

Warren County Health Services
 Health Services Committee
 AGENDA FOR
 September 20, 2021
 Information Submitted By: Ginelle Jones, DPH/DPS

Health Services Committee Members: Edna Frasier, Peter McDevitt, Ronald Conover, Andrea Hogan, and John Strough- Chair of the Board shall serve as the Ex-Officio member when needed in accordance with the Section C (4) of the Rules of the Board.

- I. Committee meeting called to order by Chairperson
- II. Motion to approve the minutes of the August 23, 2021 Committee meeting.
- III. Action Agenda/New Business

Request Resolution: 1	To authorize a contract with Laura Sullivan, Occupational Therapist, dba Laura Sullivan to provide occupational services for eligible children in the Committee on Preschool Special Education Services (CPSE) and Early Intervention programs at the current rates, authorizing automatic renewal unless there is 30 day written termination notice by either party or a rate increase of more than 5%. (Attachment #1)
Rationale:	There is a need for therapy providers in the CPSE and EI program. Therapy is revenue generating. NYS reimburses CPSE services at 59.5% and Early Intervention at 49%.

Request Resolution: 2	To approve filling and request referral to Personnel Committee to approve filling vacant full time Senior Account Clerk #2, Grade 7 position. The base salary is \$ 35,491. (Attachment #2)
Rationale:	The position became vacant 9/2/21 through resignation. The position is responsible for insurance verification and billing.

Request Resolution: 3	To authorize accepting \$225 donation to Health Services. (Attachment #3)
Rationale:	A donation was received in memory of a patient in appreciation of our agency and recognition of the care provided one of our nurses.

Request Resolution: 4	To amend the 2021 budget to reflect receipt of \$225 donation. (Attachment #4)
Rationale:	Tawn Driscoll, Fiscal Manager, will be at the meeting to discuss.

Request Resolution: 5	To authorize 2021 budget transfer. (Attachment #5)
Rationale:	Tawn Driscoll, Fiscal Manager, will be at the meeting to discuss.

I. Information for Discussion/Review

Report of Revenues and Expenditures for 2021

Please see **Attachment #6**. Tawn Driscoll, Fiscal Manager, will be present at the meeting to review the reports and answer any questions.

Revenue and Expense Comparison Report for 2020 vs 2021

Please see **Attachment #7**.

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

Status of Referrals

Please see **Attachment #8 A/B** for the report.

Emergency Response and Preparedness

Please see **Attachment #9** for the report.

Rabies Report:

Please see **Attachment #10** for the report.

Meeting/ Conference Authorizations:

II. Referral/Pending Items

There are no pending items.

**III. Privilege of the floor to discuss any additional items to come before Committee
(Please allow 15 second delay on live stream meetings)**

1. Covid Update
2. Budget

IV. Motion to adjourn the Health Services Meeting

Attachments:

1. Resolution Request: Occupational Therapy Contract
2. Resolution Request: Intent to Fill Senior Account Clerk #2
3. Resolution Request: Accept \$225 Donation
4. Resolution Request: 2021 Budget Amendment \$225 Donation
5. Resolution Request: Budget Transfer
6. Report of Revenues and Expenditures for 2021
7. Revenue and Expense Comparison Report for 2020 vs 2021
8. Report of Referrals Status **A/B**
9. Emergency Response and Preparedness Activities Report
10. Rabies Report

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: September 20, 2021

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: **Provide Occupational Services to children eligible for Committee on Preschool Special Education Services (CPSE) and the Early Intervention programs.**
- (c) Name of Contractor: **Laura Sullivan**
- (d) Address of Contractor.
- (e) Contractor's Contact Person and Telephone Number:
Laura Sullivan ; email
- (f) Has or will the Contract be provided, if so, please attach: **template attached**
- (g) Commencement Date of Contract: **10/15/2021**
- (h) Termination Date of Contract: **Automatic annual renewal unless rate increase is over 5% or 30 day written termination notice is rendered by 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. **Voucher with completed documentation.**
- (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 Travel/Education/Conference Expense/ A.4054.0060. 444 Early Intervention Travel/Education/Conference 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

SAMPLE

246/2007

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

ACHIEVEMENTS, PLLC, a professional limited liability corporation organized and existing under the Laws of the State of New York, having its principal offices and place of business located at 623 New Loudon Road, Latham, New York 12110 (the "Provider"), is for the provision of educational and/or health supportive services under the Early Intervention and/or Preschool Children with Disabilities Programs pursuant to Section 4410 of the New York State Education Law.

WHEREAS, "Board" shall mean:

1. a Board of Education as defined in Section 2 of the New York State Education Law; or
2. trustees of a common school district as defined in Section 1601 of the New York State Education Law, and

WHEREAS, "Commissioner" shall mean the Commissioner of Education of the State of New York and/or Commissioner of Health, and

WHEREAS, the Provider warrants that it can meet the needs of children with disabilities placed in its approved program under Section 4410 of the New York State Education Law and in compliance with the Regulations of the Commissioner, and shall comply with all applicable Federal, State and local laws, and

WHEREAS, the Provider has been approved by the Commissioner to provide special education services in accordance with Section 4410 of the New York State Education Law and the Regulations of the Commissioner, and

WHEREAS, Section 4410 of the New York State Education Law requires a contract, in a form approved by the Commissioner, between the Municipality and the Provider of the approved program(s) selected by the Board,

NOW, THEREFORE, in order to make available those services to children with disabilities placed under Section 4410 of the New York State Education Law as determined by the Board, the parties hereto mutually agree as follows:

1. The Provider shall provide appropriate services for children with disabilities as specified by the Board of Education with respect to the Preschool Children with Disabilities Program, or as specified in the Individual Family Service Plan (IFSP) with respect to the Early Intervention Program, to receive SEIT or special instruction services, evaluations, and related services. The school year for the Achievements; PLLC; Children with Disabilities Program is hereby defined as a July/August session from July 1st through August 31st and/or September/June session from September 1st through June 30th. The school year for the Early Intervention Program is hereby defined as a full calendar year. The Provider shall provide such services for that part of the school year for which children are placed by the Board of Education or according to the IFSP

Termination upon 30 days
written notice

recommendations.

2. All financial arrangements for services under this contract shall be between the Municipality and Provider in accordance with the provisions of paragraph 3 of this contract. The Provider shall be responsible for the delivery of appropriate services, including the training and/or retraining of direct service staff employed by the Provider. The Municipality retains the right, where legally permissible, to bill third party insurance and/or Medicaid Provider shall have the financial information form completed. A copy of said financial information form is annexed hereto as Appendix "A".

3. The Municipality, in accordance with the provisions of the contract, shall reimburse the Provider for expenditures made for contracted services as follows:

- A. Such payments shall be at the rates approved for SEIT or special instruction, evaluations and related services, and for amounts not to exceed the statutory provisions governed by the Commissioner of Education and/or Commissioner of Health. The rate for services shall be the amount established for such purpose by the Commissioner and certified by the Director of the Budget of the State of New York. Such payments shall be made pursuant to Section (3.C) of this contract. Where the enrollment for a child is for periods of less than the full July/August session or September/June session, the payment shall be prorated by the Commissioner pursuant to the Regulations of the Commissioner.
- B.
 - i. The Provider shall submit a voucher to the Municipality for services rendered not later than fifteen (15) days after the end of the July/August session and not later than fifteen (15) days following each segment of the September/June session, where such segment shall be monthly (not less than monthly nor more than quarterly); and
 - ii. In the event of notification by the Commissioner of an official rate change, the Provider shall submit a voucher to the Municipality for any additional payment due to a rate increase or shall notify the Municipality of any refund owed due to a rate decrease. Such voucher or notice shall be submitted not more than thirty (30) days after such official notification.
- C. The Municipality shall reimburse the Provider for services rendered under the terms of this contract in the first instance and at least quarterly upon receipt of vouchers from the Provider. No payment shall be required to be made by the Municipality prior to receipt of Notification of Determination of Placement as specified by State Education Law and/or New York State Department of Health Regulations. The Municipality shall pay for the services provided pursuant to such Notification commencing with the date of enrollment prescribed therein.
- D. No parent or any other person shall be required or requested to make any payment for tuition in addition to the payments made by the Municipality pursuant to this contract.

- E. All claims for payment made to the Municipality by the Provider shall identify and allocate costs for services rendered in such a manner as shall be acceptable to the Municipality.
- F. i. The Provider shall prepare and make available such statistical, financial and other records pursuant to Section 4410 of the New York State Education Law, as are necessary for reporting and accountability. All documents and records shall be consistent with New York State financial requirements for audit and rate establishment procedures. The financial records and other financial documents relevant to this contract shall be retained by the Provider for nine (9) years after the school year in which services have been provided;
- ii. These records pursuant to Section 4410 of the New York State Education Law shall be subject at all reasonable times to inspection, review or audit by the Board, the Municipality where the Provider is located, the State of New York, acting through the Education Department or the Office of the State Comptroller, Federal and other personnel duly authorized by such Municipality. In addition, such Municipality shall make available any and all copies of such documents to such other Municipalities as may contract with the Provider; and
- iii. The Provider shall furnish with the voucher required under Section 3(B) of this agreement the following information for all medicaid eligible children enrolled in its program(s) pursuant to Section 4410 of the Education Law:
- (a) dates of preschool child received Special Education Itinerant Services (SEIT) or Early Intervention Child received special instruction; and
- (b) copy of the child's Individual Education Plan (IEP) or Individual Family Service Plan.
- G. In the case of Health Supportive Services, the Provider shall obtain from the parent or person in parental relationship to the medicaid eligible child and/or the child eligible for third party insurance coverage and receiving services pursuant to Section 4410 of the Education Law:
- i. written consent to enable the Provider to release educational records of the child to local, State and Federal agency representatives for the sole purpose of claiming reimbursement under applicable insurance and/or the Medical Assistance Program and provided to the Municipality as requested; and
- ii. The Client Identification Number (CIN) and any other relevant information that may be necessary to bill Medicaid or a third party insurance carrier where legally permissible. Such information shall be submitted to the Municipality in conjunction with the voucher required under Section 3(B) of this agreement.

4. The Provider will maintain the standards set forth by the Regulations of the Commissioner to preserve its status as an approved school for the education of children with disabilities. It is understood and agreed by the parties that failure to do so shall render this contract void, in which case the Provider shall be entitled to no compensation for the portion of the school year in which such approval ceases to be maintained and shall reimburse the Municipality any amounts already received for that portion of such school year.

5. The Municipality and Provider shall observe and require the observance by all subcontractors and their employees of all applicable Federal and New York State requirements relating to confidentiality of records and information.

6. This contract shall commence on April 21, 2007 and terminate upon thirty (30) days notice; provided, however, that this agreement shall be deemed to have terminated at any time as the Commissioner withdraws approval for the Provider to provide services or programs for children with disabilities. Should the Provider be requesting termination of this contract based on the Provider's intent to cease operation, all specific close down procedures shall be followed by the Provider in accordance with the Regulations of the Commissioner. Written notice of any such termination shall be provided to the Municipality and the Board(s) by the Provider not less than ninety (90) days prior to the intended effective date of such action. In the event of such termination, the parties shall adjust the accounts due and the Provider shall undertake no additional expenditures not already required. Upon any such termination, the parties shall endeavor in an orderly manner to close down activities hereunder.

7. All agreements between Provider and subcontractors shall be by written contract. All subcontracts entered into by the Provider relative to the purchase of services pursuant to the contract shall be written in accordance with all Federal and State laws, regulations and guidelines and shall be as disclosed on the application to the Commissioner for program approval. No provision of any such subcontract shall be deemed to provide for the incurrence of any financial obligation of the Municipality in addition to the established tuition rates. Any arrangements entered into by a Provider with a subcontractor shall be governed by all applicable provisions relating to conflict of interest pursuant to the Laws of New York State. The Provider shall not be relieved of any responsibility under this contract by any subcontract.

8. The Provider shall not assign this contract without prior written approval of the Board and Municipality which approvals shall be attached to this contract as an amendment.

9. The Provider shall provide the Municipality with Certificates of Insurance showing the following insurance is in place:

(a) Professional Liability insurance with limits of not less than One Million Dollars/Three Million Dollars (\$1,000,000/\$3,000,000).

(b) Comprehensive general liability insurance and any automobile insurance in the aggregate amount of not less than One Million Dollars (\$1,000,000) for injuries, including accidental death.

- (c) The Provider at all times, shall defend, indemnify and hold harmless the Municipality from and against any and all claims and demands whatsoever, including costs, litigation expenses, counsel fees and liabilities incurred in connection therewith, arising out of injury to or death of any person whatsoever of damage to property of any kind by whomsoever owned, caused in whole or in part by the acts or omissions of the Provider, a subcontractor, or any person directly or indirectly employed by the Provider, while engaged in the performance of this contract.
- (d) Any accident that occurs while transporting a student while under the supervision of the Provider must be reported to the Warren County Clerk of the Board of Supervisors within twenty-four (24) hours.
- (e) Proof of insurance must be provided to the Municipality's Attorney in the form of a certificate of insurance approved by the Municipality's Attorney naming the County of Warren as additional insured and providing for notification of the County in the event of any change of coverage including cancellation or failure to renew, provided, however, that notice of cancellation shall be provided thirty (30) days in advance of the termination date.
- (f) Any subcontractor must also maintain and provide proof of insurance in the same amounts required for the Provider.

10. In the event the Commissioner withdraws approval for the operation of any program or service authorized to be provided by this Agreement, such action shall constitute an immediate amendment to this contract removing inclusion of such program. In the event that the Provider intends to cease operation of any or all programs or services, the Provider shall give written notice of such intention to the Municipality and the Board(s) not less than ninety (90) days prior to the intended effective date of such action. Such cessation shall constitute an immediate amendment to this contract.

11. This contract is subject to and shall comply with all applicable provisions of Federal and New York State laws or regulations. This contract shall be governed by the Laws of the State of New York.

12. The Provider and County are required to follow Standards for Privacy of Individually Identifiable Health Information as follows:

Definitions:

(a) Business Associate: "Business Associate" shall mean Achievements, PLLC.

(b) Covered Entity: "Covered Entity" shall mean Warren County.

(c) Individual: "Individual" shall have the same meaning as the term "individual" in 45 CFR 164.501 and shall include a person who qualifies as a personal representative

in accordance with 45 CFR 164.502(g).

(d) Privacy Rule: "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR part 160 and part 164, subparts A and E.

(e) Protected Health Information: "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR 164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

(f) Required By Law: "Required By Law" shall have the same meaning as the term "required by law" in 45 CFR 164.501.

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

(h) Catch-all definition: Terms used, but not otherwise defined, in this Agreement shall have the same meaning as those terms in the Privacy Rule.

Obligations and Activities of Business Associate:

(a) Business Associate agrees to not use or disclose Protected Health Information other than as permitted or required by this Agreement or as Required By Law.

(b) Business Associate agrees to use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement.

(c) Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement.

(d) Business Associate agrees to report to Covered Entity any use or disclosure of the Protected Health Information not provided for by this Agreement of which it becomes aware.

(e) Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, or created or received by Business Associate on behalf of Covered Entity agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information.

(f) Business Associate agrees to provide access, at the request of Covered Entity, and act upon the request for access within thirty (30) days and provide a convenient time at the Warren County Municipal Center for the Individual to inspect the Protected Health Information or mailing the Information at the Individual's request,

to Protected Health Information in a Designated Record Set, to Covered Entity or, as directed by Covered Entity, to an Individual in order to meet the requirements under 45 CFR 164.524. If the Business Associate needs additional time in which to comply with a request for Protected Health Information, such shall be governed by 45 CFR 524.

(g) Business Associate agrees to make any amendment(s) to Protected Health Information in a Designated Record Set that the Covered Entity directs or agrees to pursuant to 45 CFR 164.526 at the request of Covered Entity or an Individual.

(h) Business Associate agrees to make internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Covered Entity available to Warren County, or to the Secretary, within seven (7) days, or as designated by the Secretary, for purposes of the Secretary determining Covered Entity's compliance with the Privacy Rule.

(i) Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528.

(j) Business Associate agrees to provide to Covered Entity or an Individual, within seven (7) days, information collected in accordance with Section (i) of this Agreement, to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528.

Permitted Uses and Disclosures by Business Associate:

(a) Refer to underlying services agreement: Except as otherwise limited in this Agreement, Business Associate may use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in this Agreement, provided that such use or disclosure would not violate the Privacy Rule if done by Covered Entity or the minimum necessary policies and procedures of the Covered Entity.

Specific Use and Disclosure Provision:

(a) Except as otherwise limited to this Agreement, Business Associate may use Protected Health Information for the proper management and administration of the Business-Associate or to carry out the legal responsibilities of the Business Associate.

(b) Except as otherwise limited in this Agreement, Business Associate may disclose Protected Health Information for the proper management and administration of the Business Associate, provided that disclosures are Required By Law, or Business

Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required By Law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

(c) Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information to provide Data Aggregation services to Covered Entity as permitted by 45 CFR 164.504(e)(2)(i)(B).

(d) Business Associate may use Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with Sec. 164.502(j)(1).

Obligations of Covered Entity:

Provisions for Covered Entity To Inform Business Associate of Privacy Practices and Restrictions:

(a) Covered Entity shall notify Business Associate of any limitation(s) in its notice of privacy practices of Covered Entity in accordance with 45 CFR 164.520, to the extent that such limitation may affect Business Associate's use or disclosure of Protected Health Information.

(b) Covered Entity shall notify Business Associate of any changes in, or revocation of, permission by Individual to use or disclose Protected Health Information, to the extent that such changes may affect Business Associate's use or disclosure of Protected Health Information.

(c) Covered Entity shall notify Business Associate of any restriction to the use or disclosure of Protected Health Information that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of Protected Health Information. Permissible Requests by Covered Entity shall not request Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule if done by Covered Entity.

Term and Termination:

(a) Term. The Term of this Agreement shall be effective as of the date of this agreement, and shall terminate when all of the Protected Health Information provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, or, if it is infeasible to return or destroy Protected Health Information, protections are extended to such information, in accordance with the termination provisions in this Section.

(b) Termination for Cause. Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity shall either:

- (1) Provide an opportunity for Business Associate to cure the breach or end the violation and terminate this Agreement if Business Associate does not cure the breach or end the violation within the time specified by Covered Entity;
- (2) Immediately terminate this Agreement if Business Associate has breached a material term of this Agreement and cure is not possible; or
- (3) If neither termination nor cure are feasible, Covered Entity shall report the violation to the Secretary.

(c) Effect of Termination.

- (1) Except as provided in paragraph 2 of this section, upon termination of this Agreement, for any reason, Business Associate shall return or destroy all Protected Health Information received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the Protected Health Information.
- (2) In the event that Business Associate determines that returning or destroying the Protected Health Information is infeasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible. Upon notification that return or destruction of Protected Health Information is infeasible, Business Associate shall extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information.

Miscellaneous:

(a) Regulatory References. A reference in this Agreement to a section in the Privacy Rule means the section as in effect or as amended.

(b) Amendment. The parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for Covered Entity to comply with the requirements of the Privacy Rule and the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191 and/or New York State Law, Rule or Regulation.

(c) Survival. The respective rights and obligations of Business Associate under Section (c) Effect of Termination of this Agreement shall survive the termination of this Agreement.

(d) Interpretation. Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with the Privacy Rule.

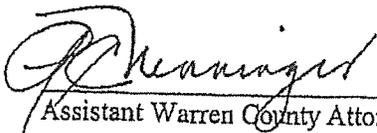
13. This Agreement constitutes the full understanding of the parties and may not be changed or amended except by further written agreement. This Agreement may be executed by each party signing or executing multiple copies thereof, or separate copies thereof, so long as the same are identical and each party executes at least one (1) copy. All copies of this Agreement executed by the parties shall be considered one and the same Agreement so long as at least one (1) copy of the Agreement is executed by each party.

14. The Provider, in accordance with its status of independent contractor, covenants and agrees that it will conduct itself consistent with such status, that its employees will neither hold themselves out as nor claim to be officers or employees of the County of Warren, and that they will not make any claim, demand, or application to or for any right or privilege applicable to an officer or employee of the County of Warren, including, but not limited to, Workers' Compensation coverage, unemployment benefits, social security coverage or employee retirement membership or credit.

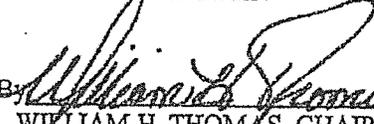
15. This Agreement shall be void and of no effect unless throughout the life of the Agreement, the Provider shall secure compensation insurance and disability insurance for the benefit of such employees engaged under this Agreement as are by law required to be insured by provisions of New York State Law.

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

Approved as to Form:

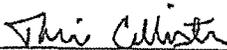

Assistant Warren County Attorney

COUNTY OF WARREN

By 
WILLIAM H. THOMAS, CHAIRMAN
Board of Supervisors

Date 5/14/07

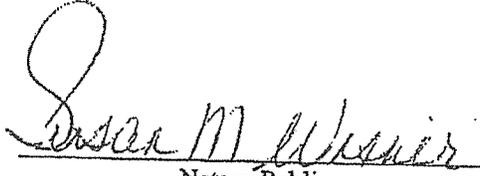
ACHIEVEMENTS, PLLC

By 

Date 5/17/07

STATE OF NEW YORK)
) ss.:
COUNTY OF ALBANY)

On the 18 day of May, in the year 2007, before me, the undersigned, a Notary Public in and for said state, personally appeared Tami Callister, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or person upon behalf of which the individual(s) acted, executed the instrument.


Notary Public

SUSAN M. WISNER
Notary Public, State of New York
Qualified in Albany County
Reg NO. 01W8113201
Commission Expires August 2, 2008

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW

PART 1. To be completed by Disability Benefits Carrier or Licensed Insurance Agent of that Carrier	
<p>1a. Legal Name and Address of Insured (Use street address only)</p> <p>ACHIEVEMENTS PLLC 623 NEW LOUDON ROAD LATHAM, NY 12110</p>	<p>1b. Business Telephone Number of Insured</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p>	<p>3a. Name of Insurance Carrier NATIONAL BENEFIT LIFE INSURANCE COMPANY</p> <p>3b. Policy Number of entity listed in box "1a": [REDACTED]</p> <p>3c. Policy effective period: 05/15/2007 to 08/30/07</p>
<p>4. Policy covers:</p> <p>a. <input checked="" type="checkbox"/> All of the employer's employees eligible under the New York Disability Benefits Law</p> <p>b. <input type="checkbox"/> Only the following class or classes of the employer's employees:</p>	
<p>Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability Benefits Insurance coverage as described above.</p> <p>Date Signed <u>MAY 15, 2007</u> By <u><i>Kathleen Keizer</i></u> (Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)</p> <p>Telephone Number <u>1800-535-2711</u> Title <u>VICE PRESIDENT</u></p> <p>IMPORTANT: If box "4a" is checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder. If box "4b" is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 4 of the Disability Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, 20 Park Street, Albany, New York 12207.</p>	
PART 2. To be completed by NYS Workers' Compensation Board (Only if box "4b" of Part 1 has been checked)	
<p>State Of New York Workers' Compensation Board</p>	
<p>According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability Benefits Law with respect to all of his/her employees.</p> <p>Date Signed _____ By _____ (Signature of NYS Workers' Compensation Board Employee)</p> <p>Telephone Number _____ Title _____</p>	

Please Note: Only insurance carriers licensed to write NYS disability benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.

Warren County Board of Supervisors

RESOLUTION NO. 246 OF 2007

Resolution introduced by Supervisors Mason, Sheehan, Haskell, F. Thomas, Tessier, Champagne and Sokol

AUTHORIZING AGREEMENT WITH ACHIEVEMENTS, PLLC TO PROVIDE SPECIAL INSTRUCTION AND EVALUATIONS FOR CHILDREN IN EARLY INTERVENTION PROGRAM AND SPECIAL EDUCATION ITINERANT SERVICES FOR CHILDREN IN PRESCHOOL PROGRAM - HEALTH SERVICES DEPARTMENT

RESOLVED, that Warren County enter into an agreement with Achievements, PLLC, 623 New Loudon Road, Latham, New York 12110, to provide evaluations and related services to children enrolled in the Early Intervention or Preschool Special Education Programs, for a term commencing April 21, 2007 and terminating upon thirty (30) days written notice by either party, at the State Education Department approved rates for Preschool and Department of Health Early Intervention Program rates, and the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an agreement in the form approved by the County Attorney.

Client#: 57179

ACHIEVEMEN

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 05/03/07
PRODUCER Haylor, Freyer & Coon, Inc. 231 Salina Meadows Parkway P.O. Box 4743 Syracuse, NY 13221		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED Achievements, PLLC PO Box 279 Latham, NY 12110		INSURERS AFFORDING COVERAGE INSURER A: Travelers Indemnity Co of CT INSURER B: INSURER C: INSURER D: INSURER E:
		NAIC # 5000

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURANCE TYPE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		08/19/06	08/19/07	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (EA Non-mech) \$300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY \$1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE \$2,000,000
					PRODUCTS - COMP/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY		08/19/06	08/19/07	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				AUTO ONLY - EA ACCIDENT \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				OTHER THAN AUTO ONLY: EA ACC \$
					AUTO ONLY: AGG \$
	GARAGE LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> ANY AUTO				AGGREGATE \$
	EXCESS/UMBRELLA LIABILITY				\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				\$
	DEDUCTIBLE				\$
	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTHER \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
	OTHER				E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Certificate holder is named as additional insured as owner of property

CERTIFICATE HOLDER

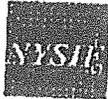
Warren County c/o Warren County
 Attorneys Office
 1340 State Route 9
 Lake George, NY 12845

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

James D. Freyer, Jr.



New York State Insurance Fund

Workers' Compensation & Disability Benefits Specialists Since 1914

1 WATERVLIET AVENUE ALBANY, NEW YORK 12208-1648
Phone: (518) 437-3400

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ACHIEVEMENTS PLLC
P.O. BOX 279
LATHAM NY 12110

POLICYHOLDER ACHIEVEMENTS PLLC P.O. BOX 279 LATHAM NY 12110	CERTIFICATE HOLDER WARREN COUNTY 1340STATE ROUTE 9 LAKE GEORGE NY 12846
---	---

POLICY NUMBER ██████████	CERTIFICATE NUMBER ██████████	PERIOD COVERED BY THIS CERTIFICATE 11/03/2006 TO 11/03/2007	DATE 5/16/2007
------------------------------------	---	---	--------------------------

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1081 083-0 UNTIL 11/03/2007, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW.

IF SAID POLICY IS CANCELLED, OR CHANGED PRIOR TO 11/03/2007 IN SUCH MANNER AS TO AFFECT THIS CERTIFICATE, 30 DAYS WRITTEN NOTICE OF SUCH CANCELLATION WILL BE GIVEN TO THE CERTIFICATE HOLDER ABOVE. NOTICE BY REGULAR MAIL SO ADDRESSED SHALL BE SUFFICIENT COMPLIANCE WITH THIS PROVISION.

THIS CERTIFICATE DOES NOT APPLY TO BUILDING DEMOLITION.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

U-26.3 This certificate can be validated on our web site at <https://www.nysif.com/cert/certval.asp> or by calling (888) 875-6790
VALIDATION NUMBER: 50583007

05/15/2007 09:56 FAX 782 3433
 03/30/2007 11:13 FAX

ACHIEVEMENTS
 MARSH AFFINITY GROUP

003/008
 001/001

03/01
 MEMFORM

MEMORANDUM OF INSURANCE

ISSUE DATE (MM/DD/YY)
 03/30/07

PRODUCER
 MARSH Affinity Grp. Svcs.
 a svcs. of SEABURY & SMITH
 1440 RENAISSANCE DRIVE
 PARK RIDGE, IL 60068
 1-800-503-9230

THIS MEMORANDUM IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHT UPON THE MEMORANDUM HOLDER. THIS MEMORANDUM DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANY AFFORDING COVERAGE

COMPANY LETTER **A CHICAGO INSURANCE COMPANY**

INSURED
 ACHIEVEMENTS, PLLC.
 TAMI CALLISTER
 623 NEW LOUDON ROAD
 LATHAM, NY 12110-1002

327089

REFLECTS COVERAGE IN EFFECT ON ABOVE "ISSUE DATE"

THIS IS TO CERTIFY THAT THE CERTIFICATE LISTED BELOW HAS BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS MEMORANDUM MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE CERTIFICATE DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH CERTIFICATE. THE LIMITS SHOWN BELOW MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO. / LTR.	TYPE OF INSURANCE	CERTIFICATE NUMBER	EFFECTIVE DATE (MM/DD/YY)	EXPIRATION DATE (MM/DD/YY)	ALL LIMITS (IN THOUSANDS)
	GENERAL LIABILITY				GENERAL AGGREGATE \$ PRODUCTS-COMP/DPS AGGREGATE \$ PERSONAL & ADVERTISING INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (ANY ONE FIRE) \$ MEDICAL EXPENSE (ANY ONE PERSON) \$
	OCGR.				
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per Person) \$ BODILY INJURY (Per Occurrence) \$ PROPERTY DAMAGE \$
	NON-OWNED AUTOS				
					ACTUAL LIMITS BELOW
A	PROFESSIONAL LIABILITY	AHL-0907927	10/04/2006	10/04/2007	1,000,000/INCIDENT 3,000,000 AGGREGATE
	SPEECH LANGUAGE/PATHOLOGIST				

DESCRIPTION OF OPERATIONS/LOCATIONS/COVERED PERSONS/SPECIAL ITEMS
 MEMORANDUM HOLDER IS NAMED AS AN ADDITIONAL INSURED, BUT ONLY AS RESPECTS TO CLAIMS ARISING OUT OF THE SOLE NEGLIGENCE OF THE PERSONS INSURED UNDER THE PROVISIONS OF THIS POLICY.

MEMORANDUM HOLDER
 WARREN COUNTY HEALTH SERVICES
 1340 STATE RT 9
 WAKE GEORGE, NY 12845

SHOULD THE ABOVE DESCRIBED CERTIFICATE BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE MEMORANDUM HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

JOAN F. O'SULLIVAN 03/30/07
 AUTHORIZED REPRESENTATIVE

Joan F. O'Sullivan

Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in box "3" on this form is certifying that it is insuring the business referenced in box "1a" for disability benefits under the New York State Disability Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in box "2". *This Certificate is valid for the earlier of one year after this form is approved by the insurance carrier or its licensed agent, or the policy expiration date listed in box "5c".*

Please Note: Upon the cancellation of the disability benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of NYS Disability Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability Benefits Law.

DISABILITY BENEFITS LAW**§220. Subd. 8**

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article.

Sept

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: Helath Services Payroll Dept. No: 36.0
 Title of Position: Senior Account Clerk #32 Base Salary of Position: \$35,491 Grade: 7
 Filling at Step # (If Known): _____
 Budget code and title: A.4010.110 Health Services Full Time Union Non-Union
 This position is vacated due to: Retirement Resignation Termination Promotion Other
 Employee No./Last Name: #10879/ Baker Date of Vacancy: 9/2/2021
 Is this position mandated? Yes No Is the position reimbursable? Yes No
 Source of reimbursement: Federal _____% State _____% Other _____%

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other _____
Actual Impact to Budget Report will be provided monthly by Human Resources Director.
Candidate's qualifications must be approved by Personnel Officer prior to hiring. Done 8/20/21
Human Resources Director has approved this form when initialed. 17 8/23/21

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

The Administrator has no objection to the filling of the vacancy.
 The Administrator objects to the filling of the vacancy.
 Administrator Signature [Signature] Date 8/23/21

BUDGET OFFICER COMPLETES THIS SECTION

The Budget Officer has no objection to the filling of the vacancy.
 The Budget Officer objects to the filling of the vacancy.
 Budget Officer Signature Frank E. Thomas Date 8/23/21

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health Services
 The committee has no objection to the filling of the vacancy.
 The committee objects to the filling of the vacancy.
 In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
 In the case of an emergency, Committee Chair objects to the filling of the vacancy.
 Ranking Committee Member Signature Edna A. Francis Date 9/20/2021

Amended, Warren County Personnel, May 21, 1999

SENIOR ACCOUNT CLERK

DISTINGUISHING FEATURES OF THE CLASS: This work involves responsibility for independently performing and/or supervising the maintenance and review of financial accounts and records. Employees generally follow a prescribed routine in the performance of moderately difficult accounting duties and in most cases receive only infrequent general instructions. Direct supervision may be exercised over the work of one or more clerical assistants. Does related work as required.

TYPICAL WORK ACTIVITIES: (Illustrative only)

Oversees and classifies a variety of receipts and expenditures and distributes items according to prescribed procedures;
Supervises employees by assigning and reviewing completed work and instructing new employees in specialized accounting keeping activities;
Manages the posting of original entry media to journal and ledger accounts;
Conducts correspondence on matters where policies and procedures are well defined;
Prepares bills and records remittances after computing interest and penalties;
Issues receipts for monies received;
Compiles payroll data, prepares and checks payroll for accuracy;
Compiles data for and prepares and analyzes complex financial and statistical records and reports;
Provides information in response to telephone or personal requests;
Operates computing, calculating, check writing and other office equipment and machines;
Assists in the preparation of unit or departmental budget and in maintaining budget control.

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:

Good knowledge of modern methods of keeping and reviewing financial accounts and records; good knowledge of office terminology, procedures and equipment; good knowledge of business arithmetic and English; ability to understand and carry out oral and written directions; ability to plan and supervise work of others; ability to make arithmetic computations rapidly and accurately; ability to write legibly; ability to get along well with others; clerical aptitude; mental alertness; a high degree of accuracy; courtesy; physical condition commensurate with the demands of the position.

(Cont.)

MINIMUM QUALIFICATIONS: Either:

- (a) Graduation from high school or possession of a high school equivalency diploma and two years of experience in maintaining financial accounts and records; or
- (b) Four years of experience in a clerical position involving the maintenance of financial accounts and records; or
- (c) An equivalent combination of training and experience as defined by the limits of (a) and (b) above.

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: September 20, 2021

- (a) Purpose of Request:
To authorize Health Services to accept \$225 donation.

- (b) Details:
Many donations, which total \$225, were received by the agency in memory of a patient.

- (c) Previous Resolution Number:
N/A

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount:
Revenue: A.4010.2705 Health Services Revenue Gifts and Donations
Expenses: A.4010.439 Health Services Miscellaneous Expense

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

* as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

***If this is the result of a grant award, also complete and submit
Form No. 5 or 6**

DEPARTMENT NAME: Warren County Health Services-Health Education
DATE: September 20, 2021

- (a) **Purpose of Amendment:** To amend the 2021 budget to adjust the Health Services Program to reflect the increase in funds given as a donation to the Homecare Division for **\$225.00**.
- (b) **Appropriation Code (with title), Object Code (with title) and Amount:**
A.4010.439 Health Services-Miscellaneous Expense \$225.00

Revenue Code (with title), and Amount:
A.4010.2705 Health Services –Revenue Gifts & Donations \$225.00

ATTACHMENT #4

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds FOR 2021

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

TRANSFERS FOR 2021 BUDGET

DATE: September 20, 2021

SIGNED: _____

	<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
1	A.4018.0020.110	Family Health-Full Time Salaries	A.4018.0030.110	Disease Program-Full Time Salaries	\$15,000.00
	A.4018.0020.810	Family Health-Retirement Expense	A.4018.0030.810	Disease Program-Retirement Expense	\$1,500.00
	A.4018.0020.830	Family Health-Social Security Expense	A.4018.0030.830	Disease Program-Social Security Expense	\$930.00
	A.4018.0020.831	Family Health-Medicare Expense	A.4018.0030.831	Disease Program-Medicare Expense	\$218.00
2	A.4010.110	Health Services-Full Time Salaries	A.4018.0030.110	Disease Program-Full Time Salaries	\$3,000.00
	A.4010.810	Health Services-Retirement Expense	A.4018.0030.810	Disease Program-Retirement Expense	\$300.00
	A.4010.830	Health Services -Social Security Expense	A.4018.0030.830	Disease Program-Social Security Expense	\$186.00
	A.4010.831	Health Services-Medicare Expense	A.4018.0030.831	Disease Program-Medicare Expense	\$45.00
Total Transfers					\$21,179.00

- 1 To Reclass estimated 3 months of salary and benefits Family Health Nurse to Disease Program. Nurse is assisting Disease program during COVID activities and not MCH at this time.
 2 To transfer funds to cover Call Pay for Staff to cover for Covid related coverage and Disease Program coverage for both Weekends and Holidays, retro to 7/31/21.

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

	2021 BUDGETED	2021 YTD ACTUAL	2020
Salaries - Regular	\$2,635,620.00	\$1,501,178.76	
Salaries - Overtime	\$194,447.00	\$112,280.05	
Salaries - Part Time	\$575,331.00	\$354,090.38	
100's PERSONAL SERVICES	\$3,405,398.00	\$1,967,549.19	
200's EQUIPMENT	\$63,391.52	\$55,950.38	
400's CONTRACTUAL	\$6,220,205.78	\$2,854,415.80	
800's EMPLOYEE BENEFITS	\$1,485,262.00	\$818,390.95	
TOTALS	\$11,174,257.30	\$5,696,306.32	

REVENUES

2021 BUDGETED	2021 YTD ACTUAL	2020
\$8,788,652.68	\$2,599,776.48	

Note: Above please find the financials YTD as of 9/8/2021. We are currently working on closing August Homecare billing. Totals also include expense COVID 19 activities. Salaries for Overtime and Part time reflect those hours for staffing the current COVID Immunization clinics along with expense

Warren County Health Services

Salaries Comparison

2021 v 2020

Total of All Depts	YTD 2021	YTD 2020	YTD 21v20	% Change	Total
Regular Salaries	\$1,501,178.76	\$1,514,293.99	(\$13,115.23)	-0.87%	\$
Overtime Salaries	\$112,280.05	\$79,125.76	\$33,154.29	41.90%	\$
Part Time Salaries	\$354,090.38	\$210,692.98	\$143,397.40	68.06%	\$
TOTALS	\$1,967,549.19	\$1,804,112.73	\$163,436.46	9.06%	\$
% current YTD Salary to Total Budget	57.78%	64.11%			

*Source: Detail G/L report for all Salary Category from 1/1/21-8/29/21.

COVID Clinics began 1/2/2021.

Overall, total salaries are \$163,436.46 or 9.06% over 2020 Salaries. Regular salaries are under 2020 due primarily to positions that remain open in both the CHHA and WIC programs. Part Time and Overtime salaries are over last year primarily due to the Public Health Assistants that were hired to assist in COVID tracking and for related time spent in COVID duties such as COVID Immunization Clinics. Salaries related to COVID activities are Part time salaries of \$197,233.71 or 42.29% of the total Part time salary expense. Overtime is \$55,550.00 or 14.04% of the total Overtime salary expense.

Warren County Health Services
Revenue and Expense Comparison 2021 vs 2020
as of 9/8/21

EXPENSES	2021 YTD Actual as of 9/8/21 G/L	2020 YTD as of 9/8/20 G/L	Variance
Salaries - Regular	\$1,501,178.76	\$1,514,293.99	(\$13,115.23)
Salaries - Overtime	\$112,280.05	\$79,125.76	\$33,154.29
Salaries - Part Time	\$354,090.38	\$210,692.98	\$143,397.40
100's PERSONAL SERVICES	\$1,967,549.19	\$1,804,112.73	\$163,436.46
200's EQUIPMENT	\$55,950.38	\$34,566.99	\$21,383.39
400's CONTRACTUAL	\$2,854,415.80	\$2,473,950.30	\$380,465.50
800's EMPLOYEE BENEFITS	\$818,390.95	\$914,958.71	(\$96,567.76)
TOTALS	\$5,696,306.32	\$5,227,588.73	\$468,717.59

REVENUES	2021 YTD ACTUAL	2020	Variance
	\$2,599,776.48	\$2,584,010.64	\$15,765.84

Comments:

Salaries: (please see previous page) overall are \$163,436.46 or 9.06% above 2020 as of 8/29/21 payroll. Salaries for 2021 are 57.78% of the budget YTD. As stated, due to COVID activities, Per Diem and Part Time staff are now being utilized in the Public Health Department to continue to staff COVID clinics. To also note, both the Overtime and Part time categories reflect the Public Health hours paid for COVID related activities which total \$253,096.41 year to date or 54.27% of the total Overtime and Part time salaries. This includes all Contact Tracers, Staff for COVID clinics, and additional staff hours needed to cover daily COVID related activities.

Equipment: Expenses in 2021 include 3 new vehicles and updated computers needed for the Preventive, Disease, Early Intervention and Preschool Programs.

Contractual Expenses: These are above 2020 primarily due to Preschool Program Expenses. Most of the invoices have been input year to date and to note the transportation costs have increased dramatically from the year before due to children being transported to schools in 2021 then from 2020 during COVID. In 2020, transportation was down as many students were not being transported and their services were being offered virtually.

Employee Benefits: Employee benefits remain under 2020 due to savings in salaries within programs.

Revenues: Revenues reflect the YTD billings to July for CHHA for both years. As we have been stating, COVID was just hitting the communities hard about this time last year, therefore less referrals and due to COVID there are no clinics being held for Rabies and other Immunizations or Travel clinics, therefore , no revenues at this time. There are also no revenues for 2021 related to our Family Health Program (Maternal Child Health program) due to COVID and we are not making any home visits at this time.

Warren County Health Services
Patient Referrals (May or May not have become Patients)
CHHA Division

CATEGORY	01/2020	02/2020	03/2020	04/2020	05/2020	06/2020	07/2020	08/2020	09/2020	10/2020	11/2020	12/2020	
SN Referral	97	88	97	58	70	80	75	85	81	94	76	74	
PRI	0	3	0	1	0	1	1	0	0	4	0	0	
SN Referrals per month	97	91	97	59	70	81	76	85	81	98	76	74	
PT Referral	49	45	42	31	30	60	51	56	68	60	53	50	
PT only	12	6	7	3	4	9	12	12	10	11	12	6	
Total Referrals per month	109	97	104	62	74	90	88	97	91	109	88	80	1089
19 vs 20 (%)	-4	-13	-21	-19	-21	-55	-10	-50	-29	-46	-12	-6%	

CATEGORY	01/2021	02/2021	03/2021	04/2021	05/2021	06/2021	07/2021	08/2021	09/2021	10/2021	11/2021	12/2021	
SN Referral	55	54	73	57	55	59	49						
PRI	1	0	0	1	0	2	3						
SN Referrals per month	56	54	73	58	55	61	52	0	0	0	0	0	
PT Referral	40	39	50	47	41	54	32						
PT only	9	11	12	9	8	11	8						
Total Referrals per month	65	65	85	67	63	72	60	0	0	0	0	0	477
20 vs 21 (%)	-40	-33	-18	8	-15	-20	-32						

VISITS	01/2020	02/2020	03/2020	04/2020	05/2020	06/2020	07/2020	08/2020	09/2020	10/2020	11/2020	12/2020
SN visits	630	548	746	643	678	772	792	730	690	870	813	706
LPN visits	72	62	59	70	52	69	89	97	67	63	87	55
PT visits	326	289	254	190	205	347	364	290	363	351	332	339
OT visits	50	42	61	58	61	44	61	65	61	66	45	46
Speech visits	0	1	4	1	4	9	15	9	8	15	43	37
Total visits per month	1078	942	1124	962	1000	1241	1321	1191	1189	1365	1320	1183

VISITS	01/2021	02/2021	03/2021	04/2021	05/2021	06/2021	07/2021	08/2021	09/2021	10/2021	11/2021	12/2021
SN visits	573	561	686	668	550	624	583					
LPN visits	57	68	76	76	61	67	53					
PT visits	270	309	358	310	282	373	319					
OT visits	54	61	56	29	28	42	42					
Speech visits	32	44	37	26	28	17	24					
Total visits per month	986	1043	1213	1109	949	1123	1021	0	0	0	0	0

Numbers current as of 09/07//2021

Warren County Health Services
Patient Served by Town
CHHA Division

Town	01/2020	02/2020	03/2020	04/2020	05/2020	06/2020	07/2020	08/2020	09/2020	10/2020	11/2020	12/2020
Adirondack	0	0	0	0	0	2	3	3	1	4	4	4
Athol	2	3	2	2	4	2	1	1	0	1	2	1
Bakers Mills	1	1	1	0	1	1	2	2	2	2	1	1
Bolton Landing	6	6	6	6	5	4	5	5	7	5	6	3
Brant Lake	6	3	4	1	4	3	7	5	4	6	5	7
Chestertown	8	7	8	10	10	10	11	8	9	9	6	7
Cleverdale	1	0	0	0	0	0	0	2	3	10	0	0
Diamond Point	2	6	7	3	1	0	2	0	4	5	5	3
Glens Falls	57	48	49	34	37	36	44	46	51	48	41	34
Hague	0	1	0	1	2	2	1	9	4	6	7	6
Johnsburg	3	3	2	2	2	3	3	5	5	4	4	4
Kattskill Bay	1	1	1	1	1	1	1	1	1	1	1	1
Lake George	13	13	11	11	13	12	18	17	16	25	27	22
Lake Luzerne	13	11	10	10	9	9	11	12	11	9	7	9
North Creek	3	3	3	4	1	2	2	1	0	0	0	0
North River	1	2	2	1	1	1	1	1	0	0	0	1
Olmstedville	0	0	0	1	1	1	1	1	2	2	2	2
Pottersville	11	8	5	4	3	4	5	7	4	5	3	4
Queensbury	90	84	92	63	61	66	66	67	66	79	82	72
Riparius	0	0	0	0	0	0	0	0	0	0	0	0
Silver Bay	0	0	0	0	1	2	2	1	0	0	1	2
Stony Creek	0	0	1	1	2	1	1	2	2	0	1	1
Warrensburg	15	17	17	15	16	25	22	20	24	26	18	22
Wevertown	1	1	0	0	0	1	0	0	0	0	1	2
Total	234	218	221	170	175	188	209	216	216	247	224	208

Town	01/2021	02/2021	03/2021	04/2021	05/2021	06/2021	07/2021	08/2021	09/2021	10/2021	11/2021	12/2021
Adirondack	3	4	3	3	2	0	3					
Athol	0	0	4	4	1	0	0					
Bakers Mills	1	1	1	1	1	1	1					
Bolton Landing	3	5	2	2	4	9	12					
Brant Lake	3	1	2	3	1	3	4					
Chestertown	6	6	9	8	5	5	8					
Cleverdale	0	1	2	0	0	0	0					
Diamond Point	5	2	3	2	0	2	3					
Glens Falls	42	46	47	51	52	46	38					
Hague	6	3	2	3	2	3	3					
Johnsburg	4	4	2	5	5	3	2					
Kattskill Bay	0	0	0	0	1	2	0					
Lake George	15	14	15	14	11	18	18					
Lake Luzerne	8	7	7	7	5	6	10					
North Creek	2	3	2	2	3	4	5					
North River	0	0	0	0	0	0	0					
Olmstedville	1	2	2	4	3	2	1					
Pottersville	2	1	2	4	7	6	3					
Queensbury	59	60	76	67	57	66	59					
Riparius	0	0	0	0	0	0	0					
Silver Bay	1	1	1	0	1	2	2					
Stony Creek	1	1	1	0	0	0	1					
Warrensburg	16	20	20	16	13	13	14					
Wevertown	2	1	2	2	2	2	1					
Total	190	183	205	198	176	193	188	0	0	0	0	0

August every Monday	In Person	COVID-19 Vaccination clinics @ HSB	Nancy Parsons & Clinic Staff	Response
August Every Wednesday	In Person	COVID-19 Vaccination Clinics @ GF Take a Bite	Nancy Parsons & Clinic Staff	Response
August Every Thursday	Zoom meeting	Weekly COVID-19 Update Meeting w/ School Superintendents	Ginelle Jones, Pat Belden	Planning
8/18	Webex	Clin-Ops CDMS/NYSIIS Training	Dan Durkee	Planning/Response
8/19	Webex	OHEP-BP3-BPR-3-AFN BPR-3 Access and Functional Needs (AFN) Considerations in Mass Care Settings	Dan Durkee Don Stack	
8/19	Conference Call	Special Olympics COVID-19 planning meeting	Ginelle jones, Pat Belden, Dan Durkee	Planning/Response
8/27	In Person	COVID-19 3 rd Dose Clinic for Immune	Clinic Staff	Response

September Every Tuesday	In Person	COVID-19 Vaccination Clinic @ HSB	Clinic team	Response
September Every Thursday	Zoom Meeting	Weekly COVID-19 Update Meeting w/ School Superintendents	Ginelle Jones, Pat Belden	Planning
9/1	In Person	Annual Chempack Exercise w/ GFH	Dan Durkee	Drill
9/20	Virtual	Mandatory Qtrly Health Emergency Preparedness Coalition meeting	Dan Durkee	Planning/Response
9/22	Webex	ClinOps Presentation	Dan Durkee	Planning/Response

Warren County Public Health Rabies Program August 2021

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 Follow Up by Public Health • Vet's Office • Victim Watching • Victim Treated Rabies PEP • Euthanized Follow Up by ACO Animal needs to be captured and taken to Animal Hospital. Public Health to check after confinement					
	Cats		Dogs		Cats		Dogs		Cats		Dogs		Vet	Victim Watched	Treated with PEP	Refused PEP	Euthanized	ACO Capture
	UTD	NOT UTD	UTD	NOT UTD	UTD	NOT UTD	UTD	NOT UTD	UTD	NOT UTD	UTD	NOT UTD						
Bolton			1													2		
Chester																		
Glens Falls			3	1		1												
Hague						1					1							
Horicon					1	1	1											
Johnsburg																		
Lake George							1				2				1	1		
Lake Luzerne			1															
Queensbury			3	1			5				1			1				
Stony Creek																		
Thurman																		
Warrensburg											1				1			
Totals			8	2	1	3	7				4	1		1	4	1		

*UTD- Up to date

*PEP- Post exposure prophylaxis

Total Bites for August – 32

Specimens tested for rabies this month- 13

Positive specimens for rabies- 0

People pre-approved for rabies post exposure treatment- 15

Rabies Clinics this month- 1

Next Rabies Clinic- September 18th at the Queensbury Community Center from 10 AM-12 PM

WARREN COUNTY PUBLIC HEALTH RABIES CLINICS 2021



Please vaccinate us at one of the following clinics:

Saturday	September 18 th	Queensbury Community Center 742 Bay Road	10:00-Noon
Saturday	October 9 th	North Creek/Johnsburg Dog Park Ski Bowl Road to the Beach	10:00-Noon
Saturday	November 6 th	Queensbury Community Center 742 Bay Road	10:00-Noon

Pets must be 3 months of age to receive their first immunization, which will afford them protection for one year. The next shot (booster) will afford protection for 3 years and is required one year after the first shot was given. From then on, every three years a booster should be given to protect your pet. Both initial and booster shots will be given at all clinics scheduled by Warren County Public Health.

**A \$10.00 donation is requested for each pet.
No one is turned away due to financial hardship.
Please bring dogs on leashes and cats in carriers.**

Call Warren County Public Health at 518-761-6580 with questions.



PROTECT YOURSELF AND YOUR FAMILY FROM RABIES EXPOSURE



What is rabies?

Rabies is a virus that affects the brain and nerves in mammals.

How is rabies spread?

The rabies virus is spread through the saliva of a rabid animal usually because a rabid animal bites another person or animal. The virus may also get into the body through open cuts or wounds, or through eyes, nose, or mouth.

What animals can spread rabies?

Rabies is spread mostly by wild animals. In the United States rabies is usually found in raccoons, skunks, foxes, coyotes, and bats. Domestic animals and farm animals can get rabies from wild animals. This is why it's so important to vaccinate pets and livestock. These are the animals that people are around the most. Pets and stray animals can be the link between wild animals and people. Any mammal can get rabies. Although it is possible for rodents to get the disease, animals like mice, rats, and squirrels almost never carry rabies.

How can I tell if an animal has rabies?

You can't tell if an animal has rabies. When an animal is sick with rabies, it may behave strangely, but a rabid animal may also appear healthy or even tame. The only way to tell if an animal has rabies is by testing it in a laboratory, or for some pets and livestock, by a quarantine to see if rabies develops.

What can I do to prevent rabies?

- Vaccinate your pets!
- Do not attempt to stop fights between your pet and a wild animal.
- Do not feed or handle wild animals. Teach children that although a baby skunk or raccoon may look cute and friendly, it can be very dangerous.
- Do not feed or touch stray animals and avoid all sick, strange-acting, even friendly animals.
- Cover your garbage cans and don't leave pets' food outside where it can attract wild animals.
- Do not keep wild animals as pets. Not only is this dangerous for you and the animal, it's against the law.
- Do not touch or pick up dead animals.
- Leave bats alone.
- Never handle a bat, especially with bare hands. Use thick gloves, tongs, or a shovel to remove a dead bat, or call in bat removal experts. Don't crush the bat with a tennis racquet or other object.
- Do not let your pet play with bats.
- Report dead bats to Warren County Public Health office.
- Keep bats out of the house or other buildings by closing or covering the attic or other dark sheltered areas. Put screens on windows.

What should I do if my pet or I am exposed to an animal that might have rabies?

If you have been bitten, or exposed to an animal's saliva:

- Wash the wound right away with soap and water for ten minutes.
- Call Warren County Public Health office.
- Get a description of the animal that bit you.

If your pet has been bitten, or exposed to an animal's saliva:

- Try to find out what type of animal bit your pet. **Do not touch the attacking animal.**
- Use gloves or a hose to wash your pet's wound. **Do not touch your pet with your bare hands.** There may be saliva from the rabid animal still on your pet even if you don't see a bite or wound.
- Call your veterinarian.
- Call Warren County Public Health office. He or she will know the right steps to protect you and your pet.

What about bats and rabies?

Bats are carriers of rabies and their bite may be too small to notice. In fact, people sleeping in the same room where a bat is found, or children who have been alone in a room with a bat, should contact Warren County Public Health office.

What do I do if I find a bat in my house?

- Close the windows, closet doors, and the door to the room.
- Turn on the lights if the room is dark and wait for the bat to land.
- Wear thick gloves and cover the bat with a coffee can or other hard container. It may be necessary to use a fly swatter or tennis racquet to stop the bat and knock it to the floor.
- Slide a piece of cardboard under the can trapping the bat.
- Tape the cardboard tightly to can.
- Contact your County Public Health office to determine if the bat needs to be tested.



Any live or dead bat that may have had contact with a person should be captured and reported to Warren County Public Health office @ 518-761-6580.
Website: www.warrencountynv.gov/healthservices

