

**Warren County Health Services**  
**Health, Human and Social Services Committee**  
**AGENDA FOR**  
**March 19, 2019**  
**Information Submitted By: Ginelle Jones, DPH/DPS**

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

**Committee meeting called to order by Chairperson**

Motion to approve the minutes of the November 20, 2018 Health and Human Services Committee meeting.

**I. Action Agenda/New Business**

**Request Resolution:** To authorize Laura Monroe, RN to receive reimbursement according to CSEA Union contract for a job related course "IDS 400 Diversity" and related course expenses, upon completion of course and attaining a grade of C or better. **Refer to Attachment # 6**

**Rationale:** In addition to this course being required for a bachelor's in nursing, it will also provide the nurse with understanding, critical thinking, and experiences related to cultural differences; promoting cultural competence, the ability to recognize attitudes and cultural patterns that are detrimental to health, and advocate for patients.

**Request Resolution:** To authorize a contract, contingent on full NYS licensure, with Amanda Rose Mastropietro, NYS Limited Licensed Speech Language Pathologist, to provide Speech Therapy services for Homecare and Preschool programs at the established current rates including automatic annual renewal unless there is 30 days written termination notice. **Attachment #7**

**Rationale:** Health Services continues to need speech therapy providers to serve the department's pediatric and adult population. The agency must have the capacity to accept referrals and provide services. Currently this therapist has a limited license and acting under the supervision of another therapist. Full licensure is anticipated by May. We are requesting to initiate the contract process contingent upon full NYS licensure. Therapy services are billable and revenue generating.

**Request Resolution:** To authorize Director of Public Health to apply for a \$1,500 grant – Prevention Agenda Project Application- through Adirondack Health Institute (AHI) and enter a contract if project is approved. **Attachment #8**

**Rationale:** Resolution is needed to submit application, which is due April 12, 2019. This grant will expand efforts made through a previous grant, by allowing access to fresh fruits and vegetables to all WIC clinic locations.

**Request** To Amend the existing contract with Waystar/Zirned, Inc and Public Health Immunization Program to (1) reflect a 5% increase to our monthly Claims Management Fee currently \$0.35 per claim to \$0.3675 per claim and (2) a 5% increase to our monthly Electronic Remittance Advice (ERA) fee currently \$25.00 for 500 ERA's per month to \$26.25 for 500 ERA's per month. ERA's in excess of 500 will be billed at \$0.07 each. **Attachment #13**

**Rationale** This Zirned account is for Public Health's Immunization program to facilitate efficient billing. Since Health Services already has an account with Homecare, the second annual fee has been waived. This service is necessary to verify insurances before billing to expedite claims without denials.

**Request Resolution:** Request to amend the county budget to accept Adirondack Health Institute (AHI) grant- Prevention Agenda Project Application funding if awarded/approved. **Attachment #9**

**Rationale:** Tawn Driscoll, Fiscal Manager, will be at the meeting to explain.

**Referral/Pending Items:** None

## II. Information for Discussion/Review

### **Report of Expenditures, Revenues, Overtime and Per Diem Use for 2018**

Please see **Attachment # 1.**

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

### **Revenue and Expense Comparison Report for 2017 vs 2018**

Please see **Attachment # 2.**

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

### **Status of Referrals**

Please see **Attachment # 3** for the detailed report.

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

### **Emergency Response and Preparedness**

Please see **Attachment # 4** for the monthly report.

### **Rabies Report:**

Please see **Attachment #5** for the monthly report.

**Information Item:**

**Meetings:**

Request to Host a Meeting was approved to provide a light lunch for the Board of Supervisors Tobacco-21 Lunch and Learn, which was held March 15, 2019.

**Attachment #10**

**Nursing Positions:** In March there were two resignations, Registered Professional Nurse #31 and Registered Professional Nurse #37. There are currently 4 vacant positions in CHHA and 1 on Public Health

**Intent to Fill Forms Submitted:**

Registered Professional Nurse #31 (anticipated vacancy 3/29/19)

**Attachment #11**

Registered Professional Nurse #37 (vacated 3/1/19)

**Attachment #12**

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

**IV. Motion to adjourn the Health Services Meeting**

**Attachments:**

1. Report of Expenditures, Revenues, Overtime and Per Diem Use
2. Revenue and Expense Comparison Report for 2017 vs 2018
3. Report of Referrals Status
4. Emergency Response and Preparedness Activities Report
5. Rabies Report
6. Monroe Job Related Course Authorization Resolution Request
7. Contract Request for Speech Therapy Services
8. Request to Apply for Grant and Contract with Adirondack Health Institute (AHI)
9. Budget Amendment Request.- AHI Grant
10. Host Meeting Approval for March 15, 2019 Tobacco-21 Lunch and Learn
11. Intent to Fill Form- Registered Professional Nurse #31
12. Intent to Fill Form Registered Professional Nurse #37
13. Zirmed Contract Amendment Request

**WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS**

REVENUE AND EXPENDITURES FOR 2019 AS OF 3/12/2019 6:07:11 PM

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

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

EXPENSES	2019 BUDGETED	2019 YTD ACTUAL	2018 Prior Year Totals
Salaries - Regular	\$2,610,781.00	\$384,865.34	\$2,245,248.67
Salaries - Overtime	\$132,000.00	\$25,244.43	\$119,937.71
Salaries - Part Time	\$535,767.00	\$69,539.69	\$432,961.47
100's PERSONAL SERVICES	\$3,278,548.00	\$479,649.46	\$2,798,147.85
200's EQUIPMENT	\$7,388.04	\$3,517.09	\$86,272.34
400's CONTRACTUAL	\$6,072,459.29	\$281,065.99	\$5,083,798.66
800's EMPLOYEE BENEFITS	\$1,567,117.00	\$270,870.82	\$1,385,074.65
<b>TOTALS</b>	<b>\$10,925,512.33</b>	<b>\$1,035,103.36</b>	<b>\$9,353,293.50</b>

REVENUES	2019 BUDGETED	2019 YTD ACTUAL	2018 Prior Year Totals
	\$8,671,621.00	\$306,099.46	\$6,191,014.10

Above are the current 2019 financials as of 3/12/19. Accrued above is \$265,823.71 for January 2019 CHHA and MCH Revenues. We are currently working on February revenues for CHHA and MCH. Also for 2018, we are still waiting on final Preschool Revenues and WIC Program and expenses related to the values of the WIC Food vouchers given throughout the year.

**Warren County Health Services**

**Salaries Comparison**

2018 vs 2019

as of 3/3/19 Year End Payroll

Total of All Depts	YTD	YTD	YTD 19v18	% Change	Total Budget	Total Actual
	2019	2018			2019	2018
Regular Salaries	\$384,865.34	\$419,447.74	-\$34,582.40	-8.24%	\$2,610,781.00	\$2,245,248.67
Overtime Salaries	\$25,244.43	\$17,232.78	\$8,011.65	46.49%	\$132,000.00	\$119,937.71
Part Time Salaries	\$69,539.69	\$71,953.55	-\$2,413.86	-3.35%	\$535,767.00	\$432,961.47
<b>TOTALS</b>	<b>\$479,649.46</b>	<b>\$508,634.07</b>	<b>-\$28,984.61</b>	<b>-5.70%</b>	<b>\$3,278,548.00</b>	<b>\$2,798,147.85</b>
% current YTD Salary to Total Budget	14.63%	18.18%				

\*Source: Detail G/L report for all Salary Category from 1/1/19-3/3/19.

Overall, total salaries are \$28,984.61 under 2018 Salaries. While under in Regular and Part time salaries, Overtime is over last year due to the time needed for documentation with the new Patient system for the homecare. Since the implementation of the Crescendo System used by our CHHA, overtime has increased to allow the nurses to do charting and maintain patient care.

Overall, Salaries are down by 5.70% from the prior year and at this time, we currently are 14.63% of the 2019 budget, while last year at this time we were 18.18% of the budget.

**Warren County Health Services**  
**Revenue and Expense Comparison 2019 vs 2018**  
as of 3/12/19

EXPENSES	2019 YTD Actual as of 3/12/19 G/L	2018 YTD as of 3/12/18 G/L Final	Variance
Salaries - Regular	\$384,865.34	\$419,447.74	(\$34,582.40)
Salaries - Overtime	\$25,244.43	\$17,232.78	\$8,011.65
Salaries - Part Time	\$69,539.69	\$71,953.55	(\$2,413.86)
100's PERSONAL SERVICES	\$479,649.46	\$508,634.07	(\$28,984.61)
200's EQUIPMENT	\$3,517.09	\$523.95	\$2,993.14
400's CONTRACTUAL	\$281,065.99	\$691,274.68	(\$410,208.69)
800's EMPLOYEE BENEFITS	\$270,870.82	\$302,861.34	(\$31,990.52)
<b>TOTALS</b>	<b>\$1,035,103.36</b>	<b>\$1,503,294.04</b>	<b>(\$468,190.68)</b>

REVENUES	2019 YTD ACTUAL	2018 Prior YTD	Variance
	\$306,099.46	\$340,977.30	(\$34,877.84)

**Notes:**

Salaries: (please see previous page ) overall are \$28,984.61 or 5.70% below 2018 as of the 3/3/19 payroll posting date. Salaries for 2019 are 14.63% of the budget YTD where they were 18.18% of the 2018 budget as of last year. Overtime has increased and correlates with the added hours needed since implementation of the New Crescendo system being utilized for the CHHA for patient charting and billing along with hours affiliated with needed coverage on weekends.

Equipment still reflects in 2019 the purchase of tents needed for Emergency Preparedness and fully covered by the BT Grant. While in 2018, the purchase of a baby scale was needed for our Family Health Program.

Contractual Expenses: These are higher in 2018 due to timing of invoices. As previously stated, 2018 Rent expense is reflected for \$116,547 while also Contractual expenses for CHHA Preschool total over \$270,671. These expenses are 94% of the variance between years.

Employee Benefits: Employee benefits are below last year to date by (\$31,990.52) and correlates with the nursing position shortages that we have experienced and by allowing us to utilize per diem employees, we save benefits.

Revenues: Revenues are slightly under last year.

Warren County Health Services  
Patient Evaluations  
CHHA Division

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	
SN Evals per month	107	117	141	102	115	94	114	106	111	108	101	101	
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	134	126	159	118	133	113	132	132	129	125	127	124	1552

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	97	95	115	123	86	119	118	118	83	89	
SN IV eval	2	8	5	4	7	7	1 0**	0**	0**	0**	0**		
PRI	3	3	3	1	2	0	2	5	1	1	1	0	
SN Evals per month	117	99	105	100	124	130	89	124	119	119	84	89	
PT Evals	70	57	63	61	74	59	61	57	40	49	38	44	
PT only	19	18	17	19	16	20	6	18	15	22	21	11	
Total Evals per month	136	117	122	119	140	150	95	142	134	141	105	100	1501
	2%	-9%	-37%	1%	7%	37%	-37%	10%	5%	16%	-22%	-24%	

CATEGORY	01/2019	02/2019	03/2019	04/2019	05/2019	06/2019	07/2019	08/2019	09/2019	10/2019	11/2019	12/2019	
SN eval	119	65											
SN IV eval	0**	0**											
PRI	0	0											
SN Evals per month	119	65											
PT Evals	50	34											
PT only	13	5											
Total Evals per month	132	70											202
	-4%	-47%											

January 2019 reported as (on 2/13/19)	
SN Eval	96
SN IV Eval	0**
PRI	0
SN Evals Per month	96
PT Evals	50
PT Only	13
Total Evals Per Month	109
	-27%

Attachment 3

Data entirely from Crescenedo (phased out Encore) 8/1/18

\*\*Crescenedo does not have SN IV Eval on the report

Numbers current as o 03/12/19

**ATTACHMENT #1**  
**BT ACTIVITY SHEET**  
**BPX - 7/1/18 - 6/30/19**

**Page 1**

**Topic Color Codes**

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

3/1	In-Person	Quarterly Provider Partnership Meeting @ GFH	J'nelle Oxford	TTX
3/5	Webex	MERITS 201 Medical Emergency Response Inventory Tracking System	J'nelle Oxford, Jignasha Shah	<b>Training</b>
3/12	In-Person	PH Emergency Preparedness Coordinators Meeting Ballston Spa (access and functional needs training)	Dan Durkee	<b>Training</b>
3/14	In-Person	Quarterly Health Emergency Preparedness Coalition Meeting (mandated)	Dan Durkee, J'nelle Oxford (dial in)	<b>Meeting</b>
3/20	In-Person	Glens Falls Hospital TTX	J'nelle Oxford	TTX Drill
3/29		Submission of County Staging Site Plan (mandated)	Dan Durkee	<b>Planning</b>
4/11	In-Person	Public Health County Staging Site Exercise (mandated)	All PH Staff that are available	Functional Exercise

**Warren County Public Health  
Rabies Program  
February 2019**

Town	Different Address Owner/Victim *Follow up by Town ACO				Same Address Owner/Victim * Follow up by Public Health				Out of Town Owner *Follow Up by Public Health				<b>Strays</b> Follow Up by Public Health <ul style="list-style-type: none"> <li>• Vet's Office</li> <li>• Victim Watching</li> <li>• Victim Treated Rabies PEP</li> <li>• Euthanized</li> </ul> Follow Up by ACO Animal needs to be captured and taken to Animal Hospital. Public Health to check after confinement					
	Cats		Dogs		Cats		Dogs		Cats		Dogs		Vet	Victim Watched	Treated with PEP	Refused PEP	Euthanized	ACO Capture
	UTD	NOT UTD	UTD	NOT UTD	UTD	NOT UTD	UTD	NOT UTD	UTD	NOT UTD	UTD	NOT UTD						
Bolton																		
Chester							1	1										
Glens Falls						1		2										
Hague																		
Horicon																		
Johnsburg							1											
Lake George																		
Lake Luzerne							1											
Queensbury			1	2	2		2	2										
Stony Creek																		
Thurman							1											
Warrensburg														1		1		
<b>Totals</b>			1	2	2	1	6	5						1		1		

Total Bites for this month- 19  
 Specimens tested for rabies this quarter- 1  
 Positive specimens for rabies- 0  
 People pre-approved for rabies post exposure treatment- 0  
 Rabies Clinics this month- 1

Next Rabies Clinics-     March 23<sup>rd</sup> Chester Fire House                     10am-Noon  
                                   April 13<sup>th</sup> Warren County DPW (WGB)                 10am-Noon

**RESOLUTION REQUEST FORM NO. 19**  
**Application for Approval to Enroll in Job-Related Courses by Employee**

1. Name: Health Services

2. Position: Registered Professional Nurse  
(attach job description)

3. Department: Health Services

4. Course Title: IDS 400 Diversity

5. Institution or School: Southern New Hampshire University

6. Please explain how this course relates to your current position (attach course description):

This course will broaden understanding, critical thinking skills, and experiences related to cultural differences while providing the opportunity to be culturally competent with expectations and interactions with patients.

7. Starting Date: 3/4/19

8. Completion Date: 4/22/19

9. Cost (attach documentation): \$926 per class plus books

10. Employee Signature: Leanna A. Morrone, RN Date: 3/4/19

11. Supervisor Comments (Approve/Deny)

Supervisor Signature: Valerie L. Luchman, PhD Date: 3/4/19

12. Department Head Comments (Approve/Deny)

Is there funding in the departmental budget for this? (Yes/No)

Department Head Signature: Geneva Jones Date: 3/4/19

13. Human Resources Comments (Approve/Deny)

Human Resources Signature: [Signature] Date: 3-14-19

14. Committee Recommendation:

Committee Chair Signature: Edna A. Tracie Date: 3/19/19

If approved by Committee, and resolution approving the course is adopted by the Board of Supervisors, candidate may enroll and be eligible for up to 50% reimbursement for costs in number 9 above. Employee must complete the course with at least a grade of C, its equivalent, or better. Employee then submits a Tuition Reimbursement Voucher with receipts verifying costs as listed and a copy of their final grade.

**Warren County Health Services**  
***Division of Home Care***  
**1340 State Route 9, Lake George, NY 12845-9803**

(518) 761-6415

Toll Free No 1-800-755-8102

Fax No (518) 761-6562

## **Registered Nurse**

### **General Statement of Duties:**

The registered professional nurse provides assessment and follow-up care to individuals with identified health care needs and with approval of the individual's primary physician or specialist. Follow-up care can include teaching, skilled intervention, referral to other providers or services, and coordination of other agency services involved with the client.

The practice of home care necessitates an understanding of family dynamics, cultural and socio-economic influences on a individual's perception and response to illness or injury.

### **Knowledge and Skills:**

- Thorough knowledge of current nursing principles and practice patterns,
- Thorough knowledge of basic clinical nursing practice, including comprehensive physical assessment skills,
- Working knowledge of available community resources, contacts and eligibility requirements,
- Ability to carry out, competently, nursing procedures and techniques of patient care.
- Ability to effectively plan and coordinate nursing care of individuals performed by supportive nursing personnel and paraprofessionals assigned to assist with this care.
- Ability to communicate effectively, both verbally and in writing, with clients, colleagues and the physician community,
- Ability to establish and maintain cooperative working relationships with co-workers, administration and contractors,
- Ability to accept constructive criticism, performance evaluation, and utilize guidance to improve performance,
- Ability to perform duties in accordance with ANA standards for Community Health Nursing (attached)
- Acceptable physical and mental health to carry out the responsibilities of the position.

## Tasks:

- Assesses the physical and emotional needs of individuals and the impact of illness or injury upon their well-being,
- Observes, evaluates, and reports to the physician the patient's physical and emotional condition, home environment, and their response to treatments and medications, interprets to the physician the social and physical factors in the environment that affect patient care,
- Administers skilled care to patients requiring part time professional nursing care,
- Teaches and supervise patients, their family members, auxiliary nursing personnel, or others rendering care,
- Administers prescribed treatments or emergency care,
- Serves as a team leader/coordinator or case manager in the provision of care to her/his clients,
- Coordinates the plan of care with the physician, physical, occupational, speech therapists, home health aides, as well as, other professional providers involved with clients and their families,
- Counsels and guides individuals and families toward self-help in recognition and solution of physical, emotional, and environmental health care needs,
- Interprets to the patient and family the implications of the diagnosis and the nature of treatment consistent with the action and orders of the physician,
- Plans with the family and physician for care which is feasible within the physical, financial, and emotional resources of the family,
- Helps the patient and family accept responsibility for care,
- Performs nursing procedures using the principles of standard precautions and good infection control according to the latest recommendations of CDC as well as agency policies and procedures. Instructs patients and caregivers to follow these principles and practices as well,
- Maintains necessary records to allow analysis and planning of services and for identifying priorities of care. Documentation is done within agency identified time frames and completed to comply with agency, state, and federal regulations.



- Recognizes attitudes and cultural patterns that are detrimental to health. Helps patients and families to develop attitudes that permit them to make optimum use of health care facilities,
- Provides families with information, support, and encouragement which may help them to adopt attitudes and practices that promote health, reduce anxiety, tension, fear and fatigue,
- Helps individuals and families to accept and adjust positively to physical, psychological, and social limitations,
- Helps the family to accept appropriate medical, hospital, skilled nursing facility, social services programs or other care as needed. Interprets extent and limitations of these services and arranges referral where appropriate. Communicates pertinent family information to the referral agency, with patient's permission,
- Instructs, observes, and supervises home health aides in the performance of routine functions for patients in their homes. This care is based upon a written plan of care established at the time of orientation of the aide and revised as necessary but at least every two weeks.

**Registered Nurse Qualifications:**

- Possession of a current license to practice as a registered nurse in New York State at the time of employment.
- One year or more of clinical practice in an acute care, rehabilitation, or skilled nursing facility preferable.
- Demonstrates competence with basic nursing skills.

*I have read and understand the above job description of RN.*

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrators  
Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed Date: \_\_\_\_\_ By Whom: \_\_\_\_\_

Reviewed: 2/19



## Undergraduate Course Syllabus

**IDS 400: Diversity**

Center: Online

### Course Prerequisites

ENG 122 and ENG 123; contact your advisor to register

### Course Description

This course aims to broaden and deepen students' understanding, experience, and critical thinking skills with regard to cultural differences and cross-cultural interactions. Students will analyze diversity through the disciplines of socioeconomics, physical anthropology, biology, geography, and arts and the humanities. Intercultural competence, a lifelong learning process, is introduced as a crucial skill set and benefit to the individual, interpersonal relationships, organizations, and society. Analyzing the role of culture in today's world, developing culturally responsive practices, and understanding the benefits and challenges of diversity will be emphasized.

### Course Outcomes

- Analyze the relationships among culture, diversity, and self by investigating their influence on one's discipline of study or chosen profession
- Integrate interdisciplinary approaches for determining how issues of diversity affect modern societies in both personal and professional contexts
- Describe the cultural and social influences on the development of personal identity by employing appropriate research strategies
- Recommend strategies for overcoming obstacles in diversity to meet personal and professional goals
- Articulate informed viewpoints on how to ensure cultural responsiveness in personal and professional contexts using effective communication skills
- Assess the challenges of overcoming issues in diversity through the incorporation of diverse perspectives and viewpoints informed by relevant literature and peer experiences

### Required Materials

Using your learning resources is critical to your success in this course. Please purchase directly through SNHU's online bookstore, [MBS Direct](#), rather than any other vendor. Purchasing directly from the bookstore ensures that you will obtain the correct materials and that the Help Desk, your advisor, and the instructor can provide you with support if you have problems.

### Optional Materials

A headset or external microphone is recommended to record the oral component of the final project. Students can also use the microphone incorporated into their computer or cellphone.

### Instructor Availability and Response Time

Your class interaction with the instructor and your classmates will take place on a regular, ongoing basis. Your instructor will be actively engaged within the course throughout the week. You will normally communicate with your instructor in the weekly discussions or the General Questions discussion topic so that your questions and the instructor's answers benefit the entire class. You should feel free, however, to communicate with your instructor via SNHU email at any time, particularly when you want to discuss something of a personal or sensitive nature. Your instructor will generally provide a response within 24 hours.

### Grade Distribution

Assignment Category	Number of Graded Items	Point Value per Item	Total Points
Discussions	8	35	280
Knowledge Quiz	1	30	30
Assignment	1	50	50
Final Project			
Milestone One	1	70	70
Milestone Two	1	70	70
Milestone Three	1	70	70
Milestone Four	1	30	30
Final Submission	1	400	400
		<b>Total Course Points:</b>	<b>1,000</b>

This course may also contain practice activities. The purpose of these non-graded activities is to assist you in mastering the learning outcomes in the graded activity items listed above.

**University Grading System: Undergraduate**

Grade	Numerical Equivalent	Points
A	93–100	4
A-	90–92	3.67
B+	87–89	3.33
B	83–86	3
B-	80–82	2.67
C+	77–79	2.33
C	73–76	2
C-	70–72	1.67
D+	67–69	1.33
D	60–66	1
F	0–59	0
I	Incomplete	
IF	Incomplete/Failure *	
IP	In Progress (past end of term)	
W	Withdrawn	

\* Please refer to the [policy page](#) for information on the incomplete grade process.

**Grading Guides**

Specific activity directions, grading guides, posting requirements, and additional deadlines can be found in the Assignment Guidelines and Rubrics section of the course.

**Weekly Assignment Schedule**

All reading and assignment information can be found within each module of the course. Assignments and discussion posts during the first week of each term are due by 11:59 p.m. Eastern Time. Assignments and discussion posts for the remainder of the term are due by 11:59 p.m. of the student's local time zone.

In addition to the textbook readings that are listed, there may be additional required resources within each module.

Module	Topics and Assignments
1	<p>Diversity and The Four Lenses</p> <p><i>The Matrix Reader</i>, Chapter 1: Constructing Identities and Examining Intersections; Essay 11</p> <p>1-1 Discussion: Encounters in Diversity Case Studies</p> <p>1-2 Knowledge Quiz: The Four Lenses</p> <p>1-3 Final Project Review</p>
2	<p>Biological Versus Social Definitions of Race and Diversity</p> <p><i>The Matrix Reader</i>, Essays 5, 20, 22, and 54</p> <p>2-1 Discussion: Exploring the Concept of Race</p> <p>2-2 Final Project Milestone One: Introduction</p>

3	<p>Cultural Identity</p> <p><i>The Matrix Reader</i>, Essays 1, 3, and 56</p> <p>3-1 Discussion: Identity Politics</p> <p>3-2 Final Project Milestone Two: Issue</p> <p>3-3 Install PowerPoint (Non-graded)</p>
4	<p>Addressing Issues in Diversity</p> <p><i>The Matrix Reader</i>, Essays 67, 68, and 69</p> <p>4-1 Discussion: Issues in Diversity</p> <p>4-2 Assignment: Narrated Slides: Challenges of Overcoming Issues in Diversity</p>
5	<p>Feminism and Diversity</p> <p><i>The Matrix Reader</i>, Essays 37 and 52</p> <p>5-1 Discussion: Women and Society</p> <p>5-2 Final Project Milestone Three: Plan</p>
6	<p>Class, Age, and Ability</p> <p><i>The Matrix Reader</i>, Essays 10, 19, and 51</p> <p>6-1 Discussion: Class, Age, and Ability</p> <p>6-2 Final Project Milestone Four: Presentation Practice/Tech Check</p>
7	<p>Diversity in the Workplace</p> <p>7-1 Discussion: Training a New Employee</p> <p>7-2 Final Project Submission: Presentation</p>
8	<p>Synthesis and Envisioning the Future</p> <p><i>The Matrix Reader</i>, Chapter IV: Contemporary Institutionalized Oppression and Privilege; Essay 76</p> <p>8-1 Discussion: Envisioning the Future</p>

#### Attendance Policy

Online students are required to submit a graded assignment/discussion during the first week of class. If a student does not submit a posting to the graded assignment/discussion during the first week of class, the student is automatically withdrawn from the course for non-participation. Review the [full attendance policy](#).

#### Late Assignments Policy

Meeting assigned due dates is critical for demonstrating progress and ensuring appropriate time for instructor feedback on assignments. Students are expected to submit their assignments on or before the due date. Review the [full late assignment policy](#).

#### SNHU College of Online and Continuing Education Student Handbook

Review the [student handbook](#).

#### ADA/504 Compliance Statement

Southern New Hampshire University is dedicated to providing equal access to individuals with disabilities, including intellectual disabilities, in accordance with Section 504 of the Rehabilitation Act of 1973, Title III of the Americans with Disabilities Act (ADA) of 1990, and the ADA Amendments Act of 2008. The university prohibits unlawful discrimination on the basis of disability and takes action to prevent such discrimination by providing reasonable accommodations to eligible individuals with disabilities.

As soon as you become aware of a disability, we encourage you to contact the Online Accessibility Center (OAC) to discuss accommodations for which you may be qualified. Reasonable accommodations are established through an interactive process between the student and the OAC. Note that accommodations are not retroactive and that disability accommodations are not provided until an accommodation letter has been processed.

**Contact Information:**

**Online Accessibility Center**

**Phone: 866-305-9430**

**Email: [oaac@snhu.edu](mailto:oaac@snhu.edu)**

For questions concerning support services, documentation guidelines, or general disability issues, visit the [Online Accessibility Center](#) website.

If you feel you have been denied appropriate disability-related accommodations, including appropriate auxiliary aids and services, you may file a grievance as described in the ADA/504 Grievance Policy found on the [Disability Services](#) webpage.

**Academic Honesty Policy**

Southern New Hampshire University requires all students to adhere to high standards of integrity in their academic work. Activities such as plagiarism and cheating are not condoned by the university. Review the [full academic honesty policy](#).

**Copyright Policy**

Southern New Hampshire University abides by the provisions of United States Copyright Act (Title 17 of the United States Code). Any person who infringes the copyright law is liable. Review the [full copyright policy](#).

**SNHU College of Online and Continuing Education Withdrawal Policy**

Review the [full withdrawal policy](#).

**Southern New Hampshire University Policies**

More information about SNHU policies can be found on the [policy page](#).

**Student Work Samples**

For the purpose of continuous improvement of our educational training, Southern New Hampshire University's College of Online and Continuing Education may, on occasion, utilize anonymous student work samples for internal professional development and staff training. If you have any questions or concerns, contact your advisor. If you would like to withdraw permission for use of your work, please email [assessmentcalibration@snhu.edu](mailto:assessmentcalibration@snhu.edu).

*RESOLUTION REQUEST FORM NO. 3*

*Request for New Contract*

DEPARTMENT NAME: **Health Services**

DATE: **March 19, 2019**

- (a) Is this a Result of a Bid or Request for Proposal? **No**
- (b) Purpose of Contract: **To authorize a contract, contingent on full NYS licensure, with Amanda Rose Mastropietro, NYS Limited Licensed Speech Language Pathologist, to provide Speech Therapy services for Homecare and Preschool programs at the established current rates including automatic annual renewal unless there is 30 days written termination notice by either party.**
- (c) Name of Contractor: **Amanda Rose Mastropietro**
- (d) Address of Contractor:
- (e) Contractor's Contact Person and Telephone Number:
- (f) Has or will the Contract be provided, if so, please attach: **No**
- (g) Commencement Date of Contract: **May 1, 2019 or when fully licensed by NYS, without restriction.**
- (h) Termination Date of Contract: **Automatic annual renewal unless written 30 day termination notice by either party.**
- (i) Payment Provisions:
  - i) lump sum amount
  - ii) hourly rate amount **Refer to attached rates**
  - iii) total amount not to exceed
  - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. **Receipt of voucher and completed documentation for visits**)
- (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: A.4010-10.470 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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## RESOLUTION REQUEST FORM NO. 5

### *Request to Apply for a Grant Application and Grant Agreement*

DEPARTMENT NAME: Health Services

DATE: March 19, 2019

- (a) Purpose of Grant:  
**To expand efforts made through a previous grant, Prevention Agenda Project Application, supplying WIC participants with fresh fruits and vegetables, at all WIC clinic sites.**
- (b) Name of Grantor:  
**Adirondack Health Institute**
- (c) Address of Contractor: **101 Ridge St, Glens Falls, NY 12801**
- (d) Grantor's Contact Person and Telephone Number:  
**Courtney Shaler/ 518-480-0111 ext 304/ cshaler@ahihealth.org**
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? **Grant - Prevention Agenda Project Application attached.**
- (f) Effective Date of Grant: **TBA/Date 2019 Project Agenda Project App is approved**
- (g) Termination Date of Grant: **TBA**
- (h) Total Dollar Amount Involved (not to exceed): **\$1,500**
- (i) Deadline to Submit Grant Application and/or Grant Agreement:  
**April 12, 2019**
- (j) Is a Budget amendment required? **Yes** If yes, also complete and submit Form No. 7.
- (k) Are the funds to go into a Capital Project or Capital Reserve Project? **No** If yes, also complete and submit Form No. 8 or Form No. 9, as applicable.
- (i) Is a Local Share Required? **No** If Yes, Where are the Funds? List Budget Code, Object Code, Full Title\* and Amount OR Capital Project OR Capital Reserve Project Number and Title and Amount:  
**Grant Funds : \$50 A.4018.0040.410 Health education Supplies \$1, 450 A.4018.004**  
**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



Adirondack Health Institute

2019 PREVENTION AGENDA PROJECT APPLICATION

The purpose of this funding opportunity is to support Prevention Agenda Projects that address health inequities in New York State, as outlined in the New York State Department of Health's (NYSDOH) Prevention Agenda 2019-2024. To qualify for this opportunity, one must be a hospital or public health department who is a current member of the ARHN Community Health Assessment Committee and located within one of the following counties: Clinton, Essex, Franklin, Fulton, Hamilton, Warren, or Washington. If applicable, a single project can span multiple counties listed above. Funding up to \$1,500 can be requested. Only one request per county will be granted; collaboration between partners is strongly encouraged. Applications must not exceed two pages in length. The application is due by April 12, 2019. Email the completed application to Courtney Shaler at [cshaler@ahihealth.org](mailto:cshaler@ahihealth.org). For questions, please call (518)480-0111 ext. 304 or email the address above.

*\*Once applications are returned to AHI, they will then be sent on to DOH for final approval.*

**ORGANIZATION(S):** Warren County Public Health

**CONTACT NAME AND TITLE:** J'nelle Oxford, Public Health Program Manager

**CONTACT EMAIL:** oxfordj@warrencountyny.gov

**NYS PREVENTION AGENDA PRIORITY/FOCUS AREA:** Promote Healthy Women, Infants, and Children

**SUMMARY: (Please provide a summary on the planned outcome/outputs of the project.)**

To expand efforts made through a previous grant supplying WIC participants with fresh fruit and vegetable options to more WIC sites. Previous grant efforts were supplied to five northern WIC sites with more interest than originally anticipated. New funds would be use to advance the fresh fruit and vegetable efforts to all WIC sites within Warren County. Warren County would weekly order 3 bags of fresh produce (fruits and vegetables) to be delivered and then provided to families who have expressed interest on a sign up sheet. Within each bag there would also be WIC approved recipes so provide some guidance to families on how to prepare their produce, as well as best practices for storage.

The planned outcomes of this project are to provide families with more familiarity of utilizing, handling and storing fresh produce. Recent data shows that 15% of children ages 2-4 and 55% of women enrolled in WIC are obese / overweight, increasing access and knowledge to different fruits and vegetables is a step towards combating these percentages.

**BUDGET: (Projects have a maximum budget of \$1,500. Please give a high-level overview of costs below.)**

\$50 of budget would be used for printing materials for bags as well as surveys, sign up sheets and recipes. \$1450 of budget would be used to set up a credit line with a local Community Supported Agriculture group (CSA) to purchase Fresh food bags for participants.

*\*All projects must be based on new concepts/activities that will directly support your organization's Community Health Improvement Plan/Community Service Plan, thereby advancing NYS Prevention Agenda goals.*

**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

**DATE:** March 19, 2019

(a) **Purpose of Amendment:** To amend the 2019 budget to adjust the Health Services-Health Education Division to reflect additional funds to be received from AHI - Adirondack Health Institute's Population Health Improvement Program Healthy Community Design Project to be utilized for the WICed Fresh Food Bag Program. This program will involve WIC families and provide fresh fruits and vegetables at WIC clinics throughout Warren County. A line of credit will be set up with a local Community Supported Agriculture group (CSA) to purchase these Fresh food bags for as long as the funds allow.

(b) **Appropriation Code (with title), Object Code (with title) and Amount:**  
A.4018.0040.410 Health Education-Supplies \$50  
A.4018.0040.445 Health Education -Foods \$1,450

**Revenue Code (with title), and Amount:**  
A.4018.0040.1617- Health Education Revenues \$1,500

**ATTACHMENT #9**

# Warren County Request to Host Meeting or Conference

Name of Department: Health Services

Name of Meeting/Conference: Tobacco-21 Educational Panel- Lunch and Learn

Date: 3/15/19

Location: Warren County Municipal Center

Purpose: Provide Panel of experts to provide education on various aspects and impacts of T-21

Contact Person: (If other than Department Head) Dan Durkee- Senior Health Educator

Phone No.: 518-761-6584

Number of People attending:

5 County Employees

0 State Employees

         Volunteers

6 + 20 Others (specify) 1- Adirondack Health Institute/5 Panelists/ Up to 20 Supervisors from EOS

Cost to County (please include amounts):

Room rental \$ 0

Food/beverage \$ 100

Supplies \$ 10

Other (specify) \$         

Total Cost: \$ 110

Dept Head Approval:

*Gene Jan*  
Signature

3/4/19  
Date

Committee Chairman Approval:

*Edna Frasier - Approved by [Signature]*  
Signature

3/4/19  
Date

# TOBACCO 21

**Learn how raising the legal tobacco purchase age to 21 impacts a community.**

Following the March 15<sup>th</sup> Warren County Board of Supervisors meeting, Supervisors are invited to stay for a lunch and learn panel discussion about T21.

Supervisors will be able to ask questions to panelists about T21 and how raising the purchase age of tobacco would impact the specific populations they work with.

This is an educational forum to share information and ideas. Representatives from Warren County Public Health and Adirondack Health Institute will facilitate the discussion.

Lunch will be provided!

We hope to see you there!



**Public Health**  
Prevent. Promote. Protect.

Presented by Warren County Public Health

Warren County Health Services  
Division of Public Health

## Jones, Ginelle

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**From:** Edna Frasier <Supervisor@TownOfHague.org>  
**Sent:** Monday, March 4, 2019 12:28 PM  
**To:** Jones, Ginelle  
**Subject:** RE: Host Meeting Approval Request

Ginelle, I do not have a problem with this. Edna

---

**From:** Jones, Ginelle [<mailto:jonesg@warrencountyny.gov>]  
**Sent:** Monday, March 4, 2019 11:30 AM  
**To:** Frasier, Edna  
**Cc:** Allen, Amanda  
**Subject:** Host Meeting Approval Request

Good Morning, Supervisor Frasier.

As you are already aware, Dan Durkee, our Senior Health Educator, is offering a Tobacco- 21 Lunch and learn for interested Supervisors after the March 15 Board Meeting.

Initially AHI was going to provide funding for the lunch, however in the last few weeks AHI funding is no longer available. We have the money in our budget and would like to still provide a light lunch for participants.

I have attached the authorization form and T-21 Meeting Announcement, needing your approval. I have also copied Amanda Allen in the event you prefer to provide this authorization via email.

Please let me know if you have any questions.

Thank you for your consideration.

Ginelle  
518-761-6580

# 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: 36.06  
Title of Position: Registered Professional Nurse #31 Base Salary of Position: \$47,523 Grade: 19  
Filling at Step # (If Known): \_\_\_\_\_  
Budget code and title: A.4018.0020.110/ Family Health Full Time Salaries Union  Non-Union   
This position is vacated due to:  Retirement  Resignation  Termination  Promotion  Other  
Employee No./Last Name: 13051/ Hoerter Date of Vacancy: Anticipated 3/29/19  
Is this position mandated?  Yes  No Is the position reimbursable?  Yes  No  
Source of reimbursement:  Federal \_\_\_\_\_ %  State 36 %  Other Variable/caseload load % 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. 3/13/19  
Human Resources Director has approved this form when initialed. 3-13-19

### 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 Frank C Thomas Date 3/15/19

### BUDGET OFFICER COMPLETES THIS SECTION

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

Budget Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

### 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. Hansen Date 3/19/19

# 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: 36.00  
Title of Position: Registered Professional Nurse #37 Base Salary of Position: \$47,523 Grade: 19  
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: 13295/ Smith Date of Vacancy: 03/01/2019  
Is this position mandated?  Yes  No Is the position reimbursable?  Yes  No  
Source of reimbursement:  Federal \_\_\_\_\_ %  State \_\_\_\_\_ %  Other Variable \_\_\_\_\_ % 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. POV 3/13/19  
Human Resources Director has approved this form when initialed. AT 3-13-19

### COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

### 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 3/15/19

### 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. Javier Date 3/19/19

## RESOLUTION REQUEST FORM NO. 4

### *Request for Extending, Rescinding or Amending Existing Contract*

DEPARTMENT NAME: Health Services

DATE: March 19, 2019

- (a) Purpose of Contract Change: To Amend the existing contract with Waystar/Zirned, Inc and Public Health Immunization Program to (1) reflect a 5% increase to our monthly Claims Management Fee currently \$0.35 per claim to \$0.3675 per claim and (2) a 5% increase to our monthly Electronic Remittance Advice (ERA) fee currently \$25.00 for 500 ERA's per month to \$26.25 for 500 ERA's per month. ERA's in excess of 500 will be billed at \$0.07 each.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 617/2011 and 632/2012
- (c) Name of Contractor: Waystar/Zirned
- (d) Address of Contractor: 888 W. Market St., Ste 400, Louisville, KY 40202
- (e) Contractor's Contact Person and Telephone Number: Lindsay Quinlin; 678-221-0514
- (f) Commencement Date of Extension: Rate change effective May 1, 2019
- (g) Termination Date of Extension: Authorize automatic annual contract renewal as long as there is no more than a 5% rate increase. Or by a request to terminate agreement upon 30 days written notice by either party.
- (h) Payment Provisions: i) lump sum amount  
ii) hourly rate amount  
iii) total amount not to exceed  
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Claims and ERA's to be billed monthly.
- (i) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title\* and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: A4010.428 Chha Data Processing and Internet Fees.

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



Acct  
63019  
Display

## Waystar Subscriber Addendum

This Subscriber Agreement Addendum ("Addendum") is intended to amend and supplement the Subscriber Agreement ("Agreement") made and entered into between ZirMed, Inc. d/b/a Waystar Health ("Waystar") and Warren County on Behalf of Warren County Health Services ("Customer") regarding Customer's access and use of the products and services ("Services") provided by Waystar. Waystar and Customer agree to the following terms that shall be additive to those found in the Agreement and restate and recite all other terms as defined in the Agreement. Unless otherwise specifically defined in this Addendum, terms shall have the same meaning as in the Agreement in effect between the parties.

### Section II - Solutions & Pricing

This Agreement governs access to and use of Services identified herein at the fees associated therewith. The proposed fee schedule will be honored until 04/05/2019 and expires thereafter unless accepted.

### Claims Management

Solution	Your Monthly Fee	Implementation Fee
<b>Claims Management (Professional - Batch)</b> \$0.3675 per electronic claim. Paper Claims: \$0.47 each, \$0.26 per additional page printed.	<i>Based on # of claims</i> Variable	\$0.00
Total		\$0.00

### Electronic Remittance Advice

Solution	Your Monthly Fee	Implementation Fee
<b>Electronic Remittance Advice - Delivery and View</b> Subscription includes 500 ERAs, \$0.07 per additional ERA.	\$26.25	\$0.00
Total		\$0.00

## Technology, Staffing, and Support Services

In addition to the features and functionality referenced within, you'll also receive the following technology, staffing and support services:

- Six Sigma designed implementation
- Unlimited users
- Ongoing training available online
- Support available through via phone, chat, or online case submission
- Frequent updates and communications from Waystar about the company's newest available features, functionality, and regulatory changes that could impact your business
- Reporting package available online
  
- SSAE-16 Certification & Disaster Recovery
- Access to Waystar's developer portal that facilitates product integration

**Your support team and Waystar's Support & Training Center enable your users and managers to:**

- Log support issues
- View/manage status of open issues
- View/manage prior issues and resolution
- Access knowledgebase articles
- Access training materials such as user guides and training videos 24/7
- Attend regularly scheduled training webinars

**Note: The above fee schedule will be honored until 04/05/2019. Unless this Addendum is accepted and upon expiration, Waystar reserves the right to modify the pricing and payment terms enumerated herein.**

### **Section III - Terms and Conditions**

1. Solutions and Pricing. Customer desires to access and use Services provided for in this Addendum in addition to those covered by the Agreement between the parties. Customer agrees to pay all charges as billed to Customer including monthly fees, transaction or usage fees, implementation fees and any customer development or consulting fees as incurred as described above or in a supplement development agreement. Transaction or usage fees shall be based on the amount of usage recorded by Waystar's computer system, and the pricing in effect at the time of Customer's use of such Services as documented herein. At any time after the conclusion of the Initial Term, Waystar reserves the right to apply periodic price increases, but no more than once every twelve (12) months. These increases shall not exceed the greater of (i) five percent (5%) or (ii) the percentage increase in the Consumer Price Index for All Urban Consumers since the last applicable price increase, whichever is greater.
2. Payment. Payment terms shall be as stated in the Agreement unless modified herein, in which case the terms in this Addendum shall control. Waystar reserves the right to charge Customer a \$50.00 reactivation fee for frequent late payments resulting in disruption or deactivation in Service. Late payments (after 60 days) will be subject to a late fee equal to one and one-half (1.5%) per month or at the maximum interest rate allowable under applicable law, whichever is lower, of the overdue amount, except amounts disputed by Customer in writing in good faith within ten (10) days following receipt of the invoice. If any undisputed amount of any invoice remains unpaid, Waystar may (without terminating the Agreement or this Addendum and reserving cumulatively all other remedies and rights under the Agreement and at law) suspend further Services and licenses to access the Services under this Addendum or the Agreement without further notice to Customer. Customer is responsible for all costs of collection including, but not limited to, collection agency fees and attorney fees. Due to the high direct costs of some services, Waystar restricts the use of purchasing cards, credit cards or debit cards to transactions totaling less than five thousand dollars (\$5,000) in a given month. Charges in excess of this amount will be subject to a convenience fee of three percent (3%).
3. Term and Termination. Nothing herein shall act to extend or modify the Term of the Agreement beyond that previously agreed to between the parties. The term and termination provision of the Agreement shall be incorporated by reference herein and Customer access to the Services described above shall be covered by the Agreement.
4. Entire Agreement. This Addendum and the Agreement previously entered into between the parties sets forth all the representations, promises and understandings between the parties on the matters. To the extent there exists any conflict between this Addendum and the Agreement, the terms of this Addendum shall control. If any part or parts of this Addendum or the underlying Agreement are held to be invalid, illegal or unenforceable, such part will be treated as severable, and the remaining parts shall continue to be valid and enforceable as to the parties hereto.

5. Counterparts. This Addendum may be executed in counterparts and delivered by facsimile or other electronic means, each of which will be deemed an original but all together will constitute only one agreement.

**In Witness Whereof**, Business Associate and Covered Entity have caused this Addendum to be signed and delivered by their duly authorized representatives, as of the date set forth above.

**Warren County on Behalf of Warren County Health  
Services ("Covered Entity")**

**Waystar Inc. ("Business Associate")**

By (signed):

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Effective Date: \_\_\_\_\_

By (signed):

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Jones, Ginelle**

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**From:** Lindsay Quinlin <Lindsay.Quinlin@waystar.com>  
**Sent:** Thursday, March 14, 2019 9:31 AM  
**To:** DeCesare, Diane  
**Cc:** Jones, Ginelle; Driscoll, Tawn  
**Subject:** RE: Waystar accounts 44390 + 63019

Diane,

Good morning. I received approval late last night from our management team to remove the second annual maintenance fee for your account 63019. I am waiting on the updated addendum to be able to send that to you for processing. As soon as I have it, I will send it along. Please let us know if you have any additional questions or concerns.

Thanks,  
Lindsay

**Lindsay Quinlin, Account Relations**  
Waystar | simplify + unify your rev cycle  
O 678.221.0514  
F 678.221.0926

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**From:** DeCesare, Diane <decesared@warrencountyny.gov>  
**Sent:** Tuesday, March 12, 2019 8:25 PM  
**To:** Lindsay Quinlin <Lindsay.Quinlin@waystar.com>  
**Cc:** Jones, Ginelle <jonesg@warrencountyny.gov>; Driscoll, Tawn <driscoll@warrencountyny.gov>  
**Subject:** RE: Waystar accounts 44390 + 63019

Hi Lindsay,

I'm following up on our Director, Ginelle Jones voice mail earlier this evening. Ginelle is questioning why we are being billed the \$125.00 annual fee twice. We realize we have two accounts but we are one agency. One account is for billing services for our Home Care Program and the other is for billing immunizations through our Disease Program.

We also realize that the later account for immunizations was set up several years after the first account so that might be why it was set up separately and not added to the existing account. Also at that time you charged no annual fees only monthly fees so it made no difference whether our charges were on one invoice or two.

Could you please check to see if we should be charged this fee twice and if so give us a written explanation as to why this is necessary as the addendum and email do not clearly define what the \$125.00 annual fee is for. If it's a matter of having two accounts then perhaps we can combine them into one account to only have one \$125.00 fee. We appreciate you looking into this and possibly coming up with a solution to streamlining our services onto one account to be more cost effective.

Thank you for your help Lindsay. I look forward to your response.

Kind Regards,

Diane

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**From:** Lindsay Quinlin [mailto:Lindsay.Quinlin@waystar.com]  
**Sent:** Thursday, March 7, 2019 10:53 AM  
**To:** DeCesare, Diane  
**Subject:** RE: Waystar accounts 44390

Diane,

Good morning. After reviewing your agreement, it only had the language for the per transaction pricing for claims. This is why it lists 0 because you are billed per claim with no minimum.

In regards to the annual maintenance fee, that would be invoiced each year in April and May according to when they are receiving the notice.

Please let us know if you have any additional questions or concerns.

Thanks,  
Lindsay

**Lindsay Quinlin, Account Relations**  
**Waystar | simplify + unify your rev cycle**  
O 678.221.0514  
F 678.221.0926

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**From:** DeCesare, Diane <decesared@warrencountyny.gov>  
**Sent:** Wednesday, March 6, 2019 4:32 PM  
**To:** Lindsay Quinlin <Lindsay.Quinlin@waystar.com>  
**Subject:** RE: Waystar accounts 44390

Hi Lindsay,

I want to follow up my voice message with an email.

If you look back at some of our bills for acct 63019 you'll see we paid either .35 per claim or a flat \$25.00 per month for claims filed the previous month. If the total # of claims filed totaled less than the \$25.00 charge you would charge us .35 per claim. Basically if we filed less than 71 claims per month. If we filed more than 71 claims per month, we paid a flat fee of \$25.00 up to 500 claims and then .05 for any claims that exceeded 500.

The way I'm reading the new addendum it looks like we no longer pay a flat monthly rate or a per claim fee and it doesn't matter how many claims we submit per month. The monthly fee is 0 dollars. The only fee we now pay is a \$125.00 annual fee for claims management. Please verify that this is correct.

The only change to the Electronic Remittance Advice is the 5% increase. We were paying \$25.00 per month for 500 ERA's and now we will pay \$26.25 per month for 500 ERA's.

So as of May 2019 our monthly bill will be \$26.25 every month. And one annual bill for \$125.00 for Claims Management.

Also, can you tell me when the annual fees of \$125.00 will be invoiced. Will it be April for acct 44390 and May for acct 63019 annually?

Sorry for all the questions but I want to make sure I'm understanding the changes completely before writing up the resolutions for approval by the county.

Thanks for your help. I look forward to your reply,

Diane

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**From:** Lindsay Quinlin [mailto:Lindsay.Quinlin@waystar.com]  
**Sent:** Wednesday, March 6, 2019 8:58 AM  
**To:** DeCesare, Diane  
**Subject:** RE: Waystar accounts 44390

Diane,

Good morning. Attached please find the updated addendum for the account 63019. Please add this to your other agreement for processing. Please let us know if you have any additional questions or concerns.

Thanks,  
Lindsay

**Lindsay Quinlin, Account Relations**  
**Waystar** | simplify + unify your rev cycle  
O 678.221.0514  
F 678.221.0926

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**From:** Lindsay Quinlin  
**Sent:** Monday, March 4, 2019 3:53 PM  
**To:** 'DeCesare, Diane' <decesared@warrencountyny.gov>  
**Subject:** RE: Waystar accounts 44390

Diane,

Good afternoon. I received your email and it appears that the account, 44390 is receiving an increase in April and 63019 is receiving an increase in May. I am working on securing you another addendum for the 63019 account. I will send that to you as soon as I can. Please let me know if you have any additional questions or concerns.

Thanks,  
Lindsay

**Lindsay Quinlin, Account Relations**  
**Waystar** | simplify + unify your rev cycle  
O 678.221.0514  
F 678.221.0926

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**From:** DeCesare, Diane <decesared@warrencountyny.gov>  
**Sent:** Friday, March 1, 2019 4:27 PM  
**To:** Lindsay Quinlin <Lindsay.Quinlin@waystar.com>  
**Subject:** RE: Waystar accounts 44390

Hi Lindsay,

We have it and it has been approved. The next step is a resolution That will be approved later this month. We should be all set by April 1<sup>st</sup> when the new pricing goes into effect.

On another note I received an email yesterday similar to the one I received the end of January. This email shows a price increase effective May 2019.

I know you told me increase only applied to acct 44390 not acct 63019. Please clarify why I received this second email yesterday and what account if any it is affecting.

I will talk on Monday with our Attorney's Office to see when the addendum you sent will be signed and returned for your signature.

Thank you and have a good weekend!

Diane

---

**From:** Lindsay Quinlin [mailto:Lindsay.Quinlin@waystar.com]

**Sent:** Friday, March 1, 2019 3:56 PM

**To:** DeCesare, Diane

**Subject:** RE: Waystar accounts 44390

Diane,

Good afternoon. I wanted to reach out to you to see if you had the addendum for the new pricing signed. I don't show where we have received it back. I look forward to receiving this back from you.

Thanks,  
Lindsay

Lindsay Quinlin, Account Relations  
Waystar | simplify + unify your rev cycle  
O 678.221.0514  
F 678.221.0926

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**From:** Lindsay Quinlin

**Sent:** Friday, February 8, 2019 3:30 PM

**To:** 'decesared@warrencountyny.gov' <decesared@warrencountyny.gov>

**Subject:** FW: Waystar accounts 44390

Diane,

Good morning. I just left you a message but I wanted to send the updated agreement to you for your review. The eligibility pricing is correct on this addendum.

In regards to your other account, it does not appear that the other account, 63019, is receiving and increase. Therefore, I am unable to complete an addendum for that account. If/or when the account incurs this increase, please let me know. I will generate another order form for that account.

I hope this answers your questions. Please let me know if I can assist you further.

Thanks,  
Lindsay

Lindsay Quinlin, Account Relations  
Waystar | simplify + unify your rev cycle  
O 678.221.0514  
F 678.221.0926

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**From:** Lindsay Quinlin  
**Sent:** Thursday, February 7, 2019 3:50 PM  
**To:** 'decesared@warrencountyny.gov' <[decesared@warrencountyny.gov](mailto:decesared@warrencountyny.gov)>  
**Subject:** RE: Waystar accounts 44390

Tammy,

Good afternoon. Attached please find the agreement for your updated pricing and annual maintenance fee included for reference. Please let me know if you have any additional questions or concerns.

Thanks,  
Lindsay

Lindsay Quinlin, Account Relations  
Waystar | simplify + unify your rev cycle  
O 678.221.0514  
F 678.221.0926

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**From:** Lindsay Quinlin  
**Sent:** Tuesday, February 5, 2019 12:35 PM  
**To:** [decesared@warrencountyny.gov](mailto:decesared@warrencountyny.gov)  
**Subject:** Waystar accounts 44390

Tammy,

Good afternoon. I just tried to call you but I wasn't able to reach you. I wanted to let you know that I will be working to secure the addendum that shows your updated pricing with the new pricing structure. It might take me a few days to secure the addendum but I will send it to you as soon as I have it. I just wanted to let you know that you are being taken care of here. Please let me know if you have any questions or concerns.

Thanks,  
Lindsay

Lindsay Quinlin, Account Relations  
Waystar | simplify + unify your rev cycle  
O 678.221.0514  
F 678.221.0926

Warren County Board of Supervisors

RESOLUTION NO. 632 OF 2012

Dis/Log  
Act  
6/30/19

Wheats  
Kristen  
System

Resolution introduced by Supervisors Sokol, Thomas, Frasier, Taylor and McDewitt

AMENDING RESOLUTION NO. 205 OF 2009 TO AMEND AGREEMENT WITH ZIRMED, INC. TO ALLOW FOR ELECTRONIC REMITTANCE

WHEREAS, Resolution No. 205 of 209 authorized a subscriber agreement with ZirMed, Inc. for the purpose of verifying insurances before billing to expedite claims without denials, which is compatible with the Encore Billing System, Inc., and Resolution No. 617 of 2011 amended said agreement to allow for billing for the Immunization Program, and

WHEREAS, the Director of Public Health/Patient Services desires to amend said agreement to allow for electronic remittances of One Hundred Ninety-Nine Dollars (\$199) for the one time set up fee, monthly fees of Twenty-Five Dollars (\$25) for up to five hundred (500) <sup>ERA</sup> ~~claims~~ and in the event there are more than five hundred (500) <sup>ERA</sup> ~~claims~~ per month, a cost of Five Cents (\$.05) per additional claim, now, therefore, be it

↑ 5% to \$26.25/mo

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an amendment agreement with ZirMed, Inc. for the aforesaid services and amounts set forth in the preambles of this resolution for a term commencing November 19, 2012 and terminating upon sixty (60) days written notice by either party in a form approved by the County Attorney, and be it further

RESOLVED, that other than the above amendment, Resolution Nos. 205 of 2009 and 617 of 2011 shall remain in full force and effect, and be it further

RESOLVED, that the funds shall be expended from Budget Code A.4010.428 Health Services, Data Processing & Internet Fees and A.4018 0030.428 Preventive Program, Disease Control, Data Processing & Internet Fees.

A4011.0030.428

# Warren County Board of Supervisors

## RESOLUTION NO. 617 OF 2011

Resolution introduced by Supervisors Sokol, Thomas, Champagne, Taylor and McDevitt

### AMENDING RESOLUTION NO. 205 OF 2009 TO AMEND AGREEMENT WITH ZIRMED, INC. TO ALLOW FOR BILLING FOR THE IMMUNIZATION PROGRAM

WHEREAS, Resolution No. 205 of 2009 authorized an agreement with Zirmed, Inc. for the purpose of verifying insurances before billing to expedite claims without denials, which is compatible with the Encore Billing System, Inc. and the Director of Public Health/Patient Services desires to amend said agreement to allow for billing for the Immunization Program at a cost of One Hundred Ninety-Nine Dollars (\$199) one time implementation fee plus (Thirty-Five Cents (\$0.35) per claim transmission) and forty-Five Cents (\$0.45) per paper claim, now, therefore, be it

~~add \$125 annual fee~~  
waived.  
3/14/19  
by

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an amendment agreement with Zirmed, Inc. for the aforesaid services and amounts for a term commencing September 15, 2011 and terminating September 14, 2012 or upon sixty (60) days written notice after the initial one (1) year term in a form approved by the County Attorney, and be it further

RESOLVED, that other than the above amendment, Resolution No. 205 of 2009 shall remain in full force and effect.

Health & Human Services Committee  
Warren County Department of Social Services  
COMMITTEE MEETING AGENDA  
March 19, 2019

**Committee Members:** Supervisors Frasier, McDevitt, Braymer, Leggett, Loeb, Driscoll, Hyde, Magowan and Sokol.

- I. Committee meeting called to order by Chairman
- II. Motion to approve minutes of prior Committee meeting
- III. Action Agenda/New Business

1. **Request Resolutions:**                      --PERSONNEL ITEMS--

**SOCIAL SERVICES**

- Notice of Intent to Fill the Position of Part Time Assistant Social Services Attorney (20 hours per week). Annual Base Salary \$34,260 due to resignation effective February 15, 2019.
- Notice of Intent to Fill the Position of Social Welfare Examiner #43 in the Temporary Assistance Unit, Grade 8, Annual Base Salary \$33,600, due to promotion effective March 11, 2019.
- Notice of Intent to Fill the Position of Social Welfare Examiner #17 in the Medicaid Unit, Grade 8, Annual Base Salary \$33,600, due to promotion effective March 11, 2019.

**PLEASE SEE ATTACHMENT #1**

2. **Request Resolutions:**                      --PERSONNEL ITEMS--

**COUNTRYSIDE ADULT HOME**

- Request to Create (and Fill, see next item) the position of Part Time Temporary Senior Aide, Grade 7, Annual Base Salary \$33,600, in for a period up to 6 months, to be reviewed in 6 months.
- Notice of Intent to Fill the Position of Part Time Temporary Sr. Aide, Grade 7.
- Notice of Intent to Fill the Position of Institutional Aide #12, Grade 3, Base Salary \$28,026, due to retirement effective March 1, 2019.
- Notice of Intent to Fill the Position of Institutional Aide Per Diem, Grade 3, due to resignation effective March 4, 2019.
- Notice of intent to Fill the Position of Foodservice Worker (# TBD), Grade 2, due to promotion, date to be determined.

**Rationale:** The positions are mandated and reimbursed. Filling and Creating key positions will balance staffing needs and reduce the need for overtime.

**PLEASE SEE ATTACHMENT #2**

3. **Request Resolution:**

Request permission for the Department of Social Services to enter into a contract with Homeless Management Information System (HMIS), to provide various services related to Temporary Assistance-Homelessness with regard to reporting and collecting data, and making referrals, for the term commencing March 1, 2019 and terminating February 29, 2020, for total amount not to exceed \$5,000. (Note: Second year renewal amount would be reduced to \$3,000).

Rationale: This is an essential reporting and data collection tool.

**PLEASE SEE ATTACHMENT #3**

4. **Request Resolutions:**

- Requesting Authorization to pay the New York State Department of Health (NYS DOH) for a fine in the amount of \$2,673.00, as a result of violations cited in Reports of Inspection for Countryside Adult Home dated August 17, 2018 and December 20, 2018.

Rationale: This is a New York State Department of Health Directive.

**PLEASE SEE ATTACHMENT #4**

5. **Request Resolution:**

Request to renew the contract with Jennifer Linehan, Dietary Consultant, for Dietician Services at Countryside Adult home, for the period commencing March 2, 2019 and terminating March 1, 2020, for a total amount not to exceed \$3,840.00.

Rationale: Contract Expired March 1, 2019.

**PLEASE SEE ATTACHMENT #5**

6. **Request Resolution:**

Request to Appoint two member to the Warren County Youth Board for the 2019 calendar year.

**PLEASE SEE ATTACHMENT #6**

IV. Pending Items - There are no pending items

V. Information for Discussion and/or Review

- Chris Hanchett, Commissioner - Updates for Social Services & Countryside Adult Home
- Julie Montero, Fiscal Manager - Monthly Revenue & Expenditures and Overtime Reports;

**PLEASE SEE ATTACHMENT #7**

VI. Privilege of the Floor to discuss any additional items to come before the Committee

VII. Motion to Adjourn

ATTACHMENTS:

1. Personnel Requests Social Services:

Notices of Intent to Fill: PT Attorney, SWE #43, SWE #17

2. Personnel Requests Countryside:

Create PT Sr Aide; and

Notices of Intent to Fill: PT Sr Aide, Institutional Aide #12, Sr. Aide #2, Institutional Aide Per Diem

3. Request to enter into an Agreement with HMIS

4. Request Authorization to pay NYS DOH \$2,673 in fines-Countryside.

5. Request to renew contract for Dietician Services-Countryside

6. Request to Reappoint two members to the Warren County Youth Board for 2019

7. Monthly Revenue and Expenditure Reports

# 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: 40.07  
Title of Position: Assistant Social Services Attorney-Part Time Base Salary of Position: ~~36,000~~ \$34,200 Grade: \_\_\_\_\_  
Filling at Step # (If Known): \_\_\_\_\_  
Budget code and title: A6010 130 - Salaries - Part Time (20 hrs) Union  Non-Union   
This position is vacated due to:  Retirement  Resignation  Termination  Promotion  Other  
Employee No./Last Name: 13149/DeStefano Date of Vacancy: 02/15/19  
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. DOB 3/14/19  
Human Resources Director has approved this form when initialed. 12-3-19

### COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

### 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 3/15/19

### 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. Fraser Date 3/19/19

# 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: 40.00  
Title of Position: Social Welfare Examiner #43 Base Salary of Position: 34,988 Grade: 8  
Filling at Step # (If Known): \_\_\_\_\_  
Budget code and title: A6010 110 - Salaries - Regular Union  Non-Union   
This position is vacated due to:  Retirement  Resignation  Termination  Promotion  Other  
Employee No./Last Name: 11939/McKinney Date of Vacancy: 03/11/19  
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 3/14/19  
Human Resources Director has approved this form when initialed. 17 3-14-19

### COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

### 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 3/15/19

### 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. Lamer Date 3/19/19

# 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 #17 Base Salary of Position: 34,988 Grade: 8  
Filling at Step # (If Known): \_\_\_\_\_  
Budget code and title: A6010 110 - Salaries - Regular Union  Non-Union   
This position is vacated due to:  Retirement  Resignation  Termination  Promotion  Other  
Employee No./Last Name: 12440/Snowball Date of Vacancy: 02/19/19  
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.** 2/21/19  
**Human Resources Director has approved this form when initialed.** 17 3-14-19

### COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

### 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 3/15/19

### 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. Train Date 3/19/19

**RESOLUTION REQUEST FORM NO. 11**

***Request to Create New Position***

**ATTACHMENT #2**

**DEPARTMENT NAME: COUNTRYSIDE ADULT HOME**

**DATE: 3/19/19**

- (a) Title of Requested Position: **Part-Time Temporary Sr. Aide**
- (b) Annual Base Salary (and Grade if Applicable): **\$33,600 - Grade 7**
- (c) Effective Date for New Position:\* **April 22, 2019**  
\*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):  
**N/A**
- (e) Where are Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount:  
**A 6030 130 - Salaries part-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:
- (h) Is there expected revenue from this position? If so, please explain:  
**Reimbursed 50% State**

# 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: COUNTRYSIDE ADULT HOME Payroll Dept. No: 42.00  
Title of Position: Sr. Aide - Part Time Temporary Base Salary of Position: 33,600 Grade: 7  
Filling at Step # (If Known): \_\_\_\_\_  
Budget code and title: Salaries-PT A6030 130 Union  Non-Union   
This position is vacated due to:  Retirement  Resignation  Termination  Promotion  Other  
Employee No./Last Name: \_\_\_\_\_ Date of Vacancy: 04/22/19  
Is this position mandated?  Yes  No Is the position reimbursable?  Yes  No  
Source of reimbursement:  Federal \_\_\_\_\_ %  State 50 %  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.** *Ray 3/14/19*  
Human Resources Director has approved this form when initialed. *AD 3-14-19*

### COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

### 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 3/15/19

### 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. Frasier* Date 3/19/19

# 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: Countryside Adult Home Payroll Dept. No: \_\_\_\_\_  
Title of Position: Institutional Aide #12 Base Salary of Position: \$28,026 Grade: 3  
Filling at Step # (If Known): \_\_\_\_\_  
Budget code and title: A.6030.110 Countryside Adult Home Full Time Salaries Union  Non-Union   
This position is vacated due to:  Retirement  Resignation  Termination  Promotion  Other  
Employee No./Last Name: #7700/Moon Date of Vacancy: 3/1/19  
Is this position mandated?  Yes  No Is the position reimbursable?  Yes  No  
Source of reimbursement:  Federal 50 %  State \_\_\_\_\_ %  Other \_\_\_\_\_ %

### CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list  Competitive-no list (*hiring would be provisional*)  Non-Competitive  Other LABOR  
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. See 3/14/19  
Human Resources Director has approved this form when initiated. ns 3-14-19

### COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

### 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 3/15/19

### 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. Traver Date 3/19/19

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: Countryside Adult Home Payroll Dept. No:
Title of Position: Institutional Aide Per Diem Base Salary of Position: \$28,026 Grade: 3
Filling at Step # (If Known):
Budget code and title: A.6030.130 Countryside Adult Home PartTime Salaries Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: #13171/Martindale Date of Vacancy: 3/4/19
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 50% State % Other %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (hiring would be provisional) Non-Competitive Other Labor
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 31/19
Human Resources Director has approved this form when initialed. 10.3.19

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature Date

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 C. Thomas Date 3/15/19

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. Lascari Date 3/19/19

# 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: Countryside Adult Home Payroll Dept. No: 42.00  
Title of Position: Food Service Helper #TBD Base Salary of Position: \$27,438 Grade: 2  
Filling at Step # (If Known): \_\_\_\_\_  
Budget code and title: A.6030.110 Countryside Adult Home Full Time Salaries Union  Non-Union   
This position is vacated due to:  Retirement  Resignation  Termination  Promotion  Other  
Employee No./Last Name: (backfill) Date of Vacancy: 3/19/2019  
Is this position mandated?  Yes  No Is the position reimbursable?  Yes  No  
Source of reimbursement:  Federal 50 %  State \_\_\_\_\_ %  Other \_\_\_\_\_ %

### CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list  Competitive-no list (*hiring would be provisional*)  Non-Competitive  Other labor  
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. Ray 3/14/19  
Human Resources Director has approved this form when initialed. AG 3-14-19

### COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

### 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 3/15/19

### 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. Suarez Date 3/19/19

# RESOLUTION REQUEST FORM NO. 3

## Request for New Contract

ATTACHMENT #3

DEPARTMENT NAME: **Social Services**

DATE: **March 19, 2019**

- (a) Is this a Result of a Bid or Request for Proposal? **No**
- (b) Purpose of Contract: **To obtain licenses for the Homless Management Information System (HMIS) from CARES of NY, Inc. The purpose of the HMIS system is to improve the quality of the planning and data collection process related to the comprehensive homeless services plans, per 18 NYCRR §304.2. The contract also includes the data reports from CARES for the required outcome reports to be submitted to OTDA, as part of the plan requirements.**
- (c) Name of Contractor: **CARES of NY, Inc.**
- (d) Address of Contractor: **200 Henry Johnson Boulevard, Suite 4, Albany, NY 12210**
- (e) Contractor's Contact Person and Telephone Number:  
**Allyson Thiessen, 518-489-4130**
- (f) Has or will the Contract be provided, if so, please attach: **Attached**
- (g) Commencement Date of Contract: **March 1, 2019**
- (h) Termination Date of Contract: **February 29, 2020**
- (i) Payment Provisions:
  - i) lump sum amount
  - ii) hourly rate amount
  - iii) total amount not to exceed
  - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.

**Payments will be made in a lump sum amount of \$5000.00 for the first year, and \$3000.00 for the second year of service.**

- (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: **The State is providing a district allocation of up to \$45,000 to support connectivity to the local HMIS system and other administrative actions related to the Homeless Services Plan. This is per 18-LCM-21.****



200 Henry Johnson Boulevard, Suite 4 • Albany, New York 12210  
Phone: (518) 489-4130 • Fax: (518) 489-2237 • http://www.caresny.org

**End User Licensing and Username HMIS CONTRACT  
BETWEEN CARES OF NY, INC.  
AND**

**AGENCY:** \_\_\_\_\_

**CONTRACT TERM: MARCH 1, 2019-~~FE~~BRUARY 29, 2020**

CARES of NY, Inc. Agrees to provide access to the CARES Regional HMIS in the form of up to 15 user names and licenses within unlimited project configurations to the contracting agency. In return, the agency agrees to pay a user fee of \$5,000 for the first year of service, reduced to \$3000 for the second year of service.

**CONTRACTED SERVICES**

CARES of NY, Inc. (CARES) will provide the following services as outlined in the CRHMIS Policy and Procedure Manual

- a. CARES staff will provide access to the CARES' Regional Homeless Management Information System (HMIS) to the agency with up to 15 user licenses. Additional licenses available for an increased fee
- b. CARES will provide training to both new and advanced users of the system both in person and remotely
- c. CARES will provide support for; data collection, data quality, and reporting support via helpdesk, telephone, training, monitoring and remote assistance
- d. CARES staff will coordinate the collection, analysis and submission of data on behalf of the agency to the CoC, OTDA and HUD

**PAYMENT SCHEDULE**

An Invoice for the full contract amount will be submitted at the start of the contract, please pay upon receipt.

Date: \_\_\_\_\_

\_\_\_\_\_  
Kirsten Jones, Contract manager CARES of NY, In.c

Date: \_\_\_\_\_

\_\_\_\_\_  
Agency Authorized Representative

**RESOLUTION REQUEST FORM NO. 20**

**MISCELLANEOUS**

**ATTACHMENT #4**

***\*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: SOCIAL SERVICES**

**DATE: 03/19/19**

- (a) Purpose of Request: **Requesting Authorization to pay \$2,673.00 to the New York State Department of Health, for violations cited at Countryside Adult Home in 2018.**
- (b) Details:
- (c) Previous Resolution Number: **n/a**
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title\* and Amount: **A 6030 439**

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

**\* as listed in budget and LOGOS**



Department  
of Health

ANDREW M. CUOMO  
Governor

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

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

February 13, 2019

Operator in c/o Christina Mastrianni  
Countryside Adult Home  
353 Schroon River Road  
Warrensburg, New York  
12885

Re: Referral for Enforcement Action

Dear Operator:

Per letter to you from Valerie Deetz, Director, Division of Adult Care Facilities and Assisted Living Surveillance, dated February 1, 2019, you were notified that Countryside Adult Home was referred to the Department's Division of Legal Affairs based upon violations cited in reports of inspection dated August 17, 2018, and December 20, 2018.

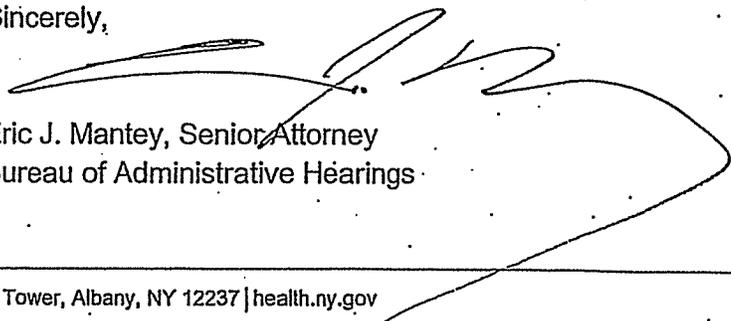
I am the attorney assigned to this case. Enclosed is a proposed Stipulation and Order to resolve this matter. If the terms contained therein are acceptable to the operator, please have the proposed stipulation signed and dated by the operator (or other authorized individual), and return to me for submission to the Commissioner of the Department of Health. This should be returned to me by March 19, 2019, at:

Division of Legal Affairs  
Room 2412, Corning Tower  
Empire State Plaza  
Albany, New York 12237

Please note that the proposed Stipulation and Order will not become final and binding upon the parties unless and until it is reviewed, approved, and countersigned by the Commissioner.

If this matter cannot be resolved by stipulation, the Department will be compelled to commence an administrative enforcement action to seek full penalties. If you have any questions on this, you or your attorney may contact me at (518) 474-4283. Thank you for your attention to this matter.

Sincerely,



Eric J. Mantey, Senior Attorney  
Bureau of Administrative Hearings

cc: Valerie Deetz  
Dorothy Persico  
Ms. Hasan

Christina Mastrianni, Deputy Commissioner  
Warren County Department of Social Services  
1340 State Route 9  
Lake George, New York  
12845

## RESOLUTION REQUEST FORM NO. 4

### *Request for Extending, Rescinding or Amending Existing Contract*

DEPARTMENT NAME: Social Services

DATE: 03/19/19

ATTACHMENT #5

- (a) Purpose of Contract Change:  
**To Renew the agreement with Jennifer Linehan, Registered Dietician, to provide services for Countryside Adult Home, for the term commencing March 2, 2019 and terminating March 1, 2020, for a total contract amount not to exceed \$3,840.00.**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract:  
**Resolution No. 239 2018**
- (c) Name of Contractor:  
**Jennifer Linehan**
- (d) Address of Contractor: 
- (e) Contractor's Contact Person and Telephone Number:
- (f) Commencement Date of Extension: **March 2, 2019**
- (g) Termination Date of Extension: **March 1, 2020**
- (h) Payment Provisions: i) lump sum amount  
ii) hourly rate amount  
iii) total amount not to exceed **\$3,840.00**  
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, Object Code, Full Title\* and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, and Title, and Amount:

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

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

JENNIFER LINEHAN, REGISTERED DIETICIAN, [REDACTED]

[REDACTED], (the "Dietary Consultant").

WITNESSETH, that the parties hereto mutually agree as follows:

1. The County hereby employs and the Dietary Consultant hereby accepts employment as a private practitioner Dietary Consultant at the Countryside Adult Home in Warrensburg, New York for a term commencing March 2, 2018 and terminating March 1, 2019, at a maximum of eight (8) hours average per month, for a rate of Forty Dollars (\$40) per hour, for a total contract amount not to exceed Three Thousand Eight Hundred Forty Dollars (\$3,840) annually.

2. The Dietary Consultant shall comply with all of the provisions of Schedule "A" annexed hereto and made a part hereof.

3. It is understood that the Dietary Consultant is qualified to provide these services in New York State and agrees to maintain all necessary licenses or registrations during the term of this agreement. Upon request, the Dietary Consultant agrees to provide the County with copies of professional licenses, registrations and verification of qualifications.

4. It is mutually agreed that these services shall be available to all patients, without regard to race, creed, color, national origin or sex.

5. It is further mutually agreed that this agreement may be terminated by either party giving thirty (30) days notice in writing.

6. Notwithstanding any other provisions in this agreement, the facility remains responsible for insuring that any services provided pursuant to this agreement comply with all pertinent provisions of federal, state and local statutes, rules and regulations.

7. This agreement constitutes the full understanding of the parties and may not be changed or amended except by further written agreement. This agreement may be executed by each

party signing or executing multiple copies thereof, or separate copies thereof, so long as the same are identical and each party executes at least one copy. All copies of this Agreement executed by the parties shall be considered one and the same agreement so long as at least one (1) copy of the agreement is executed by each party.

8. The Dietician shall maintain professional liability insurance, for the entire term of this agreement, in the amount of \$1,000,000 per occurrence, \$3,000,000 aggregate, covering all acts performed by the Dietician pursuant to this Agreement and shall deliver a certificate of insurance evidencing such coverage to the County Attorney's Office.

9. In the event that this agreement should be for a term beyond the current fiscal year, it is understood by and between the parties hereto that this agreement shall be deemed executory for such period and the County shall have no liability on account of this agreement beyond funds appropriated and made available for the agreement in each fiscal year.

10. No assignment of this agreement may occur without consent of the County and the County shall not be deemed obligated to this agreement until such time as a resolution has been adopted by the Board of Supervisors and this agreement has been signed by the Chairman of the Board of Supervisors for the County.

11. The Dietary Consultant, in accordance with her status of independent contractor, covenants and agrees that she will conduct herself consistent with such status, that she will neither hold herself out as nor claim to be an officer or employee of the County of Warren, and will not make any claim, demand, or application to or for any right or privilege applicable to an officer or employee of the County of Warren, including, but not limited to, Workers' Compensation coverage, unemployment benefits, social security coverage or employee retirement membership or credit.

12. The Dietary Consultant represents that the work under this agreement does not involve the employment of employees. If the Dietary Consultant shall employ employees, this agreement shall be void and of no effect unless throughout the life of the agreement, the Dietary Consultant shall secure compensation insurance and disability insurance, if and as may be necessary, for the benefit of such employees engaged under this agreement as they are by law required to be insured by provisions of the Workers' Compensation Law. In addition, the Dietary Consultant

agrees to provide the County with evidence of professional liability insurance.

13. The County retains the right to contract with other independent contractors for services the same as or similar to those provided by the Dietary Consultant, or to provide such services to its patients through its employees. The Dietary Consultant retains the right to provide services directly or indirectly through contract with another agency to persons who are not patients of the County.

14. To the fullest extent permitted by law, the Dietary Consultant shall indemnify, hold harmless and defend Warren County, its boards, officers, employees and volunteers against any and all losses, claims, actions, demands, damages, liabilities, or expenses, including but not limited to attorney's fees and all other costs of defense, by reason of the liability imposed by law or otherwise upon Warren County, its boards, officers, employees and volunteers for damages because of bodily injuries, including death, at any time resulting therefrom, sustained by any person or persons, from the performance of the Dietary Consultant's work or from any of the acts or omissions on the part of the Dietary Consultant. If such indemnity is made void or otherwise impaired by any law controlling the construction thereof, such indemnity shall be deemed to conform to the indemnity permitted by law, so as to require indemnification, in whole or in part, to the fullest extent permitted by law. Warren County and the Dietary Consultant shall notify each other in writing within thirty (30) days of any such claims or demands and shall cooperate in the defense of any such actions.

15. It is understood and agreed between the parties that for the purposes of legal actions and/or proceeding, New York Law should be the governing law.

16. In the event that any provision of this Agreement shall be determined by a Court of law to be illegal and/or unenforceable, the agreement, to the extent the Courts have determined practical shall continue in full force and effect between the parties as if the said illegal or unenforceable provisions were not contained a part thereof.

IN WITNESS WHEREOF, this agreement has been executed by the duly authorized officers of the respective parties.

Approved as to Form:

Mary Ellen Kavin  
Warren County Attorney

COUNTY OF WARREN  
BY: [Signature]  
RONALD R. CONOVER, CHAIRMAN  
Board of Supervisors

Date 7-5-18

JENNIFER LINEHAN, REGISTERED  
DIETICIAN

BY: [Signature]  
Jennifer Linehan

Date 7-12-18

## SCHEDULE "A"

### GUIDELINES FOR PART-TIME CONSULTING DIETICIAN

1. Analysis of the food intake of residents and recommendation to the Superintendent based on evident need for changes in the menu pattern.
2. Review of the food budget with the Superintendent.
3. Consideration of the psycho-social needs of the patients as these affect food consumption.
4. Routine evaluation of menus planned by a food service supervisor or cook manager. Instruction and assistance with the planning may be necessary.
5. Development of a system for planning modified diets, including adjustments for individual patients.
6. Implementation of the use of a diet manual which meets the needs of the specific facility.
7. Consideration of the frequency of meals (at least three (3) meals with not more than a fourteen (14) hour span between a substantial evening meal and breakfast).
8. Consideration of the availability of between-meal or bedtime snacks of nourishing quality if a three (3) meal plan is used. Consideration of the nutritional value (for the day) if a four (4) or five (5) meal plan is used.
9. Recommendation of a plan for recording and filing menus (to be kept at least one (1) year), if such a plan is not already in effect.
10. Consultation with the Superintendent or cook manager about a satisfactory pattern for ordering.
11. Observation of food production and service procedures.
12. Evaluation of food as to acceptability, taste, appearance, temperature and size of servings.
13. Consultation with food service personnel, making suggestions as to how recipe standardization may be achieved. Demonstration and group discussion may be utilized to promote change.
14. Evaluation of sanitation and safety of food handling procedures.
15. Provision of information and assistance in establishing corrective measures in safe and sanitary practices. Instruction of food service personnel in group sessions, using discussion, visual aids and pertinent literature.
16. Evaluation of the adequacy of staffing to provide the food and service required and to cover the department for a period of eight (8) hours or longer.
17. Encouragement and assistance with the rewriting of work, schedules and in determining number of employees required; making recommendations to the Superintendent.
18. If work assignments are not posted, advising the food service supervisor or cook manager of the need for doing so.

19. Evaluation of the adequacy and use of equipment to provide the food and service required. If additional equipment is needed, determining specific needs and informing the Superintendent.
20. Discussion with residents as to appetite, food habits, enjoyment of meals and the menu pattern.
21. Counseling residents and their families when special dietary needs indicate that explanations or instructions are needed.
22. Discussion with family members concerning food served to residents and food gifts brought to them.
23. Establishment of a close working relationship with the Superintendent so that food service will be coordinated effectively with the general management of the facility.
24. Frequent communication with other key personnel providing services in the facility to promote coordination of dietary care with total patient care.
25. Establishment of close working relationships with food service personnel.
26. Development of a practical plan for in-service training for food service personnel. The program should be "paced" to the possibilities for acceptance and understanding.
27. In-service training sessions may be less frequent and scheduling may be more difficult. This is, however, one of the most effective tools of the consultant.

**MEMORANDUM OF INSURANCE** Date Issued 06/24/2018

**Producer**  
 Mercer Consumer, a service of  
 Mercer Health & Benefits Administration LLC  
 P.O. Box 14576  
 Des Moines IA 50306-3576  
 1-800-503-9230

This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.

**Insured**  
  
 Jennifer Linehan  
 [REDACTED]  
 [REDACTED] NY [REDACTED]

**Company Affording Coverage**  
 Liberty Insurance Underwriters Inc

This is to certify that the Certificate listed below has 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 memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.  
 The Memorandum of Insurance and verification of payment are your evidence of coverage. No coverage is afforded unless the premium is successfully paid in full.

Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability Dietitn Nutr SE Dietitian	AHY-917296001	06/24/2018	06/24/2019	Per Incident/ Occurrence	\$1,000,000
				Annual Aggregate	\$3,000,000
General Liability	AHY-917296001	06/24/2018	06/24/2019	Per Incident/ Occurrence	\$1,000,000
				Annual Aggregate	\$3,000,000

Coverage includes General Liability occurrences at Countryside 353 Schroon River Rd Warrenburg, NY 12885 but only as respects to claims arising out of the sole negligence of the Persons Insured under the provisions of this policy.

**Memorandum Holder:**

Should the above describe Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

**Authorized Representative**  
 Mark Brostowitz

*Mark A. Brostowitz*

# Warren County Board of Supervisors

## RESOLUTION NO. 239 OF 2018

RESOLUTION INTRODUCED BY SUPERVISORS FRASIER, McDEVITT, BRAYMER, LEGGETT, LOEB, DIAMOND, HYDE, MAGOWAN AND SOKOL

**AUTHORIZING AGREEMENT WITH JENNIFER LINEHAN, REGISTERED DIETICIAN, FOR DIETARY CONSULTANT SERVICES FOR COUNTRYSIDE ADULT HOME**

RESOLVED, that Warren County enter into an agreement with Jennifer Linehan, Registered Dietician, for Dietary Consultant Services for the Countryside Adult Home, for a term commencing March 1, 2018 and terminating March 1, 2019, and the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an agreement in a form approved by the County Attorney, with the source of funding to be Budget Code A.6030 470 Countryside Adult Home, Contract, and for the amount set forth below:

<u>NAME/ADDRESS</u>	<u>RATE/NUMBER OF HOURS</u>	<u>ANNUAL TOTAL AMOUNT NOT TO EXCEED</u>
Jennifer Linehan, R.D. 196 Circular Street Saratoga Springs, NY 12866	\$40/hour - maximum of 8 hours average per month	\$3,840.00

**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: SOCIAL SERVICES**

**DATE: 03/19/19**

- (a) Name of Appointee: **Josh Patchett**
- (b) Is this a Reappointment? **No** 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  
**Town of Hague Youth Programs**
- (e) Address of Appointee: **[REDACTED], Hague, NY 12836**
- (f) Title of Appointment:  
**Warren County Youth Board Member**
- (g) Effective Date of Appointment:  
**01/01/19**
- (h) Termination Date of Appointment:  
**12/31/19**
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement:

# Town of Hague

Community Center • 9793 Graphite Mountain Road • P.O. Box 509 • Hague, NY 12836

## RESOLUTION #90 OF 2018 Warren County Youth Board Appointment

Resolution introduced by M. Fitzgerald II, and seconded by S. Ramant.

**RESOLVED**, that the board appoint Josh Patchett to Warren County Youth Board.

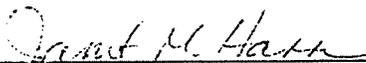
Duly adopted by the following vote:

Ayes: Supv. Frasier, S. Ramant, J. Patchett, M. Fitzgerald II

Nays: None

Carried: 4-0

DATED: August 14, 2018

  
\_\_\_\_\_  
JANET M. HANNA, Town Clerk

For 11/1/19 - 12/31/19

## **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: SOCIAL SERVICES**

**DATE: 03/22/19**

- (a) Name of Appointee: **Susan Shepler**
- (b) Is this a Reappointment? **Yes** If so, please provide the Resolution No. which authorized the last appointment of this individual **CA 08 2018**
- (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  
**Town of Thurman**
- (e) Address of Appointee: **[REDACTED]**
- (f) Title of Appointment:  
**Warren County Youth Board Member**
- (g) Effective Date of Appointment:  
**01/01/19**
- (h) Termination Date of Appointment:  
**12/31/19**
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement:

Town of Thurman

RESOLUTION #22 of 2019

Introduced By: Supervisor Hyde

Seconded By: Councilwoman Harris

Councilman Douglas Needham  yea  nay

Councilwoman Brenda Ackley  yea  nay

Councilwoman Gail Seaman  yea  nay

Councilwoman Joan Harris ~~yea~~ ~~nay~~ Abstained

Supervisor Cynthia Hyde  yea  nay

RESOLUTION TO APPROVE APPOINTMENT

The town board of the town of Thurman appoints Susan Shepler to represent the Town of Thurman on the Warren County Youth Board for the 2019 year.

STATE OF NEW YORK )

)SS:

COUNTY OF WARREN )

I, Susan E. Staples, Town Clerk of the Town of Thurman of the County of Warren, do hereby certify that the foregoing is a true and correct copy and the whole thereof, of a Resolution duly adopted by the Town Board of the Town of Thurman of the County of Warren, on the 13th day of February, 2019.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Town of Thurman this 21st day of February, 2019.



Susan E. Staples

Clerk of the Town of Thurman

County of Warren

BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR FEBRUARY 2019

FUND(S): A

CODE(S): 6010, 6030, 6050, 6055, 6070, 6100, 6109, 6119, 6140, 6141, 6142, 7311, 7312, 7313

EXPENSES	2019 BUDGETED	FEB 2019 EXP	FEB 2018 EXP	2019 YTD ACTUAL	2018 Prior Year Totals
110 Salaries - Regular	\$6,581,907.00	\$450,466.15	\$491,836.69	\$450,466.15	\$6,037,534.79
120 Salaries - Overtime	\$75,222.00	\$11,269.75	\$8,192.01	\$11,269.75	\$110,463.65
130 Salaries - Part Time	\$255,907.00	\$21,088.01	\$19,656.86	\$21,088.01	\$222,771.07
<b>100's PERSONAL SERVICES Total</b>	<b>\$6,913,036.00</b>	<b>\$482,823.91</b>	<b>\$519,685.56</b>	<b>\$482,823.91</b>	<b>\$6,370,769.51</b>
200's EQUIPMENT	\$23,000.00	\$2,177.99	\$422.94	\$2,177.99	\$77,356.64
400's CONTRACTUAL	\$22,863,554.00	\$1,476,173.17	\$1,548,228.12	\$1,476,173.17	\$20,493,598.42
800's EMPLOYEE BENEFITS	\$3,682,346.00	\$252,699.57	\$268,194.46	\$252,699.57	\$3,424,900.45
<b>TOTALS</b>	<b>\$33,481,936.00</b>	<b>\$2,213,874.64</b>	<b>\$2,336,531.08</b>	<b>\$2,213,874.64</b>	<b>\$30,366,625.02</b>

REVENUES	2019 BUDGETED	FEB 2019 REVENUE	FEB2018 REVENUE	2019 YTD ACTUAL	2018 Prior Year Totals
	\$16,212,757.00	\$140,953.90	\$54,446.89	\$148,102.30	\$15,807,849.00

ATTACHMENT #7

**BUDGET ANALYSIS**

**REVENUE AND EXPENDITURES FOR 2018**

FUND(S): A

CODE(S): 6010, 6030, 6050, 6055, 6070, 6100, 6109, 6119, 6140, 6141, 6142, 7311, 7312, 7313

<b>EXPENSES</b>	<b>2018 BUDGETED</b>	<b>2018 YTD ACTUAL</b>	<b>2017 Prior Year Totals</b>
110 Salaries - Regular	\$6,387,306.00	\$6,037,534.79	\$5,646,646.99
120 Salaries - Overtime	\$75,222.00	\$110,463.65	\$95,765.37
130 Salaries - Part Time	\$187,670.00	\$222,771.07	\$245,592.12
<b>100's PERSONAL SERVICES Total</b>	<b>\$6,650,198.00</b>	<b>\$6,370,769.51</b>	<b>\$5,988,004.48</b>
200's EQUIPMENT	\$18,100.00	\$97,963.54	\$76,784.99
400's CONTRACTUAL	\$22,630,276.00	\$21,453,029.11	\$21,922,296.30
800's EMPLOYEE BENEFITS	\$3,657,050.00	\$3,386,697.74	\$3,408,362.43
<b>TOTALS</b>	<b>\$32,955,624.00</b>	<b>\$31,308,459.90</b>	<b>\$31,395,448.20</b>

\$1,647,164.10

<b>REVENUES</b>	<b>2018 BUDGETED</b>	<b>2018 YTD ACTUAL</b>	<b>2017 Prior Year Totals</b>
	\$15,860,999.00	\$15,807,849.00	\$16,465,960.44

\$53,150.00

# Expense Budget Performance Report

Fiscal Year to Date 12/31/18

Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
<b>Fund A - General</b>										
Department <b>6010 - Social Services</b>										
EXPENSE										
<i>Personal Services</i>										
110	Salaries - Regular	5,615,586.00	(45,000.00)	5,570,586.00	618,711.76	.00	5,310,005.74	260,580.26	95	4,970,550.42
120	Salaries - Overtime	49,222.00	25,000.00	74,222.00	6,236.51	.00	77,907.33	(3,685.33)	105	63,996.46
130	Salaries - Part Time	44,397.00	20,000.00	64,397.00	11,299.62	.00	69,766.47	(5,369.47)	108	70,605.99
	<i>Personal Services Totals</i>	\$5,709,205.00	\$0.00	\$5,709,205.00	\$636,247.89	\$0.00	\$5,457,679.54	\$251,525.46	96%	\$5,105,152.87
<i>Equipment</i>										
210	Furniture/Furnishings	2,000.00	5,673.80	7,673.80	.00	.00	6,675.18	998.62	87	3,669.97
220	Office Equipment	3,000.00	41,175.00	44,175.00	477.79	.00	36,269.04	7,905.96	82	15,633.50
220.1	Office Equipment - Reserve	.00	.00	.00	.00	.00	.00	.00	+++	15,971.18
	<b>220 - Totals</b>	\$3,000.00	\$41,175.00	\$44,175.00	\$477.79	\$0.00	\$36,269.04	\$7,905.96	82%	\$31,604.68
230	Automotive Equipment - Reserve	.00	16,341.00	16,341.00	.00	.00	16,341.00	.00	100	.00
	<b>230 - Totals</b>	\$0.00	\$16,341.00	\$16,341.00	\$0.00	\$0.00	\$16,341.00	\$0.00	100%	\$0.00
	<i>Equipment Totals</i>	\$5,000.00	\$63,189.80	\$68,189.80	\$477.79	\$0.00	\$59,285.22	\$8,904.58	87%	\$35,274.65
<i>Contractual Expense</i>										
410	Supplies	58,000.00	477.60	58,477.60	3,179.22	.00	45,526.76	12,950.84	78	46,513.03
411	Rent-Building/Property	564,547.00	.00	564,547.00	47,045.58	.00	564,546.94	.06	100	564,546.94
418	Ins-General Liability	37,148.00	.00	37,148.00	.00	.00	29,492.81	7,655.19	79	35,876.24
423	Telephone	20,852.00	(1,500.00)	19,352.00	1,460.67	.00	18,183.35	1,168.65	94	19,286.51
424	Postage	31,000.00	.00	31,000.00	2,741.45	.00	28,761.98	2,238.02	93	27,675.68
426	Subscriptions	500.00	.00	500.00	.00	.00	471.46	28.54	94	499.36
427	Memberships & Dues	5,000.00	.00	5,000.00	.00	.00	4,679.00	321.00	94	4,918.00
428	Data Processing & Internet Fees	9,000.00	(1,000.00)	8,000.00	466.00	.00	3,858.00	4,142.00	48	9,555.00
432	Special Project Supply	95,000.00	.00	95,000.00	92,771.00	.00	95,000.00	.00	100	95,000.00
435	Medical Fees	500.00	.00	500.00	304.89	.00	(158.99)	658.99	-32	(377.42)
436	Advertising Fees	500.00	.00	500.00	.00	.00	32.76	467.24	7	234.04
439	Misc Fees & Expenses	5,000.00	1,500.00	6,500.00	560.88	.00	6,505.51	(5.51)	100	3,978.18
440	Legal/Transcript Fees	15,000.00	1,500.00	16,500.00	12,460.00	.00	16,853.19	(353.19)	102	15,159.56
441	Auto-Supplies & Repair	10,000.00	.00	10,000.00	658.46	.00	6,517.80	3,482.20	65	5,764.68
442	Automotive - Gas & Oil	8,000.00	.00	8,000.00	532.49	.00	7,186.15	813.85	90	6,120.13
444	Travel/Education/Conference	17,000.00	.00	17,000.00	799.47	.00	7,621.73	9,378.27	45	10,806.33
469	Other Payments/Contributions	3,000.00	1,000.00	4,000.00	.00	.00	2,000.00	2,000.00	50	500.00
470	Contract	332,000.00	4,500.00	336,500.00	47,757.65	.00	277,714.66	58,785.34	83	291,182.96
	<i>Contractual Expense Totals</i>	\$1,212,047.00	\$6,477.60	\$1,218,524.60	\$210,737.76	\$0.00	\$1,114,793.11	\$103,731.49	91%	\$1,137,239.22
<i>Employee Benefits</i>										
310	Retirement	754,006.00	.00	754,006.00	35,049.77	.00	675,154.97	78,851.03	90	656,787.21
330	Social Security	353,966.00	.00	353,966.00	36,637.49	.00	314,805.78	39,160.22	89	295,975.28

# Expense Budget Performance Report

Fiscal Year to Date 12/31/18

Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
<b>Fund A - General</b>										
Department <b>6010 - Social Services</b>										
EXPENSE										
<i>Employee Benefits</i>										
831	Medicare Contribution	82,778.00	.00	82,778.00	8,568.46	.00	73,623.84	9,154.16	89	69,219.98
860	Hospitalization	1,451,987.00	(21,192.01)	1,430,794.99	113,765.13	.00	1,324,349.29	106,445.70	93	1,413,575.93
865	Dental Insurance	23,688.00	.00	23,688.00	1,761.61	.00	22,243.94	1,444.06	94	22,186.00
<i>Employee Benefits Totals</i>		\$2,666,425.00	(\$21,192.01)	\$2,645,232.99	\$195,782.46	\$0.00	\$2,410,177.82	\$235,055.17	91%	\$2,457,744.40
<i>Other Benefits</i>										
840	Workmen's Compensation	42,076.00	.00	42,076.00	.00	.00	42,075.04	.96	100	50,657.67
850	Unemployment Insurance	10,000.00	(1,000.00)	9,000.00	.00	.00	4,218.00	4,782.00	47	4,109.06
855	Disability	6,000.00	.00	6,000.00	152.65	.00	2,372.38	3,627.62	40	3,255.41
861	Retirees Hospitalization	397,093.00	21,192.01	418,285.01	35,141.72	.00	418,285.01	.00	100	384,773.25
862	Health Insurance Cost Reimbursement	3,000.00	1,000.00	4,000.00	58.12	.00	3,710.19	289.81	93	2,270.54
<i>Other Benefits Totals</i>		\$458,169.00	\$21,192.01	\$479,361.01	\$35,352.49	\$0.00	\$470,660.62	\$8,700.39	98%	\$445,065.93
<b>EXPENSE TOTALS</b>		<b>\$10,050,846.00</b>	<b>\$69,667.40</b>	<b>\$10,120,513.40</b>	<b>\$1,078,598.39</b>	<b>\$0.00</b>	<b>\$9,512,596.31</b>	<b>\$607,917.09</b>	<b>94%</b>	<b>\$9,180,477.07</b>
Department <b>6010 - Social Services Totals</b>		<b>(\$10,050,846.00)</b>	<b>(\$69,667.40)</b>	<b>(\$10,120,513.40)</b>	<b>(\$1,078,598.39)</b>	<b>\$0.00</b>	<b>(\$9,512,596.31)</b>	<b>(\$607,917.09)</b>	<b>94%</b>	<b>(\$9,180,477.07)</b>
Department <b>6030 - Countryside Adult Home</b>										
EXPENSE										
<i>Personal Services</i>										
110	Salaries - Regular	771,720.00	.00	771,720.00	67,553.60	.00	727,529.05	44,190.95	94	676,096.57
120	Salaries - Overtime	26,000.00	.00	26,000.00	3,720.89	.00	32,556.32	(6,556.32)	125	31,768.91
130	Salaries - Part Time	143,273.00	.00	143,273.00	16,361.53	.00	153,004.60	(9,731.60)	107	174,986.13
<i>Personal Services Totals</i>		\$940,993.00	\$0.00	\$940,993.00	\$87,636.02	\$0.00	\$913,089.97	\$27,903.03	97%	\$882,851.61
<i>Equipment</i>										
210	Furniture/Furnishings	3,000.00	(276.00)	2,724.00	.00	.00	671.82	2,052.18	25	341.49
220	Office Equipment	.00	49.00	49.00	.00	.00	48.82	.18	100	.00
<b>230</b>										
230.1	Automotive Equipment - Reserve	.00	32,000.00	32,000.00	31,989.00	.00	31,989.00	11.00	100	21,371.00
<b>230 - Totals</b>		<b>\$0.00</b>	<b>\$32,000.00</b>	<b>\$32,000.00</b>	<b>\$31,989.00</b>	<b>\$0.00</b>	<b>\$31,989.00</b>	<b>\$11.00</b>	<b>100%</b>	<b>\$21,371.00</b>
260	Other Equipment	10,000.00	(49.00)	9,951.00	.00	.00	5,592.88	4,358.12	56	19,785.89
270	Lawn & Landscaping	100.00	276.00	376.00	.00	.00	375.80	.20	100	11.96
<i>Equipment Totals</i>		\$13,100.00	\$32,000.00	\$45,100.00	\$31,989.00	\$0.00	\$38,678.32	\$6,421.68	86%	\$41,510.34
<i>Contractual Expense</i>										
410	Supplies	33,000.00	4,000.00	37,000.00	4,198.33	.00	30,181.63	6,818.37	82	27,402.64
413	Repair & Maint.-Bldg/Property	30,000.00	.00	30,000.00	2,198.40	.00	21,651.13	8,348.87	72	15,868.77
415	Electricity	30,000.00	(4,420.00)	25,580.00	3,631.79	.00	23,628.32	1,951.68	92	22,917.83
416	Oil & Gas-Heating	40,000.00	(5,520.00)	34,480.00	5,086.18	.00	26,030.62	8,449.38	75	19,163.13
418	Ins-General Liability	10,000.00	.00	10,000.00	50.00	.00	8,216.51	1,783.49	82	9,403.85
422	Repair/Maint-Equipment	1,000.00	9,408.00	10,408.00	.00	.00	9,421.58	986.42	91	200.00
423	Telephone	3,000.00	.00	3,000.00	343.04	.00	2,212.83	787.17	74	1,958.17

# Expense Budget Performance Report

Fiscal Year to Date 12/31/18

Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
<b>Fund A - General</b>										
Department 6030 - Countryside Adult Home										
EXPENSE										
<i>Contractual Expense</i>										
424	Postage	700.00	.00	700.00	31.06	.00	160.13	539.87	23	147.84
426	Subscriptions	300.00	381.26	681.26	.00	.00	681.26	.00	100	303.73
428	Data Processing & Internet Fees	1,250.00	729.00	1,979.00	167.37	.00	1,936.21	42.79	98	1,140.94
432	Special Project Supply	1,000.00	(528.63)	471.37	.00	.00	.00	471.37	0	.00
434	Allowances	19,000.00	(3,729.00)	15,271.00	1,150.00	.00	14,750.00	521.00	97	14,050.00
435	Medical Fees	3,000.00	.00	3,000.00	530.00	.00	1,735.00	1,265.00	58	1,801.00
436	Advertising Fees	1,000.00	(303.00)	697.00	.00	.00	.00	697.00	0	.00
437	Consulting Fees	18,000.00	160.00	18,160.00	2,746.72	.00	17,320.32	839.68	95	16,046.26
439	Misc Fees & Expenses	1,000.00	.00	1,000.00	75.00	.00	707.00	293.00	71	809.00
440	Legal/Transcript Fees	500.00	(75.00)	425.00	.00	.00	.00	425.00	0	220.00
441	Auto-Supplies & Repair	2,000.00	.00	2,000.00	214.06	.00	1,484.67	515.33	74	2,860.67
442	Automotive - Gas & Oil	1,500.00	1,020.00	2,520.00	203.43	.00	2,246.34	273.66	89	1,545.29
444	Travel/Education/Conference	1,000.00	2,864.00	3,864.00	.00	.00	3,845.34	18.66	100	.00
445	Foods	120,000.00	3,000.00	123,000.00	12,398.38	.00	111,612.04	11,387.96	91	102,054.93
451	Medical Supply Expense	4,000.00	481.00	4,481.00	649.70	.00	2,826.71	1,654.29	63	2,207.32
453	Uniforms & Clothing	.00	119.00	119.00	.00	.00	118.48	.52	100	113.48
470	Contract	80,500.00	(7,586.63)	72,913.37	.00	.00	33,469.68	39,443.69	46	41,926.68
<i>Contractual Expense Totals</i>		\$401,750.00	\$0.00	\$401,750.00	\$33,673.46	\$0.00	\$314,235.80	\$87,514.20	78%	\$282,141.53
<i>Employee Benefits</i>										
810	Retirement	111,750.00	.00	111,750.00	2,324.19	.00	101,969.27	9,780.73	91	97,140.11
830	Social Security	58,343.00	.00	58,343.00	5,039.27	.00	53,331.51	5,011.49	91	51,677.41
831	Medicare Contribution	13,643.00	.00	13,643.00	1,178.61	.00	12,472.76	1,170.24	91	12,085.82
860	Hospitalization	208,723.00	(680.07)	208,042.93	16,508.67	.00	201,075.58	6,967.35	97	217,450.13
865	Dental Insurance	3,480.00	500.00	3,980.00	289.68	.00	3,770.45	209.55	95	3,644.00
<i>Employee Benefits Totals</i>		\$395,939.00	(\$180.07)	\$395,758.93	\$25,340.42	\$0.00	\$372,619.57	\$23,139.36	94%	\$381,997.47
<i>Other Benefits</i>										
840	Workmen's Compensation	11,360.00	.00	11,360.00	.00	.00	11,359.94	.06	100	8,415.68
850	Unemployment Insurance	5,000.00	.00	5,000.00	1,593.00	.00	3,653.72	1,346.28	73	.00
855	Disability	4,000.00	(320.00)	3,680.00	166.52	.00	1,510.32	2,169.68	41	265.23
861	Retirees Hospitalization	102,327.00	148.11	102,475.11	8,658.65	.00	102,475.11	.00	100	100,803.12
862	Health Insurance Cost Reimbursement	.00	351.96	351.96	.00	.00	351.96	.00	100	.00
<i>Other Benefits Totals</i>		\$122,687.00	\$180.07	\$122,867.07	\$10,418.17	\$0.00	\$119,351.05	\$3,516.02	97%	\$109,484.03
<b>EXPENSE TOTALS</b>		<b>\$1,874,469.00</b>	<b>\$32,000.00</b>	<b>\$1,906,469.00</b>	<b>\$189,057.07</b>	<b>\$0.00</b>	<b>\$1,757,974.71</b>	<b>\$148,494.29</b>	<b>92%</b>	<b>\$1,697,984.98</b>
Department 6030 - Countryside Adult Home Totals		(\$1,874,469.00)	(\$32,000.00)	(\$1,906,469.00)	(\$189,057.07)	\$0.00	(\$1,757,974.71)	(\$148,494.29)	92%	(\$1,697,984.98)

# Expense Budget Performance Report

Fiscal Year to Date 12/31/18

Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
<b>Fund A - General</b>										
Department	<b>6050 - Public Facil. For Children</b>									
	EXPENSE									
	<i>Contractual Expense</i>									
469	Other Payments/Contributions	.00	30,000.00	30,000.00	.00	.00	19,589.69	10,410.31	65	1,196.00
470	Contract	30,000.00	(30,000.00)	.00	.00	.00	.00	.00	+++	.00
	<i>Contractual Expense Totals</i>	<b>\$30,000.00</b>	<b>\$0.00</b>	<b>\$30,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$19,589.69</b>	<b>\$10,410.31</b>	<b>65%</b>	<b>\$1,196.00</b>
	EXPENSE TOTALS	<b>\$30,000.00</b>	<b>\$0.00</b>	<b>\$30,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$19,589.69</b>	<b>\$10,410.31</b>	<b>65%</b>	<b>\$1,196.00</b>
	Department <b>6050 - Public Facil. For Children Totals</b>	<b>(\$30,000.00)</b>	<b>\$0.00</b>	<b>(\$30,000.00)</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>(\$19,589.69)</b>	<b>(\$10,410.31)</b>	<b>65%</b>	<b>(\$1,196.00)</b>
Department	<b>6055 - Daycare</b>									
	EXPENSE									
	<i>Contractual Expense</i>									
470	Contract	1,450,000.00	(500,000.00)	950,000.00	125,972.29	.00	868,090.17	81,909.83	91	1,098,603.95
	<i>Contractual Expense Totals</i>	<b>\$1,450,000.00</b>	<b>(\$500,000.00)</b>	<b>\$950,000.00</b>	<b>\$125,972.29</b>	<b>\$0.00</b>	<b>\$868,090.17</b>	<b>\$81,909.83</b>	<b>91%</b>	<b>\$1,098,603.95</b>
	EXPENSE TOTALS	<b>\$1,450,000.00</b>	<b>(\$500,000.00)</b>	<b>\$950,000.00</b>	<b>\$125,972.29</b>	<b>\$0.00</b>	<b>\$868,090.17</b>	<b>\$81,909.83</b>	<b>91%</b>	<b>\$1,098,603.95</b>
	Department <b>6055 - Daycare Totals</b>	<b>(\$1,450,000.00)</b>	<b>\$500,000.00</b>	<b>(\$950,000.00)</b>	<b>(\$125,972.29)</b>	<b>\$0.00</b>	<b>(\$868,090.17)</b>	<b>(\$81,909.83)</b>	<b>91%</b>	<b>(\$1,098,603.95)</b>
Department	<b>6070 - Services for Recipients</b>									
	EXPENSE									
	<i>Contractual Expense</i>									
470	Contract	315,000.00	.00	315,000.00	32,238.91	.00	310,171.12	4,828.88	98	288,621.41
	<i>Contractual Expense Totals</i>	<b>\$315,000.00</b>	<b>\$0.00</b>	<b>\$315,000.00</b>	<b>\$32,238.91</b>	<b>\$0.00</b>	<b>\$310,171.12</b>	<b>\$4,828.88</b>	<b>98%</b>	<b>\$288,621.41</b>
	EXPENSE TOTALS	<b>\$315,000.00</b>	<b>\$0.00</b>	<b>\$315,000.00</b>	<b>\$32,238.91</b>	<b>\$0.00</b>	<b>\$310,171.12</b>	<b>\$4,828.88</b>	<b>98%</b>	<b>\$288,621.41</b>
	Department <b>6070 - Services for Recipients Totals</b>	<b>(\$315,000.00)</b>	<b>\$0.00</b>	<b>(\$315,000.00)</b>	<b>(\$32,238.91)</b>	<b>\$0.00</b>	<b>(\$310,171.12)</b>	<b>(\$4,828.88)</b>	<b>98%</b>	<b>(\$288,621.41)</b>
Department	<b>6100 - Medicaid</b>									
	EXPENSE									
	<i>Contractual Expense</i>									
470	Contract	11,997,908.00	.00	11,997,908.00	906,160.00	.00	11,823,331.00	174,577.00	99	11,937,146.00
	<i>Contractual Expense Totals</i>	<b>\$11,997,908.00</b>	<b>\$0.00</b>	<b>\$11,997,908.00</b>	<b>\$906,160.00</b>	<b>\$0.00</b>	<b>\$11,823,331.00</b>	<b>\$174,577.00</b>	<b>99%</b>	<b>\$11,937,146.00</b>
	EXPENSE TOTALS	<b>\$11,997,908.00</b>	<b>\$0.00</b>	<b>\$11,997,908.00</b>	<b>\$906,160.00</b>	<b>\$0.00</b>	<b>\$11,823,331.00</b>	<b>\$174,577.00</b>	<b>99%</b>	<b>\$11,937,146.00</b>
	Department <b>6100 - Medicaid Totals</b>	<b>(\$11,997,908.00)</b>	<b>\$0.00</b>	<b>(\$11,997,908.00)</b>	<b>(\$906,160.00)</b>	<b>\$0.00</b>	<b>(\$11,823,331.00)</b>	<b>(\$174,577.00)</b>	<b>99%</b>	<b>(\$11,937,146.00)</b>
Department	<b>6101 - Medical Assistance</b>									
	EXPENSE									
	<i>Contractual Expense</i>									
470	Contract	5,000.00	.00	5,000.00	.00	.00	.00	5,000.00	0	432.78
	<i>Contractual Expense Totals</i>	<b>\$5,000.00</b>	<b>\$0.00</b>	<b>\$5,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$5,000.00</b>	<b>0%</b>	<b>\$432.78</b>
	EXPENSE TOTALS	<b>\$5,000.00</b>	<b>\$0.00</b>	<b>\$5,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$5,000.00</b>	<b>0%</b>	<b>\$432.78</b>
	Department <b>6101 - Medical Assistance Totals</b>	<b>(\$5,000.00)</b>	<b>\$0.00</b>	<b>(\$5,000.00)</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>(\$5,000.00)</b>	<b>0%</b>	<b>(\$432.78)</b>
Department	<b>6109 - Aid To Dependent Children</b>									
	EXPENSE									
	<i>Contractual Expense</i>									

# Expense Budget Performance Report

Fiscal Year to Date 12/31/18

Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
<b>Fund A - General</b>										
Department 6109 - Aid To Dependent Children										
EXPENSE										
Contractual Expense										
470	Contract	2,150,000.00	(150,000.00)	2,000,000.00	327,451.17	.00	1,786,430.92	213,569.08	89	1,795,360.18
Contractual Expense Totals		\$2,150,000.00	(\$150,000.00)	\$2,000,000.00	\$327,451.17	\$0.00	\$1,786,430.92	\$213,569.08	89%	\$1,795,360.18
EXPENSE TOTALS		\$2,150,000.00	(\$150,000.00)	\$2,000,000.00	\$327,451.17	\$0.00	\$1,786,430.92	\$213,569.08	89%	\$1,795,360.18
Department 6109 - Aid To Dependent Children Totals		(\$2,150,000.00)	\$150,000.00	(\$2,000,000.00)	(\$327,451.17)	\$0.00	(\$1,786,430.92)	(\$213,569.08)	89%	(\$1,795,360.18)
Department 6119 - Child Care										
EXPENSE										
Contractual Expense										
470	Contract	3,850,000.00	150,000.00	4,000,000.00	564,008.83	.00	3,468,085.50	531,914.50	87	3,792,706.85
Contractual Expense Totals		\$3,850,000.00	\$150,000.00	\$4,000,000.00	\$564,008.83	\$0.00	\$3,468,085.50	\$531,914.50	87%	\$3,792,706.85
EXPENSE TOTALS		\$3,850,000.00	\$150,000.00	\$4,000,000.00	\$564,008.83	\$0.00	\$3,468,085.50	\$531,914.50	87%	\$3,792,706.85
Department 6119 - Child Care Totals		(\$3,850,000.00)	(\$150,000.00)	(\$4,000,000.00)	(\$564,008.83)	\$0.00	(\$3,468,085.50)	(\$531,914.50)	87%	(\$3,792,706.85)
Department 6123 - Juvenile Delinquent Care										
EXPENSE										
Contractual Expense										
470	Contract	5,000.00	.00	5,000.00	.00	.00	.00	5,000.00	0	.00
Contractual Expense Totals		\$5,000.00	\$0.00	\$5,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00	0%	\$0.00
EXPENSE TOTALS		\$5,000.00	\$0.00	\$5,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00	0%	\$0.00
Department 6123 - Juvenile Delinquent Care Totals		(\$5,000.00)	\$0.00	(\$5,000.00)	\$0.00	\$0.00	\$0.00	(\$5,000.00)	0%	\$0.00
Department 6129 - State Training School										
EXPENSE										
Contractual Expense										
470	Contract	.00	250,000.00	250,000.00	250,000.00	.00	250,000.00	.00	100	250,000.00
Contractual Expense Totals		\$0.00	\$250,000.00	\$250,000.00	\$250,000.00	\$0.00	\$250,000.00	\$0.00	100%	\$250,000.00
EXPENSE TOTALS		\$0.00	\$250,000.00	\$250,000.00	\$250,000.00	\$0.00	\$250,000.00	\$0.00	100%	\$250,000.00
Department 6129 - State Training School Totals		\$0.00	(\$250,000.00)	(\$250,000.00)	(\$250,000.00)	\$0.00	(\$250,000.00)	\$0.00	100%	(\$250,000.00)
Department 6140 - Home Relief										
EXPENSE										
Contractual Expense										
470	Contract	1,000,000.00	250,000.00	1,250,000.00	210,982.98	.00	1,315,553.82	(65,553.82)	105	1,147,787.82
Contractual Expense Totals		\$1,000,000.00	\$250,000.00	\$1,250,000.00	\$210,982.98	\$0.00	\$1,315,553.82	(\$65,553.82)	105%	\$1,147,787.82
EXPENSE TOTALS		\$1,000,000.00	\$250,000.00	\$1,250,000.00	\$210,982.98	\$0.00	\$1,315,553.82	(\$65,553.82)	105%	\$1,147,787.82
Department 6140 - Home Relief Totals		(\$1,000,000.00)	(\$250,000.00)	(\$1,250,000.00)	(\$210,982.98)	\$0.00	(\$1,315,553.82)	\$65,553.82	105%	(\$1,147,787.82)

# Expense Budget Performance Report

Fiscal Year to Date 12/31/18

Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
<b>Fund A - General</b>										
Department 6141 - Fuel Crisis Assistance										
EXPENSE										
<i>Contractual Expense</i>										
470	Contract	30,000.00	.00	30,000.00	17.11	.00	(1,799.64)	31,799.64	-6	21,413.04
<i>Contractual Expense Totals</i>		\$30,000.00	\$0.00	\$30,000.00	\$17.11	\$0.00	(\$1,799.64)	\$31,799.64	-6%	\$21,413.04
EXPENSE TOTALS		\$30,000.00	\$0.00	\$30,000.00	\$17.11	\$0.00	(\$1,799.64)	\$31,799.64	-6%	\$21,413.04
Department 6141 - Fuel Crisis Assistance Totals		(\$30,000.00)	\$0.00	(\$30,000.00)	(\$17.11)	\$0.00	\$1,799.64	(\$31,799.64)	-6%	(\$21,413.04)
Department 6142 - Emergency Aid For Adults										
EXPENSE										
<i>Contractual Expense</i>										
470	Contract	50,000.00	.00	50,000.00	2,515.36	.00	29,399.36	20,600.64	59	38,005.66
<i>Contractual Expense Totals</i>		\$50,000.00	\$0.00	\$50,000.00	\$2,515.36	\$0.00	\$29,399.36	\$20,600.64	59%	\$38,005.66
EXPENSE TOTALS		\$50,000.00	\$0.00	\$50,000.00	\$2,515.36	\$0.00	\$29,399.36	\$20,600.64	59%	\$38,005.66
Department 6142 - Emergency Aid For Adults Totals		(\$50,000.00)	\$0.00	(\$50,000.00)	(\$2,515.36)	\$0.00	(\$29,399.36)	(\$20,600.64)	59%	(\$38,005.66)
Department 7310 - Youth Program 4-H Camp										
EXPENSE										
<i>Contractual Expense</i>										
470	Contract	25,000.00	.00	25,000.00	.00	.00	25,000.00	.00	100	25,000.00
<i>Contractual Expense Totals</i>		\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$0.00	\$25,000.00	\$0.00	100%	\$25,000.00
EXPENSE TOTALS		\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$0.00	\$25,000.00	\$0.00	100%	\$25,000.00
Department 7310 - Youth Program 4-H Camp Totals		(\$25,000.00)	\$0.00	(\$25,000.00)	\$0.00	\$0.00	(\$25,000.00)	\$0.00	100%	(\$25,000.00)
Department 7311 - Youth Bureau										
EXPENSE										
<i>Equipment</i>										
210	Furniture/Furnishings	.00	.00	.00	.00	.00	.00	.00	+++	146.00
220	Office Equipment	.00	.00	.00	.00	.00	.00	.00	+++	239.98
<i>Equipment Totals</i>		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$385.98
<i>Contractual Expense</i>										
410	Supplies	76.00	.00	76.00	.00	.00	42.02	33.98	55	68.80
423	Telephone	50.00	.00	50.00	.00	.00	.00	50.00	0	.00
424	Postage	250.00	.00	250.00	.00	.00	.52	249.48	0	6.16
444	Travel/Education/Conference	100.00	.00	100.00	.00	.00	.00	100.00	0	.00
470	Contract	5,500.00	.00	5,500.00	160.00	.00	2,304.00	3,196.00	42	2,070.00
<i>Contractual Expense Totals</i>		\$5,976.00	\$0.00	\$5,976.00	\$160.00	\$0.00	\$2,346.54	\$3,629.46	39%	\$2,144.96
<i>Other Benefits</i>										
861	Retirees Hospitalization	13,830.00	58.68	13,888.68	1,210.74	.00	13,888.68	.00	100	14,070.60
<i>Other Benefits Totals</i>		\$13,830.00	\$58.68	\$13,888.68	\$1,210.74	\$0.00	\$13,888.68	\$0.00	100%	\$14,070.60
EXPENSE TOTALS		\$19,806.00	\$58.68	\$19,864.68	\$1,370.74	\$0.00	\$16,235.22	\$3,629.46	82%	\$16,601.54
Department 7311 - Youth Bureau Totals		(\$19,806.00)	(\$58.68)	(\$19,864.68)	(\$1,370.74)	\$0.00	(\$16,235.22)	(\$3,629.46)	82%	(\$16,601.54)

# Expense Budget Performance Report

Fiscal Year to Date 12/31/18

Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
<b>Fund A - General</b>										
Department 7312 - Special Delinquency Prev.										
EXPENSE										
<i>Equipment</i>										
220	Office Equipment	.00	721.00	721.00	141.01	579.99	141.01	.00	100	.00
<i>Equipment Totals</i>		\$0.00	\$721.00	\$721.00	\$141.01	\$579.99	\$141.01	\$0.00	100%	\$0.00
<i>Contractual Expense</i>										
410	Supplies	200.00	3,792.96	3,992.96	.00	.00	3,914.75	78.21	98	328.94
424	Postage	40.00	58.67	98.67	1.06	.00	63.85	34.82	65	1.98
427	Memberships & Dues	275.00	.00	275.00	.00	.00	175.00	100.00	64	175.00
439	Misc Fees & Expenses	.00	583.00	583.00	500.00	.00	582.75	.25	100	.00
444	Travel/Education/Conference	.00	7,869.36	7,869.36	.00	.00	7,869.36	.00	100	.00
470	Contract	34,785.00	16,975.01	51,760.01	8,741.00	.00	47,760.00	4,000.01	92	34,785.00
<i>Contractual Expense Totals</i>		\$35,300.00	\$29,279.00	\$64,579.00	\$9,242.06	\$0.00	\$60,365.71	\$4,213.29	93%	\$35,290.92
EXPENSE TOTALS		\$35,300.00	\$30,000.00	\$65,300.00	\$9,383.07	\$579.99	\$60,506.72	\$4,213.29	94%	\$35,290.92
Department 7312 - Special Delinquency Prev. Totals		(\$35,300.00)	(\$30,000.00)	(\$65,300.00)	(\$9,383.07)	(\$579.99)	(\$60,506.72)	(\$4,213.29)	94%	(\$35,290.92)
Department 7313 - Youth Court										
EXPENSE										
<i>Contractual Expense</i>										
470	Contract	67,295.00	.00	67,295.00	12,304.37	.00	67,295.00	.00	100	68,820.00
<i>Contractual Expense Totals</i>		\$67,295.00	\$0.00	\$67,295.00	\$12,304.37	\$0.00	\$67,295.00	\$0.00	100%	\$68,820.00
EXPENSE TOTALS		\$67,295.00	\$0.00	\$67,295.00	\$12,304.37	\$0.00	\$67,295.00	\$0.00	100%	\$68,820.00
Department 7313 - Youth Court Totals		(\$67,295.00)	\$0.00	(\$67,295.00)	(\$12,304.37)	\$0.00	(\$67,295.00)	\$0.00	100%	(\$68,820.00)
Fund A - General Totals		\$32,955,624.00	\$131,726.08	\$33,087,350.08	\$3,710,060.29	\$579.99	\$31,308,459.90	\$1,778,310.19		\$31,395,448.20
Grand Totals		\$32,955,624.00	\$131,726.08	\$33,087,350.08	\$3,710,060.29	\$579.99	\$31,308,459.90	\$1,778,310.19		\$31,395,448.20

# WARREN COUNTY Receipts by G/L Distribution Report - Summary

From Date: 01/01/2018 - To Date: 12/31/2018

G/L Account Number	G/L Date	Due To/From Fund Project	Transactions	Debit Amount	Credit Amount
Fund: A - General					
Account: 400.00 - State&Federal,Social Services					
	01/04/2018		3	\$0.00	\$911,310.00
	01/22/2018		1	\$0.00	\$213,287.00
	01/26/2018		1	\$0.00	\$228,649.00
	01/31/2018		2	\$0.00	\$564,747.00
	02/12/2018		1	\$0.00	\$28,940.00
	02/28/2018		8	\$0.00	\$684,302.33
	03/06/2018		1	\$0.00	\$221,820.00
	03/13/2018		1	\$0.00	\$13,607.00
	03/29/2018		1	\$0.00	\$455,862.00
	03/31/2018		4	\$0.00	\$237,001.00
	04/16/2018		1	\$0.00	\$99,334.00
	04/30/2018		2	\$0.00	\$609,018.00
	05/10/2018		1	\$0.00	\$19,289.00
	05/22/2018		1	\$0.00	\$28,341.00
	05/29/2018		1	\$0.00	\$59,891.00
	05/31/2018		2	\$0.00	\$651,632.00
	06/30/2018		2	\$0.00	\$700,355.00
	07/13/2018		5	\$0.00	\$393,016.00
	07/16/2018		1	\$0.00	\$25,230.00
	08/09/2018		4	\$0.00	\$968,490.00
	08/20/2018		3	\$0.00	\$86,793.00
	09/12/2018		4	\$0.00	\$791,686.03
	09/14/2018		3	\$0.00	\$378,006.25
	09/26/2018		2	\$0.00	\$147,749.00
	09/28/2018		2	\$0.00	\$415,447.00
	10/03/2018		2	\$0.00	\$798,346.00
	10/30/2018		1	\$0.00	\$332,629.00
	10/31/2018		2	\$0.00	\$1,055,279.00
	11/13/2018		1	\$0.00	\$200,300.00
	11/30/2018		3	\$0.00	\$681,254.00
	12/12/2018		1	\$0.00	\$57,548.00 ✓
	12/14/2018		1	\$0.00	\$104,687.00 ✓
	12/24/2018		1	\$0.00	\$269,720.00 ✓
	12/27/2018		1	\$0.00	\$600.00 ✓
Account Total: State&Federal,Social Services			70	\$0.00	\$12,434,165.61

Fund Total: General

Grand Total:

UNPOSTED state/Fed  
FED & State 70 \$0.00 \$12,434,165.61  
LOCAL 1579,946.00  
TOTAL = 15,807,849

Rec'd  
NOT POSTED TO  
2018 yet.

009

1,579,946.00\*

WARREN COUNTY  
**Receipts by G/L Distribution Report - Summary**

From Date: 01/01/2018 - To Date: 12/31/2018

G/L Account Number	G/L Date	Due To/From Fund	Project	Transactions	Debit Amount	Credit Amount
Fund: A - General						
Department: 6010 - Social Services						
Account: 1810 - Administration						
	02/14/2018			2	\$0.00	\$1,083.50
	03/02/2018			2	\$0.00	\$2,500.00
	03/16/2018			2	\$0.00	\$847.06
	04/02/2018			1	\$0.00	\$1,310.00
	04/16/2018			2	\$0.00	\$1,346.66
	05/02/2018			1	\$0.00	\$1,250.00
	05/25/2018			2	\$0.00	\$486.84
	06/13/2018			2	\$0.00	\$695.41
	07/09/2018			1	\$0.00	\$10,000.00
	07/23/2018			2	\$0.00	\$463.48
	07/31/2018			1	\$0.00	\$15.00
	08/13/2018			2	\$0.00	\$435.72
	09/26/2018			2	\$0.00	\$509.01
	10/24/2018			1	\$0.00	\$358.20
	10/31/2018			1	\$0.00	\$4,200.00
	11/15/2018			1	\$0.00	\$8,325.03
	12/14/2018			1	\$0.00	\$7,983.52
Account Total: Administration				26	\$0.00	\$41,809.43
Account: 1811 - Medical Incentive Earning						
	02/14/2018			2	\$0.00	\$4,251.12
	03/06/2018			1	\$0.00	\$176.35
	03/16/2018			1	\$0.00	\$4,091.00
	04/06/2018			1	\$0.00	\$384.36
	04/16/2018			1	\$0.00	\$4,091.00
	05/08/2018			1	\$0.00	\$182.83
	05/25/2018			1	\$0.00	\$4,091.00
	06/06/2018			1	\$0.00	\$221.71

06/13/2018	1	\$0.00	\$4,091.00
07/11/2018	1	\$0.00	\$138.68
07/23/2018	1	\$0.00	\$4,091.00
08/07/2018	1	\$0.00	\$190.45
08/13/2018	1	\$0.00	\$2,268.14
09/11/2018	1	\$0.00	\$149.41
09/26/2018	1	\$0.00	\$4,091.00
09/28/2018	1	\$0.00	\$50.00
10/05/2018	1	\$0.00	\$96.30
10/24/2018	1	\$0.00	\$4,091.00
11/01/2018	1	\$0.00	\$50.00
11/08/2018	1	\$0.00	\$273.84
11/15/2018	1	\$0.00	\$4,056.00
12/04/2018	1	\$0.00	\$50.00
12/12/2018	1	\$0.00	\$206.25
12/14/2018	1	\$0.00	\$4,056.00
12/31/2018	1	\$0.00	\$50.00

Account Total: Medical Incentive Earning

26	\$0.00	\$45,488.44
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Department Total: Social Services

\$0.00	\$87,297.87
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Department: 6030 - Countryside Adult Home

Account: 1830 - Repay - Adult Care, Pub Inst

01/30/2018	1	\$0.00	\$13,007.90
02/28/2018	1	\$0.00	\$13,007.90
03/02/2018	2	\$0.00	\$79,163.56
04/02/2018	2	\$0.00	\$65,216.85
04/30/2018	1	\$0.00	\$13,007.90
05/02/2018	1	\$0.00	\$40,279.78
06/04/2018	2	\$0.00	\$56,053.01
07/03/2018	1	\$0.00	\$11,073.90
07/09/2018	1	\$0.00	\$43,815.31
07/31/2018	2	\$0.00	\$61,811.78
09/05/2018	2	\$0.00	\$48,714.88
09/28/2018	2	\$0.00	\$59,822.62
11/01/2018	2	\$0.00	\$58,760.04
12/04/2018	2	\$0.00	\$42,869.93
12/31/2018	2	\$0.00	\$63,073.46

Account Total: Repay - Adult Care, Pub Inst

24	\$0.00	\$669,678.82
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Department Total: Countryside Adult Home

\$0.00	\$669,678.82
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Department: 6055 - Daycare

Account: 1855 - Repayments of Day Care

03/02/2018	2	\$0.00	\$270.00	
04/02/2018	1	\$0.00	\$2,126.63	
05/02/2018	1	\$0.00	\$1,756.75	
06/04/2018	1	\$0.00	\$120.00	
07/09/2018	1	\$0.00	\$6,077.82	
09/28/2018	1	\$0.00	\$123.30	
11/01/2018	1	\$0.00	\$2,129.80	
12/31/2018	1	\$0.00	\$90.00	
<b>Account Total: Repayments of Day Care</b>		<b>9</b>	<b>\$0.00</b>	<b>\$12,694.30</b>

Department Total: Daycare

\$0.00	\$12,694.30
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Department: 6101 - Medical Assistance

Account: 1801 - Repay of Medical Assist

02/14/2018	1	\$0.00	\$5,041.50
03/02/2018	2	\$0.00	\$31,045.33
03/16/2018	1	\$0.00	\$3,846.09
04/02/2018	1	\$0.00	\$2,878.90
04/16/2018	1	\$0.00	\$8,167.69
05/02/2018	1	\$0.00	\$10,760.26
05/25/2018	1	\$0.00	\$9,104.61
06/04/2018	1	\$0.00	\$30,617.35
06/13/2018	1	\$0.00	\$6,273.18
07/09/2018	1	\$0.00	\$12,583.85
07/23/2018	1	\$0.00	\$4,275.63
07/31/2018	1	\$0.00	\$11,485.18
08/13/2018	1	\$0.00	\$4,560.38
09/05/2018	1	\$0.00	\$12,282.03
09/26/2018	1	\$0.00	\$5,902.57
09/28/2018	1	\$0.00	\$19,499.02
10/24/2018	1	\$0.00	\$4,581.50
11/01/2018	1	\$0.00	\$819.95
11/15/2018	1	\$0.00	\$4,057.73
12/04/2018	1	\$0.00	\$33,020.00
12/14/2018	1	\$0.00	\$5,140.22

12/31/2018	1	\$0.00	\$23,980.11
Account Total: Repay of Medical Assist	23	\$0.00	\$249,923.08
Department Total: Medical Assistance		\$0.00	\$249,923.08
Department: 6109 - Aid To Dependent Children			
Account: 1809 - Repay of Aid to A.D.C.			
02/14/2018	2	\$0.00	\$16,363.67
03/02/2018	2	\$0.00	\$1,489.02
03/16/2018	3	\$0.00	\$17,675.18
04/02/2018	1	\$0.00	\$2,263.80
04/16/2018	2	\$0.00	\$41,975.44
05/02/2018	1	\$0.00	\$54.62
05/25/2018	2	\$0.00	\$26,831.89
06/04/2018	1	\$0.00	\$269.65
06/13/2018	2	\$0.00	\$20,704.29
07/09/2018	1	\$0.00	\$131.02
07/23/2018	3	\$0.00	\$17,541.37
08/13/2018	2	\$0.00	\$36,235.14
09/05/2018	1	\$0.00	\$461.87
09/26/2018	2	\$0.00	\$8,844.39
09/28/2018	1	\$0.00	\$16.02
10/24/2018	2	\$0.00	\$14,667.08
11/01/2018	1	\$0.00	\$4,003.89
11/15/2018	2	\$0.00	\$9,975.25
12/04/2018	1	\$0.00	\$525.82
12/14/2018	3	\$0.00	\$16,918.02
12/31/2018	1	\$0.00	\$17.00
Account Total: Repay of Aid to A.D.C.	36	\$0.00	\$236,964.43
Department Total: Aid To Dependent Children		\$0.00	\$236,964.43
Department: 6119 - Child Care			
Account: 1819 - Repay of Child Care			
01/30/2018	1	\$0.00	\$2,466.00
02/14/2018	1	\$0.00	\$1,979.60
02/28/2018	1	\$0.00	\$2,466.00
03/16/2018	1	\$0.00	\$2,694.42
04/02/2018	1	\$0.00	\$2,466.00
04/16/2018	1	\$0.00	\$5,876.32

04/30/2018	1	\$0.00	\$2,466.00
05/02/2018	1	\$0.00	\$44,281.61
05/25/2018	1	\$0.00	\$3,528.65
06/04/2018	2	\$0.00	\$48,010.13
06/13/2018	1	\$0.00	\$3,076.92
07/03/2018	1	\$0.00	\$2,466.00
07/09/2018	1	\$0.00	\$82,426.50
07/23/2018	1	\$0.00	\$3,456.49
07/31/2018	2	\$0.00	\$82,398.67
08/13/2018	1	\$0.00	\$2,925.91
09/05/2018	2	\$0.00	\$40,605.92
09/26/2018	1	\$0.00	\$2,016.52
09/28/2018	2	\$0.00	\$10,445.15
10/24/2018	1	\$0.00	\$2,300.72
11/01/2018	2	\$0.00	\$25,540.73
11/15/2018	1	\$0.00	\$1,083.01
12/04/2018	2	\$0.00	\$2,910.00
12/14/2018	1	\$0.00	\$1,307.28
12/31/2018	2	\$0.00	\$8,424.00
		<hr/>	
		32	\$0.00
			<hr/>
			\$387,618.55

Account Total: Repay of Child Care

Department Total: Child Care

Department: 6140 - Home Relief

Account: 1840 - Repay of Home Relief

01/16/2018	1	\$0.00	\$1,728.00
02/14/2018	1	\$0.00	\$2,121.00
03/02/2018	2	\$0.00	\$13,033.20
03/05/2018	1	\$0.00	\$1,701.60
03/16/2018	1	\$0.00	\$1,717.43
04/02/2018	1	\$0.00	\$3,329.24
04/16/2018	1	\$0.00	\$3,195.02
04/23/2018	1	\$0.00	\$740.00
04/30/2018	1	\$0.00	\$6,715.04
05/02/2018	1	\$0.00	\$1,616.82
05/09/2018	1	\$0.00	\$980.00
05/10/2018	1	\$0.00	\$23.00
05/16/2018	3	\$0.00	\$2,445.40
05/25/2018	1	\$0.00	\$3,016.66

06/04/2018	1	\$0.00	\$6,630.41
06/13/2018	3	\$0.00	\$8,127.42
06/14/2018	1	\$0.00	\$8,823.50
07/09/2018	1	\$0.00	\$3,828.53
07/23/2018	1	\$0.00	\$1,666.93
07/30/2018	1	\$0.00	\$7,825.00
07/31/2018	1	\$0.00	\$6,058.14
08/13/2018	1	\$0.00	\$1,188.88
08/23/2018	1	\$0.00	\$9,332.00
08/24/2018	1	\$0.00	\$750.00
09/05/2018	1	\$0.00	\$103.37
09/13/2018	1	\$0.00	\$11,289.67
09/14/2018	3	\$0.00	\$151.00
09/26/2018	2	\$0.00	\$3,349.88
09/28/2018	1	\$0.00	\$3,119.31
10/03/2018	2	\$0.00	\$3,250.00
10/10/2018	3	\$0.00	\$261.00
10/11/2018	2	\$0.00	\$6,501.21
10/22/2018	7	\$0.00	\$161.00
10/24/2018	1	\$0.00	\$2,086.22
11/01/2018	1	\$0.00	\$999.32
11/06/2018	1	\$0.00	\$2,250.00
11/13/2018	1	\$0.00	\$69.00
11/15/2018	1	\$0.00	\$928.54
12/04/2018	1	\$0.00	\$4,846.75
12/07/2018	1	\$0.00	\$128.00
12/14/2018	1	\$0.00	\$1,817.96
12/20/2018	2	\$0.00	\$6,000.00
12/31/2018	2	\$0.00	\$5,654.89

Account Total: Repay of Home Relief

63 \$0.00 \$149,560.34

Department Total: Home Relief

\$0.00 \$149,560.34

Fund Total: General

\$0.00 \$1,793,737.39

Grand Total:

239 \$0.00 **\$1,793,737.39**



WARREN COUNTY BOARD OF SUPERVISORS

COMMITTEE: HEALTH, HUMAN AND SOCIAL SERVICES

DATE: MARCH 19, 2019

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COMMITTEE MEMBERS PRESENT:

SUPERVISORS FRASIER  
MCDEVITT  
LEGETT  
LOEB  
DRISCOLL  
HYDE  
MAGOWAN  
SOKOL

COMMITTEE MEMBER ABSENT:

SUPERVISOR BRAYMER

OTHERS PRESENT:

REPRESENTING THE DEPARTMENT OF SOCIAL SERVICES:

CHRISTIAN HANCHETT, COMMISSIONER  
JULIE MONTERO, FISCAL MANAGER

REPRESENTING THE DEPARTMENT OF PUBLIC HEALTH:

GINELLE JONES, DIRECTOR, PUBLIC HEALTH/PATIENT SERVICES  
VALERIE WHISENANT, ASSISTANT DIRECTOR, PATIENT SERVICES  
TAWN DRISCOLL, FISCAL MANAGER

RONALD F. CONOVER, CHAIRMAN OF THE BOARD

MARY ELIZABETH KISSANE, COUNTY ATTORNEY

AMANDA ALLEN, CLERK OF THE BOARD

TAMMIE DELORENZO, ASSISTANT TO THE COUNTY ADMINISTRATOR

FRANK THOMAS, BUDGET OFFICER

SUPERVISORS GERAGHTY

HOGAN

MERLINO

SIMPSON

WILD

MICHAEL SWAN, COUNTY TREASURER

JULIE BUTLER, PURCHASING AGENT

REPRESENTING THE BOARD OF ELECTIONS:

WILLIAM VANNESS, COMMISSIONER (R)

BETH MCLAUGHLIN, COMMISSIONER (D)

DON LEHMAN, *THE POST STAR*

LESLIE LOVELACE, SECRETARY TO THE CLERK OF THE BOARD

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*Please note, the following contains a summarization of the March 19, 2019 meeting of the Health, Human & Social Services Committee; the meeting in its entirety can be viewed on the Warren County website using the following link: <http://www.warrencountyny.gov/gov/comm/Archive/2019/health>*

Mrs. Frasier called the meeting of the Health, Human & Social Services Committee to order at 9:33 a.m.

Motion was made by Mr. Loeb, seconded by Mr. Magowan and carried unanimously to approve the minutes of the previous Health Services Committee meeting, subject to correction by the Clerk of the Board.

Privilege of the floor was extended to Christian Hanchett, *Director, Department of Social Services (DSS)*, who distributed copies of the DSS agenda to the Committee members; *a copy of the agenda is on file with the minutes.*

Commencing his agenda review, Mr. Hanchett presented the following requests:

- To fill the position of Assistant Social Services Attorney - Part-Time (20 hours per week), *Annual Salary \$34,260*, due to resignation.
- To fill the position of Social Welfare Examiner #43, *Grade 8, Base Annual Salary \$34,988*, in the Temporary Assistance Unit, due to promotion.
- To fill the position of Social Welfare Examiner #17, *Grade 8, Base Annual Salary \$34,988*, in the Medicaid Unit, due to promotion.

A brief discussion ensued in regards to the salaries for the positions listed above, following which a motion was made by Mr. Magowan, seconded by Mr. Driscoll and carried unanimously to approve all

three requests and forward same to the Personnel & Higher Education Committee for reporting purposes. *Copies of the Notice of Intent to Fill Vacant Position forms are on file with the minutes.*

Mr. Hanchett apprised the next requests were for Countryside Adult Home, and he presented them as follows:

- To amend the Table of Organization and Salary Schedule to create and fill the new position of Senior Aide, Part-Time, Temporary, *Grade 7, Base Annual Salary \$33,600*, effective April 22, 2019 for a period of six months with review after six months.
- To fill the position of Institutional Aide #12, *Grade 3, Base Annual Salary \$28,026*, due to retirement.
- To fill the position of Institutional Aide Per-diem, *Grade 3, Base Annual Salary \$28,026*, due to resignation.
- To fill the position of Food Service Helper #TBD, *Grade 2, Base Annual Salary \$27,438*, due to promotion.

Motion was made by Mr. Sokol, seconded by Mr. Magowan and carried unanimously to approve the requests as outlined above and forward same to the Personnel & Higher Education Committee. *Copies of the resolution request forms are on file with the minutes.*

Mr. Hanchett continued with the action agenda presenting the following requests:

- 1) To authorize a new contract with Homeless Management Information System in an amount not to exceed \$5,000 to provide various services related to temporary assistance to the homeless, including reporting/collecting data and making referrals, for the term of March 1, 2019 through February 29, 2020.

Motion was made by Mr. Driscoll, seconded by Mr. Loeb and carried unanimously to approve the request and the necessary resolution was authorized for the April 19<sup>th</sup> Board meeting. *A copy of the resolution request form is on file with the minutes.*

- 2) To authorize payment of a New York State Department of Health fine in the amount of \$2,673 for a violation at Countryside Adult Home.

Mr. McDevitt inquired what the violations were and Mr. Hanchett replied a Criminal Record History Check form was missing from an employees' file; he noted the form had been completed, but was not placed in the file. In addition, he advised that during an inspection an employee was seen touching the back of a chair wearing gloves which were not replaced upon return to the kitchen.

Following a brief discussion in regards to the fine, a motion was made by Mr. Loeb, seconded by Mr. McDevitt and carried unanimously to approve the request and the necessary resolution was authorized for the April 19<sup>th</sup> Board meeting. *A copy of the resolution request form is on file with the minutes.*

- 3) Authorizing a new contract with Jennifer Linehan, *Dietary Consultant*, in an amount not to exceed \$3,840 for dietician services at Countryside Adult Home for the term commencing March 2, 2019 and terminating March 1, 2020.

Motion was made by Mr. McDevitt, seconded by Mr. Magowan and carried unanimously to approve the request and the necessary resolution was authorized for the April 19<sup>th</sup> Board meeting. *A copy of the resolution request form is on file with the minutes.*

- 4) To appoint Josh Patchett, *Town of Hague*, and Susan Sheplar, *Town of Thurman*, to the Warren County Youth Board for the term of January 1, 2019 through December 31, 2019.

Motion was made by Mr. Loeb, seconded by Mr. Magowan and carried unanimously to approve the

request and the necessary resolution was authorized for the April 19<sup>th</sup> Board meeting. *A copy of the resolution request form is on file with the minutes.*

Privilege of the floor was extended to Julie Montero, *Fiscal Manager*, who apprised the 2018 Revenue & Expenditure report showed the year to date actual was below the amount budgeted, adding the revenue was good and expenses were down. Ms. Montero stated she had included the Revenue & Expenditures Report for February 2019 and she indicated revenue was a little slow in the beginning of the year, but expenses were right where she expected them to be. She said overtime continued to be high due to training of new caseworkers.

Mr. Hanchett reported on his activities for the previous month. He apprised he had offered the Countryside Adult Home Director position to an individual who had accepted the position and they were just waiting on the Department of Health approval of this individuals credentials. He added the census for the home was up to 36 residents.

Chairman Conover commended Ms. Montero and Frank Thomas, *Budget Officer*, on the great fiscal management for the Department.

This concluded the review of the DSS agenda. Privilege of the floor was extended to Ginelle Jones, *Director, Public Health/Patient Services*, who distributed copies of her agenda to the Committee members; *a copy of the agenda is on file with the minutes.*

Commencing her agenda review, Ms. Jones presented the following requests:

- 1) To authorize Laura Monroe, RN, to enroll in job related course entitled "IDS 400 Diversity" at Southern New Hampshire University.

Motion was made by Mr. Loeb, seconded by Mr. Magowan and carried unanimously to approve the request and forwarded to the Personnel & Higher Education Committee. *A copy of the resolution request form is on file with the minutes.*

- 2) To authorize a new contract with Amanda Rose Mastroiopietro for speech therapy services at the approved rates provided to provide speech therapy services for the Home Care and Preschool programs for the term commencing May 1, 2019 and continuing unless terminated by either party upon 30 days written notice.

Motion was made by Mr. Sokol, seconded by Mr. Loeb and carried unanimously to approve the request and the necessary resolution was authorized for the April 19<sup>th</sup> Board meeting. *A copy of the resolution request is on file with the minutes.*

- 3) To authorize application to the Adirondack Health Institute for \$1,500 in grant funding.

Motion was made by Mr. Driscoll, seconded by Mr. Magowan and carried unanimously to approve the request and the necessary resolution was authorized for the April 19<sup>th</sup> Board meeting. *A copy of the resolution request form is on file with the minutes.*

- 4) To amend the contract with Waystar/Zirned, Inc. to reflect changes in fees as outlined in the resolution request form.

Motion was made by Mr. Magowan, seconded by Mr. Loeb and carried unanimously to approve the request and the necessary resolution was authorized for the April 19<sup>th</sup> Board meeting. *A copy of the resolution request form is on file with the minutes.*

- 5) To amend the County Budget in the amount of \$1,500 to reflect receipt of additional funds from Adirondack Health Institute's population Health Improvement Program Healthy Community

Design Project to benefit families participating in the WIC Program.

Motion was made by Mr. Sokol, seconded by Mr. Magowan and carried unanimously to approve the request and forward same to the Finance Committee. *A copy of the resolution request form is on file with the minutes.*

A review of the Information for Discussion/Review portion of the agenda proceeded as follows:

Report of Expenditures, Revenues, Overtime and Per Diem Use for 2019 - Tawn Driscoll, *Fiscal Manager*, reviewed the Revenue and Expenditure Report for 2019 in Attachment #1. She noted 2018 had not yet been closed. She informed salaries were under in regular salaries due to vacant positions and overtime was slightly higher due to the new software system being used, as well as nurses working on weekends.

Revenue and Expense Comparison Report for 2018 vs 2019 - Ms. Driscoll reviewed the Revenue and Expense Comparison Report for 2018 vs 2019 in Attachment #2. She noted salaries were under and contractual expenses were higher due to the timing of invoices. She added benefits were down due to the vacant positions.

Status of Referrals - Valerie Whisenant, *Assistant Director of Patient Services*, reviewed the referrals, included as Attachment #3. She informed the rate of referrals was lower and coincided with Glens Falls Hospitals. She informed more referrals were being received from Albany Medical Center, Saratoga Hospital, St. Peters Hospital, and local physicians offices. She apprised there had been two new hires, but one had resigned after working for a week.

Emergency Response and Preparedness - Ms. Jones advised Attachment #4 in the agenda packet included a review of the Emergency Response and Preparedness Activities for the month.

Rabies Program Report: Ms. Jones advised Attachment #5 outlined the January 2019 rabies report.

Meetings: Ms. Jones reported a request to host meeting form had been approved and a copy of same was included to provide a light lunch for the Board of Supervisors Tobacco-21 Lunch and Learn held on March 15, 2019.

Staffing Update - Ms. Jones noted there had been two nursing position resignations, four vacant CHHA positions and one position in Public Health. She requested to fill the following positions:

- Registered Professional Nurse #31, *Grade 19, Annual Salary \$47,523*, due to resignation.
- Registered Professional Nurse #37, *Grade 19, Annual Salary \$47,523*, due to resignation.

Motion was made by Mr. Magowan, seconded by Mr. Driscoll and carried unanimously to approve the requests and forward same to the Personnel & Higher Education Committee for reporting purposes. *Copies of the Notice of Intent to Fill Position forms are on file with the minutes.*

There being no further business to come before the Health, Human & Social Services Committee, on motion made by Mr. Loeb and seconded by Mr. McDevitt, Mrs. Frasier adjourned the meeting at 10:26 a.m.

Respectfully submitted,  
Leslie Lovelace, Secretary to the Clerk of the Board