

**Warren County Health Services
Health, Human and Social Services Committee
AGENDA FOR
June 25, 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 May 30, 2019 Health, Human, and Social Services Committee meeting.

I. Action Agenda/New Business

Request Resolution: To award BID (WC48-19) and authorize agreement with Lowest Responsible Bidder to provide transportation services to eligible children in the Early Intervention and Committee on Preschool Special Education programs in Warren County. **(Attachment #6)**

Rationale: Provision for transportation is a requirement of the Early Intervention and Committee on Preschool Special Education programs. A viable contract is needed to be in place by September, 1, 2019 to ensure services are available. The bid proposal is in process and the lowest responsible bidder and rates will be known prior (7/9/19) to the July Board of Supervisors meeting.

Request Resolution: To amend Resolution 123 of 2019 to 1) change total amount not to exceed \$6,402.73 to cover shipping fee of \$77.73, 2) change vender from Honeywell/Residio Life Care Solutions to Ademco, Inc. DBA Resideo Life Care Solutions LLC (formerly Honeywell), and to change vender address to 1985 Douglas Dr. N, Golden Valley, MN 55422. **(Attachment #7)**

Rationale: Equipment was purchased and invoice included shipping, which was left off initial quote due to the fact it was to be determined. In addition, the vender had name change and there was an address change. In order to remit payment, authorization is needed to pay shipping of \$77.73 that was not initially included in the resolution request, which will be covered with DSRIP funds, in addition to changing the vender name and address..

Request Resolution: To approve agreement with Ademco Inc DBA Resideo Life Care Solutions LLC (formerly Honeywell) to purchase 5 Genesis Personal Touch Tablet A Kits to be utilized with the agency's Telemonitoring Program, not to exceed \$6,325, plus shipping, and to approve monthly recurring fees not to exceed \$2100 per year, which will automatically renew annually unless there is more than a 5% increase in recurring fees or written request to terminate in 30 days from either party **(Attachment #8)**

Rationale: Equipment is needed for telemonitoring of Home Care patients, which includes recurring monthly fees. The purchase is over \$6000 and requires resolution. We recently purchased 5 tablets (Resolution 123 of 2019) and are in need of 5 more. The equipment is compatible with our home care agency's electronic medical record and is of benefit to home care patients. NYS Delivery Systems Reform Incentive Program (DSRIP) funding is in the Health Services budget for the equipment and fees.

Request Resolution: To renew the contract with New York State Department of Health/Health Research Institute to allow for continues funding for the Emergency Preparedness Program for the period July 1, 2019 through June 30, 2020 for the amount of \$49,625. (Attachment #11)

Rationale: The grant is utilized to offset staff and program expenses with NYSDOH requirements for Emergency Preparedness. The funding decreased by \$2,471.

Request Resolution : To transfer funds. (Attachment #12)

Rationale: Tawn Driscoll, Fiscal Manager will explain.

Referral/Pending Items

There are no pending items.

II. Information for Discussion/Review

Report of Expenditures, Revenues, Overtime and Per Diem Use for 2019

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 2018 vs 2019

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 a quarterly report.

Information Item: (Attachment #9)

Please see attached Authorization to Attend Meeting or Convention form:

Jodi Brynes and Christie McAvey to attend Home Care Association PDGM Bootcamp for Clinical Managers and Quality Staff on July 11, 2019 in Suffern, NY. The total cost, including registration fee, gas, tolls, parking and dinners is estimated to be \$909, which is funded in the budget.

Staffing Update:

There are currently two nurses out on extended leave and one nurse with intermittent leave. In addition, we recently had a nurse resign, who was still in probationary period. We are actively recruiting nurses. Currently there are three open full time nursing positions in addition to per diem nursing opportunities. Please help spread the word.
(Attachment #10a)

Intent to Fill Forms Submitted: (for extensions)

Public Health Nurse #22 **(Attachment 10b)**

Public Health Nurse #35 **(Attachment 10c)**

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 2018 vs 2019
3. Report of Referrals Status
4. Emergency Response and Preparedness Activities Report
5. May Rabies Report
6. Request Resolution for Transportation Contract
7. Request Resolution to Amend contract with Ademco In DBA Resideo Life Care Solutions
8. Request Resolution for Ademco Inc. DBA Resideo Life Care Solutions LLC- 5 Tablets
9. Authorization to Attend Conference
10. A. Recruiting
B. Intent to Fill PHN #22
C. Intent to Fill PHN #35
11. Request Resolution Emergency Preparedness Grant
12. Request Resolution to Transfer Funds

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2019 AS OF 6/17/2019 1:00:53 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	\$1,006,773.84	\$2,245,248.67
Salaries - Overtime	\$132,000.00	\$54,307.89	\$119,937.71
Salaries - Part Time	\$535,767.00	\$182,279.63	\$432,961.47
100's PERSONAL SERVICES	\$3,278,548.00	\$1,243,361.36	\$2,798,147.85
200's EQUIPMENT	\$26,445.04	\$17,850.53	\$86,272.34
400's CONTRACTUAL	\$6,043,129.69	\$1,717,549.54	\$5,735,971.55
800's EMPLOYEE BENEFITS	\$1,568,347.00	\$624,534.21	\$1,385,074.65
TOTALS	\$10,916,469.73	\$3,603,295.64	\$10,005,466.39

REVENUES	2019 BUDGETED	2019 YTD ACTUAL	2018 Prior Year Totals
	\$8,674,129.40	\$1,975,941.43	\$7,887,529.69

Notes: We are in the process of finalizing billing and closing the month of May for CHHA and MCH Programs. We have also accrued \$239,711.07 that we just received from the State for the 49% reimbursement we get for the Early Intervention Program. This covers from July 1, 2018 to May 31, 2019.

Warren County Health Services

Salaries Comparison

2018 vs 2019

as of 6/9/19 Year to date Payroll

	YTD 2019	YTD 2018	YTD 19v18	% Change	Total Budget 2019	Total Actual 2018
Total of All Depts						
Regular Salaries	\$1,006,773.84	\$1,039,762.41	-\$32,988.57	-3.17%	\$2,610,781.00	\$2,245,248.67
Overtime Salaries	\$54,307.89	\$41,724.91	\$12,582.98	30.16%	\$132,000.00	\$119,937.71
Part Time Salaries	\$182,279.63	\$185,684.69	-\$3,405.06	-1.83%	\$535,767.00	\$432,961.47
TOTALS	\$1,243,361.36	\$1,267,172.01	-\$23,810.65	-1.88%	\$3,278,548.00	\$2,798,147.85
% current YTD Salary to Total Budget	37.92%	45.29%				

*Source: Detail G/L report for all Salary Category from 1/1/19-6/9/19.

Overall, total salaries are \$23,810.65 under 2018 Salaries. While under in Regular 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 1.88% from the prior year and at this time, we currently are 37.92% of the 2019 budget, while last year at this time we were 45.29% of the budget.

**Warren County Health Services
Revenue and Expense Comparison 2019 vs 2018
as of 6/17/19**

EXPENSES	2019 YTD Actual as of 6/17/19 G/L	2018 YTD as of 6/17/18 G/L	Variance
Salaries - Regular	\$1,006,773.84	\$1,039,762.41	(\$32,988.57)
Salaries - Overtime	\$54,307.89	\$41,724.91	\$12,582.98
Salaries - Part Time	\$182,279.63	\$185,684.69	(\$3,405.06)
100's PERSONAL SERVICES	\$1,243,361.36	\$1,267,172.01	(\$23,810.65)
200's EQUIPMENT	\$17,850.53	\$4,263.16	\$13,587.37
400's CONTRACTUAL	\$1,717,549.54	\$1,939,165.56	(\$221,616.02)
800's EMPLOYEE BENEFITS	\$624,534.21	\$659,054.23	(\$34,520.02)
TOTALS	\$3,603,295.64	\$3,869,654.96	(\$266,359.32)

REVENUES

2019 YTD ACTUAL	2018 Prior YTD	Variance
\$1,975,941.43	\$1,932,776.41	\$43,165.02

Notes:

Salaries: (please see previous page) overall are \$23,810.65 or 1.88% below 2018 as of the 6/9/19 payroll posting date. Salaries for 2019 are 37.92% of the budget YTD where they were 45.29% 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. Part time salaries are 1.83% below last year.

Equipment: The variance is primarily a vehicle purchased in April 2019.

Contractual Expenses: These are higher in 2018 due to timing of invoices paid. As previously stated, the 2019 Contractual expenses for Preschool reflect over \$139,711 less in 2019 compared to 2018, while CHHA is \$44,793 below 2019. These expenses are 83% of the variance between years.

Employee Benefits: Employee benefits are below last year to date by (\$34,520.02). Year to date, Retiree Health for 2019 is \$135,770.76 in total. This is 21.74% of total Employee Benefits.

Revenues: Revenues are slightly above last year.

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

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**	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

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	89	85	82									
SN IV eval	0**	0**	0**	0**									
PRI	0	2	4	0									
SN Evals per month	119	91	89	82									
PT Evals	50	34	55	33									
PT only	13	5	8	12									
Total Evals per month	132	96	97	94									419
	-4%	-21%	-25%	-25%									

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

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

Attachment 3

Numbers current as of 06/13/19

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

6/3, 6/17	WebEx	Public Health emergency Preparedness Plan Update Workgroup	Dan Durkee, J'nelle Oxford	Planning
6/11	In Person	Regional Public Health EPR Coordinators Meeting	Dan Durkee	Planning
6/11-6/13	In Person	Regional Homecare Drill (mandatory participation)	J'nelle Oxford	Drill
6/19	Webex	ClinOps - Adverse Events: Mitigation, Identification and Reporting	Dan Durkee, J'nelle Oxford	Training
6/19	In Person	TX @ GFH Chemical Release in the Community	Dan Durkee	Drill
6/25	Phone	Disaster Recovery Interview with Tetra Tech	Dan Durkee	Planning

Warren County Public Health Rabies Program May 2019

Town	Different Address Owner/Victim <small>*Follow up by Town ACO</small>				Same Address Owner/Victim <small>* Follow up by Public Health</small>				Out of Town Owner <small>*Follow Up by Public Health</small>				Strays <small>Follow Up by Public Health</small> <ul style="list-style-type: none"> • Vet's Office • Victim Watching • Victim Treated Rabies PEP • Euthanized <small>Follow Up by ACO</small> 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													
Glens Falls			3			1	1	1						1				
Hague																		
Horicon																		
Johnsburg																		
Lake George						1	1											
Lake Luzerne					1		3											
Queensbury			1	1		1	4			1	1							
Stony Creek							1											
Thurman																		
Warrensburg		1					1	1								1		
Totals	1	4	1	1	2	3	11	2	1	1				1		1		

Total Bites for Month – 28

Specimens tested for rabies this Month- 1

Positive specimens for rabies- 0

People pre-approved for rabies post exposure treatment- 2

Rabies Clinics this Month- 2

Next Rabies Clinic- June 22 at Glens Falls DPW and July 13 at Brant Lake Fire House from 10 AM- noon

Attachment #5

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: June 25, 2019

- (a) Is this a Result of a Bid or Request for Proposal?
Yes, in process (WC 48-19)
- (b) Purpose of Contract:
To award BID and authorizing agreement with Lowest Responsible Bidder to provide transportation services for eligible children in the Early Intervention and Committee on Preschool Special Education programs at the rates in bid proposal.
- (c) Name of Contractor:
Lowest Responsible Bidder, which will be selected prior to July BOS Meeting
- (d) Address of Contractor: **TBA on or after 7/9/19**
- (e) Contractor's Contact Person and Telephone Number:
TBA on or after 7/9/19
- (f) Has or will the Contract be provided, if so, please attach:
BID WC 48-19
- (g) Commencement Date of Contract:
September 1, 2019
- (h) Termination Date of Contract:
August 31, 2020, with ability to negotiate rates within 5% annually terms x 4 yrs.
- (i) Payment Provisions: i) lump sum amount
ii) hourly rate amount **Rates specified in BID**
iii) total amount not to exceed
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.)
Will be specified in bid/contract; timely sub of vouchers
- (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:**
Early Intervention A.4054.0060.444 and Preschool A.4054.444
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

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

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

DEPARTMENT NAME: Health Services

DATE: June 25, 2019

- (a) Purpose of Request: **To amend Resolution 123 of 2019 to 1) change total amount not to exceed \$6,402.73 to cover shipping fee of \$77.73, 2) change vender from Honeywell/Residio Life Care Solutions to Ademco, Inc dba Resideo Life Care Solutions LLC (formerly Honeywell), and to change vender address to 1985 Douglas Dr. N, Golden Valley, MN 55422.**

- (b) Details: **Equipment was purchased and invoice included shipping which was left off initial quote due to the fact it was to be determined. In addition, the vender had name change and address change. In order to remit payment, authorization is needed to pay shipping of \$77.73 that was not initially included in the resolution request, which will be covered with Delivery Ssystems Reform Incentive Program (DSRIP) funds.**

- (c) Previous Resolution Number: **123 of 2019**

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: **A.4020.260 Health Services, Other Equipment and A.4010.428 CHHA Data Processing and Internet fees.**

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

* as listed in budget and LOGOS

Warren County Board of Supervisors

RESOLUTION No. 123 OF 2019

RESOLUTION INTRODUCED BY SUPERVISORS FRASIER, MCDEVITT, BRAYMER, LEGGETT, LOEB, DRISCOLL, HYDE, MAGOWAN AND SOKOL

AUTHORIZING AGREEMENT WITH HONEYWELL/RESIDIO LIFE CARE SOLUTIONS TO PURCHASE FIVE (5) GENESIS PERSONAL TOUCH TABLET A KITS WITH SCALE, SP02 (PULSE OXIMETER) AND BLOOD PRESSURE CUFF

RESOLVED, that Warren County enter into an agreement with Honeywell/Residio Life Care Solutions, 3400 Intertech Drive, Suite 200, Brookfield, Wisconsin 53045, to purchase five (5) Genesis Personal Touch Tablet A Kits with Scale, SP02 (pulse oximeter) and Blood Pressure Cuff for a term commencing March 15, 2019 and automatically renewing annually unless there is an increase in price exceeding five percent (5%), or until such time as the agreement is terminated by either party, in an amount not to exceed Six Thousand Three Hundred Twenty-Five Dollars (\$6,325) for the purchase of said tablets, and a recurring monthly monitoring fee not to exceed One Hundred Sixty-Five Dollars (\$165) per month, which includes a \$3 interface fee and \$30 built in 4G cellular fee per monitor, and be it further

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

RESOLVED, that the funds shall be expended from Budget Codes A.4010 260 Health Services, Other Equipment and A.4010 428 Health Services, Data Processing & Internet Fees.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: June 25, 2019

- (a) Is this a Result of a Bid or Request for Proposal? **no**

- (b) Purpose of Contract: **To approve agreement with Ademco Inc DBA Resideo Life Care Solutions LLC (formerly Honeywell) to purchase 5 Genesis Personal Touch Tablet A Kits to be utilized with the agency's Telemonitoring Program, not to exceed \$6,325, plus shipping, and to approve monthly recurring data processing and internet fees not to exceed \$2100 per year, which will automatically renew annually unless there is more than a 5% increase in recurring fees or written request to terminate in 30 days from either party.**

- (c) Name of Contractor: **Ademco Inc dba Resideo Life Care Solutions LLC (Formerly Honeywell)**

- (d) Address of Contractor: **1985 Douglas Dr. N, Golden Valley, MN 55422**

- (e) Contractor's Contact Person and Telephone Number:
David Smith 713-302-5600, David.smith@resideo.com

- (f) Has or will the Contract be provided, if so, please attach: **See attached Quote/Contract**

- (g) Commencement Date of Contract: **July 19, 2019**

- (h) Termination Date of Contract: **Automatic annual renewal unless there is over 5% increase in recurring fees, or termination request with 30 days written notice by either party.**

- (i) Payment Provisions:
 - i) lump sum amount **Equipment Purchase \$6,325 plus shipping A4010.260 CHHA Other Equipment**
 - 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. **See next page Recurring monthly fees will be paid monthly A4010.428 CHHA Data Processing and Internet Fees**

-
- (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.4010.260 CHHA Other Equipment**
- (k) **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

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

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

The Health Human and Social Services hereby authorizes Jodi Brynes and Christie McAvey
 (Supervisory Committee) (Employee Name)
 to attend Home Care Association- PDGM Bootcamp for Clinical Managers and Quality Staff
 (Name of meeting or organization)
 at Crown Plaza Suffern-Mahwah; 3 Executive Blvd; Suffern, NY 10901 on July 11, 2019
 (Address) (Dates)

Meeting/Convention Cost: \$399 x 2/ \$798 Mode of transportation to be used: Health Services County Car
 (County Vehicle or Mass Transportation)

If the mode of transportation is not a county vehicle or mass transportation, please explain:
Gas (est \$30)/ Tolls (est \$15) / Parking (est \$10)/ Meals (Dinner \$28/person or \$56 total)

Proper documentation must be attached when submitting for approval.
 (Please check documents attached)

Notice of meeting or convention including cost. Total Cost of Travel \$909
 (travel and meeting/convention cost)

For Overnight Travel

Room rate \$ _____ GSA* Rate \$ _____

Funding in Budget? Y N

Meal costs - GSA* per diem rate \$ _____

Budget Code: A4010.444

* www.gsa.gov

Date: 6/14/19

Jerelle Jones
 Department Head Signature

Date: 6/17/19

[Signature]
 County Administrator Signature

Date: 6/19/19

Edna A. Trasier
 Committee Chairman Signature

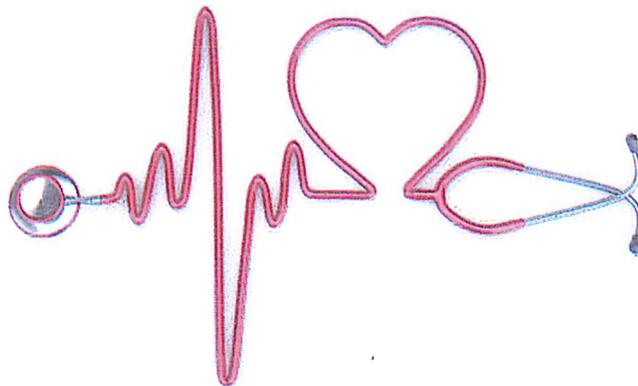
Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

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

Filing Instructions:

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

HIRING!



Home Care Nurses

Warren County Health Services Certified Home Health Agency

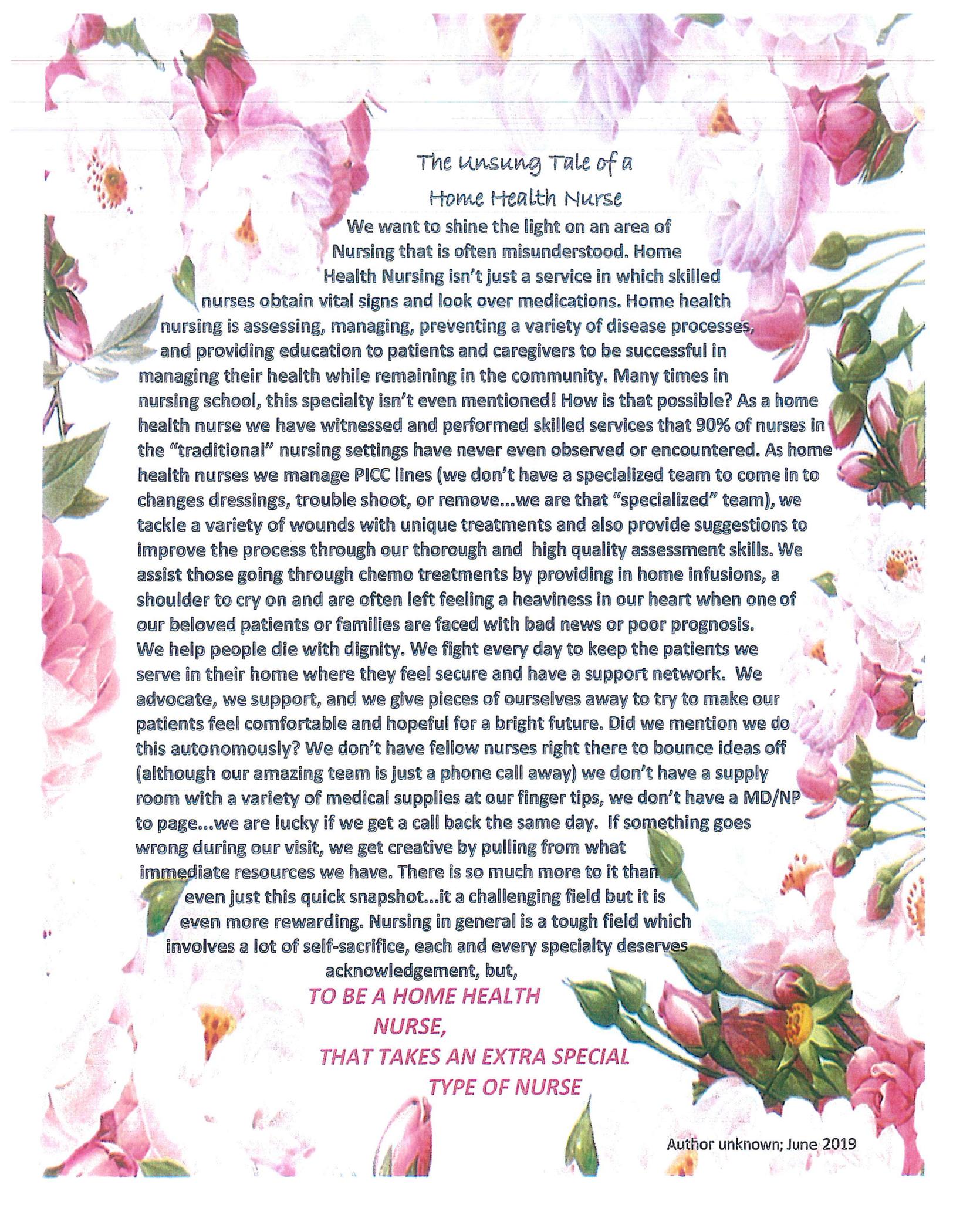
Full Time and Per Diem
Hours Available!

BSN or ADN welcome to apply.
Must have valid driver's license

Full County Benefits
with Full Time
Positions

Experience in home care a
plus, but not required.
Training will be provided

Valerie Whisenant
(518) 761-6415

The page is framed by a decorative border of pink and white flowers, likely peonies, with green leaves. The flowers are arranged in a dense, overlapping pattern around the central text.

The Unsung Tale of a Home Health Nurse

We want to shine the light on an area of Nursing that is often misunderstood. Home Health Nursing isn't just a service in which skilled nurses obtain vital signs and look over medications. Home health nursing is assessing, managing, preventing a variety of disease processes, and providing education to patients and caregivers to be successful in managing their health while remaining in the community. Many times in nursing school, this specialty isn't even mentioned! How is that possible? As a home health nurse we have witnessed and performed skilled services that 90% of nurses in the "traditional" nursing settings have never even observed or encountered. As home health nurses we manage PICC lines (we don't have a specialized team to come in to change dressings, trouble shoot, or remove...we are that "specialized" team), we tackle a variety of wounds with unique treatments and also provide suggestions to improve the process through our thorough and high quality assessment skills. We assist those going through chemo treatments by providing in home infusions, a shoulder to cry on and are often left feeling a heaviness in our heart when one of our beloved patients or families are faced with bad news or poor prognosis. We help people die with dignity. We fight every day to keep the patients we serve in their home where they feel secure and have a support network. We advocate, we support, and we give pieces of ourselves away to try to make our patients feel comfortable and hopeful for a bright future. Did we mention we do this autonomously? We don't have fellow nurses right there to bounce ideas off (although our amazing team is just a phone call away) we don't have a supply room with a variety of medical supplies at our finger tips, we don't have a MD/NP to page...we are lucky if we get a call back the same day. If something goes wrong during our visit, we get creative by pulling from what immediate resources we have. There is so much more to it than even just this quick snapshot...it a challenging field but it is even more rewarding. Nursing in general is a tough field which involves a lot of self-sacrifice, each and every specialty deserves

acknowledgement, but,
**TO BE A HOME HEALTH
NURSE,
THAT TAKES AN EXTRA SPECIAL
TYPE OF NURSE**

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: Public Health Nurse #22 Base Salary of Position: \$50,816 Grade: 21
Filling at Step # (If Known):
Budget code and title: A.4010.110; Health Services Full Time Salaries Union [x] Non-Union []
This position is vacated due to: [] Retirement [] Resignation [] Termination [] Promotion [x] Other
Employee No./Last Name: New Position for January 2019 Date of Vacancy: January 1, 2019
Is this position mandated? [] Yes [x] No Is the position reimbursable? [x] Yes [] No
Source of reimbursement: [] Federal [] State [x] Other Insurance Reimb % Variable based on caseload

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[] Competitive-active eligible list [x] Competitive-no list (hiring would be provisional) [] Non-Competitive [] Other
Actual Impact to Budget Report will be provided monthly by Human Resources Director.
Candidate's qualifications must be approved by Personnel Officer prior to hiring.
Human Resources Director has approved this form when initialed. 11/19/18

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature [Signature] Date 11/19/18

BUDGET OFFICER COMPLETES THIS SECTION

[x] 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 11/20/18

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health, Human & Social Services
[x] 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. Traver Date 11/20/18

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

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

DEPARTMENT HEAD COMPLETES THIS SECTION

Department: Health Services Payroll Dept. No: 36.0
Title of Position: Public Health Nurse #22- Extension Base Salary of Position: \$50,816 Grade: 21
Filling at Step # (If Known):
Budget code and title: A.4010.110; Health Services Full Time Salaries Union [checked] Non-Union []
This position is vacated due to: [] Retirement [] Resignation [] Termination [] Promotion [] Other [checked]
Employee No./Last Name: New Position January 2019 Date of Vacancy: January 2019
Is this position mandated? [] Yes [checked] No Is the position reimbursable? [checked] Yes [] No
Source of reimbursement: [] Federal [] State [checked] Other [] Variable based on caseload

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[] Competitive-active eligible list [checked] Competitive-no list (hiring would be provisional) [] Non-Competitive [] Other
Actual Impact to Budget Report will be provided monthly by Human Resources Director.
Candidate's qualifications must be approved by Personnel Officer prior to hiring.
Human Resources Director has approved this form when initialed. [initials] 6-24-19

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature [Signature] Date 6/24/19

BUDGET OFFICER COMPLETES THIS SECTION

[checked] 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 6/25/19

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health, Human & Social Services
[checked] 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 Garcia Date 6/25/19

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: Public Health Nurse #35 Base Salary of Position: \$50,816 Grade: 21
Filling at Step # (If Known):
Budget code and title: A.4010.110/ Health Services Full Time Salaries Union [checked] Non-Union []
This position is vacated due to: [checked] Retirement [] Resignation [] Termination [] Promotion [] Other []
Employee No./Last Name: #13119/ Hauser Date of Vacancy: 12/21/18
Is this position mandated? [] Yes [checked] No Is the position reimbursable? [checked] Yes [] No
Source of reimbursement: [] Federal [] State [checked] Other Insurance % Variable depending on caseload

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[] Competitive-active eligible list [checked] Competitive-no list (hiring would be provisional) [] Non-Competitive [] Other
Actual Impact to Budget Report will be provided monthly by Human Resources Director.
Candidate's qualifications must be approved by Personnel Officer prior to hiring.
Human Resources Director has approved this form when initialed. 11/19/18

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature: [Signature] Date: 11/19/18

BUDGET OFFICER COMPLETES THIS SECTION

[checked] 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: 11/20/18

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee: Health, Human & Social Services

[checked] 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. Garcia Date: 11/20/18

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

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

DEPARTMENT HEAD COMPLETES THIS SECTION

Department: Health Services Payroll Dept. No: 36.0
Title of Position: Public Health Nurse #35- Extension Base Salary of Position: \$50,816 Grade: 21
Filling at Step # (If Known):
Budget code and title: A.4010.110; Health Services Full Time Salaries Union [X] Non-Union []
This position is vacated due to: [X] Retirement [] Resignation [] Termination [] Promotion [] Other
Employee No./Last Name: #13119/ Hauser Date of Vacancy: 12/21/2018
Is this position mandated? [] Yes [X] No Is the position reimbursable? [X] Yes [] No
Source of reimbursement: [] Federal [] State [X] Other Insurance Reimbursement % Variable based on caseload

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[] Competitive-active eligible list [X] Competitive-no list (hiring would be provisional) [] Non-Competitive [] Other
Actual Impact to Budget Report will be provided monthly by Human Resources Director.
Candidate's qualifications must be approved by Personnel Officer prior to hiring.
Human Resources Director has approved this form when initialed. [Signature] 6-24-19

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

[X] The Administrator has no objection to the filling of the vacancy.
[] The Administrator objects to the filling of the vacancy.
Administrator Signature [Signature] Date 6/24/19

BUDGET OFFICER COMPLETES THIS SECTION

[X] 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 [Signature] Date 6/25/19

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health, Human & Social Services
[X] 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 [Signature] Date 6/25/19

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: June 25, 2019

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To renew contract with New York State Department of Health/Health Research Institute to allow for continued funding for the Emergency Preparedness Program for the period of July 1, 2019 through June 30, 2020 in the amount of \$49,625.
- (c) Name of Contractor: New York State Department of Health/Health Research Institute
- (d) Address of Contractor: 150 Braodway Suite 516, Menands, NY 12204-2719
- (e) Contractor's Contact Person and Telephone Number: Scott Bieg 518-408-2063
email: scott.bieg@health.ny.gov
- (f) Has or will the Contract be provided, if so, please attach: Letter of Intent attached
- (g) Commencement Date of Contract: 7/1/2019
- (h) Termination Date of Contract: 6/30/2020
- (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. \$49,625 paid per terms of contract agreement, paid upon approval of completed grant deliverables and voucher submission
- (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: \$49,625 Bioterrorism A.4189.4401 REvenue \$49,625
- (k) Bioterrorism A.4189.various expense codes \$49,625

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

*as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

SIGNED: _____

DATE: June 25, 2019

	<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
1.	A.4054.444	Preschool Program-Education expense	A.4018.0040.860	Health Education-Hospitalization Expense	\$8,600.00
	A.4054.444	Preschool Program-Education expense	A.4018.0040.865	Health Education-Dental Expense	\$170.00

Total Transfers **\$8,770.00**

1 To transfer funds to Health Education from Preschool Program, to cover Health and Dental expense for a full time employee. During budget process, single insurance was budgeted, however employee has family insurance. Therefore moving funds to cover to year end.

CONTINGENT FUND TRANSFER REQUESTS

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

Please state reason for transfer request:

Total

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