

# AGENDA

## HEALTH AND MEDICAL SERVICES COMMITTEE

Monday, February 1<sup>st</sup> 10:00 a.m.

Members: Jacobs, Emmel Groat, Kolczynski, Bender

IN PERSON ATTENDEES: Committee Chair, County Administrator, Secretary

10:00 a.m. **Approve minutes from previous meeting**

10:05 a.m. **Mental Health, Jim Haitz**

Financials  
Performance Report  
Updates & Activities

10:20 a.m. **Nursing Home, Jeffrey Stalker**

Monthly Report [NH2RPT1December2020Stat.pdf](#)

#### TRANSMITTALS:

- Authorization to contract with KSL Diagnostics Inc. [NH2RES3KSLLab.doc](#)
- Authorization to renew contract with Sodexo Operations, LLC  
[NH2RES4SodexoServices.doc](#)
- Authorization to Rescind Resolution No. 044-21 and Authorize an Agreement with RetirementHomeTV and a Separate Agreement with DirectTV for the Provision of Cable Television Service to the Wayne County Nursing Home  
[NH2RES5RetirementTV Rev 1.doc](#)
- Authorization to renew contract with Rehab Resources [NH2RES1RehabResources.doc](#)
- Authorization to amend contract with Aegis Sciences Corp. [NH2RES2AegisSciences.doc](#)
- Authorization to amend contract with UnitedHealthcare  
[NH2RES7UnitedHealthcare Rev 1.doc](#)

10:40 a.m. **Public Health, Diane Devlin**

#### TRANSMITTALS:

- Authorization to accept Performance Incentive Award [PH02RES01-Performance Incentive Award REV1.doc](#)
- Authorization to pay early maintenance fee to Mobil App [PH02RES02 OCV LLC - Community Messaging App. REV 2.doc](#)
- Authorization to certify and submit Public Health State Aid application [PH02RES03 2021 State Aid application.doc](#)
- Authorization to submit Pre-K Annual Administrative Cost Incurred report [PH02RES04 PRE-K Annual Admin Cost REV1.doc](#)
- Authorization to Contract with Rochester Regional Health System's Department of Pulmonary Medicine to Provide Medical Consultation for the Tuberculosis Program  
[PH02RES05 RRHS Tuberculosis Contract 1.1.21 - 12.31.21.doc](#)

#### COVID UPDATE

11:00 a.m. **OTHER BUSINESS**

E-mail received by Mrs. Jacobs regarding COVID Vaccinations

**Wayne County Nursing Home STATISTICAL DASHBOARD**

		PRELIMINARY		
		YTD	Prior Year	
		12/31/2020	2019	
Revenue		\$ 19,028,257	\$ 20,681,146	
Expenses	Covid-19 Expenses = \$ 140,668	\$ 20,052,693	\$ 20,185,374	
Net Operating Margin		\$ (1,024,436)	\$ 495,772	
Other Income (IGT)		\$ 4,197,469	\$ 5,868,752	
Other Income (Cares Act - Stimulus Funds & NYS)		\$ 1,235,683	\$ -	
Profit (Loss)		\$ 4,408,716	\$ 6,364,524	
Budget Income (loss) Does include Retirement		\$ 753,348	\$ (214,012)	
Variance from Budget (Over) Under		\$ 3,655,368	\$ 6,578,536	
Net Operating Margin		-5.4%	2.4%	
Operating Margin with IGT		23.2%	30.8%	
<b>Fund Balance Cash</b>				
Cash Balance as of 12/31/2020	(Money Mkt from T-Bills)	\$ 12,621,807	\$ 6,598,550	
Days Cash		207	110	
Investments = Short Term T-Bills		\$ 27,283,306	\$ 29,607,163	
A/R <30 days		\$ 902,471	\$ 929,966	
A/R 31 - 120 days		\$ 1,179,371	\$ 1,860,169	
A/R >120 days		\$ 751,776	\$ 974,150	
Average Daily Rate		\$ 261.62	\$ 274.62	
Average PPS/PDPM Rate		\$ 510.86	\$ 471.93	
Outpatient Services visits		0	-	
Outpatient Services Gross Profit Margin		\$ -	\$ -	
<b>Meals/Catering income vs. projected income</b>				
		<b>Current</b>	<b>Budget</b>	<b>Prior Year</b>
Jail		\$ 85,172.00	\$ 161,969.00	\$ 149,917.00
Cafe		\$ 23,427.00	\$ 67,000.00	\$ 71,091.00
		<b>\$ 108,599.00</b>	<b>\$ 228,969.00</b>	<b>\$ 221,008.00</b>
<b>Facility Occupancy Rate - % (Budget 97%)</b>				
		<b>Current</b>	<b>YTD Actual</b>	<b>Prior Year</b>
		90.36%	93.18%	96.82%
Number of Admissions		10	170	216
% Discharges Home - All		41.67%	31.40%	46.25%
<b>% Hospitalized Since Admission (Short Stay)</b>				
Re-Hospitalization w/in 30 days of Admission		n/a	n/a	n/a
Long Term Occupancy		n/a	n/a	n/a
<b>Total Number of Residents</b>				
		<b>Jan-19</b>	<b>Jan-18</b>	<b>Jan-17</b>
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
<b>Medicare 5-Star Overall Rating</b>				
		<b>2020</b>	<b>2019</b>	<b>2018</b>
5-Star Health Inspections		3	3	2
5-Star Staffing Rating		2	2	3
5-Star Quality Measure Rating		4	4	5
<b>Open Positions</b>				
Open Positions		61		
Nursing Openings		24		
Aide Openings		31		
Other Positions		6		
<b>Employee Turnover 3 mo. (10/1/20 - 12/31/20) = 7/173</b>				
		4.0%	20.3%	20.5%
<b>Employee 6 mo Retention (7/1/20 - 12/31/20) = 8/8</b>				
		100%		
<b>Employee 2 yr Retention (1/1/19 - 12/31/20) = 27/49</b>				
		55%		

**RESOLUTION TRANSMITTAL**

Committee No. 6      Date: 2/01/2021

Committee Chair: Susie Jacobs  
Department Head: Jeffrey Stalker

**AUTHORIZATION TO CONTRACT WITH KSL DIAGNOSTICS INC.**

WHEREAS, Wayne County Nursing Home is currently in an agreement with Aegis Sciences Corporation for the purpose of COVID-19 laboratory services, a laboratory located in Nashville, Tennessee; and

WHEREAS, Wayne County Nursing Home is desirous to enter into an agreement with KSL Diagnostics Inc. for COVID -19 laboratory services located in Williamsville, New York; and

WHEREAS, KSL Diagnostics Inc shall invoice Wayne County Nursing Home for each employee on the county's health insurance plan who receives said COVID-19 testing at a cost of \$80 per test;

WHEREAS, KSL Diagnostics Inc. shall invoice directly to non-county employees' health plans; and therefore, be it

RESOLVED, that the Chairman of the Board is hereby authorized to sign the agreement with KSL Diagnostics Inc. for COVID-19 laboratory services at the Wayne County Nursing Home and invoice the Nursing Home directly for employees on the county health plan who receives COVID-19 testing at a cost of \$80 per test, and invoice directly to non-county employees' health plans; agreement becomes effective January 15, 2021 to April 14, 2021 unless extended by mutual agreement in writing signed by both parties; subject to the County Attorney's approval as to form and content.

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: 2/01/2021

Committee Chair: Susie Jacobs  
Department Head: Jeffrey Stalker

**AUTHORIZATION TO EXTEND CONTRACT FOR FOOD AND NUTRITION, HOUSEKEEPING, AND MAINTENANCE SERVICES AT THE WAYNE COUNTY NURSING HOME**

WHEREAS, Resolution 358-16 approved the initial term of the agreement with Sodexo Operations, LLC and Healthcare Services for the provision of Food and Nutrition, Housekeeping, and Maintenance Services from July 1, 2016 to June 30, 2018 with the option to renew for two (2) additional one (1) year periods; and

WHEREAS, the last renewal option ends June 30, 2021; and

WHEREAS, a request for proposals of services should be solicited for the next term; and

WHEREAS, Wayne County Nursing Home is requesting another one (1) year extension of the contract under the same conditions until due to COVID-19 pandemic is over; and therefore, be it

RESOLVED, that the Chairman of the Board is hereby authorized to extend the current agreement with Sodexo Operations, LLC and Healthcare Services for the provision of Food and Nutrition, Housekeeping, and Maintenance Services from July 1, 2021 to June 30, 2022 subject to the County Attorney's approval as to form and content.

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: 02/01/2021

Committee Chair: Susie Jacobs  
Department Head: Jeffrey Stalker

A RESOLUTION RESCINDING RESOLUTION NO. 044-21 AND AUTHORIZING AN AGREEMENT WITH RETIREMENTHOMETV AND A SEPARATE AGREEMENT WITH DIRECTV, AS PARTNER COMPANY (BOTH PARTNERS OF AT&T CAPITAL SERVICES, INC.), FOR THE PROVISION OF CABLE TELEVISION SERVICE TO THE WAYNE COUNTY NURSING HOME

**WHEREAS**, Resolution No. 044-21 authorized a contract with RetirementHomeTV Corporation for provision of cable television services to the Wayne County Nursing Home for a term of three (3) years; and

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

**WHEREAS**, the nursing home proposes to rescind this resolution No. 044-21 and to have the Board of Supervisors adopt a new resolution to authorize two (2) separate Agreements, one with RetirementHomeTV and the other with its partner, DIRECTV, to provide for a five (5) year term for provision of cable television services to the Wayne County Nursing Home, which will realize a cost-saving of \$6,600 annually or \$33,000 over the five-year period; and

**WHEREAS**, the Nursing Home proposes to contract with RetirementHome TV Corporation, a partner of DIRECTV, and to also contract with DIRECTV, both of which are partners with AT&T Capital Services, Inc. effective February 28, 2021 and ending February 27, 2026 at a monthly cost of \$1,338.48 including equipment and installation; now therefore be it,

**RESOLVED**, that Board Resolution No. 044-21 is hereby rescinded; and be it further

**RESOLVED**, that the Chairman of the Board of Supervisors is authorized to execute separate five (5) year contractual agreements with both RetirementHomeTV and with DIRECTV, as partners of AT&T Capital Services, Inc., to deliver cable services to the Wayne County Nursing Home effective February 28, 2021 and ending February 27, 2026, at a fee of \$1,338.48 per month (\$16,061.76 per year) including equipment and installation, a cost-saving of \$6,600 annually or \$33,000 over a five-year period a year. The agreement is subject to the County Attorney's approval as to form and content.

Budgeted: yes  no  Proposed Cost: \$ \_\_\_\_\_ 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: 2/01/2021

Committee Chair: Susie Jacobs  
Department Head: Jeffrey Stalker

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

WHEREAS, Wayne County Nursing Home currently contracts with Rehab Resources for the purpose of rehabilitation services; and

WHEREAS, Resolution No. 174-16 approved the initial term of the agreement for the period commencing April 1, 2016 and ending on March 31, 2019 with the option to renew for two (2) additional one (1) year periods; and

WHEREAS, the Nursing Home has utilized the last renewal ending March 31, 2021; and

WHEREAS, under normal circumstances, a request for proposals of services would have been solicited for the next term; and

WHEREAS, Wayne County Nursing Home is requesting another one (1) year extension of the contract under the same conditions until COVID-19 pandemic is over; and therefore, be it

RESOLVED, that the Chairman of the Board is hereby authorized to extend the current agreement with Rehab Resources for the purpose of rehabilitation services at the Wayne County Nursing Home for the period April 1, 2021 to March 31, 2022 at the same hourly rates as the last term; subject to the County Attorney's approval as to form and content.

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: 2/01/2021

Committee Chair: Susie Jacobs

Department Head: Jeffrey Stalker

**AUTHORIZATION TO AMEND CONTRACT WITH AEGIS SCIENCES CORPORATION**

WHEREAS, Wayne County Nursing Home entered into an agreement with Aegis Sciences Corporation for the purpose of COVID-19 laboratory services effective June 26, 2020; and

WHEREAS, Aegis Sciences Corporation has been invoicing employees' health plan directly for COVID-19 lab testing; and

WHEREAS, the amended agreement directs Aegis Sciences Corporation to invoice the Wayne County Nursing Home for each employee on the county's health insurance plan who receives said COVID-19 testing; and therefore, be it

RESOLVED, that the Chairman of the Board is hereby authorized to amend the current agreement with Aegis Sciences Corporation for COVID-19 laboratory services at the Wayne County Nursing Home for the purpose of having the lab service invoice the Nursing Home directly effective January 1, 2021 for employees on the county health plan who receives COVID-19 testing; subject to the County Attorney's approval as to form and content.

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: 2/01/2021

Committee Chair: Susie Jacobs  
Department Head: Jeffrey Stalker

**Authorization to Amend Contract with United Healthcare**

WHEREAS, United Healthcare provides health insurance coverage to the residents in Wayne County;  
and

WHEREAS, the amended agreement includes an increase of the Part A Capitation rate from \$185 per member, per month, to \$220 per member, per month; and

WHEREAS, in addition, United Healthcare will also pay an additional PerDiem rate of \$475 per day when a member needs Skilled Nursing Services for a "Public Health Emergency", such as COVID-19; and now, therefore be it

RESOLVED, that the Chairman of the Board is hereby authorized to execute said amended contract with United Healthcare on behalf of the Wayne County Nursing Home for the provision of long term care and outpatient services to include an increase of the Part A Capitation day rate from \$185 to \$220 and the addition of the Skilled Nursing Services for Public Health Emergency Intensive Service Delivery Day at \$475 per diem rate effective March 1, 2021; subject to the County Attorney's approval as to form and content.

Budgeted: yes \_\_\_ no \_\_\_ Proposed Cost: \_\_\_\_\_ 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: 2/1/21

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

**AUTHORIZATION TO ACCEPT PERFORMANCE INCENTIVE AWARD FOR WAYNE COUNTY PUBLIC HEALTH**

WHEREAS, the New York State Department of Health (NYSDOH) established an annual performance incentive award program for the local health departments to improve/enhance core public health services under Article 6 funding; and

WHEREAS, Wayne County Public Health (WCPH) participated in the promotion of expedited partner therapy (EPT) for chlamydia initiative from November 1, 2019 through September 30, 2020 and was awarded \$21,893 for their efforts; and

WHEREAS, this Performance Incentive award can be expended from January 1, 2021 to December 31, 2021; now, therefore, be it

RESOLVED, that the Director of Public Health is hereby authorized to accept the 2020 Performance Incentive Award of \$21,893 to be expended on contracted services and/or supplies for core Public Health programs/services from January 1, 2021 to December 31, 2021; and be it further

RESOLVED, that the Wayne County Treasurer is hereby authorized to amend the 2021 County Budget as follows:

**A4010 Public Health**

(Revenues)

\$21,893 to 43455 – St Aid- Incentive Award Revenue

(Appropriations)

\$960 to 54000 DOHPI – Contractual Expenses

\$20,933 to 54600 DOHPI - Misc

Budgeted: yes \_\_\_ no \_\_\_ x \_\_\_ Proposed Cost: \$21,893 Reimbursed Amount \$21,893 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: 2/1/21

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

AUTHORIZATION TO PAY YEARLY MAINTENANCE FEE ON APP FROM OCV, LCC (THE PUBLIC HEALTH APP)

WHEREAS, Wayne County Public Health (WCPH) and members of the Wayne Health Improvement Partnership (WHIP) have identified and documented the need for unified messaging across all service sectors that serve Wayne County residents; and

WHEREAS, the Wayne County Community Health Improvement Plan (CHIP) has made unified messaging an activity to be conducted throughout 2021 and such unified messaging includes health education on chronic disease prevention, wellbeing and mental health promotion and substance use prevention; and

WHEREAS, Wayne County Public Health (WCPH) utilizes an app from OCV, LCC, for this purpose; and currently has a contract with OCV, LLC that expired on 11/18/2020; and

WHEREAS, WCPH wishes to renew this contract for the period of November 19, 2020 to November 18, 2020, for the amount of \$5,995 for maintenance and support of the App; now, therefore be it

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized to sign the Mobile App Agreement with OCV, LCC (The Public Health App) for the period of November 19, 2020 to November 18, 2021, for the amount of \$5,995, for the annual maintenance/support fees for a Community Messaging App, subject to the approval of the County Attorney as to form and content.

Appropriations:  
\$5,995 from A40114 54589 PHS Chronic Diseases

Budgeted: yes  no  Proposed Cost: \$5,995 Reimbursed Amount \$5,995 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: 2/1/21

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

**AUTHORIZATION TO CERTIFY AND SUBMIT THE 2021 PUBLIC HEALTH STATE AID APPLICATION FOR WAYNE COUNTY PUBLIC HEALTH**

WHEREAS, the NYS Dept. of Health (NYSDOH) requires an annual State Aid Application be submitted based on the approved 2021 Wayne County Public Health budget; and

WHEREAS, the application must be certified by the Chairman of the Board of Supervisors prior to submitting; now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized and directed to certify the 2021 application; and be it further

RESOLVED, that the Public Health Director is hereby authorized and directed to submit the 2021 application for NYSDOH approval.

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: 2/1/21

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

**AUTHORIZATION TO SUBMIT THE PRE-K ANNUAL ADMINISTRATIVE COSTS INCURRED REPORT FOR WAYNE COUNTY PUBLIC HEALTH**

WHEREAS, Section 4410 of the Education Law entitles counties to receive administrative cost reimbursement of seventy-five dollars per eligible preschool student with a disability or the total County Administrative cost (whichever is lower); and

WHEREAS, a Statement of County Administrative costs incurred Under Section 4410 of the Education Law, July 1, 2019 – June 30, 2020 must be submitted to the State Education Dept. Program Services Unit in order to receive such reimbursement; now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized to sign the Pre-K Program's completed Statement of Administrative Costs Incurred Report for submission to the State Education Dept. for reimbursement, for the period of July 1, 2019 to June 30, 2020.

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: 2/1/21

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

AUTHORIZATION TO CONTRACT WITH ROCHESTER REGIONAL HEALTH SYSTEM'S DEPARTMENT OF PULMONARY MEDICINE TO PROVIDE MEDICAL CONSULTATION FOR THE TUBERCULOSIS PROGRAM

WHEREAS, Wayne County Public Health (WCPH) is hereby mandated by the NYSDOH to ensure Tuberculosis Services are available for Wayne County residents; and

WHEREAS, WCPH is the main provider of Tuberculosis services in Wayne County and provides this service through an Article 28 clinic; and

WHEREAS, WCPH currently contracts with Rochester Regional Health System's Department of Pulmonary Medicine to provide a NYS Board certified physician to provide medical consultation services; and

WHEREAS, WCPH in cooperation with the Wayne County Purchasing Agent declared this contract to be a single source due to the lack of providers for this specialty service willing to contract with WCPH as a medical consultant for the Tuberculosis Program; and

WHEREAS, WCPH wishes to renew its contract with the Rochester Regional Health System's Department of Pulmonary Medicine to provide a NYS Board certified physician to provide medical consultant services for the Tuberculosis Program at a cost of \$988.33 per monthly clinic, with a total cost not to exceed \$11,860 for the period of January 1, 2021 to December 31, 2021; now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized to contract with the Rochester Regional Health System's Department of Pulmonary Medicine, 1425 Portland Avenue, Rochester, NY 14621, as a single source, to provide a NYS Board Certified physician to provide medical consultant services for the WCPH Tuberculosis Program, for the period of January 1, 2021 to December 31, 2021, at a cost of \$988.33 per monthly clinic, with a total cost not to exceed \$11,860, subject to the approval of the County Attorney as to form and content and subject to being in compliance with the County's insurance requirements.

Budgeted: yes  no  Proposed Cost: \$11,860 Reimbursed Amount \$8895 County cost \$2965

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: \_\_\_\_\_