

Health Services Committee
Warren County Health Services

AGENDA
September 25, 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 September 1, 2015 Health Services Committee meeting**

- III. **Action Agenda/New Business**
Request Resolution:
To authorize a contract agreement with Kathryn Kitchen to provide Occupational Therapy services.
Rationale:
Occupational therapy services are billable and we are in need of this type of service for adult clients.

Request Resolution:
Budget Transfer: To transfer funds to cover expenses for various programs
Rationale:
Please see **Attachment #5** for specific details.

Request Resolution:
Budget Amendments: To amend the 2015 Warren County Budget for Health Services to reflect the receipt of COLAS for the following programs: WIC, \$36,582, Disease Control, \$1,352, and Immunization Action Program, \$2,635, and Children with Special Health Care Needs, \$1,477.
Rationale:
The Resolution authorizing the contract allows accepting COLA funds if they are available without obtaining further resolutions, but the amounts are not known until the COLA awards are decided.
Please see **Attachments 6a, 6b, 6c, 6d**
Tawn Driscoll, Fiscal Manager, will be present at the meeting to review the need for Budget Transfers and Amendments.

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.

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.

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.

Discussion of Proposed 2016 Budget for Health Services

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 Budget Transfer

#6a, 6b, 6c, 6d Budget Amendments

ATTACHMENT #1

BT ACTIVITY SHEET
BP4 - 7/1/15 - 6/30/16

Page 1

Topic Color Codes

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

1ST QUARTER ACTIVITIES (July 1, 2015 – September 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)
7/15	Tabletop	GFH – Scout Troop Lost in Adirondacks	Dan Durkee	Drill
7/22	Meeting	EPR/LEPC Quarterly Meeting (Chempack Discussion lead by Laura Stebbins)	Dan Durkee	ChemPack
7/28	Deliverable	Resubmitted 4qtr Deliverables report and Ebola report	Dan Durkee, Ginelle Jones	
7/30	Meeting	ChemPack Plan and PHEPR Plan Annual Update	Dan Durkee, Amy Hirsch	ChemPack

1ST QUARTER ACTIVITIES (July 1, 2015 – September 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)
8/3	Meeting	ChemPack Sustainment visit by CDC at GFH	Dan Durkee	Chempack
8/5		Completed revision to PHEPR	Dan Durkee	
8/11	Meeting	Regional Public Health Emergency Preparedness Meeting	Dan Durkee	
8/11	Inservice	Fit Testing Equipment demonstration	Ginelle Jones	Training
8/19	Clin-Ops	Community Receiving Stations during a Radiation Incident	Dan Durkee	CDMS/POD

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2015 AS OF 9/22/2015 2:10:41 PM

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

EXPENSES	2015 BUDGETED		2015 YTD ACTUAL		2014 Prior Year Totals	
	2015	2014	2015	2014	2014	2014
Salaries - Regular	\$2,839,379.00	\$1,927,126.27	\$1,927,126.27	\$2,814,172.31	\$2,814,172.31	\$2,814,172.31
Salaries - Overtime	\$139,500.00	\$89,407.39	\$89,407.39	\$130,843.90	\$130,843.90	\$130,843.90
Salaries - Part Time	\$336,721.00	\$198,925.18	\$198,925.18	\$262,705.45	\$262,705.45	\$262,705.45
100's PERSONAL SERVICES	\$3,315,600.00	\$2,215,458.84	\$2,215,458.84	\$3,207,721.66	\$3,207,721.66	\$3,207,721.66
200's EQUIPMENT	\$32,265.00	\$19,127.68	\$19,127.68	\$30,183.64	\$30,183.64	\$30,183.64
400's CONTRACTUAL	\$6,824,743.20	\$2,922,290.62	\$2,922,290.62	\$5,844,841.39	\$5,844,841.39	\$5,844,841.39
800's EMPLOYEE BENEFITS	\$1,768,029.00	\$1,272,996.60	\$1,272,996.60	\$1,801,449.36	\$1,801,449.36	\$1,801,449.36
TOTALS	\$11,938,637.20	\$6,429,873.74	\$6,429,873.74	\$10,984,196.05	\$10,984,196.05	\$10,984,196.05
REVENUES	2015 BUDGETED	2015 YTD ACTUAL	2014 Prior Year Totals			
	\$9,728,321.00	\$4,147,243.29	\$8,776,039.68			

Note: We currently are working on closing August billings for CHHA, LTC and MCH programs. Also accrued was \$45,235 for WIC for July, which was finalized last week.

Warren County Health Services
 Salaries Comparison

2014 vs 2015
 as of 9/6/15 Payroll

	YTD 2015	YTD 2014	YTD 14v15	% Change	Total Budget 2015	Total Actual 2014
Total of All Depts	\$1,927,126.27	\$1,923,777.54	\$3,348.73	0.17%	\$2,839,379.00	\$2,814,172.31
Regular Salaries	\$89,407.39	\$90,668.11	-\$1,260.72	-1.39%	\$139,500.00	\$130,843.90
Overtime Salaries	\$198,925.18	\$182,408.67	\$16,516.51	9.05%	\$336,721.00	\$262,705.45
Part Time Salaries	\$2,215,458.84	\$2,196,854.32	\$18,604.52	0.85%	\$3,315,600.00	\$3,207,721.66
TOTALS	66.82%	68.49%				

*Source: Detail GL report for all Salary Category from 1/1/XX-9/6/XX

Note: Total Salaries YTD are 66.82% of 2015 budget, which is below salaries at this time last year of 68.49%. Regular FT salaries are \$3,348.73 or .17% over FT salaries in 2014. Due to staffing shortages in nursing, per diem nurses continue to be utilized to cover referrals, therefore increasing the Part-time salary category and reducing the Full time and Overtime salary categories.

ATTACHMENT #2

**Revenue and Expense Comparison 2015 vs 2014
as of 9/25/15 meeting**

EXPENSES	9/25/2015	9/26/2014	Variance
	2015 YTD Actual as of 9/22/15 G/L	2014 YTD Actual as of 9/23/14 G/L	
Salaries - Regular	\$1,927,126.27	\$1,923,777.54	\$3,348.73
Salaries - Overtime	\$89,407.39	\$90,668.11	(\$1,260.72)
Salaries - Part Time	\$198,925.18	\$182,408.67	\$16,516.51
100's PERSONAL SERVICES	\$2,215,458.84	\$2,196,854.32	\$18,604.52
200's EQUIPMENT	\$19,127.68	\$75,910.60	(\$56,782.92)
400's CONTRACTUAL	\$2,922,290.62	\$2,929,726.57	(\$7,435.95)
800's EMPLOYEE BENEFITS	\$1,272,996.60	\$1,316,180.50	(\$43,183.90)
TOTALS	\$6,429,873.74	\$6,518,671.99	(\$88,798.25)

REVENUES	2015 YTD ACTUAL	2014 Prior Year Totals	
	\$4,147,243.29	\$4,568,005.94	(\$420,762.65)

Notes:

Salaries: (please see previous page)

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 Employee benefits remain below 2014 due to the correlation with the reduction in salaries.

Revenues are below 2014 YTD due to timing of billing for the CHHA, LTC and MCH. We anticipate to finalize the August billing by the end of the month

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
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
PI evals	103	88	75	84	81	61	96	95	83	104	76	80
PI only	22	7	20	23	37	24	37	28	21	30	18	19
PI 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	159	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
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
PI evals	88	82	78	69	84	61	75	76	67	74	70	70
PI only	33	32	35	25	25	27	27	21	18	21	24	21
PI 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	122	111				
SN IV eval	9	6	8	13	5	7	8	3				
CDPAP	1	0	0	0	0	0	0	0				
PRI	5	5	5	6	5	2	2	7				
UASNY	18	15	23	16	10	13	23	10				
SN Evals per month	155	136	150	144	142	131	155	131				
PI evals	80	75	94	80	71	82	80	70				
PI only	25	26	34	30	31	24	26	31				
PI only evals per mo	25	26	34	30	31	24	26	31				
Total Evals per month	180	162	184	174	173	155	181	162				

1% INCREASE IN 2015 FROM First 8

Attachment #4

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: 09/25/2015

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To form an agreement with Kathryn Kitchen to provide Occupational Therapy Services
- (c) Name of Contractor: Kathryn Kitchen
- (d) Address of Contractor: 993 Deerland Road, Long Lake, NY 12847
- (e) Contractor's Contact Person and Telephone Number: (518) 894-6788, email: kathryne.kitchen@gmail.com
- (f) Has or will the Contract be provided, if so, please attach: No, use therapist
- (g) Commencement Date of Contract: 10/19/2015
- (h) Termination Date of Contract: 30 days written notice by wither party
- (i) Payment Provisions: at agreed upon per individual visit or meeting rate
- 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. Paid bi-monthly upon receipt of written documentation for each individual visit made)

<u>Eval Region 1</u>	<u>\$55.00</u>
<u>Revisit Region 1</u>	<u>\$53.00</u>
<u>Eval Region 2</u>	<u>\$60.00</u>
<u>Revisit Region 2</u>	<u>\$60.00</u>
<u>Meetings</u>	<u>\$40.00</u>

<u>Early Intervention Services Only</u>	
<u>Region 1 Eval</u>	<u>\$50.00</u>
<u>Region 1 Revisit</u>	<u>\$50.00</u>
<u>Region 2 Eval</u>	<u>\$57.00</u>
<u>Region 2 Revisit</u>	<u>\$57.00</u>

- (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:

4010.470 Health Services Contract Expense

Kathryne Kitchen

993 Deerland Road ♦ Long Lake, NY 12847 ♦ 518-894-6788 ♦ Kathryne.kitchen1@gmail.com

Patient-centered Occupational Therapist with Passion, Professionalism and Personality

- Passionate and professional at all times resulting in client engagement and satisfaction.
- Personable, putting clients at ease and creating positive co-worker relationships.
- Masters Degree with 3 years of real-world experience including working with families delivering respite care services as a Direct Professional Leader.

EXPERIENCE

Tupper Lake Central School District, Tupper Lake, NY Occupational Therapist (MOTR/L)

July 2014-Present

- Collaborate closely with teachers, speech therapists, a physical therapist and other health professionals to provide education-based therapy.
- Screen, evaluate, re-evaluate, modify and discharge children from skilled occupational therapy services.
- Provide child-centered educational services to promote daily occupations of children.
- Emphasis on sensory processing, fine motor delays, gross motor delays, strength and range of motion, classroom modifications/adaptations and manual dexterity delays.
- Caseload of 20 students.

Children's Development Group Keeseville, NY Occupational Therapist (MOTR/L)

Feb. 2014-June 2014

- Collaborate with teachers, speech therapists and family members to provide holistic care.
- Evaluate, screen, re-evaluate and discharge children from skilled occupational therapy services.
- Work with families to develop home programs to continue skills obtained within the classroom.
- Educate and collaborate with teachers on techniques to utilize within the classroom.
- Demonstrate flexibility working between four separate locations.

Big Stone Therapies Inc. Zumbrota/Farmington, MN Occupational Therapist (MOTR/L)

July 2013-Feb. 2014

- Collaborate with multidisciplinary team including physical therapy, speech therapy, skilled nursing and activities director.
- Independently evaluated, designed and implemented client centered therapy for clients with a variety of diagnoses such as CVA, dementia, total body weakness, CHF, TKA, THA, hand therapy and injuries resulting from falls.
- Attended weekly meetings, providing input on OT's holistic views on patients.
- Independently conducted home safety evaluations and supervised certified occupational therapy assistants.
- Completed appropriate discharge planning and summaries.
- Caseload of 6-8 patients daily
- Demonstrated flexibility by travelling between two different sites each week and treating outpatients as needed.



**HEALTHCARE PROVIDERS SERVICE
ORGANIZATION PURCHASING GROUP**

Certificate of Insurance



OCCURRENCE POLICY FORM

PRODUCER	BRANCH	PREFIX	POLICY NUMBER	Policy Period:
018098	970	HPG	0613147592-8	From 05/10/15 to 05/10/16 at 12:01 AM Standard Time

Named Insured

Kathryne A Kitchen
993 Deerland Rd
Long Lake, NY 12847-1801

Program Administered by:

Healthcare Providers Service Organization
159 E. County Line Road
Hatboro, PA 19040-1218
1-800-982-9491
www.hpsso.com

Medical Specialty Code

Occupational Therapist 80721
Excludes Cosmetic Procedures

Insurance is provided by:

American Casualty Company of Reading, Pennsylvania
333 South Wabash Avenue Chicago, Illinois 60604

Professional Liability \$1,000,000 each claim \$3,000,000 aggregate

Your professional liability limits shown above include the following:

- Good Samaritan Liability
- Malplacement Liability
- Personal Injury Liability
- Indirect Sexual Misconduct included in the PL Limit shown above subject to \$25,000 aggregate sublimit

Coverage Extensions

License Protection	\$ 25,000 per proceeding	\$ 25,000 aggregate
Defendant Expense Benefit	\$ 1,000 per day limit	\$ 25,000 aggregate
Deposition Representation	\$ 10,000 per deposition	\$ 10,000 aggregate
Assault	\$ 25,000 per incident	\$ 25,000 aggregate
<i>Includes Workplace Violence Counseling</i>		
Medical Payments	\$ 25,000 per person	\$ 100,000 aggregate
First Aid	\$ 10,000 per incident	\$ 10,000 aggregate
Damage to Property of Others	\$ 10,000 per incident	\$ 10,000 aggregate
Information Privacy (HIPAA)	\$ 25,000 per incident	\$ 25,000 aggregate

Workplace Liability

Workplace Liability	Included in Professional Liability Limit shown above
Fire and Water Legal Liability	Included in the PL limit above subject to \$150,000 aggregate sublimit
Personal Liability	\$1,000,000 aggregate

Total: \$382.00

Premium reflects self-employed, full-time rate.

Policy Forms & Endorsements (Please see attached list for a general description of many common policy forms and endorsements.)

G-121500-D G-121501-C G-121503-C G-145184-A G-147292-A GSL3886 GSL3908 GSL13424 G-123846-D31
G-123813-C31 GSL10550NY GSL11892NY GSL15563NY GSL18064NY GSL15565NY GSL17101 CNA79575 G-121486-B

Thomas F. Motamed
Chairman of the Board

John W. Walker
Secretary

Keep this Certificate of Insurance in a safe place. This Certificate of Insurance and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. In order to activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance.

Form #: G-141241-B31 (3/2010)

Master Policy: 188711433

POLICY FORMS & ENDORSEMENTS

The list below contains general descriptions of the policy forms and endorsements that may or may not apply to your professional liability insurance policy. State specific policy forms and endorsements are not included in the list below. Should you require descriptions or samples of these documents, please visit us online at www.hpsa.com/policyforms. **Please refer to your Certificate of Insurance for the policy forms & endorsements specific to your state and your policy period.** All products and services may not be available in all states and may be subject to change without notice.

Think Green – expanded definitions and copies of these policy forms and endorsements are available online at www.hpsa.com/policyforms.

COMMON POLICY FORMS & ENDORSEMENTS

FORM #	DESCRIPTION
G-121500-D	Common Policy Conditions
G-121501-C	Occurrence Policy Form
G-121503-C	Workplace Liability Form
G-145184-A	Policyholder Notice - OFAC Compliance Notice
G-147292-A	Policyholder Notice - Silica Mold & Asbestos Disclosure
GSL3886	Coverage & Cap on Losses from Certified Acts of Terrorism
GSL3908	Notice - Offer of Terrorism Coverage & Disclosure of Premium
GSL13424	Services to Animals
G-123846-D31	New York Cancellation and Non-Renewal
G-123813-C31	New York Amendatory Change Endorsement
GSL10550NY	New York Amendatory Endorsement
GSL11892NY	New York Amendatory Endorsement
GSL15563NY	Information Privacy Coverage Endorsement HIPAA Fines - New York
GSL18064NY	New York Amendatory Change Endorsement
GSL15565NY	Healthcare Providers Professional Liability Assault Coverage - New York
GSL17101	Exclusion of Specified Activities Reuse of Parenteral Devices and Supplies
CNA79575	Exclusion of Cosmetic Procedures
G-121486-B	Additional Insured Non - Healthcare Entity

PLEASE REFER TO YOUR CERTIFICATE OF INSURANCE FOR THE POLICY FORMS & ENDORSEMENTS SPECIFIC TO YOUR STATE AND YOUR POLICY PERIOD.

Self-employed individuals may be eligible for General Liability coverage subject to underwriting approval. Should an individual practitioner's status change from self-employed to employed, general liability coverage will be deleted and replaced with workplace liability. Please contact Healthcare Providers Service Organization for details.

Form #: G-141241-B31
Master Policy #: 188711433

Named Insured: Kathryn A Kitchen
Policy #: 0613147592-8

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: Amanda Allen, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

SIGNED: *[Signature]*

DATE: 9/25/15

	<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
1.	A.4016.469	Long Term Care-Other payments/Contributions	A.4010.469	Health Services-Other payments/Contributions	\$4,000.00
2.	A.4016.860	Long Term Care-Hospitalization Expense	A.4010.861	Health Services-Retiree Health Expense	\$3,481.00
3.	A.4016.470	Long Term Care-Contract Expense	A.4010.881	Health Services-Retiree Health Expense	\$14,000.00
4.	A.4054.444	Preschool Program-Education Expense	A.4054.810	Preschool Program - Retirement Expense	\$200.00
5.	A.4016.470	Long Term Care-Contract Expense	A.4018.810	Preventive Program-Retirement Expense	\$4,000.00
	A.4016.470	Long Term Care-Contract Expense	A.4018.030.810	Disease Program-Retirement Expenses	\$1,500.00
	A.4016.470	Long Term Care-Contract Expense	A.4010.810	Health Services-Retirement Expense	\$13,000.00
	A.4016.470	Long Term Care-Contract Expense	A.4010.865	Health Services-Dental Expense	\$600.00
6.	A.4018.0020.810	Family Health-Retirement Expense	A.4018.0030.810	Disease Program-Retirement Expenses	\$1,000.00

Total Transfers

\$41,781.00

1. To transfer funds from LTC Other payments to CHHA Other payments to cover Cash Assessment needed til year end 2015.
2. To transfer funds from LTC Hospitalization to CHHA Retiree Health Insurance. To cover Retiree health for LTC employee who retired 8/15, being covered out of CHHA.
3. To transfer funds from LTC program to CHHA Retiree Health Insurance to cover Retiree Health for employees that retired 2015.
4. To transfer funds within the Preschool Program to cover Retirement expense to year end 2015
5. To transfer funds from LTC program to cover expenses related to Retirement expense and dental expense to year end 2015.
6. To transfer funds for retirement expense from Family Health to Disease program for nurse who works 1/4 time in Disease program (IAP GRANT).

CONTINGENT FUND TRANSFER REQUESTS

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

Please state reason for transfer request:

Total

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

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

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

DEPARTMENT NAME: Warren County Health Services-WIC Program

DATE: September 25, 2015

(a) **Purpose of Amendment:** To amend the 2015 budget to adjust the WIC Program to reflect the COLA (Cost of Living Adjustment) funds given in the amount of \$36,582.

(b) **Appropriation Code (with title), Object Code (with title) and Amount:**
A.4013.469 WIC-Other Payments \$36,582.00

Revenue Code (with title), and Amount:
A.4013.4403 WIC Revenue \$36,582.00

ATTACHMENT #6A

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-Disease Program :

DATE: September 25, 2015

- (a) **Purpose of Amendment:** To amend the 2015 budget to adjust the Disease Program to reflect the COLA (Cost of Living Adjustment) funds given for the Rabies Grant in the amount of **\$1,352.00**.

- (b) **Appropriation Code (with title), Object Code (with title) and Amount:**
A.4018.0030.469 Disease Program- Other Payments \$1,352.00

Revenue Code (with title), and Amount:

A.4018.0030. 3407 Disease Program-Public Health Revenue \$1,352.00

ATTACHMENT #6B

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-Disease Program

DATE: September 25, 2015

- (a) **Purpose of Amendment:** To amend the 2015 budget to adjust the Disease Program to reflect the COLA (Cost of Living Adjustment) funds given for the IAP Grant in the amount of **\$2,635.00.**

- (b) **Appropriation Code (with title), Object Code (with title) and Amount:**
A.4018.0030.469 Disease Program- Other Payments \$2635.00

Revenue Code (with title), and Amount:
A.4018.0030. 3407 Disease Program-Public Health Revenue \$2,635.00

ATTACHMENT #6C

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-Family Health Program

DATE: September 25, 2015

- (a) **Purpose of Amendment:** To amend the 2015 budget to adjust the Family Health Program to reflect the COLA (Cost of Living Adjustment) funds given for the CSHCN (Children with Special Health Care Needs) Grant in the amount of \$1,477.00.

- (b) **Appropriation Code (with title), Object Code (with title) and Amount:**
A.4018.0020.469 Family Health –Other Payments \$1,477.00

Revenue Code (with title), and Amount:
**A.4018.0020.4452 Family Health–Children With Special Health Care Needs
Revenue \$1,477.00**