

**Warren County Health Services
Health Services Committee
AGENDA FOR
January 21, 2020
Information Submitted By: Ginelle Jones, DPH/DPS**

Health Services Committee Members: McDevitt, Beaty, Conover, Bruno, Frasier, Magowan, and Shepler,

Motion to approve the minutes of the November 18, 2019 Committee meeting.

Committee meeting called to order by Chairperson

Our department would like to:

- Welcome back our returning Committee Members, Supervisors McDevitt, Magowan, and Frasier,
- Welcome back to the Committee, Supervisors Beaty and Conover, and
- Welcome Supervisors Bruno and Shepler as new Committee Members.

We sincerely appreciate and thank Supervisor Frasier for her past leadership of this Committee and we look forward to working with our new Chair, Supervisor McDevitt.

All are welcome to visit our department at any time. We would be happy to set up a "Tour and Orientation" to our department for any members of the Health Services Committee or Board of Supervisors that are interested.

I. Action Agenda/New Business

Request Resolution:	To reappoint members of the Warren County Health Services Professional Advisory Committee for the year January 1, 2020-December 31, 2020 per the list that was transmitted with the meeting agenda information. Refer to Attachment #6
Rationale:	The committee must be appointed annually by Resolution per New York State Department of Health Regulations. A copy of the membership will be available at the meeting and will be on file with the minutes of the meeting. The meetings are held quarterly at the Municipal Center in Meeting Room 5110.

Request Resolution:	To appoint and reappoint members to the Local Early Intervention Coordinating Council for the year of January 1, 2020- December 31, 2020 per the list transmitted with the agenda information. Refer to Attachment # 7
Rationale:	Per New York State Health Department Regulations, this committee must be appointed by board resolution annually. The membership list was transmitted with the meeting agenda information and will be available at the meeting. A copy of the membership will be kept on file with the minutes of the meeting. The committee meets semi-annually at the Municipal Center.

Request Resolution:	To amend contract with North County Home Services to reflect rate increase from \$31.20 to \$35.00. This is 13.78 % rate increase. Refer to Attachment #8
Rationale:	The agency provides paraprofessional services, including aide services, or patients, especially in the northern Warren County. At this time we have no active patients, however need the resource in place.

Request Resolution:	To request referral to Personnel Committee to approve filling vacant Public Health Nurse #35 position. The base salary is \$50, 816. Refer to Attachment #9
Rationale:	The Intent to Fill form expired December 2019 and needs to be extended in order to fill the position. The position is revenue generating. We need the position and have an interested candidate we hope to hire.

Request Resolution:	To request referral to Personnel Committee to approve filling vacant Registered Professional Nurse #31, which is vacant due to January 2020 resignation. The base salary is \$47, 523. Refer to Attachment #10
Rationale:	This position is needed by the department and is revenue generating. We have an interested candidate, we would like to hire.

Request Resolution:	To request referral to the Personnel Committee to approve filling vacant Part Time, not to exceed 20 hours, Infant Feeding Advocate position in WIC. The salary is \$28,026 (\$13.47/hr). The position is vacant due to December 2019 resignation. Refer to Attachment #11
Rationale:	This WIC position is required by the WIC grant and is fully reimbursable by the WIC grant.

Request Resolution:	To accept the 2019-2021 Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). Refer to Attachment #12 (CHA and CHIP Executive Summary)
Rationale:	Public Health is required to submit the Community Health Assessment and Community Health Improvement Plan to NYSDOH every 3 years. The plan is developed through collaboration with community agencies and stakeholders and review of community health assessment data. The 2019-2021 Focus areas are 1) Preventing Chronic Disease and Promoting Well-being & 2) Preventing Mental & Substance Use Disorders. Dan Durkee, Senior Health Educator and CHA/CHIP expert was instrumental in this project. Our department would like to thank Supervisor Driscoll, who actively participated in the stakeholder meetings.

Request Resolution:	To amend contract with NYSDOH Women Infant and Children (WIC) to reflect intent to continue for 2 year extension not to exceed \$ 1,120,256. Refer to Attachment #13
Rationale:	WIC Grant is a beneficial program to participants, providing valuable nutrition education and food supplementation to program eligible families.

Request Resolution:	To enter contract with NYSDOH and accept 5 year Children and Youth with Special Health Care Needs (CYSHCN aka CSHCN) Grant from October 1, 2020- September 30, 2025 with annual funding anticipated at \$23,088, not to exceed \$125,000 for the 5 years. Refer to Attachment #14
Rationale:	Our department has had this grant for many years. It is beneficial to families that have children with special needs. The current grant, \$19,041/year ends September 30, 2020. The new grant offers a slight increase (\$4,047/year) for program staffing, which is already in place, but funding will offset program expenses.

Request Resolution:	To amend the 2020 budget with regard to Field Goods. Refer to Attachment #16
Rationale:	Tawn Driscoll, Fiscal Manager will be at the meeting to discuss.

Request Resolution:	To amend the 2020 budget with regard to NYS Delivery Systems Reform Incentive Program (DSRIP). Refer to Attachment #17
Rationale:	Tawn Driscoll, Fiscal Manager will be at the meeting to discuss.

Request Resolution:	To amend the 2019 budget with regard to Preschool Reconciliation. Refer to Attachment #18
Rationale:	Tawn Driscoll, Fiscal Manager will be at the meeting to discuss.

Referral/Pending Items

There are no pending items at this time.

II. Information for Discussion/Review

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

Please see **Attachment #1**.

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

Revenue and Expense Comparison Report for 2017 vs 2018

Please see **Attachment #2**.

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

Status of Referrals

Please see **Attachment #3** for the detailed report. Valerie Whisenant, Assistant Director of Patient Services, will provide comments at the meeting.

Emergency Response and Preparedness

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

Rabies Report:

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

Information Item:

Meetings: Request to Hold Meeting or Conference form was submitted to authorize provision to serve a light lunch during for the quarterly Professional Advisory Meetings, not to exceed \$550/year. The typical cost averages \$125/meeting. **Refer to Attachment #15**

Preschool Rate Reconciliations: Tawn Driscoll, Fiscal Manager, will be at the meeting to provide update.

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

IV. Motion to adjourn the Health Services Meeting

Attachments:

1. Report of Expenditures, Revenues, Overtime and Per Diem Use
2. Revenue and Expense Comparison Report for 2018 vs 2019
3. Report of Referrals Status
4. Emergency Response and Preparedness Activities Report
5. Rabies Report
6. Professional Advisory Resolution Request
7. Local Early Intervention Council Resolution Request
8. Contract Amendment with North County Home Services
9. Intent to Fill Form- Public Health Nurse #35
10. Intent to Fill Form- Registered Professional Nurse # 31
11. Intent to Fill Form- Less than Part Time Infant Feeding Advocate
12. Community Health Assessment/Community Health Improvement Plan
13. WIC Grant Extension
14. Children and Youth With Special Health Care Needs Grant
15. Professional Advisory Food Request Resolution Request
16. 2020 Budget Amendment Field Goods
17. 2020 Budget Amendment DSRIP
18. 2019 Budget Amendment Preschool Reconciliation

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2019 AS OF 1/10/2020 6:52:08 PM

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

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

EXPENSES	2019 BUDGETED	2019 YTD ACTUAL	2018 Prior Year Totals
Salaries - Regular	\$2,604,071.00	\$2,328,560.31	\$2,245,248.67
Salaries - Overtime	\$144,000.00	\$134,008.56	\$119,937.71
Salaries - Part Time	\$505,747.00	\$381,165.43	\$432,961.47
100's PERSONAL SERVICES	\$3,253,818.00	\$2,843,734.30	\$2,798,147.85
200's EQUIPMENT	\$82,346.04	\$66,541.97	\$86,272.34
400's CONTRACTUAL	\$6,074,133.26	\$4,291,518.99	\$5,735,971.55
800's EMPLOYEE BENEFITS	\$1,578,287.00	\$1,340,823.86	\$1,385,074.65
TOTALS	\$10,988,584.30	\$8,542,619.12	\$10,005,466.39

REVENUES	2019 BUDGETED	2019 YTD ACTUAL	2018 Prior Year Totals
	\$8,728,243.97	\$5,641,484.59	\$7,887,529.69

Notes: We are in the process of finalizing billing and closing the month of December for the CHHA and MCH Programs. We have accrued \$232,671.56 for the month of November in revenues for the CHHA and MCH Programs. Also accrued is \$68,936 for two months of WIC vouchers. Year end will reflect revenues associated with all the quarterly Grants and also Revenues related to the Preschool program from July to December 2019. The State does not make these reports for Preschool available until approximately late March.

**Warren County Health Services
Salaries Comparison**

2018 vs 2019

as of 12/31/19 Year to date Payroll

	YTD 2019	YTD 2018	YTD 19v18	% Change	Savings from Budgeted 2019	Total Budget 2019	to 12/31/18 Total Actual 2018
Total of All Depts							
Regular Salaries	\$2,328,560.31	\$2,245,248.67	\$83,311.64	3.71%	\$275,510.69	\$2,604,071.00	\$2,245,248.67
Overtime Salaries	\$134,008.56	\$119,937.71	\$14,070.85	11.73%	\$9,991.44	\$144,000.00	\$119,937.71
Part Time Salaries	\$381,165.43	\$432,961.47	-\$51,796.04	-11.96%	\$124,581.57	\$505,747.00	\$432,961.47
TOTALS	\$2,843,734.30	\$2,798,147.85	\$45,586.45	1.63%	\$410,083.70	\$3,253,818.00	\$2,798,147.85
% current YTD Salary to Total Budget	87.40%	100.00%					

*Source: Detail G/L report for all Salary Category from 1/1/19-12/31/19.

To note that 2019 Total salaries are \$410,083.70 under budgeted Salaries. Due to contracted salary increases, 2019 would be over 2018 salaries.

Overall, total salaries are \$45,586.45 or 1.63% over 2018 Salaries. Regular salaries and Overtime are over 2018, while part time salaries are under by 11.96%

Where we are over in Overtime, we are under in Part Time salaries due to a few positions which are vacant. Overall, Salaries are currently 87.40% of the 2019 budget.

ATTACHMENT #1

**Warren County Health Services
Revenue and Expense Comparison 2019 vs 2018
as of 12/31/19**

EXPENSES	2019 YTD Actual as of 12/31/19 G/L NOT FINAL	2018 FINAL as of 12/31/18 G/L	Variance
Salaries - Regular	\$2,328,560.31	\$2,245,248.67	\$83,311.64
Salaries - Overtime	\$134,008.56	\$119,937.71	\$14,070.85
Salaries - Part Time	\$381,165.43	\$432,961.47	(\$51,796.04)
100's PERSONAL SERVICES	\$2,843,734.30	\$2,798,147.85	\$45,586.45
200's EQUIPMENT	\$66,541.97	\$86,272.34	(\$19,730.37)
400's CONTRACTUAL	\$4,291,518.99	\$5,735,971.55	(\$1,444,452.56)
800's EMPLOYEE BENEFITS	\$1,340,823.86	\$1,385,074.65	(\$44,250.79)
TOTALS	\$8,542,619.12	\$10,005,466.39	(\$1,462,847.27)

REVENUES	2019 YTD ACTUAL	2018 Prior YTD	
	\$5,641,484.59	\$7,887,529.69	(\$2,246,045.10)

Notes:

Salaries: (please see previous page) overall are \$45,586.45 or 1.63% above 2018 as of the 12/31/19 payroll posting date. Salaries for 2019 are 87.40% of the budget YTD where they reflect 100% of the 2018 budget as of last year. Overtime has increased and is due to patient care, documentation, and staffing shortages.

At this time, the savings in Salaries are all related to the Part time salaries. In 2019, the CHHA had a per Diem staff member retire and a few employees work less than anticipated. We continue to have vacant positions.

Contractual Expenses: These are below in 2019 compared to 2018 due to timing of invoices paid, primarily within the Contractual expenses related to the CHHA for services for therapists and aides. The Preschool program is also due to timing of invoices. All expenses will be reflected when 2019 is final.

Employee Benefits: Employee benefits are below last year to date by \$44,250.79. This correlates with the few positions that remain open throughout the year. We continue to recruit for nursing staff.

Revenues: Revenues for 2019 YTD are currently showing \$2,246,045.10 below 2018 YTD. This is primarily due to the timing of revenues received for both the Preschool and Early Intervention programs for amounts billed to the state. Also to note, there are still quarterly grants that will be billed to the state not yet reflected above and we are working on closing December for our Homecare.

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

CATEGORY	01/2018	02/2018	03/2018	04/2018	05/2018	06/2018	07/2018	08/2018	09/2018	10/2018	11/2018	12/2018	
SN Referral	112	88	97	95	115	123	86	134	122	126	83	96	
SN IV Referral	2	8	5	4	7	7	1 0**	0**	0**	0**	0**	0**	
PRI	3	3	3	1	2	0	2	5	1	1	1	0	
SN Referrals per month	117	99	105	100	124	130	89	139	123	127	84	96	
PT Referral	70	57	63	61	74	59	61	79	57	71	62	60	
PT only	19	18	17	19	16	20	6	18	15	22	21	11	
Total Referrals per month	136	117	122	119	140	150	95	157	138	149	105	107	1535

CATEGORY	01/2019	02/2019	03/2019	04/2019	05/2019	06/2019	07/2019	08/2019	09/2019	10/2019	11/2019	12/2019	
SN Referral	119	97	89	88	104	83	74	94	93	91	81		
PRI	0	2	4	0	1	0	1	2	2	2	1		
SN Referrals per month	119	99	93	88	105	83	75	96	95	93	82		
PT Referral	65	48	54	48	61	51	47	55	54	51	57		
PT only	13	5	8	12	14	12	10	11	14	10	11		
Total Referrals per month	132	104	101	100	119	95	85	107	109	103	93		1148
	-4	-13	-21	-19	-21	-55	-10	-50	-29	-46	-12		

RE-VISITS	01/2019	02/2019	03/2019	04/2019	05/2019	06/2019	07/2019	08/2019	09/2019	10/2019	11/2019	12/2019
SN Re-visits							826	789	768	840	685	
LPN Re-visits							110	132	104	94	90	
PT Re-visits							318	261	308	357	292	
OT Re-visits							65	58	51	70	85	
Speech Re-visits							1	21	12	9	5	
Total Re-visits per month							1320	1261	1243	1370	1157	

Attachment 3

Numbers current as of 1/09/2020

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

Town	01/2019	02/2019	03/2019	04/2019	05/2019	06/2019	07/2019	08/2019	09/2019	10/2019	11/2019	12/2019
Adirondack	4	3	2	2	3	2	3	2	3	3		
Athol	3	4	5	1	2	1	3	3	3	3		
Bakers Mills	2	2	2	2	3	4	4	1	1	1		
Bolton Landing	5	4	3	6	12	12	6	4	5	7		
Brant Lake	6	4	4	4	5	4	6	6	5	5		
Chestertown	17	10	15	13	13	10	9	6	5	9		
Cleverdale	1	0	0	0	1	1	1	2	2	2		
Diamond Point	3	3	4	4	2	3	4	4	5	1		
Glens Falls	48	47	54	45	56	54	51	42	51	49		
Hague	4	4	5	3	1	2	2	1	1	2		
Johnsburg	6	6	6	4	5	4	3	3	3	3		
Kattskill Bay	0	1	1	0	0	1	1	1	2	2		
Lake George	21	18	18	23	28	23	20	20	18	18		
Lake Luzerne	12	14	16	14	17	15	12	8	10	10		
North Creek	12	11	8	8	9	9	7	5	3	3		
North River	3	1	2	0	0	0	0	0	0	0		
Olmstedville	0	0	0	0	0	1	1	1	1	1		
Pottersville	4	4	5	6	6	7	6	7	9	10		
Queensbury	120	105	116	103	98	96	97	111	101	104		
Riparius	0	0	0	0	0	0	0	0	0	0		
Silver Bay	0	0	1	0	0	0	0	0	0	0		
Stony Creek	1	1	2	2	4	3	2	0	0	3		
Warrensburg	27	26	24	25	29	24	22	26	25	27		
Wevertown	3	4	5	6	4	2	3	3	2	1		
Total	302	272	298	271	298	278	263	256	255	264		

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

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Topic Color Codes

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

12/3	In Person	NYSDOH Mandated Quarterly Health Emergency Preparedness Coalition	Dan Durkee	Planning
12/10	In Person	Monthly County EPR Coordinators Meeting – Ballston Spa	J'nelle Oxford	Planning
12/17	In Person	Mass Fatality Plan Review Meeting	Dan Durkee	Planning
1/7	In Person	FEMA Core Advisory Group Meeting @ S.A.I.L.	Dan Durkee, Donald Stack	Meeting
1/8		Submission of 2 nd Quarter Deliverables Report	Dan Durkee,	
1/14	In Person	Monthly County EPR Coordinators Meeting – Ballston Spa	Dan Durkee, Donald Stack	Meeting
1/15	Conference Call	Quarterly Volunteer Coordinators Conference Call	Dan Durkee	Meeting
1/31	In Person	Warren County EPR/LEPC Quarterly Meeting	Dan Durkee, Donald Stack	Meeting

**Warren County Public Health
Rabies Program
October - December 2019**

Town	Different Address Owner/Victim <small>* follow up by Town ACO</small>				Same Address Owner/Victim <small>* follow up by Public Health</small>				Out of Town Owner <small>*Follow Up by Public Health</small>				Strays Follow Up by Public Health <ul style="list-style-type: none"> • Vet's Office • Victim Watching • Victim Treated Rabies PEP • Euthanized Follow Up by ACO Animal needs to be captured and taken to Animal Hospital. Public Health to check after confinement					
	Cats		Dogs		Cats		Dogs		Cats		Dogs		Vet	Victim Watched	Treated with PEP	Refused PEP	Euthanized	ACO Capture
	UTD	NOT UTD	UTD	NOT UTD	UTD	NOT UTD	UTD	NOT UTD	UTD	NOT UTD	UTD	NOT UTD						
Bolton																		
Chester						1	1											
Glens Falls		1	6	1	3		1										1	
Hague																		
Horicon																		
Johnsburg			1					1										
Lake George						1												
Lake Luzerne						2	1											
Queensbury			5	4	1	1	2	2		1		2						
Stony Creek						1												
Thurman							1	1										
Warrensburg							2	1							1			
Totals		1	12	5	4	6	7	6		1		2			1		1	

*UTD (up to date)

Total Bites for Quarter – 46

Rabies Clinics to resume in February 2020

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 21, 2019

- (a) Name of Appointee: **See attached list**
- (b) Is this a Reappointment? **yes** If so, please provide the Resolution No. which authorized the last appointment of this individual
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If person is being Appointed as a Representative of a Specific Group/Agency, please list their Affiliation and Title **See attached list**
- (e) Address of Appointee:
- (f) Title of Appointment: **Warren County Health Services Professional Advisory Committee**
- (g) Effective Date of Appointment: **January 1, 2020**
- (h) Termination Date of Appointment: **December 31, 2020**
- (i) Name of Person Being Replaced (if applicable): **No replacements, all but one member being reappointed. Due to scheduling Mary Shannon has asked to be removed.**
- (j) Reason for Replacement:

**WARREN COUNTY
PROFESSIONAL ADVISORY COMMITTEE**

01/2020

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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 Public Health Medical Director
Stephen Bassin	Physical Therapist
Patricia Belden	Assistant Director Public Health Warren Co. Health Services
William Borgos	MD Medical Director, Certified Home Health Agency
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
Joan Grishkot	BSN, MHA
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

WARREN COUNTY
PROFESSIONAL ADVISORY COMMITTEE

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<i>Name</i>	<i>Title</i>
Erik Mastrianni	Children With Special Needs 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
Julie Smith	Director of Patient Services 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 21, 2020

- (a) Name of Appointee: **See attached list**
- (b) Is this a Reappointment? **yes** If so, please provide the Resolution No. which authorized the last appointment of this individual
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If person is being Appointed as a Representative of a Specific Group/Agency, please list their Affiliation and Title **See attached list**
- (e) Address of Appointee:
- (f) Title of Appointment: **Warren County Local Early Intervention Coordinating Council**
- (g) Effective Date of Appointment: **January 1, 2020**
- (h) Termination Date of Appointment: **December 31, 2020**
- (i) Name of Person Being Replaced (if applicable): **Julie Madison, Warren County Health Services, is being reappointed. All other members being reappointed.**
- (j) Reason for Replacement:

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

LAST	FIRST	AFFILIATION-NON PH EMPLOYEE
AUER	PAT	COMMUNITY MEMBER
BOURDEAU	MESHELE	PARENT MEMBER
BREEN	TAMMY	WARREN COUNTY DSS
CHICO	KRISTEN	PARENT MEMBER
CONINE	PAM	SACCN - SOUTHERN ADIRONDACK CHILDCARE NETWORK
GROVER	DOROTHY	QUEENSBURY SCHOOL DISTRICT
MATTE	SARAH	WARREN COUNTY HEADSTART
MEILHEDE	DR. LAUREN	ADIRONDACK PEDIATRICS
MULCAHY	CINDY	WARREN COUNTY PREVENTIVE SERVICES
UTZ- MEAGHER	KEVIN	CAPITAL DISTRICT DDSO
YORK	ROBERT	OFFICE OF COMMUNITY SVCS /WARREN & WASHINGTON COUNTIES
LAST	FIRST	AFFILIATION - WARREN COUNTY PH EMPLOYEE
BELDEN	PAT	WCPH ASSISTANT DIRECTOR
GILLIS	DIANA	EI SUPPORT STAFF
HOWE	LEAH	MCH/MOMS PROGRAM
JONES	GINELLE	WCHS/WCPH DIRECTOR
LALONE	EMILY	EI SERVICE COORDINATOR/CHILDFIND COORDINATOR
MADISON	JULIE	EI SERVICE COORDINATOR
MASTRIANNI	ERIK	CSHCN PROGRAM MGR / EI SERVICE COORDINATOR
MCLAUGHLIN	ROBIN	THERAPY SUPERVISOR
MERRITT	JACKIE	EI SERVICE COORDINATOR
SHARRON	CHERYL	EI SERVICE COORDINATOR
STOCKWELL	SHANNON	WIC REPRESENTATIVE
TOOLAN	DEBBIE	CPSE SUPPORT STAFF
WHISENANT	VALERIE	WCHS ASSISTANT DIRECTOR

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Health Services

DATE: January 21, 2020

- (a) Purpose of Contract Change: **To amend agreement with North Country Home Services and Health Services to reflect hourly rate increase from \$31.20 to \$35.50 for paraprofessional care services. * Address needs to be updated to reflect address below.**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **67 of 2018 and 495 of 2018**
- (c) Name of Contractor: **North Country Home Services**
- (d) Address of Contractor: **25 Church St; Saranac Lake, 12983**
- (e) Contractor's Contact Person and Telephone Number: **Scott Tooker; 518-891-2641**
- (f) Commencement Date of Extension: **January 1, 2020**
- (g) Termination Date of Extension: **Upon 30 days written termination by either party.**
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount **\$35.50**
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. **Upon receipt of voucher with required and appropriate documentation**
- (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**

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

ADMINISTRATIVE OFFICE
Rebecca Leahy, R.N., President & CEO
D. Scott Tooker, Treasurer & CFO
Phone (518) 891-5611
Fax (518) 891-2055



SERVICE OFFICES
Malone (518) 483-4502
Plattsburgh (518) 566-0183
Saranac Lake (518) 891-2641
Ticonderoga (518) 585-9820

25 Church Street • Saranac Lake, NY 12983 • (518) 891-2641 • Fax (518) 891-2055

November 7, 2019

Patricia Auer, Director
Warren County Health Services
1340 State Rt. 9
Lake George, NY 12845

Dear Patricia:

North Country Home Services Board of Directors has approved the home health aide rate for the 2020 year. We have been gradually increasing the hourly rate we charge over the last few years. Unfortunately, the rates have been continuously below our cost to provide care. We are asking for a large increase this year to bring the rate up to our current costs. Since 90% of our costs are payroll and payroll related, the regularly increasing NYS minimum wage is the primary driver of our increasing costs.

The following is our rate request:

<u>2019 Rate</u>	<u>2020 Rate</u>
\$31.20	\$35.50

A-4010 470
Health Services
Contract

We thank you for the privilege of serving your agency. It is a pleasure working with you and your staff.

Sincerely,

Rebecca Leahy, RN
President/CEO

Scott Tooker
518-891-2641

RL/sb

Attachment # 8

Warren County Board of Supervisors

RESOLUTION NO. 495 OF 2018

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

AMENDING THE AGREEMENT WITH NORTH COUNTRY HOME SERVICES TO REFLECT AN INCREASE IN RATES FOR PARAPROFESSIONAL CARE SERVICES FOR THE HEALTH SERVICES DEPARTMENT

WHEREAS, Resolution No. 67 of 2018 authorized an amendment agreement with North Country Home Services, Inc. (the "Agency") to reflect an increase in rates for 2018 for paraprofessional care services under the CHHA Program, and

WHEREAS, the Director of Public Health/Patient Services has advised that the Home Health Aide rate for North Country Home Services, Inc., 22 Church Street, Saranac Lake, New York 12983 will be increasing to Thirty-One Dollars and Twenty Cents (\$31.20) per hour for 2019, now, therefore, be it

RESOLVED, that the rates for the services for 2019 be and hereby are, increased as follows:

<u>CONTRACTOR/ AGENCY</u>	<u>PURPOSE</u>	<u>ESTIMATED CONTRACT AMOUNTS/RATES</u>
North Country Home Services, Inc.	Paraprofessional Care Services-CHHA	Home Health Aide \$31.20/hr

and be it further

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an amendment agreement with North Country Home Services, Inc. to reflect the rate increase, effective January 1, 2019, in a form approved by the County Attorney, and be it further

RESOLVED, that unless there should be a material change in contract terms or a change in rates/costs, a further Board resolution will not be necessary for the Chairman of the Board of Supervisors to execute contracts for continuous one year terms, provided appropriations for such are made in the Health Services budget and the Department Head recommends continuation of the contract, and be it further

RESOLVED, that the funds for the agreement will be paid from Budget Code A.4010 470, Health Services, Contract.

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

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

DEPARTMENT HEAD COMPLETES THIS SECTION

Department: Health Services Payroll Dept. No: 36.0
Title of Position: Public Health Nurse #35- Extension Base Salary of Position: \$50,816 *2019 Contract Grade: 21
Filling at Step # (If Known): _____
Budget code and title: A.4010.110 Health Services Full Time Salaries Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: #13119/ Hauser Date of Vacancy: 12/21/2018
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal _____ % State _____ % Other _____ % Insurance Reimbursement % Variable based on caseload

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other _____
Actual Impact to Budget Report will be provided monthly by Human Resources Director.
Candidate's qualifications must be approved by Personnel Officer prior to hiring. 1/16/20
Human Resources Director has approved this form when initialed. AS 1/7/20

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature [Signature] Date 1/7/20

BUDGET OFFICER COMPLETES THIS SECTION

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

Budget Officer Signature [Signature] Date 1/13/20

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health Services

- The committee has no objection to the filling of the vacancy.
 The committee objects to the filling of the vacancy.
 In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
 In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature [Signature] Date 1/21/20

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

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

DEPARTMENT HEAD COMPLETES THIS SECTION

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

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other _____
Actual Impact to Budget Report will be provided monthly by Human Resources Director.
Candidate's qualifications must be approved by Personnel Officer prior to hiring. 2019 6/24/19
Human Resources Director has approved this form when initialed. 10-24-19

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature [Signature] Date 6/24/19

BUDGET OFFICER COMPLETES THIS SECTION

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

Budget Officer Signature Frank E. Thomas Date 6/25/19

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health, Human & Social Services

- The committee has no objection to the filling of the vacancy.
 The committee objects to the filling of the vacancy.
 In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
 In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature [Signature] Date 6/25/19

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

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

DEPARTMENT HEAD COMPLETES THIS SECTION

Department: Health Services Payroll Dept. No: 36.0
Title of Position: Registered Professional Nurse #31 Base Salary of Position: \$47,523 *2019 Contract Grade: 19
Filling at Step # (If Known):
Budget code and title: A.4010.110 Health Services Full Time Salaries Union [checked] Non-Union []
This position is vacated due to: [] Retirement [checked] Resignation [] Termination [] Promotion [] Other []
Employee No./Last Name: #13376/Carpenter Date of Vacancy: 1/10/2019-2020
Is this position mandated? [] Yes [checked] No Is the position reimbursable? [checked] Yes [] No
Source of reimbursement: [] Federal [] State [checked] Other Insurance Reimbursement % Variable caseload

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[] Competitive-active eligible list [] Competitive-no list (hiring would be provisional) [checked] Non-Competitive [] Other
Actual Impact to Budget Report will be provided monthly by Human Resources Director.
Candidate's qualifications must be approved by Personnel Officer prior to hiring.
Human Resources Director has approved this form when initialed. 1/7/20

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

[checked] The Administrator has no objection to the filling of the vacancy.
[] The Administrator objects to the filling of the vacancy.
Administrator Signature [Signature] Date 1/7/20

BUDGET OFFICER COMPLETES THIS SECTION

[checked] The Budget Officer has no objection to the filling of the vacancy.
[] The Budget Officer objects to the filling of the vacancy.
Budget Officer Signature [Signature] Date 1/13/20

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health Services
[checked] The committee has no objection to the filling of the vacancy.
[] The committee objects to the filling of the vacancy.
[] In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
[] In the case of an emergency, Committee Chair objects to the filling of the vacancy.
Ranking Committee Member Signature [Signature] Date 1/21/20

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

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

DEPARTMENT HEAD COMPLETES THIS SECTION

Department: Health Services Payroll Dept. No: 36.01
Title of Position: Part Time not to exceed 20 hrs/wk Infant Feeding Advocate Base Salary of Position: \$28,026 (\$13.47/hr) * 2019 Contract Grade: 3
Filling at Step # (If Known): _____
Budget code and title: A.4013 WIC Part Time Salaries Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: Langworthy/ #13262 Date of Vacancy: 12/6/19
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal _____ % State WIC _____ % Other _____ %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other _____

Actual Impact to Budget Report will be provided monthly by Human Resources Director.

Candidate's qualifications must be approved by Personnel Officer prior to hiring. 1/16/20

Human Resources Director has approved this form when initialed. 1/17/20

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature [Signature] Date 1/7/20

BUDGET OFFICER COMPLETES THIS SECTION

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

Budget Officer Signature [Signature] Date 1/13/20

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health Services

- The committee has no objection to the filling of the vacancy.
 The committee objects to the filling of the vacancy.
 In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
 In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature [Signature] Date 1/21/20

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 21, 2020

- (a) Purpose of Request: **To accept the 2019-2021 Community Health Assessment and Community Health Improvement Plan**
- (b) Details: **Public Health is required to submit the Community Health Assessment and Community Health Improvement Plan to NYSDOH every 3 years. The plan is developed through collaboration with community agencies and stakeholders and review of community health assessment data. The 2019-2021 focus areas are Preventing Chronic Disease and Promoting Well-being & Prevent Mental & Substance Use Disorders.**
- (c) Previous Resolution Number:
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: **N/A**

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

*** as listed in budget and LOGOS**

Attachment #12

Refer to separate e-mail attachments for Community Health Assessment document and Community Health Improvement Plan document.

RESOLUTION REQUEST FORM NO. 6

Request to Amend or Extend Existing Grant

DEPARTMENT NAME: Health Services

DATE: January 21, 2020

- (a) Purpose of Grant Amendment: **To extend the NYSDOH Women Infant and Children (WIC) grant 2 more years not to exceed \$1,120,256.**
- (b) Resolution No. which Authorized Original Application and Grant: **384 of 2015**
- (c) Name of Grantor: **NYSDOH Bureau of Supplemental Food Programs**
- (d) Address of Grantor: **Riverview Center;
150 Broadway, Suite 650,
Menands, NY 1224**
- (e) Grantor's Contact Person and Telephone Number: **Fiscal Mangement Section
Dave Becker @ 518-402-099**
- (f) Has or Will the Grant Amendment or Grant Extension be provided, if so, Please Attach? **Most likely, has not been received to date**
- (g) Effective Date of Amendment or Extension: **10/1/2020**
- (h) Termination Date of Amendment or Extension: **9/30/2022**
- (i) Total Dollar Amount Involved (not to exceed): **\$1,120,256**
- (j) Is a Budget amendment required? **no** 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.4013.4403 WIC Progeam Revenue**

**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

Jones, Ginelle

From: doh.sm.DON-WICBUDGET <wicbudget@health.ny.gov>
Sent: Wednesday, December 18, 2019 12:15 PM
Subject: Local Agency Contract Extension Approved

Importance: High

NYS DOH is pleased to announce that our request to extend the current LA and VMA contracts for 2 years has been approved -- all current WIC contracts will continue through September 30, 2022.

At this time, the Grants Gateway cannot functionally accommodate contracts beyond Year 5, so we are reviewing several options to extend the contracts in the simplest manner. The goal is to clearly show the amended funding/timeframes, to maximize compatibility between the Grants Gateway, NYWIC, and other WIC Databases, and to minimize disruptions to the contract and reimbursement processes. Additional information and guidance will be forthcoming as the best solutions are determined.

This is the extent of information we have at this time, so please hold questions regarding the extension and RFA for the time being -- we will provide regular updates going forward. Meanwhile, please continue business as normal - providing excellent service to WIC Participants. We look forward to strengthening our partnership with WIC Agencies during these next two years.

Fiscal Management Section

New York State Department of Health
Bureau of Supplemental Food Programs
Riverview Center, 150 Broadway,
Suite 650, Menands, NY 12204
(518) 402-7099 | wicbudget@health.ny.gov

Resolution
277/2014 384/2015
Dave Becker NYS004 WIC
\$525,743 /yr
not to exceed
\$560,128

Attachment # 13

Warren County Board of Supervisors

RESOLUTION NO. 384 OF 2015

Resolution introduced by Supervisors Sokol, Conover, Frasier, McDevitt and Westcott

**AUTHORIZING AGREEMENT CONTINUING CONTRACTUAL RELATIONSHIP WITH
NEW YORK STATE DEPARTMENT OF HEALTH FOR SPECIAL SUPPLEMENTAL
FOOD PROGRAM FOR THE WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM
AND RATIFYING THE ACTION OF THE CHAIRMAN OF THE BOARD OF SUPERVISORS
IN EXECUTING THE AGREEMENT**

WHEREAS, the Director of Public Health/Patient Services has requested and the Health Services Committee has recommended the County enter into a multi year Special Supplemental Food Program for the Women, Infants and Children (“WIC”) Program with the New York State Department of Health for a multi year term commencing October 1, 2015 and terminating September 30, 2020, in an amount of Two Million Five Hundred Seven Thousand Seven Hundred Forty-Five Dollars (\$2,507,745), (initial term commencing October 1, 2015 and terminating September 30, 2016 in an amount not to exceed Five Hundred One Thousand Five Hundred Forty-Nine Dollars (\$501,549)), and

WHEREAS, the Director of Public Health/Patient Services advises that the New York State Department of Health required the grant agreement for the initial term commencing October 1, 2015 and terminating September 30, 2016 be returned prior to the August Board meeting and the Chairman of the Board of Supervisors executed the grant agreement, now, therefore, be it

RESOLVED, that the Warren County Board of Supervisors hereby ratifies the actions of the Chairman of the Board of Supervisors in executing the grant agreement for the initial term commencing October 1, 2015 and terminating September 30, 2016 prior to the August Board meeting, and be it further

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an agreement with the New York State Department of Health relating to a Special Supplemental Food Program for the Women, Infants and Children (“WIC”) Program for a multi year term commencing October 1, 2015 and terminating September 30, 2020, in an amount of Two Million Five Hundred Seven Thousand

RESOLUTION NO. 384 OF 2015

PAGE 2 OF 2

Seven Hundred Forty-Five Dollars (\$2,507,745), (initial term commencing October 1, 2015 and terminating September 30, 2016 in an amount not to exceed Five Hundred One Thousand Five Hundred Forty-Nine Dollars (\$501,549)), in a form approved by the County Attorney, and be it further

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute the annual certifications and annual funding renewal agreements for such additional annual terms through September 30, 2020 contingent upon funding availability and program performance in a form approved by the County Attorney without the need for further resolution, and be it further

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute any and all documents necessary to accept any Cost of Living Adjustment (COLA) payments that the County may receive relating to the above-described contract term commencing October 1, 2015 and terminating September 30, 2020, in a form approved by the County Attorney, and be it further

RESOLVED, that if any further funding becomes available during the term of this grant, no further resolution to accept said monies is necessary and the Chairman of the Board of Supervisors is authorized to execute any documents necessary to receive the additional funds in a form approved by the County Attorney.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: January 21, 2020

- (a) Is this a Result of a Bid or Request for Proposal? **NO**
- (b) Purpose of Contract: **To provide services to Children and Youth with Special Health Care Needs**
- (c) Name of Contractor: **NYSDOH Bureau of Child Health; Division of Family Health**
- (d) Address of Contractor: **NYSDOH; Corning Tower Building, Room 878
Albany, NY 12237**
- (e) Contractor's Contact Person and Telephone Number: **NYSDOH
Program: Mari Sepowski/ Fiscal: Eric Cleghorn 518-474-1961**
- (f) Has or will the Contract be provided, if so, please attach: **Most likely, not received to date**
- (g) Commencement Date of Contract: **10/1/2020**
- (h) Termination Date of Contract: **9/30/2025**
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed **\$23,088/yr x 5 yrs**
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. **Quarterly/ Per completion of quarterly reports and vouchers as directed by grant requirements**
- (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.4018.0020.4452 Family Health- Children with Special Health Care Needs Revenue and various Family Health expenditure codes.****

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



Department of Health

ANDREW M. CUOMO
Governor

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

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

December 27, 2019

Ginelle Jones, BSN, MSN, FNP
Director of Public Health
1340 State Rt 9
Lake George, NY 12845

Re: Children and Youth with Special Health Care Needs Program 2020-2025 Funding

Dear Ms. Jones:

The New York State Department of Health (NYSDOH) conducted Care Mapping listening sessions with service providers, caregivers, and families of children and youth with special health care needs (CYSHCN) to learn how the State can better support them. Based on that feedback, the NYSDOH is offering local health departments more support and technical assistance for your valuable community-level work to better serve CYSHCN and their families.

Your agency is eligible for funding under the Children and Youth with Special Health Care Needs Program. The non-competitive grant awards will continue to support outreach, information, referral to services, and follow up to families of CYSHCN. Modifications to the program for this cycle include adding support and technical assistance for local health departments (LHD) from Regional Support Centers (RSCs), increasing funding, identifying a dedicated staff person, and increasing the emphasis on collaborating with medical providers, schools and child care agencies to help support CYSHCN and their families. The attached CYSHCN Program Overview describes the objectives of the CYSHCN Program for the five-year contract period.

To assist LHDs in serving families of CYSHCN, the NYSDOH has established three Regional Support Centers through contracts with the State's three University Centers for Excellence in Developmental Disabilities (UCEDDs). The Regional Support Centers will provide technical assistance, education, training, mentorship, and coaching to LHDs as well as support efforts to identify resources and information for CYSHCN and their families. RSCs will be available at a minimum throughout the first year of the LHD contract period that begins October 1, 2020.

Funding will be awarded for the five-year period from October 1, 2020 to September 30, 2025. Funding has been increased from previous years and is allocated to support a minimum 0.2 FTE dedicated staff person (funded or unfunded) responsible for the provision of program deliverables. This required staff person is to serve as the point person accessible to NYSDOH, parents, and community members for CYSHCN. This required FTE is specific to achieving program deliverables listed in the CYSHCN Program Overview. Your proposed award amount is \$23,088.00.

Attachment 14

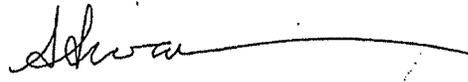
To participate in the Children and Youth with Special Health Care Needs Program for the 2020-2025 contract period, the enclosed Intent to Participate Form must be completed and returned by January 16, 2020. The form must be signed by your Commissioner, Public Health Director, or designee.

If you do not wish to participate in the Children and Youth with Special Health Care Needs 2020-2025 Program, please indicate that choice on the form and return by January 16, 2020.

Please scan and return the signed Intent to Participate Form by email to CYSHCN@health.ny.gov.

Additional contract information will be forwarded if you elect to participate in the program. Final grant awards are contingent upon the review and approval of the Office of the New York State Comptroller. If you have any questions, please contact Eric Cleghorn at (518) 474-1961 or email CYSHCN@health.ny.gov.

Sincerely,



Suzanne M. Swan
Director
Bureau of Child Health

Enclosures

Intent to Participate Form
CYSHCN Program Overview
National Survey of Children's Health - 27 Health Conditions Surveyed (2016)

cc: Ginelle Jones

Jones, Ginelle

From: doh.sm.CYSHCN <CYSHCN@health.ny.gov>
Sent: Wednesday, January 8, 2020 11:35 AM
To: Jones, Ginelle
Cc: Cleghorn, Eric J (HEALTH); Costa-Daley, Christina (HEALTH); Sepowski, Marina L (HEALTH); ODonnell, Barbara J (HEALTH)
Subject: Children and Youth with Special Health Care Needs Program 2020-2025 Funding Available
Attachments: Warren Co.pdf; 2. CYSHCN Program Overview.pdf; 3. National Survey of Children's Health.pdf; 1. Intent to Participate Form CYSHCN 2020-2025 Final.pdf
Importance: High

Dear Colleague,

We are pleased to announce that your agency is eligible for the next round of grant funding (2020-2025) under NYSDOH's Children and Youth with Special Health Care Needs (CYSHCN) program. Grant funding supports outreach, information, referral to services and follow up for CYSHCN and their families. The CYSHCN program has been run by the NYSDOH through contracts with counties for almost a century and continues to meet vital needs of CYSHCN and their families.

Attached you will find the announcement letter, Intent to Participate Form, CYSHCN Program Overview, and the National Survey of Children's Health list of health conditions (not all-inclusive).

We look forward to your review of the attached information and hope to hear from all counties in New York State, either continuing to participate or joining us in this important work for the children of New York State.

Thank you.

Children and Youth with Special Health Care Needs

Bureau of Child Health
Division of Family Health

New York State Department of Health

Corning Tower Building, Room 878, Albany, NY 12237
518-474-1961 CYSHCN@health.ny.gov

Warren County Request to Host Meeting or Conference

Name of Department: Health Services

Name of Meeting/Conference: Quarterly Professional Advisory Meetings

Date: Anticipated -2/12/2020; 5/20/2020; 8/19/2020; and 11/18/2020

Location: Warren County Municipal Center Meeting Room 5110

Purpose: Provide Guidance and Advisement to Health Services

Contact Person: (If other than Department Head)

Phone No.: x6583

Number of People attending:

10 County Employees

0 State Employees

3 Volunteers

9 Others (specify) Contractors and Representatives from Collaborating Agencies

Cost to County (please include amounts):

Room rental \$ 0

Food/beverage \$ 500

Supplies \$ 50

Other (specify) \$ 550

Total Cost: \$ 550

Dept Head Approval:

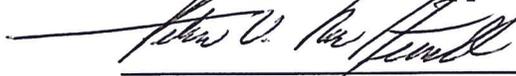


Signature

1/13/2020

Date:

Committee Chairman Approval:



Signature

1/21/20

Date

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

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

DEPARTMENT NAME: Warren County Health Services-Health Education
DATE: January 21, 2020

- (a) **Purpose of Amendment:** To amend the 2020 budget to adjust the Health Education Division to reflect the funds given from the Adirondack Health Institute (AHI) to support Field Goods funding being offered to WIC families **\$3,000.00**. This will be transferred from the Deferred Revenue account A.691.00.
- (b) **Appropriation Code (with title), Object Code (with title) and Amount:**
A.4018.0040.445 Health Education-Foods Expense \$2,950.00
A.4018.0040.410 Health Education-Supplies Expense \$50.00

Revenue Code (with title), and Amount:
A.4018.0040.1617 Health Education-Revenue \$3,000.00

***Note: These funds offer Health Services the availability to order fresh fruits and vegetables to WIC Families throughout the year. Supplies expense is being utilized to make flyers, weekly recipes and bag inserts explaining storage and handling of the food.**

ATTACHMENT #16

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-Home Care Division

DATE: January 21, 2020

- (a) **Purpose of Amendment:** To amend the 2020 budget to adjust the Health Services – Home Care Division to reflect the funds given from the Adirondack Health Institute (AHI) to support the DSRIP (New York State Delivery Systems Reform Incentive Payment Program) Project of **\$40,000.00**. **These funds to be transferred from A691.00 Deferred Revenue account.**
- (b) **Appropriation Code (with title), Object Code (with title) and Amount:**
A.4010.4300.220 Health Services-DSRIP Office Equipment \$ 5,000.00
A.4010.4300.260 Health Services-DSRIP Other Equipment \$ 5,000.00
A.4010.4300.410 Health Services-DSRIP Supplies Expense \$ 5,000.00
A.4010.4300.428 Health Services-DSRIP Data Processing \$25,000.00

Revenue Code (with title), and Amount:

A.4010.4300.3426 Health Services—DSRIP Engagement Funds Revenue \$40,000.00

***Note:** These funds were received in previous years, however have been in deferred revenues. As we spend the funds, we will be charging DSRIP with Costs. Purchases involved with this amendment include additional lap top computers needed, Telemonitors needed for patients, Costs affiliated with having software created for our Encore (old electronic medical billing record system) to allow us to retrieve previous patient information/billing needed. Also camera's and other miscellaneous items needed for patient care/documentation all within the HomeCare division. DSRIP funds fully cover these expenses.

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-Physically Handicapped Children's
Program

DATE: January 21, 2020

- (a) **Purpose of Amendment:** To amend the 2019 budget to adjust the Physically Handicapped Children Program (Preschool Program) to reflect the Rate Reconciliations recently received from Providers that date back to School years 2015/2016 to current 2019/2020.
- (b) **Appropriation Code (with title), Object Code (with title) and Amount:**
**A.4054.444 Physically Hand. Children Program-Travel/Education/Conference
Expense \$398,650**

Revenue Code (with title), and Amount:
**A.4054.3277 Physically Hand. Children Program-Education of Handicapped
Children Revenue \$398,650**

***Note:** This amount reflects the estimated portion we expect from the State for our Handicapped Program. For one provider, they have given us final amounts for the School years of 2015/2016 and 2016/2017. However, once these rates were approved by the state, it then reflected on future years. Therefore we also been billed for Rate Reconciliations for School years 2017/2018, 2018/2019 and the current School year of 2019/2020. This amount however, only reflects those amounts related to 2019 and earlier years. The county currently receives 59.50% for the amounts billed to the state for these services, therefore this amount reflects the percentage we expect to receive in Revenues, and will also reflect in expenses.

ATTACHMENT #18