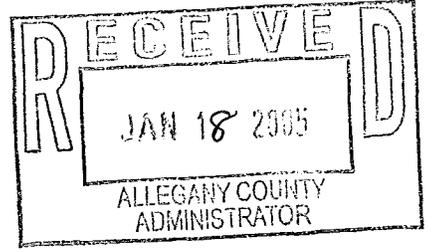


John Margeson

NOT
APPROVE



MINUTES OF THE MEETING

HUMAN SERVICES

January 12, 2005

MEMBERS ATTENDING: Chairman Truax
Legislators Crandall, Dibble, Heineman

ALSO ATTENDING: Kim Toot, Office for the Aging
Patricia Schmelzer, Social Services
Gary Ogden, MD, Health Department
James Palmer, Chair, Brd of Legislators
John Margeson, Administrator

CALL TO ORDER

The meeting was called to order at 3:00 pm by Chairman Truax.

APPROVAL OF MINUTES

The minutes of December 8, 2004 were approved with motions from Legislators Heineman and Dibble. Carried.

OFFICE FOR THE AGING

This office requests a resolution to increase the 2005 A6782 budget \$9,000.00 due to an increase in Federal dollars for the Health Insurance Information, Counseling and Assistance Program grant. 100% with no county match. Legislators Dibble and Crandall made the appropriate motions. Motions carried. **Resolution Ways and Means**

A memorandum was given to this committee in reference to transportation provided by ARC. This services has expanded to include a shopping trip twice a month and rides for the Senior Rhythm Band. ARC has notified the OFA that the cost per one-way ride would increase from two dollars to three. OFA provides volunteer rides to assist seniors with shopping and the ACT bus provides shopping loops in Wellsville. It has been decided to eliminate shopping and the Rhythm Band from the contract saving this department approximately \$3,000 by providing only transportation to the Community Center.

The monthly report was provided.

The department continues to be having trouble with Bolivar Fire Hall. They are asking for a 100% increase in rent, which is not affordable. Other places are being looked into as possible sites.

SOCIAL SERVICES

The department's monthly report was provided for committee information. It was noted that the Program Integrity Unit, with assistance from the County Attorney's office recently recovered one million dollars, as the result of an accident lien. \$250,000 of the money remains with the County. Also the department has recovered \$47,135 for repayment of medical assistance for cases that remain the state's responsibility with local share for this recovery being \$11,783.75. There should also be future recovery of monies. It was noted that Child Support Collections has increased by 5.34% over 2003 monies.

The Commissioner of Social Services requested the Committees permission to perform certain re-structuring within the mid-management layer of her department.

The Commissioner seeks to fill the position of Deputy Social Services Commissioner which she was given permission to do by a unanimous vote after it was moved by Legislator Dibble and seconded by Legislator Heineman.

REFERRED TO WAYS AND MEANS COMMITTEE

The Commissioner seeks to create one position of Grade B Supervisor and abolish one position of Senior Caseworker. Approved on motion of Legislator Heineman, seconded by Legislator Crandall.

PREPARE A RESOLUTION

The Commissioner seeks to create one position of Director of Temporary Assistance and abolish one position of WMS Coordinator. Approved on motion of Legislator Heineman, seconded by Legislator Crandall

PREPARE A RESOLUTION

The Commissioner seeks to create one position of Principal Welfare Examiner and abolish one position of Social Welfare Examiner which was approved on motion of Legislator Dibble, seconded by Legislator Crandall.

PREPARE A RESOLUTION

HEALTH DEPARTMENT

A resolution is requested approving contracts with Monroe County for Forensic Pathology Services and for Air Medical Services for Mercy Flight. There are no changes in either contract from 2003. Legislators Dibble and Crandall moved on the request. Motions carried. **Resolutions (2)**

The Medical Reserve Corp was briefly discussed. Discussed the liability issue of having professionals on duty. There was no action taken at this time.

The Recruitment & Retention Medicaid Funds were discussed. Dr. Ogden and the Human Resource Director reported on what other counties have been doing with these monies. This includes in-services, uniforms, increases to contract agencies, and supplements to nursing staff wages. After discussion, it was agreed to proceed with the distribution of current funds as was presented previously (going to the Health Department's nursing staff). It however, was stated that the next distribution of monies could very well be different than has happened over the past couple of years.

The Department requested approval to apply for a Cancer Services Grant totaling \$20,000. This is an enhancement of existing services. Legislator Dibble and Crandall moved on the request. Motions carried.

OTHER BUSINESS

The Community Services Board requests committee approval for the reappointment of Eugene Krumm to their Board for a four-year term beginning January 1, 2005 and expiring December 31, 2008. Legislators Heineman and Dibble moved on the request. Motions carried. **Resolution**

The Chairman of the Board requests approval to appoint to the Citizens Advisory Council to the Office for the Aging for a three-year term commencing immediately and expiring December 31, 2007 the following:

Wallace Higgins
Jean MacMurray
Jean Switalski
Beverly Grantier

Legislator Heineman moved on the request. Legislator Dibble seconded and motions carried. **Resolution**

MEMORANDUM OF EXPLANATION

Intro No. _____
(Clerk's Use Only)

COMMITTEE: Human Services Committee

Date: January 12, 2005

The Allegany County Department of Social Services is requesting permission to fill a currently unfilled Deputy Commissioner position. This position was budgeted for 2005, and will have no additional fiscal impact.

FISCAL IMPACT: None

Request to Fill Position

Date: 1/12/05 Committee of Jurisdiction: Human Services

I would like to fill the following position:

Title Deputy Commissioner Department Social Services

Will any positions be eliminated? no If yes, which one? _____

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 9 Step 11 Hourly pay rate \$27.47

Annual salary of position _____ Cost of benefits for position _____

Does this position support a mandated program/grant? no

Name of program/grant? _____

Source of funding for position?

20% County 30% State 50 % Federal _____ % Other

Amount in current years budget for this position \$52,525

Reason for need to fill this position at this time?

The Department of Social Services is requesting permission to fill a Deputy Commissioner position, that was vacated due to a promotion

Department Head Signature _____

Date 1/12/05

06/17/03

MEMORANDUM OF EXPLANATION

Intro No. _____
(Clerk's Use Only)

COMMITTEE: Human Services Committee

Date: January 12, 2005

The Allegany County Department of Social Services is requesting permission to create and fill an additional position of Grade B Supervisor. Funds for this position have been budgeted for 2005. A Senior Caseworker position will be left unfilled in order to fill this position.

FISCAL IMPACT: \$11,384.24 – local share for the entire year for Grade B Supervisor.
- 10,349.98 – local share for the entire year for Senior Caseworker.
\$ 1,034.26 - net local share increase for entire year.
Funds for this position are included in the 2005 budget.

Request to Fill Position

Date: 1/12/05 Committee of Jurisdiction: Human Services

I would like to fill the following position:

Title Grade B Supervisor Department Social Services

Will any positions be eliminated? no If yes, which one? _____

This position is an:

Existing position? _____ Newly Created Position? X created by Resolution # _____

This position will be:

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

This position will be:

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

Grade 7 Step 8 Hourly pay rate \$22.34

Annual salary of position \$40,658 Cost of benefits for position _____

Does this position support a mandated program/grant? no

Name of program/grant? _____

Source of funding for position?

20% County 30% State 50 % Federal _____ % Other

Amount in current years budget for this position \$42,720

Projected local share savings - \$7,450.

Reason for need to fill this position at this time?

The Department of Social Services is requesting permission to fill a newly created Grade B Supervisor Position.

Department Head Signature _____

Date 1/12/05

MEMORANDUM OF EXPLANATION

Intro No. _____
(Clerk's Use Only)

COMMITTEE: Human Services Committee

Date: January 12, 2005

The Allegany County Department of Social Services is requesting permission to create and fill a position of Director of Temporary Assistance. Funds for this position have been budgeted for 2005.

Permission is also requested to fill lower level positions vacated by this promotion.

It is anticipated that a Social Welfare Examiner position will be left unfilled.

FISCAL IMPACT: \$15,549.80 – local share for the entire year for Director of TA
- 9,650.55 – local share for the entire year for Social Welfare Examiner.
\$ 5,899.25 - net local share increase for entire year.
Funds for this position are included in the 2005 budget.

Request to Fill Position

Date: 1/12/05 Committee of Jurisdiction: Human Services

I would like to fill the following position:

Title Director of Temporary Assistance Department Social Services

Will any positions be eliminated? no If yes, which one? _____

This position is an:

Existing position? _____ Newly Created Position? X created by Resolution # _____

This position will be:

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

This position will be:

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

Grade 9 Step 7 Hourly pay rate \$24.41

Annual salary of position \$44,426 Cost of benefits for position _____

Does this position support a mandated program/grant? no

Name of program/grant? _____

Source of funding for position?

25% County 25% State 50 % Federal _____ % Other

Amount in current years budget for this position \$52,075

Cost savings – local share - \$7,392.84.

Reason for need to fill this position at this time?

The Department of Social Services is requesting permission to fill a newly created Director of Temporary Assistance position, and other vacated positions due to this promotion, except Social Welfare Examiner position.

Department Head Signature _____

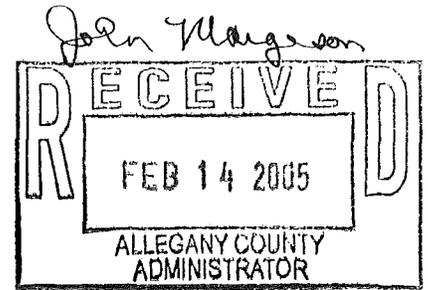
Date 1/12/05

**NOT
APPROVED**

Minutes of the Meeting

Human Services

February 9, 2005



MEMBERS ATTENDING: Legislators Heineman, Crandall, Dibble, Sobeck

ALSO ATTENDING: Robert Anderson, Community Services
Kim Toot, Office for the Aging
Patricia Schmelzer, Social Services
Thomas Hull, Health Department
Pamela Cockle, Health Department
James Palmer, Chair, Brd of Legislators
John Margeson, Administrator

APPROVAL OF MINUTES

The minutes of January 12, 2005 were approved with motions from Legislators Dibble and Crandall. Motions carried.

COMMUNITY SERVICES

Dr. Anderson requested approval to attend two conferences, one in March and the other in August. There will be no county dollars involved. Legislators Dibble and Crandall moved on the request. Motions carried.

It was stated that the Mental Hygiene account will be overdrawn. Monies spent from this account are for individual's court ordered to psychiatric facilities. At the present time \$18795 will be paid for an individual going from the jail; and there is another individual that has to be sent to a facility at a cost of approximately \$425/day. It was stated that a solution was found to save money in the Sheriff's budget for medications, reducing the cost about 50%. It could be possible to use this money to offset the cost in the Mental Hygiene account. Dr. Anderson will speak to the Sheriff regarding this.

OFFICE FOR THE AGING

This office requests a resolution to accept \$7602.00 for budget year 2005 from the Allegany Senior Foundation. This funding will be used to provide Personal Emergency Response Systems to low income elderly persons in need of this service. Legislator Sobeck moved on the request with Legislator Dibble seconding. Motions carried. ***Resolution and referral to Ways and Means***

A request was made to accept a member item from the Empire State Development Corporation totaling \$14600.00. This money will be used to purchase a cargo van for the Meals on Wheels Program. Legislator Dibble moved on the request, with Legislator Crandall seconding. Motion carried.

Resolution and referral to Ways and Means

The department's monthly report was presented for committee information. The HEAP project is the biggest program at this time of year.

SOCIAL SERVICES

Commissioner Schmelzer presented the department's monthly report noting case loads are up and number in Family Health Plus are down.

The committee was updated on the Governor's Budget. Ms. Schmelzer attended the NYPWA Winter Conference in January where it was learned that a flexible fund for family services is being considered. There is an incentive to counties where their tax rate is at its peak.

HEALTH DEPARTMENT

The Allegany County Department of Health requests permission to accept funding in the amount of \$190,000 from the NYS DOH for the purpose of administering the Allegany Western Steuben Rural Health Care Network. The term of the contract is from 2/1/05 – 1/31/06. The department is the fiscal conduit between the NYS DOH and the Health Care Network with no fiscal impact on the County. Legislators Dibble and Crandall moved on the request. Motions carried. ***Resolution and referral to Ways and Means***

It was also requested to re-appropriate money not spent in 2004 (overlapping grant fiscal year) for the Homeland Security Grant totaling \$19981.99. Legislators Crandall and Dibble moved on the request and the motions carried. ***Resolution and referral to Ways and Means***

Mr. Hull briefed the committee on Environmental Health Fee increases approved by the Board of Health. Some of these include septic system inspections from \$100 to \$125; loan surveys from \$100 to \$150; engineer plan reviews from \$0 to \$100; and water testing \$25.00 for initial and repeat tests.

The Medical Reserve Corp was discussed with the major issue of the liability of the County regarding workers compensation and disability. The SAY network has been fairly successful in setting up a corp. It was stated that perhaps an organized group, such as the Reserve Corp, not be set up as the resident's response in disaster situations has always been exceptional.

ADJOURNMENT

There being no further business to discuss, the meeting was adjourned at 3:40 pm.

Respectfully submitted,
Teresa Claypool

REFERRAL

NAME OF COMMITTEE:

Human Services

MEETING DATE:

2/9/05

TO: Ways & Means

RE: _____

- ① Accepting ^{\$} 190,000 in grant money
- ② Re-appropriation of ~~criminal justice~~ ^{homeland security} grant money.

DATE REFERRED: 2/9/05

Robert Neweman
COMMITTEE CHAIRMAN

BY: _____

MEMORANDUM OF EXPLANATION

For acceptance and budgeting of GRANTS

INTRODUCTION NO: _____

(Clerk's use only)

Committee of Jurisdiction: Human Services

Date: February 8, 2005

Explanation of Grant:

(please attach copy of grant application and award letter and/or renewal letter with original resolution # and list any future requirements of the grant after expiration)

Allegany County DOH requests permission to accept funding in the amount of \$190,000 from the NYS DOH for the purpose of administering the Allegany Western Steuben Rural Health Care Network. The term of this contract is from 2/1/05 – 1/31/06. Allegany County DOH is the Fiscal conduit between the NYS DOH and the Health Care Network with no fiscal impact on the County.

Appropriations (\$190,000)

A 4191 4.56 Contractual \$190,000

Revenues (\$190,000)

A 10.3489.4191 State Aid – Rural Health Care Network \$190,000

FISCAL IMPACT: Total grant: \$ 190,000

Local county share: \$ -0-

State Grant? Y Revenue # A10.3489.4191 \$ 190,000

Federal Grant? Revenue # _____ \$ _____

if Federal, please list Federal Catalog of Federal Domestic Assistance

(CFDA) number _____ - _____

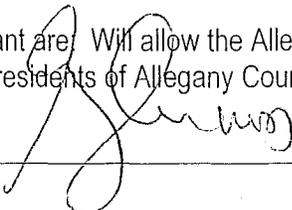
This grant is renewal of existing grant funded program or new grant fund program.

Grant Fiscal Year – 2/1/2005 – 1/31/2006

Obligation of County after grant expires: NONE. Contract is only effective for the period funding is available/provided. When funding is discontinued, the contract will automatically become null and void.

Major benefits of accepting this grant are: Will allow the Allegany Western Steuben Rural Health Care Network to continue providing services to the residents of Allegany County..

Department Head Signature _____



 **COPY**

APPENDIX X

Agency Code: 12000

Contract No.: C-019628

Period: 02/1/05 - 01/31/06

Funding Amount for Period: \$190,000.00

This is an AGREEMENT between THE STATE OF NEW YORK, acting by and through the Department of Health, having its principal office at Corning Tower Room 1119, Empire State Plaza, Albany, New York (hereinafter referred to as the STATE), and Allegany County Department of Health, for modification of Contract Number C-019628, as amended in attached Appendix(ices) A-1 (rev. 2/03), B-2, C-2, and D-2, which are hereby added to said contract. This contract renewal extends the contract through January 31, 2006.

All other provisions of said AGREEMENT shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this AGREEMENT as of the dates appearing under their signatures.

Allegany County Department of Health
7 Court Street
Belmont, New York 14813

New York State Department of Health
Corning Tower Room 1119
Empire State Plaza
Albany, New York 12237

By: _____

Printed Name

Title

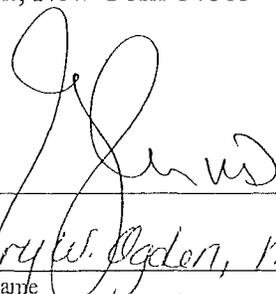
Date

By: _____

Printed Name

Title

Date



Gary W. Ogden, M.D.C.M.

Public Health Director

January 28, 2005

Judith Arnold

Deputy Commissioner, DPPRD

Date

State Agency Certification: "In addition to the acceptance of this contract, I also certify that original copies of this signature page will be attached to all other exact copies of this contract."

MEMORANDUM OF EXPLANATION

For acceptance and budgeting of GRANTS

INTRODUCTION NO: _____
(Clerk's use only)

Committee of Jurisdiction: HUMAN SERVICES Date: FEBRUARY 9, 2005

Explanation of Grant:

(please attach copy of grant application and award letter and/or renewal letter with original resolution # and list any future requirements of the grant after expiration)

REAPPROPRIATION OF GRANT MONEY NOT SPENT IN 2004 – OVERLAPPING GRANT FISCAL YEAR

Appropriations (\$ 19,981.99)

A 3645.101	HOMELAND SECURITY Pers Serv	\$ 5,000.00
A 3645.219	HOMELAND SECURITY Equip	\$ 1,175.74
A 3645.449	HOMELAND SECURITY Contractual	\$ 13,806.25

Revenues (\$ 19,981.99)

A 10.3306.HTH9	HOMELAND SECURITY ST AID Health	\$ 19,981.99
----------------	---------------------------------	--------------

FISCAL IMPACT: Total grant: \$ 30,530 (\$ 10,548.01 spent in 2004)

Local county share: \$ 0

State Grant? Y Revenue # A 10.3306.HTH9 \$ 19,981.99

Federal Grant? Revenue # \$

if Federal, please list Federal Catalog of Federal Domestic Assistance

(CFDA) number -

This grant is renewal of existing grant funded program or new grant fund program.
 X REAPPROPRIATION OF GRANT MONEY NOT SPENT IN 2004

Grant Fiscal Year – 2004-2005

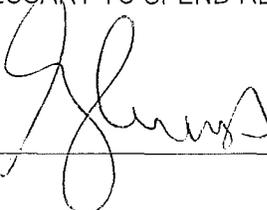
Obligation of County after grant expires:

REFER TO ORIGINAL ACCEPTANCE OF THIS GRANT BY
RESOLUTION #97-04 DATED MAY 11, 2004

Major benefits of accepting this grant are:

REAPPROPRIATION NECESSARY TO SPEND REMAINING GRANT MONEY ADVANCED IN 2004.
(A410.3645 \$ 19,981.99)

Department Head Signature _____



TITLE: ACCEPTANCE OF NON-BUDGETED FEDERAL GRANT IN AID UNDER THE BIOTERRORISM DISASTER PREPAREDNESS PROGRAM; APPROPRIATION OF FUNDS TO PUBLIC HEALTH ACCOUNTS

Offered by: Human Services and Finance Committees

RESOLVED:

1. That a non-budgeted Federal Grant in aid in the amount of \$30,530 under the Bioterrorism Disaster Preparedness Program, to further develop Allegany County's Disaster Preparedness Program through purchase of equipment to be utilized in training, is accepted.

2. That the sum of \$30,530 is appropriated as follows: \$5,000 to Account No. A4010.1, \$6,860 to Account No. A4189.2, \$18,670 to Account No. A4189.4, with a like sum credited to Revenue Account No. A11.4489.4189.

I, Brenda A. Rigby, Clerk of the Board of Legislators of the County of Allegany, State of New York do hereby certify that the foregoing constitutes a correct copy of the original on file in my office and the whole thereof of a resolution passed by said Board

on the 10th day of May, 2004.

Brenda A. Rigby Dated at Belmont, New York this 11th day of May, 2004
Clerk, Board of Legislators, Allegany County

Moved by Bennett Seconded by Reynolds VOTE: Ayes 14 Noes 0 Absent 1 Voice _____
Absent: Haineman

R E F E R R A L

NAME OF COMMITTEE:

Human Services

MEETING DATE:

February 9, 2005

TO: Ways & Means

RE: Budget change

Increased funding.

DATE REFERRED:

2/9/05

Rolt Henning

COMMITTEE CHAIRMAN

By: _____

MEMORANDUM OF EXPLANATION

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

COMMITTEE: Human Services

DATE: February 9, 2005

The Office for the Aging requests a resolution to accept \$7,602.00 for budget year 2005 from the Allegany Senior Foundation (United Way & Alfred Housing). This funding will be used to provide Personal Emergency Response Systems (Lifelines) to low-income elderly persons in need of this service.

Increase Expenditure Account #

A6776.409 Fees \$7,602.00

Increase Revenue Account #

A 02 1972.09 CSE Contributions \$7,602.00

FISCAL IMPACT: Increase contributions.

For further information regarding this matter, contact:

Kim Toot, Director Office for the Aging
Name and Department

(585) 268-9390
Telephone

JAN 21 2005

OFFICE FOR THE AGING

December 31, 2004

Kimberly Toot, Director
Allegany County Office for the Aging
17 Court Street
Belmont, N.Y. 14813

RE: Allegany County Office for the Aging, 007 Project # S839

Dear Ms. Toot:

On behalf of the New York State Urban Development Corporation doing business as the Empire State Development Corporation (ESDC), I am pleased to inform you that at the recommendation of Charles A. Gargano, ESDC's Chairman, the ESDC Directors have approved the \$14,600 in assistance referenced above.

This approval is contingent upon the availability of funds, the approval of the State Division of the Budget and the receipt of funds by ESDC. To continue to process your grant, please read and sign the attached Agreement, make a copy for your records, and return one signed original to the address noted below.

If you have already completed your project, you may now submit a request and supporting documentation, including proof of payment, using the form attached hereto as Exhibit A. If you have not yet completed your project, you may request the funds with supporting documentation (including proof of payment) until six months after the scheduled completion date you stated in your application.

Should you have any question(s), please contact me via fax at (212) 803-3625 and your question(s) will be answered expeditiously. Kindly provide your project number on any communication in order to speed our response to you. We look forward to working with you.

Sincerely yours,



Marion MacQueen
Vice President Special Programs

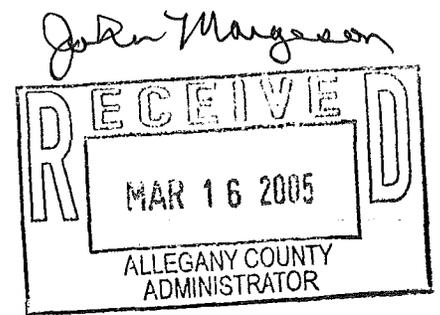
Attachment

cc: Assemblymember Young

NOT
APPROVED

HUMAN SERVICES

March 9, 2005



MEMBERS ATTENDING: Chairman Truax
Legislators Dibble, Crandall, Heineman

ALSO ATTENDING: Gary Ogden, MD, Health Department
Kim Toot, Office for the Aging
Patricia Schmelzer, DSS
James Palmer, Chair, Brd of Legislators
John Margeson, Administrator

CALL TO ORDER

The meeting was called to order by Chairman Truax at 3:15 pm.

APPROVAL OF MINUTES

The minutes of February 9, 2005 were approved with motions from Legislators Dibble and Heineman. Motions carried.

HEALTH DEPARTMENT

Dr. Ogden suggested a letter be written to the New York State Department of Health from the Legislative Chair stating the county's position on the creation of a Medical Reserve Corp. Motions were made by Legislators Heineman and Dibble. Motions carried.

Two Registered Nurses have completed courses qualifying them for Public Health Nurse positions. Dr. Ogden requests approval to create two Public Health Nurse positions and to abolish two Registered Nurse positions. Legislators Heineman and Dibble moved on the request. Motions carried. **Resolution**

There was brief discussion on the department's satellite offices and the rental amounts being paid. It was suggested to look into combining all these offices into one space. Also there would be grant monies available for upgrading of a central site. It was agreed to look into this concept for more concrete discussion at a later date.

OFFICE FOR THE AGING

The Allegany County Office for the Aging requests a resolution to increase the revenue and expenditure accounts. A donation of \$176.00 was made from the Belmont Rotary Club to purchase a printer for the Tax Counseling for the Elderly Program (A01 1972.01) (A6773) and:

An increase from the Allegany County Department of Social Services from \$18,000 to \$23,000 for a contract to certify all age 60 and over HEAP recipients for the 2004-2005 HEAP season. (A09 2801.40) (A6773)

Legislator Heineman and Crandall made the appropriate motions. Carried. **Resolution** and refer to **Ways and Means**

A letter from New York State Office for the Aging summarizing the findings from the department's Annual Evaluation was provided for the committee information.

Also provided was the department's monthly report. It was mentioned that this office has 3 vehicles with over 100,000 miles. To replace through State bid would be \$14600/14800 each.

SOCIAL SERVICES

The department's monthly report was provided.

A resolution was requested to fill a Principal Social Welfare Examiner position in the Social Services Department due to a retirement. Legislators Heineman and Dibble moved on the request. Motions carried. **Ways and Means**

ADJOURNMENT

The meeting was adjourned at 3:50 pm.

R E F E R R A L

NAME OF COMMITTEE:

Human Services

MEETING DATE:

March 9, 2005

TO: Ways & Means

RE: Budget changes

Increase in contributions and local revenue.

DATE REFERRED:

3-9-05

Arnold Smith
COMMITTEE CHAIRMAN

By: _____

MEMORANDUM OF EXPLANATION

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

COMMITTEE: Human Services

DATE: March 9, 2005

The Allegany County Office for the Aging requests a resolution to increase the following revenue and expenditure accounts.

A donation of \$176.00 was made to the Office for the Aging from the Belmont Rotary Club to purchase a printer for the Tax Counseling for the Elderly (TCE) program.

And an increase from the Allegany County Department of Social Services from \$18,000.00 to \$23,000.00 for a contract with the Office for the Aging to certify all age 60 and over HEAP recipients for the 2004-2005 HEAP season. (Contract attached.)

Increase Revenue Account #'s

A 02 1972.01	III-B - Contributions	\$ 176.00
A 09 2801.40	HEAP - Local Revenue	<u>\$5,000.00</u>
		\$5,176.00

Increase Expenditure Account #'s

A6773.201 Office Equipment	\$ 176.00
A6777.101 Regular Pay	\$1,000.00
A6777.401 Postage	\$1,400.00
A6777.416 Telephone	\$1,200.00
A6777.419 Printing	\$1,000.00
A6777.802 Retirement	<u>\$ 400.00</u>
	\$5,176.00

FISCAL IMPACT: No increase in county dollars.

For further information regarding this matter, contact:

Kim Toot, Office for the Aging
Name and Department

268-9390
Telephone

REFERRAL

NAME OF COMMITTEE:

MEETING DATE:

Human Services Committee

March 9, 2005

TO: Ways and Means Committee

RE: Principal Social Welfare Examiner Position

Request to fill Principal Social Welfare Examiner position, due to a retirement.

DATE REFERRED: 3/9/05


COMMITTEE CHAIRMAN
By: _____

MEMORANDUM OF EXPLANATION

Intro No. _____
(Clerk's Use Only)

COMMITTEE: Human Services Committee

Date: March 9, 2005

A resolution is requested to fill a Principal Social Welfare Examiner position in the Social Services Department. The vacancy occurred due to a retirement.

FISCAL IMPACT: \$8,024 – local share of position
- Cost savings due to filling position a lower step approximately \$965 local share.

For further information regarding this matter, contact:

Patricia Schmelzer, Commissioner
Allegany County Department of Social Services

268-9303

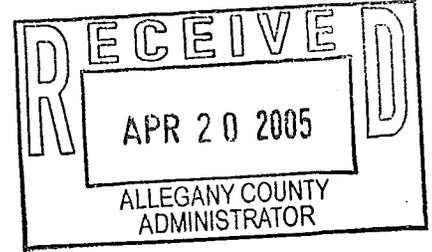
John Margeson

**NOT
APPROVED**

MINUTES OF THE MEETING

HUMAN SERVICES

April 13, 2005



MEMBERS ATTENDING: Chairman Truax
Legislators Dibble, Crandall

ALSO ATTENDING: Gary Ogden, MD, Health Department
Kim Toot, Office for the Aging
Robert Anderson, Community Services
Patricia Schmelzer, Social Services
John Margeson, Administrator
James Palmer, Chair, Brd of Legislators

CALL TO ORDER

The meeting was called to order at 3:00 pm by Chairman Truax.

APPROVAL OF MINUTES

The minutes of March 9, 2005 were approved with motions from Legislators Dibble and Crandall.

HEALTH DEPARTMENT

A transfer totaling \$982 from A4050.456 to A4050.201 was presented for approval. Legislators Dibble and Crandall made appropriate motions. Carried.

The Department requests permission to apply for funding through the Community Based Adolescent Pregnancy Prevention program. If awarded, funding will be in the amount of \$400,000. The primary objective is to provide abstinence-based education, youth development/asset building activities, and ensure access to reproductive health services. Approval to apply was given with a motion from Legislator Crandall and second from Legislator Dibble. Motions carried.

The Health Department also requests permission to apply for funding through the Western New York Tobacco Coalition to implement the Baby and Me Tobacco program. This is a program that would be administered through their local WIC program that is designed to help pregnant mother's to stop smoking and helps them through the cessation process. If they are successful, they receive a one year supply of diapers through the grant. The grant total has not been set, but will be between \$7,000 and \$9,000. Legislator Dibble moved on the request, with Legislator Crandall seconding. Motions carried.

COMMUNITY SERVICES

Dr. Anderson requests approval to apply for a grant that would be shared between Steuben and Allegany County's. It is hoped to expand and enhance programs already in place for children with severe emotional disturbances that could be removed from their homes. The grant amount is 1.5 million for five years, with the in-kind services that are already in place. Legislator Dibble moved on the request, with Legislator Crandall seconding. Motions carried.

OFFICE FOR THE AGING

The Department's monthly report was provided noting that the agency's population of those over 85 years of age is 30%.

Due to United Way contributions the department's service of Personal Emergency Response Systems has risen considerably compared to last years figures.

The Allegany County Office for the Aging Senior Forum will be held Thursday, May 12th at the Trinity Lutheran Church from 8:30 to 2:00. The public hearing begins at 9:00 am and Ms. Toot invites all legislators to attend.

Ms. Toot informed the committee of her appointment to the White House Committee on Aging (unofficial). She is going to get information from the Seniors at the Forum on issues to address at the conference being held in October.

Due to member item funding from Kathy Young the department purchased a meals on wheels van.

The department is seeking a grant totaling \$70,000 through the Allegany Steuben Network for an education campaign on end of life decision making.

Due to Medicare Part D, new prescription drug benefit, it is anticipated extra funds may be received for education. If this money is received Ms. Toot would like to make a part time employee full time. Will address again when appropriate.

With the State budget in place, the department expects \$37,000 more in their EISEP program, and \$700 for meals.

SOCIAL SERVICES

The department's month report was presented noting a 119 increase in Non-FA Medicaid. There was no explanation at this time.

Ms. Schmelzer was asked of any budget information with the State budget in place. It was stated that there will be a Medicaid cap but details will not be known until next week when she will attend a budget briefing.

ADJOURNMENT

There being no further business to be discussed the meeting was adjourned at 3:30 pm.

Respectfully submitted,
Teresa Claypool



**ALLEGANY COUNTY
DEPARTMENT OF SOCIAL SERVICES**

County Office Building • 7 Court Street • Belmont, New York 14813-1077

Telephone 585-268-9622
Fax 585-268-9479

MONTHLY REPORT TO THE HUMAN SERVICES COMMITTEE

PATRICIA SCHMELZER
Commissioner

Submitted April 13, 2005

FINANCIAL INFORMATION

- A. Temporary Assistance Unit reports for February and March, 2005 are attached.
- B. Quarterly financial reports are now presented to the Finance Committee.

WORKLOADS/CASELOADS

		February, 2005	March, 2005	YTD monthly average, 2005	March, 2004
A. Employment Programs					
TANF Recipients	# in training programs	76	76	75	79
	# in work experience	142	135	146	153
	# working in private sector with grant diversion	5	5	5	3
	# entered employment	13	4	10	6
	# sanctioned	13	5	7	11
Safety Net Recipients	# in training programs	21	21	20	43
	# in work experience	107	97	110	118
	# entered employment	3	2	4	7
	# sanctioned	5	3	5	1

B. Caseload Counts	February, 2005	March, 2005	1-Month Difference	March, 2004
Temporary Assistance				
	530	530	0	510
TANF	304	312	+8	298
CAP	6	5	-1	12
Safety Net Singles	184	176	-8	164
Safety Net Families	36	37	+1	36
Non-FA Medicaid	3,892	4,011	+119	3,897
Family Health Plus	735	745	+10	757
Food Stamps Only	1,891	1,906	+15	1,813
Child Care Only	147	150	+3	168

Respectfully Submitted,

Patricia Schmelzer
Patricia Schmelzer
Commissioner

Allegany County Department of Social Services MANAGEMENT MONTHLY REPORT	TEMPORARY ASSISTANCE UNIT	MONTH FOR 02/05 DATE PREPARED 04/12/05	
PERFORMANCE/WORKLOAD MEASURE		ACCOMPLISHMENTS	
		Report Month	Year to Date
Number of Investigation Referrals	11	20	
Number of Investigations Completed	11	16	
Substantiated	8	12	
Unsubstantiated	2	2	
No Determination	1	2	
Number of Referrals for Criminal Action	1	2	
Number of FS Disqualifications	3	3	
Disability - Number of SSI/SSD Approvals	2	6	
Disability - Number of SSI/SSD Denials	2	5	
Disability - Number of AD Approvals from State	2	6	
Disability - Number of Non-compliance Closings or Sanctions	1	1	
Savings (Dollar Amounts)	\$72,541.24	\$95,221.22	
Total Investigations Collections	\$10,085.20	\$18,115.08	
PA	\$7,289.40	\$13,717.16	
MA	\$288.80	\$518.52	
Med Rev	\$105.00	\$155.00	
Food Stamp	\$2,402.00	\$3724.40	
Bond and Mortgage Satisfied	\$100.00	\$200.00	
Estate Liens Satisfied	\$58,554.97	\$58,794.97	
Accident Liens Satisfied	\$500.00	\$1,000.00	
SSI Interim Repayment	\$3,301.07	\$16,620.17	
ADC Grant Savings	\$0.00	\$481.00	

FRONT END DETECTION SYSTEM MONTHLY INVESTIGATION REPORT
--

REPORT DUE 10TH OF EACH MONTH

COUNTY:		ALLEGANY		MONTH ENDING:		2/28/05			
COMPLETED BY:			Dawn Hebblethwaite		TITLE:			PRINCIPAL EXAMINER	
		(ADC) FA	(HR) SNA	NPA/FS	MAO	TOTAL			
CASES REFERRED FOR INVESTIGATION	1.	6	8	3	6	23			
NUMBER OF INVESTIGATIONS COMPLETED	2.	5	6	2	3	16			
CASES WITH NO ERRORS FOUND	(a)	3	5	2	2	12			
CASES WITH DISCREPANCIES DETECTED	(b)	2	1	0	1	4			
(a. + b. = line 2)									
CASES CONFIRMED DENIED/WITHDRAWN	3.	2	1	0	1	4			
COST AVOIDANCE	PA	\$994.00	\$401.00	\$0	\$0	\$1395.00			
MA	(b)	\$1,032.00	\$753.00	\$0	\$683.00	\$2468.00			
FS	(c)	\$328.00	\$95.00	\$0	\$0	\$423.00			
CASES WITH CONFIRMED GRANT REDUCTION	4.	0	0	0	0	0			
COST AVOIDANCE	PA	\$0	\$0	\$0	\$0	\$0			

		MONTHLY COST AVOIDANCE VALUES			
		(ADC) FA	(HR) SNA	NPA/FS	MA ONLY
DENIED/WITHDRAWN CASES	PA	\$497	\$401	N/A	N/A
	MA	516	753	N/A	\$683
	FS	164	95	\$169	N/A
GRANT REDUCTION CASES	PA	\$185	\$383	N/A	N/A

Allegany County Department of Social Services MANAGEMENT MONTHLY REPORT	TEMPORARY ASSISTANCE UNIT	MONTH FOR 03/05 DATE PREPARED 04/12/05	
PERFORMANCE/WORKLOAD MEASURE		ACCOMPLISHMENTS	
		Report Month	Year to Date
Number of Investigation Referrals	13	33	
Number of Investigations Completed	13	29	
Substantiated	4	16	
Unsubstantiated	7	9	
No Determination	2	4	
Number of Referrals for Criminal Action	0	2	
Number of FS Disqualifications	0	3	
Disability - Number of SSI/SSD Approvals	2	8	
Disability - Number of SSI/SSD Denials	0	5	
Disability - Number of AD Approvals from State	11	17	
Disability - Number of Non-compliance Closings or Sanctions	1	2	
Savings (Dollar Amounts)	\$21,471.92	\$116,693.14	
Total Investigations Collections	\$12,891.35	\$31,006.43	
PA	\$8,321.88	\$22,039.04	
MA	\$293.80	\$812.32	
Med Rev	\$174.07	\$329.07	
Food Stamp	\$4,101.60	\$7,826.00	
Bond and Mortgage Satisfied	\$100.00	\$200.00	
Estate Liens Satisfied	\$7518.57	\$66,313.54	
Accident Liens Satisfied	\$500.00	\$1,000.00	
SSI Interim Repayment	\$0.00	\$16,620.17	
ADC Grant Savings	\$462.00	\$943.00	

FRONT END DETECTION SYSTEM
MONTHLY INVESTIGATION REPORT

REPORT DUE 10TH OF EACH MONTH

COUNTY: Allegany County			MONTH ENDING: 04/05/05			
COMPLETED BY: Rose M. Scott		TITLE: Manager				
		(ADC) FA	(HR) SNA	NPA/FS	MAO	TOTAL
CASES REFERRED FOR INVESTIGATION	1.	6	16	6	4	32
NUMBER OF INVESTIGATIONS COMPLETED	2.	6	16	6	1	29
CASES WITH NO ERRORS FOUND	(a)	6	6	6	0	18
CASES WITH DISCREPANCIES DETECTED	(b)	0	10	0	1	11
(a. + b. = line 2)						
CASES CONFIRMED DENIED/WITHDRAWN	3.	0	10	0	1	11
COST AVOIDANCE PA	(a)	\$0	\$4010.00	\$0	\$00	\$4010.00
MA	(b)	\$0	\$7530.00	\$0	\$683.00	\$8213.00
FS	(c)	\$0	\$950.00	\$0	\$0	\$950.00
CASES WITH CONFIRMED GRANT REDUCTION	4.	0	0	0	0	0
COST AVOIDANCE PA	(a)	\$0	\$0	\$0	\$0	\$0

		MONTHLY COST AVOIDANCE VALUES			
		(ADC) FA	(HR) SNA	NPA/FS	MA ONLY
DENIED/WITHDRAWN CASES	PA	\$497	\$401	N/A	N/A
	MA	516	753	N/A	\$683
	FS	164	95	\$169	N/A
GRANT REDUCTION CASES	PA	\$185	\$383	N/A	N/A

MONTHLY REPORT FROM SERVICES

Submitted April 13, 2005 for months of February and March, 2005

Services to Children					
	February, 2005	March, 2005	2005 Year To Date		March, 2004
Child Protective Services					
Hotline calls	56	65	188	total	65
Average calls/week	13	15	14	average	14
Total active cases	348	348	342	average	233
Average cases/worker	50	50	49	average	33
Number reports citing:					
Domestic violence	6	7	18	total	9
Sexual abuse	5	4	11	total	2
Drug/alcohol abuse	10	15	34	total	14
Foster Care & Adoption Services					
Total number children in care	68	72	70	average	68
Care level:					
ACDSS/County home	10	13	11	average	12
Therapeutic home/group home	36	35	37	average	33
Institutions	17	20	17	average	19
Other	5	4	4	average	4
Reason for placement:					
Abuse/neglect	46	50	48	average	44
PINS/JD	17	17	17	average	19
Voluntary	5	5	5	average	5
Freed children:					
In pre-adoptive homes	6	6	6	average	7
Seeking homes	8	10	9	average	7
Independent living	4	4	4	average	3
Number entering care	4	4	8	total	1
Number discharged from care	1	1	7	total	1
Number freed for adoption	0	0	0	total	1
Number adoptions finalized	0	0	1	total	0
Non-Secure Detention Services					
Number bed-days used	64	31	148	total	58
Average daily census	2.3	1.0	1.7	average	1.9
Preventive Services					
Total number receiving services	71	66	70	average	75
Number SHAPE cases	17	14	16	average	20
Number Families Together cases	3	3	3	average	3
Number FACT/FOCUS cases	5	7	7	average	15
Number aftercare cases	20	19	19	average	17

Services to Adults					
	February, 2005	March, 2005	2005 Year To Date		March, 2004
Adult Protective/Preventive Services					
New referrals	10	5	16	total	3
Open cases	26	26	26	average	24
Requests for Emergency Assistance					
Number people stating homeless	5	5	21	total	38
Food requests	9	15	46	total	24
Domestic Violence Related Services					
Families in domestic violence shelter	2	2	5	total	2
Number women	2	2	5	total	2
Number children	0	0	0	total	0
DV Liaison referrals	1	3	7	total	5
Waivers requested	0	2	3	total	1
Waivers granted	0	2	3	total	1
Home Care & Related Services					
Personal care cases	103	106	104	average	107
Long term & related cases	Not available	Not available		average	76
CDPAP cases	23	26	24	average	19
Family Care Homes					
Beds filled	3	3	3	average	3
Beds available	7	8	7	average	9
	4	3	4	average	2
Financial Management Cases					
	77	77	77	average	79
Home Studies Completed					
Custody cases	0	1	1	total	1
Cases with child welfare involvement	0	1	1	total	1
	0	0	0	total	0

ALLEGANY COUNTY OFFICE FOR THE AGING

17 COURT STREET • BELMONT, NY 14813
 TELEPHONE 585-268-9390 • TOLL FREE 866-268-9390
 FAX 585-268-9657

KIMBERLEY TOOT
 Director

DANIEL WASHBURN
 Coordinator Of Services
 CHERYL CZWORKA
 Nutrition Services Coordinator

OFFICE FOR THE AGING MONTHLY REPORT March 2005 Year-to-date 1/01/05 – 3/31/05

TOTAL PEOPLE AGE 60+	930	PERCENT OF TOTAL
LOW INCOME	507	54%
LOW INCOME MINORITY	6	.6%
FRAIL/DISABLED	594	64%
AGE 75-84	334	36%
AGE 85+	284	30%
LIVES ALONE	542	58%
VETERAN	114	12%

UNITS OF SERVICE

SERVICES PROVIDED	NO. PEOPLE	SERVICE THIS MONTH	PREVIOUS MONTH	SAME MONTH LAST YEAR	TOTAL 2004
HOMEMAKING/PERSONAL CARE	14	182	143	236	498
HOUSEKEEPING/CHORE	31	384	296	482	1020
CASE MANAGEMENT	35	102	61	95	224
NUTRITION COUNSELING	6	4	0	1	5
TRANSPORTATION	76	253	206	273	691
INFORMATION AND ASSISTANCE	594	1233	1088	843	3,077
OUTREACH	4	10	10	12	39
IN-HOME CONTACT & SUPPORT	170	346	150	344	643
PERSONAL EMERG. RESPONSE	72	59	64	35	189
CAREGIVER SERVICES	33	21	14	19	42
LEGAL SERVICES	6	2	0	4	5
LTC OMBUDSMAN	11	28	0	17	39
OTHER (HEAP, HOME REPAIR)	385	86	124	113	433
MEALS-ON-WHEELS	456	8,655	7,106	7995	22,821
CONGREGATE MEALS	271	1,937	1,458	2089	4,719

PROGRAMS PROVIDED – March 2005

- 4 Exercise Programs, Scio, Alfred, Fillmore, Bolivar
- Nutrition Education Program – “An Apple a Day Might Protect the Brain” and Colon Cancer Awareness – Thomas Boyle, Department of Health
- Two caregiver support groups – Belmont “Good Nutrition for Alzheimer’s Patients”, Wellsville “Legal Issues Every Caregiver Should Know”
- HEAP outreach & certification
- Tax Clinics in Alfred, Belfast, Belmont, Bolivar, Canaseraga, Cuba, Fillmore, Friendship, Wellsville, Whitesville
- Senior Bicentennial Cookbook

NUTRITION PROGRAM

MEAL TOTALS AND CONTRIBUTIONS FOR: MARCH 2005

Page 1

	Monthly Totals	Annual (Jan-Jan)	SNAP YTD
TOTAL CONGREGATE MEALS	1,937	4,680	
TOTAL SPECIAL EVENTS	0	39	
TOTAL III C-2 MOBILE MEALS	3,959	10,261	
TOTAL SNAP MOBILE MEALS	4,376	11,729	45,713
TOTAL LONG TERM CARE MEALS	320	821	
TOTAL SPECIAL GRANT	0	0	
TOTAL HOME DELIVERED MEALS	8,655	22,811	
BLIZZARD BOX MEALS	0	0	
TOTAL MEALS	10,592	27,530	

CONGREGATE SITES & MONTHLY MEAL TOTALS	Total Meals	Total Days	Average Meal/Day	Total Contributions	Average Contribution
ALFRED	251	14	18	517.95	2.06
BELMONT	173	10	17	354.16	2.05
BOLIVAR	222	13	17	507.00	2.28
CANASERAGA	172	10	17	383.69	2.23
CUBA	274	19	14	613.65	2.24
FILLMORE	203	9	23	426.25	2.10
FRIENDSHIP	144	10	14	272.35	1.89
WELLSVILLE	331	18	18	696.35	2.10
WHITESVILLE	167	15	11	387.00	2.32
SNAP MOBILE MEALS	4,376	23	190	5,767.50	1.32
III C-2 MOBILE MEALS	3,959	23	172	5,089.57	1.29
TOTAL CONGREGATE MEALS	1,937	23	84	4,158.40	2.15
LTC MEALS/GRANT	320	23	14	1,696.00	5.30
TOTAL HDM MEALS W/O LTC	8,335	23	362	10,857.07	1.30
TOTAL HDM MEALS W/LTC	8,655	23	376	12,553.07	1.45
SPECIAL EVENTS	0	0	0	0.00	0.00
BLIZZARD BOX MEALS	0	0	0	0.00	0.00
GRAND TOTAL MEALS W/O LTC	10,272	23	447	15,015.47	1.46
GRAND TOTAL MEALS	10,592	23	461	16,711.47	1.58

BLIZZARD BOX CONTRIBUTIONS \$33.00

**ALLEGANY COUNTY
OFFICE FOR THE AGING
PRESENTS THE**

SENIOR FORUM

**THURSDAY, MAY 12TH
8:30 a.m. - 2:00 p.m.
TRINITY LUTHERAN
CHURCH
470 NORTH MAIN STREET
WELLSVILLE**

**KEYNOTE HONORS
ALLEGANY
COUNTY'S
BICENTENNIAL**

***Take a Step
Back
With
Roxanne
Rice***



PROGRAMS

**Social Security's Role in Medicare Part D
An Introduction to Memory Wellness
Financial Planning for Seniors
Cooking for One or Two Quickly**

**Ken Park
Leilani Pelletier
Robert Hutter, Esq.
Teri Violet**

SEATING IS LIMITED—RESERVATIONS REQUIRED

**Call the Office for the Aging at
268-9390 or toll free 1-866-268-9390
Cost \$5.00 includes lunch**

ALLEGANY COUNTY DEPARTMENT OF HEALTH

7 Court Street, County Office Building
Belmont, NY 14813-1076

Gary W. Ogden, MD, CM
Public Health Director
Medical Director
E-mail: ogdengaw@alleganyco.com

585-268-9250 800-797-0581
Fax: 585-268-9264

Thomas E. Hull, MS
Deputy Public Health Director
Director of Environmental Health
E-mail: hullte@alleganyco.com

AGENDA

HUMAN SERVICES COMMITTEE

Wednesday, April 13, 2005

- **Dr. Gary Ogden, Public Health Director**
 - **MOE-Requesting a Resolution to transfer money within the Drinking Water Enhancement Program Cost Centers to purchase a copies/Printer/Scanner to use within the program.**
 - **MOE-Requesting Approval to apply for a "Community Based Adolescent Pregnancy Prevention" Grant (CBAPP)**
 - **MOE-Requesting Approval to apply for "Baby and Me Tobacco Program" Grant, to be implemented through the WIC Program**

Theresa V. Gaeta, BSN, MSN
Director of Patient Services

Teresa Claypool
Office Manager

Pamela L. Cogle, BS
Accountant

Lynne Roeske
Confidential Secretary

SATELLITE OFFICES

Children's Services
54 Schuyler Street
Belmont, NY 14813
585-268-7540

WIC
3460 Riverside Drive
Wellsville, NY 14895
585-593-2533

Reproductive Health Clinics
7 Court Street
Belmont, NY 14813

10 Church Street
Alfred, NY 14802

21 East State Street
Wellsville, NY 14895

800-797-0581
585-268-9250

MEMORANDUM – Transfer Request

From: Health Department

To: John E. Margeson, County Administrator
Terri L. Ross, County Treasurer

PLEASE MAKE THE FOLLOWING TRANSFERS:

BUDGET:

<u>From Account No.</u>	<u>To Account No.</u>	<u>Amount</u>
A4050.456 – Contractual	4050.201 – Office Equipment	\$982.00
	TOTAL	\$982.00

EXPENDITURES:

<u>Date of Check</u>	<u>Check #</u>	<u>From Account No.</u>	<u>To Account No.</u>	<u>Amount</u>
None at this time				

DEPT AUTHORIZATION: _____

DATE: March 21, 2005

CO. ADMIN. AUTHORIZATION: _____

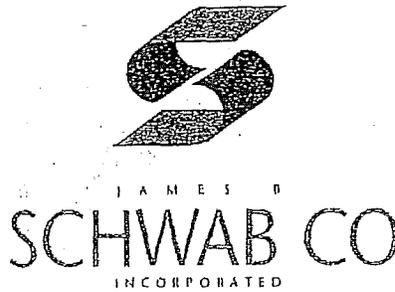
DATE: _____

COMMITTEE AUTHORIZATION: _____

DATE: _____

SUBMIT THIS FORM TO COUNTY ADMINISTRATOR TO AUTHORIZE INDIVIDUAL DEPARTMENTAL TRANSFERS OF FUNDS WITHIN ANY PERSONAL SERVICES, EQUIPMENT OR CONTRACTUAL EXPENSES APPROPRIATION ACCOUNT IN AMOUNT OF LESS THAN \$5,000 PER TRANSACTION. ALL OTHER TRANSACTIONS MUST HAVE COMMITTEE OF JURISDICTION APPROVAL.

Quotation



Allegany County Department of Health
County Office Building
7 Court St.
Belmont, NY 14813

March 18, 2005

1 Each Kyocera KM-1815 Digital Copier/Printer/Scanner \$982.00

Includes: 18 Pages Per Minute
250 Sheet Paper Drawer
50 Sheet Bypass
96MB RAM Memory
Scan Once, Print Many
Electronic Sorting
Standard Print
Standard Color Scan to Email

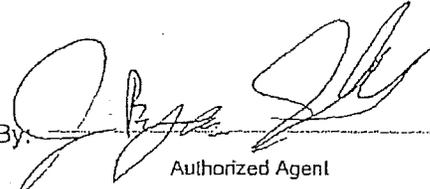
Options:

DP-100 Document Processor	\$185
PF-17 Paper Drawers	\$149
64 MB	\$ 60
128 MB	\$100
256 MB	\$120

Service & Supplies:

\$160 Per Year. Includes 12,000 Copies. All Parts and Labor
Toner \$126/Cartridge 6,000 Copies

- Anticipated delivery after receipt of order
- Quote includes delivery and setup

By: 
Authorized Agent

For your convenience this quotation becomes an order when authorized within quotation period.

Accepted by: Jessie Claypool

Date: 3/18/05

Title: Office Manager

P.O.: _____

MEMORANDUM OF EXPLANATION

For application or acceptance and budgeting of GRANTS

INTRODUCTION NO: _____

(Clerk's use only)

Committee of Jurisdiction: Human Services Date: April 13, 2005

Explanation of Grant:

(please attach award letter and/or renewal letter with original resolution # and list any future requirements of the grant after expiration)

The Allegany County Department of Health requests permission through the Human Services Committee to apply for funding through the Western New York Tobacco Coalition to implement the Baby and Me Tobacco program. This is a program that would be administered through our local WIC program that is designed to help pregnant mother's to stop smoking and helps them through the cessation process. If they are successful, they receive a one year supply of diapers through the grant.

FISCAL IMPACT: Total grant: Between \$7,000 and \$9,000 - funding has yet to be officially awarded.

Local county share: None

State Grant? _____ Revenue # Not applicable \$ _____

Federal Grant? _____ Revenue # _____ \$ _____

if Federal, please list Federal Catalog of Federal Domestic Assistance (CFDA) number _____ - _____

Appropriation breakdown?	# _____	\$ _____
	# _____	\$ _____
	# _____	\$ _____

Please contact County Treasurer for new account numbers for any new grants.

For further information regarding this matter please contact:

Gary W.. Ogden, CM, MD, Public Health Director, Lori Ballengee, Public Health Educator

MEMORANDUM OF EXPLANATION

For application or acceptance and budgeting of GRANTS

INTRODUCTION NO: _____

(Clerk's use only)

Committee of Jurisdiction: Human Services Date: April 13, 2005

Explanation of Grant:

(please attach award letter and/or renewal letter with original resolution # and list any future requirements of the grant after expiration)

The Allegany County Department of Health requests permission through the Human Services Committee to apply for funding through the Community Based Adolescent Pregnancy Prevention program. This is a grant through the New York State Department of Health with an estimated start date of April 1, 2006. If awarded, funding will be in the amount of \$400,000.

The primary objective of the CBAPP is to provide abstinence-based education, youth development/asset building activities, and ensure access to reproductive health services. Primary program strategies are:

1. Promote abstinence and delay the onset of sexual activity among adolescents;
2. Expand educational, recreational, vocational and economic opportunities for teens to provide alternatives to sexual activity and to develop skills that can lead to higher earning power and reduce the need for public assistance; and
3. Ensure access to comprehensive family planning and reproductive health care services to prevent pregnancies, STIs, and HIV.

FISCAL IMPACT: Total grant: \$400,000 (if ACDOH is granted funding)

Local county share: In-kind services (electric, office space, office supplies, etc.)

State Grant? XX Revenue # Not applicable at this time \$ _____
Funding not yet awarded

Federal Grant? Revenue # _____ \$ _____

if Federal, please list Federal Catalog of Federal Domestic Assistance
(CFDA) number _____ - _____

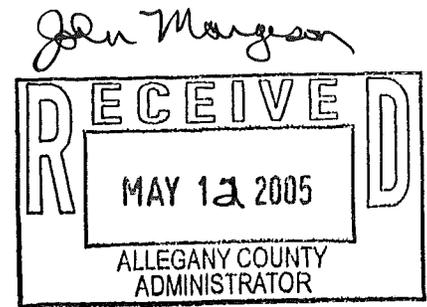
Appropriation breakdown? # _____ \$ _____
_____ \$ _____
_____ \$ _____

Please contact County Treasurer for new account numbers for any new grants.

For further information regarding this matter please contact:

Gary W.. Ogden, CM, MD, Public Health Director, Helen Evans, Public Health Educator

**NOT
APPROVED**



MINUTES OF THE MEETING

HUMAN SERVICES

May 11, 2005

MEMBERS ATTENDING: Chairman Truax
Legislators Crandall, Dibble, Hall

ALSO ATTENDING: Gary Ogden, MD, Health Department
Vicki Fegley, Social Services
James Palmer, Chair, Brd of Legislators

CALL TO ORDER

The meeting was called to order at 3:10 pm.

APPROVAL OF MINUTES

The minutes of April 13th were approved with motions from Legislator Dibble and Crandall. Carried.

SOCIAL SERVICES

The Department's monthly report was distributed for committee information.

Ms. Fegley was given a copy of Cattaraugus County's policy on county burials to review. It is planned to have the coroners attend a meeting to discuss this issue.

HEALTH DEPARTMENT

The Department requests a resolution transferring \$200 within its Family Planning accounts. This transfer is being requested out of necessity to replace a printer that no longer works. Legislator Dibble moved on the request, with Legislator Crandall seconding. Motions carried.

The Board of Health requests committee approval for the reappointment of Timothy LaFever to a six-year term as a member on this Board commencing July 8, 2005 and expiring July 7, 2011. Legislators Dibble and Hall made appropriate motions. Carried. **RESOLUTION**

Dr. Ogden stated that he would like to prepare a presentation on the Health Department, its operations, and how it is funded. This would be done for the full Board of Legislators. Hopefully, this would help the legislature to have a better understanding of the department, and assist in any decision making regarding the Department. The committee was supportive of such a presentation.

OFFICE FOR THE AGING

Legislator Dibble reminded the committee of the Senior Forum being held tomorrow, May 12th.

ADJOURNMENT

There being no further business to come before this committee, the meeting was adjourned at 3:25 pm.

Respectfully submitted,
Teresa Claypool

MEMORANDUM OF EXPLANATION

Intro. No: _____
(Clerk's Use Only)

COMMITTEE: Human Services Committee

DATE: May 10, 2005

The Health Department requests a resolution transferring \$200 within its Family Planning accounts. This transfer/purchase is being requested out of necessity due to the failure of the current printer.

<u>From Account:</u>	<u>To Account:</u>	<u>Amount:</u>
A4035.408 – General Supplies	A4035.201 – Office Equipment	\$200.00

FISCAL IMPACT: 100% FUNDED BY STATE GRANT. ZERO COUNTY IMPACT.

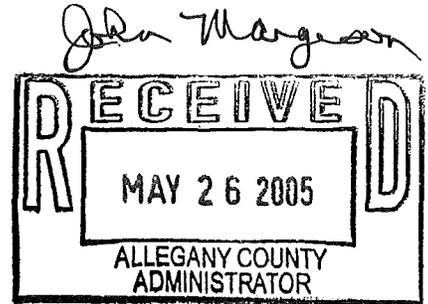
For further information regarding this matter, contact:

Pamela L. Cockle, Accountant - ACDOH _____ X458

Gary W. Ogden, M.D., Public Health Director _____ X247

Human Services Committee
Special Meeting
5/23/05

**NOT
APPROVED**



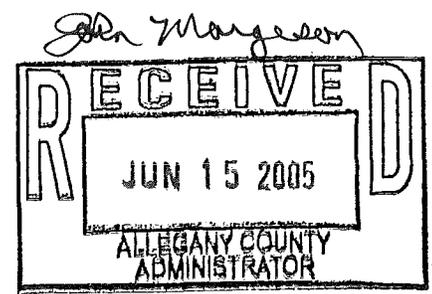
Present: Ron Truax, Bill Dibble, Bill Hall, Pat Regan, Bob Sobeck, James Palmer, Kim Toot

Kim Toot requested permission to change the Aging Services Technician (Caregiver Services Coordinator) from part-time to full-time. Federal funding will cover the difference, with no local match required.

Motion made by Bill Dibble to change the position to full-time, with the stipulation that if the grant funding is cut, the position returns to part-time. Seconded by Bob Sobeck. Passed unanimously. Referred to Ways and Means.

**NOT
APPROVED**

**HUMAN SERVICES
MINUTES
JUNE 8, 2005**



Present: R. Truax, C. Crandall, Wm. Dibble, Wm. Hall, J. Palmer, K. Toot, P. Schmelzer

Guests: Pamela Cockle, Health Department, David Sirianni, Director, Probation Department, Bernie Morris, Director, Human Resources

Chairman R. Truax called the meeting to order at 3:00.

On a motion by Wm. Dibble, seconded by C. Crandall and carried to approve the minutes of May 11, 2005.

Pamela Cockle:

The Health Department requests permission to transfer \$600 within its Division of Criminal Justice Grants (Homeland Security) to cover the cost of equipment purchased through the grant. It has been reimbursed 100% for these purchases.

On a motion from Wm. Dibble, seconded by Wm. Hall and carried to support said request.

PREPARE A RESOLUTION

The Health Department requested the committee to approve a resolution approving a one-year services agreement with Health Care Compliance Enterprise LLC. for consultation services. This is for compliance to the Health Insurance Portability and Accountability Act (HIPPA). The total cost of the agreement is \$6,250 with \$1,000 to come from the Bioterrorism Grant, with the remainder of \$5,250 to come from Contingency for the remainder of the agreement. On a motion by C. Crandall, seconded by Wm. Dibble and carried to support said agreement and to refer it to Ways and Means Committee. They were asked to provide more detailed information to the Ways and Means Committee.

PREPARE A RESOLUTION
REFER TO WAYS AND MEANS

Kimberley Toot:

Kim asked permission to accept \$54,829 in unbudgeted State Grant-in-aid from Office for the Aging State grants. On a motion by C. Crandall, seconded by Wm. Dibble and carried to accept said request.

PREPARE A RESOLUTION
REFER TO WAYS AND MEANS

Kim asked permission to accept \$11,161 in unbudgeted Federal Grant-in-aid from the Federal Older Americans Act grants. On motion by Wm. Dibble, seconded by Wm. Hall and carried to accept said request.

PREPARE A RESOLUTION
REFER TO WAYS AND MEANS

Kim asked permission to accept \$62,500 funding from Federal grant-the State Pharmaceutical Assistance Program (SPAP) from the Centers for Medicare and Medicaid Services. This grant is to be used in coordination with the Health Insurance Information, Counseling and Assistance Program (HIICAP-A6782) grant. On a motion by Wm. Hall, seconded by Wm. Dibble and carried to approve said request.

PREPARE A RESOLUTION
REFER TO WAYS AND MEANS

Kim asked permission to create the position of Aging Services Technician and eliminate one Senior Account Clerk Typist position due to a desk audit that was performed and this was recommended. The Home Delivered Meal Coordinator will be upgraded to Aging Services Technician. The Senior Account Clerk Typist position will be upgraded to Home Delivered Meal Coordinator. For the remainder of 2005 the upgrades would increase by approximately \$1,014 and for 2006 of \$2,214. These positions are 100 percent funded with state and federal money. On motion by Wm. Dibble, seconded by C. Crandall and carried to approve said request.

PREPARE A RESOLUTION
REFER TO WAYS AND MEANS

Kim distributed the monthly reports for April and May to the committee.

Kim distributed the minutes to the Office for the Aging Senior forum/Public Hearing to the committee. There were approximately 175 people who attended the public hearing.

There was discussion on transportation for senior citizens throughout the county. The issue will be discussed further at the next meeting.

The Office of the Aging Senior Picnic will be on July 28, 2005 at the Allegany County Fair Grounds.

Patricia Schmelzer:

Pat introduced David Sirianni, Director, Probation Department to discuss the new PINS Legislation, which went into effect April 1, 2005. The County is required to have a

policy into effect by July 1, 2005. David went on to explain the new regulations and how they have changed from the past.

Pat requests the approval to create a PINS Diversion Program in Allegany County. Two positions are requested. One is a Probation Officer and one a Caseworker both departments will partnership the program. The positions will be 100 percent federally funded. On motion by Wm. Dibble, seconded by C. Crandall and carried to approve said request with the request that once the funded has expired the program and positions would be eliminated.

PREPARE A RESOLUTION
REFER TO WAYS AND MEANS

A new policy went into effect March 2004 for traditional burial. Pat was asked to supply an update on the cost savings to the County since this policy has gone into effect. Allegany County previously allowed \$1,750 for traditional burial, with additional costs of cemetery lost, grave opening etc., the average cost per burial prior to policy change was \$2,350, after the policy change it cost \$1,233. The cost savings from 2003-2004 was \$38,920.98.

Pat distributed the monthly report for committee to review.

On a motion by C. Crandall, seconded by Wm. Dibble and carried to go into executive session to discuss matters leading to said dismissal, removal, promotion, appointment, employment, discipline, demotion, or suspension of a particular person.

On a motion by Wm. Dibble, seconded by C. Crandall and carried to go out of executive session.

Department of Social Services requests permission to increase the salary of the Director of Administrative Services from Labor Grade 9, step 6 to labor Grade 9, step 8. Department of Social Services requests permission to increase the salary of the Deputy Commissioner from Grade 9 to Grade 10. Department of Social Services requests permission to increase the salary of the Commissioner by \$1,000, effective September 1, on completion of her Master's Degree. On motion by Wm. Dibble, seconded by C. Crandall and carried to accept said requests.

PREPARE A RESOLUTION
REFER TO WAYS AND MEANS

Meeting was adjourned.
Respectfully Submitted:
Alice Alsworth

MEMORANDUM OF EXPLANATION

Intro. No. _____
(Clerk's Use Only)

COMMITTEE: Human Services/Ways and Means DATE: 6/13/05

Request permission to create the position of Aging Services Technician and eliminate one Senior Account Clerk Typist position.

FISCAL IMPACT:

For further information regarding this matter, contact:


Name and Department

268-9390 X 392
Telephone Number

MEMORANDUM OF EXPLANATION

Intro No. _____
(Clerk's Use Only)

COMMITTEE: Human Services Committee

Date: June 8, 2005

The Allegany County Department of Social Services is requesting permission to create a PINS Diversion Program in Allegany County under a federal grant program.

Two positions are required in order to staff this program.

- One Probation Officer
- One Caseworker

Permission is requested to create the above positions, and fill the positions once created.

FISCAL IMPACT: 100% Federal Share

For further information regarding this matter, contact:

Patricia Schmelzer, Commissioner
Allegany County Department of Social Services

268-9303

Request to Fill Position

Date: 6/8/05 Committee of Jurisdiction: Human Services

I would like to fill the following position:

Title Probation Officer Department Probation (Social Services grant)

Will any positions be eliminated? no If yes, which one? _____

This position is an:

Existing position? _____ Newly Created Position? X created by Resolution # _____

This position will be:

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

This position will be:

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

Grade 17 Step min. Hourly pay rate \$16.18

Annual salary of position _____ Cost of benefits for position _____

Does this position support a mandated program/grant? yes

Name of program/grant? PINS Diversion Program

Source of funding for position?

 % County % State 100 % Federal % Other

Amount in current years budget for this position \$ 0

Reason for need to fill this position at this time?

The Department of Social Services is requesting permission to fill a Probation Officer position and a Caseworker position to implement the new PINS Diversion Program in Allegany County. Funding for this program is 100% federally funded.
--

Department Head Signature _____

Date 6/8/05

Request to Fill Position

Date: 6/8/05 Committee of Jurisdiction: Human Services

I would like to fill the following position:

Title Caseworker Department Social Services

Will any positions be eliminated? no If yes, which one? _____

This position is an:

Existing position? _____ Newly Created Position? X created by Resolution # _____

This position will be:

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

This position will be:

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

Grade 16 Step min. Hourly pay rate \$15.75

Annual salary of position _____ Cost of benefits for position _____

Does this position support a mandated program/grant? yes

Name of program/grant? PINS Diversion Program

Source of funding for position?

 % County % State 100 % Federal % Other

Amount in current years budget for this position \$0

Reason for need to fill this position at this time?

The Department of Social Services is requesting permission to fill a Probation Officer position and a Caseworker position to implement the new PINS Diversion Program in Allegany County. Funding for this program is 100% federally funded.
--

Department Head Signature _____

Date 6/8/05

MEMORANDUM OF EXPLANATION

For acceptance and budgeting of GRANTS

INTRODUCTION NO: _____

(Clerk's use only)

Committee of Jurisdiction: Human Services

Date: June 8, 2005

Explanation of Grant:

(Please attach copy of grant application and award letter and/or renewal letter with original resolution # and list any future requirements of the grant after expiration)

Resolution to finalize revenues and appropriations from Office for the Aging State grants. Please appropriate funding as follows:

Appropriations (\$54,829)

A 6776.474	Respite	\$ 854
A 6778.474	Home Care	\$ 46,162
A 6779.474	Caterer	\$ 7,813

Revenues (\$54,829)

A 10 3772.03 CSE State	\$ 854
A 10 3772.00 EISEP State	\$ 36,162
A 10 3772.01 SNAP State	\$ 7,813
A 02 1972.06 EISEP Contributions	\$ 10,000

FISCAL IMPACT: Total grant: \$54,829
Local county share: \$ 0

(CFDA) Numbers

Federal Grant? N

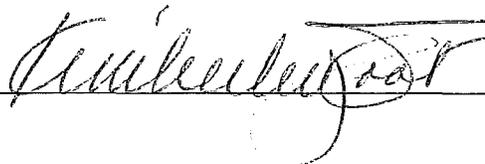
This grant is X renewal of existing grant funded program or _____ new grant fund program.

Grant Fiscal Year- 04/01/05 – 3/31/06

Obligation of County after grant expires: None

Major benefits of accepting this grant are: Increased state appropriations of already accepted grants.

Department Head Signature _____



MEMORANDUM OF EXPLANATION

For acceptance and budgeting of GRANTS

INTRODUCTION NO: _____

(Clerk's use only)

Committee of Jurisdiction: Human Services

Date: June 8, 2005

Explanation of Grant:

(Please attach copy of grant application and award letter and/or renewal letter with original resolution # and list any future requirements of the grant after expiration)

Resolution to finalize revenues and appropriations from the Federal Older Americans Act grants. Please appropriate funding as follows:

Appropriations (\$11,161)

A 6772.201	Equipment	\$ 3,000
A 6772.408	General Supplies	\$ 1,500
A 6772.416	Telephone	\$ 1,500
A 6772.422	Gas & Oil	\$ 2,094
A 6773.402	Mileage	\$ 2,294
A6781.402	Mileage	\$ 300
A6783.408	General Supplies	\$ 473

Revenues (\$11,161)

A 11 4772.00	Title III-C Federal	\$ 8,094
A 11 4772.01	Title III-B Federal	\$ 2,294
A 11 4772.05	Title VII Federal	\$ 300
A 11 4772.07	Title III-D Federal	\$ 473

FISCAL IMPACT: Total grant: \$11,161
Local county share: \$ 0

			(CFDA) Numbers
Federal Grant? <u>Y</u>	Revenue # A 11 4772.00	\$8,094.00	93-045
	Revenue # A 11 4772.01	\$2,294.00	93-044
	Revenue # A 11 4772.05	\$ 300.00	93-042
	Revenue # A 11 4772.07	\$ 473.00	93-043

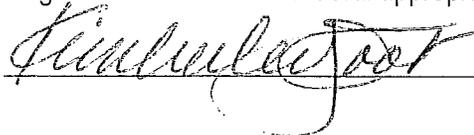
This grant is X renewal of existing grant funded program or _____ new grant fund program.

Grant Fiscal Year- 01/01/05 – 12/31/05

Obligation of County after grant expires: None

Major benefits of accepting this grant are: Increased federal appropriations of already accepted grants.

Department Head Signature



MEMORANDUM OF EXPLANATION

For acceptance and budgeting of GRANTS

INTRODUCTION NO: _____

(Clerk's use only)

Committee of Jurisdiction: Human Services Date: June 8, 2005

Explanation of Grant:

(please attach copy of grant application and award letter and/or renewal letter with original resolution # and list any future requirements of the grant after expiration)

The Allegany County Office for the Aging requests a resolution to accept a new Federal grant – the State Pharmaceutical Assistance Program (SPAP) from the Centers for Medicare and Medicaid Services (CMS). This grant is to be used in coordination with the Health Insurance Information, Counseling and Assistance Program (HIICAP-A6782) grant. The goal of the SPAP grant is to maximize participation of EPIC enrollees in the new Medicare prescription drug coverage while maintaining or improving their current level of benefits.

Appropriations (\$62,500.00)

A 6782.101 Regular Pay	\$23,000.00
A 6782.201 Office Equipment	\$15,000.00
A 6782.401 Postage	\$ 2,000.00
A6782.402 Mileage	\$ 750.00
A6782.408 General Suppl.	\$ 1,550.00
A6782.409 Fees	\$ 4,000.00
A6782.419 Printing	\$ 3,000.00
A6782.424 Ads	\$ 3,500.00
A6782.474 Consultant	\$ 4,000.00
A6782.802 Retirement	\$ 1,500.00
A6782.803 F.I.C.A.	\$ 1,765.00
A6782.804 Worker's Comp.	\$ 500.00
A6782.806 Hosp/Med	\$ 1,935.00

Revenues (\$62,500.00)

A 11 4772.06 HIICA/SPAP	\$62,500.00
-------------------------	-------------

FISCAL IMPACT: Total grant: 62,500.00
Local county share: 0.00

Federal Grant? Yes Revenue # A 11 4772.06 \$ 62,500.00

if Federal, please list Federal Catalog of Federal Domestic Assistance

(CFDA) number _____ - _____

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

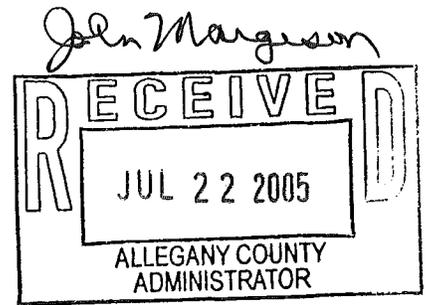
Grant Fiscal Year – 4/1/05-9/30/05 & 10/01/05-9/30/06

Obligation of County after grant expires: None

Major benefits of accepting this grant are: 100% Federal Grant no county match required.

Department Head Signature _____





MINUTES OF THE MEETING
HUMAN SERVICES

July 20, 2005

MEMBERS ATTENDING: Chairman Truax
Legislators Hall, Dibble, Crandall

ALSO ATTENDING: Kim Toot, Office for the Aging
Patricia Schmelzer, Social Services
Gary Ogden, MD, Health Department
John Margeson, Administrator

CALL TO ORDER

The meeting was called to order at 5:10 pm by Legislator Crandall.

APPROVAL OF MINUTES

The minutes of June 8, 2005 were approved with motions from Legislator Dibble and Hall. Motions carried.

OFFICE FOR THE AGING

This office requests a resolution to accept \$3,900 from the Allegany Senior Foundation (Alfred/Almond Community Chest). This funding will be used to provide Personal Emergency Response Systems to low-income elderly persons in need of this service. Legislators Dibble and Crandall moved for approval and referral to **Ways and Means**. Motions carried. **Resolution**

The Office for the Aging request a resolution to sign a contract with Cattaraugus County Department of Health Long Term Home Health Care Program to provide their patients living on the border of Allegany County with home-delivered meals. The County Attorney has reviewed the contract. Legislators Dibble and Hall moved approval and referral to **Ways and Means**. Motion carried. **Resolution**

This office requests approval to fill an Aging Services Technician due a resignation. This is the HEAP/Housing Coordinator who assists elderly homeowners with heating and home repair problems. It is 100% federally funded. Motions were made by Legislators Dibble and Hall approving this request, with referral to **Ways and Means**. Motions carried.

The Department's monthly report was presented for committee information. Included was a listing of services provided by zip code for this office.

The committee was reminded of the Senior Picnic to be held on July 28, 2005 at the County Fair Grounds in Angelica from 11:00 – 3:00. She asked that she be notified if anyone was attending.

SOCIAL SERVICES

The Department's monthly report was presented showing numbers down for June.

Commissioner Schmelzer requested a resolution approving a contract between Allegany County and New Directions Youth and Family Services, Inc. for non-secure detention services. The contract includes a one-bed guarantee at all times. This is down from the last contract, which included two beds. Legislator Dibble made the motion to approve the contract. Legislator Hall seconded and motions carried. ***Resolution and Ways and Means***

Discussion took place regarding the burial policy and suggestions were made for changes. This will be brought back to committee for further discussion.

HEALTH DEPARTMENT

Dr. Ogden requested an **Executive Session** to discuss personnel issues. ("medical, financial, credit or employment history of a particular person/corp, or matters leading to said dismissal, removal, promotion, appointment, employment, discipline, demotion, or suspension") Motions were made by Legislators Dibble and Crandall.

Respectfully submitted,
Teresa Claypool

MEMORANDUM OF EXPLANATION

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

COMMITTEE: Human Services

DATE: July 20, 2005

The Office for the Aging requests a resolution to accept \$3,900.00 from the Allegany Senior Foundation (Alfred/Almond Community Chest). This funding will be used to provide Personal Emergency Response Systems (Lifelines) to low-income elderly persons in need of this service.

Increase Expenditure Account #
A6776.409 Fees \$3,900.00

Increase Revenue Account #
A 02 1972.09 CSE Contributions \$3,900.00

FISCAL IMPACT: Increase contributions.

For further information regarding this matter, contact:

Kim Toot, Director Office for the Aging
Name and Department

(585) 268-9390
Telephone

MEMORANDUM OF EXPLANATION

Intro. No. _____
(Clerk's Use Only)

COMMITTEE: Human Services

DATE: 7/20/05

The Office for the Aging requests a resolution to sign a contract with Cattaraugus County Department of Health Long Term Home Health Care Program to provide their patients living on the border of Allegany County with home-delivered meals.

The County Attorney has reviewed this contract.

FISCAL IMPACT: \$5.30 per meal delivered

For further information regarding this matter, contact:

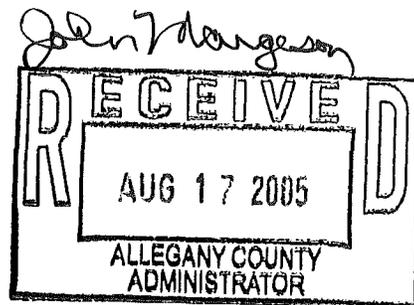
Kim Toot, Office for the Aging
Name and Department

x392
Telephone number

5/94

**NOT
APPROVED**

HUMAN SERVICES COMMITTEE
August 10, 2005



Committee Members Present

R. Truax, W. Dibble, W. Hall, C. Crandall

Others Present

J. Palmer, J. Margeson, K. Toot, G. Ogden, MD

Approval of Minutes

The minutes of July 20, 2005 were approved with motions from Legislators Dibble and Hall. Motions carried.

Office for the Aging

The Allegany County Office for the Aging requests a transfer within the Weatherization Referral and Packaging Program. The funds will be used for home repairs for low-income elderly totaling \$2000.00. Committee approved the transfer with motions from Legislators Hall and Dibble. Motions carried.

Resolution

The Department's monthly report was provided. Some programs provided in July were Bone Builders program, Nutrition Education Program "the New Food Pyramid" and an Audiologist Presentation was held in Filmore.

It was felt by the committee that the Senior Picnic was a great success.

Health Department

Dr. Ogden requested committee approval to accept a grant from Allegany/Western Steuben Care Network totaling \$25,000. It will be used for the continued operation of the "Friendship House". Legislators Dibble and Hall made appropriate motions. Motions carried. **Ways and Means**

It was also requested to create the position of Medical Records Computer Operator in the department. The Department's supervising nurses spend a great deal of time negotiating with private insurance companies on approval for home care visits; the implementation of the Family Planning Benefit Program has resulted in a great deal of time spent in an already demanding program; and the department needs a backup person for those positions who perform the billing should these individuals not be able to work. After brief discussion, the request was referred to **Ways and Means** for their consideration.

Adjournment

There being no further business to come before this committee, the meeting was adjourned at 5:15 pm.

Respectfully submitted,
Teresa Claypool

MEMORANDUM OF EXPLANATION

Intro. No. _____
(Clerk's Use Only)

COMMITTEE: Human Services Committee

DATE: August 10, 2005

There is an evolution in the distribution of revenue from various sources. The Allegany County Department of Health is collecting a modest but progressively larger percentage of Homecare Revenues as well as increasing amounts of Revenue in other programs from third party private insurers. The distinguishing feature of efficient revenue capture from private payors is the ability to negotiate with insurers on a per case basis. This is a time consuming and often frustrating exercise, currently being performed by Supervisory Nursing staff. This is the single category of Human Resource within the ACDOH that has a persisting high level of premium pay.

The Reproductive Health Program (Title 10) has, also seen encouraging results through implementation of the "no local share" Family Planning Benefit Program, which to be effective requires enhanced MRCO support to enter, track and bill encounters.

As well, constraints of Budget and overall efficiencies have limited the number of individuals trained in billing procedures to the absolute minimum. There is no backup should a person trained in billing procedures not be able to work, as well as the need for enhanced overtime pay when billing cycles are robust or problematic.

Medical Records Computer Operator.....AFSCME Grade 10

FISCAL IMPACT:

Cost:	\$24,115.00
Fringe @ 50.4%	<u>\$12,153.96</u>
Total Cost:	\$36,268.96

Funding:

Homecare/ Article 2800 cost based reimbursement:	50%
Family Planning Benefit Program Revenue Offset:	20%
Article 6 (Optional Program Reimbursement) State Aid:	30%

(There will be a non-reimbursed total of \$18,134.48 per year for the first 2 years, until Article 28 reimbursement commences.)

For further information regarding this matter, contact:

Gary W. Ogden, M.D., Public Health Director

X247

MEMORANDUM OF EXPLANATION

For acceptance and budgeting of GRANTS

INTRODUCTION NO: _____

(Clerk's use only)

Committee of Jurisdiction: Human Services Date: July 29, 2005

Explanation of Grant:

(please attach copy of grant application and award letter and/or renewal letter with original resolution # and list any future requirements of the grant after expiration)

Appropriations (\$25,000)

A 4191.456 Contractual: Allegany/Western Steuben Health Care Network \$25,000

Revenues (\$25,000)

A 10.3489.00 Misc. Health Department State Aid

FISCAL IMPACT: Total grant: \$25,000

Local county share: \$ -0-

State Grant? XX Revenue # A 10.3489.00 \$ 25,000

Federal Grant? _____ Revenue # _____ \$ _____

if Federal, please list Federal Catalog of Federal Domestic Assistance

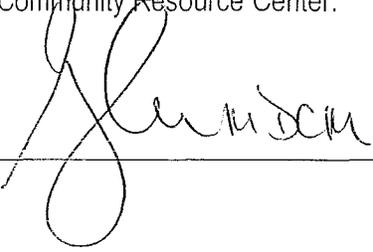
(CFDA) number _____

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

Grant Fiscal Year – September 1, 2005 – August 31, 2006

Obligation of County after grant expires: None

Major benefits of accepting this grant are: Will further fund the Allegany/Western Steuben Rural Health Care Network and the Friendship House Community Resource Center.

Department Head Signature 

<u>STATE AGENCY</u> (Name & Address) NYS Office of Children and Family Services 52 Washington Street South Building Room 202 Rensselaer, New York 12144	<u>NYS COMPTROLLER'S NUMBER:</u> <u>ORIGINATING AGENCY CODE:</u> 25000
<u>CONTRACTOR:</u> (Name & Address) Allegany County Department of Health 7 Court Street Belmont, New York 14813	<u>TYPE OF PROGRAM(S):</u> Member Item
<u>CHARITIES REGISTRATION NUMBER:</u> N/A If EXEMPT provide Reason: Government Agency Contractor has ___/has not ___ timely filed with the Attorney General's Charities Bureau all required periodic or annual written reports."	<u>INITIAL CONTRACT PERIOD:</u> FROM: September 1, 2005 TO: August 31, 2006 <u>FUNDING AMOUNT FOR INITIAL PERIOD:</u> \$ 25,000
<u>FEDERAL TAX IDENTIFICATION NUMBER:</u> 16 - 6002554 <u>MUNICIPALITY NO:</u> (if applicable)	<u>MULTI-YEAR TERM</u> (if applicable): FROM: TO:
<u>STATUS:</u> CONTRACTOR IS () IS NOT (X) A SECTARIAN ENTITY CONTRACTOR IS () IS NOT (X) A NOT-FOR-PROFIT ORGANIZATION	
<p align="center"><u>APPENDICES ATTACHED AND PART OF THIS AGREEMENT:</u></p> <p><u>X</u> APPENDIX A Standard Clauses as required by the Attorney General for all State Contracts</p> <p><u>X</u> APPENDIX A1 Agency-specific clauses</p> <p><u>X</u> APPENDIX B Budget</p> <p><u>X</u> APPENDIX C Payment and Reporting Schedule</p> <p><u>X</u> APPENDIX D Project Workplan</p> <p><u>X</u> APPENDIX X Modification Agreement Form (to accompany modified appendices for changes in term or consideration on an existing period or for renewal periods.)</p> <p><u>X</u> OTHER (Identify) <u>APPENDIX A2</u></p> <p>___ OTHER (Identify) _____</p>	

MEMORANDUM OF EXPLANATION

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

COMMITTEE: Human Services

DATE: 8/10/05

The Allegany County Office for the Aging requests the following transfer within the Weatherization Referral and Packaging Program (WRAP). These funds will be used for home repairs for low-income elderly.

FROM:

A6784.101 Regular Pay \$2000.00

TO:

A6784.408 General Supplies \$2000.00

FISCAL IMPACT: Transfer funds.

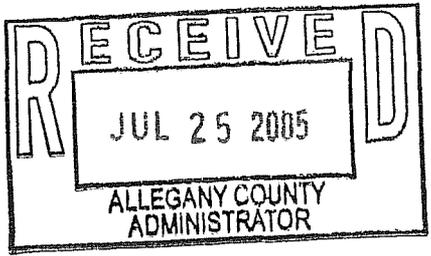
For further information regarding this matter, contact:

Kim Toot, Office for the Aging
Name and Department

x392
Telephone

John Margeson

NOT APPROVED



MINUTES OF THE MEETING
REVISED

HUMAN SERVICES

July 20, 2005

MEMBERS ATTENDING: Chairman Truax
Legislators Hall, Dibble, Crandall

ALSO ATTENDING: Kim Toot, Office for the Aging
Patricia Schmelzer, Social Services
Gary Ogden, MD, Health Department
John Margeson, Administrator

CALL TO ORDER

The meeting was called to order at 5:10 pm by Legislator Crandall.

APPROVAL OF MINUTES

The minutes of June 8, 2005 were approved with motions from Legislator Dibble and Hall. Motions carried.

OFFICE FOR THE AGING

This office requests a resolution to accept \$3,900 from the Allegany Senior Foundation (Alfred/Almond Community Chest). This funding will be used to provide Personal Emergency Response Systems to low-income elderly persons in need of this service. Legislators Dibble and Crandall moved for approval and referral to **Ways and Means**. Motions carried. **Resolution**

The Office for the Aging request a resolution to sign a contract with Cattaraugus County Department of Health Long Term Home Health Care Program to provide their patients living on the border of Allegany County with home-delivered meals. The County Attorney has reviewed the contract. Legislators Dibble and Hall moved approval and referral to **Ways and Means**. Motion carried. **Resolution**

This office requests approval to fill an Aging Services Technician due a resignation. This is the HEAP/Housing Coordinator who assists elderly homeowners with heating and home repair problems. It is 100% federally funded. Motions were made by Legislators Dibble and Hall approving this request, with referral to **Ways and Means**. Motions carried.

The Department's monthly report was presented for committee information. Included was a listing of services provided by zip code for this office.

The committee was reminded of the Senior Picnic to be held on July 28, 2005 at the County Fair Grounds in Angelica from 11:00 – 3:00. She asked that she be notified if anyone was attending.

SOCIAL SERVICES

The Department's monthly report was presented showing numbers down for June.

Commissioner Schmelzer requested a resolution approving a contract between Allegany County and New Directions Youth and Family Services, Inc. for non-secure detention services. The contract includes a one-bed guarantee at all times. This is down from the last contract, which included two beds. Legislator Dibble made the motion to approve the contract. Legislator Hall seconded and motions carried. ***Resolution and Ways and Means***

Discussion took place regarding the burial policy and suggestions were made for changes. This will be brought back to committee for further discussion.

HEALTH DEPARTMENT

Dr. Ogden requested an **Executive Session** to discuss personnel issues. ("medical, financial, credit or employment history of a particular person/corp, or matters leading to said dismissal, removal, promotion, appointment, employment, discipline, demotion, or suspension") Motions were made by Legislators Dibble and Crandall.

Motions were made to resume regular business.

A motion was made by Legislator Crandall to refer the Department's Accountant position to ***Ways and Means*** for review of a reclassification request, with no specific recommendations from this committee. Legislator Dibble seconded and motion carried.

Other personnel matters were discussed without specific referrals and will be considered at future meetings.

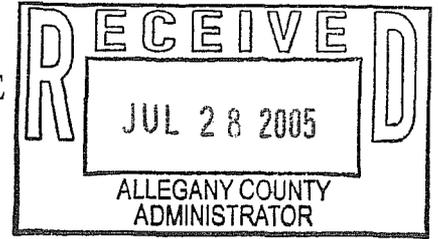
Motions were made by Legislators Hall and Crandall approving the Board of Health's appointment of Gary Ogden, MD as the Allegany County Department of Health's Public Health Director for another six year term.

Respectfully submitted,
Teresa Claypool

**NOT
APPROVED**

**HUMAN SERVICES COMMITTEE
MINUTES (ADDENDUM)**

JULY 20, 2005



Present: R. Truax, C. Crandall, Wm. Dibble, Wm. Hall, Dr. G. Ogden

On motion of Wm. Hall, seconded by Wm. Dibble, the committee entered executive session to discuss medical, financial, credit or employment history of a particular person/corp.

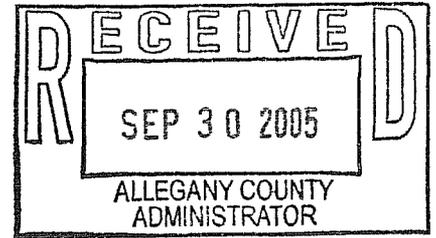
At 5:30 p.m., the committee vacated executive session on motion of Wm. Dibble, seconded by Wm. Hall.

On motion of Wm. Hall, seconded by Wm. Dibble and carried unanimously, the committee voted to refer to the Ways and Means Committee a request for the Human Resources Department to conduct a desk audit of the position of accountant in the Department of Public Health in order to determine if the duties and responsibilities of the position have changed to such a significant degree as to warrant a potential re-titling and upgrade.

Committee adjourned at 6:00 p.m.

**NOT
APPROVED**

HUMAN SERVICES COMMITTEE
September 21, 2005



Committee Members Present

R. Truax, W. Dibble, C. Crandall

Others Present

J. Palmer, J. Margeson, K. Toot, G. Ogden, MD, P. Schmelzer, J. Mulholland

Approval of Minutes

The minutes of August 10, 2005 were approved with motions from Legislators Dibble and Crandall. Motions carried.

Community Services

J. Mulholland requested approval for transfers in A4310 Mental Health Administration to cover fringe benefits and insurance increases. Legislators Crandall and Dibble made the appropriate motions. Carried. **Ways and Means**

Increase of monies in A4312 Mental Health ICM Program totaling \$24390.00 were requested and approved with motions from Legislators Crandall and Dibble. **Ways and Means**

Also it was requested and approved to increase A4316 Mental Health ICM Program accounts totaling \$2499.00. Legislators Dibble and Crandall moved on the request. Motions carried. **Ways and Means**

Social Services

The department's monthly report was presented showing an increase in Medicaid cases. This could possibly be due to a new managed care company advertising in the area.

A request to fill a Community Service Aide position for the HEAP program was made. The position has been budgeted in both 2005 and 2006 budgets, and is fully funded by Federal monies. The individual must be a recipient of TANF. Legislators Dibble and Crandall made the motions. Carried. **Ways and Means**

The department is reviewing the medical transportation contract. The State is making some changes that could be more costly and the department is considering bringing this service back in house.

There was brief discussion on the burial policy. No action taken.

Office for the Aging

A request for resolution to accept a new State grant entitled, "Long Term Care Insurance Education and Outreach Program totaling \$50,000. The monies will be used to establish a Long Term Care Insurance Resource Center within the Office for the Aging. Legislator Crandall moved on the request, with Legislator Dibble seconding. Motion carried. **Ways and Means**

Also requested, was acceptance of \$3000 from the Federal Older Americans Act VII for 2005. This will be used to purchase software as modified for use in New York State. Appropriate motions were made by Legislators Crandall and Dibble. Motions carried. **Ways and Means**

The department's monthly report was presented noting 227 new clients.

A booklet entitled, "Sharing Your Wishes" was shared. The booklet is supported by a grant from the Community Health Foundation of Western and Central New York.

Health Department

This department requests approval of transportation agreements, with fifteen school districts, to provide transportation to preschool children with handicap conditions. The County Attorney has the original contracts. Legislators Dibble and Crandall moved for approval. Motions carried. **Ways and Means**

It was also requested to accept \$18726.00 from the NYS Department of Health for ATUPA (Adolescent Tobacco Use Prevention Act). The Health Department uses the monies for educational purposes. Motions were made by Legislators Crandall and Dibble. Motions carried. **Ways and Means**

Executive Session

Motions to hold executive session were made by Legislators Crandall and Dibble. Motions carried.

Other Business

This committee, with motions from Legislators Dibble and Crandall, agreed that the "retention monies" be distributed as they have in the past. Motions carried.

Adjournment

There being no further business to come before the committee, the meeting was adjourned.

Respectfully submitted
Teresa Claypool

REFERRAL

NAME OF COMMITTEE:

Human Services

MEETING DATE:

September 21, 2005

TO: Ways and Means

RE: Transportation Contracts

See MOE

DATE REFERRED: September 21, 2005

COMMITTEE CHAIRMAN

BY: _____

MEMORANDUM OF EXPLANATION

Intro. No. _____
(Clerk's Use Only)

COMMITTEE: Human Services

Date: September 21, 2005

The Health Department requests approval of Transportation Agreements with Fifteen School Districts to provide transportation to Preschool children with Handicap Conditions.

The County Attorney has reviewed the contracts.

FISCAL IMPACT:

For further information regarding this matter, contact:

Gary W. Ogden, MD, Public Health Director

X247 or

MEMORANDUM OF EXPLANATION

Intro. No. _____
(Clerk's Use Only)

COMMITTEE: Human Services

DATE: 9/14/05

2005 MENTAL HEALTH BUDGET ADJUSTMENTS

A4310 MENTAL HEALTH ADMINISTRATION

ACCOUNT	INCREASE	ACCOUNT	DECREASE
A4310.101 PERSONNEL	\$ 200.00	A4314.451 MENTAL HEALTH C.S.S.	\$20,650.00
A4310.802 RETIREMENT	\$ 17,258.00		
A4310.804 WORKERS COMP	\$ 350.00		
A4310.805 DISABILITY	\$ 55.00		
A4310.806 HOSP/MED INS.	\$ 2,787.00		
	\$20,650.00		

ACCOUNT	INCREASE	REVENUE	INCREASE
A4310.803 F.I.C.A.	\$ 830.00	A10.3490.1200 REINVESTMENT	\$ 830.00
A4310.406 INSURANCE	\$ 1,605.00	A10.3490.1200 REINVESTMENT	\$ 1,605.00
A4310.409 FEES	\$ 2,588.00	A10.3490.1014 C.S.S.	\$ 2,588.00
A4310.412 REPAIRS	\$ 2,349.00	A10.3490.1200 REINVESTMENT	\$ 2,349.00
A4310.461 ARA	\$ 328.00	A10.3490.1400 COMM. PERFORMANCE	\$ 328.00
A4310.463 FINGER LAKES	\$ 416.00	A10.3490.146L COMM. SUPPORT PROG	\$ 416.00
A4310.457 CAMP-GET-AWAY	\$20,000.00	A10.3490.146L COMM.SUPPORT PROG	\$20,000.00

FISCAL IMPACT: None to County

For further information regarding this matter, contact:

Robert W. Anderson, Ph.D. , Community Services

585-593-1991

Name and Department

Telephone Number

MEMORANDUM OF EXPLANATION

Intro. No. _____
(Clerk's Use Only)

COMMITTEE: Human Services

DATE: 9/14/05

2005 MENTAL HEALTH BUDGET ADJUSTMENTS

A4310 MENTAL HEALTH ADMINISTRATION

ACCOUNT	INCREASE	ACCOUNT	DECREASE
A4310.101 PERSONNEL	\$ 200.00	A4314.451 MENTAL HEALTH C.S.S.	\$20,650.00
A4310.802 RETIREMENT	\$ 17,258.00		
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A4310.805 DISABILITY	\$ 55.00		
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	\$20,650.00		

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A4310.409 FEES	\$ 2,588.00	A10.3490.1014 C.S.S.	\$ 2,588.00
A4310.412 REPAIRS	\$ 2,349.00	A10.3490.1200 REINVESTMENT	\$ 2,349.00
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A4310.457 CAMP-GET-AWAY	\$20,000.00	A10.3490.146L COMM.SUPPORT PROG	\$20,000.00

FISCAL IMPACT: None to County

For further information regarding this matter, contact:

Robert W. Anderson, Ph.D. , Community Services

585-593-1991

Name and Department

Telephone Number

MEMORANDUM OF EXPLANATION

Intro. No. _____
(Clerk's Use Only)

COMMITTEE: Human Services

DATE: 9/14/05

2005 MENTAL HEALTH BUDGET ADJUSTMENTS

A4312 MENTAL HEALTH I.C.M. PROGRAM

ACCOUNT	INCREASE	REVENUE ACCOUNT	INCREASE
A4312.101 PERSONNEL	\$ 3,713.00	A02.1625.03 MEDICAID	\$ 24,390.00
A4312.802 RETIREMENT	\$ 12,668.00		
A4312.803 F.I.C.A.	\$ 283.00		
A4312.804 WORKERS COMP.	\$ 123.00		
A4312.805 DISABILITY	\$ 22.00		
A4312.806 HOSP./MED. INS.	\$ 7,581.00		

FISCAL IMPACT: None to County

For further information regarding this matter, contact:

Robert W. Anderson, Ph.D., Community Services

585-593-1991

Name and Department

Telephone Number

MEMORANDUM OF EXPLANATION

Intro. No. _____
(Clerk's Use Only)

COMMITTEE: Human Services

DATE: 9/14/05

2005 MENTAL HEALTH BUDGET ADJUSTMENTS

A4316 MENTAL HEALTH ICM PROGRAM

ACCOUNT	INCREASE	REVENUE ACCOUNT	INCREASE
A4316.101 PERSONNEL	\$ 407.00	A02.1625.03 MEDICAID	\$ 2,499.00
A4316.802 RETIREMENT	\$ 2,033.00		
A4316.803 F.I.C.A.	\$ 31.00		
A4316.804 WORKERS COMP.	\$ 23.00		
A4316.805 DISABILITY	\$ 5.00		

FISCAL IMPACT: None to County

MEMORANDUM OF EXPLANATION

For acceptance and budgeting of GRANTS

INTRODUCTION NO: _____

(Clerk's use only)

Committee of Jurisdiction: Human Services

Date: September 21, 2005

Explanation of Grant:

(Please attach copy of grant application and award letter and/or renewal letter with original resolution # and list any future requirements of the grant after expiration)

Resolution for Supplement received from the Federal Older Americans Act Title VII grant for FY 2005. This supplement is to be used to purchase Synergy's OmbudsManager software as modified for use in New York State. Please appropriate funding as follows:

Appropriations (\$3,000)

A 6781.201	Computer Software	\$3,000
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Revenues (\$3,000)

A 11 4772.05 Title VII - Federal	\$3,000
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FISCAL IMPACT: Total grant: \$3,000
Local county share: \$0

Federal Grant?			(CFDA) Numbers
<u>Yes</u>	Revenue # A 11 4772.05	\$3,000	93-042

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

Grant Fiscal Year- 01/01/05 – 12/31/05

Obligation of County after grant expires: None

Major benefits of accepting this grant are: Increased federal appropriation of already accepted grant.

Department Head Signature _____



MEMORANDUM OF EXPLANATION

For acceptance and budgeting of GRANTS

INTRODUCTION NO: _____

(Clerk's use only)

Committee of Jurisdiction: Human Services

Date: September 21, 2005

Explanation of Grant:

(please attach copy of grant application and award letter and/or renewal letter with original resolution # and list any future requirements of the grant after expiration)

The Allegany County Office for the Aging requests a resolution to accept a new State grant – the Long Term Care Insurance Education and Outreach Program (LTCIEOP) grant. This grant is to be used to inform and educate the general public regarding insurance policies available for Long Term care, including those policies that are available through the New York State Partnership for Long Term Care. A Long Term Care Insurance Resource Center must be established within the Office for the Aging.

Appropriations (\$50,000.00)

A 6780.101 Regular Pay	\$15,000.00
A 6780.201 Office Equipment	\$ 9,000.00
A 6780.401 Postage	\$ 1,800.00
A6780.402 Mileage	\$ 1,800.00
A6780.408 General Suppl.	\$ 4,000.00
A6780.409 Fees	\$ 3,000.00
A6780.416 Telephone	\$ 1,600.00
A6780.419 Printing	\$ 2,000.00
A6780.424 Ads	\$ 2,000.00
A6780.474 Subcontractor	\$ 5,000.00
A6780.802 Retirement	\$ 2,468.00
A6780.806 Hosp/Med	\$ 2,332.00

Revenues (\$50,000.00)

A 10 3772.678 LTCIP	\$50,000.00
---------------------	-------------

FISCAL IMPACT: Total grant: 50,000.00
Local county share: 0.00

State Grant? YES Revenue # A 10 3772.678 \$ 50,000.00
if Federal, please list Federal Catalog of Federal Domestic Assistance

(CFDA) number _____ - _____

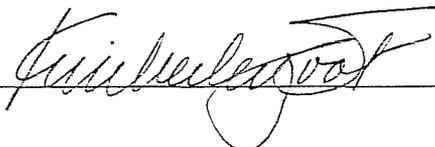
This grant is _____ renewal of existing grant funded program or X new grant fund program.

Grant Fiscal Year – 4/1/05-3/31/06

Obligation of County after grant expires: None

Major benefits of accepting this grant are: 100% State Grant no county match required.

Department Head Signature _____



MEMORANDUM OF EXPLANATION

Intro. No. _____
(Clerk's Use Only)

COMMITTEE: Human Services

Date: September 21, 2005

The Health Department requests approval to accept \$18726 from the NYS Department of Health for ATUPA (Adolescent Tobacco Use Prevention Act). The Department uses the monies for educational purposes.

FISCAL IMPACT: None

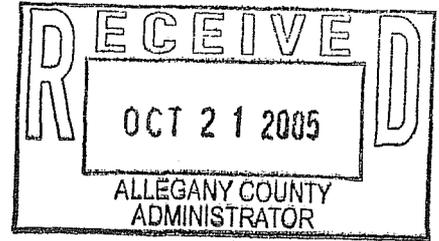
For further information regarding this matter, contact:

Gary W. Ogden, MD, Public Health Director

X247 or

**NOT
APPROVED**

HUMAN SERVICES COMMITTEE
October 12, 2005



Committee Members Present

R. Truax, W. Dibble, C. Crandall, W. Hall

Others Present

K. Toot, V. Fegley

Approval of Minutes

The minutes of September 21, 2005 were approved with motions from Legislators Dibble and Hall. Motions carried.

Social Services

The department's monthly report was distributed.

It was stated that a position of Senior Account Clerk was filled on a temporary basis in the Support Collection unit. The State is reviewing to see if accounting practices can be streamlined. Based on the outcome of the review the department may or may not request filling on a permanent basis.

The Medicaid Cap was briefly discussed.

Office for the Aging

This department requested approval for transfers within and between grants totaling \$33,000.00. These transfers were approved with motions from Legislators Dibble and Hall. The transfer from A6778.474 to A6772.474 totaling \$20,000 must be referred to **Ways and Means**. Motions carried.

A request for resolution to accept a supplement from the Federal Older Americans Act Title III-B grant for 2005 was made. It is to be used to purchase software and equipment to support and streamline data entry for NAPIS compliance regulations. Motions were made by Legislators Hall and Dibble and carried. **Ways and Means**

The monthly report was distributed.

The booklet "Medicare and You" was distributed to OFA clients. The department has received many calls regarding the prescription drug program address in the pamphlet.

Health Department

The Health Department requests a resolution to transfer monies within accounts necessary to bring these accounts back into good standing and to further meet projected expenditures. Transfers were approved with motions from Legislators Crandall and Hall. The transfer from A4010.409 to A4070.409 totaling \$4975 must be referred to **Ways and Means**.

This department also requests approval to fill a Receptionist position. The need arises from movement within the department in filling an open higher level position. This was approved with motions from Legislators Crandall and Hall. Motions carried with referral to **Ways and Means**.

Adjournment

There being no further business to come before this committee the meeting was adjourned at 5:25 pm.

Respectfully submitted,
Teresa Claypool

REFERRAL

NAME OF COMMITTEE:

Human Services

MEETING DATE:

10-12-05

TO:

Ways and Means

RE:

① Transfer between major acct

② Approval to fill Receptionist position

DATE REFERRED:

10-12-05


COMMITTEE CHAIRMAN

BY: _____

MEMORANDUM OF EXPLANATION

Intro. No: _____
(Clerk's Use Only)

COMMITTEE: Human Services Committee

DATE: October 7, 2005

The Health Department requests a resolution to transfer monies within the below listed account. These transfers are necessary to bring these accounts back into good standing and to further meet projected expenditures.

<u>Transfer from:</u>	<u>Transfer to:</u>	<u>Amount:</u>
A3645.449 – Contractual	A3645.219 – Office Equipment	\$550
A4010.409 – Fees	A4070.409 – TB Treatment	\$4,975
A4189.409 – Fees	A4189.201 – Office Equipment	\$4,500

FISCAL IMPACT: Zero. Money was allocated in the Department budget for 2005, just moving within accounts.

For further information regarding this matter, contact:

Pamela L. Cockle, Accountant - ACDOH

_____ X458

Gary W. Ogden, M.D., Public Health Director

_____ X247

MEMORANDUM – Transfer Request

From: Health Department

To: John E. Margeson, County Administrator
Terri L. Ross, County Treasurer

PLEASE MAKE THE FOLLOWING TRANSFERS:

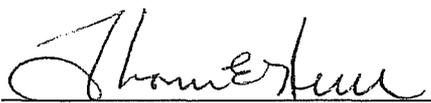
BUDGET:

<u>From Account No.</u>	<u>To Account No.</u>	<u>Amount</u>
A3645.449 – Contractual	A3645.219 – Equipment	\$550
A4010.409 – Fees	A4070.409 – TB Treatment	\$4,975
A4189.409 – Fees	A4189.201 – Office Equipment	\$4,500
	TOTAL	<u>\$10,025</u>

EXPENDITURES:

<u>Date of Check</u>	<u>Check #</u>	<u>From Account No.</u>	<u>To Account No.</u>	<u>Amount</u>
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None at this time

DEPT AUTHORIZATION: 

DATE: October 7, 2005

CO. ADMIN. AUTHORIZATION: _____

DATE: _____

COMMITTEE AUTHORIZATION: _____

DATE: _____

SUBMIT THIS FORM TO COUNTY ADMINISTRATOR TO AUTHORIZE INDIVIDUAL DEPARTMENTAL TRANSFERS OF FUNDS WITHIN ANY PERSONAL SERVICES, EQUIPMENT OR CONTRACTUAL EXPENSES APPROPRIATION ACCOUNT IN AMOUNT OF LESS THAN \$5,000 PER TRANSACTION. ALL OTHER TRANSACTIONS MUST HAVE COMMITTEE OF JURISDICTION APPROVAL.

MEMORANDUM OF EXPLANATION

Intro. No. _____
(Clerk's Use Only)

COMMITTEE: Human Services

Date: October 12, 2005

The Allegany County Department of Health requests approval to fill a Receptionist position. The need arises from movement within the department in filling an open higher level position.

- The Receptionist is responsible, for all telephone calls received by the department, and duties such as faxing, mail, sorting of all filing, OT stats, etc.

FISCAL IMPACT: Budgeted 2005 and 2006

For further information regarding this matter, contact:

Request to Fill Position

Date: 10/12/05

Committee of Jurisdiction: Human Services

I would like to fill the following position:

Title Receptionist Department Health

Will any positions be eliminated? No If yes, which one? _____

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 6 Step BASE Hourly pay rate 12.10

Annual salary of position ^{\$} 22107 Cost of benefits for position 11142

Does this position support a mandated program/grant? No

Name of program/grant? _____

Source of funding for position?

_____ % County % State _____ % Federal % Other Nursing Revenue
(Agency)

Amount in current years budget for this position _____

Reason for need to fill this position at this time?

<u>see MOE - occurring due to movement within.</u>

Department Head Signature _____

Date 10/12/05

R E F E R R A L

NAME OF COMMITTEE:

Human Services

MEETING DATE:

October 12, 2005

TO: Ways & Means

RE: Budget changes

transfers within and between budgets

DATE REFERRED: 10-12-05

Ronald Thomas
COMMITTEE CHAIRMAN

By: _____

MEMORANDUM OF EXPLANATION

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

COMMITTEE: Human Services

DATE: 10/12/2005

The Allegany County Office for the Aging requests the following transfers within and between grants.

<u>GRANT</u>	<u>FROM</u>	<u>GRANT</u>	<u>TO</u>	<u>AMOUNT</u>
III-B	A6773.101 REG PAY	III-B	A6773.402 MILEAGE	\$ 5,000.00
CSE	A6776.101 REG PAY	CSE	A6776.474 RESPITE	\$ 4,000.00
III-E	A6786.101 REG PAY	III-E	A6786.474 RESPITE	\$ 4,000.00
EISEP	A677 <u>8</u> .474 HME CRE	III-C2	A677 <u>2</u> .474 CATERER	\$20,000.00

FISCAL IMPACT: Transfer funds.

For further information regarding this matter, contact:

Kim Toot, Office for the Aging
Name and Department

268-9390
Telephone

R E F E R R A L

NAME OF COMMITTEE:

Human Services

MEETING DATE:

October 12, 2005

TO: Ways & Means

RE: Budget change

Accept Federal supplement

DATE REFERRED: _____

COMMITTEE CHAIRMAN

By: _____

MEMORANDUM OF EXPLANATION

For acceptance and budgeting of GRANTS

INTRODUCTION NO: _____

(Clerk's use only)

Committee of Jurisdiction: Human Services

Date: October 12, 2005

Explanation of Grant:

(Please attach copy of grant application and award letter and/or renewal letter with original resolution # and list any future requirements of the grant after expiration)

Resolution for Supplement received from the Federal Older Americans Act Title III-B grant for FY 2005. This supplement is to be used to purchase software and equipment to support and streamline data entry for NAPIS compliance regulations.

Please appropriate funding as follows:

Appropriations (\$2,628)

A 6773.201 Computer Software/equipment \$2,628

Revenues (\$3,000)

A 11 4772.01 Title III-B - Federal \$2,628

FISCAL IMPACT: Total grant: \$2,628
Local county share: \$ 0

Federal Grant? Yes (CFDA) Numbers
Revenue # A 11 4772.01 \$2,628 93-044

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

Grant Fiscal Year- 01/01/05 – 12/31/05

Obligation of County after grant expires: None

Major benefits of accepting this grant are: Increased federal appropriation of already accepted grant.

Department Head Signature _____



NOTIFICATION OF GRANT AWARD UNDER TITLE III-B OF THE OLDER AMERICANS ACT

Name and Address of Area Agency: Allegany County Office for the Aging 17 Court Street Belmont, NY 14813-1099	Name and Address of Sponsoring Agency/Payee Allegany County
---	--

Program Year - Beginning: 1/1/2005 Ending: 12/31/2005

Fiscal Year from which funds are awarded:	2005	Federal CFDA No. - 93.044	This award is REVISED
Section I - Cost Categories Personnel \$95,493.00 Fringe Benefits 20,025.00 Equipment 1,000.00 Travel 12,922.00 Maint. & Operations 12,562.00 Other Expenses 200.00 Subcontracts 7,600.00 <hr/> Approved Costs \$149,802.00 Less: Anticipated Income 7,500.00 <hr/> Net Cost <u>\$142,302.00</u>	Section II - Grantee Budget - Federal and Matching Funds: 1. Federal Share (see remark 1) \$62,294.00 2. Combined matching Share A. In-Kind \$0.00 B. Cash 80,008.00 <hr/> 3. Net Cost \$142,302.00	Section III - Federal Funds Ceiling A. Carryover \$3,000.00 B. Base Allocation 59,294.00 C. III-C-1 Transfer 0.00 D. III-C-2 Transfer 0.00 E. Supplement 2,628.00 <hr/> * Federal Funds Ceiling \$64,922.00 (see remark 1)	

Remarks: In addition to the conditions contained in the Four Year Plan, Annual Implementation Plan and Application for Funding, the conditions checked below apply to this award:

1. Federal reimbursement is limited to the higher of the "Federal Share" in Section II or the "Federal Funds Ceiling" in Section III of this award notice.

2. Receipt of federal funds (either through advance or reimbursement) does not constitute earning of these funds. The federal share of the project cost is earned only when allowable costs have been incurred and paid; and the non-federal share of the costs has been contributed.

3. The federal share will not exceed 75% of the cost of Area Agency Administrative Activities and the federal share will not exceed 90% of the cost of Supportive Services.

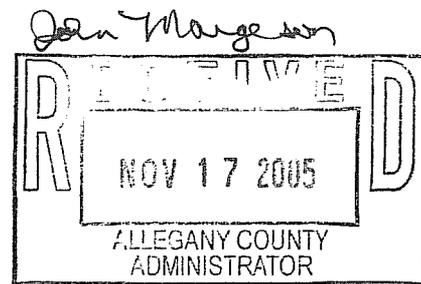
4. Federal funds carried over from the prior year are estimated. Actual carryover depends on prior year closeout and will be confirmed upon closeout.

5. This award authorizes the payment of advances only. The award is conditional upon the approval of the Annual Implementation Plan and application referenced above, and the initial advance must be repaid if such plan and application do not receive final approval after appropriate modifications, if any.

Name and Title of Authorizing Official:	Signature: 	Date:
Neal E. Lane, Director		September 26, 2005

NOT
APPROVED

HUMAN SERVICES COMMITTEE
MINUTES
NOVEMBER 14, 2005



Present: R. Truax, Wm. Dibble, R. Sobeck, Wm. Hall, P. Regan, C. Crandall, J. Palmer

Others: P. Schmelzer, G. Ogden, J. Margeson

Chairman Truax called the meeting to order at 4:15 p.m.

Commissioner Schmelzer informed the committee of her desire to not renew the Department of Social Services contract with MTM Transportation services when the contract expires on December 31, 2005. MTM provides transportation services for Medicaid recipients and has advised their fee for this service could increase from the current level of \$54,000 per month to a potential high of \$75,000 per month in 2006. Ms. Schmelzer indicated her belief that cost savings could be achieved by coordinating the delivery of these services within the department, though in order to do so, two positions of employment would need to be created; those being one Accountant and one Account Clerk/Typist. The County Administrator expressed his opinion that performing the coordination of this service in-house could save between \$100,000 and \$150,000 per year.

The salary expense for both new positions is 100% reimbursed by Federal and State Aid.

On motion of Wm. Dibble, seconded by Wm. Hall and carried unanimously, the committee approved the preparation of a resolution to create one (1) Accountant and one (1) Account Clerk/Typist in the Department of Social Services.

PREPARE A RESOLUTION

Dr. Ogden requested a resolution transferring a total of \$8,300 from various contractual accounts in A4051. to A4010.101 Nursing – Regular Pay. On motion of Wm. Dibble, seconded by P. Regan and carried, the committee authorized the resolution.

PREPARE A RESOLUTION

Dr. Ogden requested a resolution to accept \$5,031 from the NYS Department of Health – Reproductive Health Services to be appropriated to A4035.201 Equipment (\$3,950) and A4035.408 Medical Supplies (\$1,081). Motion to accept and present resolution made by Wm. Dibble, seconded by Wm. Hall and carried.

PREPARE A RESOLUTION

Dr. Ogden requested a resolution authorizing the Chairman of the Board of Legislators to sign agreements with the Cattaraugus-Allegany BOCES, Pathways, Inc. and the Scrabbleville League for the Handicapped, Inc. for services for preschoolers with

disabilities for the period September 1, 2005 through August 31, 2006. Resolution was approved on motion of Wm. Dibble, seconded by P. Regan.

PREPARE A RESOLUTION

On motion of Wm. Dibble, seconded by C. Crandall the committee went into executive session to discuss the terms and conditions of a potential Lease of real property by the County. The committee exited executive session on motion of Wm. Hall, seconded by P. Regan.

On motion of Wm. Dibble, seconded by P. Regan and carried unanimously, the committee approved the terms and conditions of a Lease between the County and Timothy Hainey, 74 Scott Avenue, Wellsville, New York for the former New York State Police Barracks on State Route 417 in the Town of Wellsville. The Terms and Conditions were negotiated by the County Administrator. The County Attorney is directed to finalize the language of the Lease and prepare a resolution for acceptance.

If approved by the Board of Legislators, the leased premises will house the W.I.C. Program, the Early Intervention Program and will replace the current leased premises in Wellsville which houses Family Planning Services.

Committee adjourned at 4:45 p.m.

MEMORANDUM OF EXPLANATION

Intro. No. _____
(Clerk's Use Only)

COMMITTEE: Human Services

DATE: 11/14/05

Resolution creates one position of Accountant and one position of Account Clerk/Typist in the Department of Social Services for the purpose of administering the county-wide Medicaid recipient Transportation Program.

Since 2003, this program has been administered through a contract with Medical Transportation Management, Inc. headquartered in the State of Missouri. This contract will expire on December 31, 2005 and if continued would increase substantially. Currently, the County pays \$54,000 per month for the service. It is the opinion of the D.S.S. Commissioner and the County Administrator that substantial savings of between \$100,000 and \$150,000 per year could be achieved by administering this program internally. However, to do so it is necessary to hire two additional staff members whose responsibility it will be to administer and manage this program. Combined State and Federal aid will fully off-set the cost of salaries and fringe benefits.

FISCAL IMPACT: \$100,000 savings in Medical Transportation expense

For further information regarding this matter, contact:

Patricia Schmelzer
Name and Department

268-9303
Telephone Number

MEMORANDUM OF EXPLANATION

Intro. No: _____
(Clerk's Use Only)

COMMITTEE: Human Services Committee

DATE: November 9, 2005

The Health Department requests a resolution accepting an additional \$5,031 from NYS Department of Health for Family Planning/Women's Reproductive Health Services provided to residents of Allegany County. This money represents one time Legalastive add-on and TANF funding from the NYS DOH and must be expended by December 31, 2005. The 2005 Budget should be amended with funding being appropriated as follows:

A4035.201 – Office Equipment \$3,950

A4035.408 – General Medical Supplies/Contraceptives \$1,081

Revenue: A10.3450.00 State Aid/Family Planning Clinics \$5,031

FISCAL IMPACT: NO IMPACT ON COUNTY DOLLARS.

For further information regarding this matter, contact:

Pamela L. Cockle, Accountant - ACDOH _____ X458

Gary W. Ogden, M.D., Public Health Director _____ X247

MEMORANDUM OF EXPLANATION

For application or acceptance and budgeting of GRANTS

INTRODUCTION NO: _____

(Clerk's use only)

Committee of Jurisdiction: Human Services

Date: November 9, 2005

Explanation of Grant:

(please attach award letter and/or renewal letter with original resolution # and list any future requirements of the grant after expiration)

The Health Department requests a resolution accepting an additional \$5,031 from NYS Department of Health for Family Planning/Women's Reproductive Health Services provided to residents of Allegany County. This money represents one time Legalastive add-on and TANF funding from the NYS DOH and must be expended by December 31, 2005.

FISCAL IMPACT: Total grant: \$5,031

Local county share: \$ -0-

State Grant? XX Revenue # A10.3450.00 \$ 5,031

Federal Grant? ___ Revenue # _____ \$ _____

if Federal, please list Federal Catalog of Federal Domestic Assistance (CFDA) number _____ - _____

Appropriation breakdown?	# <u>4035.201</u>	\$ <u>3,950</u>
	# <u>4035.408</u>	\$ <u>1,081</u>
	# _____	\$ _____

Please contact County Treasurer for new account numbers for any new grants.

For further information regarding this matter please contact:

 Gary Ogden, MD x247 or Pam Cockle, Accountant x458

MEMORANDUM OF EXPLANATION

Intro. No: _____
(Clerk's Use Only)

COMMITTEE: Human Services Committee

DATE: October 26, 2005

The Health Department requests permission to transfer funding totaling \$8,300 from 4051.4 to 4010.101. This transfer is being requested to use grant money to offset personnel costs associated with the program.

<u>Transfer from:</u>	<u>Transfer to:</u>	<u>Amount:</u>
4051.402 - Mileage	4010.101 - Reg. Pay	\$450
4051.405 - Conference	4010.101 - Reg. Pay	\$450
4051.408 - General Supplies	4010.101 - Reg. Pay	\$250
4051.409 - Fees	4010.101 - Reg. Pay	\$3,400
4051.419 - Printing	4010.101 - Reg. Pay	\$500
4051.424 - Legal Notices	4010.101 - Reg. Pay	\$250
4051.462 - Advertising	4010.101 - Reg. Pay	\$3,000
	TOTAL	<u>\$8,300</u>

FISCAL IMPACT: Zero. Money was allocated in the Department budget for 2005.

For further information regarding this matter, contact:

Pamela L. Cockle, Accountant - ACDOH

_____ X458

Gary W. Ogden, M.D., Public Health Director

_____ X247

MEMORANDUM OF EXPLANATION

Intro. No. _____
(Clerk's Use Only)

COMMITTEE: Human Services Committee

Date: November 9, 2005

The Health Department requests a resolution for the approval of Agreements for Approved Providers of Programs, SEIT and/or Evaluations for Preschoolers with Disabilities for the period of September 1, 2005 through August 31, 2006 for the following:

Cattaraugus-Allegany Board of Cooperative Educational Services
Pathways, Inc.
Springville League for the Handicapped, Inc.

FISCAL IMPACT: Dependent on Services Indicated

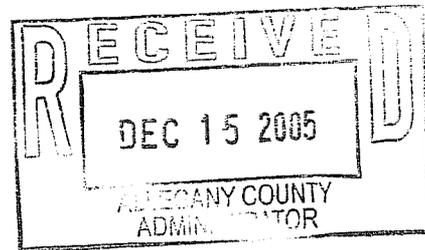
For further information regarding this matter, contact:

Gary W. Ogden, MD, Public Health Director

X247

**NOT
APPROVED**

**HUMAN SERVICES
MINUTES
DECEMBER 12, 2005**



Present: R. Truax, Wm. Hall, Wm. Dibble, R. Sobeck, C. Crandall, G. Ogden, J. Margeson

Chairman Truax called the meeting to order at 3:00 p.m.

On motion of Wm. Hall, seconded by Wm. Dibble and carried the committee approved the preparation of a resolution to appoint the following individuals to the Community Services Board:

<u>Name</u>	<u>Address</u>	<u>Term</u>
Cathy Freytag	7416 Park Drive, Houghton, New York	12-27-05 to 12-31-05
Judith Samber	21 High Street, Alfred, New York	01-01-06 to 12-31-09
Ronald Truax	3335 State Route 305, Cuba, New York	01-01-06 to 12-31-09
Kathryn Guiney	249 North Main Street, Wellsville, NY	01-01-06 to 12-31-09

PREPARE A RESOLUTION

Dr. Ogden advised the committee of his desire to enter into a contract with McGuinness & Company for acquisition of computer software to perform data processing and claims submissions for the 3-5 Pre-Kindergarten Special Education Program. The County Attorney has reviewed the contract and approved it as to form.

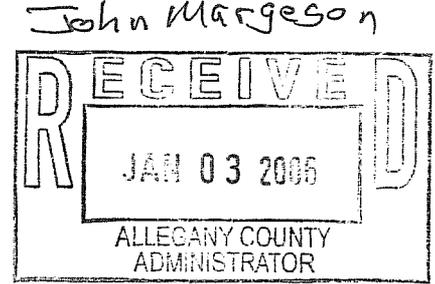
Motion to approve by Wm. Hall, seconded by Wm. Dibble and carried.

PREPARE A RESOLUTION

Meeting was adjourned at 3:20 p.m.

**NOT
APPROVED**

**HUMAN SERVICES COMMITTEE
MINUTES
DECEMBER 27, 2005**



Present: R. Truax, R. Sobeck, C. Crandall, Wm. Dibble, Wm. Hall, P. Regan

Chairman Truax called the meeting to order at 3:15 p.m.

Kimberley Toot, Director of the Office for the Aging has granted an employee a leave of absence and is seeking committee support for the hiring of a temporary employee for a period not to exceed 180 days.

Permission to hire was granted on motion of Wm. Dibble, seconded by Wm. Hall and carried unanimously.

Meeting adjourned at 3:25 p.m.