

# AGENDA

## HUMAN SERVICES COMMITTEE

### August 1<sup>st</sup>, 2016

Members: Manktelow, Marini, Baldrige, Verno, Kolczynski

9:30 a.m. **Approve Minutes from Previous Meeting**

9:30 a.m. **Veterans Services, Patrick Skelly**

DISCUSSION:

- Monthly Report [VET Report.pdf](#)
- Vacation Time
- VARO Meeting

9:45 a.m. **Department of Aging and Youth, Penny Shockley**

TRANSMITTAL:

- Authorization to sign contract with Medical Solutions [AY08 RES 01 Medical Solutions Contract REV1.docx](#)
- Authorization to Contract with Wayne County School Districts for the Family and Communities Together Program [AY08 RES 01 FACT Contracts.docx](#)

9:50 a.m. **Workforce Development**

TRANSMITTAL:

- Authorization to amend contract and increase TANF Summer budget [WFD 08 Amend A6296 Tanf Summer budget.doc](#)

10:00 a.m. **Commissioner of Social Services, Josh McCrossen**

MONTHLY REPORTS

[CASELOAD REPORT - JUNE.doc](#)

[FIN RPT JUNE 2016.docx](#)

[MA Caseload Comparison Graph June 15 - June 16.docx](#)

[SNAP Caseload Comparison Graph June 15 - June 16.docx](#)

[TA Caseload Comparison Graph June 15 - June 16.docx](#)

TRANSMITTALS:

- Authorization to sign agreement with The Terrace at Newark [DSS08RES01 AUTHORIZATION TO SIGN AGREEMENT WITH THE TERRACE OF NEWARK ASSISTED LIVING COMMUNITY.doc](#)
- Authorization to sign agreement with Ontario County [DSS08RES02 AUTHORIZE AGREEMENT WITH ONTARIO COUNTY FOR USE OF NON-SECURE DETENTION FACILITY.doc](#)
- Authorization to sign contract with Child Care Council [DSS08RES03 AUTHORIZE CONTRACT WITH CHILD CARE COUNCIL.doc](#)
- Authorization to sign agreement with The William George Agency [DSS08RES04 AUTHORIZE AGREEMENT WITH CHILD CARING INSTITUTION THE WILLIAM GEORGE AGENCY FOR CHILDREN'S SERVICES, INC.doc](#)
- Authorization to sign contract with Catholic Charities of Wayne County [DSS08RES05 AUTHORIZE CONTRACT WITH CATHOLIC CHARITIES OF WAYNE COUNTY \(CCWC\) FOR EARLY-CRISIS INTERVENTION SERVICES.doc](#)



# WAYNE COUNTY VETERANS SERVICE AGENCY

7376 STATE ROUTE 31, SUITE 1300 • LYONS, NEW YORK 14489-9173 • (315) 946-5993



## MONTHLY REPORT

JUNE 1, 2016 - JUNE 30, 2016

VETERAN STATUS		TYPE		MODE	
WWI	1	VETERAN	167	PERSONAL	110
WWII	39	DEPENDENT/WIDOW	49	PHONE/MAIL	191
KOREA	41	OTHER	85		
VIETNAM	124				
PERSIAN GULF	41				
PEACTIME/OTHER	55				
<b>TOTAL</b>	<b><u>301</u></b>	<b>TOTAL</b>	<b><u>301</u></b>	<b>TOTAL</b>	<b><u>301</u></b>

**COUNSELING SERVICES** (Pension, Compensation, Educ/Voc Rehab.  
Burial, Insurance, Legal, Loans, Tax  
Exemption, Medical, Employment, etc.)  
301

**VETERANS TRANSPORTED TO:**  
WATS CANANDAIGUA VAMC 124

SYRACUSE VAMC 20  
MILES TRAVELED TO SYRACUSE VAMC 1719

### INDIGENT BURIALS

BURIALS 1

COUNTY COST \$1,025.00

STATE REIMBURSEMENT

VA FEDERAL REIMBURSEMENT

Submitted By Patrick F. Skelly Date: August 1, 2016  
Patrick F. Skelly  
Director

RESOLUTION TRANSMITTAL

Committee No. 7

Date: August 1, 2016

Committee Chair:

Brian Manktelow

Department Head:

Penny Shockley

Transmittal Title: Authorization to Contract with Medical Solutions, Inc. for the Provision of the Consumer-Directed Personal Assistance Program.

WHEREAS, that the Department of Aging and Youth contracts with home health care agencies for the provision of non-medical, in-home services and non-institutional respite services for clients assessed eligible by the department; and

WHEREAS, that recently there has been limited certified personal care assistants (PCA-I) workforce available to meet all our referrals; and

WHEREAS, that Aging and Youth is desirous in expanding their network of providers to meet our client's needs; and

WHEREAS, that Medical Solutions is a consumer directed care model that supports the consumer's ability to interview, hire, train and supervise their PCA; and

WHEREAS, that Medical Solutions will provide the PCA training, ensures that the necessary health requirements are met and will act as the fiscal intermediary; processing payroll, employee benefits and insurance as applicable, for a rate of \$16.78 per hour; and

WHEREAS, that Department of Aging and Youth will provide the client PCA hours based on the Compass assessment and provide case management oversight; therefore be it

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized and directed to execute a contract on behalf of the County of Wayne, subject to the County Attorney's approval as to form and content, with Medical Solutions, in the amount of \$16.78 per hour, not to exceed \$15,000 for the period of August 15, 2016 through December 31, 2016, for non-medical, in-home services and non-institutional respite services.

Budgeted: yes  no  Proposed Cost: \$15,000 Reimbursed Amount \$11,250 County cost \$3,750

Departmental transfer \$ \_\_\_\_\_ from Account No. \_\_\_\_\_ to Account No. \_\_\_\_\_

County Administrator's Review & Approval: yes \_\_\_ no \_\_\_ by: \_\_\_\_\_

Personnel Office Review & Approval: yes \_\_\_ no \_\_\_ by: \_\_\_\_\_

Standing Committee: Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature/Date Rec'd: \_\_\_\_\_ Clerk, Board of Supervisors

Referred to:

Committee: \_\_\_\_\_ Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Committee: \_\_\_\_\_ Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_



Committee No.   7   Date:   7/25/2016  

Committee Chair:   Brian Manktelow    
Department Head:   Charles Bridger  

**Transmittal Title: AUTHORIZATION TO AMEND 2016 COUNTY BUDGET TO INCREASE THE TANF SUMMER YOUTH EMPLOYMENT PROGRAM BUDGET**

**Brief Explanation:**

WHEREAS, that the Wayne County Workforce Development (WFD) contracts with the Department of Social Services (DSS) to administer the Temporary Assistance to Needy Families (TANF), for the Summer Youth Employment Program; and

WHEREAS, that the original 2016 WFD Budget included \$119,429.00 of revenue for the DSS funding allocation for the Summer Youth Employment Program; and

WHEREAS, that Resolution No. 422-16 authorized the final DSS funding allocation to WFD for 2016 Summer Youth Employment Program at \$124,200.00; and

WHEREAS, that WFD is desirous in amending the 2016 WFD Budget to incorporate the additional TANF Summer Youth Employment Program DSS funding, and Work Experience Participant appropriations; now, therefore be it

RESOLVED, that the County Treasurer is hereby directed to amend the 2016 County Budget as follows:

**A6296 TANF Summer**

(Revenue)

\$4,771.00 to 42766 DSS Reimbursement

(Appropriations)

\$4,432.00 to 51357 Work Experience Participants

\$339.00 to 58200 Payments to Social Security

Budgeted: yes  no  Proposed Cost: \$4,771.00 Reimbursed Amount \$4,771.00 County cost -0-

Departmental transfer \$ \_\_\_\_\_ from Account No. \_\_\_\_\_ to Account No. \_\_\_\_\_

County Administrator's Review \$ Approval: yes  no  by: \_\_\_\_\_

Human Resources Office Review & Approval: yes  no  by: \_\_\_\_\_

Standing Committee: Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature/Date Rec'd: \_\_\_\_\_ Clerk, Board of Supervisors

Referred to:

Committee: \_\_\_\_\_ Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Committee: \_\_\_\_\_ Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**CASELOAD STATISTICS – JUNE 2016**

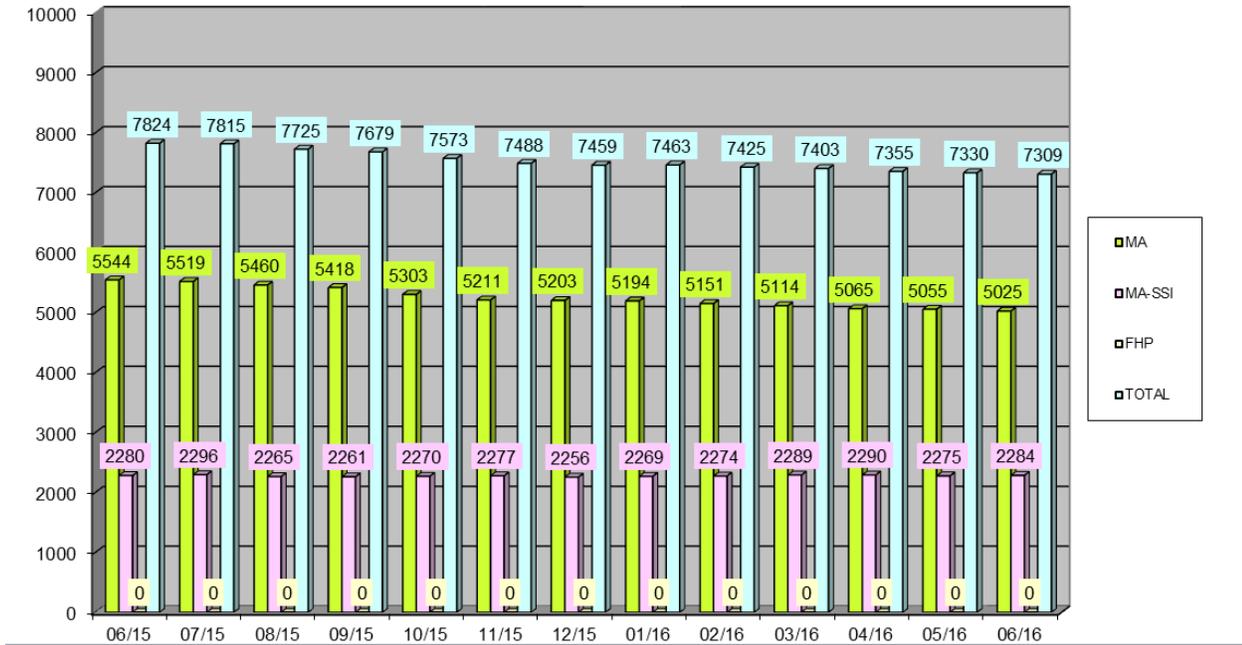
	Wayne	▲ Last Month		Ontario	▲ Last Month
Temporary Assistance	292	(7)	Family Assistance	349	(1)
	295	7	Safety Net	393	(15)
	587	-	Total Cases	742	(16)
	981	(10)	Total Individuals	1,239	(10)
Medical Assistance	5,025	(30)	MA	5,892	(10)
	2,284	9	MA-SSI	1,999	(11)
	-	-	FHP	-	-
	7,309	(21)	Total Cases	7,891	(21)
	10,731	(91)	Total Individuals	11,224	(68)
Food Stamps/SNAP	4,693	(28)	NPA-FS/SNAP	4,424	(61)
	157	3	FS/SNAP-MIX	139	(8)
	340	3	PA-FS/SNAP	419	(18)
	5,190	(22)	Total Cases	4,982	(87)
	9,402	3	Total Individuals	8,635	(163)
Totals for all three Programs	13,086	(43)	Total Cases	13,615	(124)
	21,114	(98)	Total Individuals	21,098	(241)

\*NOTE: One individual may be a participant in more than one program

FINANCIAL REPORT – June 2016

Account	2015				2016				YTY Change	
	Revenue	%	Expended	%	Revenue	%	Expended	%	Rev +/- Change	Exp +/- Change
6010.1	3,681,308	36.2%	3,120,893	43.3%	2,766,480	27.3%	3,135,185	43.5%	-8.9%	0.2%
0.2			1,822	2.7%			42,862	27.0%		24.3%
0.4			762,236	26.0%			853,515	27.5%		1.5%
0.8			1,264,940	30.6%			1,407,361	35.5%		4.8%
6055.4 Day Care	308,984	29.1%	268,030	24.4%	462,311	43.6%	441,288	40.1%	14.5%	15.8%
6070.4 POS	244,849	28.8%	363,574	27.1%	245,851	27.8%	499,571	36.9%	-1.0%	9.8%
6100 Medicaid	0	0.0%	6,776,926	47.6%	0	0.0%	7,161,913	51.9%	0.0%	4.3%
6101 MA	41,050	82.1%	740	1.5%	46,992	94.0%	7,842	15.7%	11.9%	14.2%
6106 Fam T.H.	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	0.0%
6109 FA	1,838,793	47.2%	1,363,662	35.0%	1,407,318	40.6%	1,438,916	41.6%	-6.5%	6.6%
6119 FC	507,343	40.6%	657,202	43.1%	469,644	37.7%	799,993	53.3%	-2.9%	10.2%
6123 JD	42,330	25.5%	37,452	7.5%	24,384	14.7%	78,807	13.9%	-10.8%	6.4%
6129 STS	152	30.3%	167,202	9.0%	808	161.6%	342,326	16.2%	131.3%	7.2%
6140 SN	390,332	47.1%	1,003,772	51.7%	403,394	47.1%	910,385	44.4%	0.0%	-7.3%
6141 HEAP	(7,178)	-71.8%	1,531	15.3%	24,805	248.0%	23,895	238.9%	319.8%	223.6%
6142 EAA	1,830	24.4%	5,529	36.9%	4,102	54.7%	9,488	63.3%	30.3%	26.4%
TOTAL			15,795,510	40.5%			17,153,346	43.7%		3.2%
R&R	7,049,791	38.4%			5,856,089	32.1%			-6.2%	
County			8,745,719	38.8%			11,297,257	50.0%		11.2%

**MEDICAID ASSISTANCE CASELOAD COMPARISON  
2015-2016**



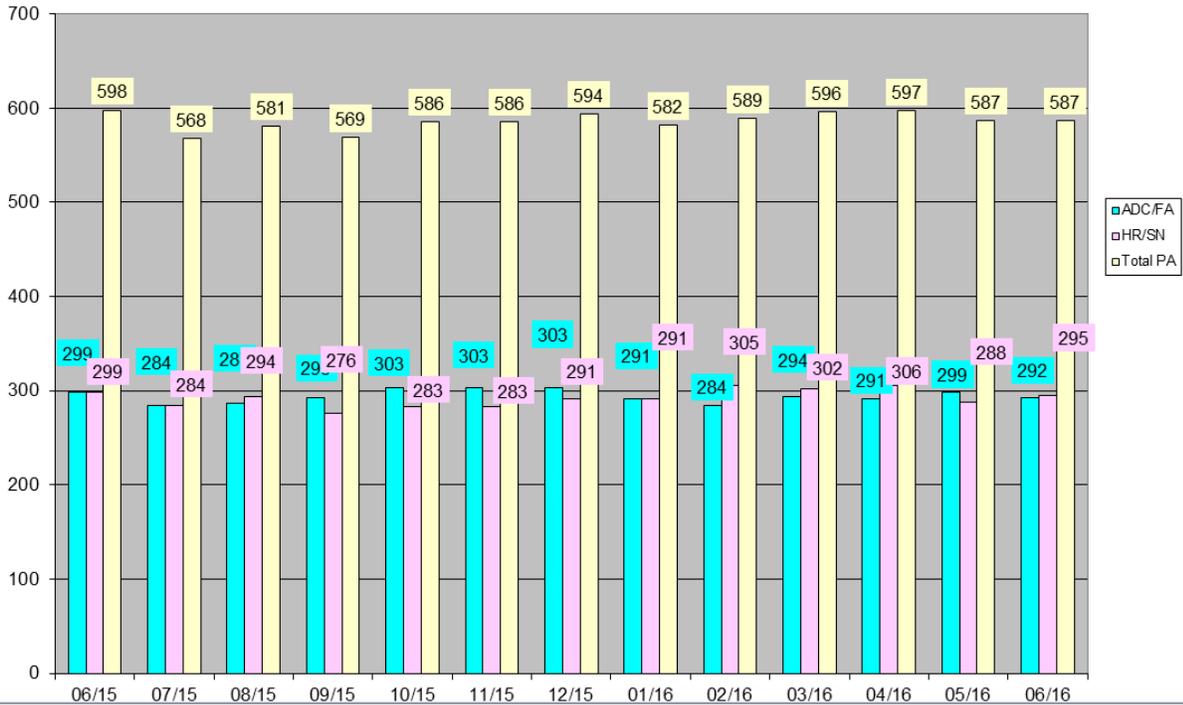
**SNAP CASELOAD  
COMPARISON 2015 - 2016**

■ NPA-SNAP    ■ SNAP-MIX  
■ PA-SNAP    ■ TOTALSNAP



pa

**Temporary Assistance Caseload  
Comparison 2015-2016**



**RESOLUTION TRANSMITTAL**

Committee No. 7 Date: 8/1/16

Committee Chair: Brian Manktelow

Department Head: M. Josh McCrossen

Transmittal Title: **AUTHORIZATION TO SIGN AGREEMENT WITH THE TERRACE AT NEWARK ASSISTED LIVING COMMUNITY**

Brief Explanation:

**MOTION:**

**WHEREAS**, a new assisted living facility, The Terrace at Newark Assisted Living Community, opened in July 2009, and

**WHEREAS**, the facility accepts Medicaid-eligible, low-income residents, which is a significantly under-served population for these services; and

**WHEREAS**, New York State Department of Health requires that a contract be in place between the assisted living facility and Wayne County DSS as a condition of reimbursement, and

**WHEREAS**, the terms of the agreement, including rates to be reimbursed by New York State Department of Health are dictated by the State and are not subject to local option(s); therefore be it

**RESOLVED**, that the Commissioner of Social Services is hereby authorized to sign an agreement with The Terrace of Newark Assisted Living Community, subject to the review of the County Attorney, to allow reimbursement for services provided to Medicaid-eligible, low income residents of the facility for the period 7/1/16-6/30/17.

Budgeted: yes \_\_\_ no X Proposed Cost: 0 Reimbursed Amount 0 County cost 0

Departmental transfer \$ \_\_\_\_\_ from Account No. \_\_\_\_\_ to Account No. \_\_\_\_\_

County Administrator's Review \$ Approval: yes \_\_\_ no \_\_\_ by: \_\_\_\_\_

Personnel Office Review & Approval: yes \_\_\_ no \_\_\_ by: \_\_\_\_\_

Standing Committee: Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature/Date Rec'd: \_\_\_\_\_ Clerk, Board of Supervisors

Referred to:

Committee: \_\_\_\_\_ Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Committee: \_\_\_\_\_ Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Revised 1/2008

DSS08RES01 AUTHORIZATION TO SIGN AGREEMENT WITH THE TERRACE AT NEWARK ASSISTED LIVING COMMUNITY

**RESOLUTION TRANSMITTAL**

Committee No. 7 Date: 8/1/16

Committee Chair: Brian Manktelow

Department Head: M. Josh McCrossen

Transmittal Title: **AUTHORIZE AGREEMENT WITH ONTARIO COUNTY FOR USE OF NON-SECURE DETENTION FACILITY IN HOPEWELL**

Brief Explanation:

**MOTION:**

**WHEREAS**, Wayne County is required to have non-secure detention available as an alternative for placement of youth involved with either PINS or JD court proceedings, and

**WHEREAS**, Wayne DSS desires to secure the most cost-effective site possible, and

**WHEREAS**, the Hopewell Facility is the most cost-effective site to secure these services, therefore be it

**RESOLVED**, that the Chairman of the Wayne County Board of Supervisors is hereby authorized to execute an agreement on behalf of the County of Wayne, subject to the County Attorney's approval as to form and content, with Ontario County for the provision of non-secure detention beds at its Hopewell Facility at a rate not to exceed \$250 per day per child plus a \$20 per child health assessment fee for the period 1/1/16 – 12/31/16.

Budgeted: yes  no  Proposed Cost: \$ 175,000 Reimbursed Amount: \$ 108,500 County cost: \$ 66,500

Departmental transfer \$ \_\_\_\_\_ from Account No. \_\_\_\_\_ to Account No. \_\_\_\_\_

County Administrator's Review \$ Approval: yes  no  by: \_\_\_\_\_

Personnel Office Review & Approval: yes  no  by: \_\_\_\_\_

Standing Committee: Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature/Date Rec'd: \_\_\_\_\_ Clerk, Board of Supervisors

Referred to:

Committee: \_\_\_\_\_ Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Committee: \_\_\_\_\_ Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Revised 1/2008

DSS08RES02 Authorize Agreement with Ontario County for use of Non-Secure Detention Facility

**RESOLUTION TRANSMITTAL**

Committee No. 7 Date: 8/1/16

Committee Chair: Brian Manktelow

Department Head: M. Josh McCrossen

Transmittal Title: **AUTHORIZATION TO EXECUTE CONTRACT WITH CHILD CARE COUNCIL, INC. IN RELATION TO CHILD CARE DEVELOPMENT BLOCK GRANT PROJECT**

Brief Explanation:

**MOTION:**

**WHEREAS**, the NYS Office of Children and Family Services (OCFS) is authorized to register and inspect child day care programs or to contract for this service, and

**WHEREAS**, local departments of Social Services (LDSS) are qualified to fulfill the required responsibilities, and

**WHEREAS**, NYS OCFS provides Child Care and Development Block Grant (CCDBG) funds to Wayne County Department of Social Services to subcontract for these services; therefore be it

**RESOLVED** that the Chairman of the Wayne County Board of Supervisors is hereby authorized to execute a subcontract on behalf of the County of Wayne, subject to the County Attorney's approval as to form and content, with the Child Care Council, Inc. for the provision of services required by the Contract between the Wayne County Department of Social Services and the New York State Office of Children and Family Services for the period 1/1/16 to 12/31/16 for a cost not to exceed \$120,149.

Budgeted: yes X no \_\_\_ Proposed Cost: \$120,149 Reimbursed Amount: \$123,662 County cost: (\$3513)

Departmental transfer \$ \_\_\_\_\_ from Account No. \_\_\_\_\_ to Account No. \_\_\_\_\_

County Administrator's Review \$ Approval: yes \_\_\_ no \_\_\_ by: \_\_\_\_\_

Personnel Office Review & Approval: yes \_\_\_ no \_\_\_ by: \_\_\_\_\_

Standing Committee: Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature/Date Rec'd: \_\_\_\_\_ Clerk, Board of Supervisors

Referred to:

Committee: \_\_\_\_\_ Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Committee: \_\_\_\_\_ Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Revised 1/2008

DSS08RES03 AUTHORIZE CONTRACT WITH CHILD CARE COUNCIL

**RESOLUTION TRANSMITTAL**

Committee No. 7 Date: 8/1/16

Committee Chair: Brian Manktelow  
Department Head: M. Josh McCrossen

Transmittal Title: **AUTHORIZATION TO SIGN AGREEMENT WITH CHILD CARING INSTITUTION – THE WILLIAM GEORGE AGENCY FOR CHILDREN’S SERVICES INC.**

Brief Explanation:

**MOTION:**

**WHEREAS**, the Wayne County Department of Social Services (DSS) needs to place children in child caring institutions, at times, to promote their health and safety; and

**WHEREAS**, payment for these services is not determined by the county but is dictated by New York State; and

**WHEREAS**, it has been the practice of DSS to have in place contracts with various child caring institutions to facilitate a child’s placement on a timely basis; therefore be it

**RESOLVED**, that the Chairman of the Wayne County Board of Supervisors is hereby authorized to execute an agreement with The William George Agency for Children’s Services, Inc. for the time frame 7/1/16-6/30/17 for the purchase of foster care for children, subject to the County Attorney’s approval as to form and content for an amount not to exceed \$1,150,000.

Budgeted: yes  no  Proposed Cost: \$1,150,000 Reimbursed Amount: \$713,000 County cost: \$437,000

Departmental transfer \$ \_\_\_\_\_ from Account No. \_\_\_\_\_ to Account No. \_\_\_\_\_

County Administrator’s Review \$ Approval: yes  no  by: \_\_\_\_\_

Personnel Office Review & Approval: yes  no  by: \_\_\_\_\_

Standing Committee: Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature/Date Rec’d: \_\_\_\_\_ Clerk, Board of Supervisors

Referred to:

Committee: \_\_\_\_\_ Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Committee: \_\_\_\_\_ Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Revised 1/2008

DSS08RES04 AUTHORIZE AGREEMENT WITH THE WILLIAM GEORGE AGENCY FOR CHILDREN’S SERVICES, INC.

