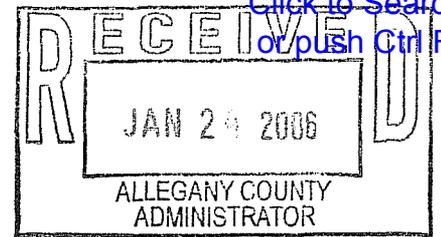


**NOT
APPROVED**

HUMAN SERVICE COMMITTEE
January 23, 2006



Committee Members Present

R. Truax, W. Dibble, D. Pullen, D. Russo, D. Burdick, K. Kruger

Others Present

K. Toot, P. Schmelzer, G. Ogden, MD, J. Margeson, C. Crandall

Approval of Minutes

The minutes of December 12 and December 27, 2005 were approved with motions from Legislators Dibble and Russo. Motions carried.

Office for the Aging

The Department's monthly report was distributed and briefly explained to the committee. It was noted that the meal programs are the largest programs in this office with total meals for 2005 equaling \$118,114. Also pointed out was the department's vehicle listing showing two vehicles with approximately 150,000. A replacement will be requested. Also distributed, was a spreadsheet of the department's budget.

Social Services

The Department's monthly report was distributed giving explanation of the different acronyms addressed.

A request to increase the foster care rates was submitted. These rates have not been adjusted since 1994. There are different levels of care with family foster care the least costly. By increasing the rates it is hoped that more family foster care homes will be available eventually lowering the expense to the county. Legislators Dibble and Russo made the appropriate motions to approve the increases. Motions carried. **Resolution**

Commissioner Schmelzer requested permission to fill two vacant position due to leaves. (1 Caseworker, 1 Social Welfare Examiner). After considerable discussion, Legislator Dibble made a motion approving the request, with Legislator Pullen seconding. Motion carried, with Legislator Kruger opposing.

The Department of Social Services requests permission to create and fill a full time Registered Professional Nurse (Social Services) position. This individual would be doing assessments through the long term care program, evaluating physicians reports, employment medical reports, etc. After lengthy discussion, Legislator Crandall moved to approve the creation of a Part Time Registered Nurse position, 3 days/week, contingent upon continued funding.

Legislator Dibble seconded this motion and the motion carried, with Legislator Kruger voting no. ***Refer to Personnel Committee.***

Health Department

The Department's Director, Gary W. Ogden, MD had no business that required committee action this date. He congratulated the newest committee members, and stated that the department would be holding some information sessions for the legislature in the near future.

Other Business

Approval for the following appointments were requested:

- 1) David T. Pullen to the Citizens Advisory Council to the Office for the Aging, Legislator Kruger and Burdick made appropriate motions. Motions carried.
- 2) Nancy Rouse, Maurice Rucker, Karen Stroud, Robert Riber to the Citizens Advisory County for three-year terms, Legislator Dibble and Pullen made appropriate motions. Motions carried.
- 3) Faith A. Stewart to the Community Services Board. Legislator Pullen and Russo made motions. Motions carried.

Resolutions should be prepared for each of the above appointments.

The Ways and Means Committee requested a resolution to transfer \$37,851 from Contingency to the Health Nurses – Personnel Services account to cover the salary of one Public Health Nurse position that was never eliminated, but the funds were deducted from the Department's budget. Legislator Dibble made the motion to approve the transfer, with Legislator Pullen seconding. Motions carried. ***Resolution.***

Adjournment

There being no further business to come before this committee, the meeting was adjourned at 5:30 pm.

Respectfully submitted,
Teresa Claypool

Referral

To: Human Services Committee

From: Ways and Means Committee

Date: January 9, 2006

The Ways and Means Committee requested a resolution to transfer \$37,851 from Contingency to the Health Nurses – Personnel Services account to cover the salary of one Public Health Nursing position that was never eliminated.

The Ways and Means Committee is requesting that the Human Services Committee review the decision to not cut a position and make a recommendation to continue the full time position or eliminate one position as was originally proposed.

MEMORANDUM OF EXPLANATION

Intro No. _____
(Clerk's Use Only)

COMMITTEE: Human Services Committee

Date: January 23, 2006

The Allegany County Department of Social Services is requesting an increase in foster care rates. Rates have not been adjusted since 1994.

	<u>Current rates</u>	<u>Pre- Training</u>	<u>Post-Training</u>
0-5 yrs.	8.22	12.87	14.37
6-11 yrs.	9.86	15.79	17.29
12 +	11.51	18.52	20.02

There are several levels of care for foster children: family foster care, therapeutic foster care, group homes, and child care institutions. Family foster care is by far, the least costly. Therapeutic care, the next level, costs \$33 to \$35 per day.

Of the children currently in care, 16 of 87 are in family foster care. If more children were in family foster care, the county would lower the cost of care. Having a more reasonable yet competitive rate will hopefully promote better recruitment and retention of our foster homes.

FISCAL IMPACT: \$18,575 per year local share. This money has been budgeted in the 2006 budget.

For further information regarding this matter, contact:

Patricia Schmelzer, Commissioner
Allegany County Department of Social Services

268-9303

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 December 2005 Year-to-date 1/01/05 – 12/31/05

TOTAL PEOPLE AGE 60+	1810	PERCENT OF TOTAL
LOW INCOME	1088	60%
LOW INCOME MINORITY	9	.5%
FRAIL/DISABLED	965	53%
AGE 75-84	653	36%
AGE 85+	481	26%
LIVES ALONE	984	54%
VETERAN	210	12%

UNITS OF SERVICE

SERVICES PROVIDED	NO. PEOPLE	SERVICE THIS MONTH	PREVIOUS MONTH	SAME MONTH LAST YEAR	TOTAL 2005
HOMEMAKING/PERSONAL CARE	61	323	301	242	3,144
HOUSEKEEPING/CHORE	85	661	640	469	6,248
CASE MANAGEMENT	102	93	96	144	1,280
NUTRITION COUNSELING	16	0	1	1	19
TRANSPORTATION	136	296	257	281	3,252
INFORMATION AND ASSISTANCE	1554	958	912	691	11,982
OUTREACH	11	10	13	8	148
IN-HOME CONTACT & SUPPORT	249	86	80	325	1,741
PERSONAL EMERG. RESPONSE	103	87	82	25	851
CAREGIVER SERVICES	68	2	2	10	88
LEGAL SERVICES	18	9	12	60	71
LTC OMBUDSMAN	185	93	82	21	837
OTHER (HEAP, HOME REPAIR)	577	414	207	360	1,589
MEALS-ON-WHEELS	619	8201	7246	7779	95,849
CONGREGATE MEALS	444	1774	1713	1947	21,140
BLIZZARD BOXES		1,125		TOTAL MEALS	118,114

PROGRAMS PROVIDED – December 2005

- x • Medicare Part D program - inservice for DSS, Council of Agencies
- ✓ • HEAP
 - Bone Builders program – 11 locations
 - Nutrition Education Program – How to Eat More Whole Grains, Friendship
 - Power Your Memory (Alzheimer's Association)- Fillmore, Wellsville
 - Energy Saving, Tips – Fillmore, Whitesville, Cuba
 - Two caregiver support groups – Belmont, Wellsville
 - White House Conference on Aging

Telephone Calls this month – 2052
 Average calls per month - 1500 *

NUTRITION PROGRAM

MONTHLY REPORTS

MEAL TOTALS AND CONTRIBUTIONS FOR: DECEMBER 2006

	Monthly Totals	Annual (Jan-Jan)	SNAP YTD
TOTAL CONGREGATE MEALS	1,774	20,126	
TOTAL SPECIAL EVENTS	0	1,014	
TOTAL III C-2 MOBILE MEALS	4,543	44,272	
TOTAL SNAP MOBILE MEALS	3,247	47,608	35,879
TOTAL LONG TERM CARE	390	3,643	
TOTAL PRIVATE PAY MEALS	21	326	
TOTAL SPECIAL GRANT	0	0	
TOTAL HOME DELIVERED	8,201	95,849	
TOTAL MEALS	9,975	116,989	

Blizzard Box Meals 1,125
118,114

CONGREGATE SITES & MONTHLY MEAL TOTALS	Total Meals	Total Days	Average Meal/Day	Total Contributions	Average Contribution
ALFRED	193	11	18	400.81	2.08
BELMONT	228	9	25	495.50	2.17
BOLIVAR	156	11	14	364.50	2.34
CANASERAGA	110	9	12	200.75	1.83
CUBA	238	15	16	517.00	2.17
FILLMORE	206	8	26	407.02	1.98
FRIENDSHIP	119	9	13	230.16	1.93
WELLSVILLE	398	17	23	783.45	1.97
WHITESVILLE	126	10	13	308.50	2.45
SNAP MOBILE MEALS	3,247	21	155	4,801.75	1.48
III C-2 MOBILE MEALS	4,543	21	216	6,610.70	1.46
TOTAL CONGREGATE MEALS	1,774	21	84	3,707.69	2.09
TOTAL LTC MEALS	390	21	19	2,067.00	5.30
TOTAL PRIVATE PAY MEALS	21	21	1	95.00	4.52
TOTAL SPECIAL GRANT	0	21	0	0.00	0.00
TOTAL HDM MEALS (w/o LTC, Private Pay & Special Grant)	7,790	21	371	11,412.45	1.47
TOTAL HDM MEALS (ALL)	8,201	21	391	13,574.45	1.66
SPECIAL EVENTS	0	21	0	0.00	0.00
BLIZZARD BOX MEALS	0	0	0	0.00	0.00
TOTAL MEALS (w/o LTC, Private Pay & Special Grant)	9,564	21	455	15,120.14	1.58
GRAND TOTAL All MEALS	9,975	21	475	17,282.14	1.73

BLIZZARD BOX CONTRIBUTIONS \$227.00

MEAL TOTALS AND CONTRIBUTIONS FOR: DECEMBER 2006

MOBILE MEAL ROUTES	Total Meals	LTC Meals	Private Pay Meals	C-2/SNAP Meals	Total Days	Average Meal/Day	Private Pay Contributions	Contributions	
								(w/o LTC, Private Pay & Special)	Average Contributions
ALFRED	351	0	0	351	21	17	0.00	533.00	1.52
ALLENTOWN	195	0	0	195	21	9	0.00	70.00	0.36
ALMOND	173	0	0	173	21	8	0.00	355.00	2.05
ANDOVER	695	89	0	606	21	33	0.00	998.25	1.65
ANGELICA	412	60	0	352	21	20	0.00	432.50	1.23
BELFAST	251	12	0	239	21	12	0.00	380.15	1.59
BOLIVAR	595	0	21	574	21	28	95.00	917.50	1.60
CANASERAGA	451	0	0	451	21	21	0.00	625.50	1.39
COLONY APARTMENTS	152	0	0	152	21	7	0.00	160.00	1.05
COUNTRY ESTATES	471	37	0	434	21	22	0.00	264.55	0.61
CUBA	516	42	0	474	21	25	0.00	697.50	1.47
FILLMORE	581	36	0	545	21	28	0.00	845.00	1.55
FRIENDSHIP	414	62	0	352	21	20	0.00	435.00	1.24
HOUGHTON	148	0	0	148	21	7	0.00	340.00	2.30
JONES VOLUNTEER	448	0	0	448	21	21	0.00	617.50	1.38
MAPLE	182	31	0	151	21	9	0.00	300.50	1.99
NORTHWEST	377	0	0	377	21	18	0.00	652.50	1.73
SCIO	123	0	0	123	21	6	0.00	187.50	1.52
WELLSVILLE	696	21	0	675	21	33	0.00	1,104.50	1.64
WELLSVILLE VOLUNTEER	493	0	0	493	21	23	0.00	663.00	1.34
WHITESVILLE	477	0	0	477	21	23	0.00	738.00	1.55
PAID DRIVER ROUTES	4,637	208	21	4,408	21	221	95.00	6,849.25	1.54
VOLUNTEER DRIVER ROUTES	3,564	182	21	3,361	21	170	95.00	4,468.20	1.41
TOTAL	8,201	390	21	7,790	21	391	\$95.00	\$11,317.45	\$1.46
								Private Pay Contributions	\$95.00
								LTC Reimbursement	\$2,067.00
								Total MOW Contributions	\$13,479.45



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

PATRICIA SCHMELZER
Commissioner

MONTHLY REPORT TO THE HUMAN SERVICES COMMITTEE

Submitted January 23, 2006

	December, 2005	November, 2005	December, 2004
Temporary Assistance Cases	489	478	512
TANF	292	282	303
CAP	5	5	7
Safety Net Singles	158	157	168
Safety Net Families	34	34	34
Non-FA Medicaid	4,032	4,076	3,840
Family Health Plus	706	705	750
Food Stamps Only	1,975	1,952	1,858
Child Care Only	137	146	166
Child Protective Services			
Hotline Calls	45	79	69
Total Active Cases	227	254	322
Foster Care & Adoption Services			
Total number children in care	87	86	74
Preventive Services			
Total number receiving services	83	78	70
Adult Protective/Preventive Services			
Open Cases	28	37	27
Home Care & Related Services			
Personal Care Cases	101	103	105
Other (Care at Home/Private Duty)	9	5	unavailable
Long Term Care Cases*	41	41	unavailable
CDPAP Cases	23	23	21

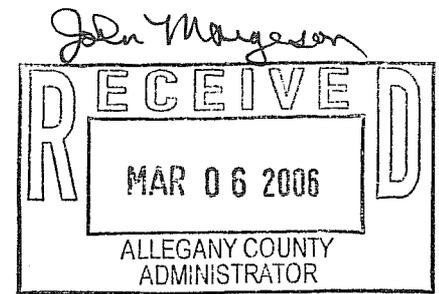
* Estimated - Long Term Care case figures unavailable from ACDoH.

Respectfully Submitted,

Patricia Schmelzer
Commissioner

**NOT
APPROVED**

HUMAN SERVICES COMMITTEE
February 27, 2006



Committee Members Present

R. Truax, W. Dibble, D. Pullen, D. Russo, D. Burdick, K. Kruger

Other Present

K. Toot, P. Schmelzer, D. Horan, V. Fegley, R. Scott, G. Ogden, MD, J. Margeson

Approval of Minutes

The minutes of January 23rd were approved as amended below with motions from Legislators Dibble and Kruger. Motions carried.

The Department of Social Services requests permission to create and fill a full time Registered Professional Nurse (Social Services) position.....added to paragraph: *"This position had to be removed from the Health Department and be employed by DSS to obtain the appropriate funding, which includes no local share, including benefits."*

Health Department

The Department of Health requests permission to accept funding in the amount of \$8,700 through the Susan G. Komen Breast Cancer Foundation. This is a new grant with funding being used to enhance the current services under the Cancer Screening programs. There is no local share. Legislators Dibble and Burdick moved on the request. Motions carried. ***Refer to Ways and Means.***

Social Services

Commissioner Schmelzer presented the department's monthly report. She also introduced her senior staff, Vicki Fegley, Deputy Commissioner Services, Rose Scott, Director Temporary Assistance, and Donald Horan, Director of Administrative Services. She also reported information pertaining some of the department's programs with the new "Medicaid CAP" paid through weekly shares.

The Department of Social Services is requesting permission to fill a vacancy for Senior Caseworker in Child Protective Services, and any vacancies that may occur as a result of filling the Senior Caseworker position. In 2005, there were 715 CPS reports, 7 workers, averaging 102 cases per worker. The position exists in the department for 2006 with funding 50% Federal, 25% State, and 25% local. Legislator Pullen moved on the request, with Legislator Dibble seconding. Motions carried with ***referral to Ways and Means.***

The Department also requests approval to upgrade two positions of Community Service Worker to Labor Grade 11 from Grade 10. This is being requested to accommodate redistribution of job duties. The local cost totals \$346.

Commissioner Schmelzer requests approval to accept a settlement of \$78,346 from the State. This money comes from the closing of State mental institutions, where clients were put into the communities. The State continued to be financially responsible and this money would settle any cost incurred by the Department of Social Services. This has been discussed with the County Attorney as well as the contracted attorney, who both recommend acceptance of the settlement. Legislator Dibble and Russo moved on the request, and the motions carried.

An informal request was made for use of vacated work space in the County Office Building upon the opening of the new jail.

Office for the Aging

This office requests transfers within the LTCIEOP budget from .4 to .2 accounts totaling \$2500. This is 100% State funded. Legislators Dibble and Russo made motions. Carried.

The Department's monthly report was presented. It was noted that calls due to Medicare's Prescription Drug program is settling down. A report on the Nutrition Program was also provided.

Mary Gardner-Ruch is representing Kim Toot and providing "testimony" to the Commission Health Care Facilities in the 21st Century on the long term care needs of the elderly in Allegany County. This testimony was given to committee members.

Other Business

The Community Services Board requests the Human Services Committee to appoint Brent L. Reynolds to the Community Services Board for the remainder of a four year term beginning immediately and expiring December 31, 2008. A motion was made by Legislator Dibble and seconded by Legislator Kruger for this appointment. Motions carried. **Resolution**

Executive Session

A motion was made by Legislator Kruger, seconded by Legislator Burdick and carried to enter into executive session to discuss matters regarding the employment of an individual in the Office for the Aging. Motions carried.

Respectfully submitted,
Teresa Claypool

MEMORANDUM OF EXPLANATION

For application or acceptance and budgeting of GRANTS

INTRODUCTION NO: _____

(Clerk's use only)

Committee of Jurisdiction: Human Services

Date: February 23, 2006

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 permission to accept funding in the amount of \$8,700 through the Susan G. Komen Breast Cancer Foundation. This is a new grant with funding being used to enhance our current services under our Cancer Screening programs (education, screenings, and treatment). Term of this contract is April 1, 2006 – March 31, 2007.

FISCAL IMPACT: Total grant: \$8,700

Local county share: \$ -0-

State Grant? XX Revenue # A08.2705.4071 \$ 8,700

Federal Grant? Revenue # _____ \$ _____

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

Appropriation breakdown?	# <u>4071.405</u>	<u>\$2,100</u>
	# <u>4071.407</u>	<u>\$500</u>
	# <u>4071.408</u>	<u>\$3,300</u>
	# <u>4071.415</u>	<u>\$500</u>
	# <u>4071.421</u>	<u>\$300</u>
	# <u>4071.422</u>	<u>\$1,000</u>
	# <u>4071.462</u>	<u>\$1,000</u>

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

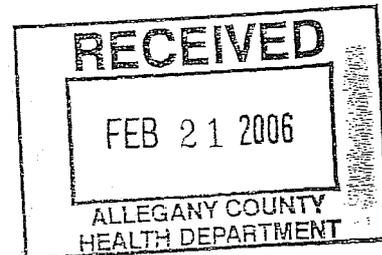
For further information regarding this matter please contact:

Gary Ogden, MD x247 or Pam Cockle, Accountant x458



The Susan G. Komen
Breast Cancer Foundation

WESTERN NEW YORK AFFILIATE



February 17, 2006

Ms. Theresa K. Moore
Allegany County Dept of Health
7 Court Street
Belmont, New York 14843

RE: "Komen Kares - Breast Cancer Support Services"

Dear Ms. Moore:

We are pleased to inform you that your grant application, entitled "Komen Kares - Breast Cancer Support Services," will be funded by the Western New York Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. Your grant application was recommended for funding at \$8,700 for the period April 1, 2006 - March 31, 2007.

The Komen Foundation's mission is to eradicate breast cancer as a life-threatening disease by advancing research, education, screening, and treatment. We feel that your project will contribute to our mission.

Two copies of the grant contract are enclosed. Please thoroughly review the contract and return both signed copies to the foundation at:

WNY Komen Foundation
PO Box 5172
Buffalo, NY 14240-5172

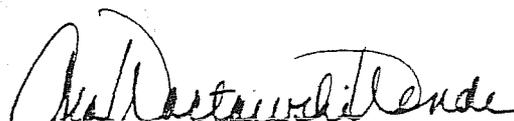
One signed copy will be returned to you, along with your the first half of your grant monies - \$4,350.

A press release announcing Komen WNY's slate of local grants will be sent to you shortly. We encourage you to publicize your grant award. Congratulations on submitting an outstanding grant application.

Sincerely,

Susan G. Komen
Breast Cancer Foundation
Western New York Affiliate
P.O. Box 5172
Buffalo, NY 14240
(716) 504-5508
www.komenwny.org


Christine Ambrosone, PhD
Grants Committee Co-chair


Jean Wactawski-Wende, PhD
Grants Committee Co-chair

Encl.

MEMORANDUM OF EXPLANATION

Intro No. _____
(Clerk's Use Only)

COMMITTEE: Human Services Committee

Date: February 27, 2006

The Allegany County Department of Social Services is requesting permission to upgrade two positions of Community Service Worker to Labor Grade 11 from Labor Grade 10. This is being requested to accommodate redistribution of job duties. See attached.

FISCAL IMPACT: 50% Federal Share, 25% State Share, 25% Local Share
Local cost - \$346

For further information regarding this matter, contact:

Patricia Schmelzer, Commissioner
Allegany County Department of Social Services

268-9303

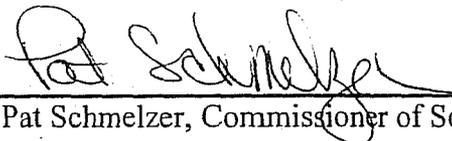
MEMORANDUM OF UNDERSTANDING
Tuesday, February 21, 2006

As a result of good faith negotiations the following agreement has been reached between Allegany County and AFSCME Local #2574:

Community Service Worker Grade 10 will be upgraded to Grade 11 with the addition of IV-E eligibility (currently being done by social welfare examiner) added to the job duties. There will be no other job duties associated with social welfare examiner assigned to this position without further negotiation.

Portions of the financial management duties will be reassigned to the Sr. Account Clerk Typist position. There will be no other job duties associated with Community Service Worker reassigned without further negotiation.

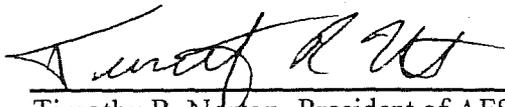
This agreement is without prejudice or precedent and any such changes in job duties in the future must be negotiated with the union local.



Pat Schmelzer, Commissioner of Social Services



Ellen Ruckle, Human Resource Director



Timothy R. Norton, President of AFSCME Local #2574

MEMORANDUM OF EXPLANATION

Intro No. _____
(Clerk's Use Only)

COMMITTEE: Human Services Committee

Date: February 27, 2006

The Allegany County Department of Social Services is requesting permission to fill a vacancy for Senior Caseworker in Child Protective Services, and any vacancies that may occur as a result of filling the Senior Caseworker position.

Safety of children is of paramount importance to the department, and is most critical in our child protection unit. Section 423 of the social Services Law states in part C: The child protective service shall have a sufficient staff or sufficient qualifications to fulfill the purposes of this title and be organized in such a way as to maximize the continuity of responsibility, care and services of individual workers toward children and families.

2001 – 712 CPS reports, 6 workers, average 119 per worker
2002 – 813 CPS reports, 6 workers, average 135 per worker
2003 - 718 CPS reports, 7 workers, average 103 per worker
2004 – 728 CPS reports, 7 workers, average 104 per worker
2005 – 715 CPS reports, 7 workers, average 102 per worker

Indication rates average 25%-30%

Reduced overdue rate from 60% to 20%

FISCAL IMPACT: 50% Federal Share, 25% State Share, 25% Local Share
\$9276 Salary, \$4686 Fringe
Existing position, already included in 2006 budget.

For further information regarding this matter, contact:

Patricia Schmelzer, Commissioner
Allegany County Department of Social Services

268-9303

MEMORANDUM OF EXPLANATION

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

COMMITTEE: Human Services

DATE: February 27, 2006

The Allegany County Office for the Aging requests the following transfers within the LTCIEOP budget (Account #A6780).

<u>FROM</u>	<u>TO</u>	<u>AMOUNT</u>
A6780.409 FEES	A6780.201 EQUIPMENT	\$ 1,000.00
A6780.419 PRINTING	A6780.201 EQUIPMENT	\$ 1,500.00

FISCAL IMPACT: Transfer funds.

For further information regarding this matter, contact:

Kim Toot. Office for the Aging
Name and Department

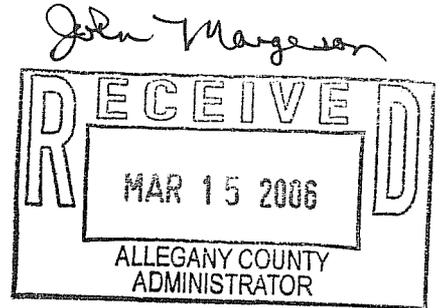
268-9390
Telephone

**NOT
APPROVED**

HUMAN SERVICES COMMITTEE

SPECIAL MEETING

Minutes of March 13, 2006



Committee Members Present

W. Dibble, D. Burdick, K. Kruger, D. Pullen, C. Crandall

Request to Fill Nurse Practitioner Position

Public Health Director Gary Ogden requested approval to fill the vacant Family Planning Nurse Practitioner position (NYSNA Union). The vacancy was created by the resignation of the current Nurse Practitioner effective March 2, 2006 to accept a position elsewhere. The position is required under our current grant/contract with the NYS DOH Bureau of Women's Reproductive Health under the Family Planning Program. The request was approved on a motion by Pullen, seconded by Burdick and carried. **Ways & Means approved this action at an earlier meeting today.**

Adjournment

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

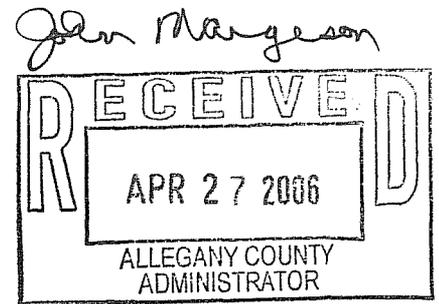
Respectfully submitted,

Brenda Rigby Riehle, Clerk of the Board
Allegany County Board of Legislators

**NOT
APPROVED**

HUMAN SERVICE COMMITTEE

April 24, 2006



Committee Members Present

R. Truax, W. Dibble, D. Pullen, D. Burdick, K. Kruger

Others Present

K. Toot, P. Schmelzer, G. Ogden, MD, J. Margeson, C. Crandall, G. Benson

Approval of Minutes

The minutes of March 27, 2006 were approved with motions from Legislator Dibble and Burdick. Motions carried.

Community Services

Dr. Robert Anderson invited committee members, as well as any other legislator, to visit the facilities operating under Community Services (July was suggested), and to introduce him self and meet the newest committee members. Dr. Anderson stated that the Community Services budget is less than any other agency in the State.

It was noted that May was Mental Health month.

Social Services

The Department's monthly report was provided, noting hotline calls up for the month.

A participation rate calculation sheet for those agencies required to use TANF and other monies was provided to the committee. There are only 10 counties that meet the State rate, with Allegany County being one. This could mean that Allegany County will receive incentive monies. If the States percentage is not met, TANF monies could be affected.

A brochure was provided that included the department's "mission statement".

Health Department

A copy of the department's five-year plan was provided. Also provided was a comparison sheet that is looking at the department's patient visits, overtime, office, and travel time.

Dr. Ogden would like the Human Services Committee and the Board of Health to get together in the near future, as well as other organizations the Department is involved with.

It was noted that the State approved an additional \$100,000 in Article 6 Base Grant funding. (\$450 - \$550,000); with Optional Services going from 30% reimbursement to 36%.

Office for the Aging

The department's monthly report, as well as, a service brochure including the mission statement was provided.

The calls being received in reference to Medicare D are not slowing down. The EPIC program is assigning individuals to a Medicare prescription program and then notifying them after the fact. Telephone calls are up 13%.

Ms. Toot provided a handout to the committee entitled "Restructuring Long Term Care in New York State". The State hopes to restructure Long Term Care by expanding and improving insurance options, creating a single point of entry, changing Medicaid eligibility requirements, rightsizing residential health care facilities, and restructuring the "mega waiver". This waiver will include existing Department of Health waiver programs with Medicaid LTC State Plan services such as personal care, and private duty nursing. The single point of entry is something that has been worked on in the past. The OFA and other agencies are holding meetings discussing the single point of entry as well as the issues in restructuring.

Adjournment

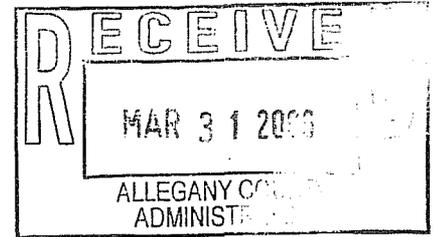
As there was no further business to come before this committee the meeting was adjourned at 4:15 pm.

Respectfully submitted,
Teresa Claypool

**NOT
APPROVED**

HUMAN SERVICES COMMITTEE

March 27, 2006



Committee Members Present

R. Truax, W. Dibble, D. Pullen, D. Russo, D. Burdick, K. Kruger

Others Present

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

Approval of Minutes

The minutes of February 27, 2006 were approved with motions from Legislators Dibble and Burdick. Motions carried.

Social Services

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

Discussion took place in reference to the Medicaid Cap and Medicaid in general. It was suggested that a resolution be prepared, similar to one drafted in the past, strongly supporting the States take over of the Medicaid expense altogether. Legislators Dibble and Pullen will put something together. It was also suggested to have "inter-county" draft and/or support such a resolution.

Office for the Aging

The monthly report was presented for committee information, noting telephone calls are down, probably due to HEAP season coming to a close.

The department is trying to make those who have their Medicare premiums paid by Medicaid or who have private insurance, aware that if they enroll in Medicare Part D, they could loss their coverage.

It was asked how the "deficit reduction act" would affect the seniors of Allegany County. It may affect those who are going to apply for Medicaid.

Health Department

Executive Session

Motions to hold executive session were made by Legislators Burdick and Dibble to discuss subject matter of contract obligations/negotiations with the department's licensed agencies. Motions carried.

Respectfully submitted,
Teresa Claypool

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 February 2006 Year-to-date 1/01/06 – 2/28/06

TOTAL PEOPLE AGE 60+	869	PERCENT OF TOTAL
LOW INCOME	524	60%
LOW INCOME MINORITY	5	.5%
FRAIL/DISABLED	544	63%
AGE 75-84	297	34%
AGE 85+	263	30%
LIVES ALONE	511	59%
VETERAN	110	13%

UNITS OF SERVICE

SERVICES PROVIDED	NO. PEOPLE	SERVICE THIS MONTH	PREVIOUS MONTH	SAME MONTH LAST YEAR	TOTAL 2006
HOMEMAKING/PERSONAL CARE	34	285	332	143	617
HOUSEKEEPING/CHORE	60	540	628	296	1168
CASE MANAGEMENT	72	114	110	61	224
NUTRITION COUNSELING	2	2	1	0	3
TRANSPORTATION	60	251	327	206	578
INFORMATION AND ASSISTANCE	432	953	882	1088	1835
OUTREACH	1	8	9	10	17
IN-HOME CONTACT & SUPPORT	15	153	126	150	279
PERSONAL EMERG. RESPONSE	96	90	90	64	180
CAREGIVER SERVICES	12	10	5	14	15
LEGAL SERVICES	4	5	3	0	8
LTC OMBUDSMAN	129	109	127	0	236
OTHER (HEAP, HOME REPAIR)	609	212	500	124	712
MEALS-ON-WHEELS	443	7,470	7,589	7,106	15,059
CONGREGATE MEALS	260	1,724	1,712	1,458	3,436
				TOTAL MEALS	18,495

PROGRAMS PROVIDED – February 2006

- Medicare Part D program – Wellsville
- Legislative Lunch – Belmont
- HEAP
- Bone Builders program – 11 locations
- Nutrition Education Program – Cancer Prevention - Bolivar, Belmont, Friendship. Breast Self Exam, DOH – Belmont, Canaseraga, Alfred
- Tax Counseling for the Elderly clinics in Alfred, Belmont, Bolivar, Canaseraga, Cuba, Fillmore, friendship, Scio, Wellsville, Whitesville. New e-filing site Mondays and Fridays in Belmont.
- Two caregiver support groups – Belmont, Wellsville

Telephone Calls February – 1306 (down 18%)



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

PATRICIA SCHMELZER
Commissioner

MONTHLY REPORT TO THE HUMAN SERVICES COMMITTEE

Submitted March 27, 2006

	February, 2006	January, 2006	February, 2005
Temporary Assistance Cases	490	489	530
TANF	285	284	304
CAP	5	5	6
Safety Net Singles	164	165	184
Safety Net Families	36	35	36
Non-FA Medicaid	4,046	4,065	3,892
Family Health Plus	719	715	735
Food Stamps Only	1,976	1,982	1,891
Child Care Only	150	138	147
Child Protective Services			
Hotline Calls	55	48	56
Total Active Cases	236	239	348
Foster Care & Adoption Services			
Total number children in care	95	93	68
Preventive Services			
Total number receiving services	75	75	71
Adult Protective/Preventive Services			
Open Cases	28	29	26
Home Care & Related Services			
Personal Care Cases	97	97	103
Other (Care at Home/Private Duty)	10	9	10
Long Term Care Cases*	49	45	Unavailable
CDPAP Cases	24	23	23

* Estimated - Long Term Care case figures unavailable from ACDoH.

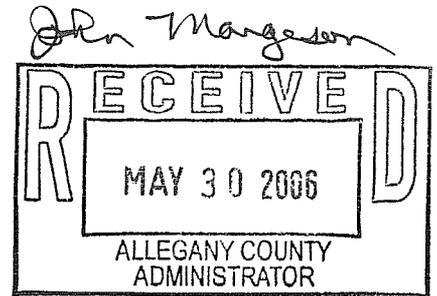
Respectfully Submitted,

Patricia Schmelzer, MSW
Commissioner

**NOT
APPROVED**

HUMAN SERVICES COMMITTEE

May 22, 2006



Committee Members Present

R. Truax, W. Dibble, D. Pullen, D. Russo

Others Present

K. Toot, V. Fegley, T. Hull, C. Crandall, J. Margeson

Approval of Minutes

The minutes of April 24, 2006 were approved with motions from Legislators Dibble and Russo. Motions carried.

Health Department

Mr. Hull presented the department's mission statement for approval.

"The Mission of the Allegany County Department of Health is to educate, motivate and empower Allegany County residents to adopt and maintain healthy lifestyles."

Committee approval and **referral to Ways and Means** was given with a motion from Legislator Dibble. Legislator Pullen seconded and motions carried.

It was noted that the other departments who have presented their statements should also be referred to Ways and Means.

Below you will find mission statements from DSS and OFA approved in a previous meeting. These will also be included in the referral to **Ways and Means**.

OFA – *"The Allegany County Office for the Aging: providing expert information and assistance to older individuals and their caregivers maintaining dignity, respect and independence."*

DSS – *"The Allegany County Department of Social Services is dedicated to preserving the family unit, protecting the individual, encouraging and sustaining self-sufficiency while enabling people to achieve their full potential for a higher quality of life."*

"Our staff, working in partnership with the community, is determined to deliver excellent service, incorporating the efficient use of resources, fairness, confidentiality, dignity and respect."

Social Services

The Department's monthly report was presented.

The Office of Temporary Disability Assistance sent a letter notifying the department of an award of \$36,327 for their high performance in the Food Stamp program.

Office for the Aging

This office requests a *resolution* to increase the 2006 A6782 budget due to an increase in Federal funding for the State Pharmaceutical Assistance Program grant totaling \$50,000. Legislators Dibble and Russo moved on the request with *referral to Ways and Means*. Motions carried.

A resolution is also requested to increase the 2006 A6781 budget due to an increase in the Federal funding for Title VII Ombudsman Program grant totaling \$2918.00. Legislator Pullen and Russo moved on the request. Motion carried. *Resolution/Ways and Means*.

A letter was sent to the Board of Legislators Chairman and others regarding the grant application for "point of entry (POE)". The application is due June 23, 2006. County agencies will be working together to restructure how services are provided without duplicating their efforts. A request to proceed with the application was made by Ms. Toot. Legislators Dibble and Russo moved on the request. Motion carried.

The department's monthly report was provided, with some discussion on Medicare Part D. It was also noted that contributions for meals average \$1.66. The suggested contribution is \$2.50.

It was noted that 200 people attended the "forum".

Adjournment

As there was no further business to come before this committee, the meeting was adjourned at 3:45 pm. Legislators Russo and Pullen made the appropriate motions.

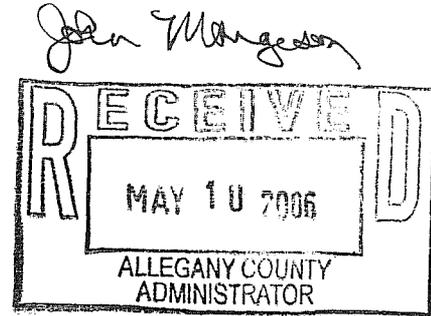
Respectfully submitted,
Teresa Claypool

NOT
APPROVED

HUMAN SERVICES COMMITTEE

SPECIAL MEETING

Minutes of May 8, 2006



Committee Members Present

R. Truax, W. Dibble, D. Burdick, K. Kruger, D. Pullen, D. Russo

Request to Fill ICM Position

Dr. Robert Anderson requested approval to fill a vacant ICM position (Non-union, Section IV). The vacancy was created by the resignation of an employee who accepted a position in another county. The annual salary is \$34,671, and the cost of the position is financed 100 percent with State aid. The request was approved on a motion by Dibble, seconded by Kruger and carried. **Refer to Ways and Means**

Adjournment

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

Respectfully submitted,

Brenda Rigby Riehle, Clerk of the Board
Allegheny County Board of Legislators

Request to Fill Position

Date: 5/8/06

Committee of Jurisdiction: Human Services

I would like to fill the following position:

Title Intensive Case Manager - Adult Department Community 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 _____ Step _____ Hourly pay rate _____

Annual salary of position \$34,671 Cost of benefits for position 17,256

Does this position support a mandated program/grant? No

Name of program/grant? _____

Source of funding for position?

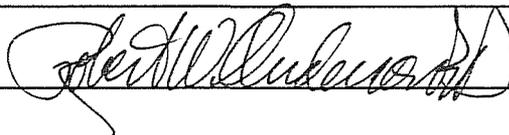
_____ % County 100 % State _____ % Federal _____ % Other
and revenue

Amount in current years budget for this position \$36,436 + benefits

Reason for need to fill this position at this time?

Current Adult ICM resigned to take a position in another county.

Department Head Signature



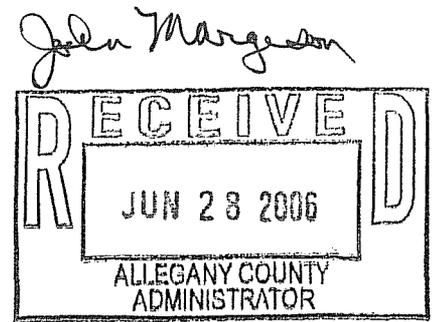
Date 5/8/06

06/17/03

**NOT
APPROVED**

HUMAN SERVICES COMMITTEE

June 26, 2006



Committee Members Present

R. Truax, W. Dibble, D. Pullen, D. Burdick, K. Kruger

Others Present

K. Toot, P. Schmelzer, T. Hull, P. Cockle
J. Margeson, C. Crandall

Approval of Minutes

The minutes of May 22, 2006 were approved with motions from Legislators Burdick and Dibble. Carried.

Office for the Aging

This office requests a resolution to finalize revenues and appropriations fro the WRAP budget totaling \$3563.00. Legislators Dibble and Burdick made the appropriate motions. Carried. Refer to *Ways and Means*.

The OFA requests permission to create and fill the position of Typist. Due to the termination of the Title V Senior Employment Program, this office is losing 2 part-time workers in the front office. The typist position is needed to answer the telephones and for clerical support. There is no county cost and will be funded through State and Federal grants. Legislators Dibble moved on the request, with Legislator Kruger seconding. Motion carried with referral to *Ways and Means*. ("when/if position is no longer funded through grants the position will be gone")

The department's monthly report was presented.

Ms. Toot suggested a different time for the Human Services meeting, as the current schedule seems to fluctuate so.

Social Services

The Department's monthly report was presented. It was noted that the children in care numbers continue to rise. Some concern was expressed.

The Department is requesting approval to fill two Social Welfare Examiner positions, and any vacancies that may occur as a result of filling these positions. One vacancy is due to retirement, the other is due to the inception of the HEAP Oil Component which will require additional staff time. Legislator Dibble moved on the request, with Legislator Pullen seconding. Motion carried with referral to *Ways and Means*. Legislator Kruger opposed request.

It was requested to fill a 6 month Community Service Aide position in the HEAP Program. This individual must be a public assistant recipient who has children. Legislators Dibble and Kruger made the appropriate motions. Carried with referral to *Ways and Means*.

The Allegany County Department of Social Services is requesting permission to fill a vacancy for Senior Typist. This is a temporary opening due to current individuals disability that is expected to last for an extended period of time. Legislator Dibble made a motion, with Legislator Kruger seconding. Motion carried with referral to *Ways and Means*.

A request was made to change the office's working hours from 8:30 – 4:30 to 8:30 to 4:00. If necessary, arrangements would be made accommodate individuals between 4:00 and 4:30. After brief discussion, motions were made by Legislators Kruger and Burdick to discuss in executive session.

Health Department

Mr. Hull requested committee approval for the reappointment of Ms. Catherine Richmond of Wellsville to the Board of Health. The term runs from July 8, 2006 to July 7, 2012. Legislators Dibble and Pullen made the appropriate motions. Carried with request for *resolution*.

The Department requests approval to accept funding in the amount of \$225,000 from the NYS DOH for the purpose of administering the Allegany Western Steuben Rural Health Care Network. The Health Department is the fiscal conduit between the NYS DOH and the Health Care Network with no fiscal impact on the County. The 2006 budget needs to be amended by \$35,000, with \$190,000 already in the budget. Legislators Dibble and Kruger moved on the request. The motions carried with referral to *Ways and Means*.

Also a resolution is requested transferring \$10,000 from Public Health Insurance account to Drinking Water Enhancement Contractual in order to cover the cost of a Water Technician. Legislator Dibble made a motion, and Legislator Pullen seconded. Motion carried.

It was requested to approve contracts with 15 schools districts for the transportation of pre-school children with special needs. Providing transportation by this means has saved the County thousands of dollars. Legislators Dibble and Pullen moved on the request. Motion carried. *Resolution*.

Legislator Kruger asked that Health Department agenda's be sent out prior to the meeting.

Lori Ballangee spoke to the committee regarding the newly formed Allegany County Cancer Services Foundation and it's First Annual Colors for Life Cancer Walk. All proceeds will be strictly for Allegany County residents. It is asked of this committee to 1) Proclaim August 25th as Allegany County Cancer Services Foundation Day; and 2) approval of a certificate of insurance for that day from 6-11. The County Attorney has stated that as the Health Department is sponsoring, their insurance would cover the event. These requests are referred to *Ways and Means* with committee approval (Legislators Dibble and Kruger moved, motions carried.)

Executive Session

Legislators Kruger and Burdick moved to hold executive session to discuss subject matter of union contract in reference to changing the Department of Social Services regular workday. Motion carried.

Motions as above to resume regular business were made.

Adjournment

There being no further business to be discussed, the meeting was adjourned at 4:45 pm.

Respectfully submitted,
Teresa Claypool

NOTIFICATION OF GRANT AWARD - WEATHERIZATION REFERRAL AND PACKAGING PROGRAM

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: 8/1/2005 Ending: 7/31/2006

Fiscal year from which funds are awarded: 2005

Federal CFDA No. 93.568

This Award is NEW

<u>Cost Categories</u>	<u>Approved Cost</u>	<u>Amount</u>
Personnel		\$14,280.00
Fringe Benefits		2,182.00
Equipment		0.00
Travel		1,200.00
Maint. & Operations		3,276.00
Other Expenses		200.00
Subcontracts		0.00
Last Resort		8,000.00
Approved Cost (See remark 1)		<u>\$29,138.00</u>
Less Anticipated Income		200.00
Total Federal Cost		28,938.00
* Federal Funds Ceiling (see remark 1)		\$28,938.00

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:

- (XX) 1. Federal reimbursement is limited to the lower of the "Total Federal Cost" or the "Federal Funds Ceiling".
- (XX) 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.
- (XX) 3. A separate audit trail is to be maintained for these funds and copies of all receipts and other pertinent documentation are to be maintained by the recipient for subsequent audit.
- (XX) 4. The final claim must be submitted to the State Office for the Aging no later than 60 days following the end of the program period, or as indicated in remark #5, whichever is sooner.
- () 5. The final claim must be submitted to the State Office for the Aging by _____.

Name and Title of Authorizing Official:

Signature:



Date:

09/20/05

Neal E. Lane, Director

MEMORANDUM OF EXPLANATION

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

COMMITTEE: Human Services

DATE: 6/26/06

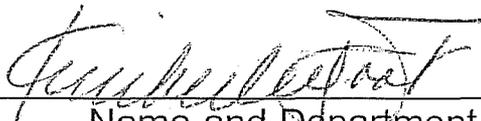
The Office for the Aging requests permission to create and fill the position of Typist. The Title V Older Worker program ends 6/30/06. This program had four part-time positions, three of which were located at the Office for the Aging and one in Employment and Training.

The OFA positions were responsible for front office coverage, consisting of reception and clerical support. The agency will not be able to function properly without this type of coverage. Working with the Human Resources Department, the position has been reviewed and classified as Typist.

Funding of this position will be covered by state and federal money, requiring no local match.

FISCAL IMPACT: No county dollars.

For further information regarding this matter, contact:



Name and Department

Kimberley Toot, Office for the Aging

5/94

X392
Telephone number

Civil Service Law: Section 22: Certification for new positions. Before any new positions in the service of a civil division shall be created, the proposal therefor, including a statement of the duties of the positions, shall be referred to the municipal commission having jurisdiction and such commission shall furnish a certificate stating the appropriate civil service title for the proposed positions. Any such new position shall be created only with the title approved and certified by the commission. Effective April 1, 1959.

Allegany County Department of Civil Service
Belmont, New York 14813

NEW POSITION DUTIES STATEMENT

Department head or other authority requesting the creation of a position, prepare a separate description for each new position to be created except that one description may cover two or more identical positions in the same organizational unit.

Forward two typed copies to this Commission.

1. DEPARTMENT BUREAU, DIVISION, UNIT OR SECTION LOCATION OF POSITION

Office for Aging

Belmont

2. DESCRIPTION OF DUTIES: Describe the work in sufficient detail to give a clear word picture of the job. Use a separate paragraph for each kind of work and describe the more important or time-consuming duties first. In the left column, estimate how the total working time is divided.

PER CENT
OF
WORK TIME

TYPICAL WORK ACTIVITIES:

- Types forms, form letters, payrolls, bills, vouchers, records, catalog cards, reports, index cards and similar materials;
- Transcribes dictation and longhand copy;
- Collects money and accounts for monies received;
- Addresses envelopes;
- Opens and collects library materials;
- Sorts correspondence, vouchers and similar materials;
- Files correspondence, memoranda, reports and other materials;
- Makes and checks routine arithmetical computations;
- Acts as receptionist, directing callers to the proper person or office and gives information of a routine nature;
- Operates adding machine, calculator, word processing equipment or other office machines;
- Indexes materials;
- Assists in taking inventories;
- Maintains records and prepares simple reports.

Request to Fill Position

ate: June 26, 2006

Committee of Jurisdiction: Human Services

I would like to fill the following position:

Title Typist Department Office for the Aging

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

This position is an:
Existing position? _____ Newly Created Position? yes created by Resolution # _____

This position will be:
Full Time? x Part Time? _____ Permanent? x Temporary? _____

This position will be:
Non Union? _____ Union? x covered by the AFSCME bargaining unit.

Grade 4 Step 1 Hourly pay rate \$11.71

Annual salary of position \$21,313.00 Cost of benefits for position \$3,310.00

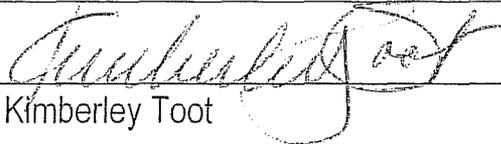
Does this position support a mandated program/grant? no
Name of program/grant? Front office reception/clerical support

Source of funding for position?
0 % County 67 % State 33 % Federal 0 % Other

Amount in current years budget for this position \$9,885.00

Reason for need to fill this position at this time?

Due to the termination of the Title V Senior Employment Program, the Office for the Aging is losing 2 part-time workers in the front office. This position is needed so the telephones will be answered and clerical support provided.

Department Head Signature 
Kimberley Toot

Date 06/26/06

REFERRAL

NAME OF COMMITTEE:

MEETING DATE:

Human Services Committee

June 26, 2006

TO: _____

RE: Request to fill 2 Social Welfare Examiner positions in the HEAP Program

The Department of Social Services requests permission to fill 2 Social Welfare
Examiner positions in the HEAP Program.

DATE REFERRED: 6/26/06



COMMITTEE CHAIRMAN

By: _____

MEMORANDUM OF EXPLANATION

Intro No. _____
(Clerk's Use Only)

COMMITTEE: Human Services Committee

Date: June 26, 2006

The Allegany County Department of Social Services is requesting permission to fill two Social Welfare Examiner positions, and any vacancies that may occur as a result of filling these positions.

One position vacancy is due retirement, the other is due to the inception of the HEAP Oil Component, as described in the attached letter. Part of the program requires timely processing of HEAP benefits, that will require additional staff time.

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: 6/26/06

Committee of Jurisdiction: Human Services

I would like to fill the following position:

Title: Social Welfare Examiner

Department: Social Services

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

This position is an:

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

This position will be:

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

This position will be:

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

Grade _11_ Step _1_ Hourly pay rate \$14.07

Annual salary of position \$25,603 Cost of benefits for position 50.51% of salary

Does this position support a mandated program/ grant? yes

Name of program/grant? HEAP

Source of funding for position?

 % County % State 100% Federal % Other

Amount in current years budget for this position \$31,123

Reason for need to fill this position at this time? Retirement of employee

Oil pilot

Department Head Signature _____

Date 6/26/06

06/17/03



George E. Pataki
Governor

New York State
Office of Temporary and Disability Assistance
40 North Pearl Street
Albany, NY 12243-0001

Robert Doar
Commissioner

May 30, 2006

Dear Commissioner:

This letter provides you with notification of the availability of additional HEAP administrative funding to assist you with your county's implementation phase of the HEAP Oil Component scheduled to begin in your county effective with start-up of the 2006-07 HEAP season in early November. The amount of this additional funding is \$20,000 and is immediately available. This funding is in addition to your regular administrative funding allocation for the upcoming 2006-2007 program which will be determined at a later date.

This additional funding is to assist you in accomplishing the tasks involved with the implementation of the oil component (tasks such as staff answering questions from customers and the vendor community, staff training, implementing local procedures and the actual switching of households to participating vendors, etc.) including authorizing payments to participating oil vendors resulting from the TA and FS auto pay by December 15, 2006. These activities would most likely occur during the five month period from June through October 31, 2006. Your county may begin claiming against this allocation immediately.

Claiming instructions are as follows:

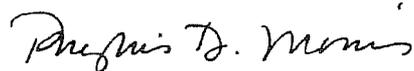
- Local districts using their own staff or intending to expand capacity of existing programs should code these expenditures to the F17 function. These expenditures will carry through the LDSS-3274, "Schedule D-17, Distribution of Allocated Costs to Other Reimbursable Programs." Expenditures should be reported on the appropriate lines in the column labeled **HEAP MOROIL**. These expenditures will support the LDSS-3922 "Reimbursement Claim for Special Projects" (revised 12/00). Each claim should be identified as **HEAP MOROIL** in the Project Name box. The expenditures must also be listed on the appropriate line in the Administration column with 100% Federal Share.
- To receive reimbursement for these federal funds, local districts must sign the certification and submit the paper LDSS-3922 form to the Bureau of Financial Services Claims Unit, in the New York State Office of Temporary and Disability Assistance. The D-17 should not be submitted with the LDSS-3922 form, but must be retained by the local district for audit purposes. This 100% federal reimbursement is only available up to the limit of the approved project's allocation.

- Fiscal claiming questions can be directed to OTDA Bureau of Financial Services by contacting:
 - Regions I through IV, Carolyn Oleyourryk at 1-800-343-8859, extension 4-7549, or (518)-474-7549, or through e-mail at Carolyn.Oleyourryk@otda.state.ny.us
 - Region V, Michael Borenstein at (631) 854-9704 or through email using Michael.Borenstein@otda.state.ny.us.

HEAP Oil Component questions may be directed to John McCarthy at (518) 486-6363.

Thank you for your commitment to this important program. We remain available to assist you with its implementation.

Sincerely,



Phyllis Morris
Director, Home Energy Assistance Program
Division of Employment and Transitional Supports

cc: Commissioner Robert Doar
Russell Sykes
Paula Cook
Local District HEAP Liaisons
Local District Directors of Fiscal Affairs
Rick Radzyminski
Virginia Scala
Jeff Reynders
John McCarthy

REFERRAL

NAME OF COMMITTEE:

MEETING DATE:

Human Services Committee

June 26, 2006

TO: _____

RE: Request to fill Community Service Aide position for HEAP

The Department of Social Services requests permission to fill a Community

Service Aide position in the HEAP Program.

DATE REFERRED: 6/26/06



COMMITTEE CHAIRMAN

By: _____

MEMORANDUM OF EXPLANATION

Intro No. _____
(Clerk's Use Only)

COMMITTEE: Human Services Committee

Date: June 26, 2006

The Allegany County Department of Social Services is requesting permission to fill a vacancy for a temporary Community Service Worker Aide, in the HEAP program. This position is filled with a public assistance recipient who has children.

This position assists with the HEAP program during HEAP season.

FISCAL IMPACT: 100 % Federal share.
Cost savings by hiring a Public Assistance recipient.

For further information regarding this matter, contact:

Patricia Schmelzer, Commissioner
Allegany County Department of Social Services

268-9303

Request to Fill Position

Date: 6/26/06

Committee of Jurisdiction: Human Services

I would like to fill the following position:

Title: Community Service Aide

Department: Social Services

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

This position is an:

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

This position will be:

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

This position will be:

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

Grade 4 Step 1 Hourly pay rate \$11.71

Annual salary of position \$21,312 Cost of benefits for position 50.51% of salary

Does this position support a mandated program/ grant? yes

Name of program/grant? HEAP

Source of funding for position?

 % County % State 100% Federal % Other

Amount in current years budget for this position _____

Reason for need to fill this position at this time? Seasonal position, assists with the HEAP program

Department Head Signature _____

Date 6/26/06

REFERRAL

NAME OF COMMITTEE:

MEETING DATE:

Human Services Committee

June 26, 2006

TO: _____

RE: Request to fill a Senior Typist vacancy

The Department of Social Services requests permission to fill a Senior Typist
position and any vacancies that may occur as a result of filling this position.

DATE REFERRED: 6/26/06



COMMITTEE CHAIRMAN

By: _____

MEMORANDUM OF EXPLANATION

Intro No. _____
(Clerk's Use Only)

COMMITTEE: Human Services Committee

Date: June 26, 2006

The Allegany County Department of Social Services is requesting permission to fill a vacancy for Senior Typist and any vacancies that may occur as a result of filling the Senior Typist position.

This is a temporary opening due to the current Senior Typist being on disability that is expected to last for an extended period of time.

In recent years, two senior typist positions have been eliminated from the DSS budget.

FISCAL IMPACT: 50% Federal Share, 25% State Share, 25% Local Share

For further information regarding this matter, contact:

Patricia Schmelzer, Commissioner
Allegany County Department of Social Services

268-9303

Request to Fill Position

Date: 6/26/06

Committee of Jurisdiction: Human Services

I would like to fill the following position:

Title: Senior Typist

Department: Social Services

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

This position is an:

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

This position will be:

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

This position will be:

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

Grade 7 Step 1 Hourly pay rate \$12.71

Annual salary of position \$23,145 Cost of benefits for position 50.51% of salary

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 \$27,088

Reason for need to fill this position at this time? Disability leave of employee

Department Head Signature _____

Date 6/26/06

06/17/03

MEMORANDUM OF EXPLANATION

For acceptance and budgeting of GRANTS

INTRODUCTION NO: _____
(Clerk's use only)

Committee of Jurisdiction: Human Services

Date: May 24, 2006

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 \$225,000 from the NYS DOH for the purpose of administering the Allegany Western Steuben Rural Health Care Network. The term of this contract is from 2/1/06 – 1/31/07. Allegany County DOH is the Fiscal conduit between the NYS DOH and the Health Care Network with no fiscal impact on the County. **NOTE:** The 2006 budget needs to be amended by \$35,000 only as \$190,000 was already budgeted in both the appropriation and revenue accounts. We just need to show the increase of \$35,000 we received in funding to balance all accounts at the actual award amount of \$225,000.

Appropriations (\$35,000)

A 4191 4.56 Contractual \$35,000

Revenues (\$190,000)

A 10.3489.4191 State Aid – Rural Health Care Network \$35,000

FISCAL IMPACT: Total grant: \$ 225,000

Local county share: \$ -0-

State Grant? Y Revenue # A10.3489.4191 \$ 225,000

Federal Grant? _____ Revenue # _____ \$ _____

if Federal, please list Federal Catalog of Federal Domestic Assistance

(CFDA) number _____-

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

Grant Fiscal Year – 2/1/2006 – 1/31/2007

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 _____

GRANT CONTRACT

STATE AGENCY (Name and Address):

NYS Department of Health
Corning Tower, Room 1119
Albany, NY 12237

CONTRACTOR (Name and Address):

Allegany County Department of Health
7 Court Street
Belmont, NY 14813

FEDERAL TAX IDENTIFICATION NUMBER:

22-2807681

MUNICIPALITY NO. (if applicable):

CHARITIES REGISTRATION NUMBER:

15-59-22 or () EXEMPT:

(If EXEMPT, indicate basis for exemption):

CONTRACTOR HAS HAS NOT TIMELY
FILED WITH THE ATTORNEY GENERAL'S
CHARITIES BUREAU ALL REQUIRED PERIODIC
OR ANNUAL WRITTEN REPORTS:

CONTRACTOR IS IS NOT A
SECTARIAN ENTITY

CONTRACTOR IS IS NOT A
NOT-FOR-PROFIT ORGANIZATION

NYS COMPTROLLER'S NUMBER: _____

C-021164

ORIGINATING AGENCY CODE: 12000

TYPE OF PROGRAM(S)

Rural Health Network Development Program

INITIAL CONTRACT PERIOD

FROM: 02/01/06

TO: 01/31/07

FUNDING AMOUNT FOR INITIAL PERIOD:

\$225,000

MULTI-YEAR TERM (if applicable):

FROM: 02/01/06

TO: 01/31/11

APPENDICES ATTACHED AND PART OF THIS AGREEMENT

<input checked="" type="checkbox"/>	APPENDIX A	Standard clauses as required by the Attorney General for all State contracts.
<input checked="" type="checkbox"/>	APPENDIX A-1	Agency-Specific Clauses (Rev 02/03)
<input checked="" type="checkbox"/>	APPENDIX B	Budget
<input checked="" type="checkbox"/>	APPENDIX C	Payment and Reporting Schedule
<input checked="" type="checkbox"/>	APPENDIX D	Program Workplan
<input checked="" type="checkbox"/>	APPENDIX X	Modification Agreement Form (to accompany modified appendices for changes in term or consideration on an existing period or for renewal periods)

OTHER APPENDICES

<input checked="" type="checkbox"/>	APPENDIX A-2	Program-Specific Clauses
<input checked="" type="checkbox"/>	APPENDIX E-1	Proof of Workers' Compensation Coverage
<input checked="" type="checkbox"/>	APPENDIX E-2	Proof of Disability Insurance Coverage
<input type="checkbox"/>	APPENDIX H	Federal Health Insurance Portability and Accountability Act
<input type="checkbox"/>	APPENDIX _____	Business Associate Agreement

MEMORANDUM OF EXPLANATION

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

COMMITTEE: Human Services Committee

DATE: June 22, 2006

The Health Department requests a resolution transferring \$10,000 from our Public Health Insurance account to Drinking Water Enhancement Contractual in order to cover the cost of a Water Technician. This has been contracted out instead of being done in-house by our Public Health Sanitarians as originally budgeted in the 2006 County Budget. A copy of the contract for the Water Technician is attached. This position was included in the grant budget, which was effective 4/1/06, in the amount of \$10,000 and approved by NYS DOH. The 2006 County Budget should be amended as follows:

Budget:

<u>From Account #:</u>	<u>To Account #:</u>	<u>Amount:</u>
4010.406 – Insurance .	4050.456 – Contractual	\$10,000

Revenue: No affect on revenue account number A10.3450.09

**FISCAL IMPACT: Increase's the cost of Public Health Activities by \$6,400
(\$10,000 is reimbursed at a rate of 36% or \$3,600 which leaves a
County contribution of \$6,400)**

For further information regarding this matter, contact:

Pamela L. Cockle, Accountant - ACDOH _____ X458

Tom Hull, Deputy Public Health Director _____ X254

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

AGREEMENT

This Agreement made as of the 1st day of April 2006, by and between the ALLEGANY COUNTY DEPARTMENT OF HEALTH having offices at 7 Court Street, Belmont, NY 14813, hereinafter called "County", party of the first part and STEVEN P. WOODBRIDGE, residing at 769 Marsh Creek Road, Mills, PA 16937, hereinafter called "Contractor", party of the second part.

WITNESSETH:

WHEREAS, the County desires to contract for consultant services, and

WHEREAS, the Contractor is desirous of providing such services to the County.

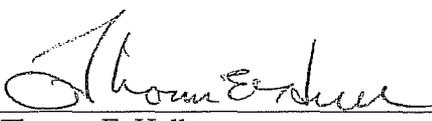
NOW, THEREFORE, the parties hereto mutually agree as follows:

1. The Contractor agrees to provide the County with services as set forth below.
2. The Contractor shall work under the supervision of, and shall report directly to, the Deputy Public Health Director or his designee.
3. The Contractor shall perform all services to which he is assigned from Monday through Friday, between the hours of 9:00 a.m. and 5:00 p.m.
4. The County agrees to pay to the Contractor the sum of **\$100.00** for every "Sanitary Survey" (i.e. *inspection*) completed at a public water supply in Allegany County, as required by Subpart 5-1 of the New York State Sanitary Code (10NYCRR) to be conducted during this contractual period, up to a total of 100 sanitary surveys, for a total sum of money not to exceed **\$10,000**.
5. The Contractor shall be paid upon the submission of duly executed Allegany County vouchers with an attachment that lists the public water supplies at which sanitary surveys were completed during the period for which payment is requested.
6. Either party may terminate this agreement upon 30 days written notice to the other party.
7. This Agreement shall be executory only to the extent of monies available therefor, and no liability shall be incurred by the County beyond monies available for such purposes and as authorized.
8. The Contractor shall provide for the maintenance of such documents, records and accounts and shall submit such reports as are required by the County.
9. The Contractor hereby agrees to indemnify, keep and save harmless, the County of Allegany, its employees, officers and agents, against all suits and liability of any nature or kind, including costs and expenses, for or on account of any or all suits, or damages sustained by any person or property resulting in whole or part from the performance of this Agreement by the Contractor.

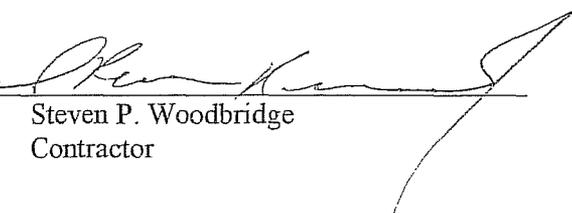
10. It is understood and agreed that the relationship of the Contractor to the County is that of an independent contractor, and said Contractor, in accordance with such status as such contractor, covenants and agrees to conduct itself consistent with such status, that said Contractor, its employees, agents or servants will not hold themselves out as, nor claim to be, an officer or employee of the County of Allegany, and will not by reason hereof, make any claim, demand or application to or for any right or privilege applicable to an officer or employee of the County, including but not limited to Worker's Compensation coverage, Social Security coverage, health care coverage, or retirement benefits or credit.
11. The Contractor is required to provide his own transportation while completing the services set forth in Appendix A. The Contractor shall not be reimbursed for mileage or provided any other form of compensation for this use.
12. For the period of the contract, the Contractor shall be required to maintain minimal automobile liability insurance coverage of \$1,000,000.00 CSL.
13. The term of this Agreement shall begin on April 1, 2006, and shall terminate on March 31, 2007.
14. This constitutes the entire Agreement between the parties and no statement, promise, position, understanding, inducement, or representation, oral or written, expressed or implied, which is not contained herein, shall be binding or valid.

IN WITNESS WHEREOF, the parties have hereunto executed this Agreement the day and year first above written.

ALLEGANY COUNTY DEPARTMENT OF HEALTH

By: 
Thomas E. Hull
Deputy Public Health Director

Date: 5/1/06

By: 
Steven P. Woodbridge
Contractor

Date: 5/1/06

AGREEMENT

This Agreement made as of the 1st day of April 2006, by and between the ALLEGANY COUNTY DEPARTMENT OF HEALTH having offices at 7 Court Street, Belmont, NY 14813, hereinafter called "County", party of the first part and STEVEN P. WOODBRIDGE, residing at 769 Marsh Creek Road, Mills, PA 16937, hereinafter called "Contractor", party of the second part.

WITNESSETH:

WHEREAS, the County desires to contract for consultant services, and

WHEREAS, the Contractor is desirous of providing such services to the County.

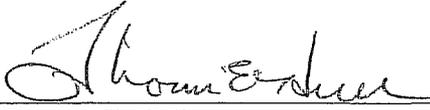
NOW, THEREFORE, the parties hereto mutually agree as follows:

1. The Contractor agrees to provide the County with services as set forth below.
2. The Contractor shall work under the supervision of, and shall report directly to, the Deputy Public Health Director or his designee.
3. The Contractor shall perform all services to which he is assigned from Monday through Friday, between the hours of 9:00 a.m. and 5:00 p.m.
4. The County agrees to pay to the Contractor the sum of **\$100.00** for every "Sanitary Survey" (i.e. *inspection*) completed at a public water supply in Allegany County, as required by Subpart 5-1 of the New York State Sanitary Code (10NYCRR) to be conducted during this contractual period, up to a total of 100 sanitary surveys, for a total sum of money not to exceed **\$10,000**.
5. The Contractor shall be paid upon the submission of duly executed Allegany County vouchers with an attachment that lists the public water supplies at which sanitary surveys were completed during the period for which payment is requested.
6. Either party may terminate this agreement upon 30 days written notice to the other party.
7. This Agreement shall be executory only to the extent of monies available therefor, and no liability shall be incurred by the County beyond monies available for such purposes and as authorized.
8. The Contractor shall provide for the maintenance of such documents, records and accounts and shall submit such reports as are required by the County.
9. The Contractor hereby agrees to indemnify, keep and save harmless, the County of Allegany, its employees, officers and agents, against all suits and liability of any nature or kind, including costs and expenses, for or on account of any or all suits, or damages sustained by any person or property resulting in whole or part from the performance of this Agreement by the Contractor.

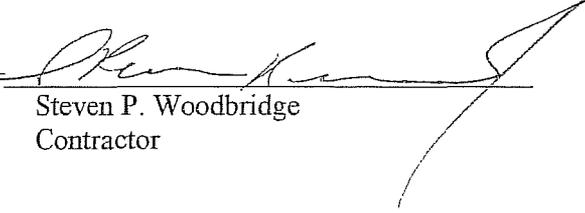
10. It is understood and agreed that the relationship of the Contractor to the County is that of an independent contractor, and said Contractor, in accordance with such status as such contractor, covenants and agrees to conduct itself consistent with such status, that said Contractor, its employees, agents or servants will not hold themselves out as, nor claim to be, an officer or employee of the County of Allegany, and will not by reason hereof, make any claim, demand or application to or for any right or privilege applicable to an officer or employee of the County, including but not limited to Worker's Compensation coverage, Social Security coverage, health care coverage, or retirement benefits or credit.
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IN WITNESS WHEREOF, the parties have hereunto executed this Agreement the day and year first above written.

ALLEGANY COUNTY DEPARTMENT OF HEALTH

By: 
Thomas E. Hull
Deputy Public Health Director

Date: 5/1/06

By: 
Steven P. Woodbridge
Contractor

Date: 5/1/06

According to the New York State Cancer Registry for 1997-2001, the following are morbidity rates (per 100,000 population) for Allegany County and New York State respectively:

<u>Cancer</u>	<u>Allegany County Rate</u>	<u>New York State Rate</u>
Lung	179.4	140.3
Breast	117.0	131.4
Cervical	11.4	10.1
Colorectal	141.9	128.0
Oral	24.6	21.8

Early Stage Diagnosis (per 100,000)

Lung	34.1	26.9
Breast	62.5	68.0
Cervical	Unstable rate >3 cases per year	58.0
Colorectal	44.5	43.3
Oral	57.9	44.5

The data illustrates that our lung cancer morbidity rates are much higher than the state rate, and our early stage diagnosis rates correlate as well. Our oral, colorectal and cervical rates are slightly elevated in both categories as well. The colorectal and cervical rates might be attributed to the increased activity of our Screen for Health Program; more people are being screened now because of the education and screenings provided by this program. Our breast cancer morbidity rates and early stage diagnosis are lower than the state rates.

According to the New York State 2000 Vital Statistics, the first and second leading causes of death for Caucasians in each age group in New York State are as follows:

<u>Age Group</u>	<u>Number 1 Cause of Death</u>	<u>Number 2 Causes of Death</u>
<1	Conditions Originating in the Perinatal Period	Congenital
Anomalies		
1-9	Accidents	Malignant Neoplasms
10-19	Accidents	Suicide
20-24	Accidents	Suicide
25-44	Malignant Neoplasms	Accidents
45-64	Malignant Neoplasms	Diseases of the Heart
65+	Diseases of the Heart	Malignant Neoplasms

Males From 1976-1995, the incidence rate for "all invasive malignant cancers" in Allegany County males, 378.8/100,000, was much lower than the WNY rate (411.0/100,000). From 1997-2001, the county rate increased considerably, to 564.9/100,000. 1997-2001 site-specific cancer incidence and mortality rates/100,000 males in Allegany County and New York State, are provided below:

<u>Site of Cancer</u>	<u>Incidence/Allegany</u>	<u>Mortality/Allegany</u>	<u>Incidence/NYS</u>	<u>Mortality/NYS</u>
Prostate	133.0	35.4	163.6	30.5
Lung/Bronchus	109.5	92.7	86.3	67.5
Colorectal	77.2	34.3	73.9	27.3
Colon excl rectum	55.4	29.0	52.6	23.2
Rectum & rectosigmoid	21.8	5.2	21.3	4.1

Urinary Bladder	47.4	15.4	41.1	8.7
Melanoma of the skins	26.1	6.9	13.3	3.4
Non-Hodgkin Lymph	22.2	15.7	23.5	9.9
Oral Cavity/Pharynx	16.4	5.0	15.4	4.1
Leukemias	13.2	7.2	15.7	9.6
Stomach	12.4	1.8	14.9	8.0
Brain/Other Nerv Sys	11.7	4.7	8.2	4.7
Larynx	11.2	2.4	8.2	2.8
Kidney/Renal Pelvis	9.9	2.4	17.7	5.3
Multiple myeloma	9.4	7.4	7.1	4.3
Pancreas	9.3	13.6	14.3	12.9
Esophagus	8.4	12.0	8.5	7.7
Testis	5.7	0.9	5.0	0.2
Liver/intrahepatic duct	4.2	3.8	9.8	7.0
Thyroid	2.5	0.0	4.2	0.4
Hodgkin lymphoma	1.1	1.8	3.6	0.6

Females Between 1976-1995, the incidence rate for “all invasive malignant cancers” in Allegany County females, 310.7/100,000 females, was less than the WNY rate (318.3/100,000). From 1997-2001, the county rate rose to 434.1/100,000, as compared to 449.6/100,000 for New York State. 1997-2001 site-specific cancer incidence and mortality rates/100,000 females in Allegany County and New York State, are provided below:

<u>Site of Cancer</u>	<u>Incidence/Allegany</u>	<u>Mortality/Allegany</u>	<u>Incidence/NYS</u>	<u>Mortality/NYS</u>
Female Breast	117.0	28.8	131.4	28.9
Cervix uteri	11.4	5.6	10.1	3.0
Corpus uterus & NOS	34.7	1.5	27.2	4.8
Ovary	22.7	13.2	15.6	9.1
Lung/Bronchus	69.9	44.9	54.0	38.3
Colorectal	64.7	22.7	54.1	27.3
Colon excl rectum	50.9	22.7	40.9	16.5
Rectum & rectosigmoid	13.8	0.0	13.2	2.4
Urinary Bladder	10.4	4.1	11.4	2.6
Melanoma of the skins	10.3	1.7	8.3	1.5
Non-Hodgkin Lymph	14.3	6.4	16.6	6.6
Oral Cavity/Pharynx	8.2	0.7	6.4	1.5
Leukemias	12.4	7.9	9.7	5.6
Stomach	2.6	1.8	7.1	4.2
Brain/Other Nerv Sys	6.3	3.4	6.1	3.3
Larynx	4.6	1.7	1.9	0.6
Kidney/Renal Pelvis	13.4	2.0	8.7	2.4
Multiple myeloma	2.8	4.3	5.0	3.0
Pancreas	6.6	7.0	11.7	10.0
Esophagus	0.0	0.0	2.6	2.0
Liver/intrahepatic duct	1.7	2.1	3.6	2.9
Thyroid	9.6	0.0	11.3	0.5
Hodgkin lymphoma	1.9	0.0	2.8	0.5

Comparison of Four Leading Male/Female Cancer Incidence and Mortality/100,000

<u>Cancer Site</u>	<u>Incidence</u>		<u>Mortality</u>	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
Breast	--	117.0	--	28.8
Prostate	133.0	--	35.4	--
Lung	109.5	69.9	92.7	44.9
Colorectal	77.2	64.7	34.3	22.7
Colon excluding rectum	55.4	50.9	29.0	22.7

The data shows that the majority of incidences of cancer in both males and females are gender-related. For women, breast cancer incidence is almost double that of the next frequently occurring, lung. For men, prostate cancer incidence is slightly higher than lung cancer and almost double the third leading cancer incidence, colorectal. For mortality, men and women are both dying predominantly of lung cancer, with breast a distant second for women and prostate a far distant second for men.

6. Cancer Screening and Behavior Modification Education Outreach efforts should be developed and expanded upon to increase the number of people getting screened or examined for colorectal cancer, and cancers of the breast and cervix, all of which are able to be diagnosed in their early stages. Prostate cancer should also be included in this list. Data showed the incidence rate for this disease among Allegany County males to be relatively low as compared to the state rate, while mortality rates were higher than the state rate. Prostate cancer is also the number one cancer site for males in Allegany County and the second highest site for mortality.

Educational efforts should also be taken to reduce the increased incidence of and mortality from lung cancer by highlighting the indisputable role that smoking has in the development of this cancer. It is, significantly, the leading cancer for mortality in both males and females in the county. As lung cancer is often the result of continuous tobacco use over many years, educational focus on the dangers of these products should be directed toward children and young adults, in order to affect attitudinal and behavioral changes at an early age. Smoking cessation programs need to be heavily promoted as well.



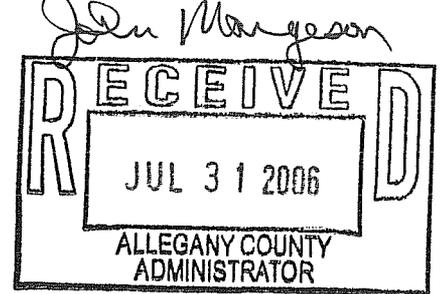
BY FRANK [unreadable] [unreadable] FOUNDATION



**NOT
APPROVED**

HUMAN SERVICES

July 24, 2006



Committee Members Present

R. Truax, K. Kruger, W. Dibble, D. Pullen, D. Russo, D. Burdick

Others Present

K. Toot, T. Hull, G. Ogden, P. Cockle, P. Schmelzer
J. Margeson

Approval of Minutes

The minutes of June 26, 2006 were approved with motions from Legislators Dibble and Kruger.

Office for the Aging

This office requests a resolution to accept \$8000 from the Allegany Senior Foundation (United Way). This funding will be used to provide Personal Emergency Response Systems (Lifelines) to low-income elderly persons in need of this service. Legislator Kruger and Pullen moved on the request. Motion carried. ***Ways and Means/Resolution***

A ***resolution*** is also requested to re-appropriate \$16,000 in funding for the Long Term Care Insurance Education and Outreach Program and the Congregate Services Initiative grants. Legislators Kruger and Pullen moved on the request. Motions carried with referral to ***Ways and Means***.

Committee members were reminder of the Senior Picnic on Thursday, July 27th. Volunteers are needed to serve meals.

Social Services

The department's monthly report was provided noting the continued increase of children in care.

The Department of Social Services requests permission to fill a Senior Account Clerk Typist position in the Support Collection Unit. The position has been filled temporarily since October 2005, and the employee has since taken a disability retirement. Also requested to fill any vacancies that may exist as a result of filling this vacancy. Legislators Pullen and Burdick moved on the request. Motions carried with Legislator Kruger opposed. ***Ways and Means***

Approval to contract with New Directions Youth & Family Services, Inc. for non-secure detention services was requested. The cost per day is \$230 an increase of \$11.00 from last contract. Legislators Pullen and Dibble made the appropriate motions. Carried. Refer to ***County Attorney***.

Health Department

The Department requests a resolution transferring \$10,000 from their Public Health Insurance account to Drinking Water Enhancement Contractual in order to cover the cost of a Water Technician. This has been contracted out instead of being done in-house by our Public Health Sanitarians as originally budgeted in the 2006 budget. The individual the department contracts with is a Certified Water Operator out of Whitesville. A total of 86 surveys need to be completed. After explanation and discussion, Legislators Dibble and Pullen moved on the request. Motions carried. ***Ways and Means/Resolution***

The Department requests permission to fill an Account Clerk Typist position. This position supports the Preschool Special Education and Physically Handicapped Children's Programs. The need to fill this position arose due to the retirement of the current employee effective 7/31/06. Legislators Burdick and Russo moved on the request. Motions carried with referral to ***Ways and Means***.

Permission is also requested to fill a Speech Language Pathologist position. This position supports the Home Health Care Agencies, Preschool Special Education and Physically Handicapped Children's Programs. This need to fill this position arose due to the resignation of the current employee effective 8/4/06. For the department to maintain its operating certificate under the Certified Home Health Care Agency, NYS DOH requires us to have a licensed professional licensed therapist on staff. Legislators Dibble and Pullen moved on the request. Motions carried with referral to ***Ways and Means***.

The Health Department is in need of a refrigerator specific for the storage of vaccine. The cost of the refrigerator is \$5,188 and will be reimbursed through State Aid/Article 6. A transfer of funds from A4011.456 to A4010.206 is needed to cover this cost. Legislator Kruger moved on the transfer with Legislator Burdick seconding. Motions carried. ***Ways and Means***

Adjournment

With no further business to come before this committee the meeting was adjourned at 3:15 pm.

Respectfully submitted,
Teresa Claypool

Request to Fill Position

Date: 7/24/06

Committee of Jurisdiction: Human Services

I would like to fill the following position:

Title: Senior Account Clerk Typist 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 AFSCME bargaining unit.

Grade 10 Step 5 Hourly pay rate \$15.67

Annual salary of position \$28,519 Cost of benefits for position 50.51% of salary

Does this position support a mandated program/ grant? yes

Name of program/grant? Child Support Collection

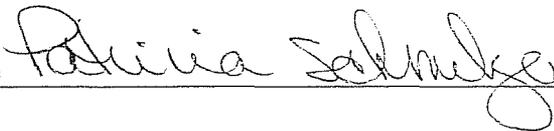
Source of funding for position?

17% County 33% State 50% Federal _____% Other

Amount in current years budget for this position \$28,592

Reason for need to fill this position at this time? Retirement of former employee

Department Head Signature



Date 7/24/06

06/17/03

MEMORANDUM OF EXPLANATION

Intro No. _____
(Clerk's Use Only)

COMMITTEE: Human Services Committee

Date: July 24, 2006

The Allegany County Department of Social Services is requesting permission to fill a Senior Account Clerk Typist position in the Support Collection Unit. Position has been filled temporary since October 2005, and employee has since taken a disability retirement. Also request permission to fill any vacancies that may exist as a result of filling this vacancy.

FISCAL IMPACT: 17% Local Share

For further information regarding this matter, contact:

Patricia Schmelzer, Commissioner
Allegany County Department of Social Services

268-9303

MEMORANDUM OF EXPLANATION

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

COMMITTEE: Human Services Committee

DATE: August 14, 2006

The Health Department requests a resolution transferring \$5,200 from Account A4011.456 – Home Health Aides to Account A4010.206 – Medical Equipment. This transfer is necessary to cover the cost of a Vaccine specific refrigerator for storage of vaccine. Our current refrigerator utilized for vaccine storage is beyond repair and not suitable for vaccine storage (does not maintain the necessary temperature). We have thousands of dollars of vaccines at any given time stored in this unit. The cost of the new refrigerator is \$5,188 and will be reimbursed through State Aid/Article 6. NYS DOH recommends that all Health Departments now utilize the vaccine specific refrigerators for proper storage. The 2006 County Budget should be amended as follows:

Budget:

<u>From Account #:</u>	<u>To Account #:</u>	<u>Amount:</u>
4011.456 – Home Health Aides	4010.206 – Medical Equipment	\$5,200

FISCAL IMPACT: NONE, 100% reimbursable.

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: July 24, 2006

The Health Department requests permission to fill a Speech Language Pathologist position. This position supports the Home Health Care Agency (Traditional & Long-Term programs), Preschool Special Education and Physically Handicapped Children's Programs. The need to fill this position arose due to the resignation of the current employee effective 8/4/06.

This is a Section 4 position, which means the County negotiates/sets the base salary for a new hire to this position. There is no grade/step specific to this title.

For the DOH to maintain it's operating certificate under the Certified Home Health Care Agency, NYS DOH requires us to have a licensed professional licensed therapist on staff.

The position is reimbursed through State Aid/Article 6, Medicaid, Medicare, Private Insurance and Self-Pay revenue.

Please see the request to fill position form attached.

FISCAL IMPACT: NONE, included in the current 2006 budget. Included in the proposed 2007-operating budget.

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: July 24, 2006

The Health Department requests permission to fill an Account Clerk Typist position. This position supports the Preschool Special Education and Physically Handicapped Children's Programs. The need to fill this position arose due to the retirement of the current employee effective 7/31/06.

The position is reimbursed through State Aid and the Children With Special Health Care Needs Grant.

Please see the request to fill position form attached.

FISCAL IMPACT: NONE, included in the current 2006 budget. Included in the proposed 2007 operating budget.

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

Reintroduction of MOE

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

COMMITTEE: Human Services Committee

DATE: July 24, 2006

The Health Department requests a resolution transferring \$10,000 from our Public Health Insurance account to Drinking Water Enhancement Contractual in order to cover the cost of a Water Technician. This has been contracted out instead of being done in-house by our Public Health Sanitarians as originally budgeted in the 2006 County Budget. A copy of the contract for the Water Technician is attached. This position was included in the grant budget, which was effective 4/1/06, in the amount of \$10,000 and approved by NYS DOH. The 2006 County Budget should be amended as follows:

Budget:

<u>From Account #:</u>	<u>To Account #:</u>	<u>Amount:</u>
4010.406 – Insurance .	4050.456 – Contractual	\$10,000

Revenue: No affect on revenue account number A10.3450.09

FISCAL IMPACT: Increase's the cost of Public Health Activities by \$6,400
(\$10,000 is reimbursed at a rate of 36% or \$3,600 which leaves a
County contribution of \$6,400)

For further information regarding this matter, contact:

Pamela L. Cockle, Accountant - ACDOH _____ X458

Tom Hull, Deputy Public Health Director _____ X254

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

MEMORANDUM OF EXPLANATION

Intro No. _____
(Clerk's Use Only)

COMMITTEE: Human Services Committee

Date: July 24, 2006

The Allegany County Department of Social Services is requesting permission to fill a Senior Account Clerk Typist position in the Support Collection Unit. Position has been filled temporary since October 2005, and employee has since taken a disability retirement. Also request permission to fill any vacancies that may exist as a result of filling this vacancy.

FISCAL IMPACT: 17% Local Share

For further information regarding this matter, contact:

Patricia Schmelzer, Commissioner
Allegany County Department of Social Services

268-9303

MEMORANDUM OF EXPLANATION

For acceptance and budgeting of GRANTS

INTRODUCTION NO: _____

(Clerk's use only)

Committee of Jurisdiction: Human Services Date: July 24, 2006

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 re-appropriate \$16,000.00 in funding from 2005 for the Long Term Care Insurance Education and Outreach Program (LTCIEOP) and the Congregate Services Initiative (CSI) grants. These are grants with Fiscal years of 4/1/05 – 3/31/06. More of the funding was spent in 2006 than in 2005.

Appropriations (\$16,000.00)

A 6780.101 Regular Pay	\$ 3,000.00
A 6780.201 Office Equipment	\$ 1,500.00
A 6780.401 Postage	\$ 2,000.00
A6780.407 Office Supplies	\$ 1,000.00
A6780.408 General Suppl.	\$ 1,000.00
A6780.409 Fees	\$ 500.00
A6780.413 Personal Prop.	\$ 1,000.00
A6780.419 Printing	\$ 2,000.00
A6780.424 Ads	\$ 2,000.00
A6780.802 Retirement	\$ 1,000.00
A6785.402 Mileage	\$ 400.00
A6785.409 Fees	\$ 600.00

Revenues (\$16,000.00)

A 10 3772.06 CSI	\$ 1,000.00
A 10 3772.678 LTCIP	\$15,000.00

FISCAL IMPACT: Total grant: 16,000.00
Local county share: 0.00
A 10 3772.06 \$ 1,000.00
State Grant? YES Revenue # A 10 3772.6780 \$ 15,000.00
if Federal, please list Federal Catalog of Federal Domestic Assistance

(CFDA) number _____ - _____

This grant is X renewal of existing grant funded program or _____ 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: State funding.

Department Head Signature



MEMORANDUM OF EXPLANATION

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

COMMITTEE: Human Services

DATE: July 24, 2006

The Office for the Aging requests a resolution to accept \$8,000 from the Allegany Senior Foundation (United Way). 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 \$8,000.00

Increase Revenue Account #

A 02 1972.09 CSE Contributions \$8,000.00

FISCAL IMPACT: Increase contributions.

For further information regarding this matter, contact:

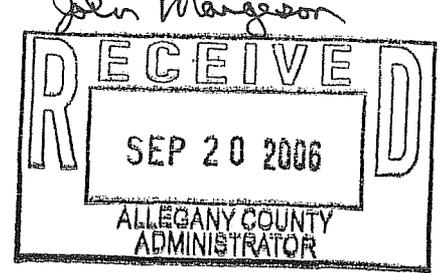
Kim Toot, Director Office for the Aging
Name and Department

(585) 268-9390
Telephone

**NOT
APPROVED**

HUMAN SERVICES

August 28, 2006



Committee Members Present

R. Truax, K. Kruger, W. Dibble, D. Russo, D. Pullen, D. Burdick

Others Present

K. Toot, P. Schmelzer, G. Ogden, J. Margeson

Approval of Minutes

The minutes of July 24, 2006 were approved with motions from Legislators Russo and Dibble.

Office for the Aging

Due to changes implemented by the State the processing of HEAP applications is beginning much earlier than in the past seasons. The contract between the Allegany County Department of Social Services and the Office for the Aging has increased from \$23,000.00 to \$32,000.00. A resolution is requested to increase revenue and expenditure accounts appropriately by \$9000.00. ***Ways and Means Resolution***

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

Social Services

The Department's monthly report was presented.

A request to fill a Caseworker position in the foster care unit vacant due to retirement was made. Also requested to fill any vacancies that may occur as a result of filling this vacancy. After brief discussion, Legislator Dibble moved on the request, with Legislator Russo seconding. Motion carried with Legislator Kruger opposing. ***Ways and Means***

Health Department

The Department asks for approval to enter into a contract with eight counties of Western New York for the purpose of the Centers of Disease Control project entitled, "Public Health Preparedness/Response to Bioterrorism". This contract has been approved by the County Attorney. Legislators Dibble and Burdick made appropriate motions. Motions carried. ***Ways and Means***

A request to transfer \$7500 from Long Term Home Health Care accounts to the WiC Program to cover rent expenses associated with the new leased property was made. Legislator Dibble moved on the request, with Legislator Pullen seconding. Motion carried.

The ACDOH requests approval to fill a Public Health Nurse position vacated due to an individual out on disability. The position covers the alternate work schedule of Wednesday through Saturday. Legislator Pullen moved on the request, with Legislator Dibble seconding. Motion carried. ***Ways and Means***

The subject of "portable connectivity devices", ex. "blackberry" was discussed briefly. Suggested that a policy be established for these devices. ***Ways and Means***

Other Business

Mr. Margeson asked this committee their wishes in reference to sending out a RFP for competitive bidding of specific home care services. (ex. HHA, etc) After discussion, Legislator Pullen moved to do this, with Legislator Dibble seconding. Motion carried.

Adjournment

With no further business to discuss, the meeting was adjourned at 4:10 pm.

Respectfully submitted,
Teresa Claypool

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

OFFICE FOR THE AGING MONTHLY REPORT

July 2006

Year-to-date 1/01/06 – 7/31/06

TOTAL PEOPLE AGE 60+	1358	PERCENT OF TOTAL
LOW INCOME	789	58%
LOW INCOME MINORITY	8	1%
FRAIL/DISABLED	769	57%
AGE 75-84	482	35%
AGE 85+	409	30%
LIVES ALONE	743	55%
VETERAN	160	12%

UNITS OF SERVICE

SERVICES PROVIDED	NO. PEOPLE	SERVICE THIS MONTH	PREVIOUS MONTH	SAME MONTH LAST YEAR	TOTAL 2006
HOMEMAKING/PERSONAL CARE	54	334	378	273	1,967
HOUSEKEEPING/CHORE	83	646	669	526	3,719
CASE MANAGEMENT	93	93	91	106	672
NUTRITION COUNSELING	9	2	1	2	11
TRANSPORTATION	95	312	324	307	1,774
INFORMATION AND ASSISTANCE	1,203	925	845	997	5,703
OUTREACH	2	15	7	16	40
IN-HOME CONTACT & SUPPORT	24	136	141	40	875
PERSONAL EMERG. RESPONSE	115	92	91	68	590
CAREGIVER SERVICES	37	9	2	8	36
LEGAL SERVICES	9	4	0	2	25
LTC OMBUDSMAN	237	174	144	104	759
OTHER (HEAP, HOME REPAIR)	703	24	40	62	874
MEALS-ON-WHEELS	562	7,767	8,359	7,964	47,434
CONGREGATE MEALS	404	1,614	2,068	2,094	13,522
				TOTAL MEALS	60,956

PROGRAMS PROVIDED – July 2006

- Senior Picnic
- Bone Builders program – 11 locations
- Personal Emergency Response Systems – Alfred, Belmont, Whitesville, Bolivar, Fillmore
- A Taste of Whole Wheat – Canaseraga, Cuba, Bolivar, Belmont, Friendship
- Farmers Market Coupon distribution - Bolivar
- In-service for LTC Ombudsman volunteers
- Two caregiver support groups – Belmont, Wellsville

Telephone Calls July – 1487



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

PATRICIA SCHMELZER
Commissioner

MONTHLY REPORT TO THE HUMAN SERVICES COMMITTEE

Submitted August 28, 2006

	July, 2006	June, 2006	July, 2005
Temporary Assistance Cases	483	475	476
TANF	285	284	293
CAP	6	5	5
Safety Net Singles	157	153	148
Safety Net Families	35	33	30
Non-FA Medicaid	4,047	4,056	4,063
Family Health Plus	684	712	746
Food Stamps Only	1,905	1,891	1,876
Child Care Only	135	128	160
Child Protective Services			
Hotline Calls	73	69	49
Total Active Cases	239	212	259
Foster Care & Adoption Services			
Total number children in care	98	103	81
Preventive Services			
Total number receiving services	74	70	81
Adult Protective/Preventive Services			
Open Cases	28	26	29
Home Care & Related Services			
Personal Care Cases	92	93	103
Other (Care at Home/Private Duty)	10	10	10
Long Term Care Cases*	49	49	40
CDPAP Cases	21	21	25

Respectfully Submitted,

Patricia Schmelzer, MSW
Commissioner

MEMORANDUM OF EXPLANATION

Intro No. _____
(Clerk's Use Only)

COMMITTEE: Human Services Committee

Date: August 28, 2006

The Allegany County Department of Social Services is requesting permission to fill a Caseworker position. This position is in the foster care unit. Position is vacant due to retirement. I also request permission to fill any vacancies that may occur as a result of filling this vacancy.

FISCAL IMPACT: 25% Local Share
:
:
:

For further information regarding this matter, contact:

Patricia Schmelzer, Commissioner
Allegany County Department of Social Services

268-9303

Request to Fill Position

Date: 8/28/06 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? X Newly Created Position? ___ created by Resolution # _____

This position will be:

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

This position will be:

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

Grade 16 Step 1 Hourly pay rate \$16.88

Annual salary of position \$29,666 Cost of benefits for position 50.51% of salary

Does this position support a mandated program/ grant? yes

Name of program/grant? Foster Care

Source of funding for position?

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

Amount in current years budget for this position \$29,666

Reason for need to fill this position at this time? Retirement of former employee

Department Head Signature



Date 8/28/06

06/17/03

MEMORANDUM OF EXPLANATION

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

COMMITTEE: Human Services

Date: August 28, 2006

The Allegany County Department of Health requests approval to fill a Public Health Nurse position vacated due to disability. The position covers the alternate work schedule of Wednesday through Saturday, alleviating a good portion of overtime required to cover weekend visits.

FISCAL IMPACT: None, monies in current budget.

For further information regarding this matter, contact:

Gary W. Ogden, MD, Public Health Director

COPY

Low Income Home Energy Assistance Act Agreement

This agreement, made by and between the Allegany County Department of Social Services, 7 Court Street, Belmont, NY 14813 (the "Department of Social Services") and Allegany County Office for the Aging, with offices located at 17 Court Street, Belmont, NY 14813 (the "Contractor") regarding the Home Energy Assistance Program (HEAP).

Witnesseth:

Whereas the Department of Social Services requires a service agreement with a qualified provider to comply with the Social Services Law of the State of New York and the rules and regulations of Title 18 NYCRR, specifically that the County of Allegany shall provide for a comprehensive program of assistance and care to supply the basic needs of those eligible individuals living within the county who qualify for need assistance and care (benefits referred to as the "service"), and

Whereas the Department of Social Services has heretofore requested proposals relative to the provision of HEAP outreach and certification services to low-income residents of Allegany County, especially households with elderly and handicapped individuals, consistent with the New York State Plan and regulations, and

Whereas the Contractor has heretofore submitted a proposal for provision of such HEAP services, and

Whereas the Contractor in consultation with the Department of Social Services has agreed to provide HEAP services for specified and agreed to fees as stated in Article VII of this agreement,

Whereas the Department of Social Services has accepted the offer of the Contractor to provide HEAP services,

Now, therefore, the parties, hereto do partially covenant and agree as follows:

I. The Contractor shall:

- a) Assume responsibility for performance of outreach activities in connection with HEAP consistent with the State Plan and regulations. The conduct of such outreach activities shall be designed to assure that eligible households, especially households with elderly individuals or handicapped individuals, or both, are made aware of the assistance available under HEAP.
- b) Assume responsibility for certifying eligible low income households in connection with HEAP in accordance with the State Plan, State-issued policy instructions and/or operation manuals. Contractor agrees to process applications in a timely manner, within the prescribed deadlines as set by the State. Contractor agrees to processing targeted applications during the early mail out period.

- c) Make applications available with appropriate instructions where to apply for any person requesting an application.
- d) Comply with program policy directives from the county concerning the provision of assistance or referral services to eligible households in cases of energy emergencies.
- e) Assist the Department of Social Services in the ongoing review and monitoring of HEAP including the provision to the Department of any information and reports necessary for the proper and efficient administration and evaluation of HEAP.
- f) In connection with HEAP fair hearings, provide appropriate witnesses, representatives and documents as requested by the Department of Social Services.
- g) Permit and cooperate with Federal and/or State investigations undertaken in accordance with Section 2605 of the Low Income Home Energy Assistance Act of 1981 and also State Investigations for Fraud.

II. The Department of Social Services shall:

- a) Retain overall supervision of HEAP, within the County.
- b) Have the responsibility for the exercise of administrative and policy discretion with respect to the implementation and operation of HEAP; recording and accounting procedures, and monitoring of contractor performance.
- c) Supply all HEAP forms and instructions for completion and other related materials, as needed.

III. Personnel:

The employees performing under this agreement will continue to report to their own supervisors. However, as the Commissioner of Social Services bears the full responsibility for the HEAP program, the Commissioner of Social Services has the right to have reassigned any employee performing under the contract and to request retention, restatement or reassignment of any contract employee(s) who may have been removed.

IV. Records.

The Contractor agrees to keep records relating to this agreement for a period of six (6) years. The aforesaid recordance subject to audit by the Department of Social Services, the New York State Department of Family Assistance, the New York State Department of the Comptroller and the United States Department of Health and Human Services. The Contractor agrees to provide

the aforesaid governmental agencies and their duly authorized representatives with full access to aforesaid records.

V. Term.

The term of this agreement shall commence on August 28, 2006 and terminate on August 27, 2007. The agreement may be extended for additional periods of time upon mutual written agreement of the parties.

VI. Termination.

This Contract may be terminated by notice to the other party.

VII. Compensation

The Contract maximum for the term of this agreement is \$32,000.00. There must be an acceptable cost allocation base for determining costs payable by Department of Social Services under this contract. The contractor agrees to maintain books, records, documents, and other evidence of accounting procedures and practices which sufficiently and properly reflect all direct and indirect costs of any nature expended in the performance of this agreement. Department of Social Services and Contractor may amend this agreement in the event additional administrative funds become available. Department of Social Services will pay Contractor by an interdepartmental billing process.

VIII. Non-Discrimination Provisions

- a) The Contractor agrees to ensure that no person shall on the ground of race, color, national origin or sex be excluded from participation in, be denied the benefits of or be subjected to discrimination under any activity funded in whole or in part with funds made available under the Low Income Home Energy Assistance Act of 1981. Any prohibition against discrimination on the basis of age under the Age Discrimination Act of 1975 or with respect to an otherwise qualified handicapped individual as provided in Section 504 of the Rehabilitation Act of 1973 also shall apply to any such program or activity.
- b) The Contractor agrees to observe the Civil Rights Act of 1964 as amended, Executive Order 11246 entitled "Equal Employment Opportunity" and regulations issued there under by the Department of Labor contained in 40 CFR Part 60.
- c) The Contractor agrees to observe all applicable regulations issued by the Department of Health and Human Services in implementing the Rehabilitation Act of 1973 contained in 45 CFR Parts 84 and 85 entitled "Non-Discrimination on the Basis of Handicap in Programs and Activities Receiving or Benefiting from Federal Financial Assistance."

IX. Confidentiality of Information

The Contractor shall treat all information, and in particular information relating to recipients, which is obtained by it through its performance under the contract as confidential information to the extent that confidential treatment is provided under New York State and Federal Law, and shall not use any information so obtained in any manner except as necessary to the proper discharge of its obligations and securement of its rights hereunder.

X. Signatures

In witness whereby, the parties herein have signed this HEAP Agreement for the 2006-2007 year on the day and year opposite their signatures.

Allegany County
Department of Social Services

Dated: 8/14/06

by: Patricia Schmelzer
Title: Commissioner

Contractor

Dated: 8/18/06

by: Kimberley Toxt
Title: 8/18/06

On this 17th day of August 2006, before me personally came Patricia Schmelzer to me known, who being duly sworn, did depose and say that she resides in the Village of Belmont; that she is the Commissioner of the Allegany County Department of Social Services and that they are duly authorized to execute the above instrument on behalf of the District described herein.

MARJORIE J. PERKINS
Notary Public, State of New York
Allegany County No. 4525162
Commission Expires 6/30/12

Maureen J. Perkins
Notary Public

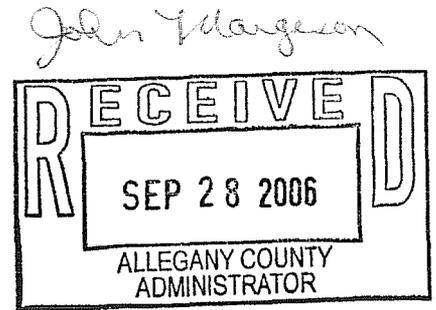
On this 18th day of August 2006, before me personally came Kimberley Toxt to me known, who being duly sworn, did depose and say that they reside in Village of Wellsville; that they are the Director of the Office for the Aging and that they are duly authorized to execute the above instrument on behalf of the Contractor described herein.

Julie Hoshal
Notary Public

**NOT
APPROVED**

Human Services

September 25, 2006



Committee Members Present

R. Truax, W. Dibble, D. Russo, D. Pullen, D. Burdick

Others Present

K. Toot, P. Schmelzer, T. Hull, J. Margeson, R. Anderson

Approval of Minutes

The minutes of August 28, 2006 were approved with motions from Legislators Dibble and Russo.

Community Services

A request to transfer \$25,000 was made. The funds are used for "Camp-Get-Away". Legislator Dibble moved on the request with Legislator Russo seconding. Motions carried. **Ways and Means**

ARA has taken over the "positive drop in center". A transfer of monies is requested to appropriate accounts (.4 to .2) totaling \$17,209. Legislators Dibble and Pullen made the motions approving the transfer. Motions carried. **Ways and Means**

Office for Aging

This agency has received additional monies from the Federal Older Americans Act grants and asks for committee approval to accept \$23,837. Legislators Dibble and Pullen moved on the request. Motions carried.

Ways and Means

The Allegany County Office for the Aging requests a transfer from .2 to .4 accounts totaling \$500 within the Title VII Ombudsman budget. Legislators Dibble and Pullen moved on the request. Motions carried.

The department's monthly report was provided, noting an increase in telephone calls. This is likely due to the HEAP season starting earlier this year.

Ms. Toot asked that consideration be made to some of jail kitchen equipment be used by the caterers who provide food for OFA clients. She has received a list of the equipment needed by them. Committee thought this was appropriate.

It was also requested that the committee take a tour of the offices being used by OFA to view for themselves the condition of the building. It was requested by the committee to set up a date and invite all legislators.

Health Department

It is again that time when the State wants the County to accept ATUPA monies. This year they have increased the amount for the purposes of going out after hours to see if the Clean Indoor Air Law is being adhered to. Mr. Hull explained the history behind this program funded by the State. The Health Department has always felt it their priority to educate the retailers and consumers, and to provide enforcement when necessary.

In a related matter, a letter was received from Tri County Tobacco Control Program/Chautaugua County stating that our policy (Clean Indoor Air Law) is ineffective and asks what changes we intend to implement to make sure establishments are in compliance with the law. The Allegany County Department of Health has their own policy on the enforcement of the Clean Indoor Air Law. It is not being ignored, but they are not going out to establishments for the purpose of finding this violation. The Tri County Tobacco Control Program sent individuals out to bars and/or bars with restaurant facilities to see if there was smoking taking place. They received \$30 for each establishment found in violation. They also targeted only bar businesses.

It is felt by the Health Department and the Board of Health that the ATUPA monies **not** be accepted. The Department feels that education on the subject is the best action to take. Complaints received are handled appropriately with fines imposed when necessary. Legislators Dibble and Burdick moved that the County not accept the monies.

Social Services

Commissioner Schmelzer presented an employee chart along with a presentation on the staffing of the Department of Social Services. In summary, in 2000 the department employed 119 individuals, in 2006 the department employees 108; 17 positions abolished. 6 positions have been created. The agency also provides funding for positions in other departments. In comparing caseloads, although they moved to different programs in the department, have increased from 2000-2006.

The Allegany County Department of Social Services requests approval to fill a Caseworker position and any vacancies that may occur as a result of filling this position. The position is vacant due to a resignation. Legislators Russo and Dibble moved on the request. Motion carried. ***Ways and Means***

Executive Session

Legislators Pullen and Dibble moved to hold executive session to discuss the salary of a particular individual in the Community Services agency. Motions carried.

Respectfully submitted,
Teresa Claypool

R E F E R R A L

NAME OF COMMITTEE:

MEETING DATE:

Human Services

September 25, 2006

TO: Ways & Means

RE: Budget changes

Increase in Federal revenue

DATE REFERRED: _____



COMMITTEE CHAIRMAN

By: _____

MEMORANDUM OF EXPLANATION

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

COMMITTEE: Human Services

DATE: September 25, 2006

The Allegany County Office for the Aging requests the following transfer within the Title VII Ombudsman budget (Account #A6781).

<u>FROM</u>	<u>TO</u>	<u>AMOUNT</u>
A6781.201 Office Equip.	A6781.409 Fees	\$ 500.00

FISCAL IMPACT: Transfer funds.

For further information regarding this matter, contact:

Kim Toot, Office for the Aging
Name and Department

268-9390
Telephone

MEMORANDUM OF EXPLANATION

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

COMMITTEE: Human Services

DATE: 9/25/06

Camp Get-Away

Revenue A10390.0005	\$26,143
Increase A4313.463	26,143

FISCAL IMPACT: None

For further information regarding this matter, contact:

Robert W. Anderson, Ph.D.
Name and Department

585-593-1991
Telephone Number

MEMORANDUM OF EXPLANATION

For acceptance and budgeting of GRANTS

INTRODUCTION NO: _____

(Clerk's use only)

Committee of Jurisdiction: Human Services

Date: September 25, 2006

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 (\$23,837)

A 6773.402	Mileage	\$ 2,304
A 6782.101	Personal	\$ 6,559
A 6782.402	Mileage	\$ 1,700
A 6782.405	Conference	\$ 800
A 6782.407	Office Supplies	\$ 500
A6782.408	General Supplies	\$ 1,000
A6782.416	Telephone	\$ 1,500
A6782.806	Health Insurance	\$ 2,841
A6783.402	Mileage	\$ 631
A6783.408	General Supplies	\$ 400
A6786.474	Home Care	\$ 5,602

Revenues (\$23,837)

A 11 4772.01 Title III-B Federal	\$ 2,304
A 11 4772.06 Title III-CAP Federal	\$ 14,900
A 11 4772.07 Title III-D Federal	\$ 1,031
A 11 4772.10 Title III-E Federal	\$ 5,602

FISCAL IMPACT: Total grant: \$23,837
Local county share: \$ 0

			(CFDA) Numbers
Federal Grant? <u>Y</u>	Revenue # A 11 4772.01	\$ 2,304.00	93-044
	Revenue # A 11 4772.06	\$14,900.00	93-779
	Revenue # A 11 4772.07	\$ 1,031.00	93-043
	Revenue # A 11 4772.10	\$ 5,602.00	93-052

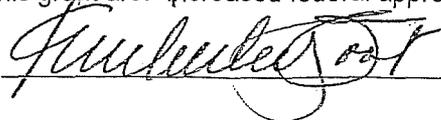
This grant is renewal of existing grant funded program or _____ new grant fund program.

Grant Fiscal Year- 01/01/06 – 12/31/06 & 04/01/06 – 03/31/07

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

FROM: Mental Health – Community Services

TO: John E. Margeson, County Administrator
 -and-
 Terri L. Ross, County Treasurer

PLEASE MAKE THE FOLLOWING TRANSFERS:

BUDGET:

<u>From Account No.</u>	<u>To Account No.</u>	<u>Amount</u>
	Total	<u>\$ 0.00</u>

EXPENDITURES:

<u>Check Date</u>	<u>Check #</u>	<u>From Account No.</u>	<u>To Account No.</u>	<u>Amount</u>
7/24/06	319766	A4310.409 Fees	A4313.463 Camp-Get-Away	\$25,000
			Total	<u>\$ 25,000</u>

Dept. Authorization:  Dated: 25 SEP 06

Co. Admin. Authorization: _____ Dated: _____

Committee Authorization: _____ Dated: _____

Submit this form to County Administrator to authorize individual departmental transfers or funds within any personal services, equipment or contractual expenses appropriation account in amounts of less than \$5,000.00 per transaction. All other transactions must have Committee of Jurisdiction approval.

REFERRAL

NAME OF COMMITTEE:

MEETING DATE:

Human Services Committee

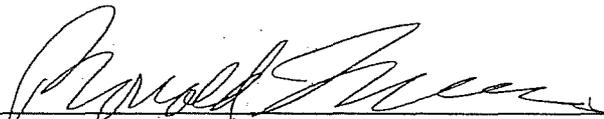
September 25, 2006

TO: _____

RE: Request to fill Caseworker position

The Department of Social Services requests permission to fill a Caseworker position and any vacancies that may occur as a result of filling this position.

DATE REFERRED: 9/25/06



COMMITTEE CHAIRMAN

By: _____

MEMORANDUM OF EXPLANATION

Intro No. _____
(Clerk's Use Only)

COMMITTEE: Human Services Committee

Date: September 25, 2006

The Allegany County Department of Social Services is requesting permission to fill a Caseworker position. This position is for the Pins Early Diversion Program. The position is vacant due to a resignation. I also request permission to fill any vacancies that may occur as a result of filling this vacancy.

FISCAL IMPACT: Position and fringes are budgeted.
There are no local share dollars, funded through TANF.

For further information regarding this matter, contact:

Patricia Schmelzer, Commissioner
Allegany County Department of Social Services

268-9303

Request to Fill Position

Date: 9/25/06 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? X Newly Created Position? ___ created by Resolution # _____

This position will be:

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

This position will be:

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

Grade 16 Step 1 Hourly pay rate \$16.88

Annual salary of position \$29,666 Cost of benefits for position 50.51% of salary

Does this position support a mandated program/ grant? No

Name of program/grant? PINS Diversion

Source of funding for position?

0% County 0% State 100% Federal _____% Other

Amount in current years budget for this position \$29,666

Reason for need to fill this position at this time? Resignation of former employee

Department Head Signature



Date 9/25/06

06/17/03

MEMORANDUM OF EXPLANATION

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

COMMITTEE: Human Services

DATE: 9/25/06

Please make the following transfers:

<u>From Account No.</u>		<u>To Account No.</u>	<u>Amount</u>
A4314.462	Pos. Drop-In Ctr.	A4310.204	Motor Vehicle 10,325
A4315.459	"	A4310.204	" 4,384
A4315.459	Pos. Drop-In Ctr.	A4310.201	Equipment 2,500
Total			17,209

FISCAL IMPACT: None

For further information regarding this matter, contact:

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

585-593-1991

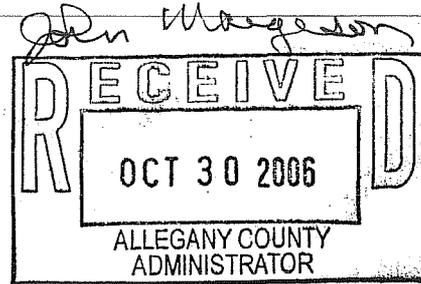
Name and Department

Telephone Number

**NOT
APPROVED**

Human Services

October 23, 2006



Committee Members Present

R. Truax, W. Dibble, D. Russo, D. Pullen, D. Burdick, K. Kruger

Others Present

K. Toot, P. Schmelzer, T. Hull, P. Cockle, J. Margeson

Approval of Minutes

The minutes of September 25, 2006 were approved with motions from Legislators Russo and Kruger. Motions carried.

Office for the Aging

The Department's monthly report was provided for committee information noting an annual total of over 90,000 meals being provided.

Approval for transfers totaling \$5600 within major accounts was given with motions from Legislators Kruger and Russo. Motions carried.

Motions were made by Legislators Kruger and Russo to finalize revenues and appropriations from Office for the Aging State and Federal grants totaling \$11,837.00. Carried. **Ways and Means**

The Office for the Aging requests a resolution to increase revenue and expenditure accounts by \$15,800.00. This is due to unbudgeted increases in client contributions and the number of clients receiving Long Term Home Health Care funds on the mobile meals program. Legislators Dibble and Kruger made the appropriate motions. Motions carried. **Ways and Means**

A resolution is requested to move monies between major accounts to have enough funds for home delivered and luncheon center meals in the Nutrition Program budget to finish out the year (\$15,000) The transfer was approved with motions from Legislators Russo and Pullen. Motions carried.

Resolution

There was brief discussion on the "single point of entry". Ms. Toot stated that the different agencies continue to work on this, but are going slowly to assure that everything necessary is in place.

Social Services

The monthly report was provided for the committee's information.

The Department requests permission to fill an Employment Specialist position and any vacancies that may occur as a result of filling this position. The request is made due to the retirement of individual holding the position. Legislator Dibble moved on the request, with Legislator Burdick seconding. Motions carried with Legislator Kruger opposed. **Ways and Means**

The Department also requests permission to fill a Support Investigator position and any vacancies that may occur as a result of filling this position. This position will be vacant also due to retirement. Legislators Dibble and Burdick moved on the request. Motions carried with Legislator Kruger opposing. **Ways and Means**

Health Department

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, 2006 through August 31, 2007 for Cattaraugus-Allegany BOCES, Pathways, Inc, and Kid-Start. Legislator Dibble moved on the request, with Legislator Kruger seconding. Motions carried. **Ways and Means**

The Department requests approval to accept funding in the amount of \$227,033 for Women, Infant, and Children's Program (WIC). Legislator Kruger moved on the request, with Legislator Russo seconding. Motions carried. **Ways and Means**

It was also requested to accept funding in the amount of \$75,000 for Bio-Terrorism and Pandemic Flu planning. Legislators Kruger and Russo made the appropriate motions. Motions carried. **Ways and Means**

A resolution was requested to transfer monies within miscellaneous accounts necessary to bring back into good standing and to further meet projected expenditures through 12/31/06. Legislators Dibble and Pullen made the appropriate motions. Motions carried. **Resolution**

Other Business

The Community Services Board requests that this committee appoint Sharon Hibbard to the Community Services Board to replace Kathryn Guiney for the remainder of her four-year term beginning immediately and expiring December 31, 2009. Legislator Dibble moved on this appointment, with Legislator Russo seconding. Motion carried.

Adjournment

There being no further business to come before this committee, the meeting was adjourned at 4:30 pm.

Respectfully submitted,
Teresa Claypool

MEMORANDUM

FROM: Office for the Aging
(Department)

TO: John E. Margeson, County Administrator
-and-
Terri L. Ross, County Treasurer

PLEASE MAKE THE FOLLOWING TRANSFERS:

BUDGET:

<u>From Account No.</u>	<u>To Account No.</u>	<u>Amount</u>
A6776.474 Subcontractors	A6776.101 Regular Pay	\$ 2,000.00
A6776.474 Subcontractors	A6776.802 Retirement	500.00
A6777.806 Health Insurance	A6777.101 Regular Pay	1,700.00
A6784.408 General Supplies	A6784.101 Regular Pay	1,100.00
A6784.408 General Supplies	A6784.805 Disability	300.00

TOTAL: = \$ 5,600.00

EXPENDITURES:

<u>Date of Check</u>	<u>Check #</u>	<u>From Account No.</u>	<u>To Account No.</u>	
				\$

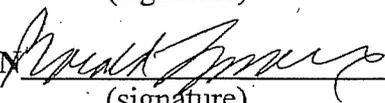
TOTAL: = \$ _____

DEPT. AUTHORIZATION: 
(signature)

DATED: October 23, 2006

CO. ADMIN. AUTHORIZATION _____
(signature)

DATED: October 23, 2006

COMMITTEE AUTHORIZATION 
(signature)

DATED: October 23, 2006

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

MEMORANDUM OF EXPLANATION

For acceptance and budgeting of GRANTS

INTRODUCTION NO: _____

(Clerk's use only)

Committee of Jurisdiction: Human Services

Date: October 23, 2006

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 & Federal grants. Please appropriate funding as follows:

Appropriations (\$11,837)

A 6772.474	Caterer	\$ 5,100.00
A 6779.101	Regular Pay	\$ 2,900.00
A 6779.402	Mileage	\$ 3,237.00
A 6779.806	Health Ins	<u>\$ 600.00</u>
		\$ 6,737.00

Revenues (\$11,837.00)

A 11 4772.03 III-C NSIP	\$ 5,100.00
A 10 3772.01 SNAP	<u>\$ 6,737.00</u>
	\$11,837.00

FISCAL IMPACT: Total grant: \$11,837.00
Local county share: \$ 0

Federal Grant? Y (\$2,900.00)

(CFDA) Numbers
93.053

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

Grant Fiscal Year- 10/01/05 – 9/30/06 & 04/01/06 – 03/31/07

Obligation of County after grant expires: None

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

Department Head Signature _____



MEMORANDUM OF EXPLANATION

Intro No. _____
(Clerk's Use Only)

COMMITTEE: Human Services Committee

Date: October 23, 2006

The Allegany County Department of Social Services is requesting permission to fill an Employment Specialist Position, and any vacancies that may occur as a result. This position was vacated 9/29/06, due to retirement. This position is responsible for assessment and tracking of employment activities for DSS clients, including explanation and scheduling of Job Trak.

FISCAL IMPACT: Position and fringes are budgeted.
Position is funded with 25% local dollars.

For further information regarding this matter, contact:

Patricia Schmelzer, Commissioner
Allegany County Department of Social Services

268-9303

Request to Fill Position

Date: 10/23/06 Committee of Jurisdiction: Human Services

I would like to fill the following position:

Title: Support Investigator Department: Social Services

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

This position is an:

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

This position will be:

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

This position will be:

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

Grade 15 Step 3 Hourly pay rate \$17.48

Annual salary of position \$31,814 Cost of benefits for position 50.51% of salary

Does this position support a mandated program/ grant? Yes

Name of program/grant? Child Support Enforcement

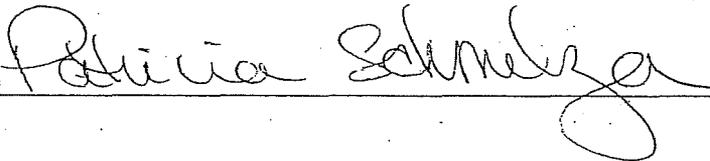
Source of funding for position?

17% County 33% State 50% Federal _____ % Other

Amount in current years budget for this position \$34,635

Reason for need to fill this position at this time? Retirement of former employee

Department Head Signature



Date 10/23/06

MEMORANDUM OF EXPLANATION

Intro No. _____
(Clerk's Use Only)

COMMITTEE: Human Services Committee

Date: October 23, 2006

The Allegany County Department of Social Services is requesting permission to fill a Child Support Investigator position, and any vacancies that may occur as a result of filling this position. This position will soon be vacated due to a retirement. This position is responsible for child support establishment and enforcement of child support orders. The child support unit has had a reduction in staffing from 15 in 2001, to 13 in 2006. In 2005, the child support unit collected \$6,036,894.

FISCAL IMPACT: Position and fringes are budgeted.
Position is funded with 17% local dollars.

For further information regarding this matter, contact:

Patricia Schmelzer, Commissioner
Allegany County Department of Social Services

268-9303

MEMORANDUM OF EXPLANATION

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

COMMITTEE: Human Services Committee **Date:** October 23, 2006

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, 2006 through August 31, 2007 for the following:

Cattaraugus-Allegany Board of Cooperative Educational Services
Pathways, Inc.
Kid-Start, Livingston Wyoming ARC

FISCAL IMPACT: Dependent on Services Indicated

For further information regarding this matter, contact:

Gary W. Ogden, MD, 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: October 23, 2006

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 Department of Health requests permission to accept funding in the amount of \$227,033 for Women, Infant, and Children's Program (WIC). The following adjustments should be made to the 2006 budget to bring both appropriation and revenue accounts to the funding amount of \$227,033. We are requesting permission to accept the funding and to execute the contract and work plan.

Appropriations: \$21,805 (currently budgeted at \$205,228 in 06 budget)

A4190.201 – Office Equipment	\$1,000
A4190.408 – Medical Supplies	\$10,000
A4190.456 – Contractual Staff	\$10,805

Revenues: \$2,330 (currently budgeted at \$224,703 in the 06 budget)

A11.4452.00 – WIC Grant	\$2,330
-------------------------	---------

FISCAL IMPACT: Total grant award \$227,033

Local county share: \$-0-

State Grant? _____ Revenue # _____ \$ _____

Federal Grant? XXX Revenue # A11.4452.00 \$ \$227,033

If Federal, please list Federal Catalog of Federal Domestic Assistance

(CFDA) number 10.557

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

Grant Fiscal Year – October 1, 2006 through September 30, 2007.

Obligation of County after grant expires: NONE

Major benefits of accepting this grant are: To continue to provide nutritional and educational services to the Women, infants, and children throughout Allegany County. This program brings in \$1,000's of dollars to local merchants within the County through WIC checks issued by NYS.

Department Head Signature _____

MEMORANDUM OF EXPLANATION

For acceptance and budgeting of GRANTS

INTRODUCTION NO: _____

(Clerk's use only)

Committee of Jurisdiction: Human Services Date: October 23, 2006

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 Department of Health requests permission to accept funding in the amount of \$75,000 for Bio-Terrorism and Pandemic Flu planning. No adjustments need to be made to the 2006 budget as this funding was anticipated and budgeted. We are requesting permission to accept the funding and to execute the contract and work plan.

FISCAL IMPACT: Total grant award \$75,000

Local county share: \$-0-

State Grant? _____ Revenue # _____ \$ _____

Federal Grant? XXX Revenue # A11.4489.4189 \$ \$75,000

If Federal, please list Federal Catalog of Federal Domestic Assistance

(CFDA) number 93.283

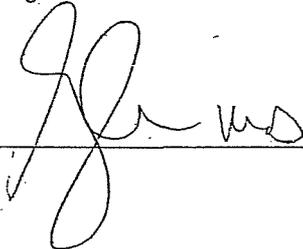
This grant is XX renewal of existing grant-funded program or _____ new grant fund program.

Grant Fiscal Year – August 31, 2006 – August 30, 2007

Obligation of County after grant expires: NONE

Major benefits of accepting this grant are: Provides Emergency Preparedness planning/training to Allegany County residents and organizations.

Department Head Signature _____



MEMORANDUM OF EXPLANATION

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

COMMITTEE: Human Services Committee

DATE: October 23, 2006

The Health Department requests a resolution to transfer monies within the below listed accounts. These transfers are necessary to bring these accounts back into good standing and to further meet projected expenditures through 12/31/06.

<u>Transfer from:</u>	<u>Transfer to:</u>	<u>Amount:</u>
A4010.408 – General Supplies	A4010.201 – Equipment	\$2,000 ✓
A2960.421 – Tuition	A2960.442 – Related Services	\$75,000 ✓
A2960.421 – Tuition	A2960.438 – Transportation	\$15,000 ✓
A4010.406 – Insurance	A4053.408 – Hepatitis B	\$675
A4010.406 – Insurance	A4037.408 – Lead Supplies	\$1,500
A4010.406 – Insurance	A4037.409 – Fees	\$750
A4010.406 – Insurance	A4052.201 – Equipment	\$1,000
A4010.406 – Insurance	A4037.419 – Printing	<u>\$250</u>
	TOTAL	<u>\$96,175</u>

FISCAL IMPACT: Zero. Money was allocated in the overall Department budget for 2006.

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

DATE: October 23, 2006

The Allegany County Office for the Aging requests a resolution to increase the following revenue and expenditure accounts. This is due to unbudgeted increases in client contributions and the number of clients receiving Long-term Home Health Care funds on the mobile meals programs.

Increase Revenue Account Numbers:

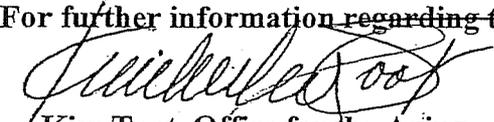
A 02 1972.00	III-C – Contributions	\$10,600.00
A 02 1972.03	III-C – LTHHC	\$ 2,300.00
A 02 1972.07	S.N.A.P.- LTHHC	<u>\$ 2,900.00</u>
		\$15,800.00

Increase Expenditure Account Number:

A6772.474 Caterers	\$12,900.00
A6779.474 Caterers	<u>\$ 2,900.00</u>
	\$15,800.00

FISCAL IMPACT: Increase local contributions and LTHHC.

For further information regarding this matter, contact:


Kim Toot, Office for the Aging
Name and Department

268-9390
Telephone

MEMORANDUM OF EXPLANATION

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

COMMITTEE: Human Services

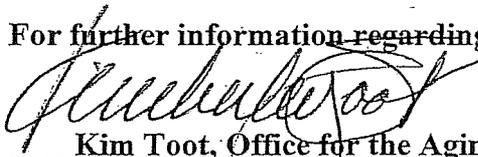
DATE: October 23, 2006

The Allegany County Office for the Aging requests a resolution to transfer the following funds between budgets. These transfers are needed to have enough funds for home delivered and luncheon center meals in the Nutrition Program budget to finish out the year.

<u>FROM</u>	<u>TO</u>	<u>AMOUNT</u>
A6773.101 Regular Pay	A6772.474 Caterer	\$12,000.00
A6776.474 Subcontractor	A6772.474 Caterer	\$ 1,000.00
A6777.474 Subcontractor	A6772.474 Caterer	<u>\$ 2,000.00</u>
		\$15,000.00

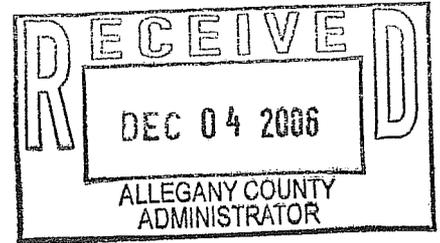
FISCAL IMPACT: Transfer funds.

For further information regarding this matter, contact:


Kim Toot, Office for the Aging
Name and Department

268-9390
Telephone

John Margeson



**NOT
APPROVED**

HUMAN SERVICES

November 27, 2006

Committee Members Attending

R. Truax, W. Dibble, D. Russo, D. Pullen, D. Burdick, K. Kruger

Others Present

K. Toot, P. Schmelzer, T. Hull, J. Margeson

Approval of Minutes

The minutes of October 23, 2006 were approved with motions from Legislators Dibble and Russo. Motions carried.

Office for the Aging

This office requests a resolution to accept Member Item funding from State Senator Cathy Young. There are 2 grants. 1) \$15,000 to replace an aging cargo van used in the Meals on Wheels program; 2) \$5,300 to pay for \$1,800 meals in the Meals of Wheels program. Legislators Dibble and Kruger moved on the request, and motions carried. ***Ways and Means Resolution***

It is also the committee recommendation that another van be purchased in 2007 for the Office for the Aging. Legislators Dibble and Pullen made the appropriate motions for such purchase. Motions carried.

A request to fill a Luncheon Center Manager under the Senior Luncheon Program for the Whitesville site was made. This is needed due to a retirement. Legislators Russo and Kruger moved on the request. Motions carried.

Ways and Means

The Department's monthly report was also provided.

Social Services

The Department's monthly report was provided.

Discussion took place regarding a CAP Supervisor position. Suggested to eliminate program and/or change the title of the position. Commissioner Schmelzer stated that she would have to look into what repercussions would occur if the program was eliminated, and explained that the position has always been involved in more than the CAP Program. Legislators Kruger and Dibble moved for Ms. Schmelzer to explore the suggestions and return to committee with her recommendations.

Health Department

This department requests permission to accept funding in the amount of \$225,000 for administering the Allegany/Western Steuben Rural Health Network. Legislator Dibble moved on the request, with Legislator Kruger seconding. Motion carried. *Ways and Means*

The Health Department also requests permission to accept funding in the amount of \$31,770 from the NYS Department of Health for Reproductive Health Services provided to residents of Allegany County. This money represents a one time Legislative add-on funding from the NYS DOH and must be expended by December 31, 2006. Legislators Dibble and Pullen moved on the request. Motions carried. *Ways and Means*

Adjournment

As there was no further business to come before this committee, the meeting was adjourned with motions from Legislators Dibble and Kruger. Carried.

Respectfully submitted,
Teresa Claypool

MEMORANDUM OF EXPLANATION

For acceptance and budgeting of GRANTS

INTRODUCTION NO: _____

(Clerk's use only)

Committee of Jurisdiction: Human Services Date: November 16, 2006

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 Department of Health requests permission to accept funding in the amount of \$31,770 from the NYS Department of Health for Reproductive Health Services provided to residents of Allegany County. This money represents a one time Legislative add-on funding from the NYS DOH and must be expended by December 31, 2006.

FISCAL IMPACT: Total grant award \$31,770

Local county share: \$-0-

State Grant? XXX Revenue # A10.3450.00 \$ 31,770

Federal Grant? __ Revenue # _____ \$ _____

If Federal, please list Federal Catalog of Federal Domestic Assistance

(CFDA) number 93.283

Appropriation breakdown?	# <u>A4035.206 – Medical Equipment</u>	\$ <u>6,300</u>
	# <u>A4035.408 – Medical Supplies</u>	\$ <u>21,470</u>
	# <u>A4035.409 – Fees</u>	\$ <u>3,000</u>
	# <u>A4035.421 – Education</u>	\$ <u>250</u>
	# <u>A4035.462 – Advertising</u>	\$ <u>750</u>

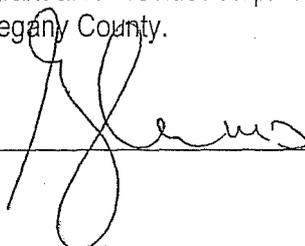
This grant is XX additional funding for an existing grant-funded program or _____ new grant fund program.

Grant Fiscal Year – January 1 – December 31, 2006

Obligation of County after grant expires: NONE

Major benefits of accepting this grant are: Provides Reproductive Health & STD/HIV testing, education, and counseling to the residents of Allegany County.

Department Head Signature _____



MEMORANDUM OF EXPLANATION

For acceptance and budgeting of GRANTS

INTRODUCTION NO: _____

(Clerk's use only)

Committee of Jurisdiction: Human Services

Date: November 27, 2006

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 Department of Health requests permission to accept funding in the amount of \$225,000 for administering the Allegany/Western Steuben Rural Health Network. No adjustments need to be made to the 2006 budget as the grant fiscal year starts in 2007 and the 2007 budget was set at \$225,000. We are requesting permission to accept the funding and to execute the contract and work plan.

FISCAL IMPACT: Total grant award \$225,000

Local county share: \$-0-

State Grant? XXX Revenue # A10.3489.4191 \$ \$225,000

Federal Grant? XXX Revenue # _____ \$ _____

If Federal, please list Federal Catalog of Federal Domestic Assistance

(CFDA) number

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

Grant Fiscal Year – February 1, 2007 - January 31, 2008.

Obligation of County after grant expires: NONE

Major benefits of accepting this grant are: Provides Health Education and Programs to the residents of Allegany County.

Department Head Signature _____

MEMORANDUM OF EXPLANATION

For acceptance and budgeting of GRANTS

INTRODUCTION NO: _____

(Clerk's use only)

Committee of Jurisdiction: Human Services

Date: November 27, 2006

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 Member Item funding from State Senator Cathy Young for the **2006** County Budget year. There are 2 grants. One is for \$15,000.00 to replace an aging cargo van used in the Meals on Wheels program. The other grant is for \$5,300.00 to pay for \$1,800 meals in the Meals on Wheels program.

Appropriations (\$20,300.00)

A 6772.204 Motor Vehicles

\$15,000.00

A6772.474 Caterer

\$ 5,300.00

Revenues (\$20,300.00)

A 10 3772.misc

\$20,300.00

FISCAL IMPACT: Total grant: 20,300.00
Local county share: 0.00

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 – 4/1/06-3/31/07

Obligation of County after grant expires: None

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

Department Head Signature _____

Request to Fill Position

Date: 11/27/06 Committee of Jurisdiction: Human Services

I would like to fill the following position:

Title Whitesville Luncheon Center Manager Department Office for the Aging

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

This position is an:
Existing position? x Newly Created Position? _____ created by Resolution # _____

This position will be:
Full Time? _____ Part Time? x Permanent? _____ Temporary? _____

This position will be:
Non Union? x Union? _____ covered by the _____ bargaining unit.

Grade _____ Step _____ Hourly pay rate _____

Annual salary of position \$5,408 Cost of benefits for position \$524 (no health ins.)
(FICA, Worker's Comp, Disability)

Does this position support a mandated program/grant? no
Name of program/grant? Senior Luncheon Program - IIIC-1

Source of funding for position?
30 % County 0 % State 70 % Federal 0 % Other

Amount in current years budget for this position \$5,824

Reason for need to fill this position at this time?

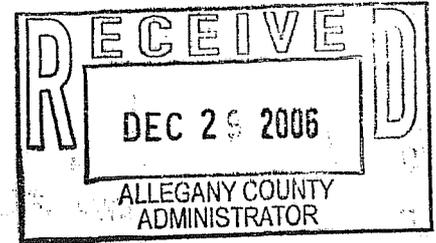
The current Luncheon Center Manager, Libby Graves, is retiring.

Department Head Signature [Signature]

Don Karl
passed

Date 11/27/06

John Margeson



****NOT APPROVED****

Human Services

December 26, 2006

Committee Members Present

R. Truax, W. Dibble, D. Russo, D. Pullen, D. Burdick, K. Kruger

Others Present

K. Toot, P. Schmeizer, T. Hull, G. Ogden

Approval of Minutes

The minutes of the November 27, 2006, meeting were corrected by Legislator Kruger to reflect that a motion was made for the Director of Social Services to look into eliminating the CAP program. Motion was made by Legislator Kruger to accept the minutes as corrected, seconded by Legislator Dibble, carried.

Health Department

The Health Department requested permission to enter into an inter-municipal agreement with Cattaraugus and possibly Wyoming Counties to provide comprehensive Elevated Blood Lead Investigation services. Legislator Kruger moved on the request, seconded by Legislator Dibble, carried. **Refer to Ways and Means**

Office for the Aging

The Department's monthly report for the month of November 2006 was provided for the committee's information noting there will be approximately 120,000 Meals provided by the end of the year. Frozen meals were sent to clients for both Thanksgiving and Christmas holidays so clients would have meals on the days the office was closed with funding provided by a member item from Senator Cathy Young.

Social Services

The monthly report was provided for the committee's information.

The Commissioner informed the legislators they may be hearing of an increase in state facility costs retroactive back to 2001 at their conference in January. The county is not state mandated to pay the increase, but is strongly encouraged to do so. The state can take it from the county's reimbursement.

The Department is participating in an imaging project which allows counties access to other counties' documentation. The first year is free, with a fee for every year thereafter.

The CAP program was reviewed and discussed. The motion to start the 90 day process of eliminating the program was made by Legislator Kruger, seconded by Legislator Russo, carried.

Other Business

The Community Services Board requests this committee reappoint Shirley Lyon-Bentley and Linda Edwards to four year terms beginning January 1, 2007, and expiring December 31, 2010. Legislator Dibble made the motion, seconded by Legislator Pullen, carried.

Resolution

The Chairman of the board requests this committee's approval for appointing Keith Folts, Reita Sobeck-Lynch, Beverly Armstrong and Mona Pettit to the Citizens Advisory Council for the Office for the Aging. Legislator Pullen made the motion for approval, seconded by Legislator Kruger, carried. **Resolution**

Adjournment

There being no further business to come before this committee, the meeting was adjourned at 3:45 pm.

Respectfully submitted,
Connie Dunham
Allegany County Office for the Aging

MEMORANDUM OF EXPLANATION

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

COMMITTEE: Human Services Committee

DATE: December 11, 2006

The Health Department requests permission to enter into an inter-municipal agreement with Cattaraugus and possibly Wyoming County to provide comprehensive Elevated Blood Lead Investigation services. The term of the agreement will be January 1, 2007 through December 31, 2007. Services will be provided only on an as needed basis and will be fee based up to a maximum of \$3,000 per year.

There will be no added expenses to Allegany County as a result of entering into this agreement.

FISCAL IMPACT: Potential for increased revenue.

For further information regarding this matter, contact:

Pamela L. Cockle, Accountant - ACDOH _____ X458

Tom Hull, Deputy Public Health Director _____ X254

Gary Ogden, Public Health Director _____ x247