

HUMAN RESOURCES & INSURANCE COMMITTEE
September 28, 2021 4:00 p.m.

AGENDA

Chair: Kevin Tollisen
Members:
Joe Grasso
John Lant
Jon Schopf - VC
Tom Richardson
Matt Veitch
Tom Wood

- I. Welcome and Attendance
- II. Approval of the minutes of the August 31, 2021 meeting
- III. Employee Recognition
- IV. Workers Compensation Report
- V. Resolution(s) Authorizing Benefit Renewal Agreements
 - a) CDPHP
 - b) MetLife
 - c) MVP
 - d) Jaeger and Flynn Associates
- VI. Reclassify one Supervising Public Health Nurse to one Community Health Program Manager – Daniel Kuhles, Public Health Commissioner.
- VII. Other Business
- VIII. Adjournment

The public will have an opportunity to hear the meeting live via an audio signal using this call-in number and access code: Dial: 1-978-990-5145 Access Code: 1840389

Human Resources and
Insurance Committee
Meeting

September 28, 2021





August 2021 Data



Participant	Total Paid	Claims Received	24/7 Utilization	
			Yes	No
City of Mechanicville-Public Works	\$1,390	0	0	0
City of Saratoga Springs-All Other	\$1,537	0	0	0
City of Saratoga Springs-Fire Department	\$3,160	0	0	0
City of Saratoga Springs-Police Department	\$7,074	2	2	0
City of Saratoga Springs-Public Works	\$28,705	0	0	0
Clifton Park Halfmoon Emergency Corp-Paid	\$1,423	0	0	0
Clifton Park Halfmoon Emergency Corp-Vol	\$574	0	0	0
Clifton Park Water Authority	\$575	1	1	0
Malta-Stillwater Ambulance Corps-Paid	\$203	1	1	0
Malta-Stillwater Ambulance Corps-Volunteer	\$1,735	0	0	0
Saratoga Co -Public Works Building & Grnds	\$10,748	1	1	0
Saratoga County-Animal Shelter	\$449	1	1	0
Saratoga County-Maplewood Manor	\$8,623	0	0	0
Saratoga County-Public Works Highway	\$9,503	3	3	0
Saratoga County-Sewer District	\$4,941	0	0	0
Saratoga County-Sheriff	\$13,428	10	10	0
Saratoga County-Social Services	\$3,856	1	1	0
Saratoga County-Youth Bureau	\$412	0	0	0
Schuylerville-Victory Board-Water Mgmt	\$1,289	0	0	0
Town of Charlton-All Other	\$828	0	0	0
Town of Clifton Park-All Other	\$2,093	0	0	0
Town of Edinburg-All Other	\$2,194	0	0	0
Town of Greenfield-All Other	\$200	0	0	0
Town of Hadley-All Other	\$874	0	0	0
Town of Hadley-Public Works	\$2,231	0	0	0
Town of Halfmoon-All Other	\$3,137	0	0	0
Town of Halfmoon-Public Works	\$44	0	0	0
Town of Milton-All Other	\$2,017	1	1	0
Town of Moreau-All Other	\$643	0	0	0
Town of Moreau-Public Works	\$12,941	0	0	0
Town of Northumberland-All Other	\$90	0	0	0
Town of Northumberland-Public Works	\$245	0	0	0
Town of Saratoga-All Other	\$64	0	0	0
Town of Saratoga-Public Works	\$308	0	0	0
Town of Stillwater-All Other	\$0	1	1	0



August 2021 Data



Participant	Total Paid	Claims Received	24/7 Utilization	
			Yes	No
Town of Stillwater-Public Works	\$5	0	0	0
Town of Waterford-All Other	\$209	0	0	0
Town of Waterford-Public Works	\$5	0	0	0
Town of Wilton-All Other	\$94	0	0	0
Village of Ballston Spa-All Other	\$1,942	0	0	0
Village of Ballston Spa-Public Works	\$9,964	1	0	1
Village of Corinth-Public Works	\$17	0	0	0
Village of Round Lake-Public Works	\$6	0	0	0
Village of Schuylerville-Public Works	\$2,360	1	1	0
Village of Victory-Public Works	\$88	0	0	0
Vol Fire Dept-Ballston Lake Fire Dept.	\$800	2	2	0
Vol Fire Dept-Clifton Park-Jonesville Fire	\$440	3	3	0
Vol Fire Dept-Corinth Vol Fire Association	\$69	0	0	0
Vol Fire Dept-Greenfield Fire District	\$3,717	0	0	0
Vol Fire Dept-Halfmoon-Waterford Fire Dist	\$217	1	0	1
Vol Fire Dept-Malta Ridge Vol Fire Co	\$0	1	1	0
Vol Fire Dept-Northumberland-Gansevoort Fire	\$26	0	0	0
Vol Fire Dept-Stillwater-Arvin Hart Co	\$133	0	0	0
Vol Fire Dept-Vil of Ballston Spa-Union #2	\$0	1	1	0
Vol Fire Dept-Vil of Round Lake Fire Co	\$9	0	0	0
Vol Fire Dept-Vil of Schuylerville-Schuyler	\$5,156	0	0	0
Vol Fire Dept-Vil of South Glens Falls Fire	\$5	0	0	0
Vol Fire Dept-Vil of Stillwater-Newland Wd	\$1,600	0	0	0
Wilton Emergency Squad-Paid	-\$803	0	0	0
Totals	\$153,591	32	30	2



SARATOGA COUNTY

AGENDA ITEM REQUEST FORM

TO: Steve Bulger, County Administrator
Ridge Harris, Deputy County Administrator
Michael Hartnett, County Attorney
Therese Connolly, Clerk of the Board

CC: Jason Kemper, Planning Director
Bridget Rider, Deputy Clerk of the Board
Matt Rose, Management Analyst
Clare Giammusso, County Attorney's Office

FROM: Human Resources Department

DATE: September 16, 2021

RE: Capital District Physicians' Health Plan, Inc. Renewal 2022

COMMITTEE: Human Resources & Insurance

1. Is a Resolution Required: **YES** or **NO**
(If YES, please complete #2- #10) (If NO, skip to #10 and provide reason for bringing the item)
2. Is a Budget Amendment needed: **YES** or **NO**
(If yes, budget lines and impact must be provided)
3. Are there Amendments to the Compensation Schedule: **YES** or **NO**
(If yes, provide details)
4. Specific details on what the resolution will authorize:
A Health Insurance contract with CDPHP effective January 1, 2022 to administer our medical and prescription services, including the aggregate stop loss insurance at a projected cost of \$23,205,098.44, inclusive of optional additional benefits for County management.
5. Does this item require hiring a Vendors/Contractors: **YES** or **NO**
 - a. Were bids/proposals solicited:
 - b. Is the vendor/contractor a sole source:
 - c. Commencement date of contract term:
 - d. Termination of contract date:
 - e. Contract renewal and term:
 - f. Contact information:
 - g. Is the vendor/contractor an LLS, PLLC or partnership:
 - h. State of vendor/contractor organization:
 - i. Is this a renewal agreement: **YES** or **NO**
 - j. Vendor/Contractor comment/remarks:



SARATOGA COUNTY

AGENDA ITEM REQUEST FORM

6. Is this an annual housekeeping resolution: YES or NO
(If yes, attach the last approved resolution)
- a. What were the terms of the prior resolution 01/01/2021 - 12/31/2021
 - b. Are the terms changing: Yes
 - c. What is the reason for the change in terms:
Contract renewal and term: 01/01/2022 - 12/31/2022
7. Is a new position being created: YES or NO
- a. Effective date
 - b. Salary and grade
8. Is a new employee being hired: YES or NO
- a. Effective date of employment
 - b. Salary and grade
 - c. Appointed position:
 - d. Term:
9. Is a grant being accepted: YES or NO
- a. Source of grant funding:
 - b. Amount of grant:
 - c. Purpose grant will be used for:
 - d. Equipment and/or services being purchased with the grant:
 - e. Time period grant covers:
10. Remarks/Reasoning (Supporting documentation must be attached to this form):
- Agreement with CDPHP for provision of medical and prescription drug health insurance for eligible employees and retirees from County employment for the period January 1, 2022 through December 31, 2022 at a projected cost of \$23,205,098.44, inclusive of optional additional benefits for County management employees. Premium amounts include the stop loss insurance and current number of employee participation.

***Attached is a copy of last year's resolution.



SARATOGA COUNTY BOARD OF SUPERVISORS

RESOLUTION ~~209-2020~~

Introduced by Supervisors Wood, Grattidge, Lawler, Lucia, Peck, Winney and Wright

AUTHORIZING A HEALTH INSURANCE CONTRACT WITH CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN, INC. FOR ~~2021~~ 2022

WHEREAS, pursuant to Resolution ^{209-2020,} ~~230-2019~~, this Board authorized an agreement with Capital District Physicians' Health Plan, Inc. for the provision of medical and prescription health care insurance and administrative services for County employees for the term from January 1, ²⁰²¹ ~~2020~~ through December 31, ²⁰²¹ ~~2020~~ at a projected cost of ~~\$22,969,841.28~~ ^{\$23,563,986.} subject to the agreement excluding the imposition of any late payment interest penalties; and

WHEREAS, Capital District Physicians' Health Plan, Inc. ("CDPHP") has submitted a proposal for the renewal of its contract for the provision of medical and prescription health insurance and administrative services for ²⁰²² ~~2021~~ at a projected cost of ~~\$23,563,986~~ ^{\$23,205,098.44}, inclusive of optional additional benefits for County management employees which consist of, but are not limited to, increased reimbursement for specified medical procedures and access to CDPHP's Wellness and Rewards Programs; and

WHEREAS, the performance of CDPHP has been satisfactory; and

WHEREAS, our Human Resources and Insurance Committee and the County's Director of Human Resources have recommended that the County accept the proposal of Capital District Physicians' Health Plan, Inc. for the provision of medical and prescription health care insurance and administrative services for County employees for the term January 1, ²⁰²² ~~2021~~ through December 31, ²⁰²² ~~2021~~ at a projected cost of ~~\$23,563,986~~ ^{\$23,205,098.44}, subject to the resulting agreement excluding the payment of any late payment interest penalties; now, therefore, be it

RESOLVED, that the Chair of the Board is hereby authorized and directed to execute any and all agreements including Stop/Loss insurance agreements needed with Capital District Physicians' Health Plan, Inc. for the provision of medical and prescription health care insurance and administrative services for County employees for the term from January 1, ²⁰²² ~~2021~~ through December 31, ²⁰²² ~~2021~~ at a projected cost of ~~\$23,563,986~~ ^{\$23,205,098.44}, subject to such agreements excluding the imposition of any late payment interest penalties; and, be it further

RESOLVED, that the form and content of such agreements shall be subject to the approval of the County Attorney.

BUDGET IMPACT STATEMENT: Funding will be placed in the ²⁰²² ~~2021~~ Tentative Budget.



SARATOGA COUNTY

AGENDA ITEM REQUEST FORM

TO: Steve Bulger, County Administrator
Ridge Harris, Deputy County Administrator
Michael Hartnett, County Attorney
These Connolly, Clerk of the Board

CC: Jason Kemper, Planning Director
Bridget Rider, Deputy Clerk of the Board
Matt Rose, Management Analyst
Clare Giammusso, County Attorney's Office

FROM: Human Resources Department

DATE: September 16, 2021

RE: Dental - Metropolitan Life Insurance Renewal 2022

COMMITTEE: Human Resources & Insurance

1. Is a Resolution Required: YES or NO
(If YES, please complete #2- #10) (If NO, skip to #10 and provide reason for bringing the item)

2. Is a Budget Amendment needed: YES or NO
(If yes, budget lines and impact must be provided)

3. Are there Amendments to the Compensation Schedule: YES or NO
(If yes, provide details)

4. Specific details on what the resolution will authorize:
Authorize a fully-insured Dental Health Insurance contract renewal with MetLife effective January 1, 2022 at a projected cost of \$ 849,627.12.

5. Does this item require hiring a Vendors/Contractors: YES or NO

- Were bids/proposals solicited:
- Is the vendor/contractor a sole source:
- Commencement date of contract term:
- Termination of contract date:
- Contract renewal and term:
- Contact information:
- Is the vendor/contractor an LLS, PLLC or partnership:
- State of vendor/contractor organization:
- Is this a renewal agreement: YES or NO
- Vendor/Contractor comment/remarks:



SARATOGA COUNTY

AGENDA ITEM REQUEST FORM

6. Is this an annual housekeeping resolution: YES or NO
(If yes, attach the last approved resolution)
- a. What were the terms of the prior resolution 01/01/2021 - 12/31/2021
 - b. Are the terms changing: Yes
 - c. What is the reason for the change in terms:
Contract renewal and term: 01/01/2022 - 12/31/2022
7. Is a new position being created: YES or NO
- a. Effective date
 - b. Salary and grade
8. Is a new employee being hired: YES or NO
- a. Effective date of employment
 - b. Salary and grade
 - c. Appointed position:
 - d. Term:
9. Is a grant being accepted: YES or NO
- a. Source of grant funding:
 - b. Amount of grant:
 - c. Purpose grant will be used for:
 - d. Equipment and/or services being purchased with the grant:
 - e. Time period grant covers:
10. Remarks/Reasoning (Supporting documentation must be attached to this form):
- Agreement with MetLife for provision of Dental Health Care Insurance for County Employees and the offering of voluntary dental Health Care Insurance Plans to County Retirees for the term January 1, 2022 through December 31, 2022 at a projected cost of \$849,627.12 (0% increase). Premium amounts include current number of employee participation.

***Attached is a copy of last year's resolution



SARATOGA COUNTY BOARD OF SUPERVISORS

RESOLUTION ~~208-2020~~

Introduced by Supervisors Wood, Grattidge, Lawler, Lucia, Peck, Winney and Wright

AUTHORIZING A DENTAL HEALTH INSURANCE CONTRACT WITH METROPOLITAN LIFE INSURANCE COMPANY, INC. FOR ~~2021~~ 2022

WHEREAS, pursuant to Resolution ²⁰⁸⁻²⁰²⁰ ~~202-2019~~, this Board authorized an agreement with Metropolitan Life Insurance Company, Inc. ("MetLife") for the provision of dental health care insurance for County employees and the offering of voluntary dental health care insurance plans to County retirees for the term January 1, ²⁰²² ~~2020~~ through December 31, ²⁰²² ~~2020~~ at a projected cost of ^{\$880,884.24} ~~\$802,593~~ subject to such agreement excluding the imposition of any late payment interest penalties; and

WHEREAS, MetLife has submitted a proposal for the provision of dental health care insurance for County employees and the offering of voluntary dental health care insurance plans to County retirees for ~~2021~~ at a projected cost of ^{\$849,627.12} ~~\$880,884.24~~; and

WHEREAS, the performance of MetLife has been satisfactory; and

WHEREAS, our Human Resources and Insurance Committee and the County's Director of Human Resources have recommended that the County accept the proposal of MetLife for the provision of dental health care insurance for County employees and the offering of voluntary dental health care insurance plans to County retirees for the term January 1, ²⁰²² ~~2021~~ through December 31, ²⁰²² ~~2021~~, at a projected cost of ^{\$849,627.12} ~~\$880,884.24~~, subject to such resulting agreement excluding the payment of any late payment interest penalties; now, therefore, be it

RESOLVED, that the Chair of the Board is hereby authorized and directed to execute any and all agreements needed with Metropolitan Life Insurance Company, Inc. for the provision of dental health care insurance for County employees and the offering of voluntary dental health care insurance plans to County retirees, for the term from January 1, ²⁰²² ~~2021~~ through December 31, ²⁰²² ~~2021~~, at a projected cost of ^{\$849,627.12} ~~\$880,884.24~~, subject to such agreements excluding the imposition of any late payment interest penalties; and, be it further

RESOLVED, that the form and content of such agreements will be subject to the approval of the County Attorney.

BUDGET IMPACT STATEMENT: Funding for this contract has been placed in the ~~2021~~ 2022 Tentative Budget.



SARATOGA COUNTY

AGENDA ITEM REQUEST FORM

TO: Steve Bulger, County Administrator
Ridge Harris, Deputy County Administrator
Michael Hartnett, County Attorney
Therese Connolly, Clerk of the Board

CC: Jason Kemper, Planning Director
Bridget Rider, Deputy Clerk of the Board
Matt Rose, Management Analyst
Clare Giammusso, County Attorney's Office

FROM: Human Resources Department

DATE: September 16, 2021

RE: MVP Insurance Renewal 2022

COMMITTEE: Human Resources & Insurance

1. Is a Resolution Required: YES or NO
(If YES, please complete #2- #10) (If NO, skip to #10 and provide reason for bringing the item)
2. Is a Budget Amendment needed: YES or NO
(If yes, budget lines and impact must be provided)
3. Are there Amendments to the Compensation Schedule: YES or NO
(If yes, provide details)
4. Specific details on what the resolution will authorize:
Authorizing a renewal agreement with MVP Insurance Company to provide coverage under the Medicare Advantage Plan for Retirees that are enrolled in Medicare at a projected cost of \$3,624,756.48 effective January 1, 2022.
5. Does this item require hiring a Vendors/Contractors: YES or NO
 - a. Were bids/proposals solicited:
 - b. Is the vendor/contractor a sole source:
 - c. Commencement date of contract term:
 - d. Termination of contract date:
 - e. Contract renewal and term:
 - f. Contact information:
 - g. Is the vendor/contractor an LLS, PLLC or partnership:
 - h. State of vendor/contractor organization:
 - i. Is this a renewal agreement: YES or NO
 - j. Vendor/Contractor comment/remarks:



SARATOGA COUNTY

AGENDA ITEM REQUEST FORM

6. Is this an annual housekeeping resolution: YES or NO
(If yes, attach the last approved resolution)
- a. What were the terms of the prior resolution 01/01/2021 - 12/31/2021
 - b. Are the terms changing: Yes
 - c. What is the reason for the change in terms:
Contract renewal and term: 01/01/2022 - 12/31/2022
7. Is a new position being created: YES or NO
- a. Effective date
 - b. Salary and grade
8. Is a new employee being hired: YES or NO
- a. Effective date of employment
 - b. Salary and grade
 - c. Appointed position:
 - d. Term:
9. Is a grant being accepted: YES or NO
- a. Source of grant funding:
 - b. Amount of grant:
 - c. Purpose grant will be used for:
 - d. Equipment and/or services being purchased with the grant:
 - e. Time period grant covers:
10. Remarks/Reasoning (Supporting documentation must be attached to this form):
- Agreement with MVP for provision of medical and prescription drug health insurance for Medicare eligible retirees from County employment for the period January 1, 2022 through December 31, 2022 at a projected cost of \$3,624,756.48 (0% increase), subject to the agreement excluding the imposition of any late payment interest penalties.

***Attached is a copy of last year's resolution.



SARATOGA COUNTY BOARD OF SUPERVISORS

RESOLUTION ~~207-2020~~

Introduced by Supervisors Wood, Grattidge, Lawler, Lucia, Peck, Winney and Wright

AUTHORIZING AN AGREEMENT WITH MVP HEALTH PLAN, INC. FOR ALL MEDICARE ELIGIBLE RETIREES FOR ~~2021~~ 2022

WHEREAS, pursuant to Resolution ²⁰⁷⁻²⁰²⁰ ~~167-2019~~, this Board authorized an agreement with MVP Health Plan, Inc. for the provision of medical and prescription drug health care insurance for Medicare eligible retirees from County employment under MVP's Medicare Advantage Plan for the term January 1, ²⁰²¹ ~~2020~~ through December 31, ²⁰²¹ ~~2020~~ at a projected cost of ~~\$2,512,330.51~~, ^{\$3,620,561.16}, subject to the agreement excluding the imposition of any late payment interest penalties; and

WHEREAS, MVP Health Plan, Inc. has submitted a proposal for the provision of medical and prescription drug health care insurance for Medicare eligible retirees from County employment for ~~2021~~ ²⁰²² at a projected cost of ~~\$3,620,561.16~~, and ^{\$3,624,756.48}

WHEREAS, the performance of MVP Health Plan, Inc. has been satisfactory; and

WHEREAS, our Human Resources and Insurance Committee and the County's Director of Human Resources have recommended that the County accept the proposal of MVP Health Plan, Inc. for the provision of medical and prescription drug health care insurance for Medicare eligible retirees from County employment under MVP's Medicare Advantage Plan for the term January 1, ~~2021~~ ²⁰²² through December 31, ~~2021~~ ²⁰²² at a projected cost of ~~\$3,620,561.16~~, ^{\$3,624,756.48} subject to the resulting agreement excluding the imposition of any late payment interest penalties; now, therefore, be it

RESOLVED, that the Chair of the Board is hereby authorized and directed to execute any and all agreements needed with MVP Health Plan, Inc. of Schenectady, New York, for the provision of medical and prescription drug health care insurance for Medicare eligible retirees from County employment under MVP's Medicare Advantage Plan for the term January 1, ~~2021~~ ²⁰²² through December 31, ~~2021~~ ²⁰²², at a projected cost of ~~\$3,620,561.16~~, ^{\$3,624,756.48} subject to such agreement excluding the imposition of any late payment interest penalties; and, be it further

RESOLVED, that the form and content of such agreement shall be subject to the approval of the County Attorney.

BUDGET IMPACT STATEMENT: None. Funding for this insurance renewal will be placed in the ~~2021~~ ²⁰²² Tentative Budget.



SARATOGA COUNTY

AGENDA ITEM REQUEST FORM

TO: Steve Bulger, County Administrator
Ridge Harris, Deputy County Administrator
Michael Hartnett, County Attorney
Therese Connolly, Clerk of the Board

CC: Jason Kemper, Planning Director
Bridget Rider, Deputy Clerk of the Board
Matt Rose, Management Analyst
Clare Giammusso, County Attorney's Office

FROM: Human Resources Department

DATE: September 16, 2021

RE: Jaeger and Flynn - Flex Plan Administration

COMMITTEE: Human Resources & Insurance

1. Is a Resolution Required: YES or NO
(If YES, please complete #2- #10) (If NO, skip to #10 and provide reason for bringing the item)
2. Is a Budget Amendment needed: YES or NO
(If yes, budget lines and impact must be provided)
3. Are there Amendments to the Compensation Schedule: YES or NO
(If yes, provide details)
4. Specific details on what the resolution will authorize:
Authorizing an amendment to the Minor Contract with Jaeger and Flynn Associates a Marshall & Sterling Company and/or its assignors, to provide Flex Plan Administration and Plan document preparation in an annual amount not to exceed \$20,000.00 (See Remarks)
5. Does this item require hiring a Vendors/Contractors: YES or NO
 - a. Were bids/proposals solicited:
 - b. Is the vendor/contractor a sole source:
 - c. Commencement date of contract term:
 - d. Termination of contract date:
 - e. Contract renewal and term:
 - f. Contact information:
 - g. Is the vendor/contractor an LLS, PLLC or partnership:
 - h. State of vendor/contractor organization:
 - i. Is this a renewal agreement: YES or NO
 - j. Vendor/Contractor comment/remarks:



SARATOGA COUNTY

AGENDA ITEM REQUEST FORM

6. Is this an annual housekeeping resolution: YES or NO
(If yes, attach the last approved resolution)
- a. What were the terms of the prior resolution
 - b. Are the terms changing:
 - c. What is the reason for the change in terms:
7. Is a new position being created: YES or NO
- a. Effective date
 - b. Salary and grade
8. Is a new employee being hired: YES or NO
- a. Effective date of employment
 - b. Salary and grade
 - c. Appointed position:
 - d. Term:
9. Is a grant being accepted: YES or NO
- a. Source of grant funding:
 - b. Amount of grant:
 - c. Purpose grant will be used for:
 - d. Equipment and/or services being purchased with the grant:
 - e. Time period grant covers:
10. Remarks/Reasoning (Supporting documentation must be attached to this form):
- Jaeger and Flynn recently merged with Marshall & Sterling Company, the contractor is requesting to be listed as Jaeger and Flynn as a Marshall & Sterling Company and/or its assignors. The County's 2021 enrollment has increased resulting in expenses exceeding the minor contract limit of \$15,000.00. The County pays the contractor \$3.50 per participant per month. Annual enrollment varies but has increased resulting in a need for a major contract effective 11/01/2021.
- 2021 expenses are expected to exceed \$15,000. Major contract would be subject to automatic renewal for additional terms of one year unless written notice by either party is given or there has been a change in the participant rate.

MINOR CONTRACT LESS THAN \$15,000

THIS AGREEMENT, made as of the 1st day of November, 2017,

BY AND BETWEEN

COUNTY OF SARATOGA, a municipal corporation duly organized under the laws of the State of New York with offices at 40 McMaster Street, Ballston Spa, New York 12020, (COUNTY),

-and-

Jaeger & Flynn Associates, Inc., having a place of business at 42 South Street, Glens Falls, New York 12801 (CONTRACTOR);

WHEREAS, a REQUEST FOR MINOR CONTRACT, a copy of which is attached, has been approved by the County Administrator; and

WHEREAS, the CONTRACTOR will perform the requested services for the approved amount;

NOW, THEREFORE, the parties agree that:

1. The CONTRACTOR will provide JFA Flex Plan Administration and Plan document preparation in accordance with the Consulting and Third-Party Administration – Combined Services Agreement between COUNTY and CONTRACTOR, which is attached hereto, incorporated herein and made a part hereof. The term of this agreement shall commence on November 1, 2017 and shall terminate on December 31, 2018, subject to automatic renewal for additional terms of one year each unless terminated as provided herein.

2. The COUNTY will pay the CONTRACTOR \$3.50 per participant per month in accordance with the rate set forth in the Combined Services Agreement with the total paid per calendar year not to exceed the sum of \$15,000, upon submission of a properly documented voucher. CONTRACTOR may increase its fees during any renewal term of this agreement by providing at least thirty (30) days written or electronic notice to COUNTY prior to the end of the previous calendar year. COUNTY agrees to pay said increases as set forth in said written or electronic notice, subject to COUNTY's right to terminate this agreement as provided herein.

3. The CONTRACTOR shall comply with all applicable laws, ordinances and regulations, including non-discrimination and labor laws. The CONTRACTOR and the COUNTY agree that for the duration of this Agreement, they will not discriminate against any employee, applicant for employment, or person requesting services because of race, creed, color, national origin, disability, age, sex, marital status, sexual preference or source of payment.

4. The CONTRACTOR shall not employ any COUNTY official or employee in connection herewith and shall adhere to the COUNTY's Code of Ethics.

5. The CONTRACTOR shall not assign or transfer any interest herein without prior written COUNTY approval.

6. a) CONTRACTOR shall, at all times, indemnify and save harmless the COUNTY from and against any and all claims and demands whatsoever, including costs, litigation expenses, counsel fees and liabilities in connection therewith arising out of injury to or death of any person whomsoever or damage to any property of any kind by whomsoever, caused in whole or in part, directly or indirectly, by the acts or omissions of the CONTRACTOR, any person, employed by the CONTRACTOR, its contractors, subcontractors, materialmen, or any person directly or indirectly employed by them or any of them, while engaged in the work hereunder. This clause shall not be construed to limit, or otherwise impair, other rights or obligations of indemnity which exist in law, or in equity, for the benefit of the COUNTY.

b) CONTRACTOR shall provide the COUNTY with proof of professional liability insurance issued by a company authorized by license to do business in the State of New York. The policy's minimum coverages shall be \$1,000,000/per occurrence and \$2,000,000/in the aggregate and shall be subject to the approval of the County Attorney. The CONTRACTOR may utilize umbrella/excess coverage to achieve the limits required hereunder. The certificate holder must be listed as the COUNTY OF SARATOGA, 40 McMaster Street, Ballston Spa, New York 12020.

In the event any policy furnished or carried pursuant to this agreement is scheduled to expire on a date prior to the expiration of the term of this agreement, CONTRACTOR shall deliver to the COUNTY a certificate or certificates of insurance evidencing the renewal of such policy or policies not less than 15 days prior to such expiration date, and the CONTRACTOR shall promptly pay or cause to be paid all premiums due thereon.

In the event CONTRACTOR receives notice of cancellation of said insurance, CONTRACTOR shall immediately provide the COUNTY with written notice of such cancellation by no later than the next business day of the COUNTY. Such written notice must be either personally delivered to the Saratoga County Attorney's Office at 40 McMaster Street, Ballston Spa, New York during normal business hours or faxed to the Saratoga County Attorney at (518) 884-4720. CONTRACTOR shall provide the COUNTY with proof of replacement general liability insurance coverage satisfying the requirements set forth herein within two (2) COUNTY business days of the CONTRACTOR'S receipt of said notice of cancellation of CONTRACTOR'S insurance.

Any failure by the CONTRACTOR to comply with the insurance requirements of this agreement in a timely manner shall constitute a breach of this agreement, and the COUNTY may, at its option, terminate this agreement upon written notice to the CONTRACTOR.

The above insurance is not, and shall not be construed as, a limitation upon CONTRACTOR'S obligation to indemnify the COUNTY.

This Agreement shall be void and of no effect unless throughout the term of this Agreement CONTRACTOR, in compliance with the provisions of the Workers' Compensation Law, shall secure compensation for the benefit of and keep insured during the life of this

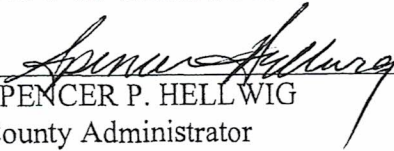
Agreement such employees as are required to be insured according to law. Proof of such Workers' Compensation Insurance coverage shall be provided to County.

7. This Agreement may be terminated by either party upon thirty (30) days written notice to the other party at the party's address stated herein.

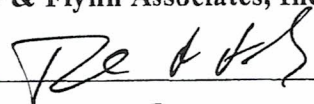
IN WITNESS WHEREOF, the parties have hereunto signed this agreement on the day and year appearing opposite their respective signatures.

COUNTY OF SARATOGA

Date 12-11-17


By: 
SPENCER P. HELLWIG
County Administrator
Per Resolution #204-2015

Date 12/1/17

Jaegar & Flynn Associates, Inc. ^{President}
By:  ^{+ CEO}
Print Name: Thomas F. Flynn

Social Security # _____
or Federal I.D. # 14-1747264

APPROVED AS TO FORM AND CONTENT:


County Attorney

COUNTY OF SARATOGA

REQUEST FOR MINOR CONTRACT

(maximum \$15,000 for services rendered after October 20, 2015)

TO: COUNTY ADMINISTRATOR

DATE: 11/9/2017

I hereby request approval for the following described minor contract (please attach to this Request any written proposal or quote received, whether by letter, email, proposed contract, etc.):

AMOUNT : \$15,000

TERM: 11/1/2017 through 12/31/2018

VENDOR : Jaeger & Flynn Associates, Inc.

(Identify exact business entity, whether corporation, LLC, partnership, d/b/a, etc. List both entities of a d/b/a.)

ADDRESS: 42 South Street

Glens Falls, NY 12801

SERVICES TO BE PROVIDED TO COUNTY:

Jaeger and Flynn will provide Flex Plan Administration and Plan document preparation (Exhibit A attached).

REASON FOR REQUEST:

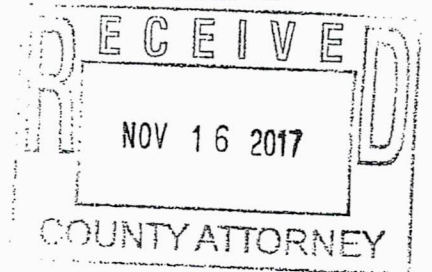
Current vendor is not responsive to the County.

BUDGET ACCOUNT TO BE USED: MS-17-000 8642.FLEX

COMMENTS:

This vendor change is budget neutral.

IF WAIVER OF INSURANCE REQUESTED, PLEASE EXPLAIN:



DEPARTMENT: Director of Human Resources

Margaret C. McNamara
(SIGNATURE OF DEPARTMENT HEAD)

APPROVED: 11-15-17
Date

[Signature]
COUNTY ADMINISTRATOR

THIS REQUEST IS PART OF THE AGREEMENT AND MUST REMAIN ATTACHED



SARATOGA COUNTY

AGENDA ITEM REQUEST FORM

TO: Steve Bulger, County Administrator
Ridge Harris, Deputy County Administrator
Michael Hartnett, County Attorney
Therese Connolly, Clerk of the Board

CC: Jason Kemper, Planning Director
Bridget Rider, Deputy Clerk of the Board
Matt Rose, Management Analyst
Clare Giammusso, County Attorney's Office
Audra Hedden, County Administrator's Office

FROM: Daniel Kuhles

DATE: 09/22/2021

RE: Reclassification: Supervising Public Health Nurse Title

COMMITTEE: Human Resources

1. Is a Resolution Required: **YES** or **NO**
(If YES, please complete #2- #10) (If NO, skip to #10 and provide reason for bringing the item)

2. Is a Budget Amendment needed: **YES** or **NO**
(If yes, budget lines and impact must be provided)

3. Are there Amendments to the Compensation Schedule: **YES** or **NO**
(If yes, provide details)

Reclassify Title. One supervising public health nurse title would be replaced with the Community Health Program Manager title.
No change to salary or grade

4. Specific details on what the resolution will authorize:
Reclassify one Supervising Public Health Nurse title to a Community Health Program Manager title. No change to salary or grade

5. Does this item require hiring a Vendors/Contractors: **YES** or **NO**

- a. Were bids/proposals solicited:
- b. Is the vendor/contractor a sole source:
- c. Commencement date of contract term:
- d. Termination of contract date:
- e. Contract renewal and term:
- f. Contact information:
- g. Is the vendor/contractor an LLS, PLLC or partnership:
- h. State of vendor/contractor organization:
- i. Is this a renewal agreement: **YES** or **NO**
- j. Vendor/Contractor comment/remarks:



SARATOGA COUNTY

AGENDA ITEM REQUEST FORM

6. Is this an annual housekeeping resolution: YES or NO
(If yes, attach the last approved resolution)
- What were the terms of the prior resolution
 - Are the terms changing:
 - What is the reason for the change in terms:
7. Is a new position being created: YES or NO
- Effective date
 - Salary and grade
8. Is a new employee being hired: YES or NO
- Effective date of employment
 - Salary and grade
 - Appointed position:
 - Term:
9. Is a grant being accepted: YES or NO
- Source of grant funding:
 - Amount of grant:
 - Purpose grant will be used for:
 - Equipment and/or services being purchased with the grant:
 - Time period grant covers:
10. Remarks/Reasoning (Supporting documentation must be attached to this form):

The existing title, Supervising Public Health Nurse, is reflective of a time when the Department was a nursing service and provided home care to patients.

As part of its transition to a full service health department, the county has appointed a Commissioner, who by public health law must be a physician. Among the Commissioner's responsibilities is oversight of any clinical care provided--a responsibility partly filled by one of the two Supervising Public Health Nurses. The change in title will facilitate the Department's reorientation towards the broader health of communities in areas such as family health, chronic disease prevention, nutrition and physical activity, cancer, diabetes, tobacco control and injury prevention.