



**Agenda
Harper County
Board Of County Commissioners
Harper County Courthouse**

Monday, October 17, 2016 - 9:00 a.m.

A. Call To Order

B. Pledge Of Allegiance

C. Public Comment

Citizens are encouraged to speak to items on the agenda when recognized by the Chairman. Citizen desiring to speak to matters not on the agenda may do so at this time. Comments are limited to five (5) minutes and the Commission will take no action on items not on the agenda. Items introduced under Public Comment may become agenda items at a later date.

D. Approval Of Minutes

E. Payment Of Vouchers

F. Items Of Business

1. Lori Reedy - Appraiser - 9:15 A.m.

- Department Update
- Landfill Appraisal Contract

Documents:

[PLUMB THICKET LANDFILL - CONTRACT LETTER OCT 2016.PDF](#)

2. Sherry Vierthaler - Health - 9:30 A.m.

- Department Update

Documents:

[10.17.16 COMMISSION MTG..PDF](#)
[10.17.16 BOARD REQUEST.PDF](#)

3. John McClure, Road And Bridge - 9:45 A.m.

- Department Update

Documents:

[10 3-7 2016.PDF](#)
[COPY OF MAP 10 3-7 2016.PDF](#)

4. Mildred Metzger - Treasurer - 10:15 A.m.

- Department Update

5. Ami DeLacerda - HR - 10:30 A.m.

- Department Update

6. Joanna Kenney - EMS - 10:45 A.m.

- Department Update

7. Melinda McCurley - 11:00 A.m.

- KWORC Voting Delegates
- KCAMP Voting Delegates
- County Farm
- Extension Budget 2017
- Employee Appreciation

8. Cheryl Adelhardt - Courthouse Preservation - 11:15 A.m.

- Memorial Sign

9. Unfinished Business - 11:30 A.m.

G. Correspondence

H. Adjourn

October 6, 2016

Lori Reedy RMA AAS
Harper County Property Appraiser
201 N Jennings
Anthony, KS 67003

**RE: Appraisal Report
Plumb Thicket Landfill
Existing Municipal Solid Waste Landfill
440 NE 150th Road
Harper, Harper County, Kansas 67058**

Dear Ms. Reedy,

The following is the requested proposal for our firm to perform Appraisal Services for the above referenced property. If this document is executed it will also serve as an engagement contract for the proposed scope of work.

These services will be performed in accordance with the following provisions:

Intended Use	Assist the client in estimating the value of the subject property for use in determining the assessment for Ad Valorem tax purposes.
Intended User	Harper County Property Appraiser's Office
Scope of Assignment	The scope of our engagement will include the applicable research and analysis required to estimate the "As Is" market value of the subject property at its highest and best use.
Assignment Conditions	Specific assignment conditions to be assumed by the appraiser per the client's request: <ul style="list-style-type: none">• Valuation should have an effective date of January 1, 2017
Presentation of Findings	Narrative Appraisal Report Electronic copy in PDF format plus
Professional Fee	The professional fee for this assignment will be billed at \$225 per hour up to a maximum of 100 hours (will not exceed \$22,500) for the referenced scope of work.

Deposit	\$11,250 Fee for services due upon delivery of work product.
Responsibility for Fees	If the balance of the payment is not made upon completion of the identified assignment, we will have the right to seek immediate enforcement of this agreement including the recovery of all costs and attorney fees associated with taking any legal action. Disputes arising out of this agreement will be governed by the laws of the state of Kansas without regard to or application of choice of law rules or principles.
Additional Services	In the event that additional services are needed, such as, but not limited to additional reports, further analysis, formal presentations, court testimony or any other services, the fee of \$225 per hour will be charged.
Delivery	Work product will be delivered by January 15, 2017.
Requested Items	<ol style="list-style-type: none"> 1. Survey / Site Plan 2. Building Plans and/or Descriptive Information 3. Three years of Real Estate Tax Bill 4. Three years of Real Estate Assessment Notice 5. Copies of any Leases 6. Copies of Host and/or Operating Agreements 7. Waste Volume intake by type for Past 3 Years 8. Tipping Fees by Waste Type 9. Engineering indicating remaining permitted disposal area 10. Historic Income & Expenses for the last four years and the current year-to-date 11. Financial Assurance Documentation pertaining to future closure and post-closure maintenance costs 12. Legal Description 13. Name and telephone number of contact person for inspection 14. Any market studies or descriptive information 15. Environmental reports, if available 16. Any other information you deem pertinent
Professional Standards Governing Assignment	The analyses, opinions, and conclusions will be developed and presented in conformance with (and the use of this report is subject to) the requirements of: (1) the Uniform Standards of Professional Appraisal Practice, and (2) the Code of Professional Ethics and Standards of Professional Practice of the Appraisal Institute.

**Assignment Not
Contingent**

Our compensation will not be contingent on an action or event resulting from the analyses, opinions, or conclusions in, or the use of, the findings or any resulting report. Furthermore, the assignment will not be based on any requested value.

Once again, thank you for considering our firm for this assignment. Should you wish to proceed please execute your agreement to this engagement letter in the place indicated below, retain a copy for your records and return the duplicate original to us for our records, along with the deposit. We look forward to working with you.

Attached to and incorporated in this engagement letter are Valbridge Property Advisors | Shaner Appraisers, Inc. Terms and Conditions of Agreement. These Terms and Conditions are a substantive part of our engagement and govern the work to be performed for you. The appraisal will be completed in a timely fashion.

Respectfully submitted,
Valbridge Property Advisors | Shaner Appraisers, Inc.

Laird Goldsborough MAI MRE
Senior Managing Director
lgoldsborough@valbridge.com
(913) 647-4985

AGREED AND ACCEPTED

Signature

Title

Name (type or print)

Date

File Name: Plumb Thicket Landfill - Kansas

TERMS AND CONDITIONS OF AGREEMENT

1. Acceptance of this agreement assumes that our client will provide all necessary information needed for the appraisal on a timely and truthful basis.
2. It is your responsibility to read the report and to inform the appraiser of any errors or omissions of which you are aware, prior to utilizing the report or making it available to any third party.
3. The fee quoted is based on our understanding of the assignment as outlined in the scope of work. Changes in scope will be billed at our normal hourly rates. The fee and estimated completion time are subject to change if the property is not as outlined in our proposal, or if issues come to light during the course of our investigation which, in our opinion, necessitates such change. If the client places an assignment "on hold," then reactivates the appraisal, an additional charge may apply due to the inefficiency created. If we are requested or required to provide testimony as a result of this appraisal, testimony and preparation time will be charged at our normal hourly rates.
4. The Valbridge Property Advisors office responsible for the preparation of this report is independently owned and operated by Shaner Appraisals, Inc. Neither Valbridge Property Advisors, Inc., nor any of its affiliates, has been engaged to provide this report. Valbridge Property Advisors, Inc. does not provide valuation services, and has taken no part in the preparation of this report.
5. If any claim is filed against any of Valbridge Property Advisors, Inc., a Florida Corporation, its affiliates, officers or employees, or the firm providing this report, in connection with, or in any way arising out of, or relating to, this report, or the engagement of the firm providing this report, then (1) under no circumstances shall such claimant be entitled to consequential, special or other damages, except only for direct compensatory damages and (2) the maximum amount of such compensatory damages recoverable by such claimant shall be the amount actually received by the firm engaged to provide this report.
6. This report and any associated work files may be subject to evaluation by Valbridge Property Advisors, Inc., or its affiliates, for quality control purposes. If Client is unwilling to waive confidentiality for this purpose, client must inform Shaner Appraisers, Inc. upon acceptance of this assignment.
7. This appraisal shall be used only for the function outlined in the attached letter, unless expressly authorized by Valbridge Property Advisors | Shaner Appraisers, Inc. The format and value reported may or may not be valid for other purposes.
8. Unless otherwise noted, the appraisal will value the property as though free of contamination. Valbridge Property Advisors | Shaner Appraisers, Inc. will conduct no hazardous materials or contamination inspection of any kind. It is recommended that the client secure appropriate inspections from qualified experts if the presence of hazardous materials or contamination poses any concern.

**TERMS AND CONDITIONS OF AGREEMENT
(CONTINUED)**

9. Our standard payment policy is as follows: the balance is due upon presentation of the invoice; if payment is not made within 30 days of date due interest at the rate of 1.5% per month will be added to the principal from the due date to date payment is received, and you shall pay all expenses of collection, including court costs and attorney fees. If the client requests a draft, the fee is due upon delivery of the draft. Shaner Appraisers, Inc. shall be under no obligation to continue work on an assignment that is not paid current.
10. *The fee for this appraisal is not contingent upon the valuation of the property*, the funding of any loan or outcome of litigation. Any opinions we may have expressed about the outcome of your matter or case are expressions of our opinions only and do not constitute any guarantee about the outcome. Should the assignment be terminated prior to completion, you agree to pay for time and costs incurred prior to our receipt of written notice of cancellation.
11. If this assignment includes a provision for work performed on an hourly billing basis, such work is subject to periodic adjustment to our then-current rates. Valbridge | Shaner Appraisers, Inc. shall provide 30 days' notice to client prior to any rate increase. If client chooses not to consent to the increased rates, client may terminate Valbridge | Shaner Appraisers, Inc.'s services by written notice effective when received by Valbridge | Shaner Appraisers, Inc.
12. If this assignment includes a provision for work on an hourly billing basis, client acknowledges that Valbridge | Shaner Appraisers, Inc. has made no promises about the total amount of fees to be incurred by client under this agreement.
13. You and Valbridge Property Advisors | Shaner Appraisers, Inc. both agree that any dispute over matters in excess of \$5,000 will be submitted for resolution by arbitration within Johnson County, Kansas. This includes fee disputes and any claim of malpractice. The arbitrator shall be mutually selected. Such arbitration shall be binding and final. In agreeing to arbitration, we both acknowledge that, by agreeing to binding arbitration, each of us is giving up the right to have the dispute decided in a court of law before a judge or jury. In the event that the client, or any other party entitled to do so, makes a claim against Shaner Appraisers, Inc. or any of its employees in connection with or in any way relating to this assignment, the maximum damages recoverable from Valbridge | Shaner Appraisers, Inc. or its employees shall be the amount of monies actually collected by Valbridge | Shaner Appraisers, Inc. for this assignment and under no circumstances shall any claim for consequential damages be made.

**TERMS AND CONDITIONS OF AGREEMENT
(CONTINUED)**

14. Valbridge Property Advisors | Shaner Appraisers, Inc. shall have no obligation, liability, or accountability to any third party. Any party who is not the "client" or intended user identified on the face of the appraisal or in the engagement letter is not entitled to rely upon the contents of the appraisal without the express written consent of Valbridge Property Advisors | Shaner Appraisers, Inc.. "Client" shall not include partners, affiliates or relatives of the party named in the engagement letter. Client shall hold Valbridge Property Advisors | Shaner Appraisers, Inc. and its employees harmless in the event of any lawsuit brought by any third party, lender, partner or part owner in any form of ownership or any other party as a result of this assignment. The client also agrees that in case of lawsuit arising from or in any way involving these appraisal services, client will hold Valbridge Property Advisors | Shaner Appraisers, Inc. harmless from and against any liability, loss, cost or expense incurred or suffered by Valbridge | Shaner Appraisers, Inc. in such action, regardless of its outcome.
15. Distribution of this report is at the sole discretion of the client, and we will make no distribution without the specific direction of the client. However, in no event shall client give a third party a partial copy of the appraisal report.
16. This agreement contains the entire agreement of the parties. No other agreement, statement or promise made on or before the effective date of this agreement will be binding on the parties. This agreement may be modified by subsequent agreement of the parties.

Division of Public Health
Kansas Immunization Program
1000 SW Jackson, Suite 210
Topeka, KS 66612



Phone: 785-250-7165
Fax: 785-296-6510
<http://www.kdheks.gov/immunize/index.html>

Susan Mosier, MD, Secretary

Department of Health & Environment

Sam Brownback, Governor

9/28/2016

Harper County Health Department
123 N Jennings
Anthony, Ks 67003

Dear Sidney Stranathan D.O.,

The Kansas Immunization Program appreciates your support in providing vaccinations through the Vaccines for Children (VFC) Program. We understand that there are many challenges associated with running a successful office and would like to thank you for taking the time to participate in the VFC Compliance Visit on 09/27/2016. We hope you found the visit to be informative and educational.

Below is a list of the 2016 Requirements and Recommendations that are intended to offer ongoing support for you and your staff as you implement the VFC Program in your office.

Congratulations: no compliance issues were identified during this visit. We appreciate your efforts to upholding the standards of the VFC Program.

If you have any questions, please contact me. Thank you again for your participation in the VFC Program and your continued efforts to immunize the children of Kansas.

Sincerely,

Dena Rueb, Nurse Consultant 785-250-3292

Kansas Immunization Program

2016 VFC Compliance Visit Requirements & Recommendations

ELIGIBILITY & DOCUMENTATION

Changes to Key Staff [CDC Requirement]

All changes in key staff must be communicated to the Immunization Program in the manner and timeframe defined by the Immunization Program. Key staff include: the Medical Director or equivalent who signed the Provider Agreement; the Vaccine Coordinator; and the Back-up Coordinator. VFC Providers are required to ensure that all key staff are fully trained on VFC program requirements at all times. All training must be documented.

VFC Eligibility Categories [CDC Requirement]

VFC Providers must possess a working knowledge of ALL VFC eligibility criteria and use those criteria to screen children prior to administering VFC vaccines. In order to receive VFC vaccine, a patient MUST be under the age of 19 and must be at least one of the following: (1) MEDICAID ELIGIBLE; (2) UNINSURED (i.e. child has no health insurance); (3) UNDERINSURED (i.e. child has health insurance, but coverage does not cover any or certain vaccines, underinsured children may only receive VFC vaccines in FQHC/RHC or deputized VFC Provider offices and only for vaccines not covered by insurance; and (4) AMERICAN INDIAN OR ALASKA NATIVE (AI/AN).

Billing Practices [CDC Requirement]

VFC Providers must adhere to proper billing practices for vaccine administration fees and clearly understand that VFC vaccine is provided at no cost to both the VFC Provider and eligible children. At no time should billing occur for the cost of VFC vaccine. When administering VFC vaccine, Providers should NEVER bill two different "payers" (i.e. patient, Medicaid, insurance) for the same vaccine administration fee amount. For Medicaid-eligible children, Medicaid should be billed for the vaccine administration fee. For all other VFC-eligible populations, the patient may be billed within the state/territory cap established by the Centers for Medicare and Medicaid (CMS). However, established patients cannot be turned away or reported to collections for inability to pay the administration fee.

Vaccine Administration Fee Cap [CDC Requirement]

The VFC Provider's vaccine administration fee for non-Medicaid, VFC-eligible children must not exceed the state/territory vaccine administration fee cap established by the Centers for Medicare and Medicaid (CMS). Kansas Fee cap is \$20.26.

Eligibility Screening & Documentation [CDC Requirement]

VFC Providers must screen for and document VFC eligibility at EACH immunization visit. Documentation must include date of the visit and the specific eligibility category. VFC Providers must document screening results to ensure that only VFC-eligible children receive VFC vaccine and that administration fees are billed for as appropriate. Eligibility status must be readily available to staff administering vaccine prior to selecting which vaccine stock to use.

Vaccine Dose Documentation [CDC Requirement]

In accordance with Federal law, all VFC Providers must maintain immunization records that include ALL of the following elements: (1) name of vaccine administered; (2) date vaccine was administered; (3) date VIS was given; (4) publication date of VIS; (5) name of vaccine manufacturer; (6) lot number; (7) name and title of person who administer the vaccine; (8) address of clinic where vaccine was administered.

Record Retention [CDC Requirement]

VFC Providers are required to maintain all records related to the VFC program for a minimum of three years (or longer if required by state law) and upon request make these records available for review. VFC records include, but are not limited to, VFC screening and eligibility documentation, billing records, medical records that verify receipt of vaccine, vaccine ordering records, and vaccine purchase and accountability records.

Borrowing Documentation & Reasons [CDC Requirement]

VFC Providers are expected to maintain an adequate inventory of vaccine for VFC and non-VFC-eligible patients - it is the responsibility of the VFC Provider to appropriately schedule and place vaccine orders. VFC Providers must also rotate stock to ensure timely use of short-dated vaccines. Borrowing of vaccine between private and public inventories must be a rare, unplanned occurrence and CANNOT serve as a replacement system for a VFC Provider's privately purchased vaccine inventory. All instances of borrowing must be properly documented, reported and replaced.

Vaccine Management Plan [CDC Requirement]

VFC Providers must develop, maintain and implement a Vaccine Management Plan for routine and emergency vaccine management. The plan must contain: the current Vaccine Coordinator and Back-up Coordinator; proper storage and handling practices; shipping and receiving procedures; emergency procedures; procedures for vaccine ordering; inventory control (e.g. stock rotation); how to handle vaccine wastage; and staff training/documentation on vaccine management, storage and handling. The plan must be reviewed/updated annually or more frequently if changes occur. A "review date" and signature are required on all plans in order to validate that they are current.

VIS & VAERS [CDC Requirement]

VFC Providers are required to distribute the current Vaccine Information Statements (VIS) each time a vaccine is administered and maintain records in accordance with the National Childhood Vaccine Injury Act (NCVIA), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS). For a list of current VIS visit: <http://www.cdc.gov/vaccines/hcp/vis/>.

STORAGE & HANDLING

CDC-Recommended Storage Units [CDC Recommendation]

Recommends the following vaccine storage unit types (in order of preference): pharmaceutical grade stand-alone or combination units (preferred); household/commercial stand-alone units; household/commercial combination units using the refrigerator section only.

Thermometer in the unit [CDC Requirement]

VFC Providers MUST have a working calibrated thermometer with a current and valid certificate of calibration testing issued either by an ILAC MRA-accredited laboratory or, if not ILAC MRA-accredited, the certificate must contain the measurement results and a statement indicating that it meets ISO 17025 standards. All certificates of calibration testing must contain: model number; serial number; date of calibration; measurement results indicating that the unit passed testing; documentation that uncertainty is within suitable limits (recommended uncertainty = +/-1° Fahrenheit or 0.5° Celsius); and the name of the device (optional).

CDC-Recommended Thermometer [CDC Recommendation]

CDC recommends the use of a continuous temperature monitoring and recording device with a detachable probe in a buffered material and a digital display that can be easily read from the outside of the unit. Routine review and accessibility of temperature data is critical for determining whether vaccine has been properly stored and for assessing usability of vaccine that was involved in an excursion.

When selecting a data logger, CDC also recommends the following features:

- Alarm for out-of-range temperatures
- Current, minimum and maximum temperatures
- Low battery indicator
- Accuracy of +/- 1° F (0.5° C)
- Memory stores at least 4,000 readings

Probes should be placed in buffered material so that they measure temperatures that are more representative of the temperature of the vaccine in the vial rather than the air temperature of the storage unit. Examples of buffers include:

- A vial filled with liquid (Example: glycol, ethanol, glycerin)
- A vial filled with loose media (Example: sand, glass beads)
- A solid block of material (Example: Teflon®, aluminum)

CDC does not recommend the following temperature monitoring devices: Fluid-filled bio-safe liquid temperature monitoring devices; Bi-metal stem temperature monitoring devices; food temperature monitoring devices; household mercury temperature monitoring devices; chart recorders; infrared temperature monitoring devices; temperature monitoring devices that are not calibrated. These devices can have significant limitations, can be difficult to read and most only provide information on the temperature at the precise time they are read. Therefore, so temperature fluctuations outside the recommended range may not be detected.

Certificate of Calibration Testing [CDC Requirement]

Certificates of calibration testing provide confidence that the temperature-monitoring device is measuring temperatures accurately. All units storing VFC vaccines MUST have a calibrated thermometer with a current and valid certificate of calibration testing issued either by an ILAC MRA-accredited laboratory or, if not ILAC MRA-accredited, the certificate must contain a statement indicating that it meets ISO 17025 standards. All certificates must contain: name of device (optional); model number; serial number; date of calibration testing; and measurement results indicate unit passed test and the documented uncertainty is within suitable limits (recommended uncertainty = $\pm 1^{\circ}$ F ($\pm 0.5^{\circ}$ C)).

Thermometer Placement [CDC Requirement]

The thermometer (or probe) should be placed in a central area of the section of the storage unit directly with the vaccines in order to properly measure vaccine temperature. Thermometers should not be placed in the doors, near or against the walls, close to vents, or on the floor of the unit. For pharmaceutical units with built-in probes that are not in the center of the section of the storage unit, consult your Immunization Program for guidance.

Temperature Documentation [CDC Requirement]

Vaccines must be stored under appropriate temperatures at all times. Acceptable temperature ranges for refrigerated vaccines are 36° F and 46° F (2° C and 8° C) and for frozen vaccines between -58° F and +5° F (-50° C and -15° C). Exposure to temperatures outside of the required ranges can affect vaccine viability and, ultimately, can leave children unprotected against vaccine-preventable diseases. In order to maintain awareness of storage unit temperatures and ensure that vaccines are being stored at appropriate temperatures at all times, VFC Providers are required to monitor and document temperatures for all vaccine storage units AT LEAST twice a day. Temperature documentation must contain: (1) at least two temperature readings per day, (2) the time and date of each reading and (3) the name (or initials) of the person who assessed and recorded the readings. CDC also recommends that VFC Providers using a data logger record the minimum and maximum temperatures of each unit once each workday (preferably in the morning).

Temperature Excursions [CDC Requirement]

The Provider must document all excursions and actions taken including the following: (1) Quarantine and label vaccines as "DO NOT USE"; (2) Place vaccines in a unit where they can be stored under proper conditions (3) Contact the Immunization Program to report an excursion; and (4) Contact the vaccine manufacturer to obtain documentation supporting the usability of the vaccine.

Vaccine Placement [CDC Recommendation]

Vaccines should be stored in their original manufacturer (or CDC centralized distributor) packaging. They should be placed in the middle of the unit, with space between the vaccines and the side/back of the unit to allow cold air to circulate. Vaccines SHOULD NOT be stored in the doors, vegetable bins, or floor of the unit or under or near cooling vents and there should not be any food in the unit. Water bottles (for refrigerators) or frozen water bottles (for freezers) should be placed throughout each storage unit in order to: (1) stabilize or extend temperatures during a power outage and (2) to serve as physical blocks preventing the placement of vaccines in areas of the unit that are at higher risk for temperature excursions (such as in doors, vegetable bins, floor, or near/under cooling vents).

Disconnection from Power Source [CDC Requirement]

VFC Providers must take steps to protect the power source for all vaccine storage equipment by means of having clear warning labels on both the plug and the circuit breaker associated with all vaccine storage units. For large hospitals and/or developing appropriate policies/protocols.

Dorm-Style Units [CDC Requirement]

Dorm- and bar-style units are prohibited for vaccine storage. Vaccines stored in dorm-style units are considered non-viable and must be returned to the centralized distributor. CDC recommends the following vaccine storage unit types (in order of preference): pharmaceutical grade stand-alone or combination units (preferred); household/commercial stand-alone units; household/commercial combination units using the refrigerator section only.

Storage Unit Space Availability [CDC Requirement]

VFC Providers must have sufficient storage space to accommodate vaccine stock at the busiest time of year without overcrowding. Vaccines should be in their original packaging from the manufacturer and/or CDC centralized distributor and placed in the middle of the unit, with space between the vaccines and the side/back of the unit. Vaccines should not be stored in the doors, vegetable bins, or floor of the unit or under or near cooling vents and there should not be any food in the unit.

Expired Vaccines [CDC Requirement]

Vaccines should be rotated weekly and when a new shipment comes in so that longer-dated vaccines are stored behind shorter-dated vaccines. If vaccines expire, they can no longer be stored in the same storage unit with viable vaccines. They must be placed in a container or bag clearly labeled "Do not use" and separated from viable vaccines to prevent inadvertent use. Expired vaccine must be returned to the centralized distributor within six months of expiration.

Back-up Thermometer [CDC Requirement]

VFC Providers must have a readily available back-up thermometer (i.e. a thermometer not being used to monitor any other vaccine storage unit) with a current and valid certificate of calibration testing. CDC recommends that the backup thermometer be stored on site at the VFC Provider location. To avoid space issues and confusion resulting from differing temperature readings, the back-up thermometer should be stored outside of the storage unit until needed. To prevent the certificates of calibration testing of the primary and back-up thermometers from expiring at the same time, the date of calibration testing (or issue date) of the back-up thermometer should be different from the date of calibration testing (or issue date) of the primary thermometer.

Preparation of Vaccine [CDC Recommendation]

CDC recommends preparing vaccines immediately prior to administration in order to assure viability of vaccine and prevent vaccine wastage. Vaccines that are not administered immediately are at risk of exposure to temperatures outside of the required range, which can affect vaccine viability and, ultimately, can leave children unprotected against vaccine-preventable diseases.

INVENTORY

Inventory Comparison [CDC Requirement]

VFC Providers must order and stock routine vaccines in accordance with their most recent Provider Profile in order to prevent missed vaccination opportunities. Having sufficient amounts of all stocks prevents the inadvertent use of VFC vaccines for non-VFC-eligible patients and vice versa.

ACIP-Recommended Vaccines [CDC Requirement]

VFC Providers agree to comply with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) for the vaccines identified and agreed upon in the Provider Agreement and Provider Profile UNLESS:

1. In the VFC Provider's medical judgment, and in accordance with accepted medical practice, the VFC Provider deems such compliance to be medically inappropriate for the child;
2. The particular requirements contradict state law, including laws pertaining to religious and other exemptions.

The VFC Program entitles children to the following vaccines: DTaP, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, Meningococcal, MMR, Pneumococcal, Polio, Rotavirus, Tdap/TD and Varicella. VFC Providers are also required to ensure that VFC-eligible children have access to non-routine vaccines as needed.

Separation of Stock [CDC Requirement]

In order to ensure that VFC vaccines are only administered to VFC-eligible children, VFC Providers that serve both VFC and non-VFC-eligible children must maintain their vaccine inventories in such a way that they can clearly differentiate public stock from private stock as well as VFC from other public stock(i.e. T21, private, and 317).



Harper County Health Department / Home Health Agency

(620) 842-5132 / FAX (620) 842-3152 / 123 N. Jennings / P.O. Box 66 / Anthony, Kansas 67003-0066

October 6, 2016

RE: Advisory Board Meeting

Dear Board Member:

The quarterly meeting for the Harper County Health Department/Harper County Home Health Agency has been scheduled for **Monday, October 24, 2016 at noon**. The meeting will be held at the Harper County Health Department/Harper County Home Health Agency and lunch will be provided. **Please note that the meeting day has changed from Tuesday to Monday.**

Enclosed please find a copies of the agenda for the October 24, 2016 meeting and the April 26, 2016 minutes. The meeting will be completed by 1:00 p.m, however I will be available after that time if you have any additional questions or concerns. If you are not able to attend the meeting, please let our office know at 620-842-5132.

Sincerely,

Sherry Vierthaler, LBSW
Administrator
Harper County Health Department
Harper County Home Health Agency

Enc.

**Harper County Health Department/Harper County Home Health Agency
Advisory Board Meeting Agenda
Monday, October 24, 2016; Noon to 1:00 p.m.
HCHD Conference Room**

- I. Introductions
- II. Review Monday, October 24, 2016 Agenda
- III. Review April 26, 2016 Minutes
- IV. 2016 Harper County Resource Guide
- V. Current Business:
 - a. Public Health Program updates
 - i. WIC
 - 1. FFY 2017 began 10/1/2016.
 - 2. WIC audit scheduled 11/14/2016 – 11/17/2016.
 - ii. Family Planning
 - 1. Implementing data import from KIPHS into DAISEY to avoid duplicate data entry.
 - 2. Policy manual updates.
 - iii. Immunizations
 - 1. Flu mist nasal spray not being provided for the 2016-2017 flu season due to ACIP (national Advisory Committee on Immunization Practices) recommendations.
 - 2. Immunization audit September 27, 2016.
 - iv. Maternal Child Health/Healthy Start Home Visitor Service
 - 1. Did not apply for SFY 2016-2017 grant
 - 2. Will continue to encourage breastfeeding and address issues in the office with pregnant/postpartum women, infants and children as appropriate.
 - 3. BF class scheduled Tuesday, October 25, 2016 at our office from 6-8pm through LACCT.
 - v. Disease Investigation/Animal Bites
 - 1. Limited activity at this time
 - vi. Public Health Emergency Preparedness
 - 1. Completed Ebola grant 9/30/2016.
 - 2. Beginning SFY 2017 PHEP work plan
 - vii. Basic PH services – continue blood pressure clinics & basic services in office settings in all three communities.
 - viii. Environmental Services Update
 - 1. Health Department continues to collect fees for services and make deposits
 - b. In-Home Service Program Updates
 - i. Currently have cut service hours and have a waiting list for these programs due to local and state budget cuts:
 - 1. HCBS – KanCare Medicaid funding
 - 2. SCA – 26% cut in funding for SFY 2017

3. IIB – Based on FFY, but will assume some cuts to be made
 4. Private Pay – Limiting private pay hours on the sliding fee scale
- c. Home Health Program Updates
 - i. Quality Assurance activities continue
 - ii. CMS Chart audits
 - d. Purpose of Advisory Board
 - i. Review agency by-laws – sent by email
 - ii. Advice on professional issues
 - iii. Evaluation of professional service program - sent by email
 - iv. Assistance in maintaining liaison with other community groups
 - e. Personnel updates
 - i. Staffing updates
 - f. Budget information
 - i. Budget reductions for 2017 at the local level
 - ii. Funding cuts from Medicare, Medicaid, SCA and other funding sources
 - iii. Plan to continue to provide basic services to the extent possible, but limiting new projects and reviewing expenditures
- VI. Schedule next meeting – Monday, January 23, 2016 at noon.

**Harper County Health Department/Harper County Home Health Agency
Advisory Board Meeting Minutes**

Tuesday, April 26, 2016; Noon to 1:00 p.m.; HCHD Conference Room

Members Attending: Jennifer Wolff, Nancy Rogers, Jerry Turner, Lois Hofmeier, Virginia Downing,

Commissioners: Brian Waldschmidt, Lee Adams, Carla Pence

County Employees: Sherry Vierthaler, HCHD/HHA; Melinda McCurley, Environmental Services/Zoning

- I. Introductions
- II. Briefly reviewed January 26, 2016 minutes and April 26, 2016 agenda.
- III. Sherry advised the 2016 Harper County Resource Guide is available on the county website and hard copies are in the process of being printed.
- IV. Current Business:
 - a. Public Health Program Updates
 - WIC
 1. NSP – Encourage other businesses to develop lactation accommodation policies - Harper Industries has updated the lactation area for nursing mothers
 2. Clinic Action Plan – Showed the Think Before You Drink displays currently being used with WIC clients.
- V. Family Planning:
 - a. Reviewed efforts being taken at no show rates
- VI. Immunizations:
 - a. Advised that the health department would participate with the sports physical clinic at Chaparral on Monday, May 11, 2016, providing adolescent immunizations.
- VII. Maternal Child Health/Healthy Start Home Visitor Service
 - a. Advised this grant will not be continued following the end of June, however nurses will still address parenting questions and issues during one-on-one office visits as needed and provide additional resource materials.
- VIII. Disease Investigation/Animal Bites
 - a. Reviewed recent rabies cases and process used to obtain confirmation from state lab and follow-up provided to individuals involved through public health.
 - b. Topic of where treatment is available for snake bites and initial rabies dose ensued, due to cost and rapid expiration dates.
- IX. Public Health Emergency Preparedness
 - a. Reviewed recent exercises and follow-up improvement plan processes.
 - b. Advised that Todd Pettegrew has been hired as the Emergency Manager/911 Director.
 - c. Reviewed information regarding Zika virus, mosquito and tick control.
- X. Basic Public Health Services – continue to provide services at Attica, Harper and Attica sites.
- XI. Environmental Services Update
 - a. Introduced Melinda McCurley, current County Sanitarian and current duties.
- XII. In-Home Service Program Updates

- a. Reviewed information regarding provision of service to in-home service clients when roads are bad, worker safety, etc.

XIII. Home Health Program Updates

- a. Administrator will send a copy of current by-laws out to the Advisory Board prior to the July meeting for review and questions.

XIV. Next meeting is scheduled for Tuesday, July 26, 2016 at noon.

**Harper County LEPC Meeting
Local Emergency Planning Committee – LEPC
Wednesday, October 26, 2016
3:00 – 4:00 p.m.
Harper County Health Department Conference Room
Agenda**

- I. Introductions**
- II. Review October 26, 2016 Agenda**
- III. Review July 27, 2016 Minutes**
- IV. LEPC Compliance Certification - EM**
- V. Update TEPW/Review TEPW progress - EM**
 - a. Update TEPW for 2017**
 - b. Exercise for Hospital/Public Health (TTX) – review scenario options/timeframe/joint activity**
 - i. Capabilities to be met include:**
 - 5 – Fatality Management
 - 7 – Mass Care
 - 14 – Responder Health & Safety
 - c. Active Shooter training/exercise with USD 361 – Doug Murphy**
 - d. EOC Activation –EM**
- VI. ESF-8 Update – Health Department/Hospital/Virginia**
 - a. Biological Incident Annex (BIA) –Sherry updated and sent out to ESF-8 group members for review from 8/30/2016 through 9/16/2016 – any discussion or approve.**
 - b. MD SOG, COOP SOG & BIA – Sherry reviewed and updated – sent to KDHE PHEP and Regional Coordinator/Virginia Downing**
- VII. EOP/COOP/HMP (Emergency Operations Plan/Continuity of Operations Plan/Hazard Mitigation Planning)**
 - a. Hazard Mitigation Plan & County EOP (review and approve before end of year)– EM**
- VIII. County Wide Action Areas**
 - a. 911 Communications Update – EM/911**
 - b. Increase Private Sector/Volunteer Involvement in LEPC –EM /911**
- IX. South Central Kansas Health Care Coalition activity update – Virginia/Stacy/Loretta**
- X. Regional Homeland Security Council Update - EM**
- XI. Set Next Meeting Wednesday, January 25, 2017 at 3:00 pm**
- XII. Adjourn**

Harper County LEPC Meeting Minutes
Local Emergency Planning Committee – LEPC
Wednesday, July 27, 2016: 3:00 – 4:00 pm

Harper County Health Department Conference Room

Attended by: Loretta Kerschen, Harper Hospital; Stacy Kristek, AMC; Theresa Rathgeber, AMC; Virginia Downing, SKCPH Regional Coordinator; Larry Olivier, Danville resident; Sandy Smith, ALTCU; Melinda McCurley, GIS/Floodplain, Cheryl Adelhardt, HCHD PIO; Todd Pettegrew, Harper County EM/911 Director; Sherry Vierthaler, HCHD.

- The group then completed self-introductions.
- April 27, 2016 minutes and July 27, 2016 agenda reviewed.
- Todd Pettegrew stated he had submitted an updated list of LEPC membership to KDEM. No changes made to HC EOP assignments and plans during this meeting. He stated he has gained access to the information in the BOLD systems and will be reviewing that information. He also plans to set up TTX meetings to update information on resources available in Harper County.
- TEPW –
 - TEPW will be updated for 2017 during the October 26, 2016 meeting.
 - Active Shooter training – planning still in process.
 - Loretta Kerschen advised that the Harper Hospital is putting together a mass casualty exercise that will involve EOC activation. They are also planning to set up a time to review the KHA video, “Lessons Learned: from the Hesston shooting.” She will send Sherry an email on these events and Sherry will forward out to the LEPC membership.
 - EOC activation – plan to set up meetings with responding agencies to update information.
- South Central Kansas Health Care Coalition – Virginia gave an update on the recent steering committee and advised contracts and work plans are still being developed for SFY 2017. The new PHEP Director for KDHE is Michael Bear.
- Regional Homeland Security Council Update – did not review this item.
- EOP/COOP/HMP (Emergency Operations Plan/Continuity of Operations Plan/Hazard Mitigation Planning) – No new information – will add review of Hazard Mitigation Plan and Harper County Emergency Operations Plan to October agenda.
 - Discussed moving election of officers to next year, since elections for 2016 were not held until the last meeting on April 27, 2016 due to the vacancy in the Emergency Manager position.
 - Reviewed ESF8 Ebola TTX AAR item
 - Entities who should be involved in JIS (Joint Information System) include: city and county officials; hospitals; nursing facilities; PIOs; EM; schools, law enforcement; ministerial alliance; health department.
 - Discussed the importance of providing consistent messages to the public.
 - Also reviewed the procedure of contacting Emergency Management to request resources to respond to an emergency.
- County Wide Action Areas:
 - 911 Communications Update - Todd also discussed the need to get an emergency notification system in place for Harper County and is looking at Nixel as an option. He is scheduling a training to review the Nixel system and

will send out a notice of when this is available so LEPC members can attend. He stated there is also a free phone app for this system for individuals by going to the Nixel website. He is still looking for applicants to fill the vacant dispatch position.

- Increase private sector/volunteer involvement in LEPC – Todd stated he plans to hold additional weather spotter training and CERT training later this year.
- The next LEPC meeting will be held on Wednesday, October 26, 2016 at 3:00 pm at the Harper County Health Department conference room. Meeting adjourned.

HARPER COUNTY



REQUEST FOR COUNTY BOARD ACTION

Items must be received in the Administrator's Office by 12:00 Noon on the Thursday prior to the scheduled meeting to be considered.

Item #: _____
(Assigned by Administrator)

Meeting Date: October 17, 2016

Department: Public Health/Home Health

Item Requested: FP Manual Update; Non Action Items

Summary of the Issue: New Family Planning Manual Policies and Procedures

Background: Historically, agency family planning staff members have signed family planning manual updates. This year the updates are to be signed by the Medical Director and Governing Board.

Funding: No funding required – time to review information incorporated into Family Planning Grant.

Recommendation: Governing Board to review and approve manual.

Summary of the Issue: Home Health Aide Tuition Payment

Background: Historically, agency has paid for on-line class tuition for nurse aides/home health aides to have staff adequately trained to provide home health aide services to clients under the home health agency and public health in-home service programs.

Funding: Current fees to complete home health aide on-line course in December through Hutchinson Community College is \$382.00 (includes tuition, fees, books, exam fee). Employee to repay costs as per agreement if conditions of agreement are not met.

Recommendation: Approve tuition payment request.

Non-Action Items:

- Immunization Action Plan (IAP) Grant audit completed 9/27/2016 – no compliance issues identified (Copy of compliance visit letter attached).
- WIC audit scheduled for the week of 11/14/2016
- Flu clinic schedule - attached
- Personnel/in-home services
- Advisory Board meeting Monday, 10/24/2016, noon to 1:00 pm at Harper County Health Department Conference room – agenda attached
- LEPC (Local Emergency Planning Committee) meeting Wednesday, 10/26/2016, 3:00 – 4:00 pm at Harper County Health Department conference room – agenda attached

HARPER COUNTY ROAD & BRIDGE
Weekly County Commission Report
October 3-7, 2016

KENT STONEBRAKER-EAST FOREMAN

1. Mowing Tractor 251 mowing ditches. Excavator cleaning ditches on Rd 753-H. Trucks 216, 305, 310 & 606 hauling shale to Rd's 767-I & 680-25. Graders patrolling.
2. Mowing Tractor 251 mowing ditches. Truck 605 to Wichita to pick up repaired Dozer 627. Mowing Tractor 251 to Anthony Repair Shop for a service. Trucks 216, 305, 310 & 606 hauling shale to Rd's 759-H & I. Graders patrolling.
3. Mowing Tractor 251 mowing ditches. Excavator 635 helping Bridge Crew at Bridge 674-13. Graders patrolling. Trucks 216 & 310 hauling off material from Bridge 674-13 to Harper County Landfill. Helping Bridge Crew at Bridge 674-13.
4. Truck 605 hauling Mowing Tractor 251 to Anthony Repair Shop for repairs. Trucks 216, 305 & 310 hauling shale to new x-pipes on Rd 753-H. Excavator 635 installing new x-pipes on Rd 753-H & spreading shale. Mowing Tractor 352 mowing ditches. Graders patrolling.
5. Mowing Tractor 352 mowing ditches. Trucks 305 & 216 hauling shale to new x-pipes on Rd 753-H. Resetting downed & leaning signs. Truck 606 with Excavator 635 & Jeff Nulik representing Harper County to the C.O.W. Days at the Anthony Airport.

JIM THOMPSON-SHOP FOREMAN

1. #682 2000 Ford, worked on clutch pedal bushing.
2. #251 JD 6115D, service job @ 3,282 hours.
3. #156 CAT 120M-2, service job @ 497 hours. #290 Mower, axle repairs.
4. #310 2006 Sterling Truck, repaired tail light wiring.
5. Cleaned Shop.

LAWRENCE SMITH-WEST FOREMAN

Mower working side roads north, east & west of Attica. Graders patrolling. Cutting trees & weeds around bridges & culverts on old Highway 160, North Attica & West Mag Rd's. Changing out old signs to new high intensity signs. Truck 124 to Wichita & back for repairs at Summit Truck. Pushed up & stockpiled sand at Seipel & Leitch Pits. Fixed washout on Rd 719-K with AB3 rock.

BRANDON HEKEL-BRIDGE FOREMAN

1. To Harper to count inventory. Paperwork to office. Built stub piling. Mounted new tire on 733.
2. Laid out lacing boards at Bridge 759-Q. Replaced a few lacing boards at Bridge 674-13.
3. Replaced deck & all lacing boards at Bridge 674-13.
4. Checked on Bridge 729-X. Fixed tire on 681. Helped take broken shaft off mower. Checked repair needs at Bridge 676-9.
5. Welded hook on Truck 119 at landfill. Checked repair needs at Bridge 662-22. Built stub piling at yard.

October 3-7, 2016

NW 170 AVE
NW 160 AVE
NW 150 AVE
NW 140 AVE
NW 130 AVE
NW 120 AVE
NW 110 AVE
NW 100 AVE
NW 90 AVE
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NW 70 AVE
NW 60 AVE
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NE 130 AVE

-  KENT
-  LAWRENCE
-  BRANDON

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