RESOLUTION NO. 2016-479

City of Asbury Park
County of Monmouth
State of New Jersey

PUBLIC HEALTH NURSING SERVICES JANUARY 1, 2017 – DECEMBER 31, 2017

WHEREAS, The Visiting Nurse Association of Central Jersey, 176 Riverside, Red Bank, N.J. 07701 has provided community nursing services for the City's Department of Social Services since 1996; and

WHEREAS, community nursing services is required by the contract between the City of Asbury Park and the New Jersey Department of Human Services, Division of Mental Health Services; and

WHEREAS, funding for such services is provided through the grant contract between the City of Asbury Park and the State Department of Human Services, Division of Mental Health Services; and

WHEREAS, The Visiting Nurse Association of Central Jersey has agreed to continue to provide professional community nursing services throughout the year of 2017 at the cost of $46,000 (no increase from 2014); and

WHEREAS, said contract is contingent upon the approval of the State Fiscal Monitor as mandated by our Memorandum of Agreement with the State of New Jersey, Division of Local Government Finances.

NOW, THEREFORE, BE IT RESOLVED by the Mayor and Council of the City of Asbury Park that the City Manager is hereby authorized to enter into a contractual agreement with the Visiting Nurse Association of Central Jersey for the provision of professional nursing services for the calendar year 2017 at a cost not to exceed $46,000.

I, MELODY HARTSGROVE, Deputy City Clerk of the City of Asbury Park, Monmouth County, New Jersey, DO HEREBY CERTIFY the foregoing to be a true and exact copy of RESOLUTION NO. 2016-479 which was finally adopted by the City Council at a meeting held on the 28th day of December, 2016

CERTIFIED BY ME THIS 29th DAY OF December, 2016.

Cindy Dye, City Clerk 12/29/2016

MELODY HARTSGROVE
DEPUTY CITY CLERK

✓ Vote Record - Resolution 2016-479						
			Yes/Aye	No/Nay	Abstain	Absent
☑ Adopted	Eileen Chapman	Seconder	☑	☐	☐	☐
☐ Adopted as Amended	Yvonne Clayton	Mover	☑	☐	☐	☐
☐ Defeated	Jesse Kendle	Voter	☑	☐	☐	☐
☐ Tabled	Amy Quinn	Voter	☑	☐	☐	☐
☐ Withdrawn	John Moor	Voter	☑	☐	☐	☐
	Cindy Dye		☐	☐	☐	☐
	Michael Capabianco		☐	☐	☐	☐
	Frederick Raffetto		☐	☐	☐	☐

VISITING NURSE ASSOCIATION OF CENTRAL JERSEY

AND

THE CITY OF ASBURY PARK

This letter of agreement is made as of the first day of January, 2017 by and between The Visiting Nurse Association of Central Jersey (VNACJ), and the City of Asbury Park, Department of Social Services, for the provision of nursing services to any resident of Asbury Park who may be considered to be psychiatrically or medically "at risk" and in need of services, particularly, the seriously and chronically mentally ill.

Responsibility of the VNACJ

1. Provide a Community Health Nurse (CHN) to the City of Asbury Park, Department of Social Services for fifteen hours (15 hours) of nursing services per week.
2. The VNACJ Manager of Public Health will provide clinical supervision to the CHN.
3. The CHN will provide: a) community outreach, b) evaluation, assessment, referral and short term follow-up of individuals and families, c) appropriate referral and service linkages within the community for health intervention, d) liaison with the County Departments of Health and Human Services and the correction system, e) collaboration with police, code enforcement, fire and EMS personnel.
4. Assure accessible cultural and linguistic information and services as appropriate.
5. Meet with the City's Director of Social Services and Social Worker to coordinate Service plans.
6. Provide data to assure required project reporting.
7. Assure that the CHN is licensed as a Registered Nurse in the State of New Jersey.

8. Provide adequate liability insurance, naming The City of Asbury Park and the State of New Jersey, Department of Human Services, Division of Mental Health Services, and their employees and agents as additionally insured.

9. Maintain individual client documentation as required by the City of Asbury Park, Department of Social Services, in compliance with the contract-funding source.

10. Assist in compiling required project information in compliance with the contract funding source.

11. Participate in program audits as required.

Responsibility of the City of Asbury Park

1. Be responsible for case management, counseling and administration of the project.

2. Meet with the CHN on a regular basis to assure program coordination.

3. Assure confidentiality of patient files, in compliance with HIPAA; files are to be stored in the computerized record system of the Asbury Park Department of Social Services.

4. Submit necessary reports in compliance with the contract funding source.

5. Provide reimbursement to VNACJ in the amount of $46,000, payable in monthly increments of $3,833.34.

This agreement shall be in effect from January 1, 2017 through December 31, 2017.

Michael N. Capabianco
City Manager

Date

Colleen Nelson, BSN, RN
Vice President of Clinical Operations for the
Children & Family Health Institute

12/8/16
Date

Client#: 354746 VISITNURSE

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/02/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Conner Strong & Buckelew Two Liberty Place 50 S. 16th Street, Suite 3600 Philadelphia, PA 19102	PHONE (A/C, No, Ext): 877-861-3220	FAX (A/C, No): 856-795-9783
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Visiting Nurse Association Health Group, Inc. 176 Riverside Avenue Red Bank, NJ 07701	INSURER A : Philadelphia Indemnity Insuranc	18058
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT X LOC OTHER:			PHPK1583094	12/01/2016	12/01/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$1,000,000 $1,000,000 $5,000 $1,000,000 $3,000,000 $3,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS			PHPK1583094	12/01/2016	12/01/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000 $ $
A	X UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $			PHUB565115	12/01/2016	12/01/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PROD/CO PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$5,000,000 $ $ $
A	Professional Liability			PHPK1583094	12/01/2016	12/01/2017	$1,000,000 Occurence $3,000,000 Aggregate	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

$5M xs $5M Excess Liability Policy
Carrier: Homeland Insurance Company of New York
Policy Number: MFX0022261216
Effective Date: 12/1/2016
Expiration Date: 12/1/2017
(See Attached Descriptions)

CERTIFICATE HOLDER

City of Asbury Park
One Municipal Plaza
Asbury Park, NJ 07712

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

W. Michael Tuffanelli

IIK

DESCRIPTIONS (Continued from Page 1)

$10M xs $10M Excess Liability Policy
Carrier: Capitol Specialty Insurance Corporation
Policy Number: MM2016260201
Effective Date: 12/1/2016
Expiration Date: 12/1/2017

RE: Community Health Nursing

The City of Asbury Park and the State of New Jersey, Department of Human Services, its employees and agents, are included as Additional Insured on the above-referenced Commercial General Liability policy if and to the extent required by written contract.