

County of Jefferson
Office of the County Administrator

Historic Courthouse
195 Arsenal Street, 2nd Floor
Watertown, NY 13601-2567
Phone: (315) 785-3075 Fax: (315) 785-5070



January 16, 2020

TO: Members of Health & Human Services
FROM: Robert F. Hagemann, III, County Administrator *R.F.H.*
SUBJECT: Health & Human Services Committee Agenda

Please let this correspondence serve as notification that the Health & Human Services Committee will meet on **Tuesday, January 21, 2020 at 6:00 p.m.** in the Board of Legislators' Chambers. Following is a list of agenda items for the meeting:

Resolutions:

1. Authorizing an Agreement for Provision of Personal Emergency Response Systems (PERS) Funding with the Henry Keep Home
2. Amending the 2020 County Budget to Reappropriate Funds and Accepting Additional 2020 Funding for Veterans Peer Support (P2P) Program
3. Amending the 2020 County Budget to Reappropriate Federal Medicaid Administration Reimbursement for the Community Services Department
4. Amending the 2020 County Budget to Reappropriate DSRIP Funding for Community Services Department
5. Authorizing Agreement with New York State Department of Health in Relation to Children with Special Health Care Needs (CSHCN) Grant
6. Amending the 2020 County Budget Relative to Additional Revenue from the Auction of Unclaimed Property
7. Amending the 2020 County Budget Relative to Additional Revenue from NYS Office of Temporary and Disability Assistance for Non-Custodial Parent Employment Program Funding

8. Authorizing 2020 Comprehensive Planning Resource Allocation Agreement with the NYS Office of Children & Family Services and Authorizing Contractual Youth Program Agreements

Informational Items:

1. Monthly Departmental Reports:
 - Office for Aging
 - Community Services
 - Public Health
 - Veterans Service Agency

If any Committee Member has inquiries regarding agenda items, please do not hesitate to contact me.

RFH:jdj

cc: Office for Aging
Community Services
Public Health
Social Services
Veterans Service Agency
County Attorney
County Treasurer

JEFFERSON COUNTY BOARD OF LEGISLATORS
Resolution No. _____

Authorizing an Agreement for Provision of Personal Emergency Response Systems
(PERS) funding with the Henry Keep Home

By Legislator: _____

Whereas, The Jefferson County Office for the Aging currently has a contract to provide Personal Emergency Response Systems with the Henry Keep Home, and

Whereas, The Henry Keep Home wishes to continue the service, and

Whereas, The related revenue is included in the 2020 County Budget.

Now, Therefore, Be It Resolved, That Jefferson County enter into an agreement with the Henry Keep Home for the period of 1/01/2020 - 12/31/2021 at the current funding rate of \$600 per month, and be it further

Resolved, That the Chairman of the Board of Legislators is hereby authorized to execute such agreement on behalf of the County subject to the approval of the County Attorney as to form and content.

Seconded by Legislator: _____

State of New York)
) ss.:
County of Jefferson)

I, the undersigned, Clerk of the Board of Legislators of the County of Jefferson, New York, do hereby certify that I have compared the foregoing copy of Resolution No. _____ of the Board of Legislators of said County of Jefferson with the original thereof on file in my office and duly adopted by said Board at a meeting of said Board on the _____ day of _____, 20____ and that the same is a true and correct copy of such Resolution and the whole thereof.

In testimony whereof, I have hereunto set my hand and affixed the seal of said County this _____ day of _____, 20____.

Clerk of the Board of Legislators

JEFFERSON COUNTY BOARD OF LEGISLATORS
Resolution No. _____

Amending the 2020 County Budget to Reappropriate Funds and Accepting
Additional 2020 Funding for Veterans Peer Support (P2P) Program

By Legislator: _____

Whereas, Funds for the Veterans Peer Support (P2P) Program need to be reappropriated in the amount of \$152,500 to be used by the Mental Health Association and River Hospital for the period covering January 1, 2020 - June 30, 2020 and July 1, 2020- December 31, 2020, and

Whereas, Additional 2020 Office of Mental Health State Aid funding will be received in the amount of \$92,500 for this program.

Now, Therefore, Be It Resolved, That the 2020 County Budget is amended as follows:

Increase:

01000000 30599	Appropriated Fund Balance	\$152,500
Revenue		
01431000 93490	State Aid Mental Health	92,500
Expenditures		
01432000 04735	Veterans Peer Support	245,000

Seconded by Legislator: _____

State of New York)
) ss.:
County of Jefferson)

I, the undersigned, Clerk of the Board of Legislators of the County of Jefferson, New York, do hereby certify that I have compared the foregoing copy of Resolution No. _____ of the Board of Legislators of said County of Jefferson with the original thereof on file in my office and duly adopted by said Board at a meeting of said Board on the _____ day of _____, 20____ and that the same is a true and correct copy of such Resolution and the whole thereof.

In testimony whereof, I have hereunto set my hand and affixed the seal of said County this _____ day of _____, 20____.

Clerk of the Board of Legislators

JEFFERSON COUNTY BOARD OF LEGISLATORS
Resolution No. _____

Amending the 2020 County Budget to Reappropriate Federal Medicaid
Administration Reimbursement for the Community Services Department

By Legislator: _____

Whereas, By Resolution No. 238 of 2018 this Board recognized Federal Medicaid Administration Reimbursement, (CFDA Number 93.778 formerly Federal Salary Sharing) from the Office of Mental Health, the Office of Alcoholism and Substance Abuse Services, and the Office for People with Developmental Disabilities, and

Whereas, By Resolution No. 65 of 2019, the unspent funds were reappropriated to be used in 2019, and

Whereas, The remaining balance of these funds needs to be reappropriated so it can be used for mental health purposes including administrative costs, clinic deficits and community based services in 2020.

Now, Therefore, Be It Resolved, That the 2020 County Budget is hereby amended as follows:

Increase:

01000000 30599	Appropriated Fund Balance	\$50,000
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Expenditure 01431000 04713	Contracted Mental Health Admin	\$50,000
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Seconded by Legislator: _____

State of New York)
) ss.:
County of Jefferson)

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In testimony whereof, I have hereunto set my hand and affixed the seal of said County this _____ day of _____, 20____.

Clerk of the Board of Legislators

JEFFERSON COUNTY BOARD OF LEGISLATORS
Resolution No. _____

Amending the 2020 County Budget to Reappropriate DSRIP Funding
for Community Services Department

By Legislator: _____

Whereas, By Resolution No. 75 of 2016 Jefferson County entered into a contract with North Country Initiative for the Delivery System Reform Incentive Payment Program (DSRIP), and

Whereas, By Resolutions No. 84, 115 and 189 of 2017, 104 of 2018, and 66 and 101 of 2019 DSRIP funding for Community Services was received and/or reallocated for training, and

Whereas, The 2020 County Budget needs to be amended so unspent funds can be reappropriated for training for the period of January 1, 2020 - December 31, 2020.

Now, Therefore, Be It Resolved, That the 2020 County Budget is hereby amended as follows:

Increase:

01000000 30599	Appropriated Fund Balance	\$592.99
Expenditure		
01431000 04613	Training	\$592.99

Seconded by Legislator: _____

State of New York)
) ss.:
County of Jefferson)

I, the undersigned, Clerk of the Board of Legislators of the County of Jefferson, New York, do hereby certify that I have compared the foregoing copy of Resolution No. _____ of the Board of Legislators of said County of Jefferson with the original thereof on file in my office and duly adopted by said Board at a meeting of said Board on the _____ day of _____, 20____ and that the same is a true and correct copy of such Resolution and the whole thereof.

In testimony whereof, I have hereunto set my hand and affixed the seal of said County this _____ day of _____, 20____.

Clerk of the Board of Legislators

JEFFERSON COUNTY BOARD OF LEGISLATORS
Resolution No. _____

Authorizing Agreement with New York State Department of Health in Relation to
Children with Special Health Care Needs (CSHCN) Grant

By Legislator: _____

Whereas, The Jefferson County Public Health Service has been notified by the NYS Department of Health of the re-award of funding for Children with Special Health Care Needs (CSHCN) for the new period of October 1, 2020 through September 30, 2025, with an annual amount of \$27,274.00 and 1-year renewals within that time period, and

Whereas, The purpose of the CSHCN is to provide information and referrals to patients and families for knowledge and use of health and related services and other insurance coverage, and

Whereas, The annual amount is already included in the 2020 County Budget.

Now, Therefore, Be It Resolved, That the Chairman of the County Board of Legislators is hereby authorized to execute said agreement with the NYS Department of Health, subject to approval by the County Attorney as to form and content.

Seconded by Legislator: _____

State of New York)
) ss.:
County of Jefferson)

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In testimony whereof, I have hereunto set my hand and affixed the seal of said County this _____ day of _____, 20____.

Clerk of the Board of Legislators

JEFFERSON COUNTY BOARD OF LEGISLATORS
Resolution No. _____

Amending the 2020 County Budget Relative to Additional Revenue
from the Auction of Unclaimed Property

By Legislator: _____

Whereas, On October 10, 2019 pursuant to Article 450 of the NY Penal Law, the New York State Police delivered to the County Commissioner of Social Services, unclaimed property, to be applied for the benefit of the poor of the county; the property consisted of a Play Station 4 and two (2) Bose Sound Systems, and

Whereas, The property received was sold at public auction for a total of \$520 which will be utilized for miscellaneous client incidentals.

Now, Therefore, Be It Resolved, That the 2020 County Budget is hereby amended as follows:

Increase:

Revenue			
01601000 92715	Proceeds of Seized and Unclaimed Property		\$520
Expenditure			
01610100 04624	Client Incidentals		\$520

Seconded by Legislator: _____

State of New York)
) ss.:
County of Jefferson)

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In testimony whereof, I have hereunto set my hand and affixed the seal of said County this _____ day of _____, 20 ____.

Clerk of the Board of Legislators

JEFFERSON COUNTY BOARD OF LEGISLATORS
Resolution No. _____

Amending the 2020 County Budget Relative to Additional Revenue From NYS
Office of Temporary and Disability Assistance for Non-Custodial Parent
Employment Program Funding

By Legislator: _____

Whereas, The Jefferson County Department of Social Services (JCDSS) has received notification from the NYS Office of Temporary and Disability Assistance that JCDSS has been awarded TANF funds for the Non-Custodial Parent Employment Program in the amount of \$46,796, and

Whereas, This funding will be used to address underemployment and unemployment among noncustodial parents, promote timely and consistent payment of child support, and improve the financial stability of families to support better outcomes for their children through case management services and educational opportunities to noncustodial parents that are receiving Temporary Assistance.

Now, Therefore, Be It Resolved, That the 2020 County Budget is hereby amended as follows:

Increase:

Revenue		
01607000 93609	State Aid Dependent Child	\$46,796
Expenditure		
01610900 04600	Family Assistance Programs	\$46,796

Seconded by Legislator: _____

State of New York)
) ss.:
County of Jefferson)

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In testimony whereof, I have hereunto set my hand and affixed the seal of said County this _____ day of _____, 20____.

Clerk of the Board of Legislators

JEFFERSON COUNTY BOARD OF LEGISLATORS
Resolution No. _____

Authorizing 2020 Comprehensive Planning Resource Allocation Agreement
with the NYS Office of Children & Family Services and Authorizing
Contractual Youth Program Agreements

By Legislator: _____

Whereas, The Jefferson County Youth Advisory Board has endorsed the allocation of State Aid Funding for 2020 Youth Development Programs (YDP) to be operated and administered by various eligible organizations in Jefferson County, and

Whereas, The following constitutes the list of endorsed State Aid allocations for 2020 Youth Development Programs which require an agreement between the County and the respective Agency or Municipality and provision for pass-through funding:

Youth Development Program (YDP)

<u>Agency/Program</u>	<u>State Aid Allocation</u>
ACR Health/The Q Center	10,000
Children's Home of Jefferson County/Sozo Teen Center	15,000
Hearts for Youth, Inc./Hearts for Youth	15,000
Lyme Central School/Summer Theater Institute	5,604
NCPPC/Babysitting Course with CPR and First Aid	4,396
PPNCNY/Peer Prevention Advocates	10,000
Resolution Center of Jeff. & Lewis Counties/Family Visitation Program (FVP)	2,900
Alcohol & Substance Abuse Council of Jefferson County/Jefferson Empowering Teens Summit (JETS)	10,100
Jefferson County DSS/Recreation Scholarships	12,000

Now, Therefore, Be It Resolved, That Jefferson County enter into a Resource Allocation Agreement with the NYS Office of Children and Family Services for the year 2020 which contains applications for State Aid funding for County Youth Development Program Administration and for the above listed Youth Development Programs, and be it further

Resolved, That upon final approval and execution of said Resource Allocation Agreement by the appropriate State officials, Jefferson County enter into agreements with the above Contractual Agencies/Municipalities for provision of Youth Development Programs for the youth of Jefferson County during 2020 and with Cornell Cooperative Extension in the amount of \$6,050 to provide support for the Youth Advisory Board for 2020-2021, and be it further

Resolved, That the Chairman of the Board of Legislators be and is hereby authorized and directed to execute the Resource Allocation Agreement and the various contractual Agency/Municipality Agreements on behalf of Jefferson County, subject to the review and approval of the County Attorney as to form and content.

Seconded by Legislator: _____

State of New York)
) ss.:
County of Jefferson)

I, the undersigned, Clerk of the Board of Legislators of the County of Jefferson, New York, do hereby certify that I have compared the foregoing copy of Resolution No. _____ of the Board of Legislators of said County of Jefferson with the original thereof on file in my office and duly adopted by said Board at a meeting of said Board on the _____ day of _____, 20____ and that the same is a true and correct copy of such Resolution and the whole thereof.

In testimony whereof, I have hereunto set my hand and affixed the seal of said County this _____ day of _____, 20____.

Clerk of the Board of Legislators

**Office for the Aging Monthly Report to
The Health and Human Services Committee
2019**

October 2019 Data:

	Jan.	Feb.	Mar.	Apr	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Total No. of Home Delivered Meals Provided:	8807	8320	8209	8703	9085	8500	9928	9716	9665	8839*	8268*	10,895*
Total No. of Congregate Meals Served:	1718	1646	1801	1783	1801	1572	2107	1764	1605	1743	1239*	1400
Total No. of Clients Receiving Meals:	551	542	546	525	553	496	580	537	541	527	528	521
Number of Clients Receiving Home Care/Case Mgt.:	115	120	126	133	130	127	120	132	128	128	131	143
Number of Individuals Receiving Health Insurance Counseling:	102	95	102	72	102	95	94	80	101	175**	230 **	151
Number of Clients Coming Directly Into the Office:	104	99	106	85	111	120	360	168	319	191	206	146
Number of NY Connects Contacts:	130	155	188	149	184	158	172	236	237	271	211	189

NYSOFA's 10 Gallon Milk Challenge: A Way to Support Local Food Pantries and Farmers: AARP joined in on the campaign with JCOFA to donate 10 gallons of milk to the Salvation Army's lunch program

Santa for Seniors: We distributed over 500 gifts to older adults living in nursing and assisted living facilities

Home Delivered Meal Numbers reflect breakfast, lunch, weekend frozen and evening meals

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2019 COMMUNITY SERVICES OFFICE EXPENSE/REVENUE REPORT

1/6/2020

<u>PROGRAM</u>	<u>JAN</u>	<u>FEB</u>	<u>MAR</u>	<u>APR</u>	<u>MAY</u>	<u>JUNE</u>	<u>JULY</u>	<u>AUG</u>	<u>SEPT</u>	<u>OCT</u>	<u>NOV</u>	<u>DEC</u>	<u>TOTALS Y-T-D</u>	<u>TOTAL BUDGET</u>	<u>BALANCE AVAILABLE</u>	<u>% USED</u>
EARLY INTERV.																
EXPENSES	\$0	\$229	\$46,295	\$10,770	\$23,015	\$18,578	\$37,241	\$28,073	\$27,263	\$27,263	\$25,641	\$53,693	\$298,061	\$430,000	\$131,939	69.32%
REVENUES	\$0	\$2,926	\$1,176	\$350	\$1,120	\$49,190	\$12,032	\$686	\$700	\$2,254	\$1,176	\$2,226	\$73,836	\$238,787	\$164,951	30.92%
PRESCHOOL																
EXPENSES	\$0	\$101,180	\$430,199	\$328,436	\$406,526	\$190,196	\$445,146	\$440,621	\$249,571	\$364,622	\$365,811	\$454,509	\$3,776,817	\$5,025,000	\$1,248,183	75.16%
REVENUES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,048,375	\$3,048,375	0.00%
OPWDD																
EXPENSES(ADMIN)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$13,866	\$13,866	0.00%
REVENUES	\$1,560	\$3,000	\$0	\$0	\$1,560	\$1,560	\$0	\$0	\$0	\$1,560	\$0	\$0	\$9,240	\$6,933	(\$2,307)	133.28%
OASAS																
EXPENSES	\$117,810	\$80,744	\$68,573	\$353,728	\$692,116	\$72,571	\$87,390	\$350,363	\$91,065	\$223,103	\$352,966	\$395,604	\$2,886,033	\$3,128,887	\$242,854	92.24%
REVENUES	\$659,943	\$101,714	\$588,018	\$0	\$173,643	\$674,835	\$0	\$0	\$271,363	\$0	\$0	\$467,703	\$2,937,219	\$2,938,041	\$822	99.97%
OMH																
EXPENSES	\$49,642	\$501,768	\$129,664	\$283,498	\$219,747	\$408,610	\$288,919	\$178,773	\$110,187	\$410,969	\$159,298	\$525,130	\$3,266,205	\$3,559,857	\$293,652	91.75%
REVENUES	\$827,928	\$0	\$0	\$828,017	\$0	\$46,250	\$834,029	\$0	\$826,992	\$0	\$0	\$15,195	\$3,378,411	\$3,280,227	(\$98,184)	102.99%
TOTAL EXPENSES	\$167,452	\$683,921	\$674,731	\$976,432	\$1,341,404	\$689,955	\$858,696	\$997,830	\$478,086	\$1,025,957	\$903,716	\$1,428,936	\$10,227,116	\$12,157,610	\$1,930,494	84.12%
TOTAL REVENUES	\$1,489,431	\$107,640	\$589,194	\$828,367	\$176,323	\$771,835	\$846,061	\$686	\$1,099,055	\$3,814	\$1,176	\$485,124	\$6,398,706	\$9,512,363	\$3,113,657	67.27%

OPWDD= OFFICE OF PEOPLE WITH DEVELOPMENTAL DISABILITIES
OASAS= OFFICE OF ALCOHOL AND SUBSTANCE ABUSE SERVICES

OMH= OFFICE OF MENTAL HEALTH

Jefferson County Public Health Service Home Health Care Statistical Performance*
For the Twelve Months Ended December 31, 2019 - TENTATIVE

3

REFERRALS				MTD	YTD	2019	Amount of	Percent
	2016	2017	2018	Actual	Actual	Annualized	Change	Change
CHHA	1,669	1,908	1,972	115	1,778	1,778	-194	-9.84%
PREVENT	142	55	1	0	3	3	2	200.00%
Rabies	0	0	0	0	0	0	0	0.00%
Communicable Disease	2,899	3,757	4,785	379	5,581	5,581	796	16.64%
Newborn Screening	9	6	5	1	9	9	4	80.00%
PREVENT Sub-Total	3,050	3,818	4,791	380	5,593	5,593	802	16.74%
GRAND TOTAL	4,719	5,726	6,763	495	7,371	7,371	608	8.99%
AVERAGE DAILY CENSUS				MTD	YTD	2019	Amount of	Percent
	2016	2017	2018	Actual	Actual	Annualized	Change	Change
CHHA	216	214	206	140	164	164	-42	-19.59%
PREVENT	15	4	1	2	2	2	1	16.67%
Rabies	0	0	0	0	0	0	0	0.00%
PREVENT Sub-TOTAL	15	4	1	2	2	2	1	16.67%
GRAND TOTAL	231	218	207	142	166	166	-41	-19.93%
VISITS				MTD	YTD	2019	Amount of	Percent
	2016	2017	2018	Actual	Actual	Annualized	Change	Change
CHHA	12,850	13,879	12,850	576	9,630	9,630	-3,220	-25.06%
Skilled Nursing	3,267	3,321	3,579	314	4,450	4,450	871	24.34%
Physical Therapy	83	61	0	0	0	0	0	0.00%
Speech Therapy	547	665	696	52	713	713	17	2.44%
Medical Social Worker	713	636	805	47	686	686	-119	-14.78%
Occupational Therapy	157	173	131	9	152	152	21	16.03%
Nutrition	7,691	6,412	5,035	247	4,373	4,373	-662	-13.15%
Home Health Aide	2,465	958	42	0	0	0	-42	-100.00%
Personal Care Aide	27,773	26,105	23,138	1,245	20,004	20,004	-3,134	-13.54%
Sub-TOTAL	540	34	26	2	46	46	20	76.92%
PREVENT	0	0	0	0	0	0	0	0.00%
Skilled Nursing	0	0	0	0	0	0	0	0.00%
Physical Therapy	0	0	0	0	0	0	0	0.00%
Speech Therapy	0	0	0	0	0	0	0	0.00%
Medical Social Worker	27	0	0	0	0	0	0	0.00%
Occupational Therapy	0	0	0	0	0	0	0	0.00%
Nutrition	0	0	0	0	0	0	0	0.00%
Home Health Aide	0	0	1	0	0	0	-1	-100.00%
Personal Care Aide	0	0	0	0	0	0	0	0.00%
Sub-TOTAL	567	34	27	2	46	46	19	70.37%
TOTAL VISITS	13,390	13,913	12,876	578	9,676	9,676	-3,200	-24.85%
Skilled Nursing	3,267	3,321	3,579	314	4,450	4,450	871	24.34%
Physical Therapy	83	61	0	0	0	0	0	0.00%
Speech Therapy	574	665	696	52	713	713	17	2.44%
Medical Social Worker	713	636	805	47	686	686	-119	-14.78%
Occupational Therapy	157	173	131	9	152	152	21	16.03%
Nutrition	7,691	6,412	5,036	247	4,373	4,373	-663	-13.17%
Home Health Aide	2,465	958	42	0	0	0	-42	-100.00%
Personal Care Aide	28,340	26,139	23,165	1,247	20,050	20,050	-3,115	-13.45%
GRAND TOTAL								
PARAPROFESSIONAL HOURS**				MTD	YTD	2019	Amount of	Percent
	2016	2017	2018	Actual	Actual	Annualized	Change	Change
AGENCY CHHA								
Home Health Aide	3,828	3,146	3,190	192	2,857	2,857	-333	-10.44%
Personal Care Aide	602	232	12	0	0	0	-12	-100.00%
CHHA Sub-TOTAL	4,430	3,378	3,202	192	2,857	2,857	-345	-10.77%
CONTRACT CHHA								
Home Health Aide								
Caregivers	7,493	5,032	3,319	53	2,446	2,446	-873	-26.30%
US CARE SYSTEMS	322	428	640	21	520	520	-120	-18.75%
Family Home Care	0	0	0	0	0	0	0	0.00%
Home Care Plus (Sibley)	0	0	0	0	0	0	0	0.00%
Sub-TOTAL	7,815	5,460	3,959	74	2,966	2,966	-993	-25.08%
Personal Care Aide								
Caregivers	2,774	853	33	0	0	0	-33	-100.00%
US CARE SYSTEMS	475	457	0	0	0	0	0	0.00%
Sub-TOTAL	3,249	1,310	33	0	0	0	-33	-100.00%
TOTAL CONTRACT	11,064	6,770	3,992	74	2,966	2,966	-1,026	-25.70%
TOTAL HOURS								
Home Health Aide	11,643	8,606	7,149	266	5,823	5,823	-1,326	-18.55%
Personal Care Aide	3,851	1,542	45	0	0	0	-45	-100.00%
GRAND TOTAL	15,494	10,148	7,194	266	5,823	5,823	-1,371	-19.06%

**Numbers may not total precisely due to rounding.

*Beginning with the 2018 Final Report, the Long Term Home Health Care Program which stopped in 2016, is removed. Patients with long-term needs are currently served through Managed Long Term Care (MLTC) programs that contract with the CHHA for care delivery.

VETERANS SERVICE AGENCY

DECEMBER 2019 MONTHLY REPORT

Month	Personal Contacts	Tel/Mail Contacts	Total Contacts	Total Services	New Claims	Maintained Claims
January	54	783	837	1926	31	19
February	55	692	747	1731	33	14
March	63	952	1015	2284	42	17
Sub Total	172	2427	2599	5941	106	50
April	104	727	831	1913	46	14
May	98	768	866	2093	45	12
June	78	740	818	1875	49	21
Sub Total	280	2235	2515	5881	140	47
July	66	728	794	1792	49	21
August	88	669	757	1782	43	16
September	99	666	765	1735	52	13
Sub Total	253	2063	2316	5309	144	50
October	72	659	731	1594	51	21
November	70	406	476	1010	40	13
December	72	417	489	1060	27	14
Sub Total	214	1482	1696	3664	118	48
GRAND TOTAL	919	8207	9126	20,795	508	195

*Contact: Personal visit, phone call, or mail received or sent to/from VSA

*Service: Amount of assistance provided for each contact

Comments:

Came on board as director on 12/9/19. Traffic in the office appears to be average according to past reports. Looking into modernizing the office production to meet Veterans Affairs new digital standards.