

Commissioners:

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TONY R. MUSSARE
Vice Chairman

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Secretary



COUNTY of LYCOMING
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**LYCOMING COUNTY BOARD OF COMMISSIONERS
PUBLIC MEETING MINUTES
TUESDAY JUNE 23, 2020
10:00 A.M.**

Present:

**Commissioner Metzger
Commissioner Mussare
Commissioner Mirabito
Director McDermott
Solicitor Smith**

1.0 OPERATIONS

1.1 Opening Prayer

1.2 Pledge of Allegiance

1.3 Convene Commissioners' Meeting

1.4 Approve the Minutes of the Previous Meeting **Mr. Mirabito moved to approve. Mr. Mussare 2nd the motion. Approve 3-0.**

1.5 Public Comment (Agenda Items Only)

Misty Dion, Jody Baney and Karen Koch from the Center for Independent living spoke in regards to agenda item 8.11. (Please see the Live Streamed Video for full details.)

Craig Allen- Jersey Shore spoke in regards agenda item 8.11. His mother-in-law tested negative for Covid-19 and resides at Manor Care-Jersey Shore. She was asked if she wanted to be removed from Manor Care and she said she did not want to leave.

Tima Cummings- Williamsport- Asked if item number 8.11 could be moved up to the beginning of the meeting due to other meetings they needed to attend. Commissioners agreed.

2.0 Bid Openings Bids were opened by Nicki Gotschall

- 2.1 Lycoming County Multi-Hazard Mitigation Plan Update

3.0 ACCOUNTS PAYABLE CASH REQUIREMENT REPORT

- 3.1 *Krista Rogers/Heather Lehman – Approve the following Accounts Payable Cash Requirement Report(s): **Mr. Mirabito moved to approve. Mr. Mussare 2nd the motion. Approve 3-0.**
 - 3.1.1 Accounts Payable Cash Requirement through July 08, 2020 for payment on June 24, 2020 in the amount of \$1,195,461.75.

4.0 TDA ACTIONS

- 4.1 Roxanne Grieco – Approve update to the TDA Report. **Mr. Mussare moved to approve all. Mr. Mirabito 2nd the motion. Approve 3-0.**
 - 4.1.1 Reclassify one (1) Maintenance I position to a Maintenance III position, paygrade 7/8 effective 6/28/20.
 - 4.1.2 Remove one (1) PT Veteran Affairs Assistant Position, paygrade 6/7. Effective 6/13/20.

5.0 PERSONNEL ACTIONS

- 5.1 Roxanne Grieco – Approve the following personnel actions: **Mr. Mirabito moved to approve all. Mr. Mussare 2nd the motion. Approve 3-0.**
 - 5.1.1 Prison-: Josh Hewlett, as Full-Time Replacement, Correctional Officer Relief, Paygrade CO1, Salary of \$17.23/hour.Effective 6/29/20.
 - 5.1.2 Courts: Patricia Condo, as Part-Time Tipstaff, Paygrade 1, Salary of \$10.08/hour not to exceed 1000 hours annually. Effective 6/29/20.
 - 5.1.3 Maintenance: Andrew S. Soboleski, as Full-Time Reclassification Maintenance III, Paygrade 7, Salary of \$18.08/hour. Effective 6/28/20.
 - 5.1.4 Sheriff: Carl J. Finnerty, as Full-Time Replacement Deputy Sheriff, Paygrade DS, Salary of \$18.34/hour. Effective 7/6/20.

Recess Commissioners' Public Meeting

6.0 SALARY BOARD ACTIONS Ms. Gottschall moved to approve. Mr. Mirabito 2nd the motion. Approve 4-0.

- 6.1 Roxanne Grieco – Approve update to Salary Schedule.
 - 6.1.1 Reclassify one (1) Maintenance I position to a Maintenance III position, paygrade 7/8 effective 6/28/20.
 - 6.1.2 Remove one (1) PT Veteran Affairs Assistant Position, paygrade 6/7. Effective 6/13/20.

Reconvene Commissioners' Public Meeting

7.0 REPORTS/INFORMATION ITEMS

- 7.1 Mya Toon-RFP for Employee Health & Wellness Clinic
- 7.2 Mya Toon-RFP for Health Insurance Broker

8.0 ACTION ITEMS

- 8.1 Mya Toon- Approve COVID-19 County Relief Block Grant application to the Department of Community and Economic Development to offset the County's cost of COVID-19 response in the amount of \$1,000,000.00. **Mr. Mirabito moved to approve. Mr. Mussare 2nd the motion. Approve 3-0.**
- 8.2 Mya Toon- Approve Resolution 2020-13 to authorize and designate the Chairman Commissioner to submit the COVID-19 County Relief Block Grant application to the Department of Community and Economic Development. **Mr. Mirabito moved to approve. Mr. Mussare 2nd the motion. Approve 3-0.**
- 8.3 Mya Toon- Approve Resolution 2020-12 to authorize and designate Chairman Commissioner as the official to execute all appropriate documents and agreements between Lycoming County and the Commonwealth of Pennsylvania relating to the RACP Levee Improvement grant. In the amount of \$1,000,000.00. **Mr. Mirabito moved to approve. Mr. Mussare 2nd the motion. Approve 3-0.**

- 8.4 Mya Toon- Award BJA Coronavirus Emergency Supplemental Funding Program grant application to prevent, prepare for, and respond to the coronavirus in the amount of \$58,008.00. **Mr. Mussare moved to approve. Mr. Mirabito 2nd the motion. Approve 3-0.**
- 8.5 Mya Toon- Approve application to PHFA CARES Rent Relief Program for rental assistance in the amount of \$460,000.00. **Mr. Mirabito moved to approve. Mr. Mussare 2nd the motion. Approve 3-0.**
- 8.6 Mya Toon- Approve Amendment to Subrecipient Agreement with STEP, Inc. to revise the MATP single trip rate in the amount of \$62.43. **Mr. Mussare moved to approve. Mr. Mirabito 2nd the motion. Approve 3-0.**
- 8.7 Jason Yorks- Approve the purchase of a new hay baler from Rovendale Ag & Barn Inc. in the amount of \$27,194.75. **Mr. Mirabito moved to approve. Mr. Mussare 2nd the motion. Approve 3-0.**
- 8.8 John Lavelle- Approve Change Order No. 3 with HRI, Inc. and Larson Design Group to decrease the project costs by \$2,593.47 and extend the projection completion date to May 15, 2020, due to COVID-19 in the amount of \$323,310.33. **Mr. Mussare moved to approve. Mr. Mirabito 2nd the motion. Approve 3-0.**
- 8.9 Ed Robbins- Approve Agreement with Centre County Youth Services Bureau for child welfare services for Juvenile Probation. **Mr. Mirabito moved to approve. Mr. Mussare 2nd the motion. Approve 3-0.**
- 8.10 Shannon Rossman- Approve Amendment to Zoning Ordinance 2020-01, Hunting Preserve Use. **Will be voted on 6/25/20.**
- 8.11 Matthew McDermott- Discuss Roads to Freedom Center for Independent Living funding request to transition individuals with disabilities out of congregate living settings into home services through the Disaster Relocation and Relief Program in the amount of \$250,000.00. **Mr. Mirabito moved to approve. Mr. Mussare opposed. Mr. Metzger opposed. Denied. 2-1.**

9.0 BOARD OF ASSESSMENT REVISIONS

None

10.0 Commissioner Comment :

Mr. Mirabito spoke about wearing masks and why he thinks everyone should still be wearing them.

Mr. Metzger believes masks should be optional. Numbers are down...We should protect the vulnerable and open back up.

Mr. Mussare Feel's masks should be optional. If numbers increase then we can talk about masks them.

- 11.0 PUBLIC COMMENT** Speakers who wish to address the Board of Commissioners will be limited for No More than Three (3) minutes on any particular item. The speaker must state his/her name and address for the record. Any deviation from this rule must be approved by the Board Chairman.

Mr. Bower spoke in regards to Covid-19- He believes we should all be responsible for ourselves and not expect everyone else to protect you.
Karen Koch-Wmspt- Requesting the Commissioners' sign a proclamation for July 26th Anniversary of the ADA.

12.0 NEXT SCHEDULED MEETING

The next public meeting will be held on Thursday, June 25, 2020, at 10:00 A.M. in the Commissioner's Briefing Room, 1st Floor, Executive Plaza, 330 Pine Street, Williamsport, PA 17701.

13.0 ADJOURN THE COMMISSIONERS' PUBLIC MEETING

****Please refer to video recording of meeting for more detailed information.**

<https://www.youtube.com/watch?v=XldcRNOX6YU>

National ADAPT Statement on Covid-19 Deaths in Segregated Congregate Institutions

It is time to recognize the similarities between systemic police violence and systems that imprison people, how [race and disability intertwine](#), and how *all* congregate institutions including prisons, institutions for people with developmental disabilities, psychiatric institutions, and immigrant detention camps arise from [systems designed to oppress those whom society devalues](#).

Covid-19 has killed over [32,750](#) disabled people in substandard nursing homes in the United States, with a disparate number of those being people of color, (<https://www.nytimes.com/article/coronavirus-nursing-homes-racial-disparity.html>). National ADAPT is compelled to speak out against this widespread and horrifying human rights catastrophe.

ADAPT strongly denounces the ongoing human rights violations committed against disabled people in all congregate care settings, and we reject the notion that age and underlying conditions sufficiently explain the outrageously high rate of death in these institutions. The occurrence of neglect, abuse, terror, and despair that disabled people experience daily in these facilities is [well documented](#). Yet we continue to be socially removed from our families, homes, and communities in the name of cost-effectiveness, efficiency, or worse, for the convenience and comfort of non-disabled society, and the profit of health care professionals and shareholders.

No longer will we excuse or abide the socially accepted biases that dehumanize disabled people.

No longer will we accept the tired rationalization of "where else are we going to put them" that has been used to justify sending us to die in dismal human warehouses; nor, when deaths are expedited, that they are a natural outcome of age, chronic illness, and impairment, rather than the neglect and abuse fostered by ableist social structures and attitudes.

National ADAPT and our state chapters will no longer abide callous professionals, ignorant of disability theory and rights, who [exploit us](#) for their own personal career advancement, and for the advancement of their professions and agencies. We condemn the nonchalant discussions that we must regularly endure in professional forums—discussions, without us, about what is best *for* us, and questions about where significantly disabled people should be warehoused without any thought to community integration—and everyday discussion that dismisses or erases [the annihilation of tens of thousands](#) of disabled people as merely a "natural process" or even beneficial to society as a whole. We equally condemn the doctors [with financial interests](#) in congregate care institutions, who sign orders sending us there, again with no consideration of home and community settings and services.

No longer will we accept the naive and hollow promises of institutional reform, as disabled people have endured neglect and abuse in [institutions for over a hundred years](#) without significant change despite countless [acts](#), [reviews](#), [legislation](#), and [congressional hearings](#). The Government Accounting Office (GAO) recently found that 82% of American nursing homes had an infection prevention and control deficiency cited in in one or more years, with about half of these facilities having had persistent problems and having been cited across multiple years. We need more diversion from institutions of all kinds, and more affordable, accessible integrated housing in our communities.

It is time to come to terms with the reality that [abuse, neglect, and death](#) are not isolated incidents that can be addressed individually through [underfunded Ombudsman](#) programs, insincere [band aids of 'culture change,' or through impotent state regulatory](#) agencies that remain stuck in antiquated medical model perspectives of disability. Instead, we must admit that dehumanization is the *very* bedrock of institutional segregation.

There is no excuse for the disregard of our basic humanity, especially 56 years after the passage of the Civil

Rights Act, 30 years after the passage of the [Americans with Disabilities Act](#) and 21 years after the United States Supreme Court [Olmstead decision](#). Enough is enough!

*This number does not include death tolls from states that have been negligent in reporting infections and deaths in assisted living facilities, state institutions, group homes, or other congregate 'care' settings, or who have reported to CDC, but have chosen not to make their numbers public.

Infection Control Deficiencies Were Widespread and Persistent in Nursing Homes Prior to COVID-19 Pandemic

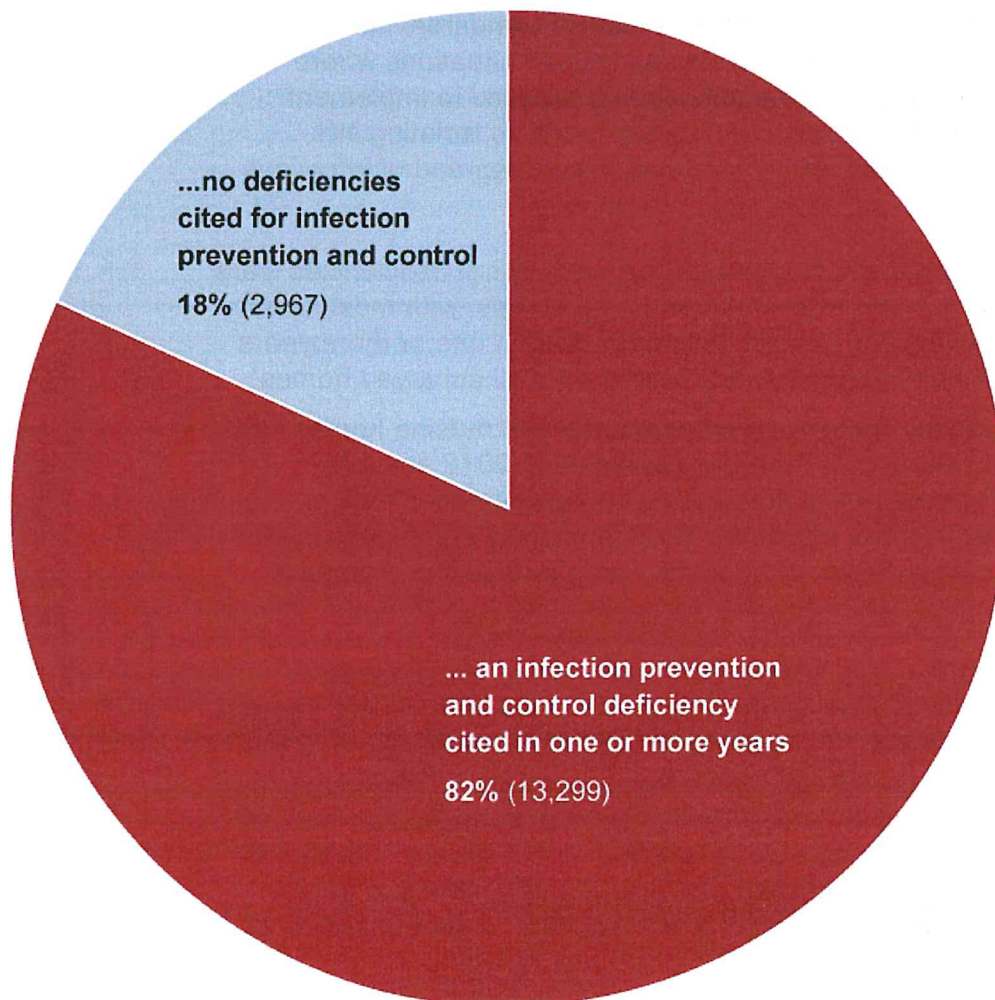
GAO-20-576R, Published: May 20, 2020. Publicly Released: May 20, 2020.

Fast Facts

The safety of the nation's 1.4 million nursing home residents—who are often in frail health and living in close proximity to one another—has been a particular concern during the COVID-19 **pandemic**. The Centers for Medicare & Medicaid Services contracts with state agencies that can cite nursing homes for failing to establish and maintain an infection prevention and control program.

Prior to the COVID-19 pandemic, we found that most nursing homes were cited for infection prevention and control deficiencies (82% of those surveyed from 2013-2017). About half of these homes had persistent problems and were cited across multiple years.

Nursing homes with...



[View Highlights](#)

Multimedia

PODCAST: Infection Control in Nursing Homes

00:00

-00:00

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Highlights

What GAO Found

The Centers for Medicare & Medicaid Services (CMS), an agency within the Department of Health and Human Services (HHS), is responsible for ensuring that approximately 15,500 nursing homes nationwide meet federal quality standards. These standards require, for example, that nursing homes establish and maintain an infection prevention and control program. CMS enters into agreements with state survey agencies to conduct surveys and investigations of the state's nursing homes and to cite nursing homes with deficiency citations if the home is not in compliance with federal standards. Infection prevention and control deficiencies cited by surveyors can include situations where nursing home staff did not regularly use proper hand hygiene or failed to implement preventive measures during an infectious disease outbreak, such as isolating sick residents. Many of these practices can be critical to preventing the spread of infectious diseases, including COVID-19.

GAO analysis of CMS data shows that infection prevention and control deficiencies were the most common type of deficiency cited in surveyed nursing homes, with most nursing homes having an infection prevention and control deficiency cited in one or more years from 2013 through 2017 (13,299 nursing homes, or 82 percent of all surveyed homes).

In each individual year, we found that about 40 percent of surveyed nursing homes had infection prevention and control deficiencies, and this continued in 2018 and 2019. About half—6,427 of 13,299 (48 percent)—of the nursing homes with an infection prevention and control deficiency had this deficiency cited in multiple consecutive years from 2013 through 2017. This is an indicator of persistent problems at these nursing homes.

In each year from 2013 through 2017, nearly all infection prevention and control deficiencies (about 99 percent in each year) were classified by surveyors as not severe, meaning the surveyor determined that residents were not harmed. Our review of CMS data shows that implemented enforcement actions for these deficiencies were typically rare: from 2013 through 2017, CMS implemented enforcement actions for 1 percent of these infection prevention and control deficiencies classified as not severe. We plan to examine CMS guidance and oversight of infection prevention and control in a future GAO report, including the classification of infection prevention and control deficiencies.

Why GAO Did This Study

COVID-19 originated in late 2019 as a new and highly contagious respiratory disease causing severe illness and death, particularly among the elderly. Because of this, the health and safety of the nation's 1.4 million nursing home residents—who are often in frail health and living in close proximity to one another—has been a particular concern. In light of the COVID-19 pandemic, GAO was asked to examine CMS's oversight of infection prevention and control protocols and the adequacy of emergency preparedness standards for emerging infectious diseases in nursing homes, as well as CMS's response to the pandemic. In this report, GAO describes the prevalence of infection prevention and control deficiencies in nursing homes prior to the COVID-19 pandemic. Future GAO reports will examine more broadly infection prevention and control and emergency preparedness in nursing homes, and CMS's response to the COVID-19 pandemic.

GAO reviewed CMS guidance and analyzed data on nursing home deficiencies. Specifically, GAO analyzed deficiencies cited by surveyors in all 50 states and Washington, D.C., from 2013 through 2017 provided by CMS for a prior GAO report, with a particular focus on deficiencies related to infection prevention and control. Using these data, GAO determined the most common type of deficiency among nursing homes, and the number of nursing homes that had infection prevention and control deficiencies—as well as the nursing homes with repeated infection prevention and control deficiencies over the 5-year period from 2013 through 2017, the characteristics of those homes, and the enforcement actions associated with the infection prevention and control deficiencies. In addition to the 2013 through 2017 data GAO obtained from CMS for a prior report, GAO also examined the number of nursing homes that had infection prevention and control deficiencies in 2018 and 2019 by analyzing publicly available data from CMS's Nursing Home Compare website.

What GAO Recommends

GAO is not making any recommendations. GAO provided a draft copy of this report to HHS for comment. GAO received technical comments and incorporated them as appropriate.

For more information, contact John E. Dicken at 202-512-7114 or dickenj@gao.gov.

Additional Materials

Full Report: [PDF, 15 pages](#)

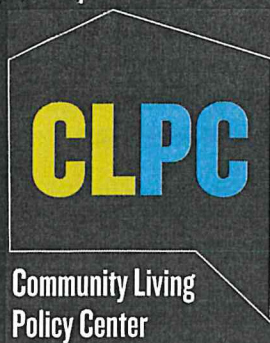
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May 2020

Short-Term Money Follows the Person Extensions Resulted in a Significant Drop in State Efforts to Transition People Out of Institutions

H. Stephen Kaye and Joe Caldwell

What is the Money Follows the Person Demonstration?

The Money Follows the Person (MFP) Demonstration is a long-standing Medicaid program that helps states with:

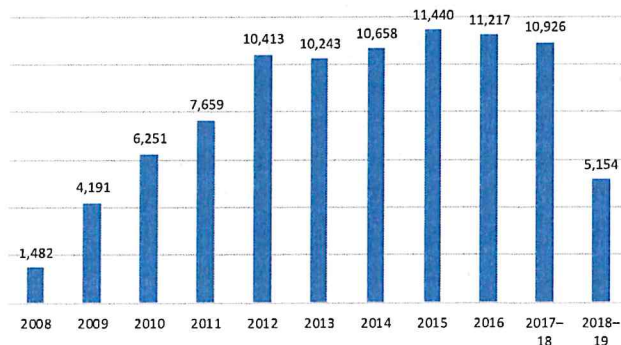
1. transitioning people who want to move back home from nursing facilities and other institutions; and
2. enhancing overall access to home and community-based services so people with disabilities and older adults have greater choice of where they live and receive services.

MFP was first authorized through the Deficit Reduction Act of 2005 with strong bipartisan support. The program was extended in the Affordable Care Act through September 2016, with flexibility to use funding through 2018. Since then, there have been five short-term extensions to keep the program afloat.¹

However, funding lapses, coupled with short-term extensions to MFP funding, have resulted in a dramatic drop in state efforts to transition

people out of institutions. Recent data on the number of transitions in each state, obtained from the Centers for Medicare and Medicaid Services (CMS)², show that the number of annual transitions dropped by more than half (53.6 percent) across all state programs, from an average annual level of 11,100 transitions per year in 2014–16 to 5,154 in the 12-month period between July 2018 and June 2019 (Figure 1). Before that, the annual number of transitions had been above 10,000 in every year since 2012.

Figure 1: Annual Money Follows the Person transitions, 2008–2019



1. Medicaid Extenders Act of 2019, Pub. L. No. 116-3 (1/24/19) – provided \$112 million; Medicaid Services Investment and Accountability Act of 2019, Pub. L. No. 116-16 (4/18/19) – provided \$20 million; Sustaining Excellence in Medicaid Act of 2019, Pub. L. No. 116-39 (8/6/19) – provided \$122.5 million; Further Consolidated Appropriations Act, 2020, Pub. L. No. 116-94 (12/20/19) – provided \$176 million; Coronavirus Aid, Relief, and Economic Security Act, Pub L. No. 116-127 provided \$337.5 million through Nov. 30, 2020.
2. Note: Data provided by CMS is self-reported by states.

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Few states have been able to maintain their prior level of effort on their MFP programs, and many have shut them down or appear to be in the process of doing so. As shown in Figure 2, of the 44 states with MFP programs in 2016, only 14 states³ maintained roughly the same the level of transitions in 2018–19 as they had in prior years. These states transitioned a similar level of people as they had in 2014–16, with a decline of no more than 10 percent, or reported a greater number of transitions than in previous years. These 14 states represent less than a third of the 44 states with MFP programs through 2016.

Eight states⁴ reduced their MFP efforts substantially but still transitioned at least half the number as in previous years. An additional 12 states⁵ continued operating MFP programs for at least part of the year, but transitioned a greatly reduced number of institutional residents—fewer than half of the 2014–16 average. Ten states⁶ reported no transitions between July 2018 and June 2019; these appear to have ended their MFP programs prior to mid-2018. The remaining seven states⁷ didn't have MFP programs.

Figure 3 shows the annual number of transitions across all state programs, separately for people with and without intellectual and developmental disabilities (I/DD).

Figure 2. Status of state Money Follows the Person programs, 2018–19

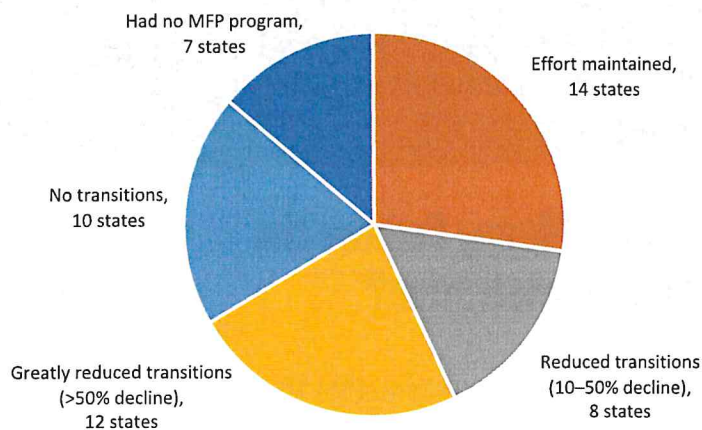
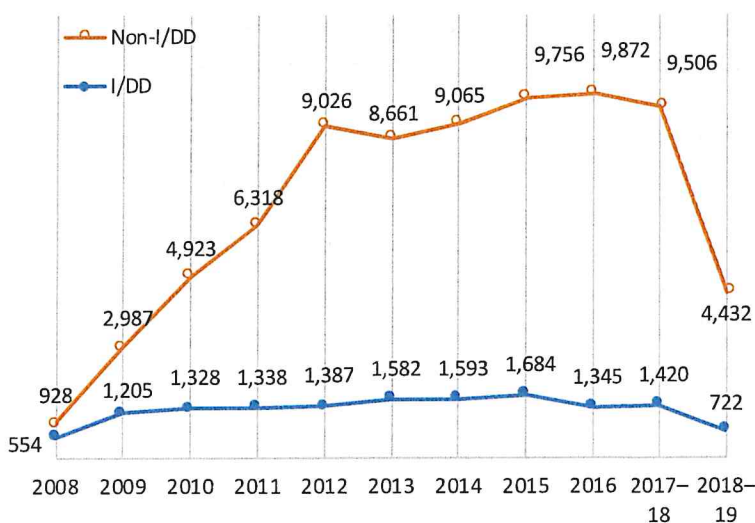


Figure 3. MFP transitions, by population, 2008–2019



Note: Figure for 2017–18 is annualized based on 18 months of reported data.

3. Alabama, Colorado, Connecticut, Georgia, Idaho, Iowa, Louisiana, Maryland, Minnesota, Missouri, New Jersey, New York, North Carolina, and South Carolina.

4. Hawaii, Maine, Nebraska, North Dakota, Pennsylvania, Rhode Island, West Virginia, and Wisconsin.

5. California, District of Columbia, Kentucky, Mississippi, Montana, Nevada, Oklahoma, South Dakota, Texas, Vermont, Virginia, and Washington.

6. Arkansas, Delaware, Illinois, Indiana, Kansas, Massachusetts, Michigan, New Hampshire, Ohio, and Tennessee.

7. Alaska, Arizona, Florida, New Mexico, Oregon, Utah, and Wyoming. Oregon dropped out of MFP and completed its last transitions in 2011.

The pattern is similar for the two populations, except that the decline in I/DD transitions appears to begin as early as 2016. The number of transitions in 2018–19 represents a decline of 53.1 percent from the 2014–16 average for the I/DD population and 53.7 percent for the non-I/DD population.

Conclusion

The MFP program has been incredibly successful. The program has assisted over 91,540 individuals with disabilities and older adults in transitioning from institutions to home and community-based settings. Evaluations of the program have demonstrated enhanced quality of life outcomes and cost savings for states. However, recent short-term extensions of the program have significantly curtailed progress.

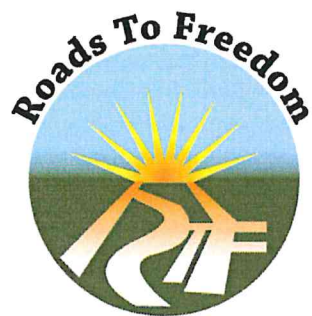
It took many years for states to build up infrastructure to operate successful MFP programs. Lapses in funding and short-term extensions for several months at a time have contributed to state staff being let go or reassigned, programs stopping new transitions, and eroding of the infrastructure to support successful transitions. Advocates believe the program need to be made permanent to provide certainty for states and continue the great progress made over the past decade and half.

How to Cite

Kaye, H.S. & Caldwell, J. Short-Term Money Follows the Person Extensions Resulted in a Significant Drop in State Efforts to Transition People Out of Institutions. Community Living Policy Center Issue Brief, May 2020. Brandeis University, Waltham, MA.

Disclaimer

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of North Central Pennsylvania

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Resources, Options, And Disability related Services
needed To obtain individual Freedom in their lives.*

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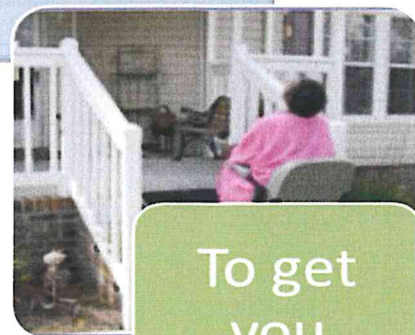
-  Navigating your healthcare needs
-  Coordinate discharge planning
-  Assistance with finding housing
-  Working with payers for Home Modifications
-  Providing individuals with community resources



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