the penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Tina Pray
(Print name of authorized representative of the Group Self-Insurer)

Approved by:  3/11/15
(Signature) (Date)

Title: Customer Service Representative

Telephone number of authorized representative or licensed agent of insurance carrier: 518-561-1000

Please note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

SCHEDULE "A"

AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Health Services hereby authorizes Tammie De Lorenzo Fiscal and Informatics Coordinator
(Supervisory Committee) (Employee Name)

to attend Delta 2015 National Customer Forum
(Name of meeting or organization)

at Blair County convention Center, Altoona, Pennsylvania
(Address)

on 9/14/15 - 9/17/15 Mode of transportation to be used Health Services
(Dates) (County Vehicle or Mass Transportation)
Fleet vehicle

If the mode of transportation is not a county vehicle or mass transportation, please explain:

Proper documentation must be attached when submitting for approval.
 (Please check documents attached)

Notice of meeting or convention including cost. 399⁰⁰

total costs
 not to exceed
\$742⁰⁰

For Overnight Travel 297⁰⁰

- Room rate \$ 99. x 3 nites
 - Meal costs - GSA*per diem rate \$ not exceed 40⁰⁰ / day x 3 days
- *www.gsa.gov

Date: 8/24/15

Patricia [Signature]
 Department Head Signature

pd. upon submitting
 of receipts

Date: _____

 Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

RESOLUTION REQUEST FORM NO. 15

Requesting Approval for Out-Of-State Travel*

*If the conference announcement or details are available in writing, please attach.

DEPARTMENT NAME: Health Services

DATE: / 07/24/2015

- (a) Dates of Travel: Monday, 09/14/15 – Thursday, 09/17/15

- (b) Purpose (include complete name of any conference, school, etc.):
To attend Delta 2015 National Customer Forum

- (c) City/Town & State: Altoona, Pennsylvania

- (d) Employee(s) Traveling (include title(s)):
Tammie DeLorenzo, Fiscal and Informatics Coordinator

- (e) Is County paying the costs or is another Agency?
County Health Services Budget

- (f) Mode of Transportation to be Used: (County Vehicle or Mass Transportation)
Health Services Fleet

Please note: If County vehicle use is requested, upon resolution approval, please provide Fleet Manager Frank Morehouse with vehicle request form properly completed.

Delta 2015 National Customer Forum

The National Customer Forum is an annual event whose principle objective is to advance the effective use of Delta's software solutions. Agencies have the opportunity to attend sessions conducted by their peers and industry experts. The event focuses on education, product demonstrations, networking and exchanging ideas with peers, and social activities.

Details

Who Should Attend?

The National Customer Forum represents users of all of Delta's software applications (AppointMate®, Crescendo™ and Encore®). All levels of users are welcomed and encouraged to attend. Sessions are designed for managers, system administrators, caregivers, data entry personnel, medical records personnel, and other application users.

Why Should You Attend?


The National Customer Forum is an opportunity for you to discover how to maximize Delta's software applications and related software through scheduled sessions and contact with other users. You will learn about the future direction of Delta solutions, and what benefits we can offer you and your agency.

What Will You Take Home?

You will return home with a vision of how information systems in the healthcare industry will help you meet the future challenges of your agency. You will gain new ideas, ways to improve the use of your computer system, detailed knowledge of selected topics, information about new systems, and new friends.


When

Monday, September 14, 2015 - Thursday,
September 17, 2015
7:00 PM - 1:00 PM
Eastern Time

 [Add to Calendar](#)

Where

Blair County Convention Center
Altoona, Pennsylvania 16602

 [Get Driving Directions](#)

Planner

[Crystal Parks](#)

Delta 2015 National Customer Forum

There are group blocks reserved at the following properties. All three properties are in close proximity to the Convention Center – the farthest being the Holiday Inn Express, which is still only a ten minute commute. Please note that a shuttle will again be provided for our guests who are staying at the preferred lodging properties listed below.

Courtyard by Marriott

(adjacent to Blair County Convention Center)

Two Convention Center Drive

Altoona, PA 16602

Phone: (814) 312-1800

Rate: Single/Double \$99.00/night

Group Code [Delta Health Technologies](#)

Reservation Deadline: **August 14, 2015**

x 3 nights = \$297

ORDERS

Tammie DeLorenzo

Agenda Items

Name	Price	Total
Full Conference	\$399.00	\$399.00

Sessions

Name	Price	Discount	Total
Welcome Reception	Complimentary		Complimentary
Let it Go, Just Let it Go	Complimentary		Complimentary
State of the Company	Complimentary		Complimentary
Effectively Working in Crescendo when Disconnected	\$49.00	\$49.00	\$0.00
Crescendo Overview	\$49.00	\$49.00	\$0.00
Delta Open House	Complimentary		Complimentary
Master the ICD-10 payment system to prevent revenue losses	\$49.00	\$49.00	\$0.00
Crescendo Orders Management	\$49.00	\$49.00	\$0.00
Scheduling in Crescendo	\$49.00	\$49.00	\$0.00
Mardi Gras	Complimentary		Complimentary
Going from Encore to Crescendo	\$49.00	\$49.00	\$0.00
Crescendo Change Management	\$49.00	\$49.00	\$0.00

Order Subtotal: \$399.00

Total: \$399.00

Wednesday, September 16, 2015

Registration and Continental Breakfast (Included in registration)	8:00 AM - 9:00 AM
Master the ICD-10 payment system to prevent revenue losses	9:00 AM - 12:15 PM
Morning Break (Included in registration)	10:30 AM - 10:45 AM
Lunch (Included in registration)	12:15 PM - 1:15 PM
Crescendo Orders Management	1:15 PM - 2:45 PM
Afternoon Break (Included in registration)	2:45 PM - 3:00 PM
Scheduling in Crescendo	3:00 PM - 4:30 PM
Mardi Gras	6:00 PM - 9:30 PM

Thursday, September 17, 2015

Registration and Continental Breakfast (Included in registration)	8:00 AM - 9:00 AM
Going from Encore to Crescendo	9:00 AM - 10:30 AM
Morning Break (Included in registration)	10:30 AM - 10:45 AM
Crescendo Change Management	10:45 AM - 12:15 PM
Lunch (Included in registration)	12:15 PM - 1:15 PM

Agenda [\(Edit\)](#)

AGENDA ITEMS

Full Conference

SESSIONS

Monday, September 14, 2015

Welcome Reception 7:00 PM - 9:00 PM

Tuesday, September 15, 2015

Registration and Continental Breakfast (Included in registration) 8:00 AM - 9:00 AM

Let it Go, Just Let it Go 9:00 AM - 10:00 AM

Morning Break (Included in registration) 10:00 AM - 10:15 AM

State of the Company 10:15 AM - 11:15 AM

Lunch (Included in registration) 11:15 AM - 12:15 PM

Effectively Working in Crescendo when Disconnected 12:15 PM - 1:45 PM

Afternoon Break (Included in registration) 1:45 PM - 2:00 PM

Crescendo Overview 2:00 PM - 3:30 PM

Delta Open House 4:30 PM - 6:30 PM

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: 07/24/2015

- (a) Is this a Result of a Bid or Request for Proposal? Yes
- (b) Purpose of Contract: To authorize a contract agreement with the New York State Department of Health to allow Warren County Health Services to continue to be the sponsor agency for the WIC (Women, Infants and Children Nutrition Program) for the period October 1, 2015 – September 30, 2020 for a total projected amount of \$2,507,745, and further to authorize acceptance of funding for the first year of the grant October 1, 2015 – September 30, 2015 in the amount of \$501,549.00 in a form approved by the County Attorney. Contracts are renewed annually during the 5 year period.
- (c) Name of Contractor: New York State Department of Health
- (d) Address of Contractor: Riverview Center, 150 Broadway- FL. 6 West, Albany, NY 12204-2719
- (e) Contractor's Contact Person and Telephone Number: Michael Rimkunas, 518-402-7099, fax: 518-402-7348, email:wicbudget@health.ny.gov
- (f) Has or will the Contract be provided, if so, please attach: Yes
- (g) Commencement Date of Contract: 10/01/2015
- (h) Termination Date of Contract: 09/30/2020
- (i) Payment Provisions: monthly voucher submission paid upon approval of contract budget
- i) lump sum amount -
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (j) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount:
- 4013.4403 WIC Revenues
4013. WIC Expenses various codes

*copy of contract on file with the County Attorney's office

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 - CHHA Payroll Dept. No: 36.00
Title of Position: Registered Professional Nurse Base Salary of Position: 42,719 Grade: 19
Filling at Step # (If Known): not known Request to Backfill Due to Promotion: Yes No
Budget code and title: A 4010.110 dependent Full Time Salaries Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No.: 12262 Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal varies % State varies % Other pvt % varies
insurance

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. MT 7/24/15

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 _____

Date 7/24/15

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 _____

Date 7/24/15

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee _____

- 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 _____

Date _____

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

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

DEPARTMENT HEAD COMPLETES THIS SECTION

Department: Health Services WIC Payroll Dept. No: 36.01
Title of Position: Infant Feeding Advocate Base Salary of Position: 25,193 Grade: 3 status
Filling at Step # (If Known): Base Salary Request to Backfill Due to Promotion: Yes No
Budget code and title: A 4013-130 Part Time Salaries Union Non-Union *part time not more than 20 hr per week*
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No.: 12692 Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal _____ % State 100 % Other _____ %
by WIC Program contract

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other _____ *PAN*

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. 7/20/15

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 7/20/15

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 Frank E. Thomas Date 7/24/15

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee _____

- 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 _____ Date _____