

HUMAN SERVICES COMMITTEE
AGENDA
December 7, 2016

1. Approval of Minutes

- November 2, 2016 with the following amendment:

The following sentence:

“Ms. Gasdik stated yes, the paid drivers do have background checks completed.”

Should be amended to say:

“Ms. Gasdik stated, the paid drivers have reference checks done, but not background checks.”

2. Lori Ballengee, Public Health Director

- Olean General Hospital Autopsy Contract
- Request to fill Public Health Sanitarian position
- Acceptance of COLA Funds
- Transfer of Funds for Software Licensing fees
- Contract Extension with Monroe County Medical Examiner’s Office for Autopsy Services
- Transfer of Funds for Special Education Contracts

3. Madeleine Gasdik, Office for the Aging Director

- October 2016 Monthly Report
- Request to fill Aging Services Technician
- Request to fill Meals-on-Wheels Driver
- Request to fill Aging Services Specialist
- Transfer of Funds (HEAP Grant)
- Acceptance of Nancy Rouse and Pearl Snyder Bequests
- Results of NYSOFA Annual Evaluation
- Results of NYSOFA Nutrition Evaluation
- Satisfaction Survey Results

4. Vicki Grant, Social Services Commissioner

- Monthly Report

5. Advisory Council to the Office for the Aging Appointments

6. Community Services Board Appointments

7. Judith Hopkins, Allegany County Heroin & Opioid Abuse Ad Hoc Chair

- Committee Update

8. Old Business

9. New Business

10. Good of the Order

11. Adjournment

MEMORANDUM OF EXPLANATION

Introduction No: _____
(clerk's use only)

COMMITTEE: Human Services

DATE: December 7, 2016

Attached, please find a copy of a proposed contract between the County of Allegany and Olean General Hospital, effective January 1, 2017 through December 31, 2019. This contract includes scope of work and reimbursement rates for performing autopsies and blood and description activities for the County.

The costs are the same as the 2014-2016 contract. In addition, we have added language for a Consultation Fee of \$200, where the Pathologist will consult by phone with the Coroner. This consult can result in the elimination of some full autopsies, resulting in significant savings.

I am proposing renewing this contract with Olean General Hospital because of the significant cost savings (\$23,500 so far this year) we have realized over Monroe County's costs. There is also a savings of time and mileage by the County Coroners to go to Olean instead of Rochester.

We still maintain a per-diem contract with Monroe County ME's Office for referral of difficult cases by law enforcement and/or the District Attorney's Office.

For further information regarding this matter, contact:

Lori Ballengee, Public Health Director

x9247

AGREEMENT
BETWEEN
OLEAN GENERAL HOSPITAL
AND
COUNTY OF ALLEGANY
FOR THE PERIOD OF JANUARY 1, 2017 - DECEMBER 31, 2019

THIS AGREEMENT, by and between Olean General Hospital, hereafter known as OGH, with offices and principal place of business at Olean General Hospital, 515 Main Street, Olean, New York, 14760, and the COUNTY OF ALLEGANY, with offices and principal place of business at County Office Building, 7 Court Street, Belmont, New York, 14813-1076

WITNESSETH:

WHEREAS, OGH operates facilities for providing comprehensive medico-legal death investigation services including autopsy and post-mortem toxicology, and;

WHEREAS, Allegany County statutory authorities (coroners) do not presently have available such professional services to determine and document the cause and manner of death in many instances, and;

WHEREAS, Allegany County is desirous of making use of the facilities and expertise of OGH, and;

WHEREAS, OGH authorizes the execution of an Agreement with Allegany County for such services, and;

WHEREAS, the Allegany County Legislature, by Resolution Number _____ adopted on _____, 2016 authorized the execution of an Agreement with OGH for such services;

NOW, THEREFORE, OGH and the County of Allegany in consideration of the covenants and agreements on the part of the parties hereto, do hereby covenant and agree as follows:

1. It is hereby agreed that OGH shall be operationally responsible for the medico-legal analysis of cases referred by the Allegany County authorities and shall retain the right of refusal of all cases submitted for post-mortem evaluation and determining the extent to which OGH should perform various forensic pathology procedures and analyses. OGH shall furnish reports concerning such cases to the appropriate-Allegany County authorities, as allowed by applicable statute. It is further agreed that the provision of body transportation facilities and background field investigation in respect to these cases will be the primary responsibility of Allegany County. Prior to sending any case to OGH, the Allegany County Coroner, or their agent, will notify OGH, typically by telephone, and advise of case information. OGH will accept any identification submitted by Allegany County as a positive identification and base all decisions and actions on said positive identification. In the event that identification is not confirmed or unknown, OGH will work with the coroner and/or police agency involved to secure a positive, scientific identification. In all cases, written authorization to perform the autopsy must accompany the remains. Allegany County agrees that transportation to-and from OGH will be the responsibility

of Allegany County. Further, remains must be removed within 48 hours of notification by OGH to the referring coroner that the remains are ready for release or a holding fee may be imposed at the rate as approved by OGH. Ready for release, for the purpose of this agreement, shall mean that all testing requiring examination -of the remains has been completed and that a death certificate has been signed by an appropriate 'representative of OGH (if applicable) or a cause and manner of death has been recorded. The coroner responsible for a given case shall be advised of the cause and manner of death as promptly as possible by OGH which shall, to the extent possible, make the cause and manner of death known to the respective coroner within twenty-four (24) hours. Concurrent with the information release to the coroner, information may be released to the investigating police agency having jurisdiction or the Allegany County District Attorney's Office, as required by law.

2. Required Forms:

- a. No human remains will be accepted at OGH unless they are accompanied by both an Identification Form and an Autopsy Authorization Form. The information required on both forms may be combined on a single sheet.
- b. Minimally, the Identification Form must include the name of the decedent, location where the body was found, date body was found, method of identification, name of person making identification and the contact information for the person making identification.
- c. Minimally, the Autopsy Authorization Form must include the name of the decedent, location where body was found, the date and time the decedent was pronounced dead and the person making the death pronouncement, a statement directing that an autopsy is requested and the name and signature of the coroner making the request.
- d. If identification of the remains is not readily available or possible, the above form(s) must still be completed including as much descriptive information (race, gender, age,-condition found, etc.) as possible.

3. Forensic Pathology Services included are:

- a. Comprehensive Medico-legal investigation including autopsy to determine and document cause and manner of death. Autopsy to be performed at the facilities of OGH, Olean, New York.
- b. Standard autopsy on each referred case, at the discretion of OGH Pathologist.
- c. Routine Laboratory testing and related consultations that can be performed using equipment maintained at and by OGH and with the exception of those listed in item 4 (Forensic Pathology Services excluded).
- d. All required routine radiology studies that can be performed using equipment maintained at and by OGH.
- e. Preliminary written autopsy report and findings provided within thirty (30) days of the date of autopsy (with forty-eight (48) hours for homicides) upon request.

Submission of final autopsy and toxicology reports will be dependent on the complexity of the case and number of testing procedures required.

- f. All record keeping and chain of custody documentation consistent with current forensic standards.
4. Forensic Pathology services excluded are:
- a. Laboratory Toxicology analysis will be referred to a reference laboratory with the cost billed separately to Allegany County.
 - b. Analyses for particularly rare or unusual toxins (as determined by OGH) that cannot be performed at OGH facilities. Requests for particularly rare or unusual toxins will be referred to a reference laboratory with the cost billed separately to Allegany County
 - c. Neuropathology consultation services when required. Neuropathology consultation services costs will be billed separately to Allegany County.
 - d. Forensic Anthropology services when required. Forensic Anthropology services costs will be billed separately to Allegany County.
 - e. Forensic Odontology services when required. Forensic Odontology services costs will be billed separately to Allegany County.
 - f. Special stains of histological samples required for differential diagnosis. The cost for such special stains will be billed separately to Allegany County,
 - g. Long-term storage of human remains may be billed to Allegany County, directly Long-term storage is defined as any storage of human remains beyond 48 hours after the remains have been designated as ready for release. The designation of ready for release is conferred after all examinations are complete, the remains are positively identified, a death certificate has been issued (if applicable) or a cause and manner of death has been recorded, and the coroner is notified of the ready for release status.
 - h. Case requiring additional respiratory protection. These cases include but are not limited to inmates, embalmed remains, etc. The cost for use of additional respiratory protection will be billed separately to Allegany County.
 - i. Scientific identification methods when required to confirm positive identification. The cost for such scientific identification methods will be bill separately to Allegany County.
 - j. Professional Courtroom testimony required of OGH staff or professional services contractors. The cost for such required testimony will be billed separately to Allegany County.
 - k. Shipping and mileage costs associated with any excluded services. The cost for shipping and mileage will be billed separately to Allegany County.
 - l. Note: As much as reasonably possible, the-Allegany County Coroner will be notified of the need for these extra services prior to the performance of these excluded services.
5. In the case of a homicide or suspicious death, typing blood and any trace evidence will be retained at autopsy and turned over to the investigating law enforcement agency. OGH does not provide crime laboratory services.
6. Items of personal- property not found on the decedent's person will not be accepted. This includes medications and personal property found in the vicinity of the

decedent. Documentation of such medications *and* property maybe submitted-with the remains.

7. Consistent with Federal and New York State Laws, H1V/AIDS testing will not be performed to assess risk due to responder or other exposure. Allegany County and its agencies are responsible for having post-exposure protocols and policies in place for dealing with such exposures. OGH should be notified as soon as possible if such an exposure has occurred and the actions to be taken by Allegany County or its agencies.

8. Agreement Payments and Limits:

- a. Allegany County agrees to pay OGH a fee of \$650 for full forensic pathology examinations including head inspection and \$600 for full forensic pathology examinations without head inspection, during the term of this agreement which shall be January 1, 2017 through December 31, 2019.
- b. Allegany County agrees to pay participating Pathologist \$1,000 for full forensic pathology examination including or excluding head.
- c. Any Blood/Description type autopsy referred to OGH will be accepted at a cost to Allegany County of \$200 per case and will include a signed death certificate by an OGH pathologist.
- d. Imaging services, when needed, will be reimbursed at the Medicare rate.
- e. Allegany County agrees to pay participating Pathologist \$200 for a phone consultation with the coroner in lieu of autopsy.
- f. For Autopsies performed by Dr. Loghmanee, Allegany County agrees to pay actual mileage fees not to exceed \$200 per case.
- g. An invoice for services performed will be sent by OGH to Lori Ballengee, Public Health Director of the Allegany County Department of Health, 7 Court Street, Belmont, NY 14813 on a monthly basis as activity allows.

9. Records and Reports:

- a. In addition to the Allegany County Coroner and the Allegany County District Attorney, final autopsy reports will be released to requesting individuals and agencies as defined in New York County Law 17a, Section 677.
- b. Preliminary information, including written Provisional Autopsy Reports, is released to the Allegany County Coroner, Allegany County District Attorney, and the investigating police agency; the investigating police agency will receive only the Record of Examination/Status Report and not the entire provisional autopsy report. In all cases, such release will only be made upon request of the appropriate entity_ Preliminary information, both written and verbal; will not be released to any other entity. Due to the dynamic nature of forensic pathology cases, additional release of preliminary information is discouraged.
- c. During the course of routine business, OGH generates investigative reports. Copies of these reports are provided as a courtesy to the Allegany County Coroner and should not be further released.
- d. When a case is made final, the final autopsy report will be forwarded to the Allegany County Coroner of record. In accordance with New York County Law, these

final autopsy reports should be filed -in the Allegany County -Coroner's Office or, absent such an office, filed with the Allegany County Clerk.

- e. A single final copy of record will be sent to the referring Allegany County Coroner. Any additional copies requested will be sent for a fee, the rate set for the type of report requested as approved by OGH.
10. "Screening" as used herein shall mean that OGH has the right of refusal on a case by case basis. The procedures and analyses to be employed will be within the professional determination of OGH. In the event OGH's determination as to the extent of procedures and analyses needed to be performed differ from that of the coroner, OGH shall prevail. This section applies only to included forensic pathology services.
 11. No provisions contained within this agreement shall apply to any event which can be classified as a Mass Fatality Incident. Any Mass Fatality Response Plan maintained by Allegany County should be operationally independent of OGH. For the purpose of this agreement, mass Fatality shall be defined as more than five (5) deceased individuals from any one incident or more than five (5) deceased individuals discovered within a one hour period.
 12. Allegany County will provide to OGH a list of Allegany County Coroners by January 1 for each year of this agreement. This list shall include the coroner's name, address, and telephone numbers. Additionally, Allegany County will provide notification related to any change in coroner status within 30 days of such change.
 13. Allegany County agrees to indemnify and hold harmless OGH and its-officers, servants and agents with respect to any and all claims, judgments, costs, awards, liability, loss, damage, suite or expense of any kind which OGH may incur, suffer, or be required to pay by reason of or as a consequence, directly or indirectly, of the fault, failure, omission or negligence of Allegany County, its agents, officers, members, directors or employees, including any misrepresentations contained in this Agreement or the breach of any warranty made herein or the failure of Allegany County to carry out its duties under this agreement or otherwise arising out of or in connection with, directly or indirectly, this agreement. Allegany County shall not be required to indemnify OGH for any damage or loss arising out of any negligent acts or misconduct of OGH, its officers or agents.
 14. Allegany County agrees that in carrying out its activities under the terms of the Agreement that it shall not discriminate against any person due to such person's age, marital status, disability, genetic disposition or carrier status, race, color, creed, sexual orientation, sex or national origin, and that at all times it will abide by the applicable provisions of the Human Rights Law of the State of New York as set forth in sections 290 — 301 of the Executive Law of the State of New York.
 15. Allegany County covenants and agrees that it will conduct itself consistent with its status, said status being that of an independent contractor, and that it, its individual members, directors, officers, employees and agents are no and shall not hold themselves out nor claim

to be an officer or employee of OGH nor make claim to any rights accruing thereto, including, but not limited to, Workers' Compensation, unemployment benefits, Social Security or retirement plan membership or credit.

16. Either party hereto may terminate this Agreement and end the same by giving to the other sixty (60) days written notice of such termination. Any amendment or modification of any section of this Agreement must be in separate writing signed by both parties. All notices concerning this Agreement shall be delivered in writing to the parties at the principal addresses as set forth above unless either party notifies, in writing, the other of a change of address. Should OGH elect to terminate this agreement, reimbursement for all services provided previously will be paid in full by Allegany County.
17. Allegany County shall not, in whole or in part, assign, transfer, convey, mortgage, pledge; grant any security interest in sublet or otherwise dispose of this Agreement or any of its right, title or interest therein, nor any part thereof, nor any monies which are or will become due and payable there under without the prior written consent of OGH.
18. This Agreement constitutes the entire agreement between OGH and Allegany County and Supersedes any and all prior agreements between the parties hereto for the services herein to be provided. The Agreement shall be governed by and construed in accordance with the laws of New York State without regard or reference to its conflict of laws and principles.

IN WITNESS WHEREOF, the parties hereto have hereunto set their hands and seals as of the day and year first above written.

Olean General Hospital

By _____

Timothy Finan
President and Chief Executive Officer

ALLEGANY COUNTY

By _____

Curtis W. Crandall
Chairman of the Board of Legislators

STATE OF NEW YORK)
CITY OF OLEAN)

On this _____ day of _____, 201__, before me, the subscriber personally came Timothy Finan, to me known, who being by me duly sworn, did depose and say that he resides in the County of Cattaraugus, New York; that he is the Chief Executive Officer, of the corporation described in and which executed the above instrument; and that he signed his name thereto by virtue of such authority.

Notary Public

STATE OF NEW YORK)
COUNTY OF ALLEGANY)
TOWN OF BELMONT

On this _____ day of _____, 201__, before me, the subscriber personally came Curtis W. Crandall, to me known, who being by me duly sworn, did depose and say that he resides in the County of Allegany, New York; that he is the Chairman of the Board of Legislators of Allegany County, the corporation described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by virtue of the statutes of the State of New York in such case made and provided and adopted by the Allegany County Board of Legislators on _____, 201__ and that he signed his name thereto by virtue of such authority.

Notary Public

Request to Fill Position Form

Date: 12/07/16

Committee of Jurisdiction: Human Services

Request to Fill: Title of Position: Public Health Sanitarian
Dept.: Health

Will any positions be eliminated? No

If yes, which position(s): _____

This position is an:

Existing position? XX Newly Created Position? _____ Created by Resolution #: _____

This position will be:

Full Time? XX Part Time? _____ Permanent? XX Temporary? _____

This position will be:

Non Union? _____ Union? XX covered by the AFSCME bargaining unit.

Grade: 20 Step: Base – Step 2 Hourly pay rate: \$22.6416- \$24.4768

Annual salary of position: \$41,208 - \$44,548

Cost of benefits for position: \$19,401 - \$20,973

Does position support a mandated program/grant? YES Name of program: Water, Community Sanitation, Food Safety, ATUPA-CIAA (Tobacco), Rabies Control & Lead Programs

Source of funding for position: _____% County 100% State _____% Federal _____% Other

Source of funding for benefits: 100% County % State _____% Federal _____% Other

Amount in 2016 year's budget for this position: 100%

Rationale justifying the need to fill this position at this time. Please include in your rationale where applicable:

1. **The specific duties that cannot be accomplished by another employee.** This position is critical to operating our Environmental Health programs. It is a high level position responsible for complex testing, inspections and investigations.
2. **The goals your organization will not be able to accomplish as a result of not filling this position.** Fulfilling all requirements that mandated programs have to NYS Department of Health.
3. **The funding available to fill the position from external sources.** 100% salary will be covered by Article 6 Funding and other grants. 100% of fringe is non-Article 6 eligible, so will be a county expense.
4. **The benefit to the County generated by this specific position.** We receive an extra \$150,000 for having an Environmental Health Program in Article 6 funds, plus numerous grants.

Department Head Signature: _____

Date: _____

Approved by the Ways and Means Committee on _____

MEMORANDUM OF EXPLANATION

For Acceptance and Budgeting of GRANTS

INTRODUCTION NO: _____

(Clerk's use only)

Committee of Jurisdiction: Human Services

Date: December 7, 2016

Explanation of Grant:

The Health Department requests a resolution to accept and appropriate Cost Of Living Adjustments funds from NYSDOH for the WIC Program for the 2016 budget year, 2016-2017 grant year (October 1, 2016 through September 30, 2017)

Appropriations (\$5,900.00)

A 4190.201 Office Equipment	\$ 1,496.00
A 4190.410 Maint in lieu of rent	\$ 6,439.00

Revenues (\$5,900.00)

A 4190.4452.00 FED AID - WIC 4482	\$ 7,935.00
-----------------------------------	-------------

\$

The equipment being purchased is a sign for the new building as well as two telephones. The MILOR represents new flooring and the cost of wiring in the new building.

FISCAL IMPACT: Total grant: \$7,935.00

Local county share: \$0.00

State Grant? _____ Revenue # _____ \$ _____

Federal Grant? X Revenue # A4190.4452.00 \$ 7,935.00

If Federal, please list Federal Catalog of Federal Domestic Assistance

(CFDA) number 10-557

This grant is a X renewal of existing grant funded program or _____ new grant fund program.

Grant Fiscal Year: 2016-2017

Obligation of County after grant expires: None

Major benefits of accepting this grant are: Additional Funding To Cover Expenses Associated With Move To New Location

Department Head Signature: _____

MEMORANDUM OF EXPLANATION

Introduction No: _____
(clerk's use only)

COMMITTEE: HUMAN SERVICES

DATE: 12/7/2016

<u>From:</u>	<u>To:</u>	<u>Amount:</u>
A4010.201 Office Equipment	A4010.409 Fees	\$ 2,500.00
	Total	<u>\$ 2,500.00</u>

To move money on the County Budget for the purpose of funding software license fees.

FISCAL IMPACT: None.

For further information regarding this matter, contact:

David Rahr, Accountant-Department of Health
(585)268-9261

MEMORANDUM OF EXPLANATION

Introduction No: _____
(clerk's use only)

COMMITTEE: Human Services

DATE: December 7, 2016

Attached, please find a copy of a proposed contract between the County of Allegany and Monroe County Medical Examiner's Office. This contract includes scope of work and reimbursement rates for performing autopsies and blood and description activities for the County.

This is a per-diem contract for referral of difficult cases by law enforcement and/or the District Attorney's Office.

For further information regarding this matter, contact:

Lori Ballengee, Public Health Director

x9247

INTERMUNICIPAL AGREEMENT

BETWEEN

COUNTY OF MONROE

AND

COUNTY OF ALLEGANY

FOR THE PERIOD OF JANUARY 1, 2017 TO DECEMBER 31, 2017

THIS INTERMUNICIPAL AGREEMENT, by and between the COUNTY OF MONROE, a municipal corporation of the State of New York with offices and principal place of business at the County Office Building, 39 West Main Street, Rochester, New York, 14614, and ALLEGANY COUNTY, with offices and principal place of business at County Office Building, 7 Court Street, Belmonte, New York, 14813-1076.

WITNESSETH:

WHEREAS, Monroe County operates a full-time Medical Examiner's Office with facilities for providing comprehensive medicolegal death investigation services including autopsy and post-mortem toxicology in cases falling under the statutory jurisdiction of the Medical Examiner, and;

WHEREAS, ALLEGANY County statutory authorities (coroners) do not presently have available such professional services to determine and document the cause and manner of death in many instances, and;

WHEREAS, ALLEGANY County is desirous of making use of the facilities and expertise of the Monroe County Medical Examiner's Office;

WHEREAS, the Monroe County Legislature, by Resolution Number 53 adopted on February 10, 2015, authorized the execution of an Agreement with the Contractor for such services;

WHEREAS, the ALLEGANY County Legislature, by Resolution Number ____ adopted on _____, authorized the execution of an Agreement with the Contractor for such services;

NOW, THEREFORE, County of Monroe and the County of ALLEGANY in consideration of the covenants and agreements on the part of the parties hereto, do hereby covenant and agree as follows:

1. Monroe County hereby agrees to maintain the Monroe County Medical Examiner's Office for the periods of time contracted for as hereinafter set forth.
2. It is hereby agreed that the Monroe County Medical Examiner shall be operationally responsible for the medicolegal analysis of cases referred to him by the ALLEGANY County authorities and shall retain the option of screening all cases submitted for post-mortem evaluation and determining the extent to which the Monroe County Medical Examiner should perform various forensic pathology procedures and analyses. The Monroe County Medical Examiner shall furnish reports concerning such cases to the appropriate ALLEGANY County authorities, as allowed by applicable statute. It is further agreed that the provision of body transportation facilities and background field investigation in respect to these cases will be the primary responsibility of ALLEGANY County. Prior to sending any case to the Monroe County Medical Examiner, the ALLEGANY County Coroner, or their agent, will notify the Monroe County Medical Examiner, typically by telephone, and advise of case information. The Monroe County Medical Examiner's Office will accept any identification submitted by ALLEGANY County as a positive identification and base all decisions and actions on said positive identification. In the event that identification is not confirmed or unknown, the Monroe County Medical Examiner's Office will work with the coroner and/or police agency involved to secure a positive, scientific identification. In all cases, written authorization to perform the autopsy must accompany the remains.

ALLEGANY County agrees that transportation from the Medical Examiner's Office will be the responsibility of ALLEGANY County. Further, remains must be removed within 48 hours of notification by the Medical Examiner's Office to the referring coroner that the remains are ready for release or a holding fee may be imposed at a rate of \$135 per day or portion thereof. Ready for release, for the purpose of this agreement, shall mean that all testing requiring examination of the remains has been completed and that a death certificate has been signed by an appropriate representative of the Monroe County Medical Examiner's Office (if applicable) or a cause and manner of death has been recorded. The coroner responsible for a given case shall be advised of the cause of death as promptly as possible by the Medical Examiner's Office which shall, to the extent possible, make the cause of death known to the respective coroner within twenty-four (24) hours. Concurrent with the information release to the coroner, information may be released to the investigating police agency having jurisdiction or the ALLEGANY County District Attorney's Office, as required by law.

3. Required Forms:
 - a. No human remains will be accepted at the Monroe County Medical Examiner's Office unless they are accompanied by both an Identification Form and an Autopsy Authorization Form. The information relative to both forms can be combined on a single sheet.
 - b. Minimally, the Identification Form must include the name of the decedent, location where the body was found, date body was found, method of identification, name of person making identification and the contact information for the person making the identification. Appendix A is a suggested Identification Form.
 - c. Minimally, the Autopsy Authorization Form must include the name of the decedent, location where body was found, the date and time the decedent was pronounced dead and the person making the death pronouncement, a statement directing that an autopsy is requested and the name and signature of the coroner making the request. Appendix B is a suggested Autopsy Authorization Form.
 - d. If identification of the remains is not readily available or possible, the above form(s) must still be completed including as much descriptive information (race, gender, age, condition found, etc.) as possible.

4. Forensic Pathology services included are:
 - a. Comprehensive Medicolegal investigation including autopsy and post mortem toxicology to determine and document cause and manner of death. Autopsy and toxicology testing to be performed at the facilities of the Monroe County Medical Examiner's Office, Rochester, New York.
 - b. Standard full autopsy on each referred case at a minimum, except where agreed upon by referring coroner.
 - c. Laboratory testing and related consultations with the exception of those listed in item 5 (Forensic Pathology services excluded).
 - d. All required routine radiology studies that can be performed using equipment maintained at and by the Monroe County Medical Examiner's Office.
 - e. All required photographic documentation; format to be digital or standard print film according to policies of the Monroe County Medical Examiner's

Office.

- f. All record keeping and chain of custody documentation consistent with current forensic standards.
 - g. Preliminary written autopsy report and findings provided within thirty (30) days of the date of autopsy (with forty-eight (48) hours for homicides) upon request. Submission of final autopsy and toxicology reports will be dependent on the complexity of the case and number of testing procedures required.
5. Forensic Pathology services excluded are:
- a. Laboratory analysis for the presence of LSD. Requests for LSD analysis will be referred to a reference laboratory with the cost billed separately to ALLEGANY County.
 - b. Analyses for particularly rare or unusual toxins (as determined by Monroe County) that cannot be performed at the Monroe County Medical Examiner's Office facilities. Requests for particularly rare or unusual toxins will be referred to a reference laboratory with the cost billed separately to ALLEGANY County.
 - c. Analyses or special tests performed by facilities outside of the Medical Examiner's Office; these analyses and tests will be referred to a reference laboratory or facility with the cost billed separately to ALLEGANY County.
 - d. Neuropathology consultation services when required. Neuropathology consultation services costs will be billed separately to ALLEGANY County.
 - e. Forensic Anthropology services when required. Forensic Anthropology services costs will be billed separately to ALLEGANY County.
 - f. Forensic Odontology services when required. Forensic Odontology services costs will be billed separately to ALLEGANY County.
 - g. Special stains of histological samples required for differential diagnosis. The cost for such special stains will be billed separately to ALLEGANY County.
 - h. Long-term storage of human remains may be billed to ALLEGANY County, directly. Long-term storage is defined as any storage of human remains beyond 48 hours after the remains have been designated as ready for release. The designation of ready for release is conferred after all examinations are complete, the remains are positively identified, a death certificate has been issued (if applicable) or a cause and manner of death has been recorded, and the coroner is notified of the ready for release status.
 - i. Cases requiring additional respiratory protection. These cases include but are not limited to inmates, embalmed remains, etc. The cost for use of additional respiratory protection will be \$250 and will be billed separately to ALLEGANY County.
 - j. Scientific identification methods when required to confirm positive identification. The cost for such scientific identification methods will be billed separately to ALLEGANY County.
 - k. Professional Courtroom testimony required of Monroe County Medical Examiner's Office staff or professional services contractors. The cost for such required testimony will be billed separately to ALLEGANY County.
 - l. Shipping and mileage costs associated with any excluded services. The cost for shipping and mileage will be billed separately to ALLEGANY County.
 - m. Note: As much as reasonably possible, the ALLEGANY County Coroner will

be notified of the need for these extra services prior to the performance of these excluded services.

6. In the case of a homicide or suspicious death, typing blood, sexual offense kit (if required) and any trace evidence will be retained at autopsy and turned over to the investigating law enforcement agency. The Monroe County Medical Examiner's Office does not provide crime laboratory services.
7. Items of personal property not found on the decedent's person will not be accepted. This includes medications and personal property found in the vicinity of the decedent. Documentation of such medications and property may be submitted with the remains.
8. Consistent with Federal and New York State Laws, HIV/AIDS testing will not be performed to assess risk due to responder exposure. ALLEGANY County and its agencies are responsible for having post-exposure protocols and policies in place for dealing with responder exposures.
9. Terms:
 - a. The term of this agreement shall be one year, January 1, 2017 – December 31, 2017.
 - b.
10. Agreement Payments and Limits:
 - a. ALLEGANY County agrees to pay Monroe County at the prevailing rate for the type of examination performed as approved by the Monroe County Legislature in the 2017 budget as listed in the PUBLIC HEALTH – MEDICAL EXAMINER 2017 FEES AND CHARGES schedule.
 - b. Fees for excluded services will be invoiced to ALLEGANY County. Invoice will include case number, case name, date of case, service or services provided and amount. Payment will be due 60 days from invoice date.
11. Records and Reports:
 - a. In addition to the ALLEGANY County Coroner and the ALLEGANY County District Attorney, final autopsy reports will be released to requesting individuals and agencies as defined in County Law 17-a, Section 677.
 - b. Preliminary information, including written Provisional Autopsy Reports, is released to the ALLEGANY County Coroner, ALLEGANY County District Attorney, and the investigating police agency; the investigating police agency will receive only the Record of Examination/Status Report and not the entire provisional autopsy report. In all cases, such release will only be made upon request of the appropriate entity. Preliminary information, both written and verbal, will not be released to any other entity. Due to the dynamic nature of forensic pathology cases, additional or secondary release of preliminary information is discouraged.
 - c. During the course of routine business, the Medical Examiner's Office generates investigative reports. Copies of these reports are provided as a courtesy to the ALLEGANY County Coroner and should not be further released.

- d. When a case is made final, the final autopsy report will be forwarded to the ALLEGANY County Coroner of record. In accordance with County Law, these final autopsy reports should be filed in the ALLEGANY County Coroner's Office or, absent such an office, filed with the ALLEGANY County Clerk.
 - e. A single final copy of record will be sent to the referring ALLEGANY County Coroner. Any additional copies requested will be sent for a fee, the rate set for the type of report requested as approved by the Monroe County Legislature in the corresponding year's budget as listed in the PUBLIC HEALTH – MEDICAL EXAMINER FEES AND CHARGES schedule.
12. "Screening" as used herein shall not mean that the Monroe County Medical Examiner's Office will refuse a case, but that the procedures and analyses to be employed will be within the professional determination of the Medical Examiner's Office. In the event the Medical Examiner's Office's determination as to the extent of procedures and analyses needed to be performed differ from that of the coroner, the Medical Examiner's Office's determination shall prevail. Additionally, if such a discrepancy exists, the forensic pathologist will confer with the referring coroner. The standards used to determine the appropriate extent of examination will mirror those applied to Monroe County cases and will be consistent with generally acceptable practices of Medical Examiner Offices. This section applies only to included forensic pathology services.
13. No provisions contained within this agreement shall apply to any event which can be classified as a Mass Fatality Incident. Any Mass Fatality Response Plan maintained by ALLEGANY County should be operationally independent of Monroe County. For the purpose of this agreement, Mass Fatality shall be defined as more than five (5) deceased individuals from any one incident or more than five (5) deceased individuals discovered within a one hour period.
14. ALLEGANY County will provide to the Monroe County Medical Examiner's Office a list of ALLEGANY County Coroners by January 1 for each year of this agreement. This list shall include the coroner's name, address, and telephone numbers. Additionally, ALLEGANY County will provide notification related to any change in coroner status within 30 days of such change.
15. Additional voluntary training: Coroner ride-alongs:
- a. Monroe County Medical Examiner Staff will provide, upon request and subject to mutual agreement, a program by which the ALLEGANY County Coroner may be allowed to report to the Monroe County Medical Examiner's Office for work shifts, and to respond to death scenes with Medical Examiner's Office personnel.
 - b. The purpose of this program is to:
 - i. Provide training and guidance for newer coroners, and refresher education for experienced coroners;
 - ii. Demonstrate the types of information collected by the Medical Examiner's Office and how the Medical Examiner's Office performs its tasks with the information provided by the coroners;
 - iii. Strengthen relations between coroners and the Medical Examiner's Office, for increased efficiency and improved performance by all.
 - c. Guidelines:

- i. The scheduling of ride-along shifts will be flexible and should include both day and evening shifts, as available. Multiple shifts attended by each coroner are preferable.
 - ii. Coroner ride-alongs will not supersede Medical Examiner's Office needs or programs such as in-house training.
 - iii. Medical Examiner's Office staffing will be adequate so that coroners are not included nor expected to be utilized as staff.
16. ALLEGANY County agrees to indemnify and hold harmless Monroe County and its officers, servants and agents with respect to any and all claims, judgments, costs, awards, liability, loss, damage, suit or expense of any kind which Monroe County may incur, suffer, or be required to pay by reason of or as a consequence, directly or indirectly, of the fault, failure, omission or negligence of ALLEGANY County, its agents, officers, members, directors or employees, including any misrepresentations contained in this Agreement or the breach of any warranty made herein or the failure of ALLEGANY County to carry out its duties under this agreement or otherwise arising out of or in connection with, directly or indirectly, this agreement. ALLEGANY County shall not be required to indemnify Monroe County for any damage or loss arising out of any negligent acts or misconduct of Monroe County, its officers or agents.
17. ALLEGANY County agrees that in carrying out its activities under the terms of the Agreement that it shall not discriminate against any person due to such person's age, marital status, disability, genetic disposition or carrier status, race, color, creed, sexual orientation, sex or national origin, and that at all times it will abide by the applicable provisions of the Human Rights Law of the State of New York as set forth in Sections 290-301 of the Executive Law of the State of New York.
18. ALLEGANY County covenants and agrees that it will conduct itself consistent with its status, said status being that of an independent contractor, and that it, its individual members, directors, officers, employees and agents are not and shall not hold themselves out nor claim to be an officer or employee of Monroe County nor make claim to any rights accruing thereto, including, but not limited to, Worker's Compensation, unemployment benefits, Social Security or retirement plan membership or credit.
19. Either party hereto may terminate this Agreement and end the same by giving to the other sixty (60) days written notice of such termination. Any amendment or modification of any section of this Agreement must be in a separate writing signed by both parties. All notices concerning this Agreement shall be delivered in writing to the parties at the principal addresses as set forth above unless either party notifies, in writing, the other of a change of address
20. ALLEGANY County shall not, in whole or in part, assign, transfer, convey, mortgage, pledge, grant any security interest in, sublet or otherwise dispose of this Agreement or any of its right, title or interest therein, nor any part thereof, nor any monies which are or will become due and payable there under without the prior written consent of Monroe County.
21. This Agreement constitutes the entire agreement between Monroe County and

ALLEGANY County and supersedes any and all prior agreements between the parties hereto for the services herein to be provided. The Agreement shall be governed by and construed in accordance with the laws of New York State without regard or reference to its conflict of laws and principles.

IN WITNESS WHEREOF, the parties hereto have hereunto set their hands and seals as of the day and year first above written.

MONROE COUNTY

By _____
Cheryl Dinolfo
Monroe County Executive

ALLEGANY COUNTY

By _____
Name _____
Title _____
Federal I.D.: To be determined

STATE OF NEW YORK)
COUNTY OF MONROE) SS
CITY OF ROCHESTER)

On this _____ day of _____, _____, before me, the subscriber, personally came CHERYL DINOLFO, to me known, who being by me duly sworn, did depose and say that she resides in the County of Monroe, New York; that she is the County Executive of the County of Monroe, the corporation described in and which executed the above instrument; that she knows the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by virtue of the statutes of the State of New York in such case made and provided; and by Resolution Number 53 of 2015, adopted by the Monroe County Legislature on February 10, 2015, and that she

signed her name thereto by virtue of such authority.

STATE OF NEW YORK)
COUNTY OF ALLEGANY) SS
TOWN OF BELMONT)

On this _____ day of _____, _____, before me, the subscriber, personally came _____ to me known who being by me duly sworn, did depose and say that he/she resides in the County of ALLEGANY, and that he/she is the Chairman of the Legislature of ALLEGANY County, the corporation described in and which executed the above instrument; that he/she knows the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by virtue of the statutes of the State of New York in such case made and provided and adopted by the ALLEGANY County Legislature on _____, _____, and that he signed his name thereto by virtue of such authority.

Notary Public

**PUBLIC HEALTH – MEDICAL EXAMINER
2016 FEES AND CHARGES**

<u>Item</u>	<u>2015 Fee</u>	<u>2016 Fee</u>
Post Mortem Report	\$40	\$40
Investigation Report with required Court Order	\$35	\$35
Handling Fee (Online Report and Request)	\$10	\$10
Certification Fee (includes Notarization; does not include report fee)	\$5	\$5
Imaging/Histology		
Prints 35mm – copies	\$10	\$10
Slides 35mm – copies	\$10	\$10
Digital CD ROM – for photos or scanned images	\$10	\$10
Digital Image – per image	\$5	\$5
Digital Scan Service – handling fee per scan	\$5	\$5
X-Ray – copies	\$25	\$25
Micro Slides – recuts	\$20	\$25
Micro Slides – special stains – cost plus \$20/block handling fee	\$18	\$20
Autopsy/Examinations (Noncontract Counties or Elective)*		
Autopsy [inc. five hours Pathologist Review Time (PRT)]	\$2,800	\$2,800
Autopsy (inc. five hours PRT) – Prefixed over contract limit	\$2,500	\$2,500
Autopsy (inc. five hours PRT) – Prefixed contract rate	\$2,100	\$2,100
Blood/Description exam with Toxicology (inc. three hours PRT)	\$1,800	\$1,800
Blood/Description exam with Toxicology (inc. three hours PRT) - Prefixed over contract limit	\$1,800	\$1,800
Blood/Description exam with Toxicology (inc. three hours PRT) – Prefixed contract rate	\$1,600	\$1,600
Description exam (inc. three hours PRT)	\$975	\$975
Description exam (inc. three hours PRT) – Prefixed over contract limit	\$975	\$975
Description exam (inc. three hours PRT) – Prefixed contract rate	\$975	\$975
Dental ID – Other county	\$170	\$170
Skeletal Evaluation – Human remains	\$2,050	\$2,050
Skeletal Evaluation – Non-human remains	\$275	\$275
Pediatric X-Ray (completed by off-site vendor) – cost plus \$70 service fee	\$70	\$70
Powered Air Purifying Respirator (PAPR) use fee	\$250	\$250
Sexual Offense Kit – collection and packaging	\$200	\$200
Tryptase Testing	\$165	\$165
Newborn Screening	\$100	\$100
Non-OME Lab Testing Services – Cost plus \$30 handling fee per sample submission	\$30	\$30
Misc. Fees/Services (billing in ½ hour increments for hourly services)		
Autopsy Observation (per gowning)	\$35	\$35
MECAP Fee	\$5	\$5
Witness Fee	\$30	\$30
Research Fee – statistical/data reporting requests (per hour)	\$70	\$70
Monitor Fee (per hour)	\$35	\$35
Holding Fee (per 24 hours or part thereof)	\$135	\$135
Freeze Remains Fee (heavy duty body bag provided by requesting agency)	\$150	\$150
Freeze Remains Fee (heavy duty body bag provided by OME)	\$200	\$200
Shipping Fee – actual cost plus \$35 handling fee (common carrier)	\$35	\$35
Pathologist Review Time (per hour)	\$100	\$100
Coroner Response (responding in absence of Coroner)	\$125	\$125

<u>Item</u>	<u>2015 Fee</u>	<u>2016 Fee</u>
Court Testimony/Court Issues (billing in ½ hour increments for hourly services)		
Criminal Case Testimony – Noncontract Counties – hourly	\$275	\$275
Criminal Case Testimony – Contract Counties – hourly	\$200	\$200
Criminal Case Attorney Meeting – Noncontract – hourly	\$150	\$150
Discover Package Research – hourly rate	\$30	\$30
Civil Case Review – Pathologist/Toxicologist hourly	\$400	\$400
Civil Case Review – Non-M.D. staff – hourly	\$200	\$200
Civil Court Appearance – hourly	\$475	\$475
Clerical Staff – Civil Case Requests – hourly	\$40	\$40
Mileage – Current IRS rate per mile for all out of county travel	Tbd	Tbd
Travel Expenses – hourly plus actual expenses (i.e. mileage); includes wait time	\$180	\$180
Toxicology		
Complete post-mortem toxicology testing	\$375	\$375
Drug Facilitated Sexual Assault (DFSA) kit	\$375	\$375
Driving Under Influence – Drugs (Contract price/case)	\$250	\$250
Driving Under Influence – Drugs (Noncontract price/case)	\$275	\$275
Driving Under Influence – Alcohol (Contract price/case)	\$65	\$65
Driving Under Influence – Alcohol (Noncontract price/case)	\$85	\$85
Amphetamines: screen and confirmation	\$180	\$180
Antihistamines: screen and confirmation	\$140	\$140
Barbiturates: screen and confirmation – blood	\$140	\$140
Benzodiazepine: screen and confirmation – blood	\$200	\$200
Cannabinoids screen (EIA)	\$40	\$40
Cannabinoids: screen and confirmation – blood	\$160	\$160
Cannabinoids: screen and confirmation – urine	\$160	\$160
Carboxyhemoglobin: screen – blood	\$20	\$20
Carboxyhemoglobin: screen and confirmation – blood	\$45	\$45
Cocaine: screen and confirmation	\$160	\$160
Opiate: screen (LC/MS/MS)	\$100	\$100
Opiate: screen and confirmation	\$200	\$200
Single drug quantitative analysis (GC or LC)	\$85	\$85
Single drug quantitative analysis (GC or LC) additional sample fee	\$45	\$45
Single drug quantitative analysis (GC/MS or LC/MS)	\$110	\$110
Single drug quantitative analysis (GC/MS or LC/MS) additional sample fee	\$90	\$90
Single drug quantitative analysis (LC/MS/MS)	\$120	\$120
Single drug quantitative analysis (LC/MS/MS) additional sample fee	\$110	\$110
Discovery Package Preparation (per page)	\$3	\$3
Paternity Testing sample prep	\$30	\$30

* Note: Not accessed in cases originating in Monroe County.

MEMORANDUM OF EXPLANATION

Introduction No: _____
(clerk's use only)

COMMITTEE: HUMAN SERVICES

DATE: 12/7/2016

<u>From:</u>	<u>To:</u>	<u>Amount:</u>
Special Education/Phc A2960.421 Education Contracts	A2960.442 Education Contracts	\$ 105,000.00
	Total	<u>\$105,000.00</u>

To move money on the County Budget resulting from additional related service activity rather than center based programs. The increased related service activity is beneficial to the County as those expenses are less costly than tuition at center based sites.

FISCAL IMPACT: None.

For further information regarding this matter, contact:

David Rahr, Accountant-Department of Health
(585)268-9261

ALLEGANY COUNTY OFFICE FOR THE AGING

MONTHLY REPORT - OCTOBER 2016

Year-to-date 01/01/2016 – 10/31/2016

TOTAL PEOPLE SERVED AGE 60+	1,264	PERCENT OF TOTAL
LOW INCOME	590	46.6%
LOW INCOME MINORITY	152	12%
FRAIL/DISABLED	587	46.4%
AGE 75-84	396	31.3%
AGE 85+	297	23.4%
LIVES ALONE	581	45.9%

UNITS OF SERVICE

SERVICES PROVIDED	# OF PEOPLE	SERVICE THIS MONTH	PREVIOUS MONTH	SAME MONTH LAST YEAR	TOTAL
Telephone Calls At Front Desk		1,386	2,696	1,168	11,701
Health Insurance Counseling	197	300	224	207	1,301
Homemaking/Personal Care	35	372.5	36	222	2,116.75
Housekeeping/Chore	32	313.5	823.25	425.5	3,874.25
Case Management	36	60	94	39.25	616.75
Nutrition Education/Counseling	111	478	944	487	4,344
Transportation	30	162	264	216	1,322
Information and Assistance	738	2,238	3,129	1,394	25,299
Outreach	3	5	17	1	27
In-Home Contact & Support	4	16	44	36	315
Personal Emergency Response	99	99	57	108	768
Caregiver Services	4	3.25	63	41	483.25
Legal Services	7	8.6	4.75	17.25	118.1
Other (HEAP, Home Repair)	16	85.75	524.5	202	721.25
Meals-On-Wheels	406	7,554	19,852	8,078	74,754
Luncheon Center Meals	185	1,234	2,857	1,419	12,072
				TOTAL MEALS	86,826

ADDITIONAL INFORMATION

Personnel	10/19	<i>Substitute Site Manager:</i> Linda Trask, Wellsville
	10/25	<i>Substitute HDM Driver:</i> Pete Cook, Wellsville
	10/31	<i>Community Services Worker:</i> Dawn Kelley, Cuba
Other	HDM	34 New HDM Clients – 19 Self Referred/15 Professional
	Insurance	296 Scheduled Appointments 94 Wait List
Public Presentations	10/5	NY Connects: <i>Literacy West</i> , Belmont (ID)
	10/11	<i>Dresser Rand Health Fair</i> , Wellsville (TD)
	10/17, 18	<i>Growing Stronger Fitness Test</i> , Cuba and Belmont (LO)
	10/19, 21, 26, 28	<i>Matter of Balance</i> , Belmont Parish Building (LO)
	10/27	<i>ACOFA Services</i> , ACCORD's Family Development Credentialing Class, Belfast (MG)
Nutrition Monitoring	10/12, 19, 25	KVR Kitchen Monitoring (JS)
Nutrition Education	10/4, 5, 6, 13, 17, 18, 19, 21, 25	<i>Love Your Brain:</i> Canaseraga, Alfred, Cuba, Friendship, Fillmore, Belmont, Bolivar, Wellsville, Whitesville

Luncheon Centers		No Activities in October
Staff Training	10/5	<i>Alzheimer's Support Group Facilitator Training, Williamsville (LB)</i>
	10/5	<i>Understanding Medicare, Webinar (SL)</i>
	10/7	<i>Top 10 Medicare Questions Asked, Webinar (SL)</i>
	10/3	<i>Workplace Violence, COB (MG, AM, CF, CW, EB, JS, KC, LB, SL, SC, VP)</i>
	10/11	<i>Blue Cross Blue Shield 2017 Plans, Denise Gabler, OFA (AM, EB, SL)</i>
	10/12 & 13	<i>REST Train the Trainer, by Doris Green and Eve Moses of Lifespan, @ Catholic Charities, Buffalo (KC, LO)</i>
	10/18	<i>Care and Share Training, Perry, NY (ID)</i>
	10/19	<i>Kitchen Safety/Fire Safety Training, Luncheon Center Managers and KVR Kitchen Staff (JS)</i>
	10/20-23	<i>Director's Leadership Conference, Saratoga Springs (MG)</i>
	10/25	<i>No Wrong Door, Holiday Inn, Buffalo (ID)</i>
10/26	<i>United Healthcare 2017 Plans, Rick G. (AM, EB, SL)</i>	

WAITING LISTS FOR SERVICES

Program	# of People	Change from Last Month
EISEP (Personal Care/Chore)	80	-3
Caregiver Respite	65	-7
Personal Emergency Response (MercyLine)	15	0
Meals	0	0
Insurance Counseling	101 (11/29/16)	+95

Request to Fill Position Form

Date: 12/07/2016

Committee of Jurisdiction: Human Services

Request to Fill: Title of Position: Aging Services Technician Dept.: Office for the Aging

Will any positions be eliminated? No If yes, which position(s): _____

This position is an:

Existing position? Newly Created Position? _____ Created by Resolution #: _____

This position will be:

Full Time? Part Time? _____ Permanent? _____ Temporary?

This position will be:

Non Union? _____ Union? covered by the AFSCME bargaining unit.

Grade: 13 Step: Base Hourly pay rate: \$18.0367

Annual salary of position: \$32,830.00 Cost of benefits for position: \$15,430.00

Does position support a mandated program/grant? No Name of program: _____

Source of funding for position: _____% County _____% State 100% Federal _____% Other

Source of funding for benefits: _____% County _____% State 100% Federal _____% Other

Amount in current year's budget for this position: \$48,260.00

Rationale justifying the need to fill this position at this time. Please include in your rationale where applicable:

1. The specific duties that cannot be accomplished by another employee.

This Aging Services Technician position will offer Information and Assistance and Person-Centered Assistance and Options Counseling to seniors and persons of all ages with disabilities and will assist these individuals and/or their caregivers in public benefits and application assistance.

2. The goals your organization will not be able to accomplish as a result of not filling this position.

This position is key to operating the new NY Connects/BIP program.

3. The funding available to fill the position from external sources. Salary and benefits are 100% Federal funds.

4. The benefit to the County generated by this specific position.

This position serves as single points of entry into the long-term supports and services system for older adults and people with disabilities, avoiding the many frustrations consumers and their families experience when trying to find needed information, services, and supports.

Department Head Signature: _____

Date: 12/07/2016

Approved by the Ways and Means Committee on _____

Request to Fill Position Form

Date: 12/7/2016

Committee of Jurisdiction: Human Services

Request to Fill: Title of Position: Meals-on-Wheels Driver Dept.: Office for the Aging

Will any positions be eliminated? no If yes, which position(s): _____

This position is an:

Existing position? Newly Created Position? _____ Created by Resolution #: _____

This position will be:

Full Time? _____ Part Time? Permanent? _____ Temporary? _____

This position will be:

Non Union? Union? _____ covered by the _____ bargaining unit.

Grade: _____ Step: _____ Hourly pay rate: \$9.00

Annual salary of position: \$5,616.00 Cost of benefits for position: \$542.00. (no health ins.)

Does position support a mandated program/grant? No Name of program: Meals-on-Wheels

Source of funding for position: 24% County 31% State 15% Federal 30% Other

Source of funding for benefits: 24% County 31% State 15% Federal 30% Other

Amount in current year's budget for this position: \$6,200.00

Rationale justifying the need to fill this position at this time. Please include in your rationale where applicable:

1. The specific duties that cannot be accomplished by another employee.

Each driver has their own route and must deliver at the same time each day.

2. The goals your organization will not be able to accomplish as a result of not filling this position.

Meals on wheels would not be delivered.

3. The funding available to fill the position from external sources.

Funding for this position comes from Federal, State and Participant contributions.

4. The benefit to the County generated by this specific position.

Delivering meals to homebound seniors.

Department Head Signature: _____

Date: 12/7/16

Approved by the Ways and Means Committee on _____

Request to Fill Position Form

Date: December 7, 2016

Committee of Jurisdiction: Human Services

Request to Fill: Title of Position: Aging Services Specialist Dept.: Office for the Aging

Will any positions be eliminated? No If yes, which position(s): _____

This position is an:

Existing position? Newly Created Position? _____ Created by Resolution #: _____

This position will be:

Full Time? Part Time? _____ Permanent? Temporary? _____

This position will be:

Non Union? _____ Union? covered by the AFSCME bargaining unit.

Grade: 16 Step: 1 Hourly pay rate: \$20.4574

Annual salary of position: \$38,000.00 Cost of benefits for position: \$17,890.00

Does position support a mandated program/grant? No Name of program: _____

Source of funding for position: 20 % County 50 % State 30 % Federal 0 % Other

Source of funding for benefits: 20 % County 50 % State 30 % Federal 0 % Other

Amount in current year's budget for this position: \$55,900.00

Rationale justifying the need to fill this position at this time. Please include in your rationale where applicable:

1. The specific duties that cannot be accomplished by another employee.

Aging Services Specialists are responsible for care coordination. No other position has this in the job description. This position will allow us to continue to serve our clients as a Case Manager for our EISEP and III-E programs and offer insurance counseling.

2. The goals your organization will not be able to accomplish as a result of not filling this position.

Care Coordinators/Case Managers are required for our EISEP program. This position is also key to helping the seniors in Allegany County find health insurance and low income subsidy assistance.

3. The funding available to fill the position from external sources.

State EISEP, CSE, and WIN funding and Federal III-E and BIP (Balance Incentive Program), HIICAP, and MIPPA funding.

4. The benefit to the County generated by this specific position.

This position serves as Case Manager for EISEP and III-E clients to allow these clients to stay at home instead of being institutionalized. As an insurance counselor, this position assists clients to find the most cost effective health care plan for the coming year.

Department Head Signature: _____

Date: 12/7/2016

Approved by the Ways and Means Committee on _____

MEMORANDUM OF EXPLANATION

Intro. No. _____
(Clerk's use only)

COMMITTEE: Human Services

DATE: December 7, 2016

The Allegany County Office for the Aging requests a resolution to transfer funds in the HEAP grant.

<u>FROM</u>	<u>TO</u>	<u>AMOUNT</u>
A6777.101 Reg Pay	A6777.474 Contract	\$2,260.00

FISCAL IMPACT: Transfer funds.

For further information regarding this matter, contact:

Madeleine Gasdik, Office for the Aging
Name and Department

268-9390
Telephone

MEMORANDUM OF EXPLANATION

Intro. No. _____
(Clerk's use only)

COMMITTEE: Human Services

DATE: 12/07/16

The Allegany County Office for the Aging requests a resolution to accept bequests from the Estates of Nancy T. Rouse & Pearl M. Snyder. The bequests will be used in the Title III-B grant for volunteer services and the WIN grant for Home Delivered Meals.

Please appropriate as follows:

Expenditure Account #		
A6773.402 Mileage	\$500.00	
A6779.474 Contractors	\$790.00	
Revenue Account #		
A 6773 1972.00		\$500.00
A 6779 2801.00		\$790.00

FISCAL IMPACT: Increase local contributions.

For further information regarding this matter, contact:

Madeleine Gasdik, Office for the Aging
Name and Department

268-9390
Telephone



ANDREW M. CUOMO
Governor

Office for the Aging

GREG OLSEN
Acting Director

November 22, 2016

Madeleine Gasdik, Director
Allegany County Office for the Aging
6085 Route 19 N
Belmont, NY 14813

Re: Annual Evaluation for the Allegany County Office for the Aging

Dear Director Gasdik:

I am writing to share the results of the Annual Evaluation and Progress Report of the Allegany County Office for the Aging (ACOFA) which I conducted on September 1 - 2, 2016 that included a site visit to the Wellsville congregate meal site. I am pleased to provide you with a copy of the completed Annual Evaluation Guide and Progress Report with the results of my visit. The guide details program and operational accomplishments, and includes findings and conclusions about ACOFA's management of its programs.

ACOFA is dedicated to providing older New Yorkers, individuals with disabilities, their families and the public with information and access to existing health, long term services and supports, and other service options.

The following are examples of ACOFA's noteworthy activities and initiatives:

- ACOFA's Volunteer Program has over 300 volunteers serving in 14 volunteer programs, of these volunteers 41 have been with ACOFA for over 15 years. There are 12 volunteer Home Delivered Meals routes with 102 volunteers, and 80 volunteers at 9 Senior Centers. The 29 Transportation volunteers traveled over 30,000 miles in a year.
- In January 2016, ACOFA started a collaborative project to serve caregivers of persons with Alzheimer's and other dementias. This five year grant awarded by the Department of Health will address the need for supports as well as stress reduction strategies. ACOFA has offered two trainings (Foundations of Dementia and Effective Communication Strategies, and Powerful Tools for Caregivers) to caregivers, agency professionals, and staff.
- This year ACOFA purchased two Pocket Talkers. A Pocket Talker is a microphone attached to a headset. A client who has difficulty hearing, wears the

headset and staff speak into the microphone and use them frequently with clients who have some hearing loss.

- In October 2015, ACOFA worked with Ardent Solutions to offer a forum on Medicaid Managed Long-Term Care to help agency professionals understand the changes in Allegany County.

Additional information about ACOFA's efforts and accomplishments can be found within the evaluation document. Issues requiring additional follow-up that were reviewed with you at the conclusion of my visit are listed on the final page of the monitoring document included with this letter.

If you have any questions on any of the items listed or need technical assistance to prepare your response please contact me at 518-473-7820 or ken.chappell@aging.ny.gov. Your reply to this monitoring report will be due back to me by January 4, 2017. I will contact you to schedule a follow up call to discuss the plan once it is submitted.

Please also express my appreciation to your staff for their work in preparing for this visit. It made my trip to Allegany County much more efficient and productive.

Sincerely,



Aging Services Representative

Attachment: 2016-17 Annual Evaluation and Progress Report Guide

cc: Honorable Curtis W. Crandall, Chairman
Allegany County Board of Legislators
Greg Olsen, Acting Director
John Cochran, Deputy Director
Jim DeBelso, Deputy Director
Rose Golden, Deputy Director
Linda Petrosino, Aging Services Area Supervisor
Colleen Scott, Advocacy Specialist
Druid Montgomery, Aging Services Nutrition Consultant
Cain Scalzo, Senior Accountant

PART II- CONCLUSION AND FOLLOW UP REPORT

<p>A. Identify the compliance related, data quality improvements or other areas that require corrective actions:</p>
<p>Issue: Overdue Re-assessments There were two active Home Delivered Meal clients with late assessments. Corrective Action: All HDM clients need to be re-assessed annually. ACOFA staff need to implement practices to ensure client stop / start dates are successfully entered to avoid incorrect assessment information. NYSOFA acknowledges ACOFA recently instituted a follow up call to clients who were receiving HDMs due to a surgery and ask how long they expect to need meals. ACOFA staff will then call to follow up after the time has expired to see if the client still needs the meals.</p>
<p>B. AAA technical assistance needs identified:</p>
<p>None</p>
<p>C. Describe the type, or topic, of training the AAA requested, or the assessor thinks is needed. Identify possible trainer(s) and/or training sources:</p>
<p>None</p>
<p>D. Other follow up - What type of action? Who is responsible? When?</p>
<p>Although not a compliance issue this year, there are four NAPIS Data Quality Reporting concerns: Home Delivered Meals: 11.2% of clients had missing data for Below 100% Poverty Level Congregate Meals: 18.1% of clients had missing data for Below 100% Poverty Level Caregiver Serving the Elderly: 15.6% of clients had missing data for Race, and 16.4% of clients has missing data for Ethnicity Please be aware all Reporting needs to be under the 10% missing date threshold established by NYSOFA for 2015 - 2016.</p> <p>Allegany County Office for the Aging has successfully met all targeting objectives with the implementation of the targeting adjustment allowance. ACOFA demonstrates adequate broad based efforts to reach the community as a whole including collaboration with Catholic Charities, recruitment of a representative of a minority community to serve on the advisory council, and hosting a senior forum as well as a senior picnic. ACOFA is encouraged to keep documentation of all targeting and outreach efforts, as well as to complete previously identified efforts such as participation in the wellness fair, participation in the county fair, and collaboration with ILC, Alzheimer's Association, etc.</p>
<p>E. ASR recommendation(s) - if any:</p>
<p>Allegany Office for the Aging has made commendable progress over the past two years and has reduced missing data and is getting almost all reassessments done in a timely manner.</p> <p>ACOFA is meeting Targeting objectives when incorporating Cluster I, II and III clients and the adjustment allowance.</p>

ACOFAs has made significant staffing adjustments over the past two years and continues to do a commendable job meeting the needs of older adults in Allegany County.



ANDREW M. CUOMO
Governor

Office for the Aging

GREG OLSEN
Acting Director

11/28/16

Ms. Madeleine Gasdik, Director
Allegany County Office for the Aging
6085 Route 19 N
Belmont, NY 14813

Re: Nutrition monitoring visit for the Allegany County Office for the Aging

Dear Director Gasdik:

A nutrition review of the Allegany County Office for the Aging (ACOFA) was conducted on September 28-29, 2016. The purpose of this letter is to provide you with written documentation of this review and any necessary follow-up which was discussed with you at the conclusion of my visit.

Good Practices:

As we discussed at the time of the review, the ACOFA carries out the following noteworthy activities in the provision of nutrition services:

- Beyond general training regarding illness, accidents, and emergencies, ACOFA offers site managers and drivers the opportunity to take the CPR/AED/Basic First Aid Training course at no cost. This enables staff and drivers to have a greater competency level to manage emergency situations.
- Annually, ACOFA sends a Happy Holidays Letter to home delivered meal volunteers thanking them for their service. It also includes a review of several pertinent policies and procedures. The letter provides an opportunity to thank drivers' and reinforces ACOFA expectations.

Follow-Up Required

As we discussed, items were identified during the site-visit that require additional action. An explanation of these items can be found in the conclusion section located on the last page of the Review Tool. Since these are compliance issues please submit your corrective action to me by 1/9/17. I will contact you to schedule a follow up call to discuss the plan once it is submitted.

I recognize and appreciate the amount of time your staff spent on preparing for this review. This enabled me to review your records and observe program operations in a timely and efficient manner.

If you have questions, please feel free to contact me at (518) 473-3387 or Druid.Montgomery@aging.ny.gov.

Sincerely,

Druid Montgomery

Aging Services Nutrition Consultant

Enclosure

Cc: Jaime Sarvis, Nutrition Services Coordinator ACOFA
Greg Olsen, Acting Director
John Cochran, Deputy Director
Rose Golden, Deputy Director
Jennifer Cioffi, ASPC 2
Ken Chappell, ASR

VIII. Conclusion

The following items were identified during the review as requiring additional action.

Topic	Finding	Action
1. Program Management	In accordance with NYSOFA Issuance 90-PI-26 (III)(D)(9), Area Agencies on Aging are required to have a written policy concerning the allowance of or prohibition against congregate meal participants taking part or all of their meal home for later use. ACOFA does not have a policy that pertains to food leaving the meal sites.	ACOFA must provide ASNC with a policy that addresses whether congregate meal participants are allowed to or prohibited from taking food home. ACOFA must also provide documentation that participants and site managers were educated regarding this policy and potential food safety issues.
2. Program Management	In accordance with NYSOFA Issuance 90-PI-26 (I)(G)(8), Area Agencies on Aging shall ensure that each provider conduct orientation and training at least quarterly for staff and volunteers. Training plans, schedules and attendance must be documented. There was no documentation that orientation or training occurs for KVR employees.	ACOFA must provide a list of scheduled quarterly staff training for KVR employees, including topics to be addressed and dates to occur.
3. Participant Eligibility	In accordance with NYSOFA Issuance 90-PI-26 (II)(A)(4), Area Agencies on Aging shall ensure that congregate participation registration procedures comply with SOA requirements. While ACOFA does have a registration procedure and client registration form, not all NAPIS data is being captured. Frail and LEP were not included on the form and all ethnicities required were not represented.	ACOFA must revise their Congregate Services Client Registration Form to include all data elements as required by 14-PI-02. ACOFA can modify the NYSOFA sample form provided with 14-PI-02 to meet local needs as long as the NAPIS required data fields are maintained. Please provide a copy of the revised document to ASNC.
4. Participant Eligibility	In accordance with NYSOFA Issuance 90-PI-26 (II)(B)(7), Area Agencies on Aging shall ensure that adequate follow up and periodic reassessment at a minimum of every six months is completed and documented for all participants.	ACOFA must provide ASNC with a revised process that provides accountability for completion of HDM participant assessments. ASR to audit client files regarding eligibility and compliance to assessment requirements at AE 2017-2018 site visit.

* If no, please explain in the Comments/Recommendations section.

	ACOFA HDM participant assessments and reassessments are not routinely done on time.	
5. Meal Service and Delivery	In accordance with NYSOFA Issuance 90-PI-26 (III)(D)(1), Area Agencies on Aging shall ensure that there will be no more than two hours between the time of completion of cooking and the beginning of serving at sites, or last meal served. Several HDM routes run longer than two hours.	ACOFA must provide ASNC with revised HDM route lengths that satisfy NYSOFA requirements for no more than two hours of hot holding time before participant meal consumption.
6. Menu/Nutrient Requirements	In accordance with NYSOFA issuance 90-PI-26 (IV)(B)(1) The Area Agency on Aging shall ensure that menus are certified by a registered dietitian that the meal provides one third of the RDA. 4/5 meals served 9/26-9/30 did not meet DRI for fiber and 3/5 meals were above 800 mg sodium.	ACOFA must provide ASNC with revised meals for 9/26-9/30 that meet the DRI for fiber and are 800 mg of sodium or less.
7. Food Service Operations	In accordance with NYSOFA Issuance 90-PI-26 (VII)(C)(4), Area Agencies on Aging shall ensure that standardized recipes are used for food production. Standardized recipes were not being referenced. KVR had recipes in the kitchen, but they were not organized in such a way that a substitute cook would be able to readily find and utilize them.	ACOFA must direct KVR staff to reference and adhere to standardized recipes.

- October 27th. Anita Mattison
 - Anita very well informed and prepared to assist individuals communicates info in easy understandable format. Very relax non intimidating meeting. Presents a sincere concern to do the very best by individual's options/ benefits. Thank you Anita for your kind assistance with this decision making process.
- 11/1/16 Erica Blake
 - Very well done. I visited 4 times in the past.
- 10/27/16 Erica Blake
 - I think it's a GREAT program. We could never have figured out all of the insurance copays and ect without Erica's help.
- 11/2/16 Anita Mattison
 - Anita was greatly helpful making up my mind about which insurance plan to choose. I would never be able to choose on my own.
- 11/2/16 Anita Mattison
 - Help greatly with making an insurance choice. I couldn't have done it on my own.
- 10/28/16 Chris O'Connor
 - Chris was knowledgeable. He spent time explaining things to us. We never felt rushed or as though we were bothering anyone. I have always had the utmost respect for OFA and Fridays visit reinforced that opinion.
- 10/28/16 Erica Blake
 - Erica was more than helpful. She was kind and completely thorough with all programs available to my parents.
- 10/25/16 Chris O'Connor
 - I believe they do a wonderful job and we need these type of services throughout our County to help the elderly and those who need meals on wheels or health insurance issues or transportation to and from physician appointments. We are a blessed county to have these services provided for the elderly as well as those younger who need insurance help. No one is treated unfairly.
- 10/28/16 Erica Blake
 - Erica was 'very' helpful. She covered all of our options to make sure we had the right coverage. We think the information that the Office for the Aging supply is of great value to senior citizens.
- 11/1/16 Lisa Brulotte
 - If I hadn't had Lisa show me options, I would have no clue what to choose. We need these office for all the people who don't understand what to choose and do not have access to a computer. We are rural and going to a city is impossible. We need these office to be available to us in our counties that are convenient to us.
- 11/1/16 Lisa Brulotte
 - She gave me all the information on a program that service me better. They were great!
- 10/26/16 Lisa Brulotte

- We could not have made a proper selection on our own. I feel sorry for people who cannot get this kind of help. Thanks a bunch! Keep helping older people.
- 10/26/16 Lisa Brulotte
 - We very much appreciated the help received with insurance options. It is such a complicated and overwhelming process. I very much appreciate it and hope it continues.
- 10/26/16 Anita Mattison
 - I think it would help if we had one or two more people to serve us. We feel the agency done a very good job. The lady that helped us was Anita Mattison. She was excellent and helped us pick the best health care plan. New York State needs to continue providing money for these services.
- 10/27/16 Lisa Brulotte
 - It is nice to be able to go to one place and get your questions answered. Lisa did a wonderful job for me.
- 10/24/16 Lisa Brulotte
 - Keep the Office for the Aging/NYConnects. Many senior citizens don't have the connections to help them with insurance/health/financial assistance. Thank you.
- 10/28/16 Sarah Luckey
 - Keep up the GREAT work you do!
- 10/26/16 Erica Blake
 - It is a comfort to know that we have an establishment that cares and works hard to assist the elderly in our area. We can only hope that it can continue.
- 10/26/16 Anita Mattison
 - Encourage residents over 65 to stop in and obtain pamphlets and information and services that are offered. I have found that the staff makes a wonderful effort in helping seniors understand the confusing options that are available. I hope that this valuable service continues to be available and even expanded if necessary. Allegany County residents are somewhat isolated to services compared to a larger county.
- 10/31/16 Erica Blake
 - Keep up the good work. We need this office and staff.
- 10/19/16 Lisa Brulotte
 - They have always been helpful through the years. Have recommended your office several times.
- 11/9/16 Anita Mattison
 - They do a good job. Anita is very helpful! Thank you for the program! Keep it going!

MONTHLY REPORT TO THE HUMAN SERVICES COMMITTEE

Submitted December 7, 2016

	Oct. 2015	Sept. 2016	Oct., 2016
Temporary Assistance Cases	420	401	399
TANF	212	194	192
Safety Net Singles	182	174	176
Safety Net Families	36	33	31
Non-FA Medicaid	5006	4389	4287
Food Stamps Only	2914	2804	2821
Child Care Only	77	74	78
Child Protective Services			
Hotline Calls	66	64	54
Total Active Cases	142	136	126
Foster Care & Adoption Services			
Number children in DSS care	97	62	61
Number of children in OCFS	0	0	0
Relative Placement	21	13	13
PINS Reform	12	9	8
Preventive Services			
Total number receiving services	45	46	49
Adult Protective/Preventive Services			
Protective Open Cases	32	35	22
Preventive Open Cases	21	4	4
Home Care & Related Services			
Personal Care Cases	43	39	40
Other (Care at Home/Private Duty)	3	3	2
Long Term Care Cases	28	0	0
CDPAP Cases	35	26	26

Respectfully Submitted,

Vicki L. Grant, MSW
Commissioner

PROGRAM INTEGRITY UNIT
MONTHLY REPORT
October, 2016

	October, 2016	Year to Date
Number of Investigation Referrals	14	146
Number of Investigations Completed	13	191
Substantiated	3	55
Unsubstantiated	10	132
No Determination	0	1
Number of Referrals for Criminal Action	0	30
Number of Food Stamp Disqualifications	0	9
FEDS Applications Referred for Investigation	21	218
Total Number of FEDS Investigations Completed	15	216
Applications Confirmed Denied/Withdrawn	5	20
Collections as a Result of Investigations	\$6,396.67	\$101,015.10
Bond and Mortgage Satisfactions	\$8,199.93	\$23,932.72
Estate Liens Satisfied	\$0	\$344.56
Accident Liens Satisfied	\$0	\$4,573.25
SSI Interim Repayment	\$9,032.24	\$87,618.93
TANF Grant Savings	\$116.00	\$272.00
Total Savings	\$23,744.84	\$217,757.46

ALLEGANY COUNTY BOARD OF LEGISLATORS

COUNTY OFFICE BUILDING * 7 COURT STREET
BELMONT, NEW YORK 14813-1083
TELEPHONE 585-268-9222 * FAX 585-268-9446



*Curtis W. Crandall
Chairman*

*Brenda Rigby Riehle
Clerk of the Board*

Memorandum

TO: Human Services Committee

FROM: Brenda Rigby Riehle, Clerk of the Board

DATE: December 1, 2016

RE: APPOINTMENT TO CITIZENS ADVISORY COUNCIL TO THE OFFICE FOR THE AGING

The Chairman of the Board plans to reappoint the following as members of the Citizens Advisory Council to the Office for the Aging for a three-year term commencing January 1, 2017, and expiring December 31, 2019, subject to confirmation by the Board of Legislators:

Over 60 Members

Gordon Grantier, Wellsville
Carole Onoda, Almond

Members

David Pullen, Fillmore
Mary Ann Trice, Wellsville
William Coch, MD, Alfred Station

If the Committee approves of these appointments, please have a motion to that effect included in your minutes, along with a request to the County Attorney to prepare a resolution.

In addition, the Chairman should sign the attached pink appointment forms, where indicated, and return them to me.

Thank you.

REQUEST FOR APPOINTMENT TO A BOARD/COMMITTEE UNDER JURISDICTION OF ALLEGANY COUNTY BOARD OF LEGISLATORS

BOARD/COMMITTEE TO WHICH APPOINTMENT IS TO BE MADE:

CITIZENS ADVISORY COUNCIL TO THE OFFICE FOR THE AGING

APPOINTING AUTHORITY _____ Board of Legislators _____ Chairman of the Board

X Chairman of the Board Confirmed by Board of Legislators

NAME OF PROPOSED MEMBER: David Pullen

ADDRESS: PO Box 182 Fillmore, NY 14735

Type of Member: Attorney and County Legislator (Medical, Sportsman, Farmer, etc.)

Type of Appointment: (check one) _____ New X Reappointment of present incumbent due to expiration of term

_____ Fill Vacancy due to Resignation _____ Fill Vacancy due to Expiration of Term

Effective Date of Appointment: 01/01/2017 Expiration Date Of Appointment: 12/31/2019

Name of Member being replaced (if any): _____

Effective Date of Resignation: _____

Filed with Clerk of the Board _____ Yes _____ No

Approval by Committee of Jurisdiction: _____
Chairman's signature

Recorded in minutes of _____ Meeting of the Human Services Committee
Date Committee

FOR BOARD CLERK'S OFFICE USE ONLY:

Resignation received: _____ Filed with County Clerk: _____

Term of Appointment verified: _____

Copy to County Attorney: _____

Remarks:

REQUEST FOR APPOINTMENT TO A BOARD/COMMITTEE UNDER JURISDICTION OF ALLEGANY COUNTY BOARD OF LEGISLATORS

BOARD/COMMITTEE TO WHICH APPOINTMENT IS TO BE MADE:

CITIZENS ADVISORY COUNCIL TO THE OFFICE FOR THE AGING

APPOINTING AUTHORITY _____ Board of Legislators _____ Chairman of the Board

X Chairman of the Board Confirmed by Board of Legislators

NAME OF PROPOSED MEMBER: Gordon Grantier

ADDRESS: 2794 Hallsport Road Wellsville, NY 14895

Type of Member: Over 60 (Retired Counselor) (Medical, Sportsman, Farmer, etc.)

Type of Appointment: (check one) _____ New X Reappointment of present incumbent due to expiration of term

_____ Fill Vacancy due to Resignation _____ Fill Vacancy due to Expiration of Term

Effective Date of Appointment: 01/01/2017 Expiration Date Of Appointment: 12/31/2019

Name of Member being replaced (if any): _____

Effective Date of Resignation: _____

Filed with Clerk of the Board _____ Yes _____ No

Approval by Committee of Jurisdiction: _____
Chairman's signature

Recorded in minutes of _____ Meeting of the Human Services Committee
Date Committee

FOR BOARD CLERK'S OFFICE USE ONLY:

Resignation received: _____ Filed with County Clerk: _____

Term of Appointment verified: _____

Copy to County Attorney: _____

Remarks:

REQUEST FOR APPOINTMENT TO A BOARD/COMMITTEE UNDER JURISDICTION OF ALLEGANY COUNTY BOARD OF LEGISLATORS

BOARD/COMMITTEE TO WHICH APPOINTMENT IS TO BE MADE:

CITIZENS ADVISORY COUNCIL TO THE OFFICE FOR THE AGING

APPOINTING AUTHORITY _____ Board of Legislators _____ Chairman of the Board

X Chairman of the Board Confirmed by Board of Legislators

NAME OF PROPOSED MEMBER: Mary Ann Trice

ADDRESS: 279 West State Street Wellsville, NY 14895

Type of Member: Retired Registered Nurse (Medical, Sportsman, Farmer, etc.)

Type of Appointment: (check one) _____ New X Reappointment of present incumbent due to expiration of term

_____ Fill Vacancy due to Resignation _____ Fill Vacancy due to Expiration of Term

Effective Date of Appointment: 01/01/2017 Expiration Date Of Appointment: 12/31/2019

Name of Member being replaced (if any): _____

Effective Date of Resignation: _____

Filed with Clerk of the Board _____ Yes _____ No

Approval by Committee of Jurisdiction: _____
Chairman's signature

Recorded in minutes of _____ Meeting of the Human Services Committee
Date Committee

FOR BOARD CLERK'S OFFICE USE ONLY:

Resignation received: _____ Filed with County Clerk: _____

Term of Appointment verified: _____

Copy to County Attorney: _____

Remarks:

REQUEST FOR APPOINTMENT TO A BOARD/COMMITTEE UNDER JURISDICTION OF ALLEGANY COUNTY BOARD OF LEGISLATORS

BOARD/COMMITTEE TO WHICH APPOINTMENT IS TO BE MADE:

CITIZENS ADVISORY COUNCIL TO THE OFFICE FOR THE AGING

APPOINTING AUTHORITY _____ Board of Legislators _____ Chairman of the Board

X Chairman of the Board Confirmed by Board of Legislators

NAME OF PROPOSED MEMBER: William Coch, MD

ADDRESS: 5544 Maplecrest Alfred Station, NY 14803

Type of Member: Physician (Medical, Sportsman, Farmer, etc.)

Type of Appointment: (check one) _____ New X Reappointment of present incumbent due to expiration of term

_____ Fill Vacancy due to Resignation _____ Fill Vacancy due to Expiration of Term

Effective Date of Appointment: 01/01/2017 Expiration Date Of Appointment: 12/31/2019

Name of Member being replaced (if any): _____

Effective Date of Resignation: _____

Filed with Clerk of the Board _____ Yes _____ No

Approval by Committee of Jurisdiction: _____
Chairman's signature

Recorded in minutes of _____ Meeting of the Human Services Committee
Date Committee

FOR BOARD CLERK'S OFFICE USE ONLY:

Resignation received: _____ Filed with County Clerk: _____

Term of Appointment verified: _____

Copy to County Attorney: _____

Remarks:

REQUEST FOR APPOINTMENT TO A BOARD/COMMITTEE UNDER JURISDICTION OF ALLEGANY COUNTY BOARD OF LEGISLATORS

BOARD/COMMITTEE TO WHICH APPOINTMENT IS TO BE MADE:

CITIZENS ADVISORY COUNCIL TO THE OFFICE FOR THE AGING

APPOINTING AUTHORITY _____ Board of Legislators _____ Chairman of the Board

X Chairman of the Board Confirmed by Board of Legislators

NAME OF PROPOSED MEMBER: Carole Onoda

ADDRESS: 6962 Twin Valley Terrace Almond, NY 14803

Type of Member: Over 60 (Retired Curator) (Medical, Sportsman, Farmer, etc.)

Type of Appointment: (check one) _____ New X Reappointment of present incumbent due to expiration of term

_____ Fill Vacancy due to Resignation _____ Fill Vacancy due to Expiration of Term

Effective Date of Appointment: 01/01/2017 Expiration Date Of Appointment: 12/31/2019

Name of Member being replaced (if any): _____

Effective Date of Resignation: _____

Filed with Clerk of the Board _____ Yes _____ No

Approval by Committee of Jurisdiction: _____
Chairman's signature

Recorded in minutes of _____ Meeting of the Human Services Committee
Date Committee

FOR BOARD CLERK'S OFFICE USE ONLY:

Resignation received: _____ Filed with County Clerk: _____

Term of Appointment verified: _____

Copy to County Attorney: _____

Remarks:



ALLEGANY COUNTY BOARD OF LEGISLATORS

COUNTY OFFICE BUILDING * 7 COURT STREET
BELMONT, NEW YORK 14813-1083
TELEPHONE 585-268-9222 * FAX 585-268-9446

Curtis W. Crandall
Chairman

Brenda Rigby Riehle
Clerk of the Board

Memorandum

TO: Human Services Committee
FROM: Brenda Rigby Riehle, Clerk of the Board
DATE: December 1, 2016
RE: APPOINTMENTS TO COMMUNITY SERVICES BOARD

The four-year terms of Sharon Mulligan from Belmont and Katherine Bower from Fillmore expire December 31, 2016. The Community Services Board recommends that these individuals be reappointed to a new four-year term through December 31, 2020.

If the Committee approves, please have a motion to that effect included in your minutes, along with a request to the County Attorney to prepare a resolution.

In addition the Chairman should sign the attached pink appointment form, where indicated, and return it to me.

Thank you.

/br

Attachment

cc: Mary Nevol

REQUEST FOR APPOINTMENT TO A BOARD/COMMITTEE UNDER JURISDICTION OF ALLEGANY COUNTY BOARD OF LEGISLATORS

BOARD/COMMITTEE TO WHICH APPOINTMENT IS TO BE MADE:

COMMUNITY SERVICES BOARD

APPOINTING AUTHORITY Board of Legislators Chairman of the Board
 Chairman of the Board Confirmed by Board of Legislators

NAME OF PROPOSED MEMBER: Sharon Mulligan

ADDRESS: 4848 Back River Road Belmont, NY 14813

Type of Member: Administrator (Medical, Sportsman, Farmer, etc.)

Type of Appointment: (check one) New Reappointment of present incumbent due to expiration of term

Fill Vacancy due to Resignation Fill Vacancy due to Expiration of Term

Effective Date of Appointment: 01/01/17 Expiration Date Of Appointment: 12/31/2020

Name of Member being replaced (if any): _____

Effective Date of Resignation: _____

Filed with Clerk of the Board Yes No

Approval by Committee of Jurisdiction: _____
Chairman's Signature

Recorded in minutes of _____ Meeting of the Human Services Committee
Date Committee

FOR BOARD CLERK'S OFFICE USE ONLY:

Resignation received _____ Filed with County Clerk _____ Term
of Appointment verified
Copy to County Attorney _____
Remarks:

REQUEST FOR APPOINTMENT TO A BOARD/COMMITTEE UNDER JURISDICTION OF ALLEGANY COUNTY BOARD OF LEGISLATORS

BOARD/COMMITTEE TO WHICH APPOINTMENT IS TO BE MADE:

COMMUNITY SERVICES BOARD

APPOINTING AUTHORITY Board of Legislators Chairman of the Board
 Chairman of the Board Confirmed by Board of Legislators

NAME OF PROPOSED MEMBER: Katherine Bower

ADDRESS: PO Box 355 Fillmore, NY 14735

Type of Member: Activities Director (Medical, Sportsman, Farmer, etc.)

Type of Appointment: (check one) New Reappointment of present incumbent due to expiration of term

Fill Vacancy due to Resignation Fill Vacancy due to Expiration of Term

Effective Date of Appointment: 01/01/17 Expiration Date Of Appointment: 12/31/2020

Name of Member being replaced (if any): _____

Effective Date of Resignation: _____

Filed with Clerk of the Board Yes No

Approval by Committee of Jurisdiction: _____
Chairman's Signature

Recorded in minutes of _____ Meeting of the Human Services Committee
Date Committee

FOR BOARD CLERK'S OFFICE USE ONLY:

Resignation received _____ Filed with County Clerk _____ Term
of Appointment verified
Copy to County Attorney _____
Remarks:
