

**Warren County Health Services
Health, Human and Social Services Committee
AGENDA FOR
April 24, 2018
Information Submitted By: Ginelle Jones, DPH/DPS**

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

Committee meeting called to order by Chairperson

Motion to approve the minutes of the March 19, 2018 Health and Human Services Committee meeting.

I. Action Agenda/New Business

Request Resolution: To authorize a contract with Diedre Convery-Bernard, NYS Licensed Speech Language Pathologist, to provide Speech Therapy Services.

Rationale: We continue to need Speech 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: Request to increase salary of non-union Disease Program Supervising Public Health Nurse #6 (SPHN) position by \$3, 272.32 to reflect current 2018 salary of \$69, 272.32

Rationale: The position was vacated in 2016 and the 2016 salary was erroneously reflected on the intent to fill. Recently there were two vacant SPHN positions posted in Health Services. It was noted this position (Disease Program SPHN) reflected the 2016 rate, while the other (Home Care SPHN) reflected the 2018 rate. The intent of this request is to make both positions consistent and to reflect the 2018 salary rate.

Request Resolution: Reassign Home Care Supervising Public Health Nurse (SPHN) to Disease Program SPHN position and hire new SPHN to fill Home Care SPHN position.

Rationale: Disease Program SPHN salary reflected 2016 rate so Homecare SPHN position was utilized to hire candidate on 4/2/18. Request will be made to change/increase Public Health SPHN salary to reflect 2018 rate (previous resolution request). Now there is need to reassign Home Care SPHN to the Disease Program SPHN position as initially planned, and then fill the Homecare SPHN vacancy (anticipated hire date 5/16/18 or when nurse returns from leave). Both positions are needed and there is intent for both positions to be filled. Intent to Fill forms for both positions have been approved within 6 months. A special thank you to Amanda Allen, Civil Service, and Human Resources for the guidance and assistance.

Request Resolution: To authorize Pat Belden, Supervising Public Health Nurse, to act on behalf of the Director of Public Health and Patient Services in the event of an emergency, when the director is not available.

Rationale: It is prudent to have provision in place for continuity of operation for Health Services (Public Health) in the event of an emergency, to ensure the appropriate function, response, and coverage in the absence of the director.

Request Resolution: To amend Resolution No. 311 of 2017, which amended the agreement with Delta Health Technologies to authorize an update of the electronic medical record system, to include the annual/monthly support fees (Crescendo Home Health Monthly Service \$7, 234, SHP Automated OASIS Export Monthly Service \$16, CAHP's Vender Utility to SHP Monthly Service \$32, Telehealth Interface to HomeMed Monthly Service \$250, Medispan Annual Subscription \$3, 977, and Medispan Monthly Maintenance \$300), which were authorized by prior resolution, but not included in Resolution No. 311 of 2017.

Rationale: Tammie DeLorenzo, Clinical and Informatics Coordinator, will be at the meeting to discuss and clarify if needed.

Request Resolution:

For Budget Amendment, please refer to **Attachments 5A, 5B, 5C, and 5D.**

Rationale:

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

Request Resolution:

To authorize transfer of funds, please refer to **Attachment 6.**

Rationale:

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

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 2017 vs 2018

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.

Thank you to everyone that participated in the April 3rd Exercise, including volunteers, nursing students, and various organizations.

A special thank you to Dan Durkee, J'Nelle Oxford, and other agency staff for their efforts and hard work.

Our agency is also appreciative of the support of collaborating agencies, including Glens Falls Hospital, Office of Emergency Services, Sheriff's Office, Department of Social Services, Buildings and Grounds, and many others!

There were many successes; however there were also some issues that were identified that will need to be addressed. One of the more challenging issues is limited number of staff and the ability for Public Health to sustain response for a prolonged period of time.

Status of Referrals

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

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

Information Item:

Meetings: An Authorization to Attend Meeting form was submitted to authorize permission for Pat Belden, newly promoted Supervising Public Health Nurse, to attend training. The one day seminar, Making the Transition to Supervisor, will be held May 3rd, 2018 at the Queensbury Hotel in Glens Falls. The cost of the meeting is \$199 and is the budget. **(Attachment 7)**

Staffing Update

Staffing continues to be a challenge and a work in progress.

Since our last meeting:

WIC Program:

The **WIC Program Coordinator** position was posted and we are in process of conducting interviews; hopeful to find the right person. Meanwhile staffing is adequate and clinics continue without interruption.

A vacant **WIC Program Assistant** position (Grade 5) was also posted and we are now interviewing.

The part time **Infant Feeding Advocate** remains vacant for now as the priority is filling the full time Coordinator and Assistant positions.

Permission was previously requested to fill the vacant positions and the intent to fill forms have already been completed and signed.

Nursing Positions:

We have two nurses on extended medical leave. We continue to have one nurse out on worker's compensation.

We are in the process of promoting two nurses to fill the two Supervising Public Health Nurse positions, so now there are 2 vacant PHN positions (#10 and #16) that we are seeking permission to fill. The intent to fill forms were submitted. The Disease Program Public Health Nurse #10 position is mandated. The Home Care Public Health Nurse #16 position is revenue generating.

The following positions have been approved to fill and Intent to Fill Forms have been completed and signed:

Community Health Nurse #11

Community Health Nurse #22

Public Health Nurse #10

Supervising Public Health Nurse #7

Requesting to Fill Home Care Public Health Nurse #16 position due to anticipated vacancy (5/16/18) as a result of promotion. Intent to Fill form will be submitted.

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 2017 vs 2018
4. Report of Referrals Status
5. **(5A, 5B, 5C, and 5D)** Budget Amendment Requests
6. Budget Transfer Request
7. Authorization to Attend Meeting or Convention

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

3/6/18	Inservice	CDMS training for all Public Health Staff	Dan, J'nelle (PH Staff)	Training
3/6/18	Meeting	April 3 rd Exercise Overview w/ Acting Commissioner of Social Services	Dan, J'nelle	
3/7/18		Completed and submitted EPR annual	Dan	
3/13/18	Meeting	Regional Public health Coordinators Meeting	Dan, J'nelle	
3/21/18	In-Person	Tabletop exercise @ Glens Falls Hospital	Dan, J'nelle	Drill
3/21/18	Conference Call	ServNY Monthly Volunteer Registry Call	Dan	
3/21/18	Webinar	CDMS Refresher ClinOps	J'nelle	
3/29/18	Education	CDMS Refresher Training with PH Staff	Dan, J'nelle	Training
4/3/18	Mandated Exercise	CD exercise Mass vaccination clinic response to Hep A outbreak	All PH Staff available plus 5 volunteers	Full Scale Exercise
4/6/18		Completed all necessary surveys required by NYSDOH as part of exercise documentation except ARR/IP	Dan, J'nelle	
4/10/18	Meeting	Attended Regional Public Health EPR Coordinators Meeting in Ballston Spa	Dan, J'nelle	
4/12/18	MCM	Toured Queensbury POD location to update POD Security Form	Dan, J'nelle	
4/17/18		Submitted draft AAR/IP for Full Scale Exercise for review	Dan	
4/18/18	In-Person	Tabletop Exercise @ Glens Falls Hospital	J'nelle	Drill
4/25/18	Meeting	Local EPR Committee Meeting	Dan J'nelle	

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2018 AS OF 4/13/2018 5:48:30 PM

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

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

EXPENSES	2018 BUDGETED	2018 YTD ACTUAL	2017 Prior Year Totals
Salaries - Regular	\$2,673,005.00	\$630,578.60	\$2,254,816.25
Salaries - Overtime	\$132,000.00	\$22,789.02	\$99,343.63
Salaries - Part Time	\$502,135.00	\$101,542.14	\$416,387.62
100's PERSONAL SERVICES	\$3,307,140.00	\$754,909.76	\$2,770,547.50
200's EQUIPMENT	\$51,581.00	\$708.74	\$70,272.53
400's CONTRACTUAL	\$6,129,215.35	\$863,347.38	\$5,564,401.96
800's EMPLOYEE BENEFITS	\$1,618,575.00	\$385,538.93	\$1,455,471.45
TOTALS	\$11,106,511.35	\$2,004,504.81	\$9,860,693.44

REVENUES	2018 BUDGETED	2018 YTD ACTUAL	2017 Prior Year Totals
	\$8,806,226.26	\$746,457.31	\$7,616,169.70

Note: We are in the process of closing month end for March for the Homecare and Maternal Child Health Programs.

For 2017, reflected above is \$625,493.21 for both WIC Revenues and Expenses affiliated with the values of the WIC Food and Farmer's Market Vouchers. Also reflected in Revenues is \$726,833.50 affiliated with the Preschool AVL's and Evaluations related to 2017 expenses. At this time, 2017 should be final for WCHS.

Warren County Health Services

Salaries Comparison

2017 vs 2018

as of 4/1/18 Payroll

Total of All Depts	YTD	YTD	YTD 18v17	% Change	Total Budget	Total Actual
	2018	2017			2018	2017
Regular Salaries	\$630,578.60	\$561,092.47	\$69,486.13	12.38%	\$2,673,005.00	\$2,254,816.25
Overtime Salaries	\$22,789.02	\$27,383.99	-\$4,594.97	-16.78%	\$132,000.00	\$99,343.63
Part Time Salaries	\$101,542.14	\$108,015.16	-\$6,473.02	-5.99%	\$502,135.00	\$416,387.62
TOTALS	\$754,909.76	\$696,491.62	\$58,418.14	8.39%	\$3,307,140.00	\$2,770,547.50
% current YTD Salary to Total Budget	22.83%	25.14%				

*Source: Detail G/L report for all Salary Category from 1/1/XX-4/1/XX

Overall, total salaries are \$58,418.14 more than total 2017 Salaries due to the annual negotiated contracted increases and additional expenses for retirements.

Overtime and Part time salaries are lower YTD for 2017 compared to 2018. We have lost a few per diem nursing staff and continue to recruit. Overall salaries are up slightly by 8.39% compared to 2017.

At this time, we currently are 22.83% of the 2018 budget where in 2017, we were 25.14% of the final actual expenses.

**Warren County Health Services
Revenue and Expense Comparison 2018 vs 2017
as of 4/13/18 G/L**

EXPENSES	2018 YTD Actual as of 4/13/18 G/L	2017 YTD as of 4/13/17 G/L (no mtg)	Variance
Salaries - Regular	\$630,578.60	\$561,092.47	\$69,486.13
Salaries - Overtime	\$22,789.02	\$27,383.99	(\$4,594.97)
Salaries - Part Time	\$101,542.14	\$108,015.16	(\$6,473.02)
100's PERSONAL SERVICES	\$754,909.76	\$696,491.62	\$58,418.14
200's EQUIPMENT	\$708.74	\$578.90	\$129.84
400's CONTRACTUAL	\$863,347.38	\$1,079,874.34	(\$216,526.96)
800's EMPLOYEE BENEFITS	\$385,538.93	\$432,826.56	(\$47,287.63)
TOTALS	\$2,004,504.81	\$2,209,771.42	(\$205,266.61)

REVENUES	2018 YTD ACTUAL	2017 Prior Year to Date Totals	
	\$746,457.31	\$790,385.63	(\$43,928.32)

Notes:

Salaries: (please see previous page) Overall are \$58,418.14 or 8.39% above 2017 as of the 4/1/18 payroll date. Full time salaries are above 2017 YTD salaries while part time and overtime salaries are below 2017. This increase correlates with the annual negotiated contract salary increases and additional retirement costs. Overall, 2018 salaries are 22.83% of budget while this time last year we were at 25.14% of the final total salaries.

Contractual expenses: Expenses at this time for 2018 are below 2017 by \$216,526.96. Due to timing of invoices, 93% of this variance is related to both CHHA and Preschool expenses.

Employee Benefits: Employee benefits are below last year by \$47,287.63 and correlates with the the nursing position shortages that we have experienced during the year therefore allowing us to hire per diem employees.

Revenues:

Overall revenues at this time are below 2017 by \$43,928.32. Again this is due to timing of receipts.

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

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	1836

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	1684

CATEGORY	01/2018	02/2018	03/2018	04/2018	05/2018	06/2018	07/2018	08/2018	09/2018	10/2018	11/2018	12/2018	
SN eval	112	88											
SN IV eval	2	8											
PRI	3	3											
UASNY	16	12											
SN Evals per month	133	111	0	0	0	0	0	0	0	0	0	0	
PT Evals	70	57											
PT only	19	18											
Total Evals per month	152	129	0	0	0	0	0	0	0	0	0	0	
	2%	-7%											

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-Home Care Division

DATE: April 24, 2018

- (a) **Purpose of Amendment:** To amend the 2018 budget to adjust the Health Services – Home Care Division to reflect funds received from the Adirondack Health Institute (AHI) in the amount of **\$2,500.00** which must be used to support the DSRIP (New York State Delivery Systems Reform Incentive Payment Program) Project activities. The Funds will be utilized to transition the Electronic Patient Health Record System utilized by our Certified Home Health Agency from Delta Health Technologies' Encore Product to their Crescendo Product. Costs will include equipment, data processing and training.
- (b) **Appropriation Code (with title), Object Code (with title) and Amount:**
A.4010.428 Health Services-Data Processing \$2,500.00

Revenue Code (with title), and Amount:

A.4010.3426 Health Services—DSRIP Engagement Funds Revenue \$2,500.00.

ATTACHMENT #5A

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: April 24, 2018

- (a) **Purpose of Amendment:** To amend the 2018 budget to adjust the Health Education Program to reflect the funds given from the Adirondack Rural Health Network to support the Adult Recreation Project of **\$600.00**.
- (b) **Appropriation Code (with title), Object Code (with title) and Amount:**
A.4018.0040.410 Health Education Program- Supplies \$600.00

Revenue Code (with title), and Amount:
A.4018.0040.1617 Health Education Program- Revenue \$600.00

ATTACHMENT #5B

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: April 24, 2018

- (a) **Purpose of Amendment:** To amend the 2018 budget to adjust the Health Education Program to reflect the funds given from the Adirondack Rural Health Network to support the Prevention Agenda Project of **\$1,000.00**.
- (b) **Appropriation Code (with title), Object Code (with title) and Amount:**
A.4018.0040.410 Health Education Program- Supplies \$1,000.00

Revenue Code (with title), and Amount:
A.4018.0040.1617 Health Education Program- Revenue \$1,000.00

ATTACHMENT #5C

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-Home Care Division

DATE: April 24, 2018

- (a) **Purpose of Amendment:** To amend the 2018 budget to adjust the Health Services – Home Care Division to reflect funds received from the Adirondack Health Institute (AHI) in the amount of **\$20,000.00** which must be used to support the DSRIP (New York State Delivery Systems Reform Incentive Payment Program) Project activities. The Funds will be utilized to transition the Electronic Patient Health Record System utilized by our Certified Home Health Agency from Delta Health Technologies' Encore Product to their Crescendo Product. Costs will include equipment, data processing and training.
- (b) Appropriation Code (with title), Object Code (with title) and Amount:
A.4010.428 Health Services-Data Processing \$20,000.00

Revenue Code (with title), and Amount:

A.4010.3426 Health Services—DSRIP Engagement Funds Revenue \$20,000.00.

ATTACHMENT #5D

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

SIGNED: _____

DATE: April 24, 2018

<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 Salaries	A.4018.0030.110	Disease Program-Full Time Salaries	\$3,272.32

Total Transfers **\$3,272.32**

1. To transfer funds from Part Time salaries to Full Time Salaries For Public Health Nurse position that was underbudgeted.

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

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (Must be approved by Department Head, County Administrator & Committee Chair)
 Out-of-State (Requires Board resolution)

The Health Services (Supervisory Committee) hereby authorizes Pat Belden (Employee Name)

to attend One Day Seminar: Making Transition from Staff to Supervisor (Name of meeting or organization)

at Queensbury Hotel 88 Ridge St, Glens Falls, NY 12801 (Address) on May 3, 2018 (Dates)

Meeting/Convention Cost: \$199 Mode of transportation to be used: County Vehicle (County Vehicle or Mass Transportation)

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

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

Notice of meeting or convention including cost. Total Cost of Travel \$ \$199 (travel and meeting/convention cost)

For Overnight Travel

Room rate \$ _____ GSA* Rate \$ _____

Funding in Budget? Y N

Meal costs - GSA* per diem rate \$ _____ Budget Code: A.4018.0030.444

* www.gsa.gov

Date: 4/23/18

Genelle Jones
Department Head Signature

Date: _____

County Administrator Signature

Date: _____

Committee Chairman Signature

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

Please check to request a fleet vehicle. **REQUEST FOR USE OF FLEET VEHICLE**

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Buildings & Grounds if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-State travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Clerk of the Board if credit card will be used.
6. Copy of executed form needs to be included in next agenda for reporting to oversight Committee.

Attachment # 7

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: April 24, 2018

- (a) Is this a Result of a Bid or Request for Proposal? **No**
- (b) Purpose of Contract: **To authorize a contract agreement to provide speech therapy services.**
- (c) Name of Contractor: **Deidre M. Convery-Bernard**
- (d) Address of Contractor: **PO Box 210, North Creek, NY 12853**
- (e) Contractor's Contact Person and Telephone Number: **Deidre Convery- Bernard and 845-453-7268**
- (f) Has or will the Contract be provided, if so, please attach: **Please use therapist contract**
- (g) Commencement Date of Contract: **As soon as possible**
- (h) Termination Date of Contract: **Upon 30 days written notice by either party.**
- (i) Payment Provisions:
 - i) lump sum amount **See attached rates.**
 - 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. **Payment processed upon receipt of voucher and required documents for each patient visit.**
- (j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR Capital Project OR Capital Reserve Project Number, Title, and Amount: **A4010-10.470 Health Services****

Sample: A.1010 470 Legislative Board – Contract \$xx.xx
Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.xx

*as listed in budget and LOGOS

**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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Deidre M. Convery-Bernard, MS, CCC-SLP
NYS Licensed Speech Language Pathologist
P.O. Box 210, North Creek, NY 12853
845-453-7268
converybernard.deidre@gmail.com

Credentials/Certification/Awards:

- Licensed New York State Speech Language Pathologist (9/4/2001 - current registration exp. 9/30/2020)
- Certificate of Clinical Competence - CCC-SLP (7/1/2001 – current registration exp. 12/31/2018)
- New York State Permanent Certification – Speech and Hearing Handicapped (effective 9/1/2000)
- Awards for Continuing Education (ACE) April, 2010; July 2012; July 2014; and June 2016 from the Continuing Education Board of the American Speech-Language-Hearing Association (ASHA)

Professional Memberships:

- American Speech-Language-Hearing Association (ASHA)
- New York State Speech-Language-Hearing Association (NYSSLHA)
- Capital Area Speech-Language & Hearing Association (CASHA)
 - Member of the Executive Council
 - Vice President
 - Continuing Education Administrator
- National Foundation of Swallowing Disorders (NFOSD)

Current Work Experience:

9/1/2017 - Present

WSWHE Boces, Ft. Edward, New York

- provide speech language services and necessary evaluations
- assigned to Johnsburg Central School District (K-12) and at Southern Adirondack Education Center
- team meetings with staff and parents

7/18/2017 - Present (per diem)

Adirondack Tri-County Nursing and Rehabilitation (now Elderwood), North Creek, New York

- perform screenings, bedside swallow evaluations, and language evaluations for residents
- provide skilled speech and language therapy for residents
- collaborate with family and staff

Previous Work Experience:

9/1/1996 - 8/31/2017

Arlington Central School District, Poughkeepsie, New York

7/9/2012 - 12/31/2015

Rehab Care/Kindred (PRN)

Adirondack Tri-County Nursing and Rehabilitation, North Creek, New York
Wingate, Beacon, New York

9/1/1996 - 6/30/2012

Volz and Associates, Lake Katrine, New York (preschool, EI - part time)

7/1/1999 - 10/31/2003

St. Francis Hospital, Communication Department, Poughkeepsie, New York (part time)

School District Summer Employment (July and August)

2012, 2013, 2014, 2015, 2016, 2017	Minerva Central School District
2003, 2005	Somers Central School District
2004	Pine Plains Central School District
2002, 2003, 2004	Pawling Central School District
1996, 1997, 1998	Ulster County BOCES

Related Employment

6/1/1995-8/31/1996

Dutchess County ARC - Direct Care worker

6/1/1995 - 8/31/1995

Children's Home of Poughkeepsie - Volunteer

Education:

5/2000 Graduate SUNY New Paltz, New Paltz, New York
MS in Communication Disorders

5/1996 Graduate SUNY New Paltz, New Paltz, New York
BS in Speech and Hearing

5/1994 Graduate Dutchess Community College, Poughkeepsie, New York
AA in Liberal Arts and Humanities

References: Upon request



1100 Virginia Drive, Suite 250
Fort Washington, PA 19034-3278
Phone: 1-800-982-9491 Fax: 1-800-758-3635
Website: www.hpso.com

03/19/18

Deidre Convery-Bernard
PO Box 210
North Creek, NY 12853-0210

Dear Deidre Convery-Bernard:

Enclosed is the replacement certificate of insurance that you requested.

If you have any questions or need assistance, please call us toll free at 1-800-982-9491. Our Customer Service Representatives are available weekdays from 8:00 a.m. to 6:00 p.m., EST.

Sincerely,

Customer Service

Enclosure



HEALTHCARE PROVIDERS SERVICE ORGANIZATION PURCHASING GROUP



Certificate of Insurance

OCCURRENCE POLICY FORM

Print Date: 3/19/2018

Producer Branch Prefix Policy Number Policy Period
018098 970 HPG 0285693446 from 03/15/18 to 03/15/19 at 12:01 AM Standard Time

Named Insured and Address:
Deidre Convery-Bernard
PO Box 210
North Creek, NY 12853-0210

Program Administered by:
Healthcare Providers Service Organization
1100 Virginia Drive, Suite 250
Fort Washington, PA 19034
1-800-982-9491
www.hpsso.com

Medical Specialty: Code: Insurance is provided by:
Speech Language Pathologist 80716 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 5 columns: Coverage Extension, Amount, Unit, Amount, Aggregate. Includes License Protection, Defendant Expense Benefit, Deposition Representation, Assault, Medical Payments, First Aid, Damage to Property of Others, 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: \$ 86.00

Base Premium \$86.00

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 of policy form numbers: G-121500-D, GSL10550NY, G-121503-C, G-121501-C, GSL11892NY, CNA81753, CNA81758, etc.

Handwritten signature of Chairman of the Board

Chairman of the Board

Handwritten signature of Secretary

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

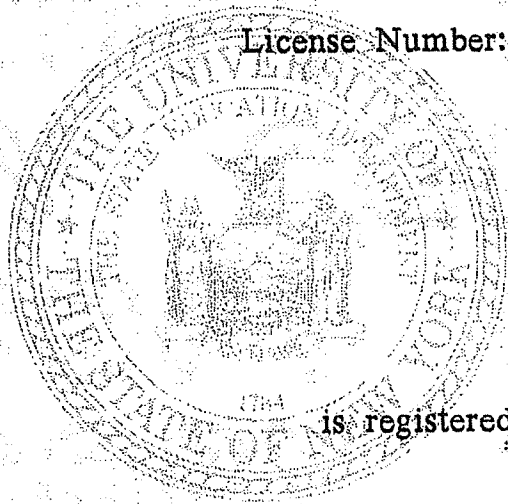
Named Insured: Deidre Convery-Bemar
Policy#: 0285693446

*The University of the State of New York
Education Department
Office of the Professions*

REGISTRATION CERTIFICATE
Do not accept a copy of this certificate

License Number: 012907-1

Certificate Number: 9827626

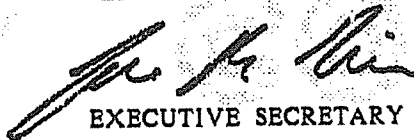


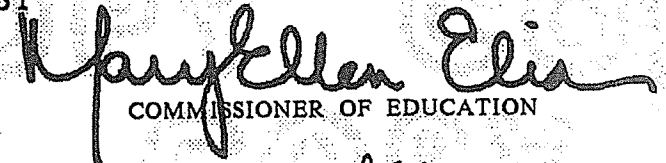
CONVERY-BERNARD DEIDRE MARY
P.O. BOX 210
NORTH CREEK

NY 12853-0000

is registered to practice in New York State through 09/30/2020 as a(n)
SPEECH - LANGUAGE PATHOLOGIST

LICENSEE/REGISTRANT


EXECUTIVE SECRETARY


COMMISSIONER OF EDUCATION


DEPUTY COMMISSIONER
FOR THE PROFESSIONS

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RESOLUTION REQUEST FORM NO. 13

Request to Increase or Decrease Salary of Non-Union Position

DEPARTMENT NAME: Health Services

DATE: April 24, 2018

(a) Employee Name, Title and Employee No.: **Supervising PHN #6 (Disease Program)**

(b) Current Annual **Base** Salary (and Grade if Applicable): **\$69, 272.32**

(c) Former Annual **Base** Salary (and Grade if Applicable): **\$66, 000**

(d) Effective Date for Salary Change:* **May 16, 2018**

*Please do not backdate request unless the purpose is to correct an error.

(e) If This is a Request for a Salary Increase, Where are Funds in the Budget for this Position? List Budget Code (with title), Object Code (with title), and Amount:

A.4018.0030.110 Disease Program Full Time Salaries \$66,000 (Additional \$3, 272.32 will come from A.4018.0030.130 Disease Program Part Time Salaries)

(f) Justification of Request:

Health Services had intent to fill a Supervising PHN position in 2018. The position was posted with a starting salary of \$69,272.32.

This position was vacated in 2016 and erroneously reflected the 2016 salary, not the 2018 current salary.

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

****Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
Please attach any backup information available and be as detailed as possible.***

DEPARTMENT NAME: Health Services

DATE: April 24, 2018

- (a) Purpose of Request: **Reassign Home Care Supervising Public Health Nurse (SPHN) to Disease Control SPHN position and hire new SPHN to fill Home Care SPHN position.**
- (b) Details: **Disease Control SPHN salary reflected 2016 rate so Home Care SPHN position was utilized to hire candidate 4/2/18. Request will be made to change/increase Disease Control SPHN salary to reflect 2018 rate (4/24/18). Now there is need to reassign Home Care SPHN to the Disease Control SPHN position as initially planned, and then back fill the Home Care SPHN vacancy (anticipated hire date 5/7/18 or when nurse returns from leave). Both positions are needed and there is intent for both SPHN positions to be filled.**
- (c) Previous Resolution Number:
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: **Disease Control SPHN: A.4018.0030.110 Disease Control Full Time Salaries (Also requesting (4/24/18) to amend budget to add \$3,272.32 from A.4018.0030.130 Disease Program Part Time Salaries).**
- (e) **Homecare SPHN: A.4010.110 CHHA Full Time Salaries**

Sample: A.8021 470 Planning & Community Development – Contract

* as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

****Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
Please attach any backup information available and be as detailed as possible.***

DEPARTMENT NAME: Health Services

DATE: April 24, 2018

- (a) Purpose of Request: **To authorize Pat Belden, Supervising Public Health Nurse, to act on behalf of the Director of Public Health and Patient Services in the event of an emergency, when the director is not available.**

- (b) Details: **It is prudent to have provision in place for continuity of operation for Health Services (Public Health) in the event of an emergency, to ensure the appropriate function, response, and coverage in the absence of the director.**

- (c) Previous Resolution Number:

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: **N/A**

Sample: A.8021 470 Planning & Community Development – Contract

* as listed in budget and LOGOS



Warren County Health Services



1340 State Route 9, Lake George NY 12845

Ginelle Jones, Director

Phone: 518-761-6580 / Fax: 518-761-6422

Email: healthservices@warrencountyny.gov

Website: www.warrencountyny.gov

May 15, 2018

To:
Warren County Offices of:
Administrator
Emergency Services
Sheriff
Attorney

From:
Ginelle Jones, Director of Public Health/Patient Services

This correspondence is to state that in event a health emergency should occur where an order for isolation and quarantine is required, and the Director of Public Health is not available, the Supervising Public Health Nurse is designated to execute the order.

Ginelle Jones

Signed this day of May, 2018

Notary Public

Valerie Whisenant
Assistant Director
Patient Services
Phone: 518-761-6415
Fax: 518-761-6562

Tawn Driscoll
Fiscal
Manager
Phone: 518-761-6415
Fax: 518-761-6562

Tammie DeLorenzo
Clinical & Fiscal
Informatics Coordinator
Phone: 518-761-6415
Fax: 518-761-6562

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

****Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
Please attach any backup information available and be as detailed as possible.***

DEPARTMENT NAME: Health Services

DATE: April 24, 2018

- (a) Purpose of Request: **To amend Resolution No. 311 of 2017, which amended the agreement with Delta Health Technologies to authorize an update of the electronic medical record system, to include the annual/monthly support fees listed below, which were authorized by prior resolution, but not included in Resolution No. 311 of 2017.**
- (b) Details: **Crescendo Home Health Monthly Service - \$7,234.; SHP Automated OASIS Export Monthly Service - \$16.; CAHP's Vendor Utility to SHP Monthly Service -\$32.; Telehealth Interface to HomeMed Monthly Service - \$250; Medispan Annual Subscription - \$3,977; Medispan Monthly Maintenance - \$300.**
- (c) Previous Resolution Number: **Res. No. 311 of 2017**
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: **No additional funds required; already budgeted.**

Sample: A.8021 470 Planning & Community Development – Contract

*** as listed in budget and LOGOS**

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: 36.0
Title of Position: Public Health Nurse #16 Base Salary of Position: \$49,528 Grade: 21
Filling at Step # (If Known): _____
Budget code and title: A.4010.110 Health Services Full Time Salaries Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: # 12869/ Brynes Date of Vacancy: Anticipated 5/16/2018
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal _____% State _____% Other PVT Insurance % Variable on Caseload's insurance

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other _____
Actual Impact to Budget Report will be provided monthly by Human Resources Director.
Candidate's qualifications must be approved by Personnel Officer prior to hiring. Jan 4/23/18
Human Resources Director has approved this form when initialed. g 4-23-18

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

The Administrator has no objection to the filling of the vacancy.
 The Administrator objects to the filling of the vacancy.
Administrator Signature [Signature] Date 4/23/18

BUDGET OFFICER COMPLETES THIS SECTION

The Budget Officer has no objection to the filling of the vacancy.
 The Budget Officer objects to the filling of the vacancy.
Budget Officer Signature Frank E. Thomas Date 4/26/18

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health, Human + Social Services
 The committee has no objection to the filling of the vacancy.
 The committee objects to the filling of the vacancy.
 In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
 In the case of an emergency, Committee Chair objects to the filling of the vacancy.
Ranking Committee Member Signature Edna A. Trasei Date 4/26/18

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

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DEPARTMENT HEAD COMPLETES THIS SECTION

Department: Health Services Payroll Dept. No: 36.0
Title of Position: Public Health Nurse #16 Base Salary of Position: \$49,528 Grade: 21
Filling at Step # (If Known): _____
Budget code and title: A.4010.110 Health Services Full Time Salaries Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: # 12869/ Brynes Date of Vacancy: Anticipated 5/16/2018
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal _____% State _____% Other PVT Insurance % Variable on Caseload's insurance

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other _____
Actual Impact to Budget Report will be provided monthly by Human Resources Director.
Candidate's qualifications must be approved by Personnel Officer prior to hiring. Jan 4/23/18
Human Resources Director has approved this form when initialed. g 4-23-18

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

The Administrator has no objection to the filling of the vacancy.
 The Administrator objects to the filling of the vacancy.
Administrator Signature [Signature] Date 4/23/18

BUDGET OFFICER COMPLETES THIS SECTION

The Budget Officer has no objection to the filling of the vacancy.
 The Budget Officer objects to the filling of the vacancy.
Budget Officer Signature Frank E. Thomas Date 4/26/18

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health, Human + Social Services
 The committee has no objection to the filling of the vacancy.
 The committee objects to the filling of the vacancy.
 In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
 In the case of an emergency, Committee Chair objects to the filling of the vacancy.
Ranking Committee Member Signature Edna A. Trasei Date 4/26/18

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: Social Services Payroll Dept. No: 40.03
Title of Position: Intake Clerk #7 Base Salary of Position: 28,589 Grade: 4
Filling at Step # (If Known): _____
Budget code and title: A6010 110 Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: 12912 (Costine) Date of Vacancy: 5/3/18
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 50 % State 25 % Other _____ %

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. POW 4/23/18
Human Resources Director has approved this form when initialed. AP 4-20-18

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature [Signature] Date 4/23/18

BUDGET OFFICER COMPLETES THIS SECTION

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

Budget Officer Signature Frank E. Thomas Date 4/26/18

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health, Human & Social Services

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

Ranking Committee Member Signature Edna P. Fraser Date 4/26/18

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: Social Services Payroll Dept. No: 40.06
Title of Position: Intake Clerk #4 Base Salary of Position: 28,589 Grade: 4
Filling at Step # (If Known): _____
Budget code and title: A6010 110 Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: 12469 (Oswald, P) Date of Vacancy: 5/3/18
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 50 % State 25 % Other _____ %

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. PAW 4/23/18
Human Resources Director has approved this form when initialed. PA 4-20-18

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

The Administrator has no objection to the filling of the vacancy.
 The Administrator objects to the filling of the vacancy.
Administrator Signature [Signature] Date 4/23/18

BUDGET OFFICER COMPLETES THIS SECTION

The Budget Officer has no objection to the filling of the vacancy.
 The Budget Officer objects to the filling of the vacancy.
Budget Officer Signature Frank E. Thomas Date 4/26/18

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Hearings, Human + Social Services
 The committee has no objection to the filling of the vacancy.
 The committee objects to the filling of the vacancy.
 In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
 In the case of an emergency, Committee Chair objects to the filling of the vacancy.
Ranking Committee Member Signature Edna A. Travers Date 4/24/18

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: Social Services Payroll Dept. No: 40.03
Title of Position: Medicaid Clerk #1 Base Salary of Position: ~~28,589~~ 29,741 Grade: X5
Filling at Step # (If Known): _____
Budget code and title: A6010 110 Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: 11859 (Barbarino) Date of Vacancy: 5/3/18
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 50 % State 25 % Other _____ %

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. POW 4/23/18
Human Resources Director has approved this form when initialed. 18 4-20-18

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature [Signature] Date 4/23/18

BUDGET OFFICER COMPLETES THIS SECTION

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

Budget Officer Signature Frank E. Thomas Date 4/26/18

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health, Human & Social Services

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

Ranking Committee Member Signature Edna G. Francis Date 4/24/18

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: Social Services Payroll Dept. No: 40.12
Title of Position: Intake Clerk (HEAP) Base Salary of Position: 28,589 Grade: 4
Filling at Step # (If Known): _____
Budget code and title: A6010 110 Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: 12678 (Connell) Date of Vacancy: 5/3/18
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 50 % State 25 % Other _____ %

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. PAO 4/23/18
Human Resources Director has approved this form when initialed. AT 4-20-18

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature [Signature] Date 4/23/18

BUDGET OFFICER COMPLETES THIS SECTION

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

Budget Officer Signature Frank E. Thomas Date 4/26/18

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health, Human & Social Services

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

Ranking Committee Member Signature Edna G. Tracie Date 4/24/18

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: Social Services Payroll Dept. No: 40.03
Title of Position: Social Welfare Examiner #3 Base Salary of Position: 34,102 Grade: 8
Filling at Step # (If Known): _____
Budget code and title: A6010 110 Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: 12436 (Holmes) Date of Vacancy: 9/11/17
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 50 % State 25 % Other _____ %

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. Personnel 4/23/18
Human Resources Director has approved this form when initialed. 4-20-18

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature [Signature] Date 4/23/18

BUDGET OFFICER COMPLETES THIS SECTION

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

Budget Officer Signature Frank E Thomas Date 4/26/18

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health, Human + Social Services

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

Ranking Committee Member Signature Edna G Trasin Date 4/24/18

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: Social Services Payroll Dept. No: 40.03
Title of Position: Senior Account Clerk Base Salary of Position: 32,749 Grade: 7
Filling at Step # (If Known): _____
Budget code and title: A6010 110 Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: 9277 (Volkman-LaGoy) Date of Vacancy: 4/23/18
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 50 % State 25 % Other _____ %

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. PO 4/23/18
Human Resources Director has approved this form when initialed. 17-4-2018

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature [Signature] Date 4/23/18

BUDGET OFFICER COMPLETES THIS SECTION

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

Budget Officer Signature Frank E. Thomas Date 4/26/18

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health, Human & Social Services

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

Ranking Committee Member Signature Edna A. Trasier Date 4/26/18

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: Social Services Payroll Dept. No: 40.01
Title of Position: Supervisor Case B #3 Base Salary of Position: 48,301 Grade: 20
Filling at Step # (If Known): _____
Budget code and title: A6010 110 Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: 9888 (Hanchett) Date of Vacancy: 3/19/18
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 50 % State 25 % Other _____ %

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. PO 4/23/18
Human Resources Director has approved this form when initialed. 10-4-18-20

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature [Signature] Date 4/23/18

BUDGET OFFICER COMPLETES THIS SECTION

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

Budget Officer Signature Frank E Thomas Date 4/26/18

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health, Human & Social Services

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

Ranking Committee Member Signature Edna G. Trasier Date 4/24/18

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: Social Services Payroll Dept. No: 40.01
Title of Position: Caseworker #31 Base Salary of Position: 42,290 Grade: 16
Filling at Step # (If Known): _____
Budget code and title: A6010 110 Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: 13044 (Searer) Date of Vacancy: 3/31/18
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 50 % State 25 % Other _____ %

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. POW 4/23/18
Human Resources Director has approved this form when initialed. NS 4/20/18

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

The Administrator has no objection to the filling of the vacancy.
 The Administrator objects to the filling of the vacancy.
Administrator Signature [Signature] Date 4/23/18

BUDGET OFFICER COMPLETES THIS SECTION

The Budget Officer has no objection to the filling of the vacancy.
 The Budget Officer objects to the filling of the vacancy.
Budget Officer Signature Frank E. Thomas Date 4/26/18

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health, Human + Social Services
 The committee has no objection to the filling of the vacancy.
 The committee objects to the filling of the vacancy.
 In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
 In the case of an emergency, Committee Chair objects to the filling of the vacancy.
Ranking Committee Member Signature Edna A. Trasev Date 4/24/18