

AGENDA
HEALTH AND MEDICAL SERVICES COMMITTEE
Monday, April 6th 10:00 a.m.

Members: Jacobs, Groat, Kolczynski, Bender and Leonard

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

10:00 a.m. Nursing Home, Denis Vinnik

TRANSMITTAL:

- Authorize agreement to exercise a contract renewal option between County of Wayne and Sodexo Operations, LLC [NH4RES1SodexoExtension.doc](#)

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

NO BUSINESS

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

TRANSMITTAL:

- Authorization to Renew Contract with S2AY Rural Health Network for Wayne County Public Health [PH04RES01 S2AY Rural Health Network contract - 2020 REV2.doc](#)

COVID-19 update

RESOLUTION TRANSMITTAL

Committee No. 6
Date: 4/6/2020

Committee Chair: Susie Jacobs
Department Head: Denis Vinnik

Authorize agreement to exercise a contract renewal option between County of Wayne and Sodexo Operations, LLC

WHEREAS, the contract with Sodexo Operations, LLC became effective July 1, 2016 and terminating on June 30, 2019 with the option to renew for two (2) additional one (1) year periods by mutual agreement between the parties; and

WHEREAS, the County wishes to renew the agreement for an additional one (1) year; and

NOW BE IT RESOLVED, that the Chairman of the Wayne County Board of Supervisor be authorized and directed to execute a renewal letter on behalf of the Wayne County Nursing Home, subject to the County Attorney's approval as to form and content for the period July 1, 2020 – June 30, 2021 pursuant to section 49 of the contract specifications.

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: 4/6/2020

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

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

WHEREAS, S2AY Rural Health Network provides Quality Assurance and Quality Improvement services, administration of various public and private grants, data collection for Community Health Assessments, and retain services of an In-service Coordinator as independent contractor, to the S2AY Rural Health Network partnership; and

WHEREAS, the S2AY Rural Health Network partnership includes Chemung, Livingston, Ontario, Schuyler, Seneca, Steuben, Yates, and Wayne Counties; and

WHEREAS, each member County in S2AY Rural Health Network partnership, is responsible for a share of the partnership costs, and

WHEREAS, Wayne County Public Health (WCPH) wishes to renew its contract with S2AY Rural Health Network for the Wayne County share of the S2AY Rural Health Network partnership cost; and

WHEREAS, WCPH's share is \$18,500 for the period covering January 1, 2020 through December 31, 2020; 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, 2020 through December 31, 2020 at a cost not to exceed \$18,500, subject to the County Attorney's approval as to form and content.

Budgeted: yes no Proposed Cost: \$18,500 Reimbursed Amount \$13,875 County cost \$4,625

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: _____