

AGENDA
HEALTH AND MEDICAL SERVICES COMMITTEE
Monday, August 3rd 10:00 a.m.

Members: Jacobs, Groat, Kolczynski, Bender and Leonard

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

10:00 a.m. **Mental Health, Jim Haitz**

Monthly Report [MH Dept Payments & AR 2020 YTD June.xls](#)

10:15 a.m. **Public Health, Shane White**

Activities Report
COVID-19 Update
Deputy Director

TRANSMITTALS:

- Authorization to Execute Contract with Leah Talbot for Provision of Related Services to Pre School Children with Handicapping Conditions for Wayne County Public Health
[PH08RES01 Related Services Contract with Leah Talbot.doc](#)
- Authorization to Renew Intermunicipal Agreement between Chemung, Livingston, Monroe Ontario, Schuyler, Seneca, Steuben, Wayne and Yates for Wayne County Public Health
[PH08RES02 Intermunicipal Agreement 7.1.2020 - 6.30.2025.doc](#)
- Authorization to Enter into a Memorandum of Understanding with the Best Western Inn & Suites in Palmyra, New York [PH08RES03 Best Western Inn & Suites , MOU REV1.doc](#)
- Authorization to Contract with Health Research, Inc. for Wayne County Public Health to Perform Public Health Emergency Preparedness Activities [PH08RES04 HRI Contract for PHEP Activities 7.1.20 - 6.30.21.doc](#)
- Authorization for Public Health to Extend Contract with Geneva Club Vending
[PH08RES05 Extend contract with Geneva Club Vending.doc](#)

10:40 a.m. **Nursing Home, Denis Vinnik**

AUDITORS

Monthly Report
Capital Plan

TRANSMITTAL:

- Authorization to sign contract with Nursecore of Rochester [NH8Res1NurseCore.doc](#)

RESOLUTION TRANSMITTAL

Committee No. 6

Date: 8/3/2020

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

AUTHORIZATION TO RENEW INTERMUNICIPAL AGREEMENT BETWEEN CHEMUNG, LIVINGSTON, MONROE, ONTARIO, SCHUYLER, SENECA, STEUBEN, WAYNE, AND YATES FOR WAYNE COUNTY PUBLIC HEALTH

WHEREAS, the Wayne County Public Health (WCPH) has the responsibility for planning and responding to all public health emergencies; and

WHEREAS, some public health problems may require public health services that exceed the capacities of WCPH; and

WHEREAS, the WCPH is desirous of renewing an inter-municipal agreement with partnering counties to provide and receive mutual aid during a public health emergency; now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized to execute the Intermunicipal Agreement between Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne and Yates for the period of July 1, 2020 to June 30, 2025, with approval as to form and content from the County Attorney.

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: 8/3/20

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

AUTHORIZATION TO ENTER INTO A MEMORANDUM OF UNDERSTANDING WITH THE BEST WESTERN INN & SUITES IN PALMYRA, NEW YORK

WHEREAS, Wayne County Public Health (WCPH) wishes to establish a Memorandum of Understanding with the Best Western Inn & Suites to house Wayne County Residents in matters related to public health concerns; and

WHEREAS, if such need arises, WCPH will pay \$85 per day (tax free) for each person/family housed at the Inn; now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized to sign a Memorandum of Understanding with the Best Western Inn & Suites in Palmyra, NY to house Wayne County Residents in matters related to public health concerns for a daily tax free rate of \$85 for each person/family housed at the Inn, subject to the approval of the County Attorney as to form and content.

Budgeted: yes ___ no X 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: 8/3/20

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

AUTHORIZATION TO CONTRACT WITH HEALTH RESEARCH, INC FOR WAYNE COUNTY PUBLIC HEALTH TO PERFORM PUBLIC HEALTH EMERGENCY PREPAREDNESS ACTIVITIES

WHEREAS, Wayne County Public (WCPH) is required by the New York State Department of Health (NYSDOH) to perform Public Health Emergency Preparedness activities; and

WHEREAS, funding for such activities comes from Health Research, Inc (HRI); and

WHEREAS, WCPH's current contract with HRI expired on June 30, 2020 and HRI has sent a contract renewal for the period of July 1, 2020 to June 30, 2021 for an amount not to exceed \$80,645; now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized to sign a contract with Health Research, Inc. for WCPH to perform Public Health Emergency Preparedness activities, for the period of July 1, 2020 to June 30, 2021 for an amount not to exceed \$80,645, subject to the approval of the County Attorney as to form and content.

Budgeted: yes no Proposed Cost: \$80,645 Reimbursed Amount \$80,645 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: August 3, 2020

Committee Chair: Susie Jacobs

Department Head: Diane Devlin

AUTHORIZATION FOR PUBLIC HEALTH TO EXTEND CONTRACT WITH GENEVA CLUB VENDING

WHEREAS, Wayne County Public Health has a contract with Geneva Club Vending for vending machine equipment and related services, which expires August 31, 2020; and

WHEREAS, it is in the best interest of the county to extend the deadline for receipt of proposals to award the next contract; and

WHEREAS, to do so will require a one month extension of the current contract to ensure there is no lapse in service; and

WHEREAS, as a result of the extension, the contract will expire September 30, 2020 instead of the August 31, 2020; and

WHEREAS, Geneva Club Vending has agreed to this extension at the same terms and conditions of the current contract and the County Attorney is also in agreeance; now therefore be it

RESOLVED, that the Chairman of the Board of Supervisors is authorized and directed to sign the contract amendment, which allows the extension the contract between Wayne County Public Health and Geneva Club Vending until September 30, 2020, subject to review and approval of the County Attorney.

Budgeted: yes no

Proposed Additional Costs: _____ 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: 8/3/2020

Committee Chair: Susie Jacobs
Department Head: Denis Vinnik

Wayne County Nursing Home to contract with Nursecore Management Services, LLC d/b/a Nursecore of Rochester

WHEREAS, the contract between the County of Wayne and Nursecore Management Services for Registered Nurse and/ or Licensed Practical Nurse coverage expired on December 31, 2019 and;

WHEREAS, the Wayne County Nursing Home wishes to renew said contract for the period of January 1, 2020 – December 31, 2023; 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 and the approval of the 2020-23 budget, with Nursecore Management Services for the provision of licensed nursing staff coverage at the Wayne County Nursing Home effective January 1, 2020 to December 31, 2023 at the following rates:

BILLING RATE (Per Hour)

	7-3 M-F	3-11 M-F	11-7 M-TH	7-3 WEEKEND	3-11/11-7 WEEKEND
Registered Nurse	58.95	58.95	58.95	60.95	60.95
Registered Nurse Supervision	70.95	70.95	70.95	72.95	72.95
Licensed Practical Nurse	44.95	44.95	44.95	46.95	46.95

Overtime is defined as those hours worked in excess of forty (40) hours in a one week pay period. Overtime must have Facility supervision approval. The overtime rate is one and one-half (1½) times the regular billing rate for each hour worked.

Holiday rates are paid for the day, evening and night shifts on New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas and for the evening and night shifts on Christmas Eve and New Year's Eve. The holiday billing rate is one and one-half (1½) times the regular billing rate for each hour worked.

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: _____