

Warren County Health Services

Health, Human and Social Services Committee

AGENDA FOR

November 21, 2016

Information Submitted By: Patricia Auer, DPH/DPS

Health and Human Services Committee Members: Sokol, Simpson, Seeber, Frasier, Strough, Vanselow, McDevitt, MacDonald, Braymer

I. **Committee meeting called to order by Chairman**

Motion to approve minutes of the October 24, 2016 Health Services Committee meeting

II. **Action Agenda/New Business**

Request Resolution:

To award the bid following the Request for Proposal for the purpose of obtaining CPA Services to audit the Medicaid Cost Report for Warren County Health Services to the lowest bidder, Bonadio & Co, LLP for a one year period commencing January 1, 2017 and ending on December 31, 2017, and authorizing 2 annual renewals without need for further resolutions in a form approved by the County Attorney.

Rationale:

There were 2 bidders for this proposal, but Bonadio offered a flat fee for each year, as opposed to the other bidder that proposed a range of fees for each year that would have amounted to more than more than Bonadio's services. Please see **Attachment #6** for the Tabulation Sheet. We have worked with Bonadio for the past 3 years, and have been satisfied with the service.

Request Resolution:

To renew the contract with New York State Department of Health Bureau of Early Intervention for a new 5 year contract term beginning October 1, 2016 and terminating September 30, 2021 to allow for receipt of continued funding in annual amounts of \$24,644.00 to be utilized for Early Intervention Administration activities, and to further authorize the acceptance of an COLA Funding that may be available during the contract period.

Rationale:

This is a contract and funding we have had for a number of years. It is paid quarterly by voucher upon the approval of annual budgets detailing how the monies will be utilized. Primarily, the grant is used to offset salary expenses for staff involved in the administration of the Early Intervention Program. The grant is now done electronically, which cuts down on the work for the County Attorney's office.

Request Resolution:

To amend the contract with Glens Falls Animal Hospital to reflect an increase in rates effective January 1, 2017. Please see **Attachment #7** for the new rates and the comparisons to the old rates.

Rationale:

The rates have not been increased since 2005, so this request is very reasonable.

Request Resolution:

To transfer funds ...Please see **Attachment #5**.

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

III. Referral/Pending Items

There are no pending items.

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.

Report of Expenditures, Revenues, Overtime and Per Diem Use for 2016. Please see **Attachment #2**.

Revenue and Expense Comparison Report for 2015 vs 2016: 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 the Health Services Meeting

Attachments:

#1 Emergency Response and Preparedness Activities Report

#2 Report of Expenditures, Revenues, Overtime and Per Diem Use for 2016

#3 Revenue and Expense Comparison Report for 2015 vs 2016

#4 Report of Referrals Status

#5 Budget Transfer Request

#6 Warren County Tabulation Sheet

#7 Rabies Specimen Rate Changes

BT ACTIVITY SHEET

BP5 - 7/1/16 - 6/30/17

Topic Color Codes

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

10/20-21	Health Advisory	Faxed NYSDOH Advisory re: Burkholderia Cepacia	Kathy	All Plans
10/21	L-6 Deliverable	Update Operational Readiness Review tool-ongoing	Dan	MCM
10/21	Conference Call	RE: Homecare and LTC Preparedness	Dan	Special Needs All Plans
10/25	Deliverable	HEPC Meeting	Dan	All Plans
10/26	Committee Meeting	EPR/LEPC Quarterly Committee Meeting	Dan, Kathy, Ginelle	All Plans
10/31	L-6 Deliverable	ORR "Operational Readiness Review" Tool ongoing	Dan	Chempack, Pan Flu, SNS
10/31	Updates	Sent out provider mailings to update EPR Provider contact lists	Kathy	ALL
11/1	Meeting	Homecare/Hospice of New York Association of NY, NYS Association of Healthcare Providers Meeting	Dan	Special Needs
11/1	N95 Fit Testing	Printing Fit Test Cards - ongoing	Kathy	Respiratory Protection Program
11/2	Outreach & Education	Print & bind EPR Calendars	Kathy	Preparedness-ALL
11/2	SNR Recert	Sent out Email and letter recert notices	Kathy	Special Needs
11/4	Training	Employee Health Fair- CDMS training for flu shot	Dan, Kathy	Training
11/7	Reporting	State EPR Inventory	Kathy	ALL
11/10	Meeting	Washington County EPR Committee	Dan	ALL
11/16	TTX	GFH Tabletop: transportation incident suspected terrorist en route from Canada to NYC	Dan	Exercise
11/18	Training	Webinar re Regional Drill	Dan	Training

ATTACHMENT #1

BT ACTIVITY SHEET

Oct- Nov 2016

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2016 AS OF 11/15/2016 12:17:18 PM

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

CODE(S): 4010, 4013, 4016, 4054, 4190, 4018, 4189

EXPENSES	2016 BUDGETED	2016 YTD ACTUAL	2015 Prior Year Totals
Salaries - Regular	\$2,705,965.00	\$2,093,256.83	\$2,741,583.99
Salaries - Overtime	\$133,500.00	\$87,311.82	\$129,253.40
Salaries - Part Time	\$418,751.00	\$281,184.27	\$293,525.04
100's PERSONAL SERVICES	\$3,258,216.00	\$2,461,752.92	\$3,164,362.43
200's EQUIPMENT	\$89,600.00	\$49,292.83	\$18,161.90
400's CONTRACTUAL	\$6,005,712.40	\$3,586,496.53	\$5,893,074.64
800's EMPLOYEE BENEFITS	\$1,632,691.00	\$1,270,550.83	\$1,710,053.82
TOTALS	\$10,986,219.40	\$7,368,093.11	\$10,785,652.79

REVENUES	2016 BUDGETED	2016 YTD ACTUAL	2015 Prior Year Totals
	\$8,856,885.42	\$4,856,166.75	\$8,735,061.81

Note: Accrued above in revenues are the July to September quarterly Grants for the following: Ebola final voucher \$14,212.13, Bioterrorism \$10,335.18, Lead \$5,481, Rabies \$7,792.51, and the Immunization Action Plan (IAP) Grant \$9,070. We are working on closing October financial for CHHA and the MCH Programs.

Warren County Health Services

Salaries Comparison

2015 vs 2016

as of 10/30/16 Payroll

	YTD 2016	YTD 2015	YTD 15v16	% Change	Total Budget 2016	Total Actual 2015
Total of All Depts					\$2,785,683.00	\$2,741,583.99
Regular Salaries	\$2,093,256.83	\$2,322,119.45	-\$228,862.62	-9.86%	\$133,500.00	\$129,253.40
Overtime Salaries	\$87,311.82	\$109,001.92	-\$21,690.10	-19.90%	\$339,033.00	\$293,525.04
Part Time Salaries	\$281,184.27	\$246,340.07	\$34,844.20	14.14%	\$3,258,216.00	\$3,164,362.43
TOTALS	\$2,461,752.92	\$2,677,461.44	-\$215,708.52	-8.06%		
% current YTD Salary to Total Budget	75.56%	84.61%				

*Source: Detail G/L report for all Salary Category from 1/1/XX-10/30/XX

Overall, total salaries are \$215,708.52 less than total 2015 Salaries. Due to staffing shortages in nursing, per diem nurses have been utilized to cover referrals, therefore increasing the Part time salary category and reducing the Full time and Overtime salary categories showing overall a 8.06% reduction in salary from 2015.

ATTACHMENT #2

**Warren County Health Services
Revenue and Expense Comparison 2016 vs 2015**

EXPENSES	2016 YTD Actual as of 11/15/16 G/L	2015 YTD Actual as of 11/13/15 G/L	Variance
Salaries - Regular	\$2,093,256.83	\$2,322,119.45	(\$228,862.62)
Salaries - Overtime	\$87,311.82	\$109,001.92	(\$21,690.10)
Salaries - Part Time	\$281,184.27	\$246,340.07	\$34,844.20
100's PERSONAL SERVICES	\$2,461,752.92	\$2,677,461.44	(\$215,708.52)
200's EQUIPMENT	\$49,292.83	\$20,629.56	\$28,663.27
400's CONTRACTUAL	\$3,586,496.53	\$3,884,092.41	(\$297,595.88)
800's EMPLOYEE BENEFITS	\$1,270,550.83	\$1,526,425.28	(\$255,874.45)
TOTALS	\$7,368,093.11	\$8,108,608.69	(\$740,515.58)

REVENUES	2016 YTD ACTUAL	2015 Prior Year to Date Totals	Variance
	\$4,856,166.75	\$5,482,932.24	(\$626,765.49)

Notes:

It should be noted, reflected above for comparison are financials as of 11/13/15 to compare to our current of 11/15/16.

Salaries: (please see previous page) Overall are \$215,708.52 or 8.06% below 2015. Full time and overtime salaries are below 2015 YTD salaries while Part time salaries are 14.14% above 2015. This correlates with the per diem staff that continue to be utilized to assist in nursing shortage coverage and the fact that staff has saved on Overtime expense by utilizing compensation time in lieu of overtime. Overall, 2016 salaries are 75.56% of the budget while last year at this time we were at 84.61% for total budgeted salaries.

Equipment: We have been able to purchase a vehicle this year along with items needed through our Ebola Grant. Items such as Charging carts to charge up to 20 laptops and Stantions to be used for crowd control if needed.

Expenses: Contractual expenses for 2016 remain below 2015 primarily due to the timing of expenses paid for the Preschool and Early Intervention programs. Also to note , the Long Term Care program no longer has any patients due to the fact the State has reassigned duties for this program, therefore less expenses year to date.

Employee Benefits:

Employee benefits are below last year by \$255,874 and correlates with the nursing position shortages that we have experienced. Also to note, utilizing Per Diem staff saves in fringe benefit expense.

Revenues:

Revenues for 2016 are below 2015. We have not yet closed October 2016 for billing revenues and again keep in mind we no longer have Long Term Care revenues to book since the program is closed.

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

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	129	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
Total Evals per month	192	161	194	159	181	147	177	172	155	158	157	175

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	99	104	106	102
SN IV eval	9	6	8	13	5	7	8	3	9	5	1	8
PRI & CDPAP	6	5	5	6	5	2	2	7	1	1	1	5
UASNY	18	15	23	16	10	13	23	10	14	15	14	17
SN Evals per month	155	136	150	144	142	131	155	131	123	125	122	132
PT Evals	80	75	94	80	71	82	80	70	73	75	65	67
PT only	25	26	34	30	31	24	26	31	34	29	24	17
Total Evals per month	180	162	184	174	173	155	181	162	157	154	146	149

CATEGORY	01/2016	02/2016	03/2016	04/2016	05/2016	06/2016	07/2016	08/2016	09/2016	10/2016	11/2016	12/2016
SN eval	102	111	99	106	104	102	120	123	85	106		
SN IV eval	9	6	12	8	10	10	4	10	4	13		
PRI	4	6	1	7	6	3	6	2	5	10		
UASNY	19	11	11	17	13	9	13	12	9	7		
SN Evals per month	134	134	123	138	133	124	143	147	103	136	0	0
PT Evals	76	76	62	66	68	77	69	82	69	67		
PT only	25	26	19	23	18	20	20	27	16	26		
Total Evals per month	159	160	142	161	151	144	163	174	119	162	0	0

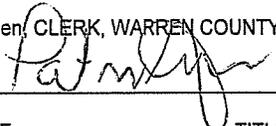
Difference	-12%	-1%	-23%	-7%	-13%	-7%	-10%	7%	-24%	5%		
-------------------	------	-----	------	-----	------	-----	------	----	------	----	--	--

Attachment #4

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

SIGNED: 

DATE: November 21, 2016

	<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
1.	A.4018.0030.130	Disease Program-Part Time Salary	A.4018.0030.435	Disease Program-Medical Fees	\$10,000.00
2.	A.4010.110	Health Services -Full Time Salary	A.4010.470	Health Services-Contract Expense	\$75,000.00
	A.4010.860	Health Services-Hospitalization Expense	A.4010.470	Health Services-Contract Expense	\$10,000.00
3.	A.4018.0020.110	Family Health-Full time Salary	A.4018.0020.130	Family Health-Part Time Salary	\$5,000.00
4.	A.4189.810	Bioterrorism-Retirement Expense	A.4189.110	Bioterrorism-Full Time Salary	\$100.00
	A.4189.810	Bioterrorism-Retirement Expense	A.4189.130	Bioterrorism-Part Time Salary	\$695.00
	A.4189.810	Bioterrorism-Retirement Expense	A.4189.830	Bioterrorism-Social Security Expense	\$55.00
	A.4189.810	Bioterrorism-Retirement Expense	A.4189.831	Bioterrorism-Medicare Expense	\$15.00
Total Transfers					\$100,865.00

1. To transfer funds to cover Rabies Expenses for 2016 for Human vaccinations.
2. To transfer funds to cover contract expenses to YTD 2016 for Health Services (CHHA).
3. To transfer funds from Full time to Part time salaries in Family Health to cover additional Part time staff.
4. To transfer funds in Bioterrorism to cover expenses related to Salary and Fringe to year end.

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

WARREN COUNTY TABULATION SHEET

	NAME & ADDRESS	NAME & ADDRESS
SPEC NO.: WC 63-16 ITEM(S): RFP FOR CPA'S TO AUDIT MEDICAID COST REPORTS FOR WARREN COUNTY HEALTH SERVICES DEPARTMENT DATE: OCTOBER 20, 2016 TIME: 3:00 P.M.	Bonadio & Co., LLP. Attn: Kenneth McGivney 6 Wembley Court Albany, NY 12205 Ph: 518-464-4080 Fax: 518-464-4087	Drescher & Malecki, LLP. Attn: Matthew Montalbo 3083 William Street Suite 5 Cheektowaga, NY 14227 Ph: 716-565-2299 Fax: 716-565-2201
DESCRIPTION OF ITEM	PRICE	PRICE
Cost to Audit the Warren County Health Services Medicaid		
Cost Reports for the Certified Home Health Agency & the Long Term Home Health Care Program:		
2016 Audit	\$6,000.00	CHHA - \$2,500 - \$3,750 LTHHCP - \$3,300 - \$4,500 TOTAL: \$5,800 - \$8,250
2017 Audit	\$6,200.00	CHHA - \$2,500 - \$3,750 LTHHCP - \$3,300 - \$4,500 TOTAL: \$5,800 - \$8,250
2018 Audit	\$6,500.00	CHHA - \$2,500 - \$3,750 LTHHCP - \$3,300 - \$4,500 TOTAL: \$5,800 - \$8,250
TOTAL FOR ALL 3 YEARS:	\$18,700.00	\$17,400.00 - \$24,750.00
Other costs or fees:	n/a	n/a
AWARDED TO:		
√	Resolution No. of 2016	
JULIE A. BUTLER, PURCHASING AGENT	Term: January 1, 2017 through December 31, 2017	

Attachment # 6

ROBERT O'CONNOR D.V.M.
 JOHN O'CONNOR D.V.M.
 LAURA MALINCONICO D.V.M.
 KEVIN O'CONNOR D.V.M.
 COLBY JONES D.V.M.

GLENS FALLS ANIMAL HOSPITAL

66 GLENWOOD AVENUE
 QUEENSBURY, NY 12804
 TELEPHONE (518) 792-6575
 FAX (518) 792-5136



Pricing for Towns and County Health Departments Effective 1/1/2017

	Euthanasia	Rabies Specimen Prep and Submission*	Cremation	Boarding or Quarantine (per day)
Bats	\$10.00 \$15.00	\$25.00 \$28.00	NA	NA
Very Small Animals (<5 pounds)	\$10.00 \$15.00	\$25.00 \$33.00	\$17.00	NA
Small Animals (5-25 pounds)	\$20.00 \$25.00	\$30.00 \$38.00	\$35.00 \$47.00	\$7.00 \$17.00
Medium Animals (25-50 pounds)	\$25.00 \$30.00	\$40.00 \$48.00	\$45.00 \$57.00	\$8.00 \$17.00
Large Animals (50-100 pounds)	\$35.00 \$40.00	\$45.00 \$53.00	\$60.00 \$72.00	\$9.00 \$17.00
Larger Animals (100-150 pounds)	\$45.00 \$50.00	\$50.00 \$58.00	\$80.00 \$92.00	\$10.00 \$17.00
Adult Deer	NA	NA	\$112.00	NA

100.00
 not applicable to public health

* written amounts are the "old rates"

Attachment # 7

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: November 21, 2016

- (a) Is this a Result of a Bid or Request for Proposal? Yes
- (b) Purpose of Contract: To award the contract for CPA's to audit the Medicaid cost reports for Warren County Health Services to Bonadio & Co., LLP in a form approved by the County Attorney
- (c) Name of Contractor: Bonadio & Co., LLP
- (d) Address of Contractor: 6 Wembley Court, Albany, New York 12205
- (e) Contractor's Contact Person and Telephone Number: Kenneth McGivney, Tel: (518)464-4080, Fax: (518)464-4087
- (f) Has or will the Contract be provided, if so, please attach: Previous contract resolution on file
- (g) Commencement Date of Contract: January 1, 2017
- (h) Termination Date of Contract: December 31, 2017 with 2 annual renewals
- (i) Payment Provisions:
- | | |
|-------------------|----------------|
| <u>2016 Audit</u> | <u>\$6,000</u> |
| <u>2017 Audit</u> | <u>\$6,000</u> |
| <u>2018 Audit</u> | <u>\$6,000</u> |
- 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:

A.4010.437 Health Services Consulting Fees

Warren County Board of Supervisors

RESOLUTION NO. 604 OF 2013

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

AWARDING PROPOSAL AND AUTHORIZING AGREEMENT WITH BONADIO & CO., LLP TO AUDIT MEDICAID AND MEDICARE COST REPORTS FOR WARREN COUNTY HEALTH SERVICES DEPARTMENT (WC 60-13)

WHEREAS, the Warren County Purchasing Agent issued a request for proposals for CPA's to Audit Medicaid & Medicare Cost Reports for the Warren County Health Services Department (WC 60-13), and

WHEREAS, the Director of Public Health/Patient Services has issued correspondence recommending that Warren County award the agreement to Bonadio & Co., LLP, the lowest proposer, now, therefore, be it

RESOLVED, that the Warren County Purchasing Agent notify Bonadio & Co., LLP of the acceptance of its proposal, and be it further

RESOLVED, that Warren County enter into an agreement with Bonadio & Co., LLP to audit Medicaid and Medicare Cost Reports, pursuant to the terms and provisions of the specifications (WC 060-13) and proposal, for the sum of ~~Five Thousand Nine Hundred Dollars (\$5,900)~~ ^{SIX} ~~(\$5,900)~~ ^{\$6,000} for a term to commence January 1, ~~2014~~ ²⁰¹⁷ and terminating December 31, ~~2014~~ ²⁰¹⁷, with an option to extend the agreement for two (2) additional one (1) year terms for the prices listed on the proposal and upon agreement between the parties, and be it further

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute said agreement in the form approved by the County Attorney, and be it further

RESOLVED, that the funds shall be expended from Budget Code A.4010 437 - Health Services, Consulting Fees.

WARREN COUNTY TABULATION SHEET

	NAME & ADDRESS	NAME & ADDRESS
SPEC NO.: WC 63-16 ITEM(S): RFP FOR CPA'S TO AUDIT MEDICAID COST REPORTS FOR WARREN COUNTY HEALTH SERVICES DEPARTMENT DATE: OCTOBER 20, 2016 TIME: 3:00 P.M.	Bonadio & Co., LLP. Attn: Kenneth McGivney 6 Wembley Court Albany, NY 12205 Ph: 518-464-4080 Fax: 518-464-4087	Drescher & Malecki, LLP. Attn: Matthew Montalbo 3083 William Street Suite 5 Cheektowaga, NY 14227 Ph: 716-565-2299 Fax: 716-565-2201
DESCRIPTION OF ITEM	PRICE	PRICE
Cost to Audit the Warren County Health Services Medicaid		
Cost Reports for the Certified Home Health Agency & the Long Term Home Health Care Program:		
2016 Audit	\$6,000.00	CHHA - \$2,500 - \$3,750 LTHHCP - \$3,300 - \$4,500 TOTAL: \$5,800 - \$8,250
2017 Audit	\$6,200.00	CHHA - \$2,500 - \$3,750 LTHHCP - \$3,300 - \$4,500 TOTAL: \$5,800 - \$8,250
2018 Audit	\$6,500.00	CHHA - \$2,500 - \$3,750 LTHHCP - \$3,300 - \$4,500 TOTAL: \$5,800 - \$8,250
TOTAL FOR ALL 3 YEARS:	\$18,700.00	\$17,400.00 - \$24,750.00
Other costs or fees:	n/a	n/a
AWARDED TO:		
√	Resolution No. of 2016	
JULIE A. BUTLER, PURCHASING AGENT	Term: January 1, 2017 through December 31, 2017	

Attachment #6

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: 11/21/2016

- (a) Purpose of Contract Change: To renew the contract with New York State Department of Health for a new 5 year contract term to allow receipt of continued annual funding for Early Intervention Administration in the amount of \$24, 644.00 and to word the resolution to accept any COLA funding that may be available during the contract period
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: On file with pervious contract
- (c) Name of Contractor: New York State Department of Health Bureau of Early Intervention
- (d) Address of Contractor: Empire State Plaza, Corning Tower Rm 287, Albany, NY 12237-0660
- (e) Contractor's Contact Person and Telephone Number: Alexis Lighthall – (518) 473-4441- Administrative Questions, Audrey Kennett – (518)473-7016 – Programmatic Questions
- (f) Commencement Date of Amendment: October 2016
- (g) Termination Date of Extension: September 20, 2021 * grant will be submitted through the Grants Gateway
- (h) Payment Provisions:
- 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.
- Quarterly voucher submission paid upon approval of annual budget
- (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:
Early Intervention Administration - A 4054.0060.4451



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

November 3, 2016

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

Dear Ms. Auer:

This is to inform you of the Department's intention to provide funding to support the Early Intervention Administration Program at your agency for a new five-year contract term effective October 1, 2016 to September 30, 2021. The annual funding amount will be \$24,644. The contract number assigned to your New York State Grant contract for the five-year term is C31669GG and must be referenced on all claims for payment and correspondence with the Department. This contract is contingent upon approval of the New York State Office of the State Comptroller, availability of federal funds and contractor performance.

Your Early Intervention Administration non-competitive grant will be available Monday November 7, 2016 in Grants Gateway. All work on your grant will be completed in Grants Gateway. The grant contract will be signed electronically in Grants Gateway once the Department approves the application. Additional information on the Grants Gateway can be found on the Grants Reform website at: <http://www.grantsreform.ny.gov>.

A webinar on how to work in the Grants Gateway has been scheduled for November 9, 2016 at 10:00 AM. Please save the date, call-in information is an attachment to this email. If you are unable to attend the webinar, it will be available on You Tube at a later date. A link will be sent when it is available.

Please be advised, in accordance with Office of Management and Budget requirements, this contract is a sub award under the following Federal Award:

- a) Federal Award Identification Number (FAIN): *H181A160021*
- b) Federal award project description: Early Intervention Program for Infant & Toddlers with Disabilities
- c) Federal Award Date (see § 200.39 Federal award date): *07/01/2016-09/30/2018*
- d) Name of Federal Awarding Agency: US Department of Education / OSEP
- e) CFDA Number and Name: 84.181 Part C of IDEA
- f) Amount of Federal Funds Obligated by this action: \$5,033,846
- g) Total Amount of Federal Funds Obligated to the sub recipient: \$15,220
- h) Sub recipient name (*must match registered name in DUNS*): Warren County Public Health
- i) Sub Recipient DUNS #: 098334733
- j) Total Amount of the Federal Award: *\$26,106,078*
- k) Research & Development Award? No
- l) Indirect cost rate for the Federal Award: 10% or Agency's Federally Approved IC Rate

If you have any administrative questions, please contact Ms. Alexis Lighthall in the DFH Bureau of Administration at (518) 473-4441, programmatic questions should be addressed to Ms. Audrey Kennett in the Bureau of Early Intervention at (518) 473-7016.

Sincerely,

Alexis Lighthall

Alexis Lighthall
Health Program Administrator
DFH, Bureau of Administration

cc: EI Official
Audrey Kennett
DOH Audit Clearinghouse

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: 11/21/2016

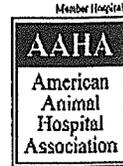
- (a) Purpose of Contract Change: To amend the contract with Glens Falls Animal Hospital to reflect rate increases per the attached schedule in a form approved by the County Attorney
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: R 143/2008 see attached
- (c) Name of Contractor: Glens Falls Animal Hospital
- (d) Address of Contractor: 66 Glenwood Avenue, Queensbury, NY 12804
- (e) Contractor's Contact Person and Telephone Number: Robert O'Connor, DVM (518)792-6575, Fax: (518) 792-5136
- (f) Commencement Date of Amendment: 01/01/2017
- (g) Termination Date of Extension: Per terms of contract
- (h) Payment Provisions: per the attached schedule, paid upon prior approval by Warren County Health Services
 - 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.
Upon voucher submission with backup documentation)
- (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:

Disease Program: A4018.0030.435 Medical Expensed

****Except for attached list of prices all other aspects of contract remain the same**

ROBERT O'CONNOR D.V.M.
 JOHN O'CONNOR D.V.M.
 LAURA MALINCONICO D.V.M.
 KEVIN O'CONNOR D.V.M.
 COLBY JONES D.V.M.

GLENS FALLS ANIMAL HOSPITAL
 66 GLENWOOD AVENUE
 QUEENSBURY, NY 12804
 TELEPHONE (518) 792-6575
 FAX (518) 792-5136



Pricing for Towns and County Health Departments Effective 1/1/2017

	Euthanasia	Rabies Specimen Prep and Submission*	Cremation	Boarding or Quarantine (per day)
Bats	\$15.00	\$28.00	NA	NA
Very Small Animals (<5 pounds)	\$15.00	\$33.00	\$17.00	NA
Small Animals (5-25 pounds)	\$25.00	\$38.00	\$47.00	\$17.00
Medium Animals (25-50 pounds)	\$35.00	\$48.00	\$57.00	\$17.00
Large Animals (50-100 pounds)	\$40.00	\$53.00	\$72.00	\$17.00
Larger Animals (100-150 pounds)	\$50.00	\$58.00	\$92.00	\$17.00
Adult Deer	NA	NA	\$112.00	NA

100.00
 not applicable to public health

* written amounts are the "old rates"

Attachment # 7

RESOLUTION NO. 143 OF 2008

Resolution introduced by Supervisors Sokol, Sheehan, Haskell, Thomas, Tessier, Champagne and O'Connor

**AMENDING RESOLUTION NO. 83 OF 2004 - INCREASING THE RATES PAID TO DR. ROBERT O'CONNOR D/B/A GLENS FALLS ANIMAL HOSPITAL TO ADMINISTER RABIES INOCULATIONS FOR DOMESTIC DOGS AND CATS WITHIN WARREN COUNTY AT MANDATED RABIES CLINICS AND FOR THE PREPARATION OF ANIMAL HEADS AND/OR ANIMAL PARTS FOR LABORATORY TESTING
- HEALTH SERVICES DEPARTMENT**

WHEREAS, Resolution No. 83 of 2004 authorized an agreement with Dr. Robert O'Connor d/b/a Glens Falls Animal Hospital to administer rabies inoculations to domestic dogs and cats within Warren County at mandated rabies clinics implemented by the Warren County Health Services Department, and to prepare animal heads and/or other animal parts for submission to a laboratory for testing, and,

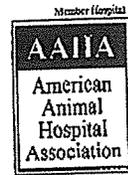
WHEREAS, the Public Health Services Director has requested that the rates for services provided by Dr. O'Connor under this agreement be increased to the following rates, for a term commencing January 1, 2008 and terminating upon thirty (30) days notice, now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors be, and he hereby is, authorized to execute an amendment agreement with Dr. Robert O'Connor d/b/a Glens Falls Animal Hospital, 66 Glenwood Avenue, Queensbury, New York 12804 to administer rabies inoculations to domestic dogs and cats within Warren County at mandated rabies clinics implemented by the Warren County Health Services Department, and to prepare animal heads and/or other animal parts for submission to a laboratory for testing, for a term commencing January 1, 2008 and terminating upon thirty (30) days notice at the rates set forth in Schedule "A" attached hereto, in a form approved by the County Attorney.

ROBERT O'CONNOR D.V.M.
JOHN O'CONNOR D.V.M.
LAURA MALINCONICO D.V.M.
KEVIN O'CONNOR D.V.M.
COLBY JONES D.V.M.

GLENS FALLS ANIMAL HOSPITAL

66 GLENWOOD AVENUE
QUEENSBURY, NY 12804
TELEPHONE (518) 792-6575
FAX (518) 792-5136



November 15, 2016

Warren County Public Health
Attention Pat Auer

We would like to update our contract with you for 2017, with the new pricing as attached.

A handwritten signature in black ink, appearing to read "Robert O'Connor".

Robert O'Connor

ROBERT O'CONNOR D.V.M.
JOHN O'CONNOR D.V.M.
LAURA MALINCONICO D.V.M.
KEVIN O'CONNOR D.V.M.
COLBY JONES D.V.M.

GLENS FALLS ANIMAL HOSPITAL

66 GLENWOOD AVENUE
QUEENSBURY, NY 12804
TELEPHONE (518) 792-6575
FAX (518) 792-5136



May 26, 2016

Pat Auer
Warren County Public Health
Warren County Municipal Center
Rte 9
Lake George, NY 12845

Pat,

This is to verify that we authorize the payment of individuals (veterinarians and animal handlers) directly for services rendered at county rabies clinics.

Respectfully,

A handwritten signature in black ink, appearing to read 'John O'Connor'.

John O'Connor DVM

ROBERT O'CONNOR D.V.M.
 JOHN O'CONNOR D.V.M.
 LAURA MALINCONICO D.V.M.
 KEVIN O'CONNOR D.V.M.
 COLBY JONES D.V.M.

GLENS FALLS ANIMAL HOSPITAL

66 GLENWOOD AVENUE
 QUEENSBURY, NY 12804
 TELEPHONE (518) 792-6575
 FAX (518) 792-5136



Pricing for Towns and County Health Departments Effective 1/1/2017

	Euthanasia	Rabies Specimen Prep and Submission*	Cremation	Boarding or Quarantine (per day)
Bats	\$15.00	\$28.00	NA	NA
Very Small Animals (<5 pounds)	\$15.00	\$33.00	\$17.00	NA
Small Animals (5-25 pounds)	\$25.00	\$38.00	\$47.00	\$17.00
Medium Animals (25-50 pounds)	\$30.00	\$48.00	\$57.00	\$17.00
Large Animals (50-100 pounds)	\$40.00	\$53.00	\$72.00	\$17.00
Larger Animals (100-150 pounds)	\$50.00	\$58.00	\$92.00	\$17.00
Adult Deer	NA	NA	\$112.00	NA

RENEWAL AGREEMENT

THIS RENEWAL AGREEMENT (hereinafter referred to as the "Agreement"), made by and between the COUNTY OF WARREN, a municipal corporation and political subdivision established under the Laws of the State of New York, having its principal offices and place of business located at the Warren County Municipal Center with a mailing address of 1340 State Route 9, Lake George, New York 12845 (the "County"), and

ROBERT O'CONNOR D/B/A. GLENS FALLS ANIMAL HOSPITAL, having a principal office and place of business located at 66 Glenwood Avenue, Queensbury, New York 12804 (the "Contractor").

WITNESSETH, that the parties hereto mutually agree as follows:

1. That the Agreement previously entered into by the parties dated May 5, 1998 to administer rabies inoculations to domestic dogs and cats within Warren County and for the preparation of animal heads and/or other animal parts for submission to a laboratory for testing (hereinafter referred to as the "Previous Agreement"), is hereby renewed for the period commencing January 1, 2005 and terminating upon thirty (30) days notice under the same terms and conditions as set forth in said Previous Agreement except to the extent amended or changed as follows:

(a) Paragraph "2" is amended to read:

- "2. The County shall pay to the Contractor compensation in the amounts as set forth below:
- i. Sixty Dollars (\$60) per hour for veterinarian fee - rabies clinics;
 - ii. Twenty-Five Dollars (\$25) per hour for animal handler fees - rabies clinics;
 - iii. Twenty Dollars (\$20) for specimen preparation and submission for bats;
 - iv. Thirty Dollars (\$30) for specimen preparation and submission for small animals;

- v. Forty Dollars (\$40) for specimen preparation and submission for medium animals;
- vi. Fifty Dollars (\$50) for specimen preparation and submission for large animals;
- vii. Fifteen Dollars (\$15) for euthanasia for all animals except bats;
- viii. Ten Dollars (\$10) for euthanasia for bats;
- ix. Forty Dollars (\$40) - Quarantine period.

(b) Paragraph "3" is amended to read:

"3. This Agreement shall be for a period commencing January 1, 2005 and terminating upon thirty (30) days written notice to the other of its intention to terminate."

(c) The terms and provisions of the above amended paragraphs shall supersede and amend any conflicting or contrary terms and/or provisions contained in any other paragraph of the previous agreement as if such other paragraph was specifically set forth herein and amended.

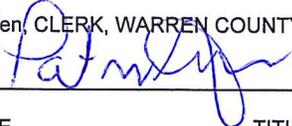
2. That the abbreviated description in Paragraph "1" hereof of the Previous Agreement entered into by the parties, is intended for reference and convenience purposes only and shall not be deemed to fully describe the Previous Agreement or any terms or conditions thereof.

3. The parties shall rely upon the full text of the Previous Agreement and the specific amendment or changes set forth in this Agreement for all understandings, terms, conditions, obligations and/or requirements of performance during the extended term provided by this Agreement.

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

SIGNED: 

DATE: November 21, 2016

	<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
1.	A.4018.0030.130	Disease Program-Part Time Salary	A.4018.0030.435	Disease Program-Medical Fees	\$10,000.00
2.	A.4010.110	Health Services -Full Time Salary	A.4010.470	Health Services-Contract Expense	\$75,000.00
	A.4010.860	Health Services-Hospitalization Expense	A.4010.470	Health Services-Contract Expense	\$10,000.00
3.	A.4018.0020.110	Family Health-Full time Salary	A.4018.0020.130	Family Health-Part Time Salary	\$5,000.00
4.	A.4189.810	Bioterrorism-Retirement Expense	A.4189.110	Bioterrorism-Full Time Salary	\$100.00
	A.4189.810	Bioterrorism-Retirement Expense	A.4189.130	Bioterrorism-Part Time Salary	\$695.00
	A.4189.810	Bioterrorism-Retirement Expense	A.4189.830	Bioterrorism-Social Security Expense	\$55.00
	A.4189.810	Bioterrorism-Retirement Expense	A.4189.831	Bioterrorism-Medicare Expense	\$15.00

Total Transfers **\$100,865.00**

1. To transfer funds to cover Rabies Expenses for 2016 for Human vaccinations.
2. To transfer funds to cover contract expenses to YTD 2016 for Health Services (CHHA).
3. To transfer funds from Full time to Part time salaries in Family Health to cover additional Part time staff.
4. To transfer funds in Bioterrorism to cover expenses related to Salary and Fringe to year end.

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