

Warren County Health Services
 Health Services Committee
 AGENDA FOR
 January 24, 2022
 Information Submitted By: Ginelle Jones, DPH/DPS

Health Services Committee Members: Edna Frasier, Peter McDevitt, Andrea Hogan, Claudia Braymer, Ronald Conover. 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 December 2, 2021 Committee meeting.
- III. Action Agenda/New Business

Request Resolution: 1	To appoint and reappoint members of the Warren County Health Services Professional Advisory Committee (PAC) for the term of January 1, 2022 to December 31, 2022 per list that was transmitted with the agenda information, (Attachment #1)
Rationale:	The PAC committee must be appointed annually by board resolution per NYSDOH regulations. A copy of the membership will be on file with the minutes. The meetings are held quarterly and will continue to be held by zoom until further notice.

Request Resolution: 2	To appoint and reappoint members of the Warren County Health Services Local Early Intervention Coordinating Council (LEICC) Committee for the term of January 1, 2022 to December 31, 2022 per list that was transmitted with the agenda information, (Attachment #2)
Rationale:	The LEICC committee must be appointed annually by board resolution per NYSDOH regulations. A copy of the membership will be on file with the minutes. The meetings are held semi- annually and will continue to be held by zoom until further notice.

Request Resolution: 3	To extend one year \$1 Lease Agreement with Hudson Headwaters Health Network (Warrensburg Health Center), authorized in Resolution 109 of 2020 to provide space for Public Health's Women, Infant, and Children (WIC) clinics. (Attachment #3)
Rationale:	Need to extend agreement to ensure provision for accessibility for WIC participants when safe to hold in person clinics. This collaboration strengthens collaboration with HHHN providers also working with WIC eligible families.

Request Resolution: 4	To amend contracts with physical therapists to reflect an additional Start of Care (SOC) rate of \$100. (Attachment #4)
Rationale:	The SOC includes additional OASIS documentation in addition to the visit and evaluation, which is estimated to take 3-4 hours to complete. To attract and maintain therapists, a rate adjustment is requested. The current rates is \$70 and \$80 dollars and the estimated impact, based on current trends is \$5000. This SOC rate was included in the 2022 budget, so a budget amendment is not needed.

Request Resolution: 5	To authorize per diem call in rate for Director of Public Health and Assistant Director of Public Health of \$350/day for Saturdays and Sundays worked, effective January 1, 2022. (Attachment #5)
Rationale:	During budget this rate was discussed as provision that is requested to cover weekends as needed for covid response and future needs. During the pandemic, there has not been a provision to pay the Director or Assistant Director of Public Health for weekend days worked or after hours. The work has far exceeded the general expectations of a salaried employee. For 2022, as some responsibilities have already shifted to NYS, we estimate up to 15 weekends or a total of \$21,000 in addition to \$5,386 fringe, for a total of \$26,386. This expense is anticipated to be covered by State Aid at 36% (\$7,560). The additional \$18,826 is being transferred from CHHA to cover the difference, We are hoping the need for this this is winding down, but provision must be in place, not knowing what the future holds.

Request Resolution: 6	To authorize agreement with Queensbury Union Free School District for Committee on Preschool Special Education (CPSE) services for Warren County eligible children. (Attachment #6)
Rationale:	Warren County is in need of service providers to offer CPSE services to eligible children in Warren County. Revenue for these services is 59.5%.

Request Resolution: 7	To enter assignment agreement with MobileHelp, LLC dba Clear Arch Health. Honeywell/Resideo Life Care Solutions sold the business to MobileHelp, LLC dba Clear Arch Health. Health Services hereby consents to the assignment of services from Honeywell/Resideo Life Care Solutions to MobileHealth LLC dba Clear Arch Health upon the same terms and conditions as the current agreement. (Attachment #7)
Rationale:	This agreement is related to telehealth services. The vendor providing the service sold the company to a new vendor. All the terms remain the same with the new vendor.

Request Resolution: 8	To amend NYSDOH/HRI ELC Grant (HRI Contract # 6823-01) to receive \$200,000 additional funding, not to exceed \$1,930,012 and extend grant period through March 2023. (Attachment #8)
Rationale:	Warren County received an ELC Grant to help schools 7/1/21-7/31/22. NYS advised Warren County would receive \$200,000 additional funding to cover community related expenses for outreach and education to promote vaccination, boosters, and mask use, in addition funding can be used to help with clinic expenses.

Request Resolution: 9	To amend the 2022 budget to reflect receipt of additional NYSDOH/HRI ELC Grant funding in the amount of \$200,000. (Attachment #9)
Rationale:	Tawn Driscoll, Fiscal Manager, will be available during the meeting to discuss.

Request Resolution: 10	To amend the 2022 budget to reflect per diem call in pay for 2022, State Aid portion only, \$7560. (Attachment #10)
Rationale:	Tawn Driscoll, Fiscal Manager, will be available during the meeting to discuss.

Request Resolution: 11	To transfer funds. (Attachment #11)
Rationale:	Tawn Driscoll, Fiscal Manager, will be available during the meeting to discuss.

I. Information for Discussion/Review

Report of Revenues and Expenditures for 2021

Please see **Attachment #12**. 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 #13**.

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

Status of Referrals

Please see **Attachment #14 A/B** for the report.

Emergency Response and Preparedness

Please see **Attachment #15** for the report.

Rabies Report:

Please see **Attachment #16** for the report.

Meeting/ Conference Authorizations: (Attachments #17 and #18)

- 1) Jodi Brynes attended a Home Care Association virtual conference: Nuts and Bolts December 14-15, 2021. The cost was \$249, which was in the budget. **(Attachment #17)**
- 2) The 7 WIC staff (Sara Hettel, Beth Paquette, Jolie Navatka, Jamie Martin, Jamie Clute, Crystal Harrington, and Cassandra Rausch) will be attending the 2022 Annual WIC Conference virtually. The cost is \$150/participant for a total of \$1,050. **(Attachment #18)**

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)

IV. Motion to adjourn the Health Services Meeting

Attachments:

1. Resolution Request: Appointment of Professional Advisory Committee Members
2. Resolution Request: Appointment of the Local Early Intervention Coordinating Council Committee Members
3. Resolution Request: Hudson Headwaters Health Network Lease Agreement /WIC Clinic
4. Resolution Request: amend Physical Therapist Contracts to reflect Start of Care Rate
5. Resolution Request: Director/Assistant Director Per Diem Call In Rate
6. Resolution Request: Contract with Queensbury School for CPSE Services
7. Assignment Agreement MobileHelp LLC dba Clear Arch Health
8. Resolution Request: NYS/HRI ELC Grant Amendment
9. Resolution Request: Resolution Request: 2022 Budget Amendment ELC Grant
10. Resolution Request: 2022 Budget Amendment Per Diem Administrative Call In
11. Resolution Request: To Transfer Funds for 2022
12. Report of Revenues and Expenditures for 2021
13. Revenue and Expense Comparison Report for 2020 vs 2021
14. Report of Referrals Status **A/B**
15. Emergency Response and Preparedness Activities Report
16. Rabies Report
17. Meeting Authorization: HCA Home Health Nuts and Bolts (Virtual)
18. Meeting Authorization: 2022 WIC Conference (Virtual)

RESOLUTION REQUEST FORM NO. 1

Request to Appoint or Reappoint Member of Committee, Board or Agency*

****If more than one person is being appointed, please attach additional sheets***

DEPARTMENT NAME: Health Services

DATE: January 24, 2022

- (a) Name of Appointee: **See attached member list**
- (b) Is this a Reappointment? **yes** If so, please provide the Resolution No. which authorized the last appointment of this individual **33 of 2021**
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If person is being Appointed as a Representative of a Specific Group/Agency, please list their Affiliation and Title **See attached member list**
- (e) Address of Appointee:
- (f) Title of Appointment: **Warren County Health Services Professional Advisory Committee**
- (g) Effective Date of Appointment: **January 1, 2022**
- (h) Termination Date of Appointment: **December 31, 2022**
- (i) Name of Person Being Replaced (if applicable): **(Changes)**
Julie Smith (Retired from Greater Adirindack Home Health Aides- GAHA) and Joan Grishkot (Passed in 2021) will be removed from Committee list.
Trish McKinney (New Executive Director of GAHA) will be appointed to replace Julie Smith.
- (j) Reason for Replacement:
Julie Smith due to retirement and Joan Grishkot due to passing in 2021. Health Services would like to express appreciation to both for their years of dedicated service!

Warren County Board of Supervisors

RESOLUTION No. 33 OF 2021

RESOLUTION INTRODUCED BY SUPERVISORS FRASIER, McDEVITT, CONOVER, HOGAN AND STROUGH

APPOINTING MEMBERS OF PROFESSIONAL ADVISORY COMMITTEE FOR THE HEALTH SERVICES DEPARTMENT

RESOLVED, that the following members of the Professional Advisory Committee for the Health Services Department, as listed on Schedule "A" annexed hereto and made a part hereof, be, and hereby are appointed for a one-year term commencing January 1, 2021 and terminating December 31, 2021.

WARREN COUNTY
PROFESSIONAL ADVISORY COMMITTEE

01/2022

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<i>Name</i>	<i>Title</i>
Hillary Alycon	Mgr- Infection Prevention and Control Glens Falls Hospital
Sarah Arnold	PHN Communicable Disease Program Warren Co. Health Services
Pat Auer	Consumer Past Director
Paul Bachman	MD Medical Director, Certified Home Health Agency
Stephen Bassin	Physical Therapist
Patricia Belden	Assistant Director Public Health Warren Co. Health Services
William Borgos	MD Medical Director, Public Health
Sara Deukmejian	ARHN Coordinator Adirondack Health Institute
Tawn Driscoll	Financial Manager Warren Co. Health Services
Joseph Dufour	FNP Irongate Family Practice
Daniel Durkee	Senior Health Educator/ Emergency Preparedness Coordinator Warren Co. Health Services
Christian Hanchett	Commissioner of Social Services Warren County
Donna Healy	Professor of Nursing /Health Sciences Division Chair SUNY Adirondack
Susan Hughes	Director, Community Maternity Services
Ginelle Jones	Director Warren County Health Services
Richard Leach	MD, Tuberculosis & Infectious Disease Program Consultant
Richard Mason	Community Member
Erik Mastrianni	Children With Special Needs

WARREN COUNTY
PROFESSIONAL ADVISORY COMMITTEE

01/2022

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<i>Name</i>	<i>Title</i>
	Program Manager
Deanna Park	Director of Office of Aging
Nancy Parsons	RN Immunization Program Warren County Health Services
Valerie Whisenant	Assistant Director Patient Services Warren County Health Services
Trish McKinney	Executive Director Greater ADK Home Health Aides
Rob York	Director of Community Services Warren & Washington Counties

RESOLUTION REQUEST FORM NO. 1

Request to Appoint or Reappoint Member of Committee, Board or Agency*

****If more than one person is being appointed, please attach additional sheets***

DEPARTMENT NAME: Health Services

DATE: January 24, 2022

- (a) Name of Appointee: **See attached member list**
- (b) Is this a Reappointment? **yes** If so, please provide the Resolution No. which authorized the last appointment of this individual **34 of 2021**
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If person is being Appointed as a Representative of a Specific Group/Agency, please list their Affiliation and Title **See attached member list**
- (e) Address of Appointee: **See attached list**
- (f) Title of Appointment: **Warren County Health Services Local Early Intervention Coordinating Council (LEICC) Committee**
- (g) Effective Date of Appointment: **January 1, 2022**
- (h) Termination Date of Appointment: **December 31, 2022**
- (i) Name of Person Being Replaced (if applicable): **(Changes)**
Sarah Matte has left Head Start.
Relacing Sarah with Amber Mahoney, who is associated with Head Start
- (j) Reason for Replacement:
Sarah Matte resigned from Head Start.

Warren County Board of Supervisors

RESOLUTION NO. 34 OF 2021

RESOLUTION INTRODUCED BY SUPERVISORS DRISCOLL, MAGOWAN, DICKINSON, SMITH AND FRASIER

AUTHORIZING THE CHAIR OF THE BOARD OF SUPERVISORS AND THE WARREN COUNTY TREASURER TO EXECUTE AN APPLICATION FOR YOUTH PROGRAM FUNDS FROM THE NEW YORK STATE OFFICE OF CHILDREN & FAMILY SERVICES AS OUTLINED IN THE 2020 RESOURCE ALLOCATION PLAN

WHEREAS, the Comprehensive Plan for Youth Services requires that the Resource Allocation Plan be prepared annually, which Plan is comprised of Warren County's program and project applications for youth service funds, and

WHEREAS, the Human Services Committee, as well as the Youth Board have recommended the State Aid resources for youth projects in 2020 be allocated as outlined in the Resource Allocation Plan, in a total amount of Fifty-Four Thousand Seven Hundred Twenty-Seven Dollars (\$54,727) and

WHEREAS, these documents have been prepared according to the Rules and Regulations of the New York State Office of Children & Family Services, now, therefore, be it

RESOLVED, that the Commissioner of Social Services is hereby authorized to submit an application to the New York State Office of Children & Family Services for the 2020 Resource Allocation Plan and upon notification of approval of the availability of State funds, the Chair of the Board of Supervisors and the County Treasurer be, and hereby are, authorized to execute the Warren County Comprehensive Planning Resource Allocation Agreement for 2020 and any and all documents required to implement the Resource Allocation Plan, and all agreements within the scope of such plan to qualify Warren County for State reimbursement for youth programs in 2020.

WCPH LOCAL EARLY INTERVENTION COORDINATION COUNCIL
1340 STATE ROUTE 9, LAKE GEORGE NY 12845

MEMBER LIST
(NON-
EMPLOYEE)

Auer, Pat	518-798-5251	16 Oakwood Drive, Queensbury NY 12804 pwauer@aol.com
Bourdeau, Meshele	518-696-6453	PO Box 484 – 18 Hill Street Lake Luzerne, NY 12846 mbourdeau101108@gmail.com
Breen, Tammy	518-761-6287	Warren County DSS Supervisor of Children's Services tammy.breen@dfa.state.ny.us
Chico, Kristen	518-683-1201	9 Sagamore Street Glens Falls NY 12801 kristenlarms@yahoo.com
Conine, Pam	518-798-7972	Southern Adirondack Child Care Network 88 Broad Street, Glens Falls, NY 12801 coninep@saccn.org
Grover, Dorothy	518-260-0716	Queensbury Union Free School District Aviation Road, Queensbury NY 12804 grover.dorothy@gmail.com Also: Brilliant Therapies, Physical Therapist
Mahoney, Amber	518-798-7555 x218	Warren County Head Start 11 Pearl Street, Glens Falls, NY 12801 Education@wchsny.org
Meilhede, Dr. Lauren	518-798-9538	Adirondack Pediatrics 84 Broad Street #3, Glens Falls NY 12801 lmeilhede@gmail.com
Terry, Tracy	518-761-6362	Warren County Preventive Services Human Services Bldg., Lake George, NY 12845 cynthia.mulcahy@dfa.state.ny.us
Utz-Meagher, Kevin	518-581-3069	Capital District DDSO 3 Care Lane Suite 200 Saratoga Springs, NY 12866
York, Robert	518-792-7143	Office of Community Services for Warr. and Wash. Co 230 Maple Street Suite 1, Glens Falls, NY 12801 Yorkr@warrencountyny.gov

WCPH LOCAL EARLY INTERVENTION COORDINATION COUNCIL
1340 STATE ROUTE 9, LAKE GEORGE NY 12845

MEMBER LIST
(EMPLOYEES)

Belden, Pat	X 7690	WCPH Assistant Director
Gillis, Diana	X 8732	EI-Support Staff
Jones, Ginelle	X 6583	WCHS/WCPH Director
LaLone, Emily	X 7608	EI Service Coordinator/ChildFind Coordinator
Madison, Julie	X 8739	EI Service Coordinator
Mastrianni, Erik	X 8709	CSHCN Program Mgr / EI Service Coordinator
McLaughlin, Robin	X 6389	Therapy Supervisor
Sharron, Cheryl	X 6541	EI Service Coordinator
Toolan, Debbie	X 6469	CPSE Support Staff
Whisenant, Val	X 6593	WCHS Assistant Director

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: January 24, 2022

- (a) Purpose of Request: **To extend one year \$1 Lease Agreement with Hudson Headwaters Health Network (Warrensburg Health Center), authorized in Resolution 109 of 2020, to provide space for Public Health's WIC Clinics.**
- (b) Details:
**Hudson Headwaters Health Network: 3767 Main St, Warrensburg, NY 12885:
Contact Claire Flemming 518-623-2844 x 21851; cfliming@hhdhn.org
Warren County WIC is currently remote, however provision is needed when it is safe to offer in person services.**
- (c) Previous Resolution Number: **109 or 2020 and 29 of 2021**
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: **A.4013.411 WIC Rent Expense**

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

*** as listed in budget and LOGOS**

Warren County Board of Supervisors

RESOLUTION NO. 29 OF 2021

RESOLUTION INTRODUCED BY SUPERVISORS FRASIER, MCDEVITT, CONOVER, HOGAN AND STROUGH

AUTHORIZING CONTINUATION OF A LEASE AGREEMENT WITH HUDSON HEADWATERS HEALTH NETWORK FOR USE OF SPACE AT THE WARRENSBURG HEALTH CENTER FOR PUBLIC HEALTH'S MONTHLY WIC CLINIC

RESOLVED, that the Warren County Board of Supervisors hereby authorizes the continuation of a lease agreement (the previous lease agreement being authorized by Resolution No. 109 of 2020) with Hudson Headwaters Health Network for use of space located at the Warrensburg Health Center, 3767 Main Street, Warrensburg, New York 12885 for Public Health's monthly (2) day WIC clinic for an amount of One Dollar (\$1), for a term commencing March 1, 2021 and terminating February 28, 2022, and the Chair of the Board of Supervisors be, and hereby is, authorized to execute a lease agreement, in a form approved by the County Attorney, and be it further

RESOLVED, that the funds shall be expended from Budget Code A.4013 411 W.I.C., Rent-Building/Property.

Warren County Board of Supervisors

RESOLUTION NO. 109 OF 2020

RESOLUTION INTRODUCED BY SUPERVISORS McDEVITT, BEATY, CONOVER, BRUNO, FRASIER, MAGOWAN AND SHEPLER

AUTHORIZING A LEASE AGREEMENT WITH HUDSON HEADWATERS HEALTH NETWORK FOR USE OF SPACE AT THE WARRENSBURG HEALTH CENTER FOR PUBLIC HEALTH'S MONTHLY WIC CLINIC AND RATIFYING THE ACTIONS OF THE CHAIRMAN OF THE BOARD IN EXECUTING SAID LEASE AGREEMENT

WHEREAS, the Director of Public Health/Patient Services has requested that the County enter into a lease agreement with Hudson Headwaters Health Network for use of space located at the Warrensburg Health Center, 3767 Main Street, Warrensburg, New York 12885 for Public Health's monthly (2 day) WIC clinic for an amount of One Dollar (\$1), for a term commencing retroactive to March 1, 2020 and terminating February 28, 2021, and

RESOLVED, that the Warren County Board of Supervisors hereby authorizes a lease agreement with Hudson Headwaters Health Network for use of space located at the Warrensburg Health Center, 3767 Main Street, Warrensburg, New York 12885 for Public Health's monthly (2) day WIC clinic for an amount of One Dollar (\$1), for a term commencing retroactive to March 1, 2020 and terminating February 28, 2021, in a form approved by the County Attorney, and does ratify the actions of the Chairman of the Board in signing said lease agreement prior to approval by the Board of Supervisors, and be it further

RESOLVED, that the funds shall be expended from Budget Code A.4013 411 W.I.C., Rent-Building/Property.

LEASE AGREEMENT

DATE OF THIS LEASE: March 1, 2020

PARTIES TO THIS LEASE AND ADDRESSES:

Landlord: Hudson Headwaters Health Network
9 Carey Road
Queensbury, NY 12804

Tenant: Warren County Health Services – Women, Infants and Children Group
1340 State Route 9
Lake George, NY 12845

THE PARTIES, FOR GOOD AND VALUABLE CONSIDERATION, THE RECEIPT AND SUFFICIENT OF WHICH IS HEREBY ACKNOWLEDGED, AGREE AS FOLLOWS:

1. **Term:** The term of this Lease shall be one year (1) year commencing on March 1, 2020, and expiring on March 1, 2021, with access to and use of the Premises (as defined below) only on the third Wednesday and Thursday of each calendar month. If Tenant would like to change its days during a month or request additional days, Tenant must submit such request to Landlord in writing at least one week in advance. Landlord will decide in its sole discretion whether to approve or deny Tenant's request, and Tenant understands that nothing except the days specified in this Lease are guaranteed. Tenant understands, acknowledges and agrees that Landlord and other parties will use the Premises during the time in which it is not rented by Tenant. The parties may extend the term of the lease by signing a written extension prior to the end of the present term.

2. **Premises:** Specifically, the "Second Floor CBO Office" located on the second level of the Warrensburg Health Center owned by Landlord located at Health Center Plaza, 3767 Main Street, Warrensburg, New York, accessible by both external doors to the building, consisting of approximately 378 square feet as more specifically described in Attachment A hereto (the "Premises"), together with all fixtures and equipment located within the Premises plus access to and use of the common areas and parking lot for the building.

3. **Rent:** The annual rent will be \$1 payable in advance.

4. **Agreement to Lease and Pay Rent:** Landlord leases to Tenant, and Tenant takes and rents from Landlord, upon and subject to the terms, conditions, covenants and provisions hereof, the Premises.

5. **Utilities, Additional Rent and Other Charges:** The costs and expenses for all utilities for the Premises is included in the rent.

6. **Permitted Use:** Tenant may use and occupy the Premises only to operate a Women, Infants and Children awareness program for its group open to the area residents. Tenant shall not use or occupy or permit the Premises to be used or occupied, nor do or permit anything to be done in or on the Premises, in a manner which will violate any certificate of occupancy affecting the Premises, or which will cause or be likely to cause structural damage to the building or any part thereof, or which will constitute waste or a public or private nuisance, or for any unlawful purpose.

7. **Default:** If Tenant fails to pay or performance of any covenants and agreements on the part of Tenant contained in this Lease, Landlord shall have the right to terminate this Lease immediately, may enter or re-enter and take possession of the Premises and bar entry to Tenant, and may take any other action as may be permitted by law or in equity.

8. **Condition:** Tenant shall clean the Premises after each use of the Premises, emptying the trash and removing all personal property, and shall maintain the Premises in clean and presentable condition, at least as clean as it was when received. Tenant shall immediately notify Landlord of any damage to or problems with the Premises. Tenant agrees that at the end of the term or renewal term, as the case may be, Tenant will surrender the Premises in good condition, ordinary wear and tear excepted.

9. **Termination:** Each of Tenant and Landlord may terminate this Lease at any time without cause upon at least 30 days prior written notice to the other party.

10. **Assignment:** Tenant shall not assign this Lease nor sublet the Premises, nor any part thereof, nor permit the use by another without prior written consent of Landlord. The terms of this Lease shall be binding on the heirs, personal representatives and valid successors and assigns of the parties.

11. **Amendments:** This Lease can be modified or changed only by an agreement in writing signed by the parties to the Lease.

12. **Quiet Enjoyment:** Landlord covenants that upon Tenant paying the rent and observing all the other covenants of this Lease, Tenant shall peaceably and quietly enjoy the Premises for the term of this Lease, subject to Landlord's right of entry for inspection or repair of the Premises. Notwithstanding the foregoing, Landlord may close the building at any time during the term of this Lease in case of inclement weather, dangerous conditions, power or utility outages, or any other reason that may affect Tenant's safe access and use of the Premises. In such a situation, the parties will mutually agree upon a different date for Tenant to use the Premises to make up for the date it was closed.

13. **No Warranties:** Landlord shall have no obligation to provide to the Tenant or the Premises any services, except as specifically set forth in this Lease. Landlord does not warrant that any system, service, equipment or furniture to be provided by Landlord, or any other systems or services which the Landlord may provide, (a) shall be adequate for Tenant's particular purposes or (b) shall be free from interruption or reduction.

14. **Tenant's Obligations:** Tenant shall promptly reimburse Landlord for the cost of repairs and replacements for any and all damage caused to the Premises either negligently or intentionally by Tenant or its guests and invitees. Tenant shall have no right or authority to make any alterations to, perform any work on or improve the Premises without the prior written consent of Landlord.

15. **Insurance:** Tenant shall maintain, at its own expense, general liability insurance on the premises in the amount of \$1,000,000 per occurrence and in the aggregate for personal injury, bodily injury and property damage, naming Landlord as an additional insured on a primary, non-contributory basis, with waiver of subrogation.

16. **Indemnification:** Except for the negligence or willful misconduct of Landlord, Tenant covenants to indemnify and hold harmless Landlord, and all of its officers, directors, employees, agents, contractors, patients, guests and invitees (collectively, the "Releasees"), from and against any, claim, demand, suit or action which may be asserted against a Releasee by a third party, or any cost incurred, including reasonable attorneys fees incurred in defense of the same, arising out of Tenant's occupancy and use of the Premises, and the operations, acts, omissions or misconduct of Tenant or the Tenant's agents, contractors, employees, guests and/or invitees. To the extent that Landlord's claim for indemnification by Tenant is covered by Tenant's insurance as set forth in Section 15 above, Tenant's aggregate liability under this Section 16 shall be limited to the aggregate amount of insurance coverage.

17. **Limitation of Liabilities:** Landlord shall not be liable for any injury, damage or loss to Tenant, Tenant's property, Tenant's business, Tenant's guest or invitees or to any other person or property resulting from any cause, except to the extent caused by the gross negligence or willful misconduct of Landlord or its employees, agents or contractors.

18. **Compliance with Applicable Law:** Landlord and Tenant each represent and warrant that the rent is not determined in any way or manner that takes into account, directly or indirectly, the volume or value of any referrals or other business generated between the parties for which payment may be made in whole or in part under any federal or state health care program. Landlord and Tenant each represent and warrant that it has not received or been promised anything of value to enter into this Lease with the other. It is the intention of the parties that this Lease comply with all federal and state laws and regulations.

19. **Entire Agreement:** This Lease contains the entire agreement between the parties concerning the Premises and no prior oral or written statements or representations, if any, of any party hereto or any representative of a party hereto, not contained in this instrument, shall have any force and effect.

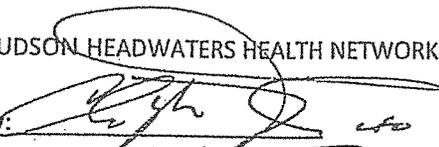
20. **Authorized Representative:** Landlord and Tenant warrant that they are authorized to enter into this Lease, that the person signing on behalf of each is duly authorized to execute the Lease and that no other signatures are necessary, and agree that once signed, this Lease will be binding and enforceable against them.

[signatures appear on the following page]

IN WITNESS WHEREOF, the parties have caused this Lease to be executed by their duly authorized representative as of the date first above written.

LANDLORD:

HUDSON HEADWATERS HEALTH NETWORK

By: 

Name:

Title:

Christopher Tournier
CEO

TENANT:

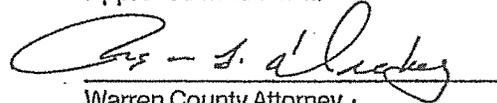
WARREN COUNTY HEALTH SERVICES

By: 

Name: Frank Thomas

Title: Chairman of the Board

Approved as to Form:


Warren County Attorney,
2nd Assistant

ATTACHMENT A

Description of Premises

The Premises consists of one room on the second-floor of the building, just north of the southeast corner of the building, approximately 21 x 18 feet in length, consisting of 378 square feet, with a single door in the northwest corner of the room. The room is named the "Second Floor CBO Room" and is accessed through a common waiting area outside the door and near the stairs and elevator located on the eastern wall of the building. The room is also accessible through adjoining common areas from the stairs and elevator on the western wall of the building.

Please see attached floor layout showing the exact location of the room on the second floor.

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Health Services

DATE: January 24, 2022

- (a) Purpose of Contract Change: **To amend contracts with physical therapists to reflect an additional Start of Care (SOC) rate of \$100.**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract:
- (c) Name of Contractor: **Current CHHA Physical Therapists**
- (d) Address of Contractor:
- (e) Contractor's Contact Person and Telephone Number:
- (f) Commencement Date of Extension: **Effective: January 1, 2022**
- (g) Termination Date of Extension:
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. **SOC vouchered with appropriate SOC documentation completed.**
- (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.4010.470 Health Services Contract Expense *Already in 2022 Budget, no budget amendment needed.****

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

*as listed in budget and LOGOS

**Warren County Health Services
Therapy Rates
2022 Budget
*Effective 1/1/2022**

Certified Home Health Agency- Therapy Rates for Home Care Patients

Region	Evaluation	Revisit	Meetings <small>*Applies all contractors for mandatory and approved meetings</small>
Region 1	\$70	\$55	\$40
Region 2	\$80	\$75	\$40

Physical Therapists Start of Care (SOC) Rate

Region	SOC
Region 1	\$100
Region 2	\$100

*Physical Therapists are only therapists that do SOC's, which include first visit and evaluation.

Early Intervention Services Only

Region	Evaluation	Revisit	Extended Visit <small>With IFSP Approval</small>	Supplemental Evaluations	Meetings <small>Applies all contractors for mandatory and approved meetings</small>
Region 1	\$50	\$50	\$70	\$117	\$40
Region 2	\$57	\$57	\$70	\$117	\$40

Preschool/ Committee Preschool Special Education (CPSE)/Approved IEP

Region	Basic Visit	Group Visit per CPSE Child	Meetings <small>Applies all contractors for mandatory and approved meetings</small>
Region 1	\$53	\$44	\$40
Region 2	\$60	\$44	\$40

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: January 24, 2022

- (a) Purpose of Request: To authorize per diem call in rate for Director of Public Health and Assistant Director of Public Health of \$350/day for Saturdays and Sundays worked, effective January 1, 2022
- (b) Details: During budget this rate was discussed as provision that is requested to cover weekends as needed for covid response and future needs. During the pandemic, there has not been a provision to pay the Director or Assistant Director of Public Health for weekend days worked or after hours. The work has far exceeded the general expectations of a salaried employee. For 2022, as some responsibilities have already shifted to NYS, we estimate up to 15 weekends or a total of \$21,000 in addition to \$5,386 fringe, for a total of \$26,386. This expense is anticipated to be covered by State Aid at 36% (\$7,560). The additional \$18,826 is being transferred from CHHA to cover the difference. We are hoping the need for this this is winding down, but provision must be in place, not knowing what the future holds.
- (c) Previous Resolution Number: N/A
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: A.4018.110 Preventive Program Full Time Salaries

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: January 24, 2022

- (a) Is this a Result of a Bid or Request for Proposal? **No**
- (b) Purpose of Contract: **To provide Committee on Preschool Special Education (CPSE) services for Warren County eligible children.**
- (c) Name of Contractor: **Queensbury Union Free School District**
- (d) Address of Contractor: **431 Aviation Rd., Queensbury, NY 12804**
- (e) Contractor's Contact Person and Telephone Number:
Dorothy Grover 518-824-1613 email dgrover@queensburyschool.org
- (f) Has or will the Contract be provided, if so, please attach:
- (g) Commencement Date of Contract: **March 1, 2022**
- (h) Termination Date of Contract: **Automatic annual renewal with 30 day written termination notice 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. **Receipt of required documentation and voucher.**
- (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 Program Educational 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

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: January 24, 2022

- (a) Purpose of Request: **To enter assignment agreement with MobileHelp, LLC dba Clear Arch Health. Honeywell/Resideo Life Care Solutions sold the business to MobileHelp, LLC dba Clear Arch Health. Health Services hereby consents to the assignment of services from Honeywell/Resideo Life Care Solutions to MobileHealth LLC dba Clear Arch Health upon the same terms and conditions as the current agreement.**
- (b) Details: **See above. Same terms and conditions in current agreement.**
- (c) Previous Resolution Number: **123 of 2019**
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: **A.4010.428 Health Services Data Processing and Internet Fees**

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

* as listed in budget and LOGOS

Warren County Board of Supervisors

RESOLUTION No. 123 OF 2019

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

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

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

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

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

*R 7975
Total
Contract #
2019-00000208
Fedone to
Resideo
& paid in
2019*

To: DeCesare, Diane

Subject: FW: Life Care Solutions Has Been Acquired by Clear Arch Health

From: Manley, Susan <Susan.Manley@resideo.com>

Sent: Tuesday, January 4, 2022 3:50 PM

Subject: Life Care Solutions Has Been Acquired by Clear Arch Health

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or on clicking links from unknown senders.



A Division of **MobileHelp***

resideo life care solutions

Dear Loyal Customer,

We are excited to announce that Resideo Life Care Solutions has been acquired by Clear Arch Health, a division of MobileHelp, the leading provider of M-PERS (mobile personal response emergency systems) in the United States. By combining Life Care Solutions' validated LifeStream software with Clear Arch Health's robust portfolio, we will be expanding our product offering and services to provide you with more enhanced options in innovative remote patient management and life safety tools.

These include:

- Integrated Remote Life Safety/Personal Emergency Response System (PERS)
- End-to-End logistics services
- Clinical Monitoring
- Continuous glucose monitoring
- White label packaging and branding

What this means for you

You can expect this change to have little (if any) impact on our normal business operations. Contacts, email communications and invoicing procedures during this initial period of transition will remain as they have been. Your sales manager and clinical consultants will be reaching out to you directly. They will provide additional information and answer any questions you may have. In the interim, our customer service team is available to help. Call 888-353-5404 and select Option 1.

validated LifeStream software with Clear Arch Health's robust portfolio, we will be expanding our product offering and services to provide you with more enhanced options in innovative remote patient management and life safety tools.

These include:

- Integrated Remote Life Safety/Personal Emergency Response System (PERS)
- End-to-End logistics services
- Clinical Monitoring
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Please view the official [announcement](#) and be on the alert for updates as they may occur. Thank you for your partnership and we look forward to an exciting New Year as the Clear Arch Health story continues.

Thank you!



Susan Manley

Director of Service Operations

**** Resideo WARNING: This email was sent from outside of Resideo and the sender cannot be verified. Use CAUTION before opening file attachments, links, or replying to the email. For additional information please contact the Resideo Service Desk ****

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 RESIDIO LIFE CARE SOLUTIONS d/b/a HONEYWELL ("Provider"), located at 3400 Intertech Drive, Suite 200, Brookfield, Wisconsin 53045.

1. The County and the Provider agree that the Provider shall provide five (5) Genesis Personal Touch Tablet A Kits with Scale, SP02 (pulse oximeter) and Blood Pressure Cuff and monthly monitoring services as described in Schedule "A."

2. In consideration of the services to be provided by the Provider, the County shall pay the Provider an amount not to exceed Six Thousand Three Hundred Twenty-Five Dollars (\$6,325) for the purchase of said tablets, and a recurring monthly monitoring fee not to exceed One Hundred Sixty-Five Dollars (\$165) per month, which includes a \$3 interface fee and \$30 built in 4G cellular fee per monitor, for a term commencing March 15, 2019 and automatically renewing annually unless there is an increase in price exceeding five percent (5%), or until terminated by either party. The County shall not be liable to the Provider for any additional work or other services and/or expenses unless otherwise agreed to in writing by the County and provided for in a resolution issued by the Board of Supervisors. The County shall make payments within thirty (30) days after each time the services have 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, which alone shall be responsible for their work, direction and compensation. Nothing in this Agreement shall impose any liability or duty on the County 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.

4a. The Contract Documents consist of the following: this Agreement; Schedule "A;" Schedule "B" - System Supply Agreement; and Resolution No. 123 of 2019. These documents form the Contract, and are attached to this Agreement with the exception of subsequent agreements which shall become part of this Agreement when and if fully executed. In the event that conflicts are found to exist among the contract documents, this Agreement shall govern;

b. Both parties acknowledge that County has a trained, competent, and a fully equipped staff that fully satisfies provisions 3 and 5 of the System Supply Agreement;

c. Provision 2 of this Agreement is to be read in place of Provision 6 of the System Supply Agreement;

d. Any risk of loss or limited liability provisions set forth herein does not waive packaging, loading of goods and/or defective products.

5. Federal and State Requirements

a. The Provider shall comply with any required equal opportunity requirements of grants or state or federal law and with Article 15 of the Executive Law of the State of New York (also known as the Human Rights Law) and all other federal and state statutory and constitutional non-discrimination provisions.

b. The Provider represents that he has all necessary or required licenses required by Federal or State Law and is in compliance with any requirements thereof or will have such licenses and be in compliance before work shall commence under this agreement.

c. If this is a public work contract covered by Article 8 of the Labor Law or a building service contract covered by Article 9 thereof, neither Provider's employees nor the employees of its subcontractors may be required or permitted to work more than the number of hours or days stated in said statutes, except as otherwise provided in the Labor Law and as set forth in prevailing wage and supplement schedules issued by the State Labor Department. Furthermore, Contractor and its subcontractors must pay at least the prevailing wage rate and pay or provide the prevailing supplements, including the premium rates for overtime pay, as determined by the State Labor Department in accordance with the Labor Law. Additionally, effective April 28, 2008, if this is a public work contract covered by Article 8 of the Labor Law, the Contractor understands and agrees that the filing of payrolls in a manner consistent with Subdivision 3-a of Section 220 of the Labor Law shall be condition precedent to payment by the State or any State approved sums due and owing for work done upon the project.

6. To the fullest extent permitted by law, Provider shall indemnify, hold harmless and defend Warren County, its boards, officers, employees and volunteers against any and all losses, claims, actions, demands, damages, liabilities, or expenses, including but not limited to attorney's

fees and all other costs of defense, by reason of the liability imposed by law or otherwise upon Warren County, its boards, officers, employees and volunteers for damages because of bodily injuries, including death, at any time resulting therefrom, sustained by any person or persons, including Provider's employees, or on account of damages to property including loss of use thereof, arising directly or indirectly from the performance of Provider's work or from any of the acts or omissions on the part of the Provider, its employees, agents, representatives, materialmen, suppliers, and/or subcontractors, including defective product liability. If such indemnity is made void or otherwise impaired by any law controlling the construction thereof, such indemnity shall be deemed to conform to the indemnity permitted by law, so as to require indemnification, in whole or in part, to the fullest extent permitted by law.

Provider shall strictly observe and comply with all safety laws, rules, and regulations (including but not limited to the Federal Occupational Safety and Health Act, the New York Labor Law, and all regulations promulgated pursuant to such laws) and to provide such protection as necessary to protect its workers and the workers of other contractors. In the event that additional safety measures are required, Provider agrees that it will install or procure such additional safety measures at its sole expense. To the fullest extent permitted by law, Provider shall hold harmless, indemnify and defend Warren County, its boards, officers, employees and volunteers against all losses, claims, fines, or expenses, including but not limited to attorney's fees, resulting from the enforcement of these laws and for related acts of its officers, employees, subcontractors, suppliers, and materialmen.

7. 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.

8. Residio Life Care Solutions d/b/a Honeywell, its employees, and subcontractors will keep all information supplied by the County confidential and will employ reasonable safeguards against any disclosure of such information. Such information will not be disclosed except as authorized by law. Residio Life Care Solutions d/b/a Honeywell will further ensure that all persons having access to its computer system, database or records of persons monitored for the County under this Agreement have signed a Confidentiality Agreement, copies of which are to be provided to the County upon request. All materials or information of confidential and to employ all reasonable safeguards to prevent any disclosure of such materials or information to any non-Warren County entities, including safeguards concerning the copying of same. The County will further ensure that no monitored individual, including family members and friends, are given any information concerning Residio Life Care Solutions d/b/a Honeywell, specifically telephone numbers and location.

Nothing herein will be construed as preventing Residio Life Care Solutions d/b/a Honeywell from providing information respecting monitored individuals when lawfully compelled to do so by a court of competent jurisdiction. Nothing herein will be construed as limiting Residio Life Care Solutions d/b/a Honeywell's right to access information within any monitoring system supplied pursuant to this Agreement as is necessary for the proper operation of the monitoring system.

9. This Agreement shall commence upon execution by both parties and continue unless terminated by either party with or without cause at any time or for convenience upon thirty (30) days written notice to the Provider. 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.

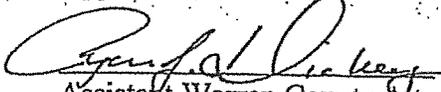
10. Any notice given in connection with this Agreement shall be given in writing and shall be delivered either by hand to the party or by mail or overnight delivery to the party's address stated above.

11. All parties agree that they have read and reviewed the attached Resolution, know and understand its contents. If the resolution incorporates a provision(s) limiting the payment amount of a contract, all parties acknowledge that the County of Warren will not be held liable for payment above that amount. All parties further acknowledge that the payment amount listed in the resolution is not controlling, if the contract payment amount is a lesser amount of than what is stated in the resolution.

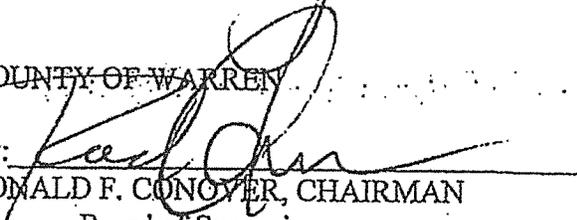
12. This is the entire Agreement of the parties and cannot be changed or modified except by mutual written agreement. If any part of this Agreement shall be held unenforceable, the rest of this Agreement will nevertheless remain in full force and effect. This Agreement may be executed in any number of 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 and brought exclusively before the United States District Court for the Northern District of New York or the appropriate State court located within the County of Warren.

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 F. CONOVER, CHAIRMAN
Board of Supervisors

Date 4-25-19

RESIDIO LIFE CARE SOLUTIONS d/b/a
HONEYWELL

By: CB Stojelczyk

Title GM

Date: 6/6/19

RESOLUTION REQUEST FORM NO. 6

Request to Amend or Extend Existing Grant

DEPARTMENT NAME: Health Services

DATE: January 24, 2022

- (a) Purpose of Grant Amendment: **To amend NYSDOH/HRI ELC Grant (HRI Contract # 6823-01) to receive \$200,000 additional funding, not to exceed \$1,930,012 and extend grant period through March 2023.**
- (b) Resolution No. which Authorized Original Application and Grant: **267 of 2021**
- (c) Name of Grantor: **NYSDOH /Health Research Institute (HRI)**
- (d) Address of Grantor: **150 Broadway, Suite 560, Albany, NY 12204**
- (e) Grantor's Contact Person and Telephone Number: **Mary Beth Vannucci; 518-473-2903/518-522-4396 email: marybeth.vannucci@health.ny.gov**
- (f) Has or Will the Grant Amendment or Grant Extension be provided, if so, Please Attach? **Waiting on HRI**
- (g) Effective Date of Amendment or Extension: **1/1/2022**
- (h) Termination Date of Amendment or Extension: **March 2023**
- (i) Total Dollar Amount Involved (not to exceed): **\$1,930,012**
- (j) Is a Budget amendment required? **yes** If yes, please complete and submit Form No. 7.
- (k) Are the funds to go into a Capital Project or Capital Reserve Project? If yes, also complete and submit Form No. 8 or Form No. 9, as applicable.
- (l) Is a Local Share Required? **No** If Yes, Where are the Funds? List Budget Code, Object Code, Full Title* and Amount **OR** Capital Project **OR** Capital Reserve Project Number and Title and Amount: **A.4194 Public Health ELC Schools Grant Expenses and Revenues (Personnel full time and part time salaries, fringe, and miscellaneous)**

Sample: A.1010 470 Legislative Board – Contract Sxx.xx

Capital Project No. H289.9550 480 – Old Jail Renovations Sxx.xx

*as listed in budget and LOGOS

Warren County Board of Supervisors

RESOLUTION No. 267 OF 2021

RESOLUTION INTRODUCED BY SUPERVISORS FRASIER, MCDEVITT, CONOVER, HOGAN AND STROUGH

AUTHORIZING SUBMISSION OF A GRANT APPLICATION TO THE NEW YORK STATE DEPARTMENT OF HEALTH/HEALTH RESEARCH INSTITUTE TO ENABLE WARREN COUNTY SCHOOL DISTRICTS AND DAYCARE CENTERS TO ESTABLISH COVID-19 TESTING AND SCREENING IN ORDER TO MAINTAIN IN-PERSON LEARNING

RESOLVED, that the Warren County Board of Supervisors hereby authorizes the Chair of the Board of Supervisors to execute and submit a grant application to the New York State Department of Health/Health Research Institute, 150 Broadway, Suite 560, Albany, New York 12204, to enable Warren County School Districts and Daycare Centers to establish COVID-19 testing and screening in order to maintain in-person learning, for an amount not to exceed One Million Seven Hundred Thirty Thousand Twelve Dollars (\$1,730,012), for a term commencing July 1, 2021 and terminating July 31, 2022, and be it further

RESOLVED, that upon notification of the grant award, the Chair of the Warren County Board of Supervisors be, and hereby is, authorized to execute the grant agreement and/or grant agreements and any and all other necessary documents relating to said agreement, in a form approved by the County Attorney, and be it further

RESOLVED, that if any further State funding becomes available during the term of this contract, no further resolution will be necessary to accept these funds and the Chair of the Board of Supervisors is authorized to execute any documents necessary to receive the funds, and be it further

RESOLVED, that should the term of this grant be extended, the Chair of the Board of Supervisors is hereby authorized to execute any relative grant extensions in a form approved by the County Attorney without the need for further Board resolution.

RESOLUTION REQUEST FORM NO. 6

Request to Amend or Extend Existing Grant

DEPARTMENT NAME: Health Services

DATE: January 24, 2022

- (a) Purpose of Grant Amendment: **To amend NYSDOH/HRI ELC Covid CommCare Grant (HRI Contract # 6437-01) to receive \$200,000 additional funding, not to exceed \$783,368 and extend grant period through March 31, 2023.**
- (b) Resolution No. which Authorized Original Application and Grant: **315 od 2020 and 17 of 2022**
- (c) Name of Grantor: **NYSDOH /Health Research Institute (HRI)**
- (d) Address of Grantor: **150 Broadway, Suite 516, Menands, NY 12204-2719**
- e) Grantor's Contact Person and Telephone Number: **Cori Lewis; 518-408-2063 email: cori.lewis@health.ny.gov/ NYSPHEP@health.ny.gov**
- (f) Has or Will the Grant Amendment or Grant Extension be provided, if so, Please Attach? **Waiting on HRI**
- (g) Effective Date of Amendment or Extension: **1/1/2022**
- (h) Termination Date of Amendment or Extension: **March 2023**
- (i) Total Dollar Amount Involved (not to exceed): **\$783,368**
- (j) Is a Budget amendment required? **yes** If yes, please complete and submit Form No. 7.
- (k) Are the funds to go into a Capital Project or Capital Reserve Project? **If yes, also complete and submit Form No. 8 or Form No. 9, as applicable.**
- (l) Is a Local Share Required? **No** If Yes, Where are the Funds? List Budget Code, Object Code, Full Title* and Amount **OR** Capital Project **OR** Capital Reserve Project Number and Title and Amount: **A.4193 Public HealthCovid Commcare Grant Expenses and Revenues (Personnel full time and part time salaries, fringe, and miscellaneous)**

Sample: A.1010 470 Legislative Board – Contract Sxx.xx

Capital Project No. H289.9550 480 – Old Jail Renovations Sxx.xx

*as listed in budget and LOGOS

Warren County Board of Supervisors

RESOLUTION NO. 315 OF 2020

RESOLUTION INTRODUCED BY SUPERVISORS MCDEVITT, BEATY, CONOVER, BRUNO, FRASIER, MAGOWAN AND SHEPLER

AUTHORIZING SUBMISSION OF A GRANT APPLICATION TO THE NEW YORK STATE DEPARTMENT OF HEALTH GRANTS ADMINISTRATION/HEALTH RESEARCH INSTITUTE FOR EPIDEMIOLOGY AND LABORATORY CAPACITY (ELC) COVID-19 ENHANCED DETECTION FUNDING

RESOLVED, that the Warren County Board of Supervisors hereby authorizes the Chairman of the Board of Supervisors to execute and submit a grant application to the New York State Department of Health Grants Administration/Health Research Institute, 150 Broadway, Suite 516, Albany, New York 12204, for Epidemiology and Laboratory Capacity (ELC) COVID-19 Enhanced Detection funding, for an amount not to exceed One Million Two Hundred Sixty-One Thousand Three Hundred Seventy-Nine Dollars (\$1,261,379), for a term commencing July 1, 2020 and terminating June 30, 2022, and be it further

RESOLVED, that upon notification of the award of said grant funds, the Chairman of the Warren County Board of Supervisors be, and hereby is, authorized and directed to execute any and all grant documents on behalf of the County of Warren relative to the above grant, in a form approved by the County Attorney, and be it further

RESOLVED, that if any further Federal or State funding becomes available during the term of this contract, no further resolution will be necessary to accept these funds and the Chairman of the Board of Supervisors is authorized to execute any documents necessary to receive the funds.

Warren County Board of Supervisors

RESOLUTION NO. 17 OF 2022

RESOLUTION INTRODUCED BY SUPERVISORS DICKINSON AND MERLINO

AMENDING WARREN COUNTY BUDGET FOR 2022 FOR VARIOUS DEPARTMENTS WITHIN WARREN COUNTY

WHEREAS, the Finance Committee has recommended amending the Warren County Budget for 2022 as set forth herein, now, therefore, be it

RESOLVED, that the following budget amendments are approved and authorized:

<u>CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
DEPARTMENT OF PUBLIC HEALTH.		
<u>ESTIMATED REVENUE</u>		
A.4018.0036 4411	Preventive Program, COVID 19 Vaccine Response, COVID 19 Vaccine Response	\$150,000.00
A.4193 4408	Public Health-COVID-ComCare, Public Health-COVID-ComCare	314,492.00
<u>APPROPRIATIONS</u>		
A.4018.0036 110	Preventive Program, COVID 19 Vaccine Response, Salaries-Regular	20,000.00
A.4018.0036 130	Salaries-Part Time	20,000.00
A.4018.0036 410	Supplies	740.00
A.4018.0036 424	Postage	1,000.00
A.4018.0036 428	Data Processing & Internet Fees	1,000.00
A.4018.0036 436	Advertising Fees	100,000.00
A.4018.0036 442	Automotive - Gas & Oil	200.00
A.4018.0036 810	Retirement	4,000.00
A.4018.0036 830	Social Security	2,480.00
A.4018.0036 831	Medicare Contribution	580.00
A.4193 120	Public Health-COVID-CommCare, Salaries-Overtime	5,000.00
A.4193 130	Salaries-Part Time	253,499.00
A.4193 410	Supplies	1,000.00
A.4193 423	Telephone	7,885.00
A.4193 424	Postage	1,000.00

Jones, Ginelle

From: doh.sm.NYSPHEP <NYSPHEP@health.ny.gov>
Sent: Wednesday, January 26, 2022 3:02 PM
To: Jones, Ginelle; Driscoll, Tawn
Cc: Conner, Meredith J (HEALTH); Desrosiers, Marie J (HEALTH); Lewis, Cori L (HEALTH); doh.sm.Prevention.Agenda
Subject: Budget Modification for ELC COVID Contract - 12/10/21 Supplement
Attachments: WarrenCounty_2020-2023_ELC-COVID_20220119.xlsx

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or on clicking links from unknown senders.

Dear Public Health Partner,

Congratulations! Warren County is eligible for a \$200,000 supplement to your existing ELC COVID contract. This supplemental funding is available immediately and can cover costs dating back to December 10, 2021, in support of any of your ELC COVID contract deliverables.

Budget Modification Instructions:

The attached template includes your current budget with a new column added for the supplement. Please reduce your Restricted Emergency Placeholder Funding by the amount of your supplemental award and reallocate it to those columns named 12/10/21 Supplement. Submit the budget modification, as well as a signed budget summary page, to NYSPHEP@health.ny.gov as soon as possible but not later than 2/9/22.

If you have questions, please feel free to contact us at NYSPHEP@health.ny.gov.

Thank you,

Ashley Kelly
Grants Administration
New York State Department of Health
150 Broadway, Suite 516
(518) 408-2063
(518) 408-5820 (fax)
NYSPHEP@health.ny.gov

Jones, Ginelle

From: Bauer, Ursula (HEALTH) <Ursula.Bauer@health.ny.gov>
Sent: Friday, January 7, 2022 10:05 AM
To: Jones, Ginelle
Cc: Moore, Ryan; Driscoll, Tawn; Delorenzo, Marie; DeLorenzo, Tammie; Durkee, Dan; Belden, Patricia
Subject: RE: Application for \$65M

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or on clicking links from unknown senders.

Hi Ginelle,

Yes, thanks for the summary. This is correct – if you need to adjust percentages and so forth, you'll have the opportunity when HRI sends the official paperwork.

Best,
Ursula

From: Jones, Ginelle <jonesg@warrencountyny.gov>
Sent: Friday, January 7, 2022 10:03 AM
To: Bauer, Ursula (HEALTH) <Ursula.Bauer@health.ny.gov>
Cc: moorer@warrencountyny.gov; Driscoll, Tawn <driscollt@warrencountyny.gov>; Delorenzo, Marie <delorenzom@WarrenCountyNY.gov>; delorenzot@warrencountyny.gov; Durkee, Dan <durkeed@warrencountyny.gov>; Belden, Patricia <beldenp@warrencountyny.gov>
Subject: Application for \$65M

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

Ursula,

Thank you for meeting with me today and for your assistance with Warren County's funding application! Per our discussion, I requested \$200,000 which will be provided through a budget amendment to the ELC grant which extends to March of 2023. HRI will be forwarding more information. This \$200,000 is for community efforts to promote mask use, vaccination, booster, and testing. I advised to utilize 30% Personnel (vax and testing), 30% Personnel (mask enforcement- planning to utilize new health educator), 15% Personnel (boosters), and 25% Public Awareness (advertising, signage etc) We discussed enforcement could be following up on call complaints, notifying businesses, advising of mandate and complaint, and offering education and signage to promote compliance. We also discussed purchasing rapid tests and making them more readily available. While this isn't the main focus for the funding , on a limited basis funding could be utilized.

The intent was for the funding to cover 12/2021-2/1/2022, but the funding is available through March 2023.

Thank you again and Have a nice day!
Ginelle

Ginelle Jones
Director of Public Health and Patient Services
Warren County Health Services

1340 State Route 9
Lake George, NY 12845
Work: 518-761-6580
Cell: 518-321-0150



From: Bauer, Ursula (HEALTH) <Ursula.Bauer@health.ny.gov>
Sent: Friday, January 7, 2022 8:15 AM
To: Jones, Ginelle <jonesg@warrencountyny.gov>
Cc: Moore, Ryan <MooreR@warrencountyny.gov>
Subject: RE: Application for \$65M - How can I help?

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or on clicking links from unknown senders.
How about 8:45?

From: Jones, Ginelle <jonesg@warrencountyny.gov>
Sent: Friday, January 7, 2022 7:59 AM
To: Bauer, Ursula (HEALTH) <Ursula.Bauer@health.ny.gov>
Cc: moorer@warrencountyny.gov
Subject: Re: Application for \$65M - How can I help?

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

Thank you Ursula! I do have a meeting at 10. I can vm be available anytime before that. Just let me know.
Thank you and look forward to working with you!
Have a nice day!
Ginelle

Sent from my iPhone

On Jan 7, 2022, at 7:42 AM, Bauer, Ursula (HEALTH) <Ursula.Bauer@health.ny.gov> wrote:

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or on clicking links from unknown senders.

Hi Ginelle,
I will call you at 10:15, if that works, or let me know another time that would work before noon. The afternoon is pretty tight timewise. Looking forward to getting the application in. What has worked with

some other counties is I fill out the form with you on the line, giving me the information. Then we can talk through any questions. Will that work?

Thanks!

Ursula

From: Jones, Ginelle <jonesg@warrencountyny.gov>
Sent: Thursday, January 6, 2022 9:06 PM
To: Bauer, Ursula (HEALTH) <Ursula.Bauer@health.ny.gov>
Cc: moorer@warrencountyny.gov
Subject: Application for \$65M - How can I help?

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

Ursula,

I would like to call you tomorrow so you can assist. I can be reached at direct line 518-761-6583 or cell 518-321-0150 at your convenience.

Thank you for your willingness to assist!

Ginelle

Ginelle Jones

Director of Public Health and Patient Services

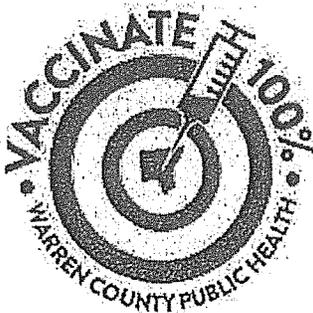
Warren County Health Services

1340 State Route 9

Lake George, NY 12845

Work: 518-761-6580

Cell: 518-321-0150



From: Bauer, Ursula (HEALTH) <Ursula.Bauer@health.ny.gov>
Sent: Thursday, January 6, 2022 6:24 AM
To: Jones, Ginelle <jonesg@warrencountyny.gov>
Cc: Moore, Ryan <MooreR@warrencountyny.gov>
Subject: Re: Application for \$65M - How can I help?

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or on clicking links from unknown senders.

Hi Ginelle,

So glad you'll request the funds. This money will come to you as a budget mod to existing ELC funds. Yes, the activity you describe would qualify as enforcement, along with setting an expectation that people

comply, and reinforcing that masking and vaxing are how we keep the community safe. We have signage on the web that you can also provide to businesses to help get the word out.

Thanks!

Ursula

Ursula E Bauer, PhD, MPH
Deputy Commissioner for Public Health
New York State Department of Health

From: Jones, Ginelle <jonesg@warrencountyny.gov>
Sent: Wednesday, January 5, 2022 9:07:50 PM
To: Bauer, Ursula (HEALTH) <Ursula.Bauer@health.ny.gov>
Cc: moorer@warrencountyny.gov <moorer@warrencountyny.gov>
Subject: Application for \$65M - How can I help?

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

Ursula,

Thank you again for reaching out, Warren County is hoping to submit the survey by the Friday deadline.

I am still unclear with the requirements to receive this funding for mask enforcement and eligible expenses.

Wondering if you could provide a brief summary?

Would Warren County be eligible if we follow up on mask related complaints by phone? For example if a caller reports a business by phone or email and someone from Warren County (Public Health or another department) called the business to provide education on the mandate and encourage mask use? Would that qualify?

It also appears Warren County would be eligible to utilize this funding for vaccination and booster efforts?

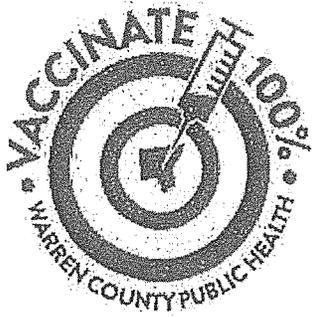
Also how is the money awarded? Is money received for participation? Or does the county voucher for expenses? Can funding be used for existing staff making these calls or offering support?

Thank you for your anticipated clarification.

Have a nice night!

Ginelle

Ginelle Jones
Director of Public Health and Patient Services
Warren County Health Services
1340 State Route 9
Lake George, NY 12845
Work: 518-761-6580
Cell: 518-321-0150



From: Bauer, Ursula (HEALTH) <Ursula.Bauer@health.ny.gov>
Sent: Friday, December 31, 2021 7:17 PM
To: Jones, Ginelle <jonesg@warrencountyny.gov>
Subject: RE: Application for \$65M - How can I help?

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or on clicking links from unknown senders.
Yes, Jan 7 – and I can submit for you if easier. Thanks!

From: Jones, Ginelle <jonesg@warrencountyny.gov>
Sent: Friday, December 31, 2021 6:58 PM
To: Bauer, Ursula (HEALTH) <Ursula.Bauer@health.ny.gov>
Subject: RE: Application for \$65M - How can I help?

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

Please confirm this is due 1/7?
Thank you and Have a Happy New Year!
Ginelle

Ginelle Jones
Director of Public Health and Patient Services
Warren County Health Services
1340 State Route 9
Lake George, NY 12845
Work: 518-761-6580
Cell: 518-321-0150



From: Bauer, Ursula (HEALTH) <Ursula.Bauer@health.ny.gov>
Sent: Friday, December 31, 2021 12:20 PM
To: Jones, Ginelle <jonesg@warrencountyny.gov>
Subject: Application for \$65M - How can I help?
Importance: High

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or on clicking links from unknown senders.

Hello Director Jones,

Please see attached and below for a simple application for Warren County's share of the new \$65M related to activities around mask and vax. The survey monkey link below only takes a minute to complete. Or, if you prefer, please send the info requested in the attached form and I can submit the application on your behalf. Please let me know how I can help Warren County LHD submit your request.

Best,
Ursula

Ursula E Bauer, PhD, MPH
Deputy Commissioner for Public Health
New York State Department of Health
ursula.bauer@health.ny.gov
(o) 518-474-1220
(m) 518-807-3540

From: doh.sm.Prevention.Agenda <prevention@health.ny.gov>
Sent: Tuesday, December 28, 2021 5:57 PM
To: Santilli, Loretta A (HEALTH) <loretta.santilli@health.ny.gov>
Cc: Bauer, Ursula (HEALTH) <Ursula.Bauer@health.ny.gov>; Kharfen, Michael (HEALTH) <Michael.Kharfen@health.ny.gov>; Christensen, Diane M (HEALTH) <diane.christensen@health.ny.gov>; Conner, Meredith J (HEALTH) <meredith.conner@health.ny.gov>; Roberts, Shane (HEALTH) <Shane.Roberts@health.ny.gov>; Cuomo-Whitney, Susan M (HEALTH) <susan.cuomo-whitney@health.ny.gov>; Irani, Priti R (HEALTH) <priti.irani@health.ny.gov>
Subject: Application for Funds: \$65M announced 12/20 - due Fri 1/7
Importance: High

Dear LHD Commissioners and Public Health Directors and Deputies/Assistant Directors (all bcc'd):

Attached please find an initial application to receive funding in support of COVID-19 mitigation efforts to include administering vaccines and boosters and supporting masking in indoor public places. These funds were announced by Governor Hochul on December 20, 2021. Please complete the application (one per county) using the link below no later than Friday, January 7, 2022. (The word document is provided so you can review the questions in advance.) Your returned application will initiate the budget processes to support this expanded activity.

Thank you.

<https://www.surveymonkey.com/r/covid19-funding>

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
DATE: January 24, 2022

- (a) **Purpose of Amendment:** To amend the 2022 budget to reflect both the Revenue and Expenses related to Department code (A.4193) for HRI-COVID-COMMCARE Grant. It is Health Services and reflects the additional funds to be given from Health Research Inc. to support the current expenses related to working with public in Warren County of \$200,000.
- (b) Appropriation Code (with title), Object Code (with title) and Amount:
- | | |
|---|--------------|
| A.4193.110 Public Health-COVID-COMMCARE-Full Time Salaries | \$ 51,000.00 |
| A.4193.130 Public Health-COVID-COMMCARE-Part Time Salaries | \$ 76,500.00 |
| A.4193.410 Public Health-COVID-COMMCARE-Supplies | \$ 5,000.00 |
| A.4193.424 Public Health-COVID-COMMCARE-Postage Expense | \$ 1,000.00 |
| A.4193.435 Public Health-COVID-COMMCARE-Medical Supplies | \$ 24,000.00 |
| A.4193.436 Public Health-COVID-COMMCARE-Advertising Exp | \$ 20,000.00 |
| A.4193.810 Public Health-COVID-COMMCARE-Retirement Expense | \$ 12,750.00 |
| A.4193.830 Public Health-COVID-COMMCARE-Social Security Exp | \$ 7,905.00 |
| A.4193.831 Public Health-COVID-COMMCARE-Medicare Expense | \$ 1,845.00 |

Revenue Code (with title), and Amount:

A.4193.4408 Public Health-COVID-COMMCARE- Revenue \$200,000.00

*Note: Warren County Health Services was notified by HRI on 1/7/22 that additional funding of \$200,000 for (7/1/21-3/31/23) has been awarded for a total grant now not to exceed \$783,368 for COVID expenses related to the COMM CARE Grant for testing purposes. Listed above are estimated expenses for 1/1/22-3/31/23. This amount reflects current requests with the State needed for staffing and fringe for both full and part time employees towards Vaccinations, testing, and Boosters. Also for additional test kits needed for the public. Also expenses related to promoting mask wearing and for expenses related to advertising/supplies and postage to educate those in Warren County. (Contract 6437-01)

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

DATE: January 24, 2022

- (a) **Purpose of Amendment:** To amend the 2022 budget to reflect both the Revenue and Expenses related to Department code (A.4018) for Call in Pay for the Director and Assistant Director of Public Health. This reflects the additional funds to be given from the State to support the current expenses related to this expense of **\$7,560.**
- (b) Appropriation Code (with title), Object Code (with title) and Amount:
A.4018.110 Preventive Program-FullTime Salaries **\$ 7,560.00**

Revenue Code (with title), and Amount:
A.4018.3404 Preventive Program-CH Assessment-Public Health Revenue
\$7,560.00

NOTE: This is to authorize a Per Diem "Call In" rate for the Director of Public Health and the Assistant Director of Public Health for \$350/day for Saturday and Sundays worked effective 1/1/2022. The total amount with fringe is \$26,386 reflects 15 weekends of call ins and related expenses are: \$21,000 in salary and related basic fringes such as Retirement Expense of (18%), Social Security Expense (6.20%) and Medicare Expense (1.45%) . We anticipate that we will be able to voucher the state for State Aid on the salary portion only of \$21,000 and get reimbursed at the current 36% or \$7,560. We will be transferring funds from the Homecare to Preventive program to cover the salaries and fringe related to this total. Therefore, all salary and fringe related to this has been covered by either State Aid or Transfers adjustments.

ATTACHMENT #10

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds FOR 2022

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

TRANSFERS FOR 2021 BUDGET

SIGNED: _____

DATE: January 24, 2022

	<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
1	A.4010.110	Health Services-Full Time Salaries	A.4018.110	Preventive Program-Full Time Salaries	\$13,440.00
	A.4010.810	Health Services-Retirement Expense	A.4018.810	Preventive Program-Retirement Expense	\$3,780.00
	A.4010.830	Health Services-Social Security Expense	A.4018.830	Preventive Program-Social Security Expense	\$1,302.00
	A.4010.831	Health Services-Medicare Expense	A.4018.831	Preventive Program-Medicare Expense	\$304.00

2

Total Transfers **\$18,826.00**

1 To transfer funds from CHHA to Preventive program to cover Salary/fringes not covered by State Aid for CALL IN for Director and Asst Director of Public Health for 2022.

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

Warren County Health Services
Revenue and Expense Comparison 2021 vs 2020
as of 12/31/21 (1/15/22 Not final)

EXPENSES	2021 YTD Actual as of 12/31/21 G/L	2020 YTD as of 12/31/20 Final G/L	Variance
Salaries - Regular	\$2,257,145.86	\$2,282,599.40	(\$25,453.54)
Salaries - Overtime	\$155,258.31	\$155,260.24	(\$1.93)
Salaries - Part Time	\$533,265.12	\$376,208.79	\$157,056.33
100's PERSONAL SERVICES	\$2,945,669.29	\$2,814,068.43	\$131,600.86
200's EQUIPMENT	\$69,942.71	\$61,278.51	\$8,664.20
400's CONTRACTUAL	\$4,355,107.14	\$5,358,402.77	(\$1,003,295.63)
800's EMPLOYEE BENEFITS	\$1,280,654.01	\$1,339,421.44	(\$58,767.43)
TOTALS	\$8,651,373.15	\$9,573,171.15	(\$921,798.00)

REVENUES	2021 YTD ACTUAL	2020	Variance
	\$4,481,053.01	\$7,383,780.00	(\$2,902,726.99)

Comments:

Salaries: (please see previous page) overall are \$131,600.86 or 4.68% above 2020 as of 12/31/21 payroll. Salaries for 2021 are 83.57% of the budget YTD. As stated, due to COVID activities, Per Diem and Part Time staff were 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 \$398,965.03 year to date or 57.95% 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 below 2020 as we still have to close year end. The Preschool and Early Intervention Program Expenses/Accruals still need to be finalized. To note the transportation costs have increased dramatically from the year before due to children being transported to schools in this year 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 November for CHHA for both years. We are in the process of closing December for CHHA and also still need to finalize our revenues related to Preschool, Early Intervention and WIC expenses. These usually are not finalized til March or later. 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 were only a few clinics being held for Rabies and Flu clinics, therefore, less revenues at this time. There were 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. There is also no Travel Clinic at this time either.

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2021 AS OF 1/15/2022 7:53:17 PM

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

CODE(S): 4010, 4013, 4054, 4190, 4018, 4189, 4191, 4192, 4193, 4194

EXPENSES	2021 BUDGETED	2021 YTD ACTUAL	2020 Prior Year Totals
Salaries - Regular	\$2,665,375.44	\$2,257,145.86	\$2,282,599.40
Salaries - Overtime	\$187,947.00	\$155,258.31	\$155,260.24
Salaries - Part Time	\$671,263.13	\$533,265.12	\$376,208.79
100's PERSONAL SERVICES	\$3,524,585.57	\$2,945,669.29	\$2,814,068.43
200's EQUIPMENT	\$153,002.52	\$69,942.71	\$61,278.50
400's CONTRACTUAL	\$6,786,128.49	\$4,355,107.14	\$5,358,402.78
800's EMPLOYEE BENEFITS	\$1,503,871.06	\$1,280,654.01	\$1,339,421.44
TOTALS	\$11,967,587.64	\$8,651,373.15	\$9,573,171.15

REVENUES	2021 BUDGETED	2021 YTD ACTUAL	2020 Prior Year Totals
	\$9,509,510.71	\$4,481,053.01	\$7,383,780.29

Note: Above please find the financials 2021 YTD as of 1/15/2022. We are currently working on closing December Homecare billing. Totals also include expenses related to COVID 19 activities. Salaries for Overtime and Part time reflect those hours for staffing the current COVID Immunization clinics along with expenses related to Contact Tracers. Above, we are working on quarterly reports for the last quarter 2021 and COVID related grants. Year end totals in revenues also still need to reflect Revenues related to Preschool and Early intervention programs once year end information is finalized.

Warren County Health Services

Salaries Comparison

2021 v 2020

	YTD 2021	YTD 2020	YTD 21v20	% Change	Total Budget 2021	to 12/31/20 Total Actual 2020
Total of All Depts						
Regular Salaries	\$2,257,145.86	\$2,282,599.40	(\$25,453.54)	-1.12%	\$2,665,375.44	\$2,282,599.40
Overtime Salaries	\$155,258.31	\$155,260.24	(\$1.93)	0.00%	\$187,947.00	\$155,260.24
Part Time Salaries	\$533,265.12	\$376,208.79	\$157,056.33	41.75%	\$671,263.13	\$376,208.79
TOTALS	\$2,945,669.29	\$2,814,068.43	\$131,600.86	4.68%	\$3,524,585.57	\$2,814,068.43
% current YTD Salary to Total Budget	83.57%	100.00%				

Source: Detail G/L report for all Salary Category from 1/1/21-12/31/21.

COVID Clinics began 1/2/2021.

Overall, total salaries are \$131,600.86 or 4.68% over 2020 Salaries. Regular salaries are under 2020 due primarily to positions that remain open in both the CHHA and WIC programs. Part time 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-19 duties such as COVID Immunization Clinics. Salaries related to COVID activities are Part time salaries of \$316,425.97 or 45.96% of the total Part time salary expense while Overtime is \$2,232.66 or 11.94% of the total YTD. For COVID related expenses such as CLINICS and support, Overtime is \$52,978.95 and Part time is \$156,332.18. Salaries are currently 83.57% of the budget. Part time Salaries reflect both the additional nursing staff hired to assist during COVID Immunization clinics & the Contact Tracers. Also to note, within Full time Salaries, \$17,253.66 are salaries related to ARPA expenditures for three Supervisors.

ATTACHMENT #12

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	57	45	42	40		
PRI	1	0	0	1	0	2	3	1	1	2	4		
SN Referrals per month	56	54	73	58	55	61	52	58	46	44	44	0	
PT Referral	40	39	50	47	41	54	32	48	40	30	36		
PT only	9	11	12	9	8	11	8	8	10	5	13		
Total Referrals per month	65	65	85	67	63	72	60	66	56	49	57	0	705
20 vs 21 (%)	-40	-33	-18	8	-15	-20	-32	-32	-38	-55	-35		

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	618	457	381	385		
LPN visits	57	68	76	76	61	67	49	65	43	33	35		
PT visits	270	309	358	310	282	373	319	264	308	261	310		
OT visits	54	61	56	29	28	42	42	38	32	31	28		
Speech visits	32	44	37	26	28	17	24	10	5	2	2		
Total visits per month	986	1043	1213	1109	949	1123	1017	995	845	708	760	0	

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
Katyskill 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	1	1	1	0	
Athol	0	0	4	4	1	0	0	0	3	3	1	
Bakers Mills	1	1	1	1	1	1	1	1	1	1	1	
Bolton Landing	3	5	2	2	4	9	12	11	6	3	3	
Brant Lake	3	1	2	3	1	3	4	3	1	1	2	
Chestertown	6	6	9	8	5	5	8	7	8	8	6	
Cleverdale	0	1	2	0	0	0	0	0	0	0	0	
Diamond Point	5	2	3	2	0	2	3	3	1	0	0	
Glens Falls	42	46	47	51	52	46	38	31	30	27	29	
Hague	6	3	2	3	2	3	3	4	4	2	2	
Johnsburg	4	4	2	5	5	3	2	4	3	4	2	
Katyskill Bay	0	0	0	0	1	2	0	0	0	0	0	
Lake George	15	14	15	14	11	18	18	12	12	7	12	
Lake Luzerne	8	7	7	7	5	6	10	8	6	5	6	
North Creek	2	3	2	2	3	4	5	3	2	3	4	
North River	0	0	0	0	0	0	0	0	0	0	0	
Olmstedville	1	2	2	4	3	2	1	1	1	1	1	
Pottersville	2	1	2	4	7	6	3	2	2	1	1	
Queensbury	59	60	76	67	57	66	59	57	56	50	50	
Riparius	0	0	0	0	0	0	0	0	0	0	0	
Silver Bay	1	1	1	0	1	2	2	2	1	0	0	
Stony Creek	1	1	1	0	0	0	1	1	0	0	1	
Warrensburg	16	20	20	16	13	13	14	13	15	14	16	
Wevertown	2	1	2	2	2	2	1	1	1	1	0	
Total	180	183	205	198	176	193	188	165	154	132	137	0

ATTACHMENT #12
BT ACTIVITY SHEET
BP3 (new) - 7/1/21 - 6/30/22

Page 1

Topic Color Codes

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

December every Tuesday	In Person	COVID-19 Vaccination Clinic @ HSB	Clinic team	Response
12/2	Virtual	School Nurse Monthly COVID-19 Update Meeting	Dan Durkee	Response/Planning
12/2	In Person	WWARC Vaccine Booster Clinic	Clinic Team	Response
12/6	Virtual	State Mandated Qtrly Health Emergency Preparedness Coalition Meeting	Dan Durkee	Planning
12/7 – 12/10	In Person	Delivery of Quadrant BioSciences PCR Testing Supplies to all Participating School Districts	Dan Durkee	Response
12/14	Virtual	Regional BT Coordinators Meeting	Dan Durkee	Planning
12/16		Submission of the 2 nd Quarter BT State Deliverables Report	Dan Durkee	Planning

ATTACHMENT #12
BT ACTIVITY SHEET
BP3 (new) - 7/1/21 - 6/30/22

Page 2

Topic Color Codes

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

January every Tuesday	In Person	COVID-19 Vaccination Clinic @ HSB	Clinic team	Response
1/4	Virtual	NYSACHO COVID-19 Review of NYS Guidance Updates	Ginelle Jones, Pat Belden	Planning/Response
1/7	Virtual	NYSACHO Rural County COVID-19 Response Meeting	Ginelle Jones, Pat Belden	Planning/Response
1/7	Virtual	SUNY ADK return To School Spring Semester COVID-19 Planning meeting	Ginelle Jones, Pat Belden	Planning/response
1/11	Virtual	NYS Virtual Call Center Meeting for transition to State Contact tracing	Ginelle Jones, Pat Belden	Planning/Response

ATTACHMENT #12
BT ACTIVITY SHEET
BP3 (new) - 7/1/21 - 6/30/22

Page 3

Topic Color Codes

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

1/10 – 1/14	In Person	Delivery of SPERA COVID-19 Rapid Antigen tests to participating school districts	Dan Durkee, Don Stack	Response
1/10-1/14	In Person	COVID-19 Booster Clinics at Various School Districts in Warren County	Clinic Team	Response
1/13	Virtual	Warren County Schools COVID-19 Superintendent Meeting	Ginelle Jones, Pat Belden	Response/Planning
1/13	Virtual	NYS Virtual Call Center Follow-up meeting for transition to NYS Contact tracing take-over	Ginelle Jones, Pat Belden	Response/Planning
1/18	Virtual	Capital District/WSWHE BOCES Superintendent meeting	Ginelle Jones	Planning/response
1/26	Virtual	Warren County EPR/LEPC Qtrly. Meeting	Dan Durkee, Don Stack	Planning

Warren County Public Health Rabies Program December 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 <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> <small>Animal needs to be captured and taken to Animal Hospital. Public Health to check after confinement</small>					
	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			1												1			
Hague																		
Horicon																		
Johnsburg																		
Lake George																		
Lake Luzerne																		
Queensbury	1		2	1			4											
Stony Creek																		
Thurman																		
Warrensburg				1														
Totals	1		3	2			4	1							1			

*UTD- Up to date

*PEP- Post exposure prophylaxis

Total Bites for December – 12

Specimens tested for rabies this month- 2

Positive specimens for rabies- 0

People pre-approved for rabies post exposure treatment- 1

Rabies Clinics this month- 0

Next Rabies Clinic- To be determined

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 (Must be approved by Department Head, County Administrator & Committee Chair)
 On-Line (Must be approved by Department Head, County Administrator & Committee Chair)

The Health Services (Supervisory Committee) hereby authorizes Jodi Brynes (Employee Name)

to attend HCA Home Health Nuts and Bolts (Name of meeting or organization)

at N/A Online (Address) on 12/14-12/15/21 (Dates)

Meeting/Convention/Training Cost: not to exceed \$329 \$249 Mode of transportation to be used: N/A (County Vehicle or Mass Transportation)

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

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

Notice of meeting/convention/training including cost. Total Cost \$249 (actual) not to exceed \$329*(trying to discount price) (Include travel costs)

For Overnight Travel

Room rate \$ GSA* Rate \$ Funding in Budget? [checked] Y [] N

Meal costs \$ GSA* per diem rate \$ Budget Code:

* www.gsa.gov

Date: 12/7/21

Authorized by phone Ginelle Jones/Tawn Driscoll Department Head Signature

Date:

County Administrator Signature

Date:

Committee Chair 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 Purchasing with Purchase Order, if required.
4. Copy to Clerk of the Board if credit card will be used.
5. Copy of executed form needs to be included in next agenda for reporting to oversight Committee.



Home Health Nuts and Bolts

December 14 8:00 AM - 5:00 PM and December 15 8:30 AM - 4:30 PM

This program, developed and taught by Corridor, covers the Conditions of Participation in detail, including the Medicare benefit from a clinical perspective including eligibility, face to face, and recertification. The PDGM payment model will be covered including common success and failure. Throughout the program, focus is placed on the regulatory requirements surrounding clinical documentation and the importance of accuracy as it relates OASIS, 5-star Ratings, and HHVBP.

Quality Assessment Performance Improvement will be covered in detail, including how QAPI and corporate compliance work hand in hand. Compliance and compliance risk areas will be covered, including details on enforcing agencies.

Objectives of Home Health Nuts and Bolts:

1. Understand the basics related to the Home Health Conditions of Participation
2. Identify documentation requirements regarding:
 - a. Eligibility
 - b. Compliance
 - c. OASIS
 - d. Recertification
 - e. Plan of Care
3. Understand the PDGM payment model
4. Describe the QAPI program and how it is related to Corporate Compliance
5. Identify areas of Risk and the entities that enforce compliance

Register before December 6* to ensure timely delivery of a hard copy of Hospice Quickflips or Hospice Medical Director's Guide Quickflips.

**Attendees who register after December 6 will still receive the hard copy, but we cannot guarantee it will arrive before the workshop.*

HCA Members: \$249

Non-Members: \$329

ABOUT THE PRESENTER

Annette Lee, RN, MS, HCS-D, COS-C

Annette is a registered nurse, with a Master's in Health Care Administration, practicing since 1990, with the majority of her her nursing experience in home health. For over a decade she worked with CMS Medicare Administrative Contractor (MAC) where she provided review of, and education on home health and hospice documentation. Annette then began providing outreach and provider education regarding Medicare reimbursement issues and effective documentation strategies assisting providers with ADRs and appeals. Today she marries together her experience in the "real world" and the inside knowledge of Medicare to ensure providers can meet the requirements of CMS, and ensure compliant, efficient operations. She presents

*Title

*Company

*Billing Address (Must match the credit card to be used for payment)

*City

*State

*Zip Code

*Phone Number

*Email

Registration Fees

- HCA Member \$249
- Non-Member \$329

Please select one of the following registration types:

HCA Member

Non-Member

Subtotal:

To register additional participants, click the 'Additional Registrant' button below.

Additional Registrant

Summary

Total (USD):

Submit Registration

Questions?

If you have any questions, please contact HCA Education & Research at 518-426-8764 or HCA.Events@hcanys.org.

Cancellations and Refunds Policy

Cancellations received by May 10th will receive a full refund less 25% of total due as an administrative fee. Individuals who cancel on May 10 or later will forfeit their registration fee, as will those who register and do not participate. Substitutions are permitted. Please contact Teresa Brown at (518) 426-8764 or tbrown@hcanys.org to cancel.



[Privacy Policy](#) [Terms of Service](#)

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- On-Line (Must be approved by Department Head, County Administrator & Committee Chair)

The Health Services/WIC (Supervisory Committee) hereby authorizes Sara Hettel (Employee Name)

to attend NYS WIC Association Conference (Name of meeting or organization)

at virtual (Address) on March 22-24th (Dates)

Meeting/Convention/Training Cost: \$150 PP Mode of transportation to be used: N/A (County Vehicle or Mass Transportation)

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

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

Notice of meeting/convention/training including cost. Total Cost \$ #150.00 (Include travel costs)

For Overnight Travel

Room rate \$ N/A GSA* Rate \$ N/A Funding in Budget? Y N

Meal costs \$ N/A GSA* per diem rate \$ N/A Budget Code: A4013.444

* www.gsa.gov

Date: 1/4/22

[Signature]
Department Head Signature

Date: _____

County Administrator Signature

Date: _____

Committee Chair 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

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- On-Line (Must be approved by Department Head, County Administrator & Committee Chair)

The Health Services/WIC (Supervisory Committee) hereby authorizes Bethany Paquette (Employee Name)

to attend NYS WIC Association Conference (Name of meeting or organization)

at Virtual (Address) on March 22-24th (Dates)

Meeting/Convention/Training Cost: \$150 PP Mode of transportation to be used: N/A (County Vehicle or Mass Transportation)

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Meal costs \$ N/A GSA* per diem rate \$ N/A Budget Code: A4013.444
* www.gsa.gov

Date: 1/4/2022

Gineke J
Department Head Signature

Date: _____

County Administrator Signature

Date: _____

Committee Chair Signature

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- On-Line (Must be approved by Department Head, County Administrator & Committee Chair)

The Health Services/WIC (Supervisory Committee) hereby authorizes Jolie Nawatka (Employee Name)

to attend NYS WIC Association Conference (Name of meeting or organization)

at Virtual (Address) on March 22-24th (Dates)

Meeting/Convention/Training Cost: \$150 pp Mode of transportation to be used: N/A (County Vehicle or Mass Transportation)

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

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

Notice of meeting/convention/training including cost. Total Cost \$ 150.00 (Include travel costs)

For Overnight Travel Room rate \$ N/A GSA* Rate \$ N/A Funding in Budget? Y N

Meal costs \$ N/A GSA* per diem rate \$ N/A Budget Code: A 4013-444
* www.gsa.gov

Date: 1/4/2022

[Signature]
Department Head Signature

Date: _____

County Administrator Signature

Date: _____

Committee Chair Signature

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

On-Line (Must be approved by Department Head, County Administrator & Committee Chair)

The Health Services/WIC (Supervisory Committee) hereby authorizes Jamie Clute (Employee Name)

to attend NYS WIC Association Conference (Name of meeting or organization)

at Virtual (Address) on March 22-24th (Dates)

Meeting/Convention/Training Cost: \$150 pp Mode of transportation to be used: N/A (County Vehicle or Mass Transportation)

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

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

Notice of meeting/convention/training including cost. Total Cost \$ \$150.00 (Include travel costs)

For Overnight Travel

Room rate \$ N/A GSA* Rate \$ N/A Funding in Budget? Y N

Meal costs \$ N/A GSA* per diem rate \$ N/A Budget Code: A4013.444

*www.gsa.gov

Date: 1/4/22

Gina L. Jones
Department Head Signature

Date: _____

County Administrator Signature

Date: _____

Committee Chair Signature

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

On-Line (Must be approved by Department Head, County Administrator & Committee Chair)

The Health Services / WIC (Supervisory Committee) hereby authorizes Crystal Harrington (Employee Name)

to attend NYS WIC association Conference (Name of meeting or organization)

at Virtual (Address) on March 22-24th (Dates)

Meeting/Convention/Training Cost: \$150 RR Mode of transportation to be used: N/A (County Vehicle or Mass Transportation)

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

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

Notice of meeting/convention/training including cost. Total Cost \$ 150.00 (Include travel costs)

For Overnight Travel

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Meal costs \$ N/A GSA* per diem rate \$ N/A Budget Code: A4013.444
* www.gsa.gov

Date: 1/4/2022

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Date: _____

County Administrator Signature

Date: _____

Committee Chair Signature

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- On-Line (Must be approved by Department Head, County Administrator & Committee Chair)

The Health Services / WIC hereby authorizes Jamie Martin
(Supervisory Committee) (Employee Name)

to attend NYS WIC Association Conference
(Name of meeting or organization)

at Virtual on March 22-24th
(Address) (Dates)

Meeting/Convention/Training Cost: \$150 PP Mode of transportation to be used: N/A
(County Vehicle or Mass Transportation)

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

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

Notice of meeting/convention/training including cost. Total Cost \$ 150.00
(Include travel costs)

For Overnight Travel

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Meal costs \$ N/A GSA* per diem rate \$ N/A Budget Code: A4013-444

* www.gsa.gov

Date: 1/4/22

Ginelle J
Department Head Signature

Date: _____

County Administrator Signature

Date: _____

Committee Chair Signature

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- On-Line (Must be approved by Department Head, County Administrator & Committee Chair)

The Health Services/WIC (Supervisory Committee) hereby authorizes Cassandra Rausch (Employee Name)

to attend NYS WIC Association Conference (Name of meeting or organization)

at Virtual (Address) on March 22-24th (Dates)

Meeting/Convention/Training Cost: \$150 PP Mode of transportation to be used: N/A (County Vehicle or Mass Transportation)

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

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Meal costs \$ N/A GSA* per diem rate \$ N/A Budget Code: A4013.444
* www.gsa.gov

Date: 1/4/22

[Signature]
Department Head Signature

Date: _____

County Administrator Signature

Date: _____

Committee Chair Signature

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WIC

March 22, 23, 24 2022

Conference Attendee Registration Rates

2022 REGISTRATION NOW OPEN!

CLICK HERE TO REGISTER!

Sara
Beth
Jolie
Jamie M
Jamie C
Crystal
Cassandra

CONFERENCE REGISTRATION RATES	
MEMBER	\$150.00 x 7 Staff = \$1050
NON-MEMBER	\$200.00 (sevests attached)

In order to receive the link to the virtual meeting, you must confirm your registration
and
submit payment (if applicable) prior to the start of the meeting.
The virtual meeting link will be sent to you via the email address you use to register
Most sessions will be recorded and available to watch for 3 months post conference

CANCELLATION POLICY

There are no cancellations available. Sessions will be recorded and made available
post conference date.

CHECK PAYMENT POLICY FOR REGISTRATION FEES

**If you are paying by check for your registration fee,
please make the check payable to
'The WIC Association of New York State Inc.' and send
to the following address:**

The WIC Association of New York State
Inc.
C/o Site Solutions Worldwide
P.O. Box 113
Clifton Park, NY 12065

Check Payment Policy for Registration Fees:

Check payments for registration fees will be accepted no later than 14 business days
prior the date of the conference.

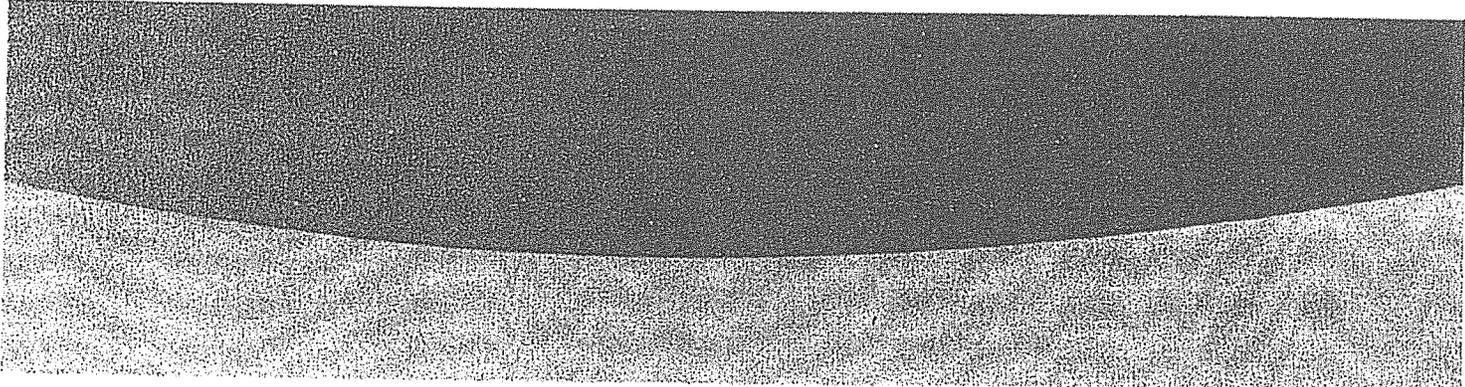
All payments must be received for attendees to receive Virtual Conference Link(s)

QUESTIONS?

Contact our Registration Manager, Lindsey Collier

P: 866-374-6338

lindsey@sswmeetings.com



Tuesday, March 22, 2022

Wednesday, March 23, 2022

Thursday, March 24, 2022

TUESDAY, MARCH 22, 2022

9:00 - *Opening General Session*

Presented by: TBA

10:00 am

EST

10:00 - *Sponsored Session*

10:45 am

EST

10:45 - 11:45 AM EST

100 BREAKOUT SESSIONS

101 -

Presented by: TBA

102 -

Presented by: TBA

103 -

Presented by: TBA

11:45 - Break

12:00 pm

EST

12:00 - 1:00 PM EST

200 BREAKOUT SESSIONS

201 - Infant Malnutrition and Growth Failure in the Community: Exploring New Nutritional Management Strategies

Presented by:
Amy Gelfand

A presentation on nutritional intervention for infants with malnutrition and growth failure.

202 - The Sandwich Technique: Not P.B. & J., but M.I.

Presented by:
**Erica Underwood and
Maria Dentino**

As WIC staff, we often have lots of useful information to share with our participants from nutrition messages to how to use their eWIC cards. But how do we share this information without creating an authoritative dynamic in our appointments? We want to be able to provide information and still maintain a spirit of partnership with our participants. In this session, we will explore the motivational interviewing technique called Elicit-Provide-Elicit. This model, also known as the Explore-Offer-Explore Sandwich Technique, allows you to provide information in an effective, engaging, and tailored manner. Join us in this session for concrete ways to apply this technique in your work.

203 - Facial massage for a functional latch: Learning how to teach parents

Presented by:

Sejal Fichadia

During the session, attendees will learn about how the sense of touch can be used by parents by providing facial massage for babies that do not latch optimally. Babies born with gestational constraints, traumatic birth, exposure to stress during pregnancy, or babies with tethered oral tissues may benefit from a parent massaging their face. Attendees will have access to handouts and a video link and may use their own face to practice the facial massage strokes.

Most sessions will be recorded and available to watch for 3 months post conference



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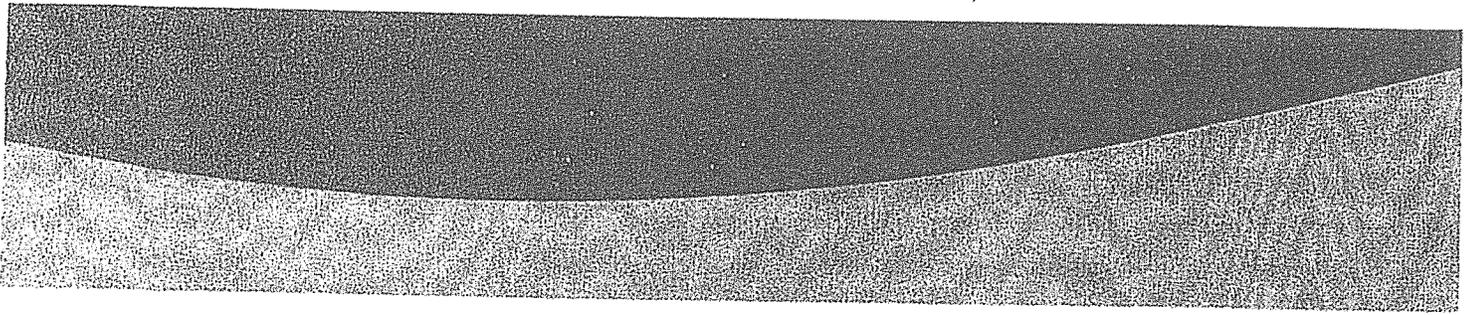
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Tuesday, March 22, 2022

Wednesday, March 23, 2022

Thursday, March 24, 2022

WEDNESDAY, MARCH 23, 2022

9:00- 10:00 am
EST

General Session: Legislative Update

Presented by:
Brian Dittmeier

10:00 - 10:15 am
EST

Break

10:15 - 11:15 AM EST

300 BREAKOUT SESSIONS

301 -

Presented by: TBA

302 - Taking Action to Build the Future of WIC

Presented by:
Noora Kanfash

303 - The Baby-Led Approach to Feeding: What Does the Research Say?

Presented by:
Kaite Ferraro

An emerging body of research supports a baby-led approach to infant feeding as a safe and efficacious way to start solid foods. In this presentation attendees will learn about current research into baby self-feeding as it pertains to growth and development, prevention of picky eating, acquisition of essential nutrients from foods, choking risk and achieving developmental milestones.

11:15 - 12:00 pm Sponsored Session

EST

12:00 - 1:00 PM EST

400 BREAKOUT SESSIONS

401 - Diets, Disordered Eating, and Doing No Harm: A Discussion on Weight

Presented by:
Erica Underwood and Maria Dentino

Our culture is fixated on dieting and body weight. But does focusing on weight truly contribute to health? Emerging research on weight bias and stigma tells us that how we feel about body weight matters. Join us to explore and discuss how to best help our participants on the sensitive topic of body weight.

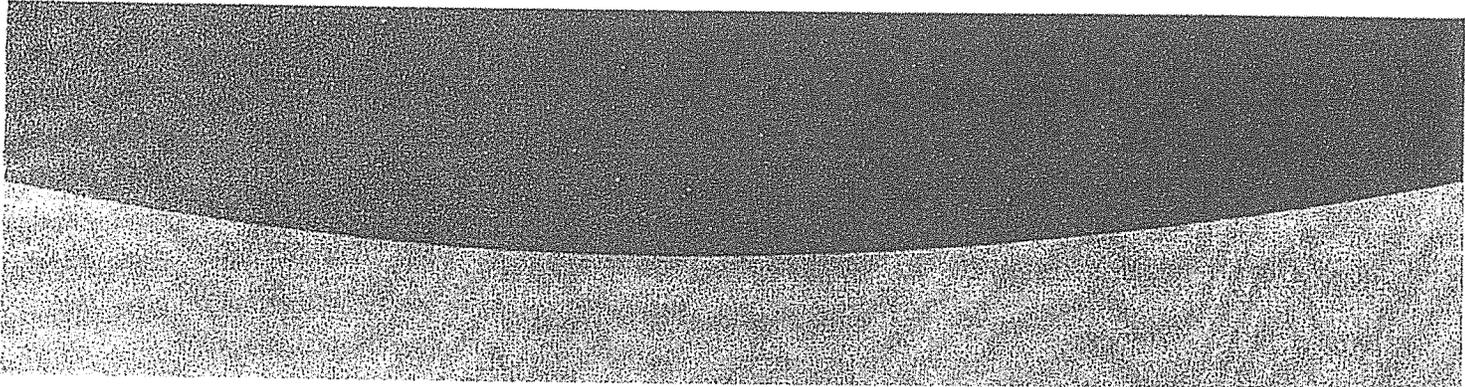
402 - Making Meat Safe for Babies to Eat: Exploring Nutrition, Texture, & Flavor Opportunities at 6 Months & Beyond

Presented by:
Katie Ferraro

In this presentation attendees will learn about various options for offering babies meat from 6 months of age and throughout infancy. A review of current research, overview of how first foods including meats can provide essential nutrients and safe food preparation methods for meat will be covered.

403 -

Presented by: TBA



Tuesday, March 22, 2022

Wednesday, March 23, 2022

Thursday, March 24, 2022

THURSDAY, MARCH 24, 2022

9:00 -

General Session: Become UNSTOPPABLE:

Presented by:

10:00 am

How to Flex Your Happiness Muscle

Peggy Sullivan

EST

Are you tired of the grim global outlook instilled by the onslaught of the pandemic, as well as political and societal upsets? Today, many women find it difficult to find the energy to move forward with excitement and a positive outlook. We are busy: filled but not FULFILLED. Join Peggy Sullivan as she shares the secrets to making happiness

an actional objective instead of a distant dream. Walk away with game-changing strategies to help you live your best life.

10:00 - **Sponsored Session**

10:45 am

EST

10:45 - 11:45 AM EST

500 BREAKOUT SESSIONS

501 -

Presented by: TBA

502 -

Presented by: TBA

503 -

Presented by: TBA

11:45 - **Break**

12:00 pm

EST

12:00 - ***Closing General Session: 7 Habits of***

Presented by:

1:00 pm ***Supremely Happy People***

Yvonne Conte

EST

What makes a person happy? Especially now when most of our lives have been turned upside down. What is the difference between happiness and joy? In this session Yvonne shares a seven step plan to live an abundant and happy, joy filled life, no matter what your circumstance. Yvonne went to southern Italy in 2014 to study the happy people in a small village called, Amaroni in the boot of Italy. She wanted to find out how people who have very little in the way of material things and simple conveniences we take for granted, could be so genuinely happy. She stayed an entire month. (Poor Yvonne) What she learned will amaze you, make you laugh really hard and may even bring a tear. What she knows for sure is that her life will never be the same after spending a month in this village. When she shares her story with you, your life will change as well. Come laugh with Yvonne as she takes you on the trip of her lifetime. Let her tell you what she learned about life, about love and about living a supremely happy life!

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