

*AGENDA*  
*HEALTH AND MEDICAL SERVICES COMMITTEE*  
*Monday, January 4<sup>th</sup> 11:00 a.m.*

11:00 a.m. [Approve minutes from previous meeting](#)

11:00 a.m. [Mental Health, Jim Haitz](#)

Performance/Activity Reports

DISCUSSION:

- WBHN & FLACRA MOU

TRANSMITTALS:

- Authorization to renew contract with Patricia McKinny [MH1RES1 Patricia McKinny.doc](#)
- Authorization to sign renewal contract with ABVI—Life Line [MH1RES2 ABVI-Life Line 2021 Contract.doc](#)
- Authorization to sign renewal contract with Aspire Hope NY, Inc. [MH1RES3 Aspire Hope.doc](#)
- Authorization to sign a renewal agreement with Integrity Partners [MH1RES4 Authorization for IPBH Agreement 2021.doc](#)
- Authorization to sign an agreement with Rochester Regional Health [MH1RES5 EpicCare Link REV1.doc](#)

11:15 a.m. [Nursing Home, Jeffrey Stalker](#)

Monthly Report [NH1RPT1StatReportNov.pdf](#) [NH1RPT2PersonnelDec2020.xls](#)

TRANSMITTALS:

- Authorization to abolish Account Clerk position and Create Activity Aide position [NH1RES5AbolishCreateActAide.doc](#)
- Authorization to abolish Medical Record Clerk position and create Finance Clerk position [NH1RES6AbolishCreateFinanceClerk.doc](#)
- Authorization to sign contract with Retirement Home TV [NH1RES1RetirementHomeTV REV1.doc](#)
- Authorization to contract with Cross Country Staffing [NH1Res2CrossCountry.doc](#)
- Authorization to contract with Bates Troy Healthcare Linen Services [NH1RES3LinenBatesTroy2021 REV1.doc](#)
- Authorization to sign contract with Wayne ARC [NH1RES4WayneARC REV1.doc](#)
- Authorization to Sign Stipulation and order and Pay Fine for the Wayne County Nursing Home [NH1RES7StipulationOrderREV1.doc](#)

11:30 a.m. [Public Health, Diane Devlin](#)

TRANSMITTAL:

- Authorization to renew contract with S2AY Health Network [S2AY Network Resolution 1.4.2021.doc](#)

COVID UPDATE

**RESOLUTION TRANSMITTAL**

Committee No. 6 Health & Medical

Date: January 4, 2021

Committee Chair: Mrs. Jacobs  
Department Head: James Haitz

**Authorization to Wayne Behavioral Health Network to Renew its Contract with Patricia McKinny, LMHC for Clinical Record Auditing & Utilization Review Services**

WHEREAS, Wayne Behavioral Health Network (WBHN) wishes to renew the contract with Patricia McKinny, Licensed Mental Health Counselor (LMHC), to provide clinical services for utilization review and for independent medical record auditing services for the 2021 calendar year contract period;

and WHEREAS, WBHN remains in need of these services in order to comply with state regulatory requirements, and as such these services are essential to agency operations;

NOW THEREFORE, BE IT RESOLVED that the Chairman of the Board is authorized to renew the contract with Patricia McKinny, LMHC, for the period of January 1, 2021 to December 31, 2021, to provide Clinical Record Auditing and Utilization Review Services to WBHN for the rate of \$9.00 per medical record reviewed, not to exceed \$12,000 in total for the 2021 year, and said contract will be subject to the County Attorney's review as to form and content, and the department will utilize department revenues along with State funding that is provided to the Mental Hygiene Local Governmental Unit for administrative functions, and the department will maintain the expense associated for this service within the budgeted funds.

Budgeted: yes  no  Proposed Cost: \$12,000. Reimbursed Amount: \$12,000. County cost  0

Departmental transfer \$ \_\_\_\_\_ from Account No. A43004.54563.M2120 to Account No. \_\_\_\_\_

County Administrator's Review: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Office Review: yes  no  N/A  Signature: \_\_\_\_\_

County Attorney Review: yes  no  N/A  Signature: \_\_\_\_\_

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: \_\_\_\_\_

**RESOLUTION TRANSMITTAL**

Committee No. 6

Date: January 4, 2021

Committee Chair: Mrs. Susie Jacobs  
Department Head: James Haitz

**Authorization to the Mental Health Department to Renew its Annual Contract with:  
The Association for the Blind and Visually Impaired (ABVI)- Life Line**

Brief Explanation: WHEREAS, the Mental Health Department wishes to renew its annual contract for the 2021 County Budget year with the following organization for the purposes of the continued provision of mental hygiene related services and for disbursement of New York State and/or Wayne County funding in the following amount:

**ABVI- Life Line**

\$19,616 (State)

NOW THEREFORE, BE IT RESOLVED, that the Chairman of the Board is authorized to sign a renewal contract with ABVI-Life Line for the provision of mental hygiene services in Wayne County for the period January 1, 2021 to December 31, 2021, not to exceed the listed funding amount of \$19,616 in accordance with the 2021 State funding award amount, including any county funding as noted, and also any plus/minus adjusted amount based on any prior year state funding closeout reconciliations, or adjustments to the current year funding amount, and the contract being subject to the County Attorneys review as to form and content.

Budgeted: yes x no \_\_\_ Proposed Cost: \$19,616 Reimbursed Amount: \$19,616 County cost: 0

Departmental transfer \$\_\_\_\_\_ from Account No. A43224.54640 to Account No. \_\_\_\_\_

County Administrator's Review: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Office Review: yes \_\_\_ no \_\_\_ N/A \_\_\_ Signature: \_\_\_\_\_

County Attorney Review: yes \_\_\_ no \_\_\_ N/A \_\_\_ Signature: \_\_\_\_\_

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: \_\_\_\_\_

**RESOLUTION TRANSMITTAL**

Committee No. 6 Health & Medical

Date: January 4, 2021

Committee Chair: Mrs. Susie Jacobs  
Department Head: James Haitz

**Authorization to the Mental Health Department to Renew its Annual Contract with Aspire Hope NY, Inc. (formerly Finger Lakes Parent Network)**

WHEREAS, the Mental Health Department wishes to renew its annual contract with the following organization for the 2021 County Budget year for the purposes of the continued provision of mental hygiene related services and for disbursement of New York State and/or Wayne County funding in the following amount:

**Aspire Hope NY, Inc.  
Formerly known as Finger Lakes Parent Network**

State: \$20,844 County: \$4,000

Total: \$24,844

NOW THEREFORE, BE IT RESOLVED, that the Chairman of the Board is authorized to sign a contract with Aspire Hope NY, Inc., formerly known as Finger Lakes Parent Network, for the provision of mental hygiene services for the period January 1, 2021 to December 31, 2021, not to exceed the listed funding amount of \$24,844 in accordance with the 2021 State funding award amount, and including any county funding as noted, and also any plus/minus adjusted amount based on prior year(s) state funding closeout reconciliations, and the contract being subject to the County Attorneys review as to form and content.

Budgeted: yes  no  Proposed Cost: \$24,844 Reimbursed Amount: \$20,844 County cost: \$4,000

Departmental transfer \$ \_\_\_\_\_ from Account No. A43224.54686 to Account No. \_\_\_\_\_

County Administrator's Review: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Office Review: yes  no  N/A  Signature: \_\_\_\_\_

County Attorney Review: yes  no  N/A  Signature: \_\_\_\_\_

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: \_\_\_\_\_

## RESOLUTION TRANSMITTAL

Committee No. 6

Date: January 4, 2021

Committee Chair: Mrs. Susie Jacobs

Department Head: James Haitz

### **AUTHORIZATION FOR WAYNE BEHAVIORAL HEALTH NETWORK TO RENEW A PARTICIPATING PROVIDER AGREEMENT WITH INTEGRITY PARTNERS FOR BEHAVIORAL HEALTH IPA, INC. (IPBH) AND TO CONTINUE PARTICIPATION IN THE NEW YORK STATE BEHAVIORAL HEALTH CARE COLLABORATIVE (BHCC) VALUE BASED READINESS PROGRAM, AND AMEND 2021 COUNTY BUDGET**

WHEREAS, the transformation from a fee-for-service based payment model to the Value Based Managed Care Payment System presents unique future challenges to county and private operated behavioral health clinics and programs across NY State; and

WHEREAS, these challenges are further complicated in rural counties covering large geographic areas with diverse populations and while the basic tenets of the Value Based Payment Program Managed Care Model of coordinated physical & behavioral health care, data/value quality based outcomes and cost monitoring, provide a logical alternative to the fiscally un-sustainable traditional fee-for-service model, achieving and operationalizing true fidelity to the managed care model for behavioral health requires a strong approach to manage these complexities within an integrated care system; and

WHEREAS, IPBH Independent Practice Association (IPA), Inc., a not-for-profit 501-C-3, has been created in order to coordinate, improve, and assure the delivery of accessible, high quality-cost effective behavioral health services to the residents of the rural counties represented within this partnership; and

WHEREAS, the IPBH IPA, Inc partnership would collectively represent eleven counties to include the Counties of Cattaraugus, Chautauqua, Genesee, Livingston, Niagara, Ontario, Orleans, Seneca, Steuben, Tompkins, and Wayne (and perhaps others that may subsequently join); and

WHEREAS, each of the Directors of Community Services from the 11 counties of the Western Region who also operate NYS Article 31 and/or 32 licensed behavioral health clinics all believe that their ability to successfully meet the needs of their county residents and community partnership agencies will be enhanced through the creation of this county led & county owned partnership, and the partnership would be constructed to allow the counties to work more collaboratively, integrate a system of care, increase efficiency and effectiveness to navigate the future Value Based Payment System and this Managed Care Transformation initiative and provide for: a powerful position for contract negotiations with Managed Care Organizations, standardized utilization review management and performance management, integrate care between physical & behavioral health, design comprehensive data collection systems, data reporting, and data analytics, improve data informed decision making and regionalized planning, improve cost effectiveness, and improve opportunities to achieve greater economies of scale, achieve improved outcomes for clients, and maintain high quality-cost effective care/services; and

WHEREAS, the IPA intends to enter into written agreements with one or more Payers, which agreements shall require the IPA to arrange for the provision of Covered Services (as defined herein in the written agreement) to Covered Persons (as defined herein in the agreement); and

WHEREAS, subject to the terms and conditions of the agreement, WBHN wishes to continue to participate in the IPA's Network of participating agencies and to meaningfully contribute to development, implementation, and enforcement of the Network's clinical practice guidelines and participate in the Network's Clinical Integration Program; and

WHEREAS, the IPA will serve several key functions, including but not limited to: providing leadership to the evaluation and development of the clinical resources needed to provide integrated behavioral health services to the targeted population; distributing incentive funds to support strategic projects; and creating/maintaining a structure to operate in accordance with accountable care principles and objectives; and

WHEREAS, the IPA network providers who will agree with the goals of the undertaking and will comply with the specific obligations, measurement, reporting and performance improvement activities, outlined in the agreement; and

WHEREAS, the providers have the opportunity to take a leading role in helping the IPA support models of integrated care delivery, wellness promotion and payment. The IPA and its Providers will seek to promote care that reduces inefficiencies and accessibility issues in the current system, improves quality, reduces total per member annual costs, and improves member satisfaction. For there to be a meaningful impact on overall healthcare cost and quality, the Parties acknowledge that these solutions and successes need to be sustainable, scalable and meet the needs of our geographic regions; and

WHEREAS, WBHN is an important participant for the IPA to achieve its mission. WBHN is engaged in the business of providing or arranging to provide behavioral healthcare or related services through licensed professionals and/or facilities, other related providers and/or staff under contract with the County of Wayne Department of Mental Health all contributing to this collective effort;

NOW THEREFORE BE IT RESOLVED, that the Wayne County Board of Supervisors authorizes Wayne Behavioral Health Network and the Department of Mental Health to continue its participation as one of the owner/operators of the IPBH IPA, Inc, and the Chairman of the Board of Supervisors for Wayne County is

authorized to sign and renew a participating provider agreement, pending County Attorney approval as to form and content, for WBHN to continue as a member provider in Integrity Partners for Behavioral Health IPA, Inc., which is to function as a Behavioral Health Care Collaborative & IPA within the Value Based Payment Program Initiative available through New York State; and

BE IT FURTHER RESOLVED, that WBHN, as a participating network county department provider, is authorized to pay the annual 2021 dues of \$10,000, to Integrity Partners for Behavioral Health, IPA, Inc., and the County Treasurer is authorized to make the following 2021 County Budget amendment:

**A4300 Behavioral Health**

**Revenue:**

\$10,000 to 43490 State Aid Mental Health

**Expense:**

\$10,000 to 54418.M8200 Dues

Budgeted: yes \_\_\_ no X Proposed Cost: \$10,000 Reimbursed Amount: \$10,000 County cost: none

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

County Administrator's Review: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Office Review: yes \_\_\_ no \_\_\_ N/A \_\_\_ Signature: \_\_\_\_\_

County Attorney Review: yes \_\_\_ no \_\_\_ N/A \_\_\_ Signature: \_\_\_\_\_

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: \_\_\_\_\_

**RESOLUTION TRANSMITTAL**

Committee No. 6

Date: January 4, 2021

Committee Chair: Mrs. Susie Jacobs

Department Head: James Haitz

**AUTHORIZATION FOR WAYNE BEHAVIORAL HEALTH NETWORK TO ENTER INTO USER ACCESS AGREEMENT WITH ROCHESTER REGIONAL HEALTH FOR THE EPIC-CARE LINK**

WHEREAS, Rochester Regional Health has licensed from Epic Systems Corporation certain software which allows users to remotely access patient electronic health records ("EpicCare Link") created by affiliates of Rochester Regional Health (i.e. ACM Laboratories) and certain community physicians who are participating in the Care Connect program ("the Data Providers"); and

WHEREAS, EpicCare Link has the capacity to allow Wayne Behavioral Health Network (WBHN) to view electronic health records of WBHN patients for the sole purpose of treating the patient whose record is being accessed; and

WHEREAS, WBHN & Rochester Regional Health both believe that the use of EpicCare Link by WBHN would substantially improve the quality of health care provided in WBHN's & Rochester Regional Health's service area, and therefore Rochester Regional Health wishes to allow access to EpicCare Link by WBHN, and both parties wish to enter into a user access agreement;

NOW THEREFORE BE IT RESOLVED, that the Chairman of the Board of Supervisors for Wayne County is authorized to sign a user access agreement on behalf of WBHN, pending County Attorney approval as to form and content, with Rochester Regional Health to allow WBHN access to the EpicCare Link system.

Budgeted: yes \_\_\_ no \_\_\_ Proposed Cost: none Reimbursed Amount: County cost: none

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

County Administrator's Review: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Office Review: yes \_\_\_ no \_\_\_ N/A \_\_\_ Signature: \_\_\_\_\_

County Attorney Review: yes \_\_\_ no \_\_\_ N/A \_\_\_ Signature: \_\_\_\_\_

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: \_\_\_\_\_

**Wayne County Nursing Home STATISTICAL DASHBOARD**

	YTD 11/30/2020	Prior Year 2019
Revenue	\$ 17,547,350	\$ 20,681,146
Expenses	\$ 17,787,695	\$ 20,185,374
Net Operating Margin	\$ (240,345)	\$ 495,772
Other Income (IGT)	\$ 2,591,565	\$ 5,868,752
Other Income (Cares Act - Stimulus Funds & NYS)	\$ 1,235,683	\$ -
Profit (Loss)	\$ 3,586,903	\$ 6,364,524
Budget Income (loss) Does include Retirement	\$ 753,348	\$ (214,012)
Variance from Budget (Over) Under	\$ 2,833,555	\$ 6,578,536
Net Operating Margin	-1.4%	2.4%
Operating Margin with IGT	20.4%	30.8%

Fund Balance Cash		
Cash Balance as of 11/30/2020	\$ 5,495,052	\$ 6,598,550
Days Cash	90	110
Investments = Short Term T-Bills	\$ 34,589,856	\$ 29,607,163
A/R <30 days	\$ 975,488	\$ 929,966
A/R 31 - 120 days	\$ 940,639	\$ 1,860,169
A/R >120 days	\$ 1,467,883	\$ 974,150
Average Daily Rate	\$ 263.65	\$ 274.62
Average PPS/PDPM Rate	\$ 516.69	\$ 471.93

Outpatient Services visits	0	-	-
Outpatient Services Gross Profit Margin	\$ -	\$ -	\$ -

Meals/Catering income vs. projected income	Current	Budget	Prior Year
Jail	\$ 85,172.00	\$ 121,476.75	\$ 149,917.00
Café	\$ 21,873.00	\$ 61,416.67	\$ 71,091.00
	\$ 107,045.00	\$ 182,893.42	\$ 221,008.00

	Current	YTD Actual	Prior Year
Facility Occupancy Rate - % (Budget 97%)	93.44%	93.44%	96.82%
Number of Admissions	12	160	216
% Discharges Home - All	47.62%	29.82%	46.25%

% Hospitalized Since Admission (Short Stay)	n/a	n/a
Re-Hospitalization w/in 30 days of Admission	n/a	n/a
Long Term Occupancy	n/a	n/a

	Jan-19	Jan-18	Jan-17
Total Number of Residents	190	183	189
Average CMI for Full House	1.05	1.02	1.07
Total Number of Medicaid Residents	143	144	136
Average CMI for Medicaid Residents	0.95	0.98	1.01

Medicare 5-Star Overall Rating	2020	2019	2018
5-Star Health Inspections	3	3	2
5-Star Staffing Rating	3	3	2
5-Star Quality Measure Rating	2	2	3
	4	4	5

Open Positions	61
Nursing Openings	25
Aide Openings	31
Other Positions	5

Employee Turnover 3 mo. (9/1/20 - 11/30/20) = 5/174	2.9%	20.3%	20.5%
Employee 6 mo Retention (6/1/20 - 11/30/20) = 8/8	100%		
Employee 2 yr Retention (12/1/18 - 11/30/20) = 29/52	56%		



Open Positions 2020													
Department	1/27/20	2/27/20	3/27/20	4/28/20	5/28/20	6/28/20	7/28/20	8/27/20	9/29/20	10/15/20	11/22/20	12/28/20	
<b>Administration</b>													
Clerk Typist, PT	2	1	1	1	1	1	1	1	1	1	1	1	1
Receptionist, PT	0	0	1	1	1	1	1	1	1	1	1	1	1
Clerk Typist Substitute (created Feb 2020)		1	1	1	1	1	1	1	1	0	0	0	0
<b>Fiscal</b>													
Account Clerk	1	1	1	1	1	1	1	1	1	1	1	1	1
<b>Residential Services</b>													
Resident Attendant	2	2	2	2	2	2	2	3	3	2	2	2	2
Activity Aide, PT								1	1	0	0	0	0
<b>Nursing</b>													
RN Supervisor, FT	4	4	3	4	4	5	5	5	5	5	5	5	5
RN Supervisor, Sub	2	2	1	1	1	1	1	1	1	1	1	1	1
RN, FT	3	3	3	3	3	3	3	5	5	4	4	4	4
RN, sub	2	3	3	3	3	3	3	1	1	1	1	1	3
LPN, FT	7	7	6	6	6	6	6	7	7	7	7	7	8
LPN, PT	1	1	1	1	1	1	1	1	0	0	0	0	0
LPN, Sub	1	1	1	3	3	3	3	3	3	3	3	3	4
CNA, FT	5	6	5	5	7	10	10	13	14	15	14	14	14
CNA, PT	6	7	6	6	8	10	10	10	10	10	10	10	10
CNA, Sub	7	7	6	6	6	6	6	7	7	8	8	7	7
<b>Total</b>	<b>43</b>	<b>46</b>	<b>43</b>	<b>46</b>	<b>48</b>	<b>54</b>	<b>54</b>	<b>61</b>	<b>60</b>	<b>59</b>	<b>57</b>	<b>61</b>	
Total positions 2020 (FT, PT, Sub) = 237													
Total employed as of 11/30/2020=174													
Employee Turnover 3 mo. (9/1/2020 - 11/30/2020) = 5/174 2.9%													
Employee 6 mo Retention (5/1/2020-11/30/2020) = 5/8 100%													
( 0 left, 5 still employed) = total 5													
Employee 2 yr Retention (12/1/2018 - 11/30/2020) = 29/52 56%													
( 23 left, 29 still employed) = total 52													

**RESOLUTION TRANSMITTAL**

Committee No. 6

Date: 1/4/2021

Committee Chair: Susie Jacobs  
Department Head: Jeffrey Stalker

**Authorization to Abolish full time Account Clerk Position and Create and Fill the Position of a Full Time Activity Aide Position for the Wayne County Nursing Home**

WHEREAS, the full time Account Clerk position has been vacant since 2013; and

WHEREAS, the Business Office is in the process of re-organizing positions and it has been determined that the Account Clerk position is no longer required; and

WHEREAS, the Activity Department would benefit from an additional full time Activity Aide position; and

WHEREAS, the Residents have been confined to their rooms for too long due to COVID-19 restrictions requiring one on one activities and a long term necessity for smaller group activity programs requiring additional staffing; and

WHEREAS, it has been determined that abolishing the Account Clerk full time position and creating a full time Activity Aide position will better serve the nursing home's Residents; and

WHEREAS, the proposed hourly rate for Activity Aide shall be at a grade 3 in accordance with the CSEA agreement; and

WHEREAS, sufficient budget appropriations are available in the 2021 Nursing Home's budget, not requiring an amendment to the 2021 budget for this change to occur; now, therefore, be it

RESOLVED, that the full time Account Clerk position (grade 10) is abolished effective February 5, 2021; and further be it

RESOLVED, that the position of full time Activity Aide be created effective February 5, 2021 (grade 3) at an hourly rate in accordance with the CSEA agreement.

Budgeted: yes \_\_\_ no \_\_\_ Proposed Cost: \_\_\_0\_\_\_ Reimbursed Amount \_\_\_\_\_ County cost \_\_\_0\_\_\_

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

County Administrator's Review: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Office Review: yes \_\_\_ no \_\_\_ N/A \_\_\_ Signature: \_\_\_\_\_

County Attorney Review: yes \_\_\_ no \_\_\_ N/A \_\_\_ Signature: \_\_\_\_\_

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: \_\_\_\_\_

**RESOLUTION TRANSMITTAL**

Committee No. 6

Date: 1/4/2021

Committee Chair: Susie Jacobs  
Department Head: Jeffrey Stalker

**Authorization to Abolish and Create a Position for the Wayne County Nursing Home**

WHEREAS, the Wayne County Nursing Home has determined that a re-organization of the current Medical Record Clerk position will enhance efficiency in the Business Office and better serve the Department; and

WHEREAS, the re-organization recommended is to abolish the position of Medical Record Clerk and create the position of Finance Clerk; and

WHEREAS, this re-organization shall be effective February 5, 2021; and

WHEREAS, sufficient budget appropriations are available in the 2021 Nursing Home's budget, not requiring an amendment to the 2021 budget for this change to occur; now, therefore, be it

RESOLVED, that the Medical Record Clerk position (grade 18) is abolished effective February 5, 2021; and further be it

RESOLVED, that the position of full time Finance Clerk position be created effective February 5, 2021 at a grade 13 hourly rate in accordance with the CSEA agreement

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

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

County Administrator's Review: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Office Review: yes \_\_\_ no \_\_\_ N/A \_\_\_ Signature: \_\_\_\_\_

County Attorney Review: yes \_\_\_ no \_\_\_ N/A \_\_\_ Signature: \_\_\_\_\_

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: \_\_\_\_\_

**RESOLUTION TRANSMITTAL**

Committee No. 6

Committee Chair: Susie Jacobs

Date: 01/04/2021

Department Head: Jeffrey Stalker

**Authorization to Contract with Retirement Home TV Corporation at the Wayne County Nursing Home**

WHEREAS, the current contract with Time Warner Cable Enterprises LLC expires February 28, 2021; and

WHEREAS, Retirement Home TV Corporation offers cable services at \$1,338.48 a month or \$16,061.76 a year compared to Time Warner Cable at \$3,854.13 per month or \$46,249.56 a year for a cost-saving of \$30,187.80 a year; and

WHEREAS, the Nursing Home desires to contract with Retirement Home TV Corporation effective February 28, 2021 and ending February 29, 2024 for a monthly cost of \$1,338.48 including equipment and installation; and now therefore be it,

RESOLVED, the Chairman of the Board of Supervisors is authorized to sign the contract with Retirement Home TV Corporation for the provision of cable services effective February 28, 2021 to February 29, 2024 for a monthly fee of \$1,338.48 including equipment and installation. The agreement is subject to the County Attorney's approval as to form and content.

Budgeted: yes  no  Proposed Cost: \$16,061.76 Reimbursed Amount \$ \_\_\_\_\_ County cost \$16,076.7

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

County Administrator's Review: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Office Review: yes  no  N/A  Signature: \_\_\_\_\_

County Attorney Review: yes  no  N/A  Signature: \_\_\_\_\_

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: \_\_\_\_\_

**RESOLUTION TRANSMITTAL**

Committee No. 6

Committee Chair: Susie Jacobs

Date: 01/04/2021

Department Head: Jeffrey Stalker

**Authorization for Wayne County Nursing Home to Contract with Cross Country Staffing**

WHEREAS, Wayne County Nursing Home wishes to contract with a third agency for the provision of professional licensed staffing in case of emergency; and

WHEREAS, Cross Country Staffing provides professional licensed staff; and now therefore be it

RESOLVED, the Chairman of the Board of Supervisors is authorized and directed to execute an agreement, subject to the County Attorney's approval as to form and content with Cross Country Staffing for the provision of Registered Nurse and /or Licensed Practical Nurse coverage at the Wayne County Nursing Home effective January 1, 2021 to December 31, 2023 at the following rates per hour:

DAILY PERSONNEL HOURLY RATES	
Discipline	Rate
RN- Supervision	\$60.47
RN- Floor	\$56.22
LPN	\$39.25
CNA	\$26.52

Budgeted: yes  no  Proposed Cost:  Reimbursed Amount  County cost

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

County Administrator's Review:  Date:

Human Resources Office Review: yes  no  N/A  Signature:

County Attorney Review: yes  no  N/A  Signature:

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:

**RESOLUTION TRANSMITTAL**

Committee No. 6      Date: 1/4/2021

Committee Chair: Susie Jacobs  
Department Head: Jeffrey Stalker

**AUTHORIZATION TO CONTRACT FOR LINEN SERVICES AT THE WAYNE COUNTY NURSING HOME**

WHEREAS, Wayne County Nursing Home currently contracts with the New York State Industries for the Disabled (NYSID) for linen services including maintaining an inventory, laundry process and delivery to the Wayne County Nursing Home; and

WHEREAS, Bates Troy Healthcare Linen Services, a sub-contractor of NYSID, has been providing linen services; and

WHEREAS, Resolution No. 278-20 authorized extending said agreement to December 31, 2020 allowing time for discussions and negotiations on a new contract with Wayne ARC, a sub-contractor of NYSID; and

WHEREAS, Wayne ARC, a local sub-contractor of NYSID, will be ready to provide services as of April 1, 2021 with a cost not to exceed \$72,000; and

WHEREAS, Wayne County Nursing Home desires to extend the current agreement with NYSID, a preferred source vendor, for furnishing linen services in accordance with Section 162 of NYS Finance Law; and therefore, be it

RESOLVED, that the Chairman of the Board is hereby authorized to execute a contract with NYSID, a preferred source vendor, using Bates Troy Healthcare Linen Services as a sub-contractor for linen services on behalf of the Wayne County Nursing Home for the period January 1, 2021 to March 31, 2021 with a cost not to exceed \$72,000; subject to the County Attorney's approval as to form and content.

Budgeted: yes X no \_\_\_ Proposed Cost: \$72,000 Reimbursed Amount \_\_\_ County cost \$72,000

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

County Administrator's Review: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Office Review: yes \_\_\_ no \_\_\_ N/A \_\_\_ Signature: \_\_\_\_\_

County Attorney Review: yes \_\_\_ no \_\_\_ N/A \_\_\_ Signature: \_\_\_\_\_

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: \_\_\_\_\_

**RESOLUTION TRANSMITTAL**

Committee No. 6

Date: 1/4/2021

Committee Chair: Susie Jacobs  
Department Head: Jeffrey Stalker

**AUTHORIZATION TO CONTRACT WITH WAYNE ARC FOR LINEN SERVICES AT THE WAYNE COUNTY NURSING HOME**

WHEREAS, Wayne County Nursing Home currently contracts with the New York State Industries for the Disabled (NYSID) for linen services including maintaining an inventory, laundry process and delivery to the Wayne County Nursing Home; and

WHEREAS, Bates Troy Healthcare Linen Services, a sub-contractor of NYSID, will be providing linen services until March 31, 2021; and

WHEREAS, Wayne ARC, a local sub-contractor of NYSID, will be providing linen services effective April 1, 2021 to March 31, 2024 with an annual cost not to exceed \$314,000.00; and

WHEREAS, Wayne County Nursing Home desires to contract with NYSID, a preferred source vendor, for furnishing linen services in accordance with Section 162 of NYS Finance Law; and now, therefore, be it

RESOLVED, that the Chairman of the Board is hereby authorized to execute a contract with NYSID, a preferred source vendor, using Wayne ARC Linen Services as a sub-contractor for linen services on behalf of the Wayne County Nursing Home for the period April 1, 2021 to March 31, 2024 with an annual cost not to exceed \$314,000.00; subject to the County Attorney's approval as to form and content.

Budgeted: yes  no  Proposed Cost: \$314,000 Reimbursed Amount \_\_\_\_\_ County cost \$314,000

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

County Administrator's Review: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Office Review: yes  no  N/A  Signature: \_\_\_\_\_

County Attorney Review: yes  no  N/A  Signature: \_\_\_\_\_

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: \_\_\_\_\_

**RESOLUTION TRANSMITTAL**

Committee No. 6      Date: 1/4/2021

Committee Chair: Susie Jacobs  
Department Head: Jeffrey Stalker

**AUTHORIZATION TO SIGN STIPULATION AND ORDER AND PAY FINE FOR THE WAYNE COUNTY NURSING HOME**

WHEREAS, Wayne County Nursing Home was surveyed by New York State Department of Health on November 5, 2020; and

WHEREAS, on December 30, 2020 a proposed Stipulation and Order was received from New York State Department of Health stating that Wayne County Nursing Home failed to separate residents into cohorts of residents who had COVID-19 from residents who did not have COVID-19 or residents who had unknown status; and

WHEREAS, said Stipulation and Order requires the Nursing Home to pay a fine of \$2,000 for one (1) citation; and now, therefore, be it

RESOLVED, that the Wayne County Nursing Home is hereby authorized to pay said penalty of \$2,000, payable to the New York State Department of Health, from the Settlement/Arbitration budget line E60004-54950-E8350; and further be it

RESOLVED, that the Chairman of the Board is hereby authorized to sign the Stipulation and Order issued by New York State Department of Health, on behalf of the Wayne County Nursing Home.

Budgeted: yes X no \_\_\_ Proposed Cost: \$2,000      Reimbursed Amount      County cost

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

County Administrator's Review: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Office Review: yes \_\_\_ no \_\_\_ N/A \_\_\_ Signature: \_\_\_\_\_

County Attorney Review: yes \_\_\_ no \_\_\_ N/A \_\_\_ Signature: \_\_\_\_\_

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: \_\_\_\_\_



**RESOLUTION TRANSMITTAL**

Committee No. 6

Date: 1/4/2021

Committee Chair: Susie Jacobs  
Department Head: Diane M. Devlin

**AUTHORIZATION TO RENEW CONTRACT WITH S2AY RURAL HEALTH NETWORK FOR WAYNE COUNTY PUBLIC HEALTH**

WHEREAS, Wayne County Public Health (WCPH) wishes to renew its contract with S2AY Rural Health Network for the purpose of providing Quality Assurance and Quality Improvement services, administration of various public and private grants, data collection for Community Health Assessments, retain services of an In-service Coordinator as independent contractor and sharing the cost with the S2AY Rural Health Network partnership that includes Chemung, Livingston, Ontario, Schuyler, Seneca, Steuben and Yates Counties; and

WHEREAS, WCPH's share is \$17,500 for the period covering January 1, 2021 through December 31, 2021;

WCPH wishes to declare the S2AY Rural Health Network as a Sole Source vendor for this service; now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized and directed to execute a contract on behalf of Wayne County Public Health with S2AY Rural Health Network for the period of January 1, 2021 through December 31, 2021 at a cost not to exceed \$17,500, subject to the County Attorney's approval as to form and content.

Budgeted:  yes  Proposed Cost: \$17,500 Reimbursed Amount \$  \$13,875 County cost \$3,625.00

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

County Administrator's Review: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Office Review: yes  no  N/A  Signature: \_\_\_\_\_

County Attorney Review: yes  no  N/A  Signature: \_\_\_\_\_

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: \_\_\_\_\_