

**Warren County Health Services
Health, Human and Social Services Committee
AGENDA FOR
January 23, 2018
Information Submitted By: Patricia Auer, DPH/DPS**

Health and Human Services Committee Members: Frasier, McDevitt, Braymer, Leggett, Loeb, Diamond, Hyde, Magowan, Sokol

Committee meeting call to order by Chairperson

We would like to welcome back our returning committee members, and also welcome our new members, as well as invite all to visit our department at any time. We would be happy to set up a "tour and orientation" to our department for our new members and any members of the Board of Supervisors interested, and will look to find a convenient time.

Motion to approve minutes of the December 12, 2017 Health and Human Services Committee meeting.

I. Action Agenda/New Business

Request Resolution:

To appoint and reappoint members of the Warren County Health Services Professional Advisory Committee for the year January 1, 2018 – December 31, 2018 per the list that was transmitted with the meeting agenda information.

Rationale:

The committee must be appointed annually by Resolution per New York State Department of Health Regulations. A copy of the membership will be available at the meeting, and a copy will be on file with the minutes of the meeting. The meetings are held quarterly.

Request Resolution:

To appoint and reappoint members of the Local Early Intervention Coordinating Council per the list transmitted with the meeting agenda information.

Rationale:

Per New York State Department of Health Regulations, this committee must be appointed by board resolution annually. The membership list was transmitted with the meeting agenda information, but will be available at the meeting. A copy of the membership will be kept on file with the minutes of the meeting. The meetings are held semi-annually.

Request Resolution:

To amend the agreement with North Country Home Services to reflect a rate increase for home health aides from \$28.50 to \$30.00 per hour for 2018.

Rationale:

This agency provides services to a small number of clients in the northern areas of the county. It is difficult to find home health aides for the area, so we would support the request for the increase.

Request Resolution:

To authorize a contract with Alyssa Keegan to provide Occupational Therapy Services.

Rationale:

We are in extreme need for Occupational Therapy Services in the Home Care Division and we do not want to be in a position where we are unable to accept patient referrals for those individuals requiring this service. Therapy services are billable services and revenue generating.

Request Resolution:

To authorize a new 5 year contract with New York State Department of Health, Bureau of Immunization for an Immunization Action Plan for the period April 1, 2018 – March 31, 2023 in a form approved by the County Attorney through the New York Grants Gateway electronic process.

Rationale:

The contact award is paid by voucher submission upon approval of submitted Immunization activity workplan and budget for each year of the contract. The amount for April 1, 2018 – March 31, 2018 is \$32,284.

Request Resolution:

To authorize Leah Howe, RN to receive reimbursement for a job related course "Advanced Concepts of Nursing Practice in the amount of \$695.00 upon completion of the course and attaining a grade of C or better, per CSEA Contract agreement.

Rationale:

This is the last course needed before this nurse completes the requirements for her Bachelors' Degree in Nursing.

Request Resolution:

To amend the contract agreement with BOCES to reflect that Warren County Health Services will provide clinical experience to High School Students in the New Visions Program only.

Rationale:

BOCES offers various types of health programs, but the New Visions Program is the only one pertinent to Health Services at this time, and we want the agreement to be accurate.

Request Resolution:

For Budget Amendment Please see **Attachment 5.**

Rationale:

Tawn Driscoll, Fiscal Manager, will explain the need at the meeting.

Request Committee Approval:

To forward a Resolution Request to the Personnel Committee to change the job title of Long Term Home Health Care Program Coordinator to Supervising Public Health Nurse and to amend the Table of Organization for the Health Services Department to reflect the change. This will **Delete** the title of Long Term Coordinator and **Create** the title of Supervising Public Health Nurse.

Rationale:

This is a funded position in the budget, and it is recommended the salary will decrease from the current funding of \$72,394 to \$69,272.32. The employee in the Long Term Program Coordinator Position has been acting as a Supervising Public Health Nurse since we have not had the Long Term Program. The Long Term Program Coordinator will be retiring at the end of February, and we are using this opportunity to correct the titles. The job qualifications are the same. We are also seeking to backfill the position with the new title of Supervising Public Health Nurse.

Request Committee Approval:

To forward a Resolution Request to the Personnel committee to **Delete** the position of Senior Health Educator that was created and approved in the 2017 Warren County Health Services Budget and **Create** the position of Public Health Program Coordinator. Both positions are Grade 18 base salary \$45,313.

Rationale:

In evaluating the scope of job duties required for this position, in working with Trish Nenner, Civil Service Officer, it was determined that the job description of a Public Health Program Coordinator is more accurate.

Referral/Pending Items

There are no pending items at this time.

II. Information for Discussion/Review

Report of Expenditures, Revenues, Overtime and Per Diem Use for 2017

Please see **Attachment 2**.

Revenue and Expense Comparison Report for 2016 vs 2017

Please see **Attachment 3**.

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

Emergency Response and Preparedness

Please see **Attachment 1** for the monthly report.

Status of Referrals

Please see **Attachment 4** for the detailed report.

Valerie Whisenant, Assistant Director of Patient Services, will provide comments at the meeting.

Staffing Update

For our new members, you should be aware that our department struggles with Nursing staff recruitment. Our agency, like many others has an aging group of nurses, and when they retire it is not always easy to seek replacements. Because the job is fairly autonomous we need skilled and experienced nurses. Patients are discharged from the hospital with much more acute needs than in the past. It is also a physically demanding job. Luckily for us , most of our retirees choose to remain with us on a per diem basis, and that is a win-win for them and for us. Nurses are skilled and they are able to work part time.

Since our last meeting:

We have had a Registered Nurse with 25 years longevity retire. She is wishing to continue per diem if her health allows. We are seeking to backfill the position. Also, as previously discussed, we are looking to hire a Supervising Public Health Nurse to backfill the retiring Long Term Care Supervisor. We anticipate, due to the New York State qualifications this may be a challenge, though we do have several interested individuals. Fingers crossed!

III. Privilege of the floor to discuss any additional items to come before Committee

IV. 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
3. Revenue and Expense Comparison Report for 2016 vs 2017
4. Report of Referrals Status
5. Budget Amendment Request

ATTACHMENT #1
BT ACTIVITY SHEET
BP1 - 7/1/17 - 6/30/18

Page 1

Topic Color Codes

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

12/1	Education	Presentation to Careers Class Glens Falls High school	Dan	
12/4	Webinar	FEMA Course Intro. To Exercises	J'nelle	Training
12/4	Webinar	ServNY Search and Notify System Navigation training	J'nelle	Training
12/7	Webinar	ServNY Live Version navigation Training	Dan	Training
12/11	Webinar	ServNy Post Launch Session	J'nelle	Training
12/14	In-Person Meeting	Health Emergency Preparedness Coalition Mandatory Quarterly Meeting	Dan, J'nelle	
12/20	webinar	MCM ClinOps (stopped early) due to State complications	Ginelle, Pat B.	Training
1/2		Conducting Mass mailing outreach for ServNY Updates	J'nelle	
1/4	Planning	Updated Smallpox Plan	Dan, J'nelle	
1/8	Planning	Exercise Plan development meeting	Dan, J'nelle	
1/8	Webinar	Review of CMS requirements for nursing homes and homecare and Medical Surge Exercise Participation	Dan, J'nelle	
1/8	Report	Completed and Submitted 2 nd Quarter EPR Reports to NYS	Dan	
1/9	Meeting	Monthly Regional BT Coordinators Meeting	Dan, J'nelle	
1/11	Planning	Hospital Surge exercise planning meeting	Dan, J'nelle	
1/11	Webinar	Emergency Support Function 8 Public Health Medical Services	J'nelle	Training
1/16	Webinar	Homeland Security Exercise Evaluation Program	J'nelle	Training
1/16	Webinar	CTI 300 IHANS Certification training	J'nelle	Training
1/17	Webinar	MCM ClinOps April Exercise Objectives review session	Dan, Ginelle, J'nelle	Training
1/17	TTX	Monthly Tabletop Exercise, Glans Falls Hospital	J'nelle	Drill
1/31	Meeting	Quarterly EPR/LEPC Meeting	Dan, J'nelle	

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2017 AS OF 1/17/2018 7:01:56 PM

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

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

EXPENSES	2017 BUDGETED	2017 YTD ACTUAL	2016 Prior Year Totals
Salaries - Regular	\$2,555,246.00	\$2,253,581.89	\$2,464,774.00
Salaries - Overtime	\$133,537.00	\$99,343.63	\$108,802.81
Salaries - Part Time	\$499,329.00	\$416,337.62	\$347,831.73
100's PERSONAL SERVICES	\$3,188,112.00	\$2,769,263.14	\$2,921,408.54
200's EQUIPMENT	\$132,517.00	\$70,272.53	\$86,078.01
400's CONTRACTUAL	\$6,121,780.52	\$4,218,429.62	\$5,773,955.20
800's EMPLOYEE BENEFITS	\$1,597,714.00	\$1,430,757.38	\$1,516,728.00
TOTALS	\$11,040,123.52	\$8,488,722.67	\$10,298,169.75

REVENUES	2017 BUDGETED	2017 YTD ACTUAL	2016 Prior Year Totals
	\$8,857,174.55	\$5,550,108.52	\$7,996,698.56

Note: Above are the current Revenues and Expenses YTD for 2017. We are still in the process of closing December of 2017 regarding billing for CHHA and MCH Programs. Also, in March/April we will be able to bill to the State for the Preschool Revenues for 2017. Last quarter grants are being processed for year end. For WIC, we will not receive final values for WIC food vouchers until April, at that time those will also be processed for year end. Final adjustments for Health, Retirement and Vacation have not yet been posted for year end 2017.

Warren County Health Services

Salaries Comparison

2016 vs 2017

as of 12/31/17 Payroll

	YTD 2017	YTD 2016	YTD 16v17	% Change	Total Budget 2017	Total Actual 2016
Total of All Depts						
Regular Salaries	\$2,253,581.89	\$2,464,774.00	-\$211,192.11	-8.57%	\$2,555,246.00	\$2,464,774.00
Overtime Salaries	\$99,343.63	\$108,802.81	-\$9,459.18	-8.69%	\$133,537.00	\$108,802.81
Part Time Salaries	\$416,337.62	\$347,831.73	\$68,505.89	19.70%	\$499,329.00	\$347,831.73
TOTALS	\$2,769,263.14	\$2,921,408.54	-\$152,145.40	-5.21%	\$3,188,112.00	\$2,921,408.54
% current YTD Salary to Total Budget	86.86%	100.00%				

Source: Detail G/L report for all Salary Category from 1/1/XX-12/31/XX

Overall, total salaries are \$152,145.40 less than total 2016 Salaries. We continue to utilize per diem staffing as much as possible, due to staffing shortages in nursing to cover referrals before increasing the Part time salary category and reducing the Full time and Overtime salary categories showing overall a 5.21% reduction in salary from 2016. So to keep in mind, we no longer have the Long Term Care program or the Ebola Grant which effected both Full time and Part time categories.

Warren County Health Services
Revenue and Expense Comparison 2017 vs 2016
as of 12/31/17 G/L (1/17/18 print date)

EXPENSES	FINAL		Variance
	2017 YTD Actual as of 12/31/17 G/L	2016 YTD as of 12/31/16 G/L	
Salaries - Regular	\$2,253,581.89	\$2,464,774.00	(\$211,192.11)
Salaries - Overtime	\$99,343.63	\$108,802.81	(\$9,459.18)
Salaries - Part Time	\$416,337.62	\$347,831.73	\$68,505.89
100's PERSONAL SERVICES	\$2,769,263.14	\$2,921,408.54	(\$152,145.40)
200's EQUIPMENT	\$70,272.53	\$86,078.01	(\$15,805.48)
400's CONTRACTUAL	\$4,218,429.62	\$5,773,955.20	(\$1,555,525.58)
800's EMPLOYEE BENEFITS	\$1,430,757.38	\$1,516,728.00	(\$85,970.62)
TOTALS	\$8,488,722.67	\$10,298,169.75	(\$1,809,447.08)

REVENUES	2016 Prior Year to	
	2017 YTD ACTUAL	Date Totals
	\$5,550,108.52	\$7,996,698.56
		(\$2,446,590.04)

Note: As of 1/17/18, the 12/31/17 General Ledger does not yet include the Retirement, Vacation or Hospitalization expense adjustments.

Notes:

Salaries: (please see previous page) Overall are \$152,145.40 or 5.21% below 2016 as of the 12/31/17 payroll date. Full time and overtime salaries are below 2016 YTD salaries while Part time salaries are above 2016. This correlates with the per diem staff that continue to be utilized to assist in nursing shortage coverage. Overall, 2017 salaries are 86.86% of budget while this time last year we were at 92.04% of adjusted budget for total salaries.

Equipment: A majority of the equipment purchases for 2017 is the purchase of 2 vehicles and items purchased by both the WIC and BT grants which were fully funded by these grants. In 2016, we had purchased of 3 vehicles, updated computers and items purchased with Ebola grant funds for emergency purposes.

Contractual expenses: Expenses at this time for 2017 are below 2016 by \$1,555,525 primarily related to timing of invoices that still need to be input into 2017. As invoices are input, this difference will be less, however we still anticipate our Contractual expenses to be lower than budget for 2017.

Employee Benefits: Employee benefits are below last year by \$85,970.62 and correlates with the the nursing position shortages that we have experienced during the year therefore allowing us to hire per diem employees. Also to note, some benefit adjustments still need to be posted for 2017.

Revenues:

Revenues at this time reflect January through November revenues for the CHHA and MCH Programs. Within Revenues, some of the reduction is due to the Long Term program which we no longer have in 2017. Also to note, the Preschool program 2017 revenues will primarily be billable during March when they are due to the state. The CHHA revenues are down, however it should be noted that this correlates with the decrease in both the payroll and benefit expenses.

Attachment #4

Warren County Health Services Patient Evaluations CHHA Division

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	101	104
SN IV eval	9	6	12	8	10	10	4	10	4	13	7	11
PRI	4	6	1	7	6	3	6	2	5	10	3	1
UASNY	19	11	11	17	13	9	13	12	9	7	12	14
SN Evals per month	134	134	123	138	133	124	143	147	103	136	123	130
PT Evals	76	76	62	66	68	77	69	82	69	67	71	65
PT only	25	26	19	23	18	20	20	27	16	26	21	27
Total Evals per month	159	160	142	161	151	144	163	174	119	162	144	157
Difference	-12%	-1%	-23%	-7%	-13%	-7%	-10%	7%	-24%	5%	-1%	5%

CATEGORY	01/2017	02/2017	03/2017	04/2017	05/2017	06/2017	07/2017	08/2017	09/2017	10/2017	11/2017	12/2017
SN eval	97	109	124	94	109	86	101	96	101	102	90	93
SN IV eval	7	6	14	4	3	8	7	7	6	5	8	5
PRI	3	2	3	4	3	0	6	3	4	1	3	3
UASNY	16	10	10	12	12	12	9	11	8	14	13	5
SN Evals per month	123	127	151	114	127	106	123	117	119	122	114	106
PT Evals	78	47	71	57	64	59	63	61	70	63	68	56
PT only	27	9	18	16	18	19	18	26	18	17	26	23
Total Evals per month	150	136	169	130	145	125	141	143	137	139	140	129
Difference	-6%	-15%	19%	-19%	-4%	-13%	-13%	-18%	15%	-14%	-3%	-18%

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-Health Education Program

DATE: January 23, 2018

- (a) **Purpose of Amendment:** To amend the 2018 budget to adjust the Family Health Program to reflect the funds given from the Adirondack Rural Health Network to support the Neonatal Abstinence Syndrome (NAS) Prevention Agenda Project of **\$413.26**.
 - (b) Appropriation Code (with title), Object Code (with title) and Amount:
 - A.4018.0020.410 Family Health Program- Office Supplies \$200.00**
 - A.4018.0020.445 Family Health Program-Foods Expense \$213.26**
- Revenue Code (with title), and Amount:
A.4018.0020.1612 Family Health Program- Revenue \$413.26

ATTACHMENT #5

RESOLUTION REQUEST FORM NO. 19

Application for Approval to Enroll in Job-Related Courses by Employee

1. Employee's Name: Leah Howe
2. Position: Registered Nurse
3. Department: Public Health
4. Course Title: Advanced concepts of Nursing Practice
5. Institution or School: Liberty University
6. How Course Relates to Current Position: Last class of Bachelors in Nursing.
7. Starting Date: March 26th, 2017 8. Completion Date: May 18, 2017
9. Cost: 1,390.00 - 2 = \$695 county share
10. Employee's Signature: Leah Howe Date: 12/18/17
11. Supervisor's Comments (Approval/Denial):
Supervisor's Signature: Robin Ande Date: 12/18/17
12. Department Head's Comments (Approval/Denial):
Department Head's Signature: [Signature] Date: 12/18/17
13. Committee's Recommendation:
Committee Chairman's Signature: _____ Date: _____
Signature: _____ Date: _____
Chairman of the Board of Supervisors

If approved by Committee, and resolution approving the course if adopted by the Board of Supervisors, candidate may enroll and be eligible for 50% reimbursement for costs as itemized in Item #9. Employee must complete the course with at least a "C", its equivalent, or better. Employee then submits a voucher with receipts verifying costs as listed and a copy of their final grade.

NURS 492 - Advanced Concepts of Nursing Practice (D)

THIS COURSE IS OFFERED ONLINE ONLY

This is the capstone course for the RN-BSN program. The student engages in academic endeavors that reflect application, synthesis and evaluation of concepts and nursing issues studied throughout the completion program. Application of educational experience to professional growth and contribution to the nursing profession is emphasized.

Prerequisites:

Completion of all nursing courses; RN license in good standing

Registration Fee Assessment

L27497651 Leah Howe
Spring 2018
Dec 18, 2017 09:29 am

Select the Account Summary by Term link to review your account, including non-registration charges, financial aid, and payments.

Total Credit Hours: 3.000

Tuition and Fees for Spring 2018

Detail Code	Description	Amount
CINR	Material Fee-Intensive Fee Res	\$25.00
TUID	Tuition - Liberty Online	\$1,365.00
Total Charge:		\$1,390.00

Student Detail Schedule

L27497651 Leah Howe
Spring 2018
Dec 18, 2017 09:29 am

To view textbook information, ISBN numbers, and prices, select one of the following:
Resident Students || Liberty Online

Total Credit Hours: 3.000

Adv Concepts of Nurs Practice - NURS 492 - D02

Associated Term: Spring 2018
CRN: 33373
Status: ****Registered**** on Nov 04, 2017
Assigned Instructor:
Grade Mode: Standard
Credits: 3.000
Level: Undergraduate
Campus: LUO

Scheduled Meeting Times

Type	Time	Days	Where	Date Range	Schedule Type	Instructors
Class	TBA		Liberty University Online OFF	Mar 26, 2018 - May 18, 2018	Lecture	TBA

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RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: January 23, 2018

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To authorize a contact agreement with Alyssa Keegan to provide occupational therapy services
- (c) Name of Contractor: Alyssa Keegan
- (d) Address of Contractor: 1 Kerr Drive, Gansevoort, NY 12831
- (e) Contractor's Contact Person and Telephone Number: Alyssa Keegan, email: alyssakeegan915@gmail.com , 518-852-6408
- (f) Has or will the Contract be provided, if so, please attach: use therapy contract model
- (g) Commencement Date of Contract:
- (h) Termination Date of Contract: 30 days written notice by either party
- (i) Payment Provisions: Per visits established attached 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.
bi-monthly, paid upon receipt of required documentation for each individual visit
- (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.4010.470 contract expense

**WARREN COUNTY HEALTH SERVICES
THERAPY RATES**

Certified Home Health Agency

Evaluation Region 1	\$55.00
Revisit Region 1	\$53.00
Evaluation Region 2	\$75.00
Revisit Region 2	\$75.00
Meetings (for all services)	\$40.00

Early Intervention Services Only

Evaluation Region 1	\$50.00
Revisit Region 1	\$50.00
Evaluation Region 2	\$57.00
Revisit Region 2	\$57.00
Extended visit Region 1 & 2 (with IFSP approval)	\$70.00
Supplemental Evaluations Regions 1 & 2	\$117.00

Preschool CPSE/Approved IEP

Basic visit Region 1	\$53.00
Basic visit Region 2	\$60.00
Group visit per child Regions 1 & 2	\$44.00

Meetings (for all services)	\$40.00
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Alyssa Keegan

1 Kerr Drive, Gansevoort, NY 12831-alyssakeegan915@gmail.com-518-852-6408

PROFESSIONAL EXPERIENCE

Fort Hudson Certified Home Health Agency

Occupational Therapist

- Full time occupational therapist for Warren and Washington county patients with diagnoses including TKR, THR, CVA, TBI, COPD, general deconditioning, dementia, fractures, and others
- Responsible for initial and ongoing evaluation and treatment planning/implementation, follow-up visits, functional assessments, recertification, resumption after hospitalization, communication with scheduler and office staff, interdisciplinary team and MD office
- Experience in community outreach for adaptive equipment needs, adaptive equipment training, caregiver education, implementation of home exercise program, home safety assessment and modifications
- Proficient with Crescendo computer documentation.

Fort Edward, New York

Nov 2013-present

Select Rehabilitation at Fort Hudson Health Center

Occupational Therapist

- Interdisciplinary OT team member of long term nursing facility with inpatient short term rehabilitation wing with diagnoses including post op fracture and joint replacement, CVA, COPD, Alzheimer's dementia, cancer, TBI, spinal cord injury and general deconditioning or illness.
- Responsible for initial and ongoing evaluation and treatment planning/implementation of residents, daily documentation and billing, attendance at family care plan meetings and facility morning meetings, home evaluations for discharge planning, supervision of COTA's, facility new-hire orientation and assistance in managerial responsibilities.
- Experience in adaptive equipment training, DME evaluation, splint and orthotic evaluation and maintenance, strengthening programs, ADL and self care skills, cognitive and visual retraining, staff transfer training and fine motor coordination skills.
- Proficient with Rehab Optima computerized billing and documentation.

Fort Edward, New York

Mar 2011 – Nov 2013

Saratoga Bridges

Occupational Therapist

- Primary OT for adult Day Hab and work hardening program consumers with diagnoses including cerebral palsy, autism, developmental delays, MR, Down Syndrome and mental illnesses.
- Responsible for evaluation, treatment planning and implementation, interdisciplinary meetings, home evaluations, adaptive equipment instruction and training, environmental adaptation and work simplification for Day Hab consumers.
- Served on SASSI (Specialized Autism Support Services for Individuals) panel to provide support to children and families in surrounding areas and schools. Provided resources in sensory integration, recreational and support opportunities and lobbied for appropriate mainstreaming. Grant writing to provide specialized sensory equipment for clinic individuals.

Ballston Spa, New York

Jul 2005 – Sep 2008

Glens Falls Hospital

Occupational Therapist

- Primary inpatient OT for acute care hospital responsible for initial evaluation, treatment planning/implementation of referred patients of varying ages with diagnoses including CVA, post op fracture and joint replacements, cancer, mental illness, general deconditioning, COPD and other illness.
- Responsible for supervision of COTA's, integral part of discharge planning with case management, staff/patient/family training in transfers, ADL's and adaptive equipment, pre-admission orientation prior to joint replacement, and consultation with MD and other rehab team members.

Glens Falls, New York

Nov 2002 – Jul 2005

Northeast OT

Occupational Therapist

- Homecare therapist for preschool, school age and early intervention children at home or school with diagnoses of CP, autism, developmental delay, down syndrome, sensory processing disorder and mental illness.
- Responsible for evaluation, treatment planning/implementation, billing, daily documentation, CSE and CPSE meeting attendance, family education, staff training and advocating for services.

Albany, New York

Jan 2002 – Nov 2002

EDUCATION

RUSSELL SAGE COLLEGE

BS/MS of Science in Occupational Therapy, May 2001

Troy, New York

CREDENTIALS AND LICENSES

- New York State licensure #011563 and NBCOT certification #1054299

Alyssa Keegan

1 Kerr Drive, Gansevoort, NY 12831-alyssakeegan915@gmail.com-518-852-6408

PROFESSIONAL EXPERIENCE

Fort Hudson Certified Home Health Agency

Occupational Therapist

- Full time occupational therapist for Warren and Washington county patients with diagnoses including TKR, THR, CVA, TBI, COPD, general deconditioning, dementia, fractures, and others
- Responsible for initial and ongoing evaluation and treatment planning/implementation, follow-up visits, functional assessments, recertification, resumption after hospitalization, communication with scheduler and office staff, interdisciplinary team and MD office
- Experience in community outreach for adaptive equipment needs, adaptive equipment training, caregiver education, implementation of home exercise program, home safety assessment and modifications
- Proficient with Crescendo computer documentation.

Fort Edward, New York

Nov 2013-present

Select Rehabilitation at Fort Hudson Health Center

Occupational Therapist

- Interdisciplinary OT team member of long term nursing facility with inpatient short term rehabilitation wing with diagnoses including post op fracture and joint replacement, CVA, COPD, Alzheimer's dementia, cancer, TBI, spinal cord injury and general deconditioning or illness.
- Responsible for initial and ongoing evaluation and treatment planning/implementation of residents, daily documentation and billing, attendance at family care plan meetings and facility morning meetings, home evaluations for discharge planning, supervision of COTA's, facility new-hire orientation and assistance in managerial responsibilities.
- Experience in adaptive equipment training, DME evaluation, splint and orthotic evaluation and maintenance, strengthening programs, ADL and self care skills, cognitive and visual retraining, staff transfer training and fine motor coordination skills.
- Proficient with Rehab Optima computerized billing and documentation.

Fort Edward, New York

Mar 2011 – Nov 2013

Saratoga Bridges

Occupational Therapist

- Primary OT for adult Day Hab and work hardening program consumers with diagnoses including cerebral palsy, autism, developmental delays, MR, Down Syndrome and mental illnesses.
- Responsible for evaluation, treatment planning and implementation, interdisciplinary meetings, home evaluations, adaptive equipment instruction and training, environmental adaptation and work simplification for Day Hab consumers.
- Served on SASSI (Specialized Autism Support Services for Individuals) panel to provide support to children and families in surrounding areas and schools. Provided resources in sensory integration, recreational and support opportunities and lobbied for appropriate mainstreaming. Grant writing to provide specialized sensory equipment for clinic individuals.

Ballston Spa, New York

Jul 2005 – Sep 2008

Glens Falls Hospital

Occupational Therapist

- Primary inpatient OT for acute care hospital responsible for initial evaluation, treatment planning/implementation of referred patients of varying ages with diagnoses including CVA, post op fracture and joint replacements, cancer, mental illness, general deconditioning, COPD and other illness.
- Responsible for supervision of COTA's, integral part of discharge planning with case management, staff/patient/family training in transfers, ADL's and adaptive equipment, pre-admission orientation prior to joint replacement, and consultation with MD and other rehab team members.

Glens Falls, New York

Nov 2002 – Jul 2005

Northeast OT

Occupational Therapist

- Homecare therapist for preschool, school age and early intervention children at home or school with diagnoses of CP, autism, developmental delay, down syndrome, sensory processing disorder and mental illness.
- Responsible for evaluation, treatment planning/implementation, billing, daily documentation, CSE and CPSE meeting attendance, family education, staff training and advocating for services.

Albany, New York

Jan 2002 – Nov 2002

EDUCATION

RUSSELL SAGE COLLEGE

BS/MS of Science in Occupational Therapy, May 2001

Troy, New York

CREDENTIALS AND LICENSES

- New York State licensure #011563 and NBCOT certification #1054299



HEALTHCARE PROVIDERS SERVICE ORGANIZATION PURCHASING GROUP

Certificate of Insurance OCCURRENCE POLICY FORM



Print Date: 12/26/2017

Producer Branch Prefix Policy Number Policy Period
018098 970 HPG 0655838383 from 12/26/17 to 12/26/18 at 12:01 AM Standard Time

Named Insured and Address: Alyssa V Keegan 1 Kerr Dr Gansevoort, NY 12831-1254

Program Administered by: Healthcare Providers Service Organization 159 E. County Line Road Hatboro, PA 19040-1218 1-800-982-9491 www.hpso.com

Medical Specialty: Occupational Therapist

Code: 80721

Insurance is provided by: American Casualty Company of Reading, Pennsylvania 333 S. Wabash Avenue, Chicago, IL 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

Table with 4 columns: Coverage Extension, Amount, Frequency, and Aggregate Limit. Includes License Protection, Defendant Expense Benefit, Deposition Representation, Assault, Medical Payments, First Aid, Damage to Property of Others, and Information Privacy (HIPAA).

Workplace Liability

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

Total: \$ 84.00

Base Premium \$84.00

Premium reflects Employed , Full Time

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

Table with 7 columns listing various policy forms and endorsement codes such as G-121500-D, GSL10550NY, G-121503-C, etc.

Handwritten signature of Chairman of the Board

Handwritten signature of Secretary

Keep this document in a safe place. It 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. Master Policy # 188711433

G-141241-B31 (03/2010)

Coverage Change Date:

Endorsement Change Date:

POLICY FORMS & ENDORSEMENTS

The following are the policy forms and endorsements that apply to your current professional liability insurance policy.

COMMON POLICY FORMS & ENDORSEMENTS

<u>FORM #</u>	<u>DESCRIPTION</u>
G-121500-D	Common Policy Conditions
GSL10550NY	New York Amendatory Endorsement
G-121503-C	Workplace Liability Form
G-121501-C	Occurrence Policy Form
GSL11892NY	New York Amendatory Endorsement
CNA81753	Coverage & Cap on Losses from Certified Acts Terrorism
CNA81758	Notice - Offer of Terrorism Coverage & Disclosure of Premium
G-145184-A	Policyholder Notice - OFAC Compliance Notice
G-147292-A	Policyholder Notice - Silica, Mold & Asbestos Disclosure
GSL15563NY	New York Information Privacy Coverage
GSL15565NY	New York Assault Coverage
GSL17101	Exclusion of Specified Activities Reuse of Parenteral Devices and Supplies
GSL18064NY	New York Amendatory Endorsement
GSL13424	Services to Animals
CNA80051	Amended Definition of Personal Injury Endorsement
CNA80052	Distribution or Recording of Material or Information in Violation of Law Exclusion Endorsement
G-123813-C31	New York Amendatory Change
G-123846-D31	New York Cancellation and Non-Renewal
CNA82011	Related Claims Endorsement

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

- For NJ residents: The PLIGA surcharge shown on the Certificate of Insurance is the NJ Property & Liability Insurance Guaranty Association.
- For KY residents: The Surcharge shown on the Certificate of Insurance is the KY Firefighters and Law Enforcement Foundation Program Fund and the KY LGPT is the KY Local Government Premium Tax which includes charges at a municipality and/or county level.
- For WV residents: The surcharge shown on the Certificate of Insurance is the WV Premium Surcharge.
- For FL residents: The FIGA Assessment shown on the Certificate of Insurance is the FL Insurance Guaranty Association - 2012 Regular Assessment.

Form#: G-141241-B31 (03/2010)
Master Policy#: 188711433

Named Insured: Alyssa V Keegan
Policy#: 0655838383

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: January 23, 2018

- (a) Purpose of Contract Change: To amend the contract with North Country Home Services to reflect a rate increase from \$28.50 to \$30.00 per hour for Home Health Aide Services
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: R53/2017 please see attached
- (c) Name of Contractor: North Country Home Services
- (d) Address of Contractor: 25 Church Street, Saranac Lake, NY 12983
- (e) Contractor's Contact Person and Telephone Number: Rebecca Leahy, 518-891-2641, fax: 518-891-2055
- (f) Commencement Date of Amendment: 01/01/2018
- (g) Termination Date of Extension: will continue until either party requests amendment for change
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount \$30.00
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. paid bimonthly upon receipt of required documentation for each individual patient visit)
- (i) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount **OR** Capital Project **OR** Capital Reserve Project Number and Title and Amount:
A.4010.470 contract expense

Warren County Board of Supervisors

RESOLUTION NO. 53 OF 2017

RESOLUTION INTRODUCED BY SUPERVISORS FRASIER, MACDONALD, VANSELOW, MONTESI, BRAYMER, MCDEVITT AND LEGGETT

AMENDING RESOLUTION NO. 114 OF 2016 TO REFLECT AN INCREASE IN RATES FOR PARAPROFESSIONAL CARE SERVICES PROVIDED BY NORTH COUNTRY HOME SERVICES FOR THE HEALTH SERVICES DEPARTMENT

WHEREAS, Resolution No. ~~114~~ ⁵³ of ~~2016~~ ²⁰¹⁷ authorized an amendment agreement with North Country Home Services, Inc. (the "Agency") for paraprofessional care services under the CHHA Program, and

WHEREAS, the Director of Public Health/Patient Services has advised that the Home Health Aide rate for North Country Home Services, Inc. will be increasing to ~~Twenty-Eight Dollars and Fifty Cents (\$28.50)~~ ^{Thirty Dollars (\$30.00)} per hour for ~~2017~~ ²⁰¹⁸, now, therefore, be it

RESOLVED, that the rates for the services for 2017 be and hereby are, increased as follows:

<u>CONTRACTOR/ AGENCY</u>	<u>PURPOSE</u>	<u>ESTIMATED CONTRACT AMOUNTS/RATES</u>
North Country Home Services, Inc.	Paraprofessional Care Services - CHHA	Home Health Aide \$28.50/hr ^{\$30.00}

and be it further

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an amendment agreement with North Country Home Services, Inc. to reflect the rate change, effective January 1, ~~2017~~ ²⁰¹⁸, in a form approved by the County Attorney, and be it further

RESOLVED, that unless there should be a material change in contract terms or a change in rates/costs, a further Board resolution will not be necessary for the Chairman of the Board of Supervisors to execute contracts for continuous one year terms, provided appropriations for such contracts are made in the Health Services budget and the Department Head recommends continuation of the contracts, and be it further

RESOLVED, that other than the changes outlined herein, all other terms and conditions of Resolution No. ~~114~~ ⁵³ of ~~2016~~ ²⁰¹⁷ will remain the same.

ADMINISTRATIVE OFFICE
Rebecca Leahy, R.N., President & CEO
D. Scott Tooker, Treasurer & CFO
25 Church Street, Saranac Lake, NY 12983
Phone (518) 891-5611
Fax (518) 891-2055



SERVICE OFFICES
Malone (518) 483-4502
Plattsburgh (518) 566-0183
Saranac Lake (518) 891-2641
Ticonderoga (518) 585-9820

"The Heart of Home Health Care"

25 Church Street • Saranac Lake, NY 12983 • (518) 891-2641 • Fax (518) 891-2055

November 15, 2017

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

Dear Patricia:

North Country Home Services Board of Directors has approved the home health aide rate for the 2018 year. The following is your rate:

<u>2017 Rate</u>	<u>2018 Rate</u>
\$28.50	\$30.00

We thank you for the privilege of serving your agency. It is a pleasure working with you and your staff.

Sincerely,

Rebecca Leahy, RN
President/CEO

RL/sb

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: January 23, 2018

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To authorize a contract agreement with New York State Department of Health for a 5 year Immunization Action Plan
- (c) Name of Contractor: New York State Department of Health, Bureau of Immunization
- (d) Address of Contractor: ESP Corning Tower Rm 649, Albany, NY 12237
- (e) Contractor's Contact Person and Telephone Number: Robin Sutor, Assistant Director, 518-473-4437, email: ImmAdmin@health.ny.gov
- (f) Has or will the Contract be provided, if so, please attach: No contract is completed and approved through the Grants Gateway process electronically
- (g) Commencement Date of Contract: April 1, 2018
- (h) Termination Date of Contract: March 31, 2023
- (i) Payment Provisions: Per terms of contract agreement paid upon approval of submitted work plan and budget. Total budget amount for year 1 (04/01/18 – 03/31/19) \$32,284.00
- 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. voucher submission)
- (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 4018.0030 1613 Immunization Revenue

Auer, Pat

From: doh.sm.ImmAdmin <ImmAdmin@health.ny.gov>
Sent: Wednesday, December 27, 2017 9:26 AM
To: Jones, Ginelle; Auer, Pat; Myhrberg, Patty; Driscoll, Tawn
Cc: Joyce, Barbara J (HEALTH)
Subject: 2018-23 IAP Contract Award Letter/Action Due: 1-17-18
Attachments: 2018-23 IAP Work Plan.xlsx; Providers selected for AFIX visits.xlsx; 2018-19 IAP Budget Modification Request.xlsx; 2018-19 IAP Narrative Report Template.docx; IAP Contact Information Sheet.docx; 2018-19 Vaccine Storage and Handling Review Tool.docx; Special-Underserved Population Selection.docx; 2018-19 Adult Provider Public Health Detailing Guidance.docx; 2018-19 School Visit Guidance.pdf; 2018-19 Day Care and Preschool Audits Guidance.pdf; 2018-19 IAP Reporting Requirements.pdf; 2018-19 IAP Budget and Justification Instructions.pdf; Vaccination Coverage Guidance.pdf; Warren 2018-23 IAP Contract Award Letter.pdf

Dear County Health Official:

The attached 2018-23 IAP Contract Award Letter provides information and instructions regarding the development of a new five-year Immunization Action Plan (IAP) contract between the New York State Department of Health (NYSDOH) and your county. The contract term is for the period April 1, 2018 through March 31, 2023. Your annual budget amount is provided in the letter.

Please review the attached letter and have appropriate staff log in to the online New York State Grants Gateway and enter or upload the required documentation, **no later than Wednesday, January 17, 2018.**

In addition to your 2018-23 IAP Contract Award Letter, this email communication also contains the following documents:

- Providers selected for AFIX visits template
- Special/underserved population selection template
- IAP Contact Information Sheet
- Vaccination Coverage Guidance
- 2018-23 IAP Work Plan
- 2018-19 IAP Budget and Justification Instructions
- 2018-19 IAP Narrative Report Template
- 2018-19 IAP Reporting Requirements
- 2018-19 IAP Budget Modification Request Template
- 2018-19 Vaccine Storage & Handling Review Tool
- 2018-19 Day Care and Preschool Audits Guidance
- 2018-19 School Visit Guidance
- 2018-19 Adult Provider Public Health Detailing Guidance

If you have questions regarding budget development or the work plan, contact the Bureau of Immunization's Administration Unit at 518-473-4437 or ImmAdmin@health.ny.gov.

Please confirm receipt of this e-mail and attachments by replying to all within three business days.

Thank you,

Admin Unit



Department of Health

ANDREW M. CUOMO
Governor

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

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

December 26, 2017

Patricia Auer
Public Health Director
Warren County Department of Health
1340 State Route 9
Lake George, New York 12845

RE: IAP Contract # C-32552GG 2018-2019 Budget Amount: \$32,284.00

Dear Director Auer:

This letter provides information and instructions regarding the development of a new five-year Immunization Action Plan (IAP) contract between the New York State Department of Health (NYSDOH) and Warren County Department of Health. Under this contract your local health department (LHD) will conduct assessment, outreach and education activities to increase childhood, adolescent and adult immunization rates to reduce the occurrence of vaccine preventable diseases. The contract term is for the period April 1, 2018 through March 31, 2023. Your annual budget amount is provided above. This contract is contingent upon approval of the New York State Office of the State Comptroller and availability of funds.

Contracts will be executed in the New York State Grants Gateway. Your county will receive an email notification prompt to log in to the Grants Gateway and enter or upload required information and documentation. Information regarding the online Grants Gateway contract development and contract approval process is available in the Grantee User Guide at <http://grantsreform.ny.gov/Grantees>. An instructional webinar on contract development is also available by sending an email as shown in the following link: <https://grantsreform.ny.gov/training-calendar>. Individuals who do not have the necessary Grants Gateway access should contact your county's Delegated Administrator for the Gateway. **Please enter or upload the required information by January 17, 2018.**

Several guidance and template documents are attached to this communication, some of which need to be completed and returned prior to the contract start date. Additional guidance documents will be provided in the months ahead, and work plan training will be held at the annual March statewide IAP meeting.

1. Budget

Please review the attached 2018-19 IAP Budget and Justification Instructions for completing contract budget forms in the Grants Gateway. These include descriptions for allowable versus non-allowable expenses under this contract. **Also, note that your organization must have a time reporting mechanism for staff to track and document time spent on IAP work. This documentation must be made available upon request for auditing purposes.**

2. Work Plan and Performance Measures

The work plan objectives, tasks and performance measures are already entered on the Grants Gateway. A copy of the work plan is attached. Please note the requirement throughout the work plan to use evidence-based strategies to achieve objectives.

In addition, please note the following regarding vaccination coverage rate targets and provider selection for Assessment, Feedback, Incentive and eXchange (AFIX) visits:

Targets for increasing 4:3:1:3:3:1:4 and HPV vaccine coverage

Review the attached Vaccination Coverage Guidance for an explanation of how your county's target for increasing vaccine coverage rates will be calculated. The targets vary based on the county's baseline vaccine coverage rate and the statewide coverage rate. Your target will be provided to you by mid-to-late February 2018.

Provider Selection for AFIX Visits

Each LHD will conduct AFIX visits to at least 25% of county VFC providers annually. This total will include visits to **half** of the county VFC providers who are in the **statewide** (not county level) bottom quartile for 4:3:1:3:3:1:4 vaccine coverage. The remaining AFIX will be selected according to the other NYSDOH AFIX selection criteria. The number of the county's providers selected based on the statewide bottom quartile list will vary based on the number of the county's providers falling onto that list. Use of the statewide bottom quartile is intended to reach more providers with the lowest coverage rates across the state. Provider lists with immunization rates and designating the statewide bottom quartile will be sent to you by mid-to-late February 2018 along with an AFIX Guidance document.

3. Documentation LHD must provide: (In addition to items requested in the Grants Gateway)

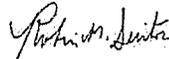
Documentation Needed	Method of Submission	Submit By
Contract Supporting Documents: (required to process the contract)		
Form CE-200 (Certificate of Attestation for Workers' Compensation & Disability Benefits Insurance Coverage)	Upload to Grantee Document Folder	January 17, 2018
Work Plan Supporting Documents: (required prior to contract start date, as listed below)		
Providers selected for AFIX visits template	email to ImmAdmin@health.ny.gov	2 weeks after date LHD receives provider list from the NYSDOH
Special/underserved population selection	email to ImmAdmin@health.ny.gov	March 1, 2018
IAP Contact Information Sheet	email to ImmAdmin@health.ny.gov	March 1, 2018
Organization Chart (showing IAP Program & where it falls within the larger organization)	email to ImmAdmin@health.ny.gov	March 1, 2018

4. Reporting Requirements

Review the attached 2018-2019 Reporting Requirements. The 2018-2019 IAP Narrative Report template is also attached. Failure to meet or address deficiencies in performance measures will constitute "incomplete reporting" and voucher payment may be withheld until sufficient reporting is provided.

If you have questions, please contact the Administration Unit at the Bureau of Immunization at 518-473-4437 or ImmAdmin@health.ny.gov.

Sincerely,



Robin Sutor
Assistant Director
Bureau of Immunization

Attachments:

- Providers selected for AFIX visits template
- Special/underserved population selection template
- IAP Contact Information Sheet
- Vaccination Coverage Guidance
- 2018-23 IAP Work Plan
- 2018-19 IAP Budget and Justification Instructions
- 2018-19 IAP Narrative Report Template
- 2018-19 IAP Reporting Requirements
- 2018-19 IAP Budget Modification Request Template
- 2018-19 Vaccine Storage & Handling Review Tool
- 2018-19 Day Care and Preschool Audits Guidance
- 2018-19 School Visit Guidance
- 2018-19 Adult Provider Public Health Detailing Guidance

CC: Patty Myhrberg
Ginelle Jones
Tawn Driscoll
Ginelle Jones
Barbara Joyce

RESOLUTION REQUEST FORM NO. 1

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

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

DEPARTMENT NAME: Health Services

DATE: January 23, 2018

- (a) Name of Appointee: see attached list
- (b) Is this a Reappointment? If so, please provide the Resolution No. which authorized the last appointment of this individual
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If Person is Being Appointed as a Representative of a Specific Group/Agency, Please List their Affiliation and Title see attached list
- (e) Address of Appointee:
- (f) Title of Appointment: Professional Advisory Committee Member
- (g) Effective Date of Appointment: 01/01/2018
- (h) Termination Date of Appointment: 12/31/2018
- (i) Name of Person Being Replaced (if applicable): John Ruggie, MD and Daniel Larson, M.D.
- (j) Reason for Replacement: Retired and Retired

Warren County Board of Supervisors

RESOLUTION NO. 56 OF 2017

RESOLUTION INTRODUCED BY SUPERVISORS FRASIER, MACDONALD, VANSELOW, MONTESI, BRAYMER, MCDEVITT AND LEGGETT

APPOINTING MEMBERS OF PROFESSIONAL ADVISORY COMMITTEE

RESOLVED, that the following members of the Professional Advisory Committee for the Health Services Department, as listed on Schedule "A" annexed hereto and made a part hereof, be, and hereby are appointed for a one-year term commencing January 1, ~~2017~~ and terminating December 31, ~~2017~~.

2018

2018

RESOLUTION No. 56 OF 2017

PAGE 2 OF 3

SCHEDULE "A"

PROFESSIONAL ADVISORY COMMITTEE MEMBERS

NAME	TITLE/ADDRESS
Kathy Andersen, RN	Nursing Director of Dialysis Center and Vascular Access and Infusion Center Steno Falls Hospital
Patricia Auer	Director Public Health/Patient Services Warren County
Stephen Bassin	Physical Therapist
Patricia Belden	Public Health Nurse Communicable Disease Program Warren County
Tammie DeLorenzo	Clinical Fiscal Informatics Coordinator, Warren County Health Services
Tawn Driscoll	Financial Manager, Warren County Health Services
Joseph Dufour	FNP, Irongate Family Practice
Daniel Durkee	Senior Health Educator Warren County Health Services
Joan Grishkot, RN	BSN, MHA Community Member
Ginelle Jones	Assistant Director Public Health Warren County Health Services
Daniel Larson, MD Paul Bachman	Public Health Medical Director Hudson Headwaters Health Network
Richard Leach, MD	Tuberculosis and Infectious Disease Program Consultant
Richard Mason	Community Member
Erik Mastrianni	Senior EI Coordinator Warren County Health Services

RESOLUTION No. 56 OF 2017

PAGE 3 OF 3

Deanna Park

Director
Warren Hamilton Counties Office for the Aging

Nancy Parsons, RN

Immunization Program
Warren County Health Services

~~Point~~ ~~Paul Bachmann~~
~~John Ruge, MD~~ MD
repoint William Borges MD
~~Maureen Schmidt~~

certified Home Health Agency Medical Director
CEO, Hudson Headwaters Health Network
Hudson Headwaters Health Network

Commissioner
Warren County Department of Social Services

Julie Smith

Director of Patient Services
Greater ADK Home Health Aides

Valerie Whisenant

Assistant Director Patient Services
Warren County Health Services

RESOLUTION REQUEST FORM NO. 1

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

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

DEPARTMENT NAME: Health Services

DATE: 01/23/2018

- (a) Name of Appointee: See attached list
- (b) Is this a Reappointment? If so, please provide the Resolution No. which authorized the last appointment of this individual
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If Person is Being Appointed as a Representative of a Specific Group/Agency, Please List their Affiliation and Title See attached list
- (e) Address of Appointee:
- (f) Title of Appointment: Local Early Intervention Coordinating Council Member
- (g) Effective Date of Appointment: 01/01/2018
- (h) Termination Date of Appointment: 12/31/2018
- (i) Name of Person Being Replaced (if applicable): Melissa Dunbar being replaced by Dorothy Grover, Ashlie Genovese being replaced by Meshele Bourdeau and Carrie Lee being replaced by Kristen Chico
- (j) Reason for Replacement: Ashlie Genovese and Carrie Lee were parent member, unable to attend meeting, requested to be removed from membership. Melissa Dunbar therapist unable to attend meetings.

Warren County Board of Supervisors

RESOLUTION NO. 57 OF 2017

RESOLUTION INTRODUCED BY SUPERVISORS FRASIER, MACDONALD, VANSELOW, MONTESI, BRAYMER, MCDEVITT AND LEGGETT

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

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

WHEREAS, it is necessary to appoint members for a term commencing January 1, ~~2017~~²⁰¹⁸ and terminating December 31, ~~2017~~²⁰¹⁸, now, therefore, be it

RESOLVED, that the persons named on Schedule "A" attached hereto, are hereby appointed as members of the LEICC through December 31, 2017.

~~2017~~²⁰¹⁸

WCPH LOCAL EARLY INTERVENTION COORDINATING COUNCIL

Auer, Patricia Jones, Ginelle LaLone, Emily Mastrianni, Erik	Merritt, Jackie Sharron, Cheryl Gillis, Diana Toolan, Debbie	761-6580 Fax: 761-6422	Warren County Public Health 1340 State RT 9, Lake George, NY 12845
Bourdeau, Meshele		518-696-6453	PO Box 484 – 18 Hill Street Lake Luzerne, NY 12846 mbourdeau101108@gmail.com
Chico, Kristen		518-683-1201	9 Sagamore Street Glens Falls NY 12801 kristenlarms@yahoo.com
Conine, Pam		518-798-7972	Southern Adirondack Child Care Network 88 Broad Street, Glens Falls, NY 12801 coninep@saccn.org
Matte, Sarah		518-798-7555 x216	Warren County Head Start 11 Pearl Street, Glens Falls, NY 12801 disability@wchsny.org
Meilhede, Dr. Lauren		518-798-9538	Adirondack Pediatrics 84 Broad Street #3, Glens Falls NY 12801 lmeilhede@gmail.com
Mulcahy, Cindy		518-761-6362	Warren County Preventive Services Human Services Bldg., Lake George, NY 12845 cynthia.mulcahy@dfa.state.ny.us
Utz-Meagher, Kevin		518-581-3069	Capital District DDSO 3 Care Lane Suite 200 Saratoga Springs, NY 12866
York, Robert		518-792-7143	Office of Community Services for Warr. and Wash. Co 230 Maple Street Suite 1, Glens Falls, NY 12801 Yorkr@warrencountyny.gov
Grover, Dorothy		518-260-0716	Queensbury Union Free School District Aviation Road, Queensbury NY 12804 Grover.dorothy@gmail.com Also: Brilliant Therapies, Physical Therapist

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: 01/23/2018

- (a) Purpose of Contract Change: To amend the agreement with Washington-Saratoga-Warren-Hamilton –Essex Board of Cooperative Educational Services (BOCES) to reflect clinical experience to students in the New Visions Program in a form approved by the county attorney
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: on file
- (c) Name of Contractor: Board of Cooperative Educational Services
- (d) Address of Contractor: 1153 Burgoyne Avenue, Suite 2, Fort Edward, NY 12828
- (e) Contractor's Contact Person and Telephone Number: Dr. James Dexter, phone: 518-746-3420, fax: 518-746-3409
- (f) Commencement Date of Amendment: October 15, 2017
- (g) Termination Date of Extension: June 30, 2018
- (h) Payment Provisions: No payments involved in agreement
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount OR Capital Project OR Capital Reserve Project Number and Title and Amount:
Not applicable

Warren County Health Services
1340 St. Rt. 9
Lake George, NY 12845

2017 – 2018

Agreement for providing clinical experience to students of
the
WASHINGTON-SARATOGA-WARREN-HAMILTON-ESSEX
BOARD OF COOPERATIVE EDUCATIONAL SERVICES

HEALTH RELATED PROGRAMS:

- ~~• Career Exploration Internship Program~~
- ~~• Health Occupations Program~~
- ~~• Licensed Practical Nursing Program~~
- (only) • New Visions Program
- ~~• Nurse Assisting Program~~

THIS AGREEMENT, effective October 15, 2017 through June 30, 2018 is between the **Board of Cooperative Educational Services** of the Sole Supervisory District of Washington-Saratoga-Warren-Hamilton-Essex Counties, (hereinafter referred to as "**BOCES**"), 1153 Burgoyne Avenue, Suite 2, Fort Edward, New York 12828, and the **Warren County Health**

Services(hereinafter referred to as the "**WCHS**"), 1340 St. Rt. 9, Lake George, NY 12845

RECITALS

1. BOCES has approved the aforementioned Health Related Programs and such BOCES Health Program requires clinical experience.
2. The State Education Department has approved the BOCES Health Related Programs.
3. It is to the mutual benefit of both parties that students of the BOCES Health Related Programs use the clinical facilities of **WCHS** for their learning experience.

NOW THEREFORE, the above named parties agree as follows:

1. The BOCES will assume full responsibility for planning and executing the educational program in programming, administration, curriculum content, faculty appointments, faculty administration, and the requirements for admission, retention, and graduation of students.
2. The BOCES shall provide qualified faculty who shall be responsible for instruction and for collaboration with the appropriate **WCHS** personnel in planning, selecting, and evaluating student experience. Any substitute faculty used under emergency conditions shall meet the same qualifications as regular faculty and will have been oriented by BOCES to the clinical area in question before assuming responsibility for instruction.
3. **WCHS** agrees to designate a liaison person or persons whose responsibility it shall be to make available for the students learning experiences which provide for the fulfillment of the course objectives. The liaison shall also collaborate with the faculty to ensure that the instructional program shall effectively prepare the students for professional practice roles following their graduation from the Program.
4. BOCES shall notify the **WCHS** liaison of any cancellation or change of assigned students as soon as BOCES is aware of such occurrence.
5. The BOCES Principal of Special Programs or appropriate designee shall confer regularly and at frequent intervals with the **WCHS** officers as may be appropriate to ensure the establishment and maintenance of mutually beneficial working relationships.

6. BOCES will be responsible for assigning students to **WCHS** for learning experiences. BOCES will notify **WCHS** at least two weeks or more of its planned schedule of student assignments to **WCHS** areas including dates, number of students and instructors, and types of experience desired on those dates. This schedule will require approval of **WCHS**.
7. The number of students eligible to participate in the clinical assignments of **WCHS** will be mutually determined by agreement of both parties and may be altered by mutual agreement.
8. It is agreed by both parties that there shall be no discrimination on the basis of race, religion, creed, gender, national origin or handicap.
9. BOCES agrees to provide **WCHS** with a list of students and faculty to be assigned with copies of proper documentation that they have completed the necessary examination(s), mandates and appropriate immunizations as determined by **WCHS** for individuals working in the clinical areas. BOCES will maintain permanent records of the above. Any substitute faculty will be required by BOCES to comply with this provision. Documentation of compliance by such faculty will be provided to **WCHS**.
10. The BOCES will maintain records and reports of the students' **WCHS** experiences.
11. BOCES personnel will provide orientation on its educational program for the staff of **WCHS**. **WCHS** personnel will likewise provide orientation for the faculty of the BOCES.
12. BOCES will distribute to the students and faculty participating in the Program all appropriate rules and regulations as provided by **WCHS** with the request that they abide by them at all times.
13. **WCHS** will maintain overall responsibility for the care of any patient who is assigned to a student for the purpose of clinical educational experiences.
14. **WCHS** will make available the patient care areas and related services for student experience, including access to records and the necessary equipment and supplies for giving nursing care consistent with the care requirements of its patients and the primary needs of **WCHS**. At no time will the educational experiences of students interfere with the care and treatment of the patients.
15. **WCHS** reserves the right, in its absolute discretion, to immediately and automatically refuse its facilities to any students or faculty members or to revoke the privileges of any students or faculty members, permanently or

during a period of investigation, who do not meet the professional, disciplinary or other requirements of **WCHS**. Students and faculty will be expected to act in a professional manner and follow **WCHS** policy at all times they are present at **WCHS**. This in no way limits the ability of **WCHS** to revoke said privileges for an incident outside **WCHS** that does not conform to the standards of authorities controlling and directing **WCHS**. Notification of such refusal or revocation of privileges will be made to the District Superintendent and Program Supervisor of the Program at BOCES.

16. BOCES will instruct its students and faculty to respect the confidential nature of all information which they may obtain from patients and records of **WCHS**. Any violations of such confidentiality will be considered to be of the utmost seriousness and may be cause for immediate dismissal and/or suspension from the Program at **WCHS** during a period of investigation. BOCES agrees that it will hold harmless and indemnify, up to the monetary limits outlined in paragraph 25 below, **WCHS** against all claims and causes of action arising from a breach of confidentiality under this requirement.
17. Students must obtain prior written approval of **WCHS** and BOCES before publishing any written material related to the clinical experience.
18. **WCHS** agrees to notify the BOCES Principal of Special Programs and any agency personnel of any unusual situation or behavior involving student or faculty wherein the safety of any person is threatened, professional misconduct is exhibited, the dress code or health policy of **WCHS** is violated or the cooperative intent of this Agreement is violated.
19. **WCHS** will make available an area for pre-conferences and post-conferences.
20. **WCHS** will permit students and faculty to use **WCHS** cafeteria during **WCHS** assignment hours. The use of the cafeteria will be in conformity with all reasonable rules which **WCHS** may establish in connection therewith, including wearing nametags.
21. **WCHS** will make available emergency medical care to students and faculty at that individual's expense who may become ill or injured while on duty. The usual and customary **WCHS** billing procedures will apply in such cases. Reports of such illness or accident will be sent to BOCES. With the exception of emergency care, students and faculty will provide for their own medical care.
22. At no time shall either party to this Agreement, or the student, consider the student to be an employee of **WCHS**.

23. Students will provide their own uniforms.
24. At all times during the term of this Agreement, BOCES will provide, for its own protection, a policy or policies of general comprehensive insurance, with limits for each occurrence in the amount of one million dollars / three million aggregate. Said insurance shall provide protection for liability arising out of any act or omission of BOCES, its employees, agents, representatives or students resulting from, arising out of or incidental to the performance of the Agreement. BOCES agrees that **WCHS** will receive no less than ten (10) days written notice prior to the cancellation, modification or non-renewal of any insurance coverage.
25. Students will be covered by a professional liability insurance coverage of \$1,000,000 / \$1,000,000. The BOCES insurance will cover these students.
26. **WCHS**, on reasonable request, shall permit the inspection of the clinical facilities, services available for clinical experiences, student records and such other items pertaining to the Program by BOCES or other agencies, or both, charged with responsibilities for accreditation of the curriculum.
27. This Agreement shall be effective October 15, 2017 through June 30, 2018 and will continue in full force and effect unless terminated as hereinafter provided. The Agreement may be modified upon request by either party and with the agreement of the other party at any time or it may be terminated by one party upon ninety (90) days written notice prior to the other. Termination of the Agreement shall not become effective until the students enrolled in the program shall have the opportunity to complete a full program.
28. Neither party shall assign, transfer, convey or otherwise dispose of this Agreement or the right, title or interest therein, or the power to execute such Agreement, to any other person, company, corporation or institution, without previous consent in writing of the other party.
29. The parties hereto recognize that in the performance of this Agreement, the greatest benefits will be derived by promoting the interests of both parties and each of the parties does, therefore, enter into this Agreement with the intention of loyally cooperating with the other in carrying out the terms of this Agreement and each party agrees to interpret its provisions, insofar as it may legally do so, in such manner as will best promote the interest of both and render the service to the public.

30. All notices to parties hereunder must be in writing, signed by the party giving it, and shall be served either personally or by registered mail addressed as follows:

TO THE BOCES:

WSWHE BOCES
District Superintendent, James Dexter
1153 Burgoyne Avenue, Suite 2
Fort Edward, New York 12828

WITH A COPY TO:

WSWHE BOCES
Principal CTE Division, Rick Horn
1051 Dix Ave.
Hudson Falls, NY 12839

Warren County Health Services:
Ginelle Jones
1340 St. Rt. 9
Lake George, NY 12845

James P. Dexter, District Superintendent
WSWHE BOCES

Date Signed

Ginelle Jones

Date Signed



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/3/2017

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 Upstate Agency LLC 20 South Street Glens Falls NY 12801		CONTACT NAME: Commercial Lines Department PHONE (A/C, No, Ext): (518) 792-5841 FAX (A/C, No): (518) 793-3627 E-MAIL ADDRESS: commerciallines@upstateagency.com	
INSURED WSWHE Boces 1153 Burgoyne Ave., Suite 2 Fort Edward NY 12828		INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Republic-Franklin Insurance Co 12475 INSURER B: Utica National Assurance Co. 10687 INSURER C: Utica National Insurance Company of 13998 INSURER D: _____ INSURER E: _____ INSURER F: _____	

COVERAGES **CERTIFICATE NUMBER:** 07/01/17 to 18 Master **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 SUBR INSD 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		4776369	7/1/2017	7/1/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Employee Benefits \$ 1,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		4886930	7/1/2017	7/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Garagekeepers Coll Cov \$ 150,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTIONS 10,000		4776371	7/1/2017	7/1/2018	EACH OCCURRENCE \$ 20,000,000 AGGREGATE \$ 20,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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)
 LPN Student Programs

CERTIFICATE HOLDER

Warren County Public Health
 Attn: Administrator
 1340 State Route 9
 Lake George, NY 12845

CANCELLATION

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

R Leonelli, CIC/GUIMO

Richard Leonelli Jr

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RESOLUTION REQUEST FORM NO. 11

Request to Create New Position

DEPARTMENT NAME: Health Services

DATE: 01/23/2018

- (a) Title of Requested Position: Supervising Public Health Nurse
- (b) Annual **Base** Salary (and Grade if Applicable): Management position, non-bargaining unit \$69,272.32 proposed salary subject to BOS approval.
- (c) Effective Date for New Position:* 03/01/2018
*Please do not backdate unless the purpose is to correct an error.
- (d) List Any Position in the Department's Table of Organization Being Deleted as a Result of this Request: (Include annual salary and grade if applicable): Long Term Coordinator, non-bargaining unit position - \$72,394.19 current salary for position being deleted.
- (e) Where are Funds in the Budget for this Position? List Budget Code (with title), Object Code (with title), and Amount: A.4010.130 Health Services supervising public health nurse full time salary.
- (f) Has Personnel Officer Reviewed and Approved of the New Position Title?: Yes (This is necessary **BEFORE** bringing the request to committees.)
- (g) Is this a mandated position? If so, please explain: Not specifically, see comment below
- (h) Is there expected revenue from this position? If so, please explain: Not specifically but position is needed in order to assure appropriate supervision and oversight of nurses that provide revenue generating services

RESOLUTION REQUEST FORM NO. 11

Request to Create New Position

DEPARTMENT NAME: Health Services

DATE: 01/23/2018

- (a) Title of Requested Position: Public Health Program Coordinator
- (b) Annual **Base** Salary (and Grade if Applicable): Grade 18 Base Salary \$45,313
- (c) Effective Date for New Position:* 02/19/2018
*Please do not backdate unless the purpose is to correct an error.
- (d) List Any Position in the Department's Table of Organization Being Deleted as a Result of this Request: (Include annual salary and grade if applicable): Senior Public Health Educator
- (e) Where are Funds in the Budget for this Position? List Budget Code (with title), Object Code (with title), and Amount: 4018.0040.110 Health Education Full Time
- (f) Has Personnel Officer Reviewed and Approved of the New Position Title?: (This is necessary **BEFORE** bringing the request to committees.) Yes
- (g) Is this a mandated position? If so, please explain: No
- (h) Is there expected revenue from this position? If so, please explain: State Aide 36 %

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

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

DEPARTMENT HEAD COMPLETES THIS SECTION

Department: Health Services Payroll Dept. No: 36.04
Title of Position: Registered Professional Nurse Annual Salary: 46,318 Grade: 19
Budget code and title: A4018.0020.110 RPN (CHN #31) Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No.: 8409-667 Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal % State % Other various % nursing visits are reimbursable

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. Yes
Human Resources Director has approved this form when initialed. 1/10/17

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee _____ Date 1/11/18
 The Administrator has no objection to the filling of the vacancy.
 The Administrator objects to the filling of the vacancy.

Administrator Signature [Signature]

BUDGET OFFICER COMPLETES THIS SECTION

Date 1-17-18
 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

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee _____ Date _____
 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 Edna A. Francis

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: 36.08
Title of Position: WIC Nutrition Facilitator Annual Salary: 42,290 Grade: 16
Budget code and title: 4613.130 WIC Part-time Salaries Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No.: 13089 Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 100% State % Other %

Salary provided to support help rate is \$20.39 not to exceed 20 hrs per wk

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.

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Date 1/17/18
The Administrator has no objection to the filling of the vacancy.
The Administrator objects to the filling of the vacancy.
Administrator Signature

BUDGET OFFICER COMPLETES THIS SECTION

Date 1/19/18
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

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Date
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 Edna A. Fraser