

**CERTIFICATE OF NECESSITY FOR THE IMMEDIATE CONSIDERATION
OF INTRODUCTORY RESOLUTION NO. - 2008**

WHEREAS, INTRODUCTORY RESOLUTION NO. ¹¹³⁶ - 2008

RESOLUTION NO. -2008, ACCEPTING AND APPROPRIATING 100% REIMBURSABLE STATE GRANT FUNDS FOR A PERFORMANCE BASED GRANT FROM THE NEW YORK STATE OFFICE FOR AGING FOR A NEW YORK CONNECTS POINT OF ENTRY FOR LONG TERM CARE PROGRAM

WHEREAS, IT IS ESSENTIAL THAT SAID INTRODUCTORY RESOLUTION BE CONSIDERED IMMEDIATELY,

NOW, I, BENJAMIN ZWIRN, DEPUTY SUFFOLK COUNTY EXECUTIVE CERTIFY PURSUANT TO ARTICLE II, SECTION 2-12(A), AND ARTICLE III, SECTION 3-9 OF THE SUFFOLK COUNTY CHARTER, THAT THERE EXISTS A NEED FOR THE IMMEDIATE CONSIDERATION OF INTRODUCTORY RESOLUTION NO. - 2008, BECAUSE THIS PERFORMANCE BASED GRANT IS A NEW AWARD AND IS FOR 100% STATE GRANT FUNDS. WE ARE REQUESTING THAT THESE FUNDS BE ACCEPTED, IN ORDER TO BEGIN IMPLEMENTING THIS NEW PROGRAM AS QUICKLY AS POSSIBLE.

IN WITNESS THEREOF, I HAVE HEREWITH SET MY HAND AND CAUSED TO BE AFFIXED THE SEAL OF SUFFOLK COUNTY THIS FIFTH DAY OF FEBRUARY, 2008.

REC'D
95 FEB 4 PM 2:49
Suffolk County Executive's Office
100 State Street
Suffolk County, NY 11901



BENJAMIN ZWIRN
DEPUTY SUFFOLK COUNTY EXECUTIVE

Intro. Res. No. 1136-08 Laid on Table: 2/5/08
Introduced by the Presiding Officer at the request of the County Executive

**RESOLUTION NO -2008, ACCEPTING AND
APPROPRIATING 100% REIMBURSABLE STATE
GRANT FUNDS FOR A PERFORMANCE BASED GRANT
FROM THE NEW YORK STATE OFFICE FOR AGING
FOR A NEW YORK CONNECTS POINT OF ENTRY FOR
LONG TERM CARE PROGRAM**

WHEREAS, the New York State Office for Aging has made available to Suffolk County Office for Aging funding for a local New York Connects Point of Entry for long term care program in the amount of \$200,000; and

WHEREAS, this grant will be utilized to provide information and assistance to county residents in order to determine how to best meet the long term care needs of family members or themselves, regardless of age or payment source; and

WHEREAS, the program year will run from October 1, 2007 through September 30, 2008; and

WHEREAS, under this performance based contract with the state, the county will receive payments when certain performance milestones have been attained and the Office for Aging expects to earn the full amount of the grant award by meeting all milestones; and

WHEREAS, the 100% State grant funds are not included in the 2008 Adopted Suffolk County Budget; and

WHEREAS, \$30,364 in administrative wages and fringe will be charged to this grant and are already included in the 2008 Operating Budget; and

WHEREAS, it is in the best interest of the County to accept these funds; now, therefore be it

1st RESOLVED, that the County Comptroller and County Treasurer be and they hereby are authorized to accept and appropriate the following funds:

REVENUES:

001-3610 State Aid: Social Services Administration \$200,000

ORGANIZATIONS:

County Executive
Human Services: Office for the Aging
001-EXE-6807

<u>Personal Services</u>	<u>93,047</u>
1100 Permanent Salaries	93,047
<u>Equipment</u>	<u>12,330</u>
2010 Furniture & Furnishings	6,360
2020 Office Equipment	5,970

ORGANIZATION:

Employee Benefits (EMP)
Major Medical Claim
039-EMP-9060

Employee Benefits	<u>26,647</u>
8360 Health Insurance	26,647

and be it further

3rd RESOLVED, that the following positions be created in the Suffolk County Executive's Office for the Aging as follows:

<u>Spec. No.</u>	<u>Title</u>	<u>Grade</u>	<u>J/C</u>	<u>No.Created</u>
3006	Senior Caseworker	22	C	1
3706	Neighborhood Aide	13	NC	1

And be it further

4th RESOLVED, that nothing contained herein shall be construed as obligating or committing the County of Suffolk to continue the employment of the individuals filling the position created by this Resolution at the conclusion of the grant funding provided for such position created by said grant.

DATED:

APPROVED BY:

County Executive of Suffolk County

Date of Approval:

County of Suffolk



JAN 16 2008

Steve Levy
Suffolk County Executive

MEMORANDUM

Office for the Aging
Holly S. Rhodes-Teague
Director

To: Ben Zwirn
Deputy County Executive

From: Holly Rhodes-Teague
Director

Re: Requesting C.N. for Resolution to appropriate funds for New York Connects Point of Entry for Long Term Care Program

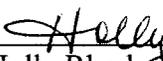
Date: January 16, 2008

As per ADH 02-07, I am enclosing Draft Resolution, Request for the Introduction of Suffolk County Legislation (Scin Form 175a), Fiscal Impact Statement (Scin Form 175b) and Notification of Grant Award Letter to appropriate funds for the New York Connects Point of Entry for Long Term Care Program.

These funds will be utilized to provide information and assistance to county residents in order to determine how to best meet the long term care needs of family members or themselves, regardless of age or payment source.

The period of award is October 1, 2007 through September 30, 2008. Please note that this request is a **new program award** and is for **100% State Grant Funds**. We are requesting that these funds be accepted by C.N. in order to begin implementing this new program as quickly as possible.

If you require any further information, please contact Leonor Hunter, Administrator II, at 853-8212.



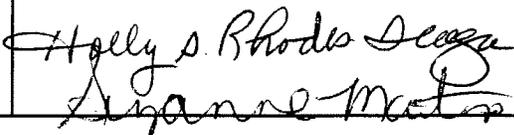
Holly Rhodes-Teague

HRT:LH

Enclosures

cc: Brendan Chamberlain, County Executive Assistant
Leonor Hunter, Fiscal Administrator II
Maureen Porta, Senior Citizen Program Admin. II
Donald Fahey, Principal Federal & State Aid Claims Examiner

STATEMENT OF FINANCIAL IMPACT OF PROPOSED SUFFOLK COUNTY LEGISLATION

1. Type of Legislation		
Resolution <u> X </u>	Local Law <u> </u>	Charter Law
2. Title of Legislation		
Resolution Accepting and Appropriating 100% Reimbursable State Grant Funds for a Performance Based Grant from the New York State Office for Aging for a New York Connects Point of Entry for Long Term Care Program.		
3. Purpose of Proposed Legislation		
SEE #2 ABOVE.		
4. Will the Proposed Legislation Have a Fiscal Impact? Yes <u> X </u> No <u> </u>		
5. If the answer to Item 4 is yes, on what will it impact? (Circle appropriate category)		
<u>County</u>	Town	Economic Impact
Village	School District	Other (Specify):
Library District	Fire District	
6. If the answer to item 4 is yes, Provide Detailed Explanation of Impact.		
Increased revenue to County. Revenue will equal expenditures. These are 100% reimbursable State funds. Funds available from 10/1/07 through 9/30/08.		
7. Total Financial Cost of Funding over 5 Years on Each Affected Political or Other Subdivision.		
2008- \$200,000		
2009 - 2013 - Unknown		
8. Proposed Source of Funding.		
100% New York State Funds.		
9. Timing of Impact.		
Immediate		
10. Type Name & Title of Preparer	11. Signature of Preparer	12. Date
HOLLY RHODES-TEAGUE DIRECTOR		1/16/08

Eliot Spitzer
Governor

Michael J. Burgess
Director



Copy to mP. LH, File
d me

Two Empire State Plaza
Albany, New York
12223-1251

H30
1/15/0

www.aging.state.ny.us

January 11, 2008

Mr. Jeffery W. Szabo
Deputy County Executive
Suffolk County
100 Veterans Memorial Highway
PO Box 6100 – H. Lee Dennison Bldg.
Hauppauge, NY 11788-0099

Dear Mr. Szabo:

Enclosed please find a copy of fully executed Contract C060052 for extending your Year One Long Term Care NY Connects Point of Entry (POE) program.

If you have any questions or concerns, please contact me at (518) 486-4956.

Sincerely,


Joanne Gianetto
Senior Accountant

Enclosures

cc: Janet DeMarzo, Commissioner
Suffolk County Dept. of Social Services
Holly Rhodes-Teague, Director
Suffolk County Office for the Aging
Barbara Diesem-Zimmons



APPENDIX X

Agency Code 01370

Contract No. C060052
Period 10/1/07 - 9/30/08
Funding Amount for Period -0-

This is an AGREEMENT between THE STATE OF NEW YORK, acting by and through the NEW YORK STATE OFFICE FOR THE AGING, having its principal office at 2 Empire State Plaza, Albany, New York 12223-1251 (hereinafter referred to as the STATE), and the County of Suffolk, (hereafter referred to as the CONTRACTOR), having its principal office at County Center, Riverhead, New York 11901 for modification on Contract Number C060052 to extend the contract period to September 30, 2008 and modify Appendix B.

All other provisions of said AGREEMENT shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this AGREEMENT as of the dates appearing under their signatures.

CONTRACTOR SIGNATURE

By: *Jeffery W. Szabo*
JEFFERY W. SZABO
Printed Name

Title: Deputy County Executive
Date: 11-7-07

~~STATE OF NEW YORK)
County of _____) SS.:~~

SEE FOLLOWING PAGE FOR
COUNTY ATTORNEY APPROVAL AND
MUNICIPAL CORPORATION ACKNOWLEDEMENT ^{page 1}

~~On the _____ day of _____ 20____, before me personally appeared _____, to me known, who being by me duly sworn, did depose and say that he/she resides at _____, that he/she is the _____ of the _____ the corporation described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the board of directors of said corporation.~~

See next page

~~(Notary) _____~~

State Agency Certification

"In addition to the acceptance of this contract, I also certify that original copies of this signature page will be attached to all other exact copies of this contract."

STATE AGENCY SIGNATURE

By: *Laurie Pferr*
Laurie Pferr
Printed Name
Title: Executive Deputy Director
Date: 12/20/07

STATE COMPTROLLER'S SIGNATURE

Title: _____
Date: _____



Long Term Care Point of Entry Grant
Agreement – 10/01/07 –9/30/08

NYS Contract No. CO60052
LAW # 07-AG-001A

Approved As To Legality

County of Suffolk

Christine Malafi
County Attorney

Executive - Human Services
Office for the Aging

Approved:

By:


Samantha N. McEachin Date: 10/23/07
Assistant County Attorney

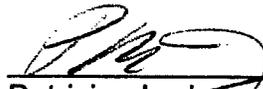
By:


Holly S. Rhodes-Teague Date: 10/11/07
Director

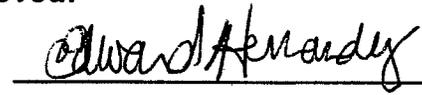
Department of Social Services

Approved:

By:

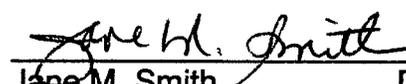

Patricia Jordan Date: 10/23/07
Assistant County Attorney

By:


For the Commissioner Edward Hernandez Date: 10/16/07
Deputy Commissioner

Recommended:

By:


Jane M. Smith Date: 10/12/07
Assistant Division Administrator
Medicaid Services Division

Municipal Corporation Acknowledgement

State of New York)

County of Suffolk)

On the 1th day of November, 2007 before me personally came Jeffrey W. Szabo,

to me known, who being by me duly sworn, did depose and say that he resides in Suffolk County,

that he is the Deputy County Executive of the County of Suffolk, and that he executed the foregoing agreement for and on behalf of the County of Suffolk by virtue of the authority in him vested as such

Deputy County Executive.



AMY C. ENGEL
Notary Public, State of New York
No. 010813929006
Qualified in Suffolk County
Commission Expires November 27, 2010

LONG-TERM CARE POINT OF ENTRY

BUDGET SUMMARY

County SUFFOLK

BUDGET CATEGORY	BUDGET AMOUNT
1. Personal Services	\$ 120,158
2. Fringe Benefits	48,992
3. Equipment	12,330
4. Travel	4,810
5. Subcontractors	100
6. Operating Expenses	9,810
7. Other Expenses	3,800
8. Total Budget (Sum of lines 1-7)	\$ 200,000

SUPPORTING BUDGET SCHEDULE

Contractor: SUFFOLK COUNTY OFFICE FOR THE AGING

1. Personal Services			
Position/Title	Hourly Rate	# of hours	Salary Chargeable
P.O.E. SPECIALIST - GRADE 25 - STEP 12		35	\$81,099
NEIGHBORHOOD AIDE - GRADE 13 - STEP 5		35	\$39,059
(a) Total Cost			\$120,158

2. Fringe Benefits	
Fringe Benefit Rate: <u>40.8%</u>	Total Cost: <u>\$48,992</u>

3. Equipment		
Description:	Amount	
DESKTOP COMPUTERS 2 @ \$1,560 EACH	\$3,120	
LAPTOP COMPUTER	\$1,400	
PRINTER	\$1,100	
WORKSTATIONS 2 @ \$3,000 EACH	\$6,000	
CHAIRS 2 @ \$180 EACH	\$360	
FAX MACHINE	\$350	
Total Cost		\$12,330

4. Travel		
Description:	Amount	
CONFERENCES AND TRAINING	\$810	
MILEAGE 8,989 MILES @ \$.445/PER MILE	\$4,000	
Total Cost		\$4,810

SUPPORTING BUDGET SCHEDULE

Contractor: SUFFOLK COUNTY OFFICE FOR THE AGING

5. Subcontractors			
Provider (if known) and Description of Service	Hourly Rate	# of hours	Amount Chargeable
	(if applic.)		
LANGUAGE LEARNING ENTERPRISES			\$100
(b) Total Cost			\$100
6. Operating Expenses			
			Amount
Rent			\$0
Supplies			\$1,000
Communications (Postage, Phone, Printing, Photocopying)			\$8,810
(c) Total Cost			\$ 9,810
7. Other Expenses - List Expenses that do not fit under any other budget category			
Description:			Amount
SOFTWARE LICENSE - SYNERGY BEACON I.R.			\$2,000
FOOD/REFRESHMENTS FOR MEETINGS			\$1,800
Total Cost			\$3,800
8. Total Budget (Sum of Lines 1-7)			\$200,000

**CERTIFICATE OF NECESSITY FOR THE IMMEDIATE CONSIDERATION
OF INTRODUCTORY RESOLUTION NO. - 2008**

WHEREAS, INTRODUCTORY RESOLUTION NO. ¹¹³⁷ - 2008

**RESOLUTION NO. -2008, RESOLUTION NO. -
2008, REQUESTING LEGISLATIVE APPROVAL OF A
CONTRACT AWARD FOR CENTRALIZED
APPOINTMENT SCHEDULING SERVICES FOR THE
DEPARTMENT OF HEALTH SERVICES, DIVISION OF
PATIENT CARE SERVICES**

WHEREAS, IT IS ESSENTIAL THAT SAID INTRODUCTORY
RESOLUTION BE CONSIDERED IMMEDIATELY,

NOW, I, BENJAMIN ZWIRN, DEPUTY SUFFOLK COUNTY EXECUTIVE
CERTIFY PURSUANT TO ARTICLE II, SECTION 2-12(A), AND ARTICLE III,
SECTION 3-9 OF THE SUFFOLK COUNTY CHARTER, THAT THERE EXISTS A
NEED FOR THE IMMEDIATE CONSIDERATION OF INTRODUCTORY
RESOLUTION NO. - 2008, BECAUSE THE DEPARTMENT REQUIRES A
QUALIFIED PROVIDER TO SCHEDULE CALLS FROM HEALTH CENTER
PATIENTS WHO REQUEST TO SCHEDULE, CONFIRM, CANCEL OR CHANGE
AN APPOINTMENT AT ANY OF THE DEPARTMENT'S HEALTH CENTERS. THE
AGREEMENT WITH THE CURRENT PROVIDER OF SERVICES IS DUE TO
EXPIRE ON MARCH 31, 2008. THIS RESOLUTION REQUEST MUST BE
EXPEDITED IN ORDER TO ENSURE CONTINUATION OF THIS VITAL SERVICE.

IN WITNESS THEREOF, I HAVE HERewith SET MY HAND AND
CAUSED TO BE AFFIXED THE SEAL OF SUFFOLK COUNTY THIS
FIFTH DAY OF FEBRUARY, 2008.



BENJAMIN ZWIRN
DEPUTY SUFFOLK COUNTY EXECUTIVE

1137
FEB 5 4 50 PM '08

1137

Intro. Res. No. - 2008

Laid on the Table 2/5/08

Introduced by Presiding Officer, on request of the County Executive

**RESOLUTION NO. - 2008, REQUESTING
LEGISLATIVE APPROVAL OF A CONTRACT AWARD
FOR CENTRALIZED APPOINTMENT SCHEDULING
SERVICES FOR THE DEPARTMENT OF HEALTH
SERVICES, DIVISION OF PATIENT CARE SERVICES**

WHEREAS, Local Law 3 - 1996 requires the County Legislature to approve any contract in excess of \$20,000 awarded pursuant to an RFP process in which only one party responds to the County's solicitation of proposals; and

WHEREAS, the Department of Health Services requested an RFP for "Centralized Appointment Scheduling Services" for the Division of Patient Care Services; and

WHEREAS, the Purchasing Division of the Department of Public Works advertised for these services and mailed the RFP to three (3) potential vendors and received only one response from Medfone, Inc.; and

WHEREAS, an independent evaluation committee reviewed the proposal from Medfone, Inc. and found its quality of work and experience satisfactory, and its cost proposal submission within the industry standards, and have recommended that the Department of Health Services enter into a contractual agreement with Medfone, Inc.; and

WHEREAS, there are sufficient funds in the 2008 Suffolk County Operating Budget to cover the cost of this contract; now therefore, be it

1ST RESOLVED, that upon receiving a two-thirds vote of the County Legislature as required by Local Law 3-1996 that the Department of Health Services enter into a contractual agreement with Medfone, Inc. for the provision of centralized appointment scheduling services; and be it further

2ND RESOLVED, that the County Executive be and hereby is authorized to execute a contract with Medfone, Inc.

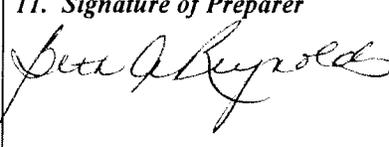
DATED:

APPROVED BY:

County Executive of Suffolk County

Date of Approval:

**STATEMENT OF FINANCIAL IMPACT
OF PROPOSED SUFFOLK COUNTY LEGISLATION**

1. Type of Legislation		
Resolution	<u> X </u>	Local Law
Charter Law		
2. Title of Proposed Legislation Requesting legislative approval of a contract award for Centralized Appointment Scheduling Services for the Department of Health Services, Division of Patient Care Services.		
3. Purpose of Proposed Legislation To comply with Local Law 3 – 1996 requiring the County Legislature to approve any Contract in excess of \$20,000 awarded pursuant to a Request for Proposal (RFP) process in which only one party responds to the County’s solicitation of proposals.		
4. Will the Proposed Legislation Have a Fiscal Impact? YES ___ NO <u> X </u>		
5. If the answer to item 4 is “yes”, on what will it impact? (Circle appropriate category)		
County	Town	Economic Impact
Village	School District	Other (Specify):
Library District	Fire District	
6. If the answer to item 4 is “yes”, Provide Detailed Explanation of Impact: Funds were already included in the 2008 Suffolk County Operating Budget		
7. Total Financial Cost of Funding over 5 Years on Each Affected Political or Other Subdivision. Not applicable		
8. Proposed Source of Funding 2008 Operating funds		
9. Timing of Impact Upon execution of a contract with Medfone, Inc.		
10. Typed Name & Title of Preparer Diane E. Weyer Principal Financial Analyst Beth A Reynolds Principal Executive Analyst	11. Signature of Preparer 	12. Date 2/1/08

**FINANCIAL IMPACT
2008 PROPERTY TAX LEVY
COST TO THE AVERAGE TAXPAYER**

GENERAL FUND

	2008 PROPERTY TAX LEVY	2008 COST TO AVG TAXPAYER	2008 AV TAX RATE PER \$100	2008 FEV TAX RATE PER \$1000
TOTAL	\$0	\$0.00		\$0.000

POLICE DISTRICT AND DISTRICT COURT

	2008 PROPERTY TAX LEVY	2008 COST TO AVG TAXPAYER	2008 AV TAX RATE PER \$100	2008 FEV TAX RATE PER \$1000
TOTAL	\$0	\$0.00		\$0.000

COMBINED

	2008 PROPERTY TAX LEVY	2008 COST TO AVG TAXPAYER	2008 AV TAX RATE PER \$100	2008 FEV TAX RATE PER \$1000
TOTAL	\$0	\$0.00		\$0.000

NOTES:

- 1) SOURCE FOR NUMBER OF FAMILY PARCELS AND CORRESPONDING ASSESSED VALUATION: SUFFOLK COUNTY REAL PROPERTY TAX SERVICE, SEPTEMBER 2007.
- 2) SOURCE FOR TOTAL TAXABLE ASSESSED VALUATION FOR COUNTY PURPOSES: SCHEDULE A, REPORT OF ASSESSED VALUATION FOR 2007-2008.
- 3) SOURCE FOR EQUALIZATION RATES: TENTATIVE 2007 COUNTY EQUALIZATION RATES ESTABLISHED BY THE NEW YORK STATE BOARD OF EQUALIZATION AND ASSESSMENTS.

**CERTIFICATE OF NECESSITY FOR THE IMMEDIATE CONSIDERATION OF
INTRODUCTORY RESOLUTION NO. - 2008**

WHEREAS, INTRODUCTORY RESOLUTION NO. ¹¹³⁸ - 2008

**RESOLUTION NO. -2008, ACCEPTING AND APPROPRIATING
100% ADDITIONAL STATE GRANT FUNDS FROM THE NEW YORK
STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE
SERVICES TO THE SUFFOLK COUNTY DEPARTMENT OF HEALTH
SERVICES FOR ST. CHRISTOPHER-OTILIE (SCO) FAMILY OF
SERVICES**

WHEREAS, IT IS ESSENTIAL THAT SAID INTRODUCTORY RESOLUTION BE
CONSIDERED IMMEDIATELY,

NOW, I, BENJAMIN ZWIRN, DEPUTY SUFFOLK COUNTY EXECUTIVE
CERTIFY PURSUANT TO ARTICLE II, SECTION 2-12(A), AND ARTICLE III, SECTION 3-
9 OF THE SUFFOLK COUNTY CHARTER, THAT THERE EXISTS A NEED FOR THE
IMMEDIATE CONSIDERATION OF INTRODUCTORY RESOLUTION NO. - 2008,
BECAUSE THE NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE
ABUSE SERVICES STATE AID FUNDING AUTHORIZATION DATED JANUARY 4, 2008
INCLUDES FEDERAL AND STATE GRANT FUNDS IN THE AMOUNT OF \$954,471 FOR
ST. CHRISTOPHER-OTILIE (SCO) FAMILY OF SERVICES FOR THE OPERATION OF
TWO COMMUNITY RESIDENCES THAT PROVIDE SERVICES TO WOMEN AND
CHILDREN. THERE HAS BEEN A REALIGNMENT OF FUNDING BETWEEN THE TWO
PROGRAMS THAT HAS RESULTED IN A REDUCTION OF FEDERAL FUNDS AND AN
INCREASE IN STATE FUNDS TO THIS AGENCY. APPROVAL OF THE FUNDING
RESOLUTION WILL ENSURE THE CONTINUATION OF SERVICES TO THE TARGET
POPULATION IN MORNINGSTAR I PROGRAM AND THE EXPANSION OF
TREATMENT SERVICES TO THE TARGET POPULATION IN THE MORNINGSTAR II
PROGRAM. A CERTIFICATE OF NECESSITY IS NEEDED TO ALLOW TIMELY
EXECUTION OF A CONTRACT WITH ST. CHRISTOPHER-OTILIE (SCO) FAMILY OF
SERVICES, AS A NECESSARY FIRST STEP TO THEIR ABILITY TO ACCESS THESE
ADDITIONAL STATE GRANT FUNDS.

IN WITNESS THEREOF, I HAVE HERewith SET MY HAND AND CAUSED TO
BE AFFIXED THE SEAL OF SUFFOLK COUNTY THIS
FIFTH DAY OF FEBRUARY, 2008.



BENJAMIN ZWIRN
DEPUTY SUFFOLK COUNTY EXECUTIVE

05:21 PM 4-11-08
108-11-4
108-11-4
108-11-4

1138

Intro. Res. No. - 2008

Laid on the Table 2/5/08

Introduced by the Presiding Officer on request of the County Executive

ACCEPTING AND APPROPRIATING 100% ADDITIONAL STATE GRANT FUNDS FROM THE NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES TO SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES FOR ST. CHRISTOPHER-OTILIE (SCO) FAMILY OF SERVICES

WHEREAS, the New York State Office of Alcoholism and Substance Abuse Services State Aid Funding Authorization dated January 4, 2008 includes Federal and State grant funds in the amount of \$954,471 for St Christopher-Ottillie (SCO) Family of Services for the operation of community residences that provide services to women and children; and

WHEREAS, there has been a realignment of funding between Morningstar I and Morningstar II programs that has resulted in a reduction of Federal grant funds and an increase in State grant funds for this provider agency; and

WHEREAS, these reductions in 100% Federal grant funds and additional 100% State grant funds are not currently included in the 2008 Adopted Operating Budget; now, therefore be it

1st RESOLVED, that the County Comptroller and the County Treasurer be and hereby are authorized to accept and appropriate \$154,716 in additional grant funds and reduce grant funds as follows:

REVENUES

001-3486 State Aid: Narcotics Addition Control	\$154,716
001-4491 Federal Aid: Alcoholism	(\$32,534)

ORGANIZATIONS

Department of Health Services
Division of Community Mental Hygiene Services
001-HSV-4310-4980

<u>XORG Object Name</u>	<u>2008 Adopted</u>	<u>2008 Modified Adopted</u>	<u>+Change</u>
AKT1 ST. CHRISTOPHER-OTILIE	\$843,627	\$965,809	\$122,182

and be it further

2nd RESOLVED, that the County Executive be and hereby is authorized to execute a contract with St. Christopher-Ottillie; and be it further

COUNTY OF SUFFOLK



STEVE LEVY
SUFFOLK COUNTY EXECUTIVE

DEPARTMENT OF HEALTH SERVICES

HUMAYUN J. CHAUDHRY, D.O., M.S.
Commissioner

January 25, 2008

Ben Zwirn, Deputy County Executive
Office of the County Executive, 12th Floor
H. Lee Dennison Building
Veterans Memorial Highway
Hauppauge, NY 11788-0099

RE: Certificate of Necessity and Resolution request

Dear Mr. Zwirn:

I request the introduction of the enclosed Resolution to accept and appropriate 100% additional State grant funds from the New York State Office of Alcoholism and Substance Abuse Services to Suffolk County Department of Health Services for St. Christopher-Ottillie (SCO) Family of Services. A realignment of funding between community residences Morningstar I and Morningstar II programs have resulted in a reduction of Federal grant funds and an increase in State grant funds for this provider agency. A **Certificate of Necessity** is included because approval of the funding Resolution is the necessary first step in the contract process.

I enclose a financial impact statement and other back-up documentation for this Resolution. If you have any questions on the enclosed, please call Mary Howe at 3-8517. Also, an e-mail version of this Resolution was sent to CE RESO REVIEW and the file name is Reso-HSV-MH SCO.doc.

Sincerely yours,

Humayun J. Chaudhry, D.O., M.S.
Commissioner of Health Services

Enclosures

HJC/lw

C: Jim Morgo, Chief Deputy County Executive
Margaret B. Bernel, M.B.A, Director of Health Administrative Services
Matthew Miner, Deputy Commissioner
Thomas O. MacGilvray, Director of Community Mental Hygiene Services
Mary K. Howe, Chief Management Analyst
Sheila Reagan, Senior Program Examiner
Glenn Terry, Auditor
Diane E. Weyer, Principal Financial Analyst



Public Health
Prevent. Promote. Protect.

OFFICE OF THE COMMISSIONER
225 Rabro Drive East, Hauppauge, NY 11788 (631) 853-3000 Fax (631) 853-2927

**STATEMENT OF FINANCIAL IMPACT
OF PROPOSED SUFFOLK COUNTY LEGISLATION**

1. Type of Legislation <p style="text-align: center;">Resolution <u> X </u> Local Law _____ Charter Law _____</p>		
2. Title of Proposed Legislation Accepting and Appropriating 100% additional State grant funds from the New York State Office of Alcoholism and Substance Abuse Services to Suffolk County Department of Health Services for St. Christopher-Ottillie (SCO) Family of Services		
3. Purpose of Proposed Legislation To accept and appropriate \$154,716 in 100% additional State grant funds from the New York State Office of Alcoholism and Substance Abuse Services (NYS OASAS) for St. Christopher-Ottillie (SCO) Family of Services. Also, to reflect a reduction in 100% Federal grant funds in the amount of \$32,534 that resulted from a realignment of program costs. There is a net increase in revenue in the amount of \$122,182.		
4. Will the Proposed Legislation Have a Fiscal Impact? YES <u> </u> NO <u> X </u>		
5. If the answer to item 4 is "yes", on what will it impact? (Circle appropriate category)		
County	Town	Economic Impact
Village	School District	Other (Specify):
Library District	Fire District	
6. If the answer to item 4 is "yes", Provide Detailed Explanation of Impact: Not applicable		
7. Total Financial Cost of Funding over 5 Years on Each Affected Political or Other Subdivision. None		
8. Proposed Source of Funding 100% New York State Office of Alcoholism and Substance Abuse Services		
9. Timing of Impact Immediate upon approval of the Resolution and execution of the contract.		
10. Typed Name & Title of Preparer <i>Diane E. Weyer</i> Principal Financial Analyst	11. Signature of Preparer  Principal Executive Analyst	12. Date 2/1/08

**FINANCIAL IMPACT
2008 PROPERTY TAX LEVY
COST TO THE AVERAGE TAXPAYER**

GENERAL FUND

	2008 PROPERTY TAX LEVY	2008 COST TO AVG TAXPAYER	2008 AV TAX RATE PER \$100	2008 FEV TAX RATE PER \$1000
TOTAL	\$0	\$0.00		\$0.000

POLICE DISTRICT AND DISTRICT COURT

	2008 PROPERTY TAX LEVY	2008 COST TO AVG TAXPAYER	2008 AV TAX RATE PER \$100	2008 FEV TAX RATE PER \$1000
TOTAL	\$0	\$0.00		\$0.000

COMBINED

	2008 PROPERTY TAX LEVY	2008 COST TO AVG TAXPAYER	2008 AV TAX RATE PER \$100	2008 FEV TAX RATE PER \$1000
TOTAL	\$0	\$0.00		\$0.000

NOTES:

- 1) SOURCE FOR NUMBER OF FAMILY PARCELS AND CORRESPONDING ASSESSED VALUATION: SUFFOLK COUNTY REAL PROPERTY TAX SERVICE, SEPTEMBER 2007.
- 2) SOURCE FOR TOTAL TAXABLE ASSESSED VALUATION FOR COUNTY PURPOSES: SCHEDULE A, REPORT OF ASSESSED VALUATION FOR 2007-2008.
- 3) SOURCE FOR EQUALIZATION RATES: TENTATIVE 2007 COUNTY EQUALIZATION RATES ESTABLISHED BY THE NEW YORK STATE BOARD OF EQUALIZATION AND ASSESSMENTS.

**CERTIFICATE OF NECESSITY FOR THE IMMEDIATE CONSIDERATION
OF INTRODUCTORY RESOLUTION NO. - 2008**

WHEREAS, INTRODUCTORY RESOLUTION NO. ¹¹³⁹ 2008

RESOLUTION NO. -2008, ACCEPTING AND APPROPRIATING 100% ADDITIONAL STATE GRANT FUNDS FROM THE NEW YORK STATE DEPARTMENT OF HEALTH TO THE DEPARTMENT OF HEALTH SERVICES, DIVISION OF PREVENTIVE MEDICINE FOR THE PROVISION OF A COST OF LIVING ADJUSTMENT (COLA) FOR THE TOBACCO ENFORCEMENT PROGRAM AND TO APPROVE THE PURCHASE OF ONE (1) REPLACEMENT VEHICLE IN ACCORDANCE WITH SECTION (B)(6) OF THE SUFFOLK COUNTY CODE AND IN ACCORDANCE WITH THE COUNTY VEHICLE STANDARD

WHEREAS, IT IS ESSENTIAL THAT SAID INTRODUCTORY RESOLUTION BE CONSIDERED IMMEDIATELY,

NOW, I, BENJAMIN ZWIRN, DEPUTY SUFFOLK COUNTY EXECUTIVE CERTIFY PURSUANT TO ARTICLE II, SECTION 2-12(A), AND ARTICLE III, SECTION 3-9 OF THE SUFFOLK COUNTY CHARTER, THAT THERE EXISTS A NEED FOR THE IMMEDIATE CONSIDERATION OF INTRODUCTORY RESOLUTION NO. - 2008, BECAUSE THE COLA FUNDS WHICH WERE ACCEPTED BY THE COUNTY COMPTROLLER OFFICE ON 12/14/2007 MUST BE UTILIZED BY MARCH 31, 2008. THE DEPARTMENT WISHES TO PURCHASE EQUIPMENT TO ASSIST WITH THE PROGRAMS OBJECTIVES TO REDUCE THE USE OF TOBACCO PRODUCTS AMONG PERSONS UNDER THE AGE OF 18 THROUGH COMPLIANCE CHECKS ON TOBACCO VENDORS.

SINCE THE COLA FUNDS END ON MARCH 31, 2008 THIS RESOLUTION MUST BE PROCESSED AS QUICKLY AS POSSIBLE TO ALLOW FOR THE UTILIZATION OF THIS ONE TIME FUNDING.

IN WITNESS THEREOF, I HAVE HEREWITH SET MY HAND AND CAUSED TO BE AFFIXED THE SEAL OF SUFFOLK COUNTY THIS FIFTH DAY OF FEBRUARY, 2008.



BENJAMIN ZWIRN
DEPUTY SUFFOLK COUNTY EXECUTIVE

08 FEB 4 12:50

08 FEB 2008

REVISED VERSION AS OF 2/5/08

Intro. Res. No. 1139 - 2008

Laid on the Table 2/5/08

Introduced by the Presiding Officer on request of the County Executive

RESOLUTION NO. - 2008, ACCEPTING AND APPROPRIATING 100% ADDITIONAL STATE GRANT FUNDS FROM THE NEW YORK STATE DEPARTMENT OF HEALTH TO THE DEPARTMENT OF HEALTH SERVICES, DIVISION OF PREVENTIVE MEDICINE FOR THE PROVISION OF A COST OF LIVING ADJUSTMENT (COLA) FOR THE TOBACCO ENFORCEMENT PROGRAM AND TO APPROVE THE PURCHASE OF ONE (1) REPLACEMENT VEHICLE IN ACCORDANCE WITH SECTION (B)(6) OF THE SUFFOLK COUNTY CODE AND IN ACCORDANCE WITH THE COUNTY VEHICLE STANDARD

WHEREAS, Chapter 57, Laws of 2006 provided for the New York State Commissioner of Health to establish an annual cost of living adjustment (COLA) for state fiscal year 2007-08 for certain programs, and as such, a COLA has been established at 5.16%, effective April 1, 2007; and

WHEREAS, expenditures for the additional 100% State grant funds of \$11,578 must occur between April 1, 2007 and March 31, 2008; and

WHEREAS, Resolution No. 321-2003 requires that no vehicle shall be purchased or leased unless "explicit approval for the acquisition of such vehicle, via lease or purchase, has been granted via duly enacted Resolution of the County of Suffolk Legislature"; and

WHEREAS, the Tobacco Enforcement Program includes sufficient funds in the 2008 Operating Budget for the purchase of a replacement vehicle; and

WHEREAS, this replacement vehicle will be acquired, via purchase, off the State contract or County contract; and

WHEREAS, this replacement vehicle will be a Hybrid 4X4 SUV and used by the Tobacco Enforcement Unit to ensure that over 2,200 merchants registered to sell tobacco products in Suffolk County are in compliance with regulations; now therefore be it

1st RESOLVED, that the County Comptroller and the County Treasurer be and they hereby are authorized to accept and appropriate this additional 100% State aid funding as follows:

REVENUES

3401 State Aid: Public Health

\$11,578

ORGANIZATIONS

Department of Health Services (HSV)

Division of Preventive Medicine
Tobacco Enforcement Program
001-HSV-4502

<u>Equipment</u>	<u>\$11,578</u>
2040 Trucks, Trailers, Jeeps	\$11,578

2ND RESOLVED, that the funding and the expenditures that may be incurred run concurrent to the budget period as specified in the award letter; and be it further

3RD RESOLVED, that the Suffolk County Department of Health Services is authorized to initiate the process for the purchase of a replacement for Fleet Number 21445 through the Purchase Requisition process; and be it further

4TH RESOLVED, that the Department of Public Works, Purchasing Division, in adherence with the New York State General Municipal Law, is hereby authorized to conduct a formal sealed bid process, in which the specifications for these vehicles will comply with the 'County Vehicle Standard'; and be it further

5TH RESOLVED, that there will be no increase in the Department's vehicle fleet as a result of this Resolution; and be it further

6TH RESOLVED, that this Legislature, being the lead agency under SEQRA and Chapter 279 of the Suffolk County Code, hereby determines that this Resolution constitutes a Type II action.

DATED:

APPROVED BY:

County Executive of Suffolk County

Date of Approval:

COUNTY OF SUFFOLK

JAN 23 2008



STEVE LEVY
SUFFOLK COUNTY EXECUTIVE

DEPARTMENT OF HEALTH SERVICES

HUMAYUN J. CHAUDHRY, D.O., M.S.
Commissioner

January 22, 2008

Ben Zwirn, Deputy County Executive
Office of the County Executive, 12th Floor
H. Lee Dennison Building
Veterans Memorial Highway
Hauppauge, NY 11788-0099

RE: Certificate of Necessity and Resolution request

Dear Mr. Zwirn:

I request the introduction of the enclosed Resolution to accept and appropriate 100% additional state grant funds from the New York State Department of Health to the Department of Health Services, Division of Preventive Medicine for the provision of a cost of living adjustment (COLA) for the Tobacco Enforcement Program and to approve the purchase of one (1) replacement vehicle in accordance with Section (B)(6) of the Suffolk County Code and in accordance with the County Vehicle Standard. These additional funds and the replacement vehicle will be used by the Tobacco Enforcement Program to ensure that over 2,200 merchants registered to sell tobacco products in Suffolk County are in compliance with regulations. A **Certificate of Necessity** is included because the award letter specified that expenditures for these additional funds must occur no later than March 31, 2008.

I enclose the financial impact statement and other materials for this Resolution. If you have any questions on the enclosed, please call Carolyn Kagan at 2-2814. Also, an e-mail version of this resolution was sent to CE RESO REVIEW and the file name is Reso-HSV-COLA & SUV Tobacco Enforce.doc.

Sincerely yours,


Humayun J. Chaudhry, D.O., M.S.
Commissioner of Health Services

Enclosures

HJC/lw

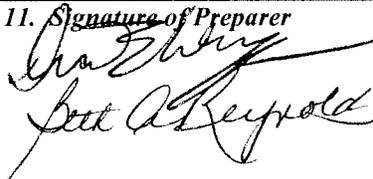
C: Jim Morgo, Chief Deputy County Executive
Margaret B. Bermel, M.B.A, Director of Health Administrative Services
Matthew Miner, Deputy Commissioner
Maureen Crowley, Medical Program Administrator
Lori Benincasa, Director of Prevention, Education and Training
Diane E. Weyer, Principal Financial Analyst



Public Health
Prevent. Promote. Protect.

OFFICE OF THE COMMISSIONER
225 Rabro Drive East, Hauppauge, NY 11788 (631) 853-3000 Fax (631) 853-2927

**STATEMENT OF FINANCIAL IMPACT
OF PROPOSED SUFFOLK COUNTY LEGISLATION**

1. Type of Legislation		
Resolution <u> X </u>	Local Law _____	Charter Law _____
2. Title of Proposed Legislation Accepting and Appropriating 100% additional State grant funds from the New York State Department of Health to the Department of Health Services, Division of Preventive Medicine for the provision of a cost of living adjustment (COLA) for the Tobacco Enforcement Program and to approve the purchase of one (1) replacement vehicle in accordance with Section (B)(6) of the Suffolk County Code and in accordance with the County Vehicle Standard		
3. Purpose of Proposed Legislation To appropriate and appropriate \$11,578 in additional grant funding and request authorization to purchase one replacement vehicle for the Tobacco Enforcement Program.		
4. Will the Proposed Legislation Have a Fiscal Impact? YES ___ NO <u> X </u>		
5. If the answer to item 4 is "yes", on what will it impact? (Circle appropriate category)		
County	Town	Economic Impact
Village	School District	Other (Specify):
Library District	Fire District	
6. If the answer to item 4 is "yes", Provide Detailed Explanation of Impact: Not applicable		
7. Total Financial Cost of Funding over 5 Years on Each Affected Political or Other Subdivision. None		
8. Proposed Source of Funding 100% additional State funding from the New York State Department of Health		
9. Timing of Impact 2008		
10. Typed Name & Title of Preparer Diane E. Weyer Principal Financial Analyst Beth A Reynolds Principal Executive Analyst	11. Signature of Preparer 	12. Date 1/22/08 2/1/08

**FINANCIAL IMPACT
2008 PROPERTY TAX LEVY
COST TO THE AVERAGE TAXPAYER**

GENERAL FUND

	2008 PROPERTY TAX LEVY	2008 COST TO AVG TAXPAYER	2008 AV TAX RATE PER \$100	2008 FEV TAX RATE PER \$1000
TOTAL	\$0	\$0.00		\$0.000

POLICE DISTRICT AND DISTRICT COURT

	2008 PROPERTY TAX LEVY	2008 COST TO AVG TAXPAYER	2008 AV TAX RATE PER \$100	2008 FEV TAX RATE PER \$1000
TOTAL	\$0	\$0.00		\$0.000

COMBINED

	2008 PROPERTY TAX LEVY	2008 COST TO AVG TAXPAYER	2008 AV TAX RATE PER \$100	2008 FEV TAX RATE PER \$1000
TOTAL	\$0	\$0.00		\$0.000

NOTES:

- 1) SOURCE FOR NUMBER OF FAMILY PARCELS AND CORRESPONDING ASSESSED VALUATION: SUFFOLK COUNTY REAL PROPERTY TAX SERVICE, SEPTEMBER 2007.
- 2) SOURCE FOR TOTAL TAXABLE ASSESSED VALUATION FOR COUNTY PURPOSES: SCHEDULE A, REPORT OF ASSESSED VALUATION FOR 2007-2008.
- 3) SOURCE FOR EQUALIZATION RATES: TENTATIVE 2007 COUNTY EQUALIZATION RATES ESTABLISHED BY THE NEW YORK STATE BOARD OF EQUALIZATION AND ASSESSMENTS.

<i>Category</i>	<i>Appropriation Number Grantor Funds</i>	<i>Appropriation Number County Funds</i>	<i>Appropriation Number In-Kind Contribution</i>	<i>Remarks</i>
PERSONAL SERVICES: 1100 Permanent Salaries 1110 Interim Salaries 1120 Overtime Salaries 1130 Temporary Salaries				
EQUIPMENT: 2010 Furniture 2020 Office Machines 2030 Purchase of Automobiles 2070 Cameras & Photographic 2090 Radio & Communication	11,578 4,578 7,000			
SUPPLIES, MATERIALS & OTHER: 3010 Office Supplies 3020 Postage 3030 Photostat, Photograph, Blueprint 3040 Printing 3100 Instructional Supplies 3160 Computer Software 3500 Other Unclassified 3770 Advertising				
UTILITIES: 4010 Telephone & Telegraph				
TRAVEL: 4330 Travel Employee Contracts 4340 Travel Other Contracts				

<i>Category</i>	<i>Appropriation Number Grantor Funds</i>	<i>Appropriation Number County Funds</i>	<i>Appropriation Number In-Kind Contribution</i>	<i>Remarks</i>
FEES FOR SERVICES 4560 Fees for Services, Non-Employees				
CONTRACTED SERVICES (List)				
EMPLOYEE BENEFITS: 8280 Retirement 8300 Insurance: Worker's Compensation 8330 Social Security 8360 Health Insurance 8380 Dental Insurance				
OTHER (List Source & Brief Explanation)				

I certify that the above in-kind contributions are not currently being used to support other Grants. _____
Signature of Project Director

TITLE OF POSITION	GRADE/ STEP	SALARY	EMPLOYEE NAME	SOURCE OF FUNDING BY %			REMARKS
				GRANTOR	COUNTY	IN-KIND	
None							

P.02/04
10. Margaret D.



STATE OF NEW YORK DEPARTMENT OF HEALTH

Flanigan Square 547 River Street Troy, New York 12180-2216

Done
11/14/07

Richard F. Daines, M.D.
Commissioner

Wendy E. Saunders
Chief of Staff

November 6, 2007

David G. Graham, MD, MPH
Acting Director
Suffolk County Department of Health Services
225 Rabro Drive East
Hauppauge, NY 11788-4290

Contractor Name: Suffolk County Department of Health Services
Contract Number: AGA0108
COLA Amount: Period: 4/01/07-9/30/07 - \$11,577.60
Period: 10/1/07-3/31/08 - \$11,577.59
Contract Initiative: Tobacco Program

Dear Mr. Graham:

Chapter 57, Laws of 2006 provide for the Commissioner of Health to establish an annual cost of living adjustment (COLA) for programs outlined in the statute. This COLA is based on a Congressional Budget Office calculation for state fiscal year 2007-08, and has been established at 5.16%.

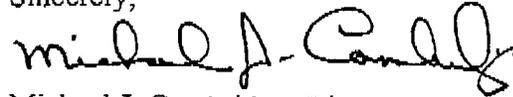
The COLA amount for this contract is noted above. You must certify that these funds have been or will be used for expenditures associated with the recruitment and retention of staff or other critical non-personal service costs. All expenditures of the funds must occur between April 1, 2007 and March 31, 2008.

Payment of the COLA amount associated with this contract will be made separately from authorized contract payments. The COLA amount will not be applied toward nor amend amounts payable under Appendix B of your contract.

2007 NOV 14 PM 1:37

Please sign the following certification, complete the enclosed standard voucher and return both to the payment office designated in the contract in order for payment of the COLA amount be processed for your organization.

Sincerely,



Michael J. Cambridge, Director
Bureau of Community Environmental
Health and Food Protection

This is to certify that cost of living funds, as described above and in Part C.1.5 of Chapter 57 of the Laws of 2006, will be used to promote the recruitment and retention of staff or respond to other critical non-personal service costs during the 2007-08 State fiscal year.

Signed: _____

Title: _____

Date: _____

Attachment - Standard Voucher

See following page for departmental signature, municipal corporation acknowledgment and county attorney approval as to legality.

STATE OF NEW YORK

STANDARD VOUCHER

Voucher No.

1 Originating Agency NYS DEPARTMENT OF HEALTH		Orig. Agency Code		Interest Eligible (Y/N)		2 P-Contract	
Payment Date (MM) (DD) (YY)		OSC Use Only		Liability Date (MM) (DD) (YY)			
3 Payee ID 47010000		Additional 000	Zip Code 11901-3311		Route		Payee Amount \$11,577.59
4 Payee Name (Limit to 30 spaces) TREASURER		IRS Code		IRS Amount			
Payee Name (Limit to 30 spaces) SUFFOLK COUNTY		Stat. Type	Statistic	Indicator-Dept.		Indicator-Statewide	
Address (Limit to 30 spaces)		5 Ref/Inv. No. (Limit to 20 spaces)					
Address (Limit to 30 spaces) 330 CENTER DRIVE		Ref/Inv. Date (MM) (DD) (YY) 10/ 01 07					
City (Limit to 20 spaces) RIVERHEAD		(Limit to 2 spaces) →	State NY	Zip Code 11901-3311		01-3401-4009 Tobacco Enforce	

6 Purchase Order No. and Date	Description of Material/Service <small>If items are too numerous to be incorporated into the block below, use Form AC 93 and carry total forward.</small>	Quantity	Unit	Price	Amount
	<p>Tobacco Enforcement & Clean Indoor Air--COLA CONTRACT #: AGA0108 Contract Period: 10/01/07-03/31/08 COLA AWARD 07-08</p> <p>DO NOT PAY ON CONTRACT</p>				\$11,577.59

7 Payee Certification: I certify that the above bill is just, true and correct; that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.		Total	\$11,577.59
<p><i>Janda Pruvett</i> Payee's Signature in Ink</p> <p><i>Senior Auditor</i> Title</p> <p>SUFFOLK COUNTY Name of Company</p> <p>10/12/07 Date</p>		Discount %	\$0.00
		Net	\$11,577.59

FOR AGENCY USE ONLY				STATE COMPTROLLER'S PRE-AUDIT			
Merchandise Received		I certify that this voucher is correct and just, and payment is approved, and the goods or services rendered or furnished are for use in the performance of the official functions and duties of this agency.		Verified		Certified For Payment of Net Amount	
Date				Audited			
Page No.				Special Approval (as Required)			
By				By			
Authorized Signature		Date		Title			

Expenditure					Liquidation					
Dept.	Cost Center Code		Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
	Cost Center Unit	Var		Yr	Dept.					

COUNTY OF SUFFOLK



STEVE LEVY
SUFFOLK COUNTY EXECUTIVE

DEPARTMENT OF HEALTH SERVICES

HUMAYUN J. CHAUDHRY, D.O., M.S.
Commissioner

To: Liza Wright
From: Carolyn Kagan
Date: January 15, 2008
Subject: Resolution Request

Tobacco Enforcement Program - COLA One time funds
Budget Period 04/01/07 - 03/31/08
001-4502
Revenue Code 3401
Reporting Category - not needed

Please write a resolution to accept and appropriate 100 % Additional State funds from NYS Department of Health for the above mentioned program. These are one time COLA funds in the amount of \$ 11,578 which must be used before 03/31/08. Because of the short time frame to utilize this funding I am requesting that the resolution be presented as a CN. The CN form is attached. The appropriations are as follows:

\$11,578

EQUIPMENT	<u>11,578</u>
2020 Office Equipment	4,578
2070 Cameras and Photographic	7,000

Thank you for your help. Backup is attached and will be faxed.



Public Health
Prevent Promote Protect

FEDERAL & STATE AID CLAIMS UNIT

Riverhead County Center, Rm N216, 300 Center Drive, Riverhead, NY 11901 (631) 852-2810 Fax (631) 852-2818

**CERTIFICATE OF NECESSITY FOR THE IMMEDIATE CONSIDERATION
OF INTRODUCTORY RESOLUTION NO. - 2008**

WHEREAS, INTRODUCTORY RESOLUTION NO. ¹¹⁴⁰ - 2008

**RESOLUTION NO. -2008, REQUESTING LEGISLATIVE
APPROVAL OF A CONTRACT AWARD FOR ORAL SURGERY
SERVICES FOR THE DEPARTMENT OF HEALTH SERVICES,
JOHN J. FOLEY SKILLED NURSING FACILITY**

WHEREAS, IT IS ESSENTIAL THAT SAID INTRODUCTORY
RESOLUTION BE CONSIDERED IMMEDIATELY,

NOW, I, BENJAMIN ZWIRN, DEPUTY SUFFOLK COUNTY EXECUTIVE
CERTIFY PURSUANT TO ARTICLE II, SECTION 2-12(A), AND ARTICLE III,
SECTION 3-9 OF THE SUFFOLK COUNTY CHARTER, THAT THERE EXISTS A
NEED FOR THE IMMEDIATE CONSIDERATION OF INTRODUCTORY
RESOLUTION NO. - 2008, BECAUSE THE NEEDS OF RESIDENTS OF THE
JOHN J. FOLEY SKILLED NURSING FACILITY ARE ASSESSED AND MET
THROUGH INDIVIDUALIZED PLANS OF CARE. IN ADDITION TO SKILLED
NURSING CUSTODIAL CARE, THE JOHN J. FOLEY SKILLED NURSING
FACILITY IS REQUIRED TO PROVIDE ORAL SURGERY SERVICES. THE
CURRENT AGREEMENT WITH THE PROVIDER OF ORAL SURGERY SERVICES
WILL EXPIRE ON APRIL 30, 2008. THIS RESOLUTION MUST BE EXPEDITED
IN ORDER TO ENSURE CONTINUATION OF THIS VITAL SERVICE.

IN WITNESS THEREOF, I HAVE HEREWITH SET MY HAND AND
CAUSED TO BE AFFIXED THE SEAL OF SUFFOLK COUNTY THIS
FIFTH DAY OF FEBRUARY 2008.


BENJAMIN ZWIRN
DEPUTY SUFFOLK COUNTY EXECUTIVE

09:50
FEB 5 4 12:50
09:50

1140

Intro. Res. No. - 2008

Laid on the Table

2/5/08

Introduced by Presiding Officer, on request of the County Executive

RESOLUTION NO. - 2008, REQUESTING LEGISLATIVE APPROVAL OF A CONTRACT AWARD FOR ORAL SURGERY SERVICES FOR THE DEPARTMENT OF HEALTH SERVICES, JOHN J. FOLEY SKILLED NURSING FACILITY

WHEREAS, Local Law 3 - 1996 requires the County Legislature to approve any contract in excess of \$20,000 awarded pursuant to an RFP process in which only one party responds to the County's solicitation of proposals; and

WHEREAS, the Department of Health Services requested an RFP for "Oral Surgery Services" for the John J. Foley Skilled Nursing Facility; and

WHEREAS, the Purchasing Division of the Department of Public Works advertised for these services and mailed the RFP to four (4) potential vendors and received only one response from Sharon A. Pollick, DMD, PC; and

WHEREAS, an independent evaluation committee reviewed the proposal from Sharon A. Pollick, DMD, PC and found her quality of work and experience satisfactory, and her cost proposal submission within the industry standards, and have recommended that the Department of Health Services enter into a contractual agreement with Sharon A. Pollick, DMD, PC; and

WHEREAS, there are sufficient funds in the 2008 Suffolk County Operating Budget to cover the cost of this contract; now therefore, be it

1ST RESOLVED, that upon receiving a two-thirds vote of the County Legislature as required by Local Law 3-1996 that the Department of Health Services enter into a contractual agreement with Sharon A. Pollick, DMD, PC for the provision of oral surgery services; and be it further

2ND RESOLVED, that the County Executive be and hereby is authorized to execute a contract with Sharon A. Pollick, DMD, PC.

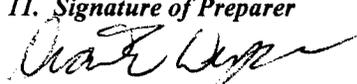
DATED:

APPROVED BY:

County Executive of Suffolk County

Date of Approval:

**STATEMENT OF FINANCIAL IMPACT
OF PROPOSED SUFFOLK COUNTY LEGISLATION**

1. Type of Legislation		
Resolution <input checked="" type="checkbox"/>	Local Law	Charter Law
2. Title of Proposed Legislation Requesting legislative approval of a contract award for Oral Surgery Services for the Department of Health, Services John J. Foley Skilled Nursing Facility.		
3. Purpose of Proposed Legislation To comply with Local Law 3 – 1996 requiring the County Legislature to approve any Contract in excess of \$20,000 awarded pursuant to a Request for Proposal (RFP) process in which only one party responds to the County’s solicitation of proposals.		
4. Will the Proposed Legislation Have a Fiscal Impact? YES ___ NO <u>X</u>		
5. If the answer to item 4 is “yes”, on what will it impact? (Circle appropriate category)		
County	Town	Economic Impact
Village	School District	Other (Specify):
Library District	Fire District	
6. If the answer to item 4 is “yes”, Provide Detailed Explanation of Impact: Funds were already included in the 2008 Suffolk County Operating Budget		
7. Total Financial Cost of Funding over 5 Years on Each Affected Political or Other Subdivision. Not applicable		
8. Proposed Source of Funding – Dental services have sufficient funds. 2008 Operating funds		
9. Timing of Impact Upon execution of contract with Sharon Pollick, D.D.S.		
10. Typed Name & Title of Preparer Diane E. Weyer Principal Financial Analyst	11. Signature of Preparer 	12. Date 1/10/08
Beth A Reynolds Principal Executive Analyst		1/16/08

**FINANCIAL IMPACT
2008 PROPERTY TAX LEVY
COST TO THE AVERAGE TAXPAYER**

GENERAL FUND

TOWN	2008 PROPERTY TAX LEVY	2008 COST TO AVG TAXPAYER	2008 AV TAX RATE PER \$100	2008 FEV TAX RATE PER \$1000
TOTAL	\$0	\$0.00		\$0.000

POLICE DISTRICT AND DISTRICT COURT

TOWN	2008 PROPERTY TAX LEVY	2008 COST TO AVG TAXPAYER	2008 AV TAX RATE PER \$100	2008 FEV TAX RATE PER \$1000
TOTAL	\$0	\$0.00		\$0.000

COMBINED

TOWN	2008 PROPERTY TAX LEVY	2008 COST TO AVG TAXPAYER	2008 AV TAX RATE PER \$100	2008 FEV TAX RATE PER \$1000
TOTAL	\$0	\$0.00		\$0.000

NOTES:

- 1) SOURCE FOR NUMBER OF FAMILY PARCELS AND CORRESPONDING ASSESSED VALUATION: SUFFOLK COUNTY REAL PROPERTY TAX SERVICE, SEPTEMBER 2006.
- 2) SOURCE FOR TOTAL TAXABLE ASSESSED VALUATION FOR COUNTY PURPOSES: SCHEDULE A, REPORT OF ASSESSED VALUATION FOR 2006-2007.
- 3) SOURCE FOR EQUALIZATION RATES: TENTATIVE 2006 COUNTY EQUALIZATION RATES ESTABLISHED BY THE NEW YORK STATE BOARD OF EQUALIZATION AND ASSESSMENTS.

Master List # 35
Ch Reynolds

COUNTY OF SUFFOLK

JAN 11 2008



STEVE LEVY
SUFFOLK COUNTY EXECUTIVE

DEPARTMENT OF HEALTH SERVICES

HUMAYUN J. CHAUDHRY, D.O., M.S.
Commissioner

January 9, 2008

Ben Zwirn, Deputy County Executive
Office of the County Executive, 12th Floor
H. Lee Dennison Building
Veterans Memorial Highway
Hauppauge, NY 11788-0099

Dear Mr. Zwirn:

I request the introduction of the enclosed Resolution requesting Legislative approval of a contract award for Oral Surgery Services for the Department of Health Services John J. Foley Skilled Nursing Facility. This legislation is needed to comply with Local Law 3 – 1996 requiring the County Legislature to approve any Contract in excess of \$20,000 awarded pursuant to a Request for Proposal (RFP) process in which only one party responds to the County's solicitation of proposals. A **Certificate of Necessity** is included to allow timely execution of the contract in order to maintain continuity of services to residents at the Nursing Facility.

I enclose the financial impact statement and other materials for this Resolution. If you have any questions on the enclosed, please call Deidre DeSimone at 3-3174. Also, an e-mail version of this resolution was sent to CE RESO REVIEW and the file name is Reso-HSV-Oral Surgery Contract.doc.

Sincerely yours,

David G. Graham
David G. Graham, M.D., M.P.H.
Chief Deputy Commissioner

Humayun J. Chaudhry
Humayun J. Chaudhry, D.O., M.S.
Commissioner of Health Services

Enclosures

HJC/lw

C: Margaret B. Bermel, M.B.A, Director of Health Administrative Services
Matthew Miner, Deputy Commissioner
Deidre DeSimone, Principal Contracts Examiner
John Digilio, Director, John J. Foley Skilled Nursing Facility
Diane E. Weyer, Principal Financial Analyst



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225 Rabro Drive East, Hauppauge, NY 11788 (631) 853-3000 Fax (631) 853-2927

Wright, Liza

From: DeSimone, Deidre
Sent: Friday, January 04, 2008 7:59 AM
To: Weyer, Diane; Wright, Liza
Cc: Frantz, Susan
Subject: FW: Oral Surgery Services for JJFSNF

Attachments: xIntro Res to contract with sole proposer.doc; xCN for Reso to Contract with sole respondent to RFP.doc

Please see the below e-mail request for a resolution. This resolution is necessary in order to award a contract for Oral Surgery Services to the sole proposer Sharon Pollick. Please let me know if you require any additional information. In addition, please let me know when this resolution is forwarded to the Budget Office so that we can start to track it.

Thanks
Deidre

From: Frantz, Susan
Sent: Thursday, December 20, 2007 11:12 AM
To: DeSimone, Deidre
Cc: Bermel, Margaret
Subject: Oral Surgery Services for JJFSNF

Deidre,

The Evaluation Committee re-convened this morning to finish scoring Dr. Pollick's proposal. Dr. Pollick received a final score of 70.

The amendment to extend the JJFSNF portion of services under Dr. Pollick's current agreement has been signed by John Digilio and is pending signature by John Heilbrunn.



xIntro Res to
contract with so...

Attached for processing is a copy of the resolution required by Local Law 3-1996.

Please advise if the department is going to proceed with the a CN. If so, attached is the CN.



xCN for Reso to
Contract with ...

Thank you.

Susan J. Frantz | Contracts Examiner | Department of Health Services | 631-853-6210 |

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**CERTIFICATE OF NECESSITY FOR THE IMMEDIATE CONSIDERATION OF
INTRODUCTORY RESOLUTION NO. - 2008**

WHEREAS, INTRODUCTORY RESOLUTION NO. ¹¹⁴¹ - 2008

**RESOLUTION NO. -2008, ACCEPTING AND APPROPRIATING
100% ADDITIONAL STATE GRANT FUNDS FROM THE NEW YORK
STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE
SERVICES TO THE SUFFOLK COUNTY DEPARTMENT OF HEALTH
SERVICES FOR HOPE FOR YOUTH, INC.**

WHEREAS, IT IS ESSENTIAL THAT SAID INTRODUCTORY RESOLUTION BE
CONSIDERED IMMEDIATELY,

NOW, I, BENJAMIN ZWIRN, DEPUTY SUFFOLK COUNTY EXECUTIVE
CERTIFY PURSUANT TO ARTICLE II, SECTION 2-12(A), AND ARTICLE III, SECTION 3-
9 OF THE SUFFOLK COUNTY CHARTER, THAT THERE EXISTS A NEED FOR THE
IMMEDIATE CONSIDERATION OF INTRODUCTORY RESOLUTION NO. - 2008,
BECAUSE THE NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE
ABUSE SERVICES STATE AID FUNDING AUTHORIZATION DATED JANUARY 4, 2008
INCLUDES \$199,300 ADDITIONAL 100% STATE GRANT FUNDS FOR HOPE FOR
YOUTH, INC. IN 2007, THE NEW YORK STATE OFFICE OF ALCOHOLISM AND
SUBSTANCE ABUSE SERVICES AWARDED 100% STATE AID FOR HOPE FOR YOUTH,
INC. FOR THE IMPLEMENTATION OF AN ADOLESCENT OUTPATIENT PILOT
PROGRAM AIMED AT THE DEVELOPMENT AND EXPANSION OF EVIDENCE-BASED
TREATMENT OPTIONS FOR ADOLESCENTS AGES 12 TO 18 YEARS WHO ARE AT
RISK OF PLACEMENT IN THE CHILD WELFARE OR JUVENILE JUSTICE SYSTEM OR
BOTH. APPROVAL OF THE FUNDING RESOLUTION WILL ENSURE THE
CONTINUATION OF THIS PILOT PROGRAM FOR TREATMENT SERVICES TO THIS
TARGET POPULATION. A CERTIFICATE OF NECESSITY IS NEEDED TO ALLOW
TIMELY EXECUTION OF A CONTRACT WITH HOPE FOR YOUTH, INC. AS A
NECESSARY FIRST STEP TO THEIR ABILITY TO ACCESS THESE 100% ADDITIONAL
STATE GRANT FUNDS.

IN WITNESS THEREOF, I HAVE HERewith SET MY HAND AND CAUSED TO
BE AFFIXED THE SEAL OF SUFFOLK COUNTY THIS
FIFTH DAY OF FEBRUARY, 2008.

2008 FEB 5 12:50 PM
SUFFOLK COUNTY
CLERK


BENJAMIN ZWIRN
DEPUTY SUFFOLK COUNTY EXECUTIVE

Intro. Res. No. 1141 - 2008

Laid on the Table 2/5/08

Introduced by the Presiding Officer on request of the County Executive

RESOLUTION NO. - 2008, ACCEPTING AND APPROPRIATING 100% ADDITIONAL STATE GRANT FUNDS FROM THE NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES TO THE SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES FOR HOPE FOR YOUTH, INC.

WHEREAS, the New York State Office of Alcoholism and Substance Abuse Services State Aid Funding Authorization dated January 4, 2008 includes State grant funds in the amount of \$199,300 for Hope for Youth, Inc. for the continuation of the Adolescent Outpatient Pilot program; and

WHEREAS, the implementation of an Adolescent Outpatient Pilot program, which began in 2007, is aimed at the development and expansion of evidence-based treatment options for adolescents ages 12 to 18 years who are at risk of placement in the child welfare or juvenile justice system or both; and

WHEREAS, these additional 100% State grant funds are not currently included in the 2008 Adopted Operating Budget; now, therefore be it

1st RESOLVED, that the County Comptroller and the County Treasurer be and hereby are authorized to accept and appropriate \$199,300 in additional grant funds as follows:

REVENUES

001-3486 State Aid: Narcotics Addition Control \$199,300

ORGANIZATIONS

Department of Health Services
Division of Community Mental Hygiene Services
001-HSV-4310-4980

<u>XORG Object Name</u>	<u>2008 Adopted</u>	<u>2008 Modified Adopted</u>	<u>+Change</u>
JBA1 Hope for Youth, Inc.	\$0	\$199,300	+\$199,300

and be it further

2nd RESOLVED, that the County Executive be and hereby is authorized to execute a contract with Hope for Youth, Inc.; and be it further

3rd RESOLVED, that the funding and expenditures that may be incurred run concurrent to the budget period as specified in the award letter; and be it further

4th RESOLVED, that this Legislature, being the lead agency under SEQRA and Chapter 279 of the Suffolk County Code, hereby determines that this resolution constitutes a Type II action.

DATED:

APPROVED BY:

County Executive of Suffolk County

Date of Approval:

COUNTY OF SUFFOLK



STEVE LEVY
SUFFOLK COUNTY EXECUTIVE

DEPARTMENT OF HEALTH SERVICES

HUMAYUN J. CHAUDHRY, D.O., M.S.
Commissioner

January 25, 2008

Ben Zwirn, Deputy County Executive
Office of the County Executive, 12th Floor
H. Lee Dennison Building
Veterans Memorial Highway
Hauppauge, NY 11788-0099

RE: Certificate of Necessity and Resolution request

Dear Mr. Zwirn:

I request the introduction of the enclosed Resolution to accept and appropriate 100% additional State grant funds from the New York State Office of Alcoholism and Substance Abuse Services to Suffolk County Department of Health Services for Hope for Youth, Inc. These funds are to continue the implementation of an Adolescent Outpatient Pilot program aimed at the development and expansion of evidence-based treatment options for adolescents ages 12 to 18 years who are at risk of placement in the child welfare or juvenile justice system or both. A **Certificate of Necessity** is included because approval of the funding Resolution is the necessary first step in the contract process.

I enclose a financial impact statement and other back-up documentation for this Resolution. If you have any questions on the enclosed, please call Mary Howe at 3-8517. Also, an e-mail version of this Resolution was sent to CE RESO REVIEW and the file name is Reso-HSV-MH Hope for Youth.doc.

Sincerely yours,

Humayun J. Chaudhry, D.O., M.S.
Commissioner of Health Services

Enclosures

HJC/lw

C: Jim Morgo, Chief Deputy County Executive
Margaret B. Bermel, M.B.A., Director of Health Administrative Services
Matthew Miner, Deputy Commissioner
Thomas O. MacGilvray, Director of Community Mental Hygiene Services
Mary K. Howe, Chief Management Analyst
Sheila Reagan, Senior Program Examiner
Glenn Terry, Auditor
Diane E. Weyer, Principal Financial Analyst



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**STATEMENT OF FINANCIAL IMPACT
OF PROPOSED SUFFOLK COUNTY LEGISLATION**

1. Type of Legislation		
Resolution <u> X </u> Local Law _____ Charter Law _____		
2. Title of Proposed Legislation Accepting and Appropriating 100% additional State grant funds from the New York State Office of Alcoholism and Substance Abuse Services to Suffolk County Department of Health Services for Hope for Youth, Inc.		
3. Purpose of Proposed Legislation To accept and appropriate \$199,300 in 100% additional State grant funds from the New York State Office of Alcoholism and Substance Abuse Services (NYS OASAS) for Hope for Youth Inc. These funds are to continue the implementation of an Adolescent Outpatient Pilot program aimed at the development and expansion of evidence-based treatment options for adolescents ages 12 to 18 years who are at risk of placement in the child welfare or juvenile justice system or both		
4. Will the Proposed Legislation Have a Fiscal Impact? YES <u> </u> NO <u> X </u>		
5. If the answer to item 4 is "yes", on what will it impact? (Circle appropriate category)		
County	Town	Economic Impact
Village	School District	Other (Specify):
Library District	Fire District	
6. If the answer to item 4 is "yes", Provide Detailed Explanation of Impact: Not applicable		
7. Total Financial Cost of Funding over 5 Years on Each Affected Political or Other Subdivision. None		
8. Proposed Source of Funding 100% New York State Office of Alcoholism and Substance Abuse Services		
9. Timing of Impact Immediate upon approval of the Resolution and execution of the contract.		
10. Typed Name & Title of Preparer <i>Diane E. Weyer</i> Principal Financial Analyst <i>Beth A Reynolds</i> Principal Executive Analyst	11. Signature of Preparer 	12. Date <i>2/1/08</i>

**FINANCIAL IMPACT
2008 PROPERTY TAX LEVY
COST TO THE AVERAGE TAXPAYER**

GENERAL FUND

	2008 PROPERTY TAX LEVY	2008 COST TO AVG TAXPAYER	2008 AV TAX RATE PER \$100	2008 FEV TAX RATE PER \$1000
TOTAL	\$0	\$0.00		\$0.000

POLICE DISTRICT AND DISTRICT COURT

	2008 PROPERTY TAX LEVY	2008 COST TO AVG TAXPAYER	2008 AV TAX RATE PER \$100	2008 FEV TAX RATE PER \$1000
TOTAL	\$0	\$0.00		\$0.000

COMBINED

	2008 PROPERTY TAX LEVY	2008 COST TO AVG TAXPAYER	2008 AV TAX RATE PER \$100	2008 FEV TAX RATE PER \$1000
TOTAL	\$0	\$0.00		\$0.000

NOTES:

- 1) SOURCE FOR NUMBER OF FAMILY PARCELS AND CORRESPONDING ASSESSED VALUATION: SUFFOLK COUNTY REAL PROPERTY TAX SERVICE, SEPTEMBER 2007.
- 2) SOURCE FOR TOTAL TAXABLE ASSESSED VALUATION FOR COUNTY PURPOSES: SCHEDULE A, REPORT OF ASSESSED VALUATION FOR 2007-2008.
- 3) SOURCE FOR EQUALIZATION RATES: TENTATIVE 2007 COUNTY EQUALIZATION RATES ESTABLISHED BY THE NEW YORK STATE BOARD OF EQUALIZATION AND ASSESSMENTS.