

**Warren County Health Services
Health, Human and Social Services Committee
AGENDA FOR
July 29, 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 June 25, 2019 Health, Human, and Social Services Committee meeting.

I. Action Agenda/New Business

Request Resolution: To reject all bids for WC48-19, with regard to transportation for eligible children in the Early Intervention and Preschool programs. **(Attachment #7)**

Rationale: One proposal was received, which wasn't responsive to bid or acceptable.

Request Resolution: To award BID (WC53-19) 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 #8)**

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 later today (7/29/19) and prior to the August Board of Supervisors meeting.

Request Resolution: To authorize contract with Amy Catalfamo, OTR/L, DBA Sensory Tot Spot Occupational Therapy, to provide Committee on Preschool Special Education (CPSE) services to Warren County children that are eligible. **(Attachment #9)**

Rationale: This contract will increase availability of services for children in need. Services are provided at a rate set by NYS and are reimbursed at 59.5%.

Request Resolution: To amend Resolution 271/2019 and contract with Field Goods to increase amount from \$4,300 to not exceed \$5000. **(Attachment #10)**

Rationale: There was a calculation error. The new amount reflects the \$50 error and provides ability to utilize additional funding if available.

Request Resolution: To accept the 2018 Annual Report. **(Attachment #11-** Report available online with posted agenda once approved, will be posted on Health Services Website- warrencountyny.gov/healthservices)

Rationale: Annually the report is prepared and used for a variety of purposes. (Available online with posted agenda and after approved, will be posted on Health Services Website- warrencountyny.gov/healthservices)

Request Resolution: To authorize Jignasha Shah, Public Health Program Coordinator, to receive reimbursement according to CSEA Union Contract for a job related course HEPI 511 Basic Principles of Statistical Inference” and related course expenses upon successful completion of course and attaining a “C or better.” **(Attachment #12)**

Rationale: This course teaches the use of statistics and is useful with the agency’s Community Health Assessment and Improvement Plan activities. This course is also a requirement for a Certificate in Public Health.

Request Resolution: To authorize Laura Monroe, Registered Professional Nurse, to receive reimbursement according to CSEA Union Contract for a job related course, “NUR440: Research and Evidence- Based Practice” and related course expenses, upon successful completion of course and attaining a “C or better.” **(Attachment # 13)**

Rationale: Nursing interventions are based on research and evidenced- based practice. In addition, Laura is working on her Bachelor’s in nursing and this is a required course.

Request Resolution: To amend budget, please refer to **Attachment # 6.**

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

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 a and Attachment #3 b** for the detailed reports.

Note: Attachment 3b reflects a semiannual report requested by Supervisor Ben Driscoll at the June meeting.

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 #14)

Please see attached Authorization to Attend Meeting or Convention form:

Ginelle Jones, Director of Public Health and Patient Services, to attend the New York State Association of County Health Officials (NYSACHO) Annual Public Health Leader's Summit in Clayton, NY, October 2-4, 2019. The total cost, including meals and lodging are covered by NYSACHO. The only anticipated expenses are \$75 Registration Fee, gas and tolls. If carpooling opportunity exists, expenses will be shared depending on arrangements.

Staffing Update:

Homecare has two nurses out on extended leave and two nurses with intermittent leave.

Homecare recently hired a nurse that started July 15th who is on orientation.

Health Services is actively recruiting nurses. Currently there are two open full time nursing positions in addition to per diem nursing opportunities.

Intent to Fill Form: Public Health Liaison, Part Time (**Attachment # 15**)

Car Update:

Health Services would like to thank the BOS for transferring funding to cover a car totaled due to damage sustained from an accident in March from a Sheriff's car.

We would also like to express sincere appreciation of the assistance received from other departments and highlight the efforts and importance of interdepartmental collaboration, which resulted in getting the county a better deal on the new car! Health Services worked with Purchasing, Self- Insurance, County Attorney's Office, and the Administrator's Office; and with due diligence, persistence and team work to get the best deal!

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 (3a, 3b)
4. Emergency Response and Preparedness Activities Report
5. June Rabies Report
6. Resolution Request to Amend Budget
7. Resolution Request to Reject All Proposals (WC48-19)
8. Resolution Request for Transportation Contract (WC53-19)
9. Resolution Request for CPSE Contract
10. Resolution Request to Amend Contract with Field Goods
11. Resolution Request to Accept 2018 Annual Report
12. Resolution Request to Reimburse for Job Related Course HEPI 511 Basic Principles of Statistical Inference
13. Resolution Request to Reimburse for Job Related Course NUR 440 Research and Evidence Based Practice
14. Meeting Authorization Form- NYSACHO Annual Public Health Leadership Summit
15. Intent to Fill- Part Time Public Health Liaison

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2019 AS OF 7/18/2019 10:52:17 AM

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	\$2,616,381.00	\$1,181,822.39	\$2,245,248.67
Salaries - Overtime	\$132,000.00	\$64,661.12	\$119,937.71
Salaries - Part Time	\$525,167.00	\$210,207.62	\$432,961.47
100's PERSONAL SERVICES	\$3,273,548.00	\$1,456,691.13	\$2,798,147.85
200's EQUIPMENT	\$81,845.04	\$18,586.01	\$86,272.34
400's CONTRACTUAL	\$6,061,572.69	\$2,059,847.83	\$5,735,971.55
800's EMPLOYEE BENEFITS	\$1,567,504.00	\$706,908.57	\$1,385,074.65
TOTALS	\$10,984,469.73	\$4,242,033.54	\$10,005,466.39

REVENUES	2019 BUDGETED	2019 YTD ACTUAL	2018 Prior Year Totals
	\$8,724,129.40	\$2,825,673.07	\$7,887,529.69

Notes: We are in the process of finalizing billing and closing the month of June for CHHA and MCH Programs. We have accrued \$277,236.53 for the month of May for Revenue for CHHA and MCH. Also accrued are revenues for the following grants: WIC \$36,548, CSHCN \$4,098 and EI \$6,231.

Warren County Health Services

Salaries Comparison

2018 vs 2019

as of 7/7/19 Year to date Payroll

	YTD 2019	YTD 2018	YTD 19v18	% Change	Total Budget 2019	Total Actual 2018
Total of All Depts						
Regular Salaries	\$1,181,822.39	\$1,208,715.31	-\$26,892.92	-2.22%	\$2,616,381.00	\$2,245,248.67
Overtime Salaries	\$64,661.12	\$51,783.50	\$12,877.62	24.87%	\$132,000.00	\$119,937.71
Part Time Salaries	\$210,207.62	\$217,197.28	-\$6,989.66	-3.22%	\$525,167.00	\$432,961.47
TOTALS	\$1,456,691.13	\$1,477,696.09	-\$21,004.96	-1.42%	\$3,273,548.00	\$2,798,147.85
% current YTD Salary to Total Budget	44.50%	52.81%				

Source: Detail G/L report for all Salary Category from 1/1/19-7/7/19.

Overall, total salaries are \$21,004.96 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 1.42% from the prior year and at this time, we currently are 44.50% of the 2019 budget, while last year at this time we were 52.81% of the budget.

ATTACHMENT #1

**Warren County Health Services
Revenue and Expense Comparison 2019 vs 2018
as of 7/18/19**

EXPENSES	2019 YTD Actual as of 7/18/19 G/L	2018 YTD as of 7/18/18 G/L	Variance
Salaries - Regular	\$1,181,822.39	\$1,208,715.31	(\$26,892.92)
Salaries - Overtime	\$64,661.12	\$51,783.50	\$12,877.62
Salaries - Part Time	\$210,207.62	\$217,197.28	(\$6,989.66)
100's PERSONAL SERVICES	\$1,456,691.13	\$1,477,696.09	(\$21,004.96)
200's EQUIPMENT	\$18,586.01	\$7,764.88	\$10,821.13
400's CONTRACTUAL	\$2,059,847.83	\$2,334,569.18	(\$274,721.35)
800's EMPLOYEE BENEFITS	\$706,908.57	\$760,338.30	(\$53,429.73)
TOTALS	\$4,242,033.54	\$4,580,368.45	(\$338,334.91)

REVENUES	2019 YTD ACTUAL	2018 Prior YTD	Variance
	\$2,825,673.07	\$2,737,224.56	\$88,448.51

Notes:

Salaries: (please see previous page) overall are \$21,004.96 or 1.42% below 2018 as of the 7/7/19 payroll posting date. Salaries for 2019 are 44.50% of the budget YTD where they were 52.81% 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 3.22% 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 \$227,825 less in 2019 compared to 2018, while the CHHA is also below 2018 by \$18,242. These expenses are 90% of the variance between years. As noted last month, we are also waiting for one vendor who has not submitted to the State their rates to be approved. Therefore we have not yet been able to pay any vouchers this year.

Employee Benefits: Employee benefits are below last year to date by (\$53,429.73). However, this is due to the fact that June 2019 Retiree expenses have not been posted yet. Year to date Retiree Health for 2019 is \$102,372.60 as of 5/31/19. This is 14.48% of the year to date 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	79	57	71	62	60	
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	92								
SN IV eval	0**	0**	0**	0**	0**								
PRI	0	2	4	0	1								
SN Evals per month	119	91	89	82	93								
PT Evals	65	48	54	48	61								
PT only	13	5	8	12	14								
Total Evals per month	132	96	97	94	107								526
	-4%	-21%	-25%	-25%	-33%								

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

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

Numbers current as of 07/19/19

Attachment 3_a

**Warren County Health Services
Patient Served by Town
CHHA Division**

Town	01/2019	02/2019	03/2019	04/2019	05/2019	06/2019	07/2019	08/2019	09/2019	10/2019	11/2019	12/2019
Adirondack	4	3	2	2	3	2						
Athol	3	4	5	1	2	1						
Bakers Mills	2	2	2	2	3	4						
Bolton Landing	5	4	3	6	12	12						
Brant Lake	6	4	4	4	5	4						
Chestertown	17	10	15	13	13	10						
Cleverdale	1	0	0	0	1	1						
Diamond Point	3	3	4	4	2	3						
Glens Falls	48	47	54	45	56	54						
Hague	4	4	5	3	1	2						
Johnsburg	6	6	6	4	5	4						
Kattskill Bay	0	1	1	0	0	1						
Lake George	21	18	18	23	28	23						
Lake Luzerne	12	14	16	14	17	15						
North Creek	12	11	8	8	9	9						
North River	3	1	2	0	0	0						
Olmstedville	0	0	0	0	0	1						
Pottersville	4	4	5	6	6	7						
Queensbury	120	105	116	103	98	96						
Riparius	0	0	0	0	0	0						
Silver Bay	0	0	1	0	0	0						
Stony Creek	1	1	2	2	4	3						
Warrensburg	27	26	24	25	29	24						
Wevertown	3	4	5	6	4	2						
Total	302	272	298	271	298	278						

ATTACHMENT #1
BT ACTIVITY SHEET
BP1 (new) - 7/1/19 - 6/30/20

Page 1

Topic Color Codes

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

7/1		Public Health emergency Preparedness New Grant year began		
7/9	In Person	Regional Public Health EPR Coordinators Meeting	J'nelle Oxford	Planning
7/17	Webinar	Monthly ClinOps - Infection Control and Injection Safety at Points of Dispensing	Dan Durkee, Nancy Parsons	Training
7/17	In Person	TTX @ Glens Falls Hospital – Severe Summer Storm	Dan Durkee	Drill
7/17	In Person	Meet with County Attorney to discuss Public Health laws in emergency Preparedness	Dan Durkee	Planning
7/24 or 7/29	Webinar	MCM - Medical Countermeasures Distribution Full-Scale Exercise Briefing	Dan Durkee, J'nelle Oxford	Planning
7/30	Webinar	DOH Webinar on IOC drill for homecare	J'nelle Oxford	Planning
7/31	In Person	Local Public Health EPR Quarterly Meeting	Dan Durkee	Planning

Warren County Public Health Rabies Program June 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	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			2		1	1	1	2			1			1			
Hague			1								1						
Horicon																	
Johnsburg											1						
Lake George																	
Lake Luzerne								1		1							
Queensbury			3			2	2	2			1				1		
Stony Creek																	
Thurman																	
Warrensburg		1	1		1	1										1	
Totals		1	6		2	4	4	5		1	4			1	3		

Total Bites for Month– 31

Specimens tested for rabies this quarter- 6

Positive specimens for rabies- 0

People pre-approved for rabies post exposure treatment- 5

Rabies Clinics this month- 2

Next Rabies Clinic- July 27th at Glens Falls DPW and then August 10th at Stoney Creek Town Hall 10-noon

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

SIGNED: _____

DATE: July 29, 2019

	<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
1.	A.4013.110	WIC-Full Time Salaries	A.4013.410	WIC-Supplies Expense	\$3,000.00
	A.4013.810	WIC-Retirement Expense	A.4013.410	WIC-Supplies Expense	\$273.00
	A.4013.830	WIC-Social Security Expense	A.4013.410	WIC-Supplies Expense	\$186.00
	A.4013.831	WIC-Medicare Expense	A.4013.410	WIC-Supplies Expense	\$44.00
2.	A.4018.0020.130	Family Health-Part Time Salaries	A.4018.0020.220	Family Health-Office Equipment	\$1,100.00
	A.4018.0020.810	Family Health-Retirement Expense	A.4018.0020.410	Family Health-Supplies Expense	\$100.00
	A.4018.0020.830	Family Health-Social Security Expense	A.4018.0020.410	Family Health-Supplies Expense	\$68.00
	A.4018.0020.831	Family Health-Medicare Expense	A.4018.0020.410	Family Health-Supplies Expense	\$16.00

Total Transfers **\$4,787.00**

1 To transfer funds within the WIC program from Salary and Fringe to Supplies. An employee was out in beginning of the year on FMLA, therefore we want to move part of that Salary/Fringe to Supplies needed for program to year end. Fully covered by the WIC Grant.

2. To transfer funds within the Family Health Program from Salary/Fringe to Office Equipment to purchase a laptop for the Service Coordinator of the CSHCN Grant. Fully Covered by Grant.

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

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: July 29, 2019

- (a) Purpose of Request: **To reject all bids for WC48-19 with regard to transportation services for eligible children in the Early Intervention and Preschool Programs.**
- (b) Details: **One proposal was received, which wasn't responsive to bid or acceptable.**
- (c) Previous Resolution Number: **Draft 314 of 2019 (Withdrawn)**
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: **NA- Early Intervention A.4054.0060 and Preschool A.4054.444**

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

* as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: July 29, 2019

- (a) Is this a Result of a Bid or Request for Proposal?
Yes, in process (WC 53-19)
- (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 August BOS Meeting
- (d) Address of Contractor: **TBA on or after 7/29/19**

- (e) Contractor's Contact Person and Telephone Number:
TBA on or after 7/29/19
- (f) Has or will the Contract be provided, if so, please attach:
BID WC 53-19
- (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. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: July 29, 2019

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

- (b) Purpose of Contract: **To authorize contract with Amy Catalfamo, OTR/L DBA Sensory TOT Spot Occupational Therapy to provide Committee on Preschool Special Education (CPSE) services to Warren County children who are eligible.**

- (c) Name of Contractor: **Amy Catalfamo, DBA Sensory TOT Spot Occupational Therapy**

- (d) Address of Contractor: **24 Conifer Dr. Burnt Hills, NY 12027**

- (e) Contractor's Contact Person and Telephone Number: **Amy Catalfamo
518-932-3029**

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

- (g) Commencement Date of Contract: **8/16/19**

- (h) Termination Date of Contract: **Automatic annual renewal unless written 30 day termination notice from either party.**

- (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. **Submission of required documentation and 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: **A.4054.444; Preschool Education Expense****

**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

SERVICE PROVIDER AGREEMENT

THIS AGREEMENT, by and between the COUNTY OF WARREN ("County"), a municipal corporation of the State of New York, having a principal place of business located at the Warren County Municipal Center, 1340 State Route 9, Lake George, New York 12845, and

1. The Agency and the Provider agree that the Provider shall perform for the Agency the services of Special Education Itinerate Services ("SEIT"), including Speech, OT, PT and Psychological Services and Self-Contained and Integrated Classroom Services for preschool special needs children who reside in Warren County.

add
Evaluations
→ ↑
Evaluations

2. In consideration of the services to be provided by the Provider, the County shall pay the Provider at the State approved rate. The County shall not be liable to the Provider for any other services and/or expenses unless otherwise agreed to in writing by the County. The County shall make payments within thirty (30) days after each time the services has been completed and an invoice has been received.

3. Relationship of the parties:

a. The relationship of the Provider to the County, individually, arising out of this Agreement shall be that of an independent contractor. The Provider, in accordance with its status as independent contractor, covenants and agrees that it will conduct itself in a manner consistent with such status, that neither Provider, nor any member thereof, or person, firm, company, agency, association, corporation, or organization engaged by Provider as expert, consultant, independent contractor, specialist, trainee, employee, servant or agent will hold himself out as, or claim to be, an officer or employee of the County by reason hereof, and that it will not by reason hereof, make any claim, demand or application for any right or privilege applicable to an officer or employee of the County including, but not limited to, workers' compensation coverage, disability coverage, unemployment insurance benefits, social security coverage, or retirement membership or credit.

b. All personnel of the Provider shall be within the employ of Provider only, which alone shall be responsible for their work, direction and compensation. Nothing in this Agreement shall impose any liability or duty on the Agency on account of any acts, omissions, liabilities or obligations of the Provider or any person, firm, company, agency, association, corporation, or organization engaged by Provider as expert, consultant, independent contractor, specialist, trainee, employee, servant or agent, or for taxes of any nature, including, but not limited to, unemployment insurance, disability coverage, and workers' compensation, and Provider hereby agrees to indemnify and hold individually harmless the County against any such liabilities.

4. The Provider represents that it has complied with all federal, state and local laws regarding any applicable licenses that may be required to carry out the work to be performed under this Agreement. The Provider shall comply with all applicable labor laws including all wage and hour laws.

5. To comply with New York State Regulations, the parties include the following provisions, notwithstanding any other provisions in this agreement, the Agency remains responsible

for:

- (i) ensuring that any service provided pursuant to this contract complies with all pertinent provisions of Federal, State, and Local statutes, rules & regulations;
- (ii) planning, coordinating and insuring the quality of all services provided; and
- (iii) ensuring adherence to the plan of care established for patients.

6. Provider agrees to abide by the Business Associate Agreement regarding protected health information attached hereto as "Appendix A".

7. The Provider shall indemnify, defend and hold the County harmless from and against any claim, liability, loss or damage, including but not limited to reasonable attorney's fees, arising by reason of the death or bodily injury of persons, injury to property or other loss or damage resulting or arising, without limitation, from Provider's providing the services described in Item 1 of this agreement.

8. The Provider shall carry General Liability coverage in the amounts of at least \$1,000,000 per occurrence and \$2,000,000 aggregate, and an Umbrella policy of at least \$2,000,000 with respect to the Provider and any of its employees or agents. The Provider shall name the County as an additional insured on a primary, non-contributory basis to the Provider's General Liability policy. The Provider is also required to carry Workers' Compensation, Disability Insurance and Professional Liability insurance (\$1,000,000 limit). All coverage must be issued by an insurance company admitted to do business in New York State and maintaining an A.M. Best rating of A- or better.

9. Provider shall furnish to the County Certificate(s) of Insurance evidencing coverage and extensions stipulated in paragraph number 8 before service from Provider begins. The failure of the Provider to provide such Certificate of Insurance shall not be deemed a waiver by the County of Provider's obligation to provide same insurance coverage. In addition and in the event of any defect in any Certificate of Insurance, regardless of when such defect may be discovered, the acceptance by the County of any such Certificate of Insurance shall not be deemed a satisfaction of the requirement that Provider provide insurance coverage as noted anywhere in this Agreement.

10. This Agreement shall commence on February 20, 2017 and terminate upon thirty (30) days written notice by either party with or without cause. The failure of either party to exercise any of its rights under this Agreement for a breach thereof shall not be deemed to be a waiver of such rights or a waiver of any subsequent breach.

11. The Provider is hereby advised of the existence of New York State Executive Order #38. If the Provider is a covered provider under Executive Order #38, Provider may be subject to certain financial reporting obligations with New York State under Executive Order #38 and regulations promulgated thereunder. Information about Executive Order # 38 can be obtained at <http://executiveorder38.ny.gov>.

12. Any notice given in connection with this Agreement shall be given in writing and shall be delivered either by hand to the party or by mail or overnight delivery to the party's address stated above, with a copy, which shall not constitute notice to:

Warren County Attorney
Warren County Municipal Center
1340 State Route 9
Lake George, New York 12845

13. In the event that any schedule or attachment to this Agreement shall conflict with the various numbered clauses or provisions of this Agreement, such clauses or provisions shall be controlling, as to the intended agreement of the parties.

14. This is the entire Agreement of the parties and cannot be changed or modified except by mutual written agreement. If any part of this Agreement shall be held unenforceable, the rest of this Agreement will nevertheless remain in full force and effect. This Agreement may be executed in any number of counterparts. This Agreement may not be assigned, in whole or in part, by the Provider without prior approval by the County in writing. Any dispute under this Agreement or related to this Agreement shall be decided in accordance with the laws of the State of New York.

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

Approved as to Form:


Assistant Warren County Attorney

COUNTY OF WARREN

By: 

RONALD E. CONOVER, CHAIRMAN
Board of Supervisors

Date _____

F _____

Date: _____

APPENDIX "A"

BUSINESS ASSOCIATE AGREEMENT

THIS AGREEMENT is made by and between Warren County (the "Covered Entity"), and Advanced Therapy, P.L.L.C. (the "Business Associate").

WHEREAS, the Covered Entity maintains certain confidential protected health information concerning its patients and/or residents (each referred to as an "Individual"), and such information includes information created or received by the Covered Entity or created, maintained, transmitted or received by the Business Associate (the "PHI"), and includes electronic protected health information ("EPHI"); and

WHEREAS, as a result of their access to and Use and Disclosure of PHI and EPHI, the Covered Entity and Business Associate acknowledge that they are obligated to comply with the applicable provisions of the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations including, but not limited to, the Security Standards for the Protection of Electronic Protected Health Information (the "Security Rules") and the Privacy of Individually Identifiable Health Information standards (the "Privacy Rules") (collectively the "HIPAA Requirements"); and

WHEREAS, the parties are obligated under the HIPAA Requirements to enter into a written agreement under which the Business Associate will agree to appropriately protect and safeguard PHI and EPHI; and

WHEREAS, the Business Associate and the Covered Entity have entered into an agreement (the "Contract"), under which the Business Associate provides services to the Covered Entity and, in the course of providing those services, the Business Associate may or will have access to PHI and EPHI; and

WHEREAS, the Health Information Technology for Economic and Clinical Health Act of the American Recovery and Reinvestment Act of 2009 includes new standards and has new implementing regulations which provide that certain provisions of the HIPAA Requirements are directly applicable to business associates and that any existing business associate agreements must be updated to address these new standards (collectively referred to as the "HITECH Act"); and

WHEREAS, the HIPAA Requirements and the new provisions of the HITECH Act shall collectively be known in this Agreement as the "HIPAA Rules";

NOW, THEREFORE, the parties agree as follows:

1. Definitions

(a) Business Associate. "Business Associate" shall generally have the same meaning as the term "business associate" is defined in the HIPAA Rules and for this specific agreement shall mean Advanced Therapy, P.L.L.C.

(b) Covered Entity. "Covered Entity" shall generally have the same meaning as the term "covered entity" is defined in the HIPAA Rules and in this specific instance, shall

mean Warren County.

(c) Individual: "Individual" shall have the same meaning as the term "individual" in the HIPAA Rules and shall include a person who qualifies as a personal representative in accordance with the HIPAA Rules.

(d) Privacy Rule: "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information as set forth in the HIPAA Rules.

(e) Protected Health Information and Electronic Protected Health Information: "Protected Health Information" and "Electronic Protected Health Information" (hereinafter, PHI and EPHI, respectively) shall have the same meaning as the term "protected health information" and "electronic protected health information" in HIPAA Rules, limited to the information created or received by the Business Associate from or on behalf of the Covered Entity.

(f) Required By Law: "Required By Law" shall have the same meaning as the term "required by law" in the HIPAA Rules.

(g) Secretary: "Secretary" shall mean the Secretary of the Department of Health and Human Services or his designee.

(h) Catch-all definition: Terms used, including but not limited to Breach, Data Aggregation, Disclosure, Health Care Operations, Limited Data Set, Minimum Necessary, Notice of Privacy Practices, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use in this Agreement shall have the same meaning as those terms in the HIPAA Rules.

2. Use and Disclosure of PHI and EPHI

(a) The Business Associate will hold and keep the PHI and EPHI strictly confidential and Use and/or Disclose PHI and EPHI only as required or permitted under the terms of the Contract, this Agreement, and the HIPAA Rules. However, the HIPAA Rules limit the Use and/or Disclosure of PHI and EPHI by the Covered Entity, and those restrictions also apply to the Business Associate and the Business Associate's Subcontractors that create, receive, transmit or maintain PHI and/or EPHI in order to perform a function, activity or service delegated by the Business Associate. This means that any Use and/or Disclosure must be related to the treatment of the Individual to whom the PHI and EPHI relates, payment for the treatment of that Individual, or the Covered Entity's general Health Care Operations.

(b) The Business Associate may also Use and/or Disclose the PHI and EPHI for the proper management and administration of the Business Associate, or to carry out the legal responsibilities of the Business Associate. However, such Use and/or Disclosure must be either Required By Law or, prior to making Use of the PHI and EPHI or Disclosing the PHI and EPHI, the Business Associate must obtain reasonable assurance from the person to whom the PHI and EPHI will be Disclosed that the PHI and EPHI: (i) will be held confidentially and Used or further Disclosed only as Required By Law or for the purpose for which it was Disclosed; and (ii) the person to whom it is Disclosed agrees to notify the Business Associate of any instance of which it is aware in which the confidentiality of the PHI and EPHI has been Breached.

(c) The Business Associate may also Use the PHI and EPHI to provide Data Aggregation services to the Covered Entity. Data Aggregation means, with respect to PHI and EPHI, the combining of the PHI and EPHI by the Business Associate with Protected Health Information received by the Business Associate in its capacity as a business associate of another health care provider to permit data analysis that relates to the Health Care Operations of the Covered Entity and the other health care provider.

(d) The Business Associate will not Use or further Disclose the PHI and EPHI other than as permitted or required by this Agreement, by applicable law, or by the HIPAA Rules.

3. The Covered Entity's Obligations

(a) The Covered Entity shall notify Business Associate of any limitation(s) in the Notice of Privacy Practices of The Covered Entity, to the extent that such limitation may affect Business Associate's Use or Disclosure of PHI and EPHI.

(b) The Covered Entity shall notify Business Associate of any changes in, or revocation of, the permission by an Individual to Use or Disclose his or her PHI and EPHI, to the extent that such changes may affect Business Associate's Use or Disclosure of PHI and EPHI.

(c) The Covered Entity shall notify Business Associate of any restriction on the Use or Disclosure of PHI and EPHI that The Covered Entity has agreed to or is required to abide by, to the extent that such restriction may affect Business Associate's Use or Disclosure of PHI and EPHI.

4. Safeguards/Requirements

(a) The Business Associate will use appropriate safeguards to prevent any Use or Disclosure of PHI and EPHI that is not permitted under the terms of this Agreement. Specifically, the Business Associate will implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the PHI and EPHI that it creates, receives, maintains or transmits on behalf of the Covered Entity.

(b) The Business Associate will ensure that any of its agents, including a Subcontractor, to whom the Business Associate provides PHI and EPHI, will enter into a Business Associate Agreement with Business Associate and agree to the same restrictions and conditions that apply to the Business Associate under the terms of this Agreement, and will agree to implement reasonable and appropriate safeguards as required by the HIPAA Rules to protect the PHI and EPHI.

(c) The Business Associate may use and disclose PHI and EPHI that the Business Associate obtains, maintains, transmits or creates only if such Use or Disclosure is in compliance with each applicable requirement of the HIPAA Rules relating to Business Associate Agreements. The additional requirements of the HITECH Act that relate to privacy and that are made applicable to the Covered Entity shall also be applicable to the Business Associate. The Business Associate shall comply with these privacy requirements which shall be incorporated

into this Agreement.

(d) Under the HIPAA Rules the requirements pertaining to "administrative safeguards," "physical safeguards," "technical safeguards," and "policies and procedures and documentation requirements" of the Security Rules apply to the Business Associate in the same manner that such sections apply to the Covered Entity, and the additional requirements of the HITECH Act that relate to security and that are made applicable to the Covered Entity shall also be applicable to the Business Associate. The Business Associate shall comply with these security requirements which shall be incorporated into this Agreement.

(e) Unless the Covered Entity agrees, in writing, that this HITECH Act requirement is not feasible with respect to particular PHI or EPHI, Business Associate shall secure all PHI and EPHI by utilizing a technology standard or methodology that renders PHI and EPHI unusable, unreadable, or indecipherable to unauthorized individuals and is consistent with guidance, as further amended in the future, issued by the Secretary of the Department of Health and Human Services (the "Secretary") specifying the technologies and methodologies that render PHI and EPHI unusable, unreadable, or indecipherable to unauthorized individuals.

(f) Except as otherwise allowed in this Agreement and the HIPAA Rules, Business Associate shall not directly or indirectly receive remuneration in exchange for any PHI or EPHI of an Individual unless the Individual has provided a valid, HIPAA-compliant authorization, including a specification of whether the PHI or EPHI can be further exchanged for remuneration by the receiving party.

(g) Except as otherwise provided in the HIPAA Rules, the Business Associate shall not directly or indirectly receive payment in exchange for making certain communications to Individuals about a product or service that encourages the recipient to purchase or use the product or service.

(h) The Business Associate will report to the Covered Entity's Privacy and/or Security Official, within five (5) business days, any Use or Disclosure of PHI and EPHI not provided for by this Agreement. The Business Associate shall conduct and document a risk assessment, in accordance with the HIPAA Rules, of such unauthorized Use or Disclosure and provide the Covered Entity with a copy of such risk assessment upon the Covered Entity's request. In the event the Business Associate concludes the unauthorized Use or Disclosure constitutes a Breach of Unsecured Protected Health Information, Business Associate shall provide to the Covered Entity the identification of each Individual whose Unsecured Protected Health Information has been, or is reasonably believed by the Business Associate to have been, accessed, Used, acquired, or Disclosed during such Breach, as well as such other information required by the HIPAA Rules. A Breach shall be treated as discovered by the Business Associate as of the first day on which such Breach is known to such Business Associate (including any person, other than the individual committing the Breach, that is an employee, officer, or other agent of the Business Associate) or should reasonably have been known to the Business Associate to have occurred.

(i) The Covered Entity, in its sole and absolute discretion, may elect to delegate to the Business Associate the requirement under the HIPAA Rules to notify affected Individuals of a Breach of Unsecured Protected Health Information if such Breach results from,

or is related to, an act or omission of the Business Associate or the agents or representatives of the Business Associate. If the Covered Entity elects to make such a delegation, the Business Associate shall perform such notifications and undertake all related remediation activities that are reasonably required (i) at the Business Associate's sole cost and expense, and (ii) in compliance with all applicable requirements, including the HIPAA Rules. The Business Associate shall also provide the Covered Entity with the opportunity, in advance, to review and approve of the form and content of any such Breach notification that the Business Associate provides to Individuals.

(j) The Business Associate will respond to a request for, changes in, or a revocation of, permission by an Individual to restrict the Business Associate's Use or Disclosure of PHI or EPHI, in a timely manner in accordance with the HIPAA Rules, and to make changes to the Business Associate's procedures to the extent that such request, if approved, may affect the Business Associate's Use or Disclosure of PHI or EPHI. The Business Associate will monitor compliance with these requests for restrictions in accordance with the HIPAA Rules.

(k) The Business Associate will Use, Disclose, or request PHI or EPHI, only if it limits such PHI or EPHI, to the extent practicable, to a Limited Data Set, or, if needed by the entity, to the Minimum Necessary to accomplish the intended purposes of such Use, Disclosure, or request. In the case of the Disclosure of PHI or EPHI, the Business Associate, in conjunction with the Covered Entity, shall determine what constitutes the Minimum Necessary to accomplish the intended purposes of such Disclosure.

(l) The Business Associate recognizes that civil and criminal penalties for a violation of the HIPAA Rules, as such violation is detailed in this Agreement, shall apply to the Business Associate with respect to such violation in the same manner as such penalties apply to the Covered Entity.

(m) The Business Associate will comply with any periodic audit request initiated by the Secretary to ensure that the Business Associate is complying with the HIPAA Rules.

(n) The Business Associate will not acquire any title or rights to the PHI or EPHI, including any de-identified information, as a result of this Agreement.

(o) The Business Associate will immediately report to the Covered Entity any Use or Disclosure of the PHI and EPHI that is not permitted under the terms of this Agreement, provided that the Business Associate becomes aware of such improper Use or Disclosure. The Business Associate will also immediately report to the Covered Entity any Security Incident of which it becomes aware.

5. Access to Information

(a) The Business Associate will make its internal books and records relating to the Use and Disclosure of PHI and EPHI available to the Covered Entity and to the Secretary, for the purpose of the Secretary determining whether the Covered Entity has complied with the HIPAA Rules, at the request of the Covered Entity and at a time and in a manner designated by the Covered Entity.

(b) The Business Associate will provide access to PHI and EPHI in its possession to the Covered Entity or, as directed by the Covered Entity, to an Individual, in order to meet the Covered Entity's obligations to provide access to the PHI and EPHI to the Individual. Access will be provided at the request of the Covered Entity and at a time and in a manner designated by the Covered Entity.

(c) The Business Associate will provide access to PHI and EPHI in its possession to the Covered Entity, or as directed by the Covered Entity, so that the Covered Entity can amend the PHI and EPHI as required under the HIPAA Rules. Access will be provided at the request of the Covered Entity and at a convenient time at the Warren County Municipal Center and in a manner designated by the Covered Entity. The Business Associate will also make any amendment to the PHI and EPHI that is requested by the Covered Entity as a result of the Individual having requested such an amendment.

(d) The Business Associate will provide access to PHI and EPHI in its possession to the Covered Entity or, as directed by the Covered Entity, in order for the Covered Entity to provide an accounting of Disclosures which it is required to do under the HIPAA Rules. Access will be provided at the request of the Covered Entity and at a time and manner designated by the Covered Entity.

6. Mitigation

The Business Associate will mitigate, to the extent practicable, any harmful effect that is known to the Business Associate of a Use or Disclosure of PHI and EPHI by the Business Associate in violation of the terms of this Agreement.

7. Indemnification

The Business Associate will indemnify, defend, and hold harmless Covered Entity and Covered Entity's employees, directors, officers, Subcontractors, agents, or members of its workforce (each of the foregoing referred to as an "Indemnified Party") during the term of this Agreement and subsequent to its termination, from and against all claims, damage, losses, liabilities, fines, penalties, costs or expenses including, but not limited to, expenses associated with State and/or Federal Breach notification requirements and reasonable attorneys' fees (collectively, "Losses") suffered by an Indemnified Party that arises from, or is connected with, any act or omission by the Business Associate or the Business Associate's employees, agents, Subcontractors or representatives that constitutes or that is otherwise asserted by any regulatory agency or third party to be (i) a breach of any term or condition of this Agreement, (ii) negligence or misconduct, and/or (iii) a violation of the HIPAA Rules. The provisions of this paragraph shall survive the expiration or termination of this Agreement for any reason.

8. Termination

(a) The Contract may be terminated by the Covered Entity if the Covered Entity determines that the Business Associate has materially breached its obligation(s) under this Agreement. If termination is not a feasible remedy for the Covered Entity, the Covered Entity may report the breach by the Business Associate to the Secretary. This Agreement may be terminated in the event the "Contract" in which the Business Associate provides services to the

Covered Entity is terminated under the terms of the Contract.

(b) Upon termination or expiration of this Agreement for any reason, the Business Associate, with respect to PHI and EPHI received from the Covered Entity, or created, maintained, or received by the Business Associate on behalf of the Covered Entity, shall:

1) Retain only that PHI and EPHI which is necessary for the Business Associate to continue its proper management and administration or to carry out its legal responsibilities;

2) Return to the Covered Entity or, if agreed to by the Covered Entity, destroy the remaining PHI and EPHI that the Business Associate still maintains in any form;

3) Continue to use appropriate safeguards and comply with the HIPAA Rules with respect to PHI and EPHI to prevent Use or Disclosure of PHI and EPHI, other than as provided for in this Section, for as long as the Business Associate retains the PHI;

4) Not Use or Disclose the PHI or EPHI retained by the Business Associate other than for the purposes for which such PHI and EPHI was retained and subject to the same conditions set forth in this Agreement which applied prior to expiration or termination; and

5) Return to the Covered Entity or, if agreed to by the Covered Entity, destroy the PHI and EPHI retained by the Business Associate when it is no longer needed by the Business Associate for its proper management and administration or to carry out its legal responsibilities or, if such return or destruction is not feasible, extend the protections of this Agreement to the PHI and EPHI and limit further Uses and Disclosures to those purposes that make the return or the destruction of the PHI and EPHI not feasible.

(c) Survival. The obligations of the Business Associate under this Section shall survive the expiration or termination of this Agreement.

9. Miscellaneous

The following provisions shall apply to this Agreement:

(a) All capitalized and other terms used but not otherwise defined in this Agreement shall have the same meaning as those terms contained in the HIPAA Rules.

(b) The paragraph headings contained in this Agreement have been prepared for convenience of reference only and shall not control, affect the meaning, or be taken as an interpretation of any provision of this Agreement.

(c) Several copies of this Agreement may be executed by the parties, each of which shall be deemed an original for all purposes, and all of which together shall constitute but one and the same instrument.

(d) The parties will take such action as is necessary to amend or further

amend, as the case may be, this Agreement from time to time as is necessary for The Covered Entity and the Business Associate to comply with the HIPAA Rules, as further amended in the future. Any ambiguity or inconsistency in this Agreement shall be resolved to permit The Covered Entity to comply with the requirements of the HIPAA Rules.

(e) In the event any term or condition of this Agreement should be breached by either party and thereafter waived by the other party, then such waiver shall be limited to the particular breach so waived and shall not be deemed to waive any other breach either prior or subsequent to the breach so waived.

10. Failure of Performance

If either party to this Agreement fails in the due performance of any of its obligations under the terms of this Agreement, the other party will have the right, at its election, to sue for damages for such breach and to seek such legal and equitable remedies as may be available to it, including the right to recover all reasonable expenses, which shall include reasonable legal fees and court costs, incurred: (a) to sue for damages; (b) to seek such other legal and equitable remedies; and (c) to collect any damages and enforce any court order or settlement agreement including, but not limited to, additional application to the court for an order of contempt. Nothing contained herein shall be construed to restrict or impair the rights of either party to exercise this election. All rights and remedies herein provided or existing at law or in equity shall be cumulative of each other and may be enforceable concurrently therewith or from time to time.

11. Notices

Any notice or other communication which is required to be given under the terms of this Agreement shall be in writing and shall be delivered personally, or sent by registered mail, or by certified mail return receipt requested. Any notice which is mailed shall be deemed to have been given on the second business day after the day of mailing (not counting the day mailed), irrespective of the date of receipt. Notices may be signed and given by the attorney for the party sending the notice. A new address may be designated by notice.

The Covered Entity's Privacy and/or Security Official is Brian S. Reichenbach, Warren County Attorney, Warren County Municipal Center, 1340 State Route Nine, Lake George, NY 12845, telephone (518) 761-6463.

12. Construction

(a) All understandings and agreements previously made by and between the parties are merged in this Agreement, which alone fully and completely expresses their agreement. In this regard, The Covered Entity and the Business Associate may have previously entered into a Business Associate Agreement or other agreement ("Pre-Existing Business Associate Agreement") for the purpose of restricting the Business Associate's Use and Disclosure of PHI and EPHI as required by the HIPAA Rules. This Agreement supersedes and replaces any such previously executed Pre-Existing Business Associate Agreement. This Agreement shall not change or modify any rights or obligations of the Covered Entity or Business Associate that may have accrued under a Pre-Existing Business Associate Agreement while such agreement was in effect.

(b) This Agreement may not be changed, terminated, nor any of its provisions modified or waived, except in writing signed by all of the parties to this Agreement. Any provisions of this Agreement which by their terms are intended to survive the termination or expiration of this Agreement shall so survive.

13. Applicable Law; Jurisdiction; Venue

This Agreement will be governed by and construed in accordance with the laws of the State of New York without regard to its principles of conflicts of law. The County of Warren in the State of New York is hereby designated as the exclusive forum for any action or proceeding arising from or in any way connected to this Agreement, and the parties hereby expressly consent to the personal jurisdiction of the state or federal courts in this forum.

14. Binding Effect

This Agreement shall be binding upon and will inure to the benefit of the parties, their heirs, distributees, legal representatives, transferees, successors and assigns.

IN WITNESS WHEREOF, we have signed this Business Associate Agreement.

Business Associate: _____

County of Warren

By: _____

Ronald F. Conover, Chairman
Warren County Board of Supervisors

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Health Services

DATE: July 29, 2019

- (a) Purpose of Contract Change: **To amend Resolution 271 of 2019 and contract with Field Goods to increase amount from \$4,300 to not exceed \$5,000.**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **405 of 2018 and 271 of 2019**
- (c) Name of Contractor: **Field Goods**
- (d) Address of Contractor: **742 Schoharie Turnpike, Athens, NY 12015**
- (e) Contractor's Contact Person and Telephone Number:
Kate Collyer 716-361-7273
- (f) Commencement Date of Extension: **June 14, 2019**
- (g) Termination Date of Extension: **Completion of AHI/PHIP grant contracted program and funding ahs been utilized or upon 30 days written termination notice by either party.**
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed **\$5,000**
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. **Weekly voucher submission based on produce availability and WIC Clinic needs**
- (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: **A.4028.0040.410****

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 Board of Supervisors

RESOLUTION No. 271 OF 2019

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

AMENDING AGREEMENT WITH FIELD GOODS TO PURCHASE AND DISTRIBUTE FRESH PRODUCE TO WIC (WOMEN, INFANT, CHILDREN) PROGRAM PARTICIPANTS AND THEIR FAMILIES FOR WARREN COUNTY PUBLIC HEALTH

WHEREAS, pursuant to Resolution No. 405 of 2018, the Chairman of the Board of Supervisors was authorized to execute an agreement with Field Goods, 742 Schoharie Turnpike, Athens, New York 12015, to purchase and distribute fresh produce to WIC participants and their families for a total amount not to exceed Two Thousand Nine Hundred Dollars (\$2,900) , and

WHEREAS, the Director of Public Health/Patient Services has requested that the agreement be amended to increase the not to exceed amount to Four Thousand Three Hundred Dollars (\$4,300), now, therefore, be it

RESOLVED, that the agreement with Field Goods, be, and hereby is, amended to increase the not to exceed amount to Four Thousand Three Hundred Dollars (\$4,300) for a term commencing June 14, 2019 and terminating upon completion of the program and when the funds have been expended, or upon thirty (30) days written notice by either party, in a form approved by the County Attorney, and be it further

RESOLVED, that the funds shall be expended from Budget Codes A.4018.0040 410, Preventive Program, Health Education, Supplies and A.4018.0040 445, Preventive Program, Health Education, Foods, and be it further

RESOLVED, other than the charges outlined herein, all other terms and conditions of Resolution No. 405 of 2018 will remain the same.

Warren County Board of Supervisors

RESOLUTION NO. 405 OF 2018

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

AUTHORIZING AN AGREEMENT WITH FIELD GOODS TO PURCHASE AND DISTRIBUTE FRESH PRODUCE TO WIC (WOMEN, INFANT, CHILDREN) PROGRAM PARTICIPANTS AND THEIR FAMILIES FOR WARREN COUNTY PUBLIC HEALTH

WHEREAS, Warren County Public Health has received grant funding in the amount of Three Thousand Dollars (\$3,000) from Adirondack Health Institute (AHI) to promote, educate and encourage WIC (Women, Infant, Children) Program participants to use fresh produce, and

WHEREAS, the Director of Public Health/Patient Services has requested to enter into an agreement with Field Goods, a community supported agriculture local entity, to purchase and distribute fresh produce to WIC participants and their families, now, therefore be it

RESOLVED, that the Warren County Board of Supervisors hereby authorizes an agreement with Field Goods, 742 Schoharie Turnpike, Athens, New York, 12015, to purchase and distribute fresh produce to WIC participants and their families in an amount not to exceed Two Thousand Nine Hundred Dollars (\$2,900) for a term commencing on October 19, 2018 and terminating upon completion of the program and when the funds have been expended, and in a form approved by the County Attorney, and be it further,

RESOLVED, that funds for the agreement will be expended from Budget Codes A.4018.0040 410, Preventive Program, Health Education, Supplies, and A.4018.0040.445, Preventive Program, Health Education, Foods.

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: July 29, 2019

- (a) Purpose of Request:
To accept the 2018 Health Services Annual Report

- (b) Details:
Annually a report is prepared to be utilized for a variety of purposes.

- (c) Previous Resolution Number:
321/2018

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

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

*** as listed in budget and LOGOS**

ANNUAL REPORT

Attachment #11

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

1. Name: Jignasha Shah
2. Position: Public Health Program Coordinator 3. Department: Health Services
(attach job description)
4. Course Title: HEPI 511 Basic Principles of Statistical Inference
5. Institution or School: SUNY Albany School of Public Health
6. Please explain how this course relates to your current position (attach course description):
This course teaches the use of statistics and is useful with the agency's Community Health Assessment and Improvement Plan activities. The course is also a requirement for the Certificate of Public Health.
7. Starting Date: 8/26/2019 8. Completion Date: 12/9/2019
9. Cost (attach documentation): Course \$1693.39, which does not include books and other course related
10. Employee Signature: Jignasha Shah Date: 7/22/19
11. Supervisor Comments (Approve/Deny)
Supervisor Signature: Pat Belden ADPOT Date: 7/22/19
12. Department Head Comments (Approve/Deny) Is there funding in the departmental budget for this? (Yes/No)
Department Head Signature: Annelle Jones Date: 7/21/19
13. Human Resources Comments (Approve/Deny)
Human Resources Signature: [Signature] Date: 7/22/19
14. Committee Recommendation:
Committee Chair Signature: Edna A. Traversi Date: 8/1/19

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.

PUBLIC HEALTH PROGRAM COORDINATOR

DISTINGUISHING FEATURES OF THE CLASS: An incumbent in this position is responsible for planning, developing, administering and coordinating a multiple component health program in the Warren County Health Services Department. Duties include developing, coordinating and implementing the program, evaluating program effectiveness and initiating staff development. The incumbent oversees program activities, policies and personnel, including the management of both financial and equipment resources. The work is performed under general supervision, with leeway allowed for the use of independent judgment. Does related work as required.

TYPICAL WORK ACTIVITIES:

Coordinates and administers the day-to-day operational activities of an assigned program(s);
Coordinates program services with various divisions of the Health Department, based on an assessment of community needs and resources as well as departmental goals and objectives;
Coordinates program services with other community programs to promote comprehensive services and to prevent the duplication of services;
Interprets and implements laws and regulations governing the provision of program services;
Evaluates program operations and recommends changes in organization and procedures as required to meet program objectives;
Initiates and develops the active participation and cooperation of various professional groups, governmental bodies, volunteer agencies, citizen's groups and educational institutions in the development of the program;
Represents the Health Department at meetings with governmental agencies, community groups and the public concerning program components and related community activities;
Establishes and maintains frequent contact with State funding managers;
Attends and participates in conferences, community meetings and seminars;
Develops, implements and evaluates outreach activities directed at the program's target groups as well as the general public;
Develops and implements performance standards for quality assurance control;
Establishes management systems and administrative procedures to monitor and evaluate the program, and conducts periodic program reviews;
Designs and drafts program proposals, including grant applications, for the extension of current programming and for the development of additional related projects;
Posts, monitors and maintains agency social media and promote agency
Prepares necessary reports as required;
Uses computer applications or other automated systems such as word processors, spreadsheets, calculators, e-mail and database software in performing work assignments;
May present the Department's position on program issues at Committee meetings.

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:

Thorough knowledge of Public Health principles and skill in their application to community health programs in the area of assignment;
Thorough knowledge of the principles and practices of organizational and administrative processes and techniques;
Good knowledge of community and human service agencies;
Good knowledge of health education and public relations organizations;
Ability to use computer applications such as spreadsheets, word processing, e-mail and database software;
Ability to assemble, organize and present information clearly in both oral and in written form;
Ability to communicate effectively for public speaking;
Ability to establish and maintain effective working relationships with both professional and non-professional personnel, volunteers and community representatives;
Resourcefulness;
Good judgment;
Initiative; Tact.

MINIMUM QUALIFICATIONS:

- A) Graduation from a regionally accredited or New York State college or university with a Master's Degree in public health, health care administration, nursing or closely related field; OR
- B) Graduation from a regionally accredited or New York State college or university with a Bachelor's Degree in public health, health care administration, nursing or closely related field and two years of experience in the development and/or administration of a health related program(s); OR
- C) Graduation from a regionally accredited or New York State college or university with a Bachelor's Degree and three years of experience in the development and/or administration of a health related program; OR
- D) An equivalent combination of training and experience as defined between the limits of A), B) or C) above.

Warren County Civil Service
Adopted: 2.9.18
JC: Competitive

Course Description: Fall 2019

Course Starting: 8/26/2019- 12/09/2019

EPI 551 Principles of Statistical Inference I (3 credits)

An introduction to the descriptive statistics, measures of central tendency and variability, probability distributions, sampling estimation, confidence intervals and hypothesis testing. Computing will be introduced and used throughout the course.

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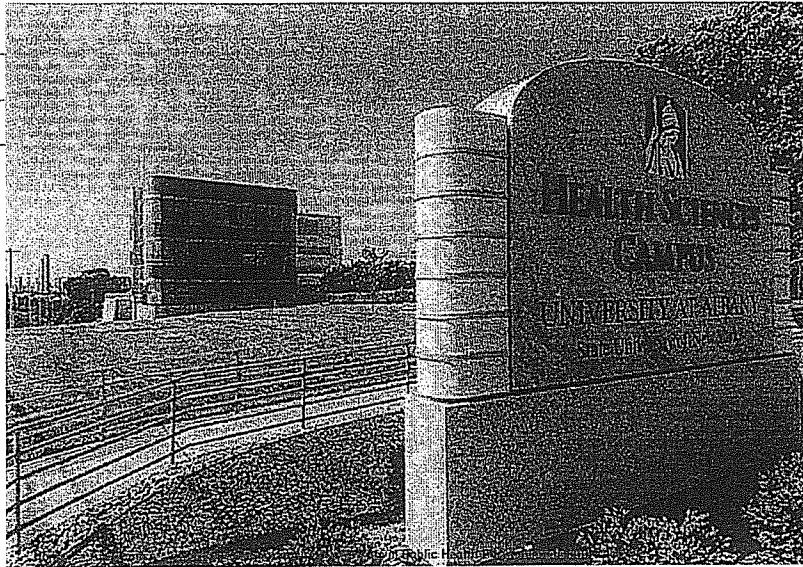
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School of Public Health Certificate
in Public Health Fundamentals &
Principles
University at Albany
One University Floor
Room 120
Rensselaer, NY 12144

Contact:
Natalie Betterton
Online Program Support Specialist
518-402-6479
sphanline@albany.edu

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Certificate in Public Health Fundamentals and Principles

The University at Albany School of Public Health offers a fully online Certificate program in Public Health Fundamentals and Principles (CPH-FP). The Certificate is aimed at preparing students for the continuously changing challenges in public health and can be used as a first look at public health or to further enhance one's understanding of the complexities of the field. Previous public health experience is not required, although many students in the program may be working in public health settings. Building upon the School's relationship with the New York State Department of Health (DOH) and local health departments, the program acknowledges the emerging need for creative educational modalities in health.

Learn More About

[Admissions](#)

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[Certificate FAQ and Handbook](#)

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Program Overview

- Fully online coursework, no in-person class requirements
- Part-time study
- Coursework offered year-round (spring, summer, and fall semesters)
- Multi-disciplinary, competency-based coursework
- Accredited by the Council on Education for Public Health

The program includes 18 credit hours, comprised of the 6 core courses from the MPH program.* Students may transfer a maximum of one course (3 credits) completed outside the School of Public Health toward the certificate. Students must submit the Request for Transfer of Credit to a Masters Degree or Graduate Certificate Program form to receive approval.

Each student must maintain a cumulative grade point average of 3.0 or higher and submit an application for certificate completion within four years of admission to obtain the certificate.

*Students who have completed the certificate may apply these courses to a higher degree at the School as long as they have maintained a cumulative grade point average of 3.0 or higher while pursuing the Certificate; have completed the courses within five years of application to the higher degree program; have fulfilled the admission requirements of the desired degree program; and the courses are relevant to the desired degree program. All of the courses required for the Certificate in Public Health Fundamentals and Principles are transferrable to the MPH program.

Course Descriptions

EPI 500 Principles and Methods of Epidemiology 1 (3 credits)

Introduction to epidemiology for students majoring in any aspect of public health; covers the principles and methods of epidemiologic investigation, including describing the patterns of illness in populations and research designs for investigating the etiology of disease. Introduces quantitative measures to determine risk, association and procedures for standardization of rate.

EPI 503 Principles of Public Health (3 credits)

This course introduces the students to the basic principles of public health and their application to the development of activities that benefit the health status of populations. The skills of epidemiology, biostatistics, health care planning and policy development, health care administration, and community organization are applied to the assessment of public health needs and the development of prevention and control initiatives.

EPI 551 Principles of Statistical Inference I (3 credits)

An introduction to the descriptive statistics, measures of central tendency and variability, probability distributions, sampling estimation, confidence intervals and hypothesis testing. Computing will be introduced and used throughout the course.

HPM 500 Health Care Organization, Delivery and Financing (3 credits)

Introduction to healthcare policy and services; arrangements for organizing, delivering, paying for, and financing health care are examined with attention to their rationale, implementation, and effectiveness. Government interventions to ensure access, cost containment and quality are assessed and policy alternatives are considered.



HPM 525 Social and Behavioral Aspects of Public Health (3 credits)

This course provides an introduction to the role of social, cultural, psychological, and behavioral factors in determining the health of populations. Students will gain understanding of the significance of social, cultural, psychological and behavioral factors in relation to health status and well-being; learn to analyze public health problems in terms of the social, psychological, cultural, economic, and demographic factors that contribute to or protect from vulnerability to disease, disability and death; and improve their ability to apply social science theory, research, and principles to the critical analysis of the appropriateness of public health interventions.

EHS 590 Introduction to Environmental Health (3 credits)

Basic concepts of the modes of transmission of environmental stressors from source or reservoir to host and methods of reducing their impact on human population; basic concepts, methods and premises of environmental risk management.

Tuition Assistance

Students who are registered for a minimum of 6 credits can complete the Free Application for Federal Student Aid (FAFSA), listing the University at Albany code 002835, to apply for aid. The Office of Financial Aid will only send financial aid award notices to students who have been accepted for admission and who are registered for 6 or more credits.

Please contact the Office of Financial Aid directly at 518-442-3202 with questions regarding eligibility or how to accept the award.

PHLOT (Public Health Leaders of Tomorrow)

Limited funding for tuition assistance is available to local county health department and New York State Department of Health employees enrolled in the Certificate in Public Health Fundamentals and Principles only through the Public Health Management Leaders of Tomorrow (PHLOT) program. Students must submit a Tuition Request Form, proof of employment and documentation of reimbursement first pursued through their employers to be considered.

Anticipated Per Credit Tuition and Fee Rates for Summer 2019
 Tuition and fees are subject to change without prior notice by official action of the SUNY Board of Trustees.

NYS Undergraduate												
Credit Hours	1cr	2cr	3cr	4cr	5cr	6cr	7cr	8cr	9cr	10cr	11cr	12cr ^{1,2}
Tuition	286.00	572.00	858.00	1,144.00	1,430.00	1,716.00	2,002.00	2,288.00	2,574.00	2,860.00	3,146.00	3,432.00
Academic Excellence Fee	15.63	31.26	46.89	62.52	78.15	93.78	109.41	125.04	140.67	156.30	171.93	187.56
University Fee	5.21	10.42	15.63	20.84	26.05	31.26	36.47	41.68	46.89	52.10	57.31	62.52
Summer Service Fee	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00
Total Tuition & Fees	\$ 355.84	\$ 662.68	\$ 969.52	\$ 1,276.36	\$ 1,583.20	\$ 1,890.04	\$ 2,196.88	\$ 2,503.72	\$ 2,810.56	\$ 3,117.40	\$ 3,424.24	\$ 3,731.08

Out-of-State Undergraduate												
Credit Hours	1cr	2cr	3cr	4cr	5cr	6cr	7cr	8cr	9cr	10cr	11cr	12cr ^{1,2}
Tuition	988.00	1,976.00	2,964.00	3,952.00	4,940.00	5,928.00	6,916.00	7,904.00	8,892.00	9,880.00	10,868.00	11,856.00
Academic Excellence Fee	15.63	31.26	46.89	62.52	78.15	93.78	109.41	125.04	140.67	156.30	171.93	187.56
University Fee	5.21	10.42	15.63	20.84	26.05	31.26	36.47	41.68	46.89	52.10	57.31	62.52
Summer Service Fee	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00
Total Tuition & Fees	\$ 1,057.84	\$ 2,066.68	\$ 3,075.52	\$ 4,084.36	\$ 5,093.20	\$ 6,102.04	\$ 7,110.88	\$ 8,119.72	\$ 9,128.56	\$ 10,137.40	\$ 11,146.24	\$ 12,155.08

NYS Graduate Masters & PHD												
Credit Hours	1cr	2cr	3cr	4cr	5cr	6cr	7cr	8cr	9cr	10cr	11cr	12cr ^{1,2}
Tuition	462.00	924.00	1,386.00	1,848.00	2,310.00	2,772.00	3,234.00	3,696.00	4,158.00	4,620.00	5,082.00	5,435.00
Academic Excellence Fee	15.63	31.26	46.89	62.52	78.15	93.78	109.41	125.04	140.67	156.30	171.93	187.56
University Fee	5.21	10.42	15.63	20.84	26.05	31.26	36.47	41.68	46.89	52.10	57.31	62.50
Summer Service Fee	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00
Total Tuition & Fees	\$ 531.84	\$ 1,014.68	\$ 1,497.52	\$ 1,980.36	\$ 2,463.20	\$ 2,946.04	\$ 3,428.88	\$ 3,911.72	\$ 4,394.56	\$ 4,877.40	\$ 5,360.24	\$ 5,734.00

Out-of-State Graduate Masters & PHD												
Credit Hours	1cr	2cr	3cr	4cr	5cr	6cr	7cr	8cr	9cr	10cr	11cr	12cr ^{1,2}
Tuition	944.00	1,888.00	2,832.00	3,776.00	4,720.00	5,664.00	6,608.00	7,552.00	8,496.00	9,440.00	10,384.00	11,105.00
Academic Excellence Fee	15.63	31.26	46.89	62.52	78.15	93.78	109.41	125.04	140.67	156.30	171.93	187.50
University Fee	5.21	10.42	15.63	20.84	26.05	31.26	36.47	41.68	46.89	52.10	57.31	62.50
Summer Service Fee	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00
Total Tuition & Fees	\$ 1,013.84	\$ 1,978.68	\$ 2,943.52	\$ 3,908.36	\$ 4,873.20	\$ 5,838.04	\$ 6,802.88	\$ 7,767.72	\$ 8,732.56	\$ 9,697.40	\$ 10,662.24	\$ 11,404.00

NYS Graduate MBA ^{3,4}												
Credit Hours	1cr	2cr	3cr	4cr	5cr	6cr	7cr	8cr	9cr	10cr	11cr	12cr ^{1,2}
Tuition	618.00	1,236.00	1,854.00	2,472.00	3,090.00	3,714.00	4,333.00	4,952.00	5,571.00	6,190.00	6,809.00	7,350.00
Academic Excellence Fee	15.63	31.26	46.89	62.52	78.15	93.78	109.41	125.04	140.67	156.30	171.93	187.50
University Fee	5.21	10.42	15.63	20.84	26.05	31.26	36.47	41.68	46.89	52.10	57.31	62.50
Summer Service Fee	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00
Total Tuition & Fees	\$ 688.84	\$ 1,328.68	\$ 1,968.52	\$ 2,608.36	\$ 3,248.20	\$ 3,888.04	\$ 4,527.88	\$ 5,167.72	\$ 5,807.56	\$ 6,447.40	\$ 7,087.24	\$ 7,649.00

Out-of-State Graduate MBA ^{3,4}												
Credit Hours	1cr	2cr	3cr	4cr	5cr	6cr	7cr	8cr	9cr	10cr	11cr	12cr ^{1,2}
Tuition	1,016.00	2,032.00	3,048.00	4,064.00	5,080.00	6,096.00	7,112.00	8,128.00	9,144.00	10,160.00	11,176.00	12,195.00
Academic Excellence Fee	15.63	31.26	46.89	62.52	78.15	93.78	109.41	125.04	140.67	156.30	171.93	187.50
University Fee	5.21	10.42	15.63	20.84	26.05	31.26	36.47	41.68	46.89	52.10	57.31	62.50
Summer Service Fee	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00
Total Tuition & Fees	\$ 1,085.84	\$ 2,122.68	\$ 3,159.52	\$ 4,196.36	\$ 5,233.20	\$ 6,270.04	\$ 7,306.88	\$ 8,343.72	\$ 9,380.56	\$ 10,417.40	\$ 11,454.24	\$ 12,494.00

NYS Graduate M/MSW												
Credit Hours	1cr	2cr	3cr	4cr	5cr	6cr	7cr	8cr	9cr	10cr	11cr	12cr ^{1,2}
Tuition	545.00	1,090.00	1,635.00	2,180.00	2,725.00	3,270.00	3,815.00	4,360.00	4,905.00	5,450.00	5,995.00	6,540.00
Academic Excellence Fee	15.63	31.26	46.89	62.52	78.15	93.78	109.41	125.04	140.67	156.30	171.93	187.50
University Fee	5.21	10.42	15.63	20.84	26.05	31.26	36.47	41.68	46.89	52.10	57.31	62.50
Summer Service Fee	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00
Total Tuition & Fees	\$ 614.84	\$ 1,180.68	\$ 1,746.52	\$ 2,312.36	\$ 2,878.20	\$ 3,444.04	\$ 4,009.88	\$ 4,575.72	\$ 5,141.56	\$ 5,707.40	\$ 6,273.24	\$ 6,839.00

Out-of-State Graduate M/MSW												
Credit Hours	1cr	2cr	3cr	4cr	5cr	6cr	7cr	8cr	9cr	10cr	11cr	12cr ^{1,2}
Tuition	925.00	1,850.00	2,775.00	3,700.00	4,625.00	5,550.00	6,475.00	7,400.00	8,325.00	9,250.00	10,175.00	11,105.00
Academic Excellence Fee	15.63	31.26	46.89	62.52	78.15	93.78	109.41	125.04	140.67	156.30	171.93	187.50
University Fee	5.21	10.42	15.63	20.84	26.05	31.26	36.47	41.68	46.89	52.10	57.31	62.50
Summer Service Fee	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00	49.00
Total Tuition & Fees	\$ 994.84	\$ 1,940.68	\$ 2,886.52	\$ 3,832.36	\$ 4,778.20	\$ 5,724.04	\$ 6,669.88	\$ 7,615.72	\$ 8,561.56	\$ 9,507.40	\$ 10,453.24	\$ 11,404.00

See Individual Course Fees Here

- ¹ DEGREE-seeking UNDERGRADUATE students are charged by credit (e.g., if 21 credits are taken, 21 credits are charged).
- ² NON-DEGREE UNDERGRADUATE and NON-DEGREE GRADUATE students are charged by CREDIT (e.g., if 21 credits are taken, 21 credits are charged) AND COURSE LEVEL during summer; the undergraduate rate is charged for courses lower than the 500-level, and the graduate rate is charged for courses at the 500-level and above.
- ³ DEGREE-seeking GRADUATE students are capped at 12 credits (e.g., students registered for more than 12 credits are charged for 12 credits only). Rates shown for 12 credits are the capped rates.
- ⁴ MSW/MPH and MSW/CRJ Joint Degree Programs - Students begin being charged the MSW rate when they initially enrollment in a MSW course, even if they are enrolled in a mix of MSW and non-MSW courses during the same term.
- ⁵ MSW/PhD Joint Degree Program - Students enrolled in this program must first complete the MSW portion of the program prior to transitioning into the PhD portion of the program. Per SUNY, these students should be charged the MSW rate for the MSW degree and then the lower grad rate once they transition into the PhD segment of the program.
Summer rates are actual, per credit rates, hence they differ from the SUNY full-time cap charged during the Fall and Spring semesters.

This page contains anticipated tuition and fee rates for the Summer 2019 term
 Tuition and fees are subject to change without prior notice by official action of the State University of New York Board of Trustees.

University Fee
 \$5.21 per credit; provides supplemental support for the academic mission of the University. Mandatory for all students.

Summer Service Fee
 \$49.00 supports most services available at the University Health Center and the maintenance and development of technology and electronic resources on campus. Mandatory for all students.

Academic Excellence Fee
 \$15.63 per credit; used to provide resources necessary for maintaining quality academic and student success programs.

Room Rates Summer 2019
 \$250/Week, Liberty Terrace \$250/Week, Empire Commons

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

1. Name: Laura Monroe
2. Position: Registered Professional Nurse 3. Department: Health Services
(attach job description)
4. Course Title: NUR 440 Research and Evidenced Based Practice
5. Institution or School: Southern New Hampshire University
6. Please explain how this course relates to your current position (attach course description):
Nursing interventions are based on research and evidence- based practice. In addition this course is a required course for a Bachelor's degree.
7. Starting Date: 7/1/19 8. Completion Date: 8/19/19

9. Cost (attach documentation): Course \$960 plus books \$66.95

10. Employee Signature: Laura A. Monroe, RN Date: 7/22/19

11. Supervisor Comments (Approve/Deny)

Supervisor Signature: Valerie Whisenand Date: 7/21/19 ^{ADPS}

12. Department Head Comments (Approve/Deny)

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

Department Head Signature: Shelley Jones Date: 7/21/19

13. Human Resources Comments (Approve/Deny)

Human Resources Signature: Prigoda Date: 7/22/19

14. Committee Recommendation:

Committee Chair Signature: Elma A. Frazier Date: 8/1/19

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

NUR 440: Research and Evidence-Based Practice

Center: Online

Credits: 3

Course Prerequisites

Must be enrolled in Nursing program

Course Description

Undergraduate students will be introduced to theory-guided and evidence-based nursing practice. Students will acquire the skills to become proficient consumers of nursing research. Focus is placed on understanding established research methodologies, ways of knowing in nursing, and developing the knowledge, attitudes, skills, and behaviors to retrieve and critique published studies for application to evidence-based nursing practice. This three-credit course will include 45 hours of practical application of knowledge, skills, and attitudes required of the baccalaureate-prepared nurse.

AACN Essentials

This course meets the following AACN Essentials of Baccalaureate Education for Professional Nursing Practice:

- Essential II: Basic Organizational and Systems Leadership for Quality Care and Patient Safety
- Essential IV: Information Management and Application of Patient Care Technology
- Essential VI: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes

Course Outcomes

- Assess diverse ways of knowing in nursing for their appropriateness in conducting nursing research and evidence-based nursing practice
- Critique relevant primary research sources for their potential to provide evidence-based solutions to clinical nursing problems
- Employ principles of ethical conduct of research in seeking evidence-based resources that support professional nursing practice changes
- Propose evidence-based recommendations for practice changes that address clinical nursing problems for improving quality of care

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.

Polit, D. F., & Beck, C. T. (2017). *Essentials of nursing research: Appraising evidence for nursing practice* (9th ed.). Philadelphia: Wolters Kluwer Health /Lippincott Williams & Wilkins. ISBN: 978-1-4963-5129-6

American Psychological Association. (2009). *Publication manual of the American Psychological Association* (6th ed.). Washington, DC: Author. ISBN: 978-1-4338-0561-5

Optional Materials

American Nurses Association. *Nursing: Scope and standards of practice* (package of three books).

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	6	30	180
Critiques	2	80	160
CITI Training	1	50	50
Journal	1	30	30
Peer Review	1	30	30
Reflection Journal	1	20	20
Final Project			
Milestone One	1	30	30
Milestone Two	1	30	30
Milestone Three	1	40	40
Milestone Four	1	30	30
Final Submission	1	400	400
		Total Course Points:	1,000

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 Assignments 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>Nursing Research and Its Role in Evidence-Based Practice</p> <p><i>Essentials of Nursing Research: Appraising Evidence for Nursing Practice</i>, Chapters 1, 2, and 3</p> <p>1-1 Discussion: Ways of Knowing in Nursing</p> <p>1-2 Final Project: Review</p> <p>1-3 Milestone One: Topic Proposal</p> <p>1-4 Library Research Guide</p>
2	<p>Identifying Research Problems, Questions, and Hypotheses</p> <p><i>Essentials of Nursing Research: Appraising Evidence for Nursing Practice</i>, Chapters 4 (The content of research journal articles, The style of research journal articles, Critiquing research papers: introduction and what is a research critique?) and 8</p> <p>2-1 Milestone Two: PICO(T) Question</p> <p>2-2 Discussion: Assessing Article Sections</p>

3	<p>Ethics in Research</p> <p><i>Essentials of Nursing Research: Appraising Evidence for Nursing Practice</i>, Chapter 5</p> <p>3-1 Discussion: Ethics in Research</p> <p>3-2 CITI Training: Begin Work</p>
4	<p>Research in Literature</p> <p><i>Essentials of Nursing Research: Appraising Evidence for Nursing Practice</i>, Chapters 4 and 7</p> <p>4-1 Activity: Search Methods Flowchart (Non-Graded)</p> <p>4-2 Discussion: Locating Research</p> <p>4-3 Milestone Three: Annotated Bibliography</p> <p>4-4 CITI Training: Continue Work</p>
5	<p>Quantitative Research</p> <p><i>Essentials of Nursing Research: Appraising Evidence for Nursing Practice</i>, Chapters 9, 10, 14, and 15</p> <p>5-1 Discussion: Quantitative Evaluations</p> <p>5-2 Quantitative Critique</p> <p>5-3 Milestone Four: Evidence Table</p> <p>5-4 CITI Training: Continue Work</p>
6	<p>Qualitative Research</p> <p><i>Essentials of Nursing Research: Appraising Evidence for Nursing Practice</i>, Chapters 11, 12, 13, 16, and 17</p> <p>6-1 Discussion: Qualitative Evaluations</p> <p>6-2 Qualitative Critique</p> <p>6-3 CITI Training: Submit</p>
7	<p>Applying Evidence to Practice</p> <p><i>Essentials of Nursing Research: Appraising Evidence for Nursing Practice</i>, Chapter 18</p> <p>7-1 Journal: EBP Recommendations</p> <p>7-2 Final Project Submission: Integrative Review of the Literature</p> <p>7-3 Peer Review: Post Abstract</p>
8	<p>Reflection</p> <p><i>Essentials of Nursing Research: Appraising Evidence for Nursing Practice</i>, Review</p> <p>8-1 Discussion: Peer Review</p> <p>8-2 Reflection Journal</p> <p>8-3 Reminder: Archive Your Final Project (Non-graded)</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: oad@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.



SNHU Account Statement/Bill

ACCOUNT# 0410256 CE		UNALLOCATED DEPOSITS
Laura Monroe		Deposit
		Type Amount
Bill to:		
Laura Monroe		
111 Stone Schoolhouse Rd.		
Lake George NY 12845		

ACCOUNT SUMMARY			
Account	Pending		Net
Balance	Financial Aid		Amount Due
960.00	0.00		960.00

PENDING FINANCIAL AID				
Award	Estimated	Borrowed	Net	Action
Term	Financial Aid	Amount	Amount	Needed

ACCOUNT ACTIVITY					
Date	Number	Code	Description	Charges	Credits
06/01/19			*** BALANCE FORWARD ***	960.00	
06/27/19	001961625		MANCHESTER PAYMENT - THANK Y		960.00
07/17/19	009476958		REGISTRATION - 19EMG	960.00	
				=====	=====
Total:				1,920.00	960.00

Skip to main content

All ▾

Shop school essentials

Deliver to Laura
Lake George 12845

Browsing History

Today's Deals

EN Hello, Laura
Account & Lists

Orders

Prime

0 Cart

Your Account ▸ Your Orders ▸ Order Details

Order Details

Ordered on June 30, 2019 Order# 113-0477886-8900227

[View or Print invoice](#)

Shipping Address

Laura Monroe
111 STONE SCHOOLHOUSE RD
LAKE GEORGE, NY 12845-6929
United States

Payment Method

**** 1107

Order Summary

Item(s) Subtotal:	\$35.76
Shipping & Handling:	\$0.00
Total before tax:	\$35.76
Estimated tax to be collected:	\$2.50
Grand Total:	\$38.26

Transactions

Delivered Jul 2, 2019

Package was left inside the residence's mailbox



Essentials of Nursing Research: Appraising Evidence for Nursing Practice

Polit PhD FAAN, Denise F.

Sold by: Mary Bookstore

Return eligible through Aug 1, 2019

\$35.76

Condition: Used - Very Good

[Buy it again](#)

[Track package](#)

[Return items](#)

[Share gift receipt](#)

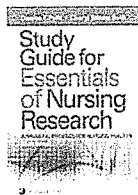
[Leave seller feedback](#)

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[Archive order](#)

Recommended for you based on Essentials of Nursing Research: Appraising Evid...

Page 1 of 12



Study Guide for Essentials of Nursing Research
Denise F. Polit PhD...

6

Paperback
\$24.83



Publication Manual of the American Psychological Association
6th Edition...

4,661

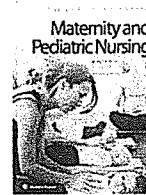
Paperback
\$28.45



Evidence-Based Practice in Nursing & Healthcare: A...
Bernadette Mazurek...

115

Paperback
\$73.64



Maternity and Pediatric Nursing
Susan Ricci ARNP...

49

Hardcover
\$68.12

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Related to items you viewed



Blurring The Edges



Uninvited



Thank U



Jagged Little Pill

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 Committee hereby authorizes Ginelle Jones
(Supervisory Committee) (Employee Name)

to attend NYSACHO Annual Public Health Leaders Summit
(Name of meeting or organization)

at 1000 Islands Harbor Hill Hotel; 200 Riverside Dr., Clayton, NY 13624 on 10/2/19-10/4/19
(Address) (Dates)

Meeting/Convention Cost: \$75 Mode of transportation to be used: County Vehicle
(County Vehicle or Mass Transportation)

If the mode of transportation is not a county vehicle or mass transportation, please explain:
Registration \$75/ \$30 gas and tolls. May be able to carpool, will share expenses as appropriate.

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

Notice of meeting or convention including cost. Total Cost of Travel \$ Less than \$125
(travel and meeting/convention cost)

For Overnight Travel Funding in Budget? Y N

Room rate \$ 0 GSA* Rate \$ _____

Meal costs - GSA* per diem rate \$ _____ Budget Code: A.4018.444

* www.gsa.gov

Date: 10/2/19 [Signature]
Department Head Signature

Date: _____ County Administrator Signature

Date: _____ Committee Chairman Signature

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

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

=====

Filing Instructions:

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



**2019 NYSACHO Public Health
Leaders Summit**

*Sailing into the Future: How to Prepare
your Public Health Crew
for Continuous Change*

**NYSACHO 2019 ANNUAL
PUBLIC HEALTH LEADERS SUMMIT
OCTOBER 3-4, 2019
1000 ISLANDS HARBOR HOTEL
CLAYTON, NY**

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: 37.05
Title of Position: Part Time Public Health Liaison (24 hrs/ week avg) Base Salary of Position: \$16.15/hr Grade: 7
Filling at Step # (If Known):
Budget code and title: A.4189.130 Public Health Bioterrorism- Part Time salaries Union [checked] Non-Union []
This position is vacated due to: [] Retirement [checked] Resignation [] Termination [] Promotion [] Other []
Employee No./Last Name: #13110/ Oxford and #10829/Potter Date of Vacancy: 2/28/2018 and 5/3/19
Is this position mandated? [] Yes [checked] No Is the position reimbursable? [checked] Yes [] No
Source of reimbursement: [checked] Federal 100% [] State % [] Other %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[checked] 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. RCN 1/22/19
Human Resources Director has approved this form when initialed. [initials] 7.22.19

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 7/22/19

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 [Signature] Date 7/23/19

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 [Signature] Date 7/29/19